

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR

RESEARCH AND INNOVATION COMMITTEE/ CYFARFOD IS- BWYLLGOR YMCHWIL AC ARLOESI

Date of last meeting/ Dyddiad y cyfarfod diwethaf/: 02 March 2026

Quoracy/ Cworwm/: Met

Report by/ Adroddiad gan: Mark Henwood, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Research and Innovation Sub-Committee (R&ISC) have no matters they wish to **alert** to members of the Digital, Data and Innovation Committee.

Advise² (to monitor)/ **Cynghori** (i fonitro)

The Research and Innovation Sub-Committee wish to **advise** members of the Digital, Data and Innovation Committee that:

- The Research & Development (R&D) and TriTech & Innovation (T&I) Divisions continue to experience delays in relation to digital clearances for research and innovation projects. The issues have been reflected in the TriTech Risk Register and discussions continue to take place to seek appropriate solutions.

Assure³ (to note)/ **Sicrhau** (i nodi)

Research and Innovation Sub-Committee wish to **assure** members of the Digital, Data and Innovation Committee that:

- Members approved the RISC Terms of Reference for onward ratification by DDIC (Appendix 1).
- The R&D annual reports, Research Quality & Sponsorship Group and T&I provided assurance on the governance arrangements in place.
- Assurance was provided on the Research and Development financial position with any shortfall to be met from the Research Capacity Account funds.
- Progress was noted in commercial research activity, including success in securing additional Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) funding to support commercial respiratory research. The funding will support an academic research fellow, in partnership with Swansea

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

University, additional capacity for radiology support, and investment in equipment and facilities.

- Members noted strong performance within the R&D delivery and support functions, recognising a continued positive recruitment figure to date for 2025/26 and recent success in recruiting to the SANDBOX study. SANDBOX is a commercial research study that combines blood-based biomarkers, genetic testing and artificial intelligence to support faster and more accurate diagnosis of dementia and reduce waiting times. The study will be delivered across Health Boards in Wales, alongside sites in England and Scotland, making it one of the most comprehensive real-world dementia research programmes in the UK. Strong collaboration between the Memory Service and Research teams was also noted, with the Memory Service providing invaluable support by facilitating timely access to referral information and the Research Team demonstrating their adaptability thus enabling patients to be approached promptly and efficiently.
- Assurance was received that the agreed solutions are in place to increase radiology capacity to approve studies, supported by a recent collaboration agreement and successful ILS2 funding with Swansea University for radiology services and staffing.
- Hywel Dda has submitted three applications for the Emerging Researcher Award (ERA), the outcome of which will be in April 2026.
- An update on the Research and Innovation (R&I) Strategic Plan 2025-30, and its annual assessment against the national HCRW research framework, was noted, with progress against objectives accepted.
- Received assurance by the activities of the Research Quality and Sponsorship Group (RQSG).
- Noted the intent from Welsh Government to audit NHS organisations on their compliance with Research Delivery Funding grant award and HCRW R&D finance policy. Outcomes and feedback will be discussed at the face-to-face meeting with Welsh Government 07 May 2026
- The Welsh Government review of R&D adherence to the NHS Research and Development Framework (2023) and Hywel Dda's annual self-assessment of progress against the 10 pillars were noted. No concerns were raised against current progress and adherence. Feedback to be discussed with Welsh Government on 7 May 2026. The R&ISC paper is attached as Appendix 2.
- Members noted and approved the draft Cancer Pathways Project report, subject to minor amendments to ensure all professional groups are appropriately reflected. The project, led by a dedicated task and finish group and supported by Welsh Government and Health and Care Research Wales will identify barriers to equitable access to cancer trials across the region and propose solutions. The R&ISC agreed to explore funding options to support continuation of the project. The R&ISC paper is attached as Appendix 3, with the full report available on request.
- Plans are in place to rotate the university representative for the coming year.
- Members received assurance from the TriTech and Innovation (T&I) financial position and the T&I activity report, which detailed the performance and activity across the reporting period.
- While assurance was received on the T&I progress against the original business plan (2021-2025), KPI 9 (Intellectual Property (IP)) was not met due to recent contracted projects not including new IP.

- Received an update on national developments for both Research and Development, and TriTech and Innovation.
- Members noted progress with the Centre for Social Innovation (CfSI) at University of Wales Trinity Saint David (UWTSD) and were informed that a revised collaboration agreement was signed in February 2026. The annual report and Work Plan are currently in progress. It was agreed that CfSI would be added to the Research & Innovation Sub-Committee work plan.
- The Pentre Awel project has experienced further delays and expected occupancy for Research and Innovation into Block D is likely quarter 3 of 2026/27. An interim agreement to occupy space in Block B at Pentre Awel is progressing with relocation likely by June 2026.

Review of Risks/ Adolygiad o Risgiau

The Research and Development (R&D) Risk Register was discussed, and members were advised risk 1492 (Risk to research delivery funding) was increased in December 2025 and will be formally reviewed once confirmation of 2026/2027 Research Delivery Funding. Research Capacity funds are being utilised to support the in-year overspend. A wider financial projection for the next three years is being undertaken, which will inform a further review, or consideration to close the risk. Monitoring of this risk continues through the R&D Leadership Group.

The R&ISC also reviewed the two TriTech and Innovation risks that are aligned to it. There was no change to the score for risk 1511 (regulatory climate). Risk 1508 (lack of wider organisation support) remains at 12 due to delays in digital support for projects. These delays have the potential to impact approval timelines, which in turn creates financial exposure and threaten delivery against agreed milestones. The R&ISC explored steps that could be taken to de-risk, including the inclusion of timelines and service standards. The Director of Research, Innovation and Value and the Executive Medical Director have initiated discussions with relevant colleagues to facilitate a solution.

