

Research and Development Annual Report 2024



YMCHWIL & DATBLYGIAD

Bwrdd Iechyd Prifysgol Aneurin Bevan

Aneurin Bevan University Health Board

RESEARCH & DEVELOPMENT



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol

Aneurin Bevan

University Health Board



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a Gofal **Cymru**
Health and Care
Research **Wales**



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Contents

Foreword	3
Why we do Research?	5
Research – A Core Activity	6
Workstreams	7
Research Governance Infrastructure	8
Research Governance Infrastructure – Next Steps	9
The LOCI Trial	10
Research Delivery	11
Embedding into NHS Operational Delivery	13
Research Delivery – Next Steps	15
Our Performance Metrics	16
Research Finance	17
Education	18
Education – Next Steps	20
Lunchtime Learning	21
Workforce Opportunities	22
Workforce Opportunities – Next Steps	25
Support Services	27
Launching Our Research Champions Programme	28
The Research Champions Role	29
Forward Plan	30
References	32

Foreword

Welcome to the 2024 annual report for the Research and Development Department (R&D) at Aneurin Bevan University Health Board (ABUHB). This report describes the work and progress achieved in our second year of implementing our strategy “Research - A Core Activity” (1), and also outlines our continued commitment to the delivery of quality research across the Health Board.

In a year fraught with challenges, compounded by unrelenting pressures on NHS service provision, ABUHB R&D have continued to improve the quality of the service. We are proud of the progress made and the growing impact of our work, both within clinical services and for the people we serve. We have many positive achievements detailed in this report.

Through the Duty of Quality (2) all NHS organisations have a legal responsibility to continually improve the quality of the services they provide. Research forms an integral part of delivering safe, equitable, and evidence-based care.

In July 2023, Health and Care Research Wales (HCRW) launched the NHS R&D Framework: what ‘research excellence looks like’ (3). Supported by a Welsh Health Circular (WHC 026) (4), the framework has a strong focus on an organisational culture of research, where research is embedded into service delivery. There is a local responsibility for operationalising this framework and in recognition of this accountability the R&D strategy has been aligned with the framework to ensure that all elements feature in the local delivery plan.



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Associate Medical Director



Helen Sweetland
Independent Member



Jeannette Wells
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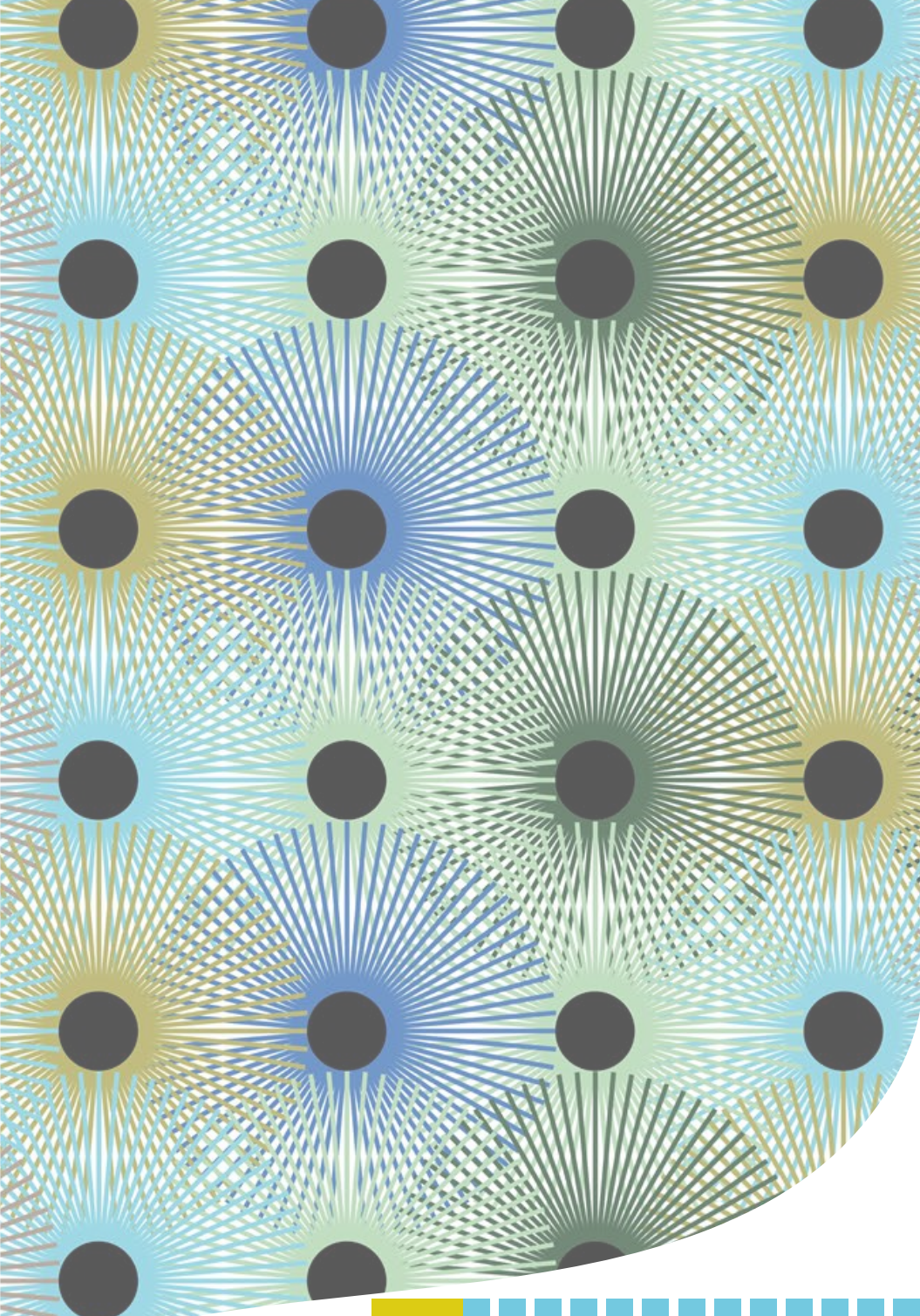
Abby Waters
Research Delivery Manager



Anna Roynon-Reed
Research Delivery Team Lead



Danielle Gunter
Research and Development Manager



Foreword

A major focus this year has been on embedding research into routine NHS delivery, recognising that meaningful and sustainable progress can only be achieved when research becomes a natural part of routine care. Through collaboration with clinical departments and ensuring tailored research education and support, we are supporting more staff across professions to engage in and lead research. This integrated approach is helping to normalise research activity, and increase participation.

