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Bwrdd Iechyd Prifysgol Aneurin Bevan  
Aneurin Bevan University Health Board  
**RESEARCH & DEVELOPMENT**



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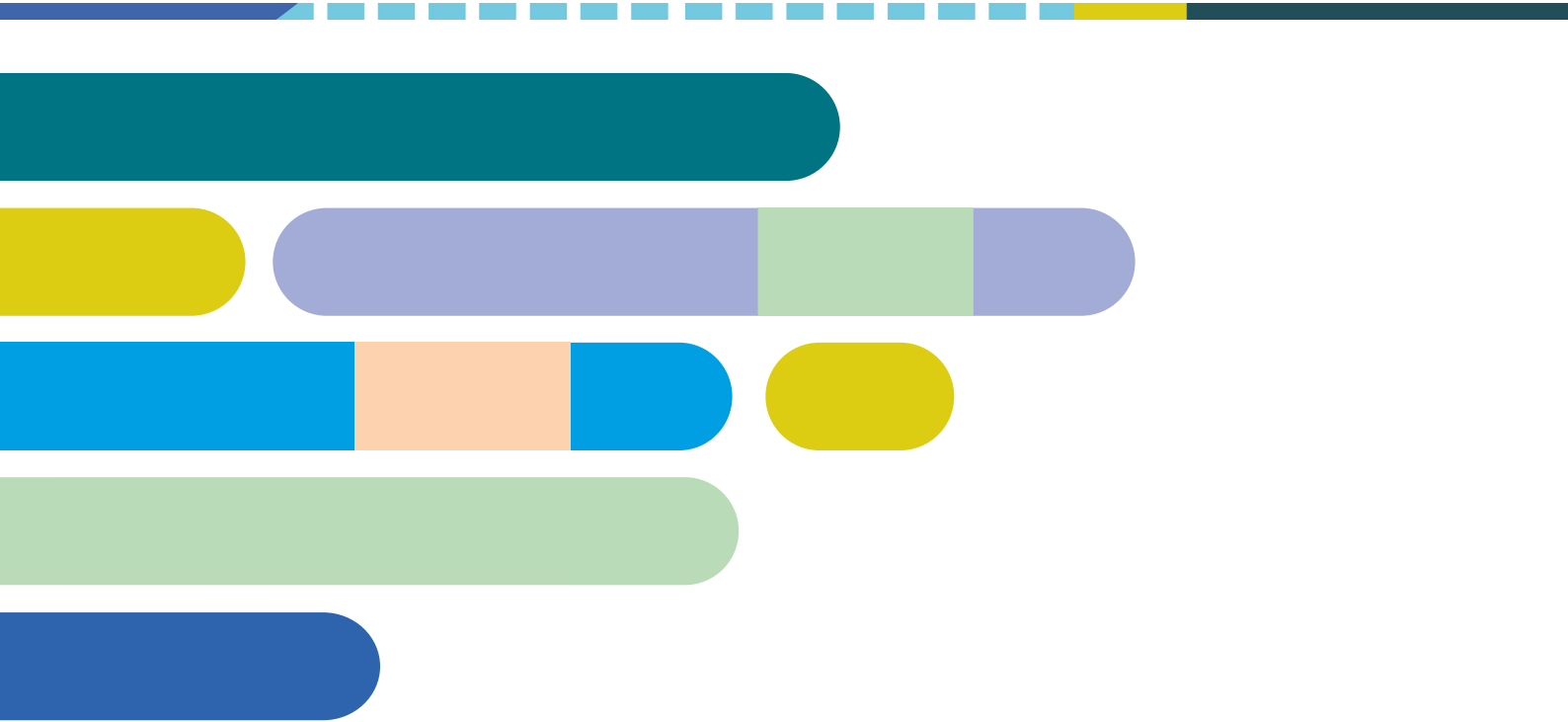
Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# Research and Development Strategy

# **Research – A Core Activity**

## 2022–2027





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Bwrdd Iechyd Prifysgol Aneurin Bevan

