Public Research, Development & Innovation Sub-Committee

Tue 09 June 2026, 10:00 AM - 12:00 PM

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

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 and Independent Member

1.2. Apologies

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

For Noting

1.3. In Attendance

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

For Noting

1.4. Declarations of Interest

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

For Noting

10:05 AM - 10:10 AM
5 min

2. STANDARD BUSINESS

2.1. Minutes from the Public Research, Development & Innovation Committee held on 10th February 2026

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

For Approval

2.1 Public RDI Sub-Committee Draft Minutes 10-02-2026 v1.pdf (14 pages)

2.2. Review of Action Log

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

For Approval

2.2 Public RDI Sub-Committee Action Log - February 2026.pdf (1 pages)

2.3. Matters Arising

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

For Noting

10:10 AM - 10:30 AM
20 min

3. PRESENTATION AND GUEST ATTENDEES

3.1. Welsh Blood Service: COLD-FIRST (COLD-stored platelets for Initial Resuscitation in Shock and Trauma study) ^TO FOLLOW

PRESENTATION

Presented by: Dr Chloë George, Consultant Clinical Scientist, Welsh Blood Service

For Noting

10:30 AM - 10:40 AM
10 min

4. KEY REPORT(S)

4.1. Executive Medical Director Briefing

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

For Noting

4.1 Executive Medical Director Briefing.pdf (11 pages)

10:40 AM - 11:25 AM
45 min

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

5.1. Research, Development & Innovation Performance Report, Quarter 4, Financial Year 2025-26

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

- *Rhydian Owen, Research & Development Cancer Strategy Lead*
- *Professor Shea Palmer, Nursing and Interdisciplinary Cancer Care*
- *Christopher Cotterill-Jones, Research Delivery Manager*
- *Dr Edwin Massey, Medical Director, Welsh Blood Service*
- *Ross McLeish, Advancing Radiotherapy Cymru (ARC) Programme Manager (on behalf of Jennet Holmes, Head of Innovation)*
- *David Osborne, Head of Finance Business Development*

For Assurance

5.1 Cover Report RDI Integrated Performance Annual Report FY2025-26.pdf (8 pages)
5.1 (a) RDI Integrated Performance Annual Report FY2025-26.pdf (111 pages)

11:25 AM - 11:35 AM
10 min

6. INTEGRATED GOVERNANCE

6.1. WHC/2026/004 - Refreshed Intellectual Property Guidance and Template Policy for NHS Wales Organisations

Led by Jennet Holmes, Head of Innovation / Ross McLeish, Advancing Radiotherapy Cymru (ARC) Programme Manager

For Noting

6.1 WHC 2026 004 - Refreshed NHS Wales IP guidance and template policy - March 2026.pdf (4 pages)

6.1 (a) WHC 2026 004 - Appendix 1 - NHS Wales Intellectual Property guidance - March 2026 - FINAL.pdf (87 pages)
6.1 (b) WHC 2026 004 - Appendix 2 - NHS Wales Intellectual Property policy template - March 2026 - FINAL (002).pdf (24 pages)

11:35 AM - 11:40 AM
5 min

7. CONSENT ITEMS

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

7.1. Consent - For Approval / Endorsement

There are no consent items for Approval / Endorsement

7.2. Consent - For Information / Noting

7.2.1. Summary from the Private Research, Development & Innovation Committee Meeting held on 10th February 2026

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

For Noting

7.2.1 SUMMARY FROM PRIVATE RD&ISC Highlight Report 10.02.2026.pdf (2 pages)

7.2.2. NHS Wales Research & Development Framework Assessment 2026 - Velindre University NHS Trust – Final Submission to Welsh Government

Led by Professor Andrew Westwell, Sub-Committee Chair and Independent Member

For Noting

7.2.2 Cover Report VUNHST NHS Wales RD& Framework Assessment 2026.pdf (8 pages)
7.2.2 (a) VUNHST Submission NHS R&D Framework Assessment 2026.pdf (19 pages)

11:40 AM - 11:45 AM
5 min

8. ANY OTHER BUSINESS

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

Prior Agreement by the Committee Chair required

11:45 AM - 11:50 AM
5 min

9. MEETING REFLECTIONS

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

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

For Discussion

11:50 AM - 11:50 AM
0 min

10. DATE AND TIME OF THE NEXT MEETING

The Public Research, Development & Innovation Sub-Committee will next meet on Tuesday, 8th September 2026 at 10:00hrs – 12:00hrs

11:50 AM - 11:55 AM
5 min

11. CLOSE

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

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

11:55 AM - 12:00 PM
5 min

12. PRIVATE / PART B SESSION

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

- Minutes from the Private Research, Development & Innovation Sub-Committee held on 10th February 2026
- Review of Action Log
- ARC Approved Projects from April 2026 Board Meeting

12:00 PM - 12:00 PM
0 min

BREAK: 12:00hrs-12:15hrs

DRAFT MINUTES
PUBLIC RESEARCH, DEVELOPMENT, AND INNOVATION SUB-COMMITTTEE

Date	Tuesday, 10 February 2026
Time	10:00hrs –12:00hrs
Location	Velindre Trust Headquarters & MS Teams
Chair	Professor Andrew Westwell, Sub-Committee Chair, and Independent Member

MEMBERS		
Andrew Westwell	Independent Member and Research, Development & Innovation Sub-Committee Chair	**AW**
Vicky Morris	Independent Member	**VM**
ATTENDEES		
Jacinta Abraham	Executive Medical Director and R&D Lead	**JA**
Matthew Bunce	Executive Director of Finance	**MB**
Nicola Williams	Executive Director of Nursing, AHP's & Health Science	**NW**
Christopher Cotterill-Jones	Research Delivery Manager	**CCJ**
Amie Garwood-Pask	Deputy Head of Finance Business Partnering	**AGP**
Non Gwilym	Director of Corporate Governance (Interim)	**NG**
Richard Skone	Deputy Medical Director	**RS**
Sian James	Head of RD&I, Welsh Blood Service	**SJ**
Jennet Holmes	Head of Innovation	**JH**
Robert Jones	Associate Medical Director for RD&I	**RJ**
Edwin Massey	Medical Director, Welsh Blood Service	**EM**
Rhydian Owen	Cancer R&D Strategy Lead	**RO**
Emma Williams	Senior Research Nurse Manager	**EW**
Shea Palmer	Professor of Interdisciplinary Cancer Care, Cancer Care Research Collaboration	**SP**
Ross McLeish	Advancing Radiotherapy Cymru Programme Manager	**RMc**
SECRETARIAT		
Kay Barrow	Corporate Governance Manager	**SMC**

1.0.0	**PRELIMINARY MATTERS**	**ACTION**
1.1.0	**Welcome and Introductions** *Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair* The Chair welcomed attendees to the Public Research, Development & Innovation Sub-Committee meeting.	

1.2.0	**Apologies** Apologies were received from: • Sara Moseley, Trust Chair • Sarah Townsend, Head of Research and Development • Carys Morgan, Divisional Medical Director VCS • Lauren Fear, Director of Place, Portfolio and Partnerships • Chloe George, Head of Component Development	
1.3.0	**In Attendance** The Chair extended a warm welcome to the following in support of specific agenda items: • Gavin Bryce, Associate Director of Portfolio Team on behalf of Lauren Fear, Director of Place, Portfolio and Partnerships. • Rachel Savery, Interim Managing Director Cardiff Health Partners (Agenda item 3.1.0)	
1.4.0	**Declarations of Interest** *Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair* The Chair invited declarations of interest. No declarations were made beyond the standing declarations recorded in the Trust's Register of Interests.	
2.0.0	**STANDARD BUSINESS**	
2.1.0	**Minutes from the Public Research, Development & Innovation Sub-Committee held on 4th September 2025** *Led by Professor Andrew Westwell, Sub-Committee Chair, and Independent Member* The Sub-Committee considered the minutes of the meeting held on 4th September 2025. One amendment was noted: • **Minute Reference 5.1 Research, Development & Innovation Performance Report, Quarter 1, Financial Year 2025-26 – Welsh Blood Service Research and Innovation:** Replace the word "Richards" with "James", so that the name in the final sentence reads "Sian James". The Sub-Committee **APPROVED** the minutes of the meeting held on 4th September 2025 as an accurate record, subject to the above amendment.	**Secretariat**
2.2.0	**Review of the Action Log** *Led by Jacinta Abraham, Executive Medical Director* The Sub-Committee reviewed the action log, and the following points were noted: • Six actions were proposed for closure, with the respective narratives in the action log explaining their status for closure. As no comments or objections were raised, the Sub-Committee agreed to **CLOSE** the actions.	**Secretariat**

	• Two actions remain open:
	  ○ **5.1 OECI Accreditation Lead Appointment**: Progress is underway, with NW reviewing a draft job description for an operational leadership post. Finances are agreed, and the aim is to achieve accreditation by 2028.
	  CCJ requested access to data definitions for the capture of the required information. NW advised that she would follow up to obtain the standards and set up a group to take the work forward.
	  ○ **5.1 Communications Officer Appointment**: The post is currently vacant, with support available from the corporate communications function in the meantime. The timeline for appointment is not set, but a date for progress will be established before the next Sub-Committee meeting.
	
	The Sub-Committee agreed to keep the two open actions under review and to update progress at the next meeting.
	
	The Sub-Committee **APPROVED** the action log and the updates provided.	

2.3.0	**Matters Arising** *Led by Professor Andrew Westwell, Sub-Committee Chair, and Independent Member* There were no matters arising from the minutes.	
3.0.0	**PRESENTATIONS**	

3.1.0	**Cardiff Health Partners Update**
	Led by Rachel Savery, Interim Managing Director Cardiff Health Partners
	
	Rachel Savery (RS) joined the meeting and provided a presentation updating the Sub-Committee on the development and ambitions of the Cardiff Health Partners (CHP).
	
	The CHP is a major strategic partnership between Cardiff University, Cardiff & Vale University Health Board (CAV), and Velindre University NHS Trust (the Trust), created to formalise and accelerate collaboration across research, innovation, clinical delivery, and workforce development. The aim is to make the organisations *"greater than the sum of their parts"* by pooling assets, expertise, and strategic capacity. CHP is positioned as a Wales-wide opportunity, with benefits expected in population health, research capability, innovation adoption, and economic development.
	
	• **Overview and Purpose**: Aiming to accelerate joint efforts in research, innovation, and health improvement for Wales. The partnership seeks to leverage combined assets for greater impact, attract investment, and address socioeconomic and health challenges in the region.
	• **Strategic Themes and Focus Areas**
	CHPs initial thematic priorities include:
	  ○ Next-generation cancer care
	  ○ Brain therapies
	  ○ Precision medicine	

	Thematic priorities were chosen for their urgency and potential to attract investment and improve outcomes and because Cardiff already holds significant strengths and internationally recognised expertise that can be amplified through coordinated investment and planning. CHP also intends to support cross-cutting enablers such as data and sample sharing, clinical academic pathways, and joint research office development. • **Why CHP is Needed** There are several socio-economic and health drivers for the partnership, including: o Lower than average life expectancy and income in South-East Wales o Rising need for prevention-focused and personalised healthcare o The value of collaborative, place-based research to address Wales's health inequalities. The partnership will also strengthen Wales's competitiveness for inward investment and external research funding. • **Progress to Date** Key milestones shared included: o Formal prospectus agreed by all three institutions o Establishment of strategic themes and governance direction o Start-up of an interim leadership structure. o Early alignment with Cardiff Cancer Research Partnership (CCRP), which CHP will build upon The "starting gun" was fired in December 2025 with the focus in the next 12 months on creating a fully costed model, governance framework, communications plan, and clinical strategy. • **Funding and Economic Impact Work** Early modelling supported by PwC suggests: o £850m investment needed over 10 years. o Similar levels of economic return o Potential creation of circa 11,000 jobs This reinforced the argument for CHP as an economic growth engine for Wales. • **Operational Model and Next Steps** Outline of the development of: o A core team being established of circa 8–9 posts to function as CHP's "engine room". o A framework for identifying, selecting, and supporting CHP-endorsed and CHP-resourced projects. o Clear reporting and governance pathways into each partner organisation There is a need to avoid adding bureaucracy and instead create a system that simplifies collaboration. Key discussion points raised: • **Governance and Reporting**: There will be regular reporting to executive teams of the partner organisations, with a transparent governance framework. An annual report is likely, and more frequent updates are planned. The partnership agreement will clarify decision-making and benefit-sharing.	

	• **Operational alignment** Developing a core team and processes to link activities across institutions, avoid duplication, and foster inclusivity without adding bureaucracy.
	  ○ **Reducing System Barriers**: Overcoming existing challenges in joint research offices, clinical academic development, and data/sample sharing to facilitate collaboration.
	  ○ **System Efficiency**: Streamlining processes for joint research, data sharing, and clinical academic development to reduce barriers and improve outcomes.
	  ○ **Cross-Cutting Initiatives**: Work is underway on joint research offices, clinical academic development, and data/sample sharing to support collaboration and reduce barriers.
	• **Financial models and benefit-sharing:** Creating a sustainable funding and benefit-sharing model, benchmarked against other UK health partnerships like Bristol, Manchester, and Edinburgh, and managing significant investment needs. The partnership expects significant investment needs of approximately £850 million over a decade and aims for a similar economic return, including job creation by building and retaining a skilled workforce across organizations to support research, innovation, and clinical delivery.
	• **How CHP contributes to Velindre's strategic goals**, especially leadership in cancer and blood research. CHP is a major new partnership designed to transform how Cardiff's key health and academic bodies collaborate. It will focus on high-impact clinical and research areas, aiming to secure major investment, and will build shared infrastructure to accelerate discovery, innovation, and improved population health across Wales.
	  ○ **Attracting Investment**: Positioning Cardiff as a regional and national hub to draw significant external funding and innovative financing for research and development.
	  ○ **World-Leading Research**: Building on existing strengths in cancer care, brain therapies, and precision medicine to achieve global recognition and influence.
	  ○ **Infrastructure and Innovation**: Utilising new facilities e.g., Velindre Cancer Centre and collaborative centres to support translational research and clinical trials.
	  ○ **System Efficiency**: Streamlining processes for joint research, data sharing, and clinical academic development to reduce barriers and improve outcomes.
	• **Next Steps**: The partnership is in early stages, with a focus on building sustainable structures, clear frameworks, and effective communication. Progress will be reviewed in future meetings.
	
	The Sub-Committee thanked RS and **NOTED** the informative presentation and discussion.
	
	Rachel Savery left the meeting.	

4.0.0	**KEY REPORTS**	
4.1.0	**Executive Medical Director Briefing** *Led by Jacinta Abraham, Executive Medical Director*	

	The Sub-Committee received the Executive Medical Director Briefing, and the following key points were highlighted: • **National and Trust-Level Momentum for R&D** There was emphasis on the prominence of research, development, and innovation, as it was raised in the Public Accountability Meeting on 15th January 2026. Noting there was strong Ministerial interest in the Trust's leadership role and its unique position with research deeply embedded in its identity and structure. There is a need for the Trust to organise itself to fully realise its potential across all elements of RD&I. • **External Policy and Strategic Drivers** Summary of the key national developments shaping the R&D environment: o Cancer Research UK evidence review identifying four system-level change requirements: ▪ Clearer governance and priorities. ▪ More coordinated national portfolio management. ▪ Stronger planning and leadership. ▪ Better cross-sector collaboration. o A forthcoming refresh of the Wales R&D Strategy led by the Chief Medical Officer. These changes will influence how the Trust positions its future research ambitions. • **Economic Impact and Value of Research** The Sub-Committee discussed the importance of capturing economic benefits from research activity, an area that remains under-measured. The Trust is expected to provide clear evidence of how research participation benefits the NHS financially, clinically, and operationally. • **R&D Framework Assessment Requirement** The Trust must complete and submit its NHS Wales R&D Framework assessment by the end of March 2026, responding to ten pillars of the national framework. It was confirmed the Sub-Committee would have sight of the submission. • **Commercial Research Expectations** It was highlighted that there is a strong expectation from Welsh Government and Ministers for the Trust to significantly expand commercial research activity, and leverage R&D for financial benefit. This will be brought forward to the Sub-Committee at a future meeting, including plans to increase commercial portfolio size and capability. • **Organisational Readiness and Internal Basics** It was acknowledged that while the Trust has major strengths, it must continue strengthening internal processes to be fully “R&D ready,” including governance clarity, infrastructure, and operational support. It was emphasised that R&D success requires organisation-wide alignment, not only within specialist teams. The Sub-Committee acknowledged the major opportunity for Velindre to lead Wales in cancer and blood research and that the Trust must respond proactively to the challenge. It was highlighted that future updates should maintain visibility on commercial performance, system-level changes, and readiness work.	

	The Sub-Committee **NOTED** the Executive Medical Director's briefing summarising Research, Development & Innovation activity of FY2025/26, Q2 and Q3, and noteworthy items occurring since the Sub-Committee's last meeting. ****ACTIONS**:** • The Sub-Committee will receive the NHS Wales R&D framework assessment submission for review before the end of March. • Plans to increase commercial activity and leveraging R&D for financial benefit to be presented to a future Sub-Committee.	**JA** **JA**
5.0.0	**QUALITY, SAFETY AND PERFORMANCE / PLANNING AND STRATEGIC DEVELOPMENT**	
5.1.0	**Research, Development & Innovation Performance Report Q3 Financial Year 2025/26** *Led by :* • *Rhydian Owen, Research & Development Cancer Strategy Lead* • *Professor Shea Palmer, Nursing, and Interdisciplinary Cancer Care* • *Christopher Cotterill-Jones, Research Delivery Manager* • *Dr Edwin Massey, Medical Director, Welsh Blood Service* • *Jennet Holmes, Head of Innovation* • *Amie Garwood-Pask, Deputy Head of Finance Business Partnering* • **Overall Portfolio Activity and Study Performance** The Trust held 209 studies across the lifecycle, with 67 actively recruiting during Q3. Recruitment levels were at 158 participants, noted as lower than the previous year due to the closure of several high-recruiting studies. Despite this, the Trust remained a top-performing site nationally, achieving: o Highest-recruiting site for five studies. o Second-highest for ten studies. o Third-highest for four studies. The Sub-Committee recognised these achievements but acknowledged the volatility caused by complex study designs and small recruitment targets. • **Health and Care Research Wales (HCRW) Performance Indicators** Delivery against recruit-to-time targets continued to fluctuate, particularly for commercial studies, noting the high complexity in oncology trials; small sample sizes and long study durations, which all contributed to disproportionate shifts in RAG ratings. Work is ongoing to ensure readiness for the forthcoming UK Clinical Trials Regulation changes and to meet the new 60-day capacity and capability target. • **Interdisciplinary Research & Fellowship Updates** Continued strong engagement was highlighted in the Research Community meetings and improvements in multiprofessional participation. Successes included: o Introduction-to-Research fellowships awarded to a broader professional mix including occupational therapy and pharmacy. o Decline in PhD applications, though an active advertisement remained open. o Enhanced KPIs to strengthen expectations around applications, dissemination, and CI/PI development.	

	The Sub-Committee welcomed the increased rigour and broadened reach of the programme. • **Cancer Research Strategic Planning (CCRP) Context** There are early signals of a shift towards a stronger commercial trials focus, aligned with national policy directions and local ambition. The Q3 performance discussions linked directly to this, recognising that resource planning, income modelling and capacity will need to adapt to support expansion in commercial research. • **Planned Actions to Address Recruitment Challenges in Research Studies** o Ongoing meetings with pharmaceutical companies e.g., GSK, AstraZeneca to identify and resolve study setup and recruitment barriers. o Review and streamline confirmation support processes with departments to meet new regulatory timelines - 150 day, 60-day capacity confirmation. o Implementation of the Florence E Binders system for electronic investigator site management to improve efficiency. o Increased scrutiny and monitoring of the research portfolio to ensure patient access, sponsor confidence, and improved performance against Health and Care Research Wales expectations. o Commitment to provide clearer reporting on actions taken and expected timelines for de-escalation of recruitment alerts in future performance reports. • **Innovation Programme Performance** Key highlights included: o Successful Stage 1 assessment for ISO 56001 Innovation Management Standard, with Stage 2 scheduled imminently. o National profile raised through Project Dragon Heart media coverage. o Medi Wales Technology and Digital Impact Award for automated radiotherapy planning innovations. The Sub-Committee noted the active and balanced innovation portfolio and the strategic value of ISO certification for future capability and credibility. • **Advancing Radiotherapy Cymru (ARC) Programme** Programme is progressing well, with 14 approved projects, new clinical pathways, enhanced safety systems, and an upcoming partnership event. • **Welsh Blood Service (WBS) Performance** Good progress was reported against WBS RD&I objectives: o KPIs largely on track. o Areas showing amber status - innovation classification; international collaborations were improving and not considered concerning. The Sub-Committee asked for assurance on operational support across divisions, with WBS confirming strong internal governance involving Heads of Transplantation, Transfusion, and Donation Services. • **Key Risks Highlighted** Two significant risks from Q3 were reviewed:	

	a) Radiotherapy Research Capacity: Although the radiotherapy service risk rating had reduced from 12 to 9, this improvement had not translated into increased research capacity that required further analysis to understand this disconnect. **b) Biopsy Access for Research Trials:** Mandatory biopsy requirements continue to limit trial participation due to dependency on other providers and safety constraints. Potential solutions discussed were: o New pathways allowing biopsies at Velindre. o Buying in specialist radiology sessions. o Exploring other hospitals with capacity. o Leveraging Cardiff Health Partners to improve system-wide solutions. This was recognised as a critical research-enabling issue that needs persistent escalation. Risk register highlights ongoing issues with radiotherapy service capacity and research biopsies, with further investigation and solutions being explored. • **Financial Position** There was a small forecast overspend reported, driven by: o Non-recurrent pay and non-pay pressures. o Full establishment levels preventing vacancy-based savings. Commercial income this year was helping to offset pressures, but future financial planning includes a £300k savings requirement under the 3% target for the next financial year. The Sub-Committee: • **NOTED** the content of the Trust's Research, Development, and Innovation Integrated Performance Report for Q3 of FY2025/26 • **NOTED** the strong research output, growing innovation maturity, and resilience across programmes. • **ACKNOWLEDGED** the structural constraints, notably radiotherapy capacity and biopsy access, which continue to restrict research delivery. • **RECOGNISED** significant progress but identified clear priorities requiring system-level action.	
5.2.0	**Cardiff Cancer Research Partnership (CCRP) Partnership Agreement** *Led by Gavin Bryce, Associate Director of Portfolio Team and Rhydian Owen, Research & Development Cancer Strategy Lead* • **Overall Status and Maturity of the Partnership** The CCRP is already functioning in practice, with: • Live clinical trials running under the CCRP umbrella. • A Clinical and Research Operational Group, Project Board, and Executive Leadership Group providing ongoing oversight. • An internal launch already completed, although no external launch has yet taken place. This demonstrated that operational collaboration is well advanced even before formal adoption of the Partnership Agreement. • **Drafting and Development of the Partnership Agreement** The Agreement is in its final draft and has been developed jointly by all three partner organisations through a Working Group led by Matt Phillips, Director of Corporate Governance, Cardiff & Vale.	

Key contributors include legal advisors, risk specialists, and Shared Services, ensuring the document:

- Reflects a true cross-organisational partnership.
- Aligns with governance requirements.
- Balances contractual structure with collaborative intent.

- **Purpose and Content of the Agreement**

The Agreement is built on a standard commercial contract model but has been significantly personalised to reflect CCRP's academic-clinical partnership nature.

It sets out:

a. Strategic Elements:

- Shared strategic goals for cancer research.
- Principles for IP management.
- Rules around branding, resource use, and dispute resolution.
- Requirements for an annual planning cycle.

b. Operational Elements

- Creation of a Managing Board to oversee portfolio balance e.g., high-risk vs. high-reward trials.
- Money flow mechanisms.
- Recognition that individual trials will still need separate agreements, given variable sponsor, and regulatory requirements.

c. Scope

The Agreement intentionally defines CCRP as a "hollow vessel" a platform, not a standalone entity with permanent assets or staffing, allowing flexibility for future development.

- **Outstanding Matters and Need for Resolution**

Several issues remained under discussion:

- Cardiff & Vale's requirement to clarify money flows and risk exposure.
- Cardiff University's comments on:
  - Intellectual property management.
  - PMO role and accountability.
  - How CCRP enhances leverage for translational research funding.

To resolve these outstanding points, all partners agreed to convene a roundtable meeting.

- **Timelines and Approval Pathway**

Although there was an initial ambition to bring the Agreement to Board in March 2026, this was now unlikely, as the Sub-Committee should first review a clean final version before any Board approval process begins.

- **Relationship with Cardiff HealthPartners**

The Sub-Committee highlighted the earlier discussion that CCRP is seen as a forerunner of the broader Cardiff HealthPartners model.

The two partnerships are expected to:

- Learn from each other.
- Evolve together.
- Potentially integrate governance or strategic functions over time.

- **Implications for Velindre and Risk Position**

Currently, operations rely on approved Heads of Terms, which bind the parties together but provide limited formal structure. The new agreement would:

	• Reduce organisational risk by introducing clarity and formalised commitments. • Secure subscription-based funding for the joint PMO hosted by Velindre. • Strengthen financial and governance transparency. However, the Sub-Committee recognised that additional posts supporting CCRP activities, particularly trial delivery roles, would still require future funding and business planning. The discussion reflected that the CCRP Partnership Agreement is close to completion, grounded in deep collaborative work across organisations, and essential for strengthening the Trust's position in cancer research. Key areas to finalise include money flows, IP governance, and the PMO role. Once resolved, the Agreement will move to Sub-Committee and Board approval, supporting the next phase of growth for CCRP and aligning with the emerging Cardiff HealthPartners framework. The Sub Committee **NOTED** the update regarding the CCRP Partnership Agreement.	
6.0.0	**INTEGRATED GOVERNANCE**	
6.1.0	**Research, Development & Innovation Sub-Committee Effectiveness Survey 2024/25** *Led by Non Gwilym, Director of Corporate Goverance (Interim)* The Sub-Committee received the RD&I Sub-Committee Annual Effectiveness Survey for 2024/25. Key areas highlighted: • **Response rate:** Strong compared with other committee surveys, giving a reasonable level of insight into how the Sub-Committee is functioning. • **Identified Areas for Improvement** The survey pinpointed several themes where members felt the Sub-Committee's effectiveness could be strengthened: **a. Risk Management Clarity:** Multiple respondents indicated the Sub-Committee needed a clearer approach to reviewing and escalating key risks, including how risks within RD&I interlink with broader Trust governance frameworks. **b. Committee Role and Focus:** Respondents expressed a desire for greater clarity around the purpose and scope of the Sub-Committee specifically, what it is *for*, where its boundaries lie, and how it fits into the wider committee structure. **c. Decision-Making and Streamlined Business:** The discussion acknowledged that the Sub-Committee spends significant time reviewing reports, but comparatively little time making decisions. There was consensus that future structures should reduce duplication and enable clearer, more strategic discussions. • **Planned Actions and Forward Work** The findings will be incorporated into a broader review of the Trust's committee structure, aiming to streamline governance and ensure each committee's work is appropriately scoped. Key elements of this future work include:	

	• Reassessing where RD&I business best sits within the governance framework. • Reviewing how risks feed into the Board Assurance Framework. • Ensuring that committees have well-defined roles, avoiding overlap and duplication. • **Committee Reflections** The Sub-Committee noted that the survey's final summary page covering strengths, areas for improvement, and suggested actions would help guide this reflection. Aligning committee scope, clarifying responsibilities, and strengthening risk oversight should be prioritised in upcoming governance redesign work. The Sub-Committee: • **APPROVED** the RD&I Sub-Committee Effectiveness Survey for 2024/25. • **NOTED** the need to tighten the Sub-Committee's role, refine risk oversight, and streamline governance arrangements. • **NOTED** that the survey results will directly inform the Trust's ongoing work to reshape its governance structure and ensure committees are fit for purpose.	
7.0.0	**CONSENT**	
7.1.0	**Consent For Approval / Endorsement**	
	The Sub-Committee **NOTED** there are no consent items for Approval / Endorsement.	
7.2.0	**Consent for Information / Noting**	
7.2.1	**Innovation Statement of Intent** *Led by Jennet Holmes, Head of Innovation* The Sub-Committee **NOTED** the Trust's Innovation commitment.	
7.2.2	**Summary from the Private Research, Development & Innovation Sub-Committee meeting held on 4th September 2025** *Led by Professor Andrew Westwell, Sub-Committee Chair, and Independent Member* The Sub-Committee **NOTED** the Summary from the Private Session of the RD&I Sub-Committee held on 4th September 2025.	
7.2.3	**Research, Development & Innovation Performance Report Q2 Financial Year 2025/26** *Led by:* • *Rhydian Owen, Research & Development Cancer Strategy Lead* • *Professor Shea Palmer, Nursing, and Interdisciplinary Cancer Care* • *Christopher Cotterill-Jones, Research Delivery Manager* • *Dr Edwin Massey, Medical Director, Welsh Blood Service* • *Jennet Holmes, Head of Innovation* • *Amie Garwood-Pask, Deputy Head of Finance Business Partnering*	

	The Sub-Committee **NOTED** the Trust's Research, Development, and Innovation Integrated Performance Report for Q2 FY2025/26**.** Noted	
8.0.0	**ANY OTHER BUSINESS**	
	Led by Professor Andrew Westwell, Sub-Committee Chair, and Independent Member The Sub-Committee **NOTED** that here were no matters of any other business.	
9.0.0	**MEETING REFLECTIONS**	

	Led by Professor Andrew Westwell, Sub-Committee Chair, and Independent Member
	
	The Chair invited brief reflections on items to be included in the highlight reporting and overall impressions of the meeting's effectiveness.
	
	• **Assurance and Advisory Points**
	  ○ Key performance issues and areas requiring attention from the RD&I Q3 performance report.
	  ○ Assurance around progress in Cardiff HealthPartners.
	  ○ Emerging themes from the Sub-Committee Effectiveness Survey, especially around risk oversight and committee scope.
	  ○ Importance of clear narrative around trust ambition for research, development, and innovation
	• **Strategic Alignment:** The need to connect the Trust's strategic ambitions in RD&I with the opportunities emerging from:
	  ○ Cardiff HealthPartners.
	  ○ New interdisciplinary research leadership.
	  ○ Cancer research strategic planning.
	Progress presented across the meeting demonstrates a strong foundation for the Trust to lead Wales in cancer and blood research, and this narrative should be communicated clearly in assurance reporting.
	
	The Chair advised that the reflections would be used to:
	• Shape the highlight report to Strategic Development Committee and QSPC.
	• Feed into the ongoing governance review, ensuring RD&I business is considered in the right forums.
	
	The meeting reflections reinforced that the Sub-Committee is progressing well, with strong strategic alignment emerging across R&D, innovation, and partnerships. While no escalations were required, there were several positive assurance points and recognised the need to continue refining the Sub-Committee focus and governance clarity.
	
	The Sub-Committee acknowledged that this was Nicola Williams' final RD&I Sub-Committee meeting before her departure from the Trust to start the role of Director of the Royal College of Nursing (RCN).
	
	The Sub-Committee formally thanked Nicola for her:	

	• leadership and contribution that has broadened research participation beyond medical staff. • Strengthened ties with Cardiff University • Supported the establishment and growth of nursing, AHP and multiprofessional research pathways. • Pivotal role in transforming the research culture, building a more inclusive, multi-professional research environment, and enabling staff to see themselves as future researchers and leaders.	
10.0.0	**DATE & TIME OF NEXT MEETING**	
	The next meeting will be held on **Tuesday, 9th June 2026** at 10:00hrs – 12:00hrs in the Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff, CF15 7QZ.	
11.0.0	**CLOSE**	
	The Research, Development & Innovation Sub-Committee was 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).*	
12.0.0	**PRIVATE / PART B SESSION**	
	The following items were to be discussed at the Private / Part B Session of the Research, Development & Innovation Sub-Committee: • Minutes from the Private Research, Development & Innovation Sub-Committee held on 4th September 2026 • Business Case: Collaborative International Blood Component Innovation for Patients in Wales • ARC Approved Projects from October 2025 Board Meeting	

ACTION LOG

MEETING DATE	AGENDA ITEM	Action number	ACTION	LEAD	DEADLINE DATE	UPDATE (including date)	STATUS	IF CLOSED WHAT ACTION WAS TAKEN
04.09.2025	**5,1**		**RD&I Performance Report**					
	5,1		**OECI Accreditation Planning:** Identify a lead for the OECI accreditation work and schedule a future committee agenda item to provide a clearer understanding of requirements and progress.	**Executive Medical Director**	**31-mar-26**	**Update:** OECI accreditation activity continues to progress at an organisational level. The former Trust Executive Lead, Nicola Willams has left the Trust. The executive lead for the OECI accreditation work is yet to be determined. The OECI standards have been circulated to be aligned to Executive portfolios, who have been asked to familiarise themselves with the accreditation requirements and incorporate relevant standards into service planning. The recruitment process for the Operational Lead role is being progressed through the VCS Divisional leadership team. Consideration is also being given to appropriate RD&I engagement and support arrangements. Further updates will be provided as the programme develops via the quarterly performance report.	**OPEN**	
	5,1		**Communications Officer Recruitment:** Obtain approval and proceed with agency recruitment for a communications officer post, extending timing as needed due to previous unsuccessful placements.	**Director of Corporate Governance (Interim)**	**31-mar-26**	**Update:** Once a decision has been made on the R&D bid to Charitable Funds which funds the Comms post, then the recruitment process can start. Until then, the R&D team will continue to be supported by the central comms team.	**PROPOSE TO CLOSE**	Mennamae Thomas (Internal) has officially been recruited for this position and will be joining us as soon as possible. We look forward to welcoming them to the team and are excited for the contributions they will bring in their new role.
10.02.2026	**2.1.0**		**Minutes from the Meeting held on 4th September 2025**					
	2.1.0		**Minute Reference 5.1 Research, Development & Innovation Performance Report, Quarter 1, Financial Year 2025-26 – Welsh Blood Service Research and Innovation:** Replace the word "Richards" with "James", so that the name in the final sentence reads "Sian James".	**Secretariat**	**Immediate**	Amended	**PROPOSE TO CLOSE**	
10.02.2026	**4.1.0**		**Executive Medical Director Briefing**					
	4.1.0	**a**	The Sub-Committee to receive the NHS Wales R&D framework assessment submission for review before the end of March.	**Executive Medical Director**	**31-mar-26**	The NHS Wales R&D Framework Assessment was submitted to Welsh Government by the required deadline. The submission was developed through a collaborative process involving contributors from across the organisation, including members of the RD&I Sub-Committee and their teams, using a dedicated MS Teams workspace to support drafting, review and evidence collation. The final submitted assessment has been included within the RD&I Sub-Committee papers for noting and assurance purposes.	**PROPOSE TO CLOSE**	
	4.1.0	**b**	Plans to increase commercial activity and leveraging R&D for financial benefit to be presented to a future Sub-Committee.	**Executive Medical Director**	**TBC**	Update: Rhydian Owen to present update at September's RD&I Sub-Committee, this has been added as an agenda item.	**PROPOSE TO CLOSE**	

RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE	
Executive Medical Director briefing to the Research, Development, and Innovation Sub-Committee	
DATE OF MEETING	9 June 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sarah Townsend, Head of Research and Development Christopher Cotterill-Jones, Research delivery Manager
PRESENTED BY	Jacinta Abraham, Executive Medical Director
APPROVED BY	Jacinta Abraham, Executive Medical Director / Deputy CEO
EXECUTIVE SUMMARY	This is the Executive Medical Director's briefing to the Research, Development, and Innovation [RD&I] Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation activities taking place in Quarter [Q] 4 of Financial Year [FY] 2025/26, along with noteworthy items from the RD&I environment since the last meeting of the Sub-Committee.
RECOMMENDATION / ACTIONS	The RD&I Sub-Committee are requested to NOTE this Executive Medical Director's briefing summarising Research, Development & Innovation activity of FY2025/26, Q4, and noteworthy items occurring since the Sub-Committee's last meeting.

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

1. SITUATION

This is the Executive Medical Director's briefing to the RD&I Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation (RD&I) activities taking place in Quarter 4 of Financial Year 2025/26.

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

2. BACKGROUND

2.1 NHS Wales Research & Development Framework Assessment.

The Trust submitted its NHS Wales Research & Development Framework Assessment to Welsh Government on 31 March 2026.

The submission reflected continuing organisational development across governance, leadership, workforce capability, partnership working, digital infrastructure and operational oversight, whilst also recognising the increasing complexity and expectations associated with modern specialist oncology research delivery.

Particular emphasis was placed upon:

- Continued development of organisational governance and assurance arrangements.

- Increasing integration of research and innovation within wider organisational strategy and service planning.
- The increasing complexity associated with early phase, translational and advanced therapy activity.
- The importance of partnership-based delivery models.
- Workforce capability, operational resilience and sustainability.
- The need to ensure that future growth remains appropriately governed, safe and operationally deliverable.

The submission also recognised increasing national expectations relating to commercial responsiveness, operational readiness and research delivery performance, alongside the importance of maintaining proportionate infrastructure, oversight and organisational capacity to support future delivery requirements.

The Trust's annual Research & Development review meeting with Welsh Government is currently scheduled to take place on 30 June 2026.

2.2 Commercial Research Infrastructure and the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) Commercial Research Delivery Centre (CRDC) programme

During 2025/26, the Trust continued to review future commercial research infrastructure, workforce capability and operational readiness within the context of increasing national expectations regarding commercial research delivery, sponsor responsiveness and increasingly complex oncology trial activity.

This included development of proposals associated with the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) Commercial Research Delivery Centre (CRDC) programme, intended to support expansion of commercial research infrastructure and strengthen future operational capability across a number of areas.

The Trust subsequently submitted a revised proposal following initial panel feedback and clarification discussions. The revised submission sought to further articulate the operational, workforce and infrastructure requirements associated with supporting future commercial and translational research growth within a specialist oncology environment.

The discussions associated with this work highlighted a number of important strategic themes.

The Trust was subsequently advised that the revised proposal was not successful. The outcome is currently being reviewed through ongoing discussions with Health and Care Research and Welsh Government colleagues to better understand the assessment and inform future strategic planning related to commercial research infrastructure and capability development.

2.3 Velindre Cancer Services.

The Trust continues to strengthen the integration of Research, Development and Innovation activity with Velindre Cancer Services in recognition of the increasingly interconnected nature of specialist cancer care, clinical research and innovation delivery.

A collaborative discussion workshop took place on 11 May 2026.

Collaborative discussions and workshops involving clinical, operational, and RD&I leadership have focused on:

- Improving operational visibility and alignment.
- Support service interdependencies.
- Governance and escalation arrangements.
- Advanced therapy readiness.
- Future service requirements associated with increasingly complex treatment pathways.

The discussions have reinforced the importance of ensuring that research activity is increasingly considered as a core component of specialist cancer service delivery, whilst also recognising the operational pressures and infrastructure requirements associated with increasingly complex research pathways.

Work continues to strengthen governance and operational arrangements associated with complex research delivery, including advanced therapies, inpatient pathway considerations, treatment toxicity management and future organisational readiness for increasingly complex studies and translational delivery models.

2.4 Welsh Government Audit of Compliance – Research Delivery Funding.

During April 2026, Welsh Government completed its audit of compliance with the NHS Research Delivery Funding (RDF) Terms and Conditions for Velindre University NHS Trust.

The Trust received confirmation of compliance in relation to:

- Research, Development, and Innovation strategy and implementation planning.
- Public-facing annual Research, Development, and Innovation reporting.

Areas identified as requiring improvement related to:

- Timeliness of monthly financial returns.
- Commercial income reporting processes.
- Adherence to the UK National Contract Value Review (NCVR) / Costing requirements.

The Trust has formally responded to Welsh Government outlining actions being undertaken to strengthen governance, oversight and operational responsiveness in these areas. This includes:

- Appointment of a dedicated Senior Finance Business Partner to support Research, Development and Innovation.
- Strengthening of monitoring and reporting arrangements.
- Enhanced oversight of commercial costing and sponsor engagement activity.
- Strengthened prioritisation and escalation arrangements relating to commercial study set-up activity.

The Trust's response focuses on ensuring continued alignment with evolving national expectations regarding finance management for Research & Development.

2.5 NHS Wales Research & Development Finance Policy.

The publication of the refreshed NHS Wales Research & Development Finance Policy (WHC/2026/008) occurred on 11 March 2026. This represents national development in relation to research governance, financial accountability, and organisational oversight.

The updated policy strengthens expectations regarding:

- Financial governance and transparency.
- Commercial research management.
- Operational oversight.
- Audit readiness.
- Reinvestment arrangements.
- Management of research income and infrastructure funding.

The policy also reflects the ongoing implementation of the National Contract Value Review (NCVR) process and increasing national expectations regarding commercial responsiveness and research delivery performance.

The Trust continues to review the implications of the policy within the context of wider organisational governance, operational oversight and future sustainability planning.

2.6 NHS Wales Intellectual Property Guidance.

Welsh Government also published refreshed Intellectual Property (IP) guidance and a template IP policy for NHS Wales organisations (WHC/2026/004) on 26 March 2026.

The development of the guidance included contributions from the NHS Wales organisations, with significant input from Velindre University NHS Trust's Intellectual Policy documents. The Trust Head of Innovation is part of the national group, led by Mark Briggs, Assistant

Director for Innovation at CVUHB. The Trust Head of Innovation will provide updates at future RD&I Sub-Committee meetings through the Trust RD&I Integrated Performance Report.

The updated guidance reflects increasing recognition of the strategic importance of innovation, data, specialist expertise and translational capability across NHS Wales and encourages organisations to strengthen governance and oversight arrangements associated with innovation and intellectual property management.

The guidance further supports the development of more mature organisational approaches to:

- Innovation governance.
- Commercialisation.
- Partnership working.
- Translational development.
- Management of intellectual assets generated through research, innovation and specialist clinical activity.

The Trust is considering the implications of the refreshed guidance within the context of wider organisational development, partnership working and future innovation ambitions.

2.7 COLD – FIRST (COLD stored platelets For Initial Resuscitation in Shock and Trauma) funding awarded.

The **COLD** – FIRST study has recently been awarded £2.9m from the UK Defence Innovation (UKDI). The UKDI is the MOD's unified organisation that accelerates cutting edge technology and dual use capabilities from concept to the frontline. This is the first clinical trial to be led by a Co-Chief Investigator from the Welsh Blood Service and will be an important addition to the Trust's Sponsored Study Portfolio.

Co-Chief Investigators:
Dr Chloe George, Head of Component Development and Research, Welsh Blood Service
Dr Tom Scorer, Surgeon Commander RN, Defence Medical Services and UH Plymouth NHS Trust

Sponsor: Velindre University NHS Trust

Trials Unit: Swansea University

Funder: UK Defence Innovation

The study is a prospective multicentre, adaptive, randomised control trial in the pre-hospital setting enrolling patients with traumatic injury and suspected life-threatening haemorrhage. The aim of the study is to determine whether cold stored platelets (CSP)

administered as a first line, pre-hospital intervention improve outcomes compared with standard care.

2.8 ISO 56001: Innovation Management System.

Since the previous update to Sub-Committee, there has been progression from external assessment to achieving both ISO 56001 certification and the BSI Innovation Management Kitemark, following the successful completion of Stage 2 external assessment and building on earlier progress reported.

These achievements represent a significant strategic milestone for Velindre, providing independent external validation that innovation is being delivered through a robust, systematic and internationally recognised management framework.

ISO 56001, the first certifiable global standard for innovation management systems, confirms that innovation activity within the organisation is underpinned by clear governance, defined processes, strong leadership commitment and a culture of continuous improvement. The BSI Innovation Management Kitemark provides a further level of assurance, demonstrating that Velindre's approach is credible, mature and operating to a high standard.

Together, these accreditations demonstrate that innovation at Velindre is not an aspirational concept, but an embedded organisational capability with independent external recognition. This strengthens confidence among regulators, partners, funders and collaborators, enhances Velindre's positioning within national and international partnerships, and reinforces its reputation as a system leader in research and innovation.

Notably, Velindre is the first healthcare organisation globally and the first NHS Trust, specialist cancer service and blood service to achieve both ISO 56001 certification and the BSI Innovation Management Kitemark.

BSI is currently progressing a case study and press release to showcase Velindre's innovation journey and the role of the Kitemark. This reflects growing external interest and presents further opportunities to share learning and enhance the organisation's profile.

These achievements reflect the collective contribution of colleagues across the organisation and provides a strong foundation for future innovation maturity and wider external engagement.

2.9 Collaborative Centre at new Velindre Cancer Centre.

The Collaborative Centre is a strategic programme of work to integrate research, innovation, and education through a coherent operating model, strengthening outcomes and impact for patients, donors, and the wider system.

The programme is currently in the design phase, with PwC supporting development of the operating model and roadmap. Rollout is planned for 2026, ahead of implementation aligned to the opening of the new Velindre Cancer Centre in 2027.

There is also a focus on defining how the Collaborative Centre will operate in practice in terms of the physical space and the transition to physical workspaces and environments being progressed separately as part of the wider nVCC programme.

3. ASSESSMENT

This briefing to the RD&I Sub-Committee summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service for Quarter [Q] 4 of the Financial Year [FY] 2025/26 and other noteworthy items that the Executive Medical Director wishes to highlight to the RD&I Sub-Committee.

4. SUMMARY OF MATTERS FOR CONSIDERATION

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

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals: • Outstanding for quality, safety and experience ☐ • 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) *For more information: STRATEGIC RISK DESCRIPTIONS*	02 - Partnership Alignment
QUALITY AND SAFETY IMPLICATIONS / IMPACT	**Select all relevant domains below**
	Safe ☒

	Timely ☐ Effective ☒ Equitable ☒ Efficient ☒ Patient Centred ☒
	a) The Executive Medical Director's briefing summarises key Research, Development, and Innovation activities and other noteworthy research related items, demonstrating the Trust being a research supportive organisation. b) The Executive Medical Director's briefing demonstrates the Trust's commitment to undertaking research that is evidence based and appropriate, offering equal opportunities to all patients that is respectful and responsive to their treatment needs. c) The briefing also displays the Trust's dedication to conducting research in a safe and effective manner, making the best use skills and resources available.
QUALITY IMPACT ASSESSMENT	Not required - not a strategic decision
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *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(S) IMPLICATIONS / IMPACT
The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: YES - Select Relevant Goals below
If yes select the relevant goals: • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. ☐ • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. ☐

• A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being	☒ ☐ ☐ ☐ ☐
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	There is a potential financial impact in not demonstrating the Trust's commitment to the strategic goal "A beacon for research, development, and innovation in our stated areas of priority" as it could jeopardise the 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 *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SePages/E.aspx*	Yes - please outline what, if any, actions were taken as a result
	The Equality Impact of this Executive Briefing has been considered and there are no matters of concern to raise.
ADDITIONAL LEGAL IMPLICATION / IMPACT	There are no specific legal implications related to the activity outlined in this report.

6. RISKS

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

RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE	
Velindre University NHS Trust RD&I Integrated Performance Report for FY2025/26 Annual Report Incorporating Q4	
DATE OF MEETING	9 June 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sarah Townsend, Head of Research & Development. Christopher Cotterill-Jones, Research Delivery Manager. Rhydian Owen, Strategy Lead for Velindre Cancer R&D Strategy. Kate Cleary, Velindre Cancer R&D Strategy Business Support Manager. Shea Palmer, Velindre Professor of Interdisciplinary Cancer Care. Sian James, Welsh Blood Service Head of Research, Development, and Innovation Services. Katy-May Price, Welsh Blood Service Research, Development, and Innovation Officer. Jennet Holmes, Head of Innovation. Ross McLeish, Advancing Radiotherapy Cymru (ARC) Project Manager. Emma Blow, Innovation Project Manager. Amie Garwood-Pask, Deputy Head of Finance Business Partnering. Darcey Ramsden, Senior Finance Business Partner for RD&I.
PRESENTED BY	Sarah Townsend, Head of Research & Development
APPROVED BY	Jacinta Abraham, Executive Medical Director / Deputy CEO

EXECUTIVE SUMMARY	The Trust Research, Development, and Innovation (RD&I) service prepare an integrated performance report at the end of each financial year's quarter. This **Financial Year [FY] 2025/26, Annual (incorporating Q4)** report summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service during the financial year **FY2025/26** and incorporates **Quarter 4.**
RECOMMENDATION / ACTIONS	The Trust Research, Development, and Innovation Sub-Committee are requested to **NOTE** the Trust's Research, Development, and Innovation Integrated Performance Report for the financial year **FY2025/26** and incorporates **Quarter 4.**

GOVERNANCE ROUTE

List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Welsh Blood Service (WBS) Senior Leadership Team	13 May 2026
Velindre Cancer Service (VCS) Senior Leadership Team	26 May 2026
Velindre University NHS Trust Executive Management Board	26 May 2026

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

The governance cycle for this RD&I Integrated Performance Report was planned as follows:

Meeting	**Meeting Date**
WBS Senior Leadership Team	13 May 2026
VCS Divisional Board	26 May 2025
RD&I Operational Management Group	26 May 2026
Executive Management Board	26 May 2026
RD&I Sub-Committee	09 June 2026

The RD&I Operational Management Group has been rescheduled to 16 June 2026.

Feedback from the previous review groups has not been received prior to the submission of this report. However, it has been identified that there was an error in the WBS publications listing, which has subsequently been checked and verified by the WBS Research, Development & Innovation team, and corrected in the attached report.

7 LEVELS OF ASSURANCE

NOT APPLICABLE

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

APPENDICES	
1	Research, Development, and Innovation (RD&I): Integrated Performance Report **FY2025/26, Annual Report (incorporating Quarter 4).**

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 Service Divisional Board.
- Research, Development, and Innovation Operational Management Group.
- Executive Management Board.
- Research, Development, and Innovation Sub-Committee.

3. ASSESSMENT

The Trust RD&I Integrated Performance Report summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service for **FY2025/26, Annual Report (incorporating Quarter 4).**

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 RD&I Sub-Committee are asked to note the areas of ALERT / ASSURE / ADVISE / INFORM that follows:

ALERT	• **Sustainability of research funding and infrastructure investment** The report highlights significant progress in research growth and capability, supported by charitable, external and commercial investment. However, continued delivery of the Trust's long-term Cancer Research & Development Ambitions remains dependent upon securing sustainable funding streams, increasing external income generation, and maintaining investment in research infrastructure, workforce and support services. Continued oversight is required to ensure future ambitions remain deliverable within a challenging financial environment. • **Recruitment performance variability across the portfolio** Recruitment to Time and Target (RTT) performance continues to fluctuate across commercial and non-commercial studies. This reflects the increasing complexity of the portfolio, including early-phase studies, small target studies, long-duration studies and precision medicine trials. Whilst this variability is recognised and actively monitored, sustained focus is required to maintain sponsor confidence, maximise patient access and support national performance expectations (UK 150-day set-up target – Stage 1 = 60-days from submission to MHRA approval; Stage 2 = 60 days from MHRA approval to NHS organisation Confirmation of Capacity & Capability; Stage 3 = 30 days from NHS organisation Confirmation of Capacity and Capability to first patient recruited). • **Increasing operational complexity associated with advanced therapies** The expansion of early-phase, first-in-human, immunotherapy, bispecific antibody, vaccine and advanced therapy studies presents increasing demands on clinical services, workforce capability and supporting infrastructure. Whilst significant progress has been made in developing clinical pathways and service arrangements, continued monitoring is required to ensure capacity, capability and patient safety are maintained as complexity increases.
ASSURE	• **Continued ability to attract and deliver nationally significant research during the FY2025/2026** The Trust has demonstrated its capability to attract and successfully deliver complex, high-profile studies, including first-in-human, vaccine, cellular therapy and commercial research programmes. Achievements such as first UK patient recruitment to the BioNTech BNT327-06 study, delivery of the ATTEST first-in-human trial, and expansion of the BioNTech vaccine portfolio provide assurance regarding organisational capability and reputation.

	• **Strengthening strategic partnerships and research infrastructure** The continued development of the Cardiff Cancer Research Partnership (CCRP), Cardiff Health Partners and associated translational research programmes provides assurance that the Trust is strengthening collaborative arrangements required to support future growth in research, innovation and advanced therapies. • **Research quality, governance and performance oversight** The report demonstrates established governance arrangements, routine performance reporting, oversight of strategic priorities and maintenance of a consolidated RD&I risk profile. These arrangements support effective organisational oversight of research, development and innovation activities across the Trust.
ADVISE	• **Continued focus on workforce capability and succession planning** Growth in research activity, particularly in advanced therapies, precision medicine and translational research, reinforces the need for continued workforce development across research delivery, nursing, pharmacy, governance and supporting clinical services. Investment in research fellowships, clinical academic development and multidisciplinary research leadership should continue to be prioritised. • **Maximising opportunities arising from strategic partnerships** The development of CCRP, Cardiff Health Partners and other collaborative initiatives present significant opportunities to enhance research income, attract commercial partners, strengthen translational research and improve patient access to innovative therapies. Continued executive support as well as organisational alignment will be important to realise these benefits. • **Preparation for future organisational and service transformation** As planning progresses towards the new Velindre Cancer Centre and wider strategic developments, consideration should continue to be given to future research infrastructure requirements, operating models, workforce needs and advanced therapy capabilities to ensure research growth is fully integrated within service transformation programmes. This should also include alignment with OECI ambitions and wider research excellence objectives.
INFORM	• **Significant achievements across cancer research** FY2025/26 has seen several notable achievements, including: ○ First patient treated in the ATTEST first-in-human oncolytic virus study initiated in Cardiff. ○ First UK patient recruited into the BioNTech BNT327-06 trial. ○ Expansion of cancer vaccine research programmes. ○ Launch of QuicDNA Max supported by £2.5m investment. ○ Continued recruitment success across multiple studies. These achievements reinforce Velindre's position as a leading cancer research organisation within Wales and internationally. • **Continued growth of Welsh Blood Service research and innovation** The Welsh Blood Service has continued to expand its research profile through collaborative activity, publications, conference presentations

	and participation in national and international research programmes, supporting delivery of the Trust's broader RD&I ambitions. • **Recognition of innovation and research excellence** The report demonstrates continued progress in innovation, radiotherapy research, interdisciplinary research and clinical academic development. National recognition, successful funding awards, innovation programmes and publication outputs continue to enhance the Trust's reputation and visibility as a leading centre for research, development and innovation.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The RD&I Sub-Committee are requested to **NOTE** the draft RD&I Integrated Performance Report for **FY2025/26, Annual Report (incorporating Quarter 4).**

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals: • Outstanding for quality, safety and experience ☐ • 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) *For more information: STRATEGIC RISK DESCRIPTIONS*	06 -Organisational and Clinical Governance
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe ☒ Timely ☐ Effective ☒ Equitable ☒ Efficient ☒ Patient Centred ☒

	1. The Integrated Performance Report describes the Research, Development, and Innovation activities demonstrating the Trust being a research supportive organisation. 2. 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. 3. The report also displays the Trust's dedication to conducting research in a safe and effective manner, making the best use skills and resources available.
QUALITY IMPACT ASSESSMENT	Not required - not a strategic decision
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not required

TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT

The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals:

YES - Select Relevant Goals below

If yes select the relevant goals:

- A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. ☐
- A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. ☐
- A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health ☒
- A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances ☐
- A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. ☐
- A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. ☐
- A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being. ☐

FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	There is a potential financial impact in not demonstrating the Trust's commitment to the strategic goal "A beacon for research, development, and innovation in our stated areas of priority" as it could jeopardise the 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 *For more information:* *https://nhswales365.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 **FY2025/26, Annual Report (incorporating) Quarter 4** 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.

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?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	
All risks must be evidenced and consistent with those recorded in Datix	

GIG CYMRU NHS WALES
Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Welsh Blood Service
Gwasanaeth Gwaed Cymru

Canolfan Ganser Felindre
Velindre Cancer Centre

2025/26

ANNUAL

Incorporating Q4

April 2025 to March 2026

Research, Development & Innovation

Integrated Performance Report

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

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

Contents.

Abbreviations.

Abbreviation	Definition
A&D	Accreditation and Designation
ARC	Advancing Radiotherapy Cymru
ARF	Advancing Radiotherapy Fund
AWS	Amazon Web Services
BBTS	British Blood Transfusion Society
BEST	Biomedical Excellence for Safer Transfusion
BEST-C	Biomedical Excellence for Safer Transfusion - Collaborative
BNT	BioNTech
BSI	British Standards Institution
C	Commercial
CAR-T	Chimeric Antigen Receptor T-cell
CC	Cancer Centre
CCC	Comprehensive Cancer Centre
CCN	Comprehensive Cancer Network
CCRP	Cardiff Cancer Research Partnership
CEO	Chief Executive Officer
CHP	Cardiff Health Partners
CI	Chief Investigator
CIP	Capital Improvement Plan
CRUK	Cancer Research United Kingdom
ctDNA	Circulating Tumor DeoxyriboNucleic Acid
CU	Cardiff University
CVUHB	Cardiff and Vale University Health Board
DNA	DeoxyriboNucleic Acid
ECMC	Experimental Cancer Medicine Centres
EMB	Executive Management Board
EMRTS	Emergency Medical Retrieval and Transfer Service
ESR	Electronic Staff Record
FIC	First In Class
FIH	Fist In Human
FY	Finncial Year
GCP	Good Clinical Practice
HCRW	Health and Care Research Wales
HPV	Human PapillomaVirus
ICH	International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use
IMPACT	IMproving PAtient outcomes in stem Cell Transplantation
IMTP	Integrated Medium-Term Plan
IRS	Integrated Radiotherapy System
ISO	International Organization for Standardization
JNJ	Johnson and Johnson
k	Thousands
KI	Key Indicator
KPI	Key Performance Indicator
M	Millions

Abbreviation	Definition
mRNA	Messenger RiboNucleic Acid
MSc	Master of Science
NC	Non-commercial
NHS	National Health Service
NIHR	National Institute for Health and Care Research
NSCLC	Non Small Cell Lung Cancer
NWSSP	NHS Wales Shared Services Partnership
OD	Organisational Development
OECI	Organisation for European Cancer Institutes
OMG	Operational Management Group
PBT	Proton Beam Therapy
PhD	Doctor of Philosophy
PI	Principal Investigator
PPI	Patient and Public Involvement
PPP	Purchasing Power Parity
PSPP	Public Sector Purchase Programme
PwC	PricewaterhouseCoopers
Q	Quarter
QR	Quick Response
R&D	Research and Development
RAG	Red, Amber, Green
RCBC	Research Capacity Building Collaboration
RCR	Royal College of Radiologists
RD&I	Research, Development, and Innovation
RIC	Regional Innovation Coordination
RT	Radiotherapy
SACT	Systemic Anti-Cancer Therapy (SACT)
SST	Site Specific Team
TAP	Trials Acceleration Programme
TILs	Tumor-infiltrating lymphocytes
TKI	Tyrosine Kinase Inhibitors
TOG	Trials Operational Group
UCL	University College London
UK	United Kingdom
UKONS	UK Oncology Nursing Society
VC	Vice-Chancellor
VCC	Velindre Cancer Centre
VCS	Velindre Cancer Service
VHCR	Velindre Healthcare Cancer Research
VPAG	Voluntary scheme for branded medicines Pricing, Access and Growth
VR	Virtual Reality
VUNHST	Velindre University NHS Trust
WBS	Welsh Blood Service
WCRC	Wales Cancer Research Centre
YTD	Year To Date

INTRODUCTION

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

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

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

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

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

STRATEGIC PRIORITY 1

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

1 Velindre Cancer Research & Development Strategic Ambitions.

The team led, with the RD&I Senior Core Team, a successful R&D integrated bid that was approved by Velindre Charitable Funds in January 2026. The £7M award for 2026-29 will build on the success of the previous R&D bid (2023-2026) and will be structured to reflect a mature, financially mapped, and strategically aligned service.

A research-focused transformation plan is also being developed, aligning significant investments from the charity, HCRW and the Trust to deliver our core strategic objectives, with a particular emphasis on ensuring long-term sustainability and future expansion of the Trust's cancer research activities through additional external income generation.

2 Cardiff Cancer Research Partnership.

Update for this period:

	For the next year, key objectives include: • Delivering a growing portfolio of clinical trials (8 currently open) • Addressing operational and clinical barriers to delivering both CAR-T, TILs and related advanced therapy trials and translational research studies • Organising a programme of 10 workshops/events and bid development support services to strengthen partnerships and collaborative research opportunities. • Establishing an External Advisory Board to provide expert oversight • Developing a robust Patient and Public Involvement (PPI) function • Obtain signoff for the draft CCRP Partnership Agreement and Strategic & Operational Plans currently in development.
	The CCRP Clinical Team has created an in-patient pathway for bispecific antibody trials in solid tumours to help expand research capacity toward a diagnosis-agnostic service, including future cellular therapies. This aligns with the Advanced Therapy Wales Delivery Plan (2025–2029), particularly its focus on developing clinical delivery pathways and strengthening research capability. The pathway is currently progressing through organisational governance, with the intention of being formally integrated into routine practice.
	The CCRP launch took place on 17 September and presented an opportunity to meet the clinicians and researchers driving the partnership. There was an inspiring presentation from the CEOs of VUNHST and CVUHB and the Vice Chancellor (VC) from Cardiff University (CU) and the event was warmly received by the cancer research community.
	The CCRP website was launched (www.ccrp.org.uk) and acts as the virtual front door of the partnership. The website presents our work in a professional and compelling manner to the pharmaceutical and other life sciences companies that are looking for partners to conduct cancer research, and to attract funders of cancer research. The CCRP now also has a dedicated mailing list, reaching over 120 individuals from across the partnership, through which a regular newsletter shares key updates, upcoming events and important information.

ATTR 01 study opened which will test virus technology developed by scientists in Professor Alan Parker's lab at Cardiff University. This is a fantastic opportunity to see an invention made at Cardiff University progress into a clinical trial in Cardiff which will treat patients in Cardiff.

To enhance research capability across the community, we have established Themed Discovery and Translational Research workshops focused on critical areas: funding application support, advancing translational research, discovering new cancer targets and bridging computational science with cancer research.

