



Ymchwil Iechyd  
a Gofal Cymru  
Health and Care  
Research Wales



Llywodraeth Cymru  
Welsh Government

Hywel Dda University Health Board

07 March 2025

Dear Mark and Leighton,

Thank you for meeting with me and colleagues from Health and Care Research Wales (HCRW) to discuss progress particularly against the implementation of the NHS R&D Framework, share challenges and identify actions that need to be taken to improve health and care research across Hywel Dda University Health Board (H DUHB), and discuss where the wider Health and Care Research Wales system can help.

We felt that the meeting was very constructive and positive, and your presentation provided a helpful overview and set out clearly your direction of travel.

During the meeting, we noted and were particularly interested to hear of:

- The ongoing support for research and innovation which continues to be strong across the organisation following the senior leadership changes.
- Strong support, engagement and scrutiny from the Board and the People, Organisational Development and Culture Committee. We noted plans to establish a Digital, Data and Innovation Sub Committee where research will feature prominently and noted H DUHB's mature governance and decision-making processes.
- How the team approached developing the new Research and Innovation Strategy by taking stock and undertaking a progress and maturity assessment of the outgoing strategy.
- Your newly developed strategy (which aligns closely with the NHS R&D Framework pillars and the Embedding Research in the NHS programme) is currently awaiting approval from the Board and has three main priorities, that focus on Access and Impact, Environment and Culture, and Partnerships, and that the implementation plan will also reflect the NHS R&D Framework.
- Your plans to address challenges with research delivery space at hospitals in Prince Phillip, Glangwilli and Bronglais, the ongoing partnerships with industry, and the growth of clinical leaders in areas such as women's health, respiratory and orthopaedics.

- Your work with SBUHB to form a Joint Committee that will span research and innovation alongside operational and clinical activity and clinical work, and we will be interested to hear how this evolves and benefits R&D.
- Your discussions with workforce on leadership and management research and we suggested linking with HEIW colleagues who will also have a role to play, as well as working with higher education institutions, such as USW who we understand provides resources for developing leadership and management skills.
- Progress with the cancer services pathways project, working with SBUHB to explore the development of a regional approach to improving patient access to studies.
- Your approach in developing NHS researchers, and we discussed the research development role you fund on a cost recovery basis to work proactively with staff to develop and submit grant applications and provide post award support. We are pleased to see the R&I Director on the HCRW Faculty funding panel.
- Your success in the recent VPAG funding call, to bolster capacity in respiratory commercial trial delivery, which we agreed was a real strength at HDUHB. We noted the high quality of the application that was submitted.

In terms of challenges:

- Principal investigator time continues to be seen as a challenge, and we noted that we are currently considering how to support this as part of the VPAG investment programme discussions initially.
- You highlighted concerns relating to resilience and succession planning across the team and this was something that remains active on your radar.
- We discussed local challenges in embedding research across the workforce and you are keen to ensure that development of local research capacity building forms a core part of a high performing service rather than an additional activity progressed by relatively few staff members, and we support this approach.

There are a few areas where we think Hywel Dda UHB should consider following the meeting:

- Strategy and implementation plan – we would be keen to see strong alignment between the implementation plan and the implementation of the NHS R&D framework and use the opportunity of the development of the implementation plan to cross reference with the framework. We look forward to receiving a copy of the R&I strategy once it has received approval and will read with interest.
- Communications, Engagement and Involvement – You acknowledged that you have progressed activities as planned since last year's discussion, and you have undertaken widespread engagement on developing the new R&I strategy. We feel this is an area where there is scope to develop some tangible activity and we agreed that the engagement and public involvement needs to be meaningful and impactful, and run alongside the implementation of your strategy. You suggested that having a specific workshop or R&D directors/managers briefing session on public involvement would be helpful and we will take this forward. We suggest that a discussion with the HCRW Head of Communications & Engagement who has been developing a communications toolkit for NHS organisations might be useful and we highlighted that the HCRW communications team have been meeting all Health Board's Directors of Communications to discuss national and local communications activity, including how to engage the public and raise levels of awareness amongst patients. We agreed to share the Health and Care Research Wales Inclusivity Plan that also focuses on this activity. At workforce level, we mentioned that ambassador scheme (research

champion) that Aneurin Bevan UHB has developed as one approach that you might like to consider.

