

Public Research, Development & Innovation Sub-Committee

Tue 17 September 2024, 10:00 AM - 12:15 PM

Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff

Agenda

10:00 AM - 10:05 AM
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introduction

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

1.2. Apologies

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

1.3. In Attendance

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

- Claire Lang, CCRH Senior Research Nurse Manager (Item 3.1)
- Amanda Jackson, Team Lead Clinical Trials Unit (Item 3.1)
- Mr Russell Goodway (Patient on the BioNTech colorectal study) (Item 3.1)
- Catherine Davies, RD&I Senior Finance Business Partner (Item 5.1)
- Amie Garwood-Pask, Deputy Head of Finance Business Partnering (Item 5.1)
- Annie Evans, Deputy Director of Nursing, Quality & Patient Experience (Deputising for Nicola Williams)
- Debbie Harvey, Life Sciences Hub (Observer)
- Helen Robertson, RD&I Communications & Engagement Officer (Observer)

1.4. Declarations of Interest

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

10:05 AM - 10:15 AM
10 min

2. STANDARD BUSINESS

2.1. Minutes from the Public Research, Development & Innovation Committee held on the 14th May 2024

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

 2.1 Public RDI Minutes - 14.05.24.pdf (9 pages)

2.2. Review of Action Log

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

 2.2 Public RDI Action Log.pdf (1 pages)

2.3. Matters Arising

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

10:15 AM - 10:45 AM
30 min

3. PRESENTATION AND GUEST ATTENDEES

3.1. BioNTech Cancer Vaccine Programme

Led by Claire Lang, CCRH Senior Research Nurse Manager, Amanda Jackson, Team Lead Clinical Trials Unit and Mr Russell Goodway (Patient BioNTech colorectal study)

 3.1 BioNTech Collaboration RDI 17092024.pdf (8 pages)

10:45 AM - 10:55 AM
10 min

4. KEY REPORT(S)

4.1. Executive Medical Director Briefing

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

 4.1 Executive Briefing.pdf (9 pages)

10:55 AM - 11:25 AM
30 min

5. QUALITY, SAFETY AND PERFORMANCE

5.1. Research, Development & Innovation Performance Report

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

- Rhydian Owen, Cancer R&D Strategy Lead
- 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

 5.1 Performance Report FY2425_Q1_Cover Report.pdf (9 pages)

 5.1 RDI_Integrated Performance Report_FY2425_Q1_With Risk Profile.pdf (66 pages)


11:25 AM - 11:25 AM
0 min

6. PLANNING AND STRATEGIC DEVELOPMENT


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

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

 6.1 WBS RDI Strategy Cover Report.pdf (5 pages)

 6.1 Appendix 1 WBS RDI Strategy.pdf (15 pages)

 6.1 Appendix 2 Strategy Appendices.pdf (35 pages)

 6.1 Appendix 3 Quality Impact Assessment Tool Signed.pdf (6 pages)

 6.1 Appendix 4 Equality Impact Assessment Action Plan for WBS RDI Strategy Signed.pdf (12 pages)

11:25 AM - 11:45 AM
20 min

7. INTEGRATED GOVERNANCE

7.1. Research, Development & Innovation Annual Effectiveness Survey 2023-2024

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

 7.1 Cover Report & RDI Annual Effectiveness Survey 2023-2024 v3.pdf (15 pages)

7.2. Research, Development & Innovation Annual Committee Report 2023-2024

11:45 AM - 11:55 AM
10 min

8. 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.

8.1. Consent - For Approval / Endorsement

There are currently no items for approval / endorsement.

8.2. Consent - For Information / Noting

8.2.1. Summary from the Private Research, Development & Innovation Committee Meeting held on the 14th May 2024

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

 8.2.1 Summary Private RDI Minutes - 14.05.2024.pdf (3 pages)

8.2.2. Advancing Radiotherapy Fund Highlight Report

Led by Dr James Powell, Consultant Oncologist

 8.2.2 RDI Sub-Committee Highlight Report_ARF September 2024.pdf (4 pages)

11:55 AM - 12:00 PM
5 min

9. MEETING REFLECTIONS

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

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

12:00 PM - 12:05 PM
5 min

10. ANY OTHER BUSINESS

10.1. Communication & Engagement

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

10.1.1. MediWales: Members' Showcase - 8th October, The Maltings Cardiff

10.1.2. Health and Care Research Wales Conference 2024 - 10th October 2024, Sophia Gardens Cardiff

10.1.3. Welsh NHS Confederation Annual Conference and Exhibition - 6 November 2024, Cardiff City Stadium

10.1.4. MediWales Innovation Awards - 5th December 2024, Holland House Cardiff

12:05 PM - 12:10 PM
5 min

11. DATE AND TIME OF THE NEXT MEETING

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

12:10 PM - 12:15 PM
5 min

12. CLOSE

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

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

12:15 PM - 12:15 PM
0 min

13. 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 : Innovation Small Grant Scheme
- Business Case : Maximising cancer patient health outcomes and quality of life through further enhancing the Trust's critical mass and succession planning for research

Minutes

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

Date 14/05/2024

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
Professor Donna Mead	Trust Chair and Independent Member	DM
Vicky Morris	Independent Member	VM
ATTENDEES		
Jacinta Abraham	Executive Medical Director and R&D Lead	JA
Christopher Cotterill-Jones	Research Delivery Manager	CCJ
Catherine Davies	RD&I Senior Finance Business Partner	CD
Lauren Fear	Director of Corporate Governance and Chief of Staff	LF
Amie Garwood-Pask	Deputy Head of Finance Business Partnering	AGP
Professor Jane Hopkinson	Velindre Cancer Service Professor of Nursing and Interdisciplinary Cancer Care	JHop
Steve Ham	Chief Executive Officer	SH
Jennet Holmes	Head of Innovation	JH
Sian James	Head of Research, Development & Innovation, Welsh Blood Service	SJ
Chris Moreton	Deputy Director of Finance	CM
Professor Robert Jones	Associate Medical Director for Research, Development & Innovation	RJ
Dr Edwin Massey	Medical Director, Welsh Blood Service	EM
Nicola Williams	Executive Director of Nursing, AHPs and Health Science	NW
SECRETARIAT		
Sandra Cusack	Business Support Officer	SMC

1.0	PRESENTATIONS	
1.1	<p>Feasibility of measuring taste change recovery following radiotherapy for head and neck cancer: A successful service improvement project <i>Led by Jane Mathlin, Consultant Therapeutic Radiographer</i></p> <p>Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee welcomed and introduced Jane Mathlin, Consultant Therapeutic Radiographer who was a successful recipient of the Velindre Healthcare Small Grants Scheme 2021. Presentation slides were circulated with the papers ahead of the meeting to provide background information.</p> <p>Jane Mathlin presented the service improvement project, focused on measuring taste changes following radiotherapy for head and neck cancer. It included a background on the impact of taste changes, a research proposal for a pilot study using an app to record taste changes, setbacks and solutions encountered, recruitment details, questions used to assess taste changes, key findings, and clinical implications. The study found that only 2 participants reported no improvement in taste over 8 weeks, and the methodology was suitable for collecting data post-treatment.</p> <p>The presentation was very informative and well received by the Research, Development & Innovation Sub-Committee who conveyed their sincere thanks to Jane Mathlin.</p>	
2.0	STANDARD BUSINESS	
	<p>The Chair opened the meeting and welcomed everyone in attendance, and a warm welcome was extended to Lindsay Foyster, the Trust's newly appointed Independent Member for Equality, Diversity and Inclusion and introductions were made.</p>	
2.1	<p>Apologies Received:</p> <ul style="list-style-type: none"> • Matthew Bunce, Executive Finance Director • Kate Cleary, Cancer R&D Project Support Manager • Chloe George, Head of Component Development, Welsh Blood Service • Rachel Hennessy, Interim Director of Cancer Services • Dr Carys Morgan, Clinical Director, Velindre Cancer Services • Alan Prosser, Director, Welsh Blood Service • Emma Stephens, Head of Corporate Governance • Sarah Townsend, Head of Research & Development 	
2.2	<p>Additional Attendees:</p> <p>The Chair extended a warm welcome to the following attendees in support of specific agenda items:</p> <ul style="list-style-type: none"> • Jane Mathlin, Consultant Therapeutic Radiographer (<i>for item 1.1</i>) • Professor Monica Busse, Director of Health & Care Research Wales Faculty (<i>for item 4.1</i>) 	

	<ul style="list-style-type: none"> • Lindsay Foyster, Independent Member (<i>Observer</i>) • Helen Robertson, RD&I Communications & Engagement Officer (<i>Observer</i>) 	
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 6th February 2024 <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 6th February 2024 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 following Action below remains outstanding with the Secretariat co-ordinating dates with the Communications Team.</p> <p>Lauren Fear reviewed the status of the open action as follows:</p> <p><i>Item 1.1 RD&I Communications & Engagement - Media Training to be arranged for the Exec Team to include standards & filming guidance for the Trust – Lauren Fear advised this will be addressed and to include a target date for completion.</i></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 Dr Jacinta Abraham, Executive Medical Director and R&D Lead</i></p> <p>The Report provided an overview of high-level activities relating to Research, Development and Innovation during Quarter 4, Financial Year 2023/24 along with noteworthy items from the RD&I environment since the last meeting of the RD&I Sub-Committee. Key highlights included:</p> <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. 	

	<ul style="list-style-type: none"> • 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. <p>The Research, Development & Innovation Sub-Committee DISCUSSED and NOTED the contents of the Executive Medical Director Briefing.</p>	
3.2	<p>Summary of the Research, Development and Innovation Risk Profile <i>Led by Christopher Cotterill-Jones, Research Delivery Manager (deputising for Sarah Townsend, Head of Research & Development)</i></p> <p>The Summary of the RD&I Risk Profile informed the Committee that since the 1st April 2023, there have been six risks recorded, three of which have been closed and three are still open. The ‘open and assessed risks’ are currently being adequately controlled with appropriate action plans and have not met the threshold for escalation. However, 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.</p> <p>The Research, Development & Innovation Sub-Committee:</p> <ul style="list-style-type: none"> • NOTED the open and assessed risks that are currently being adequately controlled with appropriate action plans and have not met the threshold for escalation. • NOTED the radiotherapy service capacity risk and update with next steps to be informed at the next meeting. • NOTED that future summaries of the RD&I Risk Profile will be added as appendices to the RD&I Integrated Performance Report. 	ST
4.0	STRATEGY, PERFORMANCE & DELIVERY	
4.1	<p>Health & Care Research Wales Faculty & Research Careers Pathways Programme <i>Led by Professor Monica Busse, Director of Health & Care Research Wales Faculty</i></p> <p>Professor Andrew Westwell welcomed and introduced Professor Monica Busse, Director of Health & Care Research Wales Faculty to the meeting of the RD&I Sub-Committee. Presentation slides were circulated with the papers ahead of the meeting to provide background information.</p> <p>The presentation focused on the main roles of the Health & Care Research Wales Faculty with particular focus on the Research Careers Pathways Programme.</p>	

	<p>Highlights as follows:</p> <ul style="list-style-type: none"> • HCRW Plan: Health and Care Research Wales has a plan to enhance research careers through a collaborative leadership approach • Funding & Leadership: More funding in Research Careers and a joint strategy for enhancing research careers in Wales • Culture & Ecosystem: Opportunities for integrating research into professional training and embedding research into staff recruitment and retention strategies • Communications & Engagement: Raising awareness and promoting research careers in Wales, particularly in underdeveloped areas • Faculty Support: The Health and Care Research Wales Faculty provides support, guidance, and training for health and social care researchers • The recommendations from the research careers report: The report identified 17 recommendations to improve research careers for people in Wales, grouped into three categories: strategy, funding and leadership; infrastructure; and culture and ecosystem. The faculty aims to address these recommendations through its initiatives and partnerships. • The challenges and opportunities for research careers in Wales: Some of the challenges include the lack of structured research career pathways, the limited funding available, the need to integrate research into professional training and workforce development, and the gaps in academic leadership and joint clinical practice roles. Some of the opportunities include working with UK-wide funders, engaging with the NHS R&D framework and the health and care research plan, and promoting awareness and diversity of research careers. <p>ACTION: NW to provide a summary of the different schemes that run through the charity prior to a discussion meeting with Monica Busse regarding Faculty Associate Membership and how to be more engaged with faculty learning events.</p>	NW
4.2	<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>Sian James explained after extensive stakeholder engagement and analysis, the WBS RD&I strategy outlined their vision, objectives and proposed initiatives to drive innovation and advancement within the Welsh Blood Service for the coming years. Key highlights included:</p> <ul style="list-style-type: none"> • The purpose and scope of the RD&I strategy for the Welsh Blood Service: The strategy aims to guide the research activities and partnerships of the Welsh Blood Service to improve the lives of people in Wales. It considers the challenges faced by the service and aligns with the Welsh Blood Service's 5 Year Strategy and Velindre University NHS Trust Destination 2033. • The main objectives and measures of success of the RD&I strategy: The strategy outlines four objectives: to specialise in areas of research that are relevant to the service, to integrate with the RD&I infrastructure at the organisational and national level, to accelerate the implementation 	

	<p>of research findings into practice, and to develop research capacity and culture within the service. The strategy also defines the key performance indicators, outcomes, and responsibilities for each objective.</p> <ul style="list-style-type: none"> • The recommendation and governance route of the RD&I strategy: The strategy document was presented to the RD&I Sub-Committee for approval for onward submission. The strategy has been developed with extensive stakeholder engagement and analysis and has been reviewed and endorsed by the WBS Senior Leadership Team. The strategy also aligns with the 7 levels of assurance framework of the Trust. • Quality Impact Assessment: The Quality Impact Assessment to be completed. <p>The Research, Development & Innovation Sub-Committee APPROVED the WBS RD&I Strategy and will advise Sian James on the next steps for completion of the Quality Impact Assessment and identify the governance route for onward submission.</p>	LF
4.4	<p>Trust Research, Development and Innovation Performance Annual Report 2023-24 <i>Led by Christopher Cotterill-Jones, Research Delivery Manager (deputising for Sarah Townsend, Head of Research & Development)</i></p> <p>The Annual Report provided an update on activities of the Trust’s Research, Development and Innovation service for Financial Year (FY) 2023/24. 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 Christopher Cotterill-Jones, Research Delivery Manager (deputising for 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>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 Innovation Update was discussed and noted by the Committee.</p> <ul style="list-style-type: none"> Financial Report <i>Led by Amie Garwood-Pask, Deputy Head of Finance Business Partners</i> <p>The Finance Dashboard was discussed and noted for period ended (Month 12) 31st March 2024.</p> <p>The Committee commended the RD&I Team on the substantial report. It was greed that the most important thing about this report is how it brings together all the pieces of work for RD&I in one place reflecting the ambition of the Trust. This was a true reflection of the hard work and fantastic coordination that Sarah and her team provide.</p> <p>Vicky Morris requested that following on from December’s Visit with Health and Care Research Wales Annual Review Meeting with Velindre University NHS Trust, it was suggested that we were going to share the Annual Performance Report with them. The Committee were all in agreement for onward submission of the report.</p> <p>The Research, Development & Innovation Sub-Committee DISCUSSED and NOTED the RD&I Integrated Performance Report for Quarter 4, Financial Year 2023-24.</p>	<p>ST</p> <p>ST</p>
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5.0	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.	
5.1	CONSENT - FOR APPROVAL	
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 The Research, Development & Innovation Sub-Committee NOTED the contents of the Terms of Reference and Cycle of Business.	
5.2	CONSENT - FOR ENDORSEMENT	
	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 <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i> The Research, Development & Innovation Sub-Committee APPROVED the Summary Minutes of the Private Meeting held on the 6th February 2024 as an accurate reflection of proceedings.	
5.3.2	Advancing Radiotherapy Fund (ARF) Highlight / Close Out Report <i>Led by Libby Crumpton, Advancing Radiotherapy Fund Manager</i> The Research, Development & Innovation Sub-Committee NOTED the contents of the report and actions being taken from the ARF Board.	
6.0	ANY OTHER BUSINESS	
6.1	RD&I Sub-Committee Annual Effectiveness Survey Report Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair The Chair confirmed to date, only eleven responses have been received for the RD&I Annual Effectiveness Survey and asked if all Committee members be encouraged to submit a response, the closing date has been extended and the Secretariat will recirculate the link following the meeting.	SMC

	Finally, the Chair formally noted that this was the Chief Executive's last RD&I Sub-Committee prior to his retirement and expressed thanks for his guidance and support over the years. Steve Ham thanked colleagues for their support during his time with the Trust.	
7.0	MEETING REFLECTIONS	
	Members to identify items to include in the Highlight Report to the Trust Board: <ul style="list-style-type: none"> • For Escalation • For Advising • For Assurance For Information 	
8.0	DATE AND TIME OF THE NEXT MEETING:	
	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.	
9.0	CLOSE	
10.0	PRIVATE / PART B SESSION	
	It was noted that the following items would be addressed at the Private / Part B Session of the RD&I Sub-Committee: <ul style="list-style-type: none"> • Business Case : Magnetic Resonance Imaging assessment of tumour MicroStructure in Glioblastoma (MIMOSA study) • Business Case : PATHOS Consultant Leadership Sessions 	

PUBLIC TRUST RESEARCH, DEVELOPMENT & INNOVATION SUB-COMMITTEE - ACTION LOG

Number	Action	Owner	Target Date	Progress to Date	Status (Open/Closed)
ACTIONS ARISING FROM 07/12/2023					
1.1	The Communications & Engagement Team to organise media training for the Executive Team / RD&I Committee Members, to include standards & filming guidance for the Trust.	LF / NG	14/09/2024	The Comms and Engagement Team have organised a date and will make direct contact with the Exec Team/IMs.	CLOSED
ACTIONS ARISING FROM 14/05/2024					
3.2	Radiotherapy service capacity risk to be updated with next steps and informed at next meeting.	ST	14/09/2024	As was agreed at the last RD&I Sub Committee meeting, the Summary of the R&D Risk Profile has been added as an Appendix to the RD&I Integrated Performance Report. The Radiotherapy Risk is included in the Appendix of the RD&I Integrated Performance Report FY2024/25 Q1. It has previously been discussed at the RD&I Operational Management Group meeting (06 August 2024) and will continue through the RD&I Governance Framework onwards to RD&I Sub Committee.	CLOSED
4.1	NW to provide a summary of the different schemes that run through the charity prior to discussion meeting with Monica Busse regarding Faculty Associate Membership and how to be more engaged with faculty learning events.	NW	14/09/2024	NW & JH met Monica Busse it was agreed that all multi professional Research award winners would automatically become a Faculty Associate. The arrangements are currently being enacted.	CLOSED
4.2	Advise next steps for completion of the Quality Impact Assessment and provide the governance route for the RD&I Strategy.	LF	21/05/2024	Advised on approval steps of WBS RD&I Strategy. Quality Impact Assessment links for completion and governance route identified and informed.	CLOSED
4.4	RD&I Integrated Performance Report - Item 2.8 It was requested by the Committee, (page 89 of the agenda bundle), that the baseline figures needs to be added into the table. To be addressed at the next committee meeting.	ST	14/09/2024	The baseline % values will be provided for inclusion in the next report to the RDI Sub-Committee.	CLOSED
4.4	Following the Health and Care Research Wales Annual Review Meeting with Velindre University NHS Trust and the received feedback, forward the Trust Research, Development and Innovation Performance Annual Report to HCRW for information.	ST	19/06/2024	Circulated to HCRW for information/feedback. Feedback response was that it was very well received and comments circulated back to the RD&I Team.	CLOSED
6.1	Recirculate the RD&I Annual Effectiveness Survey link to committee members.	SMC	15/05/2024	Circulated link to committee members.	CLOSED

BioNTech Collaboration

Welsh patients to benefit from increased access to pioneering clinical trials for cancer treatments

RD&I Sub-Committee
17th September 2024

Claire Lang
Senior Research Nurse Manager

Amanda Jackson
Research Nurse team Lead

The Research Climate in Wales.....



- Less funding and more competitive environment.
- Lower patient participation in clinical trials.
- Inequalities in access for patient to research.
- Declining investment in cancer research workforce and career pathways.
- A need for urgent investments in posts within those research themes.
- Reduced investment in oncology trials.

Moving Forward: A Cancer Research Strategy for Wales – July 2022

Collaboration.....

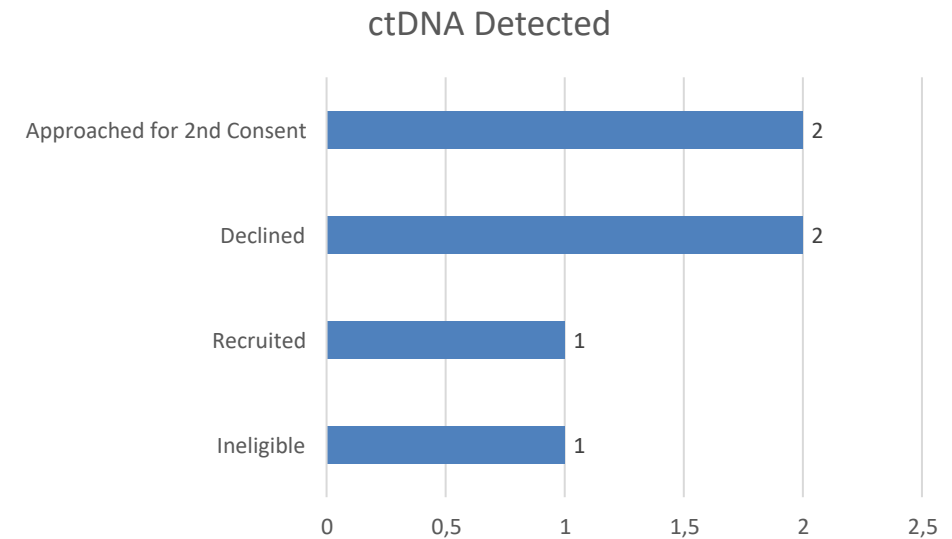
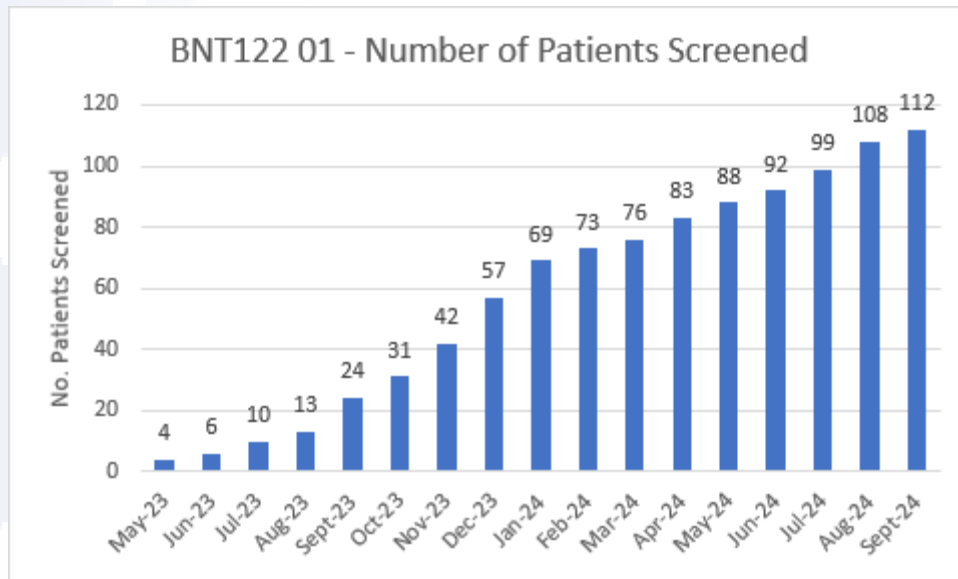


- BioNTech are the global biotechnology company, 1st to approve mRNA based COVID 19 vaccines, with a portfolio of investigational cancer vaccine trials.
- Through a collaboration agreement between Health and Care Research Wales (HCRW) and BioNTech, Velindre University NHS Trust will deliver these trials at Velindre Cancer Centre, and through the Cardiff Cancer Research Hub.
- Funding: £319,983 p.a. for 2 years 2024-26.
- Posts include Clinical Leads, Nursing, Radiology, Pharmacy, Pathology
- Investment to bolster the clinical trial infrastructure and give patients greater access to clinic trials for cancer vaccines and other novel therapies.
- BioNTech want to see a 'One Wales approach'.

Key successes already.....

Open to recruitment - BNT122-01 - Individualised Neoantigen mRNA Cancer Vaccines (INCV) for patients with ctDNA positive, resected Stage II (high risk) and Stage III colorectal cancer.

- Velindre execution for BNT122 is best in UK with minimal input/support from BioNTech.
- Highest screening UK site = 112 screened
- Positive ctDNA result = 6



Key successes already.....

Open to recruitment - BNT113 – Fixvac mRNA cancer vaccine in combination with pembrolizumab versus pembrolizumab alone for patients with a form of head and neck cancer positive for human papilloma virus 16 and expressing the protein PD-L1

- **Recruitment challenges**

- Small patient numbers

- SST engagement

- Standard of Care patient pathway

- ‘Once for Wales’

- **Recruitment solutions**

- Shared best practice with colleagues in England site.

- Reviewed internal patient recruitment process to look at what works.

- Nurses to conduct pre-consent.

- Agile workforce creating the ability to share resources.

- Developed an Electronic referral process and to receive referrals from All Wales.

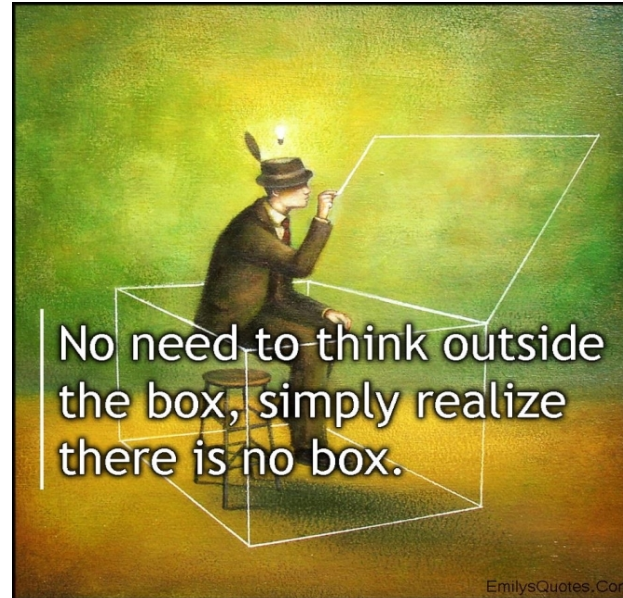
Studies in Set up.....

Name	Drug	Disease	Phase	Opening	Delivery Site
BNT327-01	Immune checkpoint modulator	Lung	Phase II	September 2024	VCC
BNT116	mRNA Cancer Vaccine	Lung	Phase I	October 2024	C&V

Future Studies in the pipeline.....

Name	Drug	Disease	Phase	Opening	Delivery Site
BNT181b and BNT181c	mRNA Cancer vaccine	TNBC, Melanoma, NSCLC	I	Q3 2025	C&V
BNT314	Immune checkpoint modulator	Multi-site	I	June 2025	VCC
BNT327-07 combined with docetaxel	Immune checkpoint modulators	NSCLC	II	March 2025	VCC
BNT326-01	Antibody drug conjugate	Multi-site	II	Q2 2025	VCC
DB-1303	Antibody drug conjugate	Breast	III	TBC SSV Sept 2024	VCC

Summary.....



RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

Executive Briefing to RD&I Sub-Committee

DATE OF MEETING	17 September 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 R&D Christopher Cotterill-Jones, Research Delivery Manager
PRESENTED BY	Jacinta Abraham, Executive Medical Director
APPROVED BY	Jacinta Abraham, Executive Medical Director
EXECUTIVE SUMMARY	<p>This is the Executive Medical Director's briefing to the RD&I Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation activities taking place in Quarter 1 of Financial Year 2024/25, along with noteworthy items from the RD&I environment since the last meeting of the Sub-Committee.</p> <p>This briefing includes summarised updates on the following items:</p>

	<ul style="list-style-type: none"> • Welsh Patients benefit from increased access to pioneering clinical trials for cancer treatments. • Voluntary scheme for branded medicines pricing, access, and growth (VPAG). • Director of the UK Office for Life Sciences visits Wales. • LLAIS visit to Velindre Cancer Centre Clinical Research Treatment Unit. • Partners in Care Network research study support. • Empowering Patients & Public: Shaping Future Research with Welsh Blood Service.
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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 Q1, FY2024/25 and noteworthy items occurring since the Sub-Committee’s last meeting.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
NOT APPLICABLE – This is the Executive Medical Director’s briefing to the RD&I Sub-Committee.	
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
NOT APPLICABLE – This is the Executive Medical Director’s briefing to the RD&I Sub-Committee.	

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

APPENDICES

None	
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1. SITUATION

This is the Executive Medical Director’s briefing to the RD&I Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation (RD&I) activities taking place in Quarter 1 of Financial Year 2024/25.

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

2. BACKGROUND

2.1 Welsh Patients benefit from increased access to pioneering clinical trials for cancer treatments.

BioNTech, is providing support in bolstering the clinical trial infrastructure in Wales with the aim to give cancer patients greater access to clinical trials for investigational cancer vaccines.

The collaboration between Health and Care Research Wales and BioNTech, the global biotechnology company behind the world’s first approved mRNA-based COVID-19 vaccine, aims to improve the efficiency and delivery of clinical trials in Wales, and coordinate a series of trials that that will allow more patients to access studies for investigational cancer treatments.

The cancer clinicians and research delivery teams of the NHS in Wales will deliver the clinical trials as part of the UK BioNTech collaboration. In Wales any patient who is identified by their local clinician as potentially eligible for the trials can be referred to the hospital where the trial is open, be that in Wales or elsewhere in the UK.

As part of the efforts with the aim to broaden access to clinical trials, BioNTech is already sponsoring an open trial to evaluate a personalised cancer vaccine candidate addressing colorectal cancer patients needs, and also a separate trial for head and neck cancer patients that has also recently opened.

Velindre University NHS Trust will play a central role in delivering these trials at the Velindre Cancer Centre, and through its collaborative Cardiff Cancer Research Hub initiative (with Cardiff & Vale University Health Board and Cardiff University). As part of the collaboration, Health and Care Research Wales will be responsible for ensuring the delivery of BioNTech-sponsored clinical trials at NHS organisations in Wales, and will provide a coordinated, One Wales approach to help identify clinical trial sites, recruit patients, and deliver cancer treatment via clinical trials.

This BioNTech collaboration, will see investment to bolster Velindre University NHS Trust's clinical trial infrastructure and give patients greater access to clinical trials for investigational cancer vaccines.

2.2 Voluntary scheme for branded medicines pricing, access, and growth (VPAG).

A landmark deal agreed by government, NHS and pharmaceutical industry will improve access to cutting-edge treatments for NHS patients, support finance sustainability of the health service and advance UK life sciences sector. This will see significant industry investment in UK clinical trials, manufacturing, and health technology assessments to strengthen UK's global competitiveness.

This deal is set to save the UK NHS £14billion in medicines costs, enable patients to access the latest lifesaving treatment more consistently and boost the UK's position as global superpower in advanced healthcare, technology, and clinical research.

The Voluntary scheme for branded medicines Pricing, Access, and Growth (VPAG) agreed will run for 5-years until 31 December 2028. An additional £400 million of life sciences investment by industry will accelerate work on clinical trials, manufacturing and in health technology assessments agencies, encouraging UK economic growth, collaboration, and innovation in the sector.

Welsh Government's support of this scheme will see investment to support and develop the research infrastructure in Wales. The case for investment into Wales is being prepared by Health and Care Research Wales on behalf of Welsh Government.

Velindre University NHS Trust, along with the other NHS organisations in Wales, has been asked to provide information to the development of initiatives to make Wales more attractive to industry and resourcing the development and improvement of services to reduce and remove barriers in the set-up, delivery, and on-going management of clinical trials/research studies.

2.3 Director of the UK Office for Life Sciences visits Wales.

Rosalind Champion, Director of the UK Office for Life Sciences (OLS) visited Wales on 25 July 2024. The visit saw Rosalind visit the manufacturing site of a global medical diagnostics company who had received funding, followed by visits to the Cardiff University Brain Research Imaging Centre (CUBRIC) and the Wales Genomic Health Centre (Cardiff Edge).

The day also saw round table discussion sessions with clinical and academic researchers who have an interest in the “dementia”, “mental health” and “cancer” missions, along with “Welsh Government’s vision for Life Sciences”.

Dr Jacinta Abraham, Interim Deputy Chief Executive Officer, and Executive Medical Director, as Trust Executive Lead for Research, Development, and Innovation, attended the round table discussions on “cancer”, “Welsh Government’s vision for Life Sciences” and highlight the Trust’s ongoing research work in the development of new and novel treatments for cancer and the opportunities provided to its patients.

2.4 Llais visit to Velindre Cancer Centre Clinical Research Treatment Unit.

Llais, visited the Clinical Research Treatment Unit at the Velindre Cancer Centre site, in February 2024. The purpose of the visit was for the visiting team to hear what matters most to the public by engaging and listening to patients, carers, and others regarding their experiences of receiving care within the area being visited. Llais volunteers listen and gather the views and experiences of the patients, carers, and visitors whilst on site.

The Trust’s Chief Executive received the Llais visit report in May 2024. Having been shared with the appropriate Trust teams, the report identified both positive findings and areas of improvement.

The positive findings from the Llais report have been fed back to the research service staff. Those areas of improvement that are within the control of the service have been addressed, with the last action completed at the end of August 2024.

2.5 Partners in Care Network research study support.

The Trust, as a preferred research site, is part of the AstraZeneca Partners in Care Network (PiCN). Through this network, the Trust has excitingly recently negotiated infrastructure support in the set-up, delivery, and ongoing management of their study

portfolio. The Trust Research Service (R&D Office) welcomes this opportunity to pursue further development of the benefits of this partnership having recently welcomed AstraZeneca supported staff to join the team.

2.6 Empowering Patients & Public: Shaping Future Research with Welsh Blood Service.

The Welsh Blood Service (WBS) Involvement & Engagement panelists have recently contributed to engaging sessions with the Component, Development & Research Laboratory, and the Emergency Medical Retrieval Service Cymru, providing excellent feedback on the use of cold-stored platelets could be used in emergency settings and insights into WBS Plans

The panel is made up of patients and the public from all corners of Wales. They shape the future of our services by providing valuable and balanced feedback on projects and initiatives at the WBS. The panel is an integral part of the operation of Welsh Blood's Blood Health Team and for RD&I delivery. The resource to run the panel is drawn and delivered by WBS RD&I Services.

One of WBS's Involvement & Engagement panelists, Helen Pritchard has recently provided the following feedback:

"I started to give blood when I was at university and have encouraged all my children to do the same. However, in 2021, I received a cancer diagnosis and spent that year in treatment. Although I am currently fit and well, I was disappointed to discover that my donating days are over

Being on the Involvement and Engagement Panel means a lot to me as it is my new way of continuing the give to the Welsh Blood Service.

I've taken part in one online session so far, discussing how blood products are stored. I was initially slightly apprehensive, thinking that I knew nothing about the subject, but I needn't have worried! The explanations were so clear, and the leaders and other panel members were very friendly. I ended up not only being able to contribute but learning a lot. I'm looking forward to my next opportunity and would thoroughly recommend the experience."

WBS Researchers and innovators are encouraged to engage the Involvement & Engagement Panel for their projects, with support from WBS RD&I Services and training provided by Health and Care Research Wales.

