

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R STRATEGY AND PLANNING COMMITTEE / PWYLLGOR CYLLID A PHERFFORMIAD

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 15 September 2025
(Research & Innovation Sub-Committee (R&ISC))

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Mark Henwood, Chair

KEY DISCUSSION POINTS AND MATTERS 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 Committee wish to **advise** members of the Digital, Data and Innovation Committee that:

- The Research and Development (R&D) Risk Register was discussed and members considered if the remaining risk (1492 – Risk to research delivery funding) should be closed in view of the current risk score being at target. Sub-Committee members were not assured the risk score was reflective of the issues set out within the separate finance paper. Sub-Committee members asked for the risk to stay open and for the R&D Division re-consider the current score, or further justify its appropriateness within the update section, particularly in view of the outstanding management actions.

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

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

- Noted and were assured by the financial position for R&D. Although a deficit in funding from Health and Care Research Wales (HCRW) was noted, the shortfall is being covered by other funding sources within R&D, resulting in no 25/26 cost pressure to the wider organisation. Sub-committee members noted the ongoing work through an OCP process to ensure that the staffing

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.

establishment is commensurate with the level of funding from Health Care Research Wales (HCRW).

- Noted and were assured by the R&D site activity performance, recognising a positive recruitment figure to date for 2025/26.
- Noted and were assured by the activities of the Research Quality and Sponsorship Group (RQSG). Sub-committee members discussed and noted the work that would be undertaken to understand and improve the research grant success rate.
- Noted the position on commercial research, including details on the 3 successful applications for respiratory, metabolic and oncology funding, through the Voluntary Scheme for Branded Medicines, Pricing and Growth (VPAG) scheme. Further details on the current commercial research position are provided within Appendix 1, for consideration by the Digital, Data, and Innovation Committee.
- Received a verbal update on the Organisational Change Process (OCP), with phase 1 complete and phase 2 expected to conclude by March 2026.
- Received a verbal update on the Regional Cancer project, as funded by VPAG and noted the complexities associated with developing a regional model. The final report detailing proposed models will be complete by mid-November 2025.
- Noted the university partner updates on activity and that Memorandums of Understanding (MoU) have now all been signed with the 3 university partners, and high-level commitments discussed for each. Progress will be presented at the next R&ISC in December 2025.
- Noted and were assured by the TriTech and Innovation (T&I) financial position.
- Noted and were assured by the T&I activity report.
- Noted and were assured by the T&I progress against the business plan and were advised that KPI 9 (Intellectual Property (IP)) was not met, due to recent contracted projects not including new IP. This KPI will be reviewed in line with the new business plan, which is due for renewal in March 2026, and work is underway in developing the revised plan.
- Received a verbal update on national developments for both Research and Development, and TriTech and Innovation.
- Noted the progress on development of the Centre for Social Innovation (CfSI) at University of Wales Trinity Saint David (UWTSD), with the collaboration agreement now signed. Sub-committee members also noted the actions that would be taken over the next three months as part of the CfSI's set up processes.
- Noted the update on the Research and Innovation (R&I) Strategic Plan 2025-30, and the accompanying objectives being worked through with the teams involved.
- Received a verbal update that the Pentre Awel project is progressing and expected occupancy for Research and Innovation is likely quarter 4 of 2025/26.
- Noted and discussed progress and opportunities for digital and data research and innovation within Hywel Dda University Health Board, as set out in Appendix 2, for consideration by the Digital, Data and Innovation Committee.

Review of Risks/ Adolygiad o Risgiau

The Research and Development (R&D) Risk Register was discussed and members considered if the remaining risk (1492 – Risk to research delivery funding) should be closed in view of the current risk score being at target. Sub-Committee members were not assured the risk score was reflective of the issues set out within the separate finance paper. Sub-committee members asked for the risk to stay open and for the R&D Division re-consider the current score, or further justify its appropriateness within the update section, particularly in view of the outstanding management actions.

The R&ISC also reviewed the two TriTech and Innovation risks that are aligned to it. There were no changes to the scores for risk 1511 (regulatory climate) and risk 1508 (lack of clinical leadership).

No new or emerging risks were identified.

Recommendation/ Argymhelliad

The Committee is asked to:

- 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 December 2025

Agenda, papers and minutes are available on request.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Commercial research update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr 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

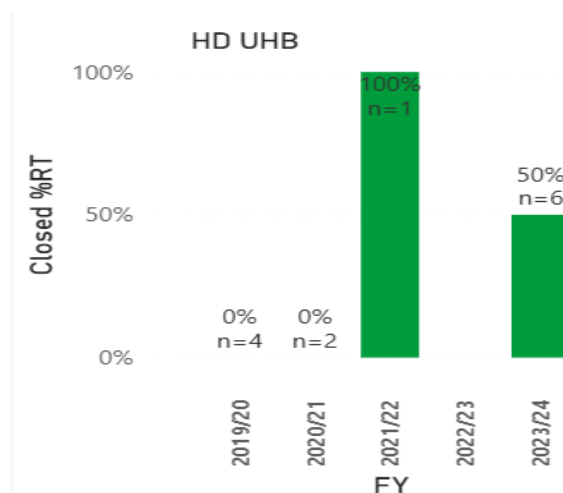
To provide R&ISC with an overview of the Research & Development (R&D) Division's plans to increase commercial research activity. The paper and plans are provided for assurance.