Sharing of learning/ Rhannu dysgu

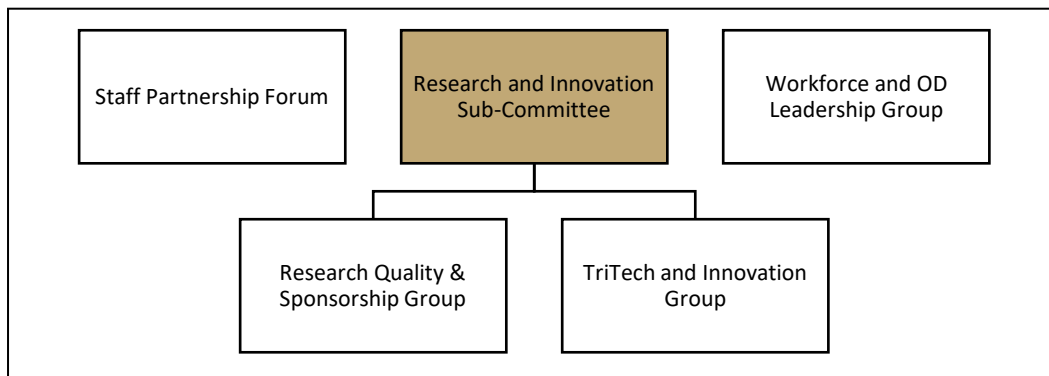
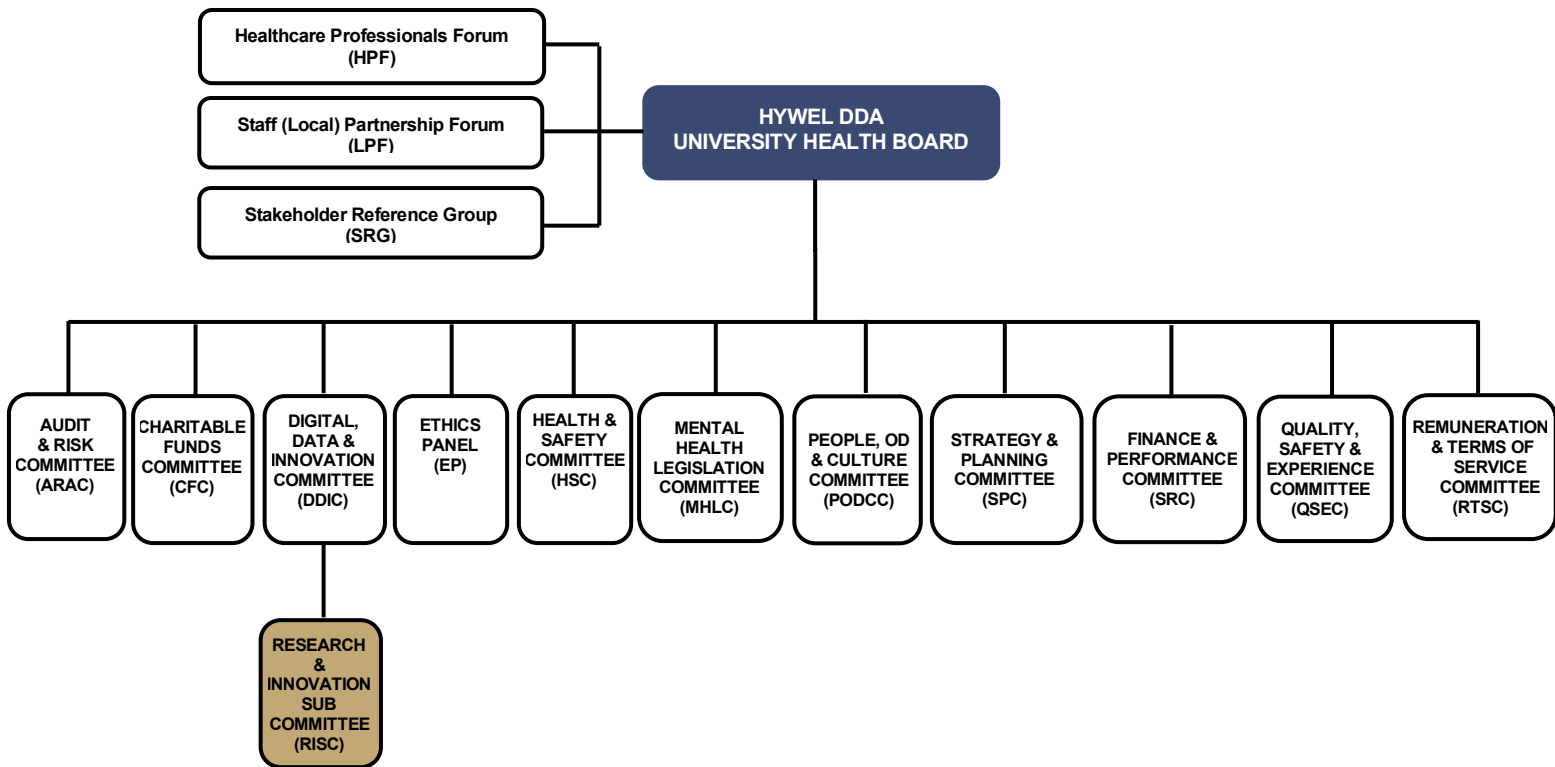
Recommendation/ Argymhelliad

The Board/Committee is asked to:

- Approve the Research and Innovation Sub-Committee Terms of Reference.
- Note the items the Committee is advising them of
- Be assured on the items that the Committee is providing assurance on

Date of next meeting/ Dyddiad y cyfarfod nesaf: 08 June 2026

Agenda, papers and minutes are available on request



TERMS OF REFERENCE

RESEARCH & INNOVATION SUB-COMMITTEE

Version	Issued to:	Date	Comments
V0.2	Research & Development Committee	07.10.2013	Approved
V0.3	Research & Development Committee	24.10.2014	Approved
V0.4	University Partnership Board	16.11.2015	Approved

V0.5	Research & Development Sub-Committee	27.11.2015	Approved
V0.6	Research & Development Sub-Committee	22.02.2016	Approved
V0.7	Research & Development Sub-Committee	13.02.2017	Approved
V0.8	Research & Development Sub-Committee	21.05.2018	Approved
V0.9	Research & Development Sub-Committee	14.09.2020	Approved
V0.9	Quality, Safety & Experience Assurance Committee	06.10.2020	Approved
V10.0	Research & Innovation Sub-Committee	08.03.2021	Approved
V10.0	Quality, Safety & Experience Assurance Committee	13.04.2021	Approved
V11.0	Research & Innovation Sub-Committee	14.03.2022	Approved
V11	People, Organisational Development and Culture Committee	04.04.2022	Approved
V12	Research & Innovation Sub-Committee	13.03.2023	Approved
V12	People, Organisational Development and Culture Committee	03.04.2023	Approved
V13	Research & Innovation Sub-Committee	11.03.2024	Approved
V13	People, Organisational Development and Culture Committee	15.04.2024	Approved
V14	Research & Innovation Sub-Committee	10.03.2025	Approved
V14	Digital, Data and Innovation Committee	22.04.2025	Approved
V15	Research & Innovation Sub-Committee	02.03.2026	Approved
V15	Digital, Data and Innovation Committee	21.04.2026	For approval

RESEARCH & INNOVATION SUB-COMMITTEE

1. Constitution

- 1.1. The Research & Innovation Sub-Committee (R&ISC) is a Sub-Committee of the Digital, Data & Innovation Committee (DDIC).

2. Purpose

- 2.1. The purpose of the Research & Innovation Sub-Committee is to assure the Board, via the Digital, Data & Innovation Committee, that it is discharging its functions and meeting its responsibilities with regards to the quality and safety of research, development and innovation activity carried out within the organisation.

The guiding principles will be:

- 2.1.1 a clear strategy;
- 2.1.2 clear governance and performance management
- 2.1.3 working within budget constraints.

- 2.2. The Research & Innovation Sub-Committee will promote and support involvement in high quality, multi-disciplinary and multi-agency healthcare research, development and innovation, promote evidence-based healthcare, build research

and innovation capacity and foster a research and innovation culture, including patient/public involvement where appropriate.

- 2.3. The Research & Innovation Sub-Committee will facilitate collaboration with the Research and Academic community to maximise outcome and impact for the Health Board and the patients it serves.

