



**PWYLLGOR DIGIDOL, DATA AC ARLOESI**  
**DIGITAL, DATA AND INNOVATION COMMITTEE**

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	21 April 2026
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Research and Innovation Impact
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Mark Henwood, Executive Medical Director
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Leighton Phillips, Director of Research, Innovation and Value

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The Committee will receive two brief Research and Innovation case studies demonstrating their impact within Hywel Dda University Health Board (HDdUHB). The Committee is asked to note the case studies.

Cefndir / Background

Research and innovation are fundamental to the National Health Service because they directly improve patient outcomes, enhance service quality, and strengthen the health system's ability to adapt and evolve. Nurturing research and innovation ensures that patients have access to new treatments, health inequalities are reduced, and care is grounded in robust, up-to-date evidence, helping deliver safer and more effective services. Research and innovation active organisations also see wider benefits, including higher staff satisfaction, improved recruitment and retention, and stronger organisational learning cultures. UK-wide policy documents highlight that research is essential for generating innovation, informing service redesign, and enabling the NHS to remain resilient and sustainable, particularly through periods of rapid change. Research also brings significant economic value to the NHS through funding, commercial income, and efficiencies generated by evidence-based practice, reinforcing its role as a strategic investment in both population health and the long-term viability of NHS services.

In recognition of this, the NHS Wales Research and Development (R&D) Framework emphasises that research impact is achieved when organisations make research findings openly accessible, ensure that evidence from Wales, the UK and internationally is routinely used to influence clinical practice and service delivery, and embed research within service redesign to inform new models of care. The framework states that supportive organisations actively strengthen their ability of research to shape high-quality, evidence-based services and work with Health and Care Research Wales to develop mechanisms that measure the economic and societal value of research, ensuring its benefits are fully realised across the health system. A similar framework does not exist for innovation, but several of the principles apply.

At their meeting on 16 January, the Digital, Data, and Innovation Committee (DDIC) members asked for a routine programme of presentations to demonstrate the actual impact that research and innovation is having in HDdUHB. At their meeting on 21 April 2026, DDIC members will receive two five-minute presentations setting out research and innovation case studies.

The assessment sections provide a very brief overview of the case studies.

## **Asesiad / Assessment**

### **Case Study 1 – Innovation in Cardiovascular Disease Management**

The Committee will receive an overview of a major innovation strategic partnership between Amgen Biotechnology, HDdUHB, Swansea Bay University Health Board (SBUHB), and Swansea University, established to address the growing burden of atherosclerotic cardiovascular disease (ASCVD) across Wales. The Committee will be presented with the rationale for the collaboration, highlighting rising disease prevalence, persistent inequalities, and significant gaps in risk factor management. The approach taken to the innovation spanned two phases.

Phase 1 involved using Wales' rich informatics infrastructure, particularly the SAIL databank at Swansea University, to map national trends in CVD and lipid/blood pressure management, uncovering declining prescribing rates, suboptimal LDLC control, and widespread under documentation of key parameters such as LDLC and QRISK. These findings demonstrated the scale of unmet need and the necessity of more sophisticated risk stratification tools, leading to the development of a new approach to understanding risk, the REACT score, as a secondary prevention risk calculator.

Phase 2 tested a series of specialist pharmacist led CVD prevention clinics delivered across secondary care hubs, community settings, and GP practices. The evaluation showed strong clinical effectiveness, with meaningful reductions in LDLC ( $\approx 0.9\text{--}1.18$  mmol/L) and systolic blood pressure ( $\approx 16\text{--}30$  mmHg). Patient retention rates were high, and both patient and staff feedback demonstrated that the service was experienced as supportive, holistic, and motivational. The analysis also confirmed the feasibility of point of care lipid testing, with strong correlation to laboratory methods. Economic evaluation found that the secondary care hub model was the most cost effective (ICER £3,087/QALY), while other models were more resource intensive and delivered fewer QALYs.