CCRP Trial portfolio overview:

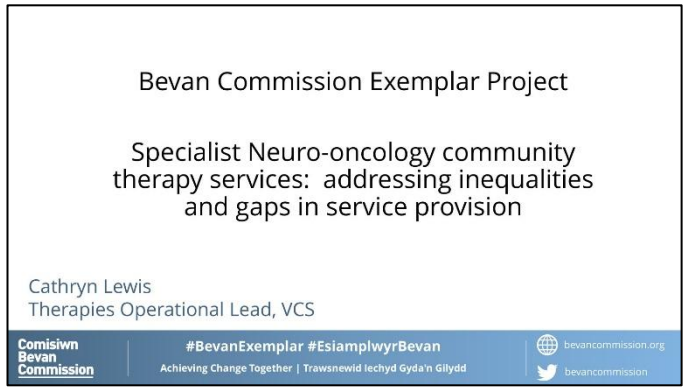
Stage	Study Name	Study Type	Funding	Cancer Type
8 trials open to recruitment	ATTR 01	Oncolytic virus vaccine - ATMP (FIH/FIC)	Commercial	Solid tumour (multi site)
	Protocol 75276617ALE1001 (Menin / Camelot)	Phase I/II First in Human	Commercial	Haem - Leukaemia
	BNT116 (LuCa-MERIT)	mRNA cancer vaccine, First In Human	Commercial (BioNTech Pipeline)	Lung
	BNT323-03	Phase I/II	Commercial (BioNTech Pipeline)	Breast
	ABBVIE M25-059	ABBV-383 - BCMA bispecific antibody (IV), Phase I/II	Commercial	Haem - Multiple Myeloma
	Apollo AP30CP01 (APL4098 SK)	Phase 1/2	Commercial	Haem - Leukaemia
	JNJ-78278343 (KLK2-PASenger)	Phase 3 Randomized, T Cell-redirecting agent	Commercial	Solid - Prostate
	BNT113 (Ahead Merit)	Phase I/II, IV Vaccine	Commercial (BioNTech Pipeline)	Solid - Head & Neck
1 trial active/closed to recruitment	Monumental-6	Bi-specific	Commercial	Haem - Multiple Myeloma
2 Trials in set up	Dareon (LUNG-1)	Phase III	Commercial	Solid - Lung
	CA266-00088: ROSETTA -RCC-208	Phase 1/2	Commercial	Solid - Renal

3 Nursing & Interdisciplinary Research.

3.1 Velindre Healthcare Cancer Research (VHCR) Community Meetings.

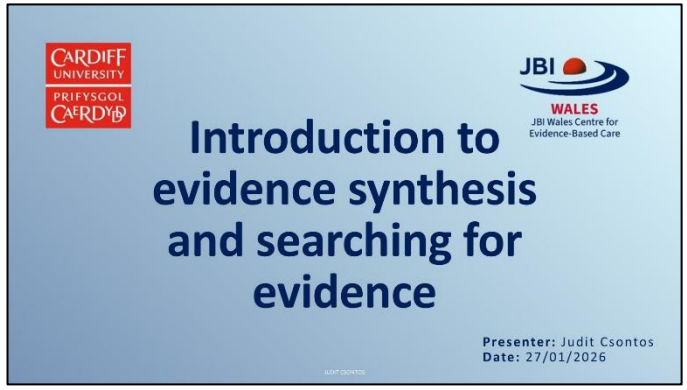
We continue to deliver a vibrant series of community meetings, providing opportunities for research development, discussion and collaboration. Attendance is facilitated by running these as hybrid events, and a short report and a recording are made available via the Oncology Academy website. The following meetings were delivered this quarter.

On 13 January 2026 Cathryn Lewis gave a fascinating presentation to the research community, with 13 community members in attendance at this hybrid event. Cathryn is Operational Lead for Therapies at Velindre Cancer Service and continues to maintain a clinical case load as an Occupational Therapist, mainly in the field of neuro-oncology. She is currently being supported by the Bevan Commission Exemplar programme to investigate and enhance how patients access specialist neuro-oncology therapy services. The project identified inequalities across different communities and gaps in service provision. Cathryn then designed and evaluated a specialist community service to support patients' complex needs, with excellent outcomes observed.



Dr Judit Csontos gave an excellent introduction to evidence synthesis and searching for evidence on 27 January 2026. Judit is a Research Associate and Co-Deputy Director of the Wales Centre For Evidence Based Care, based at Cardiff University. She is a physiotherapist with personal research interests in supportive care interventions for people with cancer, including cancer rehabilitation. Her presentation included an overview of the many different approaches to

reviewing the literature and guidance on designing and implementing a robust literature search. It was a very useful session for those wishing to understand the principles behind evidence synthesis and structuring their own evidence searches.



Fran Lewis presented on 17 February 2026 about her research into what the NHS can learn from the cultural principles adopted by Toyota. Fran has been supported by a 'First Into Research' award from RCBC Wales. Her project provided a fascinating insight into how understanding the processes, procedures and ways of working within a major successful manufacturer, including Japanese cultural influences, might inform working cultures within NHS organisations. Fran has built excellent working relationships with one of the Training & Development managers at the Toyota Lean Management Centre and has plans to further develop this research in the future.

Our final community meeting of this quarter was held on 24 March 2026. Two of our new Introduction to Research fellows, Sarah Cordeaux and Tracy Rees, talked passionately about the projects that they will be working on. Sarah will be exploring patient experiences of participation in work after a cancer diagnosis, work that it is hoped will support service development in this area. Tracy will be studying the lived experience of people receiving combined tyrosine kinase inhibitors (TKIs) and immunotherapy treatment for advanced renal cell carcinoma. They both shared their experience of developing their ideas, applying for the fellowship, and their preparatory work to date. It will be fascinating to hear about their progress over the coming months.

We have organised an exciting event for 30 April 2026 titled 'Supporting Healthcare Cancer Research' that aims to reinvigorate the community, drawing in new members and providing an opportunity to discuss and develop research ideas. The VHCR team will then follow up with individuals and teams to develop those ideas further.

3.2 Research advice clinics.

We have recently instigated advice clinics at which healthcare professionals can discuss any aspects related to research with members of the VHCR team. The clinics take place immediately following the community meetings, either face-to-face or online. Individuals can notify the team in advance about specific issues that they wish to discuss, or they can simply stay behind to have a discussion after the community meeting.

3.3 Velindre Healthcare Cancer Research Fellowships.

Tracy Rees (Nursing) started her 'Introduction to Research' fellowship on 01 March 2026 and Sarah Cordeuax (Occupational Therapy) and Jordan Morris (Pharmacy) are starting on 01 April 2026. Unfortunately, we did not receive any applications for the PhD fellowship this year, but our current PhD fellows (Ceri Stubbs and Alison Goodman, both Nursing) are progressing well. A new round of fellowships will be advertised in the summer, with the aim of starting in January 2027. We will be looking to support applicants more effectively to develop their applications, including the provision of potential research topics that are of strategic importance to the Trust.

3.4 Inclusive Prehabilitation (I-Prehab).

Members of the VHCR support team have just completed the NIHR Health Services & Delivery Research programme-funded I-Prehab project. The project's Chief Investigator is Velindre Professor of Interdisciplinary Cancer Care, Professor Shea Palmer. Velindre was a participating site for the case study component of the research, which developed an education package to help cancer care workers make prehabilitation more inclusive. The team have been busy disseminating the findings, including posters and a platform presentation at the Wales Cancer Research Conference on 23 March 2026. A series of scientific papers will be published over the coming months. The team also hosted a final launch event at the Glamorgan Building at Cardiff University on 25 March 2026 (photographs below). The training package is freely available via Cardiff University's Xerte Platform: Inclusive Prehabilitation For People With Cancer [https://xerte.cardiff.ac.uk/play_24238#page1].

4 Velindre Cancer Service Research – FY2025/26, Quarter 4.

4.1 QuicDNA Max launch celebrated at the Senedd.

QuicDNA Max Launch Celebrated at the Senedd

QuicDNA Max Launch Celebrated at the Senedd

On 10 March, NHS Wales colleagues, partner organisations and industry stakeholders gathered at the Senedd in Cardiff Bay to celebrate the launch of QuicDNA Max — a major initiative aimed at supporting faster, more personalised cancer treatment decisions across Wales. QuicDNA Max builds on the success of the original QuicDNA programme, which explored the use of liquid biopsy within the lung cancer diagnostic pathway. The programme demonstrated how liquid biopsy can accelerate genomic diagnosis, reduce the need for invasive procedures and improve access to targeted treatments. As a result of its success, liquid biopsy has now been commissioned into the standard care pathway for patients with advanced-stage lung cancer across Wales.

The expanded QuicDNA Max programme will now scale this approach across multiple cancer pathways, helping to support faster treatment decisions, greater equity of access and more personalised care for patients nationwide.
The event was sponsored by Russell George and chaired by QuicDNA leads Dr Magda Meissner and Sian Morgan. It brought together NHS leaders, clinicians, industry partners and patient advocates, including Craig and Tracey Maxwell, to highlight the impact that innovation and collaboration can have on improving cancer outcomes across Wales.

The programme has also established tumour-specific clinical leadership across colorectal, lung, prostate cancer and cancer of unknown primary, further strengthening Wales' position as a leading centre for innovation in cancer genomics and precision medicine.

Alongside programme leaders Magdalena Meissner and Sian Morgan, the programme has now also established notable tumour specific clinical leads: Colorectal cancer – Prof Richard Adams; Cancer of unknown primary (CUP) – Dr Sonali Dasgupta; Prostate cancer – Prof John Staffurth; Lung cancer – Dr Paul Shaw

Wales is leading the way in evaluating liquid biopsy cancer genomics, and QuicDNA Max is a powerful example of how cutting-edge innovation can translate into real-world impact. Liquid biopsies offer faster genomic results, fewer invasive procedures and greater equity of access. By scaling this approach nationally, there is an opportunity to improve care for thousands of people and strengthen cancer services for the future.

4.2 Velindre Cancer Service nurses shine at UKONS Annual Conference.

Velindre Cancer Service Nurses Shine at UKONS Annual Conference

Velindre Cancer Service Nurses Shine at UKONS Annual Conference

A dedicated team of nurses from Velindre Cancer Service attended the prestigious UKONS Annual Conference in Birmingham, where this year's three-day event celebrated the theme "Celebrating the Inspirational in Cancer Nursing"—and our team truly embodied that spirit.

A standout moment was the recognition of two of our exceptional nurses in the conference awards. Emma Williams, Senior Research Manager in Clinical Trials, was nominated in the Research category, while Val Harris, Immunotherapy Toxicity Service Lead and Lecturer at the Velindre Oncology Academy, was nominated in the Chemotherapy category—and proudly took home the award.

In addition to these accolades, our nurses contributed significantly to the conference programme. Val Harris, alongside Hannah Churchill, Education, Development and Recruitment Lead Nurse, and Bethan Ingram, Head of Nursing for SACT, were invited to present their work. Hannah showcased her national project on the updated SACT Passport theory, while Val presented her innovative review of a tertiary cancer centre patient workshop aimed at reducing life-threatening adrenal crises.

Hannah Churchill said; *"We are incredibly proud of our nurses for their outstanding contributions at UKONS. Their achievements reflect the dedication, innovation, and leadership that define Velindre Cancer Service. Seeing our team recognised on a national stage is a testament to the exceptional care and expertise they bring to patients every day."*

4.3 Cardiff Health Partners – latest progress

Cardiff Health Partners - latest progress

Rachel Savery, Interim Managing Director of Cardiff Health Partners

Cardiff Health Partners - latest progress

An update from Rachel Savery, Interim Managing Director of Cardiff Health Partners;

Cardiff Health Partners is currently being established as a formal collaboration between Cardiff and Vale University Health Board, Cardiff University, and Velindre University NHS Trust. Working closely with other public sector, academia and industry partners, the collaborative aim is to accelerate responsible innovation across the region and beyond for the benefits of patients, staff, communities and citizens.

The partnership is progressing through a structured development phase to create a sustainable model for success. Our current work includes defining the strategic focus of the collaboration, finalising governance, key measures and reporting frameworks, and developing the agreements that will underpin how partners work together to achieve our ambitions and encourage collaborative growth in all of our organisations. These will be agreed by our three organisations to ensure the right approach is put in place for us all. In parallel, we are shaping our communications and engagement approach, establishing clear routes for how we will link with one another and our core programme enablers, whilst also laying the groundwork for a dedicated central team to support the work.

These activities are designed to ensure a robust, transparent, and sustainable partnership model that is here to work for us all. As key programme elements are completed and approved, further updates will be shared with you, our CHP community.

You will start to hear more about Cardiff Health Partners in the coming weeks and months and what it means for you, and how you can get more involved. Please know that as a member of our founding organisations, you are already a member of the Cardiff Health Partners community, and we are looking forward to sharing more information with you as this work progresses to help us all to achieve our shared ambitions and aspirations for genuine global impact, anchored in Cardiff.

5 Velindre Cancer Service Research – FY2025/26, Quarter 1 through 3.

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

Gwen Buchan, first patient in Wales to receive new treatment

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

Full Circle as First Patient in Wales Received FAKTION Treatment.

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

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

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

Prof Rob Jones, Chief Investigator for the original trial, said:
"It is very rewarding to see the process come full circle… This treatment will give patients time – time with their families and time to enjoy their lives."

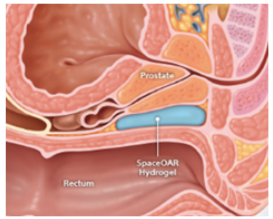
Dr Simon Waters, Gwen's oncologist, added:
"We now have another option for our patients… I am delighted to be able to offer this treatment to Gwen."

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

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

Dr Nachi Palaniappan, Principal Investigator

Matt Lazarus, Senior Research Radiographer



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

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

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

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

Dr Nachi Palaniappan, Principal Investigator of the study said:

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

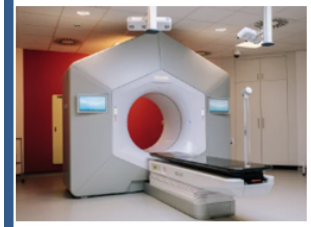
Matt Lazarus Senior Research Radiographer said:

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

SABRE was the first commercial medical device trial delivered by the Radiotherapy Research team at Velindre.
The team at Velindre have recruited 50 patients to take part in this study over a period of 15 months since the study opened in November 2023.

The results from the SABRE trial are still a couple of years away but you can read more about the trial at:
https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/Radiotherapy-researchers-leading-the-way-with-first-commercial-device-trial.aspx

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



Halcyon radiotherapy machine

Some of the PARABLE team

First research trial on our new Halcyon radiotherapy machine

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

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

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

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

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

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

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

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

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

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

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

Velindre University NHS Trust became the first site in the UK to recruit a patient into the BNT327-06 clinical trial, representing a significant achievement for both the organisation and the wider UK cancer research community.

Sponsored by BioNTech, the BNT327-06 study is evaluating the safety, tolerability and clinical activity of BNT327 at two dose levels (1400 mg and 2000 mg) in combination with established chemotherapy regimens. Patients enrolled into the study receive carboplatin alongside either pemetrexed or paclitaxel.

BNT327 is an investigational therapy being explored as part of ongoing efforts to improve treatment options for patients with cancer. The study aims to identify an optimal dosing strategy while also increasing understanding of how BNT327 interacts with standard chemotherapy treatments.

Securing the first UK patient into this study reflects the strength of Velindre's research infrastructure, the commitment of its multidisciplinary research and clinical teams, and the organisation's ability to rapidly deliver complex early-phase and commercial clinical trials.

BioNTech-sponsored studies are recognised as strategically important within Wales, supporting wider ambitions to strengthen innovation, expand commercial research activity, and improve access to cutting-edge therapies for patients across the NHS in Wales.

Velindre's participation in BNT327-06 further reinforces its position as a leading cancer research centre, contributing to the development of new treatments and enabling patients to access promising therapies at an early stage of clinical development.

5.5 Research partnership launches to develop new cancer treatments.

Partneriaeth Ymchwil Canser Caerdydd | Cardiff Cancer Research Partnership

Research Partnership Launches to Develop New Cancer Treatments: A dynamic collaboration which will increase Welsh cancer patients' access to cancer research by bringing new clinical trials to Wales has officially launched with the unveiling of the Cardiff Cancer Research Partnership (CCRP).

A formal partnership between Velindre University NHS Trust, Cardiff and Vale University Health Board and Cardiff University, the CCRP brings together academics and clinicians to increase multi-organisational cancer research studies and industry funded clinical trials, and offers a single, streamlined gateway to world-class expertise and facilities across haematological and solid tumour cancers - from early discovery phase through to complex and late phase clinical trials.

Speaking of the partnership, **David Donegan**, Chief Executive at Velindre University NHS Trust said:
"The Cardiff Cancer Research Partnership marks an important step forward for cancer research in Wales. By uniting our strengths across academia and clinical care, we're creating a powerful platform to accelerate innovation, attract investment, and ultimately bring more cutting-edge trials to Welsh patients. This is about turning collaboration into cures. In recent years, Velindre has led a number of internationally significant research initiatives that are making a difference to cancer patients around the world'"

With strong partnerships across the cancer research community in Wales, the CCRP is ideally placed to develop the next generation of cancer treatments, taking discoveries from the laboratory to clinical trials.

How does the Cardiff Cancer Research Partnership work?

For Industry;
The CCRP acts as a single point of entry to research and clinical expertise and facilities at Cardiff and Vale University Health Board, Cardiff University and Velindre University NHS Trust.

For Clinicians and Academics;
The CCRP can help you build links with clinical and academic researchers across South-East Wales. If you work in cancer at a partner organisation, we can help with research funding bids, access to samples, and bringing in new commercial trials.

The CCRP takes research from bench to bedside - taking discoveries from the lab and translating them into clinical trials that improve outcomes for NHS patients across Wales. By working across organisations, CCRP brings together the best of NHS and academic expertise. This collaborative approach allows us to share knowledge, pool resources, and build the capacity needed to deliver complex, high-quality clinical trials that benefit the Welsh population.

The partnership is building a future where the research workforce is front and centre: making research more accessible, supporting clinical academics, and ensuring they have the tools and infrastructure to carry out truly innovative work.

5.6 Wales commences new cancer vaccine study against head and neck cancer.

BIONTECH

Professor Mererid Evans, Director of Wales Cancer Research Centre, and Consultant Clinical Oncologist at Velindre University NHS Trust

Wales commences new cancer vaccine study against head and neck cancer

Patients in Wales are taking part in a study of an investigational cancer vaccine aiming to treat head and neck cancers associated with Human Papillomavirus 16 (HPV-16); **BNT113-01 (AHEAD-MERIT)**

The investigational cancer vaccine uses messenger ribonucleic acid (mRNA) technology to help the immune system recognise and kill cancer cells containing proteins associated with HPV-16. In the study, the investigational mRNA cancer vaccine is given in combination with an established immunotherapy called Pembrolizumab, aimed at helping to improve the way the immune response is directed against cancer cells containing HPV.

The study is open at Velindre Cancer Centre in Cardiff, and is accessible to patients across Wales, as part of a coordinated approach to study delivery supported by Health and Care Research Wales, and the Cardiff Cancer Research Partnership. Patients can also be referred to Velindre from elsewhere in the UK through the Cancer Vaccine Launchpad (CVLP), a platform set up by the NHS England and Genomics England, to help broaden access for cancer patients to clinical studies including mRNA cancer vaccine clinical studies.

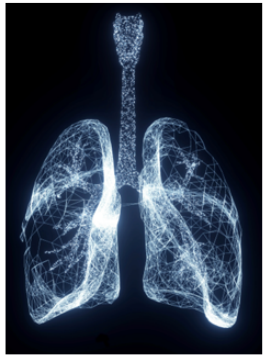
Over 700 new head and neck cancer cases are diagnosed in Wales every year, with cancers typically developing in the mouth, throat or voice box. Cancers caused by HPV tend to occur in the tonsils and the back of the tongue, and account for 20-40% of head and neck cancers overall. Despite advances in care for patients with head and neck cancer, the advanced form of the disease is difficult to treat and has high rates of recurrence, with two-year survival rates at under 50%.

The investigational cancer vaccine is designed to encode two proteins that are frequently found in head and neck cancers caused by HPV type 16, the most common type of HPV found in head and neck cancer. The vaccine is designed to direct the immune system to specifically fight the cancer.

Professor Mererid Evans, Director of Wales Cancer Research Centre, Clinical Professor at the Division of Cancer and Genetics, Cardiff University, and Consultant Clinical Oncologist specialising in the treatment of head and neck cancer at Velindre University NHS Trust said: *"HPV-associated head and neck cancers have been increasing in incidence in Wales and the rest of the developed world over the last 20 to 30 years, and we are seeing it commonly in our clinics. Patients who are diagnosed with HPV-associated head and neck cancer tend to do well overall, but unfortunately a small proportion (10-20%) do find that their cancer has spread making it difficult to treat with existing treatments.*

We are proud to support this study in order to allow head and neck cancer patients in Wales to access a treatment that could potentially improve their outcomes. We are also supporting other cancer vaccine studies by recruiting eligible patients from Wales and other parts of the UK to them. In doing so, Wales is playing its full part in the development of potential new cancer treatment options that have the potential to improve future care for people around the world."

5.7 Thoracic Oncology Trials Team shortlisted for Oncology Team of the Year.



Dr Paul Shaw, Consultant Clinical Oncologist at Velindre Cancer Service specialising in lung cancer

Thoracic Oncology Trials Team Shortlisted for Oncology Team of the Year

The Thoracic Oncology Trials Team at Velindre Cancer Centre have been selected as finalists for the 'Oncology Team of the Year' Award at the Welsh Healthcare Awards 2025.

Led by **Dr Paul Shaw**, the nomination recognises the whole lung research team and highlights the remarkable collective effort that has gone into expanding and enhancing Velindre's lung research portfolio in recent years.

The award application highlighted the importance of collaboration not only within the Thoracic Oncology Trials Team, but also across departments, disciplines, and partner organisations within all of our research efforts.

Velindre Cancer Centre has transformed lung cancer care by expanding access to clinical trials that offer patients innovative, personalised treatment options. Our multidisciplinary team ensures patients across South Wales benefit from cutting-edge therapies - including immunotherapy, radiotherapy, and liquid biopsy diagnostics - delivered with compassion and precision.

Trials such as CRUK-CONCORDE (early phase drug RT trial in stage 3 NSCLC) and HITMESO (radical proton therapy in hemithoracic pleural mesothelioma) studies have improved access for patients with complex disease, while studies like TOURIST (palliative RT in NSCLC) and QuicDNA enhance palliative therapy. Patients report feeling more informed, supported, and empowered, with research participation offering hope and a sense of purpose during a difficult time.

Seamless integration of trials into care pathways, supported by future digital tools and strong partnerships, will ensure minimal disruption and maximum benefit. Our team's dedication has positioned Velindre as a trusted national referral centre, where research excellence directly translates into improved patient experience, outcomes, and quality of life.

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5.8 Radiotherapy Research and Innovation showcase.

The Radiotherapy Research and Innovation Showcase Event

Radiotherapy Research and Innovation Showcase

The Innovation department recently hosted the Radiotherapy Research and Innovation Showcase Event, celebrating the fantastic project work made possible through charitable funding.

Through the generosity of supporters and the dedication of our researchers and project teams, the event highlighted how charitable funds, including the Advancing Radiotherapy Fund, the Lucas Fund, and the Probert Fund, have:

- Supported the development of advanced radiotherapy techniques that benefit patients across South Wales.
- Strengthened the infrastructure to deliver radiotherapy research.
- Enabled vital head and neck cancer research with the potential to improve patient outcomes now and in the future.
- Introduced cutting-edge technology that is shaping the future of cancer care in Wales

Attendees heard directly from project leads and researchers, who shared the impact of their work and the difference it is making for patients and their families.

Their presentations brought to life the benefits of research, service developments, and innovation that would not have been possible without charitable support.

The Showcase also marked the soft launch of the ARC Academy, which will succeed the Advancing Radiotherapy Fund (ARF) programme.

Over the next five years, ARC Academy will drive forward innovation in radiotherapy, accelerate the adoption of new service developments, and expand access to world-class research and technology across Wales.

5.9 First patient recruited in clinical trial using cancer-targeting virus

ATTR-01 Study Principal Investigator:
Dr. Magda Meissner

Claire Laing, Senior Research Nurse Manager, CCRP

First patient recruited in clinical trial using cancer-targeting virus.

The first patient has been treated in the ATTEST first-in-human Phase 1 clinical trial evaluating TROCEPT-01 (also known as ATTR-01), a novel cancer-targeting oncolytic virus developed at Cardiff University. The study is being delivered by Velindre University NHS Trust in partnership with Cardiff and Vale University Health Board, with recruitment underway in Cardiff and plans to expand internationally.

The trial is supported locally through the Cardiff Cancer Research Partnership and represents the translation of academic discovery into early-phase clinical testing for patients with hard-to-treat solid tumours.

Professor Alan Parker, Professor of Translational Virology at Cardiff University and Chief Scientific Officer with Accession Therapeutics, said: “It’s wonderful to see an invention made at Cardiff University progress into a clinical trial and for one of these sites to be in Cardiff. TROCEPT-01 has been designed to have minimal activity in healthy tissues, with maximal activity in the tumour. This potent and highly localised activity gives promise in many cancers of unmet clinical needs, and the ATTEST trial includes hard-to-treat cancers such as pancreatic, lung, bladder, head and neck, endometrial and cholangiocarcinomas.”

Dr Magda Meissner, Velindre Cancer Service and a Principal Investigator of the ATTEST trial at the Cardiff site, said:
“Being part of the ATTEST trial marks an exciting milestone for our team and for cancer research in Wales. This study brings together academic innovation and clinical expertise as we test the delivery of a new class of precision oncolytic therapy directly to patients. We are proud that Cardiff is involved in these first in-human trials and helping to translate years of laboratory research into potential new treatment options for people with advanced cancers.”

Claire Lang, Senior Research Nurse Manager, Cardiff Cancer Research Partnership, said:
“I will be working with the patients in the Cardiff site, to administer the treatment. This is a fantastic example of ‘bench to bedside’ cancer research in Wales – developing research from Cardiff University laboratories into a new class of drug and delivering it to NHS patients for the first time at UHW and Velindre via this trial.”

5.10 Senior Research Nurse Manager joins CRUK Women of Influence programme.

Emma Williams, Senior Research Nurse Manager, VCS.

Senior Research Nurse Manager joins CRUK Women of Influence Programme.

Emma Williams, Senior Research Nurse Manager at Velindre Cancer Service, has become the first nurse to be accepted onto the Cancer Research UK (CRUK) Women of Influence programme, which provides early career researchers with independent mentorship from senior leaders outside academia.

Emma has built her career in cancer research nursing and, since coming to Cardiff and Vale University Health Board in 2015, has led improvements across clinical trials portfolios and developed a strong nurse-led research programme. She has also secured external funding, including support from Cure Leukaemia, contributed to TAP and IMPACT accreditations, and acted as nurse Principal Investigator on multiple observational, translational, epidemiological and post-authorisation studies. This work was highly commended in the Cardiff ECMC Network's 2022 bid, with the panel noting the high quality of nursing research.

Professor Alex Tonks, Head of Haematology at Cardiff University, said:
"[Emma's] unwavering commitment to nurse-led research, consistent publication record, and ability to mentor and motivate others have created a ripple effect of excellence. As both a mentor and a passionate advocate for patients, [Emma] exemplifies the highest standards of nursing leadership and innovation."

Having joined Velindre University NHS Trust in 2025, Emma Williams said, on her acceptance to the programme:
"I am thrilled that CRUK has accepted me onto this prestigious course and recognised my research contributions as a nurse. It really does highlight the important contribution that nurses can bring to research and how we can be a patients advocate within this space. I am really looking forward to meeting my mentor and leveraging any opportunities that will continue to support and benefit the patients within Wales."

5.11 Exploring Virtual Reality to support pain management in Palliative Care.

Prof. Taubert (left), Dr Cahill, Dr Harding, and other members of the Velindre Cancer Services Palliative Care team have been involved in the observational cohort NIHR trial.

Exploring Virtual Reality to support pain management in Palliative Care.

A research study into the use of virtual reality (VR) headsets as a pain management method for patients with advanced cancer shows promise in preliminary informal results.

Dr Cahill, Dr Harding and other members of the Velindre Palliative Care team have been involved in the observational cohort NIHR trial, which will conclude in 2026 and is co-ordinated by University College London.

he benefits of being able to escape the normal hospital and ward environment were a notable discussion point for participants and there was mention that few other interventions could offer this kind of fully immersive experience in quite the same way. Participants at Velindre scored their perception of pain whilst using the VR Headset and one participant, after using the headset, even went on to buy their own as they wished to continue to use the technology at home.

One of the challenges for the palliative care team during the project was getting to grips with the technology. Once this was overcome, it helped explaining the new intervention to patients and their loved ones. Upon initial discussion with patients when recruiting to the study, some patients had never seen or experienced virtual or augmented reality. Generally, the team received feedback that those who chose to participate enjoyed the experience, with no adverse effects being reported from the Velindre site during Phase I.

The study is sponsored by University College London and funded by NIHR Central Commissioning Facility.

Professor Mark Taubert, Palliative Care Consultant and Principal Investigator for the Cardiff site, said:
"The project is currently approaching Phase III where the feedback from all UK participants in Phase I is analysed and used to adapt/refine the technology. The revised technology will then be used by a new cohort of participants to discuss the recommended frequency of use of virtual reality."

5.12 Major investment to accelerate cancer diagnosis using liquid biopsy in Wales.

QuicDNA

The QuicDNA Max programme is supported by a £2.5M investment.

Major investment to accelerate cancer diagnosis using liquid biopsy in Wales.

A £2.5 million investment will accelerate the rollout of liquid biopsy testing across Wales, supporting faster and more personalised cancer diagnosis and treatment. The funding includes £1.2m from Welsh Government and £1.3m from the UK Office for Life Sciences, alongside grant support from four pharmacogenomic companies, and will support the next phase of the QuicDNA programme, known as QuicDNA Max.

QuicDNA uses circulating tumour DNA (ctDNA) testing to analyse cancer DNA from a blood sample, offering a less invasive alternative to tissue biopsy. Early data indicates that this approach can significantly reduce time to treatment compared with standard diagnostic pathways. QuicDNA Max will expand testing beyond lung cancer, roll out the service across all Welsh health boards, recruit specialist staff and embed genomic testing into routine NHS care.

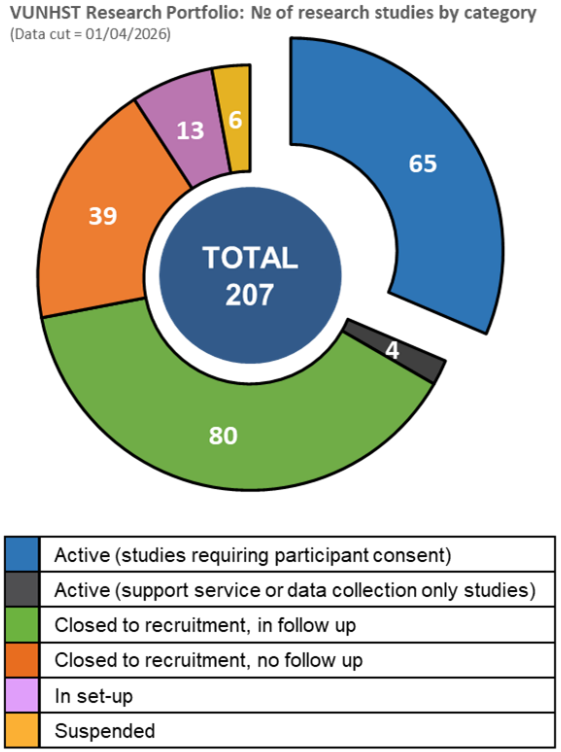
UK Science Minister Lord Vallance said:
“Early diagnosis is crucial for treating cancer, and can make a huge difference to outcomes for patients.
This promising work on blood tests could help get cancer patients treatments better-tailored to them, sooner, and without the need for invasive biopsies. It's a great example of how we're backing medical research that stands to make a meaningful difference to NHS patients in Wales.”

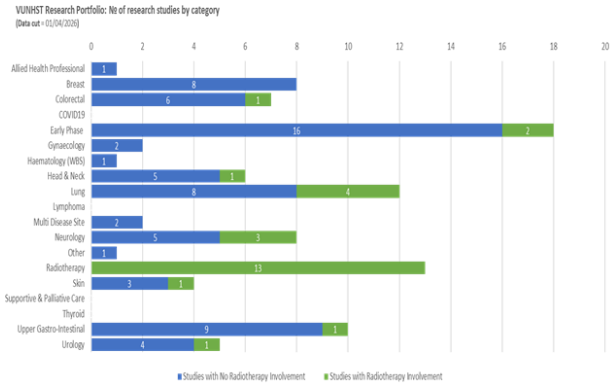
Suzanne Rankin, Chief Executive of Cardiff and Vale University Health Board and Senior Responsible Officer for the QuicDNA Programme, said:
“This investment is a game-changer for cancer care in Wales. It will allow us to scale up the use of ctDNA testing beyond lung cancer, recruit the specialist workforce we need, and embed cutting-edge genomic technologies across all health boards. By doing this, we can diagnose cancers earlier, personalise treatments, and give patients across Wales access to the very best in innovative care.”

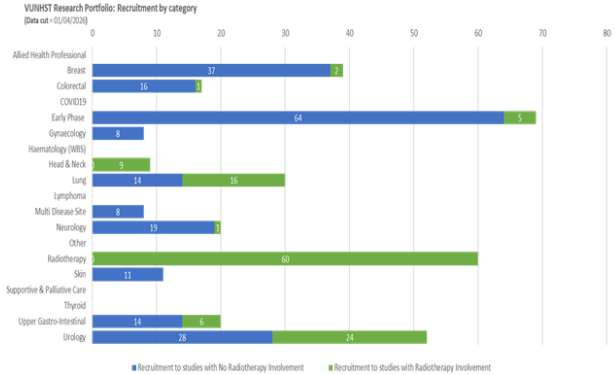
Velindre has been involved in QuicDNA since its inception. The original study was clinically led by Dr Magda Meissner, with Professor Richard Adams and Dr Paul Shaw as co-investigators, all core members of the Velindre Cancer Service.

6 Velindre Research Performance Indicators.

VUNHST Research Portfolio Dashboard







№ of studies opened

		CUMULATIVE	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2025/26		30	9	5	9	7
		NC=16 C=14	NC=5 C=4	NC=4 C=1	NC=6 C=3	NC=1 C=6
2024/25		33	7	4	11	11
		NC=17 C=14	NC=6 C=1	NC=2 C=2	NC=4 C=7	NC=6 C=5
2023/24		31	7	9	7	8
		NC=19 C=16	NC=3 C=4	NC=4 C=5	NC=3 C=4	NC=7 C=1

№ of participants recruited

		CUMULATIVE	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2025/26		263	77	66	68	52
		NC=225 C=38	NC=59 C=18	NC=55 C=11	NC=64 C=4	NC=47 C=5
2024/25		431	87	113	114	117
		NC=295 C=136	NC=55 C=32	NC=81 C=32	NC=74 C=40	NC=85 C=32
2023/24		504	116	154	107	127
		NC=402 C=102	NC=94 C=22	NC=133 C=21	NC=75 C=32	NC=100 C=27

Key: NC = Non-Commercial; C = Commercial

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

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

The RAG rating is calculated as follows:

RAG rating = % recruitment - % time elapsed

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

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

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

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

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

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

7.1 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	R	36% 15 studies	↓	↓	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. **List of studies with RAG rating = "RED"** • **ACTOv** [IRAS 1003954], target = 10; planned study end date = 01/04/28 • **APPROACH** [IRAS 306432], target = 11; planned study end date = 01/01/28 • **DECIPHER** [IRAS 1006810], target = 6; planned study end date = 30/11/25 • **DyNAMIc** [IRAS 1004759], target = 5; planned study end date = 01/06/26 • **MOLGEN** [IRAS 7086], target = 5; planned study end date = 30/04/26 • **NHS CVLP** [IRAS 325291], target = 1; planned study end date = 31/01/29 • **PemOla** [IRAS 1004744], target = 1; planned study end date = 31/07/27 • **PERCEIVE** [IRAS 344721], target = 10; planned study end date = 01/07/26 • **PRINCE** [IRAS 334993], target = 21; planned study end date = 31/10/26 • **QUARTZ LUNG** [IRAS 334993], target = 15; planned study end date = 1/12/27 • **SCC-AFTER** [IRAS 331136], target = 48; planned study end date = 31/12/28 • **Tessa Jowell BRAIN MATRIX - Platform Study** [IRAS 269228], target = 25; planned study end date = 01/10/26 • **UK P3BEP Trial** [IRAS 182633], target = 5; planned study end date = 30/11/25 • **Understanding how to use immune cells to TARGET blood cancer cells** [IRAS 347916], target = 5; planned study end date = 31/12/2029 • **VISON** [IRAS 335269], target = 50; planned study end date = 30/11/26
	A	5% 2 studies	↓	↓	
	G	60% 25 studies	↑	↑	

7.2 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	R	64% 16 studies	↑	↑	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. **List of studies with RAG rating = "RED"** • **MODI-1** [IRAS 298608], target = 3; planned study end date = 31/12/2026 • **SOHO-02** [IRAS 1010003], target = 2; planned study end date = 31/05/2026 • **ASPEN-09-03** [IRAS 1012669], target = 3; planned study end date = 9/12/2 • **ATTR-01** [IRAS 1010660], target = 4; planned study end date = 31/03/26 • **BNT323-03** [IRAS 1011776], target = 3; planned study end date = 17/7/2027 • **BNT326-01** [IRAS 1011236], target = 6; planned study end date = 27/04/27 • **BNT327-03** [IRAS 1011017], target = 2; planned study end date = 30/06/26 • **BNT327-07** [IRAS 1010972], target = 2; planned study end date = 01/10/26 • **CAMBRIA-2** [IRAS 1007986], target = 2; planned study end date = 20/3/2027 • **KEYNOTE D58** [IRAS 1010027], target = 12; planned study end date = 21/2/27 • **GLIOFOCUS** [IRAS 1010468], target = 2; planned study end date = 01/04/26 • **MCLA-158-CL02** [IRAS 1009629], target = 10; planned study end date = 9/3/26 • **MCLA-158-CL03** [IRAS 1006612], target = 3; planned study end date = 1/8/26 • **Real World Study Dostar Rectal Cancer CUP patients** [IRAS 344563], target = 3; planned study end date = 2/2/26 • **TROFUSE 11** IRAS 1010956], target = 3; planned study end date = 20/8/2027 • **TROPION-05** [IRAS 1007219], target = 3; planned study end date = 06/02/26
	A	4% 1 studies	↓	↓	
	G	32% 8 studies	↓	↓	

7.3 Closed studies – recruitment to time and target (non-commercial)

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = "RED"
C3 Closed: % of Closed non-commercial HCRW Portfolio Studies Recruiting to Target	R	58% 7 studies	↑	↑	**List of studies with RAG rating = "RED"** • **ABC-12** [IRAS 1005274], target = 12; planned study end date = 31/03/26 • **ADePT-DDR** [IRAS 277083], target = 2; planned study end date = 05/01/26 • **DOMENICA** [IRAS 1006901], target = 20; planned study end date = 01/04/26 • **FAIM** [IRAS 284870], target = 7; planned study end date = 30/12/25. • **InPACT** [IRAS 168344], target = 4; planned study end date = 31/05/26. • **PACE-NODES** [IRAS 307888], target = 10; planned study end date = 31/03/26. • **Virtual Reality Intervention for Advanced Cancer Pain** [IRAS 342158], target = 15; planned study end date = 01/08/25
	G	42% 5 studies	↓	↓	

7.4 Closed studies – recruitment to time and target (commercial)

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = "RED"
C4 Closed: % of Closed Commercial Studies Recruiting to Target	R	43% 3 studies	↑	↑	**List of studies with RAG rating = "RED"** • **23-BI-1607-02** [IRAS 1010696], target = 2; planned study end date = 31/04/26 • **AZD8205** [IRAS 1007820], target = 4; planned study end date = 31/03/26 • **H2H ph3 in 2L NSCLC divarasib vs soto or ada** [IRAS 1009611], target = 3; planned study end date = 30/09/25.
	G	57% 4 studies	↑	↑	

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

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

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

Organisation for European Cancer Institutes
Accessed at: https://accreditation.oeci.eu/the-ad-programme/
on 18 August 2025.

8.1 OECI Accreditation and Designation Programme.

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

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

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

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

8.2 OECI Designation Types.

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

The three types are:

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

All OECI accredited cancer centres are required to have:

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

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

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

8.3 OECI Designation Criteria.

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

The OECI designation criteria are as follows:

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

Preliminary designation: OECI Cancer Centre / OECI Comprehensive Cancer Centre
To be designated as an OECI CCC the Centre/Institute needs to fulfil all the General Criteria and 4 out of 6 Research Criteria (at least 2 for publications and 2 for trials).
The numbers in bold should normally be fulfilled. Taking the extra research criteria in the round, centres/institutes with a low percentage of patient accrual to clinical trials are unlikely to be designated as an OECI Comprehensive Cancer Centre.

* Purchasing power parity measure (PPP) will be used to calculate the budget for cancer care and research (1.1.5).

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

Source: Organisation of European Cancer Institutes. (2019) Accreditation and Designation User Manual V. 3.2. Accessed at: https://www.oeci.eu/Attachments/OECI_AD_MANUAL_3__2_2022.pdf on 18 Aug 2025.[1]

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

8.4 OECI Clinical Research Activity indicators.

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

The Trust Research Service has begun collecting the data required for OECI Clinical Research Activity Indicators from the beginning of FY2026/27

8.4.1 Research output: Peer reviewed publications.

The following information will present publication data from the **calendar year 2026**, for the Velindre Cancer Service. This information will be compiled by the Velindre University NHS Trust's Library Service.

YEAR	2026
Indicator	**Total (in the year specified)**
Number of international peer-reviewed publications (in the year specified) with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust.	
Total Number of international peer-reviewed publications per year (in the year specified) for Velindre Cancer Services, Velindre University NHS Trust.	
Number of publications with impact factor 5-10 with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust.	
Total number of publications with impact factor 5-10 from Velindre Cancer Services, Velindre University NHS Trust.	
Number of publications with impact factor >10 with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust.	
Total number of publications with impact factor >10 from Velindre Cancer Services, Velindre University NHS Trust.	
Impact factor cumulative	

8.4.2 Clinical Research Activity.

8.4.2.1 Clinical Trials.

	Indicator	FY2026/27 Q1	FY2026/27 Q2	FY2026/27 Q3	FY202627 Q4	FY2026/27 Cumulative Total
Activity						
	Total number of accruing multi-centre trials with international participation at Velindre University NHS Trust.					
	Total number of multi-centre trials with Principal Investigator (co-ordinating) from Velindre University NHS Trust.					
	Number of new investigator-initiated multi-centre trials **started** in the year with PI co-ordination from Velindre University NHS Trust.					
	Number of accruing prospective studies sponsored by industry.					
	Number of accruing prospective studies academically initiated.					
	Total number of trials in follow up (closed to recruitment).					
Number of Accruing Studies						
Prospective interventional trials	Phase I and Phase IIa trials.					
	Phase IIb trials.					
	Phase III trials.					
	Subtotal for Designation (A).					
	Observational or cohort studies testing with biomarker-based patient selection (see definition).					
Other trials	Phase IV "real life" trials.					
	Retrospective registry or quality studies.					
	Other studies (e.g. population or GWAS studies).					
	Grand total					

	Indicator	FY2026/27 Q1	FY2026/27 Q2	FY2026/27 Q3	FY202627 Q4	FY2026/27 Cumulative Total
Number of patients included in the year						
Prospective interventional trials	Phase I and Phase IIa trials.					
	Phase IIb trials.					
	Phase III trials.					
	Subtotal for Designation (A).					
	Observational or cohort studies testing with biomarker-based patient selection (see definition).					
Other trials	Phase IV "real life" trials.					
	Retrospective registry or quality studies.					
	Other studies (e.g. population or GWAS studies).					
	Grand total					
	Percentage of newly-treated patients included in prospective interventional clinical trials in index year (A) / **Cancer patients newly treated in the index year.**					

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

Definitions	
Cancer patients newly treated in the index year.	The number of patients with a diagnosis of cancer who are treated for the first time in the cancer centre/institute in the index year for a particular cancer, regardless of the date and place of the initial diagnosis. Treated means that the patient has gone through cancer directed treatment, regardless of type. Newly treated means the patient has never been treated before in the cancer centre/institute for the same cancer. According to this definition: a patient with a new (second or subsequent) cancer should be counted again; but a patient with a recurrent disease previously treated in the centre/institute should not be counted. The number of patients is counted, not the number of visits.

8.4.2.2 Clinical Trials Unit.

YEAR	FY2026/27
Indicator	**Total (in the year specified)**
Total FTE [Full Time Equivalent] of study nurses.	
Total FTE [Full Time Equivalent] of study co-ordinators.	
Total FTE [Full Time Equivalent] of bioinformaticians and statisticians.	
Other (please specify in notes) Please specify FTE [Full Time Equivalent].	

STRATEGIC PRIORITY 2

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

9 Welsh Blood Service Research.

9.1 Quarter 4 News Story: Early Career Scientist Achievements at British Blood Transfusion Society Conference.

Mission 2 Advancing Blood Components.

Mission 7 Enhance the impact of RD&I and celebrate success.

Two Welsh Blood Service colleagues, **Alexa Magno Pearce**, a Specialist Biomedical Scientist from Red Cell Immunohematology and **Ellie Delahay**, an Associate Practitioner from the Component Development Research Lab, were honoured to accept the Margaret Kenwright Award and present at the British Blood Transfusion Society (BBTS) Conference in October 2025.

Figure 1 Ellie (left) and Alexa (right) receiving their awards from Professor David Roberts, President of the British Blood Transfusion Society

The award is a respected honour in transfusion medicine, given to promising early-career scientists and clinicians. Winners are expected to present in the dedicate category at the conference.

Alexa findings were from a study exploring how storing platelets in the cold affects their function. Normally, platelets are stored at room temperature, but storing the platelets in a cold environment could make them last longer and be safer for emergency use like treating patients after serious accidents. Alexa results indicated that platelets stored in the cold had positive effects on their function. Learning more about how storage conditions affect platelet quality improves how trauma patients are transfused as effective usage of cold-stored platelets could save more lives.

In collaboration with Cardiff Metropolitan University, Ellie presented how extracellular vesicles, tiny particles released from red blood cells might affect an enzyme that helps produce dopamine in the brain. This could potentially influence conditions like Parkinson's disease, highlighting new findings that blood is more closely connection to brain health than previously realised.

Ellie's strong scientific background and curiosity helps to drive innovation within WBS, with a clear focus on improving patient care. For receiving the award Ellie stated: **"Winning the Margaret Kenwright Award was a huge honour. As a young, aspiring research scientist, opportunities for early recognition can feel limited, so this achievement was incredibly meaningful. It not only enabled me to attend my first professional conference but also gave me the chance to present my MSc research on the potential effects of red blood cell-derived extracellular vesicles in synucleinopathies- a project that was pivotal in solidifying my ambition to pursue a research career.**

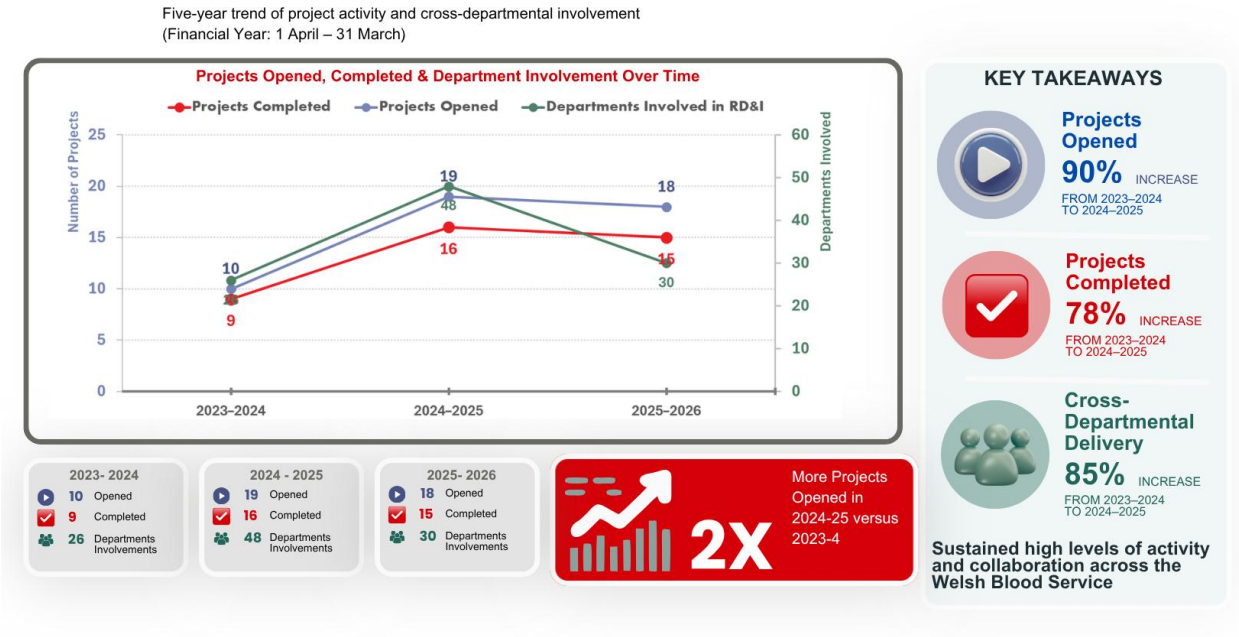
Gaining recognition for my work at such an early stage has driven me to seek further opportunities, including securing my first grant to fund a pilot study for my upcoming fellowship application. Winning this award also opened valuable networking opportunities, allowing me to join the BBTS Early-Career Professionals Committee. In this role, I collaborate with other young scientists across the UK to help shape the support the society provides to its members. Overall, winning this award has been a powerful motivator, reinforcing my confidence and commitment to research and inspiring me to continue building connections and contributing to the scientific community".

9.2 Welsh Blood Service RD&I Activity.

We are now approximately 18 months into delivery of the Welsh Blood Service Research, Development and Innovation Strategy. This provides an important opportunity to reflect on the scale, direction and impact of activity over the past three years.

RD&I activity has nearly doubled since 2023 to 2024, with sustained high levels of both project initiation and completion. This growth has been accompanied by a notable increase in cross-departmental involvement, demonstrating both rising organisational demand for RD&I and an associated increase in delivery complexity.

This trend reflects a maturing RD&I function, with broader engagement across WBS and a strengthening ability to support a diverse and expanding portfolio.



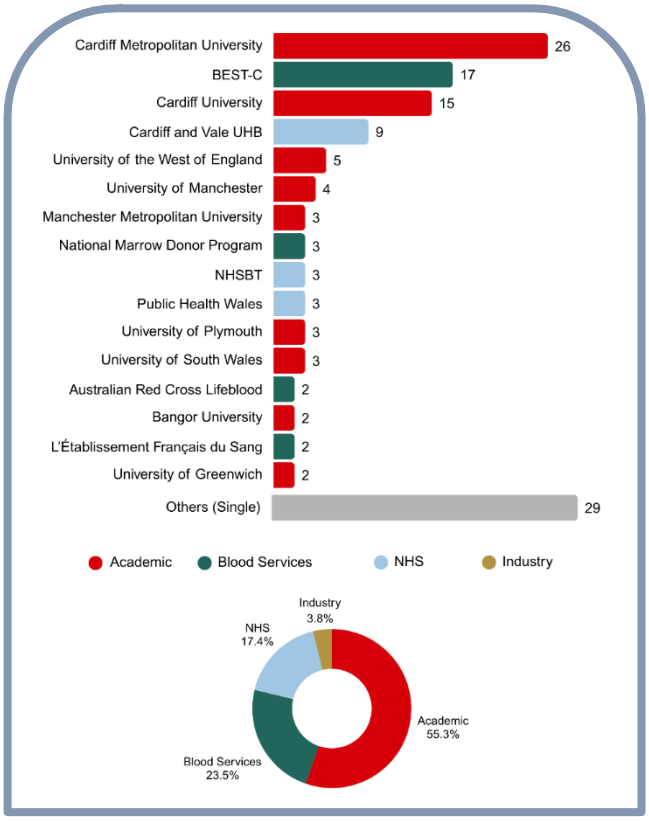
This growth not only reflects increased demand but is translating into tangible service improvements, supporting more efficient and evidence-led delivery across WBS.

9.3 Collaborations.

Our collaborative network continues to expand, with strong partnerships across national and international organisations. The most frequent collaborators over the past year are outlined below:

Collaborations through the BEST Collaborative account for approximately 15% of all partnerships, reinforcing WBS's strong international footprint, particularly across North America and Australia.

Alongside patient benefit, RD&I activity continues to support improvements in donor safety, experience and retention.



International Partners	Region
National Marrow Donor Program	USA
Australian Red Cross Lifeblood	Australian
L'Établissement Français du Sang	France
University of Minnesota	USA
American Red Cross Biomedical Services	USA
Baylor University Medical Center	USA
Belgian Red Cross Flanders	Belgium
Canadian Blood Services	Canadian
Children's National Hospital, USA	USA
Sanquin	Netherlands
Vitalant	USA

This collaborative footprint reflects WBS's growing international standing and influence within the transfusion community.

9.4 Annual Highlights.

Over the past 12 months, WBS RD&I has delivered a number of significant achievements. Several of these have been featured as news stories on the Welsh Blood Service website. Full articles are available via the Research section:

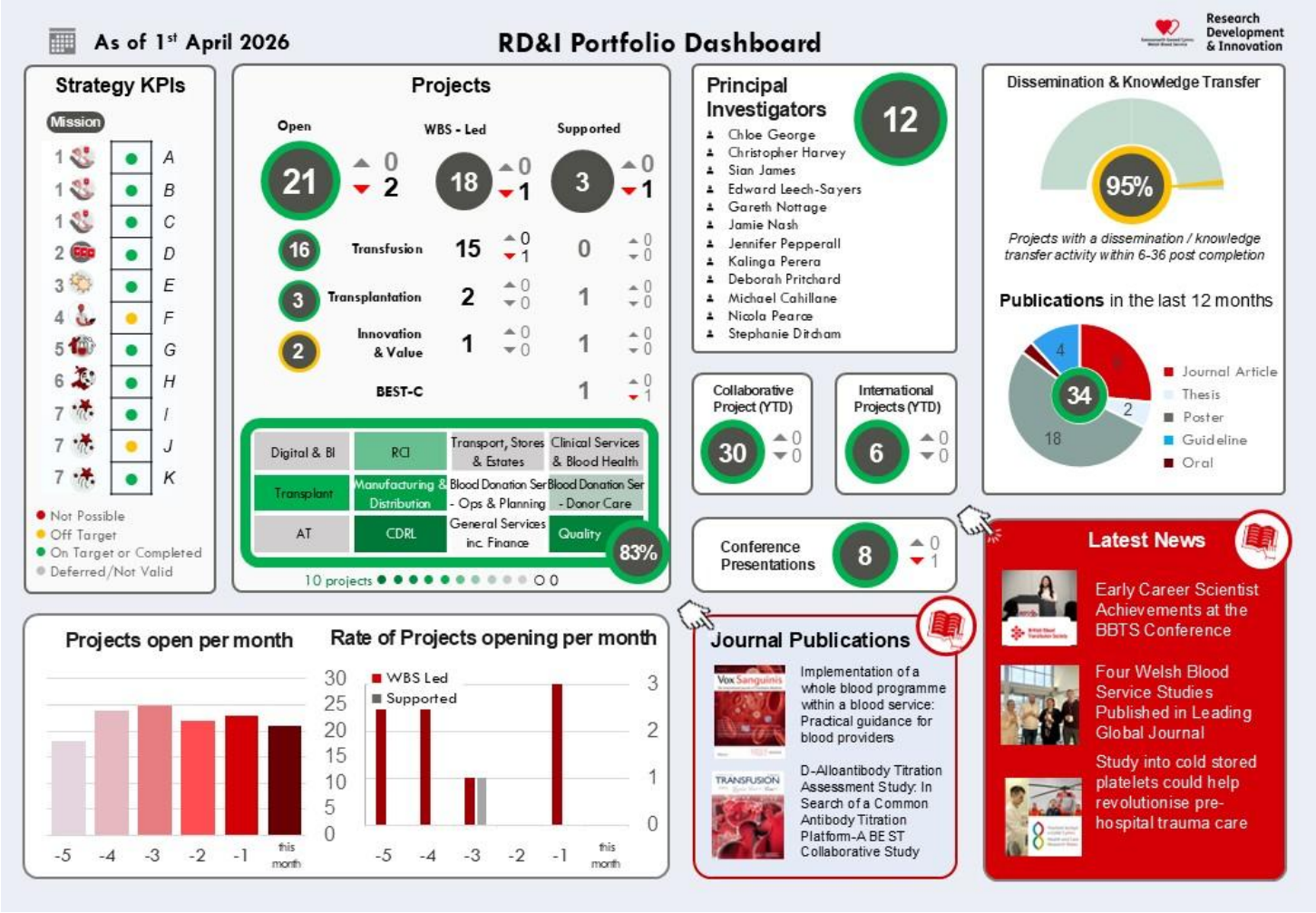
https://welsh-blood.org.uk/research-development-and-innovation-2/

Key highlights include:

	• **Four Welsh Blood Service studies published in a leading international journal, marking a significant milestone in publication output**
	• **Progress in cold-stored platelet manufacture and transport, with potential to transform pre-hospital trauma care**
	• **Award of a prestigious fellowship to a WBS funded Academic Researcher**
	• **Continued contribution to the BEST Collaborative, strengthening international RD&I links**
	• **Securing funding for the first clinical trial led by the Welsh Blood Service**

Collectively, these activities contribute to improved patient outcomes through safer transfusion practice, earlier intervention opportunities, and a strengthened clinical evidence base.

10 Welsh Blood Service Research Performance Indicators.



10.1 Open projects portfolio.

Project Name	WBS Project ID	Strategic Mission Link	WBS PI	Level of Involvement
Assessment of Oxidative Potential and Damage in Red Blood Cells	229	Transfusion	Edward Leech Sayers	WBS RD&I
Ensuring sustainability of Transfusion Training: Reinforcing the All-Wales Senior Student Assistantship Programme to ensuring improved Patient Safety	228	Transfusion	Stephanie Ditcham	WBS RD&I
Service Support of Provision of Blood donor samples for Public Health Wales's Surveillance of Immunity in Wales The 2025 – 2026 Season	224	Innovation and Value	Sian James	Service Support of others
Introduction of NHSBT enzyme-treated red cell panels to Red Cell Immunohematology (RCI)	222	Transfusion	Gareth Nottage	WBS RD&I
Development of Endothelialised Microfluidics for the Assessment of Platelet Products	221	Transfusion	Edward Leech Sayers	WBS RD&I
Investigation of Platelet Activation Receptors by Immunofluorescence Microscopy (BSc Project)	220	Transfusion	Edward Leech Sayers	WBS RD&I
Platelet derived extracellular vesicles as a novel haemostatic component – Pilot Study	219	Transfusion	Jamie Nash	WBS RD&I
Pilot Evaluation of a Strategy to Improve On-Shelf Availability of HPA-1a/5b Negative Platelets in Wales through Genotyping of Registered Stem Cell Donors	216	Innovation and Value	Kalinga Perera	WBS RD&I
Citrate vs Plasma Tube Comparison with External Partner Testing	214	Transfusion	Edward Leech Sayers	WBS RD&I
Service Support of BiVISTA Study at Cardiff and Vale UHB	213	Transplant	Jennifer Pepperall	Service Support of others
Investigation of Platelet Function by Microfluidics on 21-Day Cold Stored Buffy Coat Derived Platelet Concentrates	211	Transfusion	Chloe George	WBS RD&I
Regulatory Cells as a Biomarker in Kidney Transplant Recipients	207	Transplant	Deborah Pritchard	WBS RD&I

Project Name	WBS Project ID	Strategic Mission Link	WBS PI	Level of Involvement
A study of T-cell Antigen RecoGnition and function in blood cancer and stEm cell Transplant patients to inform future therapeutic development (TARGET)	206	Transplant	Christopher Harvey	**NHS Research**
Impact of cold temperature storage on bacterial growth in cold stored platelets.	205	Transfusion	Nicola Pearce	WBS RD&I
Development of an effective cryopreservation for long-term preservation of rare red cells.	200	Transfusion	Chloe George	WBS RD&I
Evaluation of Albumin as a Cryoprotectant for the Long-term Storage of RBC Units	199	Transfusion	Chloe George	WBS RD&I
Human Platelet Lysate Scientific	195	Transfusion	Michael Cahillane	WBS RD&I
Phase 0 Evaluation of non-DEHP Red Cell Storage Packs	194	Transfusion	Chloe George	WBS RD&I
Novel Cryoprotectants for Advancing Long-term Red Blood Cell and Platelet Storage	192	Transfusion	Chloe George	WBS RD&I
Understanding and Investigating White Particulate Matter (WPM)	175	Transfusion	Michael Cahillane	WBS RD&I

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

Project Name	WBS Project ID	Mission Link
BEST-C 189 HARP Study: HLA Antibodies with Refractory Patients	215	Transfusion

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

These metrics reflect the implementation of the new RD&I strategy. These KPIs are integrated into the organisation's reporting framework for planning and performance.

✔	KPI On track
⚠	KPI requires attention

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

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

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

10.4 WBS RD&I Key Performance Indicator [KPI] Narrative.

Number of Innovation Projects Successfully Implemented

Progress is being made in implementing the newly defined Innovation and Value Workstream. As a result, the number of active innovation projects has maintained in the quarter with two. This is expected to grow as the workstream becomes fully established but the target for the new financial year has decreased to two.

The PI must describe a suitable dissemination / knowledge transfer activity

At the end of Q4 this KPI fell into amber as not all WBS-led projects were 100% meeting target of knowledge transfer.

STRATEGIC PRIORITY 3

The Trust will implement the Velindre Innovation Plan.

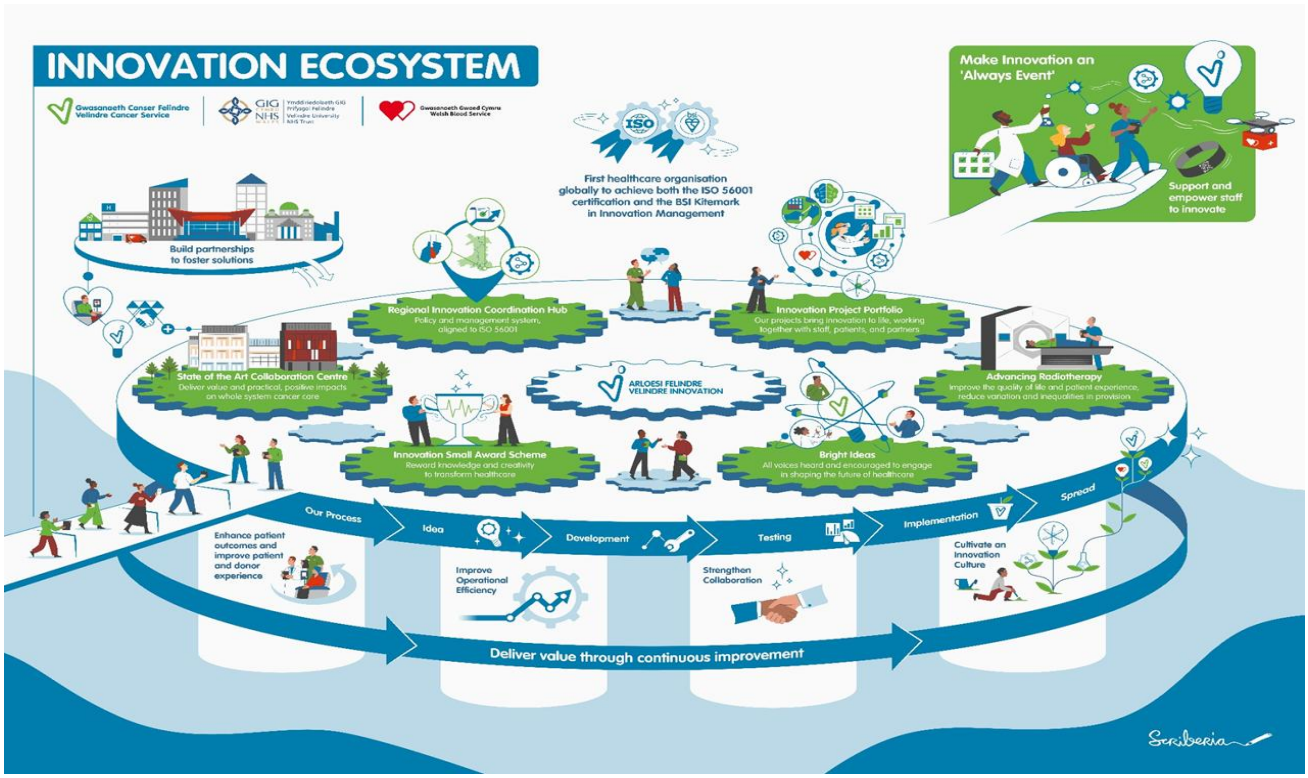
11 Velindre Innovation Service.