- Supporting clinical staff to have protected time in job plans. We think that developing a structured approach might be beneficial and using the Supporting Professional Activities (SPAs) for research more proactively would help, particularly for staff who want protected time, and then to actively monitor. This could start to create a model for other professions. We highlighted the paper developed by Nicola Williams when at North Bristol NHST which has been shared previously, and which outlines a process/criteria for staff being given a designated SPA for research and would be happy to have further discussions about this.
- Note the letter from Judith Paget and Suzanne Rankin – We have attached the letter on the Embedding Research in the NHS Programme which you received in February for ease so that you can consider when progressing developments over the year.

We highlighted that the Research Delivery Funding Stream within Welsh Government could be selected for an internal audit in the forthcoming financial year, therefore work will be undertaken to ensure NHS organisations are compliant with the terms and conditions set out in the Research Delivery Funding Grant Award Letter.

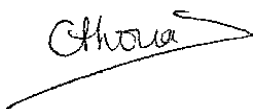
Regarding the requirement to publish a public facing R&D annual report by June 2025 (2024/25 financial year), you noted that you would welcome sight of national guidance being developed and noted that there was an existing template that the Board follows and would need to consider how these align.

We also advised that a series of cancer research delivery metrics are being developed as part of the ministerially led, Tackling Cancer Through Research initiative and NHS organisations will be expected to report against these. To test the integrity of the metrics, all NHS Wales organisations will shadow report for one year (from 1 April 2025). Technical work is underway to explore how to capture patient referral data across NHS organisations. It is anticipated that the metrics will be published in the 2026/27 planning framework and associated delivery framework.

We highlighted that a self-assessment against the NHS R&D Framework will be requested in readiness for the next annual review meeting likely to held in March 2026.

Finally, we would like to thank you for a productive meeting. Please continue to keep up the good work on supporting and delivering health and care research and supporting your staff. We look forward to working with you further to maximise research opportunities in Hywel Dda UHB.

Best wishes

A handwritten signature in black ink, appearing to read 'Carys Thomas', with a long horizontal line extending to the right from the end of the signature.

Carys Thomas

Joint Head of Research and Development Division, Welsh Government  
Joint Director of Health and Care Research Wales

<b>Attendees</b>	
Leighton Philips	Director of Research, Innovation and Value, Hywel Dda UHB
Mark Henwood	Interim Executive Medical Director, Hywel Dda UHB
Sally Hore	R&D Manager, Hywel Dda UHB
Carys Thomas	Head of R&D Policy, Research and Development Division, Welsh Government
Violina Sarma	Head of NHS & Social Care Research Environment, Research and Development Division, Welsh Government
Claire Bond	Senior Manager, NHS R&D Funding and Performance, Research and Development Division, Welsh Government
Nicola Williams	National Director of Support and Delivery, Health and Care Research Wales
Helen Grindell	Head of Research Support & Operations, Health and Care Research Wales

<b>Additional Actions agreed</b>	
1.	Violina Sarma to share a copy of the Health and Care Research Wales Inclusivity Action Plan.
4.	Helen Grindell to share the presentation from the recent Deputy Director of Finance meeting on the value of research project plans.



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Dyddiad/Date: 9<sup>th</sup> April 2025

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## Health and Care Research Wales

Dear Carys,

### Annual Meeting with Welsh Government and Health and Care Research Wales

Thank you for your letter dated 7 March 2025.

We enjoyed the discussion and, like you, felt the meeting was constructive and positive. Hywel Dda University Health Board is committed to a progressive research and innovation agenda and working closely with the Welsh Government and Health and Care Research Wales (HCRW) to improve the access to, and impact arising from, high quality research in South West Wales.