The Committee will hear that together, the findings show that combining advanced informatics, high intensity clinical intervention, and structured pharmacist led optimisation produces significant clinical gains and has the potential to reduce 10 year CVD risk by around 20%. The programme demonstrates the value of a "learning laboratory" approach, which uses real world data to test, refine, and evaluate targeted interventions within a controlled environment. The report concludes that a ringfenced, multidisciplinary service can address treatment gaps, improve outcomes, and inform future population health strategy for Wales. The partnership model also offers a blueprint for scalable national adoption and for further collaboration with industry and academic partners.

SBUHB and HDdUHB are now considering how best to sustain this model, with a high level of input from respective Value Based Health Care teams.

### **Case Study 2 – Commercial Research at Bronglais General Hospital**

Commercial research refers to industry sponsored clinical trials and studies delivered by HDdUHB on behalf of pharmaceutical, biotech, medtech, or life sciences companies. Unlike publicly funded research, these studies operate on a contracted, full cost recovery basis. The studies require clear governance, regulatory compliance, and dedicated delivery capacity. Hywel Dda's Research & Innovation Strategy (2025–2030) positions commercial research as a key growth area, with national VPAG investment (a fund aimed to improve organisational capacity for commercial research) now strengthening trial capacity across respiratory, metabolic, and oncology specialties.

Participating in commercial research brings substantial benefits. Patients gain early access to advanced treatments and technologies, improving outcomes and enhancing equity of access. Staff benefit through specialist training, enhanced skills, and greater job satisfaction, while clinical services strengthen through evidence based practice and exposure to innovative care models. Commercial trials also generate valuable income to reinvest in services, workforce, and research infrastructure, while raising the organisation's profile, influence, and partnerships across the NHS, academia, and industry.

The Committee will receive an overview of the impact that participating in commercial research has had for staff and patients at Bronglais General Hospital.

#### Argymhelliad / Recommendation

The Committee is asked to note the impact case studies.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.2 Seek assurance on the direction, development and delivery of the Health Board's research and innovation strategies to drive change and transformation in line with the Health Board's Annual Plan/Integrated Medium Term Plan (IMTP).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Detailed within report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable – paper provided for information
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable – paper provided for information
<b>Gweithlu: Workforce:</b>	Not applicable – paper provided for information
<b>Risg: Risk:</b>	Not applicable – paper provided for information
<b>Cyfreithiol: Legal:</b>	Not applicable – paper provided for information
<b>Enw Da: Reputational:</b>	Not applicable – paper provided for information

<b>Gyfrinachedd: Privacy:</b>	Not applicable – paper provided for information
<b>Cydraddoldeb: Equality:</b>	Not applicable – paper provided for information



