

### 3.2 - Research & Development (R&D) Annual Framework Update

#### Appendix One

#### Adherence with 'Research matters What excellence looks like in NHS Wales'

Framework Pillar	Hywel Dda UHB adherence
<p><b>Strategy:</b></p> <p>Supportive Organisations:</p> <p>1.1. Have clear vision for research and ambitious R&amp;D strategies, with aligned implementation plans and continuous progress monitoring.</p> <p>Strategies will:</p> <ul style="list-style-type: none"> <li>• be coproduced with the public and key stakeholders to ensure they are patient/ public centred</li> <li>• outline a clear vision</li> <li>• demonstrate a clear connection to wider organisational strategies and service plans</li> <li>• demonstrate alignment with the opportunities presented by national and UK wide R&amp;D strategies</li> <li>• be signed off by the Board, alongside a time bound</li> </ul>	<p>1.1 New Research and Innovation Strategy (2025-2030) signed off by Board in March 2025, formally launched in June 2025 and showcased at an event at the Pentre Awel scheme 16 October 2025. Second regional showcase on 31 October. Strategic plan and launch process addresses all adjacent actions.</p> <p>1.2 Progress against the strategy, and research performance is reported through bi-monthly R&amp;D Leadership Group meetings and quarterly Research &amp; Innovation Sub-Committee governance structures.</p> <p>1.3 R&amp;I sit within the Medical Directorate and strategic aims are reflected in the annual planning cycle /IMTP.</p>

<p>implementation plan</p> <ul style="list-style-type: none"> <li>• be widely promoted to staff and the public.</li> </ul> <p>1.2. Demonstrate a clear connection between their strategy and implementation plans and key local and national indicators for research performance.</p> <p>1.3. Ensure R&amp;D has full representation and visibility within the NHS organisations Integrated Medium-Term Plan (IMTP).</p>	
<p><b>2. Governance and Leadership</b></p> <p>Supportive organisations:</p> <p>2.1. Demonstrate clear board commitment to research, with evidence of members contributing to agenda setting, assessing performance, and impact.</p> <p>2.2. Appoint an independent board member/ champion for research, to act as an ambassador and to champion R&amp;D at the board and across the organisation.</p> <p>2.3. Support research at all levels by raising awareness among NHS directors, executives, deputies, senior and operational managers to</p>	<p>2.1 Quarterly reports on Research and Innovation are provided to the Board through the Digital, Data, and Innovation Committee. The reports detail performance and impact.</p> <p>2.2 An Independent Board Member had been appointed as R&amp;D research and innovation champion and sits on the Research and Innovation Sub Committee (R&amp;ISC) and Digital, Data and Innovation Committee (DDIC).</p> <p>2.3 As above (2.2) as well as dedicated communications and annual R&amp;I Conference (Research &amp; Innovation in Health &amp; Life Sciences Conference 16.10.2025).</p>

<p>secure commitment and by promoting research through existing committee structures.</p> <p>2.4. Have a dedicated Executive Lead for research and a dedicated R&amp;D Director, who have dedicated time to oversee the R&amp;D strategy and provide strategic leadership.</p> <p>2.5. Have a dedicated committee wired into the NHS organisation’s governance where research is frequently discussed, with representatives from across the organisation and public members, to plan, oversee and report on research.</p> <p>2.6. Annually report on progress against the organisation’s R&amp;D strategy, including reporting progress for a public facing audience for example, through a public facing annual report outlining R&amp;D activities and income</p>	<p>2.4 Dedicated Executive Lead (Mr Mark Henwood) and R&amp;I Director (Dr Leighton Phillips) in place. Executive lead chairs Research and Innovation Sub Committee meeting.</p> <p>2.5 R&amp;ISC and DDIC terms of reference are available on request. Both include representatives from across the organisation. A separate stakeholder advisory committee, with public representatives, exists and receives periodic research and innovation updates, with an opportunity to contribute to priorities moving forward.</p> <p>2.6 R&amp;D annual report and progress against the “Research Matters – What excellence looks like in the NHS” Framework (HCRW/WG 2023) submitted through above committee structures March/April annually.</p>
<p><b>3. Partnership and Collaboration</b></p> <p>Supportive organisations:</p> <p>3.1. Establish strong interdisciplinary working within the organisation between departments and specialisms; across primary, secondary and</p>	<p>3.1 R&amp;D sits within the Medical Directorate under the Director for Research, Innovation and Value with direct responsibility for University Partnerships with 3 partner institutions. This provides a unique connection with colleagues leading innovation and value-based healthcare as well as meaningful collaborative links with the wider organisation and a range of faculties within the Universities.</p>

community care; and evidenced connections across research, training and education, service improvement and innovation.