3. Key Responsibilities

- 3.1. Assure the Board, through the DDIC, in relation to arrangements for ensuring compliance with all relevant frameworks, UK Clinical Trials, Clinical Investigations and other Regulations (transposed into UK law from European Union Directives) and reporting requirements.
- 3.2. Assure the Board, through the DDIC, that the sponsorship of research studies by Hywel Dda University Health Board follows a robust scientific review and complies with all relevant regulations.
- 3.3. Assure the Board, through the DDIC, that the arrangements for undertaking real world evaluations are robust and comply with all relevant regulations.
- 3.4. Assure the Board, through the DDIC, that Research and Innovation funding is being spent according to requirements.
- 3.5. Receive assurance on the management of operational risks that have been aligned to the Sub-Committee and provide assurance to the DDIC that risks are being managed effectively and report any areas of concern, e.g. where risk tolerance is exceeded, lack of timely action.
- 3.6. Receive assurance on the progress of HDdUHB hosted and sponsored research studies.
- 3.7. Receive assurance on the progress of real-world evaluations taking place in the HDdUHB.
- 3.8. Receive and comment on financial, performance management and data reports from the Research and Innovation Operational Teams.
- 3.9. Oversee the development and implementation of the Health Board's Research & Innovation Strategic Plan.
- 3.10. Oversee the development and approval of research and innovation written control documents (policies, plans, Standard Operating Procedures, etc) within the scope of the Sub-Committee, obtaining ratification as and where appropriate.
- 3.11. Consider the implications for the Health Board of the outcomes arising from relevant review, audit or inspection carried out by external regulatory authorities, review progress with resulting Corrective and Preventative Action plans (CAPAs) and authorising their completion.
- 3.12. Ensure strong relationships and effective communication with associated Higher Education Institutions and other external organisations.

- 3.13. Support Universities with their research & innovation agenda, including undergraduate /postgraduate work, research impact, and their Research Excellence Framework submission.
- 3.14. Ensure the HDdUHB maintains its University status by monitoring and driving improvement in those metrics associated with University status against which it will be judged by Welsh Government:
- University Links
 - Health Education and Training Contribution
 - Contribution to Quality Care
 - Contribution to Health Research
 - Contribution to other Health Related activities
- 3.15. Report on research and innovation activity to relevant health community committees and the Health Board via the Director of Research, Innovation and Value, or a nominated deputy.
- 3.16. Agree issues to be escalated to the DDIC, with recommendations for action.

4. Membership

4.1 The membership of the Research & Innovation Sub-Committee shall comprise:

Title
Medical Director (Chair)
Director Research, Innovation & Value (Vice Chair)
Independent Member
Clinical Director Research & Development
Head of Research & Development
Head of TriTech & Innovation
Research & Innovation Finance Business Partner
Head of Data Science
Assistant Director of People Planning
Head of Nursing (with a responsibility for research)
Deputy Director of Health Sciences (with a responsibility for research)
A representative from one University Partner organisation
Executive Director of Public health
Representative from a 3 rd Sector Organisation
Head of Culture and Workforce Experience
Research active representatives as required

4.2 The membership of the Sub-Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than a third (5) of the membership and must include as a minimum the Chair or Vice Chair of the Sub-Committee and a research active clinician.
- 5.2 An Independent Member shall attend the meeting in a scrutiny capacity.
- 5.3 Any senior officer of the HDdUHB or a partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.4 The Sub-Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any member be unavailable to attend, they may nominate a fully briefed deputy to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chair of the Research & Innovation Sub-Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.7 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Sub-Committee Secretary is to hold an agenda setting meeting with the Chair and the Sub-Committee Lead at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Sub-Committee work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Sub-Committee Members. Following approval, the agenda and timetable for papers will be circulated to all Sub-Committee Members.
- 6.3 All papers must be approved by the Director of Research, Innovation and Value.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Sub-Committee Secretary within the next **seven** days. The Sub-Committee Secretary will then forward the final version to the Sub-Committee Chair for approval.

7 Frequency of Meetings

- 7.1 The Sub-Committee will meet quarterly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Sub-Committee in discussion with the Director of Research, Innovation and University Partnerships.

- 7.2 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary, shall determine the time and the place of meetings of the Sub-Committee and procedures of such meetings.

8. Accountability, Responsibility and Authority

- 8.1 The Sub-Committee will be accountable to the Digital, Data & Innovation Committee for its performance in exercising the functions set out in these terms of reference.
- 8.2 The Sub-Committee shall embed the HDdUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 8.3 The requirements for the conduct of business as set out in the HDdUHB's Standing Orders are equally applicable to the operation of the Sub-Committee.

9. Reporting

- 9.1 The Sub-Committee, through its Chair and Members, shall work closely with the Board's other committees, including joint /sub committees and groups to provide advice and assurance to the Board through the:
- 9.1.1 Joint planning and co-ordination of Board and Committee business;
- 9.1.2 Sharing of information.
- 9.2 In doing so, the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 9.3 The Sub-Committee may establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The Sub-Committee will receive updates following each meeting, detailing the business undertaken on its behalf. The following management groups have been or will be established:
- Research Quality and Sponsorship Group
 - TriTech and Innovation Group
- 9.4 The Sub-Committee Chair, supported by the Sub-Committee Secretary, shall:
- 9.4.1 Report formally, regularly and on a timely basis to the Digital, Data & Innovation Committee on the Sub-Committee's activities. This includes the submission of a Sub-Committee update report for information after every meeting, as well as the presentation of an Annual Report within 6 weeks of the end of the financial year;
- 9.4.2 Bring to the Digital, Data & Innovation Committee's specific attention any significant matters under consideration by the Sub-Committee;
- 9.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive, or Chair of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10. Secretarial Support

10.1 The Sub-Committee Secretary shall be determined by the Director of Research, Innovation and Value.

11. Review Date

11.1 These terms of reference shall be reviewed on at least an annual basis by the Sub-Committee for approval by the People, Organisational Development and Culture Committee.



**IS-BWYLLGOR YMCHWIL A DATBLYGU
RESEARCH AND INNOVATION SUB-COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 March 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Adherence to NHS Wales Research and Innovation Framework
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mark Henwood, Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Sally Hore, Head of Research and Development

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

An assessment of Hywel Dda UHB's adherence to the requirements of the NHS Wales Research and Development Framework, as required by 31 March 2026. The Research and Innovation Sub-Committee is asked to receive assurance in the update.

Cefndir / Background

The NHS Wales Research and Development (R&D) Framework (WHC/2023/026) sets out national expectations for embedding research as a core and routine component of health and care services across Wales. Welsh Government emphasises that active participation in research improves the quality and safety of care and contributes directly to better population health outcomes.

Following publication of the Framework in 2023, all NHS organisations completed an initial baseline assessment. In Hywel Dda UHB, the baseline assessment was considered by the Research and Innovation Sub Committee in October 2023, which was assured by the update.

Welsh Government has now confirmed that a “two-year on” assessment of progress against implementation of the Framework must be completed by 31 March 2026, with findings forming part of the next annual R&D review meetings with each NHS organisation in the Spring.

