

Public Finance & Performance Committee

Wed 18 February 2026, 14:00 - 15:15

Virtual - MS Teams

Agenda

14:00 - 14:05 **1. Standing Items**

5 min

1.1. Welcome, Introductions & Apologies

David Edwards

1.2. Declarations of Interest

David Edwards

1.3. Minutes from the previous meeting - 21.01.2026

David Edwards

📄 1.3 - Draft Public Finance and Performance Minutes 21.01.26.pdf (7 pages)

1.4. Actions following the previous meeting - 21.01.2026

David Edwards

📄 1.4 - F&P Public action log 18.02.26.xlsx (10 pages)

1.5. Chairs Actions since previous meeting

David Edwards

14:05 - 15:10 **2. Items for Review & Assurance**

65 min

2.1. Financial Report – Month 10 Position (including Savings Tracker)

Andrew Gough

📄 2.1 - M10 Finance Report.pdf (20 pages)

2.2. Operational Performance Update

Paul Bostock

📄 2.2 - Finance and Performance - Operational Performance Report Feb 26.pdf (13 pages)

📄 2.2a - Integrated Performance Report Feb 26.pdf (16 pages)

2.3. Board Assurance Framework – Resarch & Development

📄 2.3 - F&P Committee Covering Report F&P Feb 2026.pdf (9 pages)

📄 2.3a - CAV F&P Committee CHP & CCRP 18Feb26.pdf (10 pages)

📄 2.3b - CAV F&P Committee CHP supporting slides 18Feb26.pdf (4 pages)

📄 2.3c - CU-Cardiff-Health-Partners-Prospectus_Eng.pdf (17 pages)

📄 2.3d - CU-Cardiff-Health-Partners-Prospectus_Wel.pdf (17 pages)

15:10 - 15:10 **3. Items for Approval / Rataification**

Regan, Nikki
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0 min



3.1. No Items

15:10 - 15:10 4. Items for Information & Noting

0 min

4.1. Monthly Monitoring Return – Month 9

Andrew Gough

-  4.1 - WG 2025 _26 month 9 MMR Covering Report.pdf (3 pages)
-  4.1a - CV Financial Monitoring Returns 2025-26 - Month 9.pdf (15 pages)
-  4.1b - 2024-25 MMR Template - Cardiff Vale UHB Month 9.pdf (4 pages)

15:10 - 15:15 5. Any Other Business

5 min

David Edwards

15:15 - 15:15 6. Private Agenda

0 min

David Edwards

15:15 - 15:15 7. Review & Closure

0 min

7.1. Items to be deferred to Board / Committee and review of any actions to future meetings

David Edwards

7.2. To note the date, time and venue of the next Committee meeting: Wednesday 18th March 2026 via MS Teams

David Edwards

15:15 - 15:15 8.

0 min

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16/02/2025 08:56:52

**Draft Minutes of the Public Finance & Performance Committee Meeting
21st January 2026
Via MS Teams**

To view a recording of this meeting, please [click here](#).

Chair:		
Rhian Thomas	RT	Independent Member – Capital & Estates / Committee Chair
Present:		
Kirsty Williams	KW	CAV UHB Chair
Ceri Phillips	CP	CAV UHB Vice Chair
Mike Jones	MJ	Independent Member – Trade Union
Rachna Upadhya	RU	Independent Member - General
Judi Rhys	JR	Independent Member – Third Sector
Clive Curits	CC	Independent Member - Community
In Attendance:		
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive
Catherine Phillips	CP	Executive Director of Finance
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Suzanne Rankin	SR	Chief Executive
Jonathan Watts	JW	Regional Planning Programme Director
Paul Bostock	PB	Chief Operating Officer
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
David Edwards	DE	Independent Member - Digital

Ref:	Agenda Item:	Action
FPC 21/01/1.1	<p>Welcome, Introductions & Apologies</p> <p>The Committee Chair – Rhian Thomas (RT) welcomed everyone to the meeting.</p> <p>Apologies were noted as above.</p>	
FPC 21/01/1.2	<p>Declarations of Interest</p> <p>No declarations were noted.</p> <p>The Finance and Performance Committee resolved that:</p> <p>a) No declarations of interest were noted.</p>	
FPC 21/01/1.3	<p>Minutes of the Finance and Performance Meeting held on 19th November 2025</p> <p>The minutes of the meeting held on 19th November 2025 were received and confirmed as a true and accurate record following minor amendments.</p> <p>The Finance Committee resolved that:</p> <p>a) The minutes of the Finance and Performance Committee meeting held on 19th November 2025 were held as a true and accurate record of the meeting.</p>	
FPC 21/01/1.4	<p>Actions following the Finance & Performance Meeting on 19th November 2025</p> <p>All actions on the action log were complete.</p> <p>The Finance and Performance Committee resolved that:</p> <p>a) The Action Log for the Finance and Performance Committee was noted.</p>	

<p>FPC 21/01/1.5</p>	<p><u>Chairs Action since previous meeting</u></p> <p>There were no Chair's Actions taken since the last meeting</p>	
<p>FPC 21/01/2.1</p>	<p><u>Financial Report – Month 9 Position (including savings tracker)</u></p> <p>The Deputy Director of Finance – Andrew Gough (AG) gave an update and highlighted the following:</p> <ul style="list-style-type: none"> • A Health Board deficit of £43.25m at month 9 was reported, which was just over £1m above the planned deficit of £42.m, but showed improvement compared to month 8. • The cumulative deficit at month 9 consisted of a savings plan surplus of just under £600k and an operational deficit of just under £1.7m. • The Health Board has a full savings plan in place against the £32m target, with £32.8m identified, resulting in a surplus profiled equally across the year. • The forecast was to recover the month 9 deficit and deliver the £56.2m planned deficit by year-end. • Focus shifted to mitigating operational pressures in clinical/service boards and corporate areas, with ongoing challenges in mental health out-of-area placements and critical care/cardiac contracts. • Vaccine prices confirmed were lower than anticipated, reducing forecast costs, coupled with reduced vaccine demand. • Winter plan forecast costs reduced, Medicine Clinical Board managed winter pressures within reduced resources. • Accountancy gains and benefits from pay controls had supported the financial position. • Non-recurrent funding from Welsh Government (WG) for Band 2-3 pay correction and Welsh Risk Pool pressures had helped in-year, but those pressures remained for next year. • Workforce expenditure had reduced by 203 whole time equivalents (WTE) since the start of the financial year, supporting financial delivery. • Non-pay expenditure showed significant growth in secondary care, medicines, prescribing, continuing healthcare, and commissioned services, with increases above normal CPI. • £32.8m of savings had been identified, with only £1.5m in amber; teams were working to turn all schemes green. • Key risks included not meeting the £9.1m control total, recurrent savings shortfall (£5.5m), and £6.3m recurrent operational pressures, leading to a potential £68m underlying deficit for next year. • Strategic cash support requested from WG to cover the £56.2m planned deficit and £17m working cash support; awaiting confirmation but confident based on past behaviour. • Public sector payment compliance target of 95% met, with 96.6% performance at end of December. • Capital resource limit at month 9 is £48.7m, with no specific issues in delivery noted. <p>The Committee Chair – Rhian Thomas (RT) asked if the projected vaccine expenditure being below budget was due to uptake or efficiencies in management of vaccine uptake. She expressed relief that WG would fund the Welsh Risk Pool increased expenditure and Band 2-3 pay, even if only on a non-recurring basis. She asked if there was any intelligence or understanding about whether the Welsh Risk Pool increase was likely to happen again next year, or how robust the planning is for 26/27 regarding the Welsh Risk Pool.</p> <p>AG stated the largest reduction in vaccine expenditure was due to price, with prices coming in lower than estimated in the plan, and that WG set the work on those prices. He added that demand was also lower than forecasted by the clinical board, so the reduction was a combination of both price and demand factors. He noted that for 2026/27, NWSSP had taken a different approach, and organisations, including WG, would work together to mitigate the impact in the 2026/27 plan.</p> <p>The UHB Chair – Kirsty Williams (KW) thanked AG for the report and echoed thanks for the efforts that had got the organisation to that position, emphasising the importance of delivering what was promised. She asked, based on previous WG behaviour and confidence around cash, if there was a Plan B should WG behaviour change.</p> <p>She also asked what plans were in place to further drive the underlying deficit down, noting that any additional progress in year would help next year. She asked what more could be done to improve the ability to make savings plans recurrent and what lies behind the challenge. She raised the issue of increased demand for mental health inpatient beds leading to expensive out of area placements, asking if</p>	

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there was understanding of why more patients needed beds than planned and if there were plans to respond to that.

AG explained the cash position was a matter of process and timing, with all strategic cash letters submitted to WG, who were aware of the situation. He stated that if cash was not forthcoming from WG, the fail-safe would be a call into Westminster, which had more flexible rules around cash. He emphasised that CAV UHB was not letting up; all controls remained in place and the UHB continued to work hard to drive down the underlying deficit and improve the recurrent position.

On the challenge of recurrent savings, he said they would be meeting with all clinical boards to scrutinise their underlying positions and determine what support could be provided to ensure schemes were as recurrent as possible for 2026/27.

The Chief Operating Officer – Paul Bostock (PB) noted the significant problem with mental health out of area placements, stating there were currently over 20 patients out of area and 10 in psychiatric intensive care, compared to very few before the pandemic. He said it was unclear if a deficit in community care was driving the increased need for inpatient admissions and that simply opening more beds was not seen as the answer. He explained that 36Degrees was commissioned to review the clinical model of care, and their interim findings were received. He added that part of the review was to assess whether their model of care aligned with what "good" looked like across the UK.

KW thanked the teams for their efforts and acknowledged the importance of the work being undertaken by 36Degrees. She asked about the timescales for using the 36Degrees report to help inform changes, specifically when it would be possible to use the report to make changes the team would want to implement.

The Chief Executive – Suzanne Ranking (SR) stated that a plan for implementing and mobilising some of the change was set out with the team, and the co-production element was strong. She confirmed that 36Degrees was commissioned into Phase 2, but whether that was sufficient was still a conversation for the scale of change needed. She said they were happy to share the detail of the Phase 1 report at the appropriate subcommittee and suggested sharing it and consider where to take it for a formal discussion.

AG stated that there had been a slight reduction in prescribing, offset by an increase in continuing healthcare, and overall, their growth predictions have been pretty accurate, which should give confidence in predicting the level of demand and cost growth for the next year's plan.

The Independent Member – General - Rachna Upadhy (RU) thanked the executive team for all the work that was completed and expressed reassurance from the evidence of grip and the credibility of the team's forecasting ability. She asked about the difference between the underlying deficit and the control deficit, seeking assurance that the underlying deficit (around £68m) was the true number and questioning if there could be other factors that might affect it.

AG noted that the underlying deficit had been reviewed in detail and scrutinised by the NHS Executive, and nothing inappropriate was found so far. He explained that there was a potential increase in the underlying deficit moving into the next financial year unless further actions were taken in-year to reduce it, specifically by ensuring any non-recurrent savings could be made recurrent and operational pressures could be mitigated further.

He explained that the financial plan always started with the UHB's existing deficit or surplus, then builds in new year cost pressures and demand growth to arrive at a gross deficit, followed by agreeing a savings plan to reach a control total deficit. He stated that this year, they brought in a £59.9m underlying deficit and, after delivering a £32m savings program, reached a control total deficit of £56.2m. He clarified that it was a coincidence that both numbers were in the 50s.

The UHB Vice Chair – Ceri Phillips (CPH) mentioned that there were two workshop sessions on the Clinical Services Plan (CSP), with one objective being to amend the patient pathway, especially in mental health, aiming for more open access and early intervention to avoid crisis. He noted that if the strategy was successful, more people could come forward with mental health problems, but the level of acuity and required resources could be less, and the "shift left" process would mean more was done at lower cost than currently. He suggested that if the direction of the strategy was achieved, resources and expenditure may be reduced, helping with the underlying deficit.

The Finance and Performance Committee resolved that:

- a) The reported year to date position is an overspend of £43.250m and the forecast deficit of £56.2m was noted.

