Research & Development

Annual Report 2025-2026

YMCHWIL & DATBLYGIAD
Bwrdd Iechyd Prifysgol Aneurin Bevan
Aneurin Bevan University Health Board
RESEARCH & DEVELOPMENT

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

Ariennir gan Lywodraeth Cymru
Funded by Welsh Government

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

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Foreword

Welcome to the 2025–26 Annual Report for the Research and Development (R&D) Department at Aneurin Bevan University Health Board (ABUHB). This report provides an overview of what we have accomplished over the past year and what we look forward to achieving in the years ahead.

Research is an integral part of the Health Board and is one of the three pillars on which its University status rests. Research engagement is associated with improved healthcare performance across the organisation and improved job satisfaction (1). It is also a gateway through which patients can access the latest cutting-edge treatments. Research is therefore of benefit to everyone who works within, and is cared for by, the Health Board.

Our progress is underpinned by our five-year strategy, *Research – A Core Activity* (2022–27), which sets out our ambition to embed research as a fundamental part of Health Board activity. This has been further strengthened by our success in securing approximately £1.4 million in competitive funding in 2024 through the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG), enabling the growth of commercially sponsored and funded interventional pharmaceutical research across a range of departments.

Within this report, you will read about the early benefits of this success, including the creation of protected time for both medics and non-medics to build capacity for research engagement. You will also read about the appointment of our first Clinical Research Fellow, and the positive impact this has already had on research delivery and clinical teams.

Seema Srivastava
Executive Medical Director

David Bosanquet
Associate Medical Director

Helen Sweetland
Independent Member

Jeanette Wells
Research & Development Director

Sue Bale
Research & Development Director

Susan Palmer
Head of Research Delivery

Abby Waters
Research Delivery Team Lead

Anna Roynon-Reed
Research Delivery Team Lead

Danielle Gunter
Research and Development Manager

Foreword continued

We continue to deliver a nationally recognised Research Champion scheme and maintain a robust teaching programme to support the development of research-active healthcare professionals across the organisation.

Our strong research delivery metrics reflect not only the expertise of the R&D team, including their work to embed research within clinical teams, but also the commitment and support of directorates and their managers. This work has been recognised nationally, with the SANDBOX study receiving the MediWales Innovation Award for Health and Social Care Research Partnership with Industry.

Delivering these achievements requires a robust governance framework, including clear checks and balances, audit processes and the use of Florence, an electronic research documentation and data management system, described later in the report, to ensure research is delivered safely, ethically and to the highest standards

While I am delighted with the trajectory we are on, we recognise that challenges remain. New research metrics will be introduced over the coming year, requiring the R&D team to be increasingly nimble and agile in responding to opportunities. Research availability across the Health Board remains inequitable, with an urgent need to strengthen our presence at GUH and YYF. Capacity for delivery also remains stretched, reflecting the pressures faced by the wider NHS. These challenges can only be addressed through collaborative working, and with this in mind, I am delighted to welcome our new Executive Lead, Dr Seema Srivastava, Medical Director, whose experience and expertise will support us as we navigate what comes next.

As you read this report, I hope you will recognise the enthusiasm, passion and commitment of the ABUHB R&D team, the healthcare professionals delivering research, and the directorate teams that support this work. I also hope you will recognise the value we place on the many research participants who have given their consent to help build a stronger evidence base for the future.

Finally, I hope you will agree that research is something everyone within the Health Board can, and should, champion.

Professor David Bosanquet
Associate Medical Director for Research
Aneurin Bevan University Health Board

Our Strategy

Building on Strong Foundations

Our five-year Research Strategy (2022–2027) continues to guide the development of a sustainable, streamlined, and innovative research infrastructure across the Health Board.

Our annual report provides an important opportunity to reflect on the progress we have made, celebrate the achievements of our research community, and consider our priorities for the year ahead. Now in the fourth year of our five-year Research Strategy (2), we are beginning to see the impact of the strong foundations laid in earlier years - through strengthened infrastructure, expanded capacity, and a growing culture of collaboration across the Health Board. This report highlights the milestones reached over the past year, the difference they are making for staff and patients, and the next steps that will continue to drive a sustainable, innovative, and high-quality research environment.

Our Objectives:

1. A Sustainable and Supported Research Workforce
2. Investment in Staff and Infrastructure
3. A Streamlined, Efficient, and Innovative Research Programme

Progress Since Last Year

In last year's report, we outlined how the strategy was being implemented through dedicated workstreams, each supported by flexible task groups and overseen by the Quarterly Research Strategy Group. This structure has continued to provide strong governance, ensuring that projects remain aligned with our long-term objectives while allowing us to respond to emerging opportunities.

As we enter the next phase of the strategy, our focus is on consolidation and continued growth. The existing workstream and oversight model will continue to provide structured review, guidance, and support for ongoing development. This approach ensures that our research system remains responsive, financially sustainable, and aligned with evolving Health Board and Health and Care Research Wales (HCRW) priorities.

The strategy continues to provide a clear direction of travel, ensuring that research remains a core activity within the Health Board and that staff and patients benefit from a strong, connected, and forward-looking research environment.

External Funding Streams

Voluntary Scheme for Branded Medicines Pricing, Assess & Growth (VPAG)

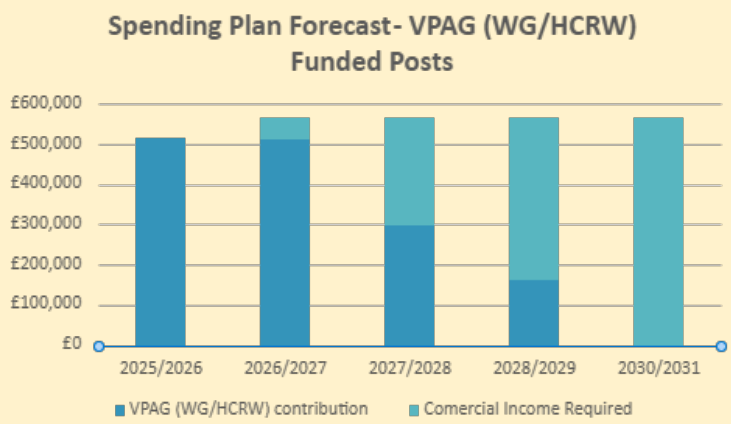
Lord O'Shaughnessy's Review of Commercial Clinical Trials (May 2023) highlighted a significant decline in the UK's commercial clinical trial activity, with the UK falling from 4th to 10th internationally for phase III trials.