We recognise that improving health outcomes through research is only possible when there is equity of access. This remains a challenge, and we continue to work towards establishing a dedicated R&D presence at GUH and YYF, while also expanding capacity at our existing sites at RGH and NHH.

We have demonstrated agility in the face

of change, from the O'Shaughnessy Review (5) and the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) (6) funding developments, to service pathway transformations within our Health Board, we have actively shaped our strategy to remain responsive, resilient, and impactful.

This report outlines the many achievements made possible through the dedication and passion of our research teams, and we are especially grateful to the patients who have chosen to take part in the research that we deliver. Without their contribution, research simply couldn't happen. Together, we continue to show why research matters and how it can shape practice and improve care.

Why we do Research

Learning from the Past to Shape the Future

One of the earliest recorded examples of a clinical trial was carried out in 1747 by Scottish naval surgeon James Lind—a pivotal moment in the history of medical research.

At the time, sailors often suffered from scurvy, a debilitating condition we now know is caused by a lack of vitamin C. But in Lind's day, neither vitamins nor their role in health were understood.

While aboard HMS Salisbury, Lind observed that many crew members developed symptoms of scurvy after extended periods at sea. He hypothesised that acidic substances might help combat the illness. To test this, he conducted a controlled experiment: twelve sailors with scurvy were divided into six pairs. Each pair received a different dietary

supplement - from vinegar and seawater to cider and citrus fruits.

The results were clear. The two sailors who received oranges and lemons showed remarkable improvement within just six days, recovering enough to care for the others. Lind later documented this in his 1753 publication *A Treatise of the Scurvy*, laying the groundwork for evidence-based medicine (7).

This landmark experiment demonstrated the value of comparison groups and systematic investigation - core principles of clinical research today. By isolating variables and observing outcomes, Lind was able to draw conclusions that led to real-world health improvements.

His work reminds us why we do research: to question assumptions, test ideas, and ultimately, improve lives.

A
TREATISE
OF THE
SCURVY.

Our Strategy

Research – A Core Activity

2022-2027

Published at the end of 2022, our research strategy sets out to create a sustainable, streamlined, efficient and innovative research infrastructure.

It outlines our ambition to maximise opportunities for staff to engage in research, and for patients to participate in clinical trials or contribute to studies that will shape the future of care.

A core theme of the strategy is to ensure that the research infrastructure within Aneurin Bevan University Health Board is financially stable and sustainable. To achieve this, we are diversifying our funding portfolio, including increased engagement in commercial research and embedding research into everyday clinical practice.

We are strengthening the foundations of our research system by developing specialist research teams, supporting staff to include research into job plans, and investing in essential services such as estates and digital capability.

Our strategic direction also places strong emphasis on collaboration, to support a thriving research culture and a connected community of practice. We aim to create meaningful opportunities for both staff and patients, support all-Wales efforts to refer patients to the most appropriate research sites, and ensure we are responsive to emerging opportunities.

At the same time, we remain committed to recognising and building on our strengths while addressing areas for development.



Our Objectives:

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

Our Strategy Workstreams

To ensure alignment across projects and with our strategic objectives, we have established a set of workstreams.

Each workstream is supported by a task group with flexible membership, designed to accommodate multiple projects at various stages of development. While some projects are clearly

distinct, others naturally intersect in key areas. This structure allows us to stay agile while maintaining a clear focus on achieving our long-term goals.

The workstreams feed into the Quarterly Research Strategy Group, which in turn reports to the Research Committee.

The purpose of the Quarterly Research Strategy Group is to

provide strategic oversight and guidance. The group ensures that all projects remain aligned with our overarching objectives, drawing on members' expertise to offer support, insights, and solutions to any emerging challenges. It also serves as a space for reflection, reviewing progress, celebrating successes, and identifying areas where adjustments are needed.

The group is responsible for

monitoring implementation, establishing actionable steps, setting internal performance indicators or project milestones, and considering available opportunities, strengths, resources, and budget constraints. This approach ensures steady progress throughout the strategy period while allowing for ongoing adaptation in response to evolving ABUHB and HCRW policies and guidance.



Sustainable and Supported Research Workforce

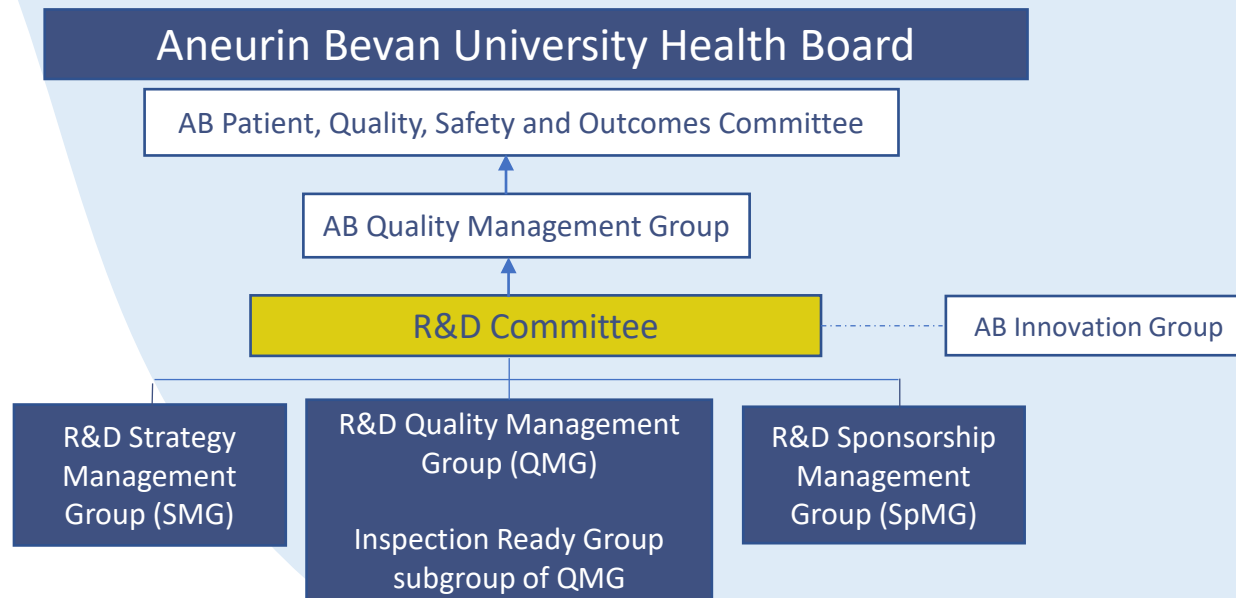
Research Governance Infrastructure

R&D Committee

The R&D department is responsible for the support, management, and leadership of all aspects of research across the health board and performs a variety of roles and functions.