3.2. Establish cross-sector partnerships across Wales, the UK and internationally to increase the reach, level and impact of research. Specifically, there will be evidence of alignment of vision, joint R&D strategies, memorandums of understanding, deliverable plans and regular progress reviews with:

- Higher education providers, collaborating to maintain integrated partnership working between the NHS and academia including, where relevant, as part of the research and development pillar for University Health Board status
- Research agencies and funders (including research councils and third sector organisations)
- Public sector organisations, by working across organisational boundaries and adopting flexible approaches to enable easier movement of staff. This may include working with other NHS organisations, Digital Health and Care Wales, Health Education and Improvement Wales, and the Regional Innovation and Improvement Coordination Hubs.
- Life science companies and representative bodies as part of Wales and UK wide industry collaboration plans, whilst developing efficient systems to support commercial research.

3.2 Refreshed Memorandum of Understandings signed with all 3 partner Universities (Swansea University, Aberystwyth University and University of Wales Trinity St Davids) in 2025 setting out our strategic priorities for the next 5 years. Several jointly funded posts exist currently; clinical academic, clinical scientists, health economists and honorary professorial appointments across all 3 institutions. In respect of other public service organisations, a Centre for Social Innovation has been established, offering wider opportunities for research and innovation collaborations. In relation to life science partnerships, recent success through the Voluntary Pricing Agreement for Branded Medications and Growth research and innovation funding has strengthened existing and opened new commercial research partnerships.

3.3 The Research and Innovation Director, Head of Research, and Head of TriTech are well represented on national and international research and innovation advisory arrangements. For example, the Director sits on the Commercial Research Wales Delivery Board.

<p>3.3. Establish partnerships with external expert advisory boards and key international opinion leaders to bring fresh insight and perspective; act as critical friends and collaborative partners; and help NHS researchers to benchmark against internationally leading research within their fields.</p>	
<p><b>4. Research Support</b></p> <p>Supportive organisations have:</p> <p>4.1. R&amp;D offices and/or departments to support researcher development, research governance and the set-up, delivery, and quality assurance associated with studies.</p> <p>4.2. Support for research within departments and directorates including support for staff time and NHS support services for research such as radiology, pathology, pharmacy, finance, and workforce and organisational development (W&amp;OD).</p> <p>4.3. The ability to assess organisational capacity and capability to undertake research so that studies can be hosted or sponsored.</p> <p>4.4. Access to well-equipped physical and digital library services, where staff can access information on research outcomes to inform best practice.</p>	<p>4.1 We have appointed 2 new assistant heads in 2025 each leading a distinct part of R&amp;D. Chris Tattersall has direct responsibility for Research Support (Research development, governance, set-up and quality assurance) and Research Delivery (participant recruitment). We continue to support 4 Clinical Research Centres based at each of the district general hospitals.</p> <p>4.2 R&amp;D continue to fund wider support services for research within Hywel Dda in pathology, pharmacy and finance. Radiology support for R&amp;D is limited in terms of capacity and wider solutions are being explored through HCRW's national task and finish group as well as accessing ILS2 as part of our University Partnership arrangements. Digital enablement is a new area of focus.</p> <p>4.3 We have a research study set-up team with 3 staff members led by Chris Tattersall. Our study set-up times are</p>

4.5. Access to suitable space, facilities, and equipment for the conduct of research, with ongoing development enabled through the organisation's facilities and estates strategy.

4.6. An effective and efficient Information Management & Information Technology (IM&IT) infrastructure and systems to support research, with evidenced alignment to organisational digital strategies and national strategies, including those produced by Health and Care Research Wales for example supporting data and software that adheres to the FAIR (Findable, Accessible, Interoperable, and Reusable) principles to allow full repeatability, reproducibility, and reuse.

4.7. Processes in place to contribute to the availability of health data for research purposes, increasing data resources for secure access data via trusted research environments and supporting more diverse research enabled by data driven services.

4.8. A commitment to embracing emerging technologies and to research enabled by data and digital tools, leveraging the strength of NHS Wales and UK health data assets to allow for more high-quality research to be developed and delivered, whilst adhering to data protection obligations in relation to conducting research.

efficient and have been commended by HCRW in a recent annual performance review (10.11.2025)

4.4 We have Library facilities online and at each of our district general hospitals.

4.5 Over the last year we have invested in fit for purpose Clinical Research Facilities at Withybush Hospital Haverfordwest and upgraded our facilities in Prince Philip Hospital in Llanelli. We now have a rolling programme to maintain facilities at each of the district general hospitals

4.6 Closer collaboration with our digital colleagues has been enabled through the creation of the Digital, Data and Information Committee which brings together research, innovation and digital/IT for the first time within the organisation's governance structures.

4.7 & 4.8 In July 2025, Hywel Dda UHB published a five-year Strategic Plan for Research and Innovation. The plan sets out a vision for high-quality and impactful research and innovation, which improves services and health outcomes for communities, patients, and staff. The actions contained within the plan to improve access included developing research and innovation capability and capacity in other corporate departments (e.g. digital services, leadership and

management practice), primary care and public health. One of the early priorities of the plan, now supported by the establishment of the new Digital, Data and Innovation Committee, is to assess how the R&I and Digital Departments could work together to support research and innovation into new digital and data technologies. Through meaningful relationships with public services, communities, universities and industry Hywel Dda is currently exploring ways to accelerate our digital research and innovation ambitions.