The assessment process, template and accompanying guidance have been co-developed with NHS Wales R&D colleagues through two national workshops held in October–November 2025. The purpose is to evaluate organisational progress against each of the ten pillars of the NHS R&D Framework, identify achievements and challenges since 2023, and outline forward-looking plans aligned to the NHS Planning Framework 2026–2029.

Welsh Government expects this assessment to be a cross-organisational exercise, with contributions from planning teams, clinical and operational services, finance, workforce, communications, digital services and public involvement teams. The completed return must describe:

- the internal process used to compile the assessment;
- progress against each of the ten pillars since the 2023 baseline;
- planned priorities for the next 1–3 years (these are set out within Hywel Dda UHB’s Research and Innovation Strategic Plan); and
- supporting evidence, including metrics, governance documents, and strategic plans.

The assessment section describes the process that the Division has gone through and a detailed assessment of the current position when compared to the baseline in 2023 is also provided.

Asesiad / Assessment

While Welsh Government has asked for this periodic review, the R&D Division routinely examines performance against the framework as a core part of its business. This is done through the Research and Innovation Sub-Committee at every one of its meetings, with a 3As report then going into the Digital, Data, and Innovation Committee (DDIC) before its ultimate consideration at the Board. The ‘pillars’ of the framework are embedded within Hywel Dda UHB’s new Research and Innovation Strategy (2025-2030), which means that they are becoming an integral and core part of how we operate. The R&ISC and DDIC have representatives planning teams, clinical and operational services, finance, workforce, communications, digital services and public involvement teams. They therefore ensure that research is an embedded part of all that we do.

In advance of knowing of the Welsh Government’s requirement, the DDIC received its annual update of performance against the Framework at its meeting on 16 January 2026 and reported that it was assured with reported progress.

In discussion around the framework, the DDIC questioned the financial environment within which the R&D Division operates and specifically why Hywel Dda UHB’s grant allocation was lower than other Health Boards in Wales, particularly in view of its population size, disease burden and good research activity levels. The DDIC asked for the Finance and Research and Innovation Director to raise this issue with the Welsh Government during the annual performance review. The DDIC also asked for the Executive Team to consider how constraints to undertaking more research and innovation could be overcome. A Business Executive Team meeting will be scheduled for the Spring.

The review of Hywel Dda UHB’s adherence to the R&D framework is included at Appendix A. It should be noted that while the first two columns of the table were considered at the DDIC meeting, the third column summarising the reported position at 2023 was not included. This is due to only being aware of this Welsh Government requirement upon receipt of a letter from the Chief Medical Officer setting out the same dated 19 December 2025, after the deadline for DDIC paper submission. It is for this reason that a further update is being provided to the DDIC for assurance.

Argymhelliad / Recommendation

To receive assurance from the update of Hywel Dda UHB’s adherence to the requirements of the R&D Framework.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Version 14.0
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Set out within main body of report
Rhestr Termiau: Glossary of Terms:	Included in the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw yr Is-Bwyllgor Ymchwil A Datblygu: Parties / Committees consulted prior to R&I Sub-Committee	Digital, Data, and Innovation Committee (16 January 2026)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable

Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

APPENDIX A – Adherence to the NHS Wales R&D Framework		
Framework Pillar	Hywel Dda UHB adherence 2026	Hywel Dda UHB adherence in 2023 (summarised)
<p>Strategy:</p> <p>Supportive organisations:</p> <p>1.1. Have clear vision for research and ambitious R&D strategies, with aligned implementation plans and continuous progress monitoring. Strategies will:</p> <ul style="list-style-type: none"> • be coproduced with the public and key stakeholders to ensure they are patient/ public centred • outline a clear vision • demonstrate a clear connection to wider organisational strategies and service plans • demonstrate alignment with the opportunities presented by national and UK wide R&D strategies 	<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&D Leadership Group meetings and quarterly Research & Innovation Sub-Committee governance structures.</p> <p>1.3 R&I resides within the Medical Directorate and strategic aims are reflected in the annual planning cycle /IMTP.</p>	<p>Our overall position was described as strong. Hywel Dda UHB has a well established Research & Innovation Strategy (2021–24), with clear goals, Board oversight, annual implementation plans, and regular performance reporting. The organisation already sees this as an area of strength and is preparing early for the next strategy.</p>

<ul style="list-style-type: none"> • be signed off by the Board, alongside a time bound implementation plan • be widely promoted to staff and the public. <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&D has full representation and visibility within the NHS organisations Integrated Medium-Term Plan (IMTP).</p>		
<p>2. Governance and Leadership</p> <p>Supportive organisations:</p> <p>2.1. Demonstrate clear board commitment to research, with evidence of members contributing 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&D research and innovation</p>	<p>Overall position described as strong with one improvement area. Robust governance structures were described, including the Research and Innovation Sub Committee, supported by refreshed membership and university representation. Leadership structures are clear and active, with regular</p>

<p>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&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 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&D Director, who have dedicated time to oversee the R&D strategy and provide strategic leadership.</p> <p>2.5. Have a dedicated committee wired into the NHS organisation's governance where research is</p>	<p>champion and sits on the Research and Innovation Sub Committee (R&ISC) and Digital, Data and Innovation Committee (DDIC).</p> <p>2.3 As above (2.2) as well as dedicated communications and annual R&I Conference (Research & Innovation in Health & Life Sciences Conference 16.10.2025).</p> <p>2.4 Dedicated Executive Lead (Mr Mark Henwood) and R&I Director (Dr Leighton Phillips) in place. Executive lead chairs Research and Innovation Sub Committee meeting.</p> <p>2.5 R&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&D annual report and progress against the "Research Matters – What excellence looks like in the NHS" Framework (HCRW/WG 2023)</p>	<p>reporting to Board committees. We reported in 2023 that we needed better public facing communication about research opportunities.</p>
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<p>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&D strategy, including reporting progress for a public facing audience for example, through a public facing annual report outlining R&D activities and income</p>	<p>submitted through above committee structures March/April annually.</p>	
<p>3. Partnership and Collaboration</p> <p>Supportive organisations:</p> <p>3.1. Establish strong interdisciplinary working within the organisation between departments and specialisms; across primary, secondary and community care; and evidenced connections across</p>	<p>3.1 R&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>	<p>In 2023, our position was described as rapidly maturing. We set out that Hywel Dda UHB has strong partnerships aligned to strategic priorities (e.g., cancer, ophthalmology, orthopaedics, TriTech). These partnerships have raised the organisation's profile and secured external opportunities. One development area was to strengthen relationships with research funders and expand links with public sector partners.</p>