	<p>b) The month 9 operational overspend against plan of £1.657m and the (£0.582m) savings surplus was noted.</p> <p>c) The progress against the savings target, with £32.778m (102.4%) of green and amber schemes identified at Month 9 against the revised £32m target was noted.</p> <p>d) The delivery of the forecast is contingent on delivery of recovery actions and the confirmation of all expected income streams was noted.</p> <p>e) The combined recurrent savings shortfall and recurrent operational pressures of 11.800m impacting adversely on a deteriorating underlying deficit being carried into 2026/27. The underlying deficit moving into 2026/27 is currently assessed at £68.0m which is £11.8m higher than the 2025/26 forecast outturn of £56.2m was noted.</p> <p>f) A potential £92.4m cash shortfall at year end before outstanding cash allocations and strategic support are confirmed by Welsh Government was noted.</p>	
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<p>FPC 21/01/2.2</p>	<p><u>Operational Performance Update</u></p> <p>The Chief Operating Officer – Paul Bostock (PB) presented on the Operational Performance Update and highlighted the following:</p> <ul style="list-style-type: none"> • Ambulance Handovers: Average handover time reduced to 33 minutes from 45 minutes the previous December; CAV UHB was the best health board nationally for the 45-minute standard, with 82% of patients handed over within 45 minutes over the last 3–4 weeks. • A&E Pressures: A&E was busy with ongoing 12-hour waits; patients were entering the department more quickly but not exiting fast enough, reflecting increased demand. • Delayed Pathways of Care: 2000 fewer bed days occupied compared to last December (about 75 bed equivalents); improvement attributed to local authority partners, especially Cardiff. Delayed patients now account for 118 of 1400 inpatient beds. • Improvement Actions: Trusted assessor model and forensic patient reviews were in place or being implemented to maintain improvements in delayed discharges. • Stroke Services: Thrombolysis rates had increased but were not timely; delays in getting patients to CT scans and excessive rehab length of stay identified. Transitioning to tougher national standards (SNAP), with a refreshed strategic plan and regular mini summits planned. • Cancer Performance: Predicted dip in November 2025 performance due to treating malignant backlog patients; staff turnover and backlog validation ongoing. Demand had increased by 30% over recent years, and detailed demand/capacity work was underway. • 104-Week Waits: End of December position was 609 patients, better than the predicted 630; only 10 patients waiting over three years. Commitment to reduce to zero over three years by March, with ongoing negotiations about the 104-week position. • Diagnostics: November was the best position since July; slight uptick in December due to delayed insourcing and MRI equipment failure, but confidence remains high for catching up. Target is as close to zero as possible by year-end. • Rapid Diagnostic Clinic (RDC): RDC was successful, diagnosing 80 cancers (including less survivable types), but now faces capacity constraints and longer waits; further development and optimization were planned. • Outpatients and 52-Week Waits: 33k extra appointments allocated, 10k patients seen so far, and 52-week waits were decreasing. Not all allocated appointments would be fulfilled due to supplier (HBS) limitations; some allocation returned to WG. • Mental Health and Neurodiversity: On track to deliver all main measures for children’s neurodiversity by March 2026, but the model was not sustainable and waiting lists could grow again next year. 5k children remained on the waiting list, with an 80–83% conversion rate to diagnosis/treatment. <p>The Independent Member – Third Sector Judi Rhys (JR) thanked everyone for their significant work. She commented positively on the Rapid Diagnostic Clinics (RDCs), expressing appreciation for the information provided. She highlighted that diagnosing 80 cancers through the RDCs was excellent, especially noting the importance of identifying less survivable cancers early for better prognosis.</p> <p>KW advised the Committee that she had attended a meeting with a Welsh Ambulance Services NHS Trust (WAST) representative who was complimentary about the Health Boards work enabling paramedics to return to the road. She observed that while this improved ambulance flow, it shifted the risk into the Emergency Unit (EU) and hospital.</p> <p>She asked for analysis on the Health Boards own ability to improve patient flow, what steps were needed, and what lessons could be learned from recent improvement sprints. She inquired about the timescales for achieving cancer targets and when the Board would know what was required to meet them. She commented that while funding would reduce the longest waits in neurodiversity services, the underlying issue would persist, and the problem would recur next year. She acknowledged that demand</p>	
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for those services could not be met under the current model, noting it was a UK-wide issue, and asked what had been done in the past year to redesign the service to avoid repeating the same cycle.

PB explained that steps were being taken to change the model of care for children's neurodiverse services, but they were instructed to allocate funding elsewhere, despite believing it would make a bigger difference.

He emphasised the need to keep working with colleagues on the model of care, as every new patient seen required at least three follow-ups, which impacted future capacity. He stated that the issue could not be solved alone and would persist unless addressed collaboratively with WG and other health boards.

He described a recent productive meeting with the clinical director of EU, where an audit revealed that some clinical staff saw fewer patients per shift than expected, prompting a forensic review of internal processes. He mentioned that the organisation engaged Prism, a consultancy, to provide additional support for the six goals programme and review internal processes.

He highlighted that it was often unclear who was responsible for a patient once admitted to hospital, leading to delays, and that it was a key area needing urgent progress. He noted that currently, 120 patients in medicine were being seen daily, which was an improvement, but consistency across the organisation was still being developed with support from David Fluck and Jason Roberts.

He added that after receiving the findings from PRISM, a multi-professional summit would be convened to agree on the best way forward. He clarified that he, David Fluck, Jason Roberts, and Emma Cooke were working together on that initiative.

RU asked for more details about stroke, expressing confusion about the thrombolysis rate improvement and noting a significant drop in door-to-ward compliance, questioning if this was due to searching for a bed. She also asked if there was any evidence of adverse impact on outcomes because of the delay, or if timely thrombolysis meant there was no real impact.

PB explained that although the four-hour door-to-ward compliance dipped, it remained one of the best performances, and breaching the use of stroke beds required executive approval. He stated that thrombolysis should be delivered within 45 minutes and CT scans within 20 minutes, as per the new standards, and if those were delayed, outcomes may not be adverse but were likely to be suboptimal.

SR noted the key issue was the time from onset to presentation, which was currently averaging 12 hours. She emphasised the importance of the pre-hospital pathway and patient recognition, referencing public engagement methods like the FAST campaign. She stated that the thrombectomy rate should be about 12% of the eligible cohort, but they were currently at 4%.

She highlighted the need to ensure emergency pathway management was as optimal as possible, but if patients presented late, the benefit of intervention was much reduced. She stressed the importance of encouraging people to call for an ambulance at the first sign of stroke symptoms, as this would improve outcomes. She noted that the figures in the report are what was required to be reported to WG and those were SNAP data metrics. She suggested that the thrombectomy rate should also be brought into future reports.

The Independent Member – Clive Curtis (CC) thanked PB for the excellent report and noted the ever-rising demand in primary care and neurodevelopmental services. He asked how the team was ensuring that people from the most disadvantaged communities were not disproportionately affected by those delays.

PB responded that there was not an easy answer to ensuring disadvantaged communities were not disproportionately affected by delays and acknowledged that was something they were currently grappling with to make services more equitable.

The Committee resolved that:

- a) The year-to-date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes was noted.

[2025-26 Annual Plan Quarter 3 Update](#)

The Head of Strategic Planning – Jonathan Watts (JW) updated on the following:

- Delivery had accelerated: 49 actions completed in Q3, totalling 61 out of 201 planned actions, broadly in line with expectations.

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- Un started actions reduced from 17 at end of Q2 to 4 at end of Q3; those were dependent on other actions completing.
- Forecast improving: 74% of actions expected to be completed by year end, with 26% (52 actions) potentially outstanding.
- Of the outstanding actions: 9 had been closed, 8 were on hold (to be considered for next year), 30 were amber (at risk but being actively managed), and 5 were unlikely to be delivered by year end.
- Detailed alignment with next year's plan (2026-27) was underway, ensuring actions at risk or on hold were prioritised and capacity was considered, not just rolled over.
- Monitoring of 2025-26 plan and development of next year's plan were now happening in tandem.
- Key strengths: proactive delivery management and oversight mechanisms were driving consistency and accelerating completion.
- Key risks: dependency on external factors (especially regional/partner actions), high volume of amber actions, and resource-intensive tracking of 201 actions.
- Next year's plan would focus on prioritising actions for targeted tracking and assurance, rather than tracking all operational/tactical actions.
- There was a recognised need to mature the planning approach: moving from activity counting to measuring impact and outcomes aligned to strategic objectives.

KW thanked JW for the report and welcomed the shift to measuring impact and outputs. She asked how Jonathan would assess the situation, noting that about 25% of planned activities would not be delivered, plus additional amber actions at risk, and questioned if that was normal and what should be taken from the outcome.

JW clarified the numbers were not quite as described, explaining the amber actions accounted for about 13%, not 25%. He emphasised the need to be more robust in prioritising actions and understanding the organisation's natural capacity for change, stating there was something to learn from it. He described the plan as a "moment in time" and not a static document, expecting that each year some actions would be closed or put on hold as circumstances evolved. He noted that the emergence of the Regional Joint Committee (RJC) had changed objectives and approaches, making some actions redundant. For the 13% amber actions, Jonathan said they would look into providing robust reasons for non-completion and review prioritisation and capacity for change.

The Committee resolved that:

- a) The progress highlighted in the Q3 Annual Plan Report was noted
- b) Submission of the Q3 position to Welsh Government was approved

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21/01/3.1

[UHW Ward Block Roof Replacement Business Justification Case](#)

The Executive Director of Finance – Catherine Phillips (CP) highlighted:

- She apologised for a date error in the business case documents, clarifying the correct years would be provided to the Board at next week's meeting.
- She explained that the need for the project arose from condition survey work identifying the UHW ward block roofs as being in very poor condition, impacting care delivery and causing service interruptions.
- The project was prioritised for a Business Justification Case (BJC), allowing for a faster process than the usual five-stage business case.
- The BJC was for just under £4 million and would take over two years due to logistical challenges in accessing the roof and maintaining services during repairs.
- The proposal had been through the Capital Management Group, was prioritised by the organisation, and was now seeking Finance and Performance Committee endorsement before Board approval and submission to WG.
- WG were kept informed and were supportive, with hopes for early funding confirmation.

CP stated the condition survey was concluding and the final write-up was being prepared by the organisation conducting it. She noted this had not stopped the team from addressing parts of the estate that had deteriorated and required urgent attention. The overall condition survey was scheduled to go to the Senior Leadership Team (SLT) in February, once finalised, along with emergency actions. She requested that the Capital Management Group (CMG), SLT, and Digital and Infrastructure Committee be given the opportunity to review and provide input before the survey was brought to the Finance and Performance Committee.

Action – CP to update the date in the business case document and make it available for Board.

	<p>The Committee resolved that:</p> <p>a) The UHBs current assessment of £17.000m working cash balance support was noted.</p> <p>b) The UHB's Board approves the UHB's application to Welsh Government for £56.233m Strategic Cash Support in support of its 2025/26 forecast deficit was recommended.</p>	
FPC 21/01/4.1	<p><u>Monthly Monitoring Return – Month 8</u></p> <p>The monthly monitoring return for month 8 was noted.</p> <p>The Committee resolved that:</p> <p>a) The monthly monitoring return for month 8 was noted.</p>	
FPC 21/01/5	<p><u>Any Other Business</u></p> <p>No further business was raised.</p> <p>The Committee resolved that:</p> <p>a) Any other business was noted.</p>	
FPC 21/01/013	<p><u>Review & Close</u></p> <p>To note the date, time and venue of the next Committee meeting: Wednesday 18th February 2026 via MS Teams</p>	

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MEETING

FINANCE & PERFORMANCE

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Title

Planning Maturity Self Assessment

BAF – Decarbonisation & Climate

UHW Ward Block Roof Replacement Business Justification Case

Regan, Nikki
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Minute Reference

FPC 19/11/2.3

FPC 19/11/3.2

21/01/2.1

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Agreed Action

Present Planning Maturity Self Assessment regularly for Committee review.

Present BAF – Decarbonisation & Climate theme in May 2026.

~~Earlier this month, Philippa apologized for an error in the business case document, noting that the dates were incorrect (2025 should read as 2024, and 2026 as 2025), and stated she would ensure the right copy of the business case is available to the board.~~

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Executive Lead

Catherine Phillips (Cardiff and Vale UHB - Executive);#600

Matt Phillips (Cardiff and Vale UHB - Executives);#16

Catherine Phillips (Cardiff and Vale UHB - Executive);#600

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Action Lead

Jonathan Watts (Cardiff and Vale UHB - Planning);#3135

Ruth Jordan (Cardiff and Vale UHB - Shaping Change);#182

Catherine Phillips (Cardiff and Vale UHB - Executive);#600

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Date Assigned	Date for Review	Action Status
19. 11. 2025	21. 01. 2026	ON FORWARD PLAN
19. 11. 2025	21. 01. 2026	ON FORWARD PLAN
21. 01. 2026	18. 02. 2026	IN PROGRESS

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Action Update

Added to Forward Plan for May 2026 F&P meeting

On Forward Plan for May F&P meeting

This is to be updated on the document for CAV UHB Board.

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Comments

Planning Maturity assessment was submitted to WG in November and the UHB awaits feedback. This feedback alongside a mid-year review will inform next F&P discussions in May.

