



Research and Development Annual Report - 2023



Research and Development Strategy: Research – A Core Activity 2022 – 2027



Foreword

We are pleased to present the Aneurin Bevan University Health Board (ABUHB) annual research and development report which summarises key achievements, progress and planned next steps for the implementation of our research and development strategy: “*Research – a core activity*”.

Reports from bodies such as the Academy for Medical Sciences^[1] and the Royal College of Physicians^[2] show that NHS organisations which are research active benefit from the ‘research effect’. Those benefits include a better care experience, improved outcomes for patients and increased recruitment and retention of staff.

A core theme of our strategy is to ensure that the research infrastructure in ABUHB is financially stable and sustainable. During 2023 Health and Care Research Wales (HCRW), for the first time, set a cost pressure against the Research & Development (R&D) allocation. This resulted in the loss of bank nurses and two nurses were redeployed. Whilst HCRW have a cost pressure for 2024, assurances have been given that this will not affect the NHS. This reinforces the importance of the Health Board generating its own research income to support our patients and clinical services.

Despite external pressure the Health Board has achieved and maintained financial autonomy for its R&D allocation. Welsh Government allow Health Boards financial autonomy where they achieve the all-Wales standard '80% of all trials open to recruitment will recruit to time and target': ABUHB performance has increased from 89% to 95% with the all-Wales average currently at 78%. The annual report summarises key achievements and progress over the last year and planned next steps, including for the coming year and beyond.

Published in December 2022, our Research Strategy aims to achieve a sustainable, streamlined, efficient and innovative research infrastructure built on three strategic objectives

- A sustainable and supported research workforce
- Investment in staff and infrastructure
- A streamlined, efficient and innovative research programme

It sets out our ambition to maximise opportunities for staff to get involved in research and for patients to participate in clinical trials or contribute to research studies that will inform future care. To achieve this, we have engaged widely across the Health Board and social media to establish a number of workstreams aligned to the strategic objectives.

Our vision is to:

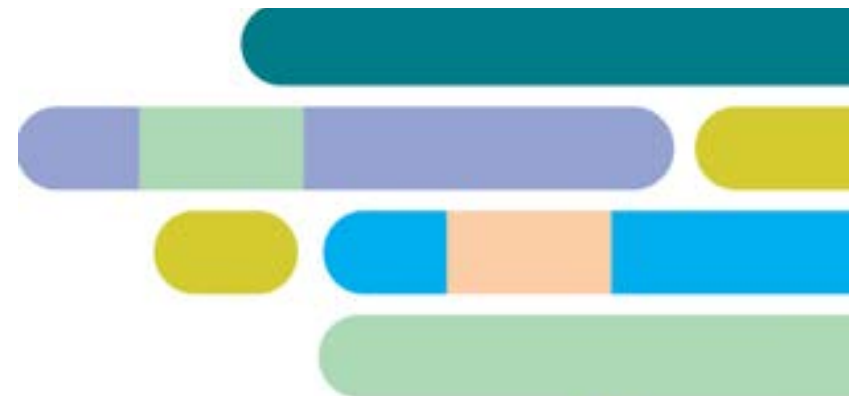
- integrate research delivery into operational services
- take research to the patient, regardless of location, wherever possible
- accept referrals from other Health Boards for patients to be included in research offered in ABUHB and vice versa
- build on areas of strength and opportunity
- align strategic plans to Health Board and Welsh Government priorities





To achieve this we will:

- Identify and continually review areas of priority for the Health Board, patients and Welsh Government.
- Work with the Health Board to assess existing referral pathways across organisations and expand to include research.
- Continually review workstream progress, identifying and removing barriers as they arise.
- Continue to identify best practice and share across all workstreams.
- Categorise clinical trials by complexity and risk to determine level of specialist research involvement required to run fully embedded studies.



ABUHB research implementation plan: designed by the workforce for the workforce

A series of engagement workshops were held over the first six months of 2023 to support the development of an implementation plan designed by the ABUHB workforce. As a result, eight workstreams were established.

The workstreams meet monthly and come together quarterly with the research senior management team to discuss progress, risks, barriers and any overlap.