<p>research, training and education, service improvement and innovation.</p> <p>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:</p> <ul style="list-style-type: none"> • 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) 	<p>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.</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.</p>	
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<ul style="list-style-type: none"> 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. <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</p>	<p>For example, the Director sits on the Commercial Research Wales Delivery Board.</p>	
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<p>internationally leading research within their fields.</p>		
<p>4. Research Support</p> <p>Supportive organisations have:</p> <p>4.1. R&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&OD).</p> <p>4.3. The ability to assess organisational capacity and capability to undertake research so</p>	<p>4.1 We have appointed 2 new assistant heads in 2025 each leading a distinct part of R&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&D continue to fund wider support services for research within Hywel Dda in pathology, pharmacy and finance. Radiology support for R&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</p>	<p>We described improving research support functions, including improved processes, dedicated facilities, job planned time, and team stability. We also pointed to some risks, including workforce pressures, corporate support capacity (in areas including IG) and limited flexibility around fixed term staffing.</p>

<p>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 & 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</p>	<p>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 & 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,</p>	
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<p>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 developed and delivered, whilst adhering to data protection obligations in relation to conducting research.</p>	<p>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.</p>	
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<p>5. Research delivery</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, 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,</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 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 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>We described our position as being good, with robust prioritisation and study selection, good clinical engagement and recruitment to target performance in several areas. Our ongoing challenge is how to run an efficient R&D service in view of geography, which presents some unique challenges when compared to urban centres. We described the need to work on a structure that enables succession planning, and to adopt a stronger approach to regional working, particularly in areas like Oncology.</p>

<p>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>		
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<p>6. Finance Supportive organisations:</p> <p>6.1. Secure adequate funding from Health and Care Research Wales to establish a sustainable R&D function covering research development and delivery and manage the funding transparently, in line with the Health and Care Research Wales R&D Finance Policy.</p> <p>6.2. Include R&D within the organisation's financial strategies and plans.</p> <p>6.3. Have financial plans for R&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</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, as our view remains that we are underfunded relative to other organisations when considering population size, disease burden, and trial activity.</p> <p>6.2 & 6.3 & 6.6 R&D financial position is reported for scrutiny monthly to HCRW/WG through face-to-face meeting, bi-monthly to R&D Leadership Group and quarterly through the R&ISC. We fund a finance assistant who manages invoicing and R&D income as per the NHS R&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</p>	<p>A strong financial governance position was described, with the transparent use of HCRW funds, strengthened financial tracking and good income generation (mainly through innovation portfolio). We highlighted the need for external financial support for our research development function and a desire for deeper engagement with the new research faculty.</p>
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<p>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>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. We now target two HCRW faculty awards a year.</p>	
<p>7. NHS Workforce Capacity and Capability</p> <p>Supportive organisations:</p> <p>7.1. Promote R&D in the organisation's W&OD strategy to facilitate research and recognise the benefits of being a research</p>	<p>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.</p>	<p>A moderately strong position was described, requiring continued development. R&D governance in 2023 resided with the People Organisational Development and Culture Committee, enabling integration with workforce planning. A growth in honorary appointments and job-planned research time was reported. However, we also pointed to some gaps including job descriptions</p>

<p>supportive NHS organisation in attracting talented staff.</p> <p>7.2. Deliver NHS workforce plans where research is a key component which will include plans to:</p> <ul style="list-style-type: none"> • 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 	<p>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. R&D is represented on the staffing and workforce fora within the organisation. Some recent success includes the appointment of clinical research fellows in collaboration with Swansea University.</p>	<p>detailing research and the need to continue expanding protected research time.</p>
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<p>and other training providers across Wales and the UK).</p> <ul style="list-style-type: none"> • 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 clinical governance and best practice. <ul style="list-style-type: none"> o adopt national policies enabling agile regional and national mobilisation of the R&D 		
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<p>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">• facilitate access to support for staff at all levels who wish to undertake research, advising on how to navigate the R&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).• explore opportunities for investment in joint clinical academic roles in specialties and disciplines aligned to local and national plans, in partnership with universities.		
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<p>8. Public Involvement and Participation</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, as a research participant and in shaping plans to share the findings of research.</p> <p>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</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, including the stakeholder advisory committee.</p>	<p>We described partially meeting expectations against this pillar, with strong PPI in areas including respiratory and diabetes research. A clear area for improvement was described around engaging with the public around the strategic direction of research and innovation.</p>
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<p>and recognition in line with best practice guidelines.</p> <p>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.</p> <p>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.</p> <p>8.5. Ensure that the public involved in the NHS organisation’s research</p>		
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<p>represents the population it serves with equality, diversity and inclusion being key drivers, and develop flexible approaches to involvement to 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>9. Communications and Engagement</p>	<p>9.1 Substantial work has been undertaken with the communications team, including press releases to coincide with the strategic plan</p>	<p>We described the position as developing but behind where it needs to be. Good internal communications were</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>9.4. 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</p>	<p>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 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>described (SharePoint, engagement sessions, campaigns). External communications were described as improving with a marketing agency providing support. We described the need to improve public facing communication around research opportunities.</p>
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<p>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>9.5. This is an active part of how we plan and manage research and innovation.</p>	
<p>10. Research Impact</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</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&D and wider functions</p>	<p>A mixed position was described. A strong publication record exists where expertise is defined (notably where we have dedicated Chief Investigators), and the TriTech Institute was assisting improve communication reach. However, a gap still exists in demonstrating the impact research and innovation can have to service delivery across the organisation.</p>

<p>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>10.3. 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>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 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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**IS-BWYLLGOR YMCHWIL A DATBLYGU
RESEARCH AND INNOVATION SUB-COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Improving access to oncology research
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leighton Phillips, Director of Research, Innovation and Value
SWYDDOG ADRODD: REPORTING OFFICER:	Sally Hore, Head of Research & Development

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Research & Innovation Sub Committee (R&ISC) are provided with a report setting out the findings of a regional review assessing the reasons for inequity of access to oncology clinical trials across South West Wales and practical actions that could be taken to improve the situation. This report proposes a response to the report and is brought to R&ISC for assurance.

Cefndir / Background

Hywel Dda University Health Board's (HDdUHB) new Research and Innovation Strategic Plan (2025-2030) commits to improving access to high-quality research and innovation that improves services, health and wellbeing. Clinical research and innovation are recognised within the strategic plan as vital drivers of improved patient outcomes and enhanced quality of care. Some services in South West Wales depend upon regional working between HDUHB and Swansea Bay University Health Board (SBUHB), which has implications for improving access to research and innovation.

One example of this is the delivery of non-surgical oncology services, with SBUHB acting as the central provider through the South West Wales Cancer Centre (SWWCC). This centre has a strong track record in research, supported by a dedicated cancer research delivery team. Over recent years, SBUHB has led and participated in practice-changing trials, including global partnerships with major pharmaceutical companies and pioneering work in radiotherapy trials.

Despite these achievements, access to oncology clinical trials across the wider South West Wales region covering Carmarthenshire, Pembrokeshire and Ceredigion remain inequitable, largely determined by a patient's postcode. For example, patients in the SBUHB region benefit from significantly more opportunities to participate in interventional drug trials than those in HDdUHB. While some HDdUHB patients can access trials at SBUHB - particularly those requiring radiotherapy - many are excluded for reasons including capacity constraints, lack of dedicated oncology research staff in HDdUHB, and gaps in supporting services.