Regan, Nikki
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Item Type	Path
Item	sites/CAV_Corporate Governance/Lists/CAV Public Board Committee Action Lc
Item	sites/CAV_Corporate Governance/Lists/CAV Public Board Committee Action Lc
Item	sites/CAV_Corporate Governance/Lists/CAV Public Board Committee Action Lc

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CARDIFF & VALE UHB FINANCE REPORT – MONTH 10





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The table below highlights the UHB's key financial metrics and performance against them :

Measure	Description	RAG	Trend	Target	Time Period
Deliver 2025/26 Deficit Target Control Total	The Revised Draft Annual Plan includes a forecast £56.2m deficit -£47.1m over the control total target of £9.1m.	R	"	9.1m	M10 2025/26
Return to financial balance and approved IMTP status	£56.2m underlying deficit by end of 2025/26 financial year. Currently reporting recurrent savings gap after Month 10.	R	"	£56.2m	M10 2025/26
Management of operational budget pressures	Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £1.135m operational deficit reported at Month 10.	A	S	Operational Spend to be maintained within Budgets	M10 2025/26
Delivery of <u>recurrent</u> £32.0m savings target	£32.703m Green schemes identified at Month 10, of which £27.003m were recurrent.	A	"	£32.0m	M10 2025/26
Remain within Cash Limit	Welsh Government has confirmed strategic cash support for the 25/26 planned deficit of £56.2m along with likely movements in working capital from the 2024/25 balance sheet.	G	#	To remain within Cash Limit	M10 2025/26

Key Metrics

The UHB's Financial Plan in 2025/26 reflected the following key components:

Planning Assumptions	(£m)
Brought Forward Underlying Deficit	59.900
2025/26 Demand/Cost Growth/Improvement	51.100
Draft Deficit	111.000
Additional Allocations	(22.768)
Savings Plans	(30.000)
Initial Planned Deficit	58.233
Additional In Year Savings Plans	(2.000)
Revised Planned Deficit	56.233

Revised
Plan

The UHB initially planned a deficit of £58.2m for submission to Welsh Government (WG), with the draft plan submitted at the end of March 2025. Following this submission, WG requested further actions to reduce the forecast deficit. In response, the UHB confirmed that progress in identifying savings provided sufficient assurance to increase planned savings delivery by £2m, reducing the forecast 2025/26 deficit to £56.2m.

The submitted plan still projects a deficit for the financial year, meaning the UHB will not meet its statutory requirement to deliver a balanced financial plan over a three-year rolling period. Consequently, the plan cannot receive Ministerial approval.

The UHB is reporting a year to date overspend of £47.411m at month 10, which includes a Planning Deficit £46.860m, a Savings Programme surplus of (£0.584m) and an Operational Position deficit £1.135m

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)	Plan	Forecast	Forecast Variance to Plan (£m)
Draft Plan	7,694	7,694	0	71,707	71,707	0	88,233	88,233	0
Quality Efficiency Improvement Plans - Savings	(3,009)	(3,011)	(2)	(24,846)	(25,431)	(584)	(32,000)	(32,703)	(703)
Operational Variance	0	(521)	(521)	0	1,135	1,135	0	703	703
Clinical/Service Board Variance	4,685	4,162	(523)	46,860	47,411	551	56,233	56,233	0

At Month 10, the UHB reported an overspend of £47.411m, which is £0.551m above plan. This represents an in-month improvement of £0.523m compared to the £1.074m overspend against plan reported at Month 9. The continued reduction in overspend over the past quarter provides strong assurance that the UHB will achieve the forecast deficit of £56.233m

Following confirmation of the Month 5 position, the UHB undertook detailed reviews (“deep dives”) across all clinical boards to understand key issues, assess risks, and gain assurance on actions required to deliver within agreed deficit control totals. Additional measures were approved to arrest and recover the financial run rate. At Month 10, the UHB’s savings tracker reported a £0.703m surplus of green schemes against the £32m in-year savings target

It is expected that savings delivery and operational pressures will continue to be managed and mitigated throughout the remainder of the year, enabling the UHB to deliver its planned deficit position of £56.233m.

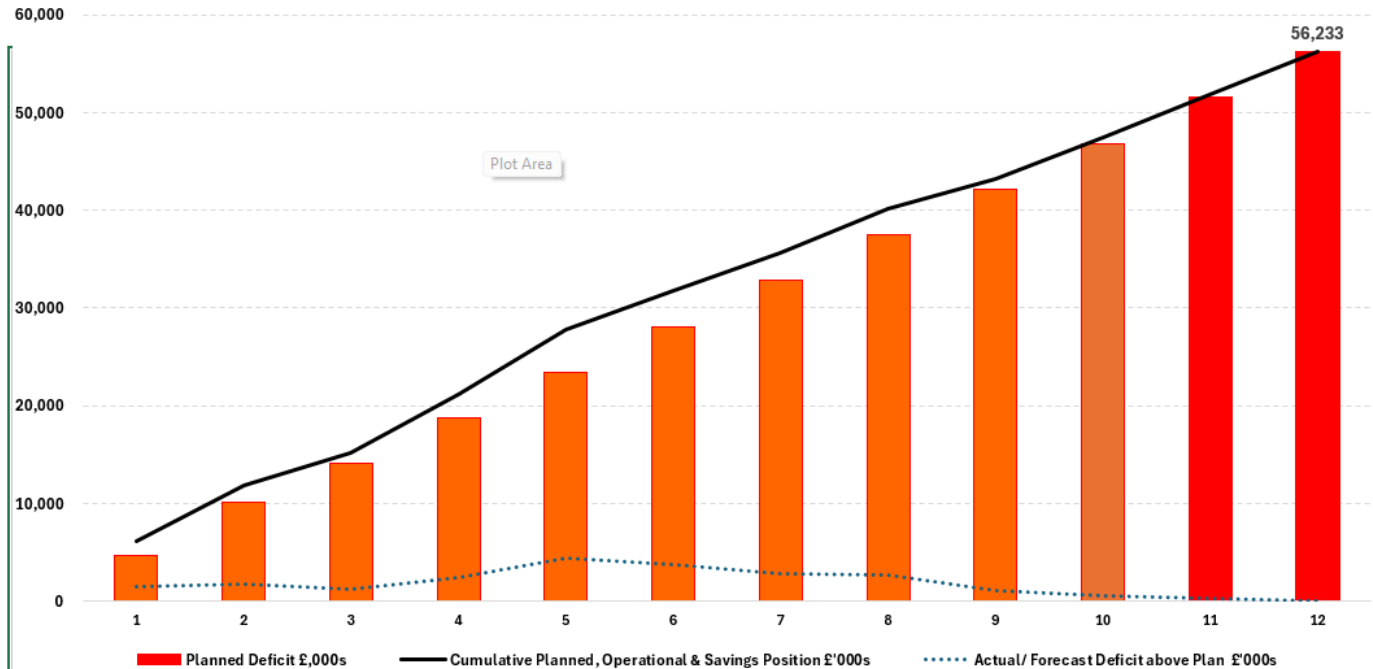
Actions identified to halt and recover the deteriorating operational position include:

- Board Approved - A full vacancy freeze from 1st August
- Continued operation of an enhanced, centralised vacancy scrutiny process (in place for over nine months), which has stabilised workforce growth.
- Only utilising additional winter capacity if absolutely necessary - plan agreed and in place.

All controls need to remain in place to deliver both the in-year position and close the recurrent gap.

The graph below shows the reported Month 10 position against the UHB's planned deficit of £56.233m

Planned Deficit vs M10 Position £'000s



	1	2	3	4	5	6	7	8	9	10	11	12
Planned Deficit £,000s	4,686	10,096	14,058	18,744	23,430	28,117	32,803	37,489	42,175	46,861	51,547	56,233
Cumulative Planned, Operational & Savings Position £'000s	6,096	11,899	15,216	21,172	27,809	31,843	35,619	40,210	43,250	47,411	51,822	56,233
Actual/ Forecast Deficit above Plan £'000s	1,410	1,803	1,158	2,428	4,379	3,727	2,816	2,721	1,075	551	275	0
24/25 deficit outturn of £27.7m	6,096	11,899	15,216	20,149	20,149	20,993	22,117	23,241	24,365	25,489	26,613	27,737

The monthly planned deficit is evenly phased through the year in line with Welsh Government Monthly Monitoring Return Guidance. The level of savings forecast each month increases as the year progresses.

The reported surplus of (£0.703m) against the £32.0m savings target is helping to offset ongoing operational pressures. The continued reduction in overspend against plan over the last months provides the UHB with strong assurance that it will achieve the forecast deficit of £56.2m. The expectation is that the monthly deficit will continue reduce as recovery and mitigating actions are successfully implemented in-year.

UHB
Position

The table below summarises the in-month and cumulative performance of the UHB by its major expenditure groups:

	Income	Pay	Non Pay	Total
In-Month	£'000s	£'000s	£'000s	£'000s
Budget	(58,282)	88,208	96,252	126,178
(Income)/Expenditure	(58,786)	88,233	100,892	130,340
Variance	(504)	25	4,641	4,162
Cumulative	£'000s	£'000s	£'000s	£'000s
Budget	(553,235)	874,675	925,391	1,246,830
(Income)/Expenditure	(555,443)	872,527	977,158	1,294,241
Variance	(2,208)	(2,149)	51,768	47,411

A number of operational pressures continued into month 10 which in turn have been offset by pay vacancies.

The following operational issues were reported in month 10:

- Income – Specialist services underperformance. Cardiac services year-to-date performance has remained below target and below 2024/25 levels.
- Pay – Vacancies along with enhanced scrutiny around variable pay offset pressures against medical staff where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts and sickness.
- Non Pay – Pressures associated with Mental Health Out of Area (OOA) placements persist with 22 patients placed out of area at the end of January. The shortfall in national funding for the 2025/26 NI increase is reported against non pay at £1.200m for the year to date . £46.380m of underlying deficit was included in non pay at month 10.

Of the £47.411m deficit reported at Month 10, £46.860m relates to the revised planning deficit of £56.233m, while £1.135m is attributable to in-year operational pressures. These pressures have been partially offset by the (£0.584m) surplus achieved against the target.

The tables below summarises the cumulative position of the UHB by business unit:

Business Unit	Deficit Control Total/Plan (£k)	Savings (£k)	Operational (£k)	Total (£k)	Variance to Plan (£k)
Clinical Diagnostics & Therapeutics	1,112	(223)	(351)	538	(574)
Children & Women	3,392	277	598	4,267	875
Capital, Estates & Facilities	(161)	245	(358)	(275)	(113)
Executives	(1,246)	111	(203)	(1,338)	(92)
Genomics	0	0	(87)	(87)	(87)
Medicine	12,096	(90)	(1,067)	10,938	(1,158)
Mental Health	5,901	(396)	2,261	7,766	1,865
Primary, Community & Intermediate Care	9,553	(774)	(3,231)	5,548	(4,005)
Specialist	3,228	395	2,734	6,357	3,129
Surgery	4,065	730	11	4,807	741
Sub-Total (Delegated Position)	37,941	275	306	38,523	583
Central Budgets	(7,247)	(860)	761	(7,346)	(99)
Commissioning	16,167	0	68	16,235	68
Sub Total (Non-Delegated Position)	8,920	(860)	829	8,889	(31)
Sub-Total Surplus/Deficit	46,860	(584)	1,135	47,411	551

Key
Variances

The table/chart below summarises the key 2025/26 Operational pressures as at month 10:

Operational Pressure	Operational	Operational
	Variance YTD	Variance Forecast
	£'000s	£'000s
Mental Health Out Of Area Placements (OOA)	2,400	2,800
Specialist Services Activity Related Underperformance	1,900	1,950
Employers National Insurance	1,200	1,550
Vaccines	(750)	(1,000)
Winter	(770)	(1,000)
CD&T Activity		(840)
GRNIs	0	(1,300)
Pay Underspend	(3,429)	(2,160)
Sub-Total Surplus/ Deficit	551	0