In 2023, HCRW issued WHC/2023/026: NHS Framework for Research and Development – Research Matters – What excellence looks like in NHS Wales. [3]

The framework consists of ten pillars, and in 2023 formed the baseline used by Welsh Government and HCRW for their annual performance review of NHS organisation research and development (R&D) activity.

Workstreams map progress and next steps against the framework to ensure compliance and for ease of reporting.



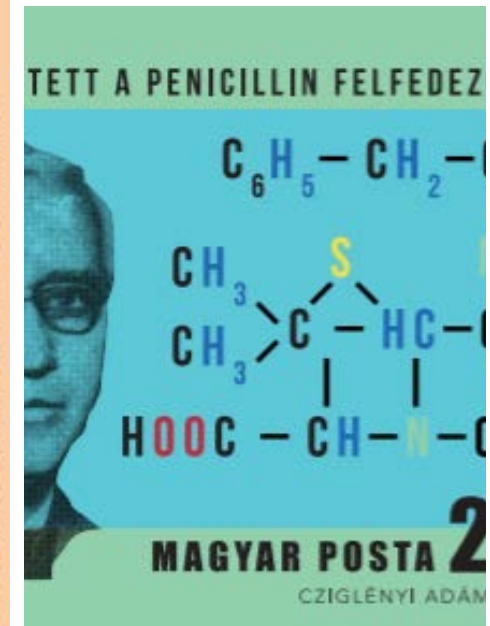
Why we do Research



1928 the discovery of Penicillin

Sir Alexander Fleming was a Scottish physician and microbiologist. He is best known for discovering penicillin, the world's first antibiotic substance.

His discovery in 1928 of what was later named benzyl penicillin (or penicillin G) from the mould *Penicillium Rubens* is described as the "single greatest victory ever achieved over disease." For this discovery, he shared the Nobel Prize in Physiology or Medicine in 1945 with Howard Florey and Ernst Boris Chain.



"One sometimes finds, what one is not looking for. When I woke up just after dawn on September 28, 1928, I certainly didn't plan to revolutionise all medicine by discovering the world's first antibiotic or bacteria killer. But I suppose that was exactly what I did."



Strategic objective 1: a sustainable and supported research workforce



Action

Increase the number of commercial trials

Key publications:

- Lord O'Shaughnessy Review of Commercial Trial activity in the UK. [4]
- UK Government Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) funding: ABPI/NIHR/HCRW opportunity to develop commercial research hubs.

Progress

- Increased the number of commercial trials from 7 (2022/23) to 16 (2023/2024) with a further 4 commercial trials in setup and a further 3 studies awaiting the outcome of expressions of interest.
- A number of relationships have been established with Industry Partners who are keen to work with the Health Board as a preferred partner.
- ABUHB is a member of a group working with HCRW/WG to establish baseline requirements to develop a sustainable commercial research presence in Wales utilising UK Government VPAG funding (anticipated Welsh share: c£20m). The bid will pump prime a commercial hub and spoke model where Health Boards and Trusts in Wales will work together to offer patients the opportunity to take part in commercial clinical trials wherever in Wales the service can be provided. Non-recurrent funding is available from April 2025-March 2029; This will be factored in when bidding for funds to ensure services are sustainable at the end of that period.

Workstream

External Funding

Next steps: 2024

- Work with HCRW to bid for ABPI/NIHR/ VPAG funding to develop a sustainable commercial offering.
- Increase capacity within the research delivery team to set up and oversee the introduction of a commercial hub.
- Work with research active directorates to explore joint research fellow posts part funded by the directorate and part funded by R&D.
- Appoint a clinical research fellow to the clinical trials unit to support sustainable commercial research activity.
- Develop a brochure that will showcase the clinical trials unit. This will be used to build collaborative relationships with commercial companies.