11.1 Introduction.

During the 2025/26 period, Velindre University NHS Trust continued to strengthen and embed innovation as a core organisational capability, aligned to Welsh Government priorities, *A Healthier Wales*, and the Trust strategy *Destination 2033*. Activity focused on building sustainable innovation infrastructure, strengthening system collaboration, and developing innovation capability across the Trust, supported through funding from the Innovation, Technology & Partnerships Programme in Welsh Government, and grant funding from the Velindre Charity and ARC funding from the Moondance foundation and Velindre Charity collaborative project.

To support Welsh Government and NHS Wales priorities, Velindre has developed an innovation ecosystem (see illustration below) that sets out the pathway from opportunity capture (including staff ideas and partner proposals) through prioritisation and governance to funding, delivery, evaluation and adoption (including spread and scale where appropriate). It also summarises the enabling foundations, including leadership sponsorship, workforce capability building, partnerships across NHS Wales, academia, industry and the third sector, and the Innovation Management System that provides a consistent, auditable way of working.

Velindre Innovation Ecosystem



A significant milestone was achieved in March 2026 with the successful attainment of ISO 56001 Innovation Management System certification and the BSI Innovation Management Kitemark, making Velindre the first healthcare organisation globally to achieve both. This provided independent external validation of the Trust's systematic, auditable approach to innovation management and formally concluded the ISO implementation programme.

11.2 Strategic Objectives and Implementation Themes.

The Trust's innovation approach in 2025/26 continued to operate against the established strategic objectives and implementation themes, providing continuity and consistency with the Innovation Plan and Innovation Management System.

Strategic objectives remained focused on:

1. **Enhancing patient outcomes and experience** through the adoption and scaling of innovative treatments, technologies and care pathways.
2. **Improving operational efficiency** by supporting innovation that reduces waste, duplication and unwarranted variation, and improves service delivery.
3. **Strengthening collaboration** with NHS Wales partners, academia, industry and the third sector to maximise system learning and shared benefit.
4. **Embedding a culture of innovation**, enabling staff at all levels to contribute ideas and participate in innovation activity.

These objectives continued to be supported through core implementation themes, including the development of a collaborative innovation ecosystem, clear governance and assurance, workforce engagement and capability building, leadership and role modelling, data-informed decision-making, and a focus on inclusion and accessibility in innovation participation.

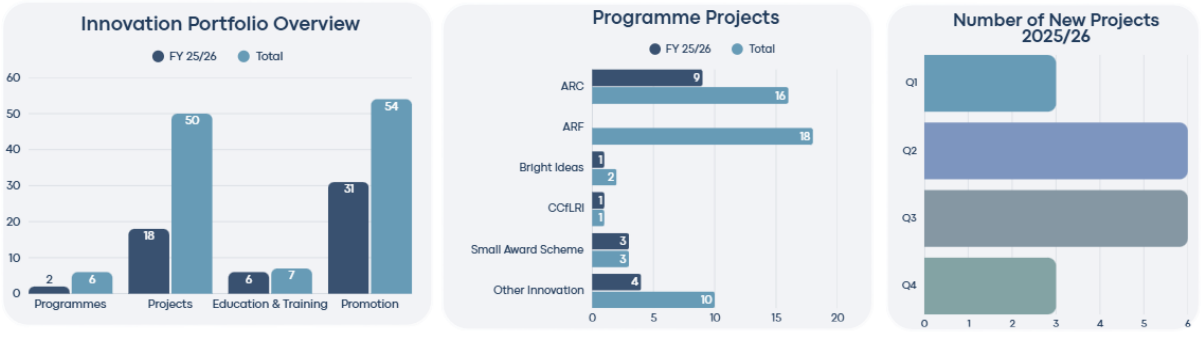
11.3 Innovation Portfolio Overview.

Throughout 2025/26, the Innovation Service delivered and progressed a portfolio of innovation programmes and initiatives across cancer and blood services, including Advancing Radiotherapy Cymru (ARC), the Advanced Radiotherapy Fund (ARF), the Regional Innovation Coordination (RIC) Hub, Bright Ideas, the Innovation Small Award Scheme, and the continued development of the Collaborative Centre.

Portfolio delivery was supported through strengthened governance and structured idea capture, alongside routine monitoring and reporting to maintain visibility of progress, risks and delivery across the innovation system.

Alongside programme delivery, 2025/26 included continued focus on funding sustainability and future planning, including exploration of charitable funding routes, proposals linked to Collaborative Centre resourcing, and broader diversification of funding approaches to support longer-term innovation capability.

Innovation Portfolio Programmes (2025/26)



11.4 Innovation Programme Overview.

The following sections provide a brief summary of each programme, including purpose, key activity during 2025/26 and indicative progress and impact.

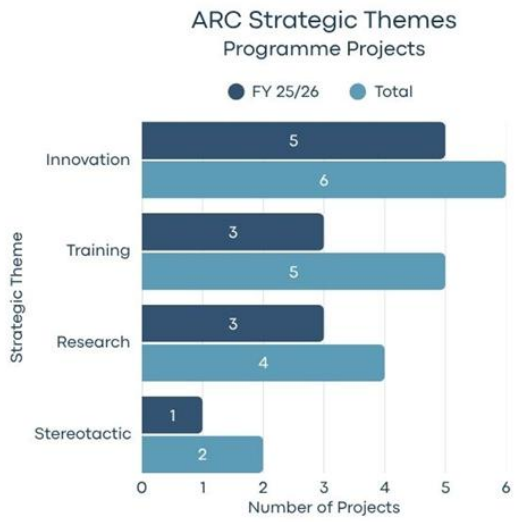
11.4.1 Advancing Radiotherapy Cymru (ARC).

Launched in 2023, the programme formally became part of the innovation portfolio programmes in 2024 with oversight and secretariat absorbed into the Innovation Office remit. Advancing Radiotherapy Cymru (ARC) continued as an all-Wales innovation programme during 2025/26, providing a structured mechanism to progress radiotherapy-focused innovation aligned to national clinical priorities, workforce development and service sustainability.

During the year, ARC activity focused on:

- Pipeline development and portfolio growth, with additional projects progressing through application, assessment and delivery stages.
- Collaborative working across NHS Wales radiotherapy services, supporting shared learning, consistency and reduction of unwarranted variation.
- Translation of research and innovation into service delivery, including projects aligned to treatment optimisation, precision radiotherapy and digital enablement.

The ARC Academy approved and funded 8 new projects in 2025/26, while the programme continued to deliver strong progress across its strategic themes. Several projects have now transitioned into routine practice, improving treatment precision, safety, and access to advanced radiotherapy. Clinical trial activity has also been sustained through periods of technological change this year, ensuring continued patient access to research. At the same time, workforce and education initiatives are increasing capacity, supporting role development, and strengthening the pipeline of skilled staff.



Overall, the ARC programme remains strategically aligned and financially stable, with strong progress continuing across clinical innovation, workforce development, education and research. ARC is continuing to embed innovation into practice, delivering measurable benefits for patients and building a more resilient, future-ready radiotherapy service across Wales.

11.4.2 Advanced Radiotherapy Fund.

Established in 2015, the Advanced Radiotherapy Fund (ARF) programme has provided £5 million to support the implementation of stereotactic radiotherapy treatment and workforce development. ARF continued to demonstrate ongoing value in 2025/26, reflecting the sustained impact of historic investment in advanced radiotherapy capability, stereotactic techniques and workforce development.

Activity during the year focused on:

- Maintaining and evidencing benefits from previous ARF-funded projects.
- Supporting knowledge transfer, dissemination and recognition of outcomes achieved through ARF investment.
- Ensuring learning from ARF projects informs future innovation programme design and prioritisation.

Recognition received during the year reinforced the longer-term contribution of ARF to innovation-enabled service improvement and clinical capability. The Trust's Radiotherapy Physics team won the MediWales Innovation Awards Technology and Digital Impact Award for EdgeVcc, an automated treatment planning solution that streamlines workflows and supports faster, more efficient care.

11.4.3 Bright Ideas.

Bright Ideas is an innovative platform enabling staff to contribute ideas aligned with the Trust's strategic objectives. Bright Ideas remained a core mechanism for staff-led innovation and idea capture, aligned to the Trust's Innovation Management System.

Following the launch of the second Bright Ideas challenge in Quarter 2, activity during 2025/26 focused on:

- Providing clear, accessible routes for staff to submit and develop ideas aligned to organisational priorities.
- Supporting early-stage idea assessment, feedback and progression through structured governance.
- Embedding Bright Ideas within a wider innovation culture, reinforcing staff empowerment and participation.

The programme supported increased innovation awareness, staff engagement and readiness to contribute, particularly when innovation pathways and expectations were clearly communicated.

11.4.4 Innovation Small Award Scheme.

The Innovation Small Award Scheme was launched in 2025 and has supported practical, locally-led innovation during 2025/26, with funded projects commencing delivery in Quarter 3.

The scheme enabled:

- Testing and development of small-scale, service-relevant innovations with clear operational or patient benefit.
- Cross-disciplinary and partner collaboration, including digital and pathway-focused activity.
- Early-stage innovation learning, supporting staff confidence, capability and progression to more mature innovation routes where appropriate.

The following examples are provided to illustrate the type of practical outputs delivered through the Innovation Small Award Scheme during 2025/26, and to demonstrate the value of targeted early-stage investment. During 2025/26, supported projects included:

1. **E-Sign (Pharmacy)** – Phase 1 implementation of an electronic document signing solution to streamline internal administrative processes, reduce reliance on paper, support remote working and improve audit readiness (initially prioritising Purchase Orders).
2. **QR-Code Cymru Wristband Project** – evaluation of QR-code wristbands in palliative and supportive care to improve access to key patient information and support more joined-up care.
3. **Cold Stored Platelets** – development of a communications deliverable to strengthen a collaborative clinical research funding bid led by the Welsh Blood Service, with partners including EMRTS Cymru and the Ministry of Defence.

These examples show how relatively small, time-limited funding has supported delivery of practical outputs within the year and helped projects build early evidence and readiness for the next stage (including scale or formal adoption where benefits are demonstrated). This directly supports *A Healthier Wales* ambitions by helping teams test and improve services in a proportionate way, making better use of digital where it adds value, and building the evidence and learning required to support more consistent practice and wider adoption where appropriate.

11.4.5 Regional Innovation Coordination (RIC) Hub.

The Regional Innovation Coordination (RIC) Hub funding continued to play a central enabling role within the Innovation Service during 2025/26, supporting the coordination, governance and maturation of the Trust's innovation system.

RIC funding enabled:

1. Dedicated innovation capacity and programme management, supporting delivery across the full innovation portfolio.
2. Development and embedding of innovation infrastructure, including governance arrangements, portfolio oversight, reporting and risk management.
3. Education, engagement and capability-building activity, enabling staff participation in innovation through structured routes.
4. Partnership development and system collaboration, supporting activity across NHS Wales, academia, industry and the third sector.

The RIC Hub was a key enabler of the Trust's successful implementation of the ISO 56001 Innovation Management System, including internal audit activity, external certification and ongoing continuous improvement. Through this enabling role, the RIC Fund supported both direct programme delivery and the sustainability of innovation capability beyond the funding period.

Collaborative Centre (Development Phase).

During 2025/26, development of the Collaborative Centre progressed as a strategic, enabling programme supporting the Trust's longer-term innovation infrastructure.

Key activity included:

- An AWS-facilitated design workshop, supporting clarification of the Centre's purpose, scope and operating model.
- Validation of assumptions relating to collaboration, leadership development and system learning, including exploration of a Collaboration / Leadership Lab concept.
- Early planning to ensure alignment with the New Velindre Cancer Centre, wider workforce development and innovation ecosystem objectives.
- Certification to ISO 56001 strengthens collaboration opportunities by giving partners a common framework and language for co design, portfolio prioritisation and benefit realisation, supporting

clearer roles, expectations and accountability as Collaborative Centre activity and wider system partnerships continue to mature.

Whilst remaining in development, this work has strengthened partnership readiness, shared understanding and future delivery capability.

11.4.6 Innovation Project Portfolio / Other Innovation.

During 2025/26, innovation delivery was supported by a combination of programme outputs and enabling activity that strengthened governance, capability and engagement across the Trust. Key highlights included:

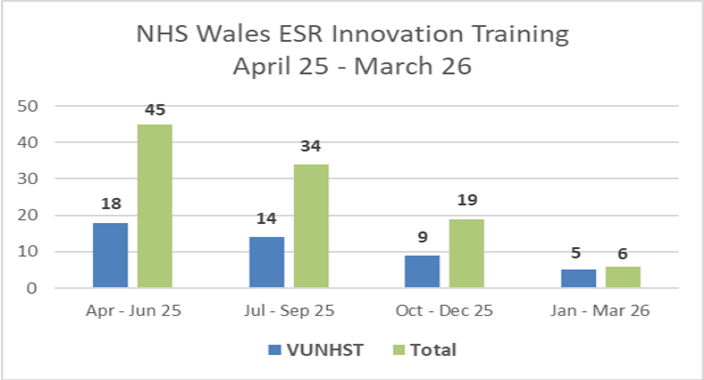
- **ISO 56001 Innovation Management System implementation and certification:** completion of implementation and assurance milestones, including the development of the audit schedule, delivery of internal audits, and successful completion of Stage 1 and Stage 2 external certification audits during Q3–Q4, culminating in certification and Kitemark achievement in March 2026. Achieving ISO 56001 and the BSI Innovation Management Kitemark provides independent external validation of the Trust's innovation maturity and establishes a shared, auditable way of working that improves consistency, governance and decision-making across services. It also strengthens collaboration by giving partners a common framework and language for co-design, portfolio prioritisation and benefit realisation, supporting clearer roles, expectations and accountability as Collaborative Centre activity and wider system partnerships continue to mature.
- **Targeted staff engagement and awareness:** targeted engagement activity delivered in Q4, including an Innovation Awareness stand reaching 141 staff across two engagement days, with feedback indicating increased awareness and willingness to submit ideas when routes are clear.
- **Embedding innovation within workforce processes:** continued work with Workforce and OD to embed innovation within organisational development processes, supporting longer-term innovation culture and capability building.
- **Collaborative project delivery:** multiple collaborative projects progressed across the Collaborative Centre, ARC, Innovation Small Awards Scheme, Project Dragon's Heart and Bevan Commission exemplar activity, demonstrating breadth of partnership-enabled innovation activity.
- **Monitoring and evaluation arrangements:** ongoing monitoring was supported through internal and external assurance mechanisms, including internal audit activity against the innovation management system and formal external audit through certification, alongside routine portfolio review and risk management activity.

11.5 Education and Training.

Innovation education, engagement and capability building formed a core strand of delivery during 2025/26. This included:

- **NHS Wales ESR Innovation Training module rollout:** total completions reported as 105, including 47 completions from Velindre University NHS Trust.

NHS Wales ESR Innovation Training: Completions (2025/26)



Source: ESR reporting extract (2025/26)

- **Croeso induction:** innovation content embedded within Croeso induction, supporting early awareness and understanding, with 130 Trust staff receiving innovation induction since October 2025.
- **Welsh Government 'Amplify' innovation management training:** participation across Q3 and Q4, supporting capability building and alignment with national approaches.
- **Continuous improvement of the training offer:** ongoing refinement and planning for further phases of innovation training as part of continuous improvement activity within the innovation management system.

11.6 Communications, Publications, and Recognition.

Communications and promotion activity during 2025/26 increased awareness of innovation across the Trust and with external stakeholders, including training and funding promotion, engagement campaigns, showcases and recognition.

- **ISO 56001 and BSI Innovation Management Kitemark:** promotion of Velindre's achievement (March 2026), reinforcing independent external validation of the Trust's innovation maturity (Q4).
- **Staff engagement and awareness:** Innovation Awareness stand in the Velindre Cancer Centre (Q4), National Innovation Day communications and Wear Red Day activity (Q4).
- **Training promotion:** ongoing promotion of the NHS Wales ESR Innovation Training module (Q1 & Q2) and follow-up communications to encourage completion.
- **Funding and opportunity calls:** ARC calls for applications and promotion of radiotherapy research and innovation funding opportunities (Q1& Q2); promotion of the NHS Clinical Entrepreneur Programme (Q3).
- **Showcase and events:** participation in MediWales Connects NHS Collaboration Conference (Q1) and project/showcase communications including Project Nexus workshop and research & innovation showcase activity (Q2).
- **Project and partnership highlights:** communications on Dragon's Heart (Q3 & Q4), QR Code Wristband Project (Q4), NHS Hack Day #30 (Q4) and other portfolio updates.
- **Fundraising and community activity:** charity-linked communications including Victory over Cancer walk and Mile a Day activity (Q1 & Q2), supporting visibility and engagement.

Publications during the year included: MediWales Connects conference programme (Q1); Radiotherapy Research and Innovation Showcase Event brochure (Q2); Innovation Newsletter - Winter Edition (first edition, distributed via the Trust intranet) (Q3); and The Climate Chronicles Issue 002 (January 2026), highlighting the E-Sign project funded by the Innovation Small Award Scheme (Q4).

External dissemination and recognition included content published in MediWales *LifeStories* (three stories submitted during Q1) and recognition through the MediWales Innovation Awards (Q3), where the Trust's Radiotherapy Physics team won the Technology and Digital Impact Award for EdgeVcc, an automated treatment planning solution that streamlines planning workflows and supports faster, more efficient care.

11.7 Conclusion.

Overall, 2025/26 represented a year of consolidation and maturation of innovation at Velindre, with major infrastructure and assurance milestones achieved and a strengthened foundation for sustained innovation delivery.

Achievement of ISO 56001 certification and the BSI Innovation Management Kitemark, alongside continued delivery across core programmes (ARC, ARF, RIC, Bright Ideas, Innovation Small Awards and Collaborative Centre development), demonstrates a systematic approach to innovation management, capability building and partnership working across the Trust.

The Trust is well-positioned to continue embedding and maturing innovation governance, scaling effective initiatives, and strengthening measurement of outcomes and impact in future reporting periods.

STRATEGIC PRIORITY 4

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

12 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.

12.1 VUNHST sponsored studies metrics.

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

	FY2024/25			
	Q1	Q2	Q3	Q4
Number of New Projects Sponsored	0	1	2	0
Number of Studies Opened	1	0	1	0
Scope of Studies Opened	National	N/A	National	N/A
Number of Sites Opened	1	0	2	0
Number of Publications	0	0	1	0
Number of Abstracts	0	0	0	1
Number of Articles	1	0	0	0
Recruitment	1	2	7	5

12.2 VUNHST sponsored research.

The Research & Development team has been providing support to NHS Wales Shared Services Partnership, primarily within ophthalmology, in relation to research activity and data-sharing requests. This has included facilitating governance review and supporting the appropriate sharing of data for collaborative projects involving Cardiff University researchers.

To date, this work has included two sponsored research projects involving mandatory questionnaires exploring how ophthalmologists address smoking cessation and depression within their patient populations.

The team has also been invited to contribute to the development of the Centre for Vision Services at Cardiff University, where there is interest in establishing future collaborative research activity involving NWSSP. Initial discussions have taken place to consider the scope of the collaboration and to outline the governance, contractual and data-sharing requirements necessary to support appropriate participation in future research projects.

12.3 VUNHST sponsored studies publications.

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

Conference / Journal / Website	Submitted by	Outcome	Title
PATHOS			
Health and Care Research Wales	Heiberg, C.	Web page article	International Clinical Trials Day 2025: Welsh teams leading advances in health and care research https://healthandcareresearchwales.org/about/news/international-clinical-trials-day-2025 May 2025.
British Journal of Cancer	Evans, M. Hurt, C. Rhys, R. Mahajan, A. McQueen, A. Dixon, J. Robinson, M. Robinson, N. Hunter, K. Christian, A. Jones, A. Queiroz, A. Huang, S. H. O'Sullivan, B. Canham, J. Heiberg, C. Jones, T.	Published	Correlation between imaging-detected and pathological extranodal extension in a randomised trial in Human Papillomavirus-positive oropharyngeal cancer. https://doi.org/10.1038/s41416-025-03291-z 27 November 2025
BAHNO - British Association of Head and Neck Oncologists	Hooper, C	Abstract	What are Speech and Language Therapists' (SLT) Perceptions of the impact of their involvement in research on their clinical practice? May 2026.

13 Cross-cutting themes: progress.

Cross-cutting themes across Strategic Priorities 1 to 4														
		FY2025/26				FY2026/27				FY2027/28				
Cross cutting theme	Objective & Expected benefit	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Progress / Comments
Research workforce development / training	Continue to develop and implement an RD&/Trials training programme to that aligns to the forthcoming implementation in April 2026, of the: - The Medicines for Human Use (Clinical Trials) Regulations 2024. - ICH Good Clinical Practice E6(R3) guidelines. ensuring that all sponsored and hosted clinical trials are conducted to the highest standards of patient safety, data integrity, and regulatory readiness. This should draw on as appropriate: (1) Trust-developed internal training. (2) Health and Care Research Wales training. (3) Training from specialist non-commercial and commercial providers **Expected benefit:** Increased capability and confidence across Trust staff to develop, set up, deliver and manage clinical trials/research studies.				x									Existing research training arrangements continued to be reviewed and enhanced during FY2025/26 to support alignment with the forthcoming UK Medicines for Human Use (Clinical Trials) Regulations 2024 and ICH GCP E6(R3). Activity has included mapping current training provision against emerging regulatory expectations and identifying opportunities to strengthen role-specific training, oversight and consistency across research delivery settings. Review work has incorporated consideration of internal training provision alongside external programmes available through Health and Care Research Wales and specialist commercial and non-commercial providers. Benchmarking activity, including engagement with The Clatterbridge Cancer Centre, has also informed ongoing refinement of the Trust's approach to clinical research training and workforce development. Enhancement activity is expected to continue on a phased basis as the new regulatory framework becomes embedded across the clinical research environment.
Investment in Research Delivery & Governance team infrastructure development	Strengthen staffing capacity and capability within the Research Delivery & Governance teams to support delivery of complex and high-volume clinical trial portfolios,													During FY2025/26, work continued to review and strengthen existing research delivery and governance arrangements to ensure alignment with increasing portfolio complexity, commercial research growth and evolving

	ensuring timely set-up, delivery, and regulatory compliance. **Expected benefit:** Improved study initiation timelines, sustained recruitment performance, and enhanced regulatory readiness.													regulatory expectations. Activity has included workforce and capability review, consideration of future skills requirements and ongoing evaluation of operational interfaces across research delivery and governance functions. Development work has remained aligned to wider organisational workforce and financial planning processes to support sustainable service development. Benchmarking discussions, including engagement with The Clatterbridge Cancer Centre, have also informed consideration of future operating arrangements and workforce models. Further refinement activity is expected to continue alongside wider organisational planning and service development workstreams.
Digital infrastructure development and enablement	Develop and implement digital systems to streamline research management, documentation, and reporting, including phased roll-out of Florence eBinders and integration with existing Trust systems. **Expected benefit:** Improved efficiency, accuracy, and accessibility of research records, supporting compliance and reducing administrative burden.													Work during FY2025/26 has focused on progressing the planned implementation of FLORENCE eBinders as part of the wider enhancement and modernisation of research documentation and oversight arrangements across the Trust. Activity has included workflow review, consideration of folder structure requirements, and engagement with operational departments including Pharmacy, Radiotherapy and Digital Services. Review activity has also focused on ensuring alignment of digital systems and documentation processes with the expectations associated with the UK Clinical Trials Regulations 2024 and ICH GCP E6(R3), particularly in relation to oversight, documentation management and digital enablement. Implementation and enhancement activity will continue on a phased basis to support safe, sustainable and proportionate adoption across the organisation.

Partnership engagement and collaboration	Strengthen cross-organisational collaborations (local, regional, and national) to expand research opportunities, share expertise, and improve patient access to clinical trials. **Expected benefit:** Increased number and diversity of research studies available to patients, stronger external partnerships, and enhanced profile of Velindre University NHS Trust in research delivery.													Steady progress has continued in strengthening local, regional and national research partnerships. VUNHST maintains active collaboration with Cardiff Cancer Research Partnership (Cardiff & Vale UHB and Cardiff University), the Experimental Cancer Medicine Centre, Wales Cancer Research Centre and Health and Care Research Wales. Partnership discussions during FY2025/26 have increasingly focused on longer-term service integration, research delivery sustainability, commercial research opportunities and shared infrastructure development. This has included ongoing engagement around collaborative delivery models, specialist workforce support and cross-organisational research capability. These relationships continue to evolve and are expected to support further collaborative development activity over the coming planning period.

CORPORATE

14 Research, Development, and Innovation Finances.

14.1 Introduction

The purpose of this paper is to present the financial performance of the Research, Development & Innovation (RD&I) Division for the period to the end of March 2026 (Month 12 2025/26). The dashboard included within Appendix 1 provides an overview of the position.

14.2 Financial Performance to March 2026

The reported financial position for RD&I at the end of March 2026 shows an overspend of £232k, an increase of £147k from February. The high-level position by category is shown below, with a more detailed breakdown by Directorate shown in Appendix 2.

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

		Cumulative Position M12		
Subjective	Annual Budget (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Pay	4,403	4,403	4,611	208
Non Pay	857	857	1,507	650
Income	(4,565)	(4,565)	(5,192)	(627)
Grand Total	**694**	**694**	**926**	**232**

Key Variances:

- Pay – As the Division is operating close to full establishment, vacancy control savings are not being achieved in full. This is an important consideration as £30k of the £110k total saving for vacancy control in 2025/26 is recurrent and will pose a risk next financial year. Primary overspends relate to Admin and Clerical staff.

- Non-Pay – The £650k overspend on non-pay is primarily driven by non-budgeted expenditure. This includes £95k for external consultancy (PwC), £20k in legal fees relating to BSI Kitemark certification, and £101k of building contract costs associated with the vaccine room refurbishment. Additional pressures include £49k for the Florence e-binder system for R&D, £70k relating to Cardiff University VPAG posts which were not budgeted for, £10k for laboratory equipment, £13k for training and conferences, and £214k relating to contractual clinical services for trials.

- Income - The division's greatest area of risk continues to be income, with a challenging target of £4.6m set for 2025/26, including an additional £150k savings target from increased commercial trials income. The year-to-date income overachievement of £627k is a positive outcome, up from £154k in February largely due to the inclusion of the 25/26 VPAG monies, not previously budgeted for. The overachievement against income budgets helped to provide mitigation for gross overspends against pay and non-pay.

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

Income Analysis by category:

Sum of Amount £'s Subjective	Annual Budget £'000	YTD Budget £'000	YTD Actual £'000	YTD Var £'000
Welsh Govt. Other Income	1,164	1,164	2,014	(850)
R & D Income / Grants	320	320	200	120
Commercial Trials Income	1,378	1,378	1,341	37
Charity Income	1,399	1,399	1,376	23
Other Income	304	304	261	43
Grand Total	**4,565**	**4,565**	**5,192**	**(627)**

Key Finance Target 2: To pay at least 95% of invoices within 30 days

	Current Month	Year to Date	Forecast Outturn
% Compliance	82%	86%	>95%

The PSPP compliance target is to pay 95% of invoices within 30 days. Performance in the current month has declined marginally compared to the prior month. PSPP compliance will remain a key area of focus to ensure performance is restored and maintained at the 95% target.

14.3 Delivery of savings

The table set out in Finance Appendix 1 demonstrates how the 2025/26 savings are planned to be delivered.

While the year-to-date position for establishment control is challenging, mitigation through commercial income overachievement has ensured that the Division has been able to deliver the in year savings target during the year. The current nature of some schemes continues to be an area of concern, particularly establishment vacancy control. Commercial income generation is also recurrent in nature and so any potential overachievement cannot be assumed to be available as mitigation in future years.

Where there is a risk of deviation from planned full delivery, the Division is expected to identify appropriate mitigation measures while implementing remedial action. Failure to manage appropriately may have consequences, not only for the Divisional position but also for the position reported to Trust Board.

It should be noted that the 2025/26 approach to mitigation is not a recurrent solution, as future years' commercial income has been earmarked for other purposes. A 3% planning assumption for 2026/27 savings has been confirmed meaning that RD&I have been allocated a target of £287k (£150k of which is recurrent). This is in additional to the recurrent items which are yet to achieved. The Division as a whole will be responsible for determining how these will be achieved, with a clear plan provided to Finance. To date, no such plan has been submitted, which is time sensitive as budgets need to be finalised ahead of the new financial year.

14.4 Conclusion

Divisional budget holders are required to carefully monitor expenditure and savings against these budgets which are based on intended spend and savings profiles. In addition, there is a requirement to provide realistic forecasts for annual outturn expenditure and savings on at least a monthly basis. It is particularly important that emerging overspends or underspends and slippage against savings plans are identified and clear actions, timescales and lead identified in order to bring overspends back

within budget and shortfall on savings targets replaced with alternative savings. Any such overspends or underspends or savings shortfall and associated actions should be declared as soon as they become known, so they can be managed within the context of the overall Trusts budget.
Whilst it is extremely important that robust oversight and control over all costs is maintained, it is particularly important that the underlying pressures and opportunities are fully understood. This will allow an assessment to be made as to the extent to which these will continue into future years.

The following highlights the risks that have impacted both in the current year and potentially on next financial year unless remedial action is taken:

- Undelivered recurrent savings in respect of vacancy control. £30k (27%) of the £110k vacancy control saving for 2025/26 is recurrent, therefore, permanent mitigation must be identified in addition to 2026/27 savings.

- The level of commercial income opportunities will not be available for mitigation in future years as commercial income has been earmarked for other purposes

14.5 Finance Appendix 1 – Research, Development, & Innovation FY2025/26.

Appendix 1 - Research, Development & Innovation 2025-26 — Month 12 – March

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

	Cumulative Position M12			
Subjective	Annual Budget (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Pay	4,403	4,403	4,611	208
Non Pay	857	857	1,507	650
Income	(4,565)	(4,565)	(5,192)	(627)
Grand Total	694	694	926	232

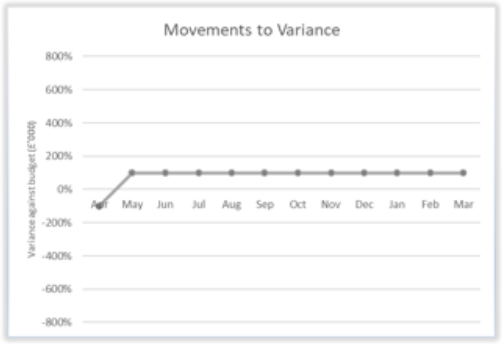
Income Summary

Sum of Amount £'s Subjective	Annual Budget £'000	YTD Budget £'000	YTD Actual £'000	YTD Var £'000
Welsh Govt. Other Income	1,164	1,164	2,014	(850)
R & D Income / Grants	320	320	200	120
Commercial Trials Income	1,378	1,378	1,341	37
Charity Income	1,399	1,399	1,376	23
Other Income	304	304	261	43
Grand Total	4,565	4,565	5,192	(627)

Recurring Budget Risks & Opportunities:

- Assessment made of temporary funding support via Charity, VPAG and Faktion – ensure that transparency across all areas to aid and support financial sustainability
- Consider options to further explore commercial and other income in line with IMTP strategy
- Growing RD&I function in sustainable way is reliant on commercial trials income growth and appropriate exit strategy around those posts that are funded via the charity
- Patient recruitment

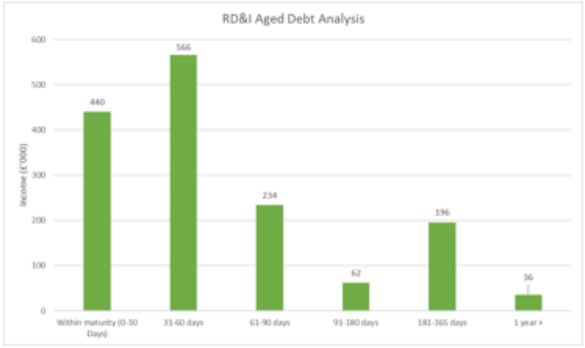
The figures and charts below highlight the performance against the 2025/26 targets.



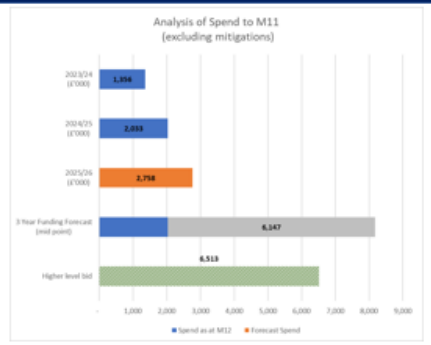
Payment of Invoices: to pay at least 95% of invoices within 30 days.

	Current Month	Year to Date	Forecast Outturn
% Compliance	82%	86%	>95%

Aged Debtors



Integrated Bid



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

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

IMTP Considerations:

- Establishment control savings are under delivered
- Overall CIP target delivered in full due to the overachievement of commercial income, which is mitigating the impact.
- Smart action plans to be developed to support the additional 3% CIP target to be achieved for 2026/27.

14.6 Finance Appendix 2 – Finance Performance by Directorate.

Row Labels	Sum of Annual Budget	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance
RAA1-R&D Office	**(£25,535)**	**(£25,535)**	**£91,397**	**£116,933**
Income	(£3,801,815)	(£3,801,815)	(£4,371,292)	(£569,476)
Non Pay	£452,224	£452,224	£1,029,441	£577,216
Pay	£3,324,055	£3,324,055	£3,433,248	£109,193
RAAS-Strategic IB	**£542,240**	**£542,240**	**£701,259**	**£159,019**
Income	(£550,626)	(£550,626)	(£574,300)	(£23,674)
Non Pay	£302,165	£302,165	£415,958	£113,793
Pay	£790,701	£790,701	£859,600	£68,899
RINV-Innovations	**£177,684**	**£177,684**	**£133,410**	**(£44,274)**
Income	(£212,870)	(£212,870)	(£246,326)	(£33,456)
Non Pay	£102,443	£102,443	£61,413	(£41,030)
Pay	£288,111	£288,111	£318,324	£30,213
Grand Total	**£694,389**	**£694,389**	**£926,067**	**£231,678**

Appendix A: Summary of RD&I Risk Profile.

The following table summarises the risks for Research & Development. 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.

The Risk Rating Matrix is as follows:

RISK RATING MATRIX - IMPACT X LIKELIHOOD					
RISK MATRIX	LIKELIHOOD(*)				
CONSEQUENCE(**)	1- Rare	2- Unlikely	3 - Possible	4 - Probable	5 - Expected
1 -Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 -Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25

To note, risk scores are calculated by multiplying the impact (first number in brackets) of the risk by the likelihood of the risk (second number in brackets).

A1. Current risk register (Open Risks) – From 01 April 2025.

No.	ID & Date	Directorate	Risk Domain	Risk Owner	Description of Risk	Inherent Rating	Current Rating	Target Rating and Expected date	Rating change since last reporting period	Actions & Due Date	Progress since last report period
	RESEARCH AND DEVLOPMENT (R&D)										
	RISKS in the domain										
1	ID: 2200 01 May 2011	Velindre Cancer Services: Radiotherapy Services	Performance and Service Sustainability	**Risk Owner:** Tony Millin, Director of Medical Physics and Clinical Engineering **Risk Lead:** Helen Payne, Radiotherapy Services Manager	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: 1. Capacity to meet the Trust's existing contractual requirements to deliver clinical trials requiring patients to receive radiotherapy treatment. 2. Capacity to offer patients opportunity to take part new clinical trials where they would receive radiotherapy treatment. 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. The RADIOTHERAPY SERVICE risk has an inherent risk score of 16 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: **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. 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. Patient safety risk - Patients will wait longer to start treatments resulting in possible poorer clinical outcomes, lack of symptom control and poor patient experience. Reputational risk - 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.	**12** (3 x 4)	**8** (2 x 4)	**6** (2 x 3) Expected date: 01 Nov 2027	◄►	**15 May 2026.** 1. 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: a. Trust R&D Office representation on the Radiotherapy Trials Portfolio Group, which assess and discuss the impact of Radiotherapy Service changes on the delivery of existing clinical trials, allowing prioritisation discussions to take place. b. 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. 2. 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). 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. 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.	The Datix output relating to this risk indicates that the risk direction of travel remains stable / no movement, with the Date that the Target Risk Rating was expected to be achieved = **01 Nov 2027.** The next formal service review date is **16 Nov 2026.** The **RADIOTHERAPY SERVICE** has added further mitigation to the risk. A SBAR has been submitted to the VCS Operational Management Board (OMB) to increase capacity at V@NHRU. **RESEARCH SERVICE:** During Quarter 3 and Quarter 4, the Radiotherapy Trials Solutions Group continued to meet to support optimisation of radiotherapy capacity and scheduling for research studies alongside wider service pressures and IRS implementation activity. Existing radiotherapy trials continued to be reviewed against available operational capacity, with contractual trial treatment requirements continuing to be delivered within agreed parameters. New trial proposals involving radiotherapy continue to undergo assessment through the Radiotherapy Trials Portfolio Group to ensure alignment with available capacity, operational priorities and IRS-related service developments prior to confirmation of support through the Research Service's Confirmation of Capacity and Capability processes. As wider **RADIOTHERAPY SERVICE** transformation and IRS implementation activity continues, review and refinement of associated research delivery arrangements will continue as part of ongoing operational oversight during FY2026/27.

No.	ID & Date	Directorate	Risk Domain	Risk Owner	Description of Risk	Inherent Rating	Current Rating	Target Rating and Expected date	Rating change since last reporting period	Actions & Due Date	Progress since last report period
	RESEARCH AND DEVLOPMENT (R&D)										
	RISKS in the domain										
2	ID: 3252 01 May 2011	Velindre Cancer Services	Research and Development	**Risk Owner:** Christopher Cotterill-Jones, Research Delivery Manager **Risk Lead:** Christopher Cotterill-Jones, Research Delivery Manager	Cardiff & Vale University Health Board (CVUHB) unable to keep up with Velindre University NHS Trust's (VUNHST) support requests for research study radiological biopsies.	**20** (4 x 5)	**8** (2 x 4)	**4** (2 x 2) Expected date: 31 Oct 2026	◀▶	**15 May 2026** The Trust's Research Service continues to work with CVUHB Joint Research Office on resolving the issue. Exploration of support to the services within CVUHB continues to examine possible funding sources to support the appointment of additional posts. Additionally, CVUHB JRO staff shall be invited to join VUNHST Research Service Trials Operational Group to discuss the research study support requirements and status of those provided by CVUHB. 1. Continuing to set-up research studies where biopsies are optional or can be undertaken at Velindre Cancer Centre (VCC). 2. Continuing to set-up research studies with mandatory biopsies using support requests to CVUHB on a case-by-case basis. 3. Work ongoing with CVUHB Joint Research Office & CVUHB Radiology to resolve issue. 4. VUNHST R&D commercial radiology sessions supporting the identification of radiological biopsy requirements as part of study set-up. 5. VUNHST exploring support service agreements with other organisations.	The Datix output relating to this risk indicates that the risk direction of travel remains stable / no movement, with the Date that the Target Risk Rating was expected to be achieved = **31 Oct 2026.** The next formal service review date is **31 Oct 2026.** During Quarter 3 and Quarter 4, the Research Service continued to monitor biopsy-dependent studies closely throughout feasibility and study set-up processes. Studies requiring mandatory radiological biopsies continued to be identified early, with alternative local pathways and mitigation options considered where feasible. Engagement with Cardiff & Vale University Health Board **RADIOLOGY** services and the **JOINT RESEARCH OFFICE** has continued to support forward planning, operational visibility and exploration of longer-term sustainable arrangements. Internal escalation and review processes relating to biopsy-dependent studies have also remained embedded within the **RESEARCH SERVICE's** Confirmation of Capacity and Capability arrangements. Given the interdependency on wider cross-organisational operational capacity and service planning, collaborative review and service development discussions will continue during FY2026/27.

No.	ID & Date	Directorate	Risk Domain	Risk Owner	Description of Risk	Inherent Rating	Current Rating	Target Rating and Expected date	Rating change since last reporting period	Actions & Due Date	Progress since last report period
	RESEARCH AND DEVLOPMENT (R&D)										
	RISKS in the domain										
3	ID: 3953 20 Apr 2026 **NEW RISK**	Velindre Cancer Services: SACT & Medicines Management	Research and Development	**Risk Owner:** Bethan Tranter, Chief Pharmacist **Risk Lead:** Owain Jones, Principal Pharmacist Clinical Trials	There is a risk to performance and service sustainability as a result of insufficient pharmacy capacity to support RD&I clinical trial delivery leading to reduced ability to open new trials, support recruitment of new patients and to deliver on Trust R&D strategic objectives and KPIs.	**20** (4 x 5)	**20** (4 x 5)	**6** (2 x 3) Expected date: 30 Sep 2026	**NEW RISK**	This is a NEW RISK. The mitigation actions listed in DATIX are: 1. Pharmacy to recruit to Band 5 Pharmacy Technician replacement (post approved by VCC scrutiny panel w/c 13th April 2026). 2. Pharmacy to recruit to vacant pharmacist post 0.6 WTE. 3. VPAG Pharmacy monies to be approved by Trust to enable recruitment. 4. Pharmacy to contribute to Trust scoring prioritisation matrix for clinical trials, to demonstrate variability in trials set up/resources required of pharmacy and hence to support best use of pharmacy team time in terms of delivering pharmacy trial activity output. 5. Pharmacy to work with RD&I to improve communication as to priority of clinical trial set up – to increase efficiency.	This is a **NEW RISK.** The Datix output relating to this risk indicates that the risk direction of travel is Risk Increasing, with the Date that the Target Risk Rating was expected to be achieved = **30 Sep 2026.** The next formal service review date is **30 Jun 2026.**

A2. Risks closed since last report.

No.	ID & Date	Directorate	Risk Domain	Risk Owner	Description of Risk	Inherent Rating	Current Rating	Target Rating and Expected date	Rating change since last reporting period	Actions & Due Date	Progress since last report period
	RESEARCH AND DEVLOPMENT (R&D)										
	RISKS in the domain										

During Quarter 4, there have been no Research and Development risks were closed since 01 April 2025. All risks remain under active monitoring through the Research, Development, and Innovation governance structure.

PUBLICATIONS 2025

Appendix B: Velindre Cancer Service.

The following appendix lists **publications from 2025**, from the Velindre Cancer Service. This listing has been compiled by Velindre University NHS Trust's Library Service.

During **2025**, there has been a total of 153 publications – 94 articles and 59 conference abstracts.

Cancer Site Specific

B1. Breast

Articles

K. Aboud, **M. Meissner** and **R. Jones** (2025). "Capivasertib/Fulvestrant in patients with HR+, HER2-low or HER2-negative locally advanced or metastatic breast cancer." Therapeutic advances in medical oncology **17**: 17588359251358947. **Impact Factor = 4.2**

J. E. Abraham, L. O. O'Connor, L. Grybowicz, K. P. Alba, A. Dayimu, N. Demiris, C. Harvey, L. M. Drewett, R. Lucey, A. Fulton, A. N. Roberts, J. R. Worley, M. A. Chhabra, W. Qian, J. Brown, R. Hardy, A.-L. Vallier, S. Chan, M. E. U. Cidon, E. Sherwin, A. Chakrabarti, C. Sadler, J. Barnes, M. Persic, S. Smith, S. Raj, **A. Borley**, J. P. Braybrooke, E. Staples, L. C. Scott, C. A. Palmer, M. Moody, M. J. Churn, D. Pilger, G. Zagnoli-Vieira, P. W. G. Wijnhoven, M. B. Mukesh, R. R. Roylance, P. C. Schouten, N. C. Levitt, K. McAdam, A. C. Armstrong, E. R. Copson, E. McMurtry, S. Galbraith, M. Tischkowitz, E. Provenzano, M. J. O'Connor and H. M. Earl (2025). "Neoadjuvant PARP inhibitor scheduling in BRCA1 and BRCA2 related breast cancer: PARTNER, a randomized phase II/III trial." Nature communications **16**(1): 4269. **Impact Factor = 15.7**

J. A. Dunn, P. Donnelly, N. Elbeltagi, A. Marshall, A. Hopkins, A. M. Thompson, R. Audisio, S. E. Pinder, D. A. Cameron, S. Hartup, L. Turner, A. Young, H. Higgins, E. K. Watson, S. Gasson, **P. J. Barrett-Lee**, C. Hulme, B. Shinkins, P. S. Hall and A. Evans (2025). "Annual versus less frequent mammographic surveillance in people with breast cancer aged 50 years and older in the UK (Mammo-50): a multicentre, randomised, phase 3, non-inferiority trial." Lancet (London, England) **405**(10476): 396–407. **Impact Factor = 88.5**

S. Harding and A. Borley (2025). "Switching to a Fixed-dose Combined Pertuzumab and Trastuzumab With Recombinant Human Hyaluronidase Subcutaneous Injection to Treat Human Epidermal Growth Factor Receptor 2-positive Breast Cancer in Real-world UK Clinical Practice." Clinical oncology (Royal College of Radiologists (Great Britain)) **37**: 103671. **Impact Factor = 3.0**

V. Gaury, Z. Vaquette, V. Aubert, C. Barcenas, L. J. Jones, D. Jacobs, J. Guillon, A. Filiot, B. van der Vegt, E. Hocquet, C. Maisin, **L. K. Spary**, M. Bateson, A. L. Martin, D. Drubay, S. Everhard, L. Guillou, M. Sefta, I. Garberis, F. Andre, A. V. Salomon, S. Krishnamurthy and M. Lacroix-Triki (2025). "Clinical Validation of RlapsRisk BC in an international multi-cohorts setting." medRxiv. **No Impact Factor – preprint server**

J. V. Waterhouse, A. Holdich, F. Mina, M. Obeid, K. Joshi, S. Barrett, L. Rajakumar, G. McCormick, S. Seymour, P. Koliou, R. Sylva, O. Ayodele, A. Gautam, J. Smith, J. McKeon, T. Strawson-Smith, R. Douglas, **A. Borley**, A. Konstantis and S. McGrath (2025). "Safety and Efficacy of Atezolizumab in Combination With nab-Paclitaxel in Patients With PD-L1 Positive Metastatic or Locally Advanced Triple-Negative Breast Cancer: A UK-Wide Cancer Centre Experience." Clinical oncology (Royal College of Radiologists (Great Britain)) **49**: 103968. **Impact Factor = 3.0**

B2. Colorectal

Articles

F. Aroldi, E. Elez, T. Andre, G. Perkins, H. Prenen, V. Popovici, P. Gallagher, J. Houlden, L. Collins, C. Roberts, C. Rolfo, F. Di Nicolantonio, M. Grayson, R. Boyd, K. Bettens, J. Delfavero, V. Coyle, M. Lawler, H. Khawaja, P. Laurent-Puig, M. Salto-Tellez, T. S. Maughan, J. Tabernero, **R. Adams**, R. Jones, B. T. Hennessy, A. Bardelli, M. Peeters, M. R. Middleton, R. H. Wilson and S. Van Schaeybroeck (2025). "A Phase Ia/b study of MEK1/2 inhibitor binimetinib with MET inhibitor crizotinib in patients with RAS mutant advanced colorectal cancer (MErCuRIC)." BMC cancer **25**(1): 658. **Impact Factor = 3.4**

A. Audisio, C. Gallio, V. Velenik, H. Meillat, E. Ruiz-Garcia, M. C. Riesco, J. S. Alecha, G. Rasschaert, C. Carvalho, V. Randrian, I. Kirac, J. Hernando, M. Artac, J. M. O'Connor, I. Waldhorn, P. M. Braam, A. Shamseddine, R. Moretto, C. De la Pinta, F. De Felice, A. Dulskas, D. Paez Lopez-Bravo, A. Vanden Bulcke, F. Bock, A. Deleporte, M. Van Den Eynde, K. P. Geboes, M. Loi, M. Messina, C. Houlze-Laroye, A. Puccini, A. Pastorino, D. Papamichael, M. Fiore, D. Sur, M. Eid, C. Antoun, M. Salati, I. Garajova, M. Jakubauskas, J. Tomasek, C. M. Sousa Pinto, J. Schwingel, F. Morano, **R. A. Adams**, A. Dermine, A. Chau, M. A. Javed, M. Ghidini, F. Fiorica, P. Montenegro, A. Petrillo, G. Spolverato, N. Mulet Margalef, M. Diaz, C. Baratelli, F. Puleo, A. Karampeazis, F. Sert, Q. Gilliaux, A. De Stefano, G. Liberale, L. Moretti, P. Martinive, V. Deltuvaite Thomas, V. Staggs, E. D. Saad, J.-L. Van Laethem and F. Sclafani (2025). "Total Neoadjuvant Therapy for Locally Advanced Rectal Cancer." JAMA oncology **11**(9): 1045–1054. **Impact Factor = 20.1**

J.-B. Bachet, A. de Gramont, M. Raeisi, M. Rakez, R. M. Goldberg, N. C. Tebbutt, E. Van Cutsem, D. G. Haller, J. R. Hecht, R. J. Mayer, S. M. Lichtman, A. B. Benson, A. F. Sobrero, J. Tabernero, **R. Adams**, J. R. Zalcberg, A. Grothey, T. Yoshino, T. Andre, Q. Shi and B. Chibaudel (2025). "Characteristics of Patients and Prognostic Factors Across Treatment Lines in Metastatic Colorectal Cancer: An Analysis From the Aide et Recherche en Cancerologie Digestive Database." Journal of clinical oncology : official journal of the American Society of Clinical Oncology **43**(18): 2094–2106. **Impact Factor = 41.9**

G. Bregni, **R. Adams**, R. Bale, M. A. Bali, I. Bargellini, L. Blomqvist, G. Brown, C. Cremolini, P. Demetter, T. Denecke, A. Dohan, C. Dopazo, E. Elez, S. Evrard, R. Feakins, M. Guckenberger, M. G. Guren, M. Hawkins, A. Hoorens, E. Huguet, M. Intven, T. Koessler, W. G. Kunz, F. Lordick, V. Lucidi, A. H. Mahnken, H. Malik, P. Martinive, M. Mauer, A. M. Romero, I. Nagtegaal, F. Orsi, W. J. Oyen, O. Pellerin, M. Rengo, J. Ricke, A. Ricoeur, A. Riddell, M. Ronot, M. Scorsetti, J. Seligmann, C. Sempoux, K. Sheahan, S. Stattner, M. Svrcek, J. Taieb, N. West, L. Wyrwicz, C. J. Zech, M. Moehler and F. Sclafani (2025). "EORTC consensus recommendations on the optimal management of colorectal cancer liver metastases." Cancer treatment reviews **136**: 102926. **Impact Factor = 10.5**

R. Frood, A. Gilbert, D. Gilbert, N. L. Abbott, S. D. Richman, V. Goh, S. Rao, J. Webster, A. Smith, J. Copeland, S. P. Ruddock, L. Berkman, R. Muirhead, A. G. Renehan, M. Harrison, **R. Adams**, M. Hawkins, S. Brown and D. Sebag-Montefiore (2025). "Personalising anal cancer radiotherapy dose (PLATO): protocol for a multicentre integrated platform trial." BMJ open **15**(11): e109655. **Impact Factor = 2.3**

H.-J. Lenz, T. Liu, E. Y. Chen, Z. Horvath, I. Bondarenko, I. Danielewicz, M. Ghidini, P. Garcia-Alfonso, **R. Jones**, M. Aapro, Y. Zhang, J. Wang, W. Wang, J. Adeleye, A. Beelen and J. Hubbard (2025). "Trilaciclib prior to FOLFOXIRI/bevacizumab for patients with untreated metastatic colorectal cancer: phase 3 PRESERVE 1 trial." JNCI cancer spectrum **9**(1). **Impact Factor = 4.1**

A. Macnair, **R. Adams**, A. Appelt, M. Beavon, K. Drinkwater, C. R. Hanna, S. M. O'Cathail and R. Muirhead (2025). "Neoadjuvant Treatment of Rectal Cancer: A Repeat UK-wide Survey After Implementation of National Intensity Modulated Radiotherapy Guidance." Clinical oncology (Royal College of Radiologists (Great Britain)) **41**: 103835. **Impact Factor = 3.0**

Conference Abstracts

A. Macnair, **R. Adams**, A. Appelt, M. Beavon, K. Drinkwater, C. R. Hanna, S. M. O'Cathail and R. Muirhead (2025). "Neoadjuvant treatment of rectal cancer: A UK-wide audit after implementation of national IMRT guidance." Radiotherapy and Oncology **206**(Supplement 1): S1173–S1175.

R. K. McMahon, S. M. O'Cathail, C. Hanna, J. Graham, M. Saunders, N. MacLeod, R. Muirhead, L. Samuel, **R. Adams**, L. Devlin, L. Wells, C. Arthur, C. Kelly, L. Lewsley, L. Paterson, N. Walker, L. Hillson, A. K. McCulloch, C. Y. Kong and C. S. Roxburgh (2025). "Patient experience assessment with serial sampling for research in rectal cancer radiotherapy trials: use of the Decision Regret Scale." Radiotherapy and Oncology **206**(Supplement 1): S1178–S1179.

L. S. Nixon, M. Carucci, A. Casbard, L. Raisanen, C. Porter, P. J. Markham, M. G. Guren, V. Goh, **T. Rackley**, S. Bosompen, N. L. Abbott, M. Drury, M. Hall, M. Harrison and **R. Adams** (2025). "Phase 1b/II trial of pembrolizumab plus standard radiotherapy with chemotherapy in Squamous Cell Carcinoma of anus (CORINTH): Cohorts safety data." Radiotherapy and Oncology **206**(Supplement 1): S1168–S1169.

C. S. Roxburgh, C. R. Hanna, M. P. Saunders, C. Arthur, L. M. Samuel, L. Wells, R. Muirhead, N. J. MacLeod, J. S. Graham, L. Devlin, J. Edwards, L. V. Hillson, R. K. McMahon, A. K. McCulloch, L. Paterson, C. Kelly, L. A. Lewsley, N. Walker, **R. Adams** and S. M. O'Cathail (2025). "PRIME-RT: Durvalumab with extended neoadjuvant regimens in locally advanced rectal cancer (LARC): a randomised phase II trial." Radiotherapy and Oncology **206**(Supplement 1): S1163–S1164.

P. Roy, **R. A. Adams**, **E. Spezi** and C. Piazzese (2025). "Deep Radiomic Analyses of Genomics and Oncologic Scans (DRAGONs)." Radiotherapy and Oncology **206**(Supplement 1): S3804–S3805.
D. Sebag-Montefiore, L. Samuel, S. Gollins, R. Glynne-Jones, R. Harte, N. West, P. Quirke, A. S. Myint, S. Bach, S. Falk, **P. Parsons**, A. Dhadda, V. Misra, G. Brown, M. Harrison, L. White, M. Duggan, R. Begum, E. Chang, R. Musleh, A. Lopes and **R. Adams** (2025). "ARISTOTLE: Mature results of a phase 3 trial evaluating the addition of irinotecan to capecitabine chemoradiation in locally advanced rectal cancer." Radiotherapy and Oncology **206**(Supplement 1): S1192–S1194.

B3. Gynaecology

Articles

F. Cherifi, I. Ray-Coquard, M. J. Rubio, X. Paoletti, D. Lorusso, C. H. Choi, K. Hasegawa, D. S. P. Tan, **E. Hudson**, A. Davis, G. Tognon, S. Lheureux, M. A. Vardar Key, J. E. Kurtz, J. Alexandre and F. Joly (2025). "DOMENICA: dostarlimab versus chemotherapy alone in first-line MMR-deficient advanced endometrial cancer patients." Future oncology (London, England) **21**(13): 1613–1623. **Impact Factor = 2.6**

K. Harano, R. Fossati, B. Pardo, F. Galli, **E. Hudson**, Y. Antill, C. Lee, M. Rabaglio, F. Heitz, V. Kolovetsiou-Kreiner, C.-H. Lai, E. Biagioli, L. Manso, S. Nishio, K. Allan, Y. C. Lee, S. Uggeri, A. Redondo, S. Nakagawa, E. Au, J. Lombard, A. Gadducci, K. Takehara, E. E. Baldini, I. Palaia, C. Casanova, A. Ardizzoia, A. Bologna, M.-P. Barretina-Ginesta and N. Colombo (2025). "Phase III double-blind randomized placebo controlled trial of atezolizumab in combination with carboplatin and paclitaxel

in women with advanced/recurrent endometrial carcinoma: the Asian cohort of the AtTEnd/ENGOT-EN7 trial." Journal of gynecologic oncology **36**(4): e117. **Impact Factor = 3.7**

J. McGrane, L. Eastlake, D. Hadjiyiannakis, S. Lalondrelle, R. Bowen, S. Trent, M. Obeid, **E. Hudson,** R. Agarwal, S. Gandhi, T. Young, R. Kristeleit, R. Mohammed, M. Rowe, S. Dubey, J. Forrest, L. Seneviratne, M. Hussain and G. J. Melendez-Torres (2025). "Real World Multi-centre UK Review of Nivolumab Monotherapy in Metastatic Endometrial Cancer With Mismatch Repair Deficiency During COVID-19." Clinical oncology (Royal College of Radiologists (Great Britain)) **45**: 103899. **Impact Factor = 3.0**

J. C. McMullan, C. Smith, R. Jones, C. Butterworth, C. Davies, H. Long, J. Pottle, C. Jarrom, R. Peevor, R. Jones, P. Gupta, **L. Hanna**, **E. Hudson** and S. Jones (2025). "All Wales Ovarian Cancer Prehabilitation Project (AWOCPP)." BMJ open quality **14**(Suppl 1). **Impact Factor = 1.6**

Conference Abstracts

S. Banerjee, S. P. Hasson, R. Bowen, J. E. Ang, J. McGrane, A. Walther, I. Vazquez, A. George, J. Millar, **E. Hudson**, C. Green, R. Miller, R. Agarwal, S. Williams, D. Jackson, S. Moon, L. Tookman, M. Quigley, M. Ncube, E. King, R. Brooks, S. Connolly and A. Tran (2025). "MONITOR-UK 6-month preliminary analysis: Multi-centre observational study of maintenance niraparib in ovarian cancer (OC)." BJOG: An International Journal of Obstetrics and Gynaecology **132**(Supplement 7): 12.

V. Gibson, **L. Hanna**, **E. Hudson**, **L. Harris** and **G. Jones** (2025). "A review of squamous cell vulval carcinoma treated with radical intent radiotherapy at Velindre Cancer Centre, Cardiff 2017-2021." BJOG: An International Journal of Obstetrics and Gynaecology **132**(Supplement 7): 41.

S. P. Hasson, R. Bowen, J. E. Ang, J. McGrane, A. Walther, I. Vazquez, J. Millar, **E. Hudson**, C. Green, R. Miller, R. Agarwal, S. Williams, D. P. Jackson, S. Moon, E. King, M. Ncube, R. Brooks, S. Connolly, A. Tran and S. Banerjee (2025). "87P Health-related quality of life (HRQoL) with maintenance niraparib: 6-month preliminary results from the MONITOR-UK trial." ESMO Open **10**(Supplement 5): 105216.

M. Lewis, A. Boyde, G. Rowlands, S. Morgan, R. White, S. Palmer-Smith, **E. Hudson**, **A. Cheung** and **L. Hanna** (2025). "Molecular classification of endometrial cancer in a non-surgical cancer centre." BJOG: An International Journal of Obstetrics and Gynaecology **132**(Supplement 7): 63 – 64.

M. Lewis, A. Boyde, G. Rowlands, S. Morgan, R. White, S. Palmer-Smith, A. Murray, A. Newman, **E. Hudson**, **A. Cheung**, **K. Parker**, M. D. Phan and **L. Hanna** (2025). "Mismatch repair (MMR) proteins and their utility in assessing mismatch repair deficient endometrial cancers in a non-surgical cancer centre." BJOG: An International Journal of Obstetrics and Gynaecology **132**(Supplement 7): 63.

B4. Head & Neck

Articles

M. Buttner, G. Sykiotis, A. Al-Ibraheem, M. Pinto, I. Iakovou, A. A. Osthus, E. Hammerlid, L. D. Locati, E. M. Gamper, J. I. Arraras, S. J. Jordan, N. Kiyota, D. Engesser, K. Taylor, R. Canotilho, G. Ioannidis, O. Husson, R. R. Gama, G. Fanetti, **L. Moss**, J. Inhestern, G. Andry, H. Rimmele and S. Singer (2025). "Quality of life in thyroid cancer survivors with and without permanent hypoparathyroidism." Hormones (Athens, Greece) **24**(3): 851–860. **Impact Factor = 2.5**

M. Evans, P. Bonomo**, P. C. Chan**, M. L. K. Chua, J. G. Eriksen, K. Hunter, K. Jensen, T. M. Jones, S. G. Laskar, R. Maroldi, B. O'Sullivan, C. Paterson, L. Tagliaferri, S. Tribius, S. S. Yom and V. Gregoire (2025). "Delineation of the post-operative primary tumour and nodal clinical target volumes in oral cavity squamous cell carcinoma: European Society for Radiotherapy and Oncology (ESTRO) clinical guidelines." Radiotherapy and oncology : journal of the European Society for Therapeutic Radiology and Oncology **212**: 111135. **Impact Factor = 5.3**

M. Evans, P. Bonomo, **P. C. Chan**, M. L. K. Chua, J. G. Eriksen, K. Hunter, T. M. Jones, S. G. Laskar, R. Maroldi, B. O'Sullivan, C. Paterson, L. Tagliaferri, S. Tribius, S. S. Yom and V. Gregoire (2025). "Post-operative radiotherapy for oral cavity squamous cell carcinoma: Review of the data guiding the selection and the delineation of post-operative target volumes." Radiotherapy and oncology : journal of the European Society for Therapeutic Radiology and Oncology **207**: 110880. **Impact Factor = 5.3**

A. S. Ho, S. H. Huang, B. O'Sullivan, M. Luu, **M. Evans**, R. L. Ferris, J. S. Lewis, Jr., R. R. Seethala, S. S. Yom, H. Mehanna, B. F. Branstetter, N. F. Saba, S. G. Patel, W. M. Lydiatt and Z. S. Zumsteg (2025). "Derivation and validation of the AJCC9V pathological stage classification for HPV-positive oropharyngeal carcinoma: a multicentre registry analysis." The Lancet. Oncology **26**(8): 1113–1122. **Impact Factor = 35.9**

U. Mallick, K. Newbold, M. Beasley, K. Garcez, J. Wadsley, S. J. Johnson, T. Stephenson, M. Gaze, A. Goodman, S. Jefferies, S. Sivabalasingham, N. Slevin, D. P. Wilkinson, E. Macias-Fernandez, D. Power, T. Roques, L. Speed, C. Nutting, G. Mochloulis, G. Gerrard, C. Candish, S. Morgan, D. Tripathi, P. Truran, C. Arthur, A. Wieczorek, K. Madhavan, **J. Maclean**, D. Boote, D. Kim, A. Pascoe, G. Pitiyage, S. Forsyth, E. Ambrose, E. Chang, K. Farnell and A. Hackshaw (2025). "Thyroidectomy with or without postoperative radioiodine for patients with low-risk differentiated thyroid cancer in the UK (IoN): a randomised, multicentre, non-inferiority trial." Lancet (London, England) **406**(10498): 52–62. **Impact Factor = 88.5**

R. Shaw, R. Knight, A. Basoglu, M. Bajwa, J. Perry, A. Kanatas, S. Fedele, V. Killen, R. Tangney, C. Butterworth, J. McCaul, J. Dhanda, V. Patel, **M. Evans** and R. Jackson (2025). "RAPTOR: Randomised Controlled Trial of PENTOCLO (pentoxifylline-tocopherol-clodronate) in Mandibular Osteoradionecrosis-study protocol for an open-label phase II randomised controlled superiority trial." Trials **26**(1): 254. **Impact Factor = 2.0**

V. Gregoire, L. Tagliaferi and **M. Evans** (2025). "In Regard to Margalit et al." Practical radiation oncology **15**(2): 205–208. **Impact Factor = 3.5**

A. L. Peters, W.-Y. Poon, **S. Walters**, Z. Iyizoba-Ebozue, C. Hannon, S. Kingdon, K. Yogalingam, L. Kennedy, J. Peck, K. Cavanagh, R. Fernandes, Y. Wang, S. Thomas, M. Rowe, K. Grellier, K. MacTier, M. Baxter, S. A. Growcott, A. Muse, R. Kitson, O. Gbenebichie, K. Laws, J. Hardman, M. Denholm, K. Purshouse, R. Prestwich, C. Wilson, D. J. Noble and C. Paterson (2025). "Involved Neck Only Versus Mucosal Radiation Therapy for Head and Neck Squamous Cell Cancer of Unknown Primary (HNSCCUP): A National Retrospective Multicenter Cohort Study." International journal of radiation oncology, biology, physics. **Impact Factor = 6.5**

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D. Thomson, J. Price, M. Tyler, M. J. Beasley, J. Lester, C. M. Nutting, **N. Palaniappan**, R. J. Prestwich, R. Shanmugasundaram, A. Thompson, H. Bulbeck, J. A. Langendijk, M. Lowe, J. Tyler, K. Chiu, J. Christian, C. Cruickshank, D. Gardiner, C. M. L. West and E. Hall (2025). "Primary results for the phase

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B5. Lung

Articles

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B6. Melanoma

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N. Varawalla, H. Shaw, P. Corrie, S. Danson, M. Payne, K. Young, P. Patel, M. Marples, I. Karydis, **S. Kumar**, C. Barlow, R. Lee, M. Highley, K. Prasad, G. Goodhew, J. Thornton, R. Miller, J. Chadwick, S. Paston and L. Durrant (2025). "SCOPE, an open label phase 2 parallel multi cohort clinical trial evaluating an off-the shelf DNA plasmid vaccine in first line advanced melanoma combined with checkpoint blockade interim read-out." Journal for ImmunoTherapy of Cancer **13**(Supplement 3): A1564–A1565.