**5. Research delivery**

Supportive organisations:

- 5.1. Implement UK and Wales wide research delivery support programmes in partnership with the Health and Care Research Wales.
- 5.2. Adopt One Wales approaches (where Welsh organisations operate as a national collective) to research delivery to enable streamlining, reduce duplication and consistency across Wales including national approaches for research approvals, rapid study setup and delivery.
- 5.3. Strategically manage the NHS organisation's research portfolio, to lead and participate in a wide range of research, capitalising on local

5.1 – 5.6 We have a dedicated team of research delivery and support staff who actively engage with HCRW and identify suitable studies for adoption in Hywel Dda. We align with Health board and population health priorities, have a rapid study set up process and research delivery capability across all counties. Study set up and recruitment to time and target (the national KPI) is monitored weekly at Research Delivery Meetings, alternate months at R&D Delivery Leadership Team and Research & Development Leadership Group meetings and quarterly at R&ISC. We also meet HCRW for regular

<p>strengths and research groups, organisational priorities and research capacity and capability.</p> <p>5.4. Support research with high policy relevance which aligns with priorities at a national and regional level, and the NHS organisation's local population health needs.</p> <p>5.5. Set realistic study delivery targets, ensure research delivery to time and target as agreed with sponsors and monitor the performance of individual studies, ensuring study management data is accurately recorded and monitored frequently.</p> <p>5.6. Regularly review the organisation's track record in research delivery across the portfolio, understanding the context with local intelligence and benchmarking with UK peers.</p>	<p>performance management meetings. Studies slow to recruit or failing to meet the recruitment target set are discussed weekly and appropriate action plans put in place to meet the target where possible.</p>
<p><b>6. Finance Supportive organisations:</b></p> <p>6.1. Secure adequate funding from Health and Care Research Wales to establish a sustainable R&amp;D function covering research development and delivery and manage the funding transparently, in line with the Health and Care Research Wales R&amp;D Finance Policy.</p> <p>6.2. Include R&amp;D within the organisation's financial strategies and plans.</p> <p>6.3. Have financial plans for R&amp;D with good forecasting, timely invoicing, and proportionate risk management.</p>	<p>6.1 The Research Delivery Funding awarded to Hywel Dda in 2025/2026 was £1,081,673. Core staffing costs £1,398,567 which leaves us with an underlying deficit of £316,894. This is being managed through an OCP and external income generation, which has included a substantial commercial research funding award. Ongoing discussions with HCRW are aiming to arrive at a more sustainable solution</p>

<p>6.4. Have a commitment to generate research income for non-commercial studies (i.e. from research funders, research councils and third sector organisations) and commercial studies (i.e. from industry partners) to facilitate capacity building.</p> <p>6.5. Help existing and prospective researchers secure grants from a wide range of funding sources to advance their studies leading to high quality and impactful outcomes and peer-reviewed international journal publications.</p> <p>6.6. Ensure financial support is provided to advise on and monitor all costs relating to commercial and non-commercial research.</p>	<p>6.2 &amp; 6.3 &amp; 6.6 R&amp;D financial position is reported for scrutiny monthly to HCRW/WG through face-to-face meeting, bi-monthly to R&amp;D Leadership Group and quarterly through the R&amp;ISC. We fund a finance assistant who manages invoicing and R&amp;D income as per the NHS R&amp;D Funding Policy.</p> <p>6.4 A successful bid to WG/HCRW for monies to increase our commercial research in both respiratory and metabolic specialisms has positively enhanced both our commercial research infrastructure and portfolio this year. A successful collaboration with Roche has also enabled us to open 2 commercial gastroenterology studies at Bronglais Hospital.</p> <p>6.5 The researcher support function within the Health Board is funded by research income and supports staff from all professional groups to apply for grants and research awards. We currently have 6 staff with dedicated research time awards, greatly supported by a researcher development function.</p>
<p><b>7. NHS Workforce Capacity and Capability</b></p> <p>Supportive organisations:</p>	<p>7.1. Hywel Dda UHB has a strategic workforce group, which the Head of R&amp;D is a member of. Several steps are being taken</p>

7.1. Promote R&D in the organisation's W&OD strategy to facilitate research and recognise the benefits of being a research supportive NHS organisation in attracting talented staff.