Next steps: 2025

- Establish a commercial portfolio in phases. Phase one will include five clinical areas where there is expertise within the existing department and where commercial companies are already working with R&D and an established PI:
 - Haematology
 - Rheumatology
 - Older adult psychiatry
 - Interventional cardiology
 - Vascular wound healing

- Consolidate relationships with Innovation to support the development of new and innovative ideas through research, utilising HEI and Industry links.
- Manage the risk of the Sponsorship role. Commercial research should always have an external experienced Sponsor.
- Identify and remove barriers to commercial trial set up to ensure rapid study set up becomes a USP that attracts commercial companies to the Health Board as a preferred partner.
- Set up times for commercial trials (from receipt of the local information pack (LIP) to recruitment of 1st patient)
- NB: Metrics are only collected once a patient is recruited and when the recruitment target is less than 2
- 22/23 no data
- 23/24 152 days
- Prepare ABUHB bid for national VPAG funding.

RISKS:

- Commercial spend beyond five years will need to be sustained through commercial capacity building income.
- Inability to support services to continue research activity where a research active service is moved to a site with no research space. e.g. breast services relocation to YYF.

Action

Develop and deliver a training programme for all research active staff and those aspiring to become research active

Established training opportunities:

- ICH GCP (Good Clinical Practice) training.
- Principal Investigator (PI) training.
- Phase 2 trial training.
- Consent to research training.
- Student placement training opportunities.
- National Institute for Health Research (NIHR) Associate PI Scheme.
- NIHR Clinical Research Practitioner registration programme.
- Enhancement of the research team skills to ensure preparedness to accept earlier phase trials (commercial and non-commercial).

Progress

- Lead Nurse specialising in training and education has been appointed.
- In-house ICH GCP facilitators have received training from HCRW. As well as delivering full ICH GCP training the facilitators can deliver study specific ICH GCP training and ICH GCP training tailored to working environments.
- There is now a research nurse linked to the NIHR Associate PI Scheme. The nurse is able to offer all Health Board staff the opportunity to gain this accreditation. This work has already realised benefits by enabling the opening of studies with both medical and nursing associate PIs. The offer is also open to AHPs and non-clinical staff. Currently all AHPs involved in trials have been able to step straight into the PI role.
- In addition to the standard PI training offered, enhanced phase training has now been developed and is available for all PIs. This supports PIs embarking on more intensive complex trials, including PI oversight and documenting evidence of this.

Workstream

Education

- ABUHB were the first Health Board in Wales to support and successfully achieve a non-clinical staff member gaining research officer accreditation. The individual was recognised for their achievement at the HCRW conference. Since then, a second non clinical member of staff has completed accreditation. The Health Board continues to share this good practice by promoting the scheme locally and nationally.
- Student placements have been increased with positive feedback, including a nomination at the student conference. A previous student has secured a job within a research department in Wales.
- Enhanced skills training has been introduced across the research delivery team including emergency scenario training, complex trial toolkit and ward orientation for non-nursing staff.
- Established links with corporate nursing to support Advanced Clinical Practitioners in meeting the research requirements set out in the pillars of advanced clinical practice.

Next steps: 2024

- Develop research documentation training for all levels.
- Complete a training needs analysis at basic, medium and high level for all research active roles.
- Develop general awareness: how to embed research and basic research knowledge training for all Health Board staff.
- Continue to offer placements for student nurses and explore the opportunity to diversify to other specialties.

Next steps: 2025

- Develop phase 2 complex trial training for Health Board PIs.
- Explore the inclusion of 'research awareness' within the Health Board induction package.

RISK: Currently there is no capacity within the induction package to include research, therefore it is important that we continue to offer education on R&D elsewhere.

Action

***Workforce Opportunities:
Work with university
partners to promote
opportunities - university
collaborations***

Building University Partnerships:

- Re-establish the Health Board partnership Board.
- Develop PIs and Chief Investigators (CIs) through partnership working with HEIs and the HCRW faculty.
- Work with universities to develop low intensity low risk research that is relevant to local teams and whereby research can be embedded with light touch specialist research support.
- Review service evaluation oversight and identify most appropriate approval scrutiny route.

Progress

- Cardiff University is the main partner for ABUHB university Health Board status, although within Wales the Health Board also works closely with the University of South Wales, Cardiff Met University, Bangor and Swansea Universities.
- A meeting was held with the Dean of the Cardiff Medical School and his senior staff to explore additional opportunities.
- Made contact with the lead for the Cardiff University Joint Research Office (JRO) to explore the possibility of developing an ABUHB/CU JRO.