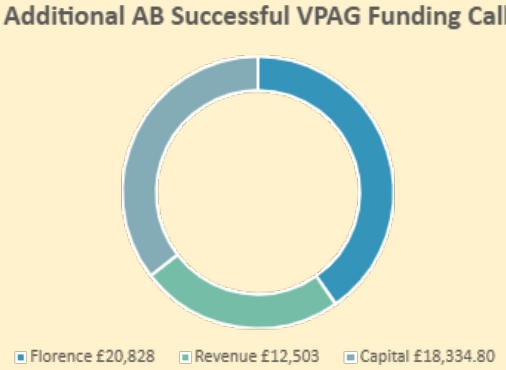
The report highlights the impact of this decline on commercial clinical trial activity, such as fewer opportunities for UK patients to have access to innovative treatments that could improve, extend, or save their lives. Furthermore, there is a financial loss to the NHS from a reduction in commercial activity. Many therapies, medications, and healthcare services that would have been funded by a pharmaceutical company instead have to be funded by Health Boards and Trusts (3).

In response, a major public–private collaboration between the NHS and the Association of the British Pharmaceutical Industry (ABPI) has resulted in a £400 million UK-wide investment to revitalise commercial research, stimulate economic growth, and strengthen the UK's global competitiveness in clinical trial delivery (4).

Securing VPAG Funding for ABUHB

Through this initiative, Aneurin Bevan University Health Board has secured £1.4 million over a five-year period, ending in March 2029. This funding has been allocated to Health Boards through Health and Care Research Wales on behalf of Welsh Government (WG). This comes with the expectation of sustainability at the end of the funding term.





External Funding Streams

Voluntary Scheme for Branded Medicines Pricing, Assess & Growth (VPAG)

Strengthening Capacity

The intention of the VPAG funding is to remove barriers to delivering commercial interventional pharmaceutical clinical trials, including:

- Limited clinician time to act as Principal Investigators (PIs)
- Insufficient medical cover to support PIs
- Capacity issues in research delivery, governance, and financial support.

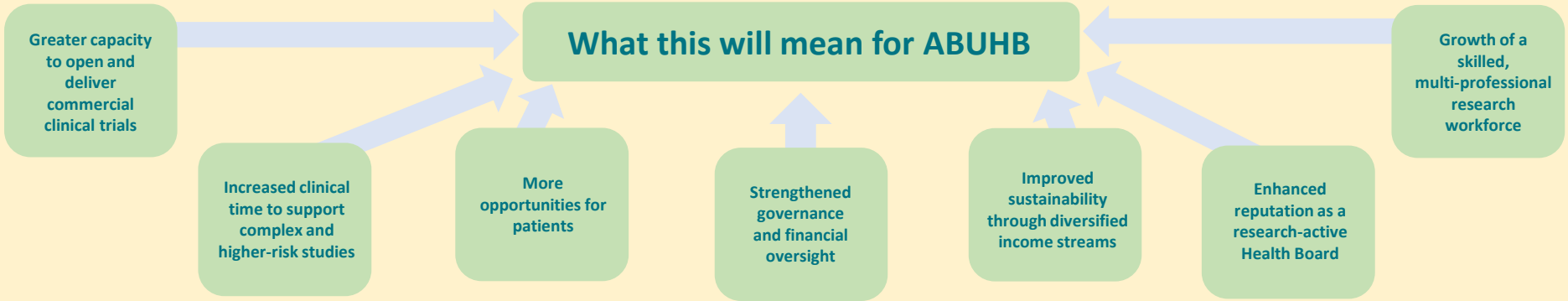
To address these challenges, we have invested in the following:

- A Clinical Research Fellow
- Clinical sessional time for three consultants, one specialist nurse, and one podiatrist
- Additional research nurses and research officers
- Strengthened support within the research governance team
- A forthcoming Finance Business Officer, who will play a crucial role in ensuring the success of the VPAG initiative

Looking Forward

The VPAG investment presents a significant opportunity for ABUHB to expand the range of commercial clinical trials we are able to deliver, including studies that may not previously have been feasible within the organisation. Over the coming years, this will help us offer patients earlier access to emerging and innovative treatments while also generating economic benefit through increased commercial income and cost-avoidance.

Our focus now is on capitalising on this opportunity and building a sustainable model that will continue to support commercial research activity beyond the end of the funding period in 2029. By strengthening capacity, embedding new roles, enhancing governance processes, and supporting clinicians to take on research responsibilities, we aim to ensure that these expanded clinical trial opportunities become a long-term feature of research delivery across the Health Board.



Sustainable and Supported Research Workforce

Protected Research Time

Embedding research within everyday clinical practice depends on staff having the time and support to take part in studies alongside their clinical responsibilities. Last year, we introduced new guidance to help ensure that research-active consultants could secure appropriate Supporting Professional Activities (SPA) time within their job plans. This work has continued, and clearer expectations are now helping more clinicians to incorporate research into their working week.

Expanding Dedicated Research Time Through VPAG

In 2025, we strengthened this approach through funding secured from Welsh Government via the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG). This investment has enabled several specialties to increase their dedicated research capacity, including Dementia and Neurodegeneration, Rheumatology, Wound Healing, and Haematology.

By providing funded sessional time and additional operational support, VPAG is helping to remove long-standing barriers to research participation. Clinicians now have greater opportunity to act as Principal Investigators, lead studies, and support the delivery of commercial and non-commercial research. This is expanding the range of trials available to patients and contributing to the Health Board's growing research portfolio.

Why Protected Time Matters

Protected research time allows clinicians and wider multidisciplinary teams to:

- Lead and deliver studies safely
- Access and offer new treatments to patients
- Build research skills and confidence
- Strengthen partnerships with commercial sponsors
- Support cost-avoidance through industry-funded diagnostics and therapies

As more staff gain structured time for research, we are seeing a broader cultural shift towards research being embedded within routine care.

Looking Ahead

Over the coming year, we will continue to expand protected research time across a wider range of professions. Building on the progress made through SPA guidance and VPAG-funded sessional time, our focus will be on ensuring that nurses, allied health professionals, and other clinical staff have structured opportunities to participate in and lead research. This includes developing clearer pathways for non-medical Principal Investigators and strengthening the support available to teams taking on commercial and non-commercial studies.