Cefndir / Background

The R&D Division supports two types of research studies. The first are publicly funded, mainly supported by grants awarded directly to the R&D Division or university partners. These studies are on the National Institute for Health and Care Research Portfolio, as they have been assessed as meeting certain standards. Most of the research studies supported by the R&D Division are publicly funded.

The second type are known as commercial research studies. Commercial research studies are fully funded and sponsored by private sector organisations, such as pharmaceutical companies, biotech firms, or medical device manufacturers. These studies are typically designed to test new drugs, treatments, or technologies and are often conducted in NHS or non-NHS settings. The R&D Division supports fewer of these studies.

Commercial Number (n) of Studies for Hywel Dda since 2019/2020 and recruitment to target



Supporting fewer commercial studies means that the R&D Division is missing out on the benefits it brings. Commercial research can generate income, enhance clinical care, and foster innovation. It provides patients with early access to cutting-edge treatments and improves outcomes through evidence-based practice. Staff benefit from advanced training and increased job satisfaction, while organisations gain prestige and attract top talent. These partnerships with industry also support infrastructure development and enable NHS bodies to influence national research priorities, making commercial research a powerful driver of progress across the health system.

The reasons for fewer commercial studies being undertaken within Hywel Dda UHB are multi-faceted. They include limited staff capacity, inadequate infrastructure, and competing clinical priorities. Regulatory and contractual processes can be complex and time-consuming, while financial challenges—such as ensuring full cost recovery and managing risk—add further strain. Cultural factors, like a lack of research leadership or strategic focus, can also hinder engagement.

With the benefits and barriers in mind, Hywel Dda UHB's latest strategic plan for Research and Innovation (2025-2030) commits to increasing the commercial research portfolio and the impact that it has. This paper sets out current activities and plans for assurance.

Asesiad / Assessment

In parallel to the finalisation of the Research and Innovation Strategic Plan (2025-2030), the R&D Division has commenced significant work to increase its commercial trials activities. This work has been guided by:

- Where there is clear clinical interest and commitment;
- The potential to make a difference to health outcomes;
- A graduated approach to developing the commercial portfolio, which acknowledges that it will take time to develop the capacity to support studies, while ensuring a safe and reliable approach;
- Financial opportunities to improve the capacity to support.

An opportunity to accelerate plans presented in January through the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) commercial research funding initiative. This is a public-private partnership between the UK Government and the pharmaceutical industry to boost the UK's capacity for commercial clinical trials and accelerate patient access to innovative treatments. As part of this, Health and Care Research Wales (HCRW) issued a funding call in late January for Health Board and Trusts to apply for investment to support them overcome the barriers to commercial research. The initial funding was of two types: established centres growth funding (stream 1); developmental funding (stream 2).

Hywel Dda UHB's R&D Division has been very successful through this scheme and has secured investment totalling £637,341 to improve the commercial research it supports in three areas: respiratory, metabolic, and oncology. Most of this funding was through stream 2. In addition, it has been awarded investment through a dedicated equipment call, this will contribute to commercial research in other disease areas being supported. The following is provided as an account of the work underway in each of the area.

Respiratory Commercial (four years)

The Respiratory commercial clinical trial proposal aims to utilise an increase in capability and capacity to develop established collaborations further, maximise future opportunities for commercial research, and use shared expertise to improve and enhance NHS Wales' involvement and performance in the commercial research landscape.

Levels of commercial respiratory research activity across NHS Wales have been increasing post-COVID. HDUHB hosted 2 of 9 studies open in Wales in 2022/23 and opened 1 in the 2023/24 period, but our performance has not returned to pre-COVID levels. Our objective is to use this funding opportunity to steadily but rapidly return commercial respiratory research activities within HDUHB to the levels demonstrated previously and with additional resource, double our performance within a five-year period, significantly increasing commercial research activity in the medium term.