Key to the safe delivery of research and, forming one of the pillars of excellence in the “NHS Framework for Research and Development” (3) is a robust governance infrastructure. Last year’s annual report highlighted the need and intention to re-establish the R&D Committee which was paused during the pandemic. This provided an opportunity to revise the Terms of Reference and membership of the committee and ensure that there is a strong governance structure in place with appropriate reporting mechanisms.

The committee provides high level oversight and support to enable the department to discharge its governance responsibilities and support the implementation of the R&D strategy. The committee provides a clear route of escalation through the appropriate committees to the Board.



December 2024 saw the first meeting of the R&D Committee chaired by the Department’s Associate Medical Director (AMD) with membership including ABUHB’s Medical Director and Independent Member for Research.

Reporting up to the R&D Committee are the R&D Quality Management Group (QMG) and R&D Strategy Management Group (SMG)

with the R&D Sponsorship Management Group (SpMG) currently in development.

Plans for representation on the group from Higher Education Institutions (HEIs) are currently in discussion as part of developing working partnerships with university colleagues.

Sustainable and Supported Research Workforce

Research Governance

Infrastructure



Next Steps

Audit programme

Audit in research is crucial for ensuring ethical conduct, data integrity transparency and accountability, compliance with regulations and the protection of human subjects. The Health Board hosts and sponsors a range of research studies on an ongoing basis. The Research and Development department, facilitated by its own Quality Management System, assesses, and manages risks associated with these studies on behalf of the Health Board. The pandemic and other

internal departmental challenges resulted in a pause to what was a fully functioning audit programme. Re-commencement of the audit programme was identified as a key priority for the department by both the Quality Management Group (QMG) and the R&D Committee in 2024. However, the paucity of the audit programme has allowed the department time to re-evaluate the process and make significant improvements to the programme which will be ready to implement in 2025 following approval by the QMG and R&D Committee.

Sponsorship Management Group (SpMG)

This group will be responsible for the conduct of ABUHB Sponsored Studies. The group is currently being developed and is expected to be fully functional in 2025.

Corrective and Preventative Action (CAPA) process

CAPAs are used widely in research by both Sponsors and hosts of research as a transparent method of correcting errors and implementing process change.

Research Impact

The LOCI Trial

The LOCI Trial is a clinical trial investigating treatment options for individuals with polycystic ovary syndrome (PCOS) who are trying to conceive. PCOS is a common hormonal condition that can affect fertility.

Participants were randomly assigned to receive either Clomifene, which stimulates ovulation, or Letrozole, often used to lower oestrogen levels. The trial aims to assess which is more effective and better tolerated. They were also randomised to receive either Metformin, which improves insulin sensitivity, or a placebo. This part of the study explores whether reducing insulin resistance can improve chances of pregnancy in people with PCOS (8).

As a blinded trial, participants did not know which medications they received, helping ensure an unbiased comparison.

Recruitment is now complete, and the data is being analysed.

Participants had regular contact with the midwifery research team and could reach out at any time, which many found reassuring. Despite the lack of a clinical trials pharmacy at Nevill Hall Hospital, collaboration with pharmacy teams, fertility specialists, and the Clinical Research Facility at the Royal Gwent Hospital enabled the trial to open locally.

This aligns with our research strategy, offering access to clinical trials regardless of location.

While the aim of clinical trials is to generate evidence to guide future care, the experiences of participants can also be profoundly meaningful.

Rachel Doyle, who took part in the LOCI Trial, reflected on the support she received:

“They were right there beside us. They would always pick up the phone to me, check in on me, and speak to me about anything I was worried about. I think that one-on-one support I had from them was invaluable. I really appreciate all the support and the help and the constant check-ins that I had. You know, it really did mean a lot throughout that journey, so thank you.”



Although the trial’s results are not yet known, and participants were unaware of which treatment they received, Rachel’s words highlight a different kind of impact.

This is what it means to deliver research that puts people first - making participants feel valued, informed, and supported through some of life’s most personal challenges.

Sustainable and Supported Research Workforce

Research Delivery

Clinical Research Delivery Team

The Clinical Research Delivery Team continues to develop specialist skills to support trials and studies both within the Clinical Research Facility based on B5N at the Royal Gwent Hospital and at other sites across the Health Board. This includes integration with operational patient pathways across multiple disease areas.

A key focus this year across all workstreams has been raising awareness of research activity. This has been supported by the recognisable presence of the HCRW research delivery uniform, our dedicated branding based on commissioned artwork from facilities, and the introduction of the Research Champions logos.

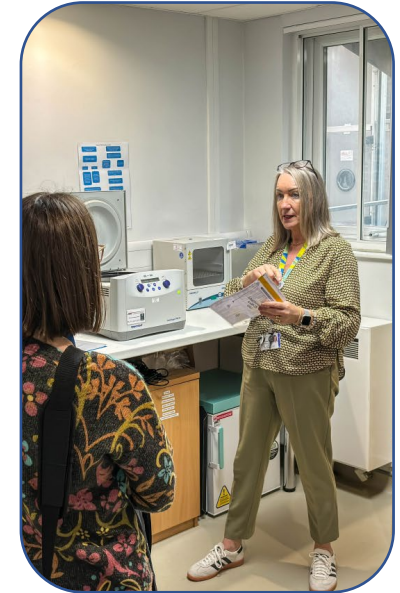
These visual identifiers have proven valuable during engagement events and meetings with other staff groups and departments. Many colleagues across the Health Board were previously unaware of the existence of research staff or the breadth of research taking place. This year, we feel we have made significant progress. We have connected with more people than ever, reached out to departments new to research, and engaged with staff who had not previously considered involvement in research.

This visibility and sustained engagement are enabling a more research-informed culture across clinical services.

Operational Excellence

We remain committed to operational excellence by consistently meeting and maintaining Health and Care Research Wales performance metrics. This commitment begins at the earliest stages of study scoping and feasibility and continues through to the completion of all study activities. Every study undergoes a complexity and risk feasibility assessment by our Team Leads to determine whether it can be delivered within the Health Board. This includes allocating the appropriate level of support, embedding studies within standard care pathways where possible, and ensuring staff receive the necessary training to be study-ready.

Our close collaboration between research delivery and governance teams enhances this process. Proximity of departments and a shared ethos of co-operation contribute to streamlined workflows and robust study set-up. This integrated approach distinguishes us from many other research sites and underpins our success in initiating studies promptly, delivering high-quality outputs, and achieving recruitment targets within trial timelines.



Our strong performance metrics and reputation for reliable recruitment are instrumental in securing future trials.