Recognising the unacceptable nature of this inequity and supported by a commitment within HDdUHB's research and innovation strategic plan, a dedicated task and finish group was convened, led by Dr Sarah Gwynne, and financially supported by Welsh Government and Health and Care Research Wales. The group's remit was to identify the barriers to equitable trial access and propose solutions. Their work builds on previous strategic initiatives, including the South West Wales Cancer Centre Strategic Programme Case and an options appraisal developed by R&D leads from both health boards. These earlier efforts highlighted the need for a regional approach to research delivery, improved documentation of policies, and investment in workforce and infrastructure.

The R&ISC were provided with findings from the report. The report reflects extensive engagement with clinical and research teams, mapping progress against strategic aims and identifying areas where further work is required. It acknowledges the enthusiasm among teams to participate in oncology research, despite operational challenges. The findings underscore the importance of establishing robust structures, investing in dedicated personnel, and coordinating health boards with national strategies to ensure equitable access to clinical trials and position South West Wales as a leader in cancer research.

The assessment section summarised the key findings from the report and given the magnitude of the work programme required, proposes some practical next steps to maintain momentum. As a condition of funding the report will need to be submitted to the Welsh Government for consideration, and it is therefore important that both Health Boards are content with its content and the proposed next steps.

The Welsh Government is also interested in the findings as it has set out ambitious new cancer research targets, which aim to significantly expand clinical trial participation and innovation. Key goals include increasing patient recruitment to commercial trials by 400%, prioritising later-phase studies to accelerate access to advanced treatments, and boosting Phase III trials to over half of the portfolio. The Cancer Research Strategy (CReSt) focuses on six priority areas: precision oncology, immuno-oncology, radiotherapy innovation, clinical trials, palliative care, and prevention with early diagnosis. These ambitions are underpinned by commitments to reduce health inequalities, attract investment, and integrate digital and data-driven approaches for personalised care and faster diagnosis.

Asesiad / Assessment

The report at Doc One provides a candid assessment of the main constraints to improving access to oncology studies across South West Wales. The key findings include:

- **Evidence of Inequitable Access:** There is significant variation in access to oncology clinical trials across South West Wales, with patients' access to trials largely determined by where they live. An assessment of oncology clinical trial activity over the past four years provides evidence of SBUHB patients having greater access to interventional trials than those in HDdUHB.
- **Capacity Constraints:** Both health boards face insufficient capacity in key areas including systemic anticancer therapy (SACT) delivery, pharmacy, radiology, pathology, and consultant time. These constraints are exacerbated by the additional workload of clinical trial activity, which will need to be carefully planned and worked through.
- **R&D Workforce Gaps:** HDdUHB currently lacks dedicated oncology research delivery staff, and existing vacancies and gaps in supporting services further limit the ability to open and run trials. There are differences in the way in which R&D is organised within

HDUHB reflecting its geography and the distributed nature of service delivery that add further complexity when striving for improved access to oncology clinical trials.

- **Policy and Governance Issues:** There are gaps in documentation of policies around trial access, no overarching oversight of clinical trial activity across the region, and limited recognition of research activity in service agreements. The latter is an impediment to building trust and confidence between HDdUHB and SBUHB, particularly in relation to the reimbursement for care provided to non-resident clinical trial participants.
- **Enthusiasm and Opportunity:** Despite operational challenges, there is strong enthusiasm among clinical teams to participate in research, and recent strategic initiatives have laid the groundwork for improvement. The report contains an important survey of consultants to explore the steps that could be taken to improve their participation in leading oncology clinical trials.

In response to these and other findings, the report makes several recommendations, grouped under eight themes. The report contains significant detail on why each of the following areas is considered important:

1. **Securing Regional Recognition and Support.** The report proposes:
 - Establishing an oncology clinical trials steering group with representation from both SBUHB and HDdUHB.
 - Developing clear, regularly reviewed policies for patient access to trials across health board boundaries.
 - Seeking investment to increase trial activity in HDdUHB, including dedicated research staff and infrastructure.
2. **Developing the workforce.** The report proposes:
 - Building resilience and career development in both research and medical workforces.
 - Recognising clinical trial activity in job planning and support cross-cover arrangements for consultants.
 - Encouraging improved participation in schemes such as the NIHR Associate PI programme.
3. **Aligning support services.** The report proposes:
 - Investing in pharmacy, radiology, and pathology to address current shortages and prepare for increased trial activity.
 - Ensuring new facilities (e.g., aseptic units) open on time and are adequately staffed.
 - Increasing collaboration between pharmacy staff across the region to improve resilience and share working practices.
4. **Developing collaboration and information sharing agreements.** The report proposes:
 - Reinstating joint meetings between research teams in both health boards.
 - Establishing mechanisms for sharing best practice, resources, and information governance agreements.
 - Promoting awareness of clinical trials among staff and patients.
5. **Getting the necessary collaboration agreements in place.** The report proposes:
 - Ensuring ongoing access to trials outside the region, including phase 1 trials at Velindre Cancer Centre and other UK sites.

- Reviewing Long Term and Service Level agreements to ensure reciprocal financial agreements that enable funding to follow the patient within the region.
6. **Developing innovative clinical trial delivery models.** The report proposes:
 - Exploring novel approaches such as virtual clinics, remote consent, and mobile services to overcome geographical barriers.
 - Considering hub-and-spoke models and participant identification centres to streamline trial delivery.
 7. **Developing programme leadership.** The report proposes:
 - Maintaining dedicated programme leadership and project management capacity to oversee implementation of recommendations.
 - Tracking progress through a shared risk register and regular review meetings.
 8. **Aligning with national initiatives.** The report proposes:
 - Connecting with other relevant projects and leaders in Wales for co-production and ensure regional representation.
 - Aligning with national strategies and taskforces, such as the Less Survivable Cancers Taskforce and Moondance Cancer Initiatives.
 - Maximising the investment secured through national investment schemes (e.g. VPAG) designed to support increases in cancer research activity.

The report is comprehensive and sets out a thoughtful and reasonable set of recommendations to address long standing issues. However, its recommendations vary in complexity. Some recommendations are relatively easy to implement, requiring minimal appraisal, as there is only one approach that can be taken, and the level of resource investment is minimal and can be covered within existing budgets (e.g. convening a regional oncology research meeting twice a year). Other recommendations are considerably more complex, where several options are likely to be available and the selected option will have a significant influence on cost (e.g. improving capacity within support areas or enhance R&D delivery staff within HDUHB).