The requested funding will deliver the following capacity:

1. Dedicated and ringfenced commercial research personnel, including nursing and pharmacy support, working as part of our department to advance commercial respiratory research. These personnel will work from our established Clinical Research Centres, with the potential to become part of the Commercial Research Delivery Centre, as our portfolio re-establishes. Crucially this support will work in partnership with the wider respiratory care delivery team, to offer advice, support, time and confidence to assist with trial delivery. Often, we find by acknowledging and supporting the care delivery team to assist with the trial, it is possible to more reliably and quickly achieve recruitment targets, as the same team will have pre-existing relationships and knowledge of patients.
2. Dedicated consultant leadership and time for other clinical staff, enabling learning from existing expertise and the potential to expand to other respiratory areas of interest and need as commercial activity increases going forward. This comes at a time when the health board is benefitting from the return of the lead respiratory investigator (Professor Lewis) from a national role, with time to devote and renewed research focus, alongside greater stability within the respiratory service model post-COVID. Clinical staff will benefit from this extensive experience within the team and dedicated time within the respiratory teams will enable us to grow our numbers of new investigators and widen access to eligible patient populations. Securing dedicated time for clinical staff to focus on research activities will facilitate the development of key relationships with commercial sponsors, enabling more opportunities for regular interaction so that upcoming commercial research opportunities can be sought out, learning, development and training opportunities can be undertaken and there can be more rapid and detailed review and response to studies on offer, in order to support efficient study setup for selected studies, both within our own health board and importantly, with other health boards across NHS Wales.
3. A health board wide approach, designed to ensure that commercial research activity and skills development spreads across all three counties within HDUHB. Working with the clinical lead, the regional commercial research team senior nurse lead role will focus on shaping and delivering the strategic vision for the commercial respiratory research portfolio and ensuring appropriate staff education and skills development to support this. The inclusion of less than whole time posts supports resilience and capacity building across our region. Over time, this will lead to a greater patient population (and range of respiratory conditions) available for commercial trials, which will address the focus on achieving recruitment targets, as set out in Commercial Research Delivery Wales (CRDW).

The proposal for funding has been designed to increase respiratory commercial trial activity by developing and improving performance in three separate areas 'Site identification and Service Data', 'Set-Up' and 'Delivery'.

A detailed work plan can be provided on request. However, R&ISC are advised that dedicated time for medical leaders has commenced, and the commercial respiratory lead nurse and research officer have been appointed.

Metabolic Commercial (2025/2026)

In February 2025 a request for funds to develop and grow a regional (Hywel Dda University Health Board and Swansea Bay University Health Board) metabolic commercial research portfolio was submitted to Health and Care Research Wales (HCRW) as part of a national VPAG Stream 2 funding call to support the delivery of commercial pharmaceutical interventional research. The purpose of the funding was to pump prime clinical trial capability, by increasing workforce capacity and infrastructure as well providing agility relevant to the set up and delivery of commercial clinical research. The investment had to accelerate the delivery of commercial pharmaceutical interventional research for the measurable benefit of health and wealth in Wales.

The initial plan was to work with colleagues within the established Clinical Research Facility at Swansea Bay University Health Board (SBUHB) which has a track record in attracting and delivering commercial pharmaceutical interventional research in the field of diabetes. Over the last 2 years there has been a reconfiguration of the delivery of clinical endocrinology services with a more regional approach. For the first time, a clinician with research experience works across health board boundaries. This means that there is the potential to access a larger patient pool for intervention studies and adds to the current potential principal investigator pool to be able to take on more metabolic-specific research work in both health boards.

Fewer metabolic studies are undertaken at the Clinical Research Unit at Prince Philip Hospital in Llanelli, within Hywel Dda University Health Board (H DUHB). These have typically been different to the studies undertaken in SBUHB but have not been accessible to patients from across the health board boundary. Hywel Dda have recently been approached to consider two commercial studies, one in Graves' disease and the other in hyperaldosteronism.

The Stream 2 VPAG bid was unsuccessful on this occasion, and decision was made by LG on 18 June 2025 to use H DUHB R&D research study income (1412) to invest in the proposal. Subsequently, an application to HCRW for short term VPAG capacity funding has been successfully awarded for 2025/2026.

While equity of access to patient centred research remains a strategic aim for H DUHB, local investment in metabolic research could be considered a first step and relatively modest step in increasing capacity, capability and confidence which will help shape future provision. By supporting metabolic medicine research, it is hoped that benefits including the following can be secured:

- Improving the understanding metabolic disorders by helping diagnose and treat conditions like diabetes, obesity, and metabolic syndrome. This aligns with the Value Based Health and Care programme.
- Advancing personalized medicine with research offering the opportunity to uncover how metabolism varies between individuals, leading to tailored treatments that match a person's unique biology.

- Enhancing disease prevention by investigating metabolic pathways, to develop strategies that prevent chronic illnesses before they arise.
- Optimising nutrition and lifestyle interventions, including guiding dietary and exercise recommendations for better health and energy management.
- Attracting and retaining high quality staff.
- Exploring longevity and aging by contributing insights on how to slow aging and increase life expectancy.

To bring about benefits like these, adequate resourcing needs to be put in place.

Dedicated consultant leadership and time is essential to successfully influence and empower other research inspired staff. Defined time for a Principal Investigator, with a strategic aim to increase the regional metabolic research portfolio and focus on scoping and enhancing commercial partnerships, finding appropriate studies and recruiting patients across both health boards. This will be complemented with dedicated research nurse resource with expertise in both research and metabolic medicine to coordinate activities, find studies and support recruitment.