HEI and third sector research currently in development

- Cardiff University Business School/ABUHB Staff Well-Being and OD services. An NHS based research centre.
- Supporting Torfaen Local Authority (LA) to become research active. This will include working in partnership with the University of South Wales (USW) and Public Health Wales (PHW) to share strategies, policies, staff, research governance structures, etc; to develop capacity and capability within Torfaen LA to become an evidence-based and research active organisation.

Workstream

***University
Partnerships***

- The Torfaen partnership has been successful in winning an NIHR grant which will enable properly funded activity and present opportunities for further grant applications for more research across the partners. ABUHB staffs' salaries are built into this grant.

Next Steps: 2024

- Benchmark service evaluation review and approval across Wales and develop an SBAR to amend the current process.
- Re-establish the partnership board. The university partnership board is a forum where the local university partners meet with ABUHB Executives and leads for Research and Education to ensure alignment of vision and strategies and plans to deliver these.

Next steps: 2025

- Establish university partnerships outside of Wales.
- Work with HEI partners to look at ways of being able to prioritise areas of research between ABUHB and its university partners where there is a shared interest and capacity.
- Maximise the potential of embedding low risk research university sponsored research into the core service. There is a continuous flow of research studies in development, funding applications, grants applications and awarded grants where research can be delivered between HEI partners (across a wide variety of schools) and ABUHB (across the diverse clinical and non-clinical Directorates).



Strategic objective 2: Investment in staff and infrastructure



Action

Trial feasibility to include assessments of complexity and risk to determine the level of support required from the research team, and capacity required of the clinical team to run the study

Action

Continue to meet HCRW performance metrics that demonstrate best practice and open doors for preferred partnerships.

Governance Infrastructure:

- Establish a new R&D committee.
- Research Quality committee.
- Research Risk Register.
- Audit programme to ensure compliance with GCP.
- Process for local research Sponsorship (under review).
- MHRA inspection preparedness.
- Continually review staffing levels and requirements to ensure progress in delivering the strategy can be maintained.
- Contracts manager appointed.

Workstream

Research delivery and governance infrastructure

Progress:

- Clinical trial activity has increased from 57 non-commercial and 5 commercial studies open and recruiting in 2022 to 92 non-commercial and 10 commercial studies in 2023.
- WG/HCRW all Wales metric '80% of all trials open to recruitment will recruit to time and target': ABUHB performance has increased from 89% to 95% with the all-Wales average currently at 78%.
- Improvement seen in trial set up and opening times, in line with national guidance this is monitored locally to identify and act on any blocks or delays.
- All studies undergo a complexity assessment to determine the level of support required by the research delivery team. Complexity also determines how much of the study can be embedded within standard care.
- At all complexity levels adequate departmental training is provided before the trial opens with ongoing support remaining under review, including the collection of recruitment metrics and problem solving as required.
- The study set-up system has been streamlined across research delivery and research governance teams with the of reducing/removing duplication.
- A trainee contracts manager has been appointed enabling quicker study set-up including implementation of the national contract value supporting the UK approach to standardised costing for commercial contracts and supporting the HCRW One Wales for research delivery programme which further streamlines the set-up process.
- Planning with the Cancer Directorate has led to increasing cancer trial opportunities and embedding research within standard of care. The work has included aligning the research strategy objectives with those set out in the National CReST strategy. [5]
 - Studies include QuicDNA where ABUHB are sponsor and the first site to open. ABUHB and C&V are working closely with Cardiff university to open all sites in Wales. It is anticipated that blood biopsies to determine treatment plans for lung cancer will become standard practice in 2025 reducing the time taken to identify and start targeted treatment.
 - Year one has seen a rise in cancer research recruits by 3% and an increase of cancer trials from 9 to 16, compared to previous year.

- The R&D strategy and action plan is aligned to and takes consideration of the NHS Framework for Research and Development: WHC/2023/026 with regular self-assessment and benchmarking undertaken.
- A neonatal study, 'Neogastric' is the first trial where ABUHB have trialled its embedding model. Extensive departmental training was delivered, including meeting with staff on all shifts and delivering training at the cot-side. The first few recruits were overseen by the research delivery team and these were audited. Early indications are that the model has been a success.