Aneurin Bevan University Health Board

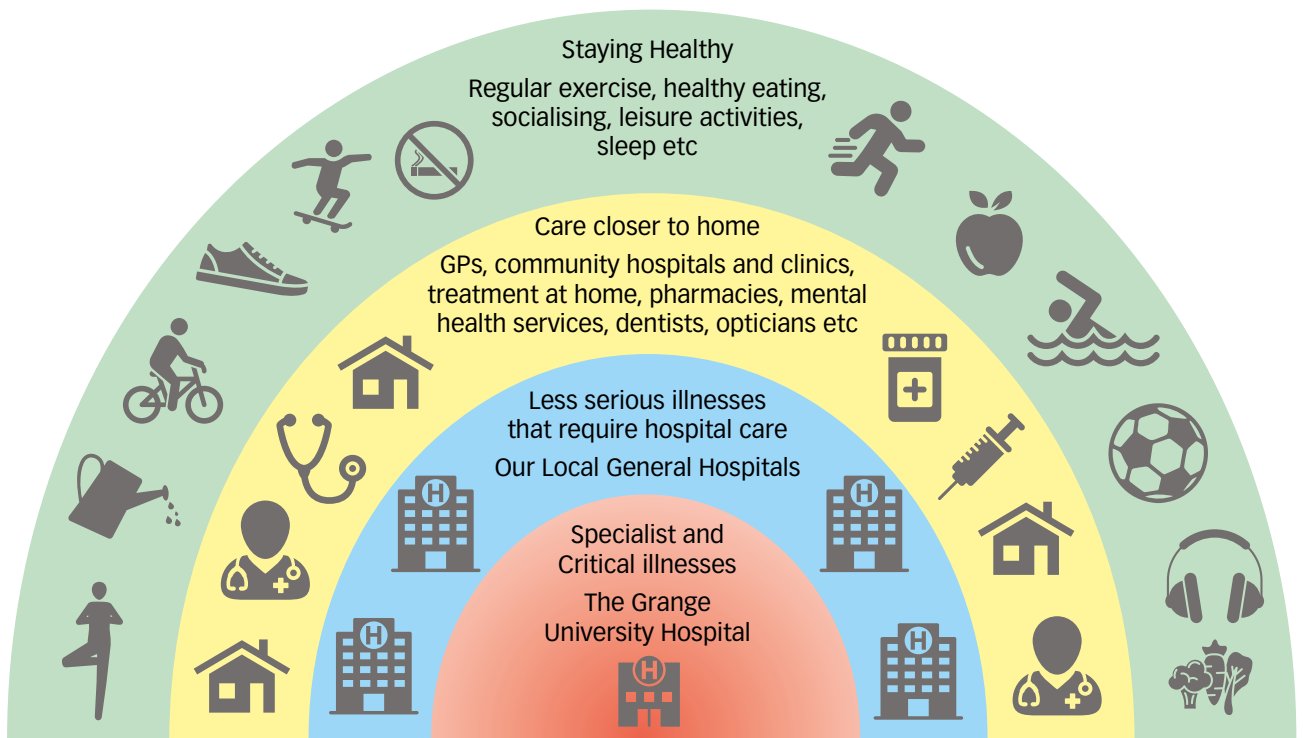
**RESEARCH & DEVELOPMENT**

**Tel: 01633 238480**

**Email: [ABB.R&D@wales.nhs.uk](mailto:ABB.R&D@wales.nhs.uk)**



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Delivering and developing research that is core to clinical services and meets the need of our population

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**1853**  
**Invention of aspirin**

Aspirin, also known as acetylsalicylic acid (ASA), is a medication used to reduce pain, fever, or inflammation.

A precursor to aspirin found in leaves from the willow tree has been used for its health effects for at least 2,400 years. In 1853, chemist Charles Frédéric Gerhardt treated the medicine sodium salicylate with acetyl chloride to produce acetylsalicylic acid for the first time. For the next 50 years, other chemists established the chemical structure and devised more efficient production methods.

Clinical trials and other studies from the 1960s to the 1980s established aspirin's efficacy as an anti-clotting agent that reduces the risk of clotting diseases. The initial large studies on the use of low-dose aspirin to prevent heart attacks that were published in the 1970s and 1980s helped spur reform in clinical research ethics and guidelines for human subject research and US federal law. They are often cited as examples of clinical trials that included only men, but from which people drew general conclusions that did not hold true for women.

Aspirin is one of the most widely used medications globally, with an estimated 50 to 120 billion pills consumed each year, and is on the World Health Organization's List of Essential Medicines.



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# Foreword

## Research, a Core Activity 2023- 2028

### Aneurin Bevan University Health Board's Research and Development Strategy

*"I did not invent penicillin. Nature did that. I only discovered it by accident."*

Alexander Fleming, a Scottish physician-scientist recognised for discovering penicillin.



**There has never been a more exciting time in the world of research. With advancements in technology, innovation and creativity enabling diseases to be cured; supporting people in recovery and to live longer, research has never been more important.**

As we look to the future, our strategy aims to put research and innovation at the core of the Health Board using our newly built, state of the art research facility, as we strive to innovate and improve lives of people in Gwent, across Wales, and as we did in the pandemic, the world.

Our efforts and priority continues to focus on diversifying our research offer so that the Health Board is able to realise its full potential as a leading research organisation. This research strategy, our most ambitious and dynamic to date, signals the start of an exciting new chapter as we strive to embed research into NHS operational services by focusing on three high level strategic objectives and eight strategic actions.

**Strategic objective 1:** developing a sustainable research workforce. Supporting, nurturing and building on research in areas of strength will provide staff with the tools and opportunity to take part in the delivery of research at a local level.

**Strategic objective 2:** investing in staff and infrastructure will ensure support is in place for the right people to deliver the right research, at the right time, in the right place.

**Strategic objective 3:** aims to develop a streamlined, efficient and innovative research programme, fully integrated at an operational level. The research programme will support the delivery of our three-year plan by conducting research that aims to address health inequalities and meet the needs of our local population.

The strategy aligns to the *“Health and Care Research Wales support and delivery strategic framework”*, *“CRest: cancer research strategy for Wales”* and the *“UK 10-year vision for research: Saving and Improving Lives: The future of UK clinical research delivery”*.

## How did we get here?

In 2022, set against the background of the global pandemic, the Health Board invested in and opened the doors to a state-of-the-art new clinical research facility on the Royal Gwent site. Future plans will see the research infrastructure grow on both the Nevill Hall and Grange University Hospital sites.



Over the next five years we will take full advantage of the opportunities and resources available to us, both within the organisation and externally. Our collaborations will ensure we build strong foundations that support the development of local talent from early career researchers up to Chief Investigator status. We will continue to play our full part in delivering research opportunities developed at a national level as well as those developed at a local level that are aligned to our organisational priorities.

Our new research facility and dedicated team of research specialist nurses will be central to enabling us to maximise income opportunities and growth as we engage in more industry sponsored research and aspire to becoming a preferred partner for commercial trials.



**Nicola Prygodzicz**  
Chief Executive Officer



**James Calvert**  
Medical Director

Comirnaty (BNT162b2)
Spikevax (mRNA-1273)
COVID-19 Vaccine AstraZeneca (AZD1222)
Sputnik V
Sputnik Light
COVID-19 Vaccine Janssen (JNJ-78436735; Ad26.COVS.2.S)
CoronaVac
BBIBP-CorV/NVSI-06-07
EpiVacCorona
Convidicea (PakVac, Ad5-nCoV)
Covaxin (BBV152)
WIBP-CorV
CoviVac
ZF2001 (ZIFIVAX)
QazVac (QazCovid-in)
COVIran Barekat
Abdala (CIGB 66)
Soberana O2/Soberana Plus
MVC-COV1901
ZyCoV-D
Spikogen (COVAX-19)
FAKHRAVAC (MIVAC)
Nuvaxovid
Turkovac (ERUCOV-VAC)
Corbevax
Covifenz (CoVLP)

**2020  
COVID-19 vaccines**

First identified in December 2019, COVID-19 is a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease spread worldwide, leading to a pandemic.

The structure and function of coronaviruses was known prior to the COVID-19 pandemic, and by January 2020, the SARS-CoV-2 virus genetic sequence was discovered and shared worldwide. A global effort led to the development of several vaccines which were first given to human volunteers.