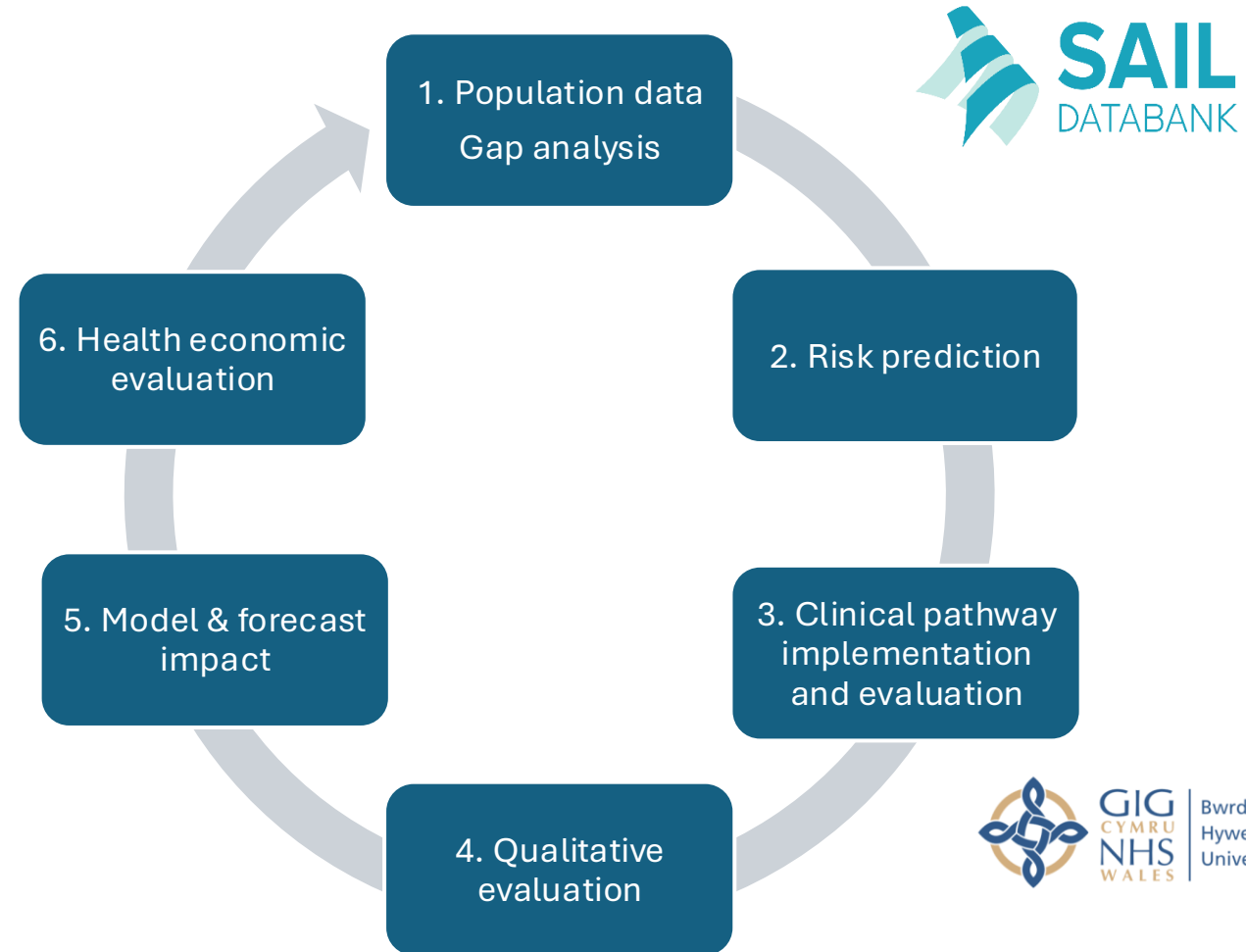
## Atherosclerotic Cardiovascular Disease (ASCVD) the most common cause of death:

Effective preventive care (BP, Lipid, Antithrombotic Therapy, Lifestyle) in patients with and at high risk of ASCVD is

- Globally **THE** most effective and best value way
- To save lives and reduce life-changing morbidity