3. ASSESSMENT

This briefing to the RD&I Sub-Committee summarises and provides an update of the activities of the Trust’s Research, Development, and Innovation service for Quarter (Q) 1 of the Financial Year (FY) 2024/25 and other noteworthy items that the Executive Medical Director wishes to highlight to the RD&I Sub-Committee.

4. SUMMARY OF MATTERS FOR CONSIDERATION

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

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust’s strategic goals: 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"/>
	a) The Executive Medical Director's briefing summarises key Research, Development, and Innovation activities and other noteworthy research related items, demonstrating the Trust being a research supportive organisation. b) The Executive Medical Director's briefing demonstrates the Trust's commitment to undertaking research that is evidence based and appropriate, offering equal opportunities to all patients that is respectful and responsive to their treatment needs. c) The briefing also displays the Trust's dedication to conducting research in a safe and effective manner, making the best use skills and resources available.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	Not required NOT APPLICABLE – This is the Executive Medical Director's briefing to the RD&I Sub-Committee.
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health If more than one Well-being Goal applies, please list below: If more than one wellbeing goal applies, please list below: Click or tap here to enter text
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream There is a potential financial impact in not demonstrating the Trust's commitment to the strategic goal "A beacon for research,



	<p>development, and innovation in our stated areas of priority” as it could jeopardise the funding received from Health and Care Research Wales along with other non-commercial/commercial sources.</p> <p>No direct financial implications from this paper.</p>
<p>EQUALITY IMPACT ASSESSMENT For more information: https://nhs.wales365.sharepoint.com/sites/VEL/_layouts/15/Default.aspx</p>	<p>Yes - please outline what, if any, actions were taken as a result</p> <p>The Equality Impact of this Executive Briefing has been considered and there are no matters of concern to raise.</p>
<p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p>Click or tap here to enter text</p>

6. RISKS

<p>ARE THERE RELATED RISK(S) FOR THIS MATTER</p>	<p>No</p>
<p>WHAT IS THE RISK?</p>	
<p>WHAT IS THE CURRENT RISK SCORE</p>	
<p>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</p>	
<p>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</p>	
<p>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</p>	
<p>All risks must be evidenced and consistent with those recorded in Datix.</p>	

RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

**Research, Development, and Innovation -
Integrated Performance Report FY2024/25 Q1**

DATE OF MEETING	17 September 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	<p>Sarah Townsend, Head of Research & Development. Christopher Cotterill-Jones, Research Delivery Manager.</p> <p>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.</p>
PRESENTED BY	Sarah Townsend, Head of Research & Development.
APPROVED BY	Jacinta Abraham, Executive Medical Director



EXECUTIVE SUMMARY	<p>Trust Research, Development, & Innovation (RD&I) prepare an integrated performance report at the end of each financial year's quarter.</p> <p>This report summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service during the financial year 2024/25, quarter 1.</p>
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RECOMMENDATION / ACTIONS	The VCC Senior Leadership Team are requested to note for INFORMATION the draft RD&I Integrated Performance Report for Financial Year 2024/25, quarter 1
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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	06 August 2024
WBS Senior Leadership Team	14 August 2024
VCC Senior Leadership Team	21 August 2024
Executive Management Board	09 September 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"> <thead> <tr> <th>Meeting</th> <th>Meeting Date</th> </tr> </thead> <tbody> <tr> <td>WBS Senior Leadership Team</td> <td>14 August 2024</td> </tr> <tr> <td>VCC Senior Leadership Team</td> <td>21 August 2024</td> </tr> <tr> <td>RD&I Operational Management Group</td> <td>06 August 2024</td> </tr> <tr> <td>Executive Management Board</td> <td>09 September 2024</td> </tr> <tr> <td>RD&I Sub-Committee</td> <td>17 September 2024</td> </tr> </tbody> </table>		Meeting	Meeting Date	WBS Senior Leadership Team	14 August 2024	VCC Senior Leadership Team	21 August 2024	RD&I Operational Management Group	06 August 2024	Executive Management Board	09 September 2024	RD&I Sub-Committee	17 September 2024
Meeting	Meeting Date												
WBS Senior Leadership Team	14 August 2024												
VCC Senior Leadership Team	21 August 2024												
RD&I Operational Management Group	06 August 2024												
Executive Management Board	09 September 2024												
RD&I Sub-Committee	17 September 2024												
<p>The report has been discussed at the RD&I Operational Management Group (06 August 2024) and has been submitted to the WBS Senior Leadership Team and VCC Senior Leadership Team meetings for information. The Executive Management Board (EMB) discussed the report on 09 September 2024.</p>													
<p>The RD&I Sub-Committee are asked to DISCUSS this RD&I Integrated Performance Report at the meeting of 17 September 2024.</p>													

7 LEVELS OF ASSURANCE	
NOT APPLICABLE	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance
APPENDICES	
1	Trust Research, Development, & Innovation (RD&I) Integrated Performance Report for FY2024/25, quarter 1

1. SITUATION

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

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

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

2. BACKGROUND

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

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

3. ASSESSMENT

The Trust RD&I Integrated Performance Report summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service for Financial Year (FY) 2024/25, quarter 1.

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

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

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

The Research Service wish to highlight the following items from this report:

a) Study Performance Indicators

At the end of FY2024/25 Q1, the Trust Research Portfolio totalled 245 research studies at different stages of completion in the research pathway. There were 63 research active studies requiring participant consent for them to take part in the study.

The total number of studies opened at Velindre University NHS Trust in FY2024/25 Q1 is 7 studies, this is the same as the total number of studies opened at the end of Q1 of the previous financial year. The total number of participants recruited into studies at Velindre University NHS Trust in FY2024/25 Q1 is 80 participants, this is up three participants on the number of participants recruited at the end of Q1 in the previous financial year.

The Health and Care Research Wales indicators for the Trust shows that 59% of non-commercial studies and 47% of commercial studies have a green RAG rating for the indicator "Percentage of Open studies Recruiting To Time & Target." This is an increase compared to both the previous quarter and previous financial year.

For the indicator “Percentage of Closed studies Recruiting to Target” shows that 100% of non-commercial studies have a green RAG rating which is an increase compared to both the previous quarter and previous financial year. For the commercial studies, the indicator “Percentage of Closed studies Recruiting to Target” is 33%, the same as the previous quarter and previous financial year.

b) Welsh patients to benefit from increased access to pioneering clinical trials for cancer treatments.

BioNTech, the company behind the first approved mRNA COVID-19 vaccine, is partnering with Health and Care Research Wales to enhance clinical trial infrastructure in Wales. This collaboration will expand access to investigational cancer vaccine trials, with Velindre University NHS Trust playing a central role in their delivery at Velindre Cancer Centre and through its collaborative Cardiff Cancer Research Hub (with Cardiff & Vale University Health Board and Cardiff University). The initiative aims to give more Welsh patients access to cutting-edge cancer treatments. BioNTech is already sponsoring trials for colorectal and head and neck cancers at Velindre University NHS Trust.

c) Llais visit to Velindre Cancer Centre Clinical Research Treatment Unit.

Llais, visited the Clinical Research Treatment Unit at the Velindre Cancer Centre site, in February 2024. The purpose of the visit was for the visiting team to hear what matters most to the public by engaging and listening to patients, carers, and others regarding their experiences of receiving care within the area being visited. Llais volunteers listen and gather the views and experiences of the patients, carers, and visitors whilst on site. The Trust’s Chief Executive received the Llais visit report in May 2024. Having been shared with the appropriate Trust teams, the report identified both positive and areas of improvement.

The positive findings from the Llais report have been fed back to the research service staff. Those areas of improvement that are within the control of the service have been addressed, with the last action completed by the end of August 2024.

d) Empowering Patients & Public: Shaping Future Research with Welsh Blood Service.

The Welsh Blood Service (WBS) Involvement & Engagement panellists have recently contributed to engaging sessions with the Component, Development &

Research Laboratory, and the Emergency Medical Retrieval Service Cymru, providing excellent feedback on the use of cold-stored platelets could be used in emergency settings and insights into WBS Plans.

The panel is made up of patients and the public from all corners of Wales. They shape the future of our services by providing valuable and balanced feedback on projects and initiatives at the WBS. The panel is an integral part of the operation of Welsh Blood's Blood Health Team and for RD&I delivery. The resource to run the panel is drawn and delivered by WBS RD&I Services.

Positive feedback has been received from panelists.

WBS Researchers and innovators are encouraged to engage the Involvement & Engagement Panel for their projects, with support from WBS RD&I Services and training provided by Health and Care Research Wales.

e) Enhancing medical supply chain resilience with drones.

Partners Velindre University NHS Trust /WBS /WAST/ Snowdonia Aerospace and SLiNK-TECH. Welsh NHS Medical Drone Delivery Network. Value: £99,600: This project is to develop a roadmap and business case that will allow Welsh Government and Welsh NHS to consider the early adoption and integration of a cost-effective drone-based network into the healthcare ecosystem, and define the infrastructure needed to enable the scaled adoption of fully autonomous drone logistics for healthcare applications across the wider UK.

The First Project Management meeting took place during this quarter to establish working arrangements and activity to support the implementation of the SBRI project. Events were identified, such as workshops, conferences and showcase events to input into the research that will inform next steps. A showcase took place in July 2024, where the project was presented at the MediWales Conference and individual workshops have been held at the WBS and WAST sites to obtain feedback from across the NHS organisations.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The RD&I Sub-Committee are requested to **DISCUSS** the RD&I Integrated Performance Report for Financial Year 2024/25, quarter 1.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)													
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below													
If yes - please select all relevant goals:													
<ul style="list-style-type: none"> • Outstanding for quality, safety, and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development, and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 													
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	10 - Governance												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply												
	<table border="0"> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Timely</td><td><input type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input checked="" type="checkbox"/></td></tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
	Safe	<input checked="" type="checkbox"/>											
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Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
<p>a) The Integrated Performance Report describes the Research, Development, and Innovation activities demonstrating the Trust being a research supportive organisation.</p> <p>b) The Integrated Performance Report demonstrates the Trust's commitment to undertaking research that is evidence based and appropriate, offering equal opportunities to all patients that is respectful and responsive to their treatment needs.</p>													



	c) The report also displays the Trust's dedication to conducting research in a safe and effective manner, making the best use skills and resources available.
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 strategic goal "A beacon for research, development, and innovation in our stated areas of priority" as it could jeopardise the funding received from Health and Care Research Wales along with other non-commercial/commercial sources.
	No direct financial implications from this paper.
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://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 Trust RD&I Integrated Performance Report for FY2024/25, quarter 1



	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
WHAT IS THE RISK?	NOT APPLICABLE
WHAT IS THE CURRENT RISK SCORE	
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
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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
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Velindre Road, Whitchurch
Cardiff, CF14 2TL

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

2024/25

Quarter 1

April 2024 to
June 2024

Research, Development & Innovation

Integrated Performance Report

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Abbreviations.

Abbreviation	Definition
ATMP	Advanced Therapy Medicinal Product
BATRI	Brain Tumour Research Initiative
BAU	Business As Usual
BBC	British Broadcasting Corporation
BEST-C	Biomedical Excellence for Safer Transfusion - Collaborative
BMC	BioMedCentral
CAR-T	Chimeric Antigen Receptor T-cell
CCFLRI	Collaborative Centre for Learning, Research, and Innovation
CCRH	Cardiff Cancer Research Hub
CPR	Cardiopulmonary Resuscitation
CRW	Cancer Research Wales
CU	Cardiff University
CVUHB	Cardiff and Vale University Health Board
DNACPR	Do Not Attempt CPR
EAPC	European Association of Palliative Care
EMRTS	Emergency Medical Retrieval and Transfer Service
ESR	Electronic Staff Record
FY	Financial Year
HCRW	Health and Care Research Wales
IMPT	Integrated Medium-Term Plan
ISO	International Organisation for Standardisation
ITV	Independent Television
KPI	Key Performance Indicators
LIP	Local Information Pack
LLP	Limited Liability Partnership
MASCC	Multinational Association of Supportive Care in Cancer
MDRG	Multi-Disciplinary Research Group
mRNA	Messenger Ribonucleic Acid
MS	Member of the Senedd
NHS	National Health Service
OMG	Operational Management Group
PhD	Doctor of Philosophy
Q	Quarter
QR	Quick Response
R&D	Research & Development
RAF	Royal Air Force
RAG	Red, Amber, Green
RD&I	Research, Development, and Innovation
SBRI	Small Business Research Initiative
SLT	Senior Leadership Team
UK	United Kingdom
VCC	Velindre Cancer Centre
VHCR	Velindre Healthcare Cancer Research
VIR	Velindre Introduction to Research
VUNHST	Velindre University NHS Trust
WAST	Welsh Ambulance Services University NHS Trust
WBS	Welsh Blood Service

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 work functions that support research, development, and innovation.

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

STRATEGIC PRIORITY 1





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

1 Velindre Cancer Research & Development Strategic Ambitions.

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

And **we have:**

Welcomed exciting BioNTech vaccine trials within the CCRH trial portfolio.






	The <i>Cancer Vaccine Launchpad Wales</i> will come under the CCRH umbrella. This BioNTech – HCRW collaboration agreement is £600K over 2 years for clinical leadership time, delivery nurses, pharmacy, radiology, pathology time (CVUHB and VUNHST).																			
	These groundbreaking cancer vaccine trials will form part of the Hub portfolio and the CCRH Senior Research Nurse will play a lead role in the delivery of these trials.																			
	The team have started the recruitment process to bring in the workforce needed to deliver the trials.																			
	<p>BioNTech trial portfolio overview:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Stage</th> <th style="width: 20%;">Study Name</th> <th style="width: 30%;">Study Type</th> <th style="width: 15%;">Funding</th> <th style="width: 20%;">Cancer Type</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Trials in set up</td> <td>BNT327</td> <td>Anti-VEGF-A antibody candidate fused to a humanized anti-PD-L1 VHH being developed in collaboration with Biotheus</td> <td>Commercial</td> <td>Solid - Lung</td> </tr> <tr> <td>BNT116</td> <td>First in Human - ATMP - BNT116 mRNA cancer vaccine</td> <td>Commercial</td> <td>Solid - Lung</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Potential studies</td> <td>BNT181b & BNT181c</td> <td>Adjuvant individualised cancer vaccine in combination with pembrolizumab.</td> <td>Commercial</td> <td>Solid</td> </tr> </tbody> </table>	Stage	Study Name	Study Type	Funding	Cancer Type	Trials in set up	BNT327	Anti-VEGF-A antibody candidate fused to a humanized anti-PD-L1 VHH being developed in collaboration with Biotheus	Commercial	Solid - Lung	BNT116	First in Human - ATMP - BNT116 mRNA cancer vaccine	Commercial	Solid - Lung	Potential studies	BNT181b & BNT181c	Adjuvant individualised cancer vaccine in combination with pembrolizumab.	Commercial	Solid
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Potential studies	BNT181b & BNT181c	Adjuvant individualised cancer vaccine in combination with pembrolizumab.	Commercial	Solid																

2 Cardiff Cancer Research Hub.

We have also:

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

The Cardiff Cancer Research Hub will bring bolder, more innovative approaches to solid tumour and haematology research to Wales. In the last quarter we have:

	Welcomed the Cancer R&D Strategy Lead to the team. This role will have 3 days a week dedicated to the Hub and will also lead on implementing Velindre's Cancer R&D strategy.																																									
	Recruited a Band 7 nurse to the CCRH to help support the delivery of the Hub trial portfolio that continues to expand.																																									
	Also welcomed a Clinical Research Fellow in Clinical Trials / ATMPs. The Fellow will spend 1-2 days each week at the CCRH, enabling delivery of complex trials across tumour types.																																									
	Developed a new governance programme structure which will support the ongoing growth of the CCRH. This has been approved by the Executive Partnership Board.																																									
	<p>Trial portfolio overview:</p> <table border="1" data-bbox="341 842 1380 1346"> <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</td> </tr> <tr> <td>Monumental-6</td> <td>Bi-specific</td> <td>Commercial</td> <td>Haem</td> </tr> <tr> <td rowspan="3">Trials in set up</td> <td>MAGE-A3</td> <td>ATMP, Gene Therapy - Vaccine</td> <td>Non-Commercial</td> <td>Solid – Lung, Upper GI</td> </tr> <tr> <td>SOTIO</td> <td>ATMP CAR-T Therapy</td> <td>Commercial</td> <td>Solid - multi</td> </tr> <tr> <td>IOV-MEL-301</td> <td>TILS - ATMP</td> <td>Commercial</td> <td>Solid - Melanoma</td> </tr> <tr> <td rowspan="2">Potential studies</td> <td>ATTR 01</td> <td>Oncolytic virus vaccine - ATMP</td> <td>Commercial</td> <td>Solid Melanoma</td> </tr> <tr> <td>TCD17796</td> <td>Bi-specific</td> <td>Commercial</td> <td>Haem</td> </tr> <tr> <td>Closed</td> <td>MOAT</td> <td>Vaccine - ATMP</td> <td>Commercial</td> <td>H&N</td> </tr> </tbody> </table>	Stage	Study Name	Study Type	Funding	Cancer Type	Open to recruitment	MORAb-202	First in Human	Commercial	Solid - multi	Monumental-6	Bi-specific	Commercial	Haem	Trials in set up	MAGE-A3	ATMP, Gene Therapy - Vaccine	Non-Commercial	Solid – Lung, Upper GI	SOTIO	ATMP CAR-T Therapy	Commercial	Solid - multi	IOV-MEL-301	TILS - ATMP	Commercial	Solid - Melanoma	Potential studies	ATTR 01	Oncolytic virus vaccine - ATMP	Commercial	Solid Melanoma	TCD17796	Bi-specific	Commercial	Haem	Closed	MOAT	Vaccine - ATMP	Commercial	H&N
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Closed	MOAT	Vaccine - ATMP	Commercial	H&N																																						

3 Nursing & Interdisciplinary Research (Velindre Healthcare Cancer Research).

Theme - Velindre Healthcare Cancer Research

HIGHLIGHTS:

Velindre Healthcare Cancer Research Fellowship Scheme 2024 is open to Velindre Introduction to Research (VIR) and Velindre PhD Studentship applications. Deadline for submissions 26th July 2024.

The Velindre Healthcare Cancer Research Support Team is available to offer Velindre Healthcare Fellows advice and support. Team members are, Nichola Gale, Senior Lecturer in Physiotherapy, Sarah Fry, Senior Lecturer in Adult Nursing, Nicholas Courtier, Senior Lecturer in Radiography, Jane Hopkinson, Velindre Professor of Nursing and Interdisciplinary Cancer Care, Zahida Azhar, Research Administrator.

CHALLENGE:

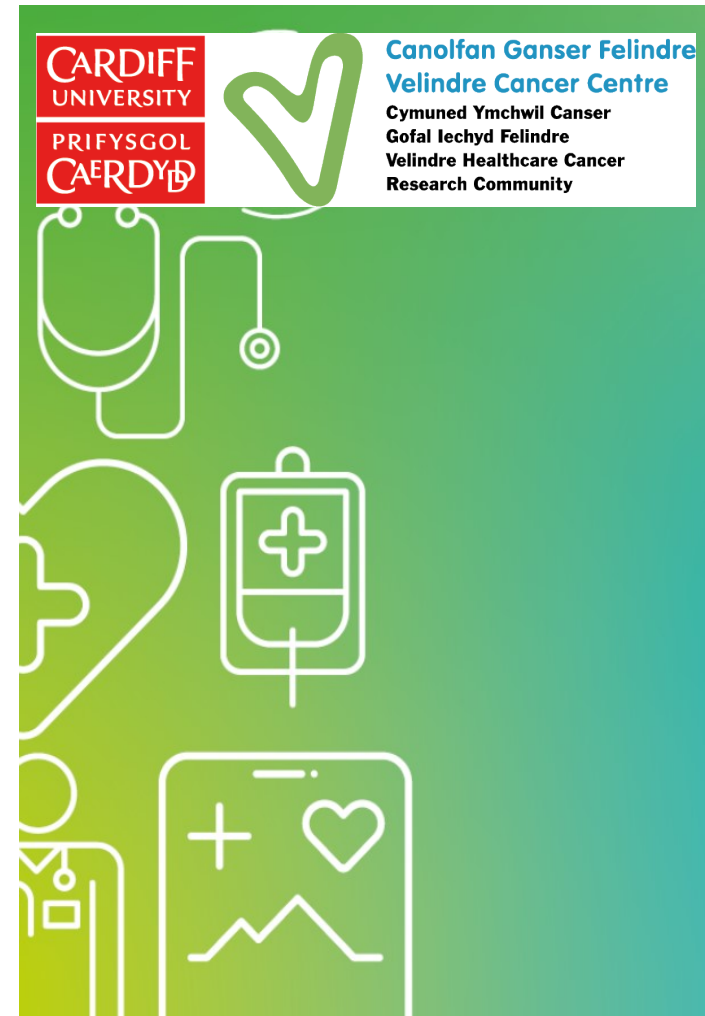
On-going pressures on clinical services across healthcare disciplines within the Velindre Cancer Centre

NEXT STEPS:

To establish a Healthcare Cancer Research Champion in each Velindre Cancer Centre department.

CROSS CUTTING RESEARCH OPPORTUNITIES:

The Velindre Healthcare Cancer Research Community is an open forum for research interested Velindre Cancer Centre staff. Meetings held every 8 weeks.



3.1 Velindre Healthcare Cancer Research – Support Team.

Meet your Support Team

**For support with your application process,
please email the team at
VHCRST@cardiff.ac.uk**



Sarah Fry

I am engaged in research concerning socially constructed beliefs about health and the impact on health behaviour. My main interests are on transferring research knowledge to practical applications, and particularly public involvement with African and Caribbean men, aiming to improve prostate cancer risk communication.

I have 15 years' experience as a nurse in the NHS, including work as a Research Nurse at Velindre Cancer Centre. My academic journey began with a ~~part~~ PhD funded by RCBC Wales, which focused on health perceptions across cultural groups, challenging the 'one size fits all' approach to health education.

I am currently supervising PhD students focused on access to acute cancer services and clinician experiences of giving a cancer diagnosis in an emergency setting



Nicholas Courtier

I am a Senior Lecturer in Radiotherapy & Oncology at School of Healthcare Studies, Cardiff University with a professional background in therapeutic radiography. I supervise research at all levels and do research that spans a range of clinical and professional issues.

I enjoy sharing research through engaging scientific writing, talks and poster design. Experience of research publishing has been gained as a journal Associate Editor, author and reviewer. Strong professional connections with Society & College of Radiographers and other regional and national funders of AHP research mean I am well placed to support people seeking funding and time for research activities.

I look forward to working together to develop the research capacity, confidence and capability at Velindre cancer Centre



Nichola Gayle

I am a Senior Lecturer in Physiotherapy at Cardiff University, undertaking teaching and research.

My research interests include the assessment and management of comorbidities in chronic lung disease, as well as the development and assessment of supportive interventions in people affected by cancer. I am currently working with an interdisciplinary team to develop inclusive prehabilitation for patients with cancer, funded by the NIHR. I am very passionate about supporting building research capacity in healthcare and leads the Community for Allied Health Professionals Research (CAHPR) Cymru, to strengthen research capacity, capability and the profile of Allied Health Professionals. I also support research capacity building through the Velindre Healthcare Cancer Research Community.

3.2 Velindre Healthcare Cancer Research – Fellowships.

Velindre Cancer Research Fellowships for healthcare professionals

**Calling ALL nurses,
pharmacists, radiographers and
allied healthcare professionals
- Get into Research!**



**APPLY
NOW!**

Applications open from 27th
May 2024
Submit your applications by
the **26th of July 2024**

You are invited to complete a short application form, setting out a project idea. Your project should be consistent with the vision and ambition set out in the Velindre Research and Innovation Strategy 2023-26. You are strongly advised to talk with your manager about the potential for your project to contribute to an improvement in the safety or quality of cancer care.

You can apply for entry at one of two levels:

- Velindre First into Research (introduction to research),
- Velindre Doctoral Studentship in Cancer Care (training to conduct research),



Canolfan Ganser Felindre
Velindre Cancer Centre

Cymuned Ysychell Cancer Gŵel Iechyd Felindre
Velindre Healthcare Cancer Research Community

For help with your application, please contact

The Velindre Healthcare Research Support Team at
hopkinsonjb@cardiff.ac.uk or
AzharZ1@cardiff.ac.uk



The Velindre Cancer Research Fellowship Scheme for healthcare professionals were planned to be opened for Quarter (Q) 2 of the Financial Year (FY) 2024/25.

3.3 Velindre Healthcare Cancer Research Performance.

Velindre Healthcare Research capacity and capability score has increased from 28/112 to 54/112 since July 2023. This reflects an increase in the number of research active health professionals with Velindre Cancer Centre. Performance against KPIs for Q1 of FY2024/25 are presented in table 1.

The performance measures for the whole of the Trust's Research Portfolio can be found in section 4. Velindre Cancer Service Research.

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

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	6 in progress 0 completed				6
Velindre collaboration on externally led Healthcare Cancer Research (in progress / completed)	Q1 +3	2 in progress 0 completed				2
Nurse, allied health professional, pharmacist, radiographer Chief Investigators (CI)	Q1 +3	2				2
Trials nurse Principal Investigators (PI)	Q1 +1	0				0
Other healthcare cancer research Principal Investigators	Q1 +2	1				1
FUNDING						
Applications for external grant funding	Q1 +2	0				0
Applications for internal research project funding	Q1 +5	1				0
CAPACITY BUILDING						
Education event/workshop	4	3				3
Small grant projects in progress	0 (scheme end)	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	2				2
Velindre Healthcare PhD Studentship awards	1	1				1
Velindre Healthcare Post doc awards	1	0				0
RESEARCH DISSEMINATION						
Publications	1 per CI	4				4
Presentations	1 per CI/PI	1				1

4 Velindre Cancer Service Research.

4.1 Welsh patients to benefit from increased access to pioneering clinical trials for cancer treatments.

A global biotechnology company behind the world's first approved mRNA-based COVID-19 vaccine will support in bolstering the clinical trial infrastructure in Wales with the aim to give cancer patients greater access to clinical trials for investigational cancer vaccines.

The collaboration between Health and Care Research Wales, which supports research delivered throughout Wales, and BioNTech aims to improve the efficiency and delivery of clinical trials in Wales, and coordinate a series of trials that will allow more patients to access studies for investigational cancer treatments. The cancer clinicians and research delivery teams in NHS in Wales will deliver the clinical trials as part of the UK BioNTech collaboration. In Wales any patient who is identified by their local clinician as potentially eligible for the trial can be referred to the hospital where the trial is open be that in Wales or elsewhere in the UK.

As part of the efforts with the aim to broaden access to clinical trials, BioNTech is already sponsoring a trial to evaluate a personalised cancer vaccine candidate addressing colorectal cancer patients needs, and also a separate trial for head and neck cancer patients that has also recently opened. Velindre University NHS Trust will play a central role in this initiative delivering trials at the Velindre Cancer Centre in Cardiff, and through its collaborative Cardiff Cancer Research Hub (with Cardiff & Vale University Health Board and Cardiff University).

Baroness Eluned Morgan MS, Cabinet Secretary for Health and Social Care, said:

"This is an exciting new era for research into cancer and the possibilities that new experimental vaccines might offer to patients across Wales. I'm delighted that BioNTech, with its track record in the field of immunotherapy development, is working with Health and Care Research Wales as partners with the potential to transform lives."

Dr Nicola Williams, Director of Support and Delivery at Health and Care Research Wales, said:

"BioNTech is well known for researching cutting-edge treatments for some of the world's most serious and life-threatening diseases such as cancer, COVID-19, malaria, and tuberculosis."

"Through the commitment from our clinicians and our fantastic delivery teams across NHS Wales, we believe that this investment will ensure we will more easily able to set up and deliver the BioNTech trials that open in the UK, and, through our One Wales approach give patients in Wales increased choice to participate."

As part of the collaboration, Health and Care Research Wales will be responsible for ensuring the delivery of BioNTech-sponsored clinical trials at NHS organisations in Wales, and will provide a coordinated, One Wales approach to help identify clinical trial sites, recruit patients, and deliver cancer treatment via clinical trials.

Professor Rob Jones, Assistant Medical Director at Velindre University NHS Trust, added:

"This collaboration has the potential to change lives in Wales, by giving patients greater access to participate in new cancer vaccine trials which may have a benefit on their outcome. The approach taken by BioNTech means that we will be able to streamline the way we recruit to these trials, making them more efficient."

This BioNTech collaboration, will see investment to bolster Velindre University NHS Trust's clinical trial infrastructure and give patients greater access to clinical trials for investigational cancer vaccines.

4.2 Raising awareness of cancer with next generation dentists.



Four years ago, Bryan Webber was patient number one on the head and neck cancer clinical trial PEARL at Velindre Cancer Centre.

Today he is using his experience of cancer diagnosis, treatment, and clinical trials to support the next generation of dentists.

Bryan is a retired dentist, working in the NHS for 50 years, the last 30 years in a training role. He is passionate about giving dental trainees a better understanding of the part they can play in early detection of cancer, as well as the problems patients experience as a result of their cancer treatment.

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

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

**Brian Webber,
PEARL Trial patient.**

Bryan is a retired dentist, working in the NHS for 50 years, the last 30 years in a training role. He is passionate about giving dental trainees a better understanding of the part they can play in early detection of cancer, as well as the problems patients experience as a result of their cancer treatment.

Today he is using his experience of cancer diagnosis, treatment, and clinical trials to support the next generation of dentists. Bryan has volunteered to talk all over Wales and has even been to Leeds to talk to 150 newly graduated dentists.

In June 2024, ITV filmed with Bryan as he talked about how he is helping dental students and graduates to recognise cancer and to understand what the patient goes through when they in treatment.

The news story screened on ITV Wales at Six and is available in ITV's website articles at:

<https://www.itv.com/news/wales/2024-07-04/the-dentist-using-his-cancer-diagnosis-to-teach-others-how-to-spot-the-signs>, which also covers the PEARL clinical trial that Bryan took part in.

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

"Clinical trials are so important – without them we wouldn't have new drugs, new treatments. By taking part in the PEARL trial, I have played my part in getting better treatment for people with head and neck cancer." – **Bryan Webber.**

"Early diagnosis is vital to successful cancer treatment and dentists are in the right place to notice changes in their patients' mouth.

And when they refer a patient to see their GP, that is the end of it usually – they don't see what happens after that.

I take them through my cancer experience, the tests that were done, the treatment and why I chose to take part in the PEARL clinical trial.

I also tell them about the physical and psychological effect head and neck cancer has on people. Treatment is difficult and I had times when I did not think I could cope with it. With the help of family friends and the Patient Support Unit at Velindre Cancer Centre, I was able to complete my treatment."

**Brian Webber,
PEARL Trial Patient.**

In addition to this work in his professional community, Bryan continues to advocate for the patient as a patient representative on Velindre's Senior Leadership Group and RD&I sub-committee.

Feedback on his presentations has been overwhelmingly positive and Bryan is keen to keep combining his professional expertise with his personal cancer story to ensure the dentists of the future are equipped to help with early detection of oral cancers.

The Trust thanks Bryan, for helping educate the next generation of dentists about their role in the early detection of cancer and for his continued support of research at Velindre!

4.3 Researching taste change after radiotherapy.

Consultant Therapeutic Radiographer specialising in head and neck cancer, Dr Jane Mathlin has recently completed a successful pilot research project into taste change as a result of radiotherapy. This was followed by hopping on a plane to France to present an e-poster on the project at a key cancer conference.

And she wouldn't be doing all this without an award from the Velindre Small Grant Scheme in 2021.

The Research Project.

The question patients often ask as they go through radiotherapy for head and neck cancer is 'when will I get my sense of taste back?'. Most patients lose their sense of taste, or it is dramatically changed as they undergo treatment.

When Jane looked for research to answer this question, she couldn't find anything on patient experiences in the first eight weeks after treatment. So, she set up a research project to see if it was possible to reliably collect information from patients who had just been through treatment.

Using the patient experience portal Civica, patients were emailed an online form to complete every week for eight weeks after finishing their radiotherapy. Nineteen patients were recruited and out of those, 15 filled out the questionnaires every week.

As well as testing the methodology, the research has gathered valuable responses from patients detailing their experiences week by week.

"Only two patients said their ability to taste their food did not improve over the eight weeks. The remaining 13 patients reported improvement in their sense of taste, but it didn't return to pre-treatment level over that time.

"Every patient improved what they were able to eat over the time with many getting back to near normal diet after eight weeks.



Dr Jane Mathlin and Manasi Patil

“The radiotherapy team are now better able to advise patients on how their sense of taste might recover following radiotherapy.” **Dr Jane Mathlin.**

Small Grant Scheme.

“Without Manasi there is a good chance that I would not have completed the research within the time I had set.

“She was able to ensure the emails went out on time, responses were collated and kept the project going at times when I would have been too busy with clinical work. Being able to rely on Manasi made all the difference to me and to the success of project.”

**Dr Jane Mathlin,
Consultant Therapeutic Radiographer.**

Jane was awarded a Small Grant Scheme award of £10k in 2021 to pursue this project.

Originally, she thought she would use some of this funding to develop an app to collect the responses, but technical difficulties meant this didn't get off the ground. The resulting saving in grant money allowed Jane to have increased use of a human resource, Velindre Research Associate Manasi Patil.

Multinational Association of Supportive Care in Cancer (MASCC) Annual Meeting.

Jane had an e-poster on the project accepted for the prestigious MASCC annual three-day meeting in Lille, France at the end of June 2024.

“I am very excited and proud to have our work recognised at a conference of his stature. It is great to have the opportunity to present our e-poster and answer questions on our project in an international forum.



“I have always been interested in taste changes around treatment and it is very satisfying to be doing something that will help support patients after this very difficult treatment.” – Dr Jane Mathlin.

4.4 New research fund established by Cancer Research Wales will bring opportunities.

Consultant Clinical Oncologist, Dr James Powell, has been appointed Clinical Lead for the Brain Tumour Research Initiative (BATRI), a new brain tumour research fund established by Cancer Research Wales.

A first for Wales, the BATRI aims to bring together academic and clinical leaders to develop and build a thriving critical mass of brain tumour research in Wales.

James currently leads the Multi-Disciplinary Research Group (MDRG) for brain cancer which brings together academic and clinical specialists to discuss and collaborate on brain tumour research ideas.



“I am proud to be leading on this fantastic national initiative which will enable us to develop new and innovative brain tumour research in Wales which we hope will support better outcomes for patients with brain tumours.

Every year in Wales more than 400 people develop a brain tumour but unfortunately very few new treatments for brain tumours have been developed in the last 40 years.

“With this significant support from Cancer Research Wales, we now have critical new, sustainable funding to put brain tumour research on a national footing and really make progress.”

**Dr James Powell,
Consultant Clinical Oncologist.**

“The Brain Tumour Research Initiative builds on the success of the MDRG by taking a national, strategic, and coordinated approach to areas of priority for brain tumour research, and then providing funding for projects that tackle these priorities.

We are very excited by this initiative and hope this new funding will provide real opportunities and support for researchers in Wales to develop their research programmes and become world leaders in the field of brain tumour research.” – Dr James Powell.



Brain tumour research has been historically underfunded, receiving less than 2% of annual cancer research funding in the UK.

Cancer Research Wales will give the BATRI £1m each year for the next three years. There will be one funding call this year launching shortly, inviting applications from researchers with new and innovative brain tumour research proposals.

The launch of the Brain Tumour Research Initiative was reported by BBC Wales in April 2024. The new BBC Wales’s website article can be found at: <https://www.bbc.co.uk/news/articles/cjljr33i020o>.