Sustainable and Supported Research Workforce

Research Delivery

Building Research Capacity

While not all research can be conducted within the Health Board, we continue to select trials and studies aligned with our capacity, patient pathways, and areas of expertise. We remain focused on building on our strengths and exploring new opportunities.

We are committed to fostering an inclusive culture of engagement and research. Ongoing engagement across all professional disciplines enables a broader range of healthcare professionals, including nurses, allied health professionals, pharmacists, and others, to contribute to, and lead, research activity.

Increasingly, these professionals are taking on roles such as Principal Investigator. Examples of our broader involvement include our contribution to the consultation for the Research and Innovation Strategy for Healthcare Science Professionals in NHS Wales, and alignment with the shared objectives of the Health Board's Nursing and Midwifery Strategy.



The Gwent Interventional Radiology team won the “HCRW Partnership with Industry” award at the Medi Wales Innovation Awards for the ABUHB R&D sponsored study on Genicular Artery Embolisation.

Continued noticeable national performance, including RDC Bio – 3rd highest recruiter in the UK & Mithridate Trial – top recruiter out of 61 UK sites

New focus areas for non-commercial research includes skin cancers, pancreatic cancer screening & workforce.

Success in early detection studies, identifying biomarkers that can transform treatment pathways

New focus areas for commercial research includes dementia and cardiology stenting in the post marketing study phase.

New Principal Investigators, including non-medics.

Commercial success in haematology trial – 10% recruitment of global target & now selected for the next 2 follow on studies

Proven track record in Rheumatology Commercial post marketing studies. Commended at a global meeting for our recruitment to a Janssen-Cilag Study.

Sustainable and Supported Research Workforce

Embedding into NHS Operational Delivery

A Core Activity

From the outset of developing our strategy and through ongoing stakeholder engagement, we recognised that we could not sustainably grow research within the Health Board by relying solely on our limited clinical research delivery workforce. Given the continuing financial pressures and constraints on expanding capacity, we have adopted a model that focuses on building research knowledge and capability within NHS operational departments. This approach enables research to become embedded within routine clinical care pathways.

Research delivery staff continue to provide vital support, while our governance team ensures that quality and regulatory compliance are maintained.

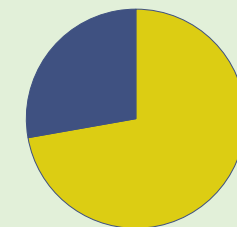
We believe this integrated model will help us maximise research opportunities for both patients and staff, positioning research as a core component of NHS services across all areas.

This model will not be suitable for all studies. Therefore, early assessments of study complexity, feasibility, and support requirements remain essential before a study is opened. More complex or higher-risk studies requiring specialist expertise continue to be delivered through our dedicated research facility, supported by the research delivery team and Principal Investigators.

Specialist Research Support

This approach is strengthened by a highly experienced member of the research delivery team who specialises in embedded research studies. Leveraging their expertise, they support operational teams during study set-up by providing comprehensive toolkits, coordinating tailored education sessions in collaboration with our Lead Research Nurse for Education, and offering ongoing guidance throughout the study lifecycle. This includes assistance with processes such as amendment implementation and site file maintenance. Regular monitoring of monthly recruitment performance enables early identification of challenges, allowing for timely intervention, including additional support from research delivery staff if needed.

2024 New Study Support
Research Delivery vs
Embedded



■ Delivery ■ Embedded

Sustainable and Supported Research Workforce

Embedding into NHS Operational Delivery

As part of the Research Framework: Why Research Matters (3), HCRW has launched the Embedding Research in the NHS programme to support this shared ambition, recognising from national engagement that embedding remains a challenge across all Health Boards. We have welcomed this initiative and are actively involved in the national working group and related projects. This participation has enabled us to contribute directly to national discussions, inform our internal strategic planning, shape actionable goals, and share our successes and challenges with the wider community.

Embedding research into routine care is not without its challenges, particularly in the context of ongoing NHS capacity and workload pressures. However, we remain committed to continuous learning and evaluation of our methods. We are encouraged by the enthusiasm and commitment of individuals across the Health Board who actively champion research and advocate for patients to be offered research opportunities.



Sustainable and Supported Research Workforce

Research Delivery

Next Steps

Refining Classification of Clinical Trials by Complexity and Risk

We will continue to refine how clinical trials are classified based on their complexity and risk. This includes a more detailed examination of each stage of a trial's life cycle and the type of support required at each phase. By assessing these needs at appropriate time points, we can ensure that trials run smoothly, resources are allocated effectively throughout, and the high quality of research delivery is maintained. Early involvement of the research team and clear communication regarding potential challenges, and the reasons some studies may not be feasible, are critical to streamlining processes and safeguarding trial integrity.

Implementing Florence

We are pleased to confirm that Health and Care Research Wales has approved the use of VPAG funding to implement *Florence*, a digital site file management system. This software will support the storage and archiving of research site files, ensuring compliance with regulatory standards. Implementation is expected to begin in 2025 and will involve an intensive roll-out and staff training programme. We anticipate that this may temporarily affect staff capacity, but it will ultimately deliver significant long-term efficiencies and improvements in research governance.

Developing Embedding Models

Our work to date has shown that locally embedded research support typically falls into two categories:

- Teams that require minimal, guiding support
- Teams that need intermittent support at various stages of the study

We will continue to refine how these needs are identified and how appropriate support is allocated, allowing for better resource planning and more consistent integration of research into routine care.



Improving Study Set-Up Times

While our study set-up times are currently in line with the all-Wales average, we are committed to further improvement. We will continue to review our processes regularly and address recurring issues or logistical barriers that delay study activation.

Building Commercial Research Expertise

Commercial trials demand a distinct set of skills and a higher level of oversight. For experienced Principal Investigators who have primarily worked on non-commercial studies, the intensity of these requirements can come as a surprise. We will continue to ensure that staff are aware of the expectations involved in commercial research, drawing on the expertise of our clinicians with experience in this area to support training and development.

ABUHB Research Performance Metrics 2024


Our key performance indicator remains the recruitment of participants to research studies in line with agreed targets and timelines (recruitment to time and target). This metric is critically important, as underperformance could potentially impact future funding allocations.

Key Indicator Metric	Commercial	Non-Commercial
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Percentage of Closed Studies Recruiting to Time and Target	ABUHB 75%	ABUHB 86%
	Wales 62%	Wales 77%

38 

New studies *opened* in 2024

103 

Total number of studies *open* in 2024

78 

Total number of studies in *follow up* during 2024

1639 

Total number of participants recruited in 2023/2024 financial year

In light of national priorities to increase commercial trial activity, there is growing emphasis on our performance in study setup times. Ensuring timely initiation of studies is essential to remain competitive and attractive as a research site, both locally and within Wales

	Commercial	Non-Commercial
Median days from date site selected to recruitment of 1st participant	ABUHB 115	ABUHB 113
	Wales 142	Wales 122

Sustainable and supported research workforce

Research Finance

Research in the NHS is funded through a variety of sources. A key funder is Health and Care Research Wales (HCRW)– which is funded by Welsh Government (WG) to coordinate and facilitate health and social care research across Wales and provide resources to stimulate and support research.