Next steps: 2024

- Develop speciality research leads for each cancer area.
- Work with the of cancer services MDT to ensure research activity is discussed and that information is recorded regarding the number patients who enter cancer clinical trials including Velindre early phase trials.
- Review IT Infrastructure to support commercial activity. More worked is needed to comply with the MHRA expectation that all NHS organisations should be able to provide access to electronic health records, to enable quicker screening and easier access for external monitoring: to do this organisations need to have IT systems that reduce the risk associated with remote monitoring:
 - Monitors should have read only access
 - Site files should be electronic with enabled electronic archiving
 - Monitor access to files should be fully auditable
- Monitors should only be able to access the files of patients who are participants in the relevant trial

RISK: IT Infrastructure is currently the highest risk on the R&D risk register where the risk of an Information Governance Breach through E-Site files is scoring as high (12). The mitigation's being worked through with IT above will have the ability to reduce the risk to low.

Next steps: 2025

- Continue to monitor the embedding model and commence roll out to other areas under strict audit conditions.

Action

Support research active consultants

Research time: Opportunities

- develop role description to support the allocation of additional responsibility sessions for research within job planning.
- research time awards: i.e., HCRW faculty funding.
- work in conjunction with university partners to promote/establish joint working opportunities.
- ensure research is included in directorate activities. To include directorate meetings, quality committees and MDTs.

Progress:

Associate Medical Director for Research & Development Mr David Bosanquet appointed