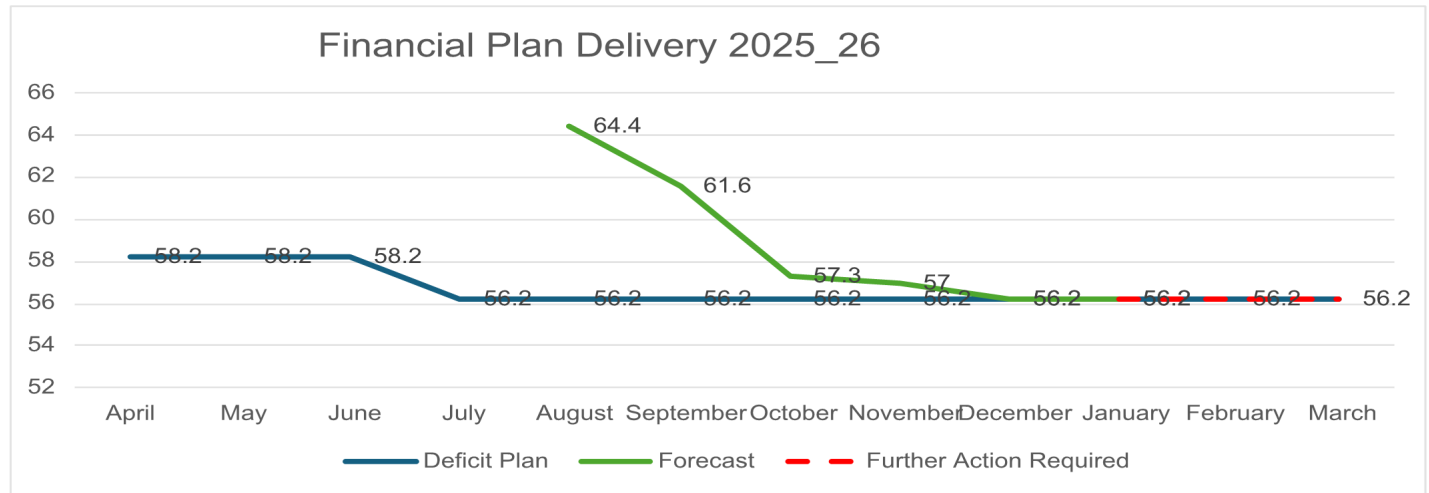
- Operational pressures have continued, with 22 patients placed out of area at the end of January. The impact and utilisation of the additional DTOC capacity is currently being reviewed to determine whether it is delivering the intended benefits..
- Specialist services underperformance - Cardiac services year-to-date performance has remained below target and below 2024/25 levels.
- The Employers NI Gap is the difference between confirmed funding and the allocation to delegated budgets.
- Vaccines - Combined vaccine expenditure is projected to be below budget.
- Winter - Additional winter capacity will only be used when absolutely necessary.
- CD&T Activity - Additional radiology and research income has been recovered during the year.
- GRNIs - The UHB has recognised an in year accounting gain in respect of GRNIs.
- Pay vacancies, combined with enhanced scrutiny of variable pay, have offset pressures on medical staffing, where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts, and sickness.

Welsh Government has confirmed that it will cover the additional costs associated with the Welsh Risk Pool and band 2 & 3 pay for 2025/26 on a non recurrent basis. As a result, the related risks have been reassessed and are now rated as green for this financial year.

Operational Pressures

Forecast and Recovery Actions

As at month 10 the Health Board's gross forecast is broadly in line with the UHB deficit plan of £56.2m. **The forecast assumes that the actions in place to halt and recover the operational position will continue up to year end to ensure that the UHB delivers the forecast deficit and minimises the underlying deficit moving into 2026/27.**



Recovery actions agreed:

Delivery of all agreed deep dive actions
- a further £4.4m

RAG:



Continue all enhanced workforce controls including vacancy freeze
(with exceptions) to support the delivery of the £56.2m forecast delivery

The table/chart below summarise the 2024/25 & 2025/26 Pay expenditure run rates at month 10 for all staffing groups (split by fixed and variable expenditure) :

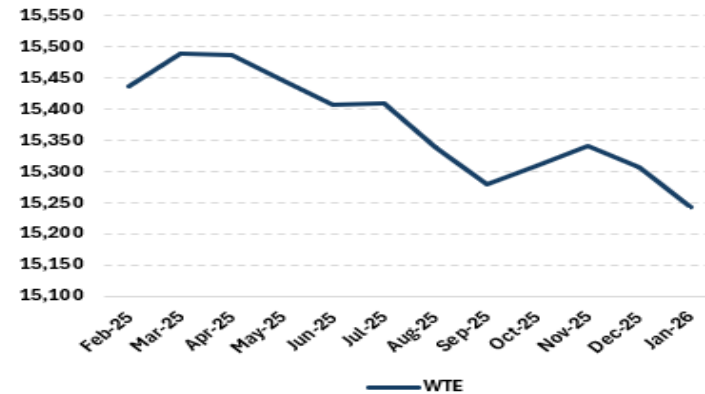
Staffing Group	2024/25 YTD (£m)	2025/26 YTD (£m)	2025/26 vs 2024/25 Growth (£m)	2025/26 vs 2024/25 Growth (%)
Additional Clinical Services	30,216	32,105	1,889	6.3%
Management, Admin & Clerical	99,265	106,940	7,675	7.7%
Medical and Dental	227,229	242,306	15,077	6.6%
Nursing (Registered)	228,852	248,247	19,395	8.5%
Nursing (Unregistered)	72,308	72,123	(185)	-0.3%
Other Staff Groups	121,757	129,851	8,094	6.6%
Scientific, Prof & Technical	40,080	40,955	876	2.2%
Total	819,707	872,527	52,820	6.4%

Key Variances

Increased pay expenditure over the last year is primarily due to the increase to National Insurance Employers contributions and 2025/26 Pay Awards account for 6.4% of the increase in pay costs.

The chart (right) reports substantive WTE by month – and indicates a 304 WTE reduction across the UHB over the last 12 months. A reduction of 262 wte staff is reported between April 2025 and January 2026. The majority of the increase in staff WTEs in September and October relates to registered nursing relating to nurse student streamliners.

Monthly WTE



Non Pay expenditure was identified as a primary driver behind the UHB's deficit financial position in 2024/25. The table below reports year-to-date growth versus 2024/25 and the chart below outlines the run rate for Non Pay expenditure.

Staffing Group	2024/ 25 YTD (£m)	2025/ 26 YTD (£m)	Growth (£m)	Growth (%)
Clinical Services & Supplies	107,098	111,047	3,948	3.7%
Continuing Healthcare	87,823	99,786	11,964	13.6%
Drugs / Prescribing	220,036	233,094	13,058	5.9%
Establishment Expenses	12,015	12,399	384	3.2%
General Supplies & Services	10,240	11,047	807	7.9%
Healthcare Provided Services	221,702	247,899	26,197	11.8%
Other Non Pay	65,368	70,968	5,600	8.6%
Premises & Fixed Plant	44,693	46,791	2,098	4.7%
Primary Care Contractors	138,329	144,128	5,798	4.2%
Total	907,304	977,158	69,854	7.7%

The UHB reported **£977.158m** of Non Pay expenditure for the year to Month 10 which is an increase of 7.7% on the same period in the previous year. The large part of the increase is driven by expenditure in the following areas:

- Price and demand in Continuing Healthcare (CHC)
- Secondary Care & GP Prescribing
- Healthcare Provided Services. Additional Commissioning costs including Mental Health Out of area Placements and JCC under Healthcare Provided Services. (£6.8m of the additional cost relates to the 2024/25 pay award where the UHB has received additional funding from Welsh Government to cover)
- Primary Care contracts (including Welsh Government funded contractual uplifts).

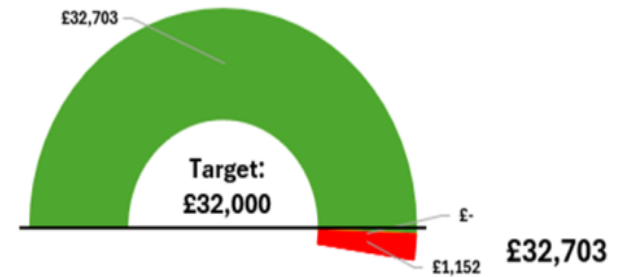
At Month 10, the UHB had identified £32.703m (102.2%) of green savings to deliver against the revised £32.0m savings target. Red schemes of £1.152m were also identified and continue to be reviewed for progression to Green/Amber where possible.

The forecast delivery against amber and green schemes was £ 32.703m at the end of month 10, which is 102.2% of the £32m savings target. The reported surplus of £0.703m is expected to mitigate ongoing operational pressures.

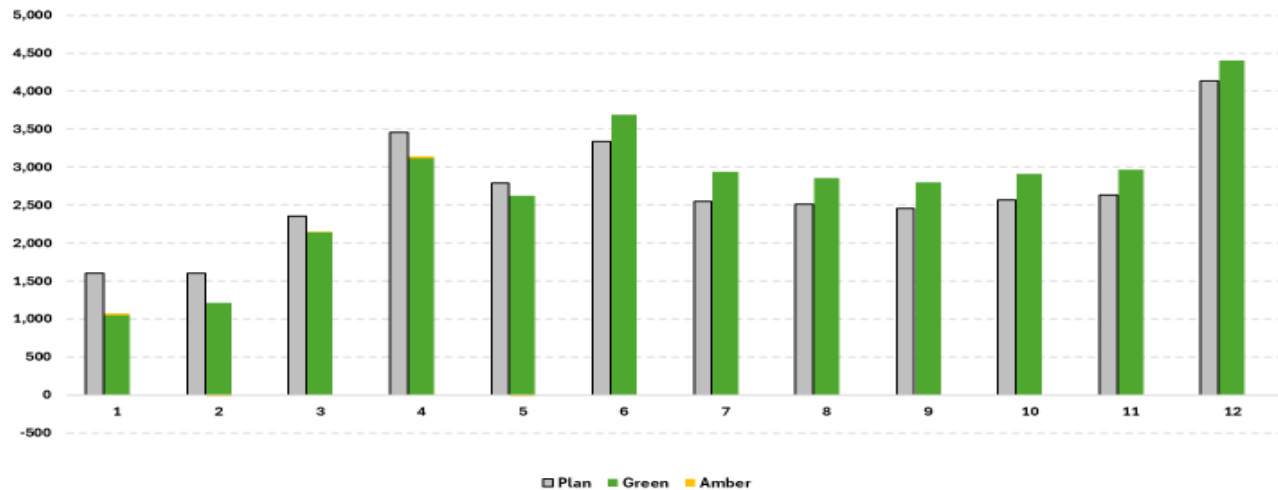
Further action is required to meet the recurrent target and the UHB continues to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate ongoing risks on a recurrent basis. £27.003m of recurrent savings were identified at month 10 leaving a gap of £4.997m against the £32m recurrent target

The chart below illustrates the back-ended profile of the UHB's 2025/26 savings programme, highlighting the concentration of savings delivery in the latter part of the year

2025/26 UHB Savings Programme: Identified vs Requirement



2025/26 Savings Plan vs Actual/Forecast (£'000s)



Savings

Further detail of the progress by Clinical Boards and Improvement Themes is provided below:

Business Unit	Target (£m)	Green (£m)	Amber (£m)	Total (£m)
CD&T	-	1,623	0	1,623
Children & Women	-	1,274	0	1,274
Capital, Estates & Facilities	-	828	0	828
Executives	-	1,446	0	1,446
Genomics	-	0	0	0
Medicine	-	482	0	482
Mental Health	-	0	0	0
PCIC	-	1,291	0	1,291
Specialist	-	1,270	0	1,270
Surgery	-	590	0	590
Sub-Total (Grip & Control)	10,000	8,804	0	8,804
Medicines Management	3,500	5,821	0	5,821
Income Generation	1,000	2,490	0	2,490
Continuing Healthcare	2,000	856	0	856
Facilities and Estates / Service Reconfiguration	1,000	257	0	257
Value/Clinical Variation	0	216	0	216
Procurement	3,500	3,638	0	3,638
Workforce - Temporary Pay	5,500	3,373	0	3,373
Workforce Restructuring	5,500	6,181	0	6,181
Corporate Opportunities		1,066	0	1,066
Sub Total (Cost Improvement Themes)	22,000	23,898	0	23,898
Sub-Total Surplus/Deficit	32,000	32,703	0	32,703

Savings

The key risk reflected in the UHB Corporate Risk Register is the potential failure to achieve a breakeven financial position by the end of the 2025/26 financial year. The current financial plan indicates a deficit of £9.1m, with the latest forecast projecting an outturn deficit of £56.2m against the revised plan.

Welsh Government has confirmed that it will cover the additional costs associated with the Welsh Risk Pool and band 2 & 3 pay for 2025/26 on a non recurrent basis. As a result, the related risks have been reassessed and are now rated as green for this financial year.