In 2020, the Aneurin Bevan University Health Board, Clinical Research Centre participated in the Oxford, AstraZeneca vaccine trial. The team, supported by Health and Care Research Wales, Public Health Wales and the Centre for Trials Research, recruited over 500 participants, contributing to a better understanding of the vaccines efficacy and safety.

As of March 2022, more than 10 billion doses of COVID-19 vaccines had been administered worldwide.



# 1 Introduction

**Much has changed in the five years since the last Aneurin Bevan University Health Board (ABUHB) Research and Development (R&D) strategy was approved by the Board. The COVID pandemic focused hearts and minds and raised the profile of research not just in ABUHB but worldwide. Finding treatments, vaccines and genetic links was of paramount importance and ABUHB made a significant and impactful contribution to that effort.**

The lesson from the pandemic is ABUHB achieved high levels of recruitment to high impact studies when research was part of normal clinical care and not seen as an additional activity requiring time and capacity for research. As we recover from the pandemic, the time is right to develop and implement a strategy that fully embeds research into core ABUHB NHS service delivery.

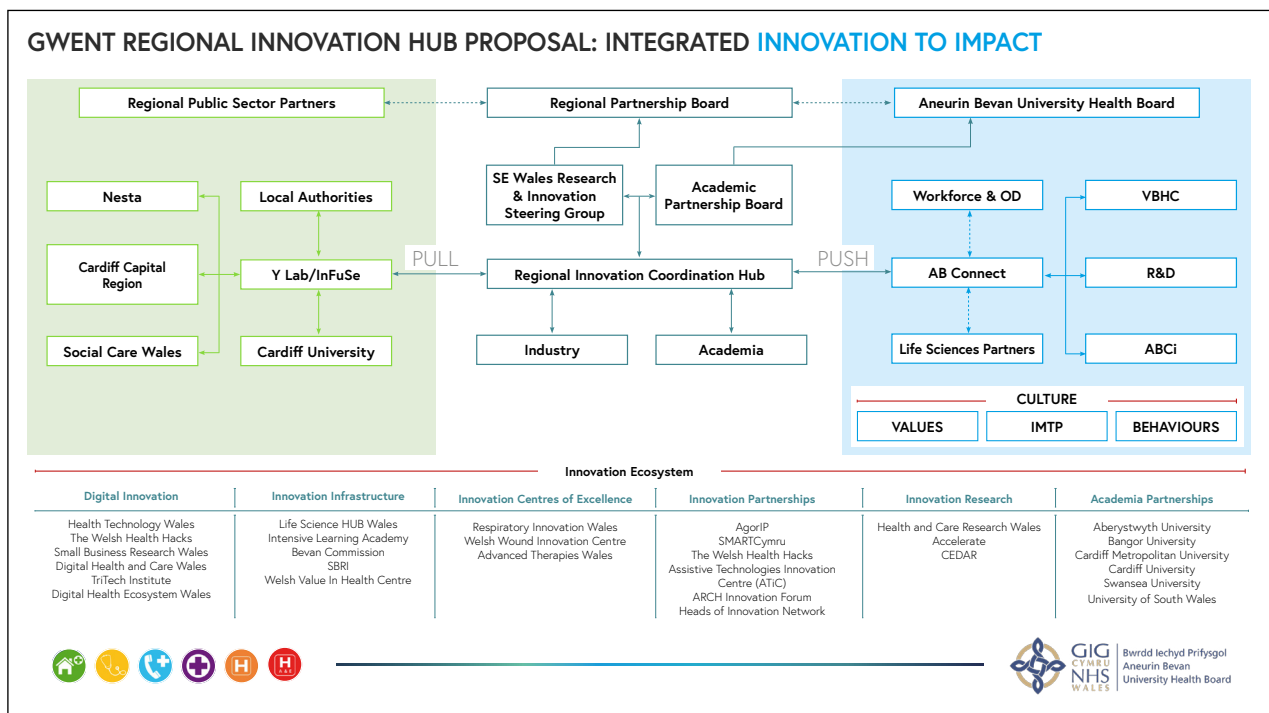
In March 2021, all four nations of the UK published a new 10-year vision for research - *Saving and Improving Lives: The Future of UK Clinical Research Delivery* - which sets out the ambition to create a world-leading UK clinical research environment. This Aneurin Bevan UHB Strategy '*Research – a core activity*' aligns to both the UK vision and the HCRW Support and Delivery Strategic Framework.

Welsh Government's expectation is that research should be a core function of a University Health Board. As such, research needs to be an integral part of delivering the ABUHB Clinical Futures Strategy and achieving the Health Board's mission to reduce health inequalities across Gwent.

# 2 Background

Reports from bodies such as the Academy of Medical Sciences<sup>1</sup> and the Royal College of Physicians<sup>2</sup> have emphasised the value of research to the NHS. NHS organisations who are more research active have been shown to benefit from 'the research effect'. Those benefits include a better care experience improved outcomes for patients and increased recruitment and retention of staff.

ABUHB has always recognised the value of research working with local, national, and international university partners to design research projects, gain grant funding, and build research workforce capacity and capability to meet the needs of our population. The Health Board has strong partnerships with Health and Care Research Wales (HCRW), university partners, trials units, industry partners, Public Health Wales (PHW) and the voluntary sector.