We will also work with directorates to embed protected time within routine job-planning processes, ensuring that research activity is recognised, planned, and supported consistently across the Health Board. By broadening access to dedicated research time and continuing to invest in research capacity, we aim to increase the number of studies available to patients and further integrate research into everyday clinical care.

Sustainable and Supported Research Workforce

Protected Research Time

Embedding Research Through Dedicated Time - Haematology

Haematology continues to demonstrate how protected research time can transform a service's research activity. With dedicated sessional time and strengthened operational support, the department has expanded its research portfolio, opening multiple studies and increasing opportunities for patients to access emerging therapies. Consistent delivery performance has also strengthened relationships with commercial sponsors, positioning the service as a reliable site for future trials.

Embedding research within routine clinical care relies not only on dedicated research roles and clinician time, but also on strong, proactive support from Directorate Management. Within Haematology and Rheumatology, effective leadership has been essential in enabling teams to balance high clinical demand with increasing research activity.

Under the leadership of Directorate Manager **Rhys Knight**, operational oversight has ensured that VPAG-funded consultant sessional time is used to maximum benefit and that research is aligned with service priorities. This approach has supported the opening of new studies at pace and contributed to notable achievements, including Haematology becoming the **highest recruiter in the UK for three commercial trials** over the past year.

This partnership-driven model is helping research become recognised as an integral part of standard care. Reflecting on this progress, Rhys explained:

"We aim to further expand our research portfolio across Haematology and Rheumatology and, where possible, develop clinical support to extend this into Dermatology.

There are significant patient benefits to undertaking clinical trials in these areas, particularly in providing access to new and potentially more effective treatments that are not yet available through routine NHS care. Any time saved in treating and managing blood cancers and rheumatological conditions can have a life-changing impact.

In many cases, patients receive closer monitoring through more frequent reviews, symptom checks, and specialist input from our consultants. This can lead to earlier detection of changes in their condition and provides greater reassurance. Patients often describe feeling more in control of their treatment when participating in research, gaining a deeper understanding of their condition and the options available to them.

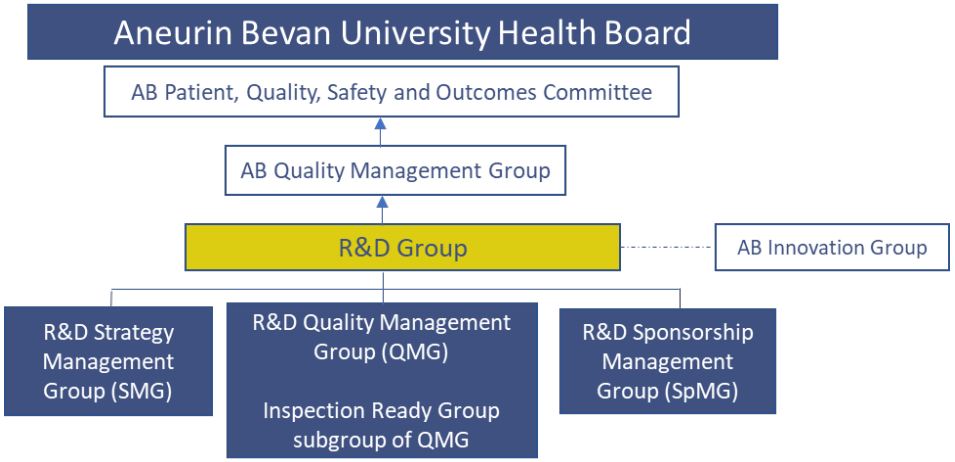
Financially, participation in commercially sponsored or portfolio trials can result in significant cost avoidance for the Health Board. High-cost medications, funded diagnostics, and enhanced monitoring offset expenditure that would otherwise sit within the directorate. At a time when many outpatient areas are under strain, the ability to shift appropriate activity into R&D also releases capacity back into clinical units.

The department has also generated commercial income at levels that have enabled the funding of additional research nursing capacity."

Research Governance

Audit Programme

Audit within research plays a key role in ensuring ethical practice, participant safety, data integrity, and compliance with legal, regulatory and Health Board requirements. The Research and Development Department, supported by its Quality Management System and the governance structure comprising the R&D Quality Management Group (QMG) and the R&D Group, provides assurance on the risks associated with hosted and sponsored studies.



The internal audit programme, fully operational before COVID-19, was paused due to capacity constraints. This provided an opportunity to review and strengthen the process, incorporate learning from earlier audits, align more closely with MHRA expectations and adopt improved tools from the UK Clinical Research Facility Network. These changes have supported a more structured approach to risk identification, escalation, and assurance mapping.

A risk-based study selection tool was developed and approved through the governance structure to support objective and proportionate audit planning. During 2025, three of six planned audits were completed, with the remainder postponed due to capacity constraints. No 'for-cause' audits were required.

One audited study had been pre-categorised as high-risk and two as medium-risk through the departmental risk assessment process.

Findings from the audits have informed corrective action plans and are contributing to ongoing improvements in research governance processes.

Engagement from Principal Investigators and research teams has been positive. The programme supports a more open and proactive approach to quality, in line with the statutory Duty of Quality, which requires all NHS organisations in Wales to demonstrate that their decisions, systems and processes promote safe, effective and high-quality care.

A provisional audit plan for 2026 has been developed and agreed within the governance structure and will be presented to the R&D Group for final approval.

Implementation of the plan will further strengthen oversight of hosted and sponsored studies and enhance the Health Board's overall research governance assurance.

Sustainable and Supported Research Workforce

Florence

In our last annual report, we were pleased to confirm that Health and Care Research Wales had approved the use of VPAG funding to implement *Florence,* a digital site file management system. The introduction of Florence eBinders marks a major step forward in modernising how research is governed and delivered across the Health Board. Florence provides a secure digital platform for managing essential study documentation, replacing traditional paper site files with a consistent and compliant system.

Our Journey So Far

Implementation began in July 2025, when superusers within the team completed their training. Wider staff training and a phased rollout followed in September 2025, enabling teams to adopt the system in a structured and supported way.