B7. Neurology

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B8. Sarcoma & Lymphoma

Articles

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B9. Upper Gastro-Intestinal

Articles

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A. Case, F. Williams, S. Prosser, H. Hutchings, **T. Crosby**, **R. Adams**, G. Jenkins and S. Gwynne (2025). "Reconsidering the Role of Radiotherapy for Inoperable Gastric Cancer: A Systematic Review of Gastric Radiotherapy Given With Definitive and Palliative Intent." Clinical oncology (Royal College of Radiologists (Great Britain)) **37**: 103693. **Impact Factor = 3.0**

H. A. Clements, M. E. Booth, C. W. Bleaney, S. R. Markar, M. A. Hawkins, E. C. Smyth, C. J. Peters and **T. D. L. Crosby** (2025). "United Kingdom and Ireland Oesophagogastric Cancer Group Cancer Update 2024." Clinical oncology (Royal College of Radiologists (Great Britain)) **45**: 103889. **Impact Factor = 3.0**

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C. Jones, W. Han Ng, L. Tincknell, D. McClurg, E. Adam, P. Bhandari, K. Campbell, P. Chambers, F. Ciccarelli, H. Coleman, **T. Crosby**, J. Dunn, J. Elliott, R. Fitzgerald, **K. Foley**, V. Goh, H. Grabsch, T. Graham, M. Grocott, S. Gwynne, J. Harvey, M. Jansen, P. Lagergren, C. Lamb, L. Leigh-Doyle, F. Malik, C. Mayland, M. McCord, A. Moss, S. Mukherjee, R. Petty, S. Rananaware, J. Reid, E. Rubery, G. Rubin, E. Smyth, N. Trudgill, R. Turkington, T. Underwood, F. Walter, J. Williams and C. Peters (2025). "Research Priorities for Cancers of the Oesophagus and Stomach: Recommendations from a United Kingdom & Ireland Patient and Healthcare Professional Partnership Exercise." British Journal of Surgery **112**(Supplement17): xvii44.

C. Kirsty, P. Bhandari, J. A. Gossage, N. Blencowe, S. Chidambaram, **T. Crosby**, N. M. Davies, R. P. T. Evans, E. A. Griffiths, S. K. Kamarajah, S. R. Markar, N. Trudgill, T. J. Underwood and P. H. Pucher (2025). "Interhospital Variations in Practice and Outcomes for Endoscopic Resection of Early Esophago-Gastric Adenocarcinoma: Multi-Center CONGRESS Dataset Analysis." British Journal of Surgery **112**(Supplement17): xvii38.

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B10. Unknown Primary

Conference Abstracts

V. Joseph, **G. Joseph** and **S. Dasgupta** (2025). "Playing Sherlock: The Radiologist's Role in Carcinoma of Unknown Primary - A Story from South-East Wales." Cancer Imaging **25**(Supplement 1).

B11. Urology

Articles

S. Cooper, S. Nicholson, J. Crook, N. Watkin, C. Pettaway, **J. Barber**, A. Mitra, **O. Woodley**, **A. Millin**, E. Hall, A. Pathmanathan, S. Penegar, S. Burnett, P. Spiess, E. Miles, K. Hoffman, H. Yang and A. C. Tree (2025). "Standardization of Radiation Therapy to Inguinal and Pelvic Lymph Nodes in Locally Advanced Cancer of the Penis, as Defined by the International Penile Advanced Cancer Trial (InPACT)." International journal of radiation oncology, biology, physics **123**(1): 171–182. **Impact Factor = 6.5**

J. Gavira, E. Auclin, M. Rey-Cardenas, **P. Roy**, **J. C. Tapia**, P. Nay, A. Vinceneux, F. Lefort, S. Nannini, A. M. D. C. Randis, N. Naoun, B. Escudier, D. Borchiellini, G. de Velasco, P. Barthelemy, M. Gross-Goupil, S. Negrier, S. Oudard, **R. D. Frazer**, L. Albiges and R. Flippot (2025). "Activity of lenvatinib-based therapy in previously treated patients with metastatic renal cell carcinoma: A European multicenter

study (LENVA-LAT)." European journal of cancer (Oxford, England : 1990) **220**: 115389. **Impact Factor = 7.1**

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G. Leone, Y. N. S. Wong, R. J. Jones, P. Sankey, D. H. Josephs, S. J. Crabb, **L. Harris**, A. Zarkar, A. Protheroe, N. Vasudev, M. Rashid, A. Lopes, A. Tasnim, L. Ensell, J. Hartley, A. Jayaram, B. Kularatne, M. Kayani, C. C. Pritchard, E. Q. Konnick, A. Freeman, A. Haider, J. Linares, G. Attard, S. A. Quezada, C. Swanton, T. Marafioti and M. D. Linch (2025). "Nivolumab and Ipilimumab for Metastatic Castration-Resistant Prostate Cancer With an Immunogenic Signature: The Multicenter, Two-Cohort, Phase II NEPTUNES Study." Journal of clinical oncology : official journal of the American Society of Clinical Oncology **43**(28): 3070–3080. **Impact Factor = 41.9**

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J. N. Staffurth, **S. Sivell**, E. Baddeley, S. Ahmedzai, H. J. Andreyev, S. Campbell, D. J. J. Farnell, C. Ferguson, J. Green, A. Muls, R. O'Shea, S. Pickett, L. Smith, S. Taylor and A. Nelson (2025). "The impact of specialised gastroenterology services for pelvic radiation disease (PRD): Results from the prospective multi-centre EAGLE study." PloS one **20**(1): e0303356. **Impact Factor = 2.6**

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Conference Abstracts

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A. Challapalli, A. Bahl, B. Venugopal, M. Afshar, C. Alifrangis, A. Thomson, A. Tran, A. Hudson, C. Kent, **J. Barber**, H. C. Dearden, R. Pearson, V. Kumar, R. Wade, A. Bravo, P. White and E. Foulstone (2025). "EPIC-B: Phase II trial of cemiplimab as first-line treatment in advanced penile carcinoma." Journal of Clinical Oncology **43**(Supplement 5).

S. J. Crabb, J. Martin, M. Lawrence, M. Danh, S. J. Bibby, D. Dunkley, U. Ali, O. Dewane, H. Markham, A. Knight, C. Lee Chaw, J. Chan, T. Powles, **J. Barber**, C. Alifrangis, M. D. Linch, R. A. Huddart, A. J. Birtle, R. J. Jones and G. O. Griffiths (2025). "AURORA: A single arm, multicentre, phase II clinical trial of atezolizumab immunotherapy for advanced squamous cell carcinoma of the bladder and urinary tract." Journal of Clinical Oncology **43**(16 Supplement).

B. Crosby, **R. D. Frazer**, J. McGrane, A. Challapalli, N. Charnley, X. Y. Jiang, J. Malik, A. Sharma, J. Liu, D. Parslow, T. Geldart, C. L. Dyke, M. H. Tuthill, G. J. Melendez-Torres, W. Mohamed, N. Moon, C. Forde, E. Jones, V. Ford and A. Bahl (2025). "First line treatment of pancreatic metastases in metastatic renal cell carcinoma: Insights from the UK Renal Oncology Collaborative (UK ROC)-Tyrosine kinase inhibitors time to shine?" Journal of Clinical Oncology **43**(Supplement 5).

J. Gavira, E. Auclin, M. Rey-Cardenas, **P. Roy**, **J. C. Tapia**, P. Nay, A. Vinceneux, S. Nannini, A. Randis, D. Borchiellini, G. De Velasco, P. Barthelemy, S. Negrier, S. Oudard, **R. D. Frazer**, R. Flippot and L. Albiges (2025). "Lenvatinib's efficacy in heavily pre-treated metastatic renal cell carcinoma: Insights from a European multicenter study." Journal of Clinical Oncology **43**(Supplement 5).

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E. McCarthy, A. Chadwick, J. J. Soto-Castillo, L. M. Pickering, **R. D. Frazer**, M. Pillai, T. Waddell, D. Lindsay, **A. Agarwal**, **D. Matthews**, M. Khalid, S. A. Grumett, E. Adamson, J. McGrane, H. Clare Dearden, N. Vasudev and N. Charnley (2025). "A multi-centre review of the use of adjuvant pembrolizumab for renal cell carcinoma." Journal of Clinical Oncology **43**(Supplement 5).

P. Rescigno, A. Ghose, N. Brown, L. James, S. Haywood, **R. Frazer**, A. Vijay, M. Stares, M. Cheung, I. Mahajan, N. Moon, R. Abrol, O. Fiala, V. Chauhan, Y. S. Y. Soe, A. Zargham and S. E. Rebuzzi (2025). "Meet-URO score update in metastatic renal cell carcinoma receiving first-line immune-combinations." Oncologist **30**(Supplement 1): S15 – S16.

S. Floyd, **P. Wheeler**, D. Tan, C. Beswick, A. McKay, R. Lewis, H. Singh and **M. Williams** (2025). "Surface guided radiotherapy: rotational setup accuracy for prostate cancer patients." Radiotherapy and Oncology **206**(Supplement 1): S4123–S4124.

Other

B12. Chemotherapy/Immunotherapy

Articles

J. Andreyev, **R. Adams**, J. Bornschein, M. Chapman, D. Chuter, S. Darnborough, A. Davies, F. Dignan, C. Donnellan, D. Fernandes, R. Flavel, G. Giebner, A. Gilbert, F. Huddy, M. S. S. Khan, P. Leonard, S. Mehta, O. Minton, C. Norton, L. Payton, G. McGuire, D. M. Pritchard, C. Taylor, S. Vyoral, A. Wilson and L. Wedlake (2025). "British Society of Gastroenterology practice guidance on the management of acute and chronic gastrointestinal symptoms and complications as a result of treatment for cancer." Gut **74**(7): 1040–1067. **Impact Factor = 25.8**

P. Gallagher, C. Rolfo, E. Elez, J. Taieb, J. Houlden, L. Collins, C. Roberts, T. Andre, M. Lawler, F. Di Nicolantonio, M. Grayson, R. Boyd, V. Popovici, A. Bardelli, R. Carson, H. Khawaja, P. Laurent-Puig, M. Salto-Tellez, B. T. Hennessy, T. S. Maughan, J. Tabernero, **R. Adams**, **R. Jones**, M. Peeters, M. R. Middleton, R. H. Wilson and S. Van Schaeybroeck (2025). "A phase Ia study of the MEK1/2 inhibitor PD-0325901 with the c-MET inhibitor crizotinib in patients with advanced solid cancers." BJC reports **3**(1): 17. **Impact Factor = Currently no impact factor data available**

A. Olsson-Brown, A. Jain**, R. Frazer**, D. Farrugia, J. Carser, J. Houghton, R. D. Lewis, S. D'Mello and G. Emanuel (2025). "Clinical Management and Outcomes of Immune-Related Adverse Events During Treatment with Immune Checkpoint Inhibitor Therapies in Melanoma and Renal Cell Carcinoma: A UK Real-World Evidence Study." Oncology and therapy **13**(3): 649–665. **Impact Factor = 3.2**

C. A. Rees, **A. Butler**, **S. Muthukrishnan** and **R. D. Frazer** (2025). "Steroid refractory immune-related acute disseminated encephalomyelitis (ADEM) successfully treated with 2nd and 3rd line immunosuppressive therapy." BMJ case reports **18**(6). **Impact Factor = 0.5**

J. Hayes, S. D. Williams, P. Gimson and **M. Taubert** (2025). "How the BNF has grown in size and weight over decades." BMJ **391**: r2574. **Impact Factor = 42.7**

B. Schroeder, P. Prasad, O. Gbadegesin, **S. Gupta**, **R. Frazer**, S. Heaney, H. Franks, C. Blair, M. Stuttard, C. Barlow, H. Cook, H. Winter, P. d'Arienzo, J. Symington, Y. Radif, S. Rampes, P. Nathan, K. Young, H. Shaw, A. Carr and M. Willis (2025). "Specialist Neurology Involvement and Impact in Immune Checkpoint Inhibitor-Related Neurotoxicity: Experience in a Unified Healthcare System." Cancers **17**(24). **Impact Factor = 4.4**

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A. Samson, E. Calvo, T. Hernandez, **M. Meissner**, V. Moreno, E. Parkes, P. Spiliopoulou, P. Donaldson, J. DeCesare, D. Krige and H. Pandha (2025). "A PHASE 1 study of ATTR-01, a novel oncolytic adenovirus targeting alphavbeta6 integrin, which expresses an anti-PD-L1 antibody in tumors following iv delivery in patients with selected epithelial cancers." Journal for ImmunoTherapy of Cancer **13**(Supplement 2): A656.

B13. Palliative Care

Articles

M. Coffey, F. Lugg-Widger, B. Hannigan, V. Velikova and **A. Byrne** (2025). "Severe mental illness and last year of life: Identifying service use from a National Health Service digital dashboard in Wales, UK." Journal of mental health (Abingdon, England) **34**(5): 549–555. **Impact Factor = 3.2**

M. Mann, **C. Cahill**, **S. Sivell**, R. Hackett, **E. Harding** and **M. Taubert** (2025). "Future care planning." BMJ supportive & palliative care **15**(5): 614–617. **Impact Factor = 1.8**

M. Taubert, T. Goltsos and S. A. Murray (2025). "Science of forecasting: new methods to predict death." BMJ supportive & palliative care. **Impact Factor = 1.8**

M. Taubert, R. Hackett and S. Tavabie (2025). "Artificial intelligence and large language models in palliative medicine clinical practice and education." BMJ Supportive and Palliative Care **15**(1): 61 – 64. **Impact Factor = 1.8**

C. Cahill, E. Harding, **A. Crabtree**, **S. Sivell** and **N. J. Pease** (2025). "QR-code wristbands for critical information: palliative oncology feasibility study." BMJ supportive & palliative care **16**(1): 74–75. **Impact Factor = 1.8**

Conference Abstracts

M. Mann, **M. Taubert**, **S. Sivell**, R. Hackett and **E. Harding** (2025). "What does future care planning look like within end-of-life care? A scoping review of the literature." BMJ Supportive and Palliative Care **15**(Supplement 1): A20.

A. C. Nwosu, J. Norris, **M. Taubert,** A. Tibbles, F. Nickpour and S. Stanley (2025). "Outcomes from the digital legacy, design and technology network." BMJ Supportive and Palliative Care **15**(Supplement 2): A12.

A. Crabtree, J. Davies, K. Hilson and S. Seaman (2025). "Escape the holistic hospice: gamification of medical education." BMJ Supportive and Palliative Care **15**(Supplement 4): A6.

N. White, L. Leaston, **C. Cahill**, O. Lavery, C. Spurling, S. Combes, **M. Taubert**, A. Nwosu, S. Yardley, V. Vickerstaff and O. Minton (2025). "Developing a vr intervention that will help people living with advanced cancer to manage pain." BMJ Supportive and Palliative Care **15**(Supplement 4): A80.

B14. Radiotherapy & Proton Therapy

Articles

S. Allan, **N. Courtier** and **L. Mundy** (2025). "The impact of working patterns on therapeutic radiographers' experience of work-life balance: A qualitative study at a cancer treatment centre in Wales." Radiography (London, England : 1995) **31**(3): 102951. **Impact Factor = 2.8**

A. Buckle, C. Heeney, M. Jones, V. Ganesan, R. Valentine**, P. Wheeler**, J. Earley, G. Grogan and M. Sparks (2025). "A multi-institution performance assessment of a double-layer MLC." Journal of applied clinical medical physics **26**(11): e70261. **Impact Factor = 2.2**

E. Moreno-Olmedo, K. Owczarczyk, E. Chadwick, P. Dickinson, A. Duffton, B. Jones, J. S. Good, F. McDonald, L. J. Murray, **T. Rackley**, M. Robinson, J. Sinclair, T. Strawson-Smith, A. Tree, Y. M. Tsang, A. Zarkar, C. Dean, P. Diez, M. Williams, N. Andratschke and R. Muirhead (2025). "Pelvic stereotactic ablative body radiotherapy (SABR) reirradiation: UK SABR consortium guidance for use in routine clinical care." Technical innovations & patient support in radiation oncology **35**: 100326. **Impact Factor = 2.8**

N. Courtier, E. Chivers, E. Pope and **L. Mundy** (2025). "Lessons learned from the experiences of newly qualified therapeutic radiography students who transitioned to work during the Covid-19 pandemic." Radiography **31**(1): 313-319. **Impact Factor = 2.8**

G. P. Beyer, C. Hartley, E. Barber, **P. Wheeler**, M. J. Daniels and J. Saez (2025). "Inter-System and Inter-Layer Dlg Variations in Halcyon/Ethos Mlcs: Implications for Dosimetric Matching and User-Adjustable TPS Models." Medical Physics **52**(10): 716–717. **Impact Factor = 3.2**

A. Duman, X. Sun, **J. R. Powell** and **E. Spezi** (2025). "A Novel Swarm Intelligence-Driven Feature Selection for Interpretable Machine Learning in GBM Overall Survival Analysis." medRxiv. **No Impact Factor = preprint server**

J. Oliver, H. Reed, L. Capitani, A. Poon-King, **A. Young**, S. Milutinovic, M. Kuczynski, O. Nicholas, **T. Rackley**, **C. Pembroke**, A. Godkin and A. M. Gallimore (2025). "Stereotactic ablative radiotherapy-driven immunosuppression is associated with poorer progression-free survival in cancer patients." Cancer immunology, immunotherapy : CII **75**(1): 3. **Impact Factor = 5.1**

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G. P. Beyer, C. Hartley, E. Barber, **P. Wheeler** and J. Saez (2025). "Evaluation of the Improvements of a New Leaf Model (Enhanced Leaf Model) for the Halcyon." Medical Physics **52**(10): 307.

S. Rowlands, **R. Adams**, J. Helbrow, D. Thomas and S. Gwynne (2025). "Addressing national barriers for UK clinical oncology trainees in radiotherapy research." Radiotherapy and Oncology **206**(Supplement 1): S2180–S2181.

G. Soper, H. McCracken, **T. Rackley**, D. Tan, C. Beswick, H. Payne, C. Davies and **P. Parsons** (2025). "Reducing radiotherapy waiting times: Streamlining pathways facilitated by ARIA Care Paths." Radiotherapy and Oncology **206**(Supplement 1): S2382–S2384.

O. Toumanidou, E. Dyke and S. Fletcher (2025). "Analysis of independent dose calculation and measurement systems for patient specific quality assurance." Radiotherapy and Oncology **206**(Supplement 1): S3641–S3643.

B15. Miscellaneous

Articles

S. Harding, **A. Cleves** and A. Guirguis (2026). "A comparison between the delivery of genomic and pharmacogenomic education and training for pharmacy undergraduates between the UK and other international countries: A narrative review." Currents in pharmacy teaching & learning **18**(1): 102481. **Impact Factor = 1.4**

A. Lillis, **H. Williams**, E. Marshall, M. Jones, S. Henderson and O. Minton (2025). "'No right time, no right place' - conversations in acute cancer care - results of a Macmillan focus group." Future healthcare journal **12**(2): 100246. **Impact Factor = Currently no impact factor data available**

C. Chong-Nguyen, B. Yilmaz, **B. Coles**, H. Sokol, A. MacPherson, M. Siepe, D. Reineke, S. Mosbahi, D. Tomii, M. Nakase, S. Atighetchi, C. Ferro, C. Wingert, C. Grani, T. Pilgrim, S. Windecker, H. Blasco, C. Dupuy, P. Emond, Y. Banz, T. Losmanova, Y. Doring and G. C. M. Siontis (2025). "A scoping review evaluating the current state of gut microbiota and its metabolites in valvular heart disease physiopathology." European journal of clinical investigation **55**(6): e14381. **Impact Factor = 3.6**

I. R. Eda, R. Ramachandran, **V. M. Joseph**, S. Marreddy and A. Mounika (2025). "Imaging the Future: Diagnosing Treatable Neurometabolic Disorders in Children." Cureus **17**(8): e90124. **Impact Factor = 1.3**

F. Gomes, N. Farrington, J. Pearce, D. Swinson, J. Welford, A. Greystoke, M. Baxter, A. G. Brown-Kerr, L. Wyld, J. Morgan, N. M. L. Battisti, A. Barrell, D. Cobben, A. Cree, M. Johnston, K. Colquhoun, I. Phillips, J. Smith, S. Stapley, L. Lyons, K. Balachandran, H. Brown, R. Bryce, R. Dacie, R. Parks, M. Denholm, D. Harari, T. Rigden, D. Sommer, **K. Williams**, K. Worby and K.-L. Cheung (2025). "The care of older patients with cancer across the United Kingdom in 2024: A narrative review by the International Society of Geriatric Oncology UK Country Group." Journal of geriatric oncology **16**(1): 102133. **Impact Factor = 2.7**

D. Jarrom (2025). "Early health technology assessment: Current and future perspectives from a health technology assessment agency." International Journal of Technology Assessment in Health Care **41**(1): e68. **Impact Factor = 3.1**

L. Johnson, S. Khattab, J. Strawbridge, C. Cadogan, D. Stewart, A. M. De Frein, J. Eustace-Cook, M. A. Lowrey, A. M. Brady, **S. Harding**, J. O'Connell and C. Ryan (2025). "Pharmacist prescribing in cancer services: A scoping review." Research in social & administrative pharmacy : RSAP **21**(12): 951–974. **Impact Factor = 2.8**

P. M. Kazaj, **B. Coles**, I. Shiri, G. Baj, C. Grani, A. Nikolakopoulou and G. C. M. Siontis (2025). "Extent of evidence synthesis in biomedical research: a MeSH-driven analysis of neglected and well-explored areas." Systematic reviews **14**(1): 35. **Impact Factor = 3.9**

E. Mantzourani, H. Ahmed, J. Bethel, S. Turner, A. Akbari, A. Evans, **M. Prettyjohns**, G. John, R. Gunnarsson and R. Cannings-John (2025). "Clinical outcomes following acute sore throat assessment at community pharmacy versus general practice: a retrospective, longitudinal, data linkage study." The Journal of antimicrobial chemotherapy **80**(1): 227–237. **Impact Factor = 3.6**

H. Mehmood, M. Alowami, T. S. Hlaing, **K. N. Zaya**, Y. Uraiby, A. M. Alam, A. Adala, O. Ikram, S. F. Ali, M. Farhan, E. Zulfiqar, M. Ahmed, R. Ahmed and A. Naeem (2025). "Once-Weekly Insulin Efsitora Alfa Versus Once Daily Insulin in Patients With Type 2 Diabetes: A Systematic Review and Meta-Analysis." Endocrinology, diabetes & metabolism **8**(6): e70126. **Impact Factor = 2.6**

E. Papadopoulos, R. Brick, A. Sirois, B. Beauplet, K. C. Wood, H. Furness, C. Barrett, A. Ward, J. Murphy, M. Pattwell, E. C. Navarrete, **K. Williams** and K. Haase (2025). "Perspectives on prehabilitation for older adults with cancer: A report from the International Society of Geriatric Oncology (SIOG) rehabilitation group." Journal of geriatric oncology **16**(3): 102224. **Impact Factor = 2.7**

R. Phillips, B. Basu, Z. Butt, M. Beloueche, N. Cook, S. J. Crabb, A. Greystoke, D. Hargrave, **R. Jones**, M. Y. Kureeman, J. Lopez, C. McKeeve, **M. Meissner**, B. O'Carrigan, E. E. Parkes, M. Ronghe, P. Roxburgh, D. Sarker, K. I. Savage, **P. H. S. Shaw**, S. Symeonides, D. A. Tweddle, A. Vedi, H. S. Walter, J. Zabkiewicz, G. W. Middleton and A. D. Beggs (2025). "Experimental Cancer Medicine Centre (ECMC) network proposal for a consensus gene panel for pan-cancer sequencing: a Delphi methodology." British Journal of Cancer. **Impact Factor = 6.8**

A.-S. Strauss, **A. Cleves** and P. Dahm (2025). "Re: Elio Mazzone, Alice Thomson, David C. Chen, et al. The Role of Prostate-specific Membrane Antigen Positron Emission Tomography for Assessment of Local Recurrence and Distant Metastases in Patients with Biochemical Recurrence of Prostate Cancer After Definitive Treatment: A Systematic Review and Meta-analysis. Eur Urol 2025;88:129-41." European urology. **Impact Factor = 25.2**

H. Williams, E. Marshall, A. Lillis, C. O'Doherty, R. Christmas and O. Minton (2025). "The role of the acute oncology service in a comprehensive cancer management pathway." Journal of cancer policy **44**: 100583. **Impact Factor = 2.0**

N. M. Youssef, M. S. Hussein, T. S. Hlaing, **K. N. Zaya**, M. K. Wai, M. S. Shurbahji, A. E. Nour, N. Breika, M. Harb, R. M. A. Suliman, S. Bala, E. S. S. Awadalla, M. B. E. Abdou, A. A. A. Muhammad, S. H. A. Al-Wardi, M. A. G. Hani and A. Omar (2025). "Correlation Between Age, the Development of Seizures, the National Institutes of Health Stroke Scale, the Modified Rankin Scale, and Discharge Status in Patients With Acute Hemorrhagic Stroke." Cureus **17**(10): e95052. **Impact Factor = 1.3**

C. Dello Russo, I. Frater, R. Kuruvilla, S. Lip, H. O'Neill, K. Burke, V. Chaplin, A. S. F. Doney, S. Elyas, N. Greaves, **S. Harding**, D. Hargroves, J. Hayward, D. A. Hughes, T. A. T. Hughes, S. Kondapally, P. Mok, A. Peace, I. Rafi, S. Ray, V. Stinton, L. Venetucci and M. Pirmohamed (2025). "CYP2C19 genotype testing for clopidogrel: A guideline developed by the UK Centre of Excellence in Regulatory Science and Innovation in Pharmacogenomics (CERSI-PGx)." British journal of clinical pharmacology. **Impact Factor = 3.0**

Conference Abstracts

I. Pickering (2025). "Investigating 99mTc Extravasation Frequency and Tissue Dose to Evaluate the Risk of Radiopharmaceutical Administrations." Nuclear Medicine Communications **46**(5): 484 – 485.

Appendix C: Welsh Blood Service.

The following appendix lists **publications from 2025**, from the Welsh Blood Service. This listing has been compiled by Velindre University NHS Trust's Library Service and WBS Research, Development & Innovation.

During **2025**, there has been a total of 44 publications – 20 articles, 4 guidelines, 20 conference abstracts.

Articles

D. Pym, A. Paul, A.J. Davies, J.O. Williams, **C. Saunders, C.E. George** and P.E. James (2025). "Micro-Rheology and Co-Stream Microfluidics Reveal Critical Contributions of Platelet Concentrate Components to Blood Platelet Integrity in Storage." BioNanoScience 16: 25. **Impact Factor = 3.2**

F. A. Aldarweesh, R. Abdallah, I. P. Alvarez, J. Andrews, T. M. Chlebeck, J. Clower, A. Costelloe, D. Figueroa, **C. George**, M. Evans, S. Ilstrup, E. B. Klapper, A. Mueller, H. Peterson, T. Rees, J. Seo, A. N. Takang and C. S. Cohn (2025). "D-Alloantibody Titration Assessment Study: In Search of a Common Antibody Titration Platform-A BEST Collaborative Study." Transfusion. **Impact Factor = 2.0**

T. Bailey-Schmidt, **C. V. Saunders**, **C. E. George**, T. G. Scorer, L. M. R. McCallum and T. E. Madgett (2025). "Exploring tricine as a novel red cell cryopreservative: Lessons and future directions." Vox sanguinis **120**(11): 1113–1122. **Impact Factor = 1.6**

T. Dexter, S. Lozano, A. Leather, M. Slatter, **K. Perera**, J. Griffin, K. El-Ghariani, F. Dignan, A. Bloor and C. Anthias on behalf of the UK Unrelated Donor Registries and BSBMTCT (2025). "UK consensus statement on the use of plerixafor in healthy stem cell donors." British Journal of Haematology 206(3): 992–995**. Impact Factor = 5.1**

M. Cahillane, **N. Pearce**, **C. Saunders**, **N. Polidano**, **S. O'Brien**, **L. Paletto**, T. Scorer and **C. George** (2025). "Three buffy coat platelet concentrates: Use of data modelling to make more with less." Vox sanguinis **120**(11): 1123–1131. **Impact Factor = 1.6**

E. Crosby, T. Exner and M. Dangol (2025). "Detecting Heparin Contamination in Prolonged APTT with a Heparin-Resistant Solution." Clinical and applied thrombosis/hemostasis: official journal of the International Academy of Clinical and Applied Thrombosis/Hemostasis **31**: 10760296251394365. **Impact Factor = 2.0**

N. M. Dunbar, R. M. Kaufman, K. S. Bary, G. R. M. Bellairs, C. S. Cohn, F. Delettre, **S. Ditcham**, G. C. Duarte, A. Ellison, R. Fachini, **C. E. George**, C. Humbrecht, V. Louw, S. Meier, S. Morley, M. Mwase, N. Robitaille, K. Rushford, T. Sato, R. Schafer, J. Staves, M. Takanashi, P. Tiberghien, S. Wendel, E. M. Wood, A. Ziman and M. F. Murphy (2025). "ABO-mismatched platelet and plasma transfusion practices and the potential for transfusion-related alpha-gal syndrome: The Biomedical Excellence for Safer Transfusion Collaborative Study." Transfusion **65**(9): 1621–1629. **Impact Factor = 2.0**

M. Elliott, **K.-M. Price**, R. M. Hewitt, N. Knowles, S. Ganesh, J. Baillie and L. Jones (2025). "A mixed methods study exploring barriers and facilitators to secondary-care nurses discussing smoking cessation with patients: phase 1 of the Think Quit Study." BMC Nursing **24**(1): 1020. **Impact Factor = 3.9**

M. X. Fu, A. Elsharkawy, B. Healy, C. Jackson, D. Bradshaw, E. Watkins, I. Ushiro-Lumb, J. Griffiths, J. Neuberger, K. Maguire, M. Desai, N. McDougall, N. Priddee, S. T. Barclay, **S. Blackmore**, P. Simmonds,

W. L. Irving and H. Harvala (2025). "Occult hepatitis B virus infection: risk for a blood supply, but how about individuals' health?" EClinicalMedicine **81**: 103095. **Impact Factor = 10.0**

S. Goatson, **J. Nash**, **C. Saunders**, **N. Pearce**, **E. J. Sayers**, D. Rawlinson, C. Hingston, T. Scorer and **C. E. George** (2025). "Impact of a rapid blood warmer on the quality and function of cold-stored platelets." Vox Sanguinis **120**(11): 1143–1152. **Impact Factor = 1.6**

L. Jones, M. Elliott, **K.-M. Price**, J. Baillie and R. Hewitt (2025). "Challenges of recruiting nurses as participants in research studies: insights from a smoking cessation study." Nurse researcher. **Impact Factor = 1.3**

L. Lieberman, C. M. Walsh, R. Barty, J. Callum, M. T. S. Yan, H. VanderMeulen, N. Robitaille, K. F. Kee Fung, E. Ng, H. Hume, J. Barrett, R. Berman, M. Colpitts, E. Dowe, B. de Vrijer, S. Ellis, P. N. Fam, K. Grabowska, B. Grundland, J. Harrold, F. Khurshid, **E. Massey**, C. McAuley, N. Naik, N. Okun, C. Osepchook, M. Pai, M. Parsons, V. Price, D. Rujuis, G. Ryan, M. Shuman, D. Somerset, J. Stewardson, C. Taillefer, S. Tehseen, J. Thorne, E. Vlachodimitropoulou, H. White, A. Wilson and G. Clarke (2025). "Guidance for Prenatal, Postnatal and Neonatal Immunohematology Testing in Canada: Consensus Recommendations from a Modified Delphi Process." Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstetrique et gynecologie du Canada : JOGC **47**(9): 103088. **Impact Factor = 2.2**

S. Lewis, N. Kirkpatrick, A. Nawrocki, L. Reyland, B. Jones, R. Laundy, A. McNeil, V. K. Crew, T. Stutt, D. Clinton, A. Anbazhagan, **C. Harris**, I. Skidmore, T. Bullock and M. Hazell (2025). "Alloanti-Hy in antenatal patients: A multi-case review." Transfusion medicine (Oxford, England) **35**(2): 197–202. **Impact Factor = 1.4**

D. C. Marks, M. Cloutier, F. Cognasse, **C. George**, T. Jimenez-Marco, L. Johnson, S. Marschner, M. Stolla, T. Klei and P. van der Meer (2025). "Platelet components with persistent aggregates are more activated, which do not change following pre-transfusion filtration: The BEST collaborative study." Transfusion **65**(12): 2367–2378. **Impact Factor = 2.0**

J. Nash, **D. Pym**, A. Davies, **C. Saunders**, **C. George**, J. O. Williams, O. Y. Grinberg and P. E. James (2025). "Enhanced oxygen availability and preserved aggregative function in platelet concentrates stored at reduced platelet concentration." Transfusion **65**(3): 575–587. **Impact Factor = 2.0**

J. Nash, **C. Saunders**, **N. Pearce**, **M. Cahillane**, **E. J. Sayers**, V. Stokes, D. Rawlinson, C. Hingston, T. Scorer, D. Lockey and **C. George** (2025). "Comparative analysis of cold-stored platelets using Golden Hour transport boxes: Function and quality." Transfusion **65 Suppl 1**: S265–S275. **Impact Factor = 2.0**

D. Pym, O. Grinberg, A. J. Davies, J. O. Williams, **C. Saunders**, **C. E. George** and P. E. James (2025). "Enhanced O2 availability in platelet concentrates stored for neonatal transfusion is independent of agitation: Evidence from direct oximetry and Fickian diffusion modelling." Vox Sanguinis **120**(12): 1232–1241. **Impact Factor = 1.6**

C. Reilly-Stitt, I. Jennings, S. Kitchen, **M. Cahillane**, **C. Saunders**, **C. George**, T. Scorer and I. D. Walker (2025). "Cold Stored Platelets: A Solution for Platelet Aggregation External Quality Assessment/Proficiency Testing." International journal of laboratory hematology **47**(3): 529–535. **Impact Factor = 2.3**

N. Robitaille, L. Lieberman, G. Clarke, J. Barrett, B. De Vrijer, H. A. Hume, **E. Massey**, N. Okun, C. Taillefer, D. Somerset, E. Vlachodimitropoulou and K. Fung-Kee-Fung (2025). "National Consensus

Statements for the Prevention of Maternal Rhesus D Alloimmunization and Management of Alloimmunized Pregnancies: A Modified Delphi Process." Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstetrique et gynecologie du Canada : JOGC **47**(10): 103113. **Impact Factor = 2.2**

J. Wolf, I. Blais-Normandin, A. Bathla, H. Keshavarz, S. T. Chou, A. Z. Al-Riyami, C. D. Josephson, **E. Massey**, H. A. Hume, J. Pendergrast, G. Denomme, R. M. Grubovic Rastvorceva, S. Trompeter and S. J. Stanworth (2025). "Red cell specifications for blood group matching in patients with haemoglobinopathies: An updated systematic review and clinical practice guideline from the International Collaboration for Transfusion Medicine Guidelines." British Journal of Haematology **206**(1): 94–108. **Impact Factor = 3.8**

Guidelines

D. Domanovic, M. Turner, C. Jungbauer, B. Rodrigues, J. Nystedt, P. Rozman, M. Debattista, T. Wang, E. K. Kristoffersen, **K. Perera**, U. Svajger, L. Hook, M. Jacques, A. P. Sousa, M. Hansen, P. O'Leary and P. Tiberghien (2025). "ATMPs prepared under hospital exemption: European Blood Alliance position paper." HemaSphere **9**(9): e70215. **Impact Factor = 14.6**

J.B. Muller, C. Casey, C. Corry, **J. Curry, H. Dodampegamage**, P. Fiddes, L. Gaum, S. Hart, R. Holliday, J. Hughes, R. Hutchinson, S. Jimmy, C. McNally, K. Maguire, N. Mashigo, S. Narayan, A. Sadiq, C. Sinclair and M.-A. Waters (2026). “Management of accidental arterial puncture. Version 1.0.” *Donor Haemovigilance, Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (JPAC).* Available at: *Transfusion Guidelines*. (**JPAC not a Scientific Journal)**

M. F. Murphy, D. Carson, A. Davies, **S. Ditcham**, G. Donald, R. Graham, L. Hutchinson, P. Kerr, D. McKeown, J. Moppett, S. Narayan, P. Polzella, E. Poppitt, M. Rowley, T. Shackleton, J. Staves and J. Neuberger (2025). "Guidelines from the expert advisory committee on the Safety of Blood, Tissues and Organs (SaBTO) on patient consent and shared decision-making for blood transfusion." British Journal of Haematology **207**(6): 2314–2321. **Impact Factor = 3.8**

F. Regan, K. Veale, F. Robinson, J. Brennand, **E. Massey**, H. Qureshi, K. Finning, T. Watts, C. Lees, E. Southgate and S. Robinson (2025). "Guideline for the investigation and management of red cell antibodies in pregnancy: A British Society for Haematology guideline." Transfusion medicine (Oxford, England) **35**(1): 3–23. **Impact Factor = 1.4**

Conference Presentations

A. De’Ath and D. Pritchard (2025). Fifty Years of UK NEQAS for Histocompatibility and Immunogenetics. (P31). 35th Annual Conference of the British Society for Histocompatibility and Immunogenetics 4 – 5 September 2025, Edinburgh, UK. International Journal of Immunogenetics. 2025;52(S1): S1–S18.

A. De’Ath and D. Pritchard (2025). The Evolution and Accuracy of HLA Typing: The Perspective of an External Proficiency Testing Provider. (P189). 38th Annual Conference of the European Federation for Immunogenetics 14 – 17 May 2025, Prague, Czech Republic HLA 2025; 105 (S1)

A. De’Ath and D. Pritchard (2025). UK NEQAS for H&I Schemes to Support Platelet Investigations—An Analysis of Errors in HPA Genotyping and HPA Antibody Detection/Specification Over the Past 5 Years (2019–2023). (P185). 38th Annual Conference of the European Federation for Immunogenetics 14 – 17 May 2025, Prague, Czech Republic HLA 2025; 105 (S1)

A. De'Ath, G. Clarke and D. Pritchard (2025). Reporting of Complement-Fixing Antibodies in the UK NEQAS for H&I Antibody Specification Scheme in 2024–2025. (P21). 35th Annual Conference of the British Society for Histocompatibility and Immunogenetics 4 – 5 September 2025, Edinburgh, UK. International Journal of Immunogenetics. 2025;52(S1): S1–S18.

A. Jones and **D. Reed** (2025). Comparison of the Tosoh G8 and G11 HPLC analysers for screening of donor samples for haemoglobin S (HbS). (P033). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

A. Magno, J. Nash, E. Delahay, C. Saunders, and C. E. George (2025). Impact of cold storage on platelet receptor expression and aggregation: focus on GPVI, PAR1, and PAC1. (SI12). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

C. E. George, T. Scorer, J. White, V. Stokes, D. Lockey, D. Rawlinson, and C. Hingston (2025). Defining the unmet need for cold stored platelets in the pre-hospital environment. Abstracts and Posters (P027). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

C. Saunders, K. Towell, J. Nash, N. Pearce, M. Cahillane, E. Leech-Sayers, T. Sullivan, and C. E. George (2025). Evaluation of red cell concentrates from non-DEHP top and top collection packs: the Welsh experience. (P312). 35th Regional Congress of the International Society of Blood Transfusion Milan, Italy, 31 May – 4 June 2025. Vox Sanguinis, 120;8-537.

D. Pym, A. J. Davies, J. O. Williams, **C. Saunders, C. E. George**, and P. E. James (2025). Co-stream microfluidics for rheological characterisation of platelet concentrates. (PA13-L05). 35th Regional Congress of the International Society of Blood Transfusion Milan, Italy, 31 May – 4 June 2025. Vox Sanguinis, 120;8-537.

E. Davies, J. Gregory, and E. Massey (2025). Improving national blood stocks and increasing capacity in hospital oncology clinics by developing an All-Wales Genetic Haemochromatosis support service. (2025), (P004). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

E. Delahay, J. Megahey, C. Kelly, and A. Davies (2025). Red blood cell extracellular vesicles impact on dopaminergic cell line response: implications for synucleinopathies. (SI13). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

E. Delahay, M. Cahillane, J. Nash, C. Saunders, and C. E. George (2025). Expanding research capacity and efficiency: the introduction of an associate practitioner in research laboratory settings. (P089). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

J. Nash, C. Saunders, N. Pearce, M. Cahillane, E. J. Sayers, T. Scorer, and **C. E. George** (2025). Thrombin generation in conventional and cold stored platelet concentrates: unveiling the true drivers beyond platelets. (P328). 35th Regional Congress of the International Society of Blood Transfusion Milan, Italy, 31 May – 4 June 2025. Vox Sanguinis, 120;8-537.

L Williams, E Burrows, M Richardson, M Burton, S Griffin, **D Pritchard**. (2025) The challenge of renal transplantation in the presence of anti-CD36 antibodies. (P482). 22nd Congress of the European Society for Organ Transplantation 29 June - 2 July 2025, London, UK. Transplant International Abstract Book

M. Amaral. (2025) Developing a National Data Dashboard for Anaemia Screening and Management in Major Surgery. Poster presented at: NATA (Network for the Advancement of Patient Blood Management, Haemostasis and Thrombosis) Annual Congress; 1 April 2025, Bilbao, Spain.

M. Cahillane, C. Saunders, N. Pearce, and C. E. George (2025). Three buffy coat platelet concentrates: a realistic paradigm shift towards transforming platelet production for a more sustainable blood supply chain? (P022). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

N. Ivey, I Thakur, S Ditcham (2025). Integrating Transfusion Safety into Foundation Training: An Educational Initiative for Wales. Poster presented at: Health Education and Improvement Wales (HEIW); 23 September 2025, Cardiff, Wales.

N. Ivey, I. Thakur, S. Ditcham, and J. Gregory (2025). From inquiry to action: embedding transfusion safety education into Wales' foundation programme. (P057). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

S Davies (2025). Back to basics: thank you emails. Poster presented at: European Conference on Donor Health and Management (ECDHM), 12 September 2025, Wijk aan Zee, Netherlands.

S. Robinson, J. Zielska-Mikita, and S. Pearce (2025). Project ELSA—To replace the use of dry ice in transportation of frozen blood components and products. (P020). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 –1 6 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

Appendix D: Velindre University NHS Trust and Additional Affiliated Research Active Staff.

The following appendix lists **publications from 2025**, from Velindre and Additional Affiliated Research Active Staff – articles only. This listing has been compiled by Velindre University NHS Trust's Library Service.

During **2025**, there has been a total of 101 publications – 101 articles.

Cancer Site Specific

D1. Breast

Articles

K. Aboud, M. Meissner and **R. Jones** (2025). "Capivasertib/Fulvestrant in patients with HR+, HER2-low or HER2-negative locally advanced or metastatic breast cancer." Therapeutic advances in medical oncology **17**: 17588359251358947. **Impact Factor = 4.2**

J. E. Abraham, L. O. O'Connor, L. Grybowicz, K. P. Alba, A. Dayimu, N. Demiris, C. Harvey, L. M. Drewett, R. Lucey, A. Fulton, A. N. Roberts, J. R. Worley, M. A. Chhabra, W. Qian, J. Brown, R. Hardy, A.-L. Vallier, S. Chan, M. E. U. Cidon, E. Sherwin, A. Chakrabarti, C. Sadler, J. Barnes, M. Persic, S. Smith, S. Raj, **A. Borley**, J. P. Braybrooke, E. Staples, L. C. Scott, C. A. Palmer, M. Moody, M. J. Churn, D. Pilger, G. Zagnoli-Vieira, P. W. G. Wijnhoven, M. B. Mukesh, R. R. Roylance, P. C. Schouten, N. C. Levitt, K. McAdam, A. C. Armstrong, E. R. Copson, E. McMurtry, S. Galbraith, M. Tischkowitz, E. Provenzano, M. J. O'Connor and H. M. Earl (2025). "Neoadjuvant PARP inhibitor scheduling in BRCA1 and BRCA2 related breast cancer: PARTNER, a randomized phase II/III trial." Nature communications **16**(1): 4269. **Impact Factor = 15.7**

J. A. Dunn, P. Donnelly, N. Elbeltagi, A. Marshall, A. Hopkins, A. M. Thompson, R. Audisio, S. E. Pinder, D. A. Cameron, S. Hartup, L. Turner, A. Young, H. Higgins, E. K. Watson, S. Gasson, **P. J. Barrett-Lee**, C. Hulme, B. Shinkins, P. S. Hall and A. Evans (2025). "Annual versus less frequent mammographic surveillance in people with breast cancer aged 50 years and older in the UK (Mammo-50): a multicentre, randomised, phase 3, non-inferiority trial." Lancet (London, England) **405**(10476): 396–407**. Impact Factor = 88.5**

S. Harding and **A. Borley** (2025). "Switching to a Fixed-dose Combined Pertuzumab and Trastuzumab With Recombinant Human Hyaluronidase Subcutaneous Injection to Treat Human Epidermal Growth Factor Receptor 2-positive Breast Cancer in Real-world UK Clinical Practice." Clinical oncology (Royal College of Radiologists (Great Britain)) **37**: 103671. **Impact Factor = 3.0**

V. Gaury, Z. Vaquette, V. Aubert, C. Barcenas, L. J. Jones, D. Jacobs, J. Guillon, A. Filiot, B. van der Vegt, E. Hocquet, C. Maisin, **L. K. Spary**, M. Bateson, A. L. Martin, D. Drubay, S. Everhard, L. Guillou, M. Sefta, I. Garberis, F. Andre, A. V. Salomon, S. Krishnamurthy and M. Lacroix-Triki (2025). "Clinical Validation of RlapsRisk BC in an international multi-cohorts setting." medRxiv. **No impact factor – preprint server**

J. V. Waterhouse, A. Holdich, F. Mina, M. Obeid, K. Joshi, S. Barrett, L. Rajakumar, G. McCormick, S. Seymour, P. Koliou, R. Sylva, O. Ayodele, A. Gautam, J. Smith, J. McKeon, T. Strawson-Smith, R. Douglas, **A. Borley**, A. Konstantis and S. McGrath (2025). "Safety and Efficacy of Atezolizumab in Combination With nab-Paclitaxel in Patients With PD-L1 Positive Metastatic or Locally Advanced Triple-Negative Breast Cancer: A UK-Wide Cancer Centre Experience." Clinical oncology (Royal College of Radiologists (Great Britain)) **49**: 103968. **Impact Factor = 3.0**

D2. Colorectal

Articles

F. Aroldi, E. Elez, T. Andre, G. Perkins, H. Prenen, V. Popovici, P. Gallagher, J. Houlden, L. Collins, C. Roberts, C. Rolfo, F. Di Nicolantonio, M. Grayson, R. Boyd, K. Bettens, J. Delfavero, V. Coyle, M. Lawler, H. Khawaja, P. Laurent-Puig, M. Salto-Tellez, T. S. Maughan, J. Tabernero, **R. Adams**, **R. Jones**, B. T. Hennessy, A. Bardelli, M. Peeters, M. R. Middleton, R. H. Wilson and S. Van Schaeybroeck (2025). "A Phase Ia/b study of MEK1/2 inhibitor binimetinib with MET inhibitor crizotinib in patients with RAS mutant advanced colorectal cancer (MErCuRIC)." BMC cancer **25**(1): 658. **Impact Factor = 3.4**

A. Audisio, C. Gallio, V. Velenik, H. Meillat, E. Ruiz-Garcia, M. C. Riesco, J. S. Alecha, G. Rasschaert, C. Carvalho, V. Randrian, I. Kirac, J. Hernando, M. Artac, J. M. O'Connor, I. Waldhorn, P. M. Braam, A. Shamseddine, R. Moretto, C. De la Pinta, F. De Felice, A. Dulskas, D. Paez Lopez-Bravo, A. Vanden Bulcke, F. Bock, A. Deleporte, M. Van Den Eynde, K. P. Geboes, M. Loi, M. Messina, C. Houlze-Laroye, A. Puccini, A. Pastorino, D. Papamichael, M. Fiore, D. Sur, M. Eid, C. Antoun, M. Salati, I. Garajova, M. Jakubauskas, J. Tomasek, C. M. Sousa Pinto, J. Schwingel, F. Morano, **R. A. Adams**, A. Dermine, A. Chau, M. A. Javed, M. Ghidini, F. Fiorica, P. Montenegro, A. Petrillo, G. Spolverato, N. Mulet Margalef, M. Diaz, C. Baratelli, F. Puleo, A. Karampeazis, F. Sert, Q. Gilliaux, A. De Stefano, G. Liberale, L. Moretti, P. Martinive, V. Deltuvaite Thomas, V. Staggs, E. D. Saad, J.-L. Van Laethem and F. Sclafani (2025). "Total Neoadjuvant Therapy for Locally Advanced Rectal Cancer." JAMA oncology **11**(9): 1045–1054. **Impact Factor = 20.1**

J.-B. Bachet, A. de Gramont, M. Raeisi, M. Rakez, R. M. Goldberg, N. C. Tebbutt, E. Van Cutsem, D. G. Haller, J. R. Hecht, R. J. Mayer, S. M. Lichtman, A. B. Benson, A. F. Sobrero, J. Tabernero, **R. Adams**, J. R. Zalcberg, A. Grothey, T. Yoshino, T. Andre, Q. Shi and B. Chibaudel (2025). "Characteristics of Patients and Prognostic Factors Across Treatment Lines in Metastatic Colorectal Cancer: An Analysis From the Aide et Recherche en Cancerologie Digestive Database." Journal of clinical oncology : official journal of the American Society of Clinical Oncology **43**(18): 2094–2106. **Impact Factor = 41.9**

G. Bregni, **R. Adams**, R. Bale, M. A. Bali, I. Bargellini, L. Blomqvist, G. Brown, C. Cremolini, P. Demetter, T. Denecke, A. Dohan, C. Dopazo, E. Elez, S. Evrard, R. Feakins, M. Guckenberger, M. G. Guren, M. Hawkins, A. Hoorens, E. Huguet, M. Intven, T. Koessler, W. G. Kunz, F. Lordick, V. Lucidi, A. H. Mahnken, H. Malik, P. Martinive, M. Mauer, A. M. Romero, I. Nagtegaal, F. Orsi, W. J. Oyen, O. Pellerin, M. Rengo, J. Ricke, A. Ricoeur, A. Riddell, M. Ronot, M. Scorsetti, J. Seligmann, C. Sempoux, K. Sheahan, S. Stattner, M. Svrcek, J. Taieb, N. West, L. Wyrwicz, C. J. Zech, M. Moehler and F. Sclafani (2025). "EORTC consensus recommendations on the optimal management of colorectal cancer liver metastases." Cancer treatment reviews **136**: 102926. **Impact Factor = 10.5**

R. Frood, A. Gilbert, D. Gilbert, N. L. Abbott, S. D. Richman, V. Goh, S. Rao, J. Webster, A. Smith, J. Copeland, S. P. Ruddock, L. Berkman, R. Muirhead, A. G. Renehan, M. Harrison, **R. Adams**, M. Hawkins, S. Brown and D. Sebag-Montefiore (2025). "Personalising anal cancer radiotherapy dose (PLATO): protocol for a multicentre integrated platform trial." BMJ open **15**(11): e109655**. Impact Factor = 2.3**

H.-J. Lenz, T. Liu, E. Y. Chen, Z. Horvath, I. Bondarenko, I. Danielewicz, M. Ghidini, P. Garcia-Alfonso, **R. Jones**, M. Aapro, Y. Zhang, J. Wang, W. Wang, J. Adeleye, A. Beelen and J. Hubbard (2025). "Trilaciclib prior to FOLFOXIRI/bevacizumab for patients with untreated metastatic colorectal cancer: phase 3 PRESERVE 1 trial." JNCI cancer spectrum **9**(1). **Impact Factor = 4.1**

A. Macnair, **R. Adams**, A. Appelt, M. Beavon, K. Drinkwater, C. R. Hanna, S. M. O'Cathail and R. Muirhead (2025). "Neoadjuvant Treatment of Rectal Cancer: A Repeat UK-wide Survey After Implementation of National Intensity Modulated Radiotherapy Guidance." Clinical oncology (Royal College of Radiologists (Great Britain)) **41**: 103835. **Impact Factor = 3.0**

D3. Gynecology

Articles

F. Cherifi, I. Ray-Coquard, M. J. Rubio, X. Paoletti, D. Lorusso, C. H. Choi, K. Hasegawa, D. S. P. Tan, **E. Hudson**, A. Davis, G. Tognon, S. Lheureux, M. A. Vardar Key, J. E. Kurtz, J. Alexandre and F. Joly (2025). "DOMENICA: dostarlimab versus chemotherapy alone in first-line MMR-deficient advanced endometrial cancer patients." Future oncology (London, England) **21**(13): 1613–1623. **Impact Factor = 2.6**

K. Harano, R. Fossati, B. Pardo, F. Galli, **E. Hudson**, Y. Antill, C. Lee, M. Rabaglio, F. Heitz, V. Kolovetsiou-Kreiner, C.-H. Lai, E. Biagioli, L. Manso, S. Nishio, K. Allan, Y. C. Lee, S. Uggeri, A. Redondo, S. Nakagawa, E. Au, J. Lombard, A. Gadducci, K. Takehara, E. E. Baldini, I. Palaia, C. Casanova, A. Ardizzoia, A. Bologna, M.-P. Barretina-Ginesta and N. Colombo (2025). "Phase III double-blind randomized placebo controlled trial of atezolizumab in combination with carboplatin and paclitaxel in women with advanced/recurrent endometrial carcinoma: the Asian cohort of the AtTEnd/ENGOT-EN7 trial." Journal of gynecologic oncology **36**(4): e117. **Impact Factor = 3.7**

J. McGrane, L. Eastlake, D. Hadjiyiannakis, S. Lalondrelle, R. Bowen, S. Trent, M. Obeid, **E. Hudson**, R. Agarwal, S. Gandhi, T. Young, R. Kristeleit, R. Mohammed, M. Rowe, S. Dubey, J. Forrest, L. Seneviratne, M. Hussain and G. J. Melendez-Torres (2025). "Real World Multi-centre UK Review of Nivolumab Monotherapy in Metastatic Endometrial Cancer With Mismatch Repair Deficiency During COVID-19." Clinical oncology (Royal College of Radiologists (Great Britain)) **45**: 103899. **Impact Factor = 3.0**

J. C. McMullan, C. Smith, R. Jones, C. Butterworth, C. Davies, H. Long, J. Pottle, C. Jarrom, R. Peevor, R. Jones, P. Gupta, **L. Hanna**, **E. Hudson** and S. Jones (2025). "All Wales Ovarian Cancer Prehabilitation Project (AWOCPP)." BMJ open quality **14**(Suppl 1). **Impact Factor = 1.6**

D4. Head & Neck

Articles

M. Buttner, G. Sykiotis, A. Al-Ibraheem, M. Pinto, I. Iakovou, A. A. Osthus, E. Hammerlid, L. D. Locati, E. M. Gamper, J. I. Arraras, S. J. Jordan, N. Kiyota, D. Engesser, K. Taylor, R. Canotilho, G. Ioannidis, O. Husson, R. R. Gama, G. Fanetti, **L. Moss**, J. Inhestern, G. Andry, H. Rimmele and S. Singer (2025). "Quality of life in thyroid cancer survivors with and without permanent hypoparathyroidism." Hormones (Athens, Greece) **24**(3): 851–860. **Impact Factor = 2.5**

M. Evans, P. Bonomo**, P. C. Chan**, M. L. K. Chua, J. G. Eriksen, K. Hunter, K. Jensen, T. M. Jones, S. G. Laskar, R. Maroldi, B. O'Sullivan, C. Paterson, L. Tagliaferri, S. Tribius, S. S. Yom and V. Gregoire (2025). "Delineation of the post-operative primary tumour and nodal clinical target volumes in oral cavity squamous cell carcinoma: European Society for Radiotherapy and Oncology (ESTRO) clinical guidelines." Radiotherapy and oncology : journal of the European Society for Therapeutic Radiology and Oncology **212**: 111135**. Impact Factor = 5.3**

M. Evans, P. Bonomo, **P. C. Chan**, M. L. K. Chua, J. G. Eriksen, K. Hunter, T. M. Jones, S. G. Laskar, R. Maroldi, B. O'Sullivan, C. Paterson, L. Tagliaferri, S. Tribius, S. S. Yom and V. Gregoire (2025). "Post-

operative radiotherapy for oral cavity squamous cell carcinoma: Review of the data guiding the selection and the delineation of post-operative target volumes." Radiotherapy and oncology : journal of the European Society for Therapeutic Radiology and Oncology **207**: 110880. **Impact Factor = 5.3**

A. S. Ho, S. H. Huang, B. O'Sullivan, M. Luu, **M. Evans**, R. L. Ferris, J. S. Lewis, Jr., R. R. Seethala, S. S. Yom, H. Mehanna, B. F. Branstetter, N. F. Saba, S. G. Patel, W. M. Lydiatt and Z. S. Zumsteg (2025). "Derivation and validation of the AJCC9V pathological stage classification for HPV-positive oropharyngeal carcinoma: a multicentre registry analysis." The Lancet. Oncology **26**(8): 1113–1122. **Impact Factor = 35.9**

U. Mallick, K. Newbold, M. Beasley, K. Garcez, J. Wadsley, S. J. Johnson, T. Stephenson, M. Gaze, A. Goodman, S. Jefferies, S. Sivabalasingham, N. Slevin, D. P. Wilkinson, E. Macias-Fernandez, D. Power, T. Roques, L. Speed, C. Nutting, G. Mochloulis, G. Gerrard, C. Candish, S. Morgan, D. Tripathi, P. Truran, C. Arthur, A. Wieczorek, K. Madhavan, **J. Maclean**, D. Boote, D. Kim, A. Pascoe, G. Pitiyage, S. Forsyth, E. Ambrose, E. Chang, K. Farnell and A. Hackshaw (2025). "Thyroidectomy with or without postoperative radioiodine for patients with low-risk differentiated thyroid cancer in the UK (IoN): a randomised, multicentre, non-inferiority trial." Lancet (London, England) **406**(10498): 52–62. **Impact Factor = 88.5**

R. Shaw, R. Knight, A. Basoglu, M. Bajwa, J. Perry, A. Kanatas, S. Fedele, V. Killen, R. Tangney, C. Butterworth, J. McCaul, J. Dhanda, V. Patel, **M. Evans** and R. Jackson (2025). "RAPTOR: Randomised Controlled Trial of PENTOCLO (pentoxifylline-tocopherol-clodronate) in Mandibular Osteoradionecrosis-study protocol for an open-label phase II randomised controlled superiority trial." Trials **26**(1): 254. **Impact Factor = 2.0**

V. Gregoire, L. Tagliaferi and **M. Evans** (2025). "In Regard to Margalit et al." Practical radiation oncology **15**(2): 205–208. **Impact Factor = 3.5**

A. L. Peters, W.-Y. Poon, **S. Walters**, Z. Iyizoba-Ebozue, C. Hannon, S. Kingdon, K. Yogalingam, L. Kennedy, J. Peck, K. Cavanagh, R. Fernandes, Y. Wang, S. Thomas, M. Rowe, K. Grellier, K. MacTier, M. Baxter, S. A. Growcott, A. Muse, R. Kitson, O. Gbenebichie, K. Laws, J. Hardman, M. Denholm, K. Purshouse, R. Prestwich, C. Wilson, D. J. Noble and C. Paterson (2025). "Involved Neck Only Versus Mucosal Radiation Therapy for Head and Neck Squamous Cell Cancer of Unknown Primary (HNSCCUP): A National Retrospective Multicenter Cohort Study." International journal of radiation oncology, biology, physics. **Impact Factor = 6.5**

D5. Lung

Articles

K. Franks, D. Smith, **P. Shaw**, G. L. Banna, M. Cominos, T. Talbot, B. T. Blak, L. Lindqvist-Brown and M. Ahmed (2025). "CODAK: Real-World Clinical Outcomes of Patients With Unresectable, Stage III Non-Small Cell Lung Cancer Treated With Durvalumab After Chemoradiotherapy in the United Kingdom." Clinical oncology (Royal College of Radiologists (Great Britain)) **48**: 103949. **Impact Factor = 3.0**

I. Gomez-Randulfe, F. Monaca, O. Cantale, M. L. Reale, L. Mrak, L. Zullo, S. S. Diaz, M. Z. Bueno, M. A. Mariduena Moreno, C. Davis, **S. Cox**, D. Lee, R. Shah, T. Geldart, J. Baena, J. C. Benitez, M. A. Rosario Garcia Campelo, J. Remon, D. Planchard, D. Galetta, M. Tiseo, D. Cortinovis, G. Metro, E. Bria, F. Passiglia, S. Novello and R. Califano (2025). "Real-world outcomes of second-line carboplatin plus pemetrexed after first-line osimertinib in EGFR-mutant advanced NSCLC: An international multicentre cohort study." Lung cancer (Amsterdam, Netherlands) **209**: 108797. **Impact Factor = 4.4**

G. Middleton, H. L. Robbins, P. Fletcher, J. Savage, M. Mehmi, Y. Summers, A. Greystoke, N. Steele, S. Popat, P. Jain, J. Spicer, J. Cave, **P. Shaw**, D. Gilligan, D. Power, D. Fennell, M. Bajracharya, D. J. McBride, U. Maheswari, A. M. Frankell, C. Swanton, A. D. Beggs and L. Billingham (2025). "A phase II trial of mTORC1/2 inhibition in STK11 deficient non small cell lung cancer." NPJ precision oncology **9**(1): 67. **Impact Factor = 8.0**