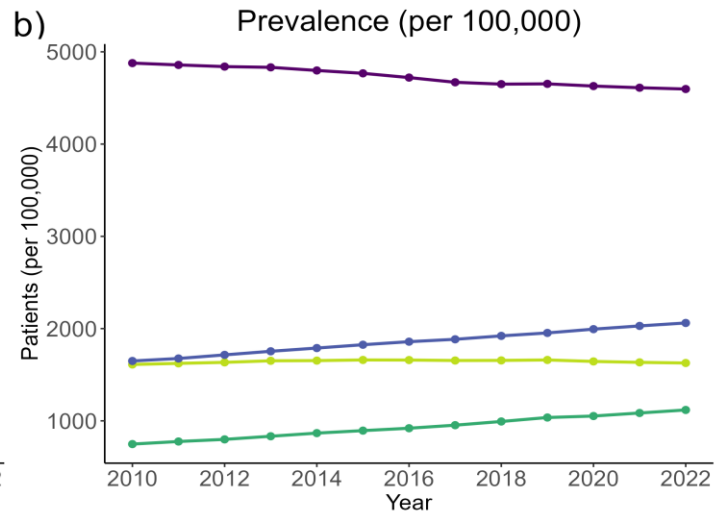
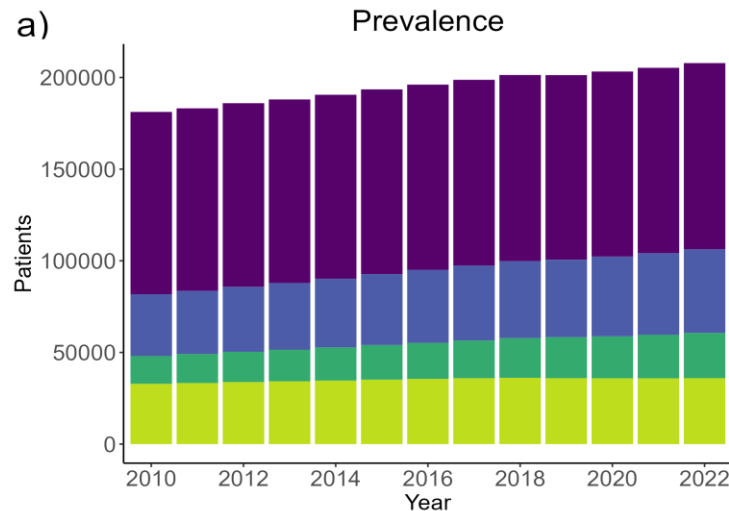
**Optimising Management of Modifiable CVD Risk Factors in High-Risk Patients:  
Identifying and Closing the Second Translational Gap**

# Programme blueprint:



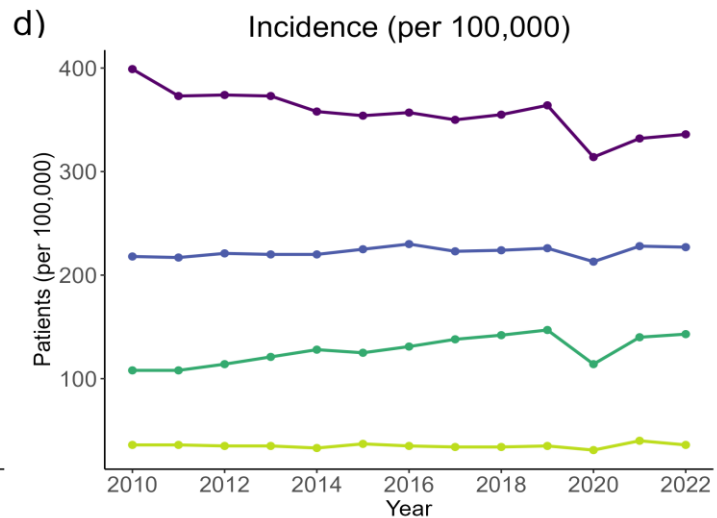
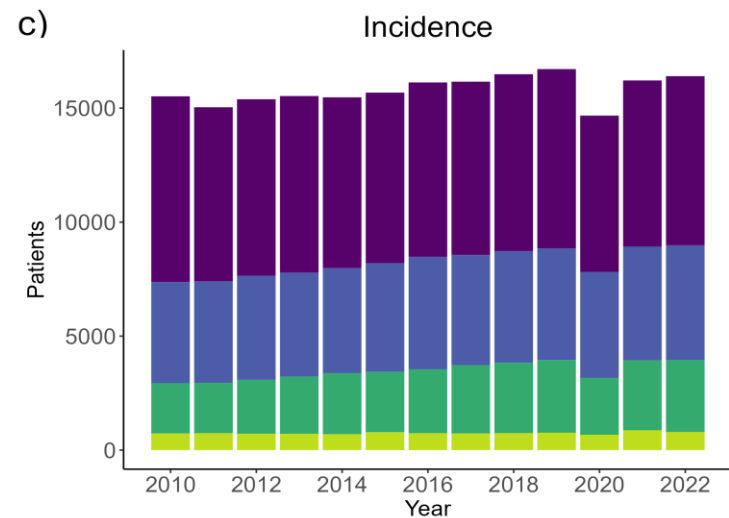
# Paper 1: Trends in atherosclerotic cardiovascular disease and lipid management