4.5 International Clinical Trials Day.

The RD&I Service would like to thank everyone who dropped by our stand at the Velindre Cancer Centre on International Clinical Trials Day.

We talked to patients and staff about the trials going on at Velindre and had some interesting entries for the scrabble game!



Special thanks to members of the wider research team at Velindre who spent time on the stand, sharing their experience.

And to Bryan Webber our patient representative for giving up part of his day to help spread the word about the importance of clinical trials.

4.6 Velindre palliative care research on the world stage

Professor Mark Taubert and Drs Elin Harding and Stephanie Sivell headed to sunny Barcelona in May to attend the European Association of Palliative Care (EAPC) 13th World Research Congress.

“The EAPC World Conference is a huge event in the palliative care calendar. I remember going to my first one in Budapest in 2007, presenting a paper about akathisia.

For Velindre to be represented on the global stage is so important, especially given the prominent role palliative care now has within the World Health Organisation, and its emergence as a key policy area in many countries in the EU.”

**Professor Mark Taubert,
Palliative Care Consultant.**

Mark was elected on to the Board of Directors and is currently Vice-President of the EAPC. He chaired several oral abstract sessions at the world congress, as well as showcasing a number of abstracts on his national work regarding Future Care Planning and also Do Not Attempt CPR (DNACPR).

Newly appointed Palliative Care non-clinical Research Fellow at Velindre Cancer Centre and Marie Curie Research Centre in Cardiff University, Dr Stephanie Sivell, gave an insightful presentation on her previous work on SERENITY.

SERENITY is a European funded programme by HORIZON, led by Professor Simon Noble (Cardiff University) and Prof. FA Klok (Leiden University, Netherlands).

Dr Sivell presented work from the third work package of Serenity about understanding the views of patients and clinicians on anti-thrombotic therapy in advanced cancer and pragmatic ways in which to work with the research team across four countries (Denmark, France, Spain, and the UK).



Dr Stephanie Sivell, Palliative Care Research Fellow, at the European Association of Palliative Care (EAPC) 13th World Research Congress.

Further results from the analyses were also presented in two posters at the conference by colleagues in Marie Curie Research Centre at Cardiff University (Elin Baddeley). Velindre have been key in recruiting patients to this international study.

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

Dr Elin Harding—the first Palliative Care Research Fellow at Velindre Cancer Centre showcased her project on the acceptability of QR Code wristbands to palliative patients. The project aims to find a solution to information sharing between specialists and emergency healthcare professionals, in order to improve patient care and reduce unwanted / avoidable hospital admissions for patients in palliative care.

The first stage of the project was to find out if the proposed system—an electronic palliative care QR code wristband system—was acceptable to palliative patients, both with malignant and non-malignant conditions. The study found that patients were incredibly positive about the system and therefore we are working towards the next stage which involves working with the Welsh Ambulance Services University NHS Trust (WAST) to understand what content and format they would find useful to aid their care and decision making in an emergency situation.

Speaking about the congress, Elin said, *“What an amazing opportunity to be amongst such inspirational colleagues from across the world, learning from them and sharing our work with them.”*



Dr Elin Harding,
Palliative Care Research Fellow.

4.7 Show RESPECT study publishes further results.

The Show RESPECT study published their third and final paper on the BioMedCentral (BMC) website.

The study carried out semi-structured interviews (24 participants) and surveyed a total of 248 both patients and research site staff, testing approaches to sharing results with participants in the context of the ICON8 ovarian cancer trial. The findings from Show RESPECT illustrate how approaches to communication in a specific trial can influence patient and staff experiences of feedback of trial results.

Velindre University NHS Trust recruited six participants to the study, where the findings were used to develop the “SHOW RESPECT” framework, and adaptable framework of considerations for planning how to share trials results with participants.

This adaptable ‘SHOW RESPECT’ framework can guide researchers as they plan how to share aggregate trial results with participants. The framework generated can be adapted to fit different trial contexts and used by other researchers to plan the sharing of results with their own participants.

The publication is available here: <https://doi.org/10.1186/s13063-024-08291-7>.

4.8 Llais visit to Velindre Cancer Centre Clinical Research Treatment Unit.

Llais, visited the Clinical Research Treatment Unit at the Velindre Cancer Centre site, in February 2024. The purpose of the visit was for the visiting team to hear what matters most to the public by engaging and listening to patients, carers, and others regarding their experiences of receiving care within the area being visited. Llais volunteers listen and gather the views and experiences of the patients, carers, and visitors whilst on site.

The Trust’s Chief Executive received the Llais visit report in May 2024. Having been shared with the appropriate Trust teams, the report identified both positive findings and areas for improvement, as follows:

Positive findings.

1. Volunteers were satisfied that the overall look of the unit was pleasant in appearance.

2. Patient satisfaction with staff and the service was extremely high.
3. Volunteers praised the welcoming reception from staff.
4. Staff offered hot beverages to patients despite coffee/tea machine being out of order.

Areas for improvement.

1. Maintenance personnel carrying out a task while a patient was receiving treatment in the next bay.
2. Visiting the unit for tests is costly and time consuming for patients.
3. Waiting room chairs are uncomfortable.
4. Water dispenser is difficult to operate.
5. Tea/coffee machine broken requiring staff to provide beverages from kitchen, taking them away from clinical duties.
6. External sign for the access button is not easily recognisable and low to ground level.
7. Limited parking availability.
8. WAST transport was said to be unsuitable for patients attending from out of area, following treatment.

The positive findings from the Llais report have been fed back to the research service staff. Those areas for improvement that are within the control of the service are being addressed, with the last action expected to be completed by the end of August 2024.

4.9 Study performance ranking and other news.

4.9.1 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
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
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
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 Deruxtecan (Dato-DXd) in Combination With Durvalumab and Carboplatin Versus Pembrolizumab in Combination With Platinum-based Chemotherapy for the First-line Treatment of Patients With Locally Advanced or Metastatic NSCLC Without Actionable Genomic Alterations
Joint 4 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

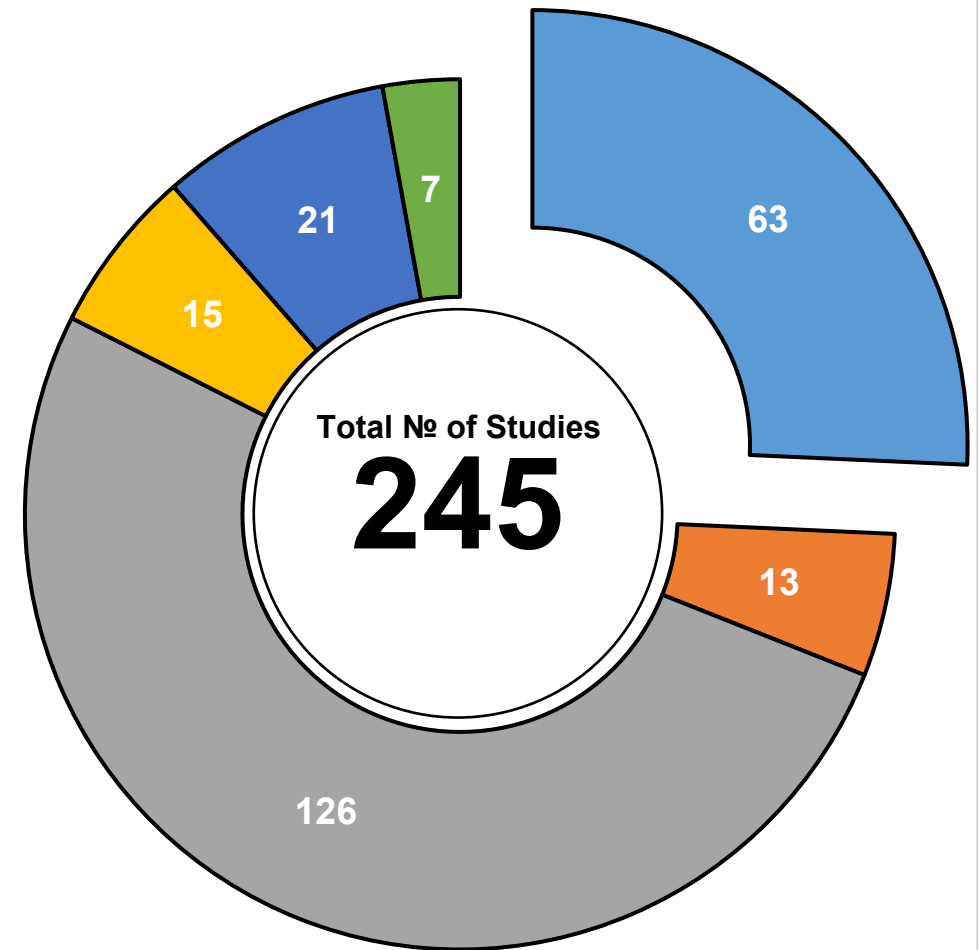
5 Velindre Research Performance Indicators.

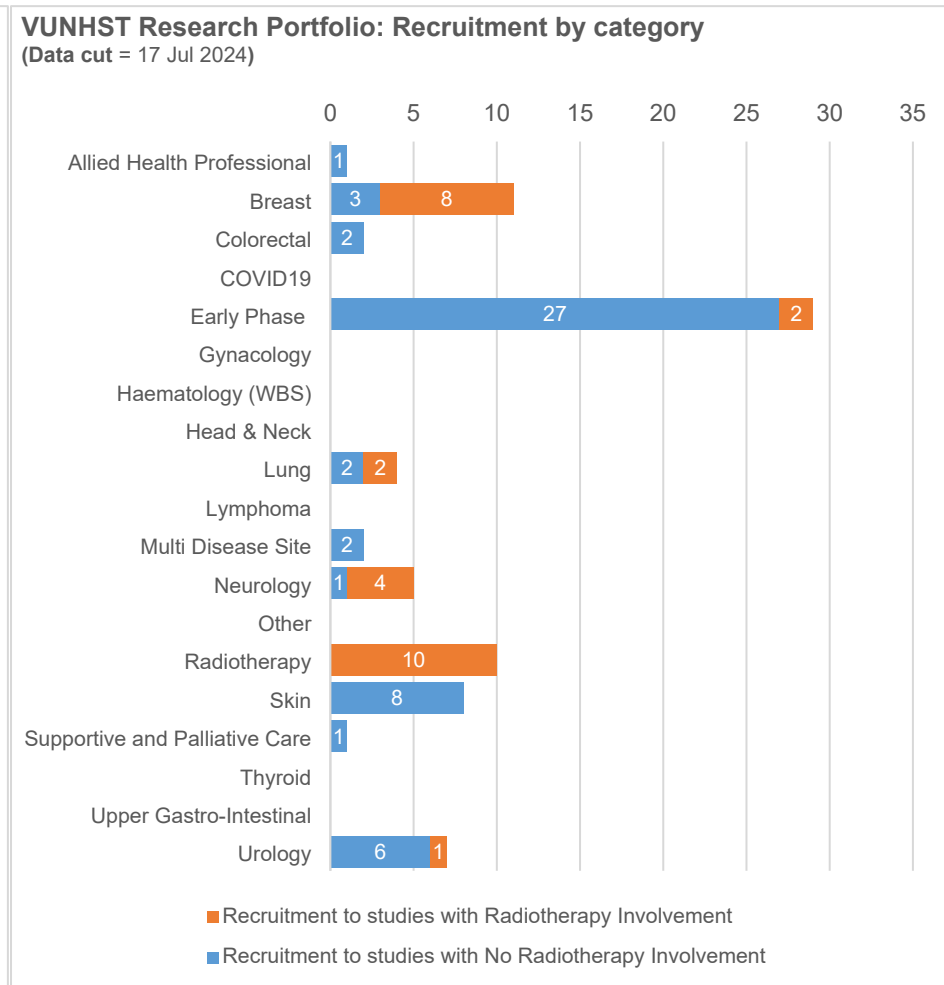
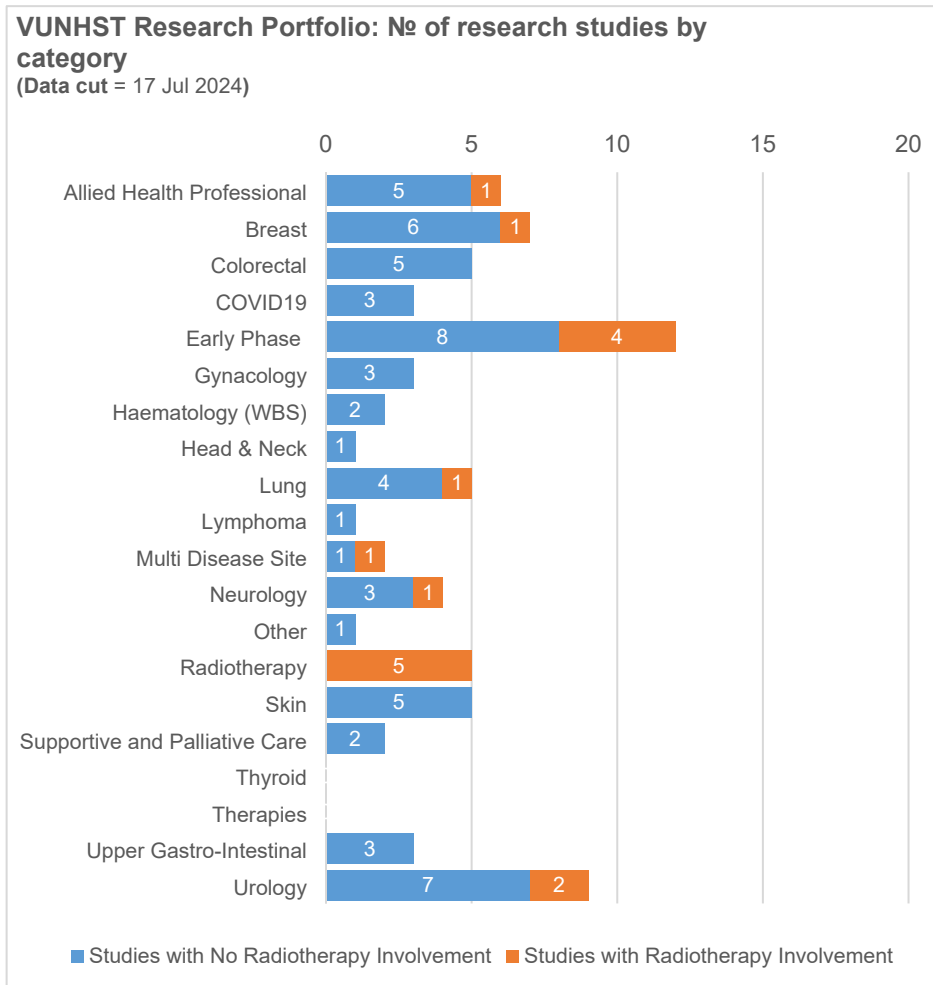
5.1 Velindre University NHS Trust key indicators.

5.1.1 Velindre University NHS Trust research portfolio.

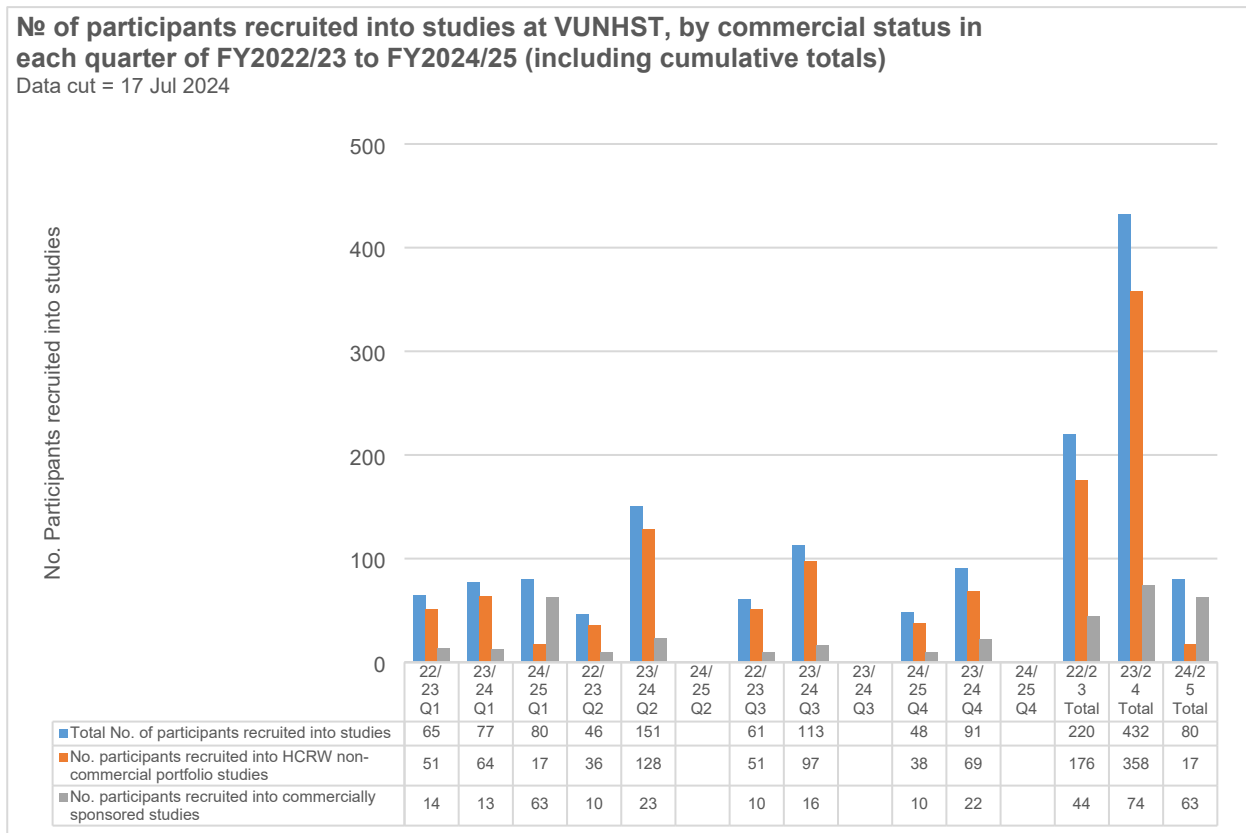
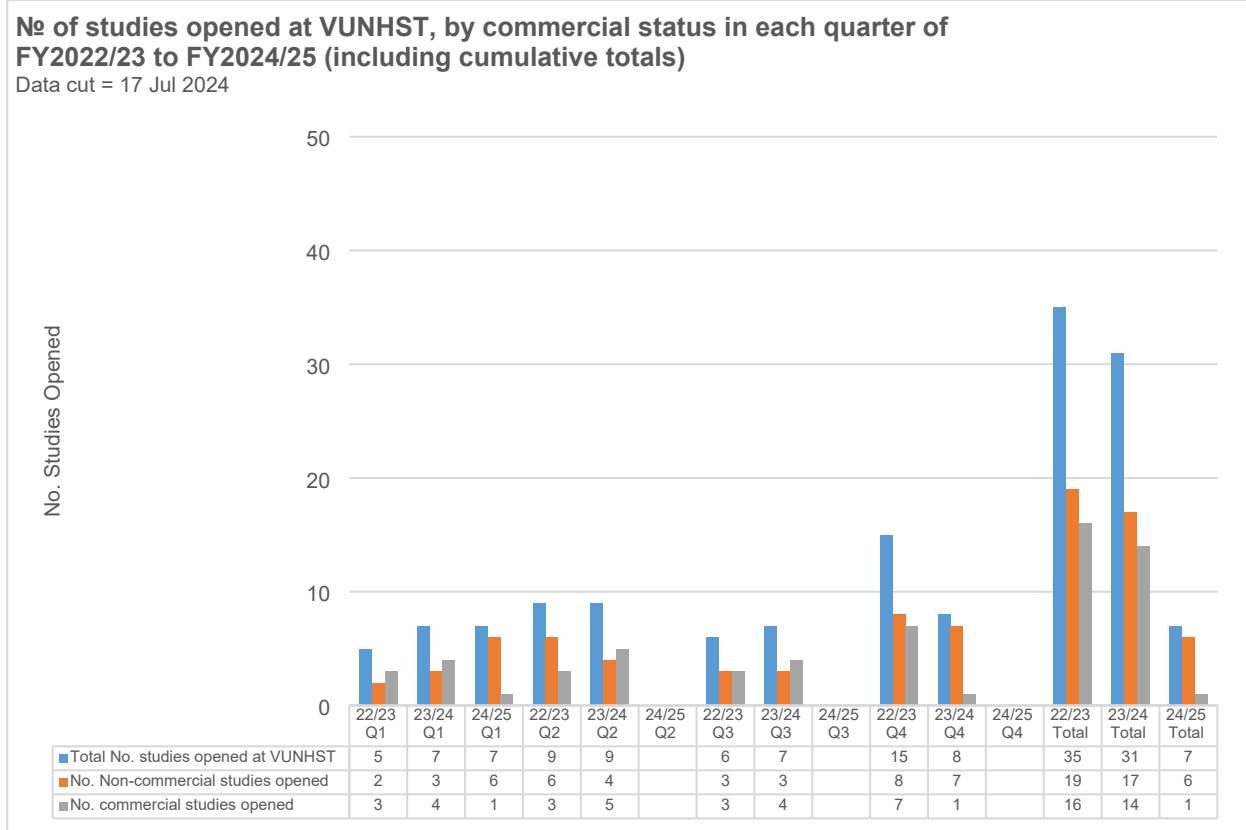
VUNHST Research Portfolio: No of research studies by category
(Data cut = 17 Jul 2024)

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

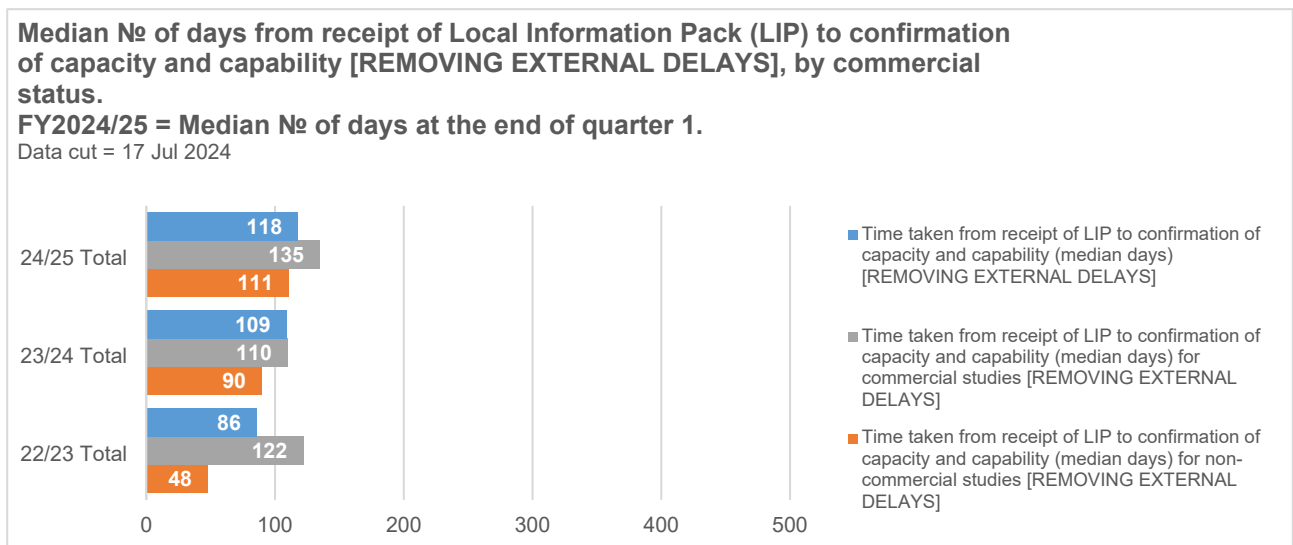
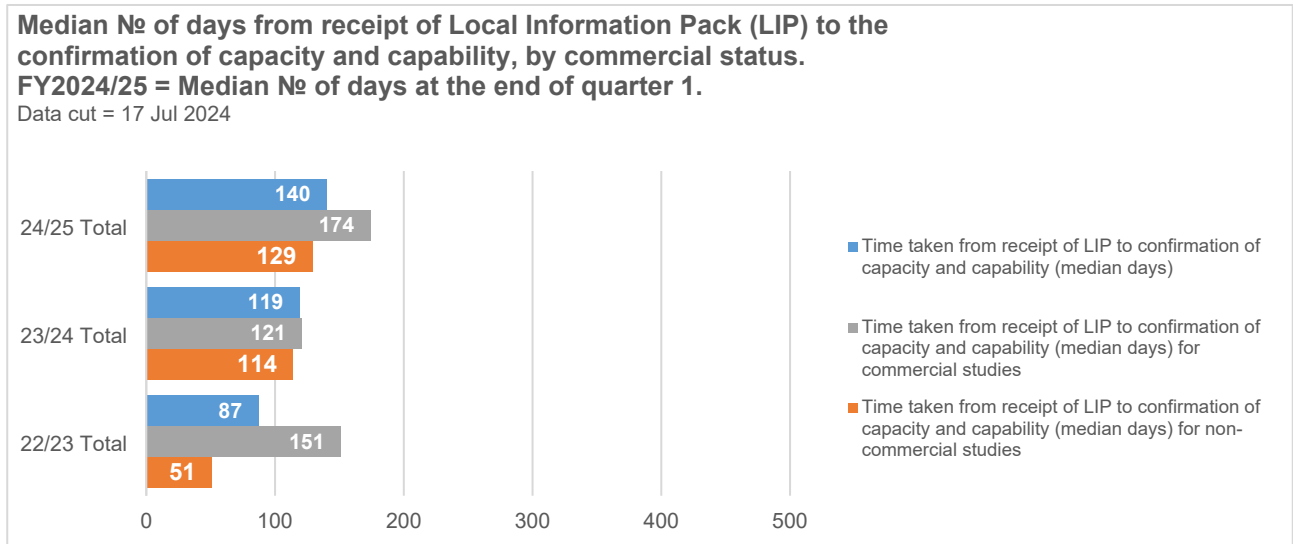
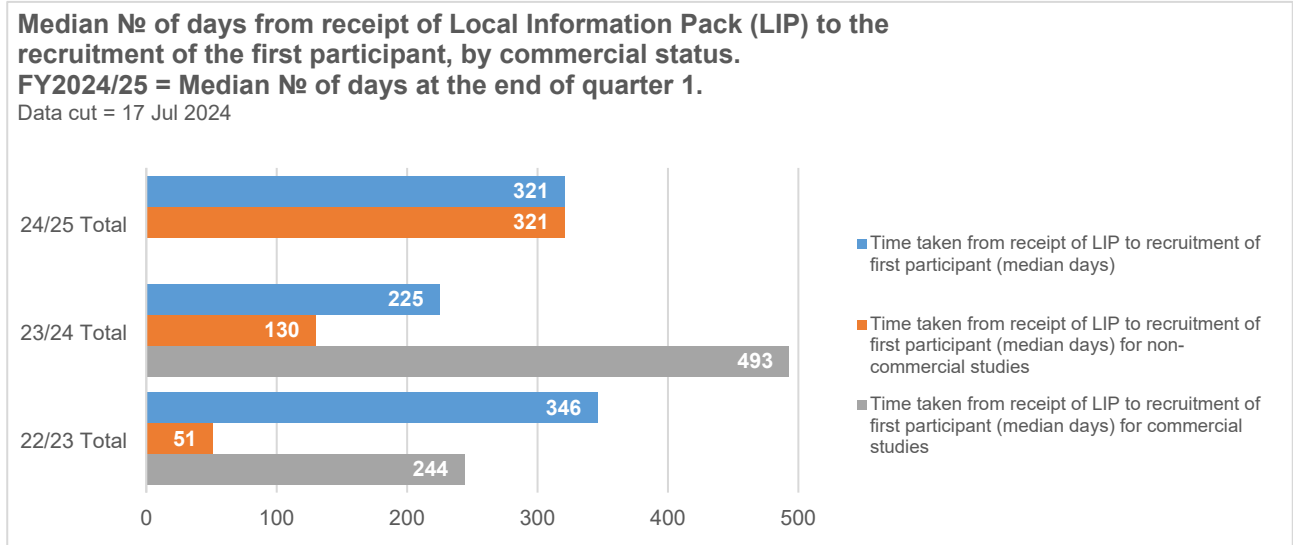




5.1.2 Number of studies opened, and number of participants recruited by commercial status.












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












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







5.2.1 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		30% 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) ACTOv [IRAS 1003954], target = 10; planned study end date = 01 Apr 2028. 2) BICCC [IRAS1004377], target = 50; planned study end date = 03 Jun 2025 3) Hit Meso [IRAS 322732], target = 10; planned study end date = 30 Jun 2026 4) ADAPT-P [IRAS 319805], target = 17; planned study end date = 01 Sept 2024 5) Cancer Vaccine Launchpad [IRAS 325291], target = 1; planned study end date = no end date 6) Renal REFINE [298208], target = 5; planned study end date = 31 Oct 2024 7) REFINE-Lung [IRAS 1004165], target = 24; planned study end date = 01 Dec 2025. 8) 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> 9) TRAK-ER [IRAS 286505], target = 20; planned study end date = 01 May 2024. 10) UKP3BEP Trial [IRAS 182633], target = 5; planned study end date = 30 Nov 2024. 11) VISON [IRAS 335269], target = 100; planned study end date = 30 Nov 2026
		11% 4 studies			
		59% 22 studies			







5.2.2 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		47% 9 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) BNT1113 [288716]m Target = 3; planned study end date = 31/05/2026 2) AVANZAR [1006036], Target = 8; planned study end date = 30/11/2024 3) CAPitello-280 [IRAS 1005000], target = 2; planned study end date = 09 Feb 2025. 4) CELC-G-301 [1006613], target = 6; planned study end date = - 1/09/2024. 5) XB002 101 JEWEL [1005594], target = 10; planned study end date = 30 Nov 2025 6) First in human study of OVM-200 [299207], target = 9; planned study end date = 01/12/2024 7) INCB54828-302 [255226], target = 3, planned study end date = 13/09/2024 8) CodeBreaK 101 [304235], target = 3; planned study end date = 13 01 Jan 2027 9) Tropion-Breast 05 [IRAS 1007219], target = 3; planned study end date = 06/02/2025.
		5% 1 study			
		47% 9 studies			

5.2.3 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		0%			<u>List of studies with RAG rating = "RED"</u> <ul style="list-style-type: none"> No studies
		100%			
		0 studies			
		3 studies			

5.2.4 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		67%			<u>List of studies with RAG rating = "RED"</u> <ol style="list-style-type: none"> 1403-002 A study of a combination of BI drugs in Patients with Cancer [IRAS 1005475], target = 3; planned study end date = 30 May 2026. Note: Velindre were only able to perform ultrasound biopsies due to capacity issues within the Cardiff and Vale Radiology Department. This had an impact on the number of patients we could recruit. CANC 48153 [IRAS 292846], target = 10; planned study end date = 01 Apr 2025. Note: Recruitment closed a year earlier than planned MK1308A-008 1003758, target = 7; planned study end date = 24 Oct 2024. Note: The Sponsor put recruitment on hold nationally in 2022 and the study never reopened to recruitment. This impacted our targets. MK3475-U03 [IRAS 1003378], target = 3; planned study end date = 21 May 2024. Note: The Sponsor put recruitment on hold nationally for a year which impacted our recruitment targets.
		33%			
		4 studies			
		2 studies			

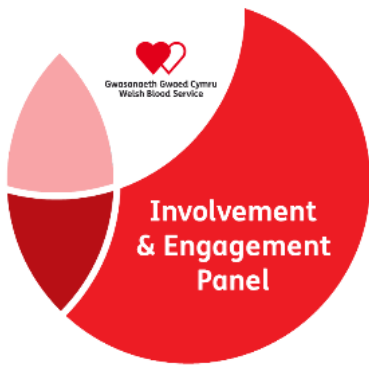
STRATEGIC PRIORITY 2

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

6 Welsh Blood Service Research.

6.1 Empowering Patients & Public: Shaping Future Research with Welsh Blood Service

The Welsh Blood Service Involvement & Engagement panel is made up of patients and the public from all corners of Wales. They shape the future of our services by providing valuable and balanced feedback on projects and initiatives at the Welsh Blood Service. The panel is an integral part of the operation of Welsh Blood's Blood Health Team and for RD&I delivery. The resource to run the panel is drawn and delivered by WBS RD&I Services.



Why is this important?

Because the public's voice matters. Our projects become more relevant and transparent when the public is involved. It ensures we're meeting the needs and expectations of our community.

By having a say, the **Involvement & Engagement** panel help us to create better services and improve our outcomes.

Helen Pritchard, one of our dedicated **Involvement & Engagement** panellists, shared her story with us.

"I started to give blood when I was at university and have encouraged all my children to do the same. However, in 2021, I received a cancer diagnosis and spent that year in treatment. Although I am currently fit and well, I was disappointed to discover that my donating days are over.

Being on the Involvement and Engagement Panel means a lot to me as it is my new way of continuing the give to the Welsh Blood Service.

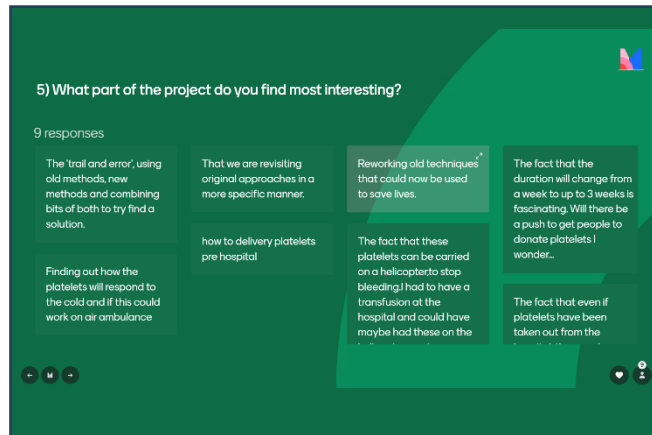
I've taken part in one online session so far, discussing how blood products are stored. I was initially slightly apprehensive, thinking that I knew nothing about the subject, but I needn't have worried! The explanations were so clear, and the leaders and other panel members were very friendly. I ended up not only being able to contribute but learning a lot. I'm looking forward to my next opportunity and would thoroughly recommend the experience."

What Does the Panel Do?

The panelists can be engaged in a range of activities. They review research plans, complete surveys, and attend events. They share their insights with us on how we can improve our services, contribute to our plans, and help us evaluate the impact of our work. It is all about making sure our efforts are person-centered and community focused.

Recent Activities of the Involvement & Engagement Panel

Recently, our panelists contributed to an engaging session with the **Component, Development & Research Laboratory**, and the **Emergency Medical Retrieval Service Cymru**. The panel provided excellent feedback as we explained how cold-stored platelets could be used in emergency settings and gained insights into our plans.



Photos from the Initiation Event for Investigating Cold Stored Platelets for Pre-Hospital Emergency Resuscitation project. The panel provided feedback on the project after presentations from WBS and EMRTS researchers. This is one of many Public Involvement being perform in the HCRW funded project.

Involvement

Researchers and innovators are encouraged to engage the Involvement & Engagement Panel for their projects, with support from WBS RD&I Services and training provided by Health and Care Research Wales.

Membership

The panel represents the population of Wales and is guided by an approach that values equality and diversity. Our goal is to ensure that our research and services truly reflect the needs of our community. However, the panel currently lacks representation from North Wales, and we have made efforts to focus promotional activities in that region.to address this.