L. Moliner, N. Zellweger, S. Schmid, M. Bertschinger, C. Waibel, F. Cerciello, P. Froesch, M. Mark, A. Bettini, P. Hauptle, V. Blum, L. Holer, S. Hayoz, M. Fruh, S. Ahmed, S. Bhagani, N. Steele, H.-L. Gray, S. D. Robinson, M. Davidson, **S. Cox**, T. Khalid, T. R. Geldart, L. Nolan, D. C. Scott, L. Hennah, T. Newsom-Davis, E. Rathbone, C. Handforth, A. Denton, S. Merchant, F. Blackhall, L. A. Mauti, R. Califano and S. I. Rothschild (2025). "First-Line Chemo-Immunotherapy in SCLC: Outcomes of a Binational Real-World Study." JTO clinical and research reports **6**(1): 100744. **Impact Factor = 3.5**

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D6. Melanoma

Articles

None

D7. Neuro

Articles

F. Slevin, E. M. Hudson, F. W. Boele, **J. R. Powell**, S. Noutch, M. Borland, S. Brown, A. Bruce, H. Bulbeck, N. G. Burnet, Y. C. Chang, R. Colaco, S. Currie, D. Egleston, N. Fersht, M. Klein, J. Lilley, M. Lowe, E. Miles, R. D. Murray, D. J. O'Hara, M. Norris, C. Parbutt, A. Smith, C. Smith, G. A. Whitfield, S. Short and L. Murray (2025). "APPROACH: Analysis of Proton versus Photon Radiotherapy in Oligodendroglioma and Assessment of Cognitive Health - study protocol paper for a phase III multicentre, open-label randomised controlled trial." BMJ open **15**(2): e097810. **Impact Factor = 2.3**

D8. Sarcoma & Lymphoma

Articles

A. Santarsieri, E. Mitchell, M. H. Pham, R. Sanghvi, J. Jablonski, H. Lee-Six, K. Sturgess, P. Brice, T. F. Menne, W. Osborne, T. Creasey, K. M. Ardeshna, J. Baxter, S. Behan, K. Bhuller, S. Booth, N. D. Chavda, G. P. Collins, D. J. Culligan, K. Cwynarski, A. Davies, **A. Downing**, D. Dutton, M. Furtado, **E. Gallop-Evans**, A. Hodson, D. Hopkins, H. Hsu, S. Iyengar, S. G. Jones, M. Karanth, K. M. Linton, O. C. Lomas, N. Martinez-Calle, A. Mathur, P. McKay, S. K. Nagumantry, E. H. Phillips, N. Phillips, J. F. Rudge, N. K. Shah, G. Stafford, A. Sternberg, **R. Trickey**, B. J. Uttenthal, N. Wetherall, X.-Y. Zhang, A. K. McMillan, N. Coleman, M. R. Stratton, E. Laurenti, P. Borchmann, S. Borchmann, P. J. Campbell, R. Rahbari and G. A. Follows (2025). "The genomic and clinical consequences of replacing procarbazine with dacarbazine in escalated BEACOPP for Hodgkin lymphoma: a retrospective, observational study." The Lancet. Oncology **26**(1): 98–109. **Impact Factor = 35.9**

T. Barr, V. A. Jennings, E. A. Roundhill, R. T. Baugh, **M. Yamrali**, H. Owston, D. McGonagle, P. V. Giannoudis, N. J. Caplen, J. Khan, J. C. Bell, S. A. Burchill, F. Errington-Mais and G. P. Cook (2025). "Oncolytic Maraba virus MG1 mediates direct and natural killer cell-dependent lysis of Ewing sarcoma." bioRxiv. **No Impact Factor – preprint server.**

D9. Upper Gastro-Intestinal

Articles

B. Beernaert, R. L. Jady-Clark, P. Shah, E. Ramon-Gil, N. M. Lawson, Z. D. Brodtman, S. Tagore, F. Stihler, A. S. Carter, S. Clarke, T. Liu, W. Zhu, E. Erdal, A. Easton, L. Campo, M. Browne, S. Ash, N. Waddell, **T. Crosby**, S. R. Lord, D. A. Mann, I. Melero, C. E. de Andrea, A. E. Tijhuis, F. Foijer, E. M. Hammond, K. C. Akdemir, J. Leslie, B. Izar and E. E. Parkes (2025). "Chromosomal instability shapes the tumor microenvironment of esophageal adenocarcinoma via a cGAS-chemokine-myeloid axis." bioRxiv : the preprint server for biology. **Impact Factor = Pre Print server no impact factor.**

A. Case, F. Williams, S. Prosser, H. Hutchings, **T. Crosby**, **R. Adams**, G. Jenkins and S. Gwynne (2025). "Reconsidering the Role of Radiotherapy for Inoperable Gastric Cancer: A Systematic Review of Gastric Radiotherapy Given With Definitive and Palliative Intent." Clinical oncology (Royal College of Radiologists (Great Britain)) **37**: 103693**. Impact Factor = 3.0**

H. A. Clements, M. E. Booth, C. W. Bleaney, S. R. Markar, M. A. Hawkins, E. C. Smyth, C. J. Peters and **T. D. L. Crosby** (2025). "United Kingdom and Ireland Oesophagogastric Cancer Group Cancer Update 2024." Clinical oncology (Royal College of Radiologists (Great Britain)) **45**: 103889**. Impact Factor = 3.0**

K. Cole, J. A. Gossage, P. Bhandari, N. S. Blencowe, S. Chidambaram, **T. Crosby**, R. P. T. Evans, E. A. Griffiths, S. K. Kamarajah, S. R. Markar, N. Trudgill, T. J. Underwood and P. H. Pucher (2025). "Impact of staging investigations on nodal upstaging in early esophago-gastric adenocarcinoma: multicenter CONGRESS dataset analysis." Diseases of the esophagus : official journal of the International Society for Diseases of the Esophagus **38**(5). **Impact Factor = 2.3**

B. T. Crosby, L. Munglani, K. Wright, K. Charles, W. Evans, M. Mathias, S. Davies, B. Abdalla, J. Turner, **T. Crosby**, N. Trudgill and H. Haboubi (2025). "Impact of introducing transnasal endoscopy on expanding diagnostic endoscopy services." BMJ open quality **14**(1**). Impact Factor = 1.6**

K. Datta, **A. Byrne** and D. Holland-Hart (2025). "Factors Affecting Treatment Resilience in Patients With Oesophago-gastric Cancers Undergoing Palliative Chemotherapy: A Rapid Review." Clinical oncology (Royal College of Radiologists (Great Britain)): 103963. **Impact Factor = 3.0**

A. Gordon, D. Cunningham, Z. Rajan, C. Fong, C. Peckitt, L. Satchwell, S. Cromarty, S. Kidd, K. Piadel, B. Leamon, O. Zhitkov, M. Davidson, J. Thompson, N. Maisey, S. Darby, T. Waddell, **C. Morgan**, A. Bradshaw, R. Petty, C. Fribbens, S. Rao, N. Starling and I. Chau (2025). "Maintenance Capecitabine Plus Ramucirumab After First-Line Chemotherapy in Patients With Advanced Esophagogastric Adenocarcinoma: Results From the Randomized PLATFORM Study." JCO oncology advances **2**(1): e2400073**. Impact Factor = Currently no impact factor**

H. L. Gould, K. Amin, T. Karategos, S. Abbas, S. Olive, M. Sivananthan, A. Rela, H. Reed, C. Powell, J. Navaratnam, R. Ellis-Owen, P. Fielding, D. Mondal, S. Kihara, G. Williams, **C. Morgan**, J. Witczak, J. Cornish, S. Gwynne, J. Horwood, J. Torkington, R. Hargest, A. Christian, M. Davies, J. Ansell and M. S. Khan (2025). "Earlier diagnosis of small intestine neuroendocrine tumours (SI-NETs) through

transformation of the South Wales NET service." Journal of neuroendocrinology **37**(4): e13486. **Impact Factor = 4.1**

J. Helbrow, G. Lewis, C. Hurt, G. Radhakrishna, O. Nicholas, M. A. Hawkins, S. Mukherjee, J. Graby, **T. Crosby** and S. Gwynne (2025). "Radiotherapy Quality Assurance in the SCOPE2 Trial: What Lessons can be Learned for the Next UK Trial in Oesophageal Cancer?" Clinical oncology (Royal College of Radiologists (Great Britain)) **38**: 103735**. Impact Factor = 3.0**

D. Holland-Hart, M. Longo, S. Bridges, L. Nixon, M. Hawkins, **T. Crosby** and A. Nelson (2025). "A qualitative study exploring participants' experiences of the SCOPE2 trial: chemoradiotherapy dose escalation in oesophageal cancer." Trials **26**(1): 70. **Impact Factor = 2.0**

C. M. Jones, W. H. Ng, L. Tincknell, D. P. McClurg, E. Adam, P. Bhandari, K. Campbell, P. Chambers, F. Ciccarelli, H. G. Coleman, **T. Crosby**, C. Doyle, J. M. Dunn, J. Elliott, R. C. Fitzgerald, **K. G. Foley**, V. Goh, H. I. Grabsch, T. A. Graham, M. Grocott, S. Gwynne, J. Harvey, M. Jansen, P. Lagergren, C. Lamb, L. Leigh-Doyle, F. Malik, C. Mayland, M. McCord, A. Moss, S. Mukherjee, R. Petty, S. Rananaware, J. Reid, G. Rubin, E. Smyth, N. J. Trudgill, R. C. Turkington, T. J. Underwood, F. M. Walter, J. Williams and C. J. Peters (2025). "Research priorities for cancers of the oesophagus and stomach: recommendations from a UK and Ireland patient and healthcare professional partnership exercise." Gut **74**(12): 1949–1961. **Impact Factor = 25.8**

D. H. Palmer, R. Jackson, C. Springfeld, P. Ghaneh, C. Rawcliffe, C. M. Halloran, O. Faluyi, D. Cunningham, J. Wadsley, S. Darby, T. Meyer, R. Gillmore, P. Lind, B. Glimelius, S. Falk, Y. T. Ma, G. W. Middleton, S. Cummins, P. J. Ross, H. Wasan, A. McDonald, **T. Crosby**, P. Hammel, D. Borg, S. Sothi, J. W. Valle, A. Mehrabi, P. Bailey, C. Tjaden, C. Michalski, T. Hackert, M. W. Buchler and J. P. Neoptolemos (2025). "Pancreatic Adenocarcinoma: Long-Term Outcomes of Adjuvant Therapy in the ESPAC4 Phase III Trial." Journal of clinical oncology : official journal of the American Society of Clinical Oncology **43**(10): 1240–1253. **Impact Factor = 41.9**

P. H. Pucher, S. A. Rahman, P. Bhandari, N. Blencowe, S. Chidambaram, **T. Crosby**, R. P. T. Evans, E. A. Griffiths, S. K. Kamarajah, S. R. Markar, N. Trudgill, T. J. Underwood and J. A. Gossage (2025). "Prevalence and Risk Factors for Malignant Nodal Involvement in Early Esophago-Gastric Adenocarcinoma: Results From the Multicenter Retrospective Congress Study (endosCopic resectiON, esophaGectomy or Gastrectomy for Early Esophagogastric Cancers)." Annals of surgery **281**(3): 363–370. **Impact Factor = 6.4**

E. Vrana, H. Timmins, A. Osborne, R. Cox, H. Wasan, Y. T. Ma, A. Arora, O. Faluyi, R. Gillmore, P. Corrie, P. Miller, **S. Arif**, J. Canham, C. Martin, M. Riaz, T. Shi, M. Frizziero, V. Foy, R. A. Hubner, H. Morement, J. Bridgewater, **R. Adams**, J. W. Valle and M. G. McNamara (2025). "ABC-12: exploring the microbiome in patients with advanced biliary tract cancer in a first-line study of durvalumab (MEDI4736) in combination with cisplatin/gemcitabine." Future oncology (London, England) **21**(21): 2713–2721. **Impact Factor = 2.6**

R. C. Walker, S. P. Breininger, B. P. Sharpe, J. Harrington, I. Reddin, C. Tse, R. Rajak, A. Hayden, S. Rahman, B. Grace, F. Izadi, J. West, R. D. Petty, **T. D. L. Crosby**, W. Fickling, D. Khoo, H. Coleman, D. McManus, R. Turkington, A. Grabowska, K. Moorthy, C. J. Peters, G. B. Hanna, S. Lishman, S. Suortamo, S. Sothi, M. Scott, R. Haidry, L. Lovat, J. Saunders, P. Kaye, I. Soomro, S. L. Parsons, B. Kumar, E. Cheong, M. Lewis, C. Harden, R. Berrisford, G. Sanders, F. D. Ciccarelli, V. Goh, U. Mahadeva, J. Zylstra, F. Chang, A. Davies, J. Gossage, J. Lagergren, O. Old, N. Shepherd, H. Barr, B. L. Grace, G. Contino, S. Puig, P. Taniere, A. Beggs, O. Tucker, T. R. Hupp, R. J. E. Skipworth, V. Save,

I. Bagwan, S. Oakes, S. R. Preston, A. Sharrocks, Y. Ang, S. J. Hayes, J. R. O'Neill, V. Sujendran, A. Hindmarsh, P. Safranek, N. Carroll, C. Crichton, J. Davies, A. Blasco, A. Grantham, S. Killcoyne, A. M. Redmond, S. Jammula, G. Devonshire, M. Eldridge, A. G. Lynch, S. Tavare, E. C. Smyth, M. Tripathi, S. Malhotra, A. Miremadi, M. O'Donovan, S. Abbas, A. Katz-Summercorn, X. Li, A. Northrop, S. MacRae, E. Fidziukiewicz, C. Hughes, B. Nutzinger, N. Grehan, P. A. W. Edwards, R. C. Fitzgerald, M. Secrier, Z. S. Walters, M. J. J. Rose-Zerilli and T. J. Underwood (2025). "Cancer-associated fibroblasts are associated with neo-adjuvant treatment response in oesophageal adenocarcinoma." British Journal of Cancer **133**(5): 633 – 647**. Impact Factor = 6.8**

C. W. Bleaney, K. Aitken, **T. D. L. Crosby**, G. Radhakrishna, R. Roy, K. Spencer and C. M. Jones (2025). "Radiotherapy for Oesophageal Cancer in the United Kingdom: Patterns of Practice and Quality Indicators." Clinical oncology (Royal College of Radiologists (Great Britain)) **49**: 103978. **Impact Factor = 3.0**

K. Datta, **A. Byrne** and D. Holland-Hart (2025). "Factors Affecting Treatment Resilience in Patients With Oesophago-gastric Cancers Undergoing Palliative Chemotherapy: A Rapid Review." Clinical oncology (Royal College of Radiologists (Great Britain)): 103963. **Impact Factor = 3.0**

J. Helbrow, M. E. Booth, B. Vadhwana, **R. Adams**, **K. G. Foley**, C. J. Peters, R. D. Petty and S. Gwynne (2025). "Quality Assurance in Multi-Modality Oesophago-Gastric Cancer Clinical Trials: Past, Present and Future Perspectives." Clinical oncology (Royal College of Radiologists (Great Britain)) **49**: 103971. **Impact Factor = 3.0**

D10. Unknown Primary

Articles

None

D11. Urology

Articles

S. Cooper, S. Nicholson, J. Crook, N. Watkin, C. Pettaway, **J. Barber**, A. Mitra, **O. Woodley**, **A. Millin**, E. Hall, A. Pathmanathan, S. Penegar, S. Burnett, P. Spiess, E. Miles, K. Hoffman, H. Yang and A. C. Tree (2025). "Standardization of Radiation Therapy to Inguinal and Pelvic Lymph Nodes in Locally Advanced Cancer of the Penis, as Defined by the International Penile Advanced Cancer Trial (InPACT)." International journal of radiation oncology, biology, physics **123**(1): 171–182. **Impact Factor = 6.5**

J. Gavira, E. Auclin, M. Rey-Cardenas, **P. Roy**, **J. C. Tapia**, P. Nay, A. Vinceneux, F. Lefort, S. Nannini, A. M. D. C. Randis, N. Naoun, B. Escudier, D. Borchiellini, G. de Velasco, P. Barthelemy, M. Gross-Goupil, S. Negrier, S. Oudard, **R. D. Frazer**, L. Albiges and R. Flippot (2025). "Activity of lenvatinib-based therapy in previously treated patients with metastatic renal cell carcinoma: A European multicenter study (LENVA-LAT)." European journal of cancer (Oxford, England : 1990) **220**: 115389. **Impact Factor = 7.1**

S. Gillessen, L. Murphy, N. D. James, A. Sachdeva, O. El-Taji, H. Abdel-Aty, A. I. Adler, C. Amos, G. Attard, M. Varughese, J. Gale, S. Brown, N. Srihari, A. J. Birtle, M. Brown, K. Chan, S. Chowdhury, W. Cross, D. P. Dearnaley, O. Din, P. Dutey-Magni, D. C. Gilbert, C. Gilson, S. Gray, E. Grist, U. Hofmann, A. M. Hudson, Y. Jain, G. Jeyasangar, R. Jones, M. Kayani, R. E. Langley, Z. Malik, **M. D. Mason**, D. Matheson, C. McAlpine, A. Macnair, R. Millman, C. Murphy, M. Padden-Modi, O. Parikh, C. Parker, H. Rush, M. Russell, R. Srinivasan, S. Sundar, **J. S. Tanguay**, F. Turco, P. Williams, M. R. Sydes, M. K. B.

Parmar, L. C. Brown and N. W. Clarke (2025). "Metformin for patients with metastatic prostate cancer starting androgen deprivation therapy: a randomised phase 3 trial of the STAMPEDE platform protocol." The Lancet. Oncology **26**(8): 1018–1030. **Impact Factor = 35.9**

G. Leone, Y. N. S. Wong, R. J. Jones, P. Sankey, D. H. Josephs, S. J. Crabb, **L. Harris**, A. Zarkar, A. Protheroe, N. Vasudev, M. Rashid, A. Lopes, A. Tasnim, L. Ensell, J. Hartley, A. Jayaram, B. Kularatne, M. Kayani, C. C. Pritchard, E. Q. Konnick, A. Freeman, A. Haider, J. Linares, G. Attard, S. A. Quezada, C. Swanton, T. Marafioti and M. D. Linch (2025). "Nivolumab and Ipilimumab for Metastatic Castration-Resistant Prostate Cancer With an Immunogenic Signature: The Multicenter, Two-Cohort, Phase II NEPTUNES Study." Journal of clinical oncology : official journal of the American Society of Clinical Oncology **43**(28): 3070–3080. **Impact Factor = 41.9**

P. Patel, S. Dreibe, G. Attard, A. Cole, P. Diez, J. Frew, J. Guevara, D. Levine, F. McDonald, V. Mullassery, J. Murray, C. Parker, **N. Palaniappan**, A. Pathmanathan, A. Reid, Y.-E. Suh, I. Syndikus, A. Tirona, A. Tran, N. Tunariu, N. J. van As, J. Wylie and A. C. Tree (2025). "Stereotactic Body Radiation Therapy for Oligoprogressive Disease in Androgen-Suppressed Prostate Cancer: Primary Endpoint Analysis of the TRAP Trial." International journal of radiation oncology, biology, physics. **Impact Factor = 6.5**

M. Randhawa, G. Buchanan, I. M. Stratton, G. Race, A. Challapalli, D. Bottomley, J. Logue, S. Sundar, A. Robinson, D. B. McLaren, R. Stevenson, J. M. O'Sullivan, **L. Sweeney**, J. McGrane, X. Jiang, D. Mazhar, V. Khoo, N. McPhail and R. J. Jones (2025). "UK real-world data of radium-223 dichloride in metastatic prostate cancer." Nuclear Medicine Communications **46**(12): 1155–1162. **Impact Factor = 1.3**

J. Staffurth, S. Mukherjee, P. Fielding, E. Renninson and J. I. Rees (2025). "Real-World Experience of 18F-PSMA-1007 Positron Emission Tomography-Computed Tomography Scanning for Initial Staging of High-Risk Nonmetastatic Prostate Cancer: Scan Results and Treatment Decisions." Clinical oncology (Royal College of Radiologists (Great Britain)) **45**: 103900. **Impact Factor = 3.0**

J. N. Staffurth, **S. Sivell**, E. Baddeley, S. Ahmedzai, H. J. Andreyev, S. Campbell, D. J. J. Farnell, C. Ferguson, J. Green, A. Muls, R. O'Shea, S. Pickett, L. Smith, S. Taylor and A. Nelson (2025). "The impact of specialised gastroenterology services for pelvic radiation disease (PRD): Results from the prospective multi-centre EAGLE study." PloS one **20**(1): e0303356. **Impact Factor = 2.6**

J. C. Tapia, J. Gavira, D. Matthews, M. Santoni, M. Young, L. Blondel, R. Flippot, **R. D. Frazer**, G. Anguera and P. Maroto (2025). "Disparities in Clinical and Coverage Benefit of Drugs for Genitourinary Cancers: Cross-National Analysis in the USA, Canada, France, United Kingdom, Spain, Italy and Portugal." SSRN. **No impact factor – preprint server.**

Other

D12. Chemotherapy/Immunotherapy

Articles

J. Andreyev, **R. Adams**, J. Bornschein, M. Chapman, D. Chuter, S. Darnborough, A. Davies, F. Dignan, C. Donnellan, D. Fernandes, R. Flavel, G. Giebner, A. Gilbert, F. Huddy, M. S. S. Khan, P. Leonard, S. Mehta, O. Minton, C. Norton, L. Payton, G. McGuire, D. M. Pritchard, C. Taylor, S. Vyoral, A. Wilson and L. Wedlake (2025). "British Society of Gastroenterology practice guidance on the management of acute and chronic gastrointestinal symptoms and complications as a result of treatment for cancer." Gut **74**(7): 1040–1067. **Impact Factor = 25.8**

P. Gallagher, C. Rolfo, E. Elez, J. Taieb, J. Houlden, L. Collins, C. Roberts, T. Andre, M. Lawler, F. Di Nicolantonio, M. Grayson, R. Boyd, V. Popovici, A. Bardelli, R. Carson, H. Khawaja, P. Laurent-Puig, M. Salto-Tellez, B. T. Hennessy, T. S. Maughan, J. Tabernero, **R. Adams**, **R. Jones**, M. Peeters, M. R. Middleton, R. H. Wilson and S. Van Schaeybroeck (2025). "A phase Ia study of the MEK1/2 inhibitor PD-0325901 with the c-MET inhibitor crizotinib in patients with advanced solid cancers." BJC reports **3**(1): 17. **Impact Factor = Currently no impact factor data available**

A. Olsson-Brown, A. Jain**, R. Frazer**, D. Farrugia, J. Carser, J. Houghton, R. D. Lewis, S. D'Mello and G. Emanuel (2025). "Clinical Management and Outcomes of Immune-Related Adverse Events During Treatment with Immune Checkpoint Inhibitor Therapies in Melanoma and Renal Cell Carcinoma: A UK Real-World Evidence Study." Oncology and therapy **13**(3): 649–665. **Impact Factor = 3.2**

C. A. Rees, **A. Butler**, **S. Muthukrishnan** and **R. D. Frazer** (2025). "Steroid refractory immune-related acute disseminated encephalomyelitis (ADEM) successfully treated with 2nd and 3rd line immunosuppressive therapy." BMJ case reports **18**(6). **Impact Factor = 0.5**

J. Hayes, S. D. Williams, P. Gimson and **M. Taubert** (2025). "How the BNF has grown in size and weight over decades." BMJ **391**: r2574. **Impact Factor = 42.7**

B. Schroeder, P. Prasad, O. Gbadegesin, **S. Gupta**, **R. Frazer**, S. Heaney, H. Franks, C. Blair, M. Stuttard, C. Barlow, H. Cook, H. Winter, P. d'Arienzo, J. Symington, Y. Radif, S. Rampes, P. Nathan, K. Young, H. Shaw, A. Carr and M. Willis (2025). "Specialist Neurology Involvement and Impact in Immune Checkpoint Inhibitor-Related Neurotoxicity: Experience in a Unified Healthcare System." Cancers **17**(24). **Impact Factor = 4.4**

D13. Palliative Care

Articles

M. Coffey, F. Lugg-Widger, B. Hannigan, V. Velikova and **A. Byrne** (2025). "Severe mental illness and last year of life: Identifying service use from a National Health Service digital dashboard in Wales, UK." Journal of mental health (Abingdon, England) **34**(5): 549–555. **Impact Factor = 3.2**

M. Mann, **C. Cahill**, **S. Sivell**, R. Hackett, **E. Harding** and **M. Taubert** (2025). "Future care planning." BMJ supportive & palliative care **15**(5): 614–617. **Impact Factor = 1.8**

M. Taubert, T. Goltsos and S. A. Murray (2025). "Science of forecasting: new methods to predict death." BMJ supportive & palliative care. **Impact Factor = 1.8**

M. Taubert, R. Hackett and S. Tavabie (2025). "Artificial intelligence and large language models in palliative medicine clinical practice and education." BMJ Supportive and Palliative Care **15**(1): 61 – 64. **Impact Factor = 1.8**

C. Cahill, E. Harding, **A. Crabtree**, **S. Sivell** and **N. J. Pease** (2025). "QR-code wristbands for critical information: palliative oncology feasibility study." BMJ supportive & palliative care **16**(1): 74–75. **Impact Factor = 1.8**

D14. Radiotherapy & Proton Therapy

Articles

S. Allan, **N. Courtier** and **L. Mundy** (2025). "The impact of working patterns on therapeutic radiographers' experience of work-life balance: A qualitative study at a cancer treatment centre in Wales." Radiography (London, England : 1995) **31**(3): 102951. **Impact Factor = 2.8**

A. Buckle, C. Heeney, M. Jones, V. Ganesan, R. Valentine**, P. Wheeler**, J. Earley, G. Grogan and M. Sparks (2025). "A multi-institution performance assessment of a double-layer MLC." Journal of applied clinical medical physics **26**(11): e70261. **Impact Factor = 2.2**

E. Moreno-Olmedo, K. Owczarczyk, E. Chadwick, P. Dickinson, A. Duffton, B. Jones, J. S. Good, F. McDonald, L. J. Murray, **T. Rackley**, M. Robinson, J. Sinclair, T. Strawson-Smith, A. Tree, Y. M. Tsang, A. Zarkar, C. Dean, P. Diez, M. Williams, N. Andratschke and R. Muirhead (2025). "Pelvic stereotactic ablative body radiotherapy (SABR) reirradiation: UK SABR consortium guidance for use in routine clinical care." Technical innovations & patient support in radiation oncology **35**: 100326. **Impact Factor = 2.8**

N. Courtier, E. Chivers, E. Pope and **L. Mundy** (2025). "Lessons learned from the experiences of newly qualified therapeutic radiography students who transitioned to work during the Covid-19 pandemic." Radiography **31**(1): 313-319. **Impact Factor = 2.8**

G. P. Beyer, C. Hartley, E. Barber, **P. Wheeler**, M. J. Daniels and J. Saez (2025). "Inter-System and Inter-Layer Dlg Variations in Halcyon/Ethos Mlcs: Implications for Dosimetric Matching and User-Adjustable TPS Models." Medical Physics **52**(10): 716–717. **Impact Factor = 3.2**

A. Duman, X. Sun, **J. R. Powell** and **E. Spezi** (2025). "A Novel Swarm Intelligence-Driven Feature Selection for Interpretable Machine Learning in GBM Overall Survival Analysis." medRxiv. **No impact factor – preprint server**

J. Oliver, H. Reed, L. Capitani, A. Poon-King, **A. Young**, S. Milutinovic, M. Kuczynski, O. Nicholas, **T. Rackley**, **C. Pembroke**, A. Godkin and A. M. Gallimore (2025). "Stereotactic ablative radiotherapy-driven immunosuppression is associated with poorer progression-free survival in cancer patients." Cancer immunology, immunotherapy : CII **75**(1): 3. **Impact Factor = 5.1**

D15. Miscellaneous

Articles

S. Harding, **A. Cleves** and A. Guirguis (2026). "A comparison between the delivery of genomic and pharmacogenomic education and training for pharmacy undergraduates between the UK and other international countries: A narrative review." Currents in pharmacy teaching & learning **18**(1): 102481. **Impact Factor = 1.4**

A. Lillis, **H. Williams**, E. Marshall, M. Jones, S. Henderson and O. Minton (2025). "'No right time, no right place' - conversations in acute cancer care - results of a Macmillan focus group." Future healthcare journal **12**(2): 100246. **Impact Factor = Currently no impact factor data available**

C. Chong-Nguyen, B. Yilmaz, **B. Coles**, H. Sokol, A. MacPherson, M. Siepe, D. Reineke, S. Mosbahi, D. Tomii, M. Nakase, S. Atighetchi, C. Ferro, C. Wingert, C. Grani, T. Pilgrim, S. Windecker, H. Blasco, C. Dupuy, P. Emond, Y. Banz, T. Losmanova, Y. Doring and G. C. M. Siontis (2025). "A scoping review evaluating the current state of gut microbiota and its metabolites in valvular heart disease physiopathology." European journal of clinical investigation **55**(6): e14381. **Impact Factor = 3.6**

I. R. Eda, R. Ramachandran, **V. M. Joseph**, S. Marreddy and A. Mounika (2025). "Imaging the Future: Diagnosing Treatable Neurometabolic Disorders in Children." Cureus **17**(8): e90124. **Impact Factor = 1.3**

F. Gomes, N. Farrington, J. Pearce, D. Swinson, J. Welford, A. Greystoke, M. Baxter, A. G. Brown-Kerr, L. Wyld, J. Morgan, N. M. L. Battisti, A. Barrell, D. Cobben, A. Cree, M. Johnston, K. Colquhoun, I. Phillips, J. Smith, S. Stapley, L. Lyons, K. Balachandran, H. Brown, R. Bryce, R. Dacie, R. Parks, M. Denholm, D. Harari, T. Rigden, D. Sommer, **K. Williams**, K. Worby and K.-L. Cheung (2025). "The care of older patients with cancer across the United Kingdom in 2024: A narrative review by the International Society of Geriatric Oncology UK Country Group." Journal of geriatric oncology **16**(1): 102133**. Impact Factor = 2.7**

D. Jarrom (2025). "Early health technology assessment: Current and future perspectives from a health technology assessment agency." International Journal of Technology Assessment in Health Care **41**(1): e68**. Impact Factor = 3.1**

L. Johnson, S. Khattab, J. Strawbridge, C. Cadogan, D. Stewart, A. M. De Frein, J. Eustace-Cook, M. A. Lowrey, A. M. Brady, **S. Harding**, J. O'Connell and C. Ryan (2025). "Pharmacist prescribing in cancer services: A scoping review." Research in social & administrative pharmacy : RSAP **21**(12): 951–974. **Impact Factor = 2.8**

P. M. Kazaj, **B. Coles**, I. Shiri, G. Baj, C. Grani, A. Nikolakopoulou and G. C. M. Siontis (2025). "Extent of evidence synthesis in biomedical research: a MeSH-driven analysis of neglected and well-explored areas." Systematic reviews **14**(1): 35. **Impact Factor = 3.9**

E. Mantzourani, H. Ahmed, J. Bethel, S. Turner, A. Akbari, A. Evans, **M. Prettyjohns**, G. John, R. Gunnarsson and R. Cannings-John (2025). "Clinical outcomes following acute sore throat assessment at community pharmacy versus general practice: a retrospective, longitudinal, data linkage study." The Journal of antimicrobial chemotherapy **80**(1): 227–237. **Impact Factor = 3.6**

H. Mehmood, M. Alowami, T. S. Hlaing, **K. N. Zaya**, Y. Uraiby, A. M. Alam, A. Adala, O. Ikram, S. F. Ali, M. Farhan, E. Zulfiqar, M. Ahmed, R. Ahmed and A. Naeem (2025). "Once-Weekly Insulin Efsitora Alfa Versus Once Daily Insulin in Patients With Type 2 Diabetes: A Systematic Review and Meta-Analysis." Endocrinology, diabetes & metabolism **8**(6): e70126. **Impact Factor = 2.6**

E. Papadopoulos, R. Brick, A. Sirois, B. Beauplet, K. C. Wood, H. Furness, C. Barrett, A. Ward, J. Murphy, M. Pattwell, E. C. Navarrete, **K. Williams** and K. Haase (2025). "Perspectives on prehabilitation for older adults with cancer: A report from the International Society of Geriatric Oncology (SIOG) rehabilitation group." Journal of geriatric oncology **16**(3): 102224. **Impact Factor = 2.7**

R. Phillips, B. Basu, Z. Butt, M. Beloueche, N. Cook, S. J. Crabb, A. Greystoke, D. Hargrave, **R. Jones**, M. Y. Kureeman, J. Lopez, C. McKeeve, **M. Meissner**, B. O'Carrigan, E. E. Parkes, M. Ronghe, P. Roxburgh, D. Sarker, K. I. Savage, **P. H. S. Shaw**, S. Symeonides, D. A. Tweddle, A. Vedi, H. S. Walter, J. Zabkiewicz, G. W. Middleton and A. D. Beggs (2025). "Experimental Cancer Medicine Centre (ECMC) network proposal for a consensus gene panel for pan-cancer sequencing: a Delphi methodology." British Journal of Cancer. **Impact Factor = 6.8**

A.-S. Strauss, **A. Cleves** and P. Dahm (2025). "Re: Elio Mazzone, Alice Thomson, David C. Chen, et al. The Role of Prostate-specific Membrane Antigen Positron Emission Tomography for Assessment of Local Recurrence and Distant Metastases in Patients with Biochemical Recurrence of Prostate Cancer

After Definitive Treatment: A Systematic Review and Meta-analysis. Eur Urol 2025;88:129-41." European urology. **Impact Factor = 25.2**

H. Williams, E. Marshall, A. Lillis, C. O'Doherty, R. Christmas and O. Minton (2025). "The role of the acute oncology service in a comprehensive cancer management pathway." Journal of cancer policy **44**: 100583**. Impact Factor = 2.0**

N. M. Youssef, M. S. Hussein, T. S. Hlaing, **K. N. Zaya**, M. K. Wai, M. S. Shurbahji, A. E. Nour, N. Breika, M. Harb, R. M. A. Suliman, S. Bala, E. S. S. Awadalla, M. B. E. Abdou, A. A. A. Muhammad, S. H. A. Al-Wardi, M. A. G. Hani and A. Omar (2025). "Correlation Between Age, the Development of Seizures, the National Institutes of Health Stroke Scale, the Modified Rankin Scale, and Discharge Status in Patients With Acute Hemorrhagic Stroke." Cureus **17**(10): e95052. **Impact Factor = 1.3**

C. Dello Russo, I. Frater, R. Kuruvilla, S. Lip, H. O'Neill, K. Burke, V. Chaplin, A. S. F. Doney, S. Elyas, N. Greaves, **S. Harding**, D. Hargroves, J. Hayward, D. A. Hughes, T. A. T. Hughes, S. Kondapally, P. Mok, A. Peace, I. Rafi, S. Ray, V. Stinton, L. Venetucci and M. Pirmohamed (2025). "CYP2C19 genotype testing for clopidogrel: A guideline developed by the UK Centre of Excellence in Regulatory Science and Innovation in Pharmacogenomics (CERSI-PGx)." British journal of clinical pharmacology. **Impact Factor = 3.0**

Additional Publications – Research Active Affiliated staff (not captured above)

D16. Cardiff University/Velindre University NHS Trust Affiliated staff

Articles

S. Koshimoto, K. Amano, **J. B. Hopkinson**, S. Okamura, T. Sakaguchi, S. Arakawa, A. Tokoro, N. Mori, J. Nozato, T. Iriyama, S. Sato and T. Takeuchi (2025). "Sex-related differences in eating-related distress experienced by patients with advanced cancer." Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer **33**(3): 241. **Impact Factor = 2.9**

T. Watts, N. Courtier, S. Fry, N. Gale, E. Gillen, G. McCutchan, M. Patil, T. Rees, D. Roche, S. Wheelwright and **J. Hopkinson** (2025). "Access, acceptance and adherence to cancer prehabilitation: a mixed-methods systematic review." Journal of cancer survivorship : research and practice **19**(6): 1895–1923. **Impact Factor = 2.9**

A. Albarrati and **N. S. Gale** (2025). "The Aging Lung: Exploring Multimorbidity Patterns and Their Clinical Implications: A Narrative Review." Current issues in molecular biology **47**(7). **Impact Factor = 3.0**

Y. Qin, K. Hamana and **N. Gale** (2025). "Remote exercise services for people with cystic fibrosis: experiences and perceptions from people with cystic fibrosis and members of cystic fibrosis multidisciplinary teams." Disability and rehabilitation **47**(13): 3353–3366. **Impact Factor = 2.0**

R. Khayat, M. K. Hussain, A. Parry, **S. Fry** and D. Kelly (2025). "Effective Leadership Styles in Hospital Laboratories." Journal of Pioneering Medical Sciences **14**(11): 16–23. **Impact Factor = 0.6**

E. Baddeley, C. Font, I. Mahe, M. Edwards, **S. Sivell**, K. J. Lifford, V. M. Arfuch, N. Coma-Auli, M. Sogaard, H. Enggaard, H. Helfer, N. S. Mohammed, K. Seddon, M. Pearson, S. P. Mooijaart, S. Szmit, F. A. Klok, S. Noble and A. A. Hojen (2025). ""Who am I to say that I'm not going to take it": patient perspectives on decisions about antithrombotic therapy in the context of advanced cancer." Thrombosis research **253**: 109399. **Impact Factor = 3.4**

E. Baddeley, **S. Sivell**, A. Retzer, A. Nelson, H. Bulbeck, K. Seddon, R. Grant, R. Adams, C. Watts, O. L. Aiyegbusi, M. Calvert and A. Byrne (2025). "Well-being and coping: Key aspects of unmet need of people living with glioma." Neuro-oncology practice **12**(3): 413–425. **Impact Factor = 2.5**

WELSH HEALTH CIRCULAR – WHC / 2026 / 004

Refreshed Intellectual Property (IP) guidance and policies for NHS Wales organisations.

Publication date: March 2026

Version: 1.0

Status: Compliance and Action

Category: Healthcare, Innovation, Research, Science, Governance, Policy

Action to:

Resource, develop, embed, and implement a refreshed NHS Wales IP structure, policy and processes, in line with the table on pages 3 and 4.

To do this, NHS Wales organisations can use the refreshed NHS Wales IP guidance (attached at Appendix 1) and the template NHS Wales IP policy (attached at Appendix 2).

NHS Wales organisations will then submit an annual review and report of IP activity and impact to Welsh Government.

Action required by:

- All NHS Wales Local Health Boards (LHBs)
- All NHS Wales Trusts (Trusts)
- All NHS Wales Special Health Authorities (SHAs)

Welsh Government contact points:

Life Sciences and Innovation / Research and Development Division, Health, Social Care and Early Years Group, Welsh Government.

hss.innovationtechnologypartnerships@gov.wales

Purpose of this Welsh Health Circular

The Welsh Government and NHS Wales organisations recognise that, during the course of their employment, staff may generate ideas for new and innovative products and services, which can lead to the creation of intellectual property (IP).

If properly developed, IP can help to protect the interests of NHS Wales organisations and may support improved patient outcomes and experience, commercialisation, service improvement, improved resource efficiency, and income generation from:

1. Research and innovation activity.
2. Partnerships with academic, healthcare, industry, and research organisations.
3. New or improved products and services.

This circular and the accompanying guidance supports and enables NHS Wales organisations and their employees to:

- understand the importance of IP.
- generate, protect, and exploit IP to encourage innovation.
- deliver improved patient care.
- explore new sources of income.
- protect NHS Wales knowledge from being exploited by others.

The guidance aims to strike a balance between protecting the interests of NHS Wales organisations where IP is considered an asset; and enabling a creative and innovative environment for NHS Wales employees to work. The guidance and supporting IP policy template supports exploration of new and novel products and services that are linked to meeting unmet clinical service and operational needs.

Responsibilities of NHS Wales organisations

This Welsh Health Circular requests action by all NHS Wales organisations to ensure that their Intellectual Property (IP) policy is refreshed in line with the attached IP Guidance (Appendix 1) and applying the attached IP policy template (Appendix 2).

This will ensure consistency between NHS Wales organisations, reduce costs from negotiation and contracting, and will allow a national picture to be established on the use and exploitation of IP across NHS Wales.

Once established, the IP Policy should be embedded across all NHS Wales organisations in a way that:

- promotes research, development, and innovation.
- protects the rights of the organisation and employees.
- acts as a platform for generating potential income.
- improves healthcare provision; and
- complies with all relevant legal standards.

Actions for NHS Wales organisations

Action	Completion by
Nominate a Senior Responsible Officer (SRO) for IP at Board or Executive level, with a supporting organisational and/or team structure. This structure will oversee production of a refreshed IP policy in line with the attached IP guidance and template, and should include membership from Research, Development, and Innovation teams.	17th July 2026
Develop and internally agree a refreshed IP Policy, based on the IP guidance and IP policy template attached at Appendix 1 and Appendix 2, respectively.	20th December 2026
Specify metrics that will track usage and implementation of the IP policy; to include IP creation, usage of the IP policy, numbers of projects, income generation and IP protection. This should include the effectiveness of the process in meeting the needs of staff undertaking research, innovation, or other activities with the potential of creating IP.	20th December 2026
Provide initial feedback on the IP policy and guidance to WG Innovation and Research and Development teams, to inform a definitive version of the guidance and policy template.	20th December 2026
Set out a regular organisational process for undertaking regular reviews of the effectiveness of the IP Policy and Guidance within their organisation. This should include gaining feedback from staff on the extent to which the process and the IP Policy has enabled or been a barrier to research and innovation activities and/or impacted on such activities when collaborating with partners.	20th December 2026

Undertake annual reviews of the IP Policy, to include usage of the IP policy and the metrics set out above, annually to Welsh Government.	First review by end November 2027 and annually thereafter.

Welsh Government support provided.

Support workshops and up to three hourly sessions of dedicated NHS Wales Shared Services Partnership legal and risk services support will be available to each NHS Wales organisation.

This will provide access to the relevant expertise and assist in answering specific queries related to developing and embedding the organisation's IP Policy in line with the guidance provided by Welsh Government.

Policy approach underpinning this Welsh Health Circular

This circular, the accompanying guidance at Appendix 1 and the supporting IP policy template at Appendix 2 are based on the Department for Health and Social Care IP guidance, as issued for NHS England in November 2025 - Intellectual property (IP) guidance for the NHS in England - GOV.UK

This circular, the accompanying guidance and the supporting IP policy template have been fully adapted to meet Welsh policy requirements and developed in partnership with the NHS Wales Innovation Leads group, the NHS Wales Research and Development Directors group and the Welsh Government's Health, Social Care and Early Years Group Policy Forum during late 2025 / early 2026.

Welsh Health Circular – WHC/2026/004

Appendix 1 - Intellectual property (IP) guidance for National Health Service (NHS) Wales organisations

Publication date: March 2026

Contents

To ensure that IP management is continuously improved we welcome feedback on this guidance to hss.innovationtechnologypartnerships@gov.wales.

The guidance will be reviewed and updated regularly, in line with the timescales set out in Welsh Health Circular WHC/2026/004.

Introduction

Intellectual property and intellectual property rights

Intellectual property is a collective term referring to creations of the mind. Intellectual Property (IP) can be defined as the products of intellectual or creative activity in the form of novel ideas, innovation or research & development - that can be given legal recognition of ownership. IP can be assigned or licensed exclusively or non-exclusively and can be generated where R&D, innovation, care delivery or management, or other creative works are being undertaken.

For example:

- acts of research, development and / or innovation
- things you write, make or produce
- the design or look of products
- the names of products or brands
- proprietary knowledge (know-how)

An overview of IP from the Intellectual Property Office (IPO) can be found here: Intellectual property and your work: What intellectual property is - GOV.UK

NHS Wales organisations and their staff generate, use, and manage IP daily through research, innovation and service delivery. This IP includes, but is not limited to:

- the extensive know-how of NHS staff
- training materials and toolkits
- innovations created with NHS resources (people and infrastructure)
- NHS-generated data, databases and methodologies, including annotated imaging data and outcomes measures
- new medical devices, software, diagnostics, medicines, techniques and information resources.

The legal mechanism that provides protection for acts of innovation and creativity is intellectual property protection, giving rise to intellectual property rights (IPRs). These rights formalise the ownership of IP. While some IPRs—such as patents, trademarks, and

registered designs—are obtained through formal registration, unregistered IP—such as copyright and unregistered designs—receive automatic protection to prevent others from copying them without the owner's permission. Other examples of unregistered IP--such as know-how, processes, and trade secrets--are protected through appropriate confidentiality and contractual mechanisms rather than registration.

IP can be owned, assigned, licensed, or shared, under different arrangements. Further information on licensing can be found here: Licensing intellectual property - GOV.UK

The importance of effective IP management

Effective IP management drives innovation by supporting the development of new products, services, and pathways that benefit patients, the public and the organisation's workforce whilst also contributing to economic growth. Active IP management is also critical when adapting or co-creating external innovations that involve the use of NHS Wales resources.

Without clear IP management processes, NHS Wales organisations risk losing valuable opportunities to develop and implement innovation. This new Welsh guidance addresses these challenges by streamlining processes, defining clearer roles and responsibilities, promoting consistent good practices in IP management across NHS Wales organisations and making it simpler for ideas to move from concept to commercialisation. In this way innovation can reach Welsh patients faster and drive growth for both NHS Wales and the economy of Wales.

Managing Public Money, issued by HM Treasury in June 2025, emphasises that effective IP management is essential for safeguarding public assets and maximising value for taxpayers. Public bodies must maintain strategic oversight of IP to protect its value and ensure appropriate licensing or charges to prevent valuable assets from being lost or undervalued (Annex 4.15, Asset Management).

The document also highlights the importance of accountability, transparency, and risk management in preventing IP misuse or infringement. Ultimately, it encourages public bodies to treat IP as a valuable and strategic asset that supports innovation, collaboration and long-term public benefit.

Purpose of this guidance

This IP guidance replaces the February 2005 guidance "*Intellectual Property and Innovation in Health Care in Wales - A Framework and Guidance on the Management of Intellectual Property in the NHS in Wales*."

This guidance is adapted from the Department for Health and Social Care IP guidance, as issued for NHS England in November 2025 - Intellectual property (IP) guidance for the NHS in England - GOV.UK.

The objectives of this updated guidance are to:

- increase awareness of the importance of effective IP management across NHS organisations
- promote consistent good practices in IP management in Wales
- generate, protect and exploit intellectual property (IP) to encourage innovation
- deliver the best possible patient care and explore new sources of income.

This guidance aims to maintain a balance between the legitimate needs to protect the interests of NHS Wales organisations as IP is seen as an asset and the provision of a creative environment for NHS Wales employees in which to work.

This guidance is not legal advice. This is non-statutory guidance offering practical steps and good practice principles for NHS Wales organisations to manage IP strategically, ensuring innovations benefit the NHS and the public, whilst safeguarding valuable public assets.

Desired outcomes

The good practice principles shared in this guidance have been written to help organisations achieve the following outcomes:

Strategic outcomes

- encourage and empower NHS Wales organisations to develop effective IP policies, commercialise innovations on appropriate terms, both independently and with third parties, and reward innovators with meaningful incentives
- develop a culture and ecosystem that encourages individuals, teams and organisations to explore their innovation, improvement, and transformation ideas
- leverage innovation from across NHS Wales to improve healthcare, benefit patients and staff, and contribute to the growth of the UK economy
- gain recognition by creating an environment and culture that promotes NHS Wales as a launch pad for innovation, helping to put NHS Wales on a stable financial footing and positioning the UK as a global leader in healthcare research and innovation

Operational outcomes

- establish a consistent and effective approach to IP management across NHS Wales, through providing clarity on good practice to help guide operational decisions
- signposting to relevant IP resources and case studies to support organisations
- be ready for IP due diligence and commercial negotiations to accelerate innovation
- empower the workforce by providing clear guidance and reducing procedural barriers to innovation for NHS Wales

Scope of this guidance

This guidance sets out good practice principles covering the assessment of ownership, protection and commercialisation of IP. These principles are relevant for all IP generated by NHS Wales organisations, including when organisations develop IP in collaboration with external parties.

NHS Wales organisations services vary in the maturity of their innovation portfolios, leading to differences in how they manage idea generation, IP ownership, governance, protection, commercialisation, and adoption. This guidance provides forward-looking support to help organisations at all maturity levels strengthen their IP management practices.

Strategic alignment and key legal considerations

These good practice principles align with wider UK Government guidance on IP, knowledge asset management, and commercialisation, including:

- The Rose Book: Knowledge asset management in government
- The IPO's Intellectual Property Rights Guidance Note which features collaborative information from the IPO and others on options to consider when approaching IPR in contracts
- The Government Office for Technology Transfer's (GOTT) Guide to Managing Intellectual Property and Confidentiality. This guidance on IP is in alignment with legislation such as:

- Patents Act 1977
- Trademarks Act 1994
- Copyright, Designs and Patents Act 1988

- Copyright and Rights in Databases Regulations 1997
- Registered Designs Act 1949
- Subsidy Control Act 2022
- Competition Act 1998
- National Security Act 2023
- HMG Security Policy Framework

IP considerations internationally

It is important to note that IP rights are territorial, with different legislation and terminology applying overseas. NHS Wales organisations engaging in international partnerships, research or collaborations should ensure they have appropriate IP protection, that any agreements align with existing guidance, international standards and legislation, and are adapted for overseas contexts. These arrangements are likely to require additional legal support from an early stage in order to navigate compliance, ethical considerations and negotiation requirements. Additional information on IP considerations when operating internationally can be found here in the IPO document: International IP service - GOV.UK.

Audience

This guidance has been written to empower all NHS Wales organisations providing and supporting healthcare services to establish an SRO, effective IP oversight teams and management processes, which support IP and innovation to become business as usual. Therefore, this guidance is directed at those responsible for management of IP within or on behalf of an NHS Wales organisation.

Typically, this responsibility sits with Innovation and/or Research & Development teams. In cases where there the ownership of IP is unclear, this guidance is directed at executive teams within organisations and the assigned SRO, as set out in the covering Welsh Health Circular.

IP decision-making in NHS Wales organisations – step by step guide.

This section sets out step-by-step the IP decision-making process for NHS Wales organisations, utilising good practice principles.

Effective IP management is a critical enabler to ensure innovations are identified, protected, and translated into real-world benefit efficiently – thereby maximising public benefit, driving economic growth, and supporting healthcare advancements.

The step-by-step process and the good practice principles outlined here aim to:

- establish effective and proportionate governance by appointing responsible leaders and implementing clear governance structures
- promote transparency and efficiency in IP decision-making and processes
- encourage early, confidential internal identification of new ideas and innovations to the appropriate IP or innovation lead for timely IP assessment and protection
- support innovation and commercialisation through transparent IP pathways
- protect valuable IP assets whilst avoiding unnecessary costs
- enable a timely pathway for IP management, balancing innovator incentives with NHS Wales contributions
- position NHS IP as a key contributor to improving health and patient care
- enable the Welsh Government's economic growth objectives, as set out in *Wales Innovates:* the 2023 Innovation strategy for Wales and the UK Life Sciences Sector Plan.

By following these steps and good practice principles, organisations providing and supporting NHS services can create a structured, fair and innovation-friendly approach to managing IP whilst ensuring that both the NHS and the wider public benefit from new healthcare innovations.

It is also important to remember that IP can overlap with other issues, such as the proper management of personal data, and organisations will still need to comply with GDPR.

Step 1: Establish IP governance and decision-making framework

Good practice principles

- Appoint a senior responsible officer (SRO) and supporting team from Research and Development and Innovation, to oversee IP management across the organisation.
- Apply the Template IP policy at Appendix 2 to your organisation.
- Utilise the support services offered by NHS Wales Shared Services Legal and Risk Services team.
- Review and update IP policies annually
- Make the organisation's IP policy publicly available (for example, publish on website)
- Develop clear governance structures for IP decision-making. Local IP policies should indicate the ultimate decision maker.
- Establish decision-making processes with clearly defined stage gates, metrics and feedback mechanisms
- Define innovation pathways to stimulate and support innovation, and clearly explain how IP will be treated within these processes
- Communicate IP governance and the decision-making frameworks to ensure transparency with staff and external collaborators

Resources

- Welsh Health Circular WHC/2026/004 Appendix 2 - Template IP policy.
- case study 1 – NHS IP senior responsible officer (SRO) personas
- case study 2 - The innovation pathway
- case study 3 – IP governance and decision-making
- resource 1 - For further guidance on appointing an SRO, please see GOTT's Knowledge Asset Senior Responsible Owner: guide to appointing and the role

Step 2: Clarify IP ownership

Understanding IP ownership, assignment, and commercial return

A persistent barrier to enable and develop innovation across NHS Wales is a lack of clarity around IP - particularly the assumption that retaining legal ownership of IP is the only way to benefit from it. This misunderstanding often leads to delays, disputes, wasted time and abandoned projects.

To support innovation and ensure that ideas can move from concept to impact, it is essential to clarify the following concepts:

Legal ownership of IP

This refers to who legally holds the rights to IP. Clarity of ownership of IP through a clearly defined, documented and available process is important. The owner may be the NHS Wales organisation, a staff member or a third-party. Owning IP does not automatically deliver commercial benefit and nor does it necessarily ensure successful development of the idea. The legal position on ownership of IP is decided on a case-by-case basis, taking into account any relevant contractual arrangements and legislation, as appropriate, depending upon the type of IP created and the parties involved.

Where a number of parties are collaborating to produce innovations, joint IP ownership is extremely complicated (particularly where Crown copyright is also involved) and is unlikely to be the preferred option. Best practice would be for NHS Wales organisations to own any IP generated through public money (whether through employment or the direct funding of projects), subject to pre-existing contractual arrangements. Joint IP ownership should not be regarded as fair compromise without legal advice.

Assignment of IP rights

Assigning IP means transferring its ownership to another party. This is often necessary when an external innovator, a spinout company, or another commercial partner is better placed to develop and scale the innovation than the NHS Wales organisation. Where commercial partners are spin out companies which have yet to establish sufficient financial resources fully to deliver the innovation, organisations should consider granting a licence with the option to obtain an assignment once financial milestones are met. There are a number of ways organisations can benefit financially, by including terms that provide commercial return, even after assignment. It is important to obtain fair market value for the IP and seek legal advice on competition law and subsidy law.

Licensing of IP rights

Licensing IP means giving permission to a third party to use, share or commercialise IP under agreed conditions, such as for a specific purpose, usually in return for fees or royalties. It does not transfer ownership of the IP and the costs and responsibility for managing the IP

stays with the owner. For further guidance on licensing please see the IPO's guidance on Licensing intellectual property. Retaining ownership of IP and granting a licence to use it is often preferable when the IP will remain valuable to NHS Wales organisations or it can be made available to a number of different parties for a commercial return. Licences can be:

- Exclusive (only the licensee can use it in a particular field and the licensor cannot use it); or
- Sole (only one licensee and the licensor can use it); or
- Non-exclusive (many licensees and the licensor can use it).

Government policy and laws such as the Reuse of Public Sector Information Regulations 2015, may also mean that some IP should be made available, for instance using the Open Government Licence. In addition, organisations should generally avoid granting exclusive licences other than in exceptional circumstances (see, for example, Principle 3 of the 5 Principles for Data Partnerships) and organisations should seek legal advice on this point.

Where an NHS Wales organisation grant licences to selected groups or on different terms depending on the identity of the licensee or where only a specific company will benefit, rather than many, it is important to obtain fair market value for the IP and seek legal advice on competition law and subsidy law.

Commercial return

This is the financial or strategic benefit gained from the commercialisation of the IP. Consideration should be given to commercial return in the public interest at fair market value as set out in Managing Public Money. Crucially, commercial return does not necessarily require ownership. Through licensing or assignment agreements, the organisation providing and supporting NHS services can secure a share of future revenues, royalties, or equity in spinouts- without necessarily bearing the risk or cost of development.

Good practice principles

- Include clear statements in your IP policy regarding the determination of ownership of IP generated by all staff, collaborations and contracts. These include:
- Employees - including but not limited to those employed for clinical services, clinical academics as well as those employed for non-clinical services such as research, innovation, transformation or change.
- Non-employees - including but not limited to individuals on secondments or placements, non-clinical consultants, contractors and students.

- Collaborators - including but not limited to university or commercial partners, research partners, funders and relevant bodies such as Health and Care Research Wales.

- Contractual relationships - including but not limited to contracts with large pharmaceutical, medical device companies, service providers and startups.

- clarify the position regarding the determination of ownership of IP and ensure all parties understand the difference between an assignment of IP rights and a licence of IP rights, as well as understanding the potential for commercial returns generated from IP, such as by means of licensing.

Step 2 resources

- exemplar 1 - example template for an organisation's IP policy

Step 3: Raise awareness and provide IP training

Step 3 good practice principles

- IP policies are available to all staff (including procedures and decision-making frameworks) and are communicated to relevant staff (for example: commercial, innovation, research and legal teams). All staff should familiarise themselves with IP terms in NHS standard contracts and frequently used terms and conditions to ensure that:

    - Staff understand the actions they must take when they generate or contribute to innovations that may result in IP

    - Staff engaging with external collaborators or contracting with third parties initiate discussions about IP at the earliest opportunity

- Facilitate access to regular and up-to-date IP training opportunities to make sure staff understand the importance of IP, the identification of IP, their roles in IP management, and to ensure that staff are aware of the types of operational and R&D outputs that may be protected by IP.

Step 3 resources

- case study 4 – Communicating IP policy and processes

- case study 5 – IP training

- resource 2 - for IP tools and training see the IPO's Online support tools

Step 4: IP disclosure, collaborations and record keeping

Step 4 good practice principles

- Clarify and communicate the requirement for all staff to:
    - Disclose early-stage innovations or potentially valuable creations at the earliest possible opportunity but only to the appropriate IP or innovation lead/team within the organisation
    - Ensure there is no external disclosure (for example, publication, presentation, or non-confidential discussion with third parties) until an internal IP review has taken place
    - Ensure the internal disclosure is appropriately confidential and the process is clearly signposted and accessible to all staff
    - Build in IP by design. Think about what IP will be created at the earliest possible opportunity, ideally before work begins. Also think about how it should be protected and managed (see Step 6: understanding IP rights and protection strategies) and keep the IP confidential until any decisions about other protection have been made.
- Clarify and communicate the requirement for all new collaborations and contracts to:
    - Report new collaborations or contracts that have the potential to generate IP to the designated team within their organisation (for example, IP, innovation, research, commercial, legal teams), as early as possible.
    - Make the internal disclosure process accessible to teams involved in setting up or managing collaborations and contracts.
- Create an efficient and secure system to record internal IP disclosures, track decision-making, and actively manage IP assets on an ongoing basis
- Provide clear guidance to the workforce on maintaining IP confidentiality, including:
    - Avoiding any informal sharing of IP with external parties
    - Using confidentiality agreements (also known as non-disclosure agreements (NDAs) whenever confidential information is likely to be shared with an external party
    - Maintaining confidentiality until the initial IP review is completed. Once the initial IP review is completed, the decision may be to keep the innovation confidential, protect

it with patents, registered designs or trade marks as applicable, or make it publicly available.

Step 4 resources

- case study 6 - IP disclosure, decision-making and tracking systems
- case study 7 - IP awareness in contracts and early identification
- exemplar 2 - Exemplar NDA templates for collaborative projects involving potential IP development

Step 5: IP initial evaluation and feedback

Step 5 good practice principles

- Review all internally identified IP and assess its potential for adoption, scaling and commercialisation
    - Conduct market assessments and horizon scanning to inform next steps
    - Seek early advice from relevant legal, innovation and commercial teams to support IP protection and facilitate appropriate returns from the outset
- Where appropriate, propose options for a development and adoption or commercialisation pathway, ensuring it is regularly reviewed and adapted as the project progresses, and new insights emerge
    - This should include consideration of the end point for real-world use, the route to impact, and the IP protection strategy
- Where relevant, consider opportunities to align with university partners, enabling collaboration routes to jointly develop IP
- Provide timely feedback to innovators, collaborators and third parties

Step 5 resources

- case study 8 - IP triage and evaluation frameworks
- case study 9 - jointly developed IP through university/academic partner collaboration
- exemplar 3 - collaboration agreements, NHS Wales and university/academic/ industry partner on IP matters

Step 6: understanding IP rights and protection strategies

Not all IP needs to be formally protected by registration in order to be valuable or useful. In some cases, the costs of obtaining and maintaining registered protection may outweigh the potential benefits, particularly where the IP has limited commercial potential or a short lifecycle. Additionally, some IP may be better safeguarded through confidentiality and good information management. The decision to apply for registered protection of IP should always be strategic - guided by its potential value, relevance to the innovation's development path and the organisation's broader goals.

Step 6 good practice principles

- Understand that different types of IP require different protection processes and strategies. Protection should be aligned with the intended development and commercialisation pathways:

    - AI-generated innovations present unique challenges, such as authorship, data ownership, and the protection of AI-driven innovations. Information on using AI safely, effectively and securely can be found at the Government Digital Service's AI Playbook for the UK Government. This a rapidly developing area, which should be checked regularly for updates

- Seek advice from legal, innovation, and commercial experts to assess whether and how to protect IP in line with the chosen strategy, including consideration of whether protection is needed in international markets

- Take a balanced approach to IP protection, weighing the potential value of IPRs against the cost of protection

- Conduct regular reviews of NHS-registered IP assets to maintain value for money and actively manage IP portfolios in line with these good practice principles:

    - Avoid spending money and resources on protection unless a development plan exists and unless there is an intention that the IP will be actively supported and developed towards adoption and/or commercialisation

    - Use standardised templates for evaluating the cost-effectiveness of maintaining IP rights, ensuring resources are directed toward assets with the highest potential impact

- Managing IP in collaborations:

- Establish clear agreements on the ownership, use, and management of jointly developed IP, as well as background IP, ensuring alignment between partners, and alignment with funders' terms

- Define who is responsible for assessing and documenting background IP at the outset of collaborations to prevent disputes and to clarify ownership

- Implement structured methods to track and measure foreground IP within collaborations, ensuring fair attribution and appropriate commercialisation strategies

Step 6 resources

- case study 10 - IP protection vs open source-open licensing for wider benefit
- case study 11 - using expert legal advice to shape IP protection strategy
- resource 3 - the IPO's online support tools for people learning how to manage or use IP
- resource 4 - for further information on IP Rights, please see GOTT's Guide to Managing Intellectual Property and Confidentiality.

Step 7: IP development and commercialisation

Not all innovations should, or need to, lead to commercial returns. Some innovations are essential for improving NHS Wales services or patient care without a commercial pathway, whilst others may offer opportunities for licensing, spinouts, or other commercial models. Both types, however, create value - by improving care, enabling adoption, or generating returns - and NHS Wales organisations should foster environments where innovation thrives to meet healthcare challenges.

In order to maximise impact of innovations, NHS Wales organisations should adopt a clear framework to assess which route is the most appropriate on a case-by-case basis and take appropriate legal advice.

Step 7 good practice principles

To determine the most appropriate route, organisations should consider the following factors:

- The intended use and impact - what is the end goal for this output or innovation; what is its intended use and where will it have impact?

- NHS Wales contributions to date and planned support - including access to data, staff time, infrastructure or funding.

- Internal capacity – does the NHS Wales organisation have the skills, resources or mandate to lead development?

- Partner capability - is the innovator or an external party better positioned to deliver?

- Contractual context - are there pre-existing obligations to partners, funders or regulators?

- Fair return - what level and form of return is proportionate (for example, royalties or equity) Consideration should be given to understanding or applying fair market value.

- Feasibility and market potential - have feasibility assessments, market analysis and IP due diligence been conducted to evaluate the innovation's commercial viability and strategic alignment?

An assessment against these principles will support organisations in selecting the most suitable IP development and commercialisation route.

