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. • Two actions remain open: o **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. o **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.	**Secretariat**
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:
  - Lower than average life expectancy and income in South-East Wales
  - Rising need for prevention-focused and personalised healthcare
  - 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:
  - Formal prospectus agreed by all three institutions
  - Establishment of strategic themes and governance direction
  - Start-up of an interim leadership structure.
  - 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:
  - £850m investment needed over 10 years.
  - Similar levels of economic return
  - 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:
  - A core team being established of circa 8–9 posts to function as CHP's "engine room".
  - A framework for identifying, selecting, and supporting CHP-endorsed and CHP-resourced projects.
  - 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:	

	○ Successful Stage 1 assessment for ISO 56001 Innovation Management Standard, with Stage 2 scheduled imminently. ○ National profile raised through Project Dragon Heart media coverage. ○ 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: ○ KPIs largely on track. ○ 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: ○ New pathways allowing biopsies at Velindre. ○ Buying in specialist radiology sessions. ○ Exploring other hospitals with capacity. ○ 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: ○ Non-recurrent pay and non-pay pressures. ○ 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**
	  o Key performance issues and areas requiring attention from the RD&I Q3 performance report.
	  o Assurance around progress in Cardiff HealthPartners.
	  o Emerging themes from the Sub-Committee Effectiveness Survey, especially around risk oversight and committee scope.
	  o 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:
	  o Cardiff HealthPartners.
	  o New interdisciplinary research leadership.
	  o 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