



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 October 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Research and Development Framework Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Phil Kloer, Medical Director and Deputy CEO
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Leighton Phillips Director Research, Innovation and Value

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The People, Organisational Development and Culture Committee are asked to approve the research and development self-assessment tool. The tool, published by the Welsh Government, will enable Hywel Dda University Health Board (HDdUHB) to assess its compliance with a new Research and Development (R&D) Framework that has been published to drive up the R&D performance across the Welsh NHS. The completed self-assessment tool will be used to facilitate an annual review meeting with Health Care Research Wales (HCRW) and the Welsh Government (WG) on 17 October 2023.

Cefndir / Background

HCRW has recently published (20 July 2023) a new R&D Framework, in a drive to embed and integrate research into all aspects of health and care services in NHS Wales. The framework outlines what 'research excellence looks like' within NHS organisations in Wales where research is embraced, integrated into services, and is a core part of the organisation's culture.

The framework argues that improving health and care services in Wales using evidence-based approaches is fundamental to improving the quality of care and putting the public at the heart of everything. It has been published to provide consistent national guidance to NHS organisations, where its key features are expected to form a core part of organisational culture.

The WG has issued the Framework via a Welsh Health Circular to signal its importance. The framework has been developed through a co-creation process with key stakeholders facilitated by HCRW. HDdUHB's Director of Research, Innovation and Value chaired the national working group that oversaw the development process. The resulting framework aligns with the Duty of Quality which came into force in April 2023 as part of the Health and Social Care Act 2020.

The publication of the R&D Framework is relevant to all involved in the design, management, and delivery of healthcare in the Welsh NHS including the NHS Boards and all executives, those with responsibility for strategy development, clinical leads, professional leads, heads of

services, operational managers as well as dedicated research staff such as R&D Directors and leads, research managers and the research workforce.

The R&D Framework is also relevant to the public as recipients of health and care services from NHS Wales. It is also relevant for key stakeholders working in partnership with NHS Wales who have aligned vision for research and joint R&D strategies as part of the whole ecosystem which enables health and care research through collaborative effort. This includes but is not limited to government departments, higher education providers, research agencies and funders, third sector organisations, public sector organisations, life science companies and their representative bodies.

The framework is intended to:

- To provide guidelines on the core content of NHS R&D and/or R&D and innovation strategies and implementation plans.
- To provide a framework for organisational self-assessment and peer review to establish the maturity of an organisation in respect of its arrangements and approach to supporting high quality and impactful research.
- To support better alignment between the national and local infrastructure for R&D, including identifying 'once for Wales' opportunities in the context of the national strategy, and/or sharing local good practice.
- To support broader strategic discussions between the Research and Development Division (RDD), WG and NHS organisations at performance meetings.
- To provide one document that can be used consistently across a range of national guidance and activities to simplify reporting processes for example the NHS planning framework (and associated workplans such as Integrated Medium-Term Plan (IMTPs)), Welsh Health Circulars publication, and the NHS Executive.
- To provide the basis for a work programme to achieve the ambitions within the framework, taking a partnership approach with Health and Care Research Wales and NHS organisations working collaboratively.

The features of a research supportive NHS organisation have been organised under ten pillars, which are summarised in Diagram 1. Supportive NHS organisations will work to embrace every pillar and the features they contain together, as they all play an important part in ensuring that research is integrated into services and is contributing to the whole system, thereby achieving excellence. There are also several cross-cutting themes which underpin the ten pillars which include the statutory requirements to be addressed and considered when developing policy and implementation plans. These cross-cutting themes are highlighted in Diagram 2 below, where those most relevant to the research agenda have been identified. The Duty of Quality is a recent addition and reinforces the importance for research supportive organisations to adopt a system-wide way of working to provide safe, effective, person-centred, timely, efficient, and equitable health care in the context of a learning culture.

Diagram 1:
The ten pillars outlining the features of a research supportive NHS organisation



Diagram 2:
Cross-cutting themes which underpin the ten pillars of a research supportive NHS organisation



Each of the ten pillars is detailed below, along with the features of a research supportive NHS organisation.

Annual Review Meeting - HCRW and HDdUHB - 17 October 2023

In preparation for our HCRW R&D Annual Performance Review, HDdUHB has been asked to provide an assessment of current position and relevant activities undertaken this year against the 10 pillars within the NHS R&D Framework and outline future plans to support its implementation. HCRW will also gather additional information prior to the visit on our research delivery metrics, funding and personal awards. The information will be used to support discussions at the annual performance review meeting and to inform the wider implementation of the framework across the organisation and Welsh NHS.