Dedicated time for staff is due to commence September/October 2025

Regional Cancer Commercial and Non-Commercial (2025/26)

Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDUHB) have worked collaboratively to develop proposals for both stream 1 and 2 of the voluntary scheme for branded medicines pricing, access, and growth (VPAG). Stream 1 was intended to consolidate the current trial delivery capacity in SBUHB through increasing pharmacy support for clinical trials and some medical leadership and research nurse time. The stream 2 bid aims to act as the catalyst to allow clinical trial activity to (re)commence at the HDUHB site, increasing both access and availability of patients for recruitment to trials.

While the focus is primarily on cancer, the appointments will ensure ongoing – and increasing – commercial activity across all disease sites.

SBUHB has committed to increasing access to oncology clinical trials for people across SW Wales and is included in the 10-year strategy for the SWWCC Strategic Programme Case 2023/2024 – 2032/2033. To support this, some Health and Care Research Wales (HCRW) funding has already been allocated to SBUHB and HDdUHB for a 6-9 month task and finish group, which will map out the way forward.

The SW Wales Cancer Centre (SWWCC based at Singleton Hospital, Swansea) provides non-surgical oncology treatment to the populations of SBUHB (390,000 people) and HDUHB (385,000 people). There is a track record of delivering high quality research with commercial companies (e.g., BMS, Pfizer, MSD and Astra Zeneca) leading to successful, practice-changing trials, in particular in renal and melanoma. The most significant was the Checkmate 067 trial (see question four).

In line with the ambitions of the SWWCC to increase oncology clinical trial activity, we have seen a steady increase in oncology trials, reflecting the increased number of consultants who are able and willing to support trials across a range of tumour sites, essential to a future pipeline of principal investigators.

At present there are very few/no oncology interventional clinical trials open in HDUHB (see table 1). HDdUHB patients who have common cancers (e.g. breast, upper GI, colorectal)

receive all their care in HDdUHB, with SWWCC employed oncologists travelling to clinics in HDdUHB, with systemic anti-cancer therapy delivered at one of the 4 chemotherapy day units within HDdUHB. These patients, unlike SBUHB patients with the same tumour site, are unable to access clinical trials in SBUHB. The reasons for this are due to capacity within SBUHB to meet the needs of its own population, especially with chemotherapy delivery capacity (SBUHB has a single chemotherapy delivery unit, based on the Singleton site) and capacity for medical and nursing workforce to absorb the additional trial-related work.

Only certain groups of HDdUHB patients can participate in trials open on the SBUHB site. They are:

- Those receiving radiotherapy (RT) at SBUHB who meet eligibility criteria for a study open in SBUHB that includes a RT component;
- Those with 'less common cancers' (e.g. melanoma, renal), not covered by the current service level agreement (SLA) between SBUHB and HDUHB where their oncologist and clinics are all based in SBUHB. This activity is covered by a long-term agreement between the 2 health boards.

Within HDdUHB, there is currently no dedicated oncology research delivery personnel or ringfenced space for oncology studies. The reasons for this are mostly historical and include less research funding and lack of medical support. Reasons for the latter are multi-factorial, including funding for posts and recruitment/retention due to the geography, resulting in limited capacity for medical time to support the additional work associated with trial activity. Recent appointments in SBUHB (with honorary contracts in HDdUHB) have created a critical mass of interested clinicians who are wanting to open clinical trials in HDdUHB.

This work is progressing well, with a regional working group led by Sarah Gwynne, which has met on 5 occasions with a draft report due for circulation by October 2025.

Equipment Call

Equipment Funding of £8766.71 was secured for the purchase of 2 phlebotomy chairs (PPH&BGH) and additional patient monitor and ECG machine for the clinic room in Bronglais Hospital.

Measuring Success

Ultimately, success will be measured through the number of studies open and patients recruited to the same. The following baseline is therefore offered, against which future updates will be offered. The R&ISC members will also receive updates as part of their regular site activity report.