6.2 Bevan Commission Support for Innovation in Cryoprecipitate

Towards the end of last year, research scientist Michael Cahillane (picture right) was selected to take part in the Bevan Commission's Innovation Intensive Learning Week 2023, held at the Towers Hotel in Swansea.

The week was made up of lectures and group work where Michael had 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 Innovation Project

Fifty per cent of deaths in the first 24 hours after significant trauma are due to massive bleeding, so rapid clotting to control bleeding can be lifesaving in many cases.

Michael's project is looking at a plasma component called pooled cryoprecipitate. Cryoprecipitate is rich in clotting factors and is transfused into patients to speed up clotting mechanisms during bleeding.



“It was a very intense experience, stepping out of my day-to-day work and focussing on my idea around reducing waste in the blood component manufacturing process. I have a better understanding now of what innovation involves and taking what I learned over the week, I have streamlined my project and am very excited to see where it takes me.”

Michael Cahillane

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.



In the manufacturing process, plasma components are rapidly frozen and stored below -25°C . Cryoprecipitate is then formed within the plasma through controlled, slow thawing of the plasma units. The precipitate is separated from the residual plasma to create a cryoprecipitate single unit. Five cryoprecipitate singles of the same ABO blood type are amalgamated to form one unit of pooled cryoprecipitate for clinical use.

To ensure enough suitable cryoprecipitate is available for one clinical dose, six ABO-matched plasma units are thawed, with the additional unit considered a contingency in case one plasma unit is unusable. If five of the plasma units are successfully thawed and able to be used, the sixth contingency cryoprecipitate single is discarded.

Michael is going to test whether we can 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.

The Outcomes

Innovation in cryoprecipitate production can 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.

“The blood service is always trying to increase the number of donors to ensure we have the blood supplies needed to meet demand. My project aims to see if we can do more with what we have, using our donors’ valuable contributions as efficiently as possible.”

“The affected departments are very supportive of this project, which if successful, could result in a positive addition to their current processes and help to bolster component stocks whilst reducing unnecessary wastage.”

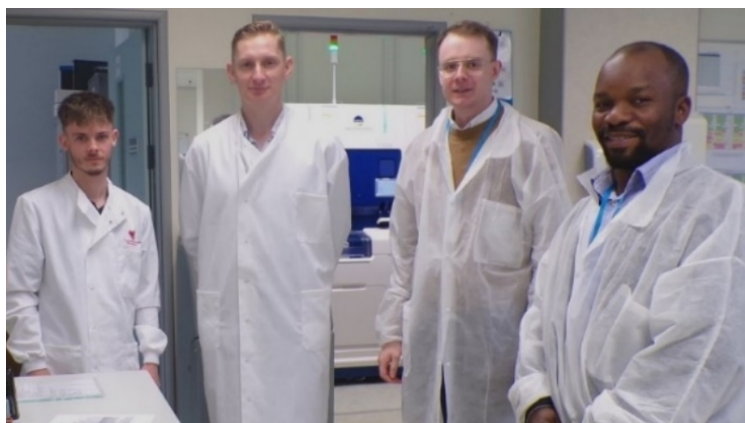
“I am committed to getting other scientists and staff across both Manufacturing, the Quality Assurance Laboratory and my own Component Development and Research laboratory involved in the project, so we all build on our current skills and experience and continue to deliver continual, innovative improvements for the organisation.”

Michael Cahillane

6.3 Welsh Blood Service Welcomes Biomedical Scientists from the Military

In May, the Welsh Blood Service welcomed eight biomedical scientists from the Defence Medical Academy. Representing the Navy, Army and RAF, the scientists were taken on an insightful laboratory tour.

Captain M Brewer highlighted how valuable it was to “bridge the gap between transfusion support on operations and the supply of blood components.”



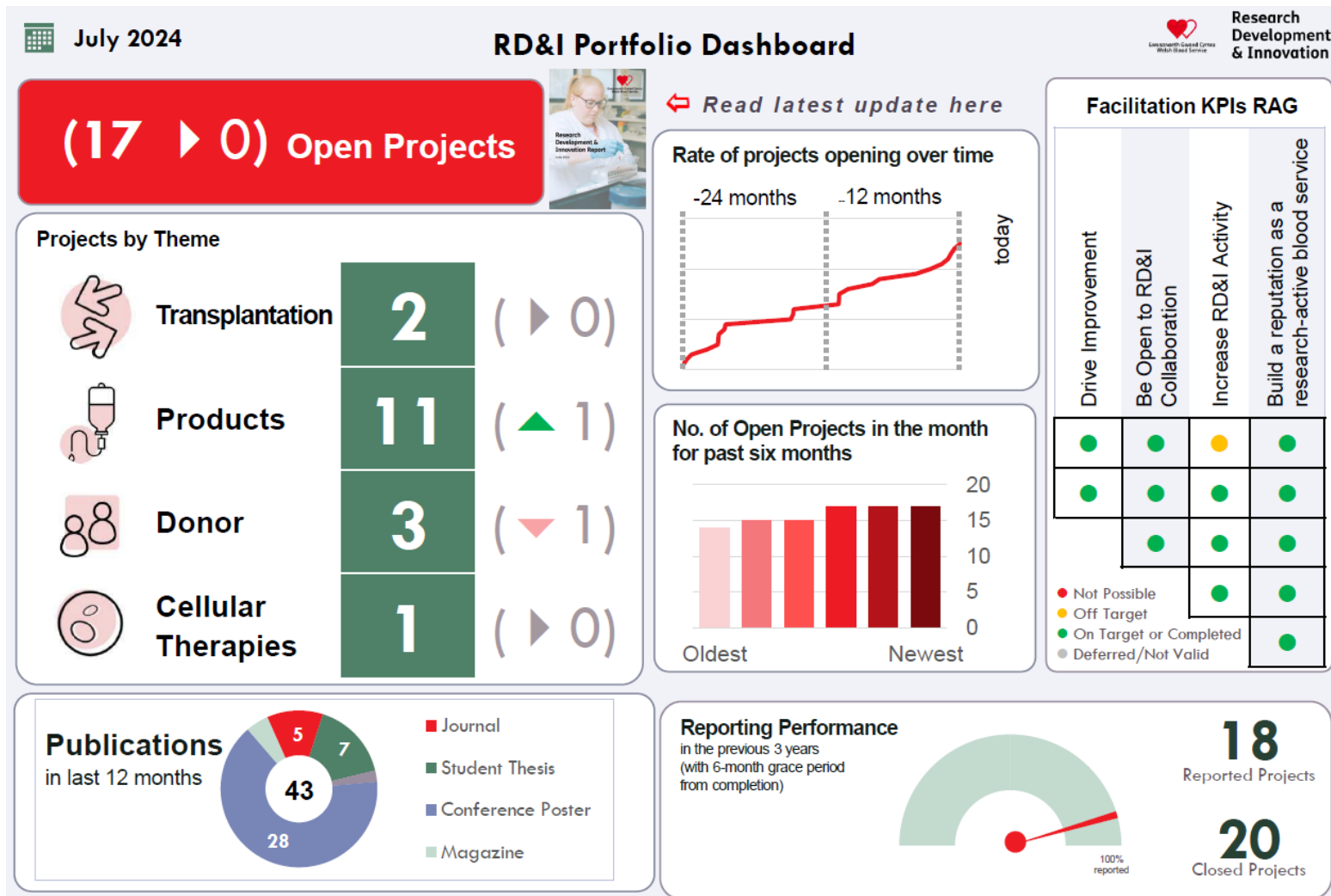
The scientists left inspired and are looking forward to future visits, as well as the potential for collaborative projects and further training opportunities.

Military biomedical scientists play an important role. They are responsible for diagnosing diseases and managing blood supplies both at home and overseas. They work in challenging environments, such as field hospitals, where they provide 24/7 support with limited resources. Their work can include everything from haematological lab testing, supporting emergency blood transfusion and complex diagnostic procedures.

There are no permanent laboratories within the military. Instead, military biomedical scientists rely on collaborations with hospitals and centres like the Welsh Blood Service to maintain the high standards required for both routine and emergency biomedical support.

Our partnership with the military will continue to be a linchpin, and we look forward to working on future projects and collaborative opportunities with our military partners.

7 Welsh Blood Service Research Performance Indicators.



7.1 Open projects portfolio.

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

Project Name	WBS Project ID	WBS Research Theme	WBS Staff Lead	Involvement
Investigating the role of the bone marrow microenvironment in the pathogenesis of Acute Myeloid Leukaemia	96	Cellular Therapies	Head of WBMDR	NHS Research
The use of legislation and regulation as a means of improving quality in public healthcare services	164	Donor	Peter Richardson	WBS led RD&I
Improving Platelet Storage (PhD Cardiff Metropolitan University)	168	Products	Christine Saunders	WBS led RD&I
Cold Stored Platelets for Pre-Hospital Use – Laboratory Testing	170	Products	Jamie Nash	WBS led RD&I
Service Support of the Role of donor derived cell free DNA (slet derived exosomes and proinsulin in diagnosing pancreas graft acute rejection / the (EMPAR) study	171	Transplantation	Emma Burrows	WBS support of others RD&I
Understanding and Investigating White Particulate Matter	175	Products	Michael Cahillane	WBS led RD&I
Methodology Evaluation for Measuring Regulatory Cells in Kidney Transplant Recipients	178	Transplantation	Deborah Pritchard	WBS led RD&I
Evaluation of Manually Washed Red Cells	179	Products	Lauren Payne	WBS led RD&I
Use of a Blood Warmer for Administration of Cold Stored Platelets for Pre-hospital Emergency Resuscitation	180	Products	Sarah Goatson	WBS led RD&I
Provision of Blood donor samples for Public Health Wales's Surveillance of Immunity in Wales	181	Donor Care & Public Health	Sian James	WBS led RD&I
Evaluation of a novel Haemoglobin S Technology to support the future approach for screening Blood Donors for Sickle Cell trait	182	Products	Ann Jones	WBS led RD&I
Evaluation of tricine as a novel cryoprotectant for the long-term storage of RBC units.	183	Products	Chloe George	WBS led RD&I
Participation in the FAIR Blood Donor Survey	185	Donor Care & Public Health	Stuart Blackmore	WBS support of others RD&I
Evaluation of High Titre buffy coat status on the High Titre Haemolysis Status of Platelet Pools in Additive Solution	189	Products	Stephen Pearce	WBS led RD&I
An Evaluation of Red Cell Haemolysis Levels During Storage	190	Products	Stephen Pearce	WBS led RD&I
Assessment of Procoagulant Microparticles in expired Platelet Units: Comparative Analysis with Fresh Frozen Plasma in Thrombin Generation	191	Products	Jamie Nash	WBS led RD&I

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

The Welsh Blood Services participation in BEST-Collaborative as of 1 Jul 2024.

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

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

Key:

✓	Work = on track
⚠	Work = problematic requires attention

Objective	Activity	Indicator or KPI	Target	Month by Month Status											
Drive Improvement				A	M	J	J	A	S	O	N	D	J	F	M
Ensure our research efforts are of the highest quality	Any WBS PI applications for NHS Research approval will adhere to NHS Permissions Performance metrics	Velindre NHS Trust to national KPI for NHS Permissions	100% Compliance	✓	✓	✓									
Obtaining sustainability for RD&I activities	Complete utilisation of the WBS RD&I funding	WBS RD&I spend per fiscal year	100% Spend	✓	✓	✓									
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	✓	✓	✓									

RD&I - Integrated Performance Report

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.	With the imminent change in strategy, we have postponed defining the pipeline.	⚠	⚠	⚠											
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	✓	✓	✓											

RD&I - Integrated Performance Report

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. <i>*Exception option also available from this metric when exempting circumstances exist</i>	✓	✓	✓									
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 90% on 11 July	✓	✓	✓									

RD&I - Integrated Performance Report

<p>Build a reputation as a research-active blood service</p>	<p>An RD&I Event with WBS showcasing our work.</p>	<p>Half-day or evening event, possible co-produced with another organisation. Showcasing RD&I</p>	<p>Event - WBS Group want a universal event to take place after strategy launch.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>									
<p>Measuring and defining Progress and Success</p>	<p>We will disseminate our RD&I findings to others.</p>	<p>Overall Number of scholarly publications* by the WBS (scholarly is a peer-reviewed publication and is to include the publication of conference proceedings)</p>	<p>Maintain 2023-24 output of 36 scholarly publications</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>									
<p>Measuring and defining Progress and Success</p>	<p>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</p>	<p>A report delivered to WBS RD&I Group and elsewhere</p>	<p>Every four months</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>									

The Trust will implement the Velindre Innovation Plan.

8 Velindre Innovation Service.

8.1 Gap analysis.

Following on from the gap analysis undertaken earlier in the year the Team continue to build the innovation infrastructure for the Trust through the implementation of projects and programmes. See summary activity overview at 8.13. Innovation activity overview.

8.2 Simply Do.

Working with Colleagues in the WBS, Improvement Teams in WBS & VCC and Industry Partner 'Simply Do', good progress is being made to develop a portal and supporting programme to capture pipeline ideas for improvement/innovation /. Working collaboratively with the Improvement Teams to establish a holistic approach to capture ideas that can lead to improvements across the Trust. Establishing the most appropriate call, communication methods and governance requirements to support the implementation of the programme. This approach has been presented to Operational Management Group (OMG) and Senior Leadership Team (SLT).

8.3 RITA Evaluation.

Implementation and update continues on the Chatbot RITA virtual assistant to increase user engagement in preparation for evaluation of the service. Collaborating with Swansea University to independently evaluate the Chatbot. The evaluation will inform the paper and options that will be shared with the RD&I committee to inform next steps and potential "business as usual" (BAU) arrangements.

8.4 ISO 56001.

Through the development of the innovation management system aligned to ISO 56001, the innovation Office continues to update the Innovation strategic plan, procedures, and processes to further support innovation activity and support capability and capacity for the Trust to innovate. A copy of the strategic plan and Innovation policy is attached in the appendices.

Strategic objectives include:

Innovation Strategic Objectives:

1. **Enhance Patient Outcomes and Improve patient and donor Experience:** Develop and implement innovative treatments and care pathways that improve patient survival rates, quality of life, and overall experience for patients and donors.
2. **Improve Operational Efficiency:** Utilise innovation to streamline processes, reduce costs, and improve the efficiency of service delivery.
3. **Strengthen Collaboration:** Build strategic partnerships with academic institutions, industry, third sector, government /governmental support organisations and other healthcare organisations to accelerate innovation.
4. **Cultivate an Innovation Culture:** Encourage a culture of innovation among staff through continuous learning, incentives, and support for creative initiatives.

8.5 VUNHST Branding Architecture.

Working alongside Head of Communications to support a review of the current Trust brand architecture and guidance. A survey has been developed to share with the Executive team to gather insights. The survey will be conducted in July 2024.

8.6 Rita Phase 3.

Exploring the opportunity to collaborate with Cardiff University Digital Team to develop the capability of the Chatbot.

8.7 SBRI: Enhancing medical supply chain resilience with drones.

Partners Velindre University NHS Trust /WBS /WAST/ Snowdonia Aerospace and SLiNK-TECH. Welsh NHS Medical Drone Delivery Network. Value: £99,600: This project is to develop a roadmap and business case that will allow Welsh Government and Welsh NHS to consider the early adoption and integration of a cost-effective drone-based network into the healthcare ecosystem, and define the infrastructure needed to enable the scaled adoption of fully autonomous drone logistics for healthcare applications across the wider UK.

The First Project Management meeting took place during this quarter to establish working arrangements and activity to support the implementation of the SBRI project. Events have been identified, such as workshops, conferences and showcase events to input into the research that will inform next steps. A showcase is planned for July 2024, the project was presented at the MediWales Conference and individual workshops held at the WBS and WAST sites to obtain feedback from across the NHS organisations.

8.7.1 Welsh Blood Service Collaboration with SLiNK-Tech and Snowdonia Aerospace LLP

8.7.1.1 Overview

On 18th June 2024, the Welsh Blood Service (WBS) held a half-day workshop with SLiNK-Tech and Snowdonia Aerospace LLP representatives to explore the potential of using drones for blood and biological sample Representatives from various WBS departments attended the workshop, including the Blood Health Team, RD&I Services, Plasma for Medicines program, Transport, and the Senior Leadership for Transplantation Services, Collections, and Quality. Velindre representatives present were Innovation and Digital.

SLiNK-Tech specialises in drone and air freight transportation technologies. Its expertise is creating solutions for payload routing, loading, and freight logistics using advanced drone technology. During the workshop, SLiNK-Tech presented its capabilities in drone transportation and demonstrated how its technology could meet the project requirements of WBS for efficient and reliable transportation of biological samples.

Snowdonia Aerospace LLP is focused on developing the legislative framework and infrastructure for drone operations in Welsh airspace. Their role in the workshop was to describe the current legislative space for drone use and to discuss ongoing efforts to enable the safe and regulated deployment of drones for various applications, including healthcare logistics. Snowdonia Aerospace is also involved in assessing the feasibility of Unmanned Aircraft System Traffic Management (UTM) for health on behalf of the Welsh Government.

8.7.1.2 Workshop Agenda and Discussions

Snowdonia Aerospace provided an overview of the current legislative environment for drone use in Wales. They highlighted the challenges and opportunities in integrating drones into the existing airspace and any future prospective regulatory basis. SLiNK-Tech presented its drone transportation capabilities, focusing on how its technology could be tailored to meet the needs of WBS. They discussed the potential for drones to provide rapid, reliable, and safe transportation of blood and other biological samples, which is crucial for timely medical responses and maintaining the integrity of the samples. This segment underscored the importance of

developing a robust UTM system to ensure safe and efficient drone operations, that can be operated by personnel of the WBS. WBS outlined its current role in biological sample transportation and the specific requirements, including shipping, timing, and liability factors.

8.7.1.3 Outcome of Workshop

SLiNK-Tech and Snowdonia Aerospace are collaborating to facilitate a feasibility assessment of drone use for health-related matters for Welsh Government. This assessment will consider technical, logistical, and regulatory aspects to determine the viability of implementing a drone-based transportation system for medical supplies and biological samples. The finding of this workshop will contribute to this assessment.

WBS shared detailed information on their operational requirements, including the types of biological samples transported, the conditions needed to maintain sample integrity, and the logistical challenges faced in the current transportation system. This feedback is critical for tailoring the drone transportation solutions to the specific needs of WBS and its customers.

The workshop provided valuable insights into the potential for drone technology to revolutionise the transportation of biological samples for NHS Wales. SLiNK-Tech and Snowdonia Aerospace demonstrated their commitment to advancing this innovative solution. The collaboration aims to enhance the efficiency and reliability of medical logistics, ultimately benefiting patient care and healthcare services in Wales. By exploring this application, the Welsh Blood Service aims to be part of the Welsh Government direction on whether to enhance its transportation capabilities and ensure that NHS Wales can provide the best possible care to its patients.

As a follow-up to the workshop, SLiNK-Tech offered a live demonstration of its drone technology. WBS senior leadership attended this demonstration to gain firsthand experience of the technology and its potential applications in the field.

Use of Drones in Blood Transfusion Services

A drone, also known as an Unmanned Aerial Vehicle (UAV), is an aircraft that operates without a human pilot on board. Drones can be remotely controlled or fly autonomously using pre-programmed flight plans or complex dynamic automation systems. They are used in various applications, including military operations, surveillance, agriculture, and, increasingly, medical and logistics services.

Drones are being utilised in blood transfusion services worldwide to improve the speed and reliability of blood deliveries. These drones can outperform land-based vehicles when there is challenging terrains or road networks. This innovative approach ensures that samples, blood products, or medical supplies are available in a timelier manner and where they are needed.

8.8 Innovation Training Module.

Working with University Wales Trinity St David's to develop awareness training aligned to ISO 56001, the innovation management system standard. Work is ongoing to identify training resources to support building the capability and capacity for innovation. An updated training slide for 'innovation awareness' has been shared for inclusion in the 'Croeso' induction pack. Work is ongoing to develop the training module.

8.9 Innovation ESR Course.

Innovation Planning phase of innovation training module to develop the content and undertake shortlisting of case study material in collaboration with NHS Innovation leads.

8.10 Industry Collaboration.

A collaborative project working with the Life Science Hub and MediWales to produce a blueprint for working with Industry. Workshops have been held with Industry and the outputs will inform the next steps.

8.11 Collaborative Centre for Learning, Research, and Innovation.

An update on Innovation and achievements for the last year is scheduled in July to present to EMB – the update will also include an update on the Collaborative Centre project.

8.12 Communication and awareness.

- A showcase event is scheduled for July 2024 in North Wales for the Drone infrastructure project – a news article will be produced to share information and raise the profile of innovation activity.
- The Innovation Team attended and presented a workshop 'Velindre Innovation – Collaborating to Innovate' at the MediWales Connects Conference in Cardiff, in June 2024. This included an update on the CCFLRI, drone infrastructure partnership project and Innovation/wellbeing.
- Moondance Awards – Promotion of Moondance Innovation awards.
- Employee Innovation Awards nominations (still open).
- Bevan Commission Exemplars cohort 9 promotion (June).
- Bevan Commission Intensive Learning week promotion (still open).

8.13 Innovation activity overview.

July 2024

Innovation Activity Overview

Innovation Active Projects

ID	Project	Description	Progress	RAG Status	Stage
IV001	SimplyDo	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 Simply Do 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.	<div style="width: 70%; background-color: #0072bc; height: 10px;"></div>	Green	Active
IV002	RITA Evaluation	To ensure RITA's continued effectiveness, Velindre has commissioned Swansea University to conduct a thorough evaluation. This will involve collecting feedback from users and assessing the chatbot's impact. The results will guide evidence-based decisions about RITA's future, including potential enhancements or expansion. This project demonstrates Velindre's commitment to patient-centred care and the use of technology to improve support services.	<div style="width: 60%; background-color: #0072bc; height: 10px;"></div>	Yellow	Active
IV003	ISO System	Implement an innovation management system in line with the requirements of ISO56001. The system will be built on and integrated to an existing ISO14001 management system.	<div style="width: 50%; background-color: #0072bc; height: 10px;"></div>	Yellow	Active
IV004	VUNHST Branding	An exercise to baseline and refresh Velindre University NHS Trust brand guidelines. Project aims to capture current position by survey, desktop research, provide gap analysis to enable development of new action plan to refresh our brand in a way that aligns where necessary and appropriate and also respects individual sub-brands. Outcome is to establish a clear brand management plan with accompanying guidelines on for example visual and language style, tone of voice and approval protocols.	<div style="width: 40%; background-color: #0072bc; height: 10px;"></div>	Green	Active
IV005	RITA Phase 3	Phase 3 to update RITA, focusing on patient engagement and information	<div style="width: 75%; background-color: #0072bc; height: 10px;"></div>	Green	Active
IV007	Report Dashboard	New dashboard for reporting innovation activity and progress based on the current WBS model	<div style="width: 70%; background-color: #0072bc; height: 10px;"></div>	Green	Active
IV008	Drone Delivery	Snowdonia Aerospace LLP, SLINK-TECH Ltd. and the Welsh Health Drone Innovation Partnership (Welsh Ambulance Service Trust (WAST) and Velindre University NHS Trust (VUNHST) for the Welsh NHS), have developed a proposal with the Welsh Blood Service (WBS) for an on-demand, drone-based service for transfer of blood products to enhance medical supply chain resilience across	<div style="width: 30%; background-color: #0072bc; height: 10px;"></div>	Yellow	Active
IV009	Innovation Training Module	Developing a blueprint for working with industry in collaboration with MediWales and Life science hub	<div style="width: 65%; background-color: #0072bc; height: 10px;"></div>	Green	Active
IV010	Innovation ESR course	Creating an innovation training module for staff induction and wider awareness within the Trust - to be available on ESR	<div style="width: 60%; background-color: #0072bc; height: 10px;"></div>	Green	Active
IV011	ARC	An all-Wales programme, ARC has ambitions to drive innovation in radiotherapy treatment, expedite the adoption of novel service developments and widen access to state-of-the-art equipment, accelerating improvements in radiotherapy treatment across Wales. This will improve outcomes for cancer patients in Wales, improving quality of life and patient experience, reducing variation and inequalities in provision.	<div style="width: 50%; background-color: #0072bc; height: 10px;"></div>	Yellow	Active
IV012	Industry Collaboration	Developing a blueprint for working with industry in collaboration with MediWales and Life science hub	<div style="width: 55%; background-color: #0072bc; height: 10px;"></div>	Green	Active
IV013	CCFLRI	The CCL will be a virtual and physical space that encourages engagement, creativity, collaboration and knowledge exchange. A core aspect of the WOC development, it will deliver value and practical, positive impact on whole system cancer care.	<div style="width: 45%; background-color: #0072bc; height: 10px;"></div>	Red	Active

Dashboard

Projects

Funding

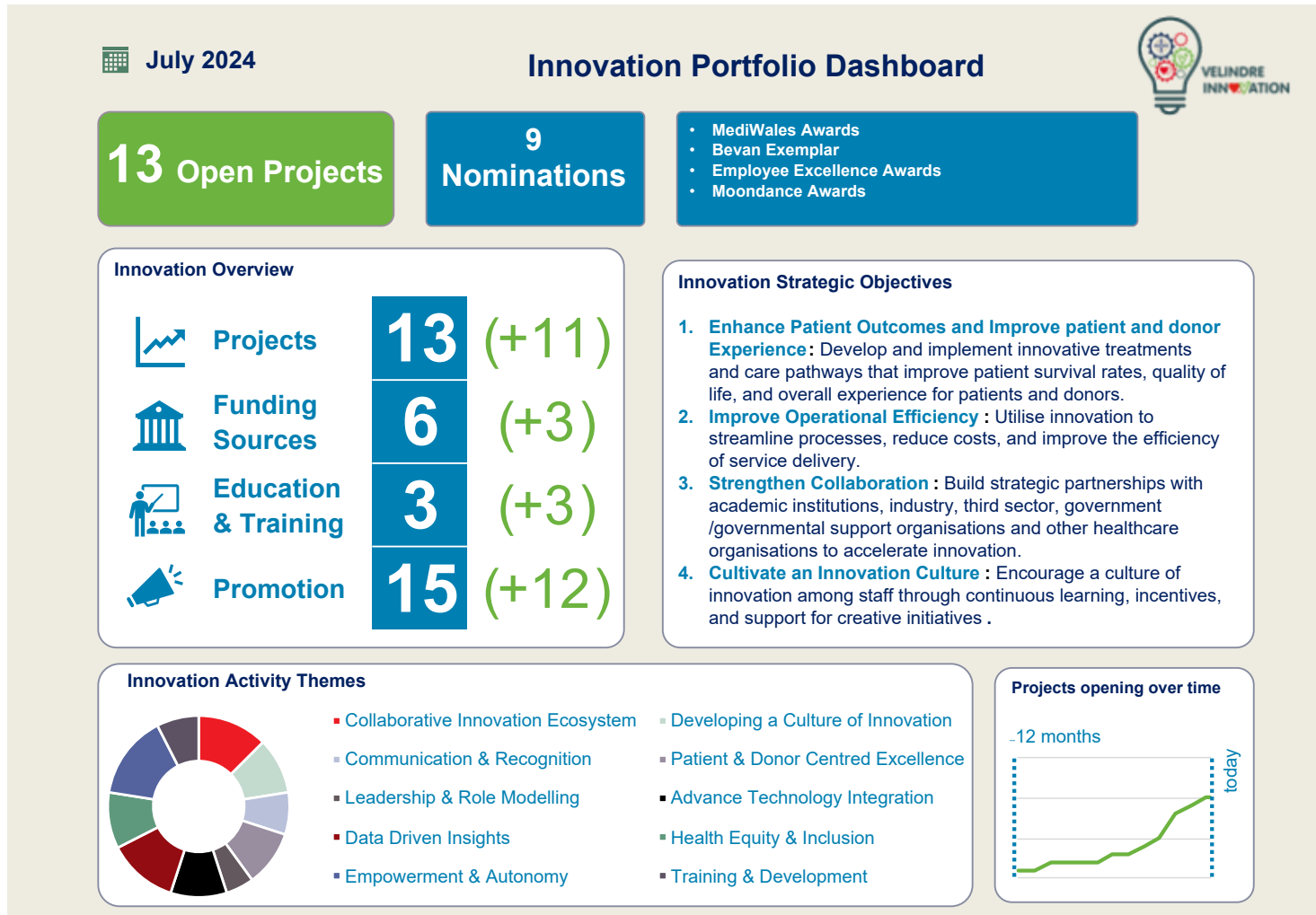
Education

Promotion

Goals

8.14 Innovation portfolio dashboard.

The table shows and overview of the last year and will form the baseline activity for 2024/2025 period.



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

9 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

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

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

Conference / Journal / Website	Submitted by	Outcome	Abstract title
PATHOS			
Cancer Research Network Early Career Researchers' Event June 2024.	Martin, C.	Published	Describe strategies and best practices employed to manage a multinational, complex clinical trial carried out across tandem databases to uphold data integrity, protocol adherence, and timely insights. https://www.bristol.ac.uk/cancer/events/2024/ecrsymposium.html
PEARL			
Cancer Research Wales website.		Published	International Clinical Trials Day: Bryan's Story. https://www.cancerresearch.wales/news-and-updates/international-clinical-trials-day-bryans-story
SCOPE2			
International Clinical Trials Methodology Conference 2024	Markham, P.	Accepted	Using the incorrect TNM classification edition: impact upon stratified randomisation and how it was reconciled in the SCOPE2 trial. https://ictmc.org/abstracts/
Cancer Research Network Early Career Researchers' Symposium	Markham, P.	Accepted	Using the incorrect TNM classification edition: impact upon stratified randomisation and how it was reconciled in the SCOPE2 trial. https://www.bristol.ac.uk/cancer/events/2024/ecrsymposium.html

10 Cross-cutting themes: progress.

Cross-cutting themes across Strategic Priorities 1 to 4.													
Key Deliverables / Objectives	FY2023/24				FY2024/25				FY2025/26				Progress / Comments
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
<p>The implementation of programmes, complementing existing training opportunities that enable and support Trust staff to develop, deliver and manage research portfolios</p> <p>Continue the work to develop and implement a R&D/Trials training programme draws upon:</p> <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 <p>to support Trust staff to develop, set-up and deliver, and manage portfolios of clinical trials/research studies.</p>													<p>Training Programme & Opportunities This work is an ongoing improvement of the RD&I Division's service.</p> <p>Work continues to develop and implement a R&D/Trials training programme that draws upon:</p> <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. <p>to support Trust staff to develop, set-up and deliver, and manage portfolios of clinical trials/research studies.</p> <p>Work continues into FY2024/25 with Trust Research Service staff contributing to the content of the Health and Care Research Wales training programme.</p>
<p>Further investment in the research delivery and governance teams to make sure that studies are optimised to facilitate effective and timely recruitment and delivery</p> <p>Continue the development and implementation of staffing plans for the research delivery and governance teams (previously identified) to facilitate timely recruitment.</p> <p>Complete the appointment of senior staff in the research delivery team and to support the delivery of the Cardiff Cancer Research</p>													<p>Reorganisation of Trust Research Delivery team This work is an ongoing improvement of the RD&I Division's service.</p> <p>Considering the "Implementing the Cancer R&D Ambitions – an Integrated Business Case 2023-2026" work continues to keep under review and consolidate proposals and implementation of changes to the structure of the research set-up and delivery team structure.</p>

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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		
Hub and other research priority areas for the Trust.														Work continues into FY2024/25 to reorganise the Trust's Research Service Delivery Team to improve service resilience.
Keep under review and consolidate proposals and implementation of changes to the structure of the research set-up and delivery team structure.														
The development and implementation of clinical information systems to identify donors/patients eligible to take part in research studies														The Trust Research Service staff, continue to keep under review the input of, and use of information, making recommendations for improvement as appropriate. The Trust Research Service staff are due to be involved the second phase of the Digital Health & Care Record programme during FY2024/25.
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.														
Contribute to the Welsh Government / Health & Care Research Wales "Digital agenda for research in Wales" including the work on: - 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.														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.

11 Research, Development, and Innovation Finances.

11.1 Introduction.

The purpose of this paper is to present the financial performance of the Research, Development & Innovation (RD&I) Division for the period to the end of June 2024 (Month 3 2024/25). The dashboard provides an overview of the position.

11.2 Financial Performance to June (Month 3).

The reported financial position for the RD&I Division at the end of June 2024 was a breakeven position. The 2024/25 financial plan for the division is consistent with previous years in so far that the overall plan comprises the following targets:

- **£4.1m spend on research activities**
The majority (88%/£3.6m) of this relates to staff costs with the remaining £0.5m relating to non-pay costs including clinical supplies/services, education & development, travel and office equipment and consumables.
- **£4.5m of income from various sources:**
 - Health & Care Research Wales (26%)
 - Clinical Trial Income - Commercial & Non-Commercial (27%)
 - Support from Velindre Charity Integrated Bid & other individual business cases (42%)
 - Grant income & Velindre Lead sponsor income (5%)

Whilst there are variances against various budget areas, as shown within Appendix 1, there are currently no areas of concern as the overall position is showing a breakeven position.

11.3 Summary of Performance - Quarter 1.

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

PERIOD		£000			
		PAY	NON-PAY	INCOME	TOTAL
QUARTER 1	Budget	£844	£158	-£1075	-£73
	Actual	£834	£151	-£1064	-£79
	Variance	£10	£7	-£10	
YEAR TO DATE	Budget	£844	£158	-£1075	-£73
	Actual	£834	£151	-£1064	-£79
	Variance	£10	£7	-£10	

Performance to the end of quarter one has been in line with the budget plan with a minimal overall positive variance.

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

% Compliance	Current Qtr*	Year to Date	Forecast Outturn
	91.2%	91.2%	>95%

Performance in the first quarter is slightly below the required target, processes continue to be reviewed to improve the position of the remaining periods 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.

11.4 Analysis of Performance.

Performance against income throughout quarter 1 has been broadly in line with budget with a £10K overall positive variance to budget.

Pay costs have been slightly lower for the period than budgeted, due to the level of vacancies currently within the division, this is expected to continue into the next quarter.

Non-pay costs for the period are slightly lower for the period than budgeted, these are expected to balance out over the remaining periods.

Pay analysis by group:

Cumulative to date			
£10K below budget			
PAY GROUP	YTD	YTD	YTD
	Budget (£'000)	Actual (£'000)	Variance (£'000)
Administrative & Clerical	314	301	13
Medical	192	188	4
Nursing	336	288	48
Additional Clinical Services	0	0	0
Healthcare Scientists	58	57	1
Vacancy Factor	-56	0	-56

Non pay analysis by category:

Cumulative to date			
£7K below budget			
Overall non-pay budget			
Clinical/General Services/Supplies	140	111.6	-28.4
Maintenance & Repairs	0	3.6	3.6
Transport (Patient)	6	3.8	-2.2
Printing / Stationary / Postage	0	1.4	1.4
Travel & Subsistence	0	4.5	4.5
Education & Development (including Innovation)	5.5	12.5	7
Legal Fees	0	5.1	5.1
Equipment & Consumables	0	2.7	2.7
Computer Maintenance & Supplies	6.7	5.9	-8

Income Analysis by category:

Cumulative to date			
10K below budget			
Clinical Trial Income	-278	-276	2
Charity Income	-441	-448	-7
Welsh Gov	-2722	-272	0
WCRC & ECMC	-63	-46	17
Grant/Lead sponsor income	-21	-22	-1

Income for the first half of the year has fallen slightly below budget, this is in relation to budget timing's and is not expected to be an underlying trend.