IP development and commercialisation routes

Below are three primary routes, supported by good practice principles. Whilst these are unlikely to cover every scenario, they provide a useful framework for decision-making.

Route 1: development, adoption, and spread with no commercialisation

Some innovations designed to improve services within NHS Wales may have no clear commercial opportunity, however benefit may still accrue to organisations through development and scaling within an NHS setting or through open dissemination to enhance the body of knowledge. In these cases:

- Focus should be on effective dissemination of non-commercial NHS outputs or innovation through publication under appropriate licences including Creative Commons Licenses that provide clarity on how permissions are being granted for use and reuse. Registered IP protection may still be needed to ensure quality control and consistency, or to safeguard future development options.

- Organisations should:

    - Support adoption, sharing through collaboration, education, or digital infrastructure

    - Consider open access or permissive licensing where appropriate

    - Track and evaluate the impact on patient outcomes and service quality

    - Avoid unnecessary costs of seeking registered IP protection if it does not serve a practical purpose

- Encourage innovators by recognising their contribution, even when no commercialisation occurs

- Consider whether IP which is no longer being used in an organisation could be sold to a third party for fair market value or, where appropriate, made available

Route 2: innovator or third-party development with NHS exit

Where the NHS Wales organisation decides it is not best placed to develop the IP due to limited internal capability or strategic alignment it should act decisively to transfer the innovation for development elsewhere taking into consideration the views of individual staff members involved. However, even where IP is to be assigned, any agreement should contain a licence back to the organisation for the purposes of patient care, teaching and research.

- Organisations should:

  - License or assign the IP to the innovators or third party in a timely and transparent way

  - Secure a fair commercial return (consideration should be given to fair market value) that reflects the organisation's contribution to date and the potential of the IP

  - Establish a fair, transparent and benchmarked reward structure that incentivises innovators or third parties to develop the IP

  - Clearly define the terms under which innovators or third parties may continue to access NHS resources (for example, clinical input, data) after licensing or assignment of the IP to them

  - Where IP is to be assigned to a third party, include a licence back to the NHS for continued use

  - Ensure obligations to funders, investors, and collaborators are upheld

  - Provide timely feedback to all parties to maintain momentum and organisation.

Route 3: strategic co-development for commercialisation

Where NHS Wales brings significant added value, such as access to data, infrastructure, expertise, or resources, it may be appropriate to co-develop the innovation and share future returns. This approach should be underpinned by clear and early agreements (particularly where the parties need to comply with applicable legislation, such as GDPR) and strong collaboration.

Organisations should:

- Clearly define their support offer, including:
    - Access to data, software, technology, infrastructure, expertise or patients.
    - Clinical validation or research capabilities.
    - Support for regulatory or real-world testing.
- Establish and record upfront agreements on:
    - Contributions from all parties to-date.
    - Planned roles and inputs going forwards.
    - The planned ownership of IP outputs, noting that joint ownership is rarely an appropriate or effective option.
    - Responsibility for registering IP outputs (if applicable).
    - What should happen to the IPR on termination and whether anyone can continue to use it.
    - Commercial model options based on each parties' contributions (for example, licensing, equity, or joint ventures).
- Ensure no development proceeds without a clear, shared understanding of expectations and upfront agreements in writing.
- Use flexible commercial models that:
    - Incentivise innovation from the NHS workforce.
    - Fairly reflect the contribution of the NHS Wales organisation.
    - Balance financial returns with the speed of development.
    - Enable clear, transparent, and efficient negotiations.
- Ensure funder, investor, and collaborator needs are reflected in agreements, where appropriate.

Characteristics of effective IP commercialisation models

- Clarify the nature and value of NHS Wales contributions to an innovation, such as clinical insight, infrastructure, data access, or funding, and how these are recognised in any future IP or commercial discussions

- Shift the focus from retaining IP ownership to fair value realisation, emphasising that ownership is not the only route to securing returns. NHS Wales contributions can be protected and recognised through licensing, equity or revenue-sharing agreements.

- Any proposed assignment of IP should entail full consideration of the maturity and stability of entity taking control of publicly funded innovations to ensure it is appropriately placed to commercialise publicly funded innovations.

- Outline expected commercial returns early in the process, ensuring fairness, transparency, and organisation between partners.

- Reward all parties appropriately, negotiation should focus on long-term innovation partnerships rather than maximising short-term income or control.

- In cases of international collaboration, to ensure IP is addressed in a way which supports international adoption, sharing whilst providing returns to NHS Wales.

Step 7 resources

- exemplar 3 - collaboration agreements, NHS Wales and university/academic/ industry partner on IP matters.

Step 8: IP asset management and tracking returns

Step 8 good practice principles

- Implement a system to actively manage IP assets, ensuring that:
    - IP agreements are properly entered into and managed for the life of the agreement.
    - Revenue, licensing fees, or other returns are accurately recorded.
- Ensure financial returns to staff are handled in accordance with IP policies of the NHS Wales organisation.
- Direct NHS-generated returns toward supporting future innovation and continuous improvement in IP management within organisations.
- Implement structured frameworks for reviewing IP portfolios, ensuring that NHS-registered IP assets are actively managed and aligned with strategic priorities.

- Consider the ongoing utility of any registered IP assets, and where these are no longer in use and it is appropriate to do so, sell to a third party for fair market value or allow the registered rights to lapse.

Step 8 resources

- case study 14 - Managing and Reinvesting NHS IP Returns for Future Innovation

Step 9: access IP expertise and technology transfer offices or capabilities

To implement an efficient and effective IP management system, all NHS Wales organisations require access to IP expertise and Technology Transfer Offices (TTOs – also referred to as Technology Transfer Capabilities). TTOs provide the skills, support, and ability to execute the commercialisation of IP. See page 84 for further information.

Currently, NHS Wales organisations access TTOs through the following models:

- Collaboration with Welsh University TTOs and business accelerators such as the Life Sciences Hub Wales.
- Building in-house TTOs through R&D or Innovation teams.
- Working with private sector providers of TTO services.

Step 9 good practice principles

If not already in place, NHS Wales organisations should:

- Evaluate the necessity of accessing TTOs and explore available TTO support
- Make sure their TTO partnerships reflect good practice principles
- Ensure that any fees are proportionate to the work undertaken by the TTO
- Make IP policies and TTO arrangements publicly available (e.g. publish on website)
- Provide appropriate training in IP and commercialisation for SROs and NHS Wales staff involved in technology transfer activities:
    - Training should align with good practice principles and equip innovators and supporting teams (for example: commercial, legal, innovation) with the necessary skills to manage and commercialise NHS-generated IP effectively.

Case Studies

These case studies accompany the intellectual property (IP) guidance for NHS Wales.

Case studies are organised according to the relevant steps in the guidance above, providing practical examples to support implementation.

Case study 1 – IP Senior Responsible Owner (SRO) personas

These personas showcase examples of two NHS Wales organisations' Senior Responsible Owners (SRO) for IP, highlighting the key responsibilities, decision making authority, and the commercial and IP expertise essential for the role.

Persona 1 - Director of Research & Development / Innovation / Commercial Strategy / Medical Director

About

• Member of the Executive Leadership Team.

• Senior Responsible Owner (SRO) for knowledge assets.

• Focuses on clinical innovations and service improvement tools.

Key Responsibilities Related to IP and Commercialisation

• Leads integration of IP into clinical research, digital health, innovation and pathway redesign.

• Aligns IP strategy with organisational priorities and patient benefits.

Day-to-Day Involvement

• Oversees early-stage IP identification and triage with clinical and non-clinical teams and R&D office

• Supports evaluation of IP potential in digital tools, AI models, and technologies designed to aid clinical decision-making processes

• Participates in commercial discussions with industry and academic partners

Commercial and IP Expertise

• Experience and/or academic expertise in health innovation, R&D and commercial frameworks

• Experienced in NHS procurement, data governance, innovation and collaborative research and development agreements.

• Skilled in identifying clinical value and commercial potential of frontline innovations.

<u>Persona 2</u> – Research & Development / Innovation Manager or Lead

About

• Member of the Innovation Team responsible for overseeing innovation at an NHS Wales, regional or other network-based structure, which brings together organisations and leads as part of delivery of health care across the region.

• Senior Responsible Owner (SRO) for IP policy, management, and training. This is part of their wider innovation role and undertaken alongside their day-to-day responsibilities.

• focuses on supporting commercialisation of IP, including through developing partnerships and collaborations across acute, primary care, and community care settings.

Key Responsibilities Related to IP and Commercialisation

• Develops and maintains IP policy at the collaborative and its partners, including NHS Wales organisations, GP practices and community hubs.

• advises wider collaborative and partner organisations on arising IP issues.

• Ensures staff across partner organisations have knowledge of IP policies and procedures.

Day-to-Day Involvement

• Oversees early-stage IP identification and triage with innovation teams and business managers.

• Supports evaluation of IP potential in innovations across the collaborative.

• Facilitates conversations with inventors about IP and commercialisation.

Commercial and IP Expertise

• Experience working in health innovation in NHS Wales organisations, including community care.

• Expertise in IP management in relation to clinical research and innovation across multiple care settings.

• Experience in developing and maintaining IP disclosures and agreements

• Experience in discussions and negotiations around IP and commercial models.

• Skilled in conducting market research to understand innovation potential.

Case study 2 - The innovation framework

Example 1: General overview of the NHS Wales innovation framework.

The Innovation Framework - Health and Social Care Innovation Wales as set out on page 25 of the NHS Wales Technical Planning Guidance sets out the six stage innovation process that guides the development and adoption of innovations. The six stages, in order, are:

- Describe, understand and define
- Explore and Identify solutions
- Develop solutions
- Create evidence and prove value
- Adapt, adopt and deploy
- Spread and Scale

Each stage has clear decision points, with defined routes for progression and non-progression. Support mechanisms and actions at every step can help move innovations from concept to national scale. The innovation framework helps innovators, teams, and organisations to:

- Understand the end-to-end innovation process.
- Set out what support from which organisation is available at each Framework stage.

- Navigate decisions, funding, and regulatory requirements.
- Accelerate adoption of high potential innovations across the health system.

Stage 1: Describe, understand and define the idea

Purpose:

Generate and identify promising new ideas, describing and defining their scope.

Activities and Support:

- demand signalling – capturing unmet clinical needs, issues and problems (e.g., from clinicians/practitioners, patients, NHS Wales staff)
- entrepreneurship training – building innovation and commercial skills
- initial tech transfer support – e.g., protecting ideas and applying for first patents
- applying standard IP and commercial frameworks across organisations

Decision Point:

Does the idea have potential – is the idea aligned with identified NHS Wales needs, can potentially benefit patients and is worthy of initial development?

- yes – proceed to the next stage.
- no – provide feedback, capture idea in an innovation register for future review, and/or redirect to training or demand signalling. Option to archive if the idea no longer meets current needs, with the possibility of re-entry if conditions change.

Stages 2 and 3: Explore, Identify and Develop solutions

Purpose:

Explore feasibility of the idea and identify potential solutions to the unmet clinical needs or problems.

Activities and Support:

- product and regulatory advice
- Work with expert partners - Life Sciences Hub Wales Partner Directory
- access to development environments and datasets to test concepts
- explore external funding guidance (venture capital, grants, research funding) - Life Sciences Hub Wales Funding Directory
- managing IP, royalties, and equity on behalf of members

Decision Point:

Does the idea have technical, clinical, and commercial potential to justify validation?

- yes – proceed to Validation stage
- no – provide feedback to the innovator and either:
    - refine and re-test (loop back within Development)
    - return to Idea stage for re-scoping
    - record in the innovation register, archive if appropriate, with option for re-entry
    - allow the innovator to take forward idea, making clear that no further support from the organisation will be provided

Stage 4: Validate, create evidence and prove value

Purpose:

Prove the concept and gather evidence of effectiveness, safety, and potential economic value

Activities and Support:

- continued access to test environments, data, and regulatory support
- evidence generation – e.g., clinical trials, health economics, real-world data
- Continued support for grant and funding applications Life Sciences Hub Wales Funding Directory

Decision Point:

Does the evidence confirm that the innovation is safe, effective, and viable for adoption?

- yes – proceed to Adoption stage
- no – identify gaps, provide targeted feedback, and either:
    - return to Development for improvement
    - record in the innovation register and archive until conditions change
    - allow the innovator to take forward idea, making clear that no further support from the organisation will be provided.

Stage 5: Adoption, adaptation and deployment

Purpose:

Prepare the innovation for uptake within the NHS Wales organisation and wider healthcare system

Activities and Support:

- use patient, clinical, and operational panels to identify innovations that support adoption and recommend them for procurement
- negotiate commercial agreements
- evidence impact through pilots, health economics, and compliance with relevant regulations (e.g., MHRA medical device approval, data protection, clinical safety standards) in appropriate testing environments
- Explore partnerships across NHS Wales pilot sites or environments that enable safe integration, workflow testing, and staff training before full rollout
- access external expertise in areas such as health economics and regulatory compliance (e.g., legal from NHS Wales Shared Services, data protection, procurement rules)

Decision Point:

Is the innovation ready and approved for operational use and/or procurement?

- yes – proceed to Scaling stage
- no – provide feedback and either:
    - redirect to Validation for further evidence generation and testing
    - redirect to Development for redesign
    - record in the innovation register and archive with the option to revisit later if no further work is supported
    - allow the innovator to take forward idea, making clear that no further support from the organisation will be provided.

Stage 6: Spread and Scale

Purpose:

Support wider implementation across NHS Wales.

Activities and Support:

- standardise commercial and contractual terms (e.g., scaling discounts)
- confirm information governance, cyber security, and regulatory compliance (e.g., legal, safety, quality, and procurement requirements) at scale
- facilitate regional and national adoption campaigns

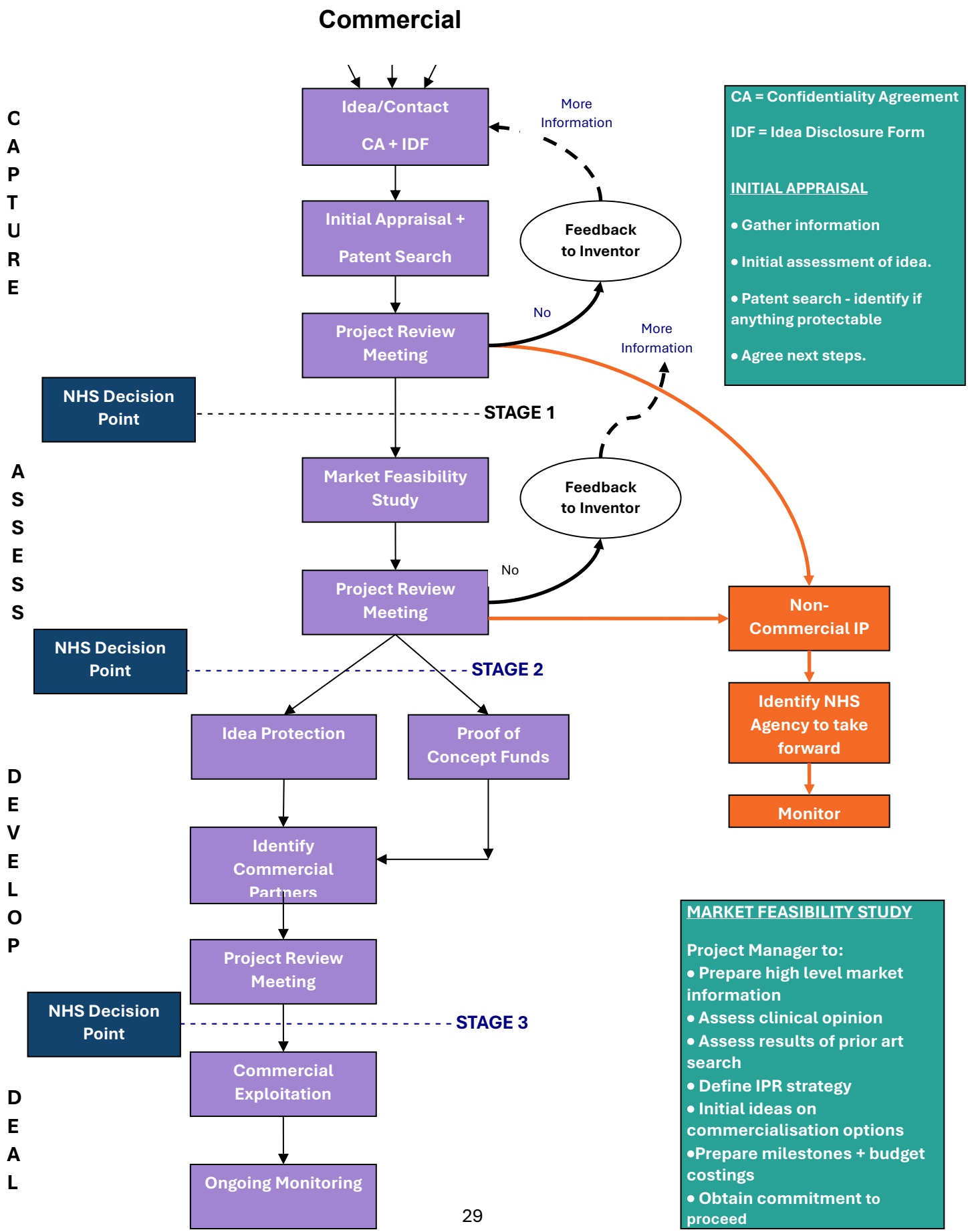
Decision Point:

Can the innovation be sustainably scaled across the system?

- yes – implement nationally and explore international adoption, including national clinical or non-clinical groups
- no – either:

- identify scaling barriers and return to Adoption or Validation as appropriate
- if scaling, adoption, and/or validation is no longer viable, record in the innovation register, provide feedback, and archive, with option to revisit in the future
- allow the innovator to take forward idea, making clear that no further support from the organisation will be provided.

Example 3: commercialisation pathway for NHS innovations

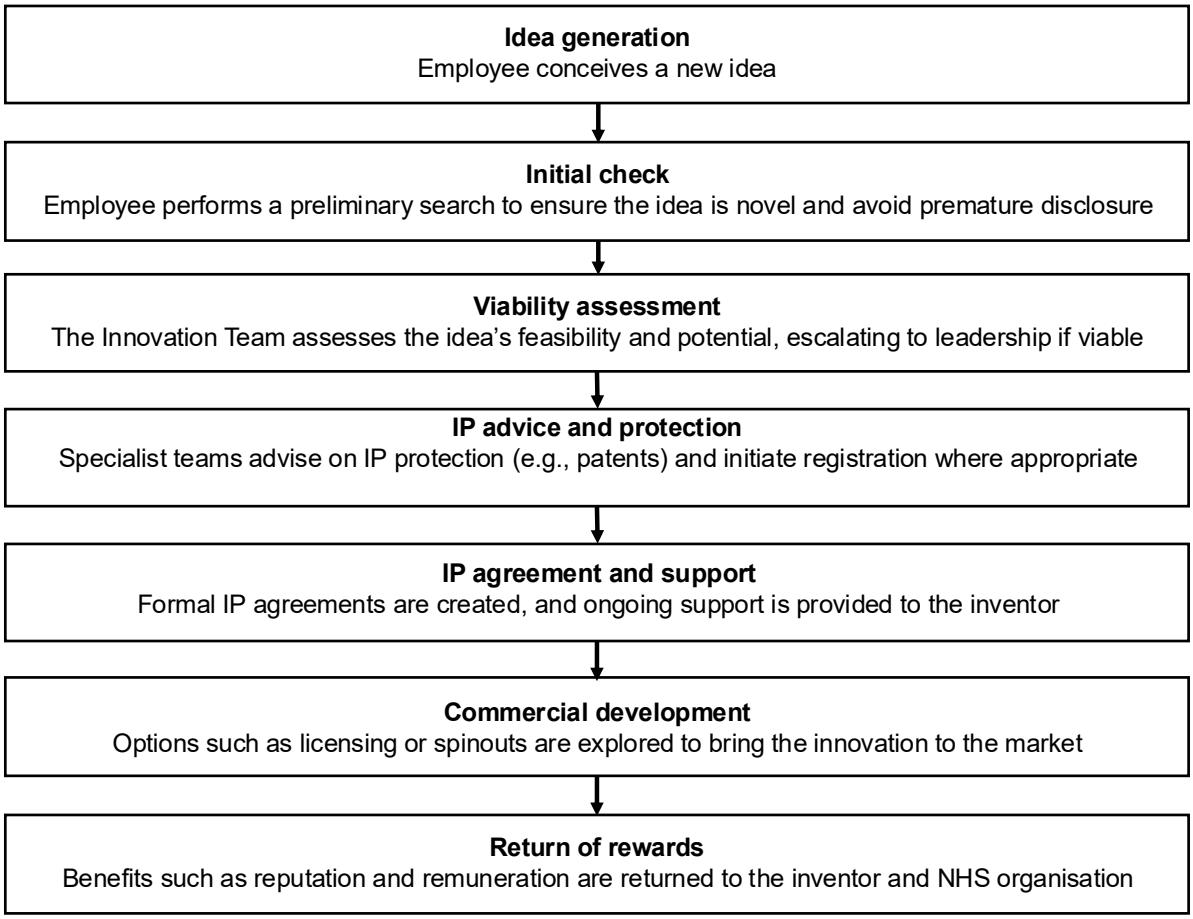


The example above is a flowchart describing a commercialisation pathway for NHS innovations, moving from idea capture to commercial exploitation. It is structured around 4 phases: Capture, Assess, Develop, and Deal. This structured pathway ensures:

- Clear IP capture
- Support for both commercial and non-commercial routes
- Ongoing monitoring post-commercialisation
- Clear decision points throughout the process

Case study 3 - IP governance and decision-making

NHS Wales IP Governance Best Practice Flow Diagram



Example 1 - Clear IP governance and decision-making process

Several organisations use a structured process outlined in the flow diagram below for IP governance and decision making.

1. Idea Generation

Employee conceives a new idea.

2. Initial Check

Employee performs a preliminary search to ensure the idea is novel and avoid premature disclosure.

3. Contact Innovation Team

Employee contacts the Innovation Team (or relevant team, sometimes Research & Innovation team) to discuss the idea and initiate the IP process.

4. Viability Assessment

The Innovation Team assesses the idea's feasibility and potential, escalating to leadership if viable. Following the viability assessment, the following stages should take 3 months to complete.

5. IP Advice & Protection

Specialist teams advise on IP protection (e.g., patents) and initiate registration where appropriate.

6. IP Agreement & Support

Formal IP agreements are created, and ongoing support is provided to the inventor.

7. Commercial Development

Options such as licensing or spinouts are explored to bring the innovation to market.

8. Return of Rewards

Benefits such as reputation and remuneration are returned to the inventor and organisation.

In establishing a clear IP governance process, from idea generation to commercialisation, defining clear roles, decision points, and sign-off routes, the NHS Wales organisation

ensures timely, accountable IP management. This enables innovations to progress efficiently and strategically

Step 3: Raise awareness & provide IP training

Case study 4- Communicating IP policy and processes

Example 1 - Easily accessible IP and innovation processes

This case study highlights how an NHS Wales organisation can take a proactive, inclusive approach to communicating its IP policy, ensuring all staff can engage with innovation processes.

Key actions taken:

Accessible policy and tools:

- the IP policy is hosted on the staff intranet alongside a digital IP disclosure form.
- this encourages early and accurate reporting of innovations.
- the IP Senior Responsible Officer (SRO) uses this data to monitor activity and identify support needs.

Inclusive access:

- an Equality Impact Assessment led to the introduction of paper-based disclosure forms alongside digital versions
- this ensures staff without regular computer access can still participate in the IP process.

Staff engagement and feedback:

- the organisation tracks the number and quality of disclosures.
- feedback from training sessions is used to refine communication and improve understanding.

Impact:

- improves early IP identification across all staff groups
- ensures equitable access to innovation processes

- supports a culture of innovation and continuous improvement
- helps protect ideas that could lead to patient benefit

By embedding IP processes into daily workflows and aligning communication with staff needs, the organisation is building a more innovation-ready workforce.

Case study 5 - IP training

Example 1 - Structured, role-specific training

This case study highlights how an NHS Wales organisation can strengthen IP awareness and capability through a structured, role-specific training approach.

By tailoring content to different staff groups, the organisation ensures that learning is relevant, practical, and supports innovation that benefits patients.

Key features of the approach:

Business Managers

- receive bespoke training on the organisation's IP policy
- sessions include informal discussion to explore real-world application
- supports consistent understanding and encourages innovation within teams

Clinical Academic Staff

- receive targeted training on foreground vs background IP
- this builds confidence in identifying and protecting IP from research and clinical work

Testing an All-Staff Approach

- digital learning hosted on an Electronic Staff Record (ESR) training module is under evaluation, which once approved, will offer scalable, accessible IP training across the organisation

Specialist Training

- with support from local partners, the organisation commissioned the Intellectual Property Office to deliver a two-day in-person course

- attendees included innovation leads, research managers, technology transfer, commercial, procurement and contract management staff

Impact:

- improves staff confidence and consistency in handling IP
- supports safe, effective innovation and commercialisation
- enables faster translation of ideas into patient benefit

This blended learning model helps embed a culture of innovation and ensures staff at all levels can engage meaningfully with IP in their roles.

Example 2 - IP training as a core part of an innovation training programme

A group of organisations can partner with training providers to deliver a structured innovation training programme for staff. A core module of the programme focuses on IP, helping staff understand how to protect and manage ideas that could improve care.

Who it is for:

- open to all staff across participating organisations
- supports those interested in innovation, entrepreneurship, or adopting new technologies
- helps staff with service improvement ideas understand where to begin

What the programme offers:

- introduction to key innovation concepts, including how to develop, protect, and commercialise ideas
- peer support from a regional community of healthcare innovators
- access to expert trainers and ongoing support from business development and innovation teams

The IP module covers:

- what IP is and why it matters in NHS Wales
- IP ownership and NHS Wales policy
- different types of IP protection and when to use them

- practical steps to protect IP in day-to-day work

Impact:

- builds staff confidence to take ideas forward
- ensures valuable innovations are protected and used effectively
- supports faster, safer adoption of new ideas that benefit patients

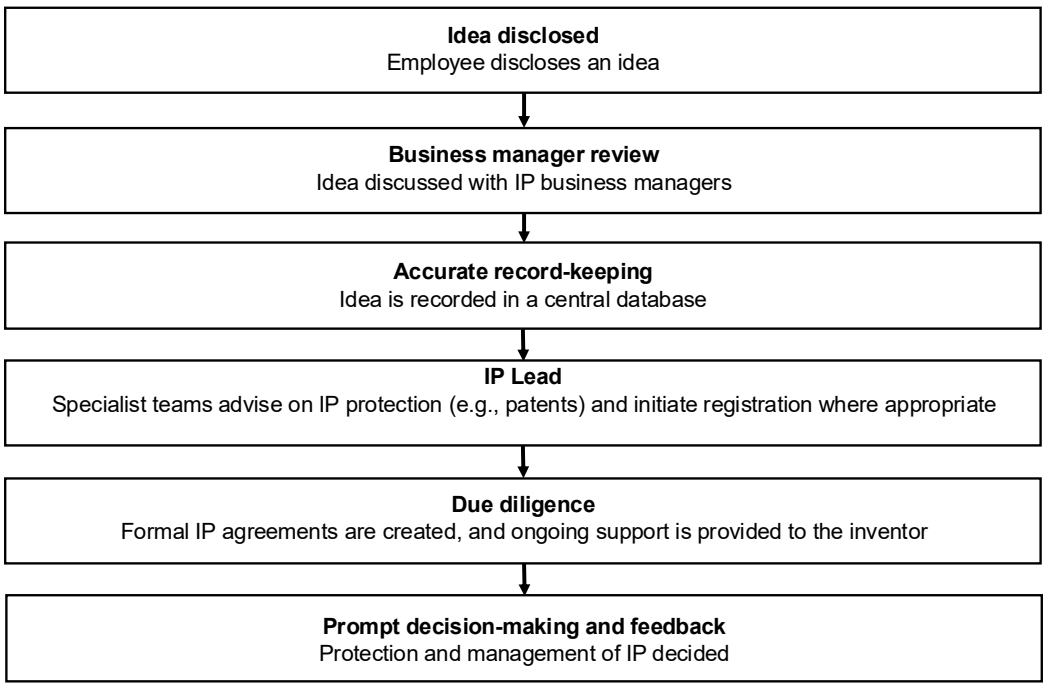
By embedding IP into core innovation training, this programme helps create a more confident, capable NHS Wales workforce ready to turn ideas into impact.

Step 4: early identification, collaborations & record keeping

Case study 6 - IP disclosure, decision-making and tracking systems

Example 1 - Providing clear and timely feedback to IP disclosures

An organisation could use the following step-by-step process to track IP disclosure and decision-making:



1. **Idea Disclosed**

- a staff member discloses an idea that may have IP involved or commercial potential using the staff disclosure form. This is the first step in identifying possible intellectual property.

2. **Business Manager Review**

- all IP disclosures are discussed. A meeting is held with Business Managers to assess the idea. Key questions include:
    - does this idea have IP potential?
    - who should support its development (e.g. research, innovation, or commercial teams)?
- this early triage ensures the right expertise is involved from the start.

3. **Accurate Record keeping**

- the idea is recorded in a central database. While not yet integrated into a formal IP management system, this log helps track:
    - what was submitted
    - when it was submitted
    - what decisions were made
    - who is responsible for next steps
- clear documentation is essential from the outset. The organisation has developed a simple, visible process that staff can follow to submit ideas confidently.

4. **IP Lead Review**

- the IP Lead reviews each submission to determine the appropriate innovation pathway for the idea:
    - research-related ideas go to the Joint Research Office
    - innovation-focused ideas are handled by the Innovation Manager
- this ensures ideas are assessed by the right people with the right expertise.

5. Due Diligence

- initial market research is carried out by the Innovation Manager to assess whether the idea is novel, protectable, and commercially viable, with external advice sought if required.

6. Prompt decision-making and feedback

- once due diligence research is completed, the Innovation Manager decides whether to protect and manage the IP. Any IP that is not protected and managed by the organisation is assigned back to the staff member and/or innovator.

- all IP disclosures are discussed in a one-to-one meeting with the staff member who has completed the disclosure, to ensure clear communication and feedback.

A focus on early disclosure, a structured review process, and strong record-keeping means that this organisation significantly improves the chances of protecting IP and supporting timely commercialisation where relevant.

Case Study 7 - IP awareness in contracts and early identification

Example 1 - A practical checklist to support early identification of IP

This case study highlights how an organisation could embed IP awareness into its wider commercial and innovation partnership processes.

To support early identification of IP and strengthen governance, the organisation developed a partnership checklist. This tool helps teams assess and document key considerations when forming formal or informal collaborations.

Key features of the checklist, developed with input from executives and non-executive directors.

- The checklist covers areas such as:
    - clinical involvement
    - commercial opportunity
    - strategic alignment
    - governance and legal risks

- IP ownership and management
- cost-benefit analysis
- workforce and estates impact
- sustainability and subsidy control
- provides guidance on capturing these considerations in business cases, non-disclosure agreements, and data-sharing agreements

How it works:

- the checklist is administered by the innovation team, with input from all project stakeholders
- the checklist is applied in stages, with sign-off at each point to ensure robust decision-making
- ensures early, informed discussions about IP with external partners

Impact:

- improves early identification of IP opportunities and risks
- supports better-informed, legally sound partnerships
- enhances patient benefit by accelerating safe and sustainable innovation adoption

This approach demonstrates how IP considerations can be hard-wired into partnership planning, ensuring NHS Wales organisations protect and maximise the value of innovation from the outset.

Example 2 - Embedding early identification and notification in organisational policies and procedures

This case study highlights how a research intensive NHS Wales organisation can embed early IP identification and notification into its core research policies and procedures.

The organisation uses two key documents to ensure IP is considered before contracts are signed:

- **The** organisation's **IP Policy**

- management of Contracts (Research) Standard Operating Procedure (SOP), which applies to the research and development (R&D) Department, the Clinical Trials Unit, departments of other NHS Wales organisations involved in research, and Investigators conducting or participating in studies sponsored by the NHS or other organisations.

How it works:

- staff are directed to the R&D Manager or the organisation's partner health technology consultancy (HTC) for IP queries.
- an HTC IP notification form is completed to trigger early review.
- the HTC works closely with:
  - the R&D legal team
  - an in-house IP and commercialisation expert
- this ensures early identification of IP risks and opportunities.

Grant applications:

- all grant applications involving incoming funding must be reviewed and signed off by the R&D Manager.
- this ensures the R&D team is aware of any potential IP issues, even if not identified earlier.

Contract management:

- the R&D governance team supports researchers in setting up funded studies.
- all research-related contracts must be reviewed and approved by R&D before signing, as required by the SOP.

Impact:

- ensures early, expert review of IP in research projects
- prevents delays and legal risks by embedding IP checks upfront
- supports smoother, safer research delivery that benefits patients through faster access to innovation

This approach shows how clear policies and procedures can hard-wire IP awareness into NHS research governance.

Step 5: IP initial evaluation & feedback

Case Study 8 - IP triage and evaluation frameworks

Example 1 - Initial evaluation framework

An organisation can develop a clear, staged framework to evaluate new ideas and IP disclosures from staff and collaborators. This makes sure that only viable innovations progress and helps to focus resources and reduce risk.

The framework can include:

- initial disclosure, capturing the details about idea
- feasibility assessment, including early market research to assess need, competition and IP implications
- market validation, which involves deeper market analysis to confirm potential
- development of the idea, which looks at sourcing funding, identifying partners, and managing the project

Each stage includes a go/no-go decision. Inventors receive a report after the feasibility stage, and further support is provided as the idea progresses. Throughout the process, searches are done to check if similar ideas or inventions already exist, to assess protection options.

This structured approach ensures that promising ideas are identified early, developed with the right support, and commercialised through the most appropriate route, maximising impact and value for the organisation.

Example 2 - Collaborative IP evaluation model to accelerate innovation decision-making

An organisation can work closely with its university's technology transfer company and a health technology consultancy to evaluate and commercialise IP. This partnership, via the

Research Centre IP Manager, supports the organisation’s National Institute for Health and care Research Centre and wider innovation activity.

Inventors can disclose IP to the organisation, the university's technology transfer company, or the health technology consultancy. The receiver of the disclosure conducts an initial evaluation to assess the idea’s potential, including ownership, patentability, and relevance. This may involve a prior art search and patent review.

Key evaluation criteria include:

- legal strength of the IP (for example, novelty of the idea, potential for exclusivity)
- commercial potential (for example, the cost of protection, market value)
- maturity of the idea (more developed IP is easier to assess)

The evaluator also considers:

- what problem the idea solves
- who might benefit commercially
- how the inventor wants to proceed

The organisation's R&D Head of Legal is involved where needed. Inventors receive feedback and suggestions for next steps from the receiver of the disclosure, which may include:

- funding opportunities
- patent filing
- commercialisation planning
- partner engagement

This collaborative model, seeking early advice and expertise from partners increases capacity and speeds up decision-making, helping the organisation's innovations move forward efficiently and effectively.

Case Study 9 - jointly developed IP through university/academic partner collaboration

Example 1 - Successful partnership with university and sub-licencing model

An organisation taking part in a UK research project, led by a university and another NHS Wales organisation, may develop new knowledge, e.g. biomarker for cancer. The project may be funded by a major research charity, who holds the patents through its technology transfer arm.

The organisation secured a research licence to scale up and validate the test, using public innovation funding and working with genomic labs across the UK. The licence agreement required the ability to sublicence to other partners through collaboration agreements.

After successful validation, the organisation secured a worldwide exclusive licence to commercialise the test both in NHS Wales and internationally. Under this agreement, the NHS Wales organisation will receive a share of any future sales revenue from the product.

To support ongoing collaboration, the organisation has a Memorandum of Understanding with its university partner. This sets out an equal 50/50 split of revenue between them.

This case study shows how NHS Wales organisations can lead complex licensing negotiations and work with a range of partners to bring new healthcare innovations to patients.

Example 2 - IP management, collaboration and revenue sharing agreement with partner research institute

An organisation may work with a Health and Care Research Wales Research Centre and manage IP under a shared IP Policy. This policy overrides individual organisational policies for all work funded by their research funder. The policy covers various types of IP, including research data and software.

Under the policy, foreground IP is owned by the organisation unless a joint decision is made at an 'Opportunities Meeting.' Staff must report any IP with commercial potential to their employer’s IP lead. The funder oversees this process by requiring consent for commercial licensing and receiving reports on IP with commercial potential, ensuring outcomes benefit patients and the public.

Financial returns are shared after deducting direct IP costs such as legal and patent fees, the funder's share, and any co-owners’ entitlements. Each partner then applies its own internal revenue-sharing policy to the remaining income.

This overarching IP policy ensures clear ownership, fair revenue distribution, and consistent governance. It supports innovation while aligning commercial outcomes with each party's contribution.

Example 3 - 50:50 revenue sharing agreement with university partner

Two NHS Wales organisations, each with HCRW Research Centres, have signed identical commercialisation agreements with their university partner and its technology transfer company.

The agreements will:

- make it easier to commercialise joint research and innovation
- allow new technologies and treatments to reach patients faster
- ensure that any commercial income is shared fairly between the organisations and the university

The agreement includes a broad definition of projects in scope. Where there have been relevant contributions to projects that have commercial returns, proceeds from commercial returns will be shared 50:50 between the university and respective NHS Wales organisation, after deducting payments to inventors, other agreed distributions, and the direct costs of commercialisation.

By removing the need for separate negotiations for each project, the agreement will:

- reduce delays in the commercialisation process
- speed up investment of revenues
- attract more investors through increased efficiencies

Revenue generated will be ringfenced to support further research and innovation in health and care, in line with HCRW policy.

This agreement lays the foundation for closer collaboration between the partners, supporting the development of new technologies that benefit both patients and the wider economy.

Step 6: understanding IP rights & protection strategies

Case study 10 - IP protection vs open source-open licensing for wider benefit

One NHS Wales organisation regularly develops and licenses educational and knowledge-based resources, such as training videos and toolkits. An example includes an educational video shared with an international charity.

The organisation uses a value-based, case-by-case approach to decide whether to protect or openly share IP. They use the following assessment criteria to guide decision-making:

- will open sharing increase reach and impact?
- do we have the resources to protect and manage the IP?
- is there a clear commercial or strategic benefit to IP protection?

If protection isn't viable or necessary, they opt for open licensing. In the above example, a Creative Commons (CC) licence was created to allow free use while retaining attribution and usage rights. The CC-licensed video was successfully shared internationally, extending its impact.

Not all IP needs protection, and structured, early conversations help clarify the best route. Open sharing can be a useful tool for public benefit when a commercialisation approach isn't a preferred option.

Case study 11 - using expert legal advice to shape IP protection strategy

Example 1 - Supporting in-house expertise with external patent lawyers

One organisation uses external patent lawyers for expert advice on the patentability of ideas, and to handle the preparation, submission, and renewal of patent applications.

They appoint external lawyers to advise on IP queries that are complex and require specialist input.

Their patent law firms offer a bi-monthly 'IP surgery', when a lawyer will visit the organisation to answer staff questions about their ideas or inventions. This IP surgery aims to help inventors refine and structure their ideas with patentability considerations in mind.

The organisation has also developed in-house IP expertise, managing the following areas internally:

- IP project structuring and governance
- IP project contracting and negotiation
- IP project record-keeping and follow-up

This internal capability makes sure that:

- only viable inventions are submitted for patenting, avoiding unnecessary costs
- commercialisation is supported by robust contractual structures, which are compliant with applicable laws, regulations and internal policies and processes
- developing in house expertise alongside using external legal advice has fills knowledge gaps and maintains a robust IP strategy.

Step 7: IP development & commercialisation

Case Study 12 - IP agreement involving NHS data

Example 1 - A scorecard to assess the value of data shared in commercial partnerships

An organisation can develop a structured way to assess the value of data it shares in commercial partnerships.

Most of the organisation's data sharing is for non-commercial research. In these cases, it includes clear terms: if the data or any findings from it are later used for commercial purposes, the organisation must give permission and agree a new contract. This contract would ensure the organisation receives a fair share of the resulting commercial value.

When entering data sharing arrangements for commercial purposes, the organisation uses a scorecard to help decide the value of the dataset. It considers:

- how common the data is
- how much of it exists
- its quality and depth

Below is an example of this data valuation process. The data requested is common, with high volumes of such data generated each year, and of good quality and depth (value score = 85 out of a maximum 100)

Example - Scorecard with score of 85/100

Guideline	Weighting	Assessment criteria	Score	Adjusted weighting
Availability of data	5%	Relevant Directorate Patient numbers per year for that condition Available Quantity Requested Quantity (HIGH = full availability, MEDIUM = Less than 80% availability, LOW = Less than 50% availability)	**HIGH**	5
Volume of data	5%	High volume of data indicates low rarity, therefore score: - (LOW for high volume, MEDIUM for average volume (ie. neither rare nor common), HIGH for low volume).	**LOW**	0
Data quality and depth	15%	Data fields Longitudinal data Diversity of the patient population	**HIGH**	15
Rarity / uniqueness	10%	Prevalence of the disease / condition in the UK or globally Can include rarity within a common disease (subset of a cohort) Rare disease: less than 1 in 2000 (0.05%) - EU definition (HIGH = less than 0.05% for rare disease, or less than 5% within common disease cohort, MEDIUM = less than 1% of population for rare disease or 10% within a common cohort, LOW = more than 5% for rare disease or more than 10% for common cohort)	**LOW**	0
Data value chain (Non-ownership)	10%	Raw data Processed data Organisation/administrative data (LOW = only raw data/organisational data involved, MEDIUM = Mix of Raw data and some basic level of processed data, HIGH = Raw data and highly developed processed data)	**HIGH**	10
Data value chain (Ownership/Arising IP)	10%	Processed data (LOW = No Arising IP ownership, HIGH = some processed data within Arising IP applies)	**HIGH**	10
Purpose/application of the data	45%	Commercial/non-commercial use (LOW = No commercial purpose for data, MEDIUM = a mix of commercial use with material social value, HIGH = main purpose is commercial in nature, with some social value)	**HIGH**	45
100%			**TOTAL SCORE**	**85**

The scorecard gives a standardised and logical way to measure the additional value of the data, beyond the production costs of the data such as extraction and/or curation. This extra value can be reflected in different ways, such as:

- a data fee (on top of costs)
- a royalty on future revenues
- a proxy towards an equity value
- It is important that the assessment criteria are constantly monitored to ensure they remain valid, current and effective.

This approach helps ensure the organisation is securing fair value from its data, in line with national guidelines on realising value from NHS datasets.

Example 2 - Data sharing partnership with a software company

To address the challenge of missed or cancelled outpatient appointments, an NHS Wales organisation partners with a software company to develop an AI system combining predictive scheduling with behavioural nudging. The goal was to reduce missed appointments, improve patient access, and make better use of existing NHS Wales capacity.

The AI system was trained using anonymised NHS data including appointment schedules, past attendance patterns, clinic codes, and patient behaviour indicators. No sensitive clinical information was used, following ethical AI principles. The organisation acted as clinical lead and data provider, while the company built the AI tools with support from digital communications and consulting partners.

The project followed comprehensive NHS Wales governance processes with joint programme boards overseeing delivery. Data sharing was governed by a formal processing agreement, with the NHS Wales organisation as Data Controller and the company as the Data Processor. Local ethical approval was secured and the system met NHS Wales technology code requirements.

Under a fair commercial model, the company retained AI tool ownership but shared all learning with NHS Wales. NHS data was never monetised - value was returned through patient benefits.

In six months, missed appointments fell by 23% beyond standard text reminders, enabling 1,910 additional patient attendances and releasing £1.3 million of clinical capacity. Among the most deprived patients, missed appointments dropped by 30%, improving health equity.

The company received a three-year contract with 10% of first-year revenue returning to the organisation when used as a reference site, ensuring fair NHS value.

Case Study 13 - fair NHS Wales commercial returns- licensing and spin-out models

Example 1 - Fair returns for co-developed software through royalties

One organisation commissioned a technology company to develop an operational management software. The organisation acted as both a development and testing partner.

The technology company owned the IP and could resell the software in the UK and internationally. However, the software could not have been developed without the organisation’s direct involvement. Its clinical and operational staff shaped the software's design and functionality through ongoing feedback.

Initially, the organisation was fully funding the software's development. It had no recognition of its contribution to creating the software or claim to the foreground IP. There was also no incentive for staff to ensure the product would meet the needs of other NHS users or broader markets.

To correct this imbalance, the parties renegotiated the contract. The new agreement allowed the technology company to continue owning the foreground IP and to sell the software to other customers. In return, the organisation secured:

- a significantly reduced development cost- paying only a proportion of the original funding, on the basis that the company could now resell the software elsewhere

- a royalty arrangement, giving the organisation a share of revenue from future sales across the NHS and in other market

This approach ensured the organisation's input- including funding, staff expertise, and real-world testing- was properly recognised and rewarded. While the tech company retained IP ownership, the organisation paid a proportionate share of the development costs and secured a share of future returns. This helped align incentives, supported staff engagement, and contributed to the creation of a high-quality, scalable product.

Example 2 - Various fair revenue sharing models in collaborating with a Digital Health Company to Commercialise NHS IP

A digital health company has partnered with several NHS Wales organisations to commercialise their IP. By spinning out innovations or allowing the company to commercialise them, these organisations have brought their solutions to market faster and with greater financial sustainability.

Model 1 - Spin-out with shared equity

The company worked with an NHS organisation to co-develop a digital health product. A new spin-out company was set up under a collaborative agreement, with shareholdings held by the organisation, the digital health company, and the clinical inventor. All foreground IP was transferred to the spin-out, enabling external investment and acquisition opportunities. The board includes all parties to ensure balanced and efficient decision-making.

Model 2 - Licencing, with IP retained in NHS Wales

In another case, the company developed a product for an NHS Wales organisation, but the organisation retained IP ownership. The company licenses the product back from the

organisation, and the organisation receives a fixed return per license sold. While this model allows the organisation to retain IP, it can limit external investment potential.

Model 3 - Revenue share based on contribution to development costs

In another case, the company partnered with a community care provider to co-develop a digital health product. The company contributed a portion of the development cost and receives a multiple of that investment back through a revenue share agreement. For example, if the project costs £10, the company would pay £2 towards this and earn a multiple of this £2 through the revenue sharing agreement. This model balances upfront affordability with long-term returns for both parties.

Across these models, NHS Wales involvement ranges from passive governance to active input. The company typically leads on product development and technical delivery. Clear upfront agreements- including equity splits, termination clauses, and revenue mechanisms are essential to avoid future disputes and ensure fair value distribution.

Example 3 - Securing a mix of returns without NHS Wales IP ownership

An NHS Wales organisation partners with a small or medium-sized enterprise (SME) to develop an AI-based clinical tool. The organisation is supporting with access to data, research infrastructure and, in future, a test-bed environment.

The organisation and the SME have agreed that the SME will retain all IP rights for the project. However, the NHS Wales organisation benefits from the product's success through several arrangements:

- an equity stake in the SME, including some profit-sharing
- royalties from future product sales
- guaranteed ongoing use of the product by the NHS Wales organisation at a discounted price
- charges for services provided by the organisation, which include NHS Wales staff time paid according to Agenda for Change pay bands and HCRW guidance for investigator-initiated trials
- market-rate fees for access to data, with milestone payments built in

By agreeing to this mix of returns instead of negotiating IP ownership, the organisation has enabled faster commercialisation while still retaining value if the product succeeds.

Example 4 - Revenue share agreement with charity funder

Eye conditions like macular degeneration and amblyopia (lazy eye) need regular monitoring to prevent permanent vision loss. In one NHS Wales eye clinic, over 2,000 patients are seen each month. Due to COVID-19, more than 80% of consultations moved to telephone, limiting clinical information for decision-making. Even when routine clinics resume, long delays were expected, risking preventable vision loss for some patients.

An employee of the clinic develops a web-based vision-testing app for patients to test their vision at home. The app gained CE (Class 1) marking. The NHS Wales organisation running the clinic supported formal validation and sponsored a clinical investigation, funded by a charity.

A revenue share agreement was made between the organisation and the charity. The organisation owns the IP, while the charity receives a share of any revenues from commercial use of the app

Decisions about commercialisation are led by the inventor and the organisation's research and development legal team.

This innovation has helped maintain eye care during the pandemic and could improve patient access to vision monitoring in the future.

Example 5 - Licensing IP to industry supplier with Royalties Shared Between NHS Collaborators

After heart surgery, patients can face serious wound complications and pain due to the strain on the chest. While chest support can help, existing products were not meeting patient needs effectively.

To address this, one NHS Wales organisation collaborated with patients and experts from two other organisations to co-design an improved chest support vest for people recovering from heart surgery. The new vest helps protect wounds, supports healing, reduces pain, and offers more comfort than similar products. It can be adjusted by the patient for a better fit.

The lead organisation filed a patent application for the underlying IP and registered design rights for the vest. Patent applications are ongoing in both Europe and the US – two important markets for the product.

To make the vest available to patients, the organisation licensed the rights to a trusted industry supplier with an existing supply chain. Licensing was chosen because the product complements the supplier's current work.

Since 2021, the supplier has been making and marketing the vest worldwide. The lead organisation receives a royalty from each sale, which are shared with the partner organisations, staff inventors, and their departments in line with the lead organisation's IP policy.

This case study shows how collaborating across the NHS and using IP licensing in a strategic way can lead to better products for patients, while also generating fair commercial returns for NHS Wales.

Step 8: IP asset management & tracking returns

Case study 14 - Managing and Reinvesting NHS Wales IP Returns for Future Innovation

Example 1 – NHS Wales managed IP fund

An NHS Wales organisation sets up an IP fund, managed by their commercial legal services team. The fund makes sure that income received from IP licensing or assignment, income from spin-out shares, or income from data partnerships can be reinvested to support:

- patent attorney advice and patent applications
- IP lawyers' advice for large complex IP transactions and spinouts
- contracting with third parties, such as a university, for development of prototypes
- contracting with third parties for tech transfer support

The main aims of the IP fund are to:

- provide an IP commercialisation function with minimal financial burden to the NHS Wales organisation
- encourage uptake and scaling up of innovation across NHS Wales

- advance the strategic goal of building innovation and enhancing outcomes and efficiencies

The organisation has developed a sustainable innovation programme by reinvesting commercial returns from IP into future innovation.

Step 9: access IP expertise & technology transfer capabilities

Case study 15 - In-house Technology Transfer Office or Capability (TTO or) models

Example 1 - Using a mix of In-house and university TTOs

An NHS Wales organisation develops a blended model for managing and commercialising intellectual property, combining in-house expertise with external partnerships.

The organisation works closely with a partner university's technology transfer office under a formal framework agreement. This sets out how joint research and resulting IP are managed.

To support IP developed outside they also partner with a health technology consultancy.

Their responsibilities include:

- encouraging and managing new IP disclosures
- assessing commercial potential and market fit
- supporting funding applications and identifying background IP

The organisation also develops tools to help clinicians and researchers navigate available support and plans to expand outreach sessions delivered by the consultancy.

This model ensures IP is identified early, managed effectively, and supported by the right expertise, helping the organisation progress ideas through to commercialisation.

Case study 16 - Support with IP expertise from an Innovation Network or Partnership

Example 1 - An Innovation Network or Partnership (e.g. NHS Wales Innovation Leads or R&D Directors group)

A group of NHS Wales organisations are members of a regional Innovation Network or Partnership that brings together Leads to share ideas, collaborate, and support each

other's innovation efforts. Full details of the NHS Wales Innovation leads group are available at www.hsciw.wales.

The forum meets bi-monthly, with hosting duties rotating between members. Hosts often partner with local organisations, helping members expand their networks and build regional connections.

The forum provides:

- a space for peer support and knowledge exchange
- opportunities for upskilling and learning
- updates on funding and innovation opportunities

The Partnership is then expanded to include primary care, social care and Community-based initiatives.

By developing collaboration and organisation, the forum helps teams strengthen their innovation capacity, improve IP management, and accelerate the development of ideas that can benefit patients and the wider health system.

Case study 17 – Using university Technology Transfer Office or Capability (TTO or TTC)

Example 1 - Using a university's technology transfer office or capability

To support innovation and build an entrepreneurial culture, an NHS Wales organisation has established a long-term partnership with a university's TTO. This partnership is underpinned by a formal IP policy and protocol, ensuring that innovations are identified, protected, and commercialised effectively.

The organisation commissions the TTO to manage IP, as it lacks the internal capacity to do so independently. The TTO handles IP developed solely or jointly with the organisation, seeking protection and commercial opportunities where appropriate. IP is assigned to the TTO under a service-level agreement, ensuring the NHS benefits from any commercial returns even when IP resides with the academic partner.

This relationship has delivered:

- a strong innovation pipeline
- increased visibility of innovation activity

- a rise in invention disclosures since the IP policy was introduced

The TTO also provides ad hoc commercial advice, saving consultancy costs. Internal marketing and collaboration with the organisation’s charity have further boosted staff engagement.

The partnership is managed by the Head of Commercial and Innovation and supports the organisation’s wider ambition to grow through innovation and reward staff involvement.

Example 2 - Revenue sharing agreement with university technology transfer office or capability (TTO)

An NHS Wales organisation works with a university’s TTO, drawing on its research and expertise to manage its IP effectively. Their partnership is governed by a Framework Intellectual Property Agreement (FIPA). This agreement names the university TTO as the main body responsible for exploiting IP created at the organisation.

Under the FIPA, research teams identify new IP and record it using standard forms. The university TTO carries out due diligence to confirm IP ownership and check for any third-party rights. The organisation’s IP lead oversees this process and reviews the TTO's exploitation plans to make sure they fit the organisation's interests. This approach centralises commercialisation expertise while keeping organisation oversight.

Under the FIPA, in most circumstances 50% of the income from IP goes to the organisation for research reinvestment and 50% goes to the inventors. The FIPA also accounts for overheads, allowing for up to a certain percentage of gross receipts for the TTO or the organisation to cover operational costs.

This model ensures:

- a fair return to the NHS Wales organisation
- direct reinvestment into patient-benefiting research
- proportional revenue sharing with distribution based on each party's financial, inventive, and technical contributions
- maximise overall commercial value of IP through the university's TTO expertise, benefiting all partners

Example 3 - Revenue sharing agreement with 2 advisory technology transfer office or capability (TTO) advisors

One organisation works with two advisory organisations to manage its IP. TTO Adviser 1, which is a TTO of its partner university, supports IP where employees of the university partner have been involved. TTO Adviser 2 manages all other IP generated by the organisation's staff.

A senior IP manager within the organisation oversees IP from identification through to commercialisation. All collaborative research is supported by written agreements that clearly set out IP ownership from the start. This structure allows the organisation to access expert support whilst maintaining strong governance.

Once commercial income is received, direct costs like patent fees are deducted. The advisory organisation then receives a 20% commission on the remaining income. The remaining 80% is typically split in three equal parts:

- one-third goes to the inventor(s)
- one-third to the inventor's department
- one-third to the organisation.

The fixed 20% commission ensures a clear and predictable fee for advisory services. The standard three-way revenue split provides fair and consistent returns across all parties. For the organisation, this helps fund research, legal costs and operational overheads.

This model supports innovation by rewarding inventors and ensuring the NHS benefits from IP created with public funding.

Example 4 - Tiered fee structure for university TTO

An NHS Wales organisation partners with a university and its technology transfer office or capability (TTO), which leads on commercialisation of IP developed within the organisation.

The organisation's staff must report potentially valuable IP to Legal services, keep detailed records, and declare any conflicts of interest. All IP must be disclosed alongside assigned confidentiality agreement and all IP agreements must follow the approval process. These steps help protect and manage IP effectively.

The model uses a tiered revenue-sharing system based on net cumulative income. When the university TTO leads, a 'commercialisation fee' is applied - 10% for income up to

£100,000, increasing to 40% for income over £1 million. The remaining income is split between the inventors, the clinical department, and the organisation's central funds.

This tiered fee structure is a mechanism to incentivise the TTO for their commercialisation efforts, particularly for high-value IP which carries significant risk and requires substantial investment. This policy is designed to balance the reward for commercialisation expertise with the goal of ensuring higher value returns are reinvested into the NHS and its research activities.

Model Agreements and Templates

Template NHS Wales Intellectual Property policy

See Appendix 2 of WHC/2026/004.

NDA template for collaborative projects involving potential IP development

This **CONFIDENTIALITY AGREEMENT** is dated [insert date] (the **"Agreement"**)

BETWEEN:

(1) [ORGANISATION NAME], whose principal place of business is [insert the address] (the "Organisation"); and

(2) [NAME AND ADDRESS] ("Party 2")

together the "Parties" and each a "Party".