Key Milestones Include:
- All research delivery staff trained and confidently using the system
- Migration of all existing electronic site files onto Florence
- All new studies requiring an electronic site file now set up directly with Florence
- Positive feedback from Sponsors, with study monitors reporting ease of use for monitoring activities

Strengthening Quality and Compliance

Florence enhances research governance by ensuring that essential documentation is stored securely and consistently. Features such as version control, audit trails, and role-based access help ensure that teams are always working with accurate, compliant information. This strengthens our readiness for audit and inspection, supports national and international regulatory standards, and provides sponsors with confidence in our digital research infrastructure.

Next Steps

Over the coming year, we will focus on:
- Completing training for remaining staff
- Refining local processes to embed Florence into routine practice
- Continuing to gather staff feedback to guide improvements
- Ensuring consistent use across all research areas

How Florence Supports Research In the Health Board

Secure & Compliant
Meets Regulatory standards for research data.

Organised & Quality
Ensures accuracy, consistency & compliance, all stored in one accessible place, reducing duplication.

Collaborative
Enables smoother communication across research teams with the ability to sign documents from any AB site.

Efficient & Greener
Reduced paperwork and manual processes.

Future Proof & Scalable
Can adapt to evolving regulations, research practices and increasing number of studies.

Sustainable and Supported Research Workforce

Research Governance

Sponsorship Management

Over the past year, significant progress has been made in developing the Sponsorship Management function within ABUHB. The core documentation required to support the Health Board's role as a research sponsor has been standardised and further strengthened. Several applications for ABUHB sponsorship have been reviewed, with particular focus on ensuring that all sponsorship documentation is up to date, proportionate, and accurately reflects the risks associated with undertaking the role of sponsor.

The Health Board currently supports two ongoing sponsored studies:

Genicular Artery Embolisation (GAE) as a Minimally Invasive Intervention for Patients with Mild to Moderate Knee Osteoarthritis
Expected completion: June 2026

Hospital to Community: The Value of Community Low Vision Optometrists in Providing Certification of Visual Impairment in Dry Age-Related Macular Degeneration (CVI)
Recruitment completed: March 2026

In addition, we are working in collaboration with the Centre for Trials Research (CTR) in Cardiff on funding applications to Health and Care Research Wales and the NIHR EME programme to support two multi-centre studies, which, if funded, would be sponsored by ABUHB. This partnership is helping to strengthen the Health Board's capacity to act as a sponsor for high-quality research.

Why Research Governance Matters

Learning from the past to Shape the Future – Research Regulation

2026 marks the most significant update to UK Clinical Trial Regulations in over two decades (5). This provides an important opportunity to build on the foundational principles that underpin clinical research governance and how they have evolved to protect participants, support high quality research, and maintain public trust.

Modern research governance has been shaped by lessons learned from earlier periods in history, including grave abuses of human rights during the Second World War. These events highlighted the profound harm that can occur when research is conducted without ethical oversight, respect for individual dignity, or informed consent.

In response, the post-war Nuremberg Trials prompted fundamental questions about medical ethics and led to the development of the Nuremberg Code for 1947. This established core principles for human research, including the requirements for voluntary, informed and competent consent, principles that remain highly relevant almost 80 years later (6).

Although not legally binding, the Code has profoundly influenced national and international research regulation. These principles were further developed through the Declaration of Helsinki, first adopted in 1964 and most recently updated in 2024, and the Belmont Report (1979), which formalised ethical frameworks for research activity. Together with Good Clinical Practice, these frameworks form the ethical and scientific foundation of research governance today.

In the current clinical trials environment, adherence to these principles is essential. Significant deviation from these established standards would undermine participant safety and data integrity, ultimately risking the credibility of research outcomes, with potential legal and regulatory consequences for research and sponsors. Robust governance therefore enables research to be conducted safely, ethically and with public confidence (7).

While these principles have been reinterpreted for a modern research landscape, their underpinning values are clearly reflected in the updated Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025 (5), which will be fully implemented at the end of April 2026.

These frameworks ensure that research participants can take part with confidence, knowing that their safety, dignity and consent remain central to all research activity.

Investment in staff and infrastructure

Workforce Opportunities

Partnerships and Collaborations

Collaborative working remains essential to how we grow, support, and deliver research across the Health Board. Our partnerships span internal teams, national organisations, academic institutions, charities, and specialist networks. These relationships ensure research is aligned with local priorities, reflects national direction, and remains accessible across our workforce and communities.

National Partnerships & Strategic Contribution

This year, we collaborated with a range of national partners, including:

- Contributing to and promoting the national work that informed the *Strategic Action Plan for Building Research Capability for Nursing, Midwifery and Allied Health Professions in Wales (8)*, and supporting local implementation of Priority II
- Engaging with HCRW Communications & Involvement Alliances to strengthen alignment with Wales-wide research priorities
- National disease-specific research networks and HCRW-funded programmes providing specialist developmental support
- The Primary Care and Community Research Delivery Network, as we explore opportunities to broaden research activity across community settings

Alignment with Health Board Strategies

Research continues to align closely with several key Health Board strategic areas, including:

- The Cancer Strategy
- The Nursing Strategy
- The Strategic Equality Plan
- The Digital Transformation Strategy
- The Data, Analytics and Information Management Strategy

With several of these strategies approaching renewal, we are well positioned to contribute to the next iteration of organisational priorities, ensuring research remains central to service improvement and patient outcomes. This includes ongoing engagement with Planning colleagues to ensure that research requirements are aligned with the Health Board's Estates Strategy, ahead of its planned refresh in 2028.

We continue to collaborate with nursing, workforce, digital, and communications colleagues to strengthen research awareness, support consistent messaging, and promote a culture where research is visible and understood across the Health Board.

Investment in staff and infrastructure

Workforce Opportunities

Partnerships and Collaborations

Integrated Medium-Term Plan (IMTP)

This year, the NHS R&D Framework assessment (9), IMTP planning cycle, and the Annual R&D Strategy Report were completed in parallel for the first time. This strengthened early engagement with Planning Business Partners and supported the inclusion of research within divisional plans and business cases, helping to establish research as a routine part of organisational planning rather than an additional activity.

Building on this approach, we will expand involvement to include additional corporate departments in future assessments and reporting. To support this, we are developing targeted awareness sessions and strengthening cross-departmental engagement, ensuring colleagues understand the research agenda and can embed research within routine service development.

Academic and External Partnerships

Academic collaboration remains central to developing future research leaders.