7.2. Deliver NHS workforce plans where research is a key component which will include plans to:

- raise awareness of research and research careers through a variety of mechanisms to attract more people into research careers, whilst providing role variety, job enhancement and facilitating staff retention (e.g. through staff induction and mandatory training).
- build research capacity and capability for all staff by supporting the professional development of research knowledge and skills (e.g. through PADRs, mentoring, and signposting to national training opportunities provided through Health and Care Research Wales and other training providers across Wales and the UK).
- ensure that all NHS staff have the opportunity to support research by including research in all NHS job descriptions and have protected time for research for NHS staff through job planning and PADRs.
- maintain support for research in the NHS workforce during times of clinical crises such as urgent public health emergencies and winter pressures, where research activity should be focussed toward the clinical needs.
- enhance research delivery capacity amongst the workforce, including the capability to support clinical trials, ensuring good

by this group to attract and retain the best staff in West Wales, with the benefits of R,D,&I being increasingly understood.

7.2. Hywel Dda UHB funds a small researcher development unit on a cost recovery basis, which works hard to secure internal and external support for research interested staff. This has resulted in several staff, spanning professions, being awarded funding to advance their research careers. Like most organisations, the bigger challenge has been carving out time within existing job and work plans for research within existing directorate budgets. While there are examples in some areas of this happening, service pressures means that this is not as widespread as the ambition conveyed within the recent research and innovation strategic plan. This will be a priority over the coming strategic planning period.

<p>clinical governance and best practice. o adopt national polices enabling agile regional and national mobilisation of the R&amp;D workforce across NHS organisation boundaries and adopt flexible approaches to staff contracts with partner organisations to promote cross-organisational working.</p> <ul style="list-style-type: none"> <li>• facilitate access to support for staff at all levels who wish to undertake research, advising on how to navigate the R&amp;D environment and signposting to internal and external sources of information (e.g. on funding streams, protocol development, writing funding applications, statistical support, research design and methods).</li> <li>• explore opportunities for investment in joint clinical academic roles in specialties and disciplines aligned to local and national plans, in partnership with universities.</li> </ul>	
<p><b>8. Public Involvement and Participation</b></p> <p>Supportive organisations:</p> <p>8.1. Have an evidenced commitment to proactive public involvement and participation in the development and delivery of research studies where the public’s experience is valued and where they can play a variety of roles adding significant value to research e.g. strategy development, setting research priorities, study steering group member,</p>	<p>Section 8.1 – 8.8. There is considerable overlap between this section and section 9. PPI happens more proactively at a research study by study basis, where it is easier to convene meaningful and formative engagement with public and community representative. Many of the steps within the adjacent column are undertaken as research funding applications are worked through. At a strategic level, the Department for Research, Innovation and Value is leaning into the Health Board wide participatory mechanisms.</p>

as a research participant and in shaping plans to share the findings of research.

8.2. Allocate sufficient budget to public involvement, ensuring that public contributors are acknowledged and recognised for their time, lived experience and contribution, in the form of monetary payment or other methods of reward and recognition in line with best practice guidelines.

8.3. Ensure that all research supported by the NHS organisation is people centred, supporting research to make it easier for patients, service users and members of the public to access research of relevance to them and be involved in its design, learning directly from public experience.

8.4. Adopt the national approach to promote research opportunities to staff and the public, including working in partnership with key stakeholders such as third sector organisations to promote research opportunities to communities of people with lived experiences; and signpost access to the organisations and NHS Wales' research portfolio to enhance participation.

8.5. Ensure that the public involved in the NHS organisation's research represents the population it serves with equality, diversity and inclusion being key drivers, and develop flexible approaches to involvement to

<p>enable inclusive representation e.g. addressing barriers to involvement and participation through language barriers and literacy levels etc.</p> <p>8.6. Adopt the UK Standards for Public Involvement, enabling good practice in public involvement.</p> <p>8.7. Facilitate access to national training on public involvement for research active staff, to raise awareness on how to effectively involve the public in research.</p> <p>8.8. Have active representation on the Health and Care Research Wales Public Involvement Alliance.</p>	
<p><b>9. Communications and Engagement</b></p> <p>Supportive organisations:</p> <p>9.1. Include research in the NHS organisation’s communications and engagement plans to demonstrate the value and importance of research, celebrating successes and raising the profile amongst staff and the public.</p> <p>9.2. Adopt the national approach to communications and engagement for research in Wales to ensure there is clear and consistent messaging.</p> <p>9.3. Have active representation at the Health and Care Research Wales Communications Alliance.</p>	<p>9.1 Substantial work has been undertaken with the communications team, including press releases to coincide with the strategic plan launch, support with events, and ongoing social media input. One off funding awards have also been profiled through communication materials, including recent investments in supporting commercial respiratory research.</p> <p>9.2, 9.3, 9.6. Hywel Dda UHB works closely with the HCRW communications network to enhance new stories about research and innovation activities.</p> <p>9.4. The recently formed Centre for Social Innovation is offering new research partnership opportunities with third sector</p>