Commercial portfolio: data cut 27/08/2025-Baseline data

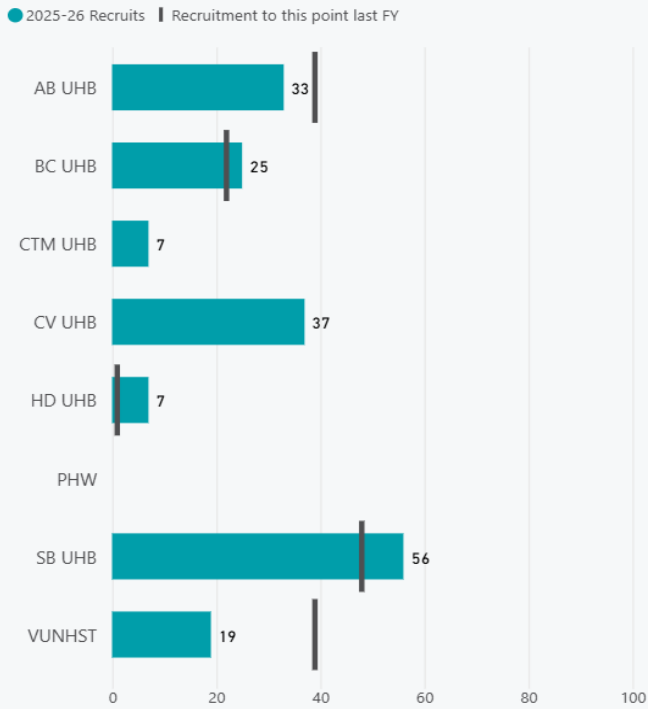
Wales (HDUHB) - Total open studies=141(3)

Wales (HDUHB) - Number of studies recruited into 2025/2026=54(2)

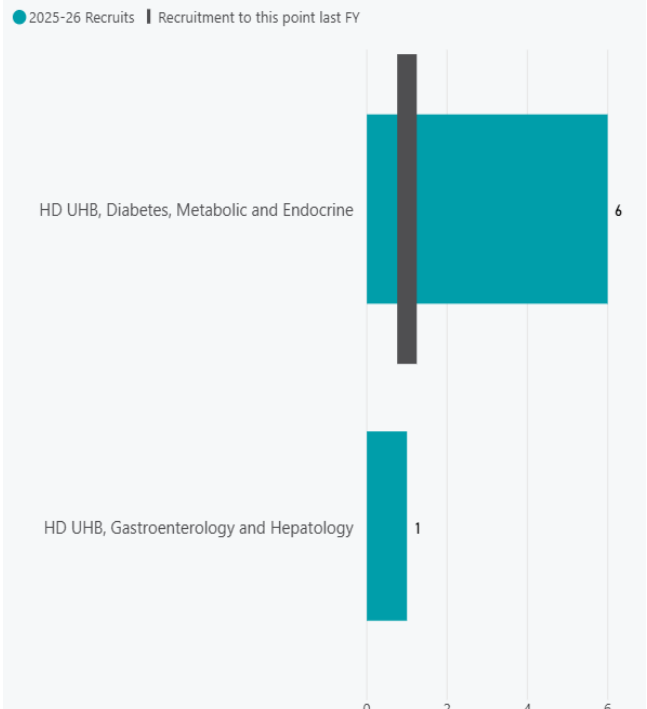
Wales (HDUHB) – Total commercial recruits 2025/2026=184(7)

Wales (HDUHB) – Number of commercial studies in follow up=214(3)

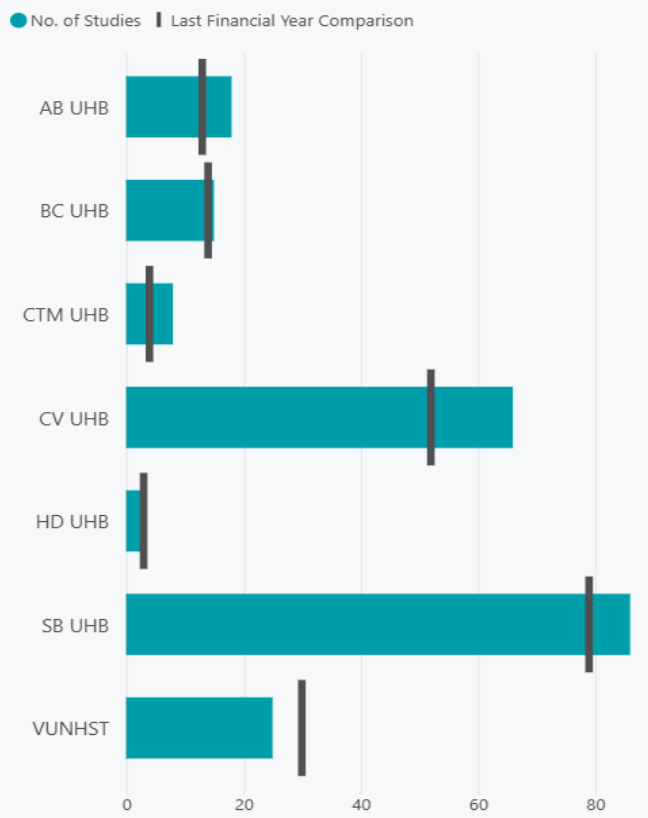
Current FY Recruitment per NHS Organisation