Asesiad / Assessment

The completed self-assessment at Appendix 1 provides a clear and honest assessment of HDdUHB's position against the 10 pillars of the framework. Our overall position is assessed to be good, as many of the key features described within the document were developed and implemented following the publication of the Research and Innovation Strategy in 2021. Our position against the same features is routinely described to the Research and Innovation Sub Committee and the People, Organisational Development and Culture Committee. Some of the features contained within the framework will never be fully achieved, as they are about driving a

culture of continuous R&D improvement. The areas where we have self-assessed as being strong are clearly identified within Appendix 1, alongside some areas we feel should be strengthened over the next 12 months. The latter include improving public engagement with research strategy and strengthening how research and development features within appraisal processes. As we will soon commence the process of refreshing our R&D strategy, it is the ideal time to consider how we build upon our approach to R&D over the next 4 years.

Argymhelliad / Recommendation

The People, Organisational Development and Culture Committee (PODCC) are asked to:

- Approve the publication of the Health and Care Research Wales Research and Development (R&D) Framework and approve the content of the self-assessment framework, in advance of the Welsh Government.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.5 To provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	5b Research and innovation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Health and Care Research Wales Research and Development (R&D) Framework 20 July 2023
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	R&D Delivery Leadership Team R&D Leadership Group R&ISC

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

NHS R&D Framework – assessment template

Current status 2023

The NHS R&D Framework was developed in 2023 to outline what research excellence looks like in NHS Wales. The Framework will be used for multiple purposes including to support broader strategic discussions between the Research and Development Division (RDD), Welsh Government (WG) and NHS organisations at performance meetings.

In preparation for the NHS organisation Annual Review meetings, please provide an assessment of current position and relevant activities undertaken this year against the 10 pillars within the NHS R&D Framework and outline future plans to support its implementation (*a maximum of one page per pillar*). This information will be used to support discussions at the annual review meetings and to inform the wider implementation of the framework across NHS Wales.

The framework can be accessed here -

https://healthandcareresearchwales.org/sites/default/files/2023-07/NHS_RD_Framework-FINAL_eng.pdf

Name of organisation: Hywel Dda University Health Board

STRATEGY

Hywel Dda University Health Board (HDdUHB) published its Research and Innovation Strategy in 2021. The strategy was the culmination of several months' work, including extensive co-production, starting in the winter of 2020. The Strategy relates to the Health Board's wider corporate plan (HDdUHB has an annual rather than approved Medium Term Plan), through a specific planning objective, which is subject to Board level scrutiny.

The Strategy contains four goals, each reflecting significant opportunities for the organisation but also several constraints to be overcome. In summary, the goals are:

- Improve the quality and impact of our activities.
- Invest in staff and facilities to encourage the development of a virtuous funding cycle.
- Grow research and innovation activity in areas of strength and opportunity.
- Develop strong and effective partnerships with academic, healthcare, industry and research organisations.

An annual implementation plan is set against the strategy. This ensures the delivery of the initial actions set within the strategy, while remaining responsive to new national or local planning imperatives, including those unforeseen at the time of strategy publication. The implementation plan is monitored by the Health Board through its People, Organisation Development and Culture Committee (PODCC) and the Research and Innovation Sub Committee (R&ISC).

As well as monitoring the delivery of actions, the Research and Innovation Sub Committee (R&ISC) receives a routine update on performance utilising data from both national and local PowerBI systems. This enables a determination of whether the actions we take are translating into improved performance, both in the number and type of studies we are supporting and the associated Recruitment to Time and Target.

The strategy benefitted from a formal launch and there is ongoing communication and engagement to assist delivery (see communications section below).

We assess our performance against this pillar to be strong and looking to the future, our priority is to start early in developing our next strategy for when the current version expires in 2024.