<p>9.4. Develop plans to raise awareness of the importance of research among local diverse communities, collaborating with researchers and ensuring proactive engagement with underrepresented groups, including working in partnership with third sector organisations and their local communities.</p> <p>9.5. Include research in the NHS organisation’s equality, diversity and inclusion plans with a strong commitment to active engagement with specific groups to address health inequalities through research.</p> <p>9.6. Adopt national research campaigns and link local research with national Health and Care Research Wales research to maximise impact.</p>	<p>organisations and local communities. In addition, the Department for Research, Innovation and Value continues to support research across the organisation in areas including ‘Arts in Health’ and ‘Biophilic’ healthcare design. All of this is possible outside the HCRW research funding allocation. Individual research groups (e.g. women’s health) will also have their own engagement mechanisms to formulate research questions.</p>
<p><b>10. Research Impact</b></p> <p>Supportive organisations:</p> <p>10.1. Have a commitment to open access publishing for research findings, including a commitment to ensure that researchers follow the open access policies of those funding their work, to ensure that research outcomes are freely available and encourage the use of research findings.</p> <p>10.2. Have systems in place to enable research from Wales, the UK and beyond to influence practice and service delivery on an ongoing basis to improve and enhance the quality of services.</p>	<p>10.1. Hywel Dda UHB has a strong commitment to open access publishing.</p> <p>10.2. There is a commitment to ensuring evidence-based practice, supported by strong relationships between R&amp;D and wider functions of the medical directorate, including effective clinical practice.</p> <p>10.3. While HCRW funding cannot be utilised to support research relating to service re-design, Hywel Dda UHB benefits</p>

<p>10.3. Develop plans to ensure research is supported during service redesign and informs the design of new models of service delivery based on outcomes from national, UK wide and international research.</p> <p>10.4. Work with Health and Care Research Wales to develop mechanisms for measuring the economic and societal value associated with research and its impact.</p>	<p>from the capacity that its VBHC team and the TriTech Institute are able to offer.</p> <p>10.4. Hywel Dda UHB is contributing to the national work being undertaken to understand the wider economic and societal benefits of research and development.</p>

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<p><b>Strategy:</b></p> <p>ve organisations:</p> <p>1.1. Have clear vision for research and ambitious R&amp;D strategies, with aligned implementation plans and continuous progress monitoring.</p> <p>Strategies will:</p>	<p>1.1 New Research and Innovation Strategy (2025-2030) signed off by Board in March 2025, formally launched in June 2025 and showcased at an event at the Pentre Awel scheme 16 October 2025. Second regional showcase on 31 October. Strategic plan and launch process addresses all adjacent actions.</p>

<ul style="list-style-type: none"> <li>• be coproduced with the public and key stakeholders to ensure they are patient/ public centred</li> <li>• outline a clear vision</li> <li>• demonstrate a clear connection to wider organisational strategies and service plans</li> <li>• demonstrate alignment with the opportunities presented by national and UK wide R&amp;D strategies</li> <li>• be signed off by the Board, alongside a time bound implementation plan</li> <li>• be widely promoted to staff and the public.</li> </ul> <p>1.2. Demonstrate a clear connection between their strategy and implementation plans and key local and national indicators for research performance.</p> <p>1.3. Ensure R&amp;D has full representation and visibility within the NHS organisations Integrated Medium-Term Plan (IMTP).</p>	<p>1.2 Progress against the strategy, and research performance is reported through bi-monthly R&amp;D Leadership Group meetings and quarterly Research &amp; Innovation Sub-Committee governance structures.</p> <p>1.3 R&amp;I sit within the Medical Directorate and strategic aims are reflected in the annual planning cycle /IMTP.</p>
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<p>movement of staff. This may include working with other NHS organisations, Digital Health and Care Wales, Health Education and Improvement Wales, and the Regional Innovation and Improvement Coordination Hubs.</p> <ul style="list-style-type: none"> <li>Life science companies and representative bodies as part of Wales and UK wide industry collaboration plans, whilst developing efficient systems to support commercial research.</li> </ul> <p>3.3. Establish partnerships with external expert advisory boards and key international opinion leaders to bring fresh insight and perspective; act as critical friends and collaborative partners; and help NHS researchers to benchmark against internationally leading research within their fields.</p>	<p>3.3 The Research and Innovation Director, Head of Research, and Head of TriTech are well represented on national and international research and innovation advisory arrangements. For example, the Director sits on the Commercial Research Wales Delivery Board.</p>
<p><b>4. Research Support</b></p> <p>Supportive organisations have:</p> <p>4.1. R&amp;D offices and/or departments to support researcher development, research governance and the set-up, delivery, and quality assurance associated with studies.</p> <p>4.2. Support for research within departments and directorates including support for staff time and NHS support services for research such as radiology, pathology, pharmacy, finance, and workforce and organisational development (W&amp;OD).</p>	<p>4.1 We have appointed 2 new assistant heads in 2025 each leading a distinct part of R&amp;D. Chris Tattersall has direct responsibility for Research Support (Research development, governance, set-up and quality assurance) and Research Delivery (participant recruitment). We continue to support 4 Clinical Research Centres based at each of the district general hospitals.</p> <p>4.2 R&amp;D continue to fund wider support services for research within Hywel Dda in pathology, pharmacy and finance. Radiology support for R&amp;D is limited in terms of capacity and</p>