## Trends in IHD, stroke, PAD and poly-vascular disease 2012



Legend

- IHD
- Stroke
- PAD
- Poly-vascular



Legend

- IHD
- Stroke
- PAD
- Poly-vascular

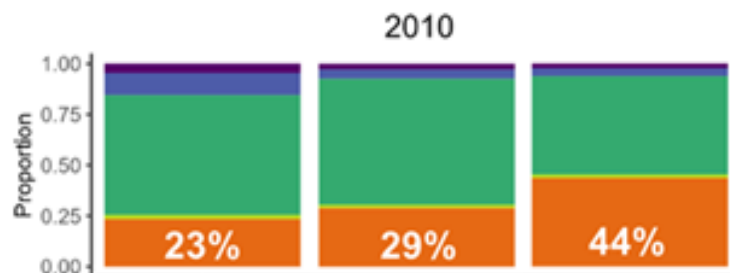
- Prevalence increased 181K (8.8%) to 207K (9.4%)
  - 14% increase in 'N' & 6% per 100K
- Stroke greatest absolute increase (1647- 2058 per 100K)
- PAD increase (749 to 1121 per 100K)
- DM: 15% to 21% (2010 – 22)

# Phase 1: Trends in ASCVD and lipid management

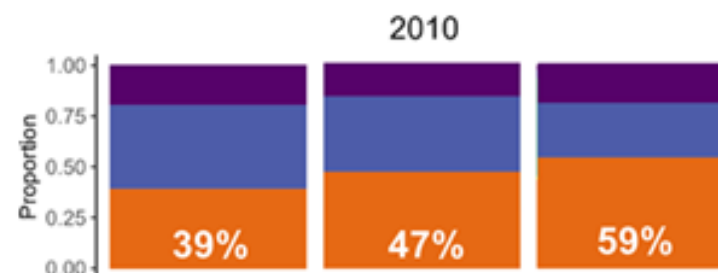
Harris et al. EJPC 2024

## Analysis of trends in ASCVD and management of lipids in Wales between 2010-2022

### Prescribed lipid lowering therapy



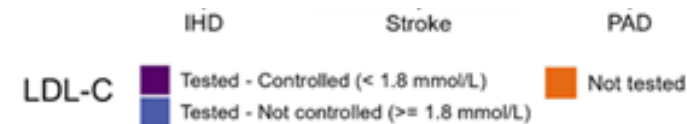
### LDL-C testing and control



**NB: NOT TREATED**

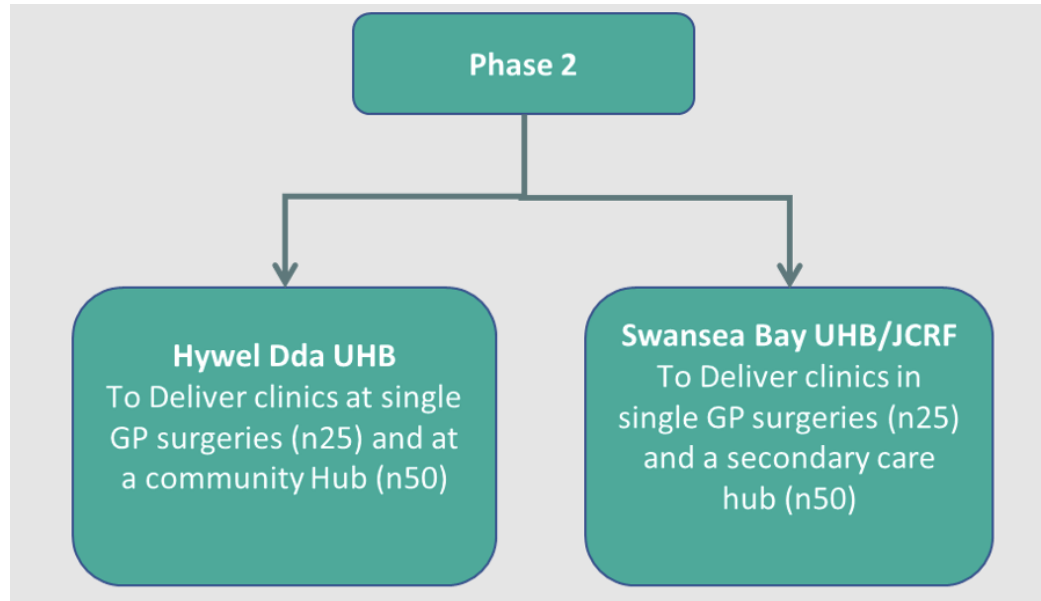
**NB: NOT Tested**

**NB: NOT Controlled**



- Overall prevalence of ASCVD increased by 6% across the time period but the portion of patients prescribed lipid lowering therapy (LLT): had LDL-C tested or at target decreased.
- Patients with IHD were more efficiently managed than patients with stroke; and PAD patients were the least effectively managed

# Phase 2 Innovation in Practice: Focused Clinic to Address Lipid and BP Rx Gap



- 150 Very High Risk Patients (>20% 10y risk)
- Uncontrolled BP and or Lipids
- 1y NICE guidance recommended care
- Pharmacist Delivered
- Consultant Cardiologist supported

## Systolic BP lowering

Patients with uncontrolled BP:

- **-16mmHg (primary prevention pts)**
- **-19mmHg (secondary prevention)**
- **(~30-40% CVD risk reduction)**