BACKGROUND

A. each Party wishes to share Confidential Information with the other for the purpose of [insert background; note link with clause 3.2.5] (the **"Permitted Purpose"**)

B. the Parties have agreed to comply with this Agreement in connection with the disclosure and use of Confidential Information

IT IS AGREED:

1. INTEPRETATION

1.1 In this Agreement, unless the context otherwise requires:

- **"Affiliate" -** means in relation to a body corporate, any other entity which directly or indirectly Controls, is Controlled by, or is under direct or indirect common Control of that body corporate from time to time;

- "Confidential Information" - means, irrespective of whether it is marked as being confidential or not:

  (a) information provided or made accessible by one Party to another in connection with the Permitted Purpose (whether before or after the date of this Agreement) that relates to:

(i) the Disclosing Party;

(ii) the Disclosing Party's Group; and/or

(iii) the operations, management, business, affairs, developments, intellectual property rights including data, algorithms and code, trade secrets, know-how, techniques, financial. commercial, technical, tactical or strategic information and/or personnel of the Disclosing Party or the Disclosing Party's Group;

(b) other Information: (i) provided or made accessible by the Disclosing Party or the Disclosing Party's Group to the Receiving Party in connection with the Permitted Purpose (whether before or after the date of this Agreement) or (ii) that ought reasonably to be considered to be confidential which comes (or has come) to the Receiving Party's attention or into the Receiving Party's possession in connection with the Permitted Purpose;

(c) discussions, negotiations, and correspondence between the Disclosing Party or the Disclosing Party's Group and/or any of their directors, officers, employees, consultants or professional advisers and the Receiving Party and/or any of their employees, consultants and/or professional advisers in connection with the Permitted Purpose and all matters arising therefrom; and

(d) information or analysis derived from any of the above. But not including any Information that:

(i) was in the possession of the Receiving Party without obligation of confidentiality prior to its disclosure by the Disclosing Party or the Disclosing Party's Group;

(ii) the Receiving Party obtained on a non-confidential basis from a third party who is not, to the Receiving Party's knowledge or reasonable belief, bound by a confidentiality agreement with the Disclosing Party or any member of the Disclosing Party's Group or otherwise prohibited from disclosing the information to the Receiving Party;

(iii) was already generally available and in the public domain at the time of disclosure otherwise than by a breach of this Agreement or breach of a duty of confidentiality; or

(iv) the Receiving Party's evidence to the reasonable satisfaction of the Disclosing Party was independently developed without access to the Confidential Information; or

(v) the Disclosing Party agrees in writing does not constitute Confidential Information

- "Control" - means the possession by a person, directly or indirectly, of the power to direct or cause the direction of the management and policies of the other person (whether through the ownership of voting shares, by contract or otherwise) and "Controls" and "Controlled" shall be interpreted accordingly;

- "Copies" - means copies, reproductions, summaries, extracts, analyses, memoranda, notes or compilations (in any form or medium, including electronic or digital files of any kind) of Confidential Information, or any other documents, electronic files or records containing, reflecting or derived from the Confidential Information;

- “Disclosing Party” - means a Party that directly or indirectly discloses or makes available Confidential Information;

- “Disclosing Party’s Group” - means, the Disclosing Party and its Affiliates;

- “Effective Date” - means the date of this Agreement as set out above;

- “Freedom of Information Act or FOIA” - means the Freedom of Information Act 2000 and any subordinate legislation made under that Act from time to time;

- “Information” - means all information of whatever nature, however conveyed or accessed and in whatever form, including without limitation, in writing, orally, by demonstration, electronically and in a tangible, visual or machine-readable medium, whether stored on computer systems or sites (including and not limited to in cloud computing models that enable storage on the internet and access either through the public internet or a dedicated private network connection or both (and whether accessed or used through a web portal, website, a mobile app or by other means);

- “Permitted Purpose” - has the meaning given to it in the recital to this Agreement;

- “Receiving Party” - means a Party that directly or indirectly receives Confidential Information from a Disclosing Party;

- “Representatives” - means members, directors, employees, officers, agents and/or advisers of the Organisation or Party 2;

- “Working Day” - means a day other than Saturday, Sunday or public holiday in England and Wales when banks are open for business

2. CONFIDENTIALITY OBLIGATIONS

2.1 in consideration of the benefits to the Parties of the disclosure of the Confidential Information, each Party wishes to disclose Confidential Information to the other solely for the Permitted Purpose on the terms set out in this Agreement

2.2 a Receiving Party shall:

2.2.1 treat all Confidential Information as confidential;

2.2.2 have in place and maintain proper security measures and procedures which shall be at least as stringent as the measures and procedures it applies to its own confidential information to protect the confidentiality of the Confidential Information (having regard to its form and nature);

2.2.3 not disclose or permit the disclosure of, nor otherwise make available, any of the Confidential Information in whole or in part to any other person without obtaining prior written consent from the Disclosing Party (which the Disclosing Party shall have the express right to grant or deny) or except as expressly set out in this Agreement;

2.2.4 not use or exploit any of the Confidential Information for any purpose whatsoever other than the Permitted Purpose;

2.2.5 not copy, reduce to writing or otherwise record the Confidential Information except as strictly necessary for the Permitted Purpose;

2.2.6 keep a written record of any document containing Confidential Information or other Confidential Information received from the other in tangible form, and of any Copies made of the Confidential Information, and make the same available to the Disclosing Party promptly upon request; and

2.2.7 immediately notify the Disclosing Party in writing if it suspects or becomes aware of any unauthorised access, copying, use or disclosure in any form of any of the Confidential Information

3. PERMITTED DISCLOSURES

3.1 the Receiving Party may only disclose the Disclosing Party's Confidential Information to those of its Representatives who need to know the Confidential Information for the Permitted Purpose, provided that:

3.1.1 it informs these Representatives of the confidential nature of the Confidential Information before disclosure and obtains from its Representatives enforceable undertakings to keep the Confidential Information confidential in terms at least as

extensive and binding upon the Representatives as the terms of this Agreement are upon the parties; and

3.1.2 at all times, it is responsible for these Representatives' compliance with the obligations set out in this Agreement

3.2 the Receiving Party shall be entitled to disclose Confidential Information only to the minimum extent that it is required to do so by applicable law or by order of a court or as required by the rules and regulations of any regulatory body or any enquiry or investigation by any governmental, parliamentary or official body which has the power to compel disclosure

3.3 Before making a disclosure pursuant to Clause 3.2, the Receiving Party shall at the earliest opportunity and, to the extent that is legally permitted to do so:

3.3.1 notify the Disclosing Party in writing of the proposed disclosure; and

3.3.2 ask the court or other official body, if applicable, to treat the Confidential Information as confidential

3.4 where notice of disclosure under Clause 3.2:

3.4.1 is legally permitted, the Receiving Party shall take into account the reasonable requests of the Disclosing Party in relation to the proposed disclosure; or

3.4.2 is prohibited, the Receiving Party shall notify the Disclosing Party of the disclosure as soon as possible following the disclosure when it is legally able to do so

4. FREEDOM OF INFORMATION ACT 2000 (FOIA)

4.1 Party 2 acknowledges and agrees that:

4.1.1 the Organisation may be subject to the requirements of the FOIA and shall assist and cooperate with the Organisation to enable the Organisation to comply with any Information disclosure obligations;

4.1.2 the Organisation shall be responsible for determining in its absolute discretion, and notwithstanding any other provision in this Agreement or any other agreement whether any Confidential Information or any other information, is exempt from disclosure in accordance with the provisions of the FOIA;

4.1.3 in no event shall Party 2 respond directly to a Request for Information unless expressly authorised to do so by the Organisation

5, TERM

5.1 each party's obligations under this Agreement shall continue in full force and effect for a period of [5] years from the Effective Date

5.2 nothing in this Agreement shall oblige either Party to continue discussions or negotiations in connection with the Permitted Purpose or to disclose any information (whether Confidential Information or otherwise) to the other Party

5.3 if either Party decides not to continue to be involved in the Permitted Purpose with the other Party, it shall notify that other Party in writing immediately. The end of discussions relating to the Permitted Purpose shall not affect each Party's obligations under this agreement or any accrued rights or remedies to which either Party is entitled

6. RETURN OF INFORMATION

6.1 the Disclosing Party may serve a notice (an **"Information Return Notice"**) on the Receiving Party at any time under this Clause 50. An Information Return Notice must specify whether it relates to (i) all Confidential Information provided or made accessible by the Disclosing Party which is protected by this Agreement or (ii) only specified Information or categories of Confidential Information so protected (in either case, the **"Specified Scope"**). On receipt of an Information Return Notice, the Receiving Party shall:

6.1.1 at the Receiving Party's option, securely destroy or return and provide to the Disclosing Party documents and other tangible materials that contain any of the Confidential Information within the Specified Scope, including in any case all Copies of the relevant documents and other materials made by the Receiving Party;

6.1.2 ensure, so far as reasonably practicable, that all Confidential Information within the Specified Scope that is held in electronic, digital or other machine-readable form (including any systems and/or data storage services provided by third parties) is permanently and securely erased; and

6.1.3 make no further use of any Confidential Information which falls within the Specified Scope

6.2 following any secure destruction or return of Confidential Information to the Disclosing Party pursuant to Clause 6.1, the Receiving Party's obligations under this Agreement (including in relation to any Confidential Information which falls outside the Specified Scope) shall otherwise continue in force until this Agreement has expired

6.3 the Receiving Party's obligation to comply with an Information Return Notice in respect of any Confidential Information which falls within the Specified Scope shall not apply in respect of Confidential Information:

6.3.1 that is stored as part of an electronic back-up system that is rendered inaccessible in the normal course of business; or

6.3.2 whose retention is required by any applicable law, rule, regulation or requirement of any competent judicial, governmental, supervisory or regulatory body, or for the purposes of any audit

6.4 the Receiving Party's obligations under this Agreement in respect of the Confidential Information referred to in Clause 6.3 shall continue to be in force until this Agreement expires

7. ASSIGNMENT

7.1 this Agreement is personal to the Parties and shall not be assigned or otherwise transferred in whole or in part by either Party without the prior written consent of the other Party, provided that the Organisation may assign its rights under this Agreement to another Organisation assuming responsibility for the role of the Organisation relevant to the Permitted Purpose as part of an NHS reorganisation

8. GENERAL

8.1 save as expressly set out in this Agreement, all rights in Confidential Information shall remain the property of the Disclosing Party. Each Party reserves all rights in its Confidential Information

8.2 this Agreement does not include, expressly or by implication, any representations, warranties or other obligations

8.2.1 to grant the Receiving Party any licence or rights other than as may be expressly stated in this Agreement

8.2.2 to require the Disclosing Party to disclose, continue disclosing or update any Confidential Information; or

8.2.3 as to the accuracy, efficacy, completeness, capabilities, safety or any other qualities whatsoever of any Information or materials provided in connection with the Permitted Purpose

8.3 each Disclosing Party warrants that it has the right to disclose its Confidential Information to the Receiving Party and to authorise the Receiving Party to use such Confidential Information for the Permitted Purpose

8.4 the rights, powers and remedies provided in this Agreement are cumulative and not exclusive of any rights, powers or remedies provided by law. No failure or delay by either Party to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same, or of some other right, power or remedy

8.5 each Party will be responsible for all costs incurred by it or on its behalf in connection with this Agreement

8.6 this Agreement may be executed in any number of counterparts and by the Parties on separate counterparts, but shall not be effective until each Party has executed at least one counterpart. Each counterpart shall constitute an original of this Agreement, but all the counterparts shall together constitute but one and the same instrument

9. SEVERANCE

9.1 if any provision of this Agreement (or part of any provision) is or becomes illegal, invalid or unenforceable, the legality, validity and enforceability of any other provision of this Agreement shall not be affected

9.2 if any provision of this Agreement (or part of any provision) is or becomes illegal, invalid or unenforceable but would be legal, valid and enforceable if some part of it was deleted or modified, the provision or part-provision in question shall apply with such deletions or modifications as may be necessary to make the provision legal, valid and enforceable. In the event of such deletion or modification, the Parties shall negotiate in good faith in order to agree the terms of a mutually acceptable alternative provision

10. ENTIRE AGREEMENT

10.1 this Agreement constitutes the entire agreement between the Parties in respect of its subject matter and supersedes and extinguishes all prior negotiations, arrangements, understanding, course of dealings or agreements made between the Parties in relation to its subject matter, whether written or oral

10.2 Neither Party has been given, nor entered into this Agreement in reliance on, any warranty, statement, promise or representation other than those expressly set out in this Agreement

10.3 Nothing in this Clause 10 shall exclude any liability in respect of misrepresentations made fraudulently

11. THIRD PARTY RIGHTS

11.1 a person who is not a Party to this Agreement has no right under the Contract (Rights of Third Parties) Act 1999 (as amended, updated or replaced from time to time) to enforce any term of this Agreement but this does not affect any right or remedy of any person which exists or is available otherwise than pursuant to that Act

12. NOTICES

12.1 any notices sent under this Agreement must be in writing

12.2 the following table sets out the method by which notices may be served under this Agreement and the respective deemed time and proof of service

Manner of delivery	**Deemed time of service**	**Proof of service**
Email	9.00am on the first Working Day after sending	Dispatched as a pdf attachment to an e-mail to the correct e-mail address without any error message
Personal delivery	On delivery, provided delivery is between 9.00am and 5.00pm on a Working Day. Otherwise, delivery will occur at 9.00am on the next Working Day	Properly addressed and delivered as evidenced by signature of a delivery receipt
Prepaid, Royal Mail Signed For 1st Class or other prepaid, next working day service providing proof of delivery	At the time recorded by the delivery service, provided that delivery is between 9.00am and 5.00pm on a Working Day. Otherwise, delivery will occur at 9.00am on the same Working Day (if delivery before 9.00am) or on the next Working Day (if after 5.00pm)	Properly addressed prepaid and delivered as evidenced by signature of a delivery receipt

12.3 notices shall be sent to the addresses set out below or at such other address as the relevant Party may give notice to the other Party for the purpose of service of notices under this Agreement

	Party 2	**Organisation**
Contact		
Address		
Email		

12.4 this Clause 12 does not apply to the service of any proceedings or other documents in any legal action or other method of dispute resolution

13. GOVERNING LAW AND JURISDICTION

13.1 this Agreement and any issues, disputes or claims (whether contractual or non-contractual) arising out of or in connection with it or its subject matter or formation shall be governed by and construed in accordance with the laws of England and Wales

13.2 the Parties agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim (whether contractual or non-contractual) that arises out of or in connection with this Agreement or its subject matter or formation

This agreement has been entered into on the date stated at the beginning of it

Signed by the Organisation	Name: Signature: Position in Organisation:

Signed by the Party 2	Name: Signature:

Commercial Collaboration agreement between NHS Wales and university/academic/ industry partner on IP matters

THIS COLLABORATION AGREEMENT is dated [DATE]

BETWEEN

(1) [ORGANISATION NAME], whose principal place of business is [insert address] (the "Organisation"); and

(2) [**COLLABORATOR NAME**] a company registered in England and Wales under registered number [insert registered number] whose registered office is at [insert registered address] OR [PERSON NAME] of [address] (the **"Collaborator"**)

together the "**Parties**" and each a "**Party**"

BACKGROUND

A. the Parties wish to establish to collaborate on the project set out in Schedule 1 (Project Plan).

B. this Agreement sets out the terms and conditions on which the collaboration will take place.

1. DEFINITIONS AND INTERPRETATION

1.1 in this Agreement the following expressions have the meaning set opposite

- **"Agreement"** - this document, including its Schedules, as amended from time to time;
- **"Background"** - Intellectual Property Rights provided by one Party (whether belonging to that Party or to a third party) to the other Party for use in the Project, whether before, on, or after the date of this Agreement, except any Result;
- **"Business Day"** - Monday to Friday (inclusive) except bank or public holidays in England and Wales;
- **"Commencement Date"** - [insert the date on which the Project is to start/started];
- **"Confidential Information"** - any confidential or secret information in any form directly or indirectly belonging or relating to a Party disclosed by the one and received by the other pursuant to or in the course of the Project, including any Background and Results.
- **"Data Protection Legislation"** - all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder); the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended and all other legislation

and regulatory requirements in force from time to time which apply to a Party relating to the use of personal data (including, without limitation, the privacy of electronic communications); and the guidance and codes of practice issued by the Information Commissioner or other relevant regulatory authority and applicable to a Party;

- **"Field"** - [describe technical area where Collaborator is permitted to exploit the Results]
- **"Financial Contribution"** - the financial contribution to be provided by a Party set out in Schedule 1;
- **"Group Company"** - in relation to a company, that company, any subsidiary or holding company from time to time of that company, and any subsidiary from time to time of a holding company of that company;
- **"Intellectual Property Rights"** - patents, utility models, rights to inventions, copyright and related rights, moral rights, trademarks and service marks, business names and domain names, rights in get-up, goodwill and the right to sue for passing off or unfair competition, rights in designs, database rights, rights to use, and protect the confidentiality of, confidential information (including know-how and trade secrets), semiconductor topography rights, image rights, rights in personality and similar rights, plant variety rights, and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world;
- **"Key Personnel"** - the key personnel identified as such in the Project Plan;
- **"Non-Commercial Purposes"** - research, teaching, education and clinical patient care (diagnosing, treating and managing the health of a person);
- **"Project"** - the programme of work described in the Project Plan;
- **"Project Period"** - the duration of the Project described in the Project Plan;
- **"Project Plan"** - the project plan set out in Schedule 1, as varied from time to time under the terms of this Agreement
- **"Results"** - all information, data, techniques, and Intellectual Property Rights that arise or is obtained or developed by, or by Party in the course of the Project ;
- **"VAT"** - value added tax chargeable under the Value Added Tax Act 1994, or any tax replacing that tax.

1.2 the headings in this Agreement are for ease of reference only; they do not affect its construction or interpretation

1.3 references in this Agreement to **a person** include a natural person, corporate or unincorporated body (whether or not it has a separate legal personality)

1.4 a reference in this Agreement to a statute or statutory provision is a reference to it as amended, extended or re-enacted from time to time and includes all subordinate legislation made from time to time under that statute or statutory provision

1.5 a reference in this Agreement to **writing** or **written** includes email

1.6 a reference in this Agreement to any other agreement or document is a reference to that other agreement or document as varied or novated (in each case, unless in breach of this Agreement) from time to time

1.7 references in this Agreement to clauses and Schedules are to the clauses and Schedules of this Agreement and references to paragraphs are to paragraphs of the relevant Schedule

1.8 any words in this Agreement following the expression including, include or in particular, or any similar expression, are to be construed as illustrative and do not limit the sense of the words preceding that expression

1.9 the acts and omissions of a Group Company are deemed to be within the relevant Party's control, and the acts and omissions of any contractor are deemed to be within the control of the Party engaging that contractor

2. THE PROJECT

2.1 the Project starts on the Commencement Date and will continue until the completion of the Project as set out in the Project Plan or any later date agreed in writing between the Parties, or until this Agreement is terminated in accordance with clause 7 or 8. If this Agreement is entered into after the Commencement Date, it will apply retrospectively to work carried out in relation to the Project from the Commencement Date

2.2 each of the Parties will use reasonable endeavours to carry out the tasks allotted to it in the Project Plan, and will provide the resources, Background, materials, facilities and equipment which are designated as its responsibility in the Project Plan

2.3 the Parties shall each appoint the Key Personnel to assume overall responsibility for their respective roles and obligations in connection with the Project

2.4 each of the Parties will obtain and maintain all governance, regulatory and ethical approvals, consents and licences (**"Approvals"**) necessary to allow it to carry out the tasks

allotted to it in the Project Plan and will carry out the Project in accordance with all laws and regulations which apply to its activities under or pursuant to this Agreement

2.5 each of the Parties will ensure that its employees and contractors involved in the Project: observe the conditions attaching to any Approvals; and keep complete and accurate records of all research, development and other work carried out in connection with the Project and of all Results

2.6 each of the Parties will ensure that its staff involved in the Project, when working on or visiting the other Party's premises, comply with the other Party's health and safety and security policies and procedures and, when accessing or using the other Party's information systems, comply with the other Party's information security policies and procedures

2.7 the Key Personnel will meet regularly and will provide the Party with reports summarising the progress of the Project and a copy of all of the Results in accordance with the Project Plan

2.8 each of the Parties will notify the other promptly if at any time any of the Key Personnel appointed by that Party is unable or unwilling to continue to be involved in the Project. Within [1] month after the date of that notice, the Party who originally appointed that member of the Key Personnel will nominate a successor

2.9 each of the Parties will notify the other promptly after identifying any Result which it believes is patentable and will supply the other with copies of that Result. Each of the Parties will notify other Results to the other in the reports provided under clause 2.7

2.10 each of the Parties warrants to the other that it has full power and authority under its constitution and has taken all necessary actions and obtained all Approvals, to allow it to enter into and perform this Agreement

2.11 each party will comply with the provisions of Data Protection Legislation and, where the Parties need to exchange personal data, the Parties will enter a data sharing agreement

2.12 if a Party agrees to transfer any biological or chemical material to the other Party in connection with the Project, that transfer will be subject to the terms of a separate Materials Transfer Agreement entered into between the Parties in relation to that material

3. FINANCIAL ARRANGEMENTS

3.1 each Party will keep complete and accurate accounts of its expenditure on the Project. The Parties will pay the Financial Contribution in accordance with the Project Plan. Where the Financial Contribution is being claimed against costs and expenses incurred by a Party, each invoice must be accompanied by a statement itemising expenditure

3.2 all amounts payable under this Agreement are exclusive of VAT (if applicable)

3.3 if a Party fails to make any payment due to the other under this Agreement, without prejudice to any other right or remedy available, the receiving Party may charge interest (both before and after any judgement) on the amount outstanding, on a daily basis at the rate of four per cent per annum above the Bank of England's base rate (Bank Rate) from time to time. That interest will be calculated from the date or last date for payment to the actual date of payment, both dates inclusive, and will be compounded quarterly

3.4 [where Results are being exploited by the Collaborator the Organisation should ensure it is obtaining fair market value for its contribution, for instance through a revenue sharing mechanism. This will also need to include revenue reporting revenue so that the revenue share/royalty can be verified]

4. USE AND EXPLOITATION OF INTELLECTUAL PROPERTY RIGHTS

4.1 this Agreement does not affect the ownership of any Intellectual Property Rights in any Background. The Intellectual Property Rights in Background will remain the property of the Party which contributed them to the Project (or its licensors). No licence to use any Intellectual Property Rights is granted or implied by this Agreement except the rights expressly set out in this Agreement

4.2 each Party grants the other a royalty-free, fully paid-up, non-exclusive licence to use its Background and its Results for the purpose of carrying out the Project. Neither Party may grant any sub-licence to use the other's Background or Results except as set out in the Project Plan to enable the use by Party's Group Company or sub-contractor to carry out the Project

4.3 all Intellectual Property Rights in the Results shall vest in and be owned absolutely by [the Organisation/the Collaborator/ the Party creating or developing the Result]. To the extent that either Party sub-contracts performance of the Project, that Party shall ensure that any Intellectual Property Rights in Results arising from the work of its sub-contractor shall be assigned to that Party absolutely

4.4 [where the Organisation owns Results which will be exploited by the Collaborator] The Organisation grants to the Collaborator a non-exclusive, licence (with the right to grant sub-licenses) for x years to [manufacture and sell products/provide services] falling within the scope of its Intellectual Property Rights in the Results in the Field (including a non-exclusive licence to the Organisation's Background solely to the extent required for the Collaborator to enjoy the licence to the Results granted in this clause)

4.5 [where the Collaborator owns Results which will be exploited by the Organisation] The Collaborator grants to the Organisation a non-exclusive, licence (with the right to grant sub-licenses) for x years to [manufacture and sell products/provide services] falling within the scope of its Intellectual Property Rights in the Results for [describe scope of commercial

use] (including a non-exclusive licence to the Collaborator's Background solely to the extent required for the Organisation to enjoy the licence to the Results granted in this clause)

4.6 the Collaborator grants to the Organisation a non-exclusive, worldwide, irrevocable, royalty-free licence to the Collaborator's Intellectual Property Rights in the Results for Non-Commercial Purposes for the full term of those Intellectual Property Rights

5. CONFIDENTIALITY

5.1 Subject to clause 4, a Party receiving Confidential Information (the **Receiving Party**) from the other (the **Disclosing Party**) shall:

5.1.1 treat all Confidential Information as confidential;

5.1.2 have in place and maintain proper security measures and procedures which shall be at least as stringent as the measures and procedures it applies to its own confidential information to protect the confidentiality of the Confidential Information (having regard to its form and nature);

5.1.3 not disclose or permit the disclosure of, nor otherwise make available, any of the Confidential Information in whole or in part to any other person without obtaining prior written consent from the Disclosing Party (which the Disclosing Party shall have the express right to grant or deny) or except as expressly set out in this Agreement;

5.1.4 not use or exploit any of the Confidential Information for any purpose whatsoever other than the Project;

5.1.5 not copy, reduce to writing or otherwise record the Confidential Information except as strictly necessary for the Project;

5.1.6 keep a written record of any document containing Confidential Information or other Confidential Information received from the other in tangible form, and of any copies made of the Confidential Information, and make the same available to the Disclosing Party promptly upon request;

5.1.7 immediately notify the Disclosing Party in writing if it suspects or becomes aware of any unauthorised access, copying, use or disclosure in any form of any of the Confidential Information

5.2 the Receiving Party may only disclose the Disclosing Party's Confidential Information to those of its employees and contractors (Representatives) who need to know the Confidential Information for the Project, provided that

5.2.1 it informs these Representatives of the confidential nature of the Confidential Information before disclosure and obtains from its Representatives enforceable

undertakings to keep the Confidential Information confidential in terms at least as extensive and binding upon the Representatives as the terms of this Agreement are upon the parties; and

5.2.2 at all times, it is responsible for these Representatives' compliance with the obligations set out in this Agreement

5.3 the Receiving Party shall be entitled to disclose Confidential Information only to the minimum extent that it is required to do so by applicable law or by order of a court or as required by the rules and regulations of any regulatory body or any enquiry or investigation by any governmental, parliamentary or official body which has the power to compel disclosure

5.4 before making a disclosure pursuant to clause 5.3, the Receiving Party shall at the earliest opportunity and, to the extent that is legally permitted to do so

5.4.1 notify the Disclosing Party in writing of the proposed disclosure; and

5.4.2 ask the court or other official body, if applicable, to treat the Confidential Information as confidential

5.5 where notice of disclosure under clause 5.4:

5.5.1 is legally permitted, the Receiving Party shall take into account the reasonable requests of the Disclosing Party in relation to the proposed disclosure; or

5.5.2 is prohibited, the Receiving Party shall notify the Disclosing Party of the disclosure as soon as possible following the disclosure when it is legally able to do so

5.6 The Collaborator acknowledges and agrees that:

5.6.1 the Organisation may be subject to the requirements of the Freedom of Information Act 2000 (FOIA) and shall assist and cooperate with the Organisation to enable the Organisation to comply with any Information disclosure obligations;

5.6.2 the Organisation shall be responsible for determining in its absolute discretion, and notwithstanding any other provision in this Agreement or any other agreement whether any Confidential Information or any other information, is exempt from disclosure in accordance with the provisions of the FOIA;

5.6.3 in no event shall the Company respond directly to a Request for Information unless expressly authorised to do so by the Organisation

5.7 neither Party will use the other's name or the name of any of the Key Personnel provided by the other Party or the other Party's logo in any press release or product advertising, or for any other promotional purpose, without first obtaining the other Party's written consent

5.8 each party's obligations under this clause shall continue in full force and effect for a period of [5] years from the end of the Project

6. WARRANTS AND LIABILITY

6.1 each of the Parties warrants to the other that, to the best of its knowledge and belief (having made reasonable enquiry of those of its employees involved in the Project or likely to have relevant knowledge, but not having made any search of any public register), any advice or information given by it or any of its employees who work on the Project, or the content or use of any Results, Background or materials, works or information provided in connection with the Project, will not constitute or result in any infringement of third party rights

OR

6.1 other than expressly stated in writing, neither of the Parties makes any representation or gives any warranty to the other that any advice or information given by it or any of its employees who work or have worked on the Project, or the content or use of any Results, Background or materials, works or information provided in connection with the Project, will not constitute or result in any infringement of third-party rights

6.2 subject to clause 6.4, the liability of either Party to the other for any breach of this Agreement, any negligence or arising in any other way out of the subject matter of this Agreement, the Project and the Results, will not extend to

6.2.1 any indirect damages or losses; or

6.2.2 any loss of profits, loss of revenue, loss of data, loss of contracts or opportunity, whether direct or indirect, even if the party bringing the claim has advised the other of the possibility of those losses, or if they were within the other Party's contemplation

6.3 subject to clause 6.4, the maximum liability of each Party to the other in aggregate for all and any breaches of this Agreement, any negligence or arising in any other way out of the subject matter of this Agreement, the Project and the Results, will not exceed in total £ [insert figure]

6.4 nothing in this Agreement limits or excludes either Party's liability for

6.4.1 death or personal injury caused by negligence; or

6.4.2 any fraud or for any sort of liability that, by law, cannot be limited or excluded

6.5 the express undertakings and warranties given by the Parties in this Agreement are in lieu of all other warranties, conditions, terms, undertakings and obligations, whether express or implied by statute, common law, custom, trade usage, course of dealing or in any other way. All of these are excluded to the fullest extent permitted by law

7. FORCE MAJEURE

7.1 if the performance by a Party of any of its obligations under this Agreement (except a payment obligation) is delayed or prevented by from acts, events, omissions, happenings or non-happenings beyond its reasonable control, including acts of God, riots, war or armed conflict, acts of terrorism, acts of government, local government or regulatory bodies, fire, flood, storm or earthquake, or disaster but excluding any industrial dispute relating to any Party, the Party's personnel or any other failure of a sub-contractor, that Party will not be in breach of this Agreement because of that delay in performance. However, if the delay in performance lasts more than [3] **OR** [6] months, the other Party may terminate this Agreement with immediate effect by giving written notice to the Party whose performance is delayed or prevented

8. TERMINATION

8.1 [either Party may terminate this Agreement without cause by giving the other [3] months' notice.]

8.2 either Party may terminate this Agreement with immediate effect by giving notice to the other Party if the other Party

8.2.1 is in breach of any provision of this Agreement and (if it is capable of remedy) the breach has not been remedied within [30] days after receipt of written notice specifying the breach and requiring its remedy; or

8.2.2 becomes insolvent, or if an order is made or a resolution is passed for its winding up (except voluntarily for the purpose of solvent amalgamation or reconstruction), or if an administrator, administrative receiver or receiver is appointed over the whole or any part of the other party's assets, or if the other party makes any arrangement with its creditors

8.3 clauses 1, 3, 4 (subject to clause 8.4), 5, 6 and 8-20 will survive the completion of the Project or the termination of this Agreement for any reason and will continue in full force and effect indefinitely or, in the case of clause 5, in accordance with clause 5.8

8.4 on the termination of this Agreement under clause 7 or 8 all rights and licences granted by one Party to the other Party under or pursuant to this Agreement will automatically terminate except any rights to use any Results for Non-Commercial Purposes

8.5 on the termination of this Agreement, each Party will pay the other all sums due to the other at the date of termination. In addition, where a Party has already incurred costs or has unavoidable future expenditure in accordance with the Project Plan and the other Party is obliged to pay for that work in the Project Plan, those sums shall also be payable (up to the sums stated for that work) provided that this sentence shall not apply where the paying Party has terminated the Agreement in accordance with clause 8.2.1

9. NOTICES

9.1 any notices sent under this Agreement must be in writing

9.2 the following table sets out the method by which notices may be served under this Agreement and the respective deemed time and proof of service

Manner of Delivery	Deemed time of service	Proof of service
Email	9.00am on the first Working Day after sending	Dispatched as a pdf attachment to an e-mail to the correct e-mail address without any error message
Personal delivery	On delivery, provided delivery is between 9.00am and 5.00pm on a Working Day. Otherwise, delivery will occur at 9.00am on the next Working Day	Properly addressed and delivered as evidenced by signature of a delivery receipt
Prepaid, Royal Mail Signed For 1st Class or other prepaid, next working day service providing proof of delivery	At the time recorded by the delivery service, provided that delivery is between 9.00am and 5.00pm on a Working Day. Otherwise, delivery will occur at 9.00am on the same Working Day (if delivery before 9.00am) or on the next Working Day (if after 5.00pm)	Properly addressed prepaid and delivered as evidenced by signature of a delivery receipt

9.3 notices shall be sent to the addresses set out below or at such other address as the relevant Party may give notice to the other Party for the purpose of service of notices under this Agreement

	Assignee	**NHS Organisation**
Contact		
Email		

9.4 This Clause does not apply to the service of any proceedings or other documents in any legal action or other method of dispute resolution

10. ASSIGNMENT

this Agreement is personal to the Parties and shall not be assigned or otherwise transferred in whole or in part by either Party without the prior written consent of the other Party, provided that the Organisation may assign its rights under this Agreement to another organisation assuming responsibility for the role of the Organisation relevant to the Project as part of a NHS reorganisation

11. ILLEGAL/UNENFORCEABLE PROVISIONS

if any provision of this Agreement (or part of any provision) is or becomes illegal, invalid or unenforceable, the legality, validity and enforceability of any other provision of this Agreement shall not be affected

12. WAIVER OF RIGHTS

if a Party fails to enforce, or delays in enforcing, an obligation of the other party, or fails to exercise, or delays in exercising, a right under this Agreement, that failure or delay will not affect its right to enforce that obligation or constitute a waiver of that right. Any waiver of any provision of this Agreement will not, unless expressly stated to the contrary, constitute a waiver of that provision on a future occasion

14. ENTIRE AGREEMENT

this Agreement constitutes the entire agreement between the Parties in respect of its subject matter and supersedes and extinguishes all prior negotiations, arrangements, understanding, course of dealings or agreements made between the Parties in relation to its subject matter, whether written or oral

15. AMENDMENTS

no variation or amendment of this Agreement will be effective unless it is made in writing and signed by each Party's representative

16. THIRD PARTIES

a person who is not a Party to this Agreement has no right under the Contract (Rights of Third Parties) Act 1999 (as amended, updated or replaced from time to time) to enforce any term of this Agreement

17. GOVERNING LAW AND JURISDICTION

17.1 this Agreement and any issues, disputes or claims (whether contractual or non-contractual) arising out of or in connection with it or its subject matter or formation shall be governed by and construed in accordance with the laws of England and Wales.

17.2 subject to clause 18, the Parties agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim (whether contractual or non-contractual) that arises out of or in connection with this Agreement or its subject matter or formation

18. ESCALATION

if the Parties are unable to reach agreement on any issue concerning this Agreement or the Project within 14 days after one Party has notified the other of that issue, they will refer the matter to [insert officer] in the case of the Organisation, and to [insert officer] in the case of the Collaborator in an attempt to resolve the issue within [14] days after the referral. Either Party may bring proceedings in accordance with clause 17.2 if the matter has not been resolved within that [14] day period, and either Party may bring proceedings to protect its Intellectual Property Rights or Confidential Information in any jurisdiction, whether or not any issue has been escalated under this clause

19. ANTI-BRIBERY

each Party will comply with all laws, statutes and regulations which apply to it or its activities and which relate to anti-bribery or anti-corruption (or both), including the Bribery Act 2010

20. COUNTERPARTS

this Agreement may be executed in any number of counterparts and by the Parties on separate counterparts, but shall not be effective until each Party has executed at least one counterpart. Each counterpart shall constitute an original of this Agreement, but all the counterparts shall together constitute but one and the same instrument.

SIGNED for and on behalf of the Organisation:	**SIGNED** for and on behalf of the Collaborator
Name:	Name:
Position:	Position:
Signature:	Signature:

Hand back / opt-out agreement - NHS Wales allowing innovator or third party to develop IP

NOTE: Organisations must assess and document fair market value for the Innovation being assigned considering potential purchasers, cost of development and IP protection, exploitation potential, costs and risks of future development and costs savings in relation to any ongoing IP prosecution and maintenance fees.

This ASSIGNMENT Agreement is dated [insert date] (the “Agreement”)

BETWEEN:

(1) [ORGANISATION NAME], whose principal place of business is [insert the address](the “Organisation”); and

(2) [ASSIGNEE NAME AND ADDRESS] (the “Assignee”)

together the “Parties” and each a “Party”.

BACKGROUND

A The Assignee has developed the Innovation which is owned by the organisation providing and supporting NHS services because of an agreement or the operation of law.

B The Organisation has determined that the Assignee is best placed to ensure the Innovation is used for the benefit of the public and patients within the NHS and the Parties have agreed that the Organisation will assign the Intellectual Property Rights in the Innovation to the Assignee on the terms set out in this Agreement.

IT IS AGREED:

1. INTERPRETATION

1.1 In this Agreement, unless the context otherwise requires:

- "Assigned Rights" - has the meaning given to it in clause 2.1
- "Documents" - the documents relating to the Innovation which are in the Organisation's possession identified in Part 2 of the Annex
- "Innovation" - the product, process, work, data or information described in Part 1 of the Annex

- "Intellectual Property Rights" - means patents, rights to inventions, copyright and neighbouring and related rights, trade marks, rights in designs, database rights, confidential information (including know-how and trade secrets) and all other intellectual property rights, whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection in any part of the world

- “Working Day” - means a day other than Saturday, Sunday or public holiday in England and Wales when banks are open for business

- 1.2 In this Agreement:

    1.2.1 a reference to any gender includes a reference to other genders;

    1.2.2 the singular includes the plural and vice versa;

    1.2.3 the word “include” and cognate expressions shall be construed as if they were immediately followed by the words “without limitation”;

    1.2.4 references to any statutory provision include a reference to that provision as modified, replaced, amended and/or re-enacted from time to time (before or after the date of this Agreement) and any prior or subsequent subordinate legislation made under it;

    1.2.5 the expressions "subsidiary", "holding Assignee" and "subsidiary undertaking" shall have the meanings given to them in the Companies Act 2006;

    1.2.6 headings are included for ease of reference only and shall not affect the interpretation or construction of this Agreement; and

    1.2.7 references to Clauses are to clauses of this Agreement

2 ASSIGNMENT AND HANDOVER

2.1 the Organisation assigns to the Assignee all the right, title and interest that it owns in the Intellectual Property Rights in the Innovation (the Assigned Rights) including the right to claim damages and other relief in respect of any infringement occurring before or after the date of this Agreement.

2.2 the Organisation shall deliver the Documents to the Assignee within 10 Working Days of the date of this Agreement by electronic means or by such other method as the parties shall agree.

2.3 at the Assignee's expense the Organisation shall use reasonable endeavours to execute such documents and perform such acts as may reasonably be required for the purpose of giving full effect to this Agreement, including:

2.3.1 registration of the Assignee as applicant or (as applicable) proprietor of any of the Assigned Rights which are registered; and

2.3.2 providing information or additional documents which are in the possession of the Organisation to assist the Assignee in obtaining the Assigned Rights which are applications

3. FINANCIAL

3.1 [the Assignee shall pay to the Organisation the sum of [£] + VAT on signing this Agreement.]

3.2 [consider whether an ongoing revenue sharing mechanism may be appliable. If so, the Assignee should also report revenue so that revenue share/royalty can be verified]

3.3 the Assignee shall be responsible for any fees (including registry or attorney fees) in relation to the Assignment Rights unpaid, due or arising on or after the date of this Agreement

4. NO WARRANTY

4.1 The Parties acknowledge that the Assignee, having first-hand knowledge of the Innovation, is in the best position to asses and understand the risks associated with the Assigned Rights, the Organisation assigns the Assigned Rights as is and all conditions, warranties, representations or other terms that might otherwise be implied into this Agreement by statute, common law or otherwise are excluded from this Agreement to the fullest extent permitted by law

5. GENERAL

5.1 each Party will be responsible for all costs incurred by it or on its behalf in connection with this Agreement

5.2 this Agreement may be executed in any number of counterparts and by the Parties on separate counterparts, but shall not be effective until each Party has executed at least one counterpart. Each counterpart shall constitute an original of this Agreement, but all the counterparts shall together constitute but one and the same instrument

5.3 if any provision of this Agreement (or part of any provision) is or becomes illegal, invalid or unenforceable, the legality, validity and enforceability of any other provision of this Agreement shall not be affected

5.4 this Agreement constitutes the entire Agreement between the Parties in respect of its subject matter and supersedes and extinguishes all prior negotiations, arrangements, understanding, course of dealings or Agreements made between the Parties in relation to its subject matter, whether written or oral.

5.5 a person who is not a Party to this Agreement has no right under the Contract (Rights of Third Parties) Act 1999 (as amended, updated or replaced from time to time) to enforce any term of this Agreement

6. NOTICES

6.1 any notices sent under this Agreement must be in writing

6.2 the following table sets out the method by which notices may be served under this Agreement and the respective deemed time and proof of service

Manner of delivery	**Deemed time of service**	**Proof of service**
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Personal delivery	On delivery, provided delivery is between 9.00am and 5.00pm on a Working Day. Otherwise, delivery will occur at 9.00am on the next Working Day	Properly addressed and delivered as evidenced by signature of a delivery receipt
Prepaid, Royal Mail Signed For 1st Class or other prepaid, next working day service providing proof of delivery	At the time recorded by the delivery service, provided that delivery is between 9.00am and 5.00pm on a Working Day. Otherwise, delivery will occur at 9.00am on the same Working Day (if delivery before 9.00am) or on the next Working Day (if after 5.00pm	Properly addressed prepaid and delivered as evidenced by signature of a delivery receipt

6.3 notices shall be sent to the addresses set out below or at such other address as the relevant Party may give notice to the other Party for the purpose of service of notices under this Agreement

	Assignee	**Organisation**
Contact		
Address		
Email		

6.4 this Clause does not apply to the service of any proceedings or other documents in any legal action or other method of dispute resolution

7. GOVERNING LAW AND JURISDICTION

7.1 this Agreement and any issues, disputes or claims (whether contractual or non-contractual) arising out of or in connection with it or its subject matter or formation shall be governed by and construed in accordance with the laws of England and Wales

7.2 the Parties agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim (whether contractual or non-contractual) that arises out of or in connection with this Agreement or its subject matter or formation

Signed by the Organisation	Name: Signature: Position in Organisation:

Signed by the Assignee	Name: Signature:

Considerations for NHS Wales organisations when entering into agreements with Technology Transfer Organisations.

Technology Transfer Organisations (TTOs) can provide a useful service to NHS Wales organisations by providing development and exploitation support. TTOs can provide IP evaluation, protection, market analysis, licensing, and spin-out support.

This note outlines key considerations, governance principles, and operational steps to ensure alignment with NHS values, legal compliance, and commercial success. It provides guidance on good practice to assist NHS Wales organisations to understand the opportunities provided by collaborating with a TTO and how to negotiate reasonable terms.

Understanding the role of the TTO

TTOs act as intermediaries between organisations and external parties (e.g., industry, academia) to commercialise innovations developed within the organisations. From a legal perspective, they will usually be agents for the organisation so that the organisation is responsible for managing its IP and concluding contracts, but the TTO manages the opportunities, financial elements and helps facilitate the relationship with the other parties.

TTOs' responsibilities typically include:

- IP assessment and protection (e.g., patents, trademarks)
- market analysis and partner identification
- negotiation and execution of licensing agreements
- revenue management and royalty collection
- It is important for the contract with a TTO to clearly define the scope of the TTO's role and the boundaries of their authority. Organisations will need to consider how IP is identified and selected to be included in a contract with a TTO – most important, promising and highest value IP first. Organisations will need to define clearly that a TTO cannot commit the organisation to a contract with a third party without final review and approval by the organisation.

Occasionally, TTOs play a direct role in IP commercialisation. In these cases, the IP is licensed to the TTO which then is responsible for developing it into a commercial product and further licensing it to commercial parties. In these cases the NHS organisation will need much clearer reporting and controls on the TTO's activities to ensure it maintains an appropriate degree of oversight.

Key contractual elements to manage

Appointment

TTOs are often appointed as agents to provide services (such as marketing and managing innovations) to the organisation. This may be on an exclusive basis so it is important to consider the best TTO for the organisation in a procurement process.

Set clear strategic objectives in the contract with the TTO, including the following:

- align with NHS values: public benefit, affordability, and accessibility
- define success metrics: e.g. licences executed, revenue, time-to-market, health impact

IP ownership and rights

The organisation needs to ensure that the innovations included in the TTO agreement are actually owned by the organisation. This means these arrangements are less suitable for IP developed through multi-party collaborations unless all the parties agree or the organisation engaging the TTO has clear rights to exploit the IP.

It is important to verify the organisation's ownership of IP before the TTO starts work as withdrawing innovations from the process at a later stage could result in the organisation having to pay the TTO additional costs.

The organisation and the TTO need to agree the type of IP licences the TTO can negotiate. Typically licence the TTO can negotiate will:

- define the type of licence (exclusive, non-exclusive, field-limited – note that non-exclusive licences will be the normal approach and exclusive licenses will need to be justified and only agreed after legal advice).
- ensure terms reflect DHSC IP guidance
- include performance milestones and termination clauses for underperformance by the licensee

Fees and revenue sharing

The TTO business model is likely to include some inclusive services (which are paid for under an annual fee and revenue share for IP which is later licensed) and service charges for additional services.

NHS Wales Organisations should:

- establish a transparent revenue-sharing model (e.g., net revenue split between the organisation (and any other parties, inventors etc) and TTO

- the level of fees and revenue sharing needs to be assessed and negotiated by the NHS Wales organisation. This should be carefully considered in the context of the IP being developed and commercialised to assess proportionality. In addition, the ability for the TTO to receive payment before another (top slicing) needs to be considered by reference to the commercial risk taken by each party and negotiated against a balanced model where each party receives the agreed share of the revenue at the same time

- consider other benefits such as discounts, priority access and provision of devices, facilities and other equipment

- clearly define how revenue is calculated and exactly which costs can be deducted prior to calculating the share of net revenue

- include audit rights to verify financial reporting

Exit and renewal strategy

- include clear exit provisions (e.g., breach, insolvency, conflict of interest)

- plan for contract renewal, transition, or re-tendering based on performance and market conditions. Understand that obligations to continue to pay the TTO a revenue share are likely to continue after contract termination (consider whether this is appropriate if the contract has been terminated for breach by the TTO)

<u>Governance and reporting - managing TTOs</u>

Agreements with TTOs are most likely to be successful where there is active engagement by all interested parties:

- involve clinical and operational leads, R&D, commercial, legal and innovation teams early in the process

- ensure inventors understand their rights and obligations

- set up a joint steering committee or review board for oversight

- require regular reporting on licensing activities, deal pipeline, and financials

- carefully review due diligence on potential licensees (financial stability, ethical alignment)

- use KPIs such as time to agree licence, revenue generated, and number of active licences
- review TTO performance quarterly with a more formal review annually
- require detailed financial reporting and conduct cost benefit reviews
- encourage knowledge sharing from the TTO to the organisation

Welsh Health Circular – WHC/2026/004

Appendix 2 – NHS Wales Intellectual Property policy template

Contents

ANNEXES

VERSION CONTROL

VERSION	SUMMARY OF CHANGES/AMENDMENTS	ISSUE DATE
1.0	**Initial release as part of WHC/2026/004.** **For review after 30th November 2026**	**March 2024**

1. PURPOSE AND AIM OF THIS POLICY

This policy outlines how [Insert NHS Wales Organisation] identifies, manages, protects and commercialises intellectual property ('IP') generated through its activities, to ensure that:

- There is an appropriate awareness and understanding of IP issues throughout the Organisation.
- Current and new innovations are identified, developed, protected and disseminated appropriately.
- Good practice guidance and legal frameworks relating to IP are complied with.
- IP opportunities that have both a Health and Economic value are realised.
- There is a process in place for disclosure, management, exploitation and evaluation of any IP generated by the Organisation's employees.
- Unauthorised use of third-party IP is prevented.

This policy aims to ensure that:

- The responsibilities of SRO, staff and management are clear.
- The ownership of IP related to the disclosure of an idea is established clearly at the outset by the SRO.
- The ownership and management of IP arising from collaborative projects with other organisations, e.g. universities, is clear and supports innovation.
- There is a clear framework governing the ownership and management of the results and associated IP arising from collaborative research projects.
- Where the Organisation does not have the first right to assume ownership of IP generated by a member of its staff, it may offer that member of staff the opportunity to assign ownership of the idea to the Organisation. In return, the Organisation will take on the responsibility and seek to provide access to resources to develop the idea and ensure that the member(s) of staff receives the appropriate financial return if the IP generates profits.
- The apportioning of revenue from any profits of commercialisation is clear and there is a process to implement revenue sharing.
- Potentially exploitable IP is protected appropriately.
- There is a transparent process to resolve any disputes.
- Income from IP owned by the Organisation is used to improve patient care and service delivery

This policy should be read alongside WHC/2026/004 Appendix 1 - Intellectual property (IP) guidance for National Health Service (NHS) Wales organisations.

2. ORGANISATION AND REPORTING

The Organisation will adopt this IP policy and monitor progress and compliance with it, as outlined by Welsh Government under Welsh Health Circular: WHC/2026/004.

This includes:

- The Organisation will nominate a Senior Responsible Owner and supporting 'IP team' to implement this policy, with membership from Research and Development and Innovation teams
- The nominated SRO and IP Team will be responsible for implementation and where the policy can be accessed from
- The nominated SRO and IP Team are responsible for monitoring compliance, in line with the requirements noted in the accompanying Welsh Health Circular
- The monitoring process is (insert wording)
- The aspects of compliance being monitored are (insert wording)
- The frequency of monitoring is (recommended annually)
- The SRO and IP Team will review the findings and monitor completion of any resulting action plan arising from such findings

The Organisation shall submit annual returns to Welsh Government summarising compliance with the policy.

3. WHAT IS INTELLECTUAL PROPERTY?

Intellectual property is a collective term referring to creations of the mind. Intellectual Property (IP) can be defined as the products of intellectual or creative activity in the form of novel ideas, innovation or research & development - that can be given legal recognition of ownership. IP can be assigned or licensed exclusively or non-exclusively and can be generated where R&D, innovation, care delivery or management, or other creative works are being undertaken.

The legal mechanism that provides protection for acts of innovation and creativity is intellectual property protection, giving rise to intellectual property rights (IPRs). These rights formalise the ownership of IP. While some IPRs—such as patents, trademarks, and registered designs are obtained through formal registration, unregistered IP such as copyright and unregistered designs receive automatic protection to prevent others from copying them without the owner's permission.

Other examples of unregistered IP such as know-how, processes, and trade secrets, are protected through appropriate confidentiality and contractual mechanisms rather than registration.

Types of Intellectual Property

IP can be assigned or licensed exclusively or non-exclusively and can be generated where R&D, innovation, care delivery or management, or other creative works are being undertaken.

For example:

- acts of research, development and / or innovation
- things you write, make or produce
- the design or look of products

- the names of products or brands
- proprietary knowledge (know-how)

NHS Wales organisations and their staff generate, use, and manage IP daily through research, innovation and service delivery. This IP includes, but is not limited to:

- the extensive know-how of NHS Wales staff
- training materials and toolkits
- innovations created with NHS Wales resources (people and infrastructure)
- NHS Wales-generated data, databases and methodologies, including annotated imaging data and outcomes measures
- new medical devices, software, diagnostics, medicines, techniques and information resources.

Protection of Intellectual Property

Intellectual property protection is the legal mechanism that provides protection for acts of innovation and creativity, which in turn gives rise to intellectual property rights (IPRs).

These IP rights formalise the ownership of IP. While some IPRs such as patents, trademarks, and registered designs are obtained through formal registration, unregistered IP such as copyright and unregistered designs receive automatic protection to prevent others from copying them without the owner's permission.

Other examples of unregistered IP such as know-how, processes, and trade secrets are protected through appropriate confidentiality and contractual mechanisms rather than registration. It should be noted that IP legislation is complicated and the scope of IP rights (what can be protected and what cannot be protected) is often a grey area. Members of staff are advised to contact the Organisation's SRO at the earliest opportunity.

IP can be owned, assigned, licensed, or shared, under different arrangements. IP can be generated where R&D, innovation, delivery or management of care or other creative work is being undertaken. During the application process for a patent, it is imperative that the invention documentation remains confidential. Prior disclosure of this information will render the invention non-patentable in almost all regions of the world. While IP can and often does arise from formal research projects, it is not limited to the outputs of research studies and can be generated in many other ways. For example, IP may arise as a result of staff trying to find a solution to a problem, developing innovative teaching or training materials or designing a new device based on their experience while working with other staff and patients.

4. SCOPE

Please note that the applicability of this IP Policy may be subject to a person's employment contract or any other terms upon which a person is engaged by the Organisation.

This Policy applies to IP opportunities arising from activity involving:

- All staff that are full or part-time employees of the Organisation where employment activity results in the generation of any form of IP either within the course of a working day or outside normal working hours and/or away from the place of work, where IP relates to their area of employment by the Organisation. This includes IP generated in the course of education or training which is funded by the Organisation, especially if the Organisation also contributes towards creation of IP by, for example, acting as sponsor of the research in accordance with the UK Policy Framework for Health and Social care research.

- Private practice originating IP generated during the course of self-employment by employees working outside the course of their employment with the Organisation is not covered by this policy. Employees are reminded of their obligations to preserve the confidentiality of intellectual property of the Organisation.

- Staff with Organisation contracts of employment whose payroll costs are partially or fully funded by another party (e.g. Academic Institution, Medical Charity and Government Department) unless the contract between the Organisation and that party assigns ownership of the IP to that party.

- Academic staff of associated universities with honorary clinical contracts.

- Trainee professionals and students hosted by the Organisation who are not also employees of the Organisation who generate IP during the course of their training. IP generated by students engaging in research for the Organisation may be owned by the student, the institution with whom they are enrolled or the Organisation, depending on the agreements between the student, the institution and the Organisation.

- Independent providers of services who generate IP from research funded by the NHS are required to inform the appropriate party and share the benefits of its commercialisation. Where IP is assigned to the Organisation, the Independent Provider of Services will benefit under the revenue sharing scheme of the Organisation. For individuals who hold an Honorary Contract with the Organisation, the IP Policy of their substantive employer will take precedence over the Organisation's policy unless circumstances (such as the Organisation's contribution to the creation of the IP for example where the honorary employee has utilised funding, Organisation equipment, consumables or the time during Organisation funded sessions or of Organisation-funded staff to create the IP) require negotiation to the contrary to ensure the Organisation's contribution is fairly rewarded

- Organisation staff seconded to another organisation or employees of another organisation hosted by the Organisation under contract are subject to the terms defined in the contract between the Organisation and that organisation. Please note that the applicability of this IP Policy may be subject to a person's employment contract or any other terms upon which a person is engaged by the Organisation.

- Contractual relationships. E.g. including but not limited to, contracts with large pharmaceutical companies, medical device companies, service providers and start-ups.

5. IP OWNERSHIP

The ownership of IP can be a complex issue and subject to misunderstanding. The Organisation will work with all members of staff in an open and transparent manner to ensure that they fully understand all the implications regarding ownership of IP and all the options available to them so that their best interests are served. The Organisation will endeavour to ensure that innovations are developed for maximum patient benefit and that those staff who made an intellectual contribution to the innovation receive tangible benefits in reward for their contribution.

There are provisions in IP laws which concern ownership and employees. For example, copyright law states that written works (and other works covered by copyright) generated in the course of employment belong to the employer. The Patents Act is more detailed. It says that if an invention was created in the normal course of an employee's duties, or specifically assigned to them or that the employee owed a special obligation to the employer, then the employer owns an invention.

Copyright

There is no need to register copyright, unlike the need to register other forms of IPR. Copyright arises automatically and is effective as soon as something that can be protected is created and "fixed" in some way, e.g. on paper, on film, via sound recording, as an electronic record on the internet, etc.

Employees should mark their copyright work with the copyright symbol © followed by the relevant Organisation name and the date, to warn others against copying it, but it is not legally necessary in the UK.

In line with the accompanying Welsh Health Circular (WHC) guidance on the management of IP (attached at Appendix 1 of WHC/2026/004), the Organisation will have the discretion to transfer ownership of the copyright to the author of the work although the Organisation should have the right to use the work at no cost for its own non-commercial purposes. However, the Organisation may wish to retain the copyright for some particular items, for example:

- Course or training material;
- Patient information leaflets;
- Software programmes;
- Designs specification/protocols;
- Photographs or other images; or
- Other works which may be necessary to protect rights in commercially exploitable IP.

Under the Copyright, Designs and Patents Act 1988, the author (other than an employee in relation to works generated in the course of their duties of employment) is entitled to assert their moral rights in respect of the work created even where ownership is vested in a third party such as the Organisation. This means that the author is entitled to have the integrity of the work respected, which would include the way in which it is used and the context in which it is included.

If an employee thinks it would be of mutual interest and of benefit to patients and society to have the copyright in their work transferred (assigned) to them, they should contact the SRO and IP Team.

IP developed by staff

The Organisation must consider clarifying IP ownership rules relating to different categories of persons or contributors. This may include:

Employees

The Patents Act 1977 and the Copyright, Designs and Patents Act 1988 provide that IP created by employees in the course of their employment belongs to the employer.

Accordingly, the organisation will normally be the first owner of any IP that is created by its employees in the course of carrying out their normal duties or the duties assigned to them. Organisations may wish to confirm whether these provisions also extend to research postgraduate students and trainees at the organisation.

Employees have an obligation to inform the Organisation about IP generated as a result of their activities and must not sell, assign or otherwise trade IP without the Organisation's agreement.

Students

The term 'students' can encompass a variety of roles within the NHS. The following general principles typically apply but note that this is not exhaustive and judgement will be required.

Undergraduate students

Undergraduate students will retain ownership of any IP they create, as they are not employees of the organisation. While apprentices are usually employed and subject to an employment contract, their academic work may be subject to the IP policy of an academic organisation and therefore owned by the apprentice.

Postgraduate students

If a postgraduate student is employed by the organisation, IP rights are typically governed by the terms of their employment contract. If they are self-funded, ownership arrangements may vary. Consideration should be given to the nature of the work and whether it would be more appropriate for the IP to vest with the organisation or remain with the student.

Secondees and honorary contracts

IP created by secondees or people working on honorary contracts will not automatically be owned by the organisation unless this has been specifically agreed with the secondee's or honorary contract holder's employer or institution. The agreements

between organisations in these cases should specify who owns the IP created in which circumstances.

Funded research

Where IP arises from activities funded by another organisation, the organisation may be required to assign such IP to the funding organisation under the terms of the relevant funding agreement.

Collaborations

Where IP arises from activities undertaken jointly with another organisation, the parties must be clear which party owns such arising IP and has the responsibility to protect it under the terms of the collaboration agreement. The non-owning party can in return receive a share of any revenue derived from commercialisation.

Private practice

Originating IP generated during the course of self-employment by employees working outside the course of their employment with the Organisation is not covered by this policy. They are reminded of their obligations to preserve the confidentiality of intellectual property of the Organisation. If a member of staff wishes to develop an idea they have conceived on their own which clearly lies outside their role in the Organisation they are free to do that (subject to any conflicting terms in their contracts of employment) but it is advised that they consult the SRO and IP Team so that both they and the Organisation are clear about the potential consequences for both. The Organisation sees itself as a partner in helping staff develop their ideas even if they were developed outside the remit of their employment. The SRO and IP Team may be able to help improve the employee's chances of making progress with their ideas, for example by helping staff secure the necessary funding, using the UHB innovation management resources and being able to test the innovation in the NHS.

Suppliers and contractors

Unless a contract for services states otherwise, IP created by contractors will be owned by them, not the organisation. In some cases, where the organisation is paying for IP to be developed (sometimes called foreground IP) it will be appropriate for the contract to assign ownership in that IP to the organisation. However, it is reasonable for the contractor to retain ownership of anything it created prior to or unrelated to the contract (background IP). If the organisation needs to use IP owned by the contractor that is not assigned to the organisation it should be licensed to the organisation in the contract.

Procedure and governance processes

Where the potential for new IP can be identified in advance, steps will be taken by the Organisation to ensure that contracts/agreements contain appropriate terms and conditions to clearly indicate the assignment of intellectual property rights (IPR) and the distribution of benefits arising from the IP.

Where such agreements are not in place, or where organisations have differing agreements, the Organisation will negotiate an appropriate share of benefit in accordance with the Organisation’s procedure.

Where the Organisation chooses not to exploit IP arising from the work of its employees, it will, in most cases (subject to no outstanding claims such as from a funding body), assign the IP back to the inventor(s) who may wish to pursue its further development. In return for the assignment, the inventor(s) may be asked to share a small percentage of any income generated with the Organisation. Additionally, the Organisation will retain the right to use the work at no cost for its own non-commercial purposes.

Organisations may also wish to consider a procedure and governance process to attempt to resolve any potential IP disputes between the organisation and its employees and to describe that in the IP policy.

In all other circumstances the employee owns the invention, including if it was invented in the employee's own time and is not directly part of their usual duties.

Both patent law and copyright law allow agreements to be made between the employee and employer which can allow one party, either the employee or employer, to transfer the legal ownership of IP to the other party.

IP developed with third party organisations

The Ownership of IP arising from activities undertaken jointly with another organisation will be owned jointly or at an agreed percentage split until such circumstances arise that justify assignment to either party by mutual agreement. The proportion of Inventorship contributed by each party will be agreed by discussion between the parties as early in the process as possible and subject to third party agreements. All service level agreements (SLAs), Memorandum of Understanding (MoUs) and Collaboration Agreements (CAs) should include a clause on intellectual property rights, whether or not the agreement with the Organisation is for the provision or commission of services. All SLAs, MoUs and CAs should protect the Ownership of IP generated within the Organisation and by its employees, with or without partner organisations.

Employees should ensure they are familiar with any relevant SLA, MoU or CA so as to meet any requirements in relation to reporting and protection of IP.

In exceptional circumstances the Organisation may without prejudice to its legal rights decide not to maintain its IP when creating the asset and its intellectual property rights (IPR) when trading the asset. The Organisation may assign Ownership of the IP to the relevant Inventors (assignees) with their agreement, the costs of such assignment to be borne by the assignee. In such cases, the assignees may pursue and utilise the relevant IP in their own time and without utilising the Organisation's facilities and resources. The Organisation will follow legal advice on IP management strategies. See later the clause relating to Assignment.

6. IP REMUNERATION

Staff Rewards Policy

Where Staff are Inventors at the time when they create an innovation that is commercialised by the Organisation, then they may benefit from the following revenue shares. This will only apply to Staff.

The Organisation wishes to encourage full participation by employees in the creation and commercial exploitation of IP when it has not been generated as part of their normal duties. This policy therefore lays out a set of conditions under which staff can receive tangible rewards as a result of the intellectual contributions to the generation of IP which is commercialised. This can be done in two ways:

1. To share revenue where the Organisation receives any profits from IP exploitation.
2. In the case of NHS Wales Trusts, to allow staff to participate in and hold equity in spin-out companies established by the Trust.

Revenue Sharing from IP Exploitation

In all cases the shared revenue will be the net income attributed [by the Organisation] to an IP right minus any costs incurred by the Organisation in bringing the product to market. The Organisation, exercising probity, will put robust systems in place to administer and calculate income arising from IP commercialisation. Revenue will be shared between the Organisation and the inventor(s) according to the revenue sharing formula. In cases where several staff have been involved in generating the IP, the proportion of revenue allocated to inventors will be divided between them evenly unless it can be demonstrated and agreed that the contribution of individuals varies significantly.

The Organisation will ensure that any profits arising from the exploitation of IP, which have been disclosed by and generated by a member of staff identified to the SRO and IP Team, are shared on the following terms:

- In all cases the shared revenue will be the net of any remaining monies after reasonable protection and exploitation costs have been deducted e.g. the costs incurred by the researcher, the clinical directorate within which the research work took place, patenting fees or other legal costs, or marketing costs.
- Where the employee produces more than one item of IP, the income from subsequent IP - unless the subsequent IP is unrelated - will be aggregated with that from the first IP for the purpose of determining the employee's share according to the sliding scale of net revenue.
- Where there is a contracted agreement with a funding sponsor to share revenue from successful exploitation of IP arising from research funded by that sponsor, the cumulative net revenue to the Organisation is the income from exploitation remaining after deduction of the sponsor's share and other costs as above.

The table below is a possible template which can be used for revenue sharing with the suggested percentages.

Cumulative net income	Inventor	Department	SRO/IP Team	Organisation
First £10K	100%	0%	0%	0%
£10K-£20K	60%	20%	10%	10%
£20K-£100K	50%	20%	15%	15%
£100K-£250K	40%	20%	20%	20%
Over £250K	35%	20%	15%	30%

Where there are multiple Inventors, the attributable share will be shared between them, in a proportion that is fair and reasonable given the contribution, made by each of the Inventors. These payments are subject to tax.

The Inventor's (or Inventors') share of net revenue is intended to continue beyond employment with the Organisation and until the death of the Inventor or the expiry of the licence agreement, whichever event occurs sooner and thereby revert back to the Organisation.

If an Inventor does not claim their share or the net revenue for a period of 12 months from the date when the Organisation makes it available to an Inventor, then the Organisation may retain this revenue (and any interest). The Organisation may distribute this revenue to any other Inventors at its discretion.

If an Inventor leaves their employment with the Organisation due to misconduct then the payment of any revenue share will be at the discretion of the Organisation and there will be no automatic entitlement after the date of termination of employment.

7. DUTIES AND/OR RESPONSIBILITIES

(NOTE: THIS SECTION MAY NEED TO BE REVISED/REDRAFTED TO REFLECT AN ORGANISATION'S PARTICULAR INTERNAL ARRANGEMENTS)

Staff Responsibilities

It is the responsibility of all employees involved in the creation of IP to report any IP developments to the Organisation's SRO and IP Team in line with divisional policy and procedure and prior to any public disclosure outside the Organisation (whether verbal or written)

Should employees fail to report any IP development to the Organisation's SRO and IP Team the key principles of this policy will apply retrospectively, unless public disclosure has invalidated the opportunity to protect IP. Potentially protectable IP should only be discussed outside the Organisation within the strict confines of a reciprocal non-disclosure agreement which should be negotiated between the SRO and IP Team and will be generally be between the Organisation and the part to whom the IP, or idea which may generate IP, is to be disclosed.

The Organisation's SRO and IP Team undertake the role of exploitation panel and is responsible for assessing newly identified IP and determining which exploitation route, if any, should be pursued. Recommendations from the exploitation panel will be passed to the Organisation Board for approval.

The Organisation Board has the final decision on which IP should be exploited based on the recommendations of the Organisation's SRO and IP Team.

Research & Development / Innovation Manager / IP Lead is the nominated Organisation IP manager. The post holder will be responsible for overseeing all IP projects and will act as the point of liaison between the Organisation and any advisors engaged by the Organisation and other stakeholders.

The Organisation's SRO and IP Team will provide advice and where appropriate signpost staff to other sources of information and support. The role of the SRO and the IP Team will be to:

- Maintain and implement the Organisation's IP policy.
- Ensure that new IP is recognised and treated appropriately with regard to confidentiality.
- Provide a contact point for staff seeking advice on IP.
- Increase the profile of IP and educate staff appropriately in the Organisation, for example by facilitating awareness raising and training sessions for staff.
- Collaborate with Technology Transfer Capabilities or Offices (TTOs)
- Coordination with partners and national bodies in relation to IP management.
- Market and manage funding calls relating to innovation and IP.
- Where the SRO and the IP Team has identified an exploitation route the SRO and IP Team will endeavour to secure the relevant resources to enable staff to develop their ideas and associated IP. The role of the SRO and IP Team will be to:
- Identify the most appropriate means of protecting the IP, determine the appropriate path to take advantage of the IP & raise awareness.
- Negotiate agreements, where appropriate, with third parties such as Technology Transfer Capabilities or Offices (TTOs).

8. PROCEDURES FOR EMPLOYEES

(NOTE: THIS SECTION MAY NEED TO BE REVISED/REDRAFTED TO REFLECT AN ORGANISATION'S PARTICULAR INTERNAL ARRANGEMENTS)

Staff / employee obligations

Staff should inform the SRO and IP Team about any potential IP they have developed that is connected with their work in and for the Organisation. They should refer to the provisions of their contract of employment regarding IP ownership issues, if such provisions exist.

Staff must not under any circumstances, disclose, sell, assign (transfer), license, give away or otherwise trade in IP before consulting the SRO and IP Team. This is to protect the possibility of being able to develop such IP, particularly technical inventions, and also to protect the Organisation's and staff members' interests.

Publications, disclosures and confidentiality

Disclosure of an invention can result in an idea being lost to exploitation and render it un-protectable via IP law. It is therefore important for the Organisation's staff to be aware of the need for confidentiality where IP has been uncovered.

Disclosure may be in the form of:

- A written article that is circulated whether published officially or not.
- A conversation in a public place.
- A poster presentation, including at conferences.
- An oral presentation in a public meeting (a minority of closed meetings with invited attendees do not count as disclosure).
- An abstract.
- Conversations that are not subject to a Confidentiality Agreement.

Prior disclosure of technical information can compromise or rule out any subsequent patent protection. If staff have any questions about the consequences of disclosing information in relation to potential IP protection, especially outside the Organisation, they are invited to contact the Head of Research & Innovation to discuss the matter.

The Intellectual Property Office (IPO), the UK government's authority for IP, provides guidance about confidentiality and template examples of Non-Disclosure Agreements (NDAs) also known as Confidential Disclosure Agreements (CDA).

If staff enter into an NDA with someone it is important that it is signed by a person with the appropriate authority. In general, the SRO and IP Team will countersign NDAs on behalf of the Organisation and ensure that the appropriate records are kept.

Confidentiality requires a balanced approach. On one hand it might often be important that in order to get an idea off the ground staff will need to consult others about it. Indeed the right partnerships can greatly enhance the chances of developing and commercialising IP. On the other hand, staff will need to ensure that their idea will be capable of IP protection. In particular, for 'technical' ideas patent law demands that an idea must have not been made 'available to the public' before a patent application was filed. What amounts to public disclosure depends on the circumstances but it is best to assume that a disclosure to anyone that is not protected by a valid NDA could amount to a 'public disclosure'. Staff will need also to consider the likelihood that the party to whom they may disclose an idea behaves dishonourably and 'steals' it or inadvertently discloses it to someone else.

Ideally, an NDA, as the IPO guidance suggests, should be drawn up by a lawyer but in the grand scheme of things in scoping the feasibility of a new idea, legal costs may be prohibitive. In this event staff may find that a template NDA appropriately suits the

required purpose in the circumstances of a particular discussion or other communication with a third party.

In essence, confidentiality requires a risk-benefit assessment in the context of the resources required to protect confidentiality balanced against the benefits of disclosing information to relevant third parties in order to progress an innovation.

In any event, the SRO and IP Team will be able to advise staff on the approach to be taken if they are considering disclosing an idea to third parties.