<p>4.3. The ability to assess organisational capacity and capability to undertake research so that studies can be hosted or sponsored.</p> <p>4.4. Access to well-equipped physical and digital library services, where staff can access information on research outcomes to inform best practice.</p> <p>4.5. Access to suitable space, facilities, and equipment for the conduct of research, with ongoing development enabled through the organisation's facilities and estates strategy.</p> <p>4.6. An effective and efficient Information Management &amp; Information Technology (IM&amp;IT) infrastructure and systems to support research, with evidenced alignment to organisational digital strategies and national strategies, including those produced by Health and Care Research Wales for example supporting data and software that adheres to the FAIR (Findable, Accessible, Interoperable, and Reusable) principles to allow full repeatability, reproducibility, and reuse.</p> <p>4.7. Processes in place to contribute to the availability of health data for research purposes, increasing data resources for secure access data via trusted research environments and supporting more diverse research enabled by data driven services.</p> <p>4.8. A commitment to embracing emerging technologies and to research enabled by data and digital tools, leveraging the strength of NHS Wales and UK health data assets to allow for more high-quality research to be</p>	<p>wider solutions are being explored through HCRW's national task and finish group as well as accessing ILS2 as part of our University Partnership arrangements. Digital enablement is a new area of focus.</p> <p>4.3 We have a research study set-up team with 3 staff members led by Chris Tattersall. Our study set-up times are efficient and have been commended by HCRW in a recent annual performance review (10.11.2025)</p> <p>4.4 We have Library facilities online and at each of our district general hospitals.</p> <p>4.5 Over the last year we have invested in fit for purpose Clinical Research Facilities at Withybush Hospital Haverfordwest and upgraded our facilities in Prince Philip Hospital in Llanelli. We now have a rolling programme to maintain facilities at each of the district general hospitals</p> <p>4.6 Closer collaboration with our digital colleagues has been enabled through the creation of the Digital, Data and Information Committee which brings together research, innovation and digital/IT for the first time within the organisation's governance structures.</p> <p>4.7 &amp; 4.8 In July 2025, Hywel Dda UHB published a five-year Strategic Plan for Research and Innovation. The plan sets out a</p>
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<p>developed and delivered, whilst adhering to data protection obligations in relation to conducting research.</p>	<p>vision for high-quality and impactful research and innovation, which improves services and health outcomes for communities, patients, and staff. The actions contained within the plan to improve access included developing research and innovation capability and capacity in other corporate departments (e.g. digital services, leadership and management practice), primary care and public health. One of the early priorities of the plan, now supported by the establishment of the new Digital, Data and Innovation Committee, is to assess how the R&amp;I and Digital Departments could work together to support research and innovation into new digital and data technologies. Through meaningful relationships with public services, communities, universities and industry Hywel Dda is currently exploring ways to accelerate our digital research and innovation ambitions.</p>
<p><b>5. Research delivery</b></p> <p>Supportive organisations:</p> <p>5.1. Implement UK and Wales wide research delivery support programmes in partnership with the Health and Care Research Wales.</p> <p>5.2. Adopt One Wales approaches (where Welsh organisations operate as a national collective) to research delivery to enable streamlining,</p>	<p>5.1 – 5.6 We have a dedicated team of research delivery and support staff who actively engage with HCRW and identify suitable studies for adoption in Hywel Dda. We align with Health board and population health priorities, have a rapid</p>

<p>reduce duplication and consistency across Wales including national approaches for research approvals, rapid study setup and delivery.</p> <p>5.3. Strategically manage the NHS organisation’s research portfolio, to lead and participate in a wide range of research, capitalising on local strengths and research groups, organisational priorities and research capacity and capability.</p> <p>5.4. Support research with high policy relevance which aligns with priorities at a national and regional level, and the NHS organisation’s local population health needs.</p> <p>5.5. Set realistic study delivery targets, ensure research delivery to time and target as agreed with sponsors and monitor the performance of individual studies, ensuring study management data is accurately recorded and monitored frequently.</p> <p>5.6. Regularly review the organisation’s track record in research delivery across the portfolio, understanding the context with local intelligence and benchmarking with UK peers.</p>	<p>study set up process and research delivery capability across all counties. Study set up and recruitment to time and target (the national KPI) is monitored weekly at Research Delivery Meetings, alternate months at R&amp;D Delivery Leadership Team and Research &amp; Development Leadership Group meetings and quarterly at R&amp;ISC. We also meet HCRW for regular performance management meetings. Studies slow to recruit or failing to meet the recruitment target set are discussed weekly and appropriate action plans put in place to meet the target where possible.</p>
<p><b>6. Finance Supportive organisations:</b></p> <p>6.1. Secure adequate funding from Health and Care Research Wales to establish a sustainable R&amp;D function covering research development and delivery and manage the funding transparently, in line with the Health and Care Research Wales R&amp;D Finance Policy.</p>	<p>6.1 The Research Delivery Funding awarded to Hywel Dda in 2025/2026 was £1,081,673. Core staffing costs £1,398,567 which leaves us with an underlying deficit of £316,894. This is being managed through an OCP and external income</p>