GOVERNANCE AND LEADERSHIP

All Research and Innovation activity is reported through the Health Board's Research and Innovation Sub Committee. The membership of the Sub Committee was refreshed at the time of the strategy publication, and is representative of most parts of the Health Board and has representation from three university partners (Swansea, UWTSD, and Aberystwyth). An Independent Member has been part of the Sub Committee since 2021. The Sub Committee is Chaired by the Deputy CEO and Executive Medical Director. The Vice Chair is the Director of Research, Innovation and value. The Sub Committee reports to the Health Board via the People, Organisation Development and Culture Committee. The agenda for Sub Committee is set in line with strategic and annual plan priorities and collaboratively with other subcommittee members.

Under the Deputy CEO and Executive Medical Director, the Director of Research, Innovation and Value leads a department with three Divisions, reflecting the three parts of his title. There is a 'Clinical Director for R&D' and 'a Head of the R&D Division', with responsibility for leading the research set up, delivery, quality assurance, and development functions. The Head of R&D is supported by Lead Nurses located within each County, and managers covering the quality assurance and trials set up and sponsorship functions.

Two group meetings lead and manage the operations of the R&D Division. A Leadership Group meets once every two months, to monitor progress against the strategy, scrutinise performance, and take key decisions. An Operational Leadership Team meets in the intervening month between the Leadership team meetings, focusing on detailed site and county level plans, performance management, overcoming key constraints, and taking key decisions not requiring Leadership Group input.

An annual report of performance against the strategy and annual plan is prepared for both the Committee and Sub Committee, and features within the Public Board papers. As summarised within the communications section, we also use other mechanisms to disseminate progress internally and externally.

The one framework criterion where we consider there to be more to do is in relation to communicating our progress and opportunities to become involved in research directly to the public.

PARTNERSHIP AND COLLABORATION

Our partnerships are often aligned to our priorities, recognising that as a relatively small operation it is not possible to support every type of research. Examples of partnerships formed, include our focus on Colorectal Cancer Research, supported by the Moondance Cancer Initiative, as part of a collaboration with Swansea University and Swansea Bay University Health Board. This has led to a significant increase in research activity in this area. Similar partnerships with Swansea Bay UHB and Swansea University have been developed in relation to Ophthalmology and Orthopaedics, greatly assisted by having clinicians with dedicated research time in both areas. The establishment of the 'TriTech Institute' has also supported the development of research partnerships linked to medical devices and technology developments, both with life science companies and academic partners. Jointly funded posts, for example, have been supported by Swansea University and the University of Wales Trinity Saint David. Also, there has been an increase in device related research, including securing the RACER robotic surgery study.

An indirect impact of developing partnerships such as these has been to increasingly put HDdUHB and some of its key clinicians 'on the map', with resulting invitations to join advisory boards and groups. Our Head of TriTech and Innovation, for example, is on the Medicines and Healthcare products Regulatory Agency (MHRA's) Devices Expert Advisory Panel and our research lead in Sexual and Reproductive Healthcare is the Vice President of the Faculty of Sexual and Reproductive Health.

To ensure that we continue to identify and secure opportunities, we have invested heavily in establishing routine arrangements for partnership working. These include mature University Partnership arrangements, meeting each of our main partners twice a year at an Executive level to agree research, innovation and enterprise priorities for the following six months and review progress accordingly.

We constantly strive to learn from others, benchmarking performance, and the factors that influence it. In 2021, we worked with UKR&D to complete a peer review of the governance and operations of R&D.

Looking to the future, and considering several of the criteria within the framework, we would like to do more to work directly with research agencies and funders to understand their requirements and associated opportunities. There is also more that we could do to work collaboratively with other public sector organisations to achieve the goals contained within our strategy.

RESEARCH SUPPORT

Over recent years, we have worked hard to put good research support structures and processes in place. Most of the time, our study set up, sponsorship, quality assurance, and wider support functions are assessed as efficient by those with an interest in research.

In 2021, we acknowledged that our three greatest constraints were:

- Inadequate research environments/facilities at three of our four hospital sites;
- Insufficient time within job plans and an inadequate culture of supporting research within service delivery areas; and
- Instability at our site based research support teams, and a lack of clarity in how they relate to the overall leadership arrangements of the Department.

We have worked hard to overcome each of these constraints:

- We now have dedicated research facilities at three of our four hospital sites;
- We have secured dedicated research leadership time for an increasing number of clinicians, both locally supported and through the Research Time Award Scheme;
- We have put in place a clear overall leadership structure and have 'right sized' each of our site level teams. The improvements to the 'Needs Based' funding allocation that are currently being implemented, will help ensure we can continue to offer our staff the job security required to keep them within the Department.