Record keeping

It is essential that staff working on projects that are likely to generate IP keep detailed written and dated records of their activities and results.

It is imperative that all correspondence, including emails, telephone conversations and meetings are logged to provide a detailed account of any discussions relating to the IP. In general, good record keeping is a fundamental requirement of good clinical practice and research governance.

The Head of Research & Innovation is responsible for keeping a register of all the IP owned by the Organisation including the date and time it was reported to the SRO and IP Team. It is also their responsibility to keep safe any important original documents, such as confidentiality disclosure agreements relating to IP. It is advisable that members of staff associated with the IP should also retain copies of these documents.

Manager's responsibilities

Directors, Heads of Departments and managers are responsible for ensuring that there are satisfactory mechanisms in place to ensure that staff are aware of and understand their obligations under this policy.

Roles and responsibility of the SRO and IP Team: It is the responsibility of the Organisation to review, manage and protect IP in the interest of patient benefit as it sees fit. This responsibility is delegated to the SRO and IP Team. The SRO and IP Team should be contacted if staff have an idea they think is worthy of consideration for development or any other queries about innovation and IP.

The SRO and IP Team will endeavour to secure the relevant resources to enable staff to develop their ideas and associated IP. In particular, the SRO and IP Team will provide advice and where appropriate seek advice or signpost staff to other sources of information and support.

The SRO and IP Team's role will be to:

- Provide a contact point for Organisation personnel seeking advice on IP
- Increase the profile of IP and educate staff appropriately in the Organisation, for example by facilitating awareness raising and training sessions for staff
- Provide an appraisal service for ideas for consideration by the IP Committee

- Manage external patent attorneys or other lawyers which may include drafting and agreeing outline documents with inventor(s) to submit for potential patent filings
- Provide a report to the Innovation subgroup of the SRO and IP Team (in set up) on the IP status of the Organisation and contribute to IP strategy and implementation of this IP policy
- Coordination with partners and national bodies in relation to IP management
- Market and manage funding calls relating to innovation and IP.

Ideas disclosure

The Organisation will provide standard templates for staff and personnel to submit their ideas which will then be considered by the IP Committee on a regular basis. A template can be found at Annex 2 (the “Ideas Disclosure Form”).

The Organisation will work with staff to evaluate the potential of the IP and create a forward plan for its management and exploitation if that is appropriate.
The Ideas Disclosure Form asks the person disclosing the IP to detail their idea, explain its originality/inventiveness and how it can benefit the health service, and patients, either directly or indirectly.

The SRO and IP Team office is an official function of the Organisation. Any disclosure made to the SRO and IP Team including to its staff, e.g. through the Ideas Disclosure Form, is deemed as a confidential disclosure and will be kept confidential by the SRO and IP Team.

In seeking to establish the originality/inventiveness of an idea staff may wish to investigate it online. The SRO and IP Team can advise on patent searches in the case of technical ideas. It is emphasised that staff should not disclose their idea to anyone apart from research collaborators with whom they are bound by a viable contract which includes provisions for confidentiality, as this might jeopardise subsequent IP protection. Staff are asked to consult the SRO and IP Office at an early stage if they have any questions about this and especially if they are uncertain about the implications of disclosing an idea to others.

9. COMMERCIALISATION - PROTECTION AND PROCESSES

Not all innovations should, or need to, lead to commercial returns. Some innovations are essential for improving NHS Wales services or patient care without a commercial pathway, whilst others may offer opportunities for licensing, spinouts, or other commercial models. Both types, however, create value - by improving care, enabling adoption, or generating returns - and NHS Wales organisations should foster environments where innovation thrives to meet healthcare challenges.

Decisions on whether to protect or commercialise IP will be based on factors such as the ability to demonstrate market potential, the likelihood of success of the venture, patient and public benefit and potential financial return.

Each innovation should be assessed to see what route is appropriate on a case-by-case basis and appropriate legal advice should be taken.

In order to maximise impact of innovations, the Organisation will adopt a clear framework to assess which route is the most appropriate on a case-by-case basis and take appropriate Technology Transfer Office or Capability (TTO) or legal advice.

To determine the most appropriate route, organisations should consider the following factors:

- the intended use and impact - what is the end goal for this output or innovation; what is its intended use and where will it have impact?
- NHS Wales contributions to date and planned support - including access to data, staff time, infrastructure or funding.
- internal capacity – does the NHS Wales organisation have the skills, resources or mandate to lead development?
- partner capability - is the innovator or an external party better positioned to deliver?
- contractual context - are there pre-existing obligations to partners, funders or regulators?
- fair return - what level and form of return is proportionate (for example, royalties or equity) Consideration should be given to understanding or applying fair market value.
- feasibility and market potential - have feasibility assessments, market analysis and IP due diligence been conducted to evaluate the innovation's commercial viability and strategic alignment?

An assessment against these principles will support the organisation in selecting the most suitable IP development and commercialisation route.

IP development and commercialisation routes

Below are three primary routes, supported by good practice principles. Whilst these are unlikely to cover every scenario, they provide a useful framework for organisational decision-making.

Route 1: Development, adoption, and spread with no commercialisation

Some innovations designed to improve services within NHS Wales may have no clear commercial opportunity, however benefit may still accrue to Organisations through development and scaling within an NHS Wales setting or through open dissemination to enhance the body of knowledge

Route 2: Innovator or third-party development with NHS Wales licence

Where the Organisation decides it is not best placed to develop the IP due to limited internal capability or strategic alignment it should act decisively to transfer the innovation for development elsewhere taking into consideration the views of individual staff members involved. However, even where IP is to be assigned, any agreement should contain a licence back to the Organisation for the purposes of patient care, teaching and research.

<u>Route 3:</u> Strategic co-development for commercialisation

Where NHS Wales brings significant added value, such as access to data, infrastructure, expertise, or resources, it may be appropriate to co-develop the innovation and share future returns e.g. with Technology Transfer Capabilities or Offices (TTOs). This approach should be underpinned by clear and early agreements (particularly where the parties need to comply with applicable legislation, such as GDPR) and strong collaboration.

Partnering with Universities or other organisations to develop IP

The Organisation may partner with neighbouring universities' IP/commercialisation facilities to utilise their infrastructure and expertise. In this event both the inventor and the Organisation will agree in clear terms the nature of the relationship with the partner university or other organisation.

This agreement should be underpinned by three clear criteria:

- Organisation costs incurred in the development of the IP should be recovered before the benefits of commercialisation are shared with the inventor or other parties;
- That the development and commercialisation of the IP delivers benefits to patients, staff and / or the Organisation;
- That the inventor(s) retain the rights to receive an appropriate level of income in the event that commercialisation of the IP generates downstream revenue.

Partnering with IP specialists

The Organisation may also make use of external IP specialists (ie: Technology Transfer Organisations-see later) for advice on matters such as licensing, funding, legal, technical, spin-out to maximise new knowledge creation. In the above circumstances, benefits to the licencing partner organisation will need to be agreed, for example a percentage of revenue in the event that the IP generates future revenues and/or profits. To achieve this a formal licensee partnership agreement will be put in place with the external specialist organisation if the Organisation intends to use or commercialise the IP in partnership. This can be useful in helping to build long-term, productive strategic relationships between the organisations concerned.

10. USE OF IP OWNED OR CONTROLLED BY A THIRD PARTY

Where the Organisation wishes to use IP belonging to a third party (which may include another NHS organisation), it must:

- remind staff that employees are not entitled to use IP belonging to third parties without the express permission of that organisation. All agreements for the Organisation to use third party-owed IP must be documented by a written contract which includes a clause dealing with the ownership of IP.
- use or copying of any materials for which the IP is owned or controlled by a third party without permission may be an infringement of that third party's IP rights. The

unauthorised use of IP creates legal, financial and reputational risks for the Organisation.

- staff who become aware of any infringement or alleged infringement of any IP should report it to the necessary point of contact within the Organisation.

11. DISPUTE RESOLUTION

Where there is dispute about the inventor(s) of IP, dated written records associated with the generation of the IP will be used to establish the inventor(s) of the IP and to determine their level of contribution/remuneration. In the absence of documentary evidence, the Chief Executive of the Organisation shall decide, taking such professional advice as appropriate and this decision will be final.

An employee who believes the Organisation has wrongfully claimed ownership of IPR shall seek resolution by means of the All Wales Respect and Resolution Policy (heiw.nhs.wales/files/respect-and-resolution-policy-final-april-2021/).

Advice will be available to transfer the IPR to the Organisation when this is agreed to be necessary. Without transfer of the IPR, NHS Wales resources will not be available to the employee to exploit the IPR.

Where external organisations are involved, formal legal advice should be sought by the Organisation and the costs of such advice will be borne by the party seeking it. The final decision will be final and binding on all parties involved.

12. IMPLEMENTATION AND MONITORING ARRANGEMENTS

Implementation and monitoring of this policy will be the responsibility of the SRO and IP Team who will prepare reports and audits to inform and assure the Organisation.

Reports and audits will be produced at least annually.

The Organisation may from time to time, with the assistance of external resources if required, arrange an audit of the Organisation's IP activity to identify IP of potential commercial value. Staff are required to fully co-operate with this activity.

A register of IP will be maintained by the SRO and IP Team and will be made available to auditors, as required.
The SRO and IP Team will review the findings and monitor completion of any resulting action plan arising from such findings.

Non-compliance with this policy may lead to lost revenue and/or reputational damage to the Organisation.

This policy is to be reviewed every year by the SRO and IP Team or earlier as and if required.

13. NON-COMPLIANCE

If an employee fails to comply with this policy, the matter may be dealt with in accordance with the Organisations Disciplinary Policy. The action taken will depend on the individual circumstances and will be in accordance with the appropriate workforce and organisational development policies

14. TRAINING

Whilst there are no formal training programmes in place to ensure implementation of this policy, each SRO and IP Team must ensure that managers and all staff, clinical and non-clinical, are made aware of the policy provisions and that they are adhered to at all times.

15. IP ASSIGNMENT

Where the Organisation chooses not to exploit IP arising from the work of its employees, it will, in most cases (subject to no outstanding claims such as from a funding body), assign the IP back to the inventor(s) who may wish to pursue its further development. In return for the assignment, the inventor(s) may be asked to share a small percentage of any income generated with the Organisation. Additionally, the Organisation will retain the right to use the work at no cost for its own non-commercial purposes.

16. SHARED MATERIALS

Materials are defined as equipment, reagents and biological materials, including cell lines, tissues, bacterial strains, plasmids and viruses. When such materials are distributed to other researchers or used in a project they should be subject to a Material Transfer Agreement (MTA) which will be managed via the relevant Organisation's SRO and IP Team. This agreement should define the limitations of use of the material and recognises the interest in the IP that may arise from its use. This agreement must be in place prior to distribution and use of the material. The use of trademarks and design rights associated with the aforementioned materials should also be the subject of this agreement.

17. USE OF TECHNOLOGY TRANSFER OFFICES

Technology Transfer Offices (TTOs – also referred to as Technology Transfer Capabilities) can provide a useful service to NHS Wales organisations by providing development and exploitation support. TTOs can provide IP evaluation, protection, market analysis, licensing, and spin-out support.

NHS Wales organisations use TTOs through the following models:

- collaboration with university TTOs and business accelerators
- working with private sector TTO providers

- in-house TTOs or through staff expertise

If not already in place, NHS Wales organisations should:

- evaluate the necessity of accessing TTOs and explore available TTO support
- make sure their TTO partnerships reflect good practice principles
- ensure that any fees are proportionate to the work undertaken by the TTO
- make IP policies and TTO arrangements publicly available (e.g. publish on website)
- provide appropriate training in IP and commercialisation for SROs and NHS staff involved in technology transfer activities
- training should align with good practice principles and equip innovators and supporting teams (for example: commercial, legal, innovation) with the necessary skills to manage and commercialise NHS-generated IP effectively
- For further details of working with TTO's please see the accompanying IP Guidance at Appendix 1.

ANNEX 1 - INTELLECTUAL PROPERTY PROTECTION

This annex includes a very brief overview on some aspects of IP protection. For more detail please consult the Intellectual Property Office website "types of IP" section www.ipo.gov.uk/types.htm. This information is provided for guidance purposes only and is not intended to constitute a definitive or complete statement of the law on IP, nor is any part of it intended to constitute legal advice for any specific situation.

Goodwill

Reputation associated with an organisation or its value beyond net assets - commonly connected to its brand.

Know-how

“Know how” rights arise automatically and do not require registration. Know-how (also known as a "trade secret") is any information that is not in the public domain which has an assumed value. Know-how is often the most valuable of all IP assets and rights arise automatically with no need for registration. For example, it can be the knowledge about how to perform a procedure or to create a product or process. Know-how can be identified and protected by a Non-Disclosure Agreement (NDA) agreement (also known as Confidential Disclosure Agreements, CDA). When working with other parties, NDAs can be reciprocal agreements whereby the boundaries of confidential information that is disclosed and received is identified and obligations on both receiving and disclosing parties are detailed. A template NDA may be obtained from the Organisation’s SRO and IP Team. Know-how and confidential information are not capable of assignment as property rights but a formal information transfer coupled with a non-use and secrecy agreement can have the same effect. They persist indefinitely, as long as they remain covered by the terms of a NDA.

Copyright

Copyright rights arise automatically and do not require registration. Copyright covers a wide range of works including written and graphical information such as leaflets, articles, assessment tools, training packs, databases, computer software, “Apps” and films/videos, drawings and the 2-D representation of 3-D structures. Copyright is an automatic unregistered right that subsists if the work is "original". The requirements for originality are low. Therefore it is best to assume that copyright will subsist in all written, graphic or photographic works generated by staff.

It is advisable to attach a statement to any works such as: Copyright (NAME OF ORGANISATION) Date XX. All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owner. However, you may decide to designate certain areas of activity for which permission does not have to be obtained.

For example "not for-profit organisations such as NHS Wales Health Boards and Trusts, may reproduce this work solely for the purposes of teaching or further non-commercial research. In all other circumstances the permission of the Organisation must be obtained".

Ownership

IP generated by an employee in the normal course of duties belongs legally to the employer and remains with the employer after the employee has left. The employer may decide to waive these rights at their discretion.

Patents

Patents need to be registered to attract protection. Patents can be used to protect "technical" inventions that are new and have a utility. The vast majority of ideas will have potential utility. In Europe and the majority of countries in the world "new" means that all of the features of the invention must not have been made available to the public in a single disclosure anywhere in the world prior to the patent filing date. A public disclosure can be written, verbal or by any other means (e.g. journals, internet, meetings, posters, etc) and could merely be the result of a conversation between friends. To qualify as a patentable invention the idea must also not be obvious. The assessment of what is obvious is a complex area of patent law and in the first instance staff are advised against concerning themselves with this criterion. In the UK, some inventions are specifically excluded from patenting where those inventions consist entirely of methods of treatment by surgery or therapy or diagnostic methods. However, these inventions are patentable in other countries, notably the USA.

Excluded inventions are also a complex area of patent law and staff are advised that if they think they have an invention which lies in an excluded category to please consult the Organisation's SRO and IP Team in the first instance. However, it is best not to assume an invention is excluded in the first instance.

Design Rights

Design rights arise automatically and do not require registration. Design Rights protect against the copying of the shape or configuration of an article. Design Rights may exist in addition to other forms of protection offered by patents or copyright.

The "Design Right"

The "unregistered" Design Right as it is known, similar to copyright, is an automatic right and can last up to fifteen years. It can protect the 3D features of an article, internal and external features, but there are a number of exclusions for example where the article is dependent on another article the so-called "must-fit, must match" exclusion. A surgical instrument could be protected by this right. However, unregistered design rights are generally considered to be weak IP rights and often stronger rights such as patents are sought, at least to improve levels of protection. Given the particular requirement of this "niche" aspect of IP law it is best in the first instance not to assume that the design right will protect a given article.

Registered Design Rights

Both UK and European law provide for registered design rights which last up to 25 years. Registration is required to attract protection. Registered design rights protect the appearance of a product, for example its shape, colour or texture of materials. For example, a new design of surgical gown or a patient's pillow could be the subject of a registered design right.

Trademarks

A trademark is a sign or symbol that is used to distinguish a product or service of one undertaking (e.g. a company or organisation, such as an NHS organisation) from another undertaking. Trademarks need to be registered to attract protection. Trademarks can protect words, logos, shapes, colours and even smells (e.g. the name “Coca Cola” and also the shape of the Coca Cola bottle are registered trademarks). Trademarks are the IP right that protect brands. They can last forever, providing renewal fees are paid.

Database right

A database means a collection of independent works, data or other materials which are arranged in a systematic or methodical way and are individually accessible by electronic or other means. There are two types of intellectual property protection for databases: database right and copyright. Both are automatic, unregistered rights that allow the owner to control certain uses of their databases.

Copyright protects the selection or arrangement of material in a database where this is original (i.e. creative). Database right protects the contents of a database. A database does not have to be original for it to qualify for database right, but there needs to have been a substantial investment in obtaining, verifying or presenting the contents of the database.

Database right is based on the European Community Directive 96/9 on the legal protection of databases. This was implemented in the UK by the Copyright and Rights in Databases Regulations 1997, which remain in force as ‘retained EU law’ with amendments following the UK’s departure from the EU. The maker of a database must have a connection with the UK (or the European Economic Area if the right arose before 31 December 2020). Databases created from 2021 onwards are only protected under UK law.

Database right lasts for 15 years from the end of the calendar year in which the making of the database was completed. Any substantial change to the contents of a database which can be considered to be a substantial new investment qualifies the database resulting from that investment for its own term of protection.

ANNEX 2 – INNOVATIVE IDEAS DISCLOSURE FORM

Full Name:	
Role:	
Department:	
Status of Employment:	
The name of any collaborating individuals or parties:	
Title of the project:	
Idea Summary:	
Summary of potential benefits to patients/health service:	
What were the results of your preliminary patent search? A free patent search can be undertaken using the following link: **Espacenet – patent search**	
Any other relevant information:	

If applicable, include separately any supporting drawings, schematics or technical information relevant to this application.

ANNEX 3 - INTERNATIONAL IP GUIDANCE

It is important to note that IP rights are territorial, with different legislation and terminology applying overseas. NHS Wales organisations engaging in international partnerships, research or collaborations should ensure they have appropriate IP protection, that any agreements align with existing guidance, international standards and legislation, and are adapted for overseas contexts.

These arrangements are likely to require additional legal support from an early stage in order to navigate compliance, ethical considerations and negotiation requirements. Additional information on IP considerations when operating internationally can be found here in the Intellectual Property Office guidance document: International IP service - GOV.UK.

RESEARCH, DEVELOPMENT AND INNOVATION SUB-COMMITTEE	
Summary from the Private Research, Development & Innovation Sub-Committee meeting held on 10th February 2026	
DATE OF MEETING	9 June 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Sandra Cusack, Business Support Officer
PRESENTED BY	Andrew Westwell, RD&I Sub-Committee Chair and Independent Member
EXECUTIVE SPONSOR APPROVED	Dr Jacinta Abraham, Executive Medical Director
REPORT PURPOSE	INFORMATION / NOTING
ACRONYMS	
ARC	Advancing Radiotherapy Cymru

1. PURPOSE

1.1 This paper details of the key issues and items considered at the Private Meeting of the Research, Development and Innovation Sub-Committee held on 10/02/2026.

1.2 Key highlights from the Private meeting are reported in Section 2.

1.3 The Research, Development and Innovation Sub-Committee is asked to **NOTE** the key deliberations and highlights from the Private Meeting of the Research, Development & Innovation Sub-Committee held on 10/02/2026.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	There were no matters for Alert / Escalation.
ASSURE	There were no matters to Assure.
ADVISE	There were no matters to Advise.
INFORM	• **Business Case: Collaborative International Blood Component Innovation for Patients in Wales** The Research, Development & Innovation Sub-Committee **DID NOT ENDORSE** the business case for submission. A revised business case to be brought back to a future meeting of the Sub-Committee once the key requirements, identified risks and next steps highlighted during the discussion have been addressed and the business case finalised. • **ARC Approved Projects from October Board Meeting** The Research, Development & Innovation Sub-Committee **NOTED** the summary of approved applications from the Advancing Radiotherapy Cymru (ARC) Board meeting held on 2nd October 2025.

RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE	
NHS Wales Research & Development Framework Assessment 2026 for Velindre University NHS Trust – Final Submission to Welsh Government	
DATE OF MEETING	9 June 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sarah Townsend, Head of Research and Development Christopher Cotterill-Jones, Research delivery Manager
PRESENTED BY	Jacinta Abraham, Executive Medical Director
APPROVED BY	Jacinta Abraham, Executive Medical Director / Deputy CEO
EXECUTIVE SUMMARY	The NHS Wales Research & Development (R&D) Framework Assessment 2026 was submitted to Welsh Government on 31 March 2026 in accordance with the required deadline. The assessment forms part of the national review of progress against implementation of the NHS Wales R&D Framework, two years following the baseline assessment completed in 2023. The submission was coordinated by the Trust Research Service under Executive Medical Director oversight and developed through a collaborative, whole-organisation process involving clinical, operational, governance, finance, innovation, Welsh Blood Service, communications and patient engagement colleagues. A dedicated Microsoft Teams workspace was established to support evidence

	collation, drafting, review and governance oversight. The RD&I Sub-Committee received updates regarding the assessment process and timetable. The assessment highlights significant progress across all ten Framework domains, including governance and leadership, research delivery, partnership working, workforce development, public involvement and research impact. It also identifies continuing challenges relating to workforce capacity, infrastructure, increasing study complexity, financial sustainability and commercial research growth. The Trust's annual Research & Development review meeting with Welsh Government is currently scheduled to take place on 30 June 2026.
RECOMMENDATION / ACTIONS	The RD&I Sub-Committee are requested to **NOTE** this NHS Wales Research & Development (R&D) Framework Assessment 2026 for Velindre University NHS Trust.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

The requirement to complete the NHS Wales R&D Framework Assessment 2026 was presented to the RD&I Sub-Committee in February 2026 to establish governance oversight and Board-level visibility.

A collaborative approach was subsequently adopted involving contributors from across Velindre Cancer Services, Welsh Blood Service, Corporate Services, Finance, Innovation, Communications, Patient Engagement and Executive leadership. A structured review process was undertaken prior to Executive Medical Director approval and submission to Welsh Government. No significant risks requiring escalation were identified through the development process.

The submission reflects the Trust's collective position regarding progress against implementation of the NHS Wales R&D Framework.

7 LEVELS OF ASSURANCE

NOT APPLICABLE – This paper is for INFORMATION / NOTING by the RD&I Sub-Committee.

ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance
APPENDICES	
1	NHS Wales Research & Development Framework Assessment 2026 for Velindre University NHS Trust – Final Submission to Welsh Government

1. SITUATION

Welsh Government requested all NHS organisations to complete an updated NHS Wales Research & Development Framework Assessment in 2026, two years after the baseline assessment undertaken in 2023. The assessment provides an opportunity to evaluate progress against implementation of the NHS Wales R&D Framework and identify future priorities aligned to national expectations for research and innovation within NHS Wales.

The Trust's completed assessment was submitted on 31 March 2026 following a structured, whole-organisation process coordinated by the Research Service under Executive Medical Director oversight. The submission reflects progress across ten framework domains and sets out future priorities for the next one to three years.

This paper provides a copy of the submission and highlight the principal themes arising from the assessment for NOTING by the RD&I Sub-Committee.

2. BACKGROUND

The NHS Wales R&D Framework establishes Welsh Government's expectations for embedding research and innovation within NHS organisations. The 2026 assessment required organisations to demonstrate progress against ten domains covering strategy, governance, partnership working, research support, delivery, finance, workforce, public involvement, communications and research impact.

The Trust adopted a collaborative approach to completion of the assessment. A dedicated Microsoft Teams workspace was established to coordinate evidence gathering, drafting and review activity. Contributions were received from clinical leaders, Welsh Blood Service colleagues, research governance and delivery teams, finance, innovation, patient engagement, communications, academic partners and executive leadership. Final collation and quality assurance were undertaken centrally by the Research Service before Executive Medical Director approval and submission.

The completed return therefore represents a collective organisational position regarding progress, challenges and future ambitions.

3. ASSESSMENT

The submission indicates progress since the 2023 baseline assessment across a number of Framework domains, while also recognising that the maturity, evidence base and pace of development varies across areas. The assessment highlights a range of positive developments, including:

- Continued participant recruitment activity and examples of strong UK and European recruitment performance.
- Further development of commercial, translational and early phase research activity.
- Progression of partnership-based delivery models, including the Cardiff Cancer Research Partnership.
- Strengthening of governance, reporting and performance oversight arrangements.
- Increased focus on research income, sustainability and reinvestment.
- Development of multidisciplinary and clinical academic research activity.
- Examples of research impact, including the Trust's contribution to the FAKTION study and subsequent capivasertib developments.
- Continued development of Welsh Blood Service research activity and externally funded research projects.

The assessment also identifies a number of continuing challenges, including increasing research complexity, workforce capacity pressures, infrastructure constraints, financial sustainability, support service capacity and the need to further strengthen commercial research performance. These themes are consistent with issues already recognised through existing governance and operational reporting mechanisms.

Future priorities focus on sustaining progress, strengthening workforce capability, supporting commercial and partnership-based research delivery, preparing for the opportunities associated with the new Velindre Cancer Centre, and improving research infrastructure, financial resilience and evidence capture.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The NHS Wales R&D Framework Assessment 2026 was submitted to Welsh Government on 31 March 2026 following a structured, whole-organisation process coordinated by the Research Service and undertaken under Executive Medical Director oversight.

The submission provides the Trust's self-assessment of progress against the NHS Wales R&D Framework since the 2023 baseline assessment and reflects contributions from a broad range of stakeholders across Velindre Cancer Services, Welsh Blood Service, Corporate Services, Innovation, Finance, Communications, Patient Engagement and Executive leadership.

The assessment identifies areas where progress has been made, alongside a number of continuing challenges and future priorities relating to research delivery, workforce capacity, infrastructure, financial sustainability, partnership working and organisational readiness for increasing research complexity.

This paper is presented to provide **INFORMATION** regarding the process undertaken, to ensure Board-level visibility of the submission, and to support consideration of the key themes and priorities emerging from the assessment. Any feedback received from Welsh Government or Health and Care Research Wales will be reported through the Trust's established governance arrangements and used to inform future RD&I planning and improvement activity.

5. IMPACT ASSESSMENT

<table>
<tr><th colspan="2">TRUST STRATEGIC GOAL(S)</th></tr>
<tr><td colspan="2">Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals:
YES - Select Relevant Goals below</td></tr>
<tr><td colspan="2">If yes - please select all relevant goals:
• Outstanding for quality, safety and experience ☐
• 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 ☐</td></tr>
<tr><td>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)
For more information: STRATEGIC RISK DESCRIPTIONS</td><td>06 -Organisational and Clinical Governance</td></tr>
<tr><td rowspan="2">QUALITY AND SAFETY IMPLICATIONS / IMPACT</td><td>Yes -select the relevant domain/domains from the list below. Please select all that apply</td></tr>
<tr><td>Safe ☒
Timely ☐
Effective ☒
Equitable ☒
Efficient ☒
Patient Centred ☒</td></tr>
</table>

	1. Research activity supports access to innovative treatments and evidenced-based care. 2. Governance arrangements provide oversight of compliance, quality and participant safety. 3. The assessment identifies future actions intended to strengthen research capability and service improvement.
QUALITY IMPACT ASSESSMENT	Not required - not a strategic decision
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not required
	This paper is presented for INFORMATION / NOTING and does not seek approval for any decision that would directly affect the socio-economic circumstances of individuals or communities. The NHS Wales R&D Framework Assessment 2026 for the Trust reports on organisational progress, challenges and future priorities relating to research, development and innovation activity. Any future proposals arising from the assessment will be considered in accordance with the Socio-Economic Duty, where appropriate.

TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT

The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals:

YES - Select Relevant Goals below

If yes select the relevant goals:

- A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. ☐
- A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. ☐
- A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health ☒
- A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances ☐
- A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. ☐

• A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. ☐ • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being ☐	
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	The submission identifies ongoing challenges relating to financial sustainability, commercial income growth, infrastructure investment and workforce funding which will continue to be managed through existing planning and governance arrangements.
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	This paper is presented for INFORMATION / NOTING purposes and does not seek approval for a new policy, service change or operational decision. The NHS Wales R&D Framework Assessment 2026 reports on existing organisational activity and progress against the national framework. Consequently, a separate Equality Impact Assessment is not considered necessary for this paper.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The assessment references compliance with the UK Policy Framework for Health and Social Care Research, evolving UK Clinical Trials Regulations and associated governance requirements. No additional legal approvals are required through this paper.

6. RISKS

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

Ariennir gan Lywodraeth Cymru
Funded by Welsh Government

NHS R&D Framework Assessment 2026

Purpose

This R&D Framework Assessment Template should be completed by NHS organisations as a way of assessing progress against the implementation of the NHS R&D Framework https://www.gov.wales/sites/default/files/publications/2023-07/research-and-development-framework.pdf, 2 years since its publication. It also sets out priorities and plans aligned to the broader NHS planning framework.

Please read the Technical Guidance document before completing this assessment template.

This assessment template should be submitted electronically to the Science, Research and Evidence Division, Heath, Social Care and Early Years, Welsh Government (Claire.Bond@gov.wales) **by 17:00 on Tuesday 31 March 2026.**

If you would like to discuss your application prior to submission, please contact Claire Bond (Claire.Bond@gov.wales).

Name and job title of person coordinating completion	Sarah Townsend, Head of Research & Development. E: sarah.townsend@wales.nhs.uk Christopher Cotterill-Jones, Research Delivery Manager E: christopher.cotterill-jones@wales.nhs.uk
Name of NHS organisation	Velindre University NHS Trust

COMPLETION OF TEMPLATE

[Please outline your NHS organisation's internal process for completing this assessment template, including which departments/ teams contributed to its completion]

The completion of the NHS Wales R&D Framework Assessment 2026 was coordinated through the Velindre University NHS Trust's Corporate Research Service (Research & Development Office), under the oversight of the Executive Medical Director (Executive Board Lead for RD&I), in line with Welsh Government expectations for executive leadership, organisational engagement and Board-level visibility.

The requirement to respond to the Welsh Government's NHS Research and Development framework assessment 2026, was presented to the Trust's RD&I Sub-Committee at its meeting on

10 February 2026, ensuring governance oversight, alignment with organisational planning processes, and an appropriate route for assurance and Board-level visibility.

A structured and coordinated approach was adopted, consistent with the method used for the 2023 baseline return. A dedicated Microsoft Teams channel was established as the single repository for guidance, templates, evidence, draft content, and governance records. This enabled transparent version control, structured collaboration, and alignment to the required timetable. Supporting evidence, including strategies, governance documentation, performance metrics and prior assessment material, was collated and used to inform narrative development and ensure alignment with organisational evidence.

Contributions were sought through a shared model rather than fixed ownership, with central coordination, synthesis and final drafting managed by the Research Service. Contributors were invited to provide draft content, supporting evidence, case studies, and review input across relevant pillars, with iterative review and refinement to ensure consistency, accuracy and appropriate positioning.

The process involved multi-disciplinary input from across the organisation, including:

- Corporate Research & Development Governance and Research Delivery teams.
- Clinical leadership and executive representatives for Nursing, Allied Health Professionals and Healthcare Scientists.
- Cancer Research and Development strategy team.
- Welsh Blood Service leadership and research team.
- Finance, strategy, innovation, and planning function.
- Communications and patient engagement teams.
- Senior clinical and academic leadership.
- Velindre Professor of Interdisciplinary Cancer Care.
- Chair of the Trust RD&I Sub-Committee and Research Champion (Independent Board Member).

Draft pillar content was developed iteratively, followed by a review phase to ensure completeness, balance and alignment with the Technical Guidance. Final collation and quality assurance were undertaken centrally.

The completed submission reflects a whole-organisation position and has been subject to executive review and approval by the Executive Medical Director as Executive Board Lead for RD&I prior to submission.

1. STRATEGY (max one page in total (inc 2023 summary))

Brief summary of your 2023 baseline assessment return (max 250 words):
Velindre University NHS Trust (VUNHST) delivers specialist cancer services and the national blood service for Wales, including transfusion, transplantation, immunogenetics and diagnostic testing, alongside specialised drug delivery services and key hosted NHS Wales functions. Its "Destination" strategy positions the Trust as a beacon for Research, Development and Innovation (RD&I), embedding research across sub-strategies. Strategic direction is set through the Velindre Cancer Services (VCS) Cancer R&D Ambitions (2021–2031) and the Welsh Blood Service RD&I Strategy 2025, aligned to patient-centred care, innovation and translational research, and delivered through the Trust's Integrated Medium Term Plan (IMTP). A corporate RD&I service spanning VCS and WBS supports delivery, with progress reported quarterly to the RD&I Sub-Committee.

Progress since baseline assessment:
Delivery continues in partnership with patients, donors and stakeholders. Access to novel therapies has increased through the Cardiff Cancer Research Partnership (CCRP), supported by a widening translational pipeline via the Cardiff Experimental Cancer Medicine Centre (ECMC). Workforce capacity has expanded through fellowships, clinical academic and research roles, including collaboration with Cardiff University via the Velindre Healthcare Cancer Research (VHCR) Team. A Cancer R&D Transformation Plan has been developed to increase commercial income, reduce study set up timelines in line with the UK 150-day target, and further embed research within clinical services, with greater focus on progressing opportunities into active studies and delivery.

Achievements, challenges, solutions since the 2023 return:
Achievements

- Recruitment increased by 88% compared to the FY2022/23 baseline (220 participants), with 844 participants recruited across FY2023/24 to FY2024/25, reflecting sustained delivery above baseline.
- Sustained high recruitment performance, with Velindre remaining among the top UK and European recruiting sites.
  - 2023/24: Europe = first participant (1 study); UK recruiter = top (14 studies); second (9 studies); third (6 studies)
  - 2024/25: Europe = top recruiter (1 study); UK recruiter = top (14 studies); second (10 studies); third (5 studies)
- Commercial income increased by 48% compared to the FY2022/23 baseline (£599k), rising to £887k in FY2024/25, reflecting sustained growth following an increase in FY2023/24.
- Expansion into palliative care and multiprofessional research, including growth in nursing and interdisciplinary cancer research, broadening the portfolio.
- Welsh Blood Service (WBS): 52 projects (18 ongoing) and 99 outputs, including peer-reviewed publications and conference presentations.
- Appointment of 6 VHCR Introduction to Research fellowships and 3 VHCR PhD fellowships

Challenges

- Increasing complexity (early phase, advanced therapies, precision medicine).
- Rising costs and reliance on non-recurrent/charitable funding.
- Capacity pressures across workforce, specialist services and study set up.

Solutions

- Strengthened reporting and oversight focused on delivery, risk and capacity.
- Cancer R&D Transformation Plan improving set up timelines, portfolio management and capacity alignment.
- Expanded partnership delivery (CCRP) enabling complex and cross-organisational studies.
- Improved conversion of opportunities into active studies, aligning growth with capacity.

Plans for the next 1-3 years:
The new Velindre Cancer Centre (nVCC) will enable a step-change in research capability, particularly in radiotherapy, with expanded access via the Nevill Hall Radiotherapy Satellite Unit. The planned Collaborative Centre for Learning, Research and Innovation will integrate RD&I, learning and teaching to accelerate translation into patient and service benefit. Priorities include increasing commercial and translational research aligned to capacity, improving study set up timelines, and strengthening clinical academic leadership and workforce capability. Partnership-based delivery, including CCRP, will support expansion of complex studies, while a continued focus

on sustainability will reduce reliance on non-recurrent funding through income growth and more efficient delivery.

Research will remain embedded within organisational strategy, operational delivery, and future service development.

2. GOVERNANCE AND LEADERSHIP (max one page in total (inc 2023 summary))

Brief summary of your 2023 baseline assessment return (max 250 words):
RD&I at VUNHST operated as a corporate function led by the Executive Medical Director, supported by a multidisciplinary RD&I Senior Core Team. Governance was provided through the RD&I Sub-Committee, chaired by an Independent Board Member, who also acts as the Trust's Research Champion, delivering Board-level oversight of strategy, performance, compliance and risk. Supporting structures enabled coordination of research across VCS and the WBS, aligned to national policy and regulatory requirements. This was supported by the RD&I Operational Management Group (OMG) and underpinned by a Standard Operating Procedure (SOP) and Quality Management framework.

Progress since baseline assessment:
Since 2023, governance has strengthened integration between Board oversight, operational management and delivery. The RD&I Sub-Committee receives structured reporting on performance, risk and compliance through the RD&I Integrated Performance Report, improving visibility of research activity, performance and risk across VCS and WBS and alignment with IMTP priorities. Governance has supported implementation of the CCRP, improved monitoring of portfolio performance and recruitment, and oversight of research income and investment decisions. Operational coordination through OMG has strengthened escalation of delivery risks, including constraints in research set up, delivery, and ongoing management.

Achievements, challenges, solutions since the 2023 return:
Achievements
- Strengthened integration between governance and delivery, enabling earlier identification and escalation of risks.
- Increased visibility of research activity within Trust oversight, including portfolio composition and recruitment performance.
- Governance has supported delivery of both the Overarching Cancer Research strategy and the WBS RD&I strategy, with increasing consistency of oversight across both services.
- Structured reporting through the RD&I Integrated Performance Report has improved organisational understanding of performance and impact.
- Professorial leadership of the VHCR team in conjunction with Cardiff University

Challenges
- Increasing portfolio complexity, requiring proportionate and responsive governance.
- Maintaining clear oversight across a growing and more complex research portfolio.

Solutions
- Reporting refined to focus on delivery, risk and capacity.
- Strengthened escalation routes between operational (OMG) and Board-level (RD&I Sub-Committee) governance.
- Further development of implementation planning with clearer delivery trajectories and accountability.

Plans for the next 1-3 years:
Maintain Board-level assurance through the RD&I Sub-Committee, with continued focus on performance, risk, compliance and portfolio balance. Strengthen operational coordination through OMG, including escalation and resolution of cross-service constraints. Further clarify roles, responsibilities and accountability across the research lifecycle, including within clinical services. Continue development of SOPs and the Quality Management System aligned to evolving regulatory requirements.

Governance arrangements will continue to evolve to support complex, early phase and collaborative research delivery across VCS and WBS, including CCRP activity, with improved visibility and management of operational dependencies impacting delivery.

3. PARTNERSHIP AND COLLABORATION (max one page in total (inc 2023 summary))

Brief summary of your 2023 baseline assessment return (max 250 words):
VUNHST delivers research through partnerships across NHS, academia, industry and national networks. Collaboration through CCRP, Cardiff University's Centre for Trials Research, higher education institutions and NHS Wales partners enables the Trust's research. National and industry partnerships support innovation, reduce duplication and accelerate patient benefit, underpinning infrastructure, workforce and supporting the development of the new Velindre Cancer Centre.

Progress since baseline assessment:
Access to advanced and cellular therapies has expanded through CCRP and the Early Phase team. CCRP, launched in 2025, is a partnership between VUNHST, Cardiff & Vale University Health Board (CVUHB) and Cardiff University, delivering complex trials across organisations and providing a platform for integrated research delivery within Cardiff Health Partners (CHP). A Discovery and Translational Research function supports joint priorities, shared data approaches and collaborative grant development. Industry partnerships have expanded (e.g. BioNTech), alongside more coordinated NHS Wales research delivery across sites and pathways. There is increasing focus across the partnership on developing more unified approaches to research governance, study set up and delivery, including exploration of a Joint Research Office (JRO) model to provide a more streamlined, single-entry system for research, improved coordination of costing, contracting and sponsorship, and strengthened oversight of performance and research income across partner organisations. The VHCR team support the development of non-medical professionals' research activity, including learning and development opportunities, mentorship and fellowships. Within WBS, partnership remains central to research, with 32 collaborative projects (33% international) since the last report. WBS work with Defence Medical Services and Emergency Medical Retrieval and Transfer Service (EMRTS) supports development of blood components in pre-hospital and emergency care, enabling translational research and progression of laboratory innovation into clinical application, supported by HCRW funding.

Achievements, challenges, solutions since the 2023 return:
Achievements
- CCRP established as a tripartite partnership delivering complex and early phase trials, with 6 trials opened including ATTEST, the first CCRP translational study based on Cardiff University research.
- CCRP Heads of Terms (2024/25) progressed to a draft Partnership Agreement with financial models, joint pathways, and Business Plan.
- Expansion of industry and NHS partnerships (BioNTech pipeline; Advancing Radiotherapy Cymru (ARC); Swansea Bay University Health Board (SBUHB) co-sponsorship).
- WBS collaboration expanded (32 projects; 33% international), including DMS and EMRTS work in translating research into clinical application.

Challenges
- Capacity, infrastructure and space constraints (including unsuccessful Outline Business Case).
- Complexity of cross-organisational research delivery.

Solutions
- Strengthened partnership agreements, governance and financial models.
- Integrated cross-organisational delivery models with workforce expansion.

Plans for the next 1-3 years:
- Develop Cardiff Health Partners (CHP) and CCRP as core strategic partnerships, with increasing alignment of governance, systems and delivery models.
- Increase CCRP activity from ~10 to ~40 patients per annum within 3 years, alongside increased grant capture and implementation of a CCRP data strategy.
- Further develop shared approaches to research set up and delivery, to enable more seamless study set up, contracting and oversight across organisations.
- Expand pipeline-based industry partnerships and NHS Wales delivery models.
- Establish the Collaborative Centre for Learning, Research and Innovation as a focal point for partnership, industry engagement and translational research.

4. RESEARCH SUPPORT (max one page in total (inc 2023 summary))

Brief summary of your 2023 baseline assessment return (max 250 words):
In 2023, VUNHST provided a corporate RD&I service delivering integrated support across governance, study set up, contracting and delivery for both VCS and WBS. Research support was underpinned by a defined governance structure and a comprehensive Standard Operating Procedures (SOP) and Quality Management framework supporting regulatory compliance and inspection readiness. These arrangements aligned with UK Policy Framework requirements and supported consistent oversight across the full research lifecycle. Structured facilitation processes, including the Trials Operational Group (TOG), supported study set up and coordination across the Trust's research portfolio.

Progress since baseline assessment:
Since 2023, research support of clinical research at VCS has strengthened through improved coordination across governance, study set up and delivery and is supported by digital systems and structured operational processes. Implementation of Florence as the Trust's electronic Investigator Site File system will improve document control, enable remote monitoring and strengthen audit readiness. This will support a more standardised and inspection ready approach to documentation and oversight. TOG has been further developed to facilitate structured assessment of capacity and capability resources, earlier identification of specialist service (internal and external) requirements and coordinated study set up, with improving integration with specialist services enabling delivery of increasingly complex studies and earlier mitigation of cross-service / organisational dependencies. In parallel, support for nursing and interdisciplinary cancer research has developed through the VHCR Fellowship scheme, the VHCR Support Team in partnership with Cardiff University, and the VHCR Community, providing structured mentoring, coaching, education, and peer support for emerging researchers.

Research Support within WBS provides a structured, responsive and enabling framework to facilitate RD&I within an MHRA-regulated Blood Establishment operational environment. This is delivered through dedicated in-house resources that provide support to investigators across governance, capability, and regulatory requirements. This approach is essential due to the highly regulated and specialised nature of the blood establishment environment, ensuring compliance with NHS R&D requirements, alongside additional UK regulatory requirements for transfusion and transplantation, of Good Manufacturing Practice and international blood standards, while enabling efficient, high-quality, and impactful RD&I activity.

Achievements, challenges, solutions since the 2023 return:
Achievements
- More consistent research support and coordination across the Trust portfolio, enabling delivery of complex oncology, early phase and multi-departmental/translational studies, supported by improved study set up through structured capacity and capability assessment, earlier requirement identification and clearer progression through defined pathways, alongside strengthened digital systems for document control, oversight and audit readiness. This has improved visibility of study status, risk and delivery performance.

Challenges
- Increasing protocol complexity and demand on specialist services.

Solutions
- Earlier identification and escalation of requirements, supported by strengthened digital oversight and cross-service planning.

Plans for the next 1-3 years:
- Further develop feasibility, costing and study set up with earlier specialist service integration, strengthening end-to-end coordination across feasibility, contracting and operational planning.
- Enhance tracking of timelines, risks and dependencies, expand and embed digital systems (including Florence), and continue development of SOPs and the Quality Management framework in line with UK regulatory requirements. This will support readiness for evolving UK Clinical Trials Regulations and ICH E6(R3) Good Clinical Practice.
- Improve visibility of support service capacity, strengthen cross-service coordination, and further integrate research support processes across the Trust.

5. RESEARCH DELIVERY (max one page in total (inc 2023 summary))

Brief summary of your 2023 baseline assessment return (max 250 words):
In 2023, VUNHST delivered a substantial portfolio of cancer and blood research across Wales, supported by established infrastructure, workforce and governance aligned to national frameworks. Research delivery included complex interventional oncology studies within the VCS, CCRP, and donor and transfusion blood research through the WBS, with strong participation in national and UK-wide programmes.

Progress since baseline assessment:
Since 2023, research delivery has developed through improved portfolio oversight, system collaboration and infrastructure. Integrated performance reporting now supports routine monitoring of activity, recruitment, timelines and operational risk. The Trust delivers an increasingly complex cancer research portfolio, including early phase, advanced therapy and commercially sponsored studies (e.g., BioNTech vaccine trials, such as BNT113 (Lung Cancer), BNT116 (Breast Cancer); alongside CCRP-enabled haemato-oncology studies, e.g., MonumenTAL-6 (Myeloma). Within WBS, delivery includes UK-wide transfusion and blood safety studies, including contributions to national policy through the FAIR study; alongside donor and transfusion programmes linking laboratory science with clinical application, including cold-stored platelets research, involving work with Defence Medical Services (DMS) and the Emergency Medical Retrieval and Transfer Service (EMRTS).

Achievements, challenges, solutions since the 2023 return:
Achievements

- Delivery capability strengthened, enabling complex oncology and translational studies requiring advanced imaging, biomarker testing and investigational product management, including contribution to licensing of Truqap® (FAKTION) and delivery of PATHOS.
- Improved portfolio oversight through active management with clinical disease site teams, supporting recruitment performance, earlier identification of delivery risks and improved balance across early phase, late phase, Systemic Anti-Cancer Therapy (SACT) and Radiotherapy studies, alongside growing nurse and interdisciplinary research activity contributing to a broader research-active culture.
- WBS's broad model of research delivery, expanded beyond traditional health research into scientific and operational performance of a national blood service, now takes place across more than 80% of the WBS operational environment, demonstrating integration into core service delivery. In parallel, the Component Development and Research Laboratory (CDRL) provides specialised research capability outside the core operational environment, driving significant collaborations and achieving international recognition in areas such as cold stored platelets and novel blood component development.

Challenges

- Capacity constraints, workforce capability and access to specialist services.

Solutions

- Being addressed through CCRP-enabled collaboration, portfolio prioritisation aligned to deliverability, and continued development of workforce capability in line with study complexity.

Plans for the next 1-3 years:

- Expand delivery of complex and commercial trials through CCRP and partner collaborations, including multi-site NHS, academic and industry studies.
- Strengthen portfolio planning with clinical disease site teams, aligning study selection to capacity and capability and maintaining alignment with infrastructure, workforce and financial sustainability.
- Improve delivery performance through enhanced monitoring of timelines, recruitment and operational risk in line with national requirements, alongside continued development of workforce capability aligned to study complexity.
- Support continued growth of WBS research activity, including donor, transfusion and translational research programmes and collaborations with organisations such as DMS and EMRTS.
- Continue improving visibility and reporting of WBS research activity within national systems.

6. FINANCE (max one page in total (inc 2023 summary))

Brief summary of your 2023 baseline assessment return (max 250 words):
In 2023, research funding at VUNHST was derived from Health and Care Research Wales, commercial income, and charitable funding, with a strategic aim to reduce reliance on charitable income and strengthen sustainability. Trust-aligned NHS R&D finance policies were implemented, with interim finance support arrangements maintained. A Green Book–aligned Strategic Investment Case for the CCRP, formerly Cardiff Cancer Research Hub, was commissioned to define investment requirements and mobilisation planning.

Progress since baseline assessment:
Since 2023, VUNHST's financial reporting arrangements have been strengthened with integrated performance reporting improving visibility of research income and activity. The Trust continues to operate a multi-source funding model, including Health and Care Research Wales funding, commercial income, and charitable investment. Commercial income has increased as a proportion of overall research funding, supporting reinvestment in workforce and infrastructure, through initiatives such as the FAKTION Investment Plan, alongside the "Powering Discovery, Delivering Hope" charitable funding bid and Voluntary scheme for branded medicines Pricing, Access, and Growth (VPAG) funding application.

As WBS has no patient-facing services it is not positioned to undertake patient recruitment into research studies and accordingly is not in receipt of HCRW funding; however, WBS continues to contribute the in-house RD&I workforce and non-pay costs associated with RD&I projects. This position is sustained through actively securing external funding. Since the last report, the WBS has continued to pursue external funding to strengthen its research delivery, with 13 grants awarded to 7 individuals across blood component and transfusion research. This has secured a total of £517,547, equating to an average award value of £39,811.

Achievements, challenges, solutions since the 2023 return:
Financial management has supported improved cost recovery from commercially sponsored studies and investment into workforce, infrastructure, and research capability. There is continued work to shift away from reliance on charitable funding for core infrastructure and delivery posts. Challenges include variability in research income and the increasing cost of delivering complex trials. These are being addressed through strengthened financial oversight aligned to portfolio planning and strategic investment approaches supporting CCRP and future research delivery at the new Velindre Cancer Centre (nVCC).

Plans for the next 1-3 years:
- Strengthen alignment between financial planning, research delivery, and portfolio management.
- Support sustainable growth in commercial research activity and associated income streams.
- Implement VPAG-funded investment to enhance workforce capacity and research infrastructure.
- Continue reinvestment of research income to support delivery capability and long-term sustainability.
- Improve capture, visibility, and reporting of research activity, income, expenditure, and financial risk within financial and national reporting systems.
- Strengthen application of national costing approaches to support consistency and income recovery.
- Ensure implementation of required changes presented in Welsh Government's NHS R&D Finance Policy 2026.
- Reduce reliance on non-recurrent and charitable funding for core research delivery activity.

7. NHS WORKFORCE (max one page in total (inc 2023 summary))

Brief summary of your 2023 baseline assessment return (max 250 words):
In 2023, VUNHST prioritised development of a multidisciplinary research workforce aligned to its People Strategy and research ambitions. Investment supported clinical academic pathways, research nursing, Allied Health Professionals (AHP) and scientific roles, alongside capability in advanced therapies and commercial trials. Fellowship and small grant schemes supported staff development and emerging research activity.

Progress since baseline assessment:
Since 2023, workforce capability has strengthened through improved alignment between workforce planning, research support, and delivery requirements. Key developments include introduction of Senior Research Nurse Manager roles to strengthen leadership of cancer research delivery, and Research Facilitation roles supporting study set up and portfolio coordination through consolidation of data management and trial coordination functions. Workforce capability within WBS has also strengthened, supporting laboratory and donor, transfusion, and translational research programmes. Additionally, the CCRP collaboration, with Cardiff & Vale University Health Board (CVUHB) and Cardiff University has enabled access to shared expertise for complex trial delivery.

Achievements, challenges, solutions since the 2023 return:
Achievements

- A multidisciplinary workforce supports a complex and evolving portfolio across VCS and WBS, enabling delivery of early phase and advanced therapy trials requiring specialist clinical and research expertise. Nursing and AHP-led research has been supported through fellowship awards supporting projects in treatment toxicity, nurse education, patient experience and care pathways, alongside wider development of a VHCR Community and support model.

Challenges

- Workforce capacity, recruitment and retention in specialist roles, and the need to expand clinical academic capability to meet increasing demand.

Solutions

- Being addressed through targeted investment, strengthened academic partnerships and closer alignment of workforce planning with study complexity and delivery requirements.

Plans for the next 1-3 years:

- Strengthen workforce planning aligned to research portfolio requirements, including commercial trials, with closer alignment between study complexity, delivery requirements, and available capacity.
- Continuing development of multidisciplinary capability across research nurses, AHPs, investigators and scientific staff, supporting delivery of complex research studies.
- Enhance clinical academic pathways and career development, through support for protected research time, fellowships, and defined progression routes, including development of nursing and interdisciplinary cancer research capacity, and the VHCR Community.
- Strengthen clinical leadership and accountability within disease site teams for research portfolios, aligning clinical priorities, study selection, and delivery capacity.
- Support workforce resilience through CCRP collaboration, including access to shared expertise, specialist roles, and cross-organisational work.
- Through the award of external grant funding, the WBS has secured and retained specialist biomedical and research scientist posts, strengthening its capacity to deliver high-quality RD&I activity.
- Strengthening workforce capacity to support research delivery and increasing study complexity, including targeted development of roles and skills in early phase and advanced therapy trial delivery, investigational product management, and complex protocol delivery.
- Implement VPAG-funded workforce investment, ensuring roles are aligned to delivery priorities and support sustainable growth of the commercial research portfolio.
- Ensuring workforce capability remains aligned with evolving regulatory, digital, and operational requirements across both clinical and laboratory-based research delivery.

8. PUBLIC INVOLVEMENT AND PARTICIPATION (max one page in total (inc 2023 summary))

Brief summary of your 2023 baseline assessment return (max 250 words):
The Trust supports proactive public engagement in RD&I across VCS and the WBS. Following approval of the Patient Engagement Strategy, Velindre Voices was launched to involve patients, donors, service users and communities in service development. This aligns patient engagement with RD&I, strengthens co-production, and links with fundraising. This work supports research awareness and involvement alongside major developments, including the new Cancer Centre and regional initiatives. WBS maintains public involvement through its Involvement and Engagement Panel, funded public involvement activity, regular public communications, and social media engagement. It also produces engage in public facing research summaries for distribution to donors attending donation clinic.

Progress since baseline assessment:
The Trust has continued to implement its Patient Engagement Strategy, building upon its engagement community through Velindre Voices, the Patient and Carer Partnership Board (PCPB) and bespoke engagement opportunities. The strategy was developed using a wide range of good practice including the UK Standards for Public Involvement. A key area of the strategy was related to research with a commitment to *increase the opportunities for patients, their families, and carers to take part in research and raise awareness of these opportunities.* The team have worked with the PCPB to identify best approaches to raise patient awareness of research at VCS. Patient and carer representatives sit on the Velindre Cancer R&D Strategic Leadership Group, providing essential insights that shape the group's discussions. Their lived experience provides more grounded decision-making and stronger accountability.

Achievements, challenges, solutions since the 2023 return:
Achievements
- The PCPB have been involved in the first formal review of a Trust-initiated trial, leading to development of a draft process for embedding engagement in these trials.
- The PCPB were actively involved in a successful business case to the Trust's Charitable Funds entitled *"Powering Discovery, Delivering Hope"*, providing input that strengthened the focus on patient benefit.
- WBS has had meaningful involvement with the Emergency Medical Retrieval and Transfer Service (EMRTS) family group, where research ambitions have been shared and shaped through direct engagement. Alongside this, WBS has supported initiatives that connect the public with research, including participation in independent artistic projects capturing the work of in-house researchers.
- PCPB members reviewed the R&D internet pages.

Challenges
- The RDI Communications and Engagement Officer post has been vacant since July 2025, impacting capacity to deliver communications and engagement activity.

Solutions
- Public involvement activity has continued through existing structures, including Velindre Voices, the PCPB and WBS engagement mechanisms, with priority work focused on research awareness, review of research communications and embedding public involvement within Trust-initiated research.

Plans for the next 1-3 years:
- Undertake a multi-disciplinary assessment against the UK Standards for Public Involvement ensuring senior leadership accountability for the monitoring of actions, resource implications, etc.
- Determine and establish key performance indicators to monitor and measure awareness and involvement of underrepresented groups, e.g., participation, diversity, etc.
- Develop engagement plan for 2026/27 to focus on raising awareness in ethnic minority groups.
- In line with best practice and standards, develop Trust Policy on Expenses and Rewards for Public and Patient Involvement.
- Plan an annual Public Engagement event to raise awareness of research, its opportunities etc.

- Develop a PPI function for the CCRP, supporting researchers to access the collective PPI capability of Velindre, CAVUHB and Cardiff University.

9. COMMUNICATIONS AND ENGAGEMENT (max one page in total (inc 2023 summary))

Brief summary of your 2023 baseline assessment return (max 250 words):
The Trust RD&I service recognised the need to proactively promote RD&I internally and externally. A dedicated RD&I Communications and Engagement Officer was appointed following a successful Velindre Charity bid to showcase research activity, impact, opportunities, and people's experiences. The role supported refreshed RD&I webpages, social media, publications and events, aligned to Trust and partner strategies, and promoted the cancer research portfolio across South-East Wales. It also supported development of the CCRP website and associated materials, and engagement with national campaigns and sector networks (e.g., MediWales, conferences and publications), supporting wider awareness of research opportunities and participation.

Progress since baseline assessment:
The RD&I Communications and Engagement Officer joined in July 2023 and embedded within the Trust's RD&I service, supporting increased visibility of research activity. This has included development of patient experience stories and contribution to the HCRW Communications Alliance, supporting a more coordinated approach to research communications across Wales.

Achievements, challenges, solutions since the 2023 return:
Achievements

- The RD&I Communications and Engagement Officer had increased research-focused communications activity, including:
  - 550% increase in R&D-related intranet news stories.
  - 350% increase in Trust website R&D news.
  - 300% increase in external media coverage (July 2022–June 2023 vs July 2023–June 2024).
- External media coverage has included the licensing of the FAKTION drug, a FAKTION patient's participation in a television programme, and the first patient receiving treatment in the BioNTech cancer vaccine trial.
- The role has also supported presence at key events and conferences (including HCRW and WCRC), alongside engagement at Senedd events and wider stakeholder forums, helping to raise awareness of research activity and opportunities.
- Within WBS, communications and engagement activity supports visibility of research through public-facing summaries, donor engagement and communications aligned to operational and translational research activity, contributing to awareness of research within the donor community.

Challenges

- The postholder left in July 2025, and delays in securing funding have resulted in the role remaining vacant, impacting capacity for sustained communications and engagement delivery.

Solutions

- Core activity has continued through the Strategy and Trust Communications teams, with plans to recruit to the post once funding is confirmed and restore dedicated communications capacity, supporting continued visibility of research activity.

Plans for the next 1-3 years:

- Continue to promote RD&I activity and impact, including patient and carer stories and national media engagement.
- Strengthen links with Velindre Cancer Charity to increase research case studies and support donor engagement and income generation.
- Work with the Head of Patient Engagement to deliver an annual engagement plan and ongoing assessment against the UK Standards for Public Involvement.
- Utilise the Trust's Engage database (CIVICA) and contribute to the Velindre Voices Editorial Board to expand public reach and engagement opportunities, including awareness of research participation.
- Develop and implement measures to evaluate the reach and impact of communications activity, including awareness of research opportunities and participation.
- Target communications activity to improve awareness and participation among underrepresented groups.

10. RESEARCH IMPACT (max one page in total (inc 2023 summary))

Brief summary of your 2023 baseline assessment return (max 250 words):
Research at VUNHST has had a significant impact, reflecting its focus on non-surgical cancer care, palliative care, and national blood services. Through commercial and non-commercial studies, patients have accessed novel therapies that improve outcomes. Research has contributed to changes in clinical pathways, development of standards of care in cancer and radiotherapy, and influence on national blood donation policy. Velindre-led and collaborative studies have shaped clinical practice across Wales and the UK, supported by publication, knowledge exchange, and academic partnerships.

Progress since baseline assessment:
Since 2023, research impact has strengthened across clinical, academic and translational domains. Delivery of complex trials has expanded access to novel therapies and increases contribution to evidence informing practice. Capability to deliver advanced therapies is expanding through the new Velindre Cancer Centre (nVCC) and the CCRP, with translational pipelines widened through the Cardiff Experimental Cancer Medicine Centre (ECMC). Research is shaping routine care, including capivasertib approval following the FAKTION trial. Academic output has increased, with over 100 peer-reviewed publications in 2025 (including 15 in high-impact journals), alongside conference abstracts and collaborative outputs across tumour sites, radiotherapy and translational oncology, including WBS research.

Achievements, challenges, solutions since the 2023 return:
Achievements

- FAKTION trial contributed to NICE and international approval of capivasertib, supporting NHS adoption.
- High-impact publications (*Nature Communications*, *The Lancet*, *JAMA Oncology*) have advanced clinical understanding and treatment approaches.
- Contributions to international guidelines and consensus statements have supported standardisation of care beyond Wales.
- Radiotherapy and translational outputs (e.g. PLATO, CORINTH) have informed optimisation of treatment delivery and trial design.
- Velindre has contributed to development of diagnostic approaches, including QuicDNA, supporting earlier detection and stratification.
- WBS has strengthened its research and development position through a combination of strategic alignment, translational science, and increased outputs. The launch of a structured RD&I strategy with defined missions has supported a more coherent research portfolio. Key translational focus has been cold-stored platelet research, progressing towards clinical application in pre-hospital trauma care. Research outputs have also strengthened, including four WBS studies published in a single issue of Vox Sanguinis. In parallel, external grant awards such as this have enhanced experimental capacity in blood component science.
- Sustained academic output (over 150 publications and conference abstracts in 2025) demonstrates continued translation of research into disseminated knowledge and clinical influence.

Challenges

- Demonstrating and systematically capturing research impact across patient outcomes, service change and policy influence.

Solutions

- Strengthening approaches to capture, evaluate and report research impact, alongside development of pathways linking research to clinical practice, policy and dissemination.

Plans for the next 1-3 years:

- Recruit two senior clinician scientists to strengthen investigator-led research and publication output.
- Increase publication output and dissemination, targeting high-impact journals and international conferences.
- Strengthen support for investigator-led and translational research.
- Improve systematic capture and reporting of research impact.

- Expand WBS research outputs and contribution to transfusion practice.
- Support translation of research findings into routine clinical practice, particularly in advanced therapies and precision oncology.

HEALTH AND CARE RESEARCH WALES (HCRW) SUPPORT

Please outline ways in which Health and Care Research Wales, the Science Research and Evidence Division in Welsh Government and/or other key stakeholders (please specify) can support your organisation with the implementation of the Framework.

The following areas represent where HCRW's national alignment and coordination can complement VUNHST implementation of the NHS Research and Development Framework:

- **Scaling complex and early phase research**

Velindre is expanding delivery of early phase, advanced therapies and precision medicine studies, including through partnership models such as CCRP. Working with VUNHST to ensure alignment of cross-organisational pathways and approvals would support implementation of consistent models for complex study delivery across NHS Wales.

- **Sustaining a specialist research workforce**

Velindre workforce model aligns to delivery of complex oncology research. Continued national focus on specialist roles and clinical academic pathways would support consistent workforce development and sustainability across organisations.

- **Aligning infrastructure and enabling services**

Velindre is progressing development of infrastructure to support an expanding and increasingly complex portfolio. Alignment of infrastructure and enabling services investment in services not provided by VUNHST would support coordinated set up and delivery without fragmentation.

- **Strengthening commercial research delivery**

Velindre is an established partner for commercial oncology research. Effective coordination of industry engagement would continue to support implementation of sustainable commercial research growth.

- **Supporting Welsh Blood Service research**

WBS delivers a distinct research portfolio within a regulated Blood Establishment environment. Enhanced and continued recognition of this context within national frameworks would support continued research implementation within the service.

Optional SWOT Analysis (see guidance)

S Strengths	W Weaknesses	O Opportunities	T (R) Threats and/or Risks
Positive research attributes that your NHS organisation has	Areas for improvement and internal factors that are challenging for your NHS organisation	External factors that could give your NHS organisation an advantage	Factors that could harm research and/or risks to research in your NHS organisation. Please include ways in which risks will be mitigated