Our work with Cardiff University continues to support:

- Academic affiliations and honorary titles for emerging Chief Investigators (CIs)
- Development opportunities for non-medical and AHP researchers aspiring to lead research
- Lunchtime learning sessions highlighting academic pathways, CI development, and grant opportunities

We are developing a centralised database of research development resources on the R&D intranet page, including contacts such as the CEDAR Centre for Healthcare Evaluation, Life Sciences Hub Wales, and national disease-specific research networks or projects. We are also actively linking with these groups to provide tailored support, grant application guidance, and training opportunities for staff.

The appointment of our Associate Medical Director for Research as an Honorary Professor at Cardiff University has further strengthened our academic links. In this role, **Professor Dave Bosanquet** continues to support emerging Chief Investigators within the Health Board, including guidance on the development and submission of funding applications.

Sustainable and Supported Research Workforce

Clinical Research Fellow

The establishment of a Clinical Research Fellow post within the Clinical Research Facility has been a major milestone in strengthening research capacity across the Health Board. This role was created in response to increasing demand on our research-active clinicians, whose growing expertise and reputation have led to a significant rise in commercial and complex study opportunities. As highlighted in last year's report, the absence of dedicated medical support had become a bottleneck in trial delivery, particularly for studies involving investigational medicines or requiring intensive clinical oversight.

We are pleased to report that the post has now been successfully appointed, with Dr Mohammod K Islam joining the team in August 2025.

Dr Islam said:

"To be part of this growing and expanding area is a great learning opportunity. It's a new role, there hasn't been a Clinical Research Fellow in the department before so we're shaping it to see how we can better support both the department and the Health Board. It's exciting to contribute to how research is delivered across the Health Board."

A New Role Shaping the expansion of Research Delivery in ABUHB

As the first Clinical Research Fellow within the Health Board, Dr Islam is helping to shape how the role evolves to meet the needs of a growing research portfolio. He has played a key part in supporting study set-up, undertaking medical assessments, and ensuring safe delivery of investigational products within the Clinical Research Facility.

This new capacity is enabling Principal Investigators to expand their research portfolios, supporting more equitable access to research across specialties, and helping the Health Board respond to increasing opportunities, and demand.

The introduction of this role marks a significant step in building sustainable research capacity

Next Steps

Over the coming year, the focus will be on:

- Embedding the Clinical Research Fellow role into routine research delivery
- Evaluating the impact of the post on study support capacity and clinical oversight
- Exploring opportunities for additional Fellow posts as research activity continues to grow
- Strengthening links between the Clinical Research Facility and clinical Directorates
- Supporting the development of future research-active clinicians

Research Delivery

Early Phase and Complex Trials Team

This year saw the creation of an Early Phase and Complex Trials Team, strengthening our ability to support studies involving novel therapies, intensive monitoring, and more complex trial designs.

The team brings together clinicians, research nurses and officers, supporting services, and other key staff with experience in delivering higher-intensity commercial studies.

This development reflects our commitment to expanding the breadth and complexity of commercial research, including earlier-phase studies requiring enhanced safety oversight, monitoring and clinical input, and to ensuring that clinical teams have access to the expertise needed to deliver these studies safely and effectively.

The team's core functions include:

- Assessing feasibility and capacity for early-phase and complex commercial studies
- Providing specialist oversight for studies requiring enhanced safety processes
- Coordinating complex trial activities that need rapid and reliable organisation
- Supporting governance and regulatory compliance for higher-intensity studies
- Building capability across research teams through targeted training and mentorship

Research Delivery

Study Set-up

Improving the speed of commercial clinical trial set-up is a national priority. The UK Government has set a national ambition for commercial clinical trials to progress from regulatory submission to first patient recruited within 150 days by March 2026. This forms part of wider UK work to strengthen clinical research delivery and ensure that studies can begin more quickly (10).

National partners have since set out clearer expectations for each stage of the start-up pathway, including timelines for approvals, site set-up, and first patient recruitment. The aim is to reduce delays, improve consistency, and make the UK a more attractive location for commercial research.

Our own study set-up times remain consistently strong, as reflected in our research metrics later in this report, and this year we have introduced a more standardised and transparent internal process to support further improvement. This includes clearer internal timelines, earlier engagement with supporting departments, and a more coordinated approach to feasibility and capacity assessments. These changes reduce duplication, improve communication, and help address common operational barriers that can delay site activation.

A more efficient start-up process strengthens our ability to host commercial studies by reducing set up timelines and operational burden, enhances our competitiveness and attractiveness to sponsors, and increases opportunities available for patients to take part in research.

Sustainable and Supported Research Workforce

Embedding into NHS Operational Delivery

Embedded Research Delivery

Last year's report set out ABUHB's intention to expand embedded research delivery by building capability within operational clinical teams and reducing reliance on the central research delivery workforce. That approach continues to develop, supported by closer collaboration between clinical services, research delivery, and governance teams.

Unique within Wales, ABUHB has a dedicated specialist research nurse whose role is to strengthen embedded research activity within clinical services where studies are delivered as part of routine practice. This provides targeted expertise to ensure that research is planned, resourced, and delivered to a consistently high standard.

The specialist nurse supports teams by:

- leading feasibility assessments to confirm that studies can be delivered safely within existing clinical capacity
- strengthening study planning and coordination
- mentoring teams with limited research experience
- embedding research processes into routine workflows and supporting adherence to regulatory and sponsor expectations
- working in collaboration with other delivery staff to facilitate access to training and PI mentoring

This model has enabled more clinical areas to take on research activity without requiring additional permanent research delivery staff, supporting a broader and more sustainable expansion of commercial research across the Health Board.

PI Dr Hayden Stephenson and CO-PI Emily Phillips for VIP3

ABUHB Research Performance

Metrics 2025-2026

Our primary performance indicator remains recruitment to time and target, which reflects our ability to recruit participants to research studies in line with agreed milestones and timelines. This is a key national measure, as sustained underperformance can impact sponsor confidence and future funding allocations.

	Commercial	Non-Commercial
Percentage of Closed Studies Recruiting to Time and Target	**ABUHB 80%**	**ABUHB 100%**
	Wales 68%	**Wales 77%**

89

Total number of studies ***open*** in 2025/26

513

Total number of participants recruited in 2025/2026 financial year

81

Total number of studies in ***follow up*** during 2025/26

Alongside this, we monitor a wider set of nationally reported performance indicators that provide assurance on the quality, efficiency and consistency of research delivery across commercial and non-commercial studies. Together, these metrics demonstrate that ABUHB's study set-up and delivery performance is consistently strong and, in several areas, compares favorably with the wider Welsh position.