In relation to your summary of the meeting, we would like to ask for two small corrections to ensure we have an accurate record. In the second bullet point, you refer to a Digital, Data and Innovation Sub Committee being established. This is a committee rather than a sub committee. The implication of this is that it will bring the Research and Development agenda closer to the deliberations of the University Health Board. The Research and Innovation Sub Committee will continue to exist, enabling an increased level of scrutiny of activities. The fifth bullet point refers to our plans to address research delivery space and the growth of research leaders in women's health, respiratory and orthopaedics. We are pleased to report that we have achieved these things rather than them being plans. This has very much been enabled by HCRW through Research Delivery Funding and Faculty schemes, for which we are very grateful.

In relation to the areas for consideration, we can confirm that:

- The Board approved the new **Research and Innovation Strategy** at its meeting on 27 March 2025. The document will be translated and published in June. We will send you a final copy and keep you apprised of launch plans. Work on implementation has already commenced, together with the preparation of a plan, which will be monitored through the Research and Innovation Sub Committee. The new strategy and **Implementation Plan** are set within the context of the NHS R&D framework.

.../Continued/...

- There remains work to do on **communications, engagement and involvement**. We are in contact with the Head of Communications and Engagement from HCRW and our internal communications to support the launch of our new strategy, which we hope will provide the start of a sustained communications drive within our organisation. We look forward to the workshop and we are certain there is much we can learn from other organisations, including the referenced ambassadors scheme at Aneurin Bevan University Health Board. While we have meaningful engagement with the public and patients around specific research studies, we would be keen to learn what other organisations have done to secure similar involvement in the overall direction of R&D and decision affecting the same. We will read the inclusivity plan with great interest and ensure that it is shared with members of our Research and Innovation Sub Committee.
- One of our main priorities within the new Research and Innovation Strategy is to ensure the research environment and culture within Hywel Dda UHB is further developed and providing **protected time for all staff** is central to this ambition. The Director of HCRW has helpfully shared the North Bristol NHST paper and we will use this to inform our approach, including process/criteria, for staff being given a designated SPA for research. We are certain that some national guidance and direction in this area would be helpful to all Health Boards and Trusts.
- We have received and support the content of the **letter from Judith Paget and Suzanne Rankin** and are pleased to share that Research and Innovation has the unequivocal support of the Chair and Chief Executive of Hywel Dda UHB.

As highlighted at the meeting, we will support any audit of the Research Delivery Funding Stream. Our finances are meticulously managed, with dedicated Financial Business Partner support and independent reporting through the Board and Committee structures. We have copied this letter to our Financial Business Partner for information and assurance.

An annual report of all Research and Innovation activities will go to the new Digital, Data, and Innovation Sub Committee on 22 April, in advance of Board. This is our annual public facing report. We would appreciate sight of the national guidance and hope that it is consistent with our current approach, so not to create an additional reporting burden.

Thank you for confirming your advice in respect of the cancer research delivery metrics being developed, for shadow reporting from 1 April 2025. As mentioned, we are keen to overcome the challenges and barriers to offering patients across the entirety of South West Wales equitable access to cancer studies. Without addressing these long standing barriers, we will not see the improvement in the key metrics that we would all strive for. Key to this will be the conclusion of the project supported by Health and Care Research Wales and being led by Dr Gwynne at Swansea Bay University Health Board. We look forward to working with HCRW and the Welsh Government to address these challenges and barriers later this year.

We note the requirement for a self-assessment against the framework in time for the next meeting in March 2026.

Thank you once again for a good meeting and we look forward to seeing what we can achieve in partnership over the course of 2025/26.

Yours sincerely,



Mr Mark Henwood  
Interim Medical Director  
Cyfarwyddwr Meddygol Dros Dro



Dr Leighton Phillips  
Director – Research, Innovation & Value  
Cyfarwyddwr Ymchwil, Arloesi a Gwerth