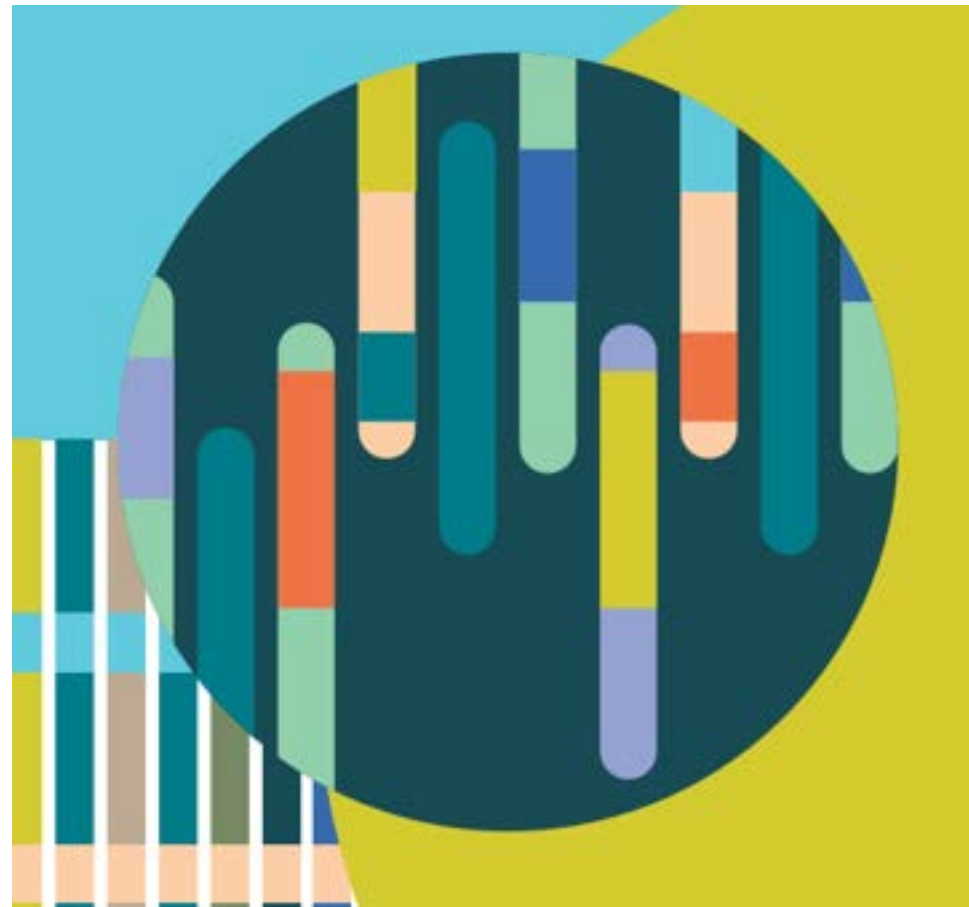


Workstream

Workforce Opportunities

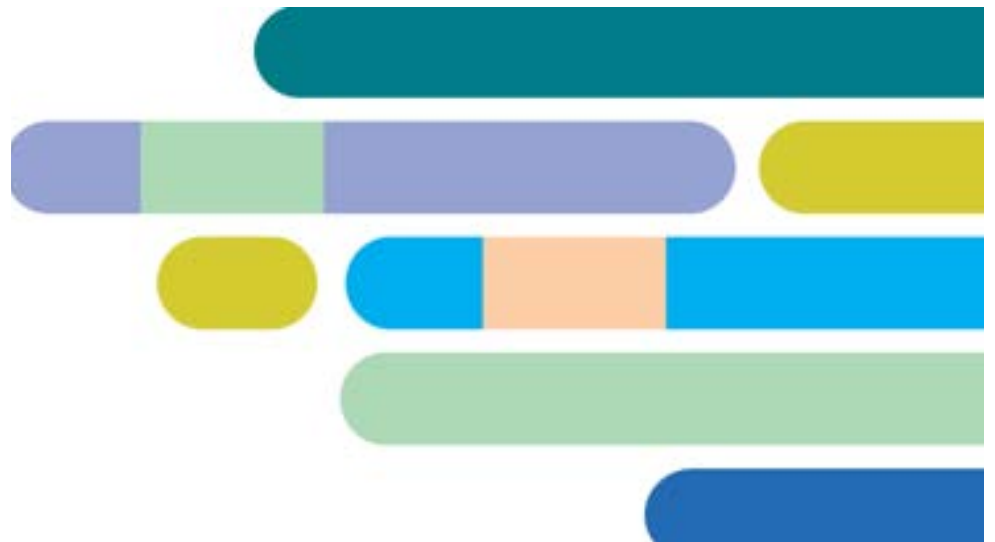
Next steps: 2024

- Work with AMD for Job Planning to identify - SPAs and additional responsibility sessions awarded for research and correlate with research activity to validate continuation of paid sessions.
- Support incorporating research additional responsibility sessions into job planning.
- Identify Research Fellows across the organisation and discuss research activity and potential.
- Work with HEIs to progress opportunities for joint appointments.



Next steps: 2025

- Engage with Clinical Directors to ensure they are fully engaged with research activity.
- Engage with Clinical Directors and Directorate Managers to ensure research forms part of their quality agenda, covering research activity, support service engagement and service redesign.



Progress:

- Funded research leads in place in pharmacy, radiology and pathology.
- Funded Histopathologist time to ensure blocks and slides can be accessed in a timely manner for ABUHB patients taking part in clinical trials in ABUHB, Velindre and other sites.
- Regular contact with pharmacy with ongoing discussions to ensure capacity to provide aseptic products required to support the objective to deliver more commercial research as well as many non-commercial studies i.e., rheumatology, neurology
- Research pharmacist now attends all first dosing visits.

Next steps: 2024

- Work with pathology, radiology and pharmacy to identify and address delays in study set-up times.

Next steps: 2025

- Work with pathology, radiology and pharmacy to identify and remove blocks to enable delivery of studies.

RISK: service redesign can result in support services needing additional funding to support research at the new location.

- All Wales R&D directors and HCRW to liaise with Transforming Access to Medicines (TrAMs) coordinators to ensure clinical trials have access to aseptic pharmacy facilities. The aim of TrAMs is to enable access to aseptic pharmacy facilities in three hubs across Wales as part of shared services.

RISK: this is crucial to the success of the national VPAG bid and commercial research aspirations across Wales.

- Work with support services to compliment and streamline the delivery of research trials.
- Reach out to directorate pharmacists to scope ideas to link in with research pharmacists.

Action

Work with estates to enable a research presence across multiple sites

Progress

- Accommodation request made for clinical space in YYF to support surgical and breast cancer clinical trials.

RISK: bid has so far been unsuccessful (under review)

- A meeting has been arranged with the Medical Director, R&D Director and clinical teams in YYF to explore options.