Below is a summary of UHB Corporate Risk Register at January 2026. Further information of the risks can be found in the risk register:

Finance Risk Title	Rating
The submitted IMTP has a planned deficit of £58.2m for 2025/26. Following submission of the initial plan the UHB has increase planned savings delivery by £2m which in turn has reduced the forecast 2025/26 deficit position to £56.2 million. This is £47.1m over and above the deficit target control total of £9.1m.	20
Ambition to improve on the £56.2m moving closer towards £9.1m	20
Achievement of capital statutory breakeven duty. The Health Board has a capital allocation, which it should not exceed on a three year rolling basis.	8
Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. If it was to occur it would compromise the achievement of the revenue statutory breakeven duty.	12
Failure to deliver the revised recurrent Cost Improvement Programme of £32m. Failure to deliver will impact on the Health Boards ability to deliver the revised planned 2025/26 deficit of £56.2m.	12
Failure to manage operational pressures to continue to deliver the revised £56.2m underlying deficit position (initial underlying deficit £59.9m).	4
2025-26 LTA framework in NHS Wales.	12
Remain within Cash limit.	4
Potential further All Wales Risk Pool liability of £7.530m	3
Potential additional cost of band 2 & 3 pay costs estimated at £8.185m	3
Identification and Delivery of additional savings to bridge £13.4m shortfall due to gap against Recurrent Savings Target & Recurrent Operational Pressures	20

Risks

Regan Nikki
15/02/2026 08:56:52

The UHB's draft plan, submitted at the end of March 2025, included an inherent risk to achieving the planned deficit of £58.233m due to a £23m gap in identified savings against the £30m target. At Month 3, the UHB increased its savings target by £2m, reducing the planned deficit to £56.233m.

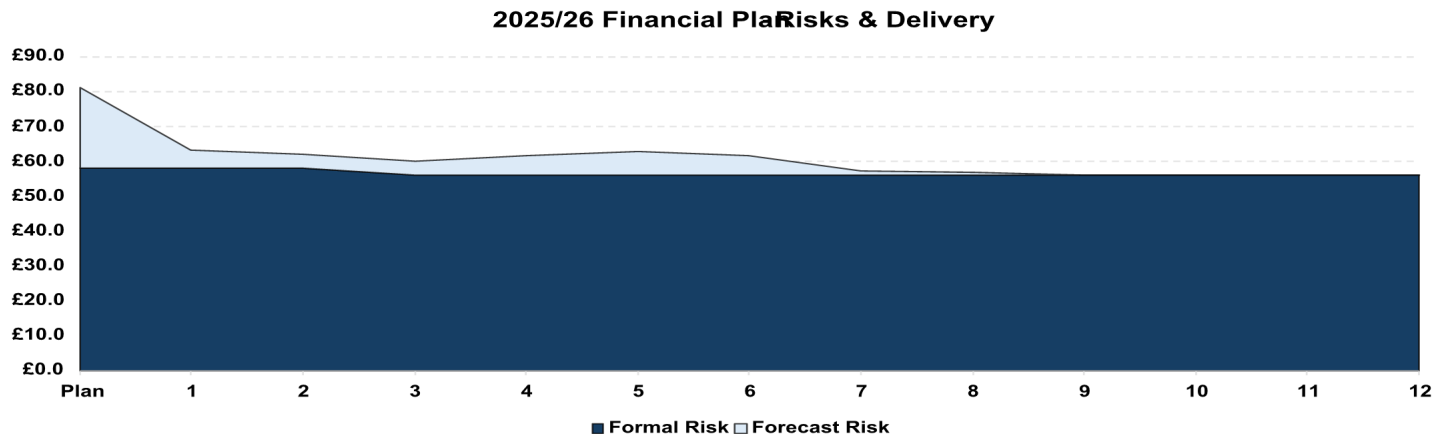
The savings gap narrowed significantly to £5.2m by the end of Month 1, driven by accelerated savings identification across the organisation. Following confirmation of the Month 5 position, the UHB undertook deep dives across all clinical boards to understand issues, assess risks, and gain assurance on actions required to deliver within deficit control totals. Additional measures were approved to arrest and recover the financial run rate.

At Month 10, the UHB's savings tracker reported a (£0.703m) surplus of green schemes against the £32m in-year target. Year-to-date unplanned operational pressures total £1.135m, but plans are in place to mitigate these pressures during the final two months of the year.

As a result, the forecast risk in the plan at Month 10 is assessed as nil, as illustrated below (reported in £m):

Annual Savings Shortfall	Plan	1	2	3	4	5	6	7	8	9	10	11	12
Formal Forecast	58.20	58.20	58.20	56.20	56.20	56.20	56.20	56.20	56.20	56.20	56.20	56.20	56.20
WG additional Funding	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Annual Savings Shortfall	23.00	5.20	3.76	3.38	4.51	3.52	(0.62)	(0.59)	(0.58)	(0.78)	(0.70)	(0.70)	(0.70)
Cumulative Savings Shortfall/ (Surplus)	0.00	0.43	0.15	0.32	0.60	(0.04)	(2.08)	0.03	0.02	(0.20)	0.08	0.00	0.00
Forecast Cumulative Operational Pressures	0.00	(0.01)	0.24	0.09	0.60	2.00	3.10	(4.43)	(0.21)	(0.60)	(0.07)	0.00	0.00
Recovery Actions to be agreed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Forecast Risk (Health Board gross forecast before recovery actions)	23.00	5.19	3.99	3.69	5.42	6.43	5.40	1.00	0.80	0.00	0.00	0.00	0.00

The table below demonstrates the closure of forecast risk as the year has progressed.



The UHB's underlying deficit (UHB) has deteriorated in recent years due to a combination of; underlying deficit brought forward; recurrent cost pressures (including inflation); under delivery of recurrent savings and demand-driven pressures in 2025/26.

The UHB re-assessed its planning assumptions for the 2025/26 financial plan. The tables below summarise the projected underlying deficit of £58.2m.

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	59.900
Demand and cost growth and unavoidable investments	51.100
Quality Improvement Programme - savings	(30.000)
Additional Recurrent Allocations	(22.767)
Planned Underlying Deficit (ULD) at end of 2025/ 26	58.233

The underlying deficit projected for 2025/26 is currently assessed at £69.6m, which is £13.4m higher than the 2025/26 forecast outturn of £56.2m as illustrated in the table below. There is a granular analysis and understanding of the underlying deficit. The reported increase from 2025/26 to 2026/27 is primarily driven by a shortfall in recurrent savings, (underlying drivers being growth in the cost of Continuing healthcare, prescribing and commissioning costs), mental health out of area placements and the full-year impact of a number of operational pressures experienced across the UHB during the current year. All underlying deficit drivers are being reviewed and where possible, actions being taken to address.

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	59.900
Demand and cost growth and unavoidable investments	51.100
Quality Improvement Programme - savings	(32.000)
Additional Recurrent Allocations	(22.767)
Planned Underlying Deficit (ULD) at end of 2025/ 26	56.233
Shortfall against Recurrent Savings Target & Recurrent Operational Pressures at month 10	13.400
Forecast Underlying Deficit (ULD) at end of 2025/ 26 without further identification of Savings & Actions	69.633

The closing cash balance at the end of January was £2.780m.

Welsh Government confirmed by letter dated 29 January 2026 that it would provide up to £56.2m Strategic Cash Support for 2025–26. The funding will be available for drawdown from 17 March 2026, following completion of the Senedd supplementary budget process. This approach aligns with the actual cash requirement in March.

In addition, the UHB estimates that it requires £17m of working cash support to cover 2024/25 revenue and capital working balances which are expected to be paid in 2025/26.

The value of unconfirmed drawing limit allocations at month 10 was £31.826m as outlined opposite. The outstanding confirmation of cash allocations is a cause for concern for the UHB, alongside the strategic and working cash requirement.

The table to the right summarises £105.1m of outstanding cash allocations, Welsh Government has confirmed in writing that it will provide up to £56.2m strategic support in year.

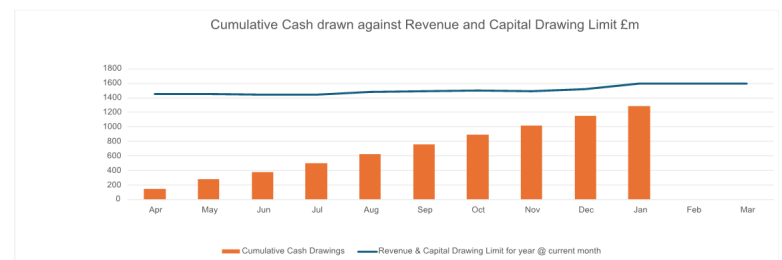
The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right.

Public Sector Payment Compliance

The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of January was 96.3% for the year to date.

Unconfirmed Drawing Limit Allocations as of 31st January 2026	£'000s
ATMPs (JCC)	1,388
Buvidal - HMP Cardiff Costs	175
Climate Emergency National Programme – Needless Needles	5
Consultant Clinical Excellence Award / Consultant Impact Award	1,001
Dols / MCA / Advocacy (MH)	233
ESMCP –CRS,MDVS and ARRP -25% of allocation (JCC)	81
ESMCP Waste Resources	38
Genomics (C&V / JCC)	145
GP Im&T Refresh Programme	1,225
Health & Social Worker Band 2 & 3 Estimate tbc	5,759
Individual Placement & Support In Primary Care	440
Planned Care Diagnostic 8 Week Waits	33
Planned Care - Phase 1 - Quarter 1 Plan - Spinal Validation Audit	15
Planned Care - Phase 2 - Cataracts	998
Planned Care - Phase 3 - Outpatients	6,709
Planned Care - Phase 4 - Diagnostics	5,242
Planned Care - RTT Waiting Times Q3 & Q4 Plans	4,258
Planned Care Transformation Fund	254
Talk with me Childrens Speech & Language Communication	10
Vertex (JCC)	3,517
Women's Health - Pathfinder Establishment (Women's Health Hubs)	300
Total Anticipated Funding £'000s	31,826

Summary of Potential Cash Shortfall at Year End	£'000s
Outstanding allocations (includes additional band 2 & 3 payroll costs)	31,826
Strategic Support	56,233
Working capital requirement prior year liabilities paid in 2025-26	17,000
Welsh Risk Pool settlements in advance of reimbursement	tbc
Total £'000s	105,059



The UHBs approved capital resource limit is £59.491m in line with the latest Capital Resource Limit (CRL) received from Welsh Government on the 2nd February 2026.

This includes

- **£14.317m** discretionary funding
- **£42.522m** for specific projects (additional £10.784m approved M10)
- **£2.652m** relating to IFRS 16 lease capital funding

The capital programme is planned and monitored through the UHBs Capital Management Group (CMG). The UHB forecasts that it will remain within its 2025/26 CRL and that all schemes are expected to deliver within

2025/26 Capital Programme (€m)	M10 Ytd			Annual Plan	CRL 2nd Feb	Plan vs CRL	Orders Raised	Orders Received
	Actual	Revised Plan	Variance					
All Wales Schemes								
Electrical Infrastructure, Tertiary Tower Block at UHW	0.507	0.833	(0.326)	1.578	1.270	0.308	1.578	0.507
Lift Refurbishment and Upgrade, UHW	1.932	1.186	0.746	2.900	2.900	0.000	2.903	1.932
Decarbonisation funding - Solar Canopy Car Park	2.100	1.394	0.706	2.394	2.394	0.000	2.308	2.100
Pentyrch Branch Surgery Development 2024-28	1.490	2.885	(1.395)	3.955	3.955	0.000	3.955	1.490
Funding for Enabling Project Work - Cardiff & Vale UHB's Estate	0.162	0.344	(0.182)	0.277	0.277	0.000	0.218	0.162
TEF - Fire	0.309	0.498	(0.189)	0.878	0.878	0.000	0.983	0.309
TEF - Infrastructure	0.672	2.093	(1.421)	3.004	2.959	0.045	2.854	0.672
TEF - Decarbonisation	0.038	0.300	(0.262)	0.450	0.450	0.000	0.084	0.038
TEF - Mental Health	0.071	0.285	(0.214)	0.352	0.352	0.000	0.137	0.073
TEF - Infection Prevention Control	0.000	0.462	(0.462)	0.461	0.461	0.000	0.390	0.000
TEF - Decontamination	0.202	0.492	(0.290)	0.811	0.811	0.000	0.590	0.202
Non-Radiology Ultrasound Replacement	0.000	0.468	(0.468)	0.468	0.468	0.000	0.000	0.000
Mental Health Quality and Safety Schemes	0.000	0.265	(0.265)	0.441	0.441	0.000	0.118	0.000
Computed Tomography (CT), University Hospital of Wales	0.000	0.420	(0.420)	0.700	0.700	0.000	0.465	0.000
Radiology Equipment 2025-28	0.000	0.294	(0.294)	0.294	0.294	0.000	0.000	0.000
Hospital Helicopter Landing Site Schemes 2025-28	0.000	0.174	(0.174)	0.348	0.348	0.000	0.000	0.000
Haematology Day Centre Extension, University Hospital of Wales	0.004	1.333	(1.329)	1.550	1.550	0.000	1.551	0.004
End of Year Digital Funding 2025-28	0.000	0.775	(0.775)	1.550	1.550	0.000	0.000	0.000
Estates & Equipment End of Year Funding 2025-28	0.269	2.191	(1.922)	4.382	4.382	0.000	1.835	0.269
DR Detector, SCBU, University Hospital of Wales	0.000	0.000	0.000	0.050	0.050	0.000	0.000	0.000
Voluntary Scheme for Branded Medicines Pricing, Access and Growth	0.349	0.000	0.349	0.657	0.657	0.000	0.135	0.000
End of Year Estates Funding - December 2025	0.000	0.000	0.000	3.100	3.100	0.000	0.000	0.000
End of Year Digital Funding - January 2026	0.000	0.000	0.000	0.700	0.700	0.000	0.000	0.000
End of Year Funding - January 2026	0.000	0.000	0.000	7.798	7.798	0.000	0.000	0.000
Entonox cracking devices	0.000	0.000	0.000	0.011	0.011	0.000	0.000	0.000
EOY - Equipment Funding - January	0.000	0.000	0.000	0.537	0.537	0.000	0.000	0.000
Further end of Year Equipment - January 2026	0.000	0.000	0.000	1.490	1.490	0.000	0.000	0.000
Demolitions at University Hospital of Wales	0.000	0.000	0.000	1.388	1.388	0.000	0.000	0.000
DPIF								
DPIF - Medicines and Prescribing Electronic Prescribing and Medicines	0.480	0.260	0.220	0.520	0.520	0.000	0.508	0.480
DPIF - RISP	(0.063)	0.379	(0.442)	0.632	0.632	0.000	0.000	0.000
DPIF - Connecting Care	0.570	0.378	0.192	0.755	0.755	0.000	0.570	0.570
VAT Recovery	(1.500)	(1.500)	0.000	(1.500)	(1.500)	0.000	(1.500)	(1.500)
IFRS16	2.652	2.652	0.000	2.652	2.652	0.000	2.652	2.652
Discretionary								
M&T	1.204	1.588	(0.384)	2.094	0.500	1.594	1.782	1.203
Equip	0.988	0.901	0.087	1.000	1.000	0.000	1.241	0.988
Stat comp	1.888	1.974	(0.086)	2.800	2.800	(0.200)	3.048	1.891
Other	2.581	5.762	(3.181)	8.270	10.017	(1.747)	6.251	1.288
Total	17.024	28.815	(11.791)	59.491	59.491	0.000	34.591	15.447