Covering the financial year 2024-2025, R&D received:-

- £1,803,735 in funding from HCRW to fund the delivery of research in ABUHB which includes pay and non-pay.
- Additional posts have been funded through the R&D's capacity building which comes from commercial research income totalling £417,477.
- Haematology and Cardiology Directorate funding for research posts totalling £90,204.
- Grant funding for research posts of £29,994.

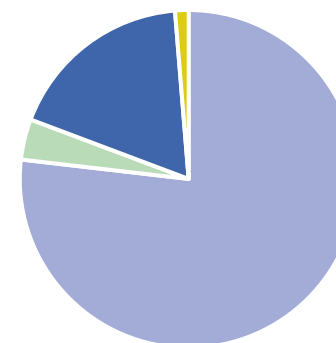
Departmental Financial Support

The R&D Strategy recognises the need to exploit external funding streams especially in the current financial climate to expand the service provided. Recognised as a barrier to achieving the R&D Strategy it has been acknowledged that the department would benefit from full time financial support. Plans are underway to apply for VPAG (Voluntary scheme for branded medicines pricing, access and growth) funding for a Business and Finance Manager.

This post would assure adherence to the All-Wales Finance Policy 2018 (WHC005) (9), the AcoRD (Attributing the costs of health and social care research) framework and HB Financial Standing Instructions. The post holder would ensure income generation is maximised, managed and distributed in line with the above policies and frameworks.

Additional to funding for research posts is Excess Treatment Costs which are predicted to be around £41,071 (confirmed at financial year end) to fund treatment costs within research studies that are not standard of care. This funding comes through HCRW from WG and is essential to ensure all costs of research delivery are covered.

Staff Funding Sources 2024/2025



■ HCRW ■ ABUHB Directorates ■ R & D Capacity Building ■ Grant Funding

Sustainable and Supported Research Workforce Education

Key Enabler

Research education remains one of the key enablers of our strategy's success and is a consistent thread running through every workstream.

In 2024, we have built on the foundations laid last year, continuing to expand and enhance our approach. Our aim is to ensure that ABUHB is an organisation with a robust training programme, one that supports and nurtures all staff who wish to become research active, while also strengthening knowledge and capability to develop the research leaders of the future.



Core Skills

We continue to enhance the skills of our research team. This ensures we are well-equipped to deliver complex medication trials to a high standard. Regular emergency scenario training sessions are held within the Clinical Research Facility, helping to build confidence and preparedness.

More recently, we have introduced leadership development sessions aimed at strengthening the resilience of our research staff. These sessions provide staff with the tools to navigate challenging situations and promote a culture of mutual support and professional growth.

To ensure compliance with Good Clinical Practice (GCP) guidelines (10), our department has implemented a robust process supported by clear guidance, regular audits, and ongoing staff support.



This approach helps us demonstrate that all research staff are appropriately trained and qualified, reinforcing our commitment to high standards and participant safety. This approach is further strengthened by our dedicated staff induction programme, developed by the Education Workstream Group. The induction is now undergoing evaluation to identify opportunities for further improvement, ensuring it continues to meet the evolving needs of our research workforce.

Sustainable and Supported Research Workforce Education

Embedding Research Awareness into Induction



In midwifery, we have taken proactive steps to embed research into routine professional development and team culture. This year, we successfully secured a dedicated session on research within the preceptorship induction programme for newly qualified midwives. In addition, a section on research is now included in the induction handbook for all new Band 6 midwives joining the Health Board.

To further support ongoing engagement, a quarterly Quality Improvement (QI) and Research Forum is held via Microsoft Teams. The forum is open to the entire midwifery team, with attendance optional, creating a space for open discussion and shared learning.

Complementing this, a midwifery research Padlet has been developed to provide accessible and regularly updated information about the research team, current studies, training opportunities, and general resources.

These initiatives have played an important role in raising the profile of research across the wider midwifery workforce. Looking ahead, we aim to introduce a dedicated research session as part of the mandatory study days attended by all midwives, maternity care support workers, and neonatal nurses.

Our goal is to replicate this model of engagement across other departments, ensuring that research becomes a visible, valued, and integrated part of professional induction and continued practice throughout the Health Board.

Sustainable and Supported Research Workforce

Education

Next Steps

Associate Principal Investigator (API) Scheme

Although we continue to support and promote the NIHR API Scheme (11), the number of applications decreased from 15 in 2023 to 11 in 2024. Additionally, we are seeing a dropout rate of 36%. We are currently benchmarking against other sites to understand how this compares nationally and to explore how we can better support participants throughout the programme.

To improve uptake and retention, we have planned Lunchtime Learning sessions to raise awareness of the scheme's benefits and practicalities. We also intend to distribute a survey to gather feedback from participants and understand how we can further support healthcare professionals across all staff groups to complete the scheme successfully.

Pillars of Practice

As research becomes increasingly recognised as a key pillar across multiple professional frameworks, we are developing a bespoke research resource hub on our intranet. This hub will provide practical guidance and tools to help staff evidence and engage with the research pillar in their own practice.

This work is being carried out in conjunction with regular attendance from a senior research team member at the Enhanced, Advanced and Consultant Clinical Practice Strategic Group. This ongoing involvement will help us better understand the barriers staff face and tailor support accordingly.

Research Newsletter

Following interest from multiple departments, we are developing a Research Newsletter to improve communication and engagement. Work is underway to explore the most effective format and distribution methods, along with identifying the types of updates and content that would be most valuable to different clinical and professional audiences.

Journey of Excellence Programme

We are excited to embed research awareness into the core Journey of Excellence (JOE) programme, in collaboration with nursing leadership in the organisation. This initiative aims to highlight the vital role nurses can play in research and empower them to view research as an integral part of their professional identity.

Lunchtime Learning

Led by our Research Education Lead Nurse, Lunchtime Learning sessions take place throughout the year and provide staff across the Health Board with a dedicated hour focused on research-related topics. Sessions combine relaxed, accessible teaching with interactive discussion to support ongoing professional development.

Held from 12:30 to 13:30, each session begins with a teaching segment, allowing attendees to eat lunch while learning, followed by a Q&A section to encourage discussion. Sessions are recorded for flexible, on-demand access, and hybrid delivery is available where possible via the Research department's conference room.