30

New studies ***opened*** in 2025/26

	Commercial	Non-Commercial
Median days from date site selected to recruitment of 1st participant	**ABUHB 146**	**ABUHB 118**
	Wales 165	**Wales 150**

ABUHB Research Performance

Emerging Metrics 2026-2027

These emerging areas of measurement reflect national programme-level work that is shaping future approaches to evaluation. While the detailed definitions and targets are still being finalised, the intended areas of focus are becoming clearer. This includes metrics linked to VPAG-funded activity, alongside measures relating to access to cancer research opportunities through the Tackling Cancer Through Research programme (11). This includes understanding how patients registered with the organisation are supported to access cancer research studies, regardless of where those studies are delivered.

Access to Cancer Research Opportunities

Increases in the number of participants into cancer interventional trials

Growth in Commercial Activity

Increases in the number of commercial trials opened

Timely Review of Commercial Study Opportunities

Review 100% of commercial research opportunities within 48 hours

Commercial Study Set-Up Timelines

Studies progressing from site selection to greenlight within 60 days
First participant recruited within 30 days of greenlight

Recruitment to Time and Target (RTT)

Studies closing to recruitment having met their agreed recruitment target – Commercial & Non-Commercial

Research Finance

NHS research in Wales is funded from a variety of sources.

Covering the financial year 2025-2026, ABUHB R&D received:-

From **HCRW** (Our main funder)

- **£1,842,523** to fund the delivery of research (includes pay and non-pay)
- **£17,553** for an All-Wales Specialty Lead post for Old Age Psychiatry, hosted by ABUHB
- **£15,928** Excess Treatment Costs, to fund treatment costs within research studies that are not standard of care.

R&D Capacity Building

This is income generated from commercial research which is reinvested into enabling further research within the organisation.

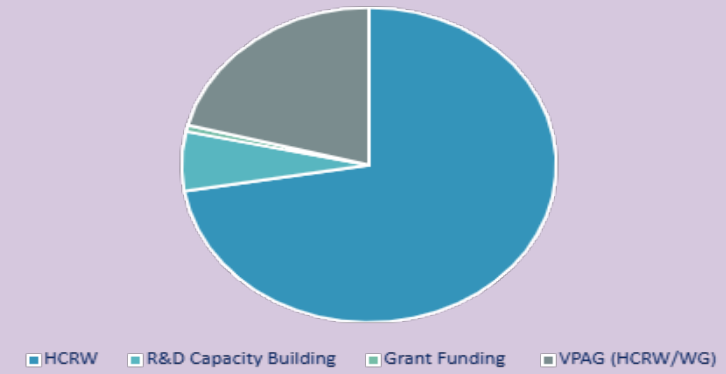
- **£98,898** this year has funded our AMD role and R&D Director posts, alongside a part time research development post
- Haematology funding for research posts totalling **£58,572**

VPAG Funding (WG/HCRW)

- **£490,211** pay
- **£51,665** non-pay

Grant funding (NIHR, HCRW)

- For research posts of **£17,225**



NHS R&D Finance Policy 2026

March this year saw the release of the updated All-Wales finance policy for research. The policy is supported by a Welsh Health Circular (12) and is one of the NHS organisation's core research governance policies. It sets out the framework for the costing, management, and accountability of all research funding within NHS organisations within Wales.

Next Steps

Over the next six months, R&D, in collaboration with our finance colleagues, will be operationalising this policy. To help with the implementation, our colleagues in finance systems are supporting us to build finance dashboards within our Cliksense system to enable more robust reporting and better demonstrate transparency in our accounting processes.

This work will be supported by a new finance role, for which we have secured funding through the VPAG workstream, which will be advertised early in the new financial year. This role will support the business management of all research finance, but also help with the sustainability element of the VPAG programme.

Education

Building Capability, Confidence and Research Culture

Research education remains a key enabler of our strategy, underpinning safe, high-quality study delivery and a visible research culture across ABUHB.

This year, we continued to invest in skills, induction, and support for investigators, while aligning with organisational priorities such as ward accreditation, induction excellence, and workforce development. Our focus in 2025–26 has been to strengthen the pipeline of research-active clinicians, with a particular emphasis on the NIHR Associate Principal Investigator (API) Scheme (13).

Preparing for Updated Standards and Regulatory Changes

In anticipation of the forthcoming updates to ICH GCP E6 (R3), the revised Declaration of Helsinki (2024), and changes to UK clinical trials legislation, the department has undertaken extensive preparatory work to ensure readiness across the specialist research team and wider Health Board staff with research involvement. All departmental Standard Operating Procedures (SOPs) have been reviewed and updated to reflect the new requirements and a shift towards a more risk-based approach to the management of study activities, supporting continued clarity and consistency in our processes and documentation standards.,

Staff are now being signposted to the updated NIHR GCP curriculum, which includes revised introductory and refresher modules. Alongside this, all departmental GCP facilitators have completed their own updates, enabling them to deliver refreshed face-to-face HCRW training sessions in GCP Consolidation, Managing Essential Records in Research, and Valid Informed Consent. Our established PI Workshop is also undergoing revision to ensure alignment with the upcoming changes. Following implementation in April, we will additionally offer HCRW GCP Refresher and Good Research Practice training (for non-drug studies), ensuring proportionate support for research-active staff across the organisation.

To support Health Board-wide preparedness, we have provided regular updates outlining the key changes, timelines, and expectations associated with the updated guidance. These communications have been complemented by Lunchtime Learning sessions, supporting staff to feel informed, confident, and ready for the transition.

Education

Building a Specialist Research Delivery Workforce

As we expand our capacity to deliver more complex and earlier-phase clinical trials, emergency preparedness remains essential to our development as a specialist research delivery team. Research roles are sometimes viewed as separate from frontline clinical practice; however, the work of our dedicated team continues to demonstrate the high level of clinical skill and judgement required to support safe and effective study delivery.

Our Emergency Scenario Training programme has continued throughout the year and is now progressing towards a more structured model. Plans for the coming year include increasing session frequency and introducing unannounced scenarios, supporting staff to respond confidently to unexpected clinical situations. This reflects the level of preparedness required for early-phase and higher-risk research environments.