Variances against the CRL for individual All Wales schemes, are being managed within the discretionary capital allocation and have been agreed as part of the draft programme.

Regan, Nikki
15/02/2026 08:56:52

The UHB's draft financial plan of a £58.2m deficit was noted by the Board but not approved by Welsh Government due to the failure to meet statutory obligations. Following the submission of the plan, Welsh Government asked the UHB to detail further actions to reduce the forecast deficit of £58.2m. In response, the UHB confirmed that progress in the identification of savings provided the UHB with sufficient assurance to increase planned savings delivery by £2m which in turn has reduced the forecast 2025/26 deficit position to £56.2 million.

The reported month 10 position is £0.551m above plan primarily due to unplanned operational pressures of £1.135m at month 10.

At Month 10 the Committee are requested to:

- **NOTE** the reported year to date position is an overspend of £47.411m and the forecast deficit of £56.2m.
- **NOTE** the month 10 operational overspend against plan of £1.135m and the (£0.584m) savings surplus.
- **NOTE** the progress against the in year savings target, with £32.703m (102.2%) of green schemes identified at Month 10 against the revised £32m target.
- **NOTE** that delivery of the forecast is contingent on delivery of recovery actions and the confirmation of all expected income streams.
- **NOTE** the combined recurrent savings shortfall and recurrent operational pressures of 13.4m impacting adversely on a deteriorating underlying deficit being carried into 2026/27. The underlying deficit moving into 2026/27 is currently assessed at £69.6m which is £13.4m higher than the 2025/26 forecast outturn of £56.2m. This is currently a focus of review and scrutiny.
- **NOTE** there are £105.1m of outstanding cash allocations and that Welsh Government has confirmed in writing that it will provide up to £56.2m strategic support in year.

Conclusion

CARDIFF & VALE UHB OPERATIONAL PERFORMANCE REPORT – February 2026





**Urgent and
Emergency
Care**

**Out of
hospital
and EU**

**Flow and
discharge**

**Planned
Care**

**Primary and
Community**

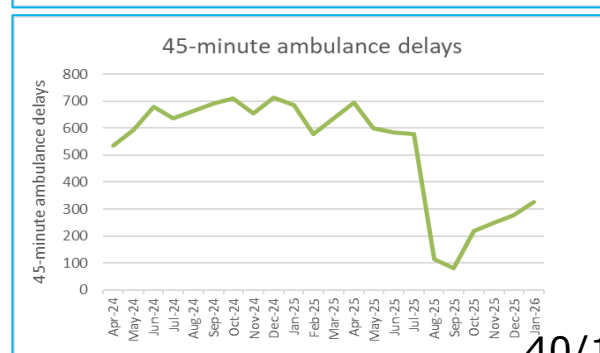
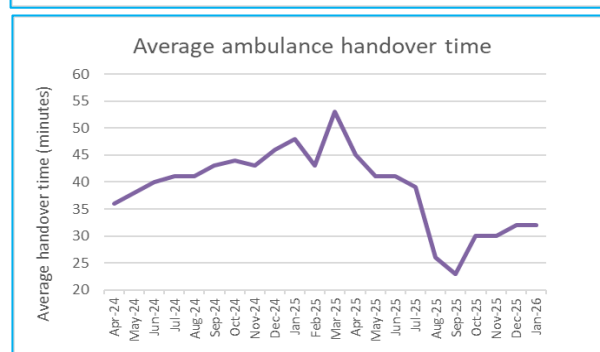
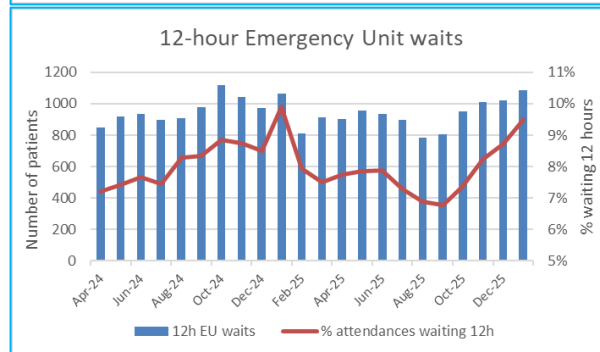
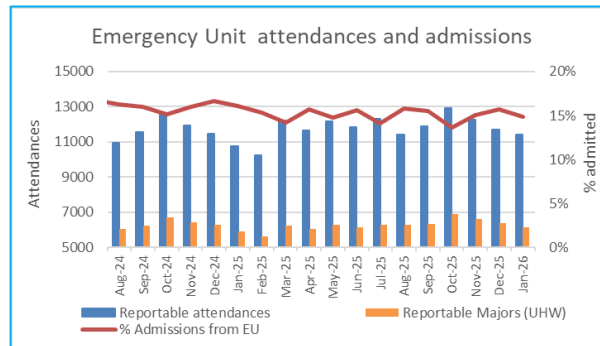
**Mental
Health**

**Productivity
and efficiency**

Regan, M. W.
1/27/2016 08:36:11

Urgent and Emergency Care – Out of Hospital and Front Door

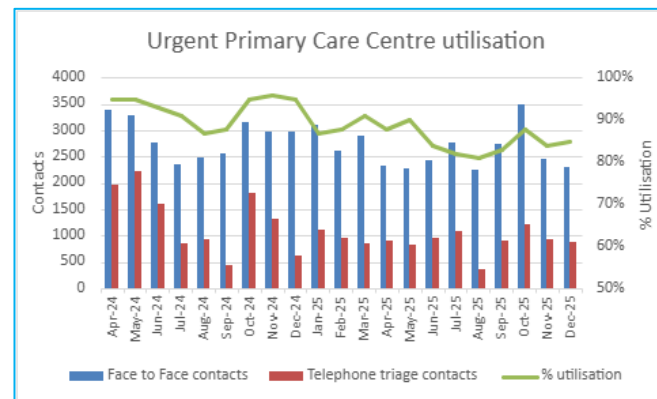
- In January attendances at the Emergency Unit reduced from those in December but were increased by around 5.9% compared to January '25. The number of Majors attendances was increased from December. The proportion of patients admitted via EU reduced to 14.9% and is reduced when compared to January '25
- We have seen a 3.6% increase in demand over the last 12 months, against a forecast of 4%.
- Following periods of sustained operational pressure, the number of patients waiting 12 hours or more in EU remained high and the proportion of attendances resulting in a 12 hour wait increased to 9.5%. The number of patients waiting 24 hours in the EU footprint was 66, the majority associated with periods of intense pressure at the beginning and end of the month
- The number of 1-hour ambulance holds increased in January – c10% of conveyances waited >1h at UHW. In line with the Ministerial Advisory Group recommendations, we have moved our operational focus to reducing and eliminating 45-minute ambulance holds. This has included ringfencing majors capacity to facilitate timely handovers. Operational pressure in month led to an increase in 45-minute holds, but the average handover time remains improved from the summer



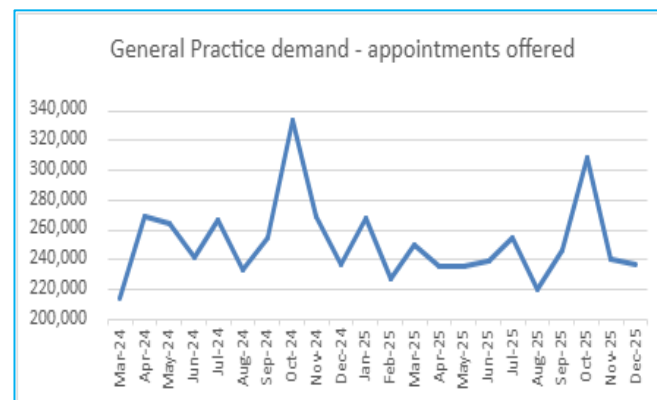
Urgent and Emergency Care – Out of Hospital and Front Door

- In December, 2,314 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 870 patients triaged by telephone. In December 85% of the available slots were utilised, improved from November
- In 24/25 there were over 4.5 million calls to GP surgeries, with over 3.1 million appointments offered. So far this year over 2 million appointments have been offered across Cardiff and the Vale, fewer than as this point last year
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased
- The number of appointments offered in December reduced from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required

Urgent and Emergency



GMS activity	December 2025	Year to date 25/26
Calls to GP Surgeries	332,630	2,852,478
Digital requests to GP practices	123,498	744,486
GP appointments offered	237,262	2,217,094
Items issued via prescription	745,821	6,606,727

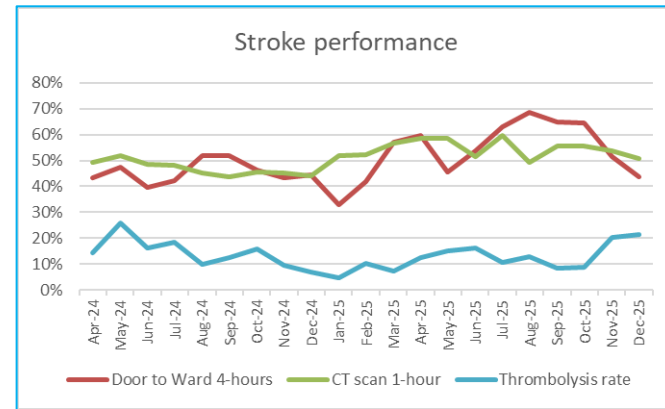


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Urgent and Emergency Care – Hospital Flow and Discharge

Stroke

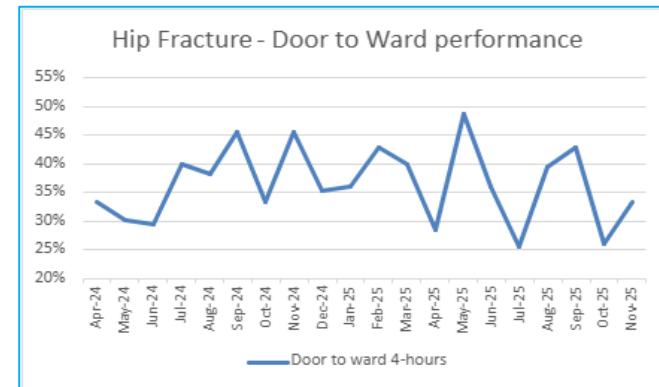
- The most recent data from December showed a drop in compliance with the Door to Ward standard for Stroke patients, reflecting pressure on the emergency unit and patient flow. In December 50.6% of patients receiving their CT scan within 1-hour and 15.2% within 20 minutes, a small drop from November. The thrombolysis rate improved again to 21.3% in December and remains above Welsh Governments 20% standard. Time to needle was improved from November, but no patients met the 30-minute standard
- There were 3 thrombectomies in December
- Following our most recent stroke summit we are reviewing our pre-hospital, EU and rehab pathways