For these reasons, the following three step approach will be taken to advance the report's key proposals:

1. Confirm the content of the report and the broad shape of its recommendations, recognising that further refinement and appraisal will be required as the recommendations are implemented. This paper provides the basis for the confirmation, to be agreed by the R&D Leadership Group and then taken through the governance arrangements of HDdUHB and SBUHB, including the R&ISC, for assurance. The paper and recommendations will also be considered by the Regional Joint Committee for South West Wales. For the avoidance of doubt, agreeing the broad shape of the recommendations does not mean that all will be implemented regardless of implications and costs. When health board requirements have been satisfied, the report will be submitted to the Welsh Government.
2. Continue and enhance the programme leadership arrangements and establish a clinical trial steering group. The past 12 months has resulted in significant momentum in the work to identify what needs to be done to improve patient access to oncology studies across south-west Wales. This has been in no small part due to having dedicated capacity in place, including clinical leadership, nursing, and project management input. This needs to be maintained and ideally increased with the appointment of a clinical fellow (who would report to the consultant oncologist leading the work), for the extensive list of recommendations to be implemented in a timely manner. The addition of steering

group for clinical trials, with full representation from both health boards, will facilitate rapid and efficient review of any oncology clinical trials that might open/are open in either health board. The costs for this are in the table below:

Role	Band	WTE	Cost (pa)	Justification
Research coordinator	B7	0.2	£12,454	Maintain momentum from the task and finish group Act as liaison between the two health boards e.g. implementing hub and spoke models
Research Officer	B5	0.2	£6,798	Support research coordinator post in Hywel Dda
Admin support	B4	0.1	£3,502	Provide admin support for the team and the clinical trials steering group
Clinical lead/chair	Consultant pay scale, mid point	0.2	£33,172	Provide the oversight needed to maintain momentum To act as the liaison between the research teams and regional and national leadership/stakeholders
Clinical Fellow	ST5	0.4	£31,324	Provide support to the clinical lead and other members of the clinical trial steering group to achieve their aims Support for the education, clinical and administrative aspects of the implementation Future planning, building future leaders
Total			£87,250	

The total costs to continue the work would be £87,250. The responsibility for meeting the proposed costs would be shared equally between the research and development functions of both health boards, who will jointly apply to Welsh Government for funding to meet this commitment. There is a strong prospect of this being successful. If this is not the case, the research and development function in HDdUHB will have to consider committing its own discretionary funding to ensure its contribution of £43,625k in 2026/27 can be met. When discussed at the R&D Leadership Group on 9 February 2026, while supporting this important work was endorsed, concerns were raised about the financial pressure it could put on an already pressurised Division. It was therefore agreed, in the event of the Welsh Government not supporting the request, discussions would take place within the Medical Directorate about the best way of meeting the costs at a reduced level. The reduced level would remove the cost of a clinical fellow. This would ensure at least some momentum would be maintained around the trials steering group. The revised total cost would be £55,926, with a Hywel Dda UHB contribution of £27,963. Please note this is slightly less than the level discussed at leadership group, due to refinement of costs between the meeting and the date of the R&ISC.

3. Implement the remaining recommendations, subject to their appraisal, in line with the timeline proposed within the main report. Where recommendations require new

business cases, the same will be brought back through the decision making and governance arrangements of SBUHB and HDdUHB in accordance with the proposed timeline. An immediate opportunity has presented to apply for VPAG national funding to support infrastructure and staffing requirements that would enable an increase in commercial clinical trial activity. Both SBUHB and HDdUHB have collaborated on a VPAG bid to fund principal radiographer time at the imaging suite of ILS2 at Swansea University.

The progression of this work will showcase research and development work at a regional level, putting the patient at the centre, regardless of where they live. Should the status quo remain, inequity of access of clinical oncology trials will continue, which will impact on the ability of patients in west Wales to access new treatments which could improve outcomes or quality of life, as well as inform future standards of care.

The main regional governance route for the work will be through the Regional Research, Innovation and Excellence Delivery and Oversight Group, which reports into the Regional Joint Committee. This will receive regular updates from the steering group as well as support the development and submission of bids for funding/business cases to take forward specific recommendations.

Argymhelliad / Recommendation

The R&ISC is asked to:

- Confirm the content of the overall report and broad shape of the recommendations, allowing its submission to the Digital Data & Innovation Committee for assurance.
- Support the R&D Leadership Groups position to continue the clinical leadership time, nursing time and administrative support. If financially viable, increase this capacity through the appointment of a clinical research fellow. R&ISC are asked to support the position reached that an application will be made to Health and Care Research Wales for the funding required to support this arrangement. In the event of this being unsuccessful, discussions will take place with the Medical Directorate, to identify the best route for discretionary funding to ensure the minimum commitment level of £27,963 can be met for 26/27 financial year, allowing continued momentum and time to identify the resources for the medium term.
- Note the implementation of the programme of work documented within the report in line with the associated timelines and acknowledging that further work and appraisal will be required to translate some of the recommendations into fully worked through and implementable actions.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.2
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Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
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Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.3 Quality Improvement, Research and Innovation
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Within report
Rhestr Termau: Glossary of Terms:	Within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw yr Is-Bwyllgor Ymchwil A Datblygu: Parties / Committees consulted prior to R&I Sub-Committee	Leadership Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The financial implications are considered within the main body of the report. Any expenditure will be committed in accordance with Hywel Dda UHB Finance Policies and Procedures.
Ansawdd / Gofal Claf: Quality / Patient Care:	No negative impacts expected. Positive impacts can be expected through widening access to oncology research studies.
Gweithlu: Workforce:	Workforce implications are considered within the main report. All staffing changes will be made in accordance with Hywel Dda UHB policies and procedures.
Risg: Risk:	Potential risks considered. The risk of not doing is greater than doing. Widening access to clinical trials can improve care quality and clinical outcomes.

Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	No immediate reputational risks.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

Research and Innovation Sub-Committee

ANNUAL REVIEW REPORT

2025/2026

1. Introduction and Chair's summary

In line with Standing Orders the Research and Innovation Sub-Committee (R&ISC) must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Groups it has established, setting out how the Sub-Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework:

Chairs Reflections

The Research and Innovation Sub-Committee has overseen a substantial work programme in 2025/2026. It has stewarded the delivery of key research and innovation performance and financial indicators, while adopting a thorough approach to risk management. There have been numerous key achievements, including:

- delivering the new Research and Innovation Strategic Plan 2025-2030;
- advancing regional oncology work plans;
- delivering research on behalf of the Welsh NHS Executive;
- winning commercial research investment;
- developing a new business plan for the TriTech Institute; and
- winning substantial research and innovation investment to deliver projects through the TriTech & Innovation Division.

The priorities for 2026/2027 will include

- Delivery of the commercial research objectives associated with successful voluntary scheme for branded medicines pricing, access and growth (VPAG) funding
- Re-establishing researcher development function
- Implementing findings from oncology review
- Delivering first year objectives from the new TriTech Business Plan
- Securing one additional and substantial industry partnership
- Delivering first phase of national breathlessness work

2. Terms of Reference and Workplan

The TOR for the Research and Innovation Sub-Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 2 March 2026.

The Research and Innovation Sub-Committee has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Sub-Committee’s Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The Research and Innovation Sub-Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee’s objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

3. Group/s (if applicable)

The Research Quality and Sponsorship Group (RQSG) and the TriTech and Innovation Group (TIG) report into the R&I Sub-Committee with their own terms of reference and workplans for the year.

The Group’s TOR were last reviewed on 2 March 2026.

In line with their Terms of Reference, the Group is required to provide a report after each meeting.