11.5 Delivery of savings.

The table set out in dashboard demonstrates how the 2024/25 savings were planned to be delivered and progress made to date. Performance against current year savings target is high given that a robust programme of savings has been developed. The Directorate are currently expecting to deliver in full against savings targets, but these areas will continue to be closely monitored throughout the year.

11.6 Conclusion/ Key Actions.

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

The Trust Integrated Medium Term Plan (IMTP) submitted to Welsh Government required the Trust to deliver a savings plan of £2.606m, however following conclusion of the Long Term Agreements (LTAs) and the requirement to negotiate a settlement by the 30th June, the savings target was increased by £0.270m to £2.876m in order to help compensate for the loss of income from the LTA agreements and balance the overall financial position. Whilst the Division has been directly targeted with making savings of £0.939m, it is expected that all Directors work closely to ensure that collectively the Trust is able to deliver the overall targeted level and balance the overall Trust position. It is expected that SLT leads will also contribute to this process.

Key Actions:

Heads of service to sign off 2024/25 revenue budget delegation letters prior to the end of July 2024.

11.7 RD&I Revenue Dashboard FY2024/25

Appendix 1 - Research, Development & Innovation 2024-25

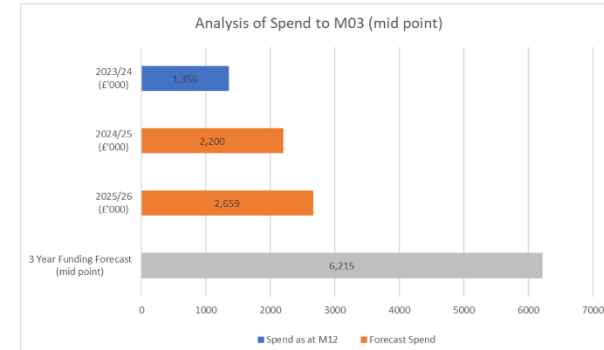
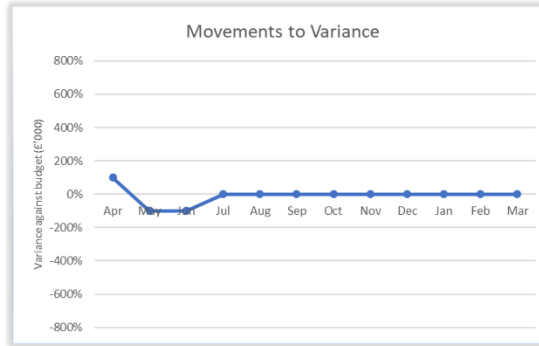
Month 03 – June

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

Subjective	Cumulative Position M03			
	Annual Budget (£'000)	Budget £'000	Actual £'000	Variance £'000
Income	(4,505)	(1,076)	(1,065)	11
Pay	3,602	845	834	(11)
Non Pay	509	158	151	(7)
Grand Total	(394)	(73)	(80)	(7)

Income Summary

Subjective	Annual Budget (£'000)	YTD Budget £'000	YTD Actual £'000	YTD Var £'000
Welsh Govt. Other Income	1,164	272	272	0
R & D Income / Grants	32	21	23	(2)
Commercial Trials Income	1,203	278	276	2
Charity Income	1,873	441	448	(7)
Other Income	233	63	46	17
Grand Total	4,505	1,076	1,065	11



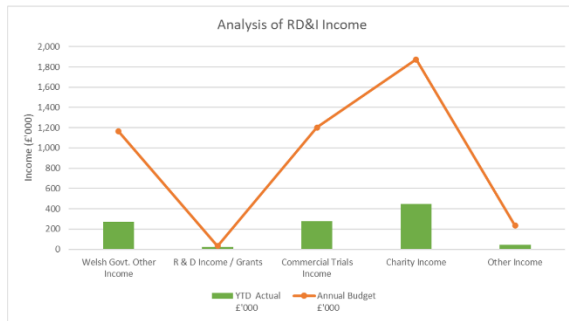
The figures and charts below highlight the medium-term position and will be key in determining a strategic approach to financial planning.

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

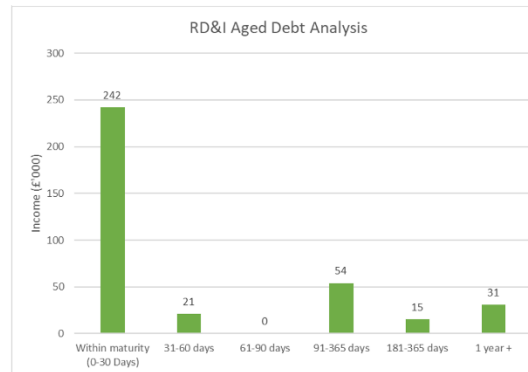
	Current Month	Year to Date	Forecast Outturn
% Compliance	91%	91%	>95%

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

2024-25 DELIVERY OF SAVINGS

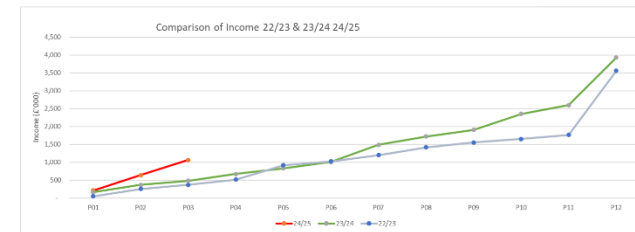


Aged Debtors



IMTP Considerations:

- Progress made against £150k increase in commercial trials income plus additional vacancy factor of £80k - £230k total
- Mitigation of financial pressures and risks



Recurring Budget Risks & Opportunities:

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

Appendix A: Summary of RD&I Risk Profile

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

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

Risk Summary Table (Open Risks)

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

No	Risk ID	Risk Description	Date opened	Inherent Risk Score	Controls / Action Plan & Progress	Current / Target Risk Score	Status	Level of control	Lead
		<p>Patient safety risk</p> <ul style="list-style-type: none"> - Patients will wait longer to start treatments resulting in possible poorer clinical outcomes, lack of symptom control and poor patient experience. <p>Reputational risk</p> <ul style="list-style-type: none"> - Limited service developments with a corresponding delay or inability to meet IMTP objectives. - Restricted ability to participate in clinical trials or research projects. - Issues with recruitment and retention of staff. 			<p>The above actions will allow the Trust to continue to deliver its current contracted portfolio of trials with radiotherapy treatment and offer patients opportunities to take part new trials aligned with the IRS development.</p> <p>The Radiotherapy Service's IRS programme of work will see the implementation of a treatment and planning system supplied from a single vendor. Any changes resulting from the work that could affect the Trust's ability to deliver trials with radiotherapy treatment is considered through ongoing discussions with the Research Service and Clinical Teams.</p>				
2.	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>21 Aug 2024</p> <ol style="list-style-type: none"> 1. Additional Pharmacist resource in place (0.4WTE Band 7 from general Pharmacy budget); individual is new to trials and will take time to upskill. 2. Principal Pharmacist for Clinical Trials recruited with a start date 4th November 2024. 3. BioNTech funded posts in final stages of recruitment. 4. No material reduction in risk as throughput of new trials remains restricted and a backlog has developed. <p>23 Apr 2024</p> <ol style="list-style-type: none"> 1. VCC Pharmacy have made appointments to vacant posts, and staff have begun with the organisation during March/April 2024. 2. VCC Pharmacy are in the process of training new appointments to support trial setup and delivery. 3. 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. 4. 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. 5. 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
3.	3252	Cardiff & Vale University Health Board (CVUHB) unable to keep up with Velindre University NHS Trust's (VUNHST) support requests for research study radiological biopsies.	09 Nov 2023	20	<ol style="list-style-type: none"> 1. Continuing to set-up research studies where biopsies are optional or can be undertaken at Velindre Cancer Centre (VCC) 2. Continuing to set-up research studies with mandatory biopsies using support requests to CVUHB on a case-by-case basis. 3. Work ongoing with CVUHB Joint Research Office & CVUHB Radiology to resolve issue. 	8	Open	Adequate	Head of R&D

№	Risk ID	Risk Description	Date opened	Inherent Risk Score	Controls / Action Plan & Progress	Current / Target Risk Score	Status	Level of control	Lead
					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.				

Risk Summary Table (Closed Risks)

No	Risk ID	Risk Description	Date opened	Inherent Risk Score	Controls / Action Plan & Progress	Current / Target Risk Score	Status	Level of control	Lead
1.	3251	Breach of confidential data when study participant data sent to Sponsor organisation via an unsecured electronic method.	18 Sep 2023	12	<ol style="list-style-type: none"> 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
2.	3250	Loss of minus-80 Celsius freezer integrity in Clinical Research Treatment Unit (CRTU).	28 Jun 2023	12	<ol 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
3.	3249	Trial sub-investigator consented study participant without being signed off on delegation list or study training log.	11 Jul /2023	9	<ol style="list-style-type: none"> 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

Appendix B: Innovation Policy.

Velindre University NHS Trust Innovation Policy

At Velindre University NHS Trust we are committed to improving lives, and we will do this through providing excellent care, inspirational learning, and translating ideas and creativity into innovative practices, services, and treatments.

We recognise the importance of harnessing the power of innovation to drive change and to continually improve our approaches across our Organisation and Divisions of the Velindre Cancer Centre and the Welsh Blood Service. To support us in our journey we have established an Innovation Policy to guide our actions and ensure compliance with the ISO 56001 Innovation standard.

To deliver our aims and objectives we are committed to ensuring:

- Our strategy and plans for innovation are reviewed, maintained and implemented across the Trust
- Compliance with all relevant innovation regulations and other requirements applicable to our innovation activity
- Continual improvement of our innovation management system
- Our innovation activity considers our ethical, environmental and sustainability principles and the alignment to the 3 pillars of our status as a University Designated Organisation (Research and Development, Innovation and Training and Education)
- Promotion of a culture of innovation throughout our Organisation

We will make our Innovation Policy available to all staff; and will share with partners and stakeholders as appropriate. Our Innovation Policy provides us with the framework for setting and reviewing our current and future innovation objectives and targets.

Signed:

Date:

Appendix C: Innovation strategic plan for ISO 56001

This Innovation strategic plan provides a focus on creating a systematic and integrated approach to innovation management for Velindre University NHS Trust.

Innovation Vision and Mission

Vision: To be an International Beacon for innovation in Cancer and Blood Services.

Mission: To drive continuous improvement and breakthrough innovations in cancer and blood services by fostering a culture of innovation, creativity, collaboration, and excellence.

Strategic Objectives for innovation

- 1. Enhance Patient Outcomes and Improve patient and donor Experience:** Develop and implement innovative treatments and care pathways that improve patient survival rates, quality of life, and overall experience for patients and donors.
- 2. Improve Operational Efficiency:** Utilise innovation to streamline processes, reduce costs, and improve the efficiency of service delivery.
- 3. Strengthen Collaboration:** Build strategic partnerships with academic institutions, industry, third sector, government /governmental support organisations and other healthcare organisations to accelerate innovation.
- 4. Cultivate an Innovation Culture:** Encourage a culture of innovation among staff through continuous learning, incentives, and support for creative initiatives.

Key Components of the Innovation Strategic direction

1. Leadership and Governance

- **Commitment from Top Management:** Ensure that senior leaders are committed to innovation and provide the necessary resources and support.
- **Innovation Governance Structure:** Establish an innovation steering committee responsible for overseeing the innovation strategic plan and deliverables, directing priorities, and monitoring progress.
- **Policy and Framework:** Develop an innovation policy and management system that with ISO 56001, detailing the organisation's commitment, objectives, and approach to innovation management that aligns to the three pillars of university designation. Research and Development, Innovation and Training and Education.

2. Strategic Planning

- **Innovation Roadmap:** We will create a detailed roadmap outlining short-term, medium-term, and long-term innovation goals and initiatives.
- **Resource Allocation:** Allocate appropriate resources, including budget, personnel, and technology, to support innovation projects.

- **Risk Management:** Implement a risk management process to identify, assess, and mitigate risks associated with innovation activities.

Culture and Competence

- **Training and Development:** We will provide a continuous offer of training programmes to enhance employees' innovation skills and knowledge. Starting with bite sized Induction innovation awareness training, toolbox talks 30 mins and 60 mins, auditor, innovation champion training and additional intensive learning through a range of providers, including universities, Welsh Government, HEIW and others.
- **Incentives and Recognition:** Develop incentive schemes to reward innovative ideas and recognise contributions to innovation.
- **Open Communication:** Foster an open communication environment where employees feel encouraged to share ideas and feedback.

Innovation Processes

- **Idea Management:** Implement a structured process for capturing, evaluating, and selecting innovative ideas from internal and external sources.
- **Project Management:** Use project management best practices to oversee innovation projects, ensuring they are completed on time and within budget.
- **Continuous Improvement:** Establish mechanisms for continuous monitoring and improvement of innovation processes and outcomes.

Collaboration and Partnerships

- **Stakeholder Engagement:** Actively engage with patients, donors, caregivers, and other stakeholders to understand their needs and gather insights for innovation.
- **Academic and Industry Partnerships:** Collaborate with universities, research institutions, and companies to leverage external expertise and resources.
- **Networking and Alliances:** Participate in innovation networks and alliances to stay updated on emerging trends and technologies.

Technology and Infrastructure

- **Digital Transformation:** Invest in advanced technologies such as AI, big data, and genomics to drive innovation in diagnostics, treatment, and patient management.
- **Infrastructure Support:** Ensure that the necessary infrastructure, such as laboratories and clinical trial facilities, is available to support innovation activities.
- **Information Systems:** Utilise robust information systems to manage and share knowledge, track innovation progress, and facilitate collaboration.

Performance Measurement

- **Innovation Metrics:** Define key performance indicators (KPIs) to measure the success of innovation activities, such as the number of new treatments developed, patient outcomes, and cost savings.
- **Regular Reviews:** Conduct regular reviews of innovation performance to identify areas for improvement and make necessary adjustments.
- **Benchmarking:** Benchmark against leading health organisations and industry standards to ensure best practices are being followed.

Monitoring and Evaluation: Continuously monitor the implementation process, evaluate outcomes, and make necessary adjustments to achieve strategic objectives for innovation.

Implementation Plan

1. **Kick-off Meeting:** Hold kick-off meeting with key stakeholders to communicate the innovation strategic plan and assign responsibilities.
2. **Training Workshops:** Conduct workshops to train staff on the principles and practices of ISO 56001 and innovation management.
3. **Pilot Projects:** Launch Simply Do platform.
4. Launch pilot projects to test the innovation processes and make refinements based on feedback and outcomes.
5. **Full-scale Implementation:** Roll out the innovation strategy across the organisation, ensuring alignment with ISO 56001 standards.

Implementation Themes

Our implementation themes provide us with the framework for our activities to support the delivery of our objectives.

1. **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. **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.
2. **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.

3. **Clear communications and recognition:** We are committed to delivering clear communications to support the capability and capacity building for Innovation within the Trust. Recognising the efforts of our staff, patients, donors, community, funders partners and stakeholders; and reinforcing our Trust culture of innovation.
4. **Patient and Donor Centred Excellence:** aspiring 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 preference.
5. **Leadership and role modelling:** As a University Designated Organisation – Senior Leadership are committed to sponsoring key initiatives and novel projects and ensuring that Innovation, Research, Development, Learning and Education opportunities are enabled and reflected in job roles and responsibilities and provide the support and resources needed to drive innovation.
6. **Advancing Technology Integration:** Our approach is to harness the power of cutting-edge technologies, including artificial intelligence, telemedicine, wearable devices, and data analytics, to optimise treatment, experiences, inform diagnostics and preventative care, with the aim of making services more accessible and efficient.
7. **Data Driven Insights:** Leveraging data as a strategic asset, using it to inform our innovation activities and efforts.
8. **Health equity and Inclusion:** Our commitment extends to achieving health equity and inclusion for all with a focus on disparities in healthcare access and outcomes. Our innovations will strive to remove barriers to care and promote health equity.
9. **Empowerment and Autonomy:** Empowering employees by giving them autonomy to propose and implement innovative ideas within their areas of expertise.
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 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.

RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

Research, Development and Innovation Strategy for the Welsh Blood Service

DATE OF MEETING	17/09/2024
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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	ENDORSE FOR APPROVAL
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IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
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PREPARED BY	Sian James, Head of Research, Development & Innovation, Welsh Blood Service
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PRESENTED BY	Edwin Massey, Medical Director, Welsh Blood Service
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APPROVED BY	Jacinta Abraham, Executive Medical Director
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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. 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 committee is requested to endorse for approval this strategy
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Approval RD&I Sub-Committee	14 May 2024
Approval of Welsh Blood Service Senior Leadership Team	10 Jul 2024
Endorsement by EMB Shape	12 August 2024
Endorsement RD&I Sub-Committee	Expected Here
Endorsement by Strategic Development Committee	<i>Due 22 Oct 2024</i>
Approval by Trust Board	<i>Due 28 Nov 2024</i>
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
The path to approval of this strategy was given by Corporate Governance Manager and we are working through this in chronological order (see above).	

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	Appendices for the Research, Development and Innovation Strategy for the Welsh Blood Service
3	Quality Impact Assessment tool for WBS RD&I Strategy
4	Equality Impact Assessment Action Plan for WBS RD&I Strategy

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 organisational 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.

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.											



	<p>If more than one Well-being Goal applies please list below:</p> <p>A Prosperous Wales</p>
FINANCIAL IMPLICATIONS / IMPACT	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p> <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_Intranet/SitePages/E.aspx	<p>Not yet completed - Include further detail below why</p> <p>Assessment form submitted and meeting held with Equalities, Diversity and Inclusion Organisational Development Manager, currently pending return/approval. Unsigned Assessment form included in this submission.</p>

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

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	N/A
WHAT IS THE CURRENT RISK SCORE	



HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	



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.

Foreword

Since 2017, the Welsh Blood Service has embarked on an extraordinary research development, and innovation journey. Over the past few years, we have completed more than 100 research projects, each contributing to our understanding and enhancement of blood services and patient care.

I am therefore extremely pleased to present our new strategy, building on the solid foundations we have laid down. Our achievements are a testament to the dedication and expertise of our staff and the invaluable partnerships we have cultivated with academia, other NHS organisations, funders, industry partners, and educational leaders. We have won grant monies and formed partnerships across Wales, the UK, and internationally.

These collaborations have broadened our research capabilities and ensured that our work remains at the cutting edge of scientific and medical advancements.

As we progress, we will focus on fostering innovation, expanding our collaborative networks, and enhancing our research infrastructure. By doing so, we aim to continue delivering world-class work that improves patient and donor outcomes and supports NHS Wales's broader healthcare objectives.

I would like to extend my gratitude to all our colleagues, partners, and stakeholders for their unwavering support and contributions. Through our collective efforts, we have

achieved many successes and will continue to drive forward the RD&I agenda to benefit the people of Wales.

Thank you for your continued dedication and commitment.

Alan Prosser, Director Welsh Blood Service, July 2024

Executive Summary

This strategy will guide the Welsh Blood Service's research activities and partnerships with academia, other NHS organisations, funders, industry partners, and educational leaders in the coming years, with the aim of improving the lives of people in Wales.

The strategy builds on the Welsh Blood Service's first formal research strategy, published in 2017, and aligns with its Five-Year Strategy and Velindre University NHS Trust Destination 2033.

It outlines the key goals in its 'Missions', with the measures of success, and details the responsibilities for achieving the strategy's objectives.

What this strategy is about

Who is this strategy for?

This strategy is for all colleagues, collaborators, donors, patients, and the people of Wales. It shows how the Welsh Blood Service will lead and provide resources for research, development, and innovation activities within healthcare, the provision of blood and transplant services and other relevant areas, which will bring about our [Vision](#).

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

Our approach

The Welsh Blood Service published its first formal research strategy in 2017. Over the succeeding years, we have completed over 100 projects in this time while being shaped by factors such as the 2020 pandemic, organisational changes, and evolving directions and influences.

We learned where our strengths are, where targeted areas have progressed well, and where we have gaps in activity, capacity, and drive.

In areas where we have achieved great success, we will keep solidifying our approach while adjusting our strategy in areas where we have not met our expectations. The success of this strategy will be measured in terms of implementation and performance goals. Its 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 further defined and met. Additionally, performance indicators will be chosen and monitored to ensure the goals of this strategy are performed to meet expectations.

Additionally, when 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 particular research-centric ambitions are well supported, but stakeholders highlighted this opportunity for refocus and improvement. We appreciate our stakeholders' diverse comments and perspectives during the engagement events.

The details of the organisation's learning during the approach have been captured in the appendices of this strategy.

Based on the above, we have identified seven missions for our strategy, which are detailed here.

Leadership

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 with some change and adjustment of our culture.

The Welsh Blood Service will ensure we have expertise, capacity, and project performance management. To achieve this strategy, we will also maintain relationships with blood service partners, groups and networks.

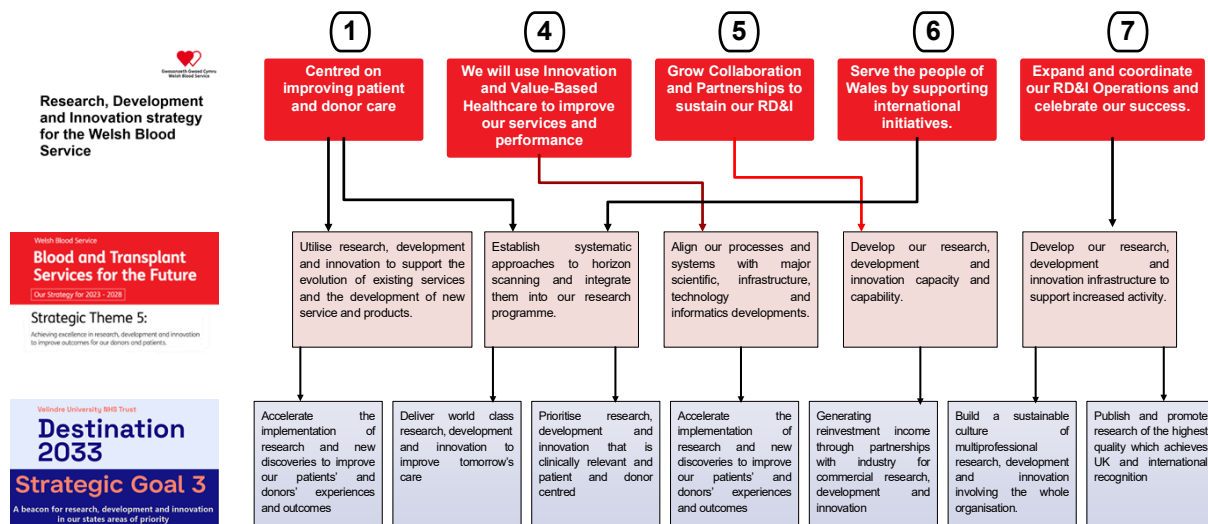
Simultaneously, [Velindre University NHS Trust](#) will also deliver this strategy through specific management actions described in the 'missions'. Corporate support is crucial for maintaining relationships between NHS Wales and its government funders, ensuring that Welsh Blood Services' interests are included in all necessary corporate interactions, and ensuring adequate funding, profile, and inclusion in relevant governmental procedures and programs.

As an NHS Wales body, we have a role in supporting the overall care delivery of NHS Wales's Health 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, 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 the Welsh Blood Service's 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.



Relationship with Policy and Corporate Accountabilities

Well-being of Future Generations (Wales) Act 2015

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

Health and Social Care (Quality and Engagement) (Wales) Act

The Health and Social Care (Quality and Engagement) (Wales) Act, 2015, places a statutory duty on Health providers in Wales to demonstrate how they put quality and safety at the centre of their decision-making. This strategy, and in particular Missions One, Four and Six (below), will enhance the evidence base to support patient and donor-centric decision-making at all levels within the Welsh Blood Service.

Health and Care Quality Standards 2023 (WHC/2023/013)

The strategy has been aligned with these standards to ensure that it incorporates the delivery of safe, timely, effective, efficient, equitable, and person-centred care through leadership, workforce, culture and valuing people, information, learning, improvement, and research. A whole-system approach is included in this strategy, and the resulting programs and work have been assessed internally against these standards.

UK Policy Framework for Health and Social Care Research

The UK Policy Framework for Health and Social Care Research sets out principles of good practice of the management and conduct of health and social care research in the UK. These principles protect and promote the interests of patients, service users and the public in health and social care research. Our research will be compliant with these principles.

Our Vision

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

The missions that support our vision are:

Mission One: Centred on improving patient and donor care.

We will create a culture where the voices of patients and donors are at the centre of everything we do.

Mission Two: Advancing Blood Components.

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

Mission Three: Advancing Transplant Research in Wales.

The Welsh Blood Service Transplantation Services will continue to support research and innovation for organ and stem cell transplant provision in Wales.

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

To focus the 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 will 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 to benefit patients and donors.

Mission Seven: Enhance the impact of RD&I and celebrate success.

Performance in research, development, and innovation will enhance patient and donor care and improve the Welsh Blood Service's operational aspects. We will ensure that resources and skills to support this effort are available and celebrate success along the way.

Mission One: Centred on improving patient and donor care.

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

We must create a culture for our colleagues to ensure the patient's voice is clearly heard and served, which underpins everything we do in research.

We will continue using our patient and public engagement panel as a validator for activity annually, checking their assessment of how we meet their expectations.

We will continue to support our researchers' professional development in patient and public engagement.

We will take steps to improve the research culture across the organisation, complementing and enhancing the existing organisational culture in the Welsh Blood Service.

We need to be a positive lead for the NHS on research and innovation 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, such as the [Biomedical Excellence for Safer Transfusion Collaborative](#).

We will:

- We will continue to support an active contribution to public and patient involvement to ensure that patients and the public's input is considered 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 through publication and publicity.
- We will introduce elements of external scrutiny when formulating our plans to ensure that the avenues we explore respect a patient-centric goal.
- Identify ways to reinforce research, development, and innovation as key parts of our leadership culture.

Mission Two: Advancing Blood Components.

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

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 the first standalone facility to address this ambition. The Component Development and Research Laboratory ("CDRL") which 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 implemented to deliver this ambition, which has been allowed by funding awards and grant success. CDRL has also developed rotational posts and visiting placements from academia and the military, which align with our other mission statements.

CDRL has performed over 20 projects during this time and seen grant generation increase to £75,000+ in 2023-24. The future ambition lies in translating 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, 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 & 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.
- Be known as a leader in the field of cold-stored platelets through continued income generation that facilitates the performance and publication of high-impact research.
- Researchers and innovators will choose to work with the Welsh Blood Service because of our reputation.

Mission Three: Advancing Transplant Research in Wales.

The Welsh Blood Service Transplantation Services will continue to support research and innovation for organ and stem cell transplant provision in Wales.

Our services directly impact the lives of patients requiring or living with an organ or stem cell transplant. Their wellbeing is at the heart of everything we do.

Since 2017, healthcare scientists have completed several projects to find more innovative solutions to clinical challenges. Recently, they have focused on biomarker detection to predict post-transplant function and detect rejection, with the aim of improving clinical care pathways.

The capacity to perform research, development, and innovation has been achieved through scientists augmenting their qualification-related training through 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 investigate ways to increase this capacity to do this.
- Build on existing relationships at [Cardiff and Vale University Health Board](#) and the [Wales Kidney Research Unit](#), and actively seek new collaboration opportunities.
- Continue to support scientific and clinically-led projects.

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 linked to national infrastructure. The **Velindre Innovation** and **Velindre Value-Based Healthcare** teams. We will directly integrate with these teams to build a Welsh Blood Service innovation activity portfolio that spans core activity and supporting functions.

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

At the same time, we will horizon scan for these specialised areas. We will involve Digital more closely in Welsh Blood Service RD&I and 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 workstream to manage a portfolio of innovation-ready areas and promote an exploratory mindset among all staff.
- Utilise capabilities in innovation in support services found using innovation-based funding schemes. We expect to support the production of plans for RD&I in these departments by providing support functions. We would also oversee the subsequent RD&I activity and outcome dissemination.
- Provide an annual plan to focus on innovation delivery.
- Use Velindre University NHS Trust teams to perform innovation activities in the Welsh Blood Service's operational and support services, promoting a culture shift to integrate innovation into the workflow as an integral part of these areas.

Mission Five: Using Collaboration to Sustain Our RD&I.

Collaboration underscores the Welsh Blood Service's entire RD&I ambition. This ensures the robustness of approaches to RD&I and reduces risks in the event of personnel or capacity changes. Since 2017, this approach has sustained the majority of research performed here, with over 95% of projects having a collaborative element. Strategic Point 5 of [the 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 have 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. 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 is 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 for development into fully commercial relationships. We have recently introduced contractual frameworks to support the researchers in setting up such commercial partnerships. We will continue to support this approach and are keen for it to sustain our RD&I activity.

We will

- Consider secondments that allow external researchers to be placed in the Welsh Blood Service to provide the capacity to address gaps in the Welsh Blood Service's 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. Where possible, contracting and negotiation stances should be defined in advance, 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 and collaborations that facilitate grant reimbursement and maximise our income streams.
- Make it a priority to look for commercial collaborative opportunities in suitable areas, allowing full reimbursement and capacity building. We will seek to increase the amount of commercial collection we perform, reduce waste, and derive income, maintaining cost neutrality to the service.
- Work with Welsh Blood Service researchers and partner organisations, such as, but not limited to, partner universities, to achieve either honorary or 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](#).

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 ensure 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 that emerged during the COVID-19 pandemic.

Additional environmental factors, notably climate change, are emerging as of particular and ever-more-urgent importance. 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. As subject matter experts, we will respond to global needs within our area of expertise.
- 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.
- Ensure that Senior and Executive leaders may benefit from greater 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 **Biomedical Excellence for Safer Transfusion Collaborative** and **European Blood Alliance**. Use opportunities and look to foster a network that allows the Welsh Blood Service to use these and other international networks for further research.

Mission Seven: Enhance the impact of RD&I and celebrate success.

This strategy is part of [the 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 and skills from our [Digital](#) department or other areas. We must 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 regarding resources, 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 organisation's reputation. 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 to ensure equality and inclusion for researchers, so we will introduce a metric to monitor this access.

We will provide input into developing the [Velindre Clinical and Scientific Strategy](#) to include this issue.

We will

- Produce a detailed communication plan to enhance the visibility, accessibility, and dissemination of research outcomes. This will ensure that the Welsh Blood Service's staff are aware of the research portfolio through outreach and celebratory communications.
- Commit to being an organisation that leads change through evidence, champions research, development, and innovation activity, and disseminates our new knowledge well.
- Aim to develop our performance framework further to help us track project progress and 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.
- Implement measures to monitor diversity and inclusion, ensuring that RD&I opportunities are representative and accessible to all staff members and taking expert advice from the organisational team.

- Ensure that our organisation's leaders 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 patient outcomes and enabling donors to support patients.
- Keep donors informed of progress against milestones. They may take pride in the work their donations do, not only directly through the direct impact of their donations, but also through their contribution to research support. We will achieve this through public engagement and communication.
- We will support staff in presenting their research by attending conferences and producing publications. We will also ensure that their achievement is formally recognised through messages of thanks and acknowledgement from senior leaders and dissemination internally and externally.
- We will ensure that colleagues with operational roles are given the time to perform RD&I activities that benefit patients, donors, and staff members' careers, making the Welsh Blood Service a great workplace.

Appendices

**for the Research, Development and Innovation
Strategy for the Welsh Blood Service**

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Appendix 1:

Desk Study of other blood services approach to RD&I strategy

Overall Findings (May 2023)

- R&D more integrated with operations – no stand-alone strategy
- Stronger hybrid academic-NHS posts
- Greater External Scrutiny



Blood and Transplant

Yomi Adegbaju – Head of RD&I NHS Blood and Transplant

This meeting aims to discuss aspects of research & development and to share best practice models relating to stakeholder engagement and methodology in clinical research.

NHS-BT has a staff community of approximately 7,000.

1) Organisational Set Up to R&D

NHS-BT have adopted a decentralised approach to R&D. Research priorities are enveloped within the organisational strategy. This means that planning for R&D is embedded in operations, with the medical director of each pillar guiding in the direction of research. There is no stand-alone R&D strategy anymore.

2) Research Approach

NHSBT organised into four areas

1. Medical Director in Transfusion medicine,
2. Medical Director of Organs and Tissues
3. Medical Director in Pathology,
4. Medical Director in Cell Therapies

The research to address this is the operational and business needs of the organisation (the decentralisation of R&D brought translation closer, but it is still challenging them, All the medical directors have an operational director that plans task (including research), the benefits from a close working relationship with the Medical Director and the operational directors.

3) Central R&D

Overall NHS-BT maintain a small research funding stream that keeps minor projects taking over.

4) The BTRUs

Five NIHR Blood and Transplant Research Units (BTRUs) are partnerships between universities and (NHSBT) and are co-funded by the NIHR (£16m) and NHS-BT (£4m). Funded for five years

The 5 BTRUs are open for five years – The BTRUs 2022 established a clinical trial study with both Oxford and Cambridge universities to look at a new structure of collaborative working with other related agencies within the field of healthcare and research.

The BTRU was all the direct funding as a university-based

The BTRU address gaps in NHS-BT capabilities and allowing collaboration and the ability to translate results and research findings quicker.

5) How did NHS-BT set their R&D objectives?

Through stakeholder engagement, anyone that they provide services to including the hospitals.

6) Stakeholders

Horizon Scanning Research - Hospitals, Universities, NHS trusts, Donors, Executive Teams, SMTs, Operational Teams, Research Teams, and NIHR – will be looking at products, outcomes, and therapies.

They gave them the change to rank the priorities

The main priority of the stakeholder was (i) tackle health inequality and (ii) value-based healthcare

The next phase is April 2023 – 2027: How does research know what care priorities are? What should research look like in the future? Addressing different target patients and post-Pandemic considerations.

7) What are NHSBT's current objectives

They looked at NHS England and at the service inequalities that prevail, and some illuminated by the Covid-19 Pandemic. All stakeholders and research staff looked at the scientific impact. The partnership key with the department of health and NIHR is combined.

Stakeholder Engagement for “value-based healthcare” To support patients and donors. What are the scientific and operational aspects? The main premise is for the organisational structure to bring “blue-sky thinking” clinicians with more practical day-to-day staff/patient experience with implementational scientists who usually are more concerned with the research process. Can these traditionally separate entities work in unison? They both come from clinical research backgrounds. This is a new concept. These two areas historically tended to engage in isolated research or studies – these discussions are happening on the ground and breaking new ground. The outcome – it is too early to predict.

8) Lessons For This Project

- One thing they should have done was a Gap analysis
- They have difficulty assessing the Impact of Bench sciences
- They had an aspect of external scrutiny (NIHR) of the plans and ongoing review

9) References

NHS-BT- Performance and strategy- NHS Blood and Transplant See link for more information <https://www.nhsbt.nhs.uk/who-we-are/performance-and-strategy/>

BTRUs - view the link below for more information

<https://www.nhsbt.nhs.uk/research-and-development/current-research/btrus/>



Scotland and SNBTS

Again no standalone strategy anymore – integrated with the main 5-year strategy

1) Research approach

SNBTS has well-rounded expertise and skills as a manufacturer of advanced therapies. We have developed a vast bank of knowledge supporting the development, translation, good manufacturing practice, quality control and regulation of ATMPs. This has earned us an international reputation as a high-quality supplier and leader in the field. We will leverage this unique capability and position to progress opportunities to address patient needs with innovative products and services.

2) SNBTS Areas

- Continuing scientific and technological advance, refocussing SNBTS to make an enhanced impact on the wider Scottish healthcare environment.
- Expanding our contract development and manufacture services for ATMPs to facilitate the acceleration of ATMPs through clinical trials and into routine care.
- Leveraging and extending the profile we have with key UK players and our European and international collaborators.