EU stroke measure	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Wales av.
Door to Ward <= 4 hrs	59.6%	45.7%	53.6%	62.9%	68.4%	64.8%	60.4%	51.6%	43.7%	31.9%
CT scan <= 20 mins	9.2%	14.1%	12.3%	8.2%	12.7%	6.9%	3.5%	17.6%	15.2%	19.4%
CT scan <= 60 mins	58.5%	58.5%	52.3%	59.5%	49.2%	55.4%	55.4%	53.6%	50.6%	57.5%
Thrombolysis rate	13.8%	11.3%	15.4%	10.8%	12.9%	8.5%	8.9%	20.3%	21.5%	14.0%
Thrombolysis <= 30 mins	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Thrombectomy rate	6.2%	1.4%	4.5%	4.1%	1.6%	5.1%	1.8%	6.3%	4.0%	0.8%
Swallow screen <= 4 hrs	73.0%	76.5%	70.0%	80.3%	78.7%	77.8%	78.0%	78.5%	70.7%	68.1%

Hip fracture

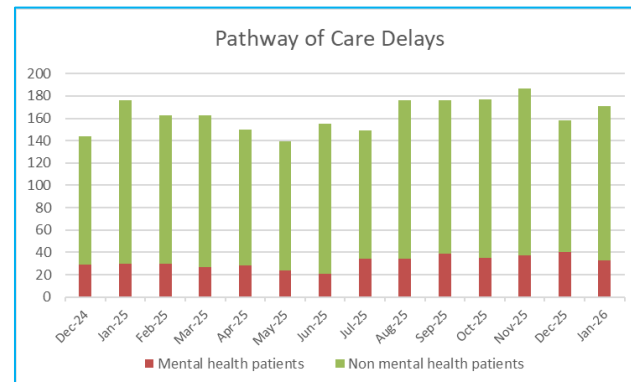
- In November, 33.3% of Hip Fracture patients were admitted to the ward within 4-hours. This represents an increase in performance from October and remains significantly above the national average of 9.9%



Urgent and Emergency Care – Hospital Flow and Discharge

- Pathway of Care Delays increased as forecast in January to 171, the number of non-Mental Health delays increased to 138 with an average length of stay since becoming clinically optimised of 32 days. Mental Health delays reduced to 33, with an average length of stay since becoming clinically optimised of 92 days. We continue to focus on reducing delays and the length of inpatient stays, working with our partners in the local authorities to reduce delays throughout the assessment and discharge process. In total 7,452 bed days were lost in January, reduced by c100 from last month and by 2,500 from the same month last year, equating to around 75 beds across adult and mental health wards. This improvement was driven by actions in partnership with Cardiff Local Authority
- In partnership with our Local Authority colleagues, we are taking the following actions:

 - Delivering the trusted assessor model
 - Named social worker for medical wards in UHL
 - Forensic review of patients who've stayed >10 days
 - Check and challenge in our community hospitals by GPs and community clinicians
 - Daily touch points with Cardiff and VoG Local Authorities
 - Reviewing 'reason for attendance'
 - Forensic review of all non-clinically optimised patients



Top 6 reasons for non-MH delays	Number of delays
Awaiting completion of assessment by social care	28
Awaiting Social Worker allocation	24
Awaiting joint assessment	12
Awaiting completion of best interest decision	8
Patient/family care home choice	8
Identifying nursing home	5

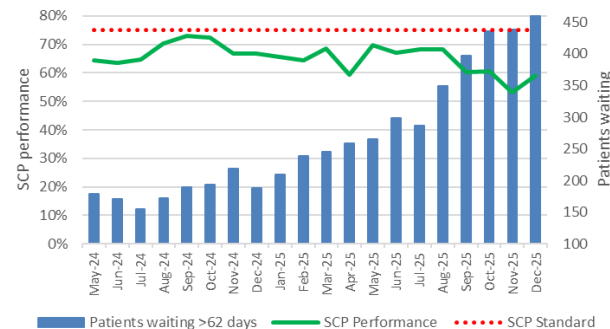
Top 6 reasons for MH delays	Number of delays
Awaiting care home manager (Residential) to visit and provide outcome	6
Awaiting Dementia nurse availability	6
Awaiting joint assessment	4
Identifying Dementia Nursing Home	2
Identifying specialist bed	2
Awaiting supported living availability	2

Planned Care, Cancer and Diagnostics

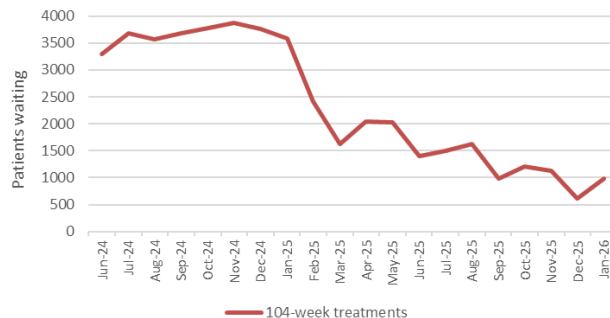
- As forecast, our SCP compliance improved to 59.0% in December, as we continue to treat patients from the increased backlog of 62 waits. We continue to work through the actions previously described in key tumour sites – Skin, Urology and lower GI. Urology and LGI are meeting their improvement trajectories, the new Skin Consultants are starting in January and February. In December we saw 5 tumour sites meet the SCP standard of 75%
- In Q3 the UHB delivered on our commitment to Welsh Government to reduce the number of patients waiting 2 years for treatment. This increased as forecast in January, but we are on trajectory to deliver our Q4 commitment of reducing to 450, mainly spinal, patients. The waiting list is tracked daily, with weekly updates to the COO, CEO and Chair
- Diagnostic 8-week waits increase slightly in December 2025 to 10,592, endoscopy continued to reduce but radiology waits were impacted by scanner downtime. We remain on track to recover this and deliver a significantly improved position by March 2026
- A verbal update will be given at the meeting on the formal January position

Planned Care

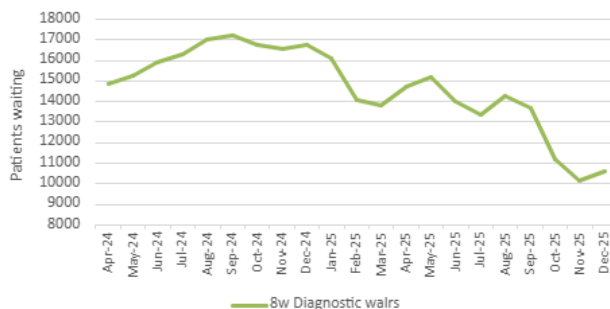
Single Cancer Pathway performance



104 week Treatment waits



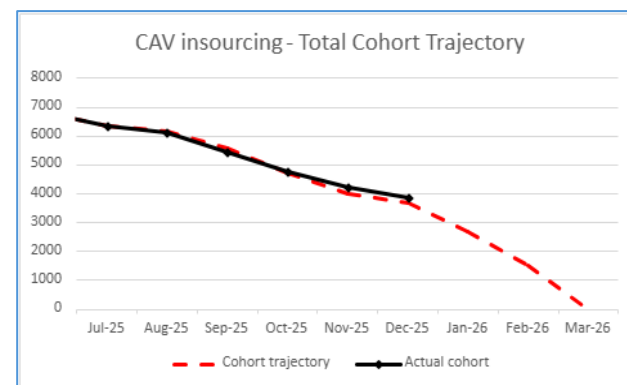
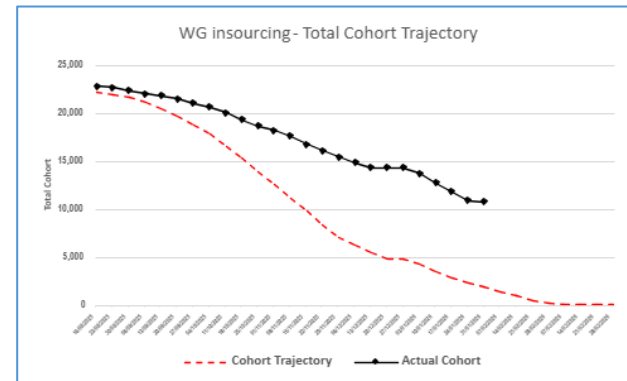
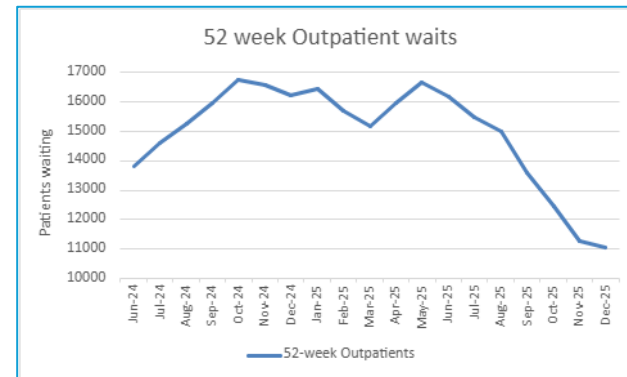
8 week Diagnostic waits



Planned Care, Cancer and Diagnostics

- The number of patients waiting 52-weeks for an outpatient appointment reduced again in December 2025 driven mainly by surgical specialties. We are anticipating further improvement in line with the outpatient work below
- We are working closely with Welsh Government on national schemes to undertake c31,000 additional outpatient appointments through this year
- To date we have delivered c12,000 appointments through the Government insourcing contract and over 3000 appointments through C&V schemes
- We hold weekly senior meetings with HBS (WG insourcing provider) and are working with Welsh Government to ensure facilitate delivery of appointments, flexing capacity between specialties to maximise delivery

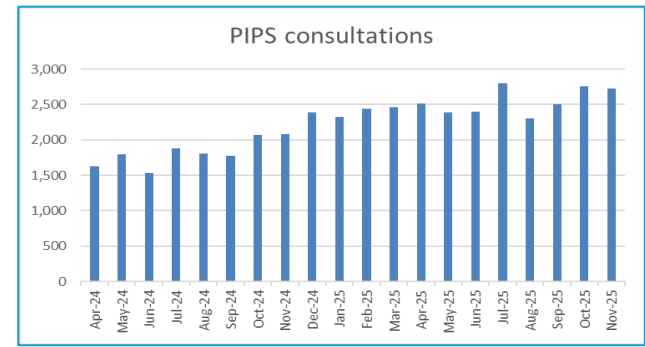
Planned Care



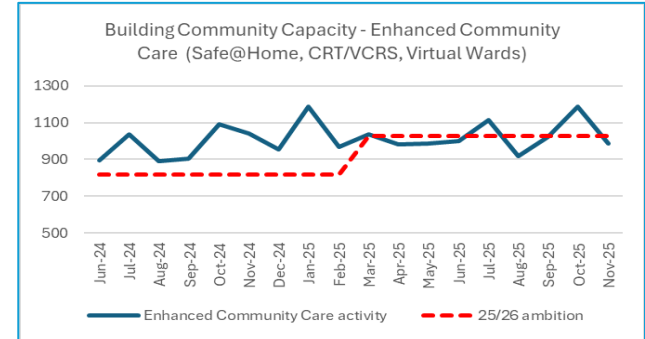
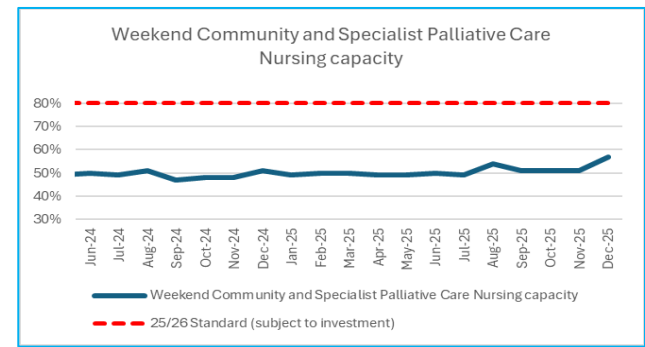
Primary and Community Care

- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access standards through 24/25 and into Q2 25/26
- Community Pharmacy continues to develop the Pharmacist Independent Prescribing Service, with 2,723 consultations delivered in November 2025, increased from November last year
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. District Nursing contacts exceeds the number of visits to EU on a monthly basis and we have increased weekend capacity from 23/24 levels and look to increase further
- In 24/25 the Health Board exceeded the baseline for delivery of Enhanced community care capacity. We continue to develop these services, including a single point of access for enhanced community services

Primary and Community Care



Community activity		Dec-25	Year to date 25/26
+	District Nurse visits to patients	17,352	154,634
🏠	Patients supported by Safe@Home	72	665
🏢	Patients supported by CRT/VCRS to avoid admission	34	341
🕒	Patients supported by CRT/VCRS with early discharge	120	888