Topics covered in 2024 were:

- Equipoise and Bias
- Feasibility in Research
- Lessons from History: The Tuskegee Study
- The O'Shaughnessy Report
- Psychological Safety in Research Teams
- Declaration of Helsinki: Latest Revisions

Potential areas for development

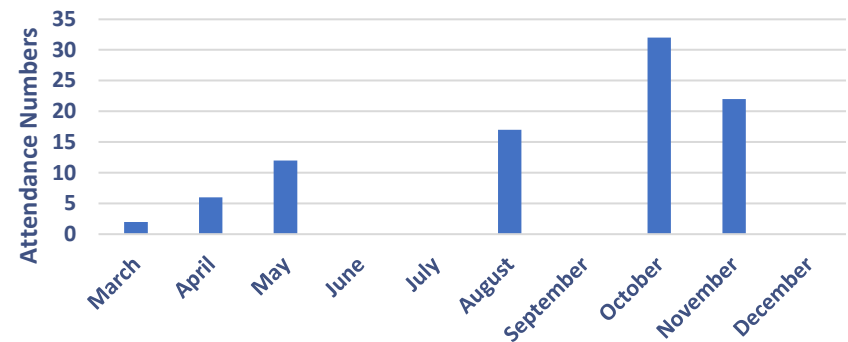
- Add interactive elements such as quizzes
- Incorporate more multimedia content, such as photos and videos
- Expand guest speaker participation
- Monitor preferred days and engagement trends

Feedback and Impact

Sessions received positive feedback, described as “great”, “useful”, “informative”, and “thought-provoking”. One attendee noted: “You can obviously see the passion of the staff in research.” Recordings were appreciated, with viewers expressing interest in re-watching material over time.

Lunchtime Learning Attendance 2024

(no sessions held in June, July or December)



Looking Ahead

We already have guest speakers for 2025, and future topics will explore:

- Health inequalities in research,
- New GCP and clinical trial regulations
- Study close-out procedures,
- Distinguishing research from innovation.

We will continue to refine the format to increase engagement and ensure sustained impact across the organisation.

Investment in staff and Infrastructure

Workforce Opportunities



Protected Research Time

Ensuring that individuals have the appropriate time to engage in research activities is a challenge.

Many employees are enthused by the idea of research and would like to be more involved, but the demands of delivering frontline clinical care often make this difficult or impossible.

Since starting his role in May 2024, the new AMD has met with many of the research-active consultants in the Health Board and identified that many struggle to secure appropriate research time in their job plans. As a result, we have worked with Medical Staffing to draft clear and robust guidance around Supporting Professional Activities (SPA) time and research.

The intention is to support research-active consultants during their job planning meetings, enabling those engaged in research to be allocated an appropriate amount of SPA time to support their activities. Whilst we anticipate that the majority of this SPA time will relate to patient recruitment for research trials, there are also opportunities for it to support the development of applications for competitive funding, whether personal or organisational.

Whilst this is only of relevance to medics, we remain equally committed to supporting non-medical Principal Investigators and researchers. Building on the success of our SPA work, we aim to extend similar initiatives across other clinical professions.

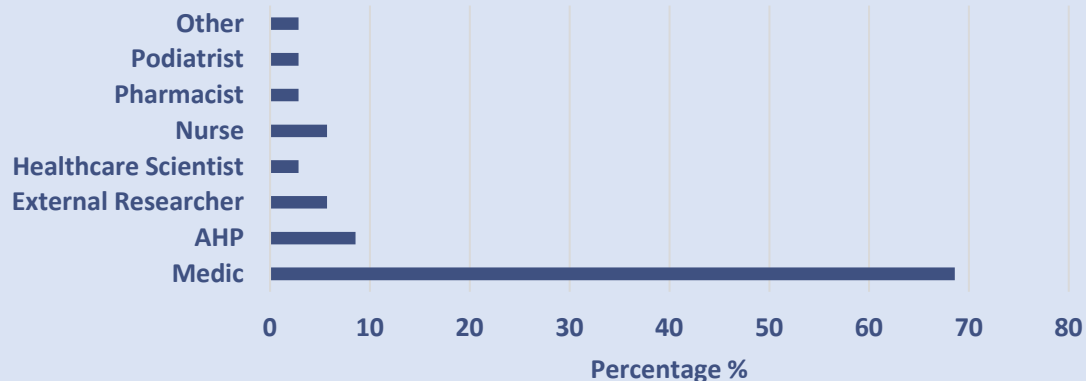
Investment in staff and Infrastructure

Workforce Opportunities

We are currently working in close collaboration with the Corporate Nursing Team. The alignment of their strategy with ours has enabled the development of shared objectives, which are crucial to cultivating nursing staff as future research leaders. This partnership aims to empower nurses to embed research within everyday practice, including securing dedicated time to actively participate in and lead research.

As part of this commitment, we are also advocating for the greater inclusion of protected research time within job planning and exploring opportunities for funded research time. These steps are essential to enabling staff to engage meaningfully with research and contribute to its continued growth across the organisation.

Professional Background of PIs for 2024 Study Openings



We are already seeing encouraging progress, with research-active staff in other professions such as physiotherapy and podiatry, and we hope to replicate this success more widely.

Our goal is to build a multidisciplinary workforce where emerging research leaders across all professions are supported with protected time and structured development opportunities.

Investment in staff and Infrastructure

Workforce Opportunities

Partnerships and Collaborations

Torfaen NIHR HRDC Collaboration

In 2023, Torfaen Local Authority, in partnership with University of South Wales and ABUHB's Public Health and Research team as collaborators put in a bid to NIHR for a £5m grant to establish a Health Determinants Research Centre (HDRC).

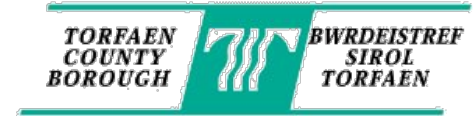
As a Marmot Region, Torfaen LA had a long-term ambition to address the inequalities and inequities in their communities. In establishing a HDRC, Torfaen wished to embed research in the work of their Council, much as ABUHB is progressing towards embedding research into its everyday work.

This application was successful, and the grant was awarded and started to be delivered in January 2024, with 1-year additional NIHR funding for infrastructure and strategy development.

ABUHB R&D staff sit on its committees, provide guidance and support, and together with ABUHB Public Health staff are funded to perform several functions. Torfaen LA have developed their research strategy based on engagement with its citizens. Where appropriate ABUHB will be partners and collaborators with future HDRC grant applications and the delivering of future research.