Dr Allison Waters Research & Development Lead Facilitator –

1) Research Approach

Areas of future interest for Ireland: Donor variability to examine various aspects of the blood quality (donors, for example age, race, existing medical conditions of donors) The epidemiology component of linking samples from donors is an area where she would like to see more specialisation.

More focus on platelets in line with Royal College of Surgeons Collaboration

- Vascular Biology
- Haemorrhage & Transfusion
- Blood A, B, O expressions
- Platelet contractability
- Whole blood components

They host post-doctoral students

- B.E.S.T is choosing which areas to concentrate on: They view what is topical and work collaboratively with clinicians to see where to focus their research direction. Dr Allison can “green light” certain project of interest. There exists a two-tier system: They set limits on which subjects go to the executive board, other minor research topics they decide without the board’s decision.

In 2024 sample research is being proposed where consent to ask donors for their agreement in how their donation is used and in what capacity. Pseudonymisation, anonymisation and research ethics must be strictly adhered to regarding donor variability.

Affiliation with universities offer the opportunity to access a wider scope information, funding, and collaboration.

2) Building sustainability

The manages the work by a committee, which is a sub of the board there are external people on that committee. The internal path is influenced by the professional interest and bodies. And trends

Organizational research is a grey area

Open access is a big topic and bringing value and sustainability. She states that her honorary contract with give her access to grant applications and some support.

- a) Open access database
- b) Addressing health inequalities in healthcare
- c) Value-based health care
- d) Future generations Act
- e) Cellular Therapies (this area is sparking keen interest.

Future direction: -

- Immuno-haematology
- Desk studies

Additional Information: Leading Lights Seminar is available on their website.

Dr Allison Waters welcomes Welsh Blood Services visiting annually to share vision and clinical aspirations.

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Appendix 2:

Outcome of Internal stakeholder engagement

Findings of Internal Stakeholder Engagement

1. Preface

A total of six workshops were performed between March and May 2023. Five were in-person (with one exclusively for Medical and Executive) and one on a virtual MS Teams.

The attendee's response to three questions.

1. Since 2017 WBS has emplaced research and development. What are we doing right, what do we need more of?
2. What systems, processes and resources are needed to deliver our future research ambitions?
3. What are the next steps that WBS /Velindre management need to take to guarantee this?

They were asked to work in small three-person teams to form a reply and provide feedback.

Here the responses have been recorded in bullet form, and the response has clear themes. A heading has been made to group the responses. The output for the [Medical and Executive Workshop is reported in full](#). The output of the other five workshops has been batched in the [second section](#). 35 WBS colleagues attended in total, with representation from Laboratories (M&D, Hospital Services, RCI, AT, QA Laboratories & CDRL) and WHAIS, UK NEQAS for H&I); QA Systems; Clinical Services (Medics and Blood Health Team); General Services (with BI and PMO); Velindre Digital and Collections management.

Collections (operations and nursing), Donor Engagement, Facilities and Finance representation did not attend any workshop input was absent from this feedback.

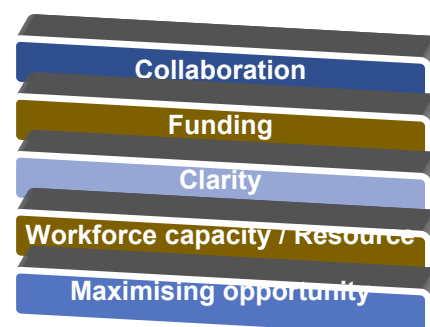
Stakeholder Workshop Medical and Executive Feedback

- 👤 Andrew Westwell - Corporate Independent Member
- 👤 Chloe George - Head of Component Development
- 👤 Donna Mead - Chairperson
- 👤 Edwin Massey – WBS Medical Director
- 👤 Jacinta Abraham - Executive Medical Director
- 👤 Kalinga Perera - Consultant in Transfusion Medicine
- 👤 Matthew Bunce - Executive Director of Finance
- 👤 Sarah Morley - Director of OD & Workforce
- 👤 Sarah Townsend - Head of Research and Development
- 👤 Tracey Rees - Chief Scientific Officer
- 👤 Vicky Morris - Independent Member - Quality and Safety

1. Since 2017 WBS has emplaced research and development: what do we need more of?

1.1. Collaboration

- ❖ BEST-C / external collaboration are strengths
- ❖ Benchmarking/supported other nations
- ❖ External collaboration - External expert advisory board of scientists/public involvement.
- ❖ Secondments / 2-way researcher exchange, UK and beyond. E.g., sending researcher to an external lab, returning to drive improvement locally.
- ❖ Facilitating internal market for exchange, e.g., with expertise in cancer centre. Be open for collaboration with Velindre.
- ❖ 'Statistical significance' / 'statistical expertise' mentioned. Not trying to do 'a bit of everything in WBS', can work with internal and external collaborators.
- ❖ RD&I comms
- ❖ Using the same four themes as BEST / Align with BEST
- ❖ European Blood Alliance
- ❖ Building relationship with commissioners



1.2. Funding

- ❖ Influence Health Care Research Wales – their funding
- ❖ look for alternatives UK research Councils

- ◇ Upskill for grant applications
- ◇ Access to Velindre charity funding – Velindre conference / Velindre seminar programme
- ◇ Securing future grants e.g., Government funding, private collaboration.
- ◇ Funder intelligence – Clear alignment to funder priorities.

1.3. Clarity

- ◇ Clarity about strategic outputs – operational/OMG. How to monitor success? How do we use RD&I committee to provide assurance.
- ◇ Defining our strengths – are we clear enough about what our USP is? Focus on making a difference
- ◇ Understanding what research means – not audit/service evaluation
- ◇ Defining ‘research’, what do we want to be known for? Less of a traditional research model, but it is important to look at activity, e.g., service evaluation, as this generates opportunities.
- ◇ Clarity of goals + performance against them. Closure/output focus
- ◇ Align with IMTP of organisation.
- ◇ Identifying blockers. How to measure, report + overcome.

1.4. Workforce / capacity / resource

- ◇ Do we have enough resources? How does the Trust strategy for workforce capacity release for resource help?
- ◇ Where do we go for resource?
- ◇ Evidence for what does not go well – challenges?
- ◇ Mainlining RD&I into local/WBS governance.

1.5. Maximising opportunity

- ◇ Publications, ideas, relevance and excellent in teams
- ◇ Adapted to COVID
- ◇ Driving improvement.
- ◇ Identifying priority research areas, Velindre seminar programme / Velindre conference.
- ◇ Triangulating wider Velindre strategy and R&D strategies
- ◇ Carving out time for research. Time to targets.
- ◇ Potential opportunity to research in cancer.

- ❖ New data driving improved donor/patient experience.
- ❖ Component development – cold platelets/trauma, transplant service, haematology
- ❖ Clear next steps to enhanced funding, collaboration, deliverables.
- ❖ RD&I strategy embedded into WBS futures programme.

2. What systems, processes and resources are needed to deliver our future research ambitions?



2.1. Establishing an RD&I Board

- ❖ Need R&D board with internal and external influential people? research active in same line of research? need to pay ?may open up collaborations
- ❖ Early engagement with Velindre R&D team to streamline and ensure timely study opening.
- ❖ May open opportunity for collaboration with other health boards and organisations.
- ❖ Accessing Velindre charity money for WBS.
- ❖ Need for research infrastructure with dedicated team, adequate numbers, equal opportunities.
- ❖ Growing RD&I / resource and direction.
- ❖ Gap analysis of 'whole' infrastructure to deliver R&D. Staff mix – data analysis including BI -? stats – how to write good stats.

2.2. Identifying 'blockers'

- ❖ Report and resolve blockers by building in the resource.
- ❖ Formally measuring reports and seeing where blockers are.
- ❖ Identify root cause of blocks to resolve, avoid being stuck in same loop.
- ❖ Build into organisation clinical and quality reporting – agenda items, research – add to usuals

2.3. Using Clinical Audit / Quality Improvement

- ❖ Use as a steppingstone to RD&I. Clinical audit a research strategy
- ❖ Role for growing RD&I.

-
- ◇ Follow up from posters/research
 - ◇ Cycle of evidence/using systematic review. 1) Systematic review 2) Survey of practice 3) Guideline update 4) Audit practice 5) Research gaps in knowledge
 - ◇ Build into organisations' clinical and quality reporting.
 - ◇ Need to research retention of blood donors, process issues, etc.

2.4. Using BEST Collaboration

- ◇ Leading on a study with support from BEST.
- ◇ Aligning and collaborating
- ◇ Visibility around the international table / ideas for topics.
- ◇ USP

2.5. Next steps for Component Development and Research Laboratory

- ◇ Component Development and Research Laboratory- USP
- ◇ Cold storage of platelets. Set up a clinical trial. Lead national / international research. Build a programme
- ◇ Ministry of Defence funding
- ◇ Health Care Research Wales funding
- ◇ Maximising professional / strategic opportunities
- ◇ Ideas of topics / how do we maximise blood and cancer?

3. What are the next steps that WBS / Velindre management need to take to guarantee this?

3.1. Collaboration / Secondment

- ❖ Secondment to world leading blood and transplant research facility.
- ❖ External advisory board at trust level.
- ❖ Public engagement group to act as a 'sounding board'.
- ❖ Opportunity to collaborate scientific research with clinical trials, see clinical element alongside scientific element.
- ❖ MRes students, sending out a list of research questions with names of potential supervisors, potential five universities to collaborate – formal student partnerships.

3.2. Research teams / expansion / maximising opportunity

- ❖ Issue of capacity and capability. Pump priming R&D initiatives – need funding to enable growth – clear deliverables and how to align -? secondment into world leading blood and transplant research facility.
- ❖ Process of seeing through a project from idea, design, research, publication is too much alongside day job.
- ❖ Think about working in teams, individuals working on different aspects. Allows for cross-cover, collective ownership, beyond Velindre Trust.
- ❖ Measuring success, e.g. Recruitment/retention/capacity
- ❖ Cultivating research skills in clinical scientists
- ❖ Measure & correct blockers to progress
- ❖ Build into agenda of operational areas. Place RD&I on equal footing with the operational delivery.
- ❖ Opportunity through operational structures / successes – this is not all clinical. Trust needs to embrace/cultivate this / systems research.
- ❖ Ambition to be the first blood service to cultivate / carve out time for research / measure by retention/recruitment.
- ❖ Clinical scientists – mini strategy for this group to cultivate research skills – build into professional forum/benchmark.
- ❖ Stop haemorrhaging researcher skills at the time of research completion.

3.3. Funding / clear organisational framework

- ❖ Clear organisational framework to include RD&I so it is core business – exec buy in principle

-
- ◇ Need funding to enable growth. Securing best possible grants
 - ◇ Building team confidence in RD&I, trust embracing/cultivating.
 - ◇ Success is not all clinical
 - ◇ Build in duty of quality duty of candour + governance
 - ◇ Align with IMTP for local funding
 - ◇ Accessing Velindre charity money for WBS projects – fund raising.
 - ◇ Are we using what we have efficiently?

3.4. Comms / celebrating success / conference

- ◇ Invite prestigious speakers to a launch event
- ◇ Need a focused workshop with WOD team + HEIW.
- ◇ Workforce workshop and ongoing involvement
- ◇ Internal and external comms – make sure embedded into strategy.
- ◇ Make a comms launch event, bring in external people, start event planning.

Stakeholder Workshop - for WBS Colleagues Feedback

1. What systems, processes and resources are needed to deliver our future research ambitions?



◇ **Communications Resources**

Enabling visibility, reinforcing impact, raising awareness, too easy to miss comms – too much relies on who you know. Tell us how/why it is relevant and what's hoped to achieve from it and who it may benefit. Spotlight on research? Snapshots of activity. Other WBS staff need to know more about what research is being conducted – this we need to do more of; Promotion of research seems slightly lacking; Library Services to highlight relevant publications

◇ **Supporting Continuing Professional development in RD&I**

Mentorship, Department research lead/champion; Being encouraged to write well; Many University leavers have a research training – what being done to maintain this once they get in to the workplace ?; Skills Development; Training – data management skills; To integrate Research as a qualification Taking recent and graduates and ensuring research skills are not lost, this influences lower grade to have better awareness, Research as part of a formal qualifications; Tools – to support publications Scientific writing skills – referencing software. Protected time for research (cultural change in WBS). Multiskilling of Scientists – developing outside of normal progression routes e.g., bioinformatics/comprehension. Some support for writing

◇ **Staffing Resources**

Capacity, addressing gap, protected time built into staff contracts; Use the CDRL model to protect time and paces to do research; We need more money, staff and better facilities to enable us to effectively support R&D and be able to continue to run our routine services effectively. Access to and support from statisticians or statistics to enable us to understand our data. Dedicated time for research supported by

Management and built into staffing. Research Secondments – fully planned and supervised with clear endpoints. To better understand what the gaps are in funding. If gaps can be better identified that would be an improvement. Protected time for research

◆ **Culture**

Hub; Culture; support for staff Building blocks for research proposals – what are these; Encouragement to start small; Need linked people in each department to update and explain research to all; Some degree of allowing occasionally (small scale project); Better linkage to all parts of the organisation: stakeholder does not feel aware of ongoing projects. My basic message was making any feedback/comms about R&D interesting and easy to follow/understand so that everyone can understand it. We need to be inclusive and for it to feel accessible to band 2s and also admin roles not just scientific and higher grades within the office-based roles. More supporting efforts of RD&I Facilitation out in the trenches and a wiser profile throughout the fabric of the organisation. Positive culture and attitude towards research. Better horizon scanning – ability to do as part of our job; Incentives – publications/staff recognition awards tailored towards scientific research. Risk averseness’ Scientific Research Board’ – awareness/ RD & I Group.

◆ **Data Access and Use**

Large data collections: More BI tools to extract data – recognise limitation of WTAIL IT systems. Big Data – comprehensive power BI. AI machine learning. No expertise in Statistics, bioinformatics.

◆ **A Whole Organisational Approach to RD&I Integration**

More visibility on why WBS are prioritizing some topics over others Capturing ideas better at the operational edge, and making them research; link to BPG; Clear RD&I agenda/workplan; Remove dependency for SMT sign-off; Publication of RD&I workplan/milestones; Better links to operations need to understand why something is being done / given more impact on the benefits of the project; Flexible deployments; Ensuring links between departments; Clear path to Opportunity and Involvement; Projects don’t always add value. Ability to link to “more interesting topics” More supporting efforts of RD&I Facilitation out in the trenches and a wiser profile throughout the fabric of the organisation. A “Good Idea funnel” – a dedicated capture of ideas from the operations.

Clear linkage between organisational ambition and research activity (why is it stand alone) More integrated to the objectives of the WBS, and better focus on this at leadership; Allocated resources in each dept; How do we factor in research and Development into BAU? We can do more in this area; Publish more – Research output

publications not seen; What is the outcome of studies being pursued by RD&I Innovation Strategy – need more of this; Need more education/information on how our waste products are used for research – need more of this.

◆ **External Involvement Partnerships**

If we are serious, we should target people to do research. attract staff with experience from the business/research/university fields to these roles as those of us who have only worked in the NHS are not necessarily best placed to do a lot of the R&D work

More recognition in our field – oral presentations at conferences/full journal articles.

More collaborations/partnerships with industry and Universities – knowledge of potential innovations before they become mainstream.

2. What are the next steps that WBS / Velindre management need to take to guarantee this?



◆ **Providing the Resources**

Financial +++, Feasible research and time to do it; Digital creation of time to spend on IT to create more time like robotic programs Funding for staff, equipment, lab restructuring – need infrastructure in place before big projects can go ahead.

◆ **Defining strategy and organisation tactics**

Impact on WBS, NHS, worldwide population; Aspirational – identify what we want Proper representation of research – potentially a Director of Research; be Mission orientated; Consolidation of BPG and RDI; WBS/Velindre Management need to invest in adequate resource for RD&I and invest in the time management (if not already). Less spending on external research organisation and promote in-house WBS research projects; Recognition of quality and potential for service expansion in procurement – not just money; More support services – managers increasingly performing HR, quality, procurement, validation activities – free up time for horizon scanning.

◇ **Support ambitions**

Scientists who are hungry to innovate; To be talented and motivated; Make RD&I key on the infrastructure and Lab's modernisation programmes to support; Invest in technology to enable feedback, visibility, training initiatives

◇ **Provide the Culture**

An environment that is conducive to innovation by allowing as much decision making as possible within the boundary of the law; Maintain and attract most talented researchers; 15 – 20-minute virtual catch ups to plan into the organisation

◇ **Promote**

Educate wider NHS on what goes into making blood products; Backing by Exec/SMT not lip-service; To encourage more CPD by inviting outside/external speakers to communicate success studies/research projects, etc. Collaborations with industry/clinicians.

Appendix 3:

External Stakeholders Survey

1) Background

In Winter 2023, we performed a passive questionnaire for external stakeholders. It was in the form of a customer satisfaction and idea-generating survey to gain feedback on both general support and specific needs for the new strategy. This mode of the questionnaire was especially focused on external collaborators and partnerships. We invited, through a personal letter, all present and past collaborators to complete the survey. We also invited the Public and Patient Involvement panel.

It was more challenging to do this because the nature of a survey involves asking closed specific questions and asking more questions overall. Then, the stakeholders were asked for their viewpoints.

2) RD& Survey Responses

Question 1, The Welsh Blood Service

Answer Choices	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't Know / No Opinion	Response Total
does research that drives improvement and innovation	5	9	8	0	0	3	25
is open to collaboration with partners	9	11	5	0	0	1	26
is known as being a research active organisation	3	8	8	4	0	2	25
participates in high quality research work	8	10	6	0	0	2	26
efforts in research achieve the best reach possible	5	6	10	2	0	3	26
has research impacts that improve donor care	5	11	6	1	0	3	26
has research impacts that improve patient care	9	11	3	0	0	3	26

3) Summary of responses:

Innovation and Improvement:

Around half of the respondents (56%) agree or strongly agree that the Welsh Blood Service drives improvement or innovation.

44% of respondents neither agree nor disagree or do not know/have no opinion.

Collaboration:

The majority of respondents (76.9%) agree or strongly agree that WBS is open to collaboration with partners.

23.1% do not know, neither agree nor disagree, or have no opinion.

Research Activity Perception:

44% of respondents agree or strongly agree that WBS is known as a research-active organisation.

16% disagree, and 40% have no opinion or do not know.

Participation in High-Quality Research:

The majority of respondents (69.2%) agree or strongly agree that WBS participates in high-quality research work.

30.8% do not have an opinion or do not know.

Research Reach:

42.3% of respondents believe that WBS's research efforts achieve the best reach possible (agree or strongly agree).

50% do not know, neither agree nor disagree, or have no opinion, and 7.7% disagree.

Research Impacts on Donor Care:

The majority (61.5%) of respondents agree or strongly agree that WBS's research efforts improve donor care.

34.6% do not know, neither agree nor disagree, or have no opinion, and 3.8% disagree.

Research Impacts on Patient Care:

Most (76.9%) of respondents agree or strongly agree that WBS's research impacts improve patient care.

23% do not have an opinion, do not know, or neither agree nor disagree.

Evaluation of results:

There is generally positive feedback regarding the Welsh Blood Service's involvement in RD&I, collaboration, and its impact on donor and patient care. However, there is a notable percentage of respondents who either have no opinion or do not know, indicating a need for further communication and dissemination of information surrounding our RD&I activity. There are a few areas where there is disagreement and a lot of areas where there is uncertainty, which will need addressing in the next strategy.

Future considerations based on results:

Strengths:

- WBS has a positive perception among a significant portion of respondents regarding its role in driving improvement and innovation.
- The majority of respondents see the organisation as open to collaboration with partners, indicating a strong foundation for building external partnerships.

Weaknesses:

- **Communication and Awareness:** Given that a substantial percentage of respondents either had no opinion or did not know about certain questions, there's an opportunity to enhance communication and raise awareness of WBS RD&I activity.
- There was disagreement and uncertainty regarding the Welsh Blood Service being known as a research-active organisation.

Question 2, Rating factors 1-10 to evaluate barriers or strengths of the Welsh Blood Services' actions.

Statement	1 (is a weakness)	2	3	4	5 (neutral / average)	6	7	8	9	10 (is a strength)	I Don't Know / No Opinion	Response Total
Welsh Blood Service's approach to external partnerships	1	1	1	0	0	3	6	0	2	3	7	24
Welsh Blood Service's approach to forward planning in research	1	1	1	0	3	0	4	3	0	3	8	24
The funding made available for research	2	0	0	2	6	1	1	0	0	0	12	24
Being able to access equipment	2	0	0	0	4	2	1	2	0	1	11	23
The Welsh Blood Service's interest in research collaboration	1	0	2	0	2	0	5	5	0	3	6	24
The research expertise and knowledge at Welsh Blood Service	1	1	1	2	1	3	1	5	3	3	3	24
Diversity and inclusion at Welsh Blood Service	2	1	0	1	3	1	2	1	1	2	10	24
Welsh Blood Service's enthusiasm to disseminate research findings	3	0	1	1	1	0	4	6	1	3	4	24

The second question aimed to evaluate stakeholder's views on WBS's barriers and strengths. The following summarises these findings:

Approach to External Partnerships:

Strength: The majority of respondents (58%) agreed that WBS's approach to external partnerships is a strength.

A minority (12.5%) disagreed, considering it a weakness, while 29% had no opinion or did not know.

Forward Planning in Research:

Strength: 41.7% of respondents agreed that WBS's approach to forward planning in research is a strength.

Neutral/Average: 12.5% thought it is neutral/average, and 33% had no opinion or did not know. 12.5% saw WBS's approach to forward planning in research as a weakness.

Funding for Research:

Unknown: Half of respondents (50%) did not know or had no opinion on whether funding for research was a strength or weakness.

16.7% thought it is a weakness, 8% considered it a strength, and 25% had a neutral/average view of the funding made available for research.

Access to Equipment:

Unknown: 47.8% did not know or had no opinion on whether access to equipment is a strength or weakness.

26% viewed it as a strength, 8.7% as a weakness, and 17.4% had a neutral/average view.

Interest in Research Collaboration:

Strength: Most respondents (54%) believed that WBS's interest in research collaboration is a strength.

12.5% thought it is a weakness, and 25% had no opinion or did not know.

Research Expertise and Knowledge:

Strength: 62.5% agreed that WBS's research expertise and knowledge are strengths.

20.8% thought it is a weakness, 4.2% viewed it as neutral/average, and 12.5% did not know or had no opinion.

Diversity and Inclusion:

Unknown: 41.7% did not know or had no opinion on whether diversity and inclusion at WBS is a strength or weakness.

25% viewed it as a strength, 16.7% as a weakness, and 4% had a neutral/average view.

Enthusiasm to Disseminate Research Findings:

58.3% saw WBS's enthusiasm to disseminate research findings as a strength.

Neutral/Average: 4% viewed it as neutral/average, 16.7% did not have an opinion or did not know, and a further 20.8% saw it as a weakness.

In conclusion, the survey indicates that stakeholders generally perceive the Welsh Blood Service positively in various aspects, with strengths identified in areas such as external partnerships, research expertise, and dissemination of research findings. However, there are areas where opinions are divided or where stakeholders may lack a clear opinion or view as a weakness, suggesting potential areas for improvement or focused communication.

Question 3, Open text responses

- | | |
|---|---|
| 1 | Noting the need to diversify the breadth, collaborative expertise, and international reach of the Welsh Blood Service research ambitions and activities. |
| 2 | limited knowledge of WBS research as I work in a Path Lab for NHS |
| 3 | didn't even know the Welsh Blood Service did research |
| 4 | whilst WBS is very open to supporting research, it is difficult and cumbersome to obtain non-clinical use samples from WBS. |
| 5 | I honestly didn't know very much at all about research at WBS |
| 6 | I'm just not aware of the research done by the WBS apart from collaborations with the BEST Collaborative. |
| 7 | I believe it would be beneficial to share current and future research plans with key stakeholders. Engage with laboratories who can be a valuable asset in research and development in the future |
| 8 | I would love to undertake more collaborative work with the service. |

Improvements based in open-text responses:

Increase Awareness and Information:

- Addressing the limited knowledge of WBS research among stakeholders. Increase awareness and visibility of the Welsh Blood Service's research initiatives, outcomes, and contributions within the organisation and among relevant stakeholders.

Improved Access to Non-Clinical use Samples:

- Respondents have mentioned challenges in obtaining non-clinical use samples from WBS, indicating the importance of improving NCU process.

Communication of Research Plans:

- Respondents have expressed a lack of knowledge about current and future research plans. Ensuring improved communication to share research plans with key stakeholders.

Engagement with Laboratories:

- Recognising the value of laboratories in research and development. There is an opportunity to actively engage with laboratories and to seek their input.

Promote Collaborative Opportunities:

- Respondents have expressed a desire to undertake more collaborative work with the service. Actively promote and facilitate opportunities for collaboration, making it known that the Welsh Blood Service is open to and supportive of collaborative research projects.

The suggested improvements centre around diversifying research ambitions, further enhancing collaboration, expanding international reach, increasing awareness, streamlining processes such as NCU, improving communication, and actively engaging with key stakeholders to share information and future collaborative opportunities.

4) Summary based on the survey answers

2.1. Perceived Strengths:

Stakeholders recognise strengths in the Welsh Blood Service's approach to external partnerships, forward planning in research, research collaboration, research expertise, and enthusiasm to disseminate findings.

2.2. Areas of Improvement:

There is a need to address limited awareness of WBS research, with some stakeholders expressing a lack of knowledge about ongoing and future research plans. Challenges in obtaining non-clinical use samples have been identified, and there is a desire for more diversified research ambitions, enhanced collaborative expertise, and an expanded international reach.

2.3. Themes:

Diversification of Research: Stakeholders emphasise the need to diversify the breadth of research activities undertaken by the Welsh Blood Service.

Collaboration and Expertise: There is a consistent theme of enhancing collaborative expertise, both within the organisation and through external partnerships.

International Reach: The desire to expand international reach suggests an opportunity for collaborations on a larger scale.

Awareness and Visibility: Stakeholders express a need for increased awareness and visibility of WBS research initiatives, outcomes, and plans.

Streamlined Processes: Challenges in obtaining samples highlight the importance of streamlining processes related to non-clinical use sample access.

Engagement with Stakeholders: Stakeholders express a desire for more engagement, particularly with laboratories, as valuable assets in research and development.

Transparent Research Planning: Establish communication channels to share current and future research plans with key stakeholders.

Appendix 4

SWOT Analysis

Strengths

- 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.
- Some of the WBS operations involve scientific based services, which means that staffing in these areas have a good understanding the significance of research and evidence generation, due to their training.

Weaknesses

- Our stakeholders identified that externally, the Welsh Blood Service is not known as being research-active, and we have not disseminated our research and findings to stakeholders adequately.
- 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 their responsibilities to do so.
- Internally, we were asked whether we were monitoring our diversity and inclusion.
- A focus on clinical outcomes can leave the Welsh Blood Service's RD&I activity to be overlooked. The Welsh Blood Service endeavours are not presented in as performance measures of research which can lead to feelings of disenfranchisement for those performing RD&I.
- 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

- 🔑 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.
- 🔑 Efficiency and effectiveness can be gained by avoiding duplicating the efforts of others. We should focus our resources on areas where we can make more impact, either by collaborating with others or by undertaking unique research of our own, utilising our skills and experience.
- 🔑 Our modest size allows for short to medium-term commitments, typically less than two years, shaping opportunities appropriately and enabling agility.

Threats

- 🔑 Increasingly, the R&D structure of the NHS is focused on patient outcomes; this leaves the Welsh Blood Service in the translation space with limited funding opportunities.
- 🔑 Larger blood service organizations, both national and international, often dominate the research sector in their respective areas. We should prevent duplicating efforts.
- 🔑 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. We must remain cognisant of this in order to identify any opportunities it generates.
- 🔑 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.

Appendix 5

Assign responsibilities:

Divisional responsibilities

WBS are the subject matter expertise with the operation and technology people in transfusion and transplantation

They will run the WBS RD&I Group

Corporate Responsibility

A managed governance structure that facilitates the time set up of a research project with

Any corporate initiatives are devised with applicable goals for the WBS itself rather than opaque goals that turn out to be, in reality, the corporate centre goals of higher non-applicability for the working environment of the WBS.

That the delivery of RD&I initiatives is eligible to the divisions of the organisation

The WBS Group reports to the ROMG on such matters.

Accountable for the relation with the central structure for the performance of RD&I in the NHS Wales operations, We will take to the corporate structure of management resources, operating framework,

How will we measure our success?

We will work on a portfolio of metrics around

Number of projects sustained over time

Dissemination capacities

Number of partnerships

Set up times

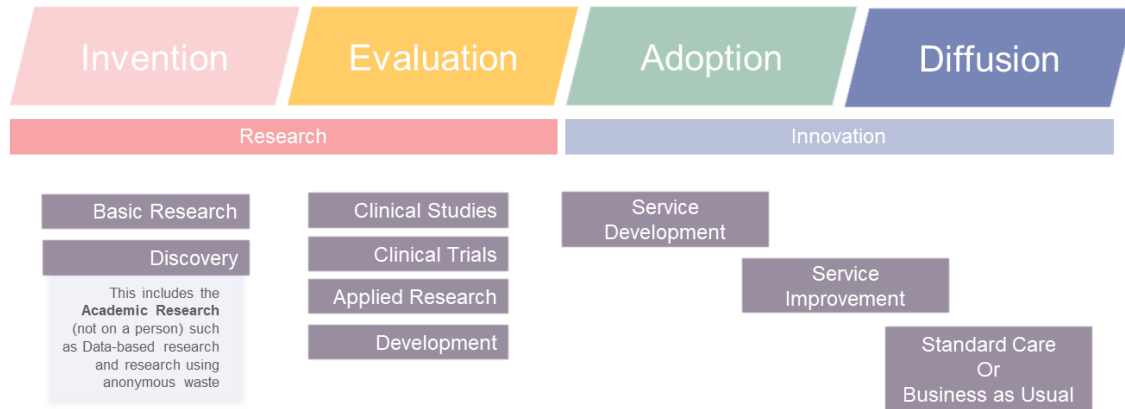
How will we Monitor and evaluate:

Regularly monitor your progress and evaluate the effectiveness of your strategy. Adjust as needed to ensure you are on track to achieve your objectives.

The WBS RD&I Group will contribute to overseeing the delivery of this strategy.

Appendix 6:

The Research, Development and Innovation Spectrum



Appendix 7

Strategic Theme 5 of WBS Futures.

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

Our Objectives are to:

- 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.

We will:

- 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.

Glossary

Researchers: Anyone performing Research activity

Head of a department mid to seniors management of the WBS; some of this portion is also a member of the senior leadership.

Core activity
The core clinical and scientific departments provide services that cater to donors and patients through the Welsh Blood Service

Supporting Functions:
The Welsh Blood Services departments mainly focus on supporting finance and stores rather than explicitly providing services catering to donors and patients.



Quality-driven decision-making Quality Impact Assessment

Title of proposal this Quality Impact Assessment (QIA) is supporting:	<i>Implementation of the new WBS RD&I Strategy</i>
Reference of proposal:	<i>TBD</i>
Details of Board / Committee the paper is being presented to and when:	<i>WBS RD&I Strategy has been approved by WBS SLT 06 May 2024</i> <i>Pathway to Board Approval:</i> <ul style="list-style-type: none">• <i>Endorsement by EMB Shape</i>• <i>Endorsement RD&I Sub-Committee</i>• <i>Endorsement by Strategic Development Committee</i>• <i>Trust Board for approval</i> <i>At dates and times as rapidly as feasible as the meeting falls.</i>

Part 1: Health and Care Quality Standards assessment

1a: Briefly outline how this proposal or strategic decision impacts on the delivery of healthcare services (in line with STEEP Quality Standards).



Quality Standard	Overall Impact			Key points and rationale
	Positive (+1) / Neutral / Negative (-1)	Level of impact High (3) Medium (2) or Low (1)	Impact score (product of previous columns)	
Safe	+1	2	2	The RD&I strategy emphasises continuing to gather evidence that scientific and technological advances are safe. This strategy aims to enhance the safety of healthcare services by developing innovative blood products and therapies that adhere to high-quality standards. It also prevents any customs and practices that are not supported by evidence.
Timely	+1	2	2	The strategy includes expanding contract development and manufacturing services, facilitating faster progression through clinical trials in transfusion care, which can reduce delays in the availability of new treatments
Effective	+1	2	2	By leveraging unique capabilities and fostering collaborations with key players, the strategy aims to improve the effectiveness of healthcare services through innovative and effective treatment solutions
Efficient	+1	2	2	The focus on leveraging existing expertise and resources, along with fostering collaborations, aims to optimise resource utilisation and operational efficiency in developing and delivering new treatments
Equitable	+1	2	2	Addressing health inequalities is a critical priority in the strategy, ensuring that innovations in healthcare are accessible to all segments of the population
Person Centred	+1	2	2	The strategy emphasises engaging with patients and donors, ensuring that their needs and perspectives are central to the development of new healthcare solutions
Overall impact	12			



1b: Briefly outline the amount of activity required to ensure successful implementation of the proposal or strategic decision (in line with enabling Quality Standards)

Quality Standard <i>Click each icon for its definition.</i>	Amount of activity required High (3), Medium (2) or Low (1)	Key points and actions to achieve the changes required
Leadership	2	Strong leadership is needed to drive the strategy forward, ensure alignment with the organisational goals of the WBS 5-year strategy, and oversee the integration of research and development into business as usual.
Workforce	2	As required by activity, workforce individuals identified to support research activities would need to undergo necessary development, including training, secondments, and protected time for research.
Culture	4-2	Cultivating a research-friendly culture within the WBS, promoting innovation, and supporting staff in research endeavours will be essential.
Information	3	Enhancing the use and availability of digital tools and data access and use through improved BI tools and data management systems will be crucial. One-third of past activity required some form of digital data, business intelligence capabilities such as programming and data extraction.
Learning Improvement and Research	2	Sustained performance of existing role and support with WBS, continuous learning and improvement, and robust research activities and collaborations are central to the strategy.
Whole Systems Approach	2	Ensuring a coordinated approach across the organisation to integrate research with operational activities will be necessary

Commented [NW(CH1): I feel both of these should be a 2 or 3



The overall amount of activity required

The strategy necessitates significant more activity across specific domains, particularly in digital data support, organisational leadership, and the implementation of the strategy's missions within individual departments. The current leads within the organisation will drive this effort.


Overall, the strategy will operate at a medium activity level, leveraging many existing initiatives. It will continue to foster a workforce culture within WBS that aligns with WBS 5 year strategy .

beta2.1

Part 2: High-level consideration of risk

Considering responses on all twelve Health and Care Quality Standards in Part 1, what level of risk to **Quality overall** is this proposal or strategic decision?

Slide the arrow to indicate the level of risk (recognise this is subjective until full risk assessment undertaken)

						
Level of risk to Quality of implementing this proposal	Low	Low/medium	Medium	Medium/high	High	
Level of risk to Quality of NOT implementing this proposal	Low	Low/medium	Medium	Medium/high	High	



Describe the main risks to the Quality of implementing this proposal. Describe the main risks to Quality of NOT implementing this proposal.
--



Failure to implement the strategy could lead to missed opportunities for innovation, continued health inequalities, and stagnation in service improvement.

Main Risks to Quality of Implementing the Proposal:

- Resource allocation challenges win BAU
- Balancing investing in RD&I vs operational and financial pressures.
- Maintaining high levels of standards of research quality and rigor for the activity being performed however this is mitigated by existing RD&I governance processes.