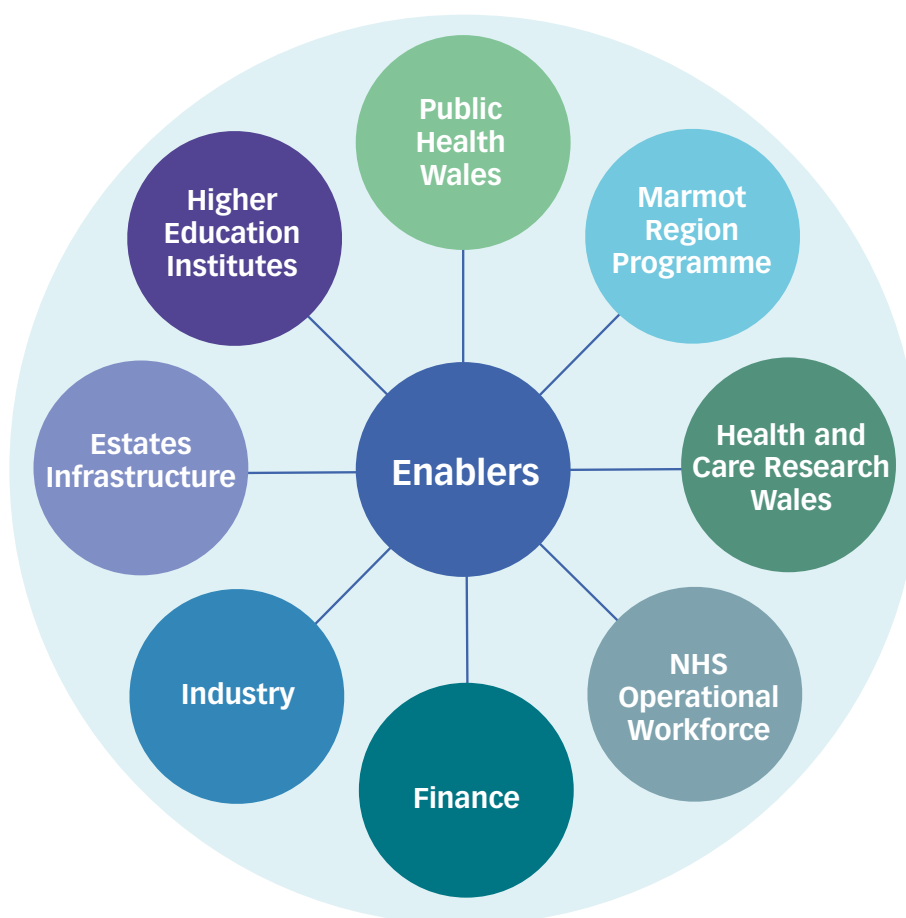


This strategy should be read in conjunction with the ABUHB IMTP. Together these documents demonstrate R&Ds involvement in wider networks that enable research and innovation to be developed, delivered, and outcomes put into practice through service improvement.

1 <https://acmedsci.ac.uk/policy/policy-projects/nhs-academia-interface>  
 2 <https://www.rcplondon.ac.uk/projects/outputs/research-all-developing-delivering-and-driving-better-research>

The income ABUHB receives from HCRW provides the core funding for the Health Board’s research activity. The HCRW budget is under significant pressure and in recent years, HCRW has shifted its criterion for funding to one key performance indicator, which is to recruit participants into studies within an agreed time and target (RTT). Achieving this demonstrates that Wales can deliver what is promised and gives sponsors and commercial companies the assurance they need to bring their studies to Wales.

The HCRW and Welsh Government expectation is that the development of research capability and capacity should be a core function of a University Health Board and should be funded accordingly. The shift in HCRW funding criterion away from developing Health Board research capability and capacity has led to a reduction in HCRW income to support core ABUHB R&D team staffing in recent years.



It is important that the Health Board diversifies its income sources for research to their full potential. The ABUHB R&D team are restarting research that was stopped during the pandemic and opening new studies across all healthcare areas whilst still supporting COVID follow up studies.

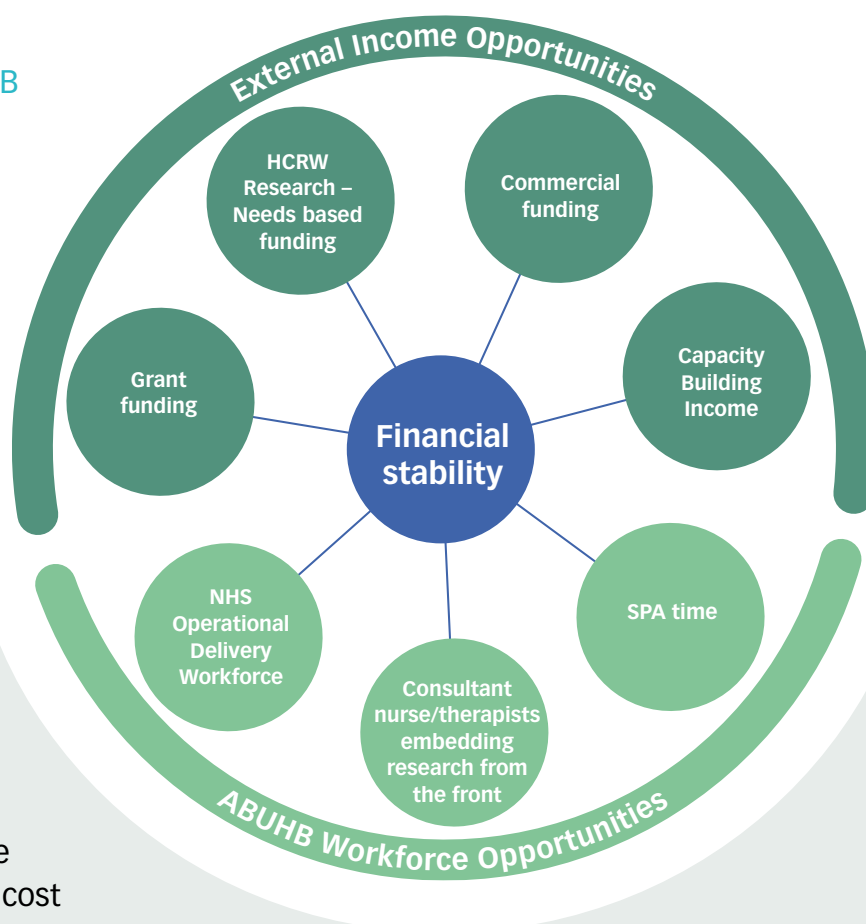
The new Clinical Research Unit in the Royal Gwent Hospital and ABUHB’s strong track record of recruitment to internationally important COVID-19 research provide a strong foundation on which to build. This strategy sets out how that intention will be achieved.

## STRATEGIC OBJECTIVE 1: A sustainable and supported research workforce

The research delivery workforce in ABUHB has grown with more specialist research staff employed than ever before. In the last year, despite the reduction in grant and commercial income due to the pandemic halting many studies, the Health Board were able to spend over £2.2m on research delivery. The funding was made up of HCRW Research-Needs Based funding model (including an award from the COVID Vaccine funding stream), commercial capacity building income, charitable funds and capital funding.

### Strategic Action 1:

For research to grow ABUHB must fully exploit potential external funding streams and develop the capability and capacity of ABUHB staff to embed research in core service delivery.