<p>6.2. Include R&amp;D within the organisation’s financial strategies and plans.</p> <p>6.3. Have financial plans for R&amp;D with good forecasting, timely invoicing, and proportionate risk management.</p> <p>6.4. Have a commitment to generate research income for non-commercial studies (i.e. from research funders, research councils and third sector organisations) and commercial studies (i.e. from industry partners) to facilitate capacity building.</p> <p>6.5. Help existing and prospective researchers secure grants from a wide range of funding sources to advance their studies leading to high quality and impactful outcomes and peer-reviewed international journal publications.</p> <p>6.6. Ensure financial support is provided to advise on and monitor all costs relating to commercial and non-commercial research.</p>	<p>generation, which has included a substantial commercial research funding award. Ongoing discussions with HCRW are aiming to arrive at a more sustainable solution</p> <p>6.2 &amp; 6.3 &amp; 6.6 R&amp;D financial position is reported for scrutiny monthly to HCRW/WG through face-to-face meeting, bi-monthly to R&amp;D Leadership Group and quarterly through the R&amp;ISC. We fund a finance assistant who manages invoicing and R&amp;D income as per the NHS R&amp;D Funding Policy.</p> <p>6.4 A successful bid to WG/HCRW for monies to increase our commercial research in both respiratory and metabolic specialisms has positively enhanced both our commercial research infrastructure and portfolio this year. A successful collaboration with Roche has also enabled us to open 2 commercial gastroenterology studies at Bronglais Hospital.</p> <p>6.5 The researcher support function within the Health Board is funded by research income and supports staff from all professional groups to apply for grants and research awards. We currently have 6 staff with dedicated research time awards, greatly supported by a researcher development function.</p>
<p><b>7. NHS Workforce Capacity and Capability</b></p>	

Supportive organisations:

7.1. Promote R&D in the organisation's W&OD strategy to facilitate research and recognise the benefits of being a research supportive NHS organisation in attracting talented staff.

7.2. Deliver NHS workforce plans where research is a key component which will include plans to:

- raise awareness of research and research careers through a variety of mechanisms to attract more people into research careers, whilst providing role variety, job enhancement and facilitating staff retention (e.g. through staff induction and mandatory training).
- build research capacity and capability for all staff by supporting the professional development of research knowledge and skills (e.g. through PADRs, mentoring, and signposting to national training opportunities provided through Health and Care Research Wales and other training providers across Wales and the UK).
- ensure that all NHS staff have the opportunity to support research by including research in all NHS job descriptions and have protected time for research for NHS staff through job planning and PADRs.
- maintain support for research in the NHS workforce during times of clinical crises such as urgent public health emergencies and winter pressures, where research activity should be focussed toward the clinical needs.

7.1. Hywel Dda UHB has a strategic workforce group, which the Head of R&D is a member of. Several steps are being taken by this group to attract and retain the best staff in West Wales, with the benefits of R,D,&I being increasingly understood.

7.2. Hywel Dda UHB funds a small researcher development unit on a cost recovery basis, which works hard to secure internal and external support for research interested staff. This has resulted in several staff, spanning professions, being awarded funding to advance their research careers. Like most organisations, the bigger challenge has been carving out time within existing job and work plans for research within existing directorate budgets. While there are examples in some areas of this happening, service pressures means that this is not as widespread as the ambition conveyed within the recent research and innovation strategic plan. This will be a priority over the coming strategic planning period.

<ul style="list-style-type: none"> <li>• enhance research delivery capacity amongst the workforce, including the capability to support clinical trials, ensuring good clinical governance and best practice. o adopt national policies enabling agile regional and national mobilisation of the R&amp;D workforce across NHS organisation boundaries and adopt flexible approaches to staff contracts with partner organisations to promote cross-organisational working.</li> <li>• facilitate access to support for staff at all levels who wish to undertake research, advising on how to navigate the R&amp;D environment and signposting to internal and external sources of information (e.g. on funding streams, protocol development, writing funding applications, statistical support, research design and methods).</li> <li>• explore opportunities for investment in joint clinical academic roles in specialties and disciplines aligned to local and national plans, in partnership with universities.</li> </ul>	
<p><b>8. Public Involvement and Participation</b></p> <p>Supportive organisations:</p> <p>8.1. Have an evidenced commitment to proactive public involvement and participation in the development and delivery of research studies where the public’s experience is valued and where they can play a variety of roles adding significant value to research e.g. strategy development, setting research priorities, study steering group member,</p>	<p>Section 8.1 – 8.8. There is considerable overlap between this section and section 9. PPI happens more proactively at a research study by study basis, where it is easier to convene meaningful and formative engagement with public and community representative. Many of the steps within the adjacent column are undertaken as research funding applications are worked through. At a strategic level, the</p>

as a research participant and in shaping plans to share the findings of research.