Collaboration on this grant demonstrates the long-established and ongoing research relationship with the USW and ABUHB Public Health and the newly developing research relationship with Torfaen LA. Both align to the WG legislation (Well-being of Future of Generations Act), ABUHB R&D Strategy (R&D - A core activity), HCRW plans (Research matters: our plan for improving health and care research in Wales).

NIHR Cydweithrediad Ymchwil ar Benderfynyddion Iechyd Torfaen
Health Determinants Research Collaboration Torfaen



“Sessions with the ABUHB Research team in the early days of the HDRC’s formation helped us to see how other areas in the partnership were approaching recruitment of research champions, the barriers that were faced, and the efforts that underpinned success. We are looking forward to working with the team on future, overlapping projects”

Investment in staff and Infrastructure

Workforce Opportunities

Next Steps

Clinical Research Fellow

We have identified that, with the success and development of research expertise in areas of strength led by established PIs, a capacity challenge emerges. As these clinicians gain a strong reputation and become preferred partners for commercial companies, they reach a point where they can no longer take on additional trials due to time and workload constraints.

At present, we are reliant on individual PIs to undertake all medical duties related to patients recruited into clinical trials. This is particularly challenging in more complex studies or those involving investigational medicines, where dedicated clinician time is required within the Clinical Research Facility. To address this, we began scoping the potential for Research Fellow posts within the Health Board, exploring whether co-funded roles with Directorates might alleviate the issue.

However, following consultation with the Strategy Group, research-active consultants, and Directorate Managers, it was agreed that the most effective solution during this period of growth would be to establish a Clinical Research Fellow post based within the Clinical Research Facility. This role would support all Directorates and clinicians seeking to open clinical trials.

While other Health Boards have similar posts, this would be a first for ABUHB.

The Clinical Research Fellow will support PIs in delivering medical responsibilities and contribute to the smooth operation of clinical trials. This additional capacity will enable a greater volume of research to be conducted, help PIs expand their research portfolios, and resolve the current bottleneck in trial delivery.

We have now begun advertising the role and aim for the post to be filled and operational in 2025.

Increasing Research Awareness and Involvement Across All Staff Groups

We are collaborating with the Corporate Nursing Team to integrate research education into staff induction programmes and to develop an Electronic Staff Record (ESR) research training module. We also aim to replicate this approach across other disciplines, alongside our wider efforts to incorporate dedicated research time into job planning and include research engagement within appraisal documentation across the Health Board workforce.

Strengthening University Collaborations and Partnerships

We have always had the ambition to establish stronger relationships with university partners, and this work continues, benchmarking against other health boards and utilising expertise within our organisation. The importance is further highlighted in the HCRW NHS R&D Framework (3). We are exploring opportunities within disease networks and HCRW funded partnerships, which often will include funding streams to include developmental support for new researchers and co-funded posts.

Investment in staff and Infrastructure Workforce Opportunities

Next Steps

Support for Emerging Researchers

We continue to promote opportunities for funding and protected time awards through the HCRW Faculty. Personal awards are a time-limited award for part of an individual's time to engage in specific research activities. They can be invaluable for clinicians who wish to develop their research career but are struggling to find the time. Looking ahead, we aim to strengthen this relationship by establishing more regular communication and showcasing individuals who have benefitted from these schemes. Individuals who wish to apply for awards are strongly recommended to contact the R&D department early, so we can provide support and direction.

This work is supported by the expertise of our AMD, improved internal and external communications developed through our strategy implementation, and our expanding network of engaged staff through growing email distribution lists. Building on this, we plan to host support sessions in advance of application deadlines and develop learning opportunities such as sessions on "How to become a Chief Investigator?"

Investment in Staff and Infrastructure

Support Services

The Positive Impact of Integrating Pharmacy into the Research Centre

Prior to the opening of the Clinical Research Facility (CRF), research pharmacy support in clinical trials was spread across multiple locations throughout the Health Board. The establishment of the CRF allowed the consolidation of the research team and key support services but, initially, this did not include the clinical trials pharmacy team.

In 2024, the decision was made to relocate the CT pharmacy team into the R&D centre. This followed careful planning, including a comprehensive risk assessment to consider the implications for facilities, working practices, and participant care. While there were some challenges anticipated, the potential benefits were clear, and the positive outcomes have exceeded expectations.

This service improvement initiative demonstrates the value of integrated working and highlights how collaboration across departments can enhance research delivery, improve patient experience, and reduce risk.

Key Benefits of integration:

- **Improved Communication:** Co-location has enabled faster, clearer dialogue between pharmacy and research teams
- **Reduced Study Set-Up Times:** More streamlined coordination and proximity have led to earlier trial activation
- **Increased Clinical Presence:** The pharmacy team's availability on-site has improved day-to-day trial support
- **Shorter Waiting Times for Participants:** Faster dispensing of medication has improved the participant experience
- **Fewer Errors:** Enhanced oversight and shared protocols have led to a reduction in dispensing errors.

"Integrating the research pharmacy team into the Research Delivery Unit has significantly enhanced our ability to deliver high-quality research. By working as one team, we've improved communication, streamlined issue escalation, optimised storage space, and reduced dispensing times, ensuring a smoother and more efficient experience for both staff and patients."

This change has laid the foundation for future service improvements and reflects our commitment to collaborative, patient-centred research delivery.

Challenges addressed:

- **Transfer of Investigational Medicinal Products (IMPs):** All products were safely and securely moved to the new facility.
- **Risk of Unblinding:** Mitigation strategies were put in place to preserve trial integrity.
- **Awareness Across Pharmacy:** Training and communication were delivered to increase understanding of CT processes among the wider pharmacy team.



Launching Our Research Champion Programme

In November 2024, we proudly launched our Research Champions Programme, a dynamic and inclusive initiative designed to embed research into everyday healthcare and make it more accessible to staff, patients, carers, and the wider community.

A Team Effort from the Start

The development of the Research Champions Programme has been a true team effort. It began with a badge design competition, which not only led to the creation of our distinctive branding but also sparked early engagement and generated a list of potential champions.



The first induction in late 2024 was designed to be informal, welcoming, and interactive. Each session will include a short presentation about research in the Health Board, a guided tour of the department, opportunities to meet the wider research team and our now popular “speed networking” activity. The entire department contributes to this session, underlining the shared commitment to supporting research across services.

Induction sessions will be held four times a year, with many dates fully booked, highlighting the growing interest in the programme.

Research Champions play a key role in building a culture of research that is inclusive, accessible, and sustainable. By recruiting champions from a wide range of departments, many of which had limited prior engagement with research, we are beginning to shift organisational culture from the ground up.