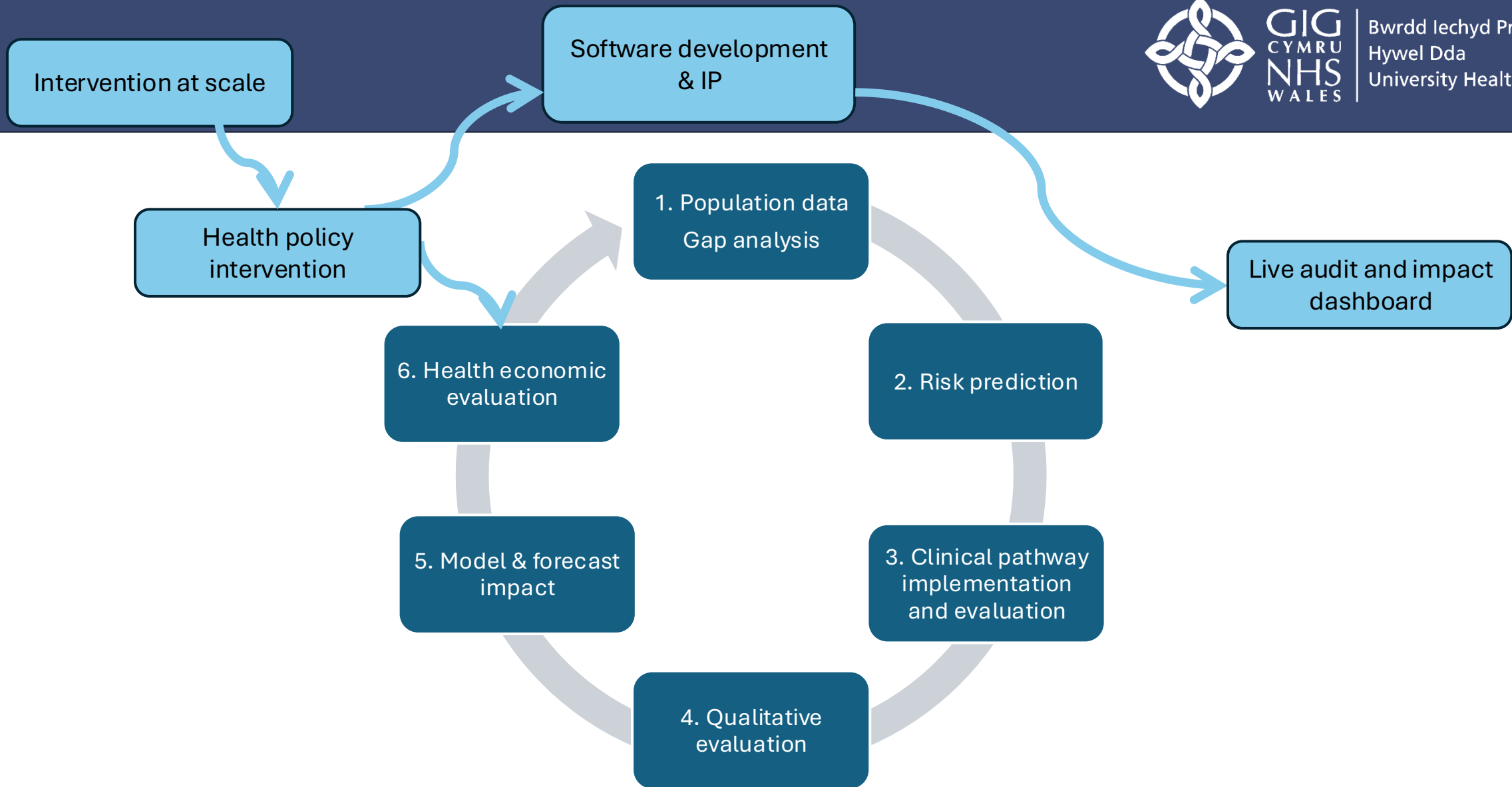
## Lipid Lowering

Pts w LDL-C uncontrolled (>2.0mmol/L)