Next steps: 2024/2025

- Work with estates, planning and the Clinical Futures programme to develop new sites to establish clinical trial activity across multiple sites within the Health Board.
- Consider mobile research unit (possibly using VPAG funding).
- Re-submit accommodation request for clinical space in YYF to support surgical and breast cancer clinical trials (maintain communication channels.)
- Explore opportunities in GUH for clinical research space.
- Continue to work with cancer services, planning and Velindre to ensure clinical trial space and support service availability will be present in the proposed cancer centre at NHH.

Workstream
Support Services Estates



Strategic objective 3: A streamlined, efficient, and innovative research programme



Action

Establish a community of practice

Next steps

- Engage with research champions through regular meetings and workshops to understand their priorities for research and also their views on study feasibility.
- Further develop and maintain the Intranet and Internet pages, ensuing opportunities are captured and publicised in advance.
- Develop patient experience poster board for public areas.

Progress

- Communication mechanisms and engagement have been improved through various channels:
- X (formally Twitter)
- New Internet and Intranet pages
- HCRW and Health Board communications team have established links to ensure Intranet and Internet are aligned and that opportunities are not missed (research time, grant funding, education awards etc).
- R&D have established stronger working relationships with the Health Board communications team following the successful launch and open day in the clinical research centre.
- ABUHB research team are members of the National Communication Alliance, this ensures alignment of ABUHB research communication with HCRW and other Health Boards, subsequently increasing research visibility.
- The R&D Directors and Medical Director and the Health Board Independent Member for research meet on a monthly basis.

Workstream

Community of practice

Communications to improve workforce, patient and public awareness of R&D and to better understand research needs and priorities

Action

Establish a research champions programme

Progress

- Significant progress has been made in developing the research champions programme. The first cohort will meet in 2024. They will:
 - establish a terms of reference
 - discuss their priorities for research and also their views on study feasibility.
 - staff who are research champions will promote and encourage research activity
- Through social media patients and public have shown an interest in being research champions. Role descriptions have been developed and applications are being processed through the volunteer service.
- Research champion logo developed and agreed through consultation with staff and patients and the public. Badges, mugs and lanyards purchased in readiness for the launch.

Next steps: 2024

- **Launch research champion's programme**
- **Establish working groups for research champions**



Be a Voice for Research

RESEARCH CHAMPION



Opportunities for patients, carers, and members of the public

Are you:

- over the age of 16
- friendly and reliable?
- interested in research?

Would you like the opportunity to:

- Promote research in the Health Board and the Community?
- Share your views on some of the research studies the Health Board is considering taking on?
- Receive research-related training and education?



ffrind i mi
friend of mine

REGISTER NOW



ABB.Ffrindimi@wales.nhs.uk



Action

Support Principal Investigators

Progress

- PIs are being supported in their roles through development of networking opportunities.
- The PI: randomised coffee trials project launched in 2023 seeks to connect PIs from across the Health Board on a monthly basis regardless of professional background or area of work with the aim of encouraging networking opportunities and peer support.
- Established education sessions.

Next steps: 2024

- Invite external speakers to PI: randomised coffee trials. Record events to share more widely. Increase advertising for events.
- Establish a new open event session on the clinical trials unit where Health Board staff interested in applying for grant awards or research time opportunities can seek advice and guidance. Include university, faculty and HCRW partners as appropriate.

Progress:

Links made with:

- Diversity strategy.
- Communications and engagement strategy – empowering communities to have influence in how we deliver services, tailored to our audiences – utilising staff, community leaders and local trusted voices, listening to staff and patients – identifying correct stakeholders.
- ABUHB nursing strategy
- Clinical futures strategy
- Innovation strategy
- HCRW research framework
- Cancer strategy
- Estates strategy Health Board 10 year strategy

Action
Exploit opportunities to collaborate with internal and external strategy leads

Next steps: 2024

- Continued engagement with cancer board to embed research into all cancer MDTs.
- The Health Board nursing and midwifery strategy aims to embed research and innovation into practice. The workstream will review current and proposed activities to support corporate nursing in realising this aim.

Next steps: 2025

- With executive lead support, work with clinical futures and planning to ensure research activities are inclusive to service redesign.
- With executive lead support, work with estates to establish clinical trials presence in YYF and GUH.