### External Income Opportunities

- Increase Commercial Trials: pays for research, adds to capacity building income and can be a source for cost avoidance.
- Harness Grant Income: where ABUHB is the Sponsor organisation, grant bids should direct income towards development and funding of an ABUHB Trial Management team.
- HCRW Research-Needs Based funding: a limited resource that in real terms across Wales has decreased significantly over the last ten years. In ABUHB it currently pays for around 80% of the specialist Research and Development Team.



## ABUHB Workforce Opportunities

- The Health Board together with its university partners should work together to promote joint working opportunities across NHS and Universities (not just medical consultants but across the whole spectrum of research posts). Stripping out duplication and utilising each other's resources to develop and deliver trials that are set up in alignment with clinical practice and thereby more efficient and effective to run.
- AB Connect:
  - aligning research to the ABUHB Innovation Strategy and the all-Wales Intellectual Property Policy
  - sharing research outcomes to inform service improvement
- Incorporate research sessions into the job plans of research active medical consultants: research active can be defined as:

Either, working in an official capacity as a Principal or Chief Investigator on:

- HCRW/(NIHR) National Institute for Health Research Portfolio studies
- Pathway to portfolio studies
- Pathway to portfolio studies
- Commercially funded research

Or, undertaking developmental activity that leads to one of the above, usually in conjunction with a university.

## Embedding research into NHS Operational Delivery

The pillars of university designation: education, innovation and research are everyone's business. As research is embedded further into ABUHB operational delivery; directorates involved in research (supported by the specialist Research & Development team) should ensure open studies are discussed at: directorate meetings, appropriate MDTs or quality meetings to align the research with clinical pathways. All eligible patients should be offered the opportunity to participate (regardless of which clinician is Principal Investigator (PI)/Chief Investigator (CI)) and all staff involved in the specific area of care should be afforded the opportunity to become involved.



The complexity of research activity will determine the level of specialist R&D Team support a directorate will need to run a particular study. The R&D Team maintain oversight of all research activity and will raise the level of support if necessary. The levels of specialist R&D support include:

- **Low complexity, low risk:** Directorate operational team with light touch research specialist team.
- **Medium complexity, medium to low risk:** Research specialist team working alongside directorate operational team in tandem.
- **Complex research requiring specialist knowledge with low-risk elements that can be undertaken by directorate operational team:** Specialist research team with light touch directorate operational team.
- **Highly complex, medium to high risk.** Specialist team supporting PI: Trial runs by specialist research team.

## Education

The specialist Research & Development Team will lead an awareness and education programme for the wider ABUHB workforce to engage, explain and encourage recruitment of patients into existing research plus participation in and development of new research.

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### Strategic Action 2:

Develop and deliver a training programme for all research active staff and those aspiring to become researchers. Including:

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### International Conference on Harmonization Good Clinical Practice

International Conference on Harmonization Good Clinical Practice (ICH GCP) training is mandatory for anyone involved in clinical research that involves human subjects. It is the international ethical and scientific quality standard for designing, conducting, recording and reporting such trials. ICH-GCP aims to provide a unified standard for the ICH regions to facilitate the mutual acceptance of clinical data by the regulatory authorities in these jurisdictions.

Both the Health Research Authority (HRA) and the Medicines and Health Products Regulation Agency (MHRA) advocate a proportionate approach to the application of GCP to the conduct of research and the appropriate training of staff involved, including those seeking consent from potential participants.<sup>3</sup>

The ABUHB specialist research delivery team members will be trained to facilitate and deliver bespoke, proportionate GCP training for ABUHB staff leading/participating in clinical research activities.

### Research Apprenticeship

The aim of research apprenticeships is to support the integration of clinical research into NHS clinical care by offering opportunities for nurses and Allied Health Professionals (AHPs) to step into clinical research within their chosen specialty, supported by a specialist research delivery team member. Through continuing to develop this scheme, clinical research capacity will be built in specialist areas, in turn increasing the opportunities for patients to participate in research and embed clinical research into ABUHB clinical care.

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<sup>3</sup> Joint Statement on the Application of Good Clinical Practice to Training for Researchers (HRA, MHRA, Devolved Administrations for Northern Ireland, Scotland and Wales) 10 Feb 2020

## CPD Events

CPD events are aimed at current and potential researchers. Training is proportionate to the research experience of the participant and aims to provide them with the knowledge and skills required to progress their research careers. That may be at ward level, supporting the specialist research team and local PI, getting involved in a simple evaluation, progressing to PI or taking on the more senior role of CI. Participants will be introduced to the research and development framework, the local infrastructure, available tools and signposted to the most appropriate training opportunities, for example HCRW Clinical Research Time Awards.

- Participation in senior leader education programmes including the Senior Clinician CPD sessions and Physicians Associate CPD sessions.
- Bimonthly Principal Investigator Training programme. Supporting new and established Principal Investigators through taught content and facilitated group learning.
- Bespoke consent training for multi-disciplinary teams new to research. Building quality research capacity through training and development.

## Student placements

One of the pillars of university designation is to educate our future workforce. The R&D team regularly provide placements for student nurses, who through training and mentorship are made aware of research as a career pathway. The benefits are that the student will grow to understand what being involved in research means not only to them but also to their patients. Students who do not choose a career in clinical research but go on to work in clinical areas will be able to put their learning into practice working alongside the specialist research team as research is embedded into routine clinical care.

- Active student placement in the Registered Nurse Training Programme - Cardiff University and University of South Wales.
- Opportunities to explore Allied Health Professionals Training programmes - Cardiff University and University of South Wales.
- Working with MSc students.

## NIHR Associate Principal Investigator (PI) Scheme

The Associate PI Scheme is a six month in-work training opportunity, providing practical experience for healthcare professionals starting their research career. Staff who would not normally have the opportunity to get involved in clinical research in their day-to-day roles have the chance to experience what it means to work on and deliver an NIHR portfolio trial under the mentorship of an enthusiastic local PI.

- The local research delivery facilitator will raise awareness and provide support for both potential learners and mentors to participate in the NIHR Associate PI scheme.