- **-1.4mmol/L**
- **(~30% CVD risk reduction)**

Overall population

- **-1.0mmol/L**
- **(~20% CVD risk reduction)**



Impact- moving towards a regional service pathway



**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



**GIG**  
CYMRU  
**NHS**  
WALES

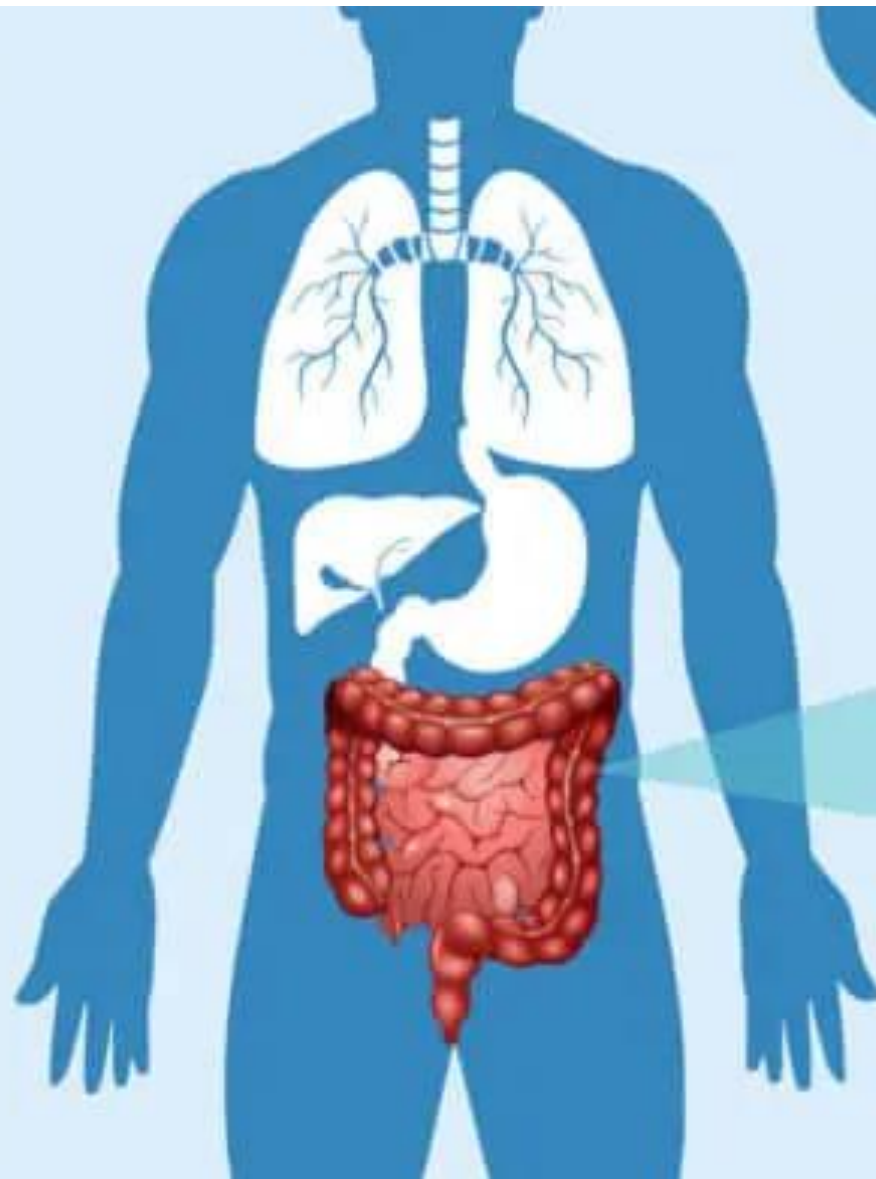
Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# National recognition for Hywel Dda as Bronglais excels in Roche IBD commercial trials



# Inflammatory Bowel Disease (IBD)

Inflammatory Bowel Disease (IBD) is a group of chronic inflammatory conditions that affect the digestive tract, including Crohn's disease and ulcerative colitis.



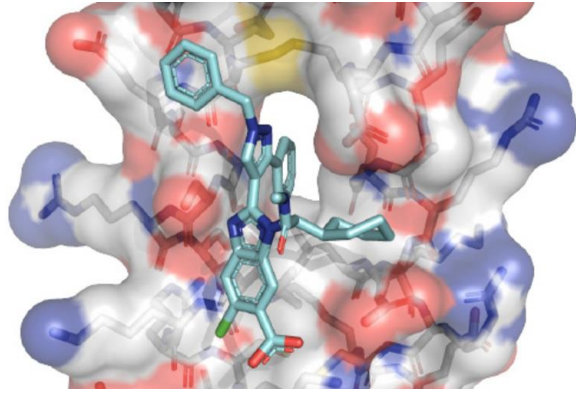
Normal colon



Ulcerative colitis



Crohn's disease



Llywodraeth Cymru  
Welsh Government



*"RVT-3101 has the potential to be the first therapy that offers both high efficacy and safety for people with IBD and the convenience of an at-home, subcutaneous administration"*



# Our strengths



Specialist Consultant and Clinical Nurse Specialist  
*strong trusted patient-clinical relationship*



Streamlined efficient, quick local R&D set-up and approvals



Flexible, close-knit clinical teams -  
*good communication and supportive culture*



**Consistent long-term population** in rural areas



Pool of potential participants who have not previously  
taken part in commercial research: **research-naive**



Rural communities **ready for research growth**





**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
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