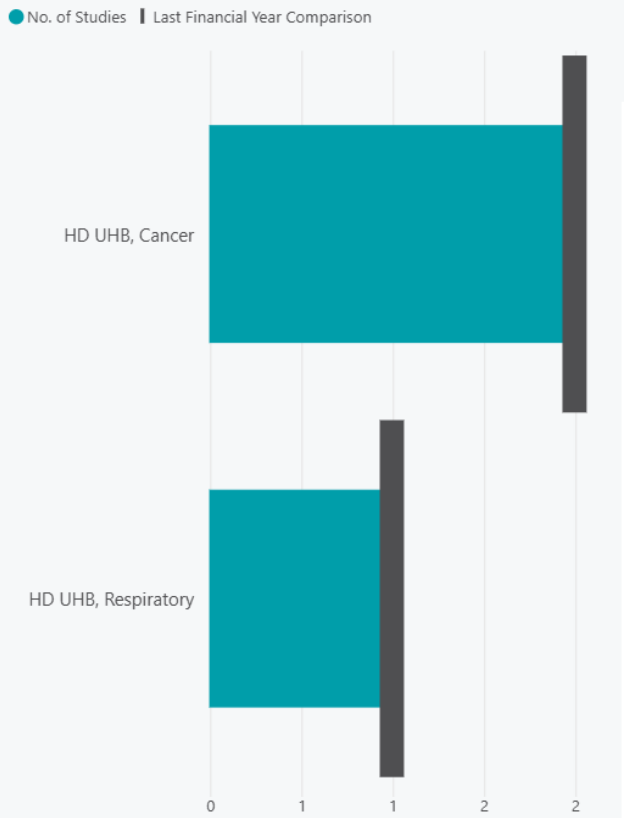
Current FY Recruitment per NHS Organisation



Studies in Follow-Up



Studies in Follow-Up



Argymhelliad / Recommendation

Members of the Research & Innovation Committee are asked to note and take assurance from the progress detailed.

Ansawdd / Gofal Claf: Quality / Patient Care:	e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Gweithlu: Workforce:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 Nothing noted at present
Risg: Risk:	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 Nothing noted at present
Cyfreithiol: Legal:	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Enw Da: Reputational:	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Gyfrinachedd: Privacy:	e.g. potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Cydraddoldeb: Equality:	e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason) • Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Enabling Digital and Data Research and Innovation
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Digital Director Director of Research, Innovation and Value

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This paper outlines key progress and opportunities for digital and data research and innovation (R&I) within Hywel Dda UHB, aligned to national organisational policy and strategy. The R&ISC are asked to note and discuss the paper and discuss the merits of taking action to harness additional opportunities.

Cefndir / Background

Digital and data R&I is central to improving healthcare services and supporting improved Health and Wellbeing across Southwest Wales. It is now widely appreciated that harnessing large-scale data, advanced analytics, and digital innovation can make care more predictive, personalised, efficient, and equitable. The benefits are understood to include:

- Supporting more accurate diagnosis, including utilising Artificial Intelligence and imaging tools to detect disease before symptoms appear.
- Enabling precision medicine through, for example, utilising integrated data (genomics, lifestyle, clinical) to tailor treatments to individuals.
- Enhancing prevention and monitoring, with technologies including wearables and remote sensors enabling individuals to take control of their own health circumstances.
- Improving business and management processes, including predictive analytics to optimise hospital flow, resources and decision making.
- Contributing to public health, with real time data helping to track and manage disease outbreaks.

The impact of these benefits is profound. Just last month, artificial intelligence invented two new potential antibiotics that could kill drug-resistant gonorrhoea and MRSA. The drugs were designed atom-by-atom by the AI and killed the superbugs in laboratory and animal tests. The team behind the discovery at the Massachusetts Institute of Technology (MIT) say AI could start a "second golden age" in antibiotic discovery.

Developments such as these are leading to a rapidly evolving international digital and data R&I context. One of the most comprehensive analyses of the opportunities and challenges associated with the same is set out within a report by the World Health Organization's (WHO) Global Strategy on Digital Health. The WHO states that technologies like virtual care, remote monitoring, AI, smart wearables, and data sharing can improve health outcomes by enhancing diagnoses, guiding treatment decisions, supporting digital therapeutics, clinical trials, self-care, and person-centred care. These innovations also help professionals build evidence-based knowledge and skills in healthcare.

The World Health Organization provides a comprehensive framework for the proper implementation of digital health and data innovations. This framework outlines key dimensions for decision-making related to digital innovation, including contributions to health promotion and disease prevention, considerations for patient safety and ethics, interoperability, intellectual property issues, data security—encompassing confidentiality, integrity, and availability—privacy protection, cost-effectiveness, patient engagement, and affordability.

The national context is also evolving at pace. The UK Government's 10-Year Health Plan (*Fit for the Future*) puts digital innovation at the heart of NHS reform, aiming to create a fully connected, AI-enabled health system by 2035. Key priorities include a Single Patient Record for every citizen, a redesigned NHS App as the digital front door to services, and a national Health Store of approved apps and digital therapies. The plan invests heavily in AI and automation (e.g. AI scribes, ambient voice tech) to reduce administration time, while expanding use of wearables, virtual wards, and remote monitoring to shift care closer to home. It also commits to building an innovation ecosystem with genomics, robotics, and research hubs, and to equipping the workforce with the digital skills needed to thrive in this new model. Overall, digital transformation is framed as essential to easing pressure on staff, empowering patients, and making the NHS one of the world's most technologically advanced health systems.