## NIHR Clinical Research Practitioner (CRP) professional registration programme

The NIHR CRP programme provides the opportunity to develop the research workforce by upskilling non-registered practitioners to perform clinical roles. Participation in the all-Wales CRPs registration and accreditation working group (HCRW). 'CRPs are working in research delivery roles that involve direct contact with patients or other study participants. CRPs are now identified as an occupational group in health and care in the UK by the UK Professional Standards Authority (PSA). The PSA is the body that sets the standards for accredited registers of people who work in health and social care. In April 2020 accredited registration for CRPs was approved by the PSA as part of the Academy for Healthcare Science (AHCS) Accredited Register'.

- Participate in the HCRW steering group aimed at developing career pathways for CRPs.

## Enhanced skills – specialist delivery team

The Health Boards investment in a new clinical research centre provides facilities for research, clinical trials and interventions to be managed on site. The specialist research team can perform clinical tests; for example, phlebotomy, spinning and processing of samples; treatments; for example, infusion or chemo therapies and also specialist tests; for example, spirometry, ECG, and ultrasound scanning. Enhancing the skill set of the specialist research team enables the Health Board to take full advantage of the new facility and opens up opportunities for R&D to offer a wider range of studies, treatments and interventions to our patients.

- Developing the specialist delivery team to ensure research nurse competencies in infusion, chemotherapy and pump skills are in place and maintained to deliver phase II – IV clinical trials.

Develop the research officer role; either within the specialist team or within the NHS operational teams to take observations, venepuncture and ECGs to support the research team.

## **STRATEGIC OBJECTIVE 2: Investment in staff and infrastructure**

### **Specialist Research Team**

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#### **Strategic Action 3:**

Align research delivery and governance to consolidate knowledge and expertise to ensure the ABUHB workforce are fully supported to develop and deliver research and to ensure timely study set-up.

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Delivering trials within the framework of ICH GCP and following good governance is critical to the quality and integrity of the research undertaken across the Health Board.

As the Health Board move towards fully integrating research into routine care the specialist research team will:

- work seamlessly to support the strategic objectives and actions within this strategy, and
- work with the HCRW support and delivery centre to ensure ABUHB works within the standard required for clinical research

### **Research Active Consultant Time**

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#### **Strategic Action 4:**

The R&D Director will work alongside the Medical Director to oversee the SPA infrastructure provided through SPA sessions and additional responsibility sessions awarded through job planning. The R&D Director will be aware of all SPA and additional responsibility sessions awarded for research and will be able to align and supervise that work to ensure clinical research is supported and enabled to flourish.

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It is often the case that only one or two consultants within a Directorate undertake 'true' research; That is working in an official capacity as Principal Investigator or Chief Investigator on:

- HCRW/NIHR Portfolio studies
- Pathway to portfolio studies
- Commercially funded research



Or working with a university:

- Undertaking developmental activity that leads to one of the above

To undertake research in a *Principal Investigator (PI)* or *Chief Investigator (CI)* role or to develop studies in partnership with the HEIs often requires more time than is awarded through a single or half of an SPA. To address this in discussion with the R&D Director:

- Job plans for research active consultants will include 1 research SPA.
- where 1 SPA is insufficient the job plan review for the research active consultant should include directorate funded additional responsibility sessions/research sessions.
- directorates may consider employing a consultant research lead who has less clinical sessions and more dedicated research sessions to lead the directorate research portfolio.

## NHS Support Services

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### Strategic Action 5:

develop new and innovative systems to enhance the capacity of pathology, radiology, and pharmacy services to support research and development.

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Pathology, Radiology and Pharmacy are support services within the NHS that are crucial to the delivery of clinical trials.

- Limited availability of these resources impedes capacity to open and deliver trials. In addition, as services are moved or redesigned it is important to factor in the impact that the move/change will have on the ability of that service to run clinical trials and the impact that would have on patients.

Increased capacity of support services will be achieved by drawing on a pool of skills to streamline the way trials are set up and delivered through support services. Research specialists currently employed within the support services (who have the knowledge of the trial protocol and the governance that needs to be in place), and the wider directorate support service team (who have the knowledge of the disease area/medication/test) will work together supported by the research senior management team to break down barriers and enable directorates to run clinical trials as part of their operational service.

- Pharmacy: An example being explored in Haematology will involve the directorate specialist pharmacist working alongside the research pharmacist, unpicking new research protocols to establish mechanisms of enabling the study to run. By working together and streamlining the review process duplication can be avoided, valuable time saved, and it can be determined much more quickly if the study is able to run in ABUHB. If successful, this process will roll out to other directorates.

## Developing joint appointments between the NHS and HEIs

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### Strategic Action 6:

ABUHB will work with Higher Education Institutions, Health Education & Improvement Wales and Welsh Government to remove barriers and open opportunities for joint appointments.

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It has long been recognised that joint consultant posts are of benefit to NHS organisations and Higher Educational Institutes (HEIs) alike. There are not enough joint consultant posts, and it is important that the Health Board works with the universities to find ways to develop that valuable resource.

Opportunities for joint posts, however, should not be limited to consultant posts and the Health Board together with its university partners need to explore the whole spectrum of research posts across the NHS and HEIs:

### Example: Trial Manager.

- Combining the role of an NHS trial manager and a university trial manager would realise the following benefits:
  - career and education development opportunities in the NHS and university. (Employee job satisfaction)
  - access to specialists in both sectors broadening the shared knowledge and expertise. (Better understanding across sectors)
  - trials would benefit from an informed coordinated design and set up meeting the needs of the NHS and HEIs.
  - potential for grant funding to go further as overhead costs are reduced

A Healthier Wales looks towards a future where barriers to working across sectors are broken down. In 2022, at the University Designation Showcase joint NHS/HEI posts were discussed. This discussion identified a number of barriers: (contracts, pensions, salaries, IT connectivity) and suggested an enabler would be an all-Wales joint NHS/HEI strategy looking at the benefits of joint posts and how to remove barriers.

## Infrastructure

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### Strategic Action 7:

align the estate strategy to the research strategy to create an infrastructure that will support research delivery across multiple sites.