4. Table of attendance

Membership	Date 09/06/25	Date 15/09/25	Date 10/12/25 Extraordinary	Date 18/12/2025	Date 02/03/26
Medical Director (Chair)	x	x	x	✓	x
Director Research, Innovation & Value (Vice Chair)	✓	✓	✓	x	✓
Independent Member	✓	✓	✓	x	✓
Clinical Director Research & Development	✓	✓	✓	x	x
Head of Research & Development	✓	x	x	x	✓
Head of TriTech & Innovation	✓	✓	✓	x	✓
Deputy Head of Business Control	✓	✓	x	x	x



(Finance Business Partner)					
Research active representatives as required	N/A	N/A	N/A	N/A	N/A
Head of Data Science	✓	✓	x	x	x
Assistant Director of People Development	x	x	✓	✓	x
Assistant Director of Nursing (with a responsibility for research)	x	x	x	x	x
Assistant Director of Health Science (with a responsibility for research)	✓	x	x	x	x
University representative	x	✓	x	x	x
Head of Medical Education and Knowledge	x	x	x	x	x
Representative from a 3 rd Sector Organisation	x	✓	x	✓	x
Head of Research, Innovation & Improvement, Regional Partnership Board	x	x	x	x	x
In Attendance	09/06/25	15/09/25	10/12/25	18/12/2025	02/03/26
Deputy Head of TriTech	x	x	x	✓	✓
Head of Nursing	✓	✓	x	✓	✓
Assistant Head of Research Support	x	P	P	P	x
Assistant Head of Research Delivery	x	P	x	P	P
Specialist Projects – Medical Directorate	P	P	P	x	P
Head of Culture and Workforce Experience	x	x	x	x	x
Executive Director of Public Health	P	x	x	x	x
Deputy Director of Health Sciences	P	x	P	P	x
R&D Operations Support Officer	P	P	P	P	P

Meeting quorate?	Yes	Yes	Yes	Yes	Yes

A quorum shall consist of no less than a third (7) of the membership, or a nominee and must include as a minimum the Chair or Vice Chair of the Sub-Committee and a research active clinician.

5. Sub-Committee Activities – alert, advise and assure.

The Sub-Committee is required to report to the Committee after each Sub-Committee meeting by presenting a report highlighting the key discussion items.

Alert – *The following matters were areas where the Sub-Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve, and were alerting the Board as engagement action or intervention was required.*

The Research and Innovation Sub-Committee **alerted** Digital, Data and Innovation Committee (DDIC) members on 22 July 2025 that Research Delivery Funding (RDF) from Health and Care Research Wales (HCRW) for 2025/2026 identified a funding gap and cost pressure for R&D to manage in year. This gap would be met by a further R&D account called ‘Research Capacity Building’.

While it was anticipated that that this would reduce throughout the year and would not present a pressure to the wider Health Board, Research and Innovation Committee agreed a meeting with HCRW would take place to clarify the position, notify of any potential risks, and request a review. It was agreed by DDIC members on 22 July 2025 that the Director of Finance would join the meeting with HCRW.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

The Research and Innovation Sub-Committee **advised** members of the DDIC of the following issues:

- On the 9 June 2025:
 - The approval of the Good Clinical Practice Policy (Policy 822)
 - Progress and close monitoring of the Social Innovation Project
- On 15 September 2025:
 - Management and monitoring plans around risk 1492 (continued monitoring of the financial position of R&D).
- On 2 March 2026:
 - Delays associated with digital clearances and capacity for R&D and Innovation projects.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

On 9 June 2025, 15 September 2025, 18 December 2025 and 2 March 2026, Research and Innovation Sub-Committee members discussed and took assurance on reports covering:

- The financial positions of R&D and TriTech and Innovation Divisions;
- The operational activities of the R&D and TriTech and Innovation Divisions, including the key decisions made by the TriTech and Innovation Sub-Group;
- Key risks and management plans for the R&D Division and TriTech and Innovation Division. There was one exception. On the 15 September 2025, R&ISC members were not assured by the risk register as it was not reflective of the financial report update. They asked for the risk score to be reconsidered. This was undertaken and assurance was subsequently received in the meeting on the 18 December 2025;
- The activities of the Research Quality and Sponsorship Group;
- University partnership activities, including refreshing the memorandum of understanding (MoU) and work plans of regionally based university partners.

In addition, Research and Innovation Sub-Committee members discussed and received assurance on several issue specific reports throughout the year, covering:

- An update on Hywel Dda UHB's performance against the national R&D Framework at the R&ISC meeting on 18 December 2025;
- A Commercial Research update at the R&ISC meeting on 2 March 2025;
- The final report from the Regional Oncology Research Pathways report, including actions and next steps on 18 December 2025.
- At an extraordinary meeting on 10 December 2025, the new TriTech Institute Business Plan.

Discussed and Noted

On 9 June 2025, 15 September 2025, 18 December 2025 and 2 March 2026, Research and Innovation Sub-Committee members discussed and noted verbal and written reports covering the following:

- Health and Care Research Wales and Innovation National Updates;
- Updates against the Trittech Business Plan;
- Updates on Pentre Awel and the proposed movement of Research and Innovation activities to the scheme;
- Updates on the Centre for Social Innovation.

In addition, Research and Innovation Sub-Committee members discussed and took assurance on several issue specific reports throughout the year, including:

- On the 9 June 2025:
 - An update on the R&D Strategic Plan 2025-30;
 - An overview of the Novel Technologies study and key considerations concerning commercialisation;

- Feedback provided from the R&D's annual review with HCRW;
- A close down report for the 2021-24 Research and Innovation Strategic Plan;
- A VPAG commercial research update, including funding awarded.
- On 15 September 2025:
 - A further commercial research/VPAG update;
 - An update on the Organisational Change Process within R&D;
 - An overview of the Regional Cancer Pathways project;
 - An R&I Strategic Plan (2025-2030) update;
 - A discussion paper on Digital Research and Innovation activities.
- On 18 December 2025:
 - Correspondence relating to HCRW's annual review and proposed audit of financial compliance.
- On 2 March 2026:
 - The new HCRW finance policy;
 - An update on the R&D OCP;
 - An overview of how the R&D Division is complying with Welsh Government requirements, including with the NHS research framework.

Approved

Items approved by the Research and Innovation Sub-Committee during the year.

- Minutes of R&ISC meetings in 2025/26;
- Issues to escalate to DDIC;
- Meeting 2 March 2026:
 - Annual review of R&ISC ToR, v15.0
 - Annual review of RQSG ToR, v3.0
 - Annual review of TriTech & Innovation Group (TIG) ToR, v1.7
 - R&ISC Annual report 2025/26. Approved subject to utilisation of correct format and reflecting key decisions made during the meeting.
 - RQSG Annual report 2025/26
 - TIG Annual report 2025/26

6. Conclusion

The Research and Innovation Sub-Committee is satisfied that it continues to operate effectively and in line with the Terms of Reference. Issues have been escalated to the Committee as appropriate to evolve and continually improve.