Main Risks to Quality of NOT Implementing the Proposal:

- Reduced ability to make evidence-based decisions in the best interest of patients and donors Missed opportunities for healthcare innovations.
- Continued health inequalities
- Stagnation in service improvement

Part 3: Developing and signing off this Quality Impact Assessment

QIA completed by / on date	QIA operationally agreed by / on date	QIA clinically agreed by / on date
Sian James <i>10 June 2024</i>	Peter Richardson <i>10 June 2024</i>	Edwin Massey <i>10 June 2024</i>

Executive clinical review and sign off (if required)

Clinical Executive 1 sign off / date	Clinical Executive 2 sign off / date	Clinical Executive 3 sign off / date
 Nicola Williams, Executive Director Nursing, AHP & Health Science	 Dr Jacinta Abraham Executive Medical Director	N/A

EQIA Template & Action Plan

All policies and decisions that affect people are assessed to identify ways to reduce discrimination and to make Wales fairer. I confirm that an assessment has been undertaken and the relevant actions are highlighted below.

Name of Policy	Research, Development, and Innovation (RD&I) strategy for the Welsh Blood Service		
Manager	Sian James		
Date of meeting with OD Manager – ED&I	24 th June 2024		
Date of submission	21 st May 2024		
Date of next review	25 th July, 2029		
These changes will affect:	Staff: <input type="checkbox"/>	Patients: <input type="checkbox"/>	Both: <input checked="" type="checkbox"/>

1.1	What is the policy or decision that you are conducting an EQIA for?	The RD&I strategy aims to guide the Welsh Blood Service's research activities and partnerships to improve the lives of people in Wales.
1.2	Who owns it?	the Welsh Blood Service
1.3	What is the aim of the change(s)?	To enhance research, development, and innovation activities within the Welsh Blood Service, improving patient and donor care, advancing blood components, supporting transplant research, and fostering collaborations.
1.4	Who is affected most by the change?	Colleagues, collaborators, donors, patients, and the people of Wales.
1.5	How does this topic fit into the wider context of the organisation?	It aligns with the Welsh Blood Service's Five-Year Strategy and Velindre University NHS Trust's Destination 2033, supporting NHS Wales's overall goals and the Wellbeing of Future Generations Act 2015.
1.6	Who is undertaking the EQIA	Sian James
1.7	When will you start and end the EQIA?	Start date 21 May 2024 End date To Be Determined
2.1	What data is available to help inform the EQIA?	Internal discussions and assessments, stakeholder feedback, past project outcomes,

		and performance indicators from the previous RD&I strategy.
2.2	What information is still needed?	Detailed demographic data on affected groups, specific feedback from those impacted by the strategy performance.
2.3	How will missing data be collected?	Through Collection targeted organisational data
2.4	What is considered relevant information and data?	Data on the impacts on protected characteristic groups, against organisational performance metrics.

3 - Equality Impact Assessment Template

Questions for you to think about for each of the protected characteristic groups:

- What are the possible impact outcomes?
- What type of impact does the change create?

Protected Characteristic	Potential Impact [Please tick column(s)]			Details	Recommendations
	Positive	Negative	None		
Age Younger people Middle-aged people Older people Other...	✓			The strategy aims to enhance healthcare services benefiting all age groups. All age groups (younger, middle-aged, older) may be affected through improved healthcare outcomes.	
Disability Physical Learning needs Neurodiversity Sensory Loss Mental Health issue Other...	✓			Improved healthcare services and research outcomes could particularly benefit individuals with disabilities.	
Gender re-assignment Would this affect those in/post-transition differently?			✓		
Marriage or civil partnership			✓		



<p><i>Are single people affected differently?</i></p> <p><i>Are married people or civil partners treated differently?</i></p>					
<p>Pregnancy or Maternity</p> <p><i>Whilst pregnant</i></p> <p><i>On maternity leave</i></p> <p><i>Returning to work</i></p> <p><i>Other...</i></p>			✓		
<p>Race</p> <p><i>Colour</i></p> <p><i>Nationality</i></p> <p><i>Ethnic group</i></p> <p><i>National origins</i></p> <p><i>Other...</i></p>	✓			Research and innovation can address specific health needs of different racial and ethnic groups.	
<p>Religion</p> <p><i>Affects one religious group more?</i></p> <p><i>Clashes with religious holidays?</i></p> <p><i>What about groups with no religion?</i></p>			✓		
<p>Sex/Gender</p> <p><i>Does it only apply to men / women?</i></p> <p><i>Could this affect one</i></p>	✓			The strategy aims to improve healthcare outcomes for all genders	



<p><i>group more than the other?</i></p>					
<p>Sexual Orientation <i>Would this affect any group from LGBTQ+ communities differently?</i></p>			<p>✓</p>		
<p>Socio Economic Duty <i>Low income / no income groups?</i> <i>Rural locations affected differently?</i> <i>Those with caring responsibilities?</i></p>	<p>✓</p>			<p>The strategy includes a focus on improving access to healthcare services for underserved communities.</p>	
<p>Welsh Language <i>Will everything be available bilingually?</i> <i>How many staff might need to know Welsh?</i> <i>1. Does the subject treat the Welsh language less favourably than the English language?</i></p>	<p>✓</p>			<p>Ensuring all communications and resources are available bilingually to promote inclusivity</p>	



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

<p>2. Have you considered the Cultural opportunities / Promotion of the project? E.g. literature / Visual art representing Welsh artists</p> <p>3. Are you assured that all aspects of this project / policy etc has considered the needs of Welsh speakers?</p> <p>If yes, identify the specifics If no, state what should be included.</p>					
--	--	--	--	--	--



4.1	<p>You will need to evidence and recommend one of four policy implementation options:</p> <ol style="list-style-type: none"> 1. No major change 2. Adjust the policy 3. Continue the policy 4. Stop and remove the policy 	No major change
4.2	<p>If the change will be implemented regardless of the presence of a negative impact, you must be able to evidence: The implementation was necessary to carry out specific functions, there is no way of achieving the aims of the policy that has less negative impact and the means employed to achieve the aims of the policy are necessary and appropriate</p>	Not applicable as no major negative impacts identified
4.3	<p>Could be policy be implemented in a different way to avoid negative impact?</p>	Current implementation avoids negative impacts
4.4	<p>How will this change promote equality of access and equality of opportunity?</p>	By improving healthcare services and making them more accessible to all demographic groups, promoting equitable health outcomes.
4.5	<p>Is it possible to implement a different policy which achieves practice aims but avoids adverse impact?</p>	The current strategy achieves aims without adverse impacts.
5.1	<p>What do you have so far?</p>	Feedback from internal stakeholders and preliminary data
5.2	<p>Have any themes emerged?</p>	Need for inclusive research practices and focus on underserved communities



5.3	What do people have to say about our work?	Positive feedback on the commitment to innovation and improvement in healthcare services
5.4	How will you consult widely on your topic?	We regularly consult with the WBS Involvement and Engagement Panel, a public group that provides critical review and insight into our services and research. We also gather feedback through surveys, public forums, and stakeholder meetings.
5.5	Who will you consult with?	Patients, donors, healthcare professionals, expert collaborators, the public.
5.6	How long will the consultation stage last?	Stakeholder feedback was performed in drafting this document during 2023. Ongoing engagement will last as long as the policy is in place or amended.
6.1	The action plan must appropriately evidence the decision for one of the following policy options:1. No major change 2. Adjust the policy 3. Continue the policy 4. Stop and remove the policy	<ul style="list-style-type: none"> . No major change - Implement inclusive research practices. - Ensure all communications are bilingual. - Regularly review and update the strategy performance to address emerging needs. Continue running and consulting with the WBS Involvement and Engagement Panel
6.2	What will you do with the comments or information you have gathered from your consultations?	- Integrate feedback into the strategy implementation and action plan.
6.3	How did the consultation help guide new policy?	- Provided insights into specific expectations and areas for improvement.
6.4	Will you make any changes to the draft report you produced?	- Yes we did, based on consultation feedback.



7.1	Confirm actions	
8.1	Establish timetable for reviewing actions and refreshing the assessment	Ongoing engagement will last as long as the policy is in place or amended.



Equality Impact Assessment – Action Plan


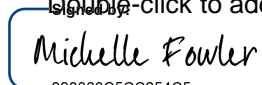
Action Plan

These actions will reduce discrimination and make Wales fairer:

	Action	Criterion	By When	Resource implications
1	Ongoing engagement will last as long as the policy is in place or amended.		In Progress	0.2 WTE at Band 5 Level.
2				
3				

Strategic Alignment

Future Generations Act Wellbeing Objectives		Links to Objective
1	A prosperous Wales	<input checked="" type="checkbox"/>
2	A resilient Wales	<input checked="" type="checkbox"/>
3	A healthier Wales	<input checked="" type="checkbox"/>
4	A more equal Wales	<input checked="" type="checkbox"/>
5	A Wales of more cohesive communities	<input checked="" type="checkbox"/>
6	A Wales of vibrant culture and thriving Welsh language	<input checked="" type="checkbox"/>
7	A globally responsible Wales	<input checked="" type="checkbox"/>

<p>Double click to add your signature below:</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;">  </div> <p><small>40726727BFE0476...</small> 25-Jul-2024 15:32:12 BST</p> <hr style="width: 80%; margin-left: 0;"/> <p>Lead Officer</p>	<p>Double click to add signature below:</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;">  </div> <p><small>998060C5CC254C5...</small> 25-Jul-2024 15:05:58 BST</p> <hr style="width: 80%; margin-left: 0;"/> <p>Equality & Diversity Manager</p>
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Attachments

1. The policy concerned



Research,%20Develo
pment%20and%20Inn

2. Data used in completing the assessment



Strategy
Appendices.docx



Desk Study of Others
RD&I.docx

3. Details of consultation undertaken



Findings of
Stakeholder Engagem



Findings of
Stakeholder Engagem



Findings of
Stakeholder Engagem

4. Final version of the assessment template

Return to OD Manager – Equality, Diversity and Inclusion:

VUNHST.Equality&Diversity@wales.nhs.uk

Last updated: 8th January 2024

RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

Research, Development & Innovation Sub-Committee Annual Effectiveness Survey 2023-2024

DATE OF MEETING	17/09/2024
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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	DISCUSS AND APPROVE
----------------	----------------------------

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
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PREPARED BY	Sandra Cusack, Business Support Officer / Committee Secretariat
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PRESENTED BY	Non Gwilym, Interim Director of Corporate Governance & Chief of Staff
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APPROVED BY	Jacinta Abraham, Executive Medical Director
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EXECUTIVE SUMMARY	This report provides the Research, Development & Innovation Sub-Committee with the results of the Annual Effectiveness Survey for the reporting period 1 st April 2023 – 31 st March 2024.
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RECOMMENDATION / ACTIONS	The Research, Development & Innovation Sub-Committee is asked to DISCUSS the content of the report and APPROVE the Research, Development & Innovation Sub-Committee Effectiveness Survey Report.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
EMB SHAPE	09/09/2024
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	

7 LEVELS OF ASSURANCE

If the purpose of the report is selected as ‘**ASSURANCE**’, this section **must be** completed.

ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance N/A
--	---

APPENDICES

Appendix 1

Research, Development & Innovation Sub-Committee Annual Effectiveness Survey 2023-2024

1. SITUATION

All Board level meetings are required to assess their effectiveness throughout the year and to carry out an Annual Effectiveness Survey to inform how best to undertake the Sub-Committees roles and responsibilities.

This report provides the Research, Development & Innovation Sub-Committee with the results of the Annual Effectiveness Survey for the reporting period 1st April 2023 – 31st March 2024.

2. BACKGROUND

The Research, Development & Innovation Sub-Committee Annual Effectiveness Survey consisted of twenty questions administered via an online survey platform (Microsoft Forms). All questions were posed in a structured format and survey respondents were invited to provide their answer together with any supporting comments as required. The questionnaire was designed to require respondents to answer each question before enabling progression onto the next question. Respondents were given the opportunity to complete the survey within one due to tight timings, following which the survey link became inactive. No personal data was collected in the completion of the survey questionnaire.

20 people were asked to complete the survey including the Trust Chair, Independent Members, Executive Directors and Non-Executive Directors of the Research, Development & Innovation Sub-Committee. 12 responses were received, giving an overall completion rate of 60%. The full survey results are outlined within the report (**appendix 1**).

3. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)

Please indicate whether any of the matters outlined in this report impact the Trust’s strategic goals:

YES - Select Relevant Goals below

If yes - please select all relevant goals:

<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 													
<p>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS</p>	<p>Choose an item</p>												
<p>QUALITY AND SAFETY IMPLICATIONS / IMPACT</p>	<p>Choose a domain/domains.</p> <table border="1"> <tr> <td>Safe</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Timely</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Effective</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Equitable</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Efficient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Patient Centred</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
Safe	<input checked="" type="checkbox"/>												
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview</p>	<p><i>There are no socio-economic impacts linked directly to the activity outlined in this report</i></p>												
<p>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</p>	<p><i>There are no Trust Well-Being goal implications or impact linked directly to the activity outlined in this report.</i></p>												
<p>FINANCIAL IMPLICATIONS / IMPACT</p>	<p><i>There is no direct impact on resources as a result of the activity outlined in this report</i></p>												
<p>EQUALITY IMPACT ASSESSMENT For more information: https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</p>	<p><i>There is no direct equality impact in respect of the activity outlined in this report.</i></p>												
<p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p>	<p><i>There are no specific legal implications related to the activity outlined in this report.</i></p>												

4. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
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RESEARCH, DEVELOPMENT & INNOVATION SUB-COMMITTEE ANNUAL EFFECTIVENESS SURVEY 2023-2024

1. INTRODUCTION

The Research, Development & Innovation (RD&I) Sub-Committee Annual Effectiveness Survey provides a tool for RD&I Sub-Committee to assess its effectiveness against more than just the basic requirements: it provides the opportunity for the Sub-Committee to check and assess its effectiveness and operations to give greater confidence and assurance on how it can best meet the requirements of its role.

This report provides the RD&I Sub-Committee with the results of the Annual Effectiveness Survey for the reporting period 1st April 2023 – 31st March 2024.

2. METHODOLOGY

The Annual RD&I Sub-Committee Effectiveness Survey consisted of twenty questions administered via an online survey platform (Microsoft Forms). All questions were posed in a structured format and survey respondents were invited to provide their answer together with any supporting comments as required. The questionnaire was designed to require respondents to answer each question before enabling progression onto the next question. Respondents were given the opportunity to complete the survey within one due to tight timings, following which the survey link became inactive. No personal data was collected in the completion of the survey questionnaire.

3. FINDINGS

20 people were asked to complete the survey including the Trust Chair, Independent Members, Executive Directors and Non-Executive Directors of the RD&I Sub-Committee. 12 responses were received, giving an overall completion rate of **60%**.

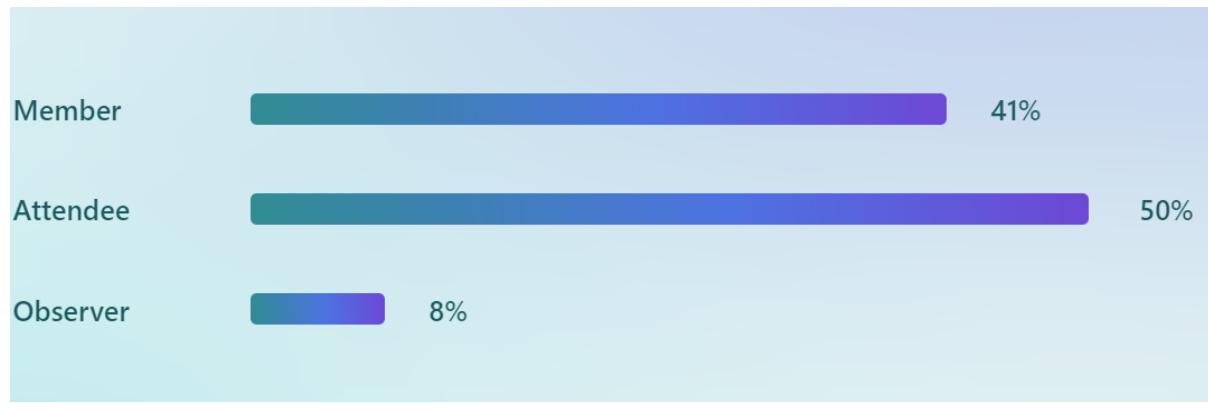
Note: This survey allows multiple answers for each question.

The full survey results are outlined below:

SURVEY RESULTS

SURVEY QUESTION 1:

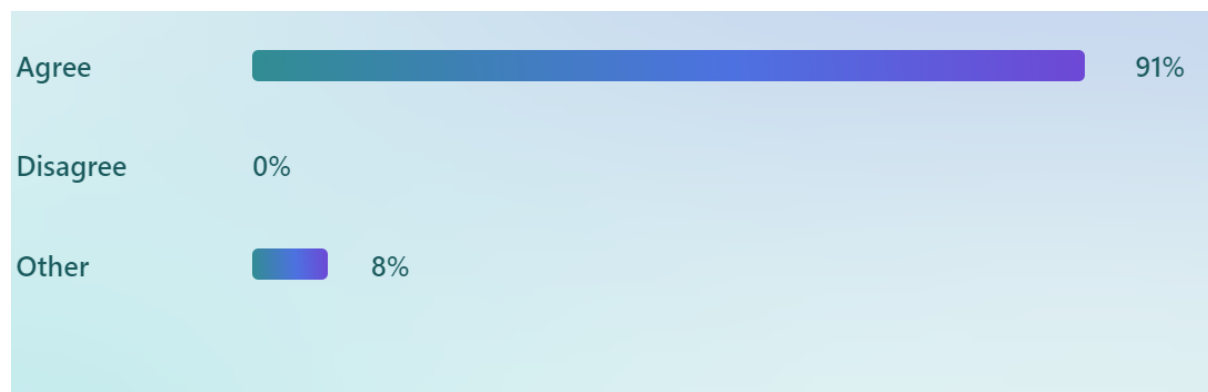
Please indicate if you are a 'Member' of the Research, Development & Innovation Sub-Committee i.e. Independent Member or a regular 'Attendee' of the Committee.



Of all 20 individuals invited to complete the survey, 12 responses were received. 5 were member of the RD&I Sub-Committee and 6 attendees and 1 observer.

SURVEY QUESTION 2:

There are clear Terms of Reference, with clarity as to the role of the Research, Development & Innovation Sub-Committee and the relationship between the Committee and the Trust Board?



11 out of 12 responses received agreeing there are clear Terms of Reference with clarity as to the role of the RD&I Sub-Committee and the relationship between the Committee and the Trust Board.

SURVEY QUESTION 3:

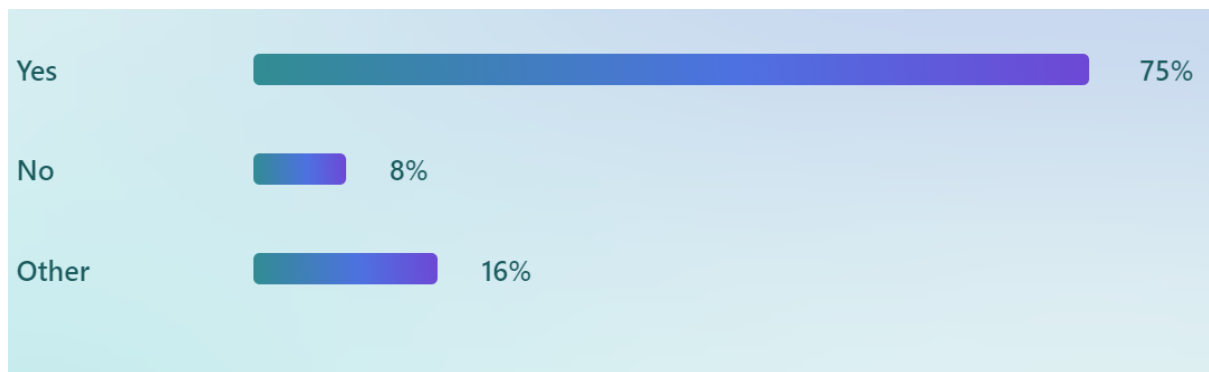
Has the Research, Development & Innovation Sub-Committee been provided with sufficient authority and resources to fulfil its role effectively?



12 responses agreed the RD&I Sub-Committee had been provided sufficient authority and resources to fulfil its role effectively.

SURVEY QUESTION 4:

Has the Research, Development & Innovation Sub-Committee established a Cycle of Business to be dealt with during the year?



9 responses agreed the RD&I Sub-Committee has an established cycle of business which has been dealt with during the year. 1 response disagreed. The following comments were noted:

OTHER - COMMENTS	
1	Innovation not so firmly embedded with a cycle of business

SURVEY QUESTION 5:

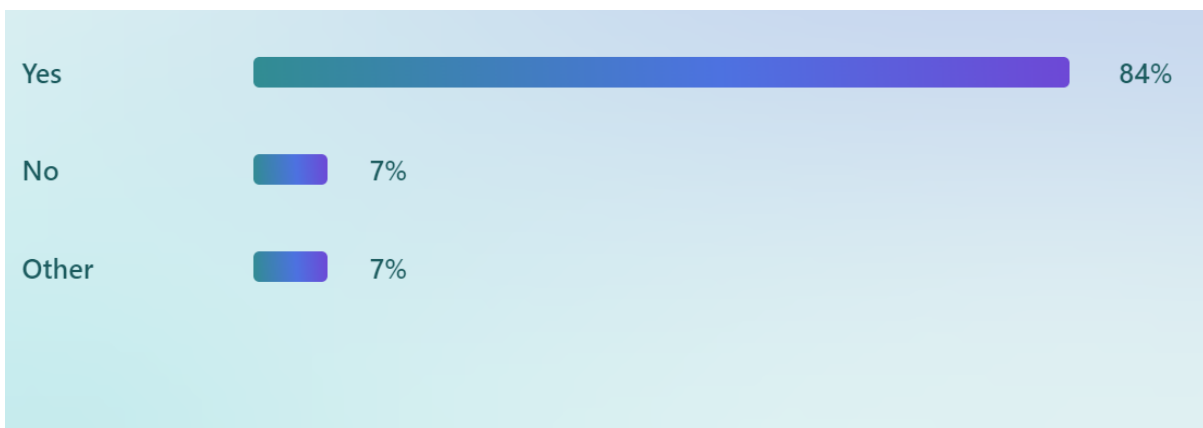
The number and length of meetings is sufficient to allow the Research, Development & Innovation Sub-Committee to fully discharge its duties?



12 responses agreed the number and length of meetings were sufficient to allow the RD&I Sub-Committee to fully discharge its duties.

SURVEY QUESTION 6:

Is sufficient time allowed for questions, discussion and debate at the Research, Development & Innovation Sub-Committee meetings?

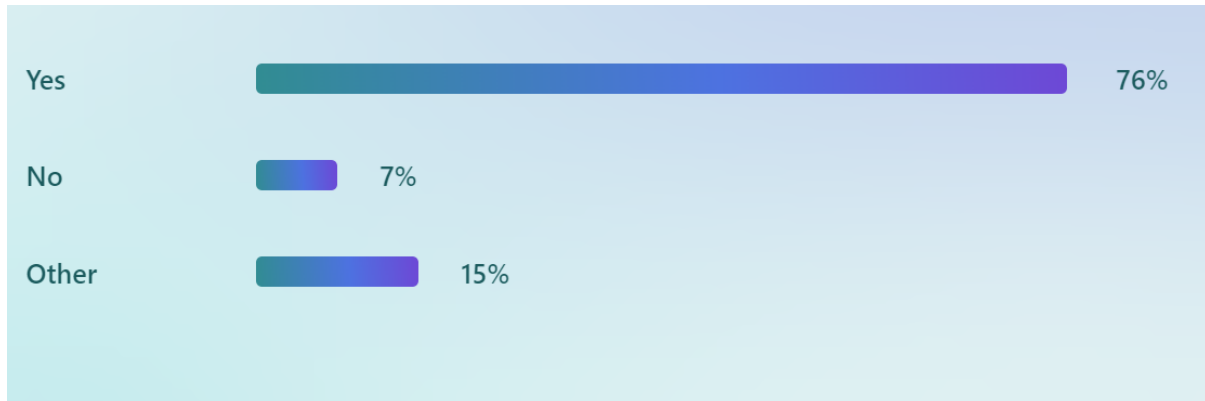


11 out of 12 responses were of the opinion the RD&I Sub-Committee meetings scheduled allowed sufficient time for important questions / decisions being made. 1 response disagreed. The following comments were received:

OTHER - COMMENTS	
1	Yes, protracted drawn out discussions that are not in the strategic space.

SURVEY QUESTION 7:

The Research, Development & Innovation Sub-Committee papers are received sufficiently far in advance of meetings?

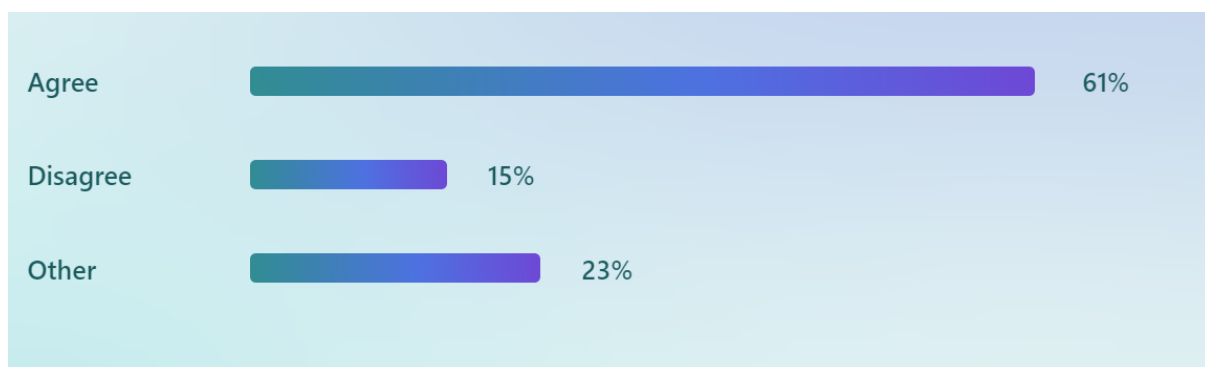


10 responses received agreeing the papers are sufficiently received in advance of the meetings. 1 response disagreed. The following comments were recorded:

OTHER - COMMENTS	
1	Due to the RD&I related governance structure for papers it would be challenging to alter the current timelines.
2	It would be difficult to change paper deadlines and still be able to submit the papers to other meeting prior to the committee and ensure that the papers are still relevant to the committee's business.

SURVEY QUESTION 8:

The papers received by the Research, Development & Innovation Sub-Committee are concise and relevant?

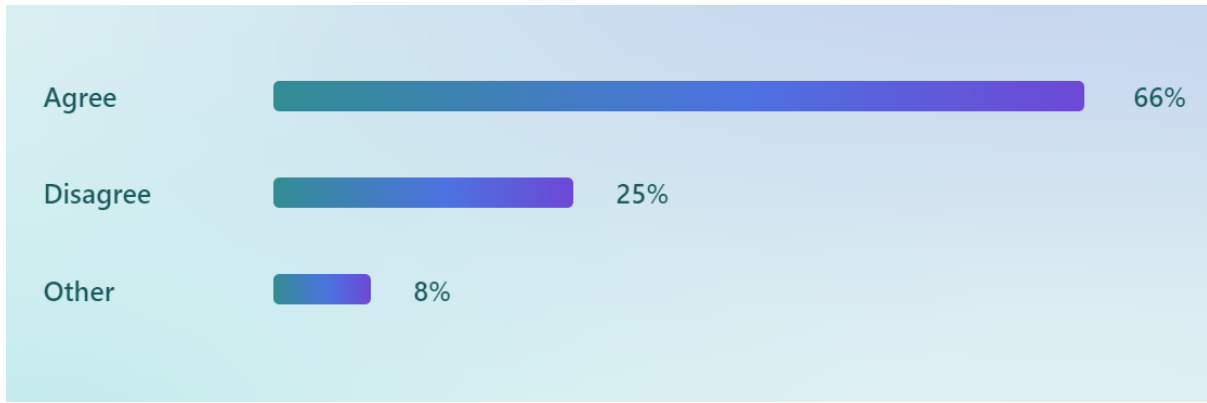


9 responses received agreeing the papers are concise and relevant. 2 responses disagreed. The following comments were made:

OTHER - COMMENTS	
1	Papers submitted by grant holders and potential grant holders aren't always filled with attention to important detail causing delays.
2	The papers are very lengthy.

SURVEY QUESTION 9:

I feel the Research, Development & Innovation Sub-Committee receives sufficient detail, at the right level to allow me to focus on asking the right questions?

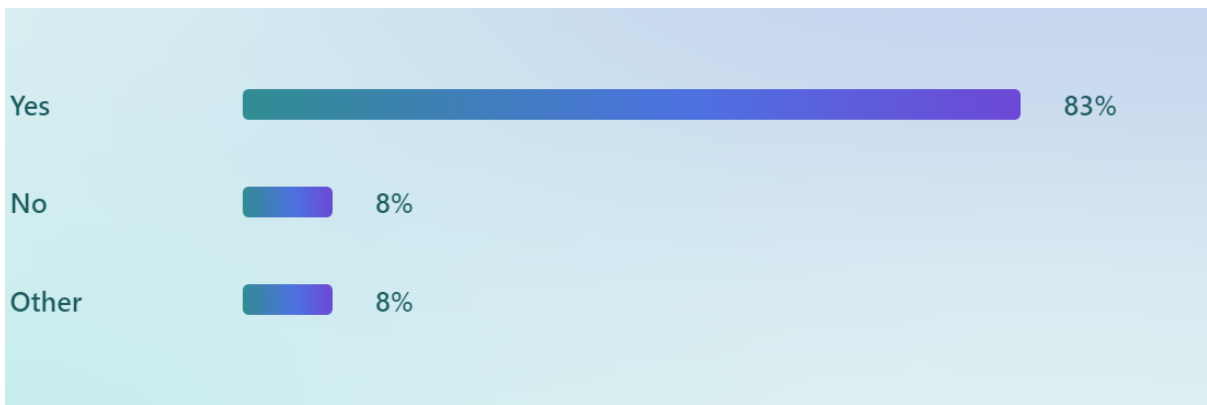


8 responses received agreeing the papers have sufficient detail, at the right level to allow to focus on asking the right questions. 3 responses disagreed. The following comments were made:

OTHER - COMMENTS	
1	Too much detail - should be strategic.

SURVEY QUESTION 10:

Are Research, Development & Innovation Sub-Committee meetings scheduled prior to important decisions being made?

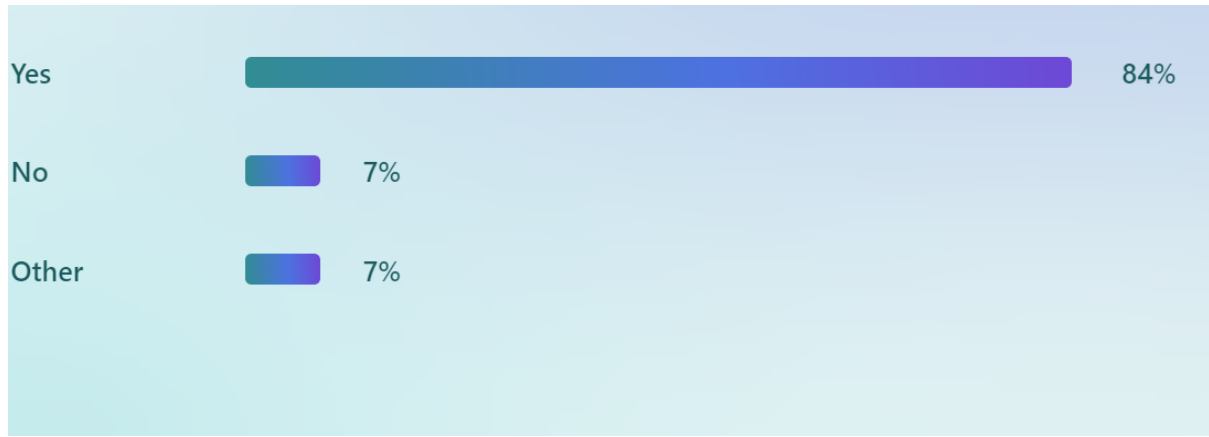


10 responses received agreeing there is sufficient time allowed for questions, discussion and debate for the RD&I Sub-Committee. 1 response disagreed. The following comments were received:

OTHER - COMMENTS	
1	It's not clear what specific decisions are needed to be made.

SURVEY QUESTION 11:

Is the behaviour of all Members / Attendees at the Research, Development & Innovation Sub-Committee meetings courteous and professional?



11 responses received agree the behaviour of all member / attendees at the RD&I Sub Committee meetings is courteous and professional. 1 response disagreed.

SURVEY QUESTION 12:

The Research, Development & Innovation Sub-Committee Chair has a positive impact on the performance of the Committee?



All responses received agreed with the Committee Chair having a positive impact on the performance of the Committee.

SURVEY QUESTION 13:

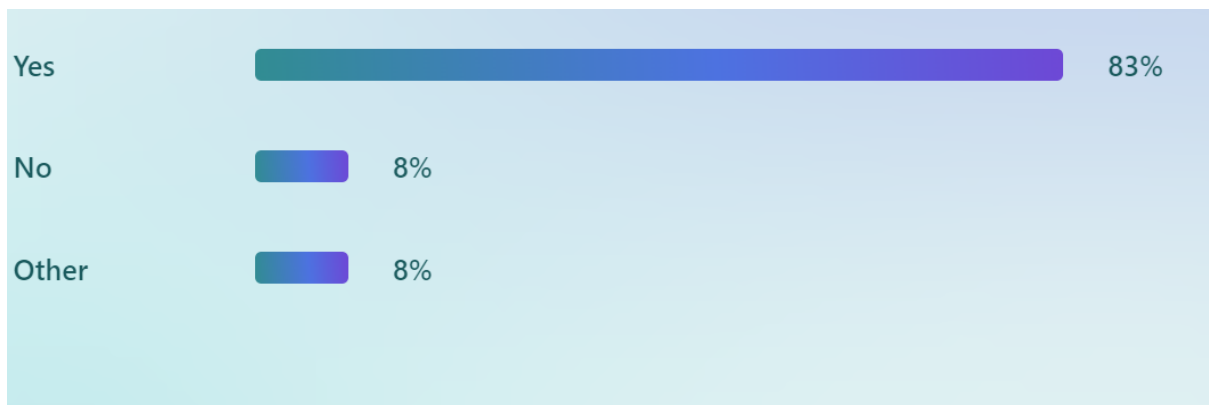
The Research, Development & Innovation Sub-Committee meetings are chaired effectively with clarity of purpose and outcome?



11 responses agreed with the RD&I Sub-Committee meetings being chaired effectively with clarity of purpose and outcome. 1 response disagreed.

SURVEY QUESTION 14:

Is each agenda item at the Research, Development & Innovation Sub-Committee closed off with clarity on the decision / outcome of discussion?