Life support capability has also strengthened. The majority of senior clinical staff (Band 6+) have now completed Immediate Life Support (ILS) training, supported by a specialist clinical research nurse who is an ILS trainer and able to deliver regular in-house sessions. A Basic Life Support (BLS) cascade trainer provides training for staff not eligible for ILS, ensuring a consistent baseline of emergency readiness across the department.

These developments support our strategic ambition to build a highly skilled, responsive research workforce capable of contributing to a broader portfolio of complex and early-phase studies while maintaining the highest standards of participant care and safety.

Sustainable and Supported Research Workforce

Developing the Next Generation of Research Leaders

Improving Uptake and Retention in the NIHR Associate Principal Investigator (API) Scheme

This year, we undertook a focused Quality Improvement Project to strengthen participation in the NIHR Associate Principal Investigator (API) Scheme (13), an important pathway for developing future research-active clinicians. Previously, participation at ABUHB was affected by limited awareness, variable information for staff when joining the scheme, and occasional preventable withdrawals.

To address this, we introduced targeted measures including clearer introductory information, Lunchtime Learning sessions, proactive matching of interested clinicians to eligible studies, and early 1:1 support from R&D staff. These changes were designed to ensure that staff feel informed, supported, and confident from the outset

The impact has been significant. Applications increased by more than 50%, and withdrawals returned to previous low levels during the improvement period, resulting in sustained net growth for the first time. Clinicians reported clearer expectations, better communication, and greater confidence throughout their involvement.

This work has transformed the API pathway into a stable and well-supported route for clinicians who wish to develop their research skills. Building on this progress, we will continue to strengthen peer support and explore opportunities to integrate the scheme into clinical training pathways to sustain long-term growth.

Supporting Research Awareness Across the Wider Workforce What We Did This Year

Gold Ward Accreditation
Research is now a requirement for Gold-level accreditation within the Health Board, with one of the criteria being the identification of a Research Champion.

IMG Induction
Research introduced at International Medical Graduate induction, where sessions have generated new interest in research & referrals into the API scheme.

CeSR Research Sessions
Well attended session delivered by research staff, raising awareness for CeSR doctors.

Grand Round & Specialist Teaching
Delivered presentations at HB and All Wales specialist meetings & departmental events.

Intranet Resources
Easy access materials developed to support research promotion, understanding and education across departments and multiple professions.

The SANDBOX Study

In 2025, Aneurin Bevan University Health Board received the MediWales Innovation Award for Health and Social Care Research Partnership with Industry, recognising the strength of its collaboration with Prima Mente on the UK-wide SANDBOX study. The study is testing new diagnostic approaches for Alzheimer's dementia by combining blood-based biomarkers, genetic testing, digital cognitive assessment tools, and artificial intelligence within routine clinical pathways.

ABUHB was the first site in the UK to open to recruitment. As an early adopter, the team worked closely with the sponsor to design how SANDBOX would be delivered in day-to-day clinical practice, ensuring the tools could integrate smoothly with NHS workflows in Wales.

This has demonstrated how NHS–industry collaboration, supported by Health and Care Research Wales for study set-up and coordination, can accelerate delivery while maintaining a strong focus on participant experience.

Why this matters for patients

Traditional diagnostic pathways often involve multiple appointments, long waits, and tests that can be intrusive or inconclusive. SANDBOX is assessing whether blood tests, combined with structured assessments and AI-enabled analysis can offer earlier clarity for patients and families.

Collaboration across Wales

Delivery of the study has been led by **Principal Investigator Dr Chineze Ivenso,** supported by colleagues in Older Adult Mental Health and the research delivery team. Set-up required coordinated work across services to ensure assessments, laboratory processes, and follow-up procedures ran reliably. Learning from this work has been shared nationally, helping create consistent study set-up across Wales.

Initial feedback from participants indicates that the combination of structured assessments and dedicated contact with research staff is valued. Several have highlighted that taking part has given them more confidence in the diagnostic process and greater reassurance during what can be an uncertain period.

"For the first time in a long while, I felt that someone was looking at the whole picture, not just one test at a time. Being part of this study has given me more hope and a clearer sense of direction."

- SANDBOX participant

Although SANDBOX is still at an early stage, the experiences of participants are already showing the value of testing new diagnostic approaches within real clinical settings. Participants have described the process as more joined-up and more reassuring, with a clearer understanding of what their assessments mean and how their care is progressing.

These insights reflect the wider role of research within our Health Board: improving the patient journey, supporting informed participation, and helping shape pathways that meet future care needs across Wales.

Our Research Champion Programme One Year On

Launched in late 2024, the Research Champion Programme was created to make research more visible, accessible, and integrated across ABUHB. One year later, the programme has developed into a thriving network of staff and volunteers from a wide range of roles, many with little or no previous research experience, who are collectively helping to build a stronger research culture across the organisation.

In November 2025, the programme celebrated its one-year anniversary with a special induction in the morning, (joined by colleagues from Health and Care Research Wales), a well-attended celebration lunch for all Champions, and an afternoon Research Department Open Day. The sense of community, achievement and shared purpose was felt strongly throughout the day. To mark the milestone, each Champion received a limited-edition Research Champion clipboard, further strengthening the sense of identity and pride within the group.

Our 1st Year:

- 6 cohorts completed
- 45 **ABUHB Research Champions**
- including 6 volunteers
- 4 inductions each year
- 12 members of staff already booked for future inductions
- 40 members of staff expressed interest but not yet attended

Building a Diverse Community

Champions are drawn from across ABUHB, including clinical teams, mental health, emergency care, libraries, administrative services, coding, frontline services, and volunteer programmes. The fact that most entered the programme with little or no prior research experience demonstrates its inclusivity and accessibility.

Induction sessions, now well established and delivered quarterly, combine introductions to research, department tours, networking activities, and opportunities to meet the wider Research Team. Feedback shows these sessions build confidence and make research feel achievable for everyone.

Champions Making a Real Difference

Broadening the Programme

Volunteers are becoming an increasingly important part of the Champion community, with plans to integrate the Research Champion role further into existing Health Board volunteer pathways. The programme is also exploring roles for volunteers within the Research Centre, ensuring that they are meaningfully involved and supported.