Research Governance

“Today, informed consent is at the heart of medical ethics and regulation to ensure the rights and dignity of research participants is protected”





**1920–1951
Henrietta Lacks**

Henrietta Lacks was an African-American woman whose cancer cells are the source of the HeLa cell line – the first immortalised human cell line. They reproduce indefinitely under specific laboratory conditions, and continue to be a source of invaluable medical data to the present day.

In 1951, Lacks underwent treatment for cervical cancer at Johns Hopkins Hospital in Baltimore. Cells from a tumour biopsy were cultured and the cell line known as HeLa was created. At the time, no consent was required to use the cells for research. It was only later in 1975 that the Lacks family were made aware of the cell line, and in October 2021, Lacks' estate filed a lawsuit against Thermo Fisher Scientific for profiting from the HeLa cell line without Lacks' consent.

The story of Henrietta Lacks, her family, and the creation of HeLa cells has been a catalyst for policy change. In particular emphasising the importance of informed consent.

Today, informed consent is at the heart of medical ethics and regulation to ensure the rights and dignity of participants of research projects are protected. Seeking informed consent properly respects a person's right to determine what happens to them by giving them the information they need to make a decision.



Forward Plan



The R&D strategy and action plan will remain under review to ensure flexibility to incorporate new guidance, changes to practice locally and nationally, and to continue to forge links to local and national strategies.

2023 examples:

- The Lord O'Shaughnessy Review: Commercial Clinical Trials in the UK, sets out 27 recommendations, including both priority actions and longer-term ambitions for UK commercial clinical trials
- UK government VPAG (voluntary scheme for branded medicines pricing, access and growth) in association with the ABPI (Association of the British Pharmaceutical Industry) will invest £300m over five years to bolster the NHS's capacity to deliver commercial clinical research.
- NHS Framework for Research and Development: WHC/2023/026
- CReST: the cancer research strategy for Wales

The Research Champion initiative has been under development throughout 2023. Volunteers from within the Health Board and members of the public have shown an interest in becoming research champions with members of the public currently being enrolled through the Health Board volunteer scheme. There will be a formal launch in 2024.

The Lead Nurse for Research Education has been in post for a year. Training programmes have been developed and delivered enhancing the knowledge and skills of researchers and aspiring researchers. The lead nurse is a member of the PQSOG and aligns that agenda with the R&D quality group including an audit programme and risk register. Next steps will see the introduction of a new R&D Committee that will receive reports from across all areas of research delivery and governance for information, action or escalation as appropriate.

2024 is set to be an exciting year. The appointment of an Associate Medical Director (AMD) for R&D there will bring a focus to supporting and developing research fellows, PIs and current or aspiring CIs.

The AMD will work alongside the current senior management team to further develop relationships with universities to provide opportunities for staff of all grades to work alongside/shadow university colleagues to better understand enablers to joint working.

In addition, the senior management team will consolidate connections with commercial companies interested in working with ABUHB as a preferred partner; this together with the VPAG funding should ensure ABUHB will be ready to meet the recommendations of the Lord O'Shaughnessy review to increase our commercial footprint. Once the UK Governments implement the recommendations of the review there will undoubtedly be new metrics set for commercial activity and those metrics will be performance managed. The strategy implementation team will continue to work flexibly to ensure the new metrics are implemented with immediate effect.

Recommendations

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

References:

- [1] [Enhancing the NHS-academia interface | The Academy of Medical Sciences \(acmedsci.ac.uk\)](https://www.acmedsci.ac.uk).
- [2] [Research for all: Developing, delivering and driving better research | RCP London](https://www.rcplondon.ac.uk)
- [3] [Research matters - What excellence looks like in NHS Wales \(healthandcarereseearchwales.org\)](https://www.healthandcarereseearchwales.org).
- [4] [Commercial clinical trials in the UK: the Lord O'Shaughnessy review - final report - GOV.UK \(www.gov.uk\)](https://www.gov.uk).
- [5] [CReSt: the cancer research strategy for Wales - Marie Curie Research Centre - Cardiff University](https://www.mariecurie.ac.uk).