In Wales, the refresh of the strategy *A Healthier Wales* in 2024, committed the Welsh Government and the Welsh NHS to supporting innovation in digital health as one of the most important enablers to health and social care system transformation. The refreshed action plan re-affirms several commitments made within the Welsh Government Digital and Data Strategy for Health and Social Care (2023), including user-centred service design, strengthening digital infrastructure and connectivity, establishing standards-based data platforms and harnessing rapidly advancing technologies including artificial intelligence. In the draft Welsh Government budget for 2025-26 includes £57.759m for a Digital Priorities Investment Fund to support strategic digital transformation opportunities in NHS Wales.

Digital Health and Care Wales (DHCW) published its Strategy in 2024, which describes the centrality of Digital and Data to enabling the health and care system to innovate, to develop new ways to deliver services that empower patients, the public and all health and care professionals, which in turn will improve outcomes by providing safe, responsive and prudent health and care services. The fourth mission within the Strategy is to drive better value and outcomes through innovation. The specific research and innovation commitments to support NHS organisations across Wales to deliver more value from data include:

- Developing a National Data Resource (NDR) Secure Data Environment, which provides access for research while protecting privacy.
- Establishing a national information and data insights service, which demonstrates net benefit and value.
- Deploying AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales.

As set out by DHCW, the pace of digital innovation and change keeps accelerating, with new opportunities emerging all the time. The challenge for health care systems is to remain agile and responsive, but always with focus and intent, which is clearly aligned to purpose.

Several recent developments within Hywel Dda UHB have positioned the organisation to nurture and take advantage of this rapidly evolving Digital R&I context. The assessment section sets out these developments and offers the R&ISC some ideas for discussion, which could form the basis of a framework to strengthen digital and data R&I within the organisation.

Asesiad / Assessment

In July 2025, Hywel Dda UHB published a five-year Strategic Plan for Research and Innovation. The plan sets out a vision for high-quality and impactful research and innovation, which improves services and health outcomes for communities, patients, and staff. Specifically, the plan commits to:

- Improving access to high-quality research and innovation that improves services, health and wellbeing.
- Creating an environment and culture that develops and enables competent and empowered researchers and innovators to flourish.
- Developing and sustaining partnerships that maximise and accelerate research and innovation, access and impact.

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.

There is a positive context within Hywel Dda UHB for digital and data R&I, including:

- The draft Clinical Services Plan signalling a digital first approach spanning from operational infrastructure to patient pathways. Complementing this, a digital transformation plan has been set out as a major step forward in modernising patient care, strengthening operational efficiency and meeting evolving health service demand. The plan seeks to integrate foundational technologies, adopt a patient engagement platform, and responsibly embrace innovations including AI. To support the latter, an AI review is underway, with findings anticipated early in the new year.
- A relationship with CGI to help Hywel Dda UHB achieve its strategic goal of becoming a fully digitally enabled health board. This relationship aims to elevate patient care, streamline operations, and support community-driven health and social care. Through this collaboration, CGI will help Hywel Dda improve patient outcomes and operational efficiencies by driving the strategic modernisation of health and social care, with digital transformation as a key enabler. This includes upgrading systems and facilities for healthcare professionals, exploring innovative solutions such as AI integration, and fostering closer collaboration between health and social care teams. The programme will also focus on supporting digital inclusion, with initiatives aimed at bridging the digital

gap between older and younger generations, including community workshops and technology training for improved digital health access.

- The establishment of a data science unit, with dedicated 'in house' analytical team and strong partnerships with universities, including support for digital learning and teach and research initiatives. The latter has Included PhD sponsorship at Swansea University, looking at predicting A&E, and the funding of a senior lecturer in Aberystwyth University looking at Digital Twinning and the impact this could have on prostate cancer.
- As part of the R&I portfolio, the Research and Tritech and Innovation Divisions have supported an increasing number of research projects and evaluations relating to digital and data innovation, including AI assisted diagnosis, robotic enabled surgery, monitoring and sensor technologies, and big data analytics to better predict and prevent cardiometabolic disease. The recent clinical science trainees are also focused on Clinical Scientific Computing.

Digital and data are no longer simple enablers for the R&I endeavours of other specialists. Digital and data R&I is becoming a specialist area in its own right, with unique skill and capacity requirements, equivalent to other condition and population specific specialisms across Hywel Dda UHB. As such, digital and data R&I warrants a specific focus and a plan to ensure it is nurtured, supported and developed.