We are facing some strong headwinds, which will pose a challenge to our ability to support research. While the financial pressures upon NHS organisations should not affect our core research offer, they might influence the preparedness of service delivery areas to offer the capacity required to host or sponsor studies. As greater restraint emerges around staffing establishment, the R&D Division might also be challenged when trying to recruit to fixed term posts. Flexing staffing up and down to meet the demands associated with research could become more challenging for example, staff may not be released from their substantive roles or be reluctant to leave them. There are also significant and competing demands on corporate support services, including IG and workforce, which might limit their ability to support the research set up process.

One area of particular focus over the next 12 months will be succession planning, to ensure there are clear progression opportunities with Hywel Dda UHB and across other organisations for those wishing to pursue a career within the R&D Department. We would welcome the thoughts and advice of Health and Care Research Wales (HCRW) on this matter.

RESEARCH DELIVERY

We acknowledge the benefits associated with a 'One Wales' approach and the efficiencies that can be achieved by operating collegiately, particularly in relation to study set up and approvals. Collaborating around delivery is more challenging within our geography. Within HDdUHB, travelling between two sites (e.g. Bronglais Hospital and Prince Philip Hospital) can take up to two hours. Cross cover of delivery support for studies between sites can be a challenge and this would only be compounded if we expected staff from other organisations to support us with recruitment. Adopting a 'One Wales' approach should not compromise our ability

to offer equitable access to studies. If equitable access is a principle we wish to follow, it will always be necessary to have a research support capacity in each of our hospitals and we should recognise that it will always be difficult to achieve the level of efficiency that is possible in a city, where the travelling distance and time between sites is much less.

Nevertheless, we have developed an approach to prioritisation and study selection that ensures that we continue to punch above our weight. In areas where we have a high level of clinical engagement and aligned health needs, we consistently achieve our RTT closed. We also have a strong relationship with neighbouring health board and a willingness to promote studies that are open there, which could benefit our population, if they are willing to travel. One priority for 2023/24 is to work closely with Swansea Bay University Health Board (SBUHB) to develop an approach to improve the opportunity for patients from Carmarthenshire, Pembrokeshire, and Ceredigion to be recruited into oncology studies already open in SBUHB.

In addition to greater collaboration with SBUHB, particularly around oncology studies, the previous point around succession planning is of particularly important to developing strong delivery arrangements into the future.

FINANCE

The financial management within the Department and the R&D Division is strong. There is a Finance Business Partner with dedicated time for managing all research accounts and clear financial decision-making arrangements. We have always been transparent with HCRW about our use of research delivery funding and welcome the new 'earned autonomy' approach, linked to RTT, which is being introduced. Our internal approach to financial management and governance is through our Leadership Group and the Research and Innovation Sub Committee, which receive bimonthly and quarterly reports respectively. We have invested significant time over the past 12 months strengthening our financial tracking/monitoring arrangements. All financial risks are monitored through the Health Board's risk management system (DATIX), with aligned management action and escalation when appropriate.

We have a track record of income generation and have a 'researcher development' function, established on a cost recovery basis. The development function has helped secure some substantial grant income and is important to supporting new researchers across the organisation, including those who have been awarded research time awards. The one tension in funding a development function through cost recovery, is that you often end up chasing opportunities that aren't always research and do not always align to research interests or population health needs/demands. There is a case for the Welsh Government and HCRW to fund development activities and we believe the consequence of such an investment might serve to contribute to improved delivery.

Looking to the future, we are unlikely to be able to run our development function without some external support and it is a priority to work through some of the challenges with Welsh Government and HCRW. We would also like to commence some concentrated work with the new Research Faculty to improve our

organisation's understanding of what it offers and how they and HDdUHB population could benefit.

NHS WORKFORCE CAPACITY AND CAPABILITY

The governance of R&D is overseen by the People, Organisational Development, and Culture Committee, which provides an ideal opportunity to ensure workforce matters pertaining to R&D are built into corporate workforce strategies and plans and considered on an ongoing basis.

We have taken several steps over recent years to ensure R&D becomes an integral part of the planning and operational arrangements within the Health Board. Some examples of this include honouring clinical time for research beyond that supported through time limited grants and proactively using job planning and Performance Appraisal Development Review (PADR) sessions. The Health Board's funding of a research development team on a cost recovery basis also ensures there is a capability and capacity to support researchers from different parts of the organisation at different points of their research journey. The development team will be an important 'bridge' between the Health Board and the new Faculty.