Internal and external communications have been instrumental to the success of the launch, helping us promote the programme. HCRW has helped amplify the programme nationally.

The Research Champions initiative marks a significant step forward in our mission to make research more visible, inclusive, and embedded in everyday healthcare. It reflects the belief that everyone has a role to play in research.



“Understanding that I could contribute as much or as little as I wanted really encouraged me to get involved. I wanted to explore how I could integrate research into my role to improve patient outcomes.”

— Jessica Jones, Respiratory Physiologist and Research Champion

A streamlined, efficient and innovative research programme

The Research Champion Role

The role of a Research Champion is deliberately flexible and open to anyone with a passion for improving health and care through research. Champions serve as vital links between our Research Team and the broader population, helping to raise awareness, promote involvement, and shape more representative, impactful studies.

Research Champions take on a range of activities, tailored to their interests and availability, acting as a **“Voice for Research”** across all areas of the organisation.



“By empowering diverse voices, from staff and carers to patients and community members, we can ensure research reflects the needs of those we serve. This programme shows how ABUHB is embedding research across NHS Wales.” — Dr Nicola Williams, Director of Support and Delivery, Health and Care Research Wales



Next Steps

As the Research Champions programme continues to grow, we are committed to evaluating its effectiveness and learning from the experiences of those involved. While it is still early in the programme’s development, we have identified key areas where we plan to measure future impact. We are also exploring the use of metrics to assess changes in research knowledge, engagement levels, and the expansion of research into new clinical and community areas. This will help us refine the programme over time, ensuring it remains inclusive, responsive, and aligned with the needs of our staff, patients, and wider communities.

We are now planning the next phase of development, which includes:

- Welcoming patient and volunteer champions
- Engaging community leaders and charities to expand the model beyond hospital settings
- Monitoring inclusion across roles and targeting underrepresented areas
- Collecting data on engagement, knowledge, and local research activity
- Continually adapting the programme in response to feedback from Champions



Forward Plan

At the time of developing our research strategy, it was agreed that the implementation plan would remain subject to ongoing review, to retain flexibility in responding to new guidance, evolving regulations, national strategies, and emerging opportunities.

VPAG Funding

One such opportunity is the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG), a funding initiative arising from a collaboration between the UK Government and the Association of the British Pharmaceutical Industry (ABPI) (6). This scheme will invest approximately £300 million in commercial research across the UK, with an estimated £20 million allocated to Wales.

This investment responds to the findings of the *Lord O'Shaughnessy Review of Commercial Clinical Trials* (May 2023), which highlighted a significant decline in the UK's clinical trials activity, dropping in international rankings from 4th to 10th. The report highlights the impact of this decline in commercial clinical trial activity, such as fewer opportunities of 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 (5).

This VPAG funding investment presents a unique opportunity for ABUHB to bid for additional funding to extend the research workforce and develop a more diverse portfolio of commercial research. ABUHB aims to submit a comprehensive funding application to support current commercial research and to pump-prime novel disease areas. If successful this funding would seek to address many of the barriers to commercial research, including:

- Limited clinician time
- Capacity constraints in pharmacy, radiology, and pathology
- Research governance and delivery capacity
- Limited financial Support

Forward Plan

Progress in 2024



2024 has been a successful year for the R&D department, achieving several key milestones:

- The appointment of our **Associate Medical Director** has brought new leadership and momentum, including the establishment of a process for protected time for clinicians to engage in research.
- We successfully launched the **Research Champions** programme, helping to embed research awareness and capability across the organisation.
- Collaborations with external partners, including the **HDRC**, have helped us build successful relationships and adopt new models of working that strengthen our research delivery and approach.
- The re-establishment of the **R&D Committee** has strengthened our governance framework and provides strategic oversight aligned with organisational ambitions.
- We have met all **Welsh Government research delivery metrics** and improved our study setup times, ensuring efficient delivery and enhanced performance across our research portfolio.

Looking ahead, our focus will be on refining trial classification, supporting embedded research, strengthening commercial capabilities, and improving study set-up efficiency. The introduction of new digital tools like Florence marks a key step in modernising research infrastructure and ensuring regulatory compliance for future success.

References

1. Aneurin Bevan University Health Board. *Research and Development Strategy 2023–2026*. ABUHB, 2023. Available at: <https://abuhb.nhs.wales/files/research-and-development/abuhb-r-d-strategy-pages-english-final2-pdf/>
2. Welsh Government. *Duty of quality in health care*. GOV.WALES, 2023. Available at: <https://www.gov.wales/duty-quality-healthcare>
3. Health and Care Research Wales. *Research Framework: Why Research Matters*. Welsh Government, 2022. Available at: <https://healthandcareresearchwales.org/about-research/research-framework>
4. Welsh Government. *NHS Framework for Research and Development (WHC/2023/026)*. GOV.WALES, 10 October 2023. Available at: <https://www.gov.wales/nhs-framework-research-and-development-whc2023026>
5. O’Shaughnessy, J. *Commercial Clinical Trials in the UK: The Lord O’Shaughnessy Review*. Department of Health and Social Care, 26 May 2023. Available at: <https://www.gov.uk/government/publications/commercial-clinical-trials-in-the-uk-the-lord-oshaughnessy-review>
6. Department of Health and Social Care. *UK secures £400 million investment to boost clinical trials*. GOV.UK, 25 March 2024. Available at: <https://www.gov.uk/government/news/uk-secures-400-million-investment-to-boost-clinical-trials>
7. Chalmers, I. *Who was James Lind, and what exactly did he achieve?* James Lind Library, 2005. Available at: <https://www.jameslindlibrary.org/articles/who-was-james-lind-and-what-exactly-did-he-achieve/>
8. University of Birmingham. *The Loci Trial*. Birmingham Clinical Trials Unit, 2024. Available at: <https://www.birmingham.ac.uk/research/bctu/trials/womens/locitrial>
9. Welsh Government. *NHS Research and Development Finance Policy (WHC/2018/005)*. GOV.WALES, 22 March 2018. Available at: <https://www.gov.wales/nhs-research-and-development-finance-policy-whc2018005>
10. International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH). *ICH Harmonised Guideline: Integrated Addendum to ICH E6(R1) – Guideline for Good Clinical Practice E6(R2)*. 9 November 2016. Available at: https://database.ich.org/sites/default/files/E6_R2_Addendum.pdf
11. National Institute for Health and Care Research (NIHR). *Associate Principal Investigator Scheme*. NIHR, 2024. Available at: <https://www.nihr.ac.uk/career-development/clinical-research-courses-and-support/associate-principal-investigator-scheme>

Recommendations

The Executive Team are asked to note the contents of the annual report and submit to the PQSOC for information and submission to the Board.