Hywel Dda UHB's R&I Strategic Plan offers a comprehensive framework and clear criteria to assess what more could be done to support digital and data R&I. The remainder of this paper will pose some questions set out against the two main sections of the Strategic Plan, to guide this assessment and a consideration of the merits of developing a plan.

How do we create an Environment and Culture that develops competent and empowered digital researchers and innovators?

The environment and culture section of the R&I Strategic Plan seeks to ensure Hywel Dda UHB has the right infrastructure, staffing and financial resources in place to enable digital researchers and innovators to flourish. To determine what more we could do to provide the right environment and culture for digital and data R&I, we will assess:

1. Whether we are effectively communicating the opportunities for individuals and teams across Hywel Dda UHB to participate in digital research and innovation? What more could we do?
2. The feasibility of a Centre of Excellence for Data Analytics? A centre could potentially further strengthen Hywel Dda UHB's position in digital and data research and innovation by serving as a focal point for advanced analytical capability, supporting both operational intelligence and research-led innovation. It could bring together internal expertise from the newly formed data science unit, alongside academic and industry partners, to develop and apply cutting-edge methodologies including machine learning, predictive modelling, and real-time analytics. In parallel, a structured data partnering approach could be developed to enable secure, ethical, and impactful collaboration with external stakeholders. This could include formalised agreements with universities, technology providers, and public sector organisations, underpinned by shared governance, interoperability standards, and a commitment to value-based outcomes.

3. Whether we are providing developmental support to both existing and potential digital researchers and innovators? For example, this could include assisting with grant applications to the Health and Care Research Wales Faculty or project-based grants through the TriTech Institute.
4. Whether there is greater opportunity to use our digital research and innovation capabilities to generate resources to support improvements to services and care outcomes? What are the commercialization opportunities for digital and data research and innovation? What are the grant funding opportunities?
5. Whether we are fully leveraging digital research and innovation to attract and retain top digital professionals at Hywel Dda UHB? Should we consider pathways for 'digital academics' in a similar manner to clinical academics? What would be the merits of carving out time for staff to pursue digital research and innovation projects?
6. Whether there are specific opportunities linked to Clinical Scientific Computing, which could be further explored and developed as a partnership between digital and research and TriTech? This will include how we position to take advantage of the opportunity to accelerate safe, value based, and evidence led development, validation, and deployment of data intensive clinical innovations?
7. What could be done to better enable digital and data research and innovation projects, without compromising core digital service delivery? What enhancements could be made to the work of the Research and Innovation and Digital Departments? How could a data partnering approach work?

How do we nurture partnerships that maximise, accelerate, and sustain digital and data research and innovation?

Hywel Dda UHB cannot operate in a bubble when it comes to enabling high quality and impactful research and innovation. The partnerships section of the R&I Strategic Plan seeks to encourage meaningful relationships with public services, communities, universities and industry. Partnerships bring resources, momentum, understanding, and know-how to the process of digital R&I. To determine what more we could do to nurture partnerships that accelerate our digital research and innovation ambitions, we will assess:

1. In the context of our formative plans with university partners, whether there are further opportunities to collaborate with the academic centres of digital excellence at UWTSD, Swansea, and Aberystwyth Universities. There could be multiple forms of collaboration, including joint and honorary appointments, degree sponsorship, collaborative projects, and joint discovery and commercialisation. We will also assess whether there are other universities that could bring additional benefits to our digital transformation ambition.
2. Whether there is an opportunity to strengthen our links with industry, through partnering with regional economic development plans and associated city growth deals. As part of our work through the TriTech Institute, assess whether there are industry partnerships

and fellowships that could accelerate our digital transformation plans, including the collaboration with CGI.

3. The opportunities to pool research and innovation resources to address common goals and objectives of regional public partners and determine the opportunities associated with collaborating with DHCW around their Research and Innovation plan and associated mission.

The R&I Sub Committee is asked to consider any further questions for the assessment to consider, in advance of this paper being considered by the Digital, Data, and Innovation Committee in October. The R&ISC will receive a report on the next steps based on the answers to the above questions at the December Committee meeting.

Argymhelliad / Recommendation

To note and discuss the content of this report.

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:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	World Health Organisation Global Strategy on Digital Health (2020) 10 Year Health Plan for England: fit for the future. Digital Health and Care Wales Strategy (2024-2030) Digital, Data, and Innovation Committee Papers (April 2025) Welsh Government Digital and Data Strategy Refresh (2023)

Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw yr Is-Bwyllgor Ymchwil A Datblygu: Parties / Committees consulted prior to R&I Sub-Committee	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Gweithlu: Workforce:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Risg: Risk:	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Cyfreithiol: Legal:	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Enw Da: Reputational:	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A

<p>Gyfrinachedd: Privacy:</p>	<p>e.g. potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</p> <p>N/A</p>
<p>Cydraddoldeb: Equality:</p>	<p>e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below</p> <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason) • Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason) <p>http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</p> <p>N/A</p>