8.2. Allocate sufficient budget to public involvement, ensuring that public contributors are acknowledged and recognised for their time, lived experience and contribution, in the form of monetary payment or other methods of reward and recognition in line with best practice guidelines.

8.3. Ensure that all research supported by the NHS organisation is people centred, supporting research to make it easier for patients, service users and members of the public to access research of relevance to them and be involved in its design, learning directly from public experience.

8.4. Adopt the national approach to promote research opportunities to staff and the public, including working in partnership with key stakeholders such as third sector organisations to promote research opportunities to communities of people with lived experiences; and signpost access to the organisations and NHS Wales' research portfolio to enhance participation.

8.5. Ensure that the public involved in the NHS organisation's research represents the population it serves with equality, diversity and inclusion being key drivers, and develop flexible approaches to involvement to

Department for Research, Innovation and Value is leaning into the Health Board wide participatory mechanisms.

<p>enable inclusive representation e.g. addressing barriers to involvement and participation through language barriers and literacy levels etc.</p> <p>8.6. Adopt the UK Standards for Public Involvement, enabling good practice in public involvement.</p> <p>8.7. Facilitate access to national training on public involvement for research active staff, to raise awareness on how to effectively involve the public in research.</p> <p>8.8. Have active representation on the Health and Care Research Wales Public Involvement Alliance.</p>	
<p><b>9. Communications and Engagement</b></p> <p>Supportive organisations:</p> <p>9.1. Include research in the NHS organisation’s communications and engagement plans to demonstrate the value and importance of research, celebrating successes and raising the profile amongst staff and the public.</p> <p>9.2. Adopt the national approach to communications and engagement for research in Wales to ensure there is clear and consistent messaging.</p> <p>9.3. Have active representation at the Health and Care Research Wales Communications Alliance.</p>	<p>9.1 Substantial work has been undertaken with the communications team, including press releases to coincide with the strategic plan launch, support with events, and ongoing social media input. One off funding awards have also been profiled through communication materials, including recent investments in supporting commercial respiratory research.</p> <p>9.2, 9.3, 9.6. Hywel Dda UHB works closely with the HCRW communications network to enhance new stories about research and innovation activities.</p> <p>9.4. The recently formed Centre for Social Innovation is offering new research partnership opportunities with third sector</p>

<p>9.4. Develop plans to raise awareness of the importance of research among local diverse communities, collaborating with researchers and ensuring proactive engagement with underrepresented groups, including working in partnership with third sector organisations and their local communities.</p> <p>9.5. Include research in the NHS organisation’s equality, diversity and inclusion plans with a strong commitment to active engagement with specific groups to address health inequalities through research.</p> <p>9.6. Adopt national research campaigns and link local research with national Health and Care Research Wales research to maximise impact.</p>	<p>organisations and local communities. In addition, the Department for Research, Innovation and Value continues to support research across the organisation in areas including ‘Arts in Health’ and ‘Biophilic’ healthcare design. All of this is possible outside the HCRW research funding allocation. Individual research groups (e.g. women’s health) will also have their own engagement mechanisms to formulate research questions.</p>
<p><b>10. Research Impact</b></p> <p>Supportive organisations:</p> <p>10.1. Have a commitment to open access publishing for research findings, including a commitment to ensure that researchers follow the open access policies of those funding their work, to ensure that research outcomes are freely available and encourage the use of research findings.</p> <p>10.2. Have systems in place to enable research from Wales, the UK and beyond to influence practice and service delivery on an ongoing basis to improve and enhance the quality of services.</p>	<p>10.1. Hywel Dda UHB has a strong commitment to open access publishing.</p> <p>10.2. There is a commitment to ensuring evidence-based practice, supported by strong relationships between R&amp;D and wider functions of the medical directorate, including effective clinical practice.</p> <p>10.3. While HCRW funding cannot be utilised to support research relating to service re-design, Hywel Dda UHB benefits</p>

<p>10.3. Develop plans to ensure research is supported during service redesign and informs the design of new models of service delivery based on outcomes from national, UK wide and international research.</p> <p>10.4. Work with Health and Care Research Wales to develop mechanisms for measuring the economic and societal value associated with research and its impact.</p>	<p>from the capacity that its VBHC team and the TriTech Institute are able to offer.</p> <p>10.4. Hywel Dda UHB is contributing to the national work being undertaken to understand the wider economic and societal benefits of research and development.</p>