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In 2021/22 the Health Board opened the doors of its new clinical research centre in Royal Gwent Hospital (RGH) supported by a satellite unit in Nevill Hall Hospital (NHH) and a small team working out of the Grange University Hospital (GUH). The unit enables trial participants to visit and/or have their treatments in one department. This benefits the patients and the research team in maximising value for money, saving time and ensuring trial participants are cared for in a comfortable environment. This development will be key to enabling the delivery of this strategy. Whilst taking full advantage of the new facility the specialist research team continue to work out of clinical facilities on all sites and in the community where this remains the best way to deliver the research.

## Community of Practice

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### Strategic Action 8:

develop a multi professional community of practice where individuals can come together to share ideas and support the implementation of this strategy in conjunction with the ABUHB IMTP and Innovation Strategy.

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## **STRATEGIC OBJECTIVE 3: A streamlined, efficient, and innovative research programme**

Patients and members of the public should:

- be given the opportunity to be involved in research regardless of location.
- be offered specialist research opportunities through referral to specialist centres, equally referrals from other areas are accepted by the health board R&D team where the specialist research is hosted by ABUHB.
- expect that research developed locally will utilise a full community of practice including university partners, AB Connect, HCRW Faculty, HCRW Centres and Units and funding opportunities to ensure the studies developed meet the needs of our population.

The specialist research team will work alongside NHS operational teams across all sites constantly working to remove barriers.

The Health Board drive to realise strategic objective 3; developing a streamlined, efficient, and innovative research programme will be implemented in three phases.

### **Phase 1: Areas of strength and opportunity**

**Cardiology: Critical Care: Haematology (and cancer services generally):**

**Midwifery: Neurology: Respiratory: Public Health: Rheumatology: Surgery**

#### **Strengths:**

- established research portfolios
- commercial and non-commercial
- directorate funding in Haematology for a Research Nurse
- Research Officer in cardiology funded through commercial income
- critical care and midwifery integrate research into jobs throughout the teams and have widespread ICH GCP training in place
- critical care and surgery – running apprentice Research Nurse scheme
- innovative ways of working – haematology specialist pharmacist working with research pharmacist



### Weaknesses:

- dedicated time for research active consultants
- support services pathology, radiology and pharmacy often unable to support studies
- shared posts with universities
- clinicians developed to Chief Investigator level

### Opportunities:

- map and monitor SPA and additional responsibility sessions awarded for research in these areas
- reach out to directorate pharmacists
- capitalise on the reputation already established running commercial trials and the new research unit to develop commercial portfolios across all areas of strength
- feed research priorities into the pharmacy workforce strategy
- promote a midwifery research portfolio that is delivered as an integral operational service overseen and supported by the Research Midwives
- roll out apprentice Research Nurse scheme to all areas of strength
- develop the research portfolio to fully utilise the day case infusion suite and ward space available within the Royal Gwent Clinical Research Facility

## Phase 2: Health Board Priorities

**Priority 1:**  
giving every child the best start in life

**Priority 2:**  
getting it right for children and young adults

**Priority 3:**  
adults in Gwent live healthier and age well

**Priority 4:**  
older adults are supported to live well and independently

**Priority 5:**  
dying well as part of life



### Strengths:

- Midwifery
- The Marmot Region programme
- Public Health
- Palliative care (cancer)
- Research Nurse apprenticeship scheme
- CAMHS
- Mental Health

### Weaknesses:

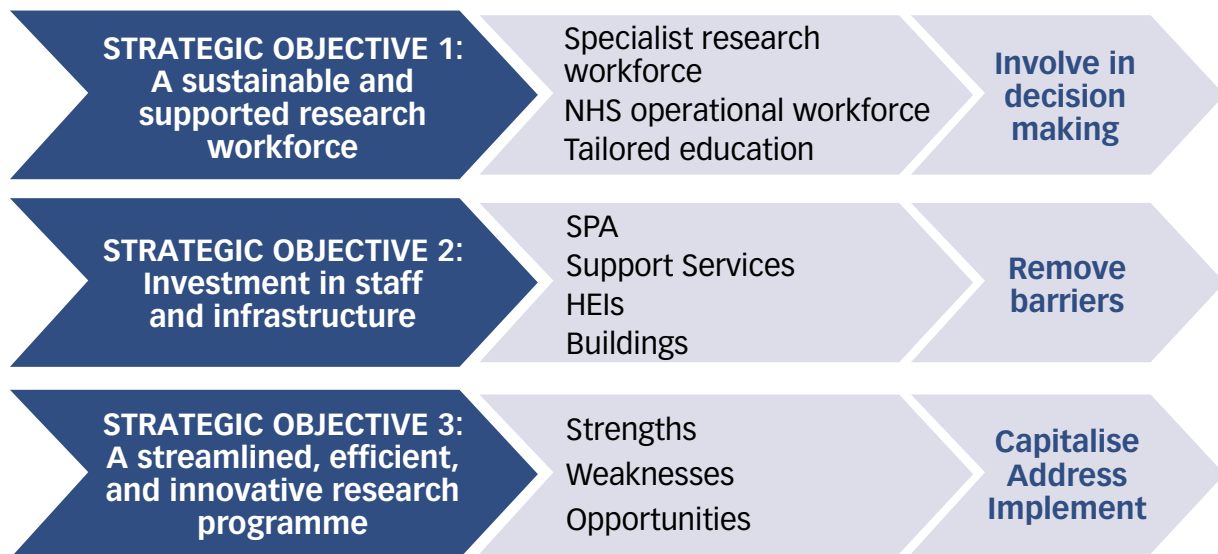
- Priorities 4 and 5 would benefit from research developed and delivered alongside our social care and third sector partners: whilst there are robust processes in place to ensure research in the NHS is set-up and carried out in accordance with ICH GCP there is no process in place to govern social care research or third sector research. This currently means that the Health Board are unable to easily run clinical trials across all sectors. HCRW are working towards addressing this and ensuring processes are developed so that this important phase of research can begin.