While it is not possible to confirm that research and development is included in all job descriptions, we are increasingly identifying opportunities to structure posts with dedicated time for research. A recent example includes the appointment of a research midwife. We are noticing service delivery departments are welcoming this and see it as a good opportunity to attract and retain the best staff. We understand and are working with medical leaders to ensure the expectation of Welsh NHS organisations facilitating defined research time within the job plans of staff interested in developing a research portfolio are met.

Through a more structured approach to university partnership, we have been increasing the number of staff holding honorary appointments. We have been taking a targeted approach with each of our regionally based university partners and identifying individuals and areas where there is an aligned clinical and academic interest. In the coming year, we are keen to explore opportunities for our staff to have strong connections with universities beyond clinical research.

PUBLIC INVOLVEMENT AND PARTICIPATION

This is one area where we feel that we should consider whether we are doing sufficient and what more we could meaningfully do. We will start by reviewing the approach taken by our colleagues in other organisations.

We have over the years developed thematic public involvement and participation groups, linked to areas of research interest. Respiratory and diabetes research are good examples of this. We have been good at putting in place engagement mechanisms and vehicles where we have a particular purpose or interest in mind. In these instances, we can confidently say we are following most, if not all, of the principles contained within the framework document. Similarly, in respect of the studies we host or sponsor, we exercise the highest standards of patient and public involvement and a very inclusive approach.

We perhaps need to consider how we engage patients and the public in our routine arrangements for guiding the R&D Division's work, including identifying new thematic research areas reflective of health needs. In considering this, we will need to explore how we make such engagement meaningful. We continue to have public representation as part of our core governance arrangements, including the combined Research Quality and Sponsorship Group (RQSG). However, this can feel tokenistic. Our preference would be to consider how research becomes part of our wider engagement activities around services. We plan to work with HCRW's dedicated Public Involvement Team to explore what more we could be doing.

COMMUNICATIONS AND ENGAGEMENT

Our Development team has for several years focused on running targeted communication activities within the Health Board to encourage staff to get involved in research and disseminate the impact that our studies are having. This includes a dedicated Research and Innovation SharePoint site, frequent use of the daily global new section, and engagement events, including our popular 'getting into research' sessions. We are proactive in supporting national campaigns and will continue this collaborative approach in the future.

In 2022/23, we have worked with a marketing company to develop a communication strategy and some outputs to support our getting the message out about the importance of research and development. The development of the strategy has also led to an acknowledgement that we need the aligned support of our corporate communications team. We are exploring the possibility of a joint post, subject to securing funding. We are also proactive in looking to align the communications campaigns of others to promote the research of HDdUHB. A recent example is the Moondance Cancer Initiative film profiling our collaboration with SBUHB and Swansea University to improve trial activity relating to colorectal cancer.

The publication of the framework has given pause for thought and one area that we will wish to develop in the future is our way of publicising the opportunity to get involved in and benefit from research directly with people and communities across the HDdUHB geographical area. We would welcome the HCRW Communication Team's support with this endeavour.

RESEARCH IMPACT

We strive to meet the four characteristics set out within the framework. Inevitably they are easier to meet when we are sponsoring research, as opposed to hosting, as we will tend to have a deeper understanding of how it could impact directly within our organisation. In areas where we have defined research expertise, our publication record is good. Initiatives like the TriTech Institute are also serving to increase the number and quality of publications, with a specific Key Performance Indicator to this end, which is routinely scrutinised by the health board.

The R&D Division is located within the same Directorate as our clinical effectiveness team and associated managerial and governance arrangements. This provides the main mechanism of ensuring that research findings can influence practice and service delivery on an ongoing basis to improve and

enhance the quality of services. We have work to do as an organisation before we can confidently say that research is 'routinely' influencing new models of service delivery. The reality is that this is patchy and will depend upon how engaged with R&D a department is and the wider pressures upon it. We will consider what more we can do about this over the forthcoming year.

We actively contribute to the work of Health and Care Research Wales, to ensure the wider social and economic impacts of research are understood.

Please outline ways in which Health and Care Research Wales and R&D Division in Welsh Government can support your organisation with the implementation of the framework

These have been highlighted throughout our assessment within the previous sections of this document.