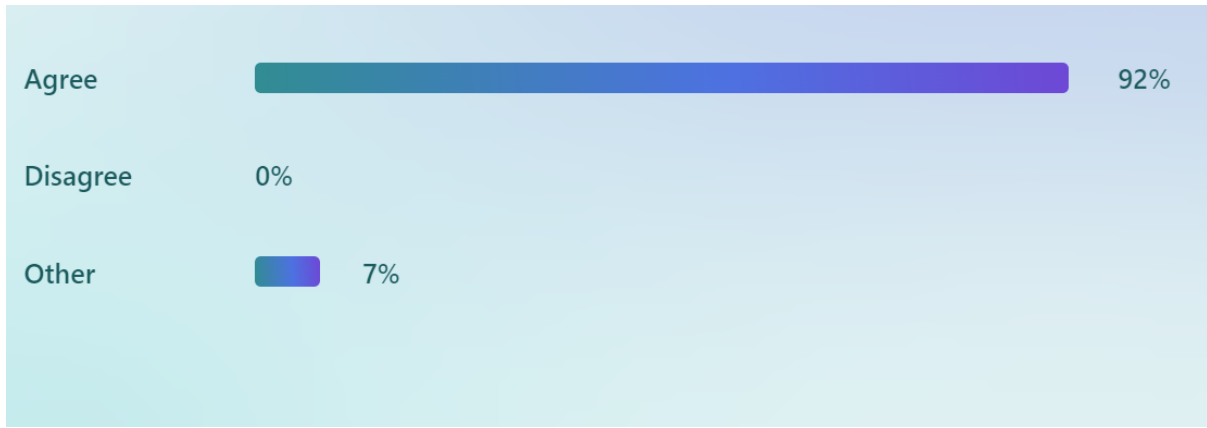


10 responses agreed each agenda items closed off with clarity on the decision / outcome of discussion. 1 response disagreed. The following comment was provided:

OTHER - COMMENTS	
1	The level of significant detail of the discussions makes this difficult.

SURVEY QUESTION 15:

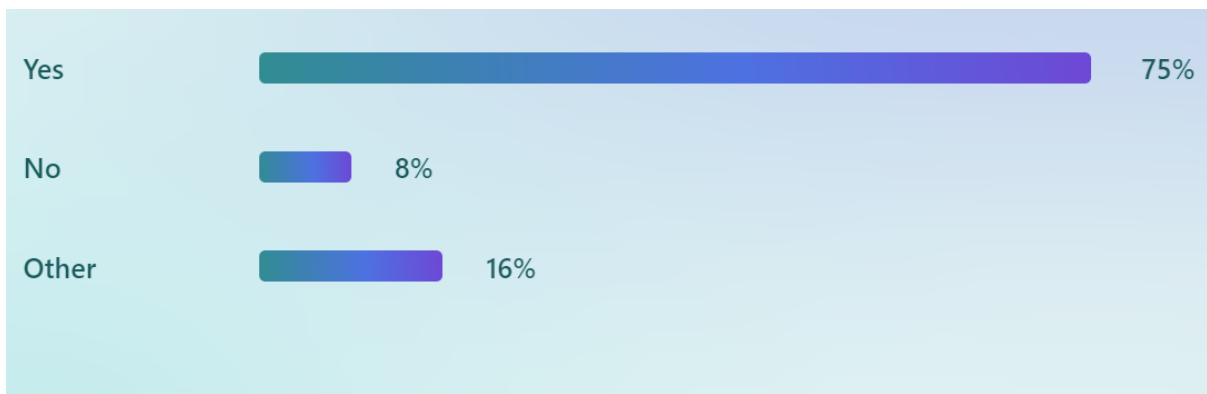
The Research, Development & Innovation Sub-Committee Chair allows debate to flow freely and does not assert their own views too strongly?



All 12 responses agreed the RD&I Sub-Committee Chair allows debate to flow freely and not assert their own views too strongly.

SURVEY QUESTION 16:

Is the atmosphere at the Research, Development & Innovation Sub-Committee meeting conducive to open and productive debate?

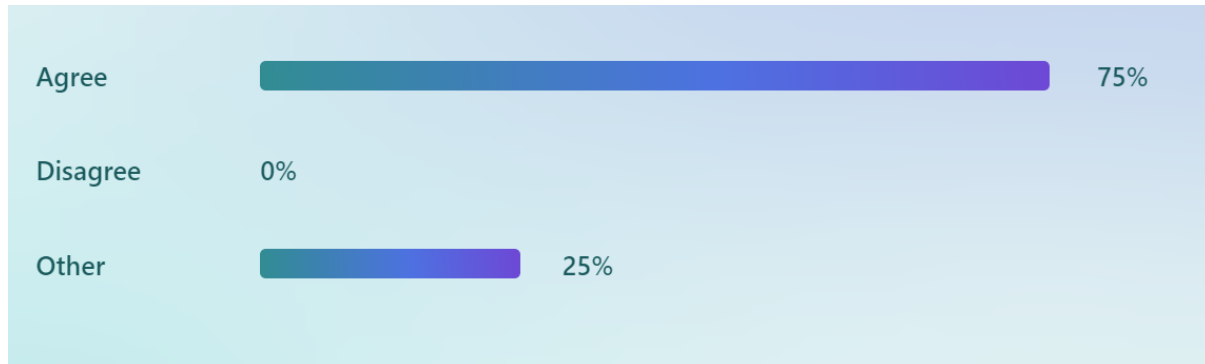


11 responses received agreed the atmosphere at the RD&I Sub-Committee meetings is conducive to open and productive debates. 1 response disagreed. The following comments were recorded:

OTHER - COMMENTS	
1	Face to face meetings are the most conducive.
2	As with many other things, in person meetings allow great understanding to be productive.

SURVEY QUESTION 17:

The Research, Development & Innovation Sub-Committee has effective escalation arrangements in place to alert relevant individuals, Committees, Board of any urgent / critical matters that may affect the operation and / or reputation of the Trust?



9 responses received agreeing the RD&I Sub-Committee have effective escalation arrangements in place to alert relevant individuals, Committees, Board of any urgent/critical matters that may affect the operation and/or reputation of the Trust. No responses received disagreed. The following comments were recorded:

OTHER - COMMENTS	
1	These could be better clarified in relation to changes being made to other committees.
2	Is there a definition of the scope of escalation arrangements? I'm aware of the process of escalation but what exactly gets escalated and what doesn't is not clear.

SURVEY QUESTION 18:

Do you consider that where Private (Part B) Research, Development & Innovation Sub-Committee meetings are held, that these have been used appropriately for items that should not be discussed in the public domain?



11 responses received agreeing the RD&I Sub-Committee private (part b) meetings were held in an appropriate way to discuss items that are not suitable for public domain i.e. commercially sensitive or identifiable.

SURVEY QUESTION 19:

The Governance and Executive Support Function provide Committee Secretariat for the Committee. I am satisfied with the support provided?



12 responses agreed they are satisfied with the Governance and Executive Support Function provided to the RD&I Sub-Committee.

SURVEY QUESTION 20:

Any Other Comments?



12 responses received with the following comments recorded:

OTHER - COMMENTS	
1	Cycle of business, work plan, agenda's, presentations and discussions all need to be strategic - far too much detail covered.
2	There are lots of updates/detail shared at this meeting and whilst this is a reflection of the amount of work going on, it sometimes feels that there is too much information, so it becomes more about updating rather than decision making. It would be interesting to know what specific information is filtered up/out via the various governance structure or if much of the information is repeated in all stages.
3	Hasn't been necessary to schedule RD&I meetings prior to particular urgent RD&I related items. Meetings are scheduled regularly through calendar year.
4	Committee should have equivalent status as statutory committee's e.g. audit.
5	Performance reports improving.
6	At times, the Admincontrol system can be challenging to use for the committee meetings.
7	The content of the Committee papers has been driven by feedback from the Committee and continues to support decision making and provides assurance allowing the Committee to execute their responsibilities.

RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

Research, Development & Innovation Sub-Committee Annual Report 2023-2024

DATE OF MEETING	17/09/2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	DISCUSS AND ENDORSE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sandra Cusack, Business Support Officer / Committee Secretariat
PRESENTED BY	Non Gwilym, Interim Director of Corporate Governance & Chief of Staff
APPROVED BY	Jacinta Abraham, Executive Medical Director
EXECUTIVE SUMMARY	This Research, Development & Innovation Sub-Committee Annual Report summarises the key areas of business activity undertaken by the Research, Development & Innovation Sub-Committee during the period 1 st April 2023 – 31 st March 2024.
RECOMMENDATION / ACTIONS	The Research, Development & Innovation Sub-Committee is asked to DISCUSS the content of the report and ENDORSE the Research, Development & Innovation Sub-Committee

	Annual Report prior to submission to Quality, Safety and Performance Committee.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
EMB SHAPE	09/09/2024
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as ‘ASSURANCE’, this section must be completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance
	N/A

APPENDICES	
Appendix 1	Research, Development & Innovation Sub-Committee Annual Report 2023-2024

1. SITUATION / BACKGROUND
 Under Standing Order 4.3.2, each Sub-Committee of the Board is required to submit an annual report **“setting out its activities during the year and detailing the results of a review of its performance.”**

The report details the key areas of business undertaken by the Research, Development & Innovation Sub-Committee between 1st April 2023 - 31st March 2024.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION
 The Research, Development & Innovation Sub-Committee Annual Report (**Appendix 1**) summarises the key areas of business activity undertaken by the Sub-Committee from 1st April 2023 – 31st March 2024, and highlights some of the key issues the Sub-Committee will progress and further consider over the next 12 months.

3. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)
Please indicate whether any of the matters outlined in this report impact the Trust’s strategic goals: YES - Select Relevant Goals below
If yes - please select all relevant goals: <ul style="list-style-type: none"> Outstanding for quality, safety and experience <input checked="" type="checkbox"/>

- An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations
- A beacon for research, development and innovation in our stated areas of priority
- An established 'University' Trust which provides highly valued knowledge for learning for all.
- A sustainable organisation that plays its part in creating a better future for people across the globe

RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	Choose an item												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	<p>Yes -select the relevant domain/domains from the list below. Please select all that apply</p> <table border="0"> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Timely</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input checked="" type="checkbox"/></td></tr> </table> <p>The RD&I Committee provides evidence-based, timely advice to the Board to assist in discharging its functions and meeting its responsibilities with regards to research, development and innovation activity. Assurance is also provided in relation to compliance with the Trust's regulatory responsibilities related to research, development and innovation.</p>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
Safe	<input checked="" type="checkbox"/>												
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information: https://www.gov.wales/socio-economic-duty-overview</i>	<i>There are no socio-economic impacts linked directly to the activity outlined in this report</i>												
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	<i>There are no Trust Well-Being goal implications or impact linked directly to the activity outlined in this report.</i>												
FINANCIAL IMPLICATIONS / IMPACT	<i>There is no direct impact on resources as a result of the activity outlined in this report.</i>												

EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.asp X	<i>There is no direct equality impact in respect 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>

4. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
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Research, Development & Innovation Sub-Committee Annual Report 2023-24

Committee Chair's Reflection

I am pleased to present the 2023-24 Annual Report of the Velindre University NHS Trust Research, Development & Innovation (RD&I) Sub-Committee, which outlines the coverage and results of the Committee's work for the year ending 31st March 2024.

This is my first Annual Report, having taken up the role of Chair in early 2022. In that time, I have been ably supported by RD&I Committee colleagues, most notably Dr Jacinta Abraham, Sarah Townsend, Jennet Holmes and Sandra Cusack; to whom I give thanks, alongside other committee members who have played active roles in shaping RD&I priorities and actions.

These are exciting times for the Velindre RD&I community. The full business case approval in March 2024 of the new Velindre Cancer Centre (nVCC) provides the platform for enhanced clinical cancer research and innovation opportunities within expanded state-of-the-art facilities. The opportunities afforded by the nVCC, including major facility investments in areas such as advanced radiotherapy, will help to attract and retain healthcare specialists delivering enhanced patient care at scale. Alongside the nVCC, the Trust is actively engaged in partnership with Cardiff & Vale UHB and Cardiff University in the development of the Cardiff Cancer Research Hub, bringing next generation advanced therapies and early phase trials to Cardiff. Other important oncology-based programmes supported through the work of the committee include the Velindre Oncology Academy; the All-Wales Advancing Radiotherapy Cymru (ARC) programme; and the healthcare professional 'first into research' scheme. Developments within the expanding research base of the Welsh Blood Service, such as the pioneering component development and transplantation services research laboratories, regularly feature in RD&I committee discussions.

These exciting developments place safe patient and donor care at the heart of everything we do, within a research led culture supported by continuing improvements in digital technology. Patients and donors receive the best level of service and care when actively involved in studies within research and innovation led centres – this ethos remains core to our RD&I mission.

Professor Andrew Westwell

***Chair of the Velindre University NHS Trust Research, Development & Innovation
Sub-Committee***

May 2024

1. Introduction and Background

This report summarises the key areas of business activity undertaken by the Research, Development & Innovation Sub-Committee during the period 1st April 2023-31st March 2024.

The Research, Development & Innovation Sub-Committee annual business cycle ended on 31st March 2024 and this report reflects the Committee's key role in the development and monitoring of the Trust's Research, Development and Innovation agenda.

2. Roles and Responsibilities

The purpose of the Research, Development & Innovation Sub-Committee is to:

- Provide strategy and policy oversight for RD&I activities undertaken by the Trust feeding into its overarching Strategic Development Committee
- Provide assurance on the performance of Research and Development activity feeding into its overarching Quality, Safety & Performance Committee
- Promote and encourage a RD&I ethos and culture, integral to the Trust's vision, mission and values
- 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

3. Membership of the Research, Development & Innovation Sub-Committee

The membership of the Committee during 2023/24 was as follows:

Chair: Prof. Andy Westwell, Independent Member

Members: Professor Donna Mead OBE, CStJ, Chair of the Board
Vicky Morris, Independent Member

4. Quoracy and Frequency

The Research, Development & Innovation Sub-Committee Terms of Reference specifies that the Committee shall have at least two members 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 will be made in their absence.

5. Meetings and Attendance Planning

The Research, Development & Innovation Sub-Committee met four times during the period 1st April 2023 to 31st March 2024. This is in line with the Committee's Terms of Reference.

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise. 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. During the year, attendance by Committee Members and Officers across the year is detailed in the table below:

Committee Members	20/07/23	19/09/23	07/12/23	06/02/24	Attendance %
Prof. Andrew Westwell (Chair)	✓	✓	✓	✓	100%
Vicky Morris	✓	✓	x	✓	75%
Prof. Donna Mead	x	x	✓	x	25%

Trust Officers	20/07/23	19/09/23	07/12/23	06/02/24	Attendance %
Dr Jacinta Abraham (Exec Lead)	✓	✓	✓	x	75%
Libby Batt	✓	✓	x	x	50%
Matthew Bunce	x	✓	✓	✓	75%
Christopher Cotterill Jones	✓	✓	✓	✓	100%
Dr Eve Evans	x	x	x	x	0%
Chloe George	x	x	x	✓	25%
Steve Ham	✓	x	✓	x	50%
Rachel Hennessy	x	x	x	x	0%
Jennet Holmes	x	x	✓	✓	50%
Prof. Jane Hopkinson	x	✓	✓	✓	75%
Sian James	✓	✓	✓	✓	100%
Dr Robert Jones	✓	✓	✓	✓	100%
Dr Edwin Massey	✓	✓	✓	✓	100%
Amie Garwood-Pask	x	x	✓	✓	50%
Alan Prosser	✓	x	x	✓	50%
Peter Richardson	✓	x	x	x	25%
Emma Stephens	✓	✓	✓	x	75%
Sarah Townsend	✓	x	✓	✓	75%
Nicola Williams	✓	x	✓	✓	75%

6. Agenda Process / Action Log

In-line with the agreed Research, Development & Innovation Sub-Committee Cycle of Business, the Chair in conjunction with the Executive Medical Director, Head of Research & Development and the Head of Corporate Governance, will set the agenda for Committee meetings. In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee's agenda and meeting papers are disseminated to members and attendees a minimum of ten working days before the meeting and are also made available on the Trust website. All papers are required to be accompanied by a cover report which provides a summary of key matters for consideration and supporting details on the action required by the Committee.

7. Planning and Review

The Research, Development & Innovation Sub-Committee Terms of Reference and Operating Arrangements are reviewed on an annual basis as follows:

- Review and approve its Terms of Reference
- Approve the Cycle of Business/Work Programme

The Trust's strategic approach to Research, Development and Innovation (RD&I) is informed by patient need, strategic funding priorities and staff RD&I expertise at a national and local level and is underpinned by established RD&I processes: robust research governance, performance monitoring and quality assurance mechanisms; increasing service improvements and knowledge and expertise amongst staff.

The Research, Development & Innovation Sub-Committee Cycle of Business is configured to obtain assurance, on behalf of the Board, in relation to Trust activities within the Committee's scope.

During the last year, the Research, Development & Innovation Sub-Committee supported the collaborative work plans of the divisions of the Trust – the RD&I Division, Welsh Blood Service (WBS) and Velindre Cancer Service (VCS) and where appropriate the Trust's collaboration with key stakeholder organisations within the NHS and Higher Education Institutions.

8. Research, Development & Innovation Sub-Committee Activity

For 2023-24, the RD&I Sub-Committee has fulfilled its core work programme with the following key priorities continuing to provide focus for the Sub-Committee:

- The continued development of one Trust-wide Research, Development & Innovation (RD&I) Strategy and implementation plan

- Provision of a robust governance framework and infrastructure to support the Trust's RD&I agenda
- Assuring the RD&I arrangements support the delivery of the RD&I agenda
- Reviewing the resources available for support within the Trust
- Ensuring the Trust is fully engaged in national programmes and policies
- Ensuring RD&I related risk is considered and managed appropriately
- The review of RD&I related business cases

The monitoring of performance against key RD&I deliverables on behalf of the Trust Board including:

- The RD&I priorities for the annual Operational Plans
- Health and Care Research Wales (HCRW) key performance indicators
- Healthcare Standards Standard 3.3 Quality Improvement, Research and Innovation
- Progress against the Integrated Medium-Term Plan (IMTP) / Annual Planning Framework

During 2023, the Committee obtained assurance in relation to a wide range of additional RD&I activities over and above those highlighted, these are summarised below.

8.1 Presentations

Each Committee meeting commences with a focused Presentation, these include as follows:

- Progress & Plans in Transplantation Research (Felicity May, Clinical Specialist Histocompatibility & Immunogenetics & Deborah Pritchard, Welsh Transplantation and Immunogenetics Lab Manager, Welsh Blood Service)
- Cardiff Cancer Research Hub (CCRH) - ATMP Trials Progress (Claire Lang, CCRH Senior Research Nurse Manager)
- RD&I Communications & Engagement - Making a Difference (Helen Robertson, RD&I Communications & Engagement Officer)
- A Partnership Approach to Establishing Sero-surveillance in Wales (Sian James, Head of Research, Development and Innovation Services, Welsh Blood Service & Sophie Harker, Senior Epidemiological Scientist, Public Health Wales)

8.2 Research, Development & Innovation Performance Annual Report 2022-23

An overview of the Trust Research, Development & Innovation Performance Annual Report 2023-24 was presented. The report reflects on the four RD&I Strategic Priorities, updated from 2022-23 with key achievements as published in the Trust's IMTP including the Financial Summary and Outputs.

Summary of Performance Indicators

Overall, there has been marked improvement in the Trust run number of studies that have been RAG rated “GREEN” for the Health and Care Research Wales (HCRW) key indicators:

- OPEN studies – Percentage of studies recruiting to time and to target at NHS organisations in Wales with open studies being up 21% for non-commercial studies and up 11% for commercial studies.
- CLOSED studies – Percentage of studies recruiting to target at NHS organisations in Wales with closed studies being up 37% for non-commercial studies; up 21% for commercial studies since last year.

The RD&I Sub-Committee acknowledged and congratulated the Team on a comprehensive Annual Report which included a substantial list of publications e.g. 29 pages of publications, in leading international journals including posters and presentations.

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

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

The approval for Capivasertib has been granted based on study data generated from the international Phase III CAPItello-291 trial, that was hosted by the Trust and the Phase II FAKTION trial, sponsored by the Trust. Both trials showed significant improvements in the time it took for cancer progression in patients. Communications received by Prof Rob Jones, Associate Medical Director for RDI from Prof Paul Workman, Professor of Pharmacology and Therapeutics at The Institute of Cancer Research expressed thanks to the Trust for their involvement in this huge achievement.

As the Sponsor of the FAKTION trial and owner of the intellectual property, the Trust protected and leveraged the IP through licensing, generating financial benefits that that will be used to enhance its research capacity for the benefit of its patient cohort.

8.4 Velindre University NHS Trust – Medical Engagement Meeting

The Trust held a Medical Engagement Event on 8th November 2023, inviting attendees to discuss “Leadership, Research and Clinical & Scientific Strategy: How do we prepare for the next 5-years at VUNHST?” With introductions and opening remarks from Dr Jacinta Abraham, Executive Medical Director and Board Lead for RDI, and Prof Donna Mead OBE, Trust Chair, the event included updates and discussions on the following topics:

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

Sir Frank Atherton, Chief Medical Officer for Wales and Dr Paul Evans, Medical Director of the Faculty of Medical Leadership and Management shared their experiences and views as part of the Medical Leadership debate. This was followed by sessions on Reflections led by Dr Mick Button, Research led by Professors Rob Jones and Mererid Evans and Clinical & Scientific Strategy led by Joanna Doyle. With closing remarks from the Trust’s Chief Executive Officer, Steve Ham the event produced valuable and interesting debate and discussion having been well attended by medical staff and RD&I staff.

8.5 MediWales Innovation Awards 2023 – BedRace®.

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

8.6 The Impact of European Blood Alliance Funding

The Component, Development & Research Laboratory was successful in obtaining funding from the European Blood Alliance to investigate a new method to manufacture platelet concentrates for transfusion. The European Blood Alliance is an organisation that aims to be a voice for non-profit blood establishments across Europe. Collaborating with the European Blood Alliance enables our researchers to exchange knowledge from centres Europe-wide to improve the availability, quality, and safety of blood products. The Welsh Blood Service is eager to continue making a meaningful difference in the world of transfusion medicine and look forward to sharing the results of this exciting development.

8.7 Welsh Blood Service Research, Development & Innovation Strategy Project Update

Updating progress on the WBS RDI Strategy, committee members were asked for assistance in seeking their opinions and input into an open survey for

external stakeholders for the RDI Strategy for WBS. The Committee agreed to partake in the survey and a link to the survey was to follow.

8.8 H&CRW / VUNHST Annual Review Meeting

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, their feedback and proposed next steps. 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.

9. Velindre Futures Cancer R&D Ambitions

A successful bid to Velindre Charitable Funds brought in new posts to implement the Cancer R&D Ambitions. This included giving research interested trainees the opportunity to gain higher degrees, funding key research posts in Palliative and Supportive Care for the first time and increasing research capacity by funding dedicated sessional time for research.

2023-2024 also saw key milestones achieved for the Cardiff Cancer Research Hub (CCRH). The first CCRH patient was treated in December and a Strategic Outline Case, outlining the physical infrastructure required for a full, expanded CCRH, was submitted to the Welsh Government in July. A Strategic Investment Case was also finalised that outlined a strategy for ensuring the CCRH's long-term financial sustainability.

10. Head of Innovation

A full-time Head of Innovation was appointed by the Trust in June 2023 and joined the Trust RD&I Senior Leadership Team, further strengthening the Trust's Innovation Service and leading the development of a Trust-wide innovation strategy aligned with the Trust 2032 strategy. The Innovation Strategic Plan is enclosed, and the innovation activity themes are featured below:-

10.1 Innovation Activity Themes



10.2 Innovation Activity Overview

- Innovation Management System implementation - Commenced implementation of ISO 56001 (with a view to seek external verification in 2024/25 period). A copy of the innovation policy is enclosed.
- Funding sustainability – identified opportunities with other Trusts, Regions / Third sector/government. Secured SBRI drone project funding, Welsh Government Health and Social Care Funding, Welsh Government, Economy, innovation funding, and Bevan Exemplar and intensive learning week innovation training
- Developed Trust innovation induction training
- Feasibility/review assessment of accreditation of innovation training course in collaboration with Oncology Academy
- Developed innovation portal for capture and prioritisation of innovation ideas (using the SimplyDo platform) and planned first challenge.
- Undertook branding survey to inform recommendations for updates to Trust brand guidance
- Undertook an evaluation of RITA chatbot to inform future options paper
- Confirmed governance arrangements for staff management (as appropriate) recruit to vacant posts for ARC programme,
- Undertook review of Industry collaboration activity to inform blueprint for future collaboration. Supported applications for two MediWales Innovation Award submissions
- Supported Moondance Innovation Awards
- Published 3 x innovation articles in MediWales Life Science magazine
- Represented on ARC board
- Developed Strategic Plan for Innovation for 2024/25 period
- Developed innovation workstream themes
- Led Coordination of workshop for the Collaborative Centre for Research Learning and Innovation to inform vision statement development
- Supported the business case narrative development for CCfRLI submission for Welsh Government submission
- Commenced evaluation of the RITA chatbot
- Developed innovation reporting dashboard

11. Nursing and Interdisciplinary Led Research

In September 2023, a call for applications to the Velindre Healthcare Cancer Research Fellowship took place and three staff members were successful in their applications for a Velindre “Introduction to Research” award.

The next call for applications was January 2024 and offered an opportunity for staff members to conduct research relevant to their clinical practice, two days per week over a two-year period.

12. Trust RD&I Small Grant Scheme

In order to support an increase in activity in the Nursing and Interdisciplinary led research portfolio the Trust has established an annual Small Grant Scheme. The award for 2023 was £50k, (5 studies of £10k or pro-rata for smaller projects) and will be coordinated and managed by the Trust R&D Office. The scheme seeks to support the development of nurse, allied health professional and health/clinical science researchers in a multidisciplinary and supportive environment to undertake research aligned to strategic priorities.

13. Component Development Research Laboratory

Felicity May was awarded 'Doctor of Clinical Science' after fulfilling the five-year rigorous demands of the NHS's Higher Specialist Scientist Training (HSST) programme. Felicity undertook an NHS Research study during the programme, looking at improving desensitisation treatments for renal patients.

14. Governance and Assurance Development

14.1 Policies, Procedures and Plans

The Committee received and approved:

- Policy for Use of Small Animals in Research

14.2 Endorsements / Approvals

The Sub-Committee **ENDORSED** a number of items to support and enable the Trust's ongoing commitment towards quality and excellence in Research, Development and Innovation:

- RD&I Committee Financial Performance Report
- Trust RD&I Integrated Performance Report

14.3 Strategy, Policy Implementation and Performance

The Sub-Committee has sought assurance through regular review and scrutiny of the regularly received RD&I Performance Reports to provide the Sub-Committee with the necessary assurance around performance of the RD&I Division. These provide the Sub-Committee with an update on the key performance outcomes and metrics for the research activity of the Welsh Blood Service and Velindre Cancer Service as well as the following reports :

- Research, Development & Innovation Annual Operational Plan
- Research, Development & Innovation Integrated Performance Report
- Research, Development & Innovation Financial Performance Report
- Trust Innovation Updates
- Welsh Blood Service RD&I Updates

- nVCC Research, Development & Innovation Group Updates
- Advancing Radiotherapy Fund Highlight Report

15. Discussion held in Part B / Private Committee

There is facility for the Committee to consider reports that contain commercially sensitive or potentially identifiable / sensitive information in Part B / Private Committee.

The Sub-Committee also received presentations on a number of Business Cases relating to the supporting and improving research activities in the Trust.

The Committee considered reports in Private in relation to:

- Business Case Expenditure Proposals
- Business Case Annual Evaluation Reports

16. Reporting the Committee's Work / Highlight Report

The Chair of the RD&I Sub-Committee reports key issues discussed at each of its meetings by way of a Highlight Report to the Quality, Safety & Performance Committee and Strategic Development Committee as appropriate.

The Highlight Report provides the facility for the Committee to alert/escalate; advise; assure; or inform its overarching Committees in relation to quality, safety, performance and strategic matters. Committee papers, including minutes, are published on the Trust's internet pages.

17. RD&I Sub-Committee Annual Effectiveness Survey

The Committee continued to review its effectiveness through the year, to ensure effective use of time and to ensure it fulfilled its role to provide assurance to the Board.

During the year, the Research, Development & Innovation Sub-Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach. The Committee has engaged with a formal Committee Effectiveness Review Process which took place in April 2024 and determines the effectiveness of the Committee in meeting its operations in accordance with its Terms of Reference and the Trust Standing Orders.

18. Key Areas of Focus for the Coming Year

During 2024-2025, the Committee is committed to ensuring that research & development continues to be managed in accordance with legislative and regulatory requirements, and best practice guidance. Members of the Research, Development & Innovation Sub-Committee have extended thanks to all those involved in supporting the work of the Committee, and for the constructive and positive way in which attendees have contributed to the work of the Committee.

Minutes

Private Research, Development & Innovation Sub-Committee

Velindre University NHS Trust

Date 14/05/2024
Time 12:00-12,30pm
Location Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff
Chair Professor Andrew Westwell, Independent Member

PRESENT		
Professor Andrew Westwell	Independent Member and Research, Development & Innovation Sub-Committee Chair	AW
Vicky Morris	Independent Member	VM
ATTENDEES		
Jacinta Abraham	Executive Medical Director and R&D Lead	JA
Christopher Cotterill-Jones	Research Delivery Manager	CCJ
Catherine Davies	RD&I Senior Finance Business Partner	CD
Edwin Massey	Medical Director, Welsh Blood Service	EM
Amie Garwood-Pask	Deputy Head of Finance Business Partners	AGP
Steve Ham	Chief Executive Officer	SH
Jennet Holmes	Head of Innovation	JH
Chris Moreton	Deputy Director of Finance	CM
Professor Robert Jones	Associate Medical Director for Research, Development & Innovation	RJ
SECRETARIAT		
Sandra Cusack	Business Support Officer	SMC

1.0	STANDARD BUSINESS	
1.1	<p>Apologies Received:</p> <ul style="list-style-type: none"> • Matthew Bunce, Executive Finance Director • Kate Cleary, Cancer R&D Project Support Manager • Chloe George, Head of Component Development, Welsh Blood Service • Rachel Hennessy, Interim Director of Cancer Services • Professor Jane Hopkinson, Velindre Cancer Service Professor of Nursing and Interdisciplinary Cancer Care • Dr Carys Morgan, Clinical Director, Velindre Cancer Services • Alan Prosser, Director, Welsh Blood Service • Emma Stephens, Head of Corporate Governance • Sarah Townsend, Head of Research & Development • Nicola Williams, Executive Director of Nursing, AHPs and Health Science 	
1.2	<p>Additional Attendees:</p> <ul style="list-style-type: none"> • Dr James Powell, Consultant Oncologist (<i>for item 2.1 & 2.2</i>) • Lindsay Foyster, Independent Member (<i>Observer</i>) 	
1.3	<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 received.</p>	
2.0	MAIN AGENDA	
2.1	<p>BUSINESS CASE - Magnetic Resonance Imaging assessment of tumour MicroStructure in Glioblastoma (MIMOSA Study) <i>Led by Dr James Powell, Consultant Oncologist</i></p> <p>The Research, Development & Innovation Sub-Committee ENDORSED FOR APPROVAL the project as described for onward approval. The Committee agreed to support the business case as presented and the Advancing Radiotherapy Fund Board and the Charitable Funds Committee have been notified of this decision.</p>	
2.2	<p>BUSINESS CASE - PATHOS: Consultant Leadership Sessions <i>Led by Dr James Powell, Consultant Oncologist</i></p> <p>The Research, Development & Innovation Sub-Committee ENDORSED FOR APPROVAL the project as described for onward approval. The Committee agreed to support the business case as presented and the Advancing Radiotherapy Fund Board and the Charitable Funds Committee have been notified of this decision.</p>	

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	<p>Minutes from the last Private Research, Development & Innovation Committee held on the 6th February 2024 <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 Private Meeting held on the 6th February 2024 as an accurate reflection of proceedings.</p>	
3.2	CONSENT - FOR ENDORSEMENT	
	There were no items for endorsement.	
3.3	CONSENT - FOR NOTING	
	There are currently no items for noting.	
4.0	ANY OTHER BUSINESS	
	Prior Approval by the Chair Required.	
5.0	DATE AND TIME OF THE NEXT MEETING	
	The Private Research, Development & Innovation Sub-Committee will next meet on the 17th September 2024 from 12:00-1.00pm at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.	
6.0	CLOSE	



Research, Development & Innovation Sub-Committee

Advancing Radiotherapy Fund (ARF) Highlight Report and Advancing Radiotherapy Cymru (ARC)

DATE OF MEETING	17/09/2024
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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. They have also been sent to the Charitable Funds Committee (CFC) for review.	ARF Board 17/07/2024	Noted
	CFC 05/09/2024	TBC

ACRONYMS

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

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 17th July 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. The paper has not been reviewed by Dr Abraham, prior to submission to RD&I for review.

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 of.



<p>ASSURE</p>	<p>ARF</p> <p>The ARF Board discussed the future of ARF at the July meeting: across the three funds (Moondance, Lucas and Probert) most of the money has now been allocated, supporting various projects. A paper summarising a proposal for the future of ARF was developed for ARF and CFC consideration, following a request from the April 2024 Board meeting. In summary, the Board would no longer formally meet four times a year but as required by agreement of the Chair and Clinical Lead, with continued monitoring and delivery of funded projects and associated reporting structures moving online. Reporting to CFC and RD&I would remain. The balance of the funds will support training and conference attendance e.g. ESTRO, SABR Consortium, held annually with a VCC delegation in attendance and often presenting. Feedback from CFC is pending their meeting on 5th September.</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. Dr Powell has funded to lead ARC for until August 2026.</p> <p>The ARF Administrator left VCC in July with the Project Manager leaving in September. The balance of funds to support these roles will be returned to the Moondance fund.</p>
<p>INFORM</p>	<p>ARF</p> <p>The ARF Board approved an application to further support the MIMOSA study (original application approved in July 2024), providing funds to cover patient travel costs to and from the CUBRIC Centre at Cardiff University. The study requires patients to have three scans in addition to their standard treatment pathway, to be undertaken at CUBRIC. This award will cover the cost of travel to and from the patients home and CUBRIC. This application can be supplied to CFC for review if required.</p> <p>This is the only application considered by the Board in July.</p> <p>ARC</p> <p>A second ARC Board meeting took place in July, with the Board reviewing governance documents and processes. An Advisory Group Terms of Reference is currently being developed for Board review, to support the robust scrutiny of all applications received. This Advisory Group includes representation from across the three cancer centres in Wales, with others co-opted in as requirements for specific knowledge and skillset change.</p>



	<p>The Board reviewed two applications for funding that had been agreed in principle out of committee: Staff Resource, funds to provide designated ARC project support and leadership for an initial two-year period, and the Velindre Oncology Academy. Both applications were approved formally.</p> <p>A further three applications were reviewed:</p> <ul style="list-style-type: none"> - Introduction of lymphocyte sparing radiotherapy in Wales - Clinical implementation of immune-sparing Lung stereoblastic radiotherapy (SABR) - Expanding SABR service: Implementing EPIbeam and EPIgray Systems for Enhanced Radiotherapy Safety as part of the expansion of SABR services at the South West Wales Cancer Centre - Development of Hippocampal Sparing Whole Brain Radiotherapy for Prophylactic Cranial Irradiation or Brain metastasis <p>Each of the applications were well received by the Board and felt to be suitable for ARC support. Further development of the links between the different centres and the Wales-wide aspect of the applications was requested. The Board agreed to view these applications out of committee once these developments had been made. The next ARC Board meeting is in November.</p> <p>Jennet Holmes, Head of Innovation is now leading the development of ARC project support roles with a view to completing recruitment in the coming weeks.</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>
APPENDICES	NOT APPLICABLE