## Opportunities:

- Midwifery as an exemplar from phase 1 will:
  - lead the way for Priority 1: giving every child the best start in life
  - be a role model for how further services can operationalise research
- The Health Board Marmot Region programme will focus initially on the early years promoting family centred interventions and improved long-term outcomes for children. The aim of the project is to reduce health inequalities across the five priority areas.
- Public Health Wales and ABUHB have worked together to research vaccines and diabetes
- Building on palliative care in cancer research palliative care for everyone

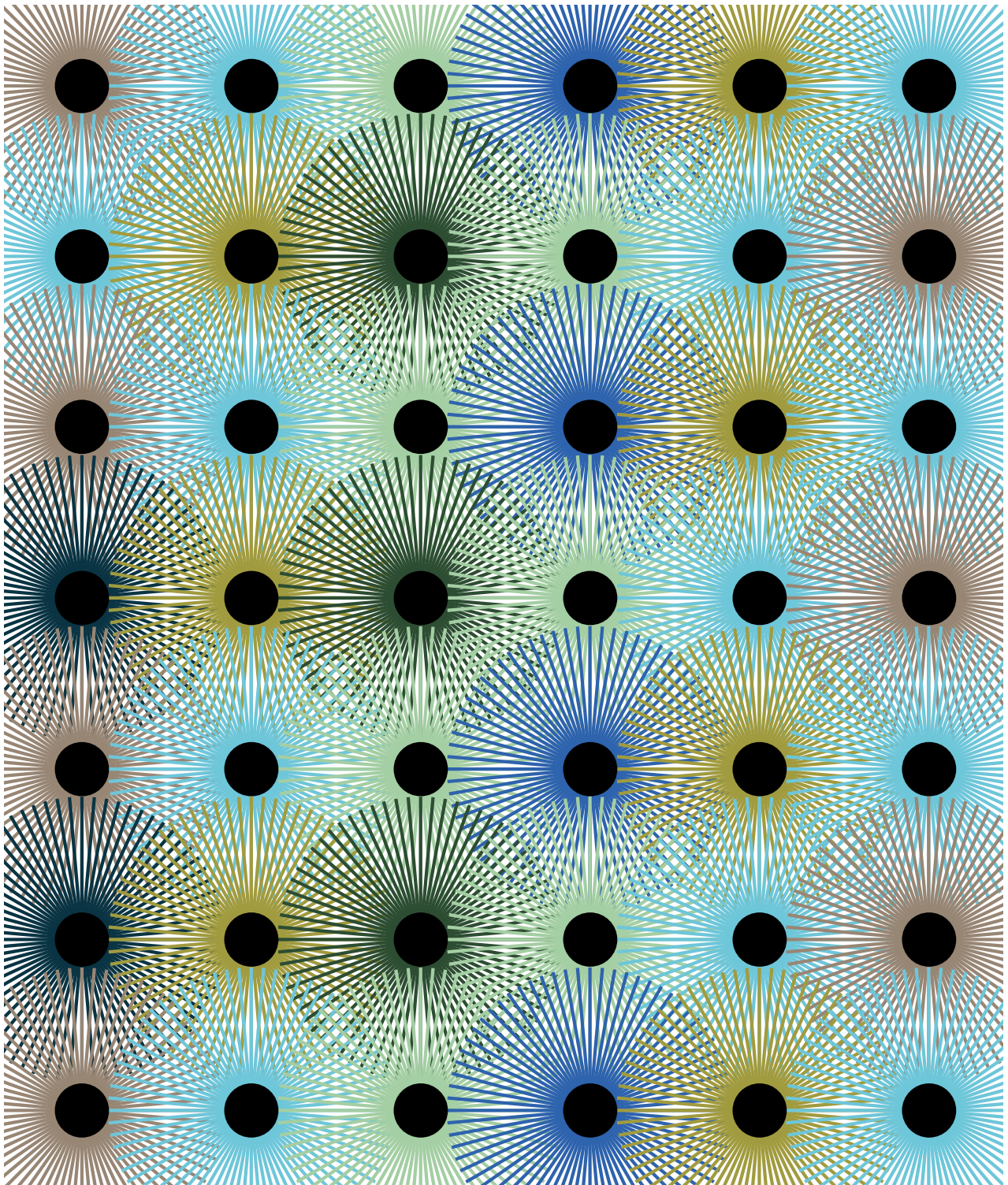
Extend the research nurse apprenticeship scheme to primary care

## Phase 3: Research Delivery – a fully integrated operational service



## 3 Conclusion and Summary

- In March 2021, all four nations of the UK published a new 10-year vision for research - Saving and Improving Lives: The Future of UK Clinical Research Delivery - which sets out the ambition to create a world-leading UK clinical research environment. This ABUHB 'Research – A Core Activity' strategy aligns to that UK vision.
- On the 21st July 2022, the Chief Medical Officer (CMO) wrote to Health Boards and Trusts in Wales referring to the UK vision for research. In his letter, the CMO outlined the influential role Health Boards and NHS organisations can play in supporting this work programme.
- The income the Health Board receives from Health and Care Research Wales (HCRW) provides the core funding for the Health Board's research activity. The HCRW budget is under significant pressure and in recent years HCRW funding to Health Boards has been reduced.
- It is important therefore, that the Health Board diversifies its income sources for research to achieve the Health Board's full potential as a research organisation.
- This strategy 'Research A Core Activity 2022-2027' sets out how ABUHB will achieve that intention through three high level strategic objectives and 8 strategic actions.
- The aim is to develop the Health Board's infrastructure to be an organisation where research can flourish and where the Health Board can maximise the benefits of its investment in the new Clinical Research Centre at the Royal Gwent Hospital.
- The final document will be published on the Health Board's website in English and Welsh and produced as a high specification booklet that promotes the new Clinical Research Centre and ABUHB as an organisation where research is a core activity.



**1911–1979**  
**Josef Mengele**

Josef Mengele, also known as the Angel of Death, was a German SS officer and doctor during World War II. He performed deadly experiments on prisoners at Auschwitz concentration camp and showed no consideration for the victims' health, safety, or physical and emotional suffering.

Mengele used Auschwitz as an opportunity to research into heredity, using inmates for human experimentation. Specifically, in identical twins, people with heterochromia iridium (eyes of two different colours), dwarfism, and physical abnormalities. For example he injected chemicals into the eyes of living people in attempt to change the eye colour.

Through history, there are examples of human atrocities undertaken in the name of clinical research. Following on from the Nuremberg trials after World War II, the Nuremberg Code and later the 1964 Declaration of Helsinki provide protection for participants in clinical research. The elements of the declaration described as Good Clinical Practice, form the basis of law in the UK and much of the world.





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**RESEARCH & DEVELOPMENT**



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a Gofal Cymru**  
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