Looking Ahead

As the programme enters its second year, several priorities will guide its development:

- **Re-evaluating research knowledge and confidence**, using baseline data collected at induction to monitor progress over time.
- **Reviewing workforce representation** to identify underrepresented staff groups and exploring whether more flexible pathways may help remove barriers.
- **Understanding non-attendance patterns** among staff who express interest but do not progress to induction, ensuring the programme remains accessible and supportive.
- **Expanding volunteer involvement**.
- **Building recruitment into our existing opportunities**, such as inviting attendees at the PI Workshops to become Champions.
- **Developing a streamlined route for experienced research-active staff** to join without needing the full induction.

Over the past year, Champions have shown how small, practical actions across many teams can make a meaningful difference to how research is understood and talked about within ABUHB. Their involvement has already improved local awareness of research and supported activity in a range of settings. This work has laid a solid foundation for the programme, and we will continue to build on this momentum as it develops in the year ahead.

The Impact of Listening in Research Pathways

Lived experience and research delivery often look like separate worlds, but for many families, and for many staff, they're not.

My own experience of inherited cardiac disease sits alongside my professional role, and that dual perspective continually exposes a simple truth: knowing the science is not the same as living the uncertainty.

Genetic results don't always give clarity. In my own family, the same gene variant has led to very different experiences. Those differences raise everyday questions about risk, timing, and what information is genuinely useful. Families sit with that ambiguity long before a study protocol is designed.

In research delivery we spend a lot of time predicting when and how people will want to engage with studies. Despite best intentions, we still get it wrong. We assume we know people's priorities or emotional readiness. We assume our pathway options are the only viable ones. Even with public and patient involvement, representation gaps remain.

One study demonstrated this clearly. Recruitment was poor until we asked patients and families about a timing point we previously felt was "too overwhelming." Their response was unequivocal: "*ask us then*". We changed the pathway, and recruitment accelerated. The improvement didn't come from a new method; it came from listening.

Meaningful involvement is not straightforward, and it shouldn't be. It challenges assumptions, broadens thinking, and keeps research grounded in real lives rather than theoretical ones.

When lived experience shapes design and delivery from the beginning, outcomes, engagement, and trust all improve. This is how research becomes something people recognise, value, and want to be part of.

Anna Roynon Reed
ABUHB Research Delivery
Senior Team Lead Nurse

Forward Plan

As we move into the fourth year of our five-year Research Strategy (2022–2027), Aneurin Bevan University Health Board is in a strong position to build on the progress made to date. The coming year will see major changes across the UK research landscape, including new Clinical Trial Regulations (5) and updated Good Clinical Practice guidance (14). Against this backdrop, our focus will be on consolidating what works well, strengthening areas where further development is needed, and ensuring our research system remains responsive, sustainable, and aligned with national expectations.

Strengthening Capacity, Capability and Workforce Development

Over the next year, we will continue to expand protected research time across professions, ensuring that job-planning and PADRs increasingly recognise the importance of research activity. The Clinical Research Fellow role will be fully embedded and formally reviewed to understand its longer-term value and potential application in other specialities. We will also continue to support early-career and non-medical researchers through improved access to mentoring, clearer developmental pathways and opportunities to gain experience. Our ongoing partnership with Cardiff University will remain a key part of how we support emerging Chief Investigators to develop and progress. By the end of the current strategy period, this approach will support a broader and more confident pipeline of research active staff across professions, with research activity increasingly recognised and planning within routine job planning processes.

High-Quality, Efficient and Compliant Research Systems

Ensuring ongoing implementation and compliance with new regulatory requirements and the updated All-Wales R&D Finance Policy will remain a central focus. We will deliver the 2026 internal audit plan and continue refining governance arrangements to ensure clarity and consistency. The rollout of Florence eBinders will continue across the Health Board, alongside close working with Digital and Information Governance colleagues to ensure researchers have timely access to the systems and data they need, including improved pathways for MHRA-compliant remote monitoring. This will ensure that, by 2026-27, research governance processes are consistently applied, inspection-ready, and supported by digital systems that enable proportionate oversight and efficient sponsor engagement.

Forward Plan continued

Expanding Commercial Research and Complex Trial Capability

Over the coming year, the Early Phase and Complex Trials Team will continue to strengthen the skills, processes and operational readiness required to support earlier-phase and higher-intensity commercial studies. This includes strengthening feasibility assessment, emergency preparedness, and closer coordination with supporting services to ensure safe and effective delivery of more complex trial designs. By the end of the current research strategy period, this work will support increased readiness to host a broader range of commercial studies and help inform priorities for the next Research Strategy. Alongside this, the VPAG programme will continue to support growth in commercial research, particularly in specialties that have demonstrated strong delivery potential. A key priority will be strengthening the long-term sustainability of VPAG-funded posts and infrastructure through improved income forecasting, more robust financial reporting, and early planning for the period beyond 2029, while continuing to address capacity challenges that may affect the pace of trial delivery.

Embedding Research in Clinical Services and Enhancing Access

We will continue to expand embedded research delivery models, supporting to confidently host and deliver studies as part of their routine work. This will help the consistency of access to research across sites and services. Patient and public involvement will remain central to this work, with a continued focus on inclusion, reducing barriers to participation, and building relationships with communities that have traditionally been underrepresented in research. The Research Champion Programme will continue into its second year, strengthening awareness, confidence and visibility of research across the organisation and supporting wider participation in research activity.

Strengthening Partnerships, Visibility and Strategic Alignment

We will deepen our collaborations and partnerships to widen opportunities for patients and staff. Strengthening Board-level engagement and improving how we communicate research activity and impact will be an important part of embedding research more fully into organisational thinking and planning. By the end of the current strategy period, we aim to strengthen alignment with a wider range of organisational strategies, including ongoing engagement with Planning colleagues to ensure research requirements are considered as the Health Board's Estate Strategy is developed towards 2028.

The year ahead provides an opportunity to build confidently on firm foundations. Our priorities focus on sustainability, strengthening governance, widening access, and deepening collaboration. Ensuring that VPAG-funded roles and infrastructure can be sustained into the future will be a key part of this work.

Our long-term ambition is to make research a normal and accessible part of everyday practice across the Health Board. We remain committed to removing barriers, creating open opportunities, and supporting a diverse multiprofessional community where everyone feels able to contribute. By connecting local priorities with national direction and academic expertise, we will continue building a culture where research is understood, valued and recognised as an essential part of improving care for our patients and communities.

These priorities will help ensure that research remains a central, visible and valued part of how we deliver high-quality care and plan for the future.

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