Mental Health

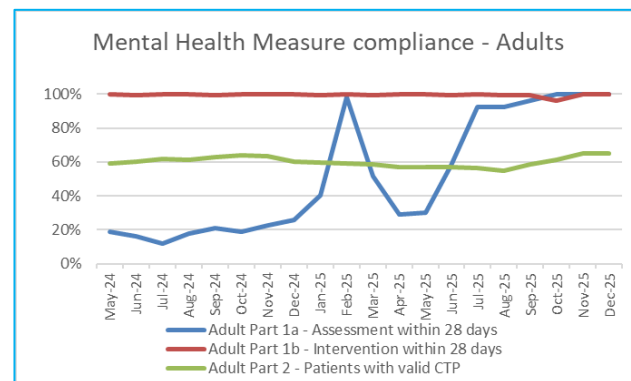
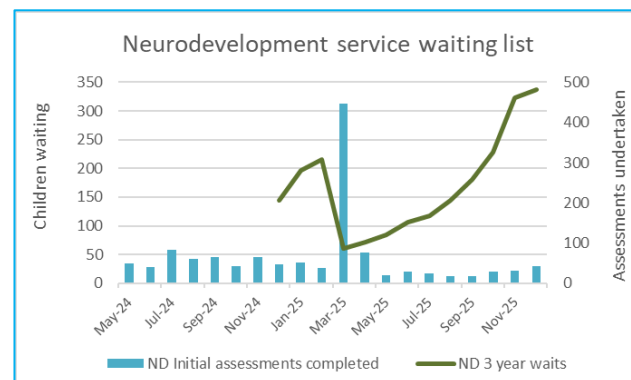
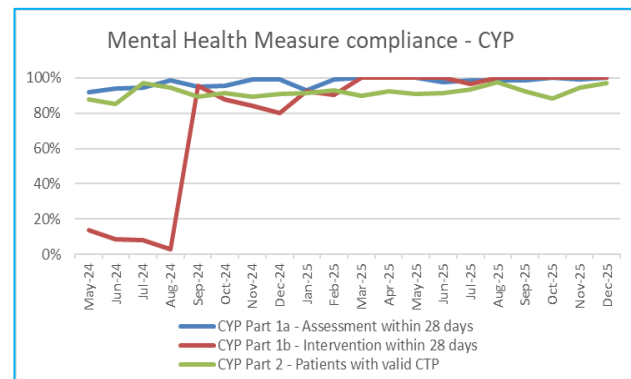
- For Children and Young People, Part 1a and 1b remain compliant despite high demand, >99% compliance reported for November 2025. Part 2 performance improved in November 2025 and is above standard
- The Neurodevelopment service waiting list continues to grow with 192 referrals in December. The number of 3-year waits increased to 337 in December. We have agreed a recovery trajectory through additional assessment capacity to achieve 0 x 3-year waits by end of March 2026. In total there are 5,041 children on the waiting list for assessment. Diagnosis rates following outsourcing are consistent with internal conversions at 83% on average
- For Adult and older people's mental health services, December saw Part 1a compliance maintained over 99%, despite referrals remaining high. Part 1b remains compliant with over 99% reported in December. Part 2 remains below standard but has improved in line with our trajectory, increasing to >60% for October, November and December. The health board has developed an improvement trajectory with the clinical teams over a 5-month period. This approach has been shared and agreed with NHS Performance and Improvement

Mental Health Measures:

1a – assessments undertaken within 28 days

1b – therapeutic interventions undertaken within 28 days following assessment

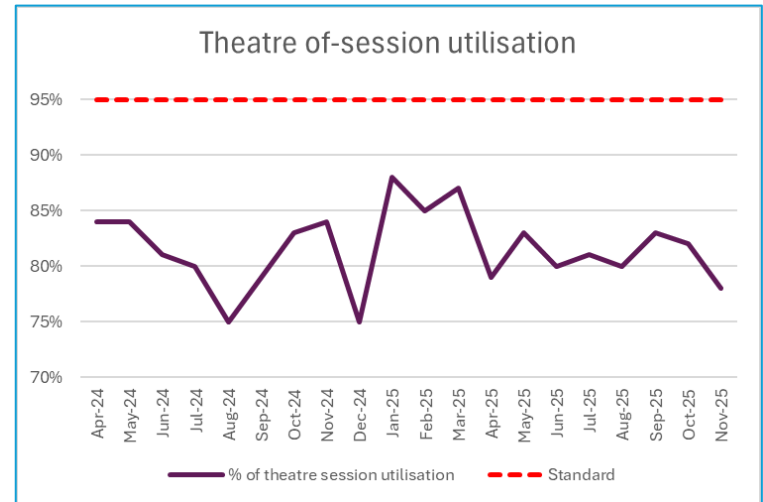
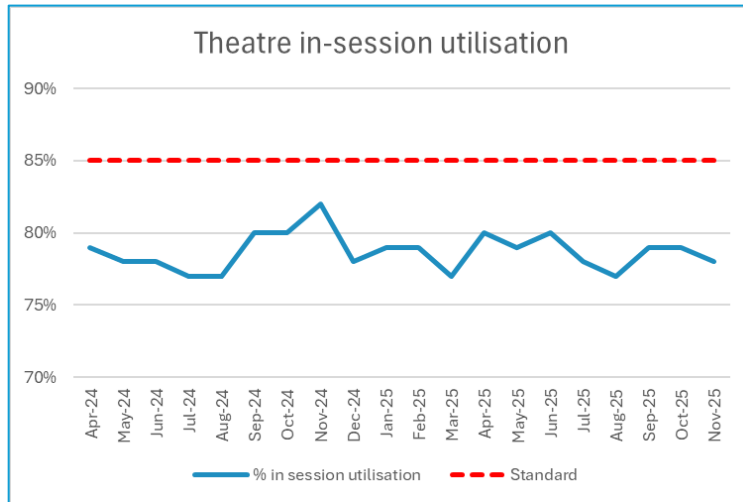
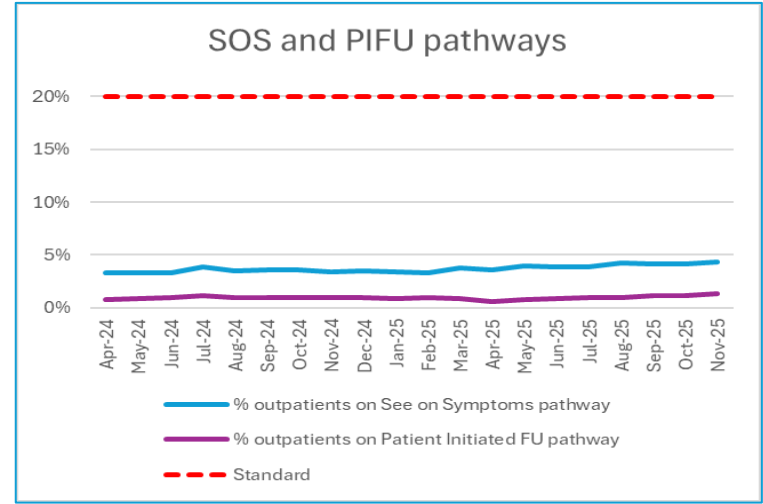
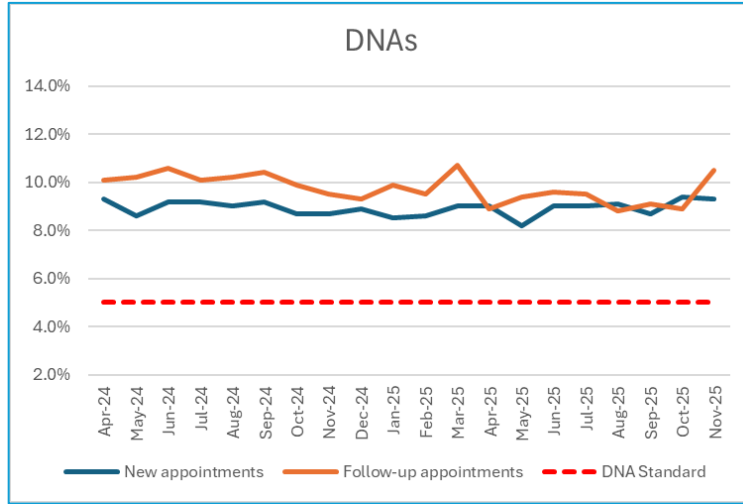
2 – residents with a valid health and care treatment plan



Productivity and Efficiency

Measure		Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Trend
Outpatients	% DNAs - New appointments	5%	8.7%	8.9%	8.5%	8.6%	9.0%	9.0%	8.2%	9.0%	9.0%	9.1%	8.7%	9.4%	9.3%	
	% DNAs - Follow-up appointments	5%	9.5%	9.3%	9.9%	9.5%	10.7%	8.9%	9.4%	9.6%	9.5%	8.8%	9.1%	8.9%	10.5%	
	% outpatients on See on Symptoms pathway	20%	6.6%	3.5%	3.4%	3.3%	3.8%	3.6%	4.0%	3.9%	3.9%	4.2%	4.1%	4.1%	4.3%	
	% outpatients on Patient Initiated FU pathway		1.0%	1.0%	0.9%	1.0%	0.9%	0.6%	0.8%	0.9%	1.0%	1.0%	1.1%	1.1%	1.3%	
Endoscopy	% room utilisation	90%	78%	75%	83%	82%	88%	78%	88%	81%	87%	71%	72%	66%	79%	
	% utilisation (activity points available)	95%	87%	85%	84%	81%	84%	87%	89%	87%	90%	89%	87%	87%	89%	
Theatres	Average turnaround time (minutes)	10	15.9	16.2	15.9	18.2	17.1	16.6	15.9	17.5	17.0	16.8	18.1	17.3	17.3	
	% of theatre session utilisation	95%	84%	75%	88%	85%	87%	79%	83%	80%	81%	80%	83%	82%	78%	
	% in session utilisation	85%	82%	78%	79%	79%	77%	80%	79%	80%	78%	77%	79%	79%	78%	
	<24 hour elective cancellations	N/A	198	217	315	295	347	237	229	281	287	220	238	329	287	
Waiting list	Total RTT waiting list volume	N/A	154,994	154,605	153,519	151,069	151,226	152,150	152,901	151,955	150,902	150,551	150,553	149,379	147,789	
Inpatient	Delayed pathways of Care - Mental Health	217	32	29	30	30	27	28	24	21	34	34	39	35	37	
	Delayed Pathways of Care - non-Mental Health		130	115	146	133	136	122	115	134	115	142	137	142	150	
	7 day LOS on Acute Wards (snapshot)	<40%	57.3%	62.3%	60.5%	59.4%	56.2%	57.8%	61.0%	59.3%	56.9%	57.7%	54.4%	56.7%	55.3%	
	21 day LOS on Acute Wards (snapshot)	<20%	30.9%	35.5%	37.3%	34.0%	34.0%	33.4%	33.4%	32.3%	32.0%	32.4%	29.4%	29.5%	28.5%	
	Medicine (all services) non-elective LOS (on discharge)	N/A	10.4	10.5	9.8	12.4	11.0	10.3	11.9	9.8	10.9	9.7	9.2	9.8	9.8	
Urgent and Emergency	Reportable attendances	N/A	11,922	11,468	10,756	10,237	12,193	11,659	11,517	11,823	12,304	11,398	11,880	12,942	12,267	
	Reportable Majors attendances	N/A	6,398	6,272	5,924	5,628	6,210	6,041	6,297	6,113	6,295	6,291	6,308	6,901	6,628	
	Reportable EU admissions	N/A	1,831	1,829	1,676	1,502	1,658	1,754	1,708	1,757	1,733	1,805	1,839	1,761	1,841	
	SDEC attendances	N/A	1,716	1,601	1,786	1,609	1,770	1,678	1,779	1,753	1,908	1,676	1,807	1,966	1,826	

Productivity and Efficiency







Recommendation:

The Board/Committee (*delete as appropriate*) are requested to:

- a) **NOTE** the year to date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p> <p>1. Click the objective above to view more detail.</p>	 <p>Providing Outstanding Quality</p> <p>2. Click the objective above to view more detail.</p>	 <p>Delivering in the Right Places</p> <p>3. Click the objective above to view more detail.</p>	 <p>Acting for the Future</p> <p>4. Click the objective above to view more detail.</p>
	X	X	

Five Ways of Working (Sustainable Development Principles) considered

Prevention	Long term	Integration	Collaboration	Involvement
	X	X		

Quality Impact Assessment Completed?

Yes – (<i>please provide completed QIA document</i>)		No – (<i>Please provide reasoning, e.g. not required</i>)	X	Not required
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Impact Assessment:

Risk: No	Reputational: No
Safety: No	Socio Economic: No
Financial: No	Equality and Health: No
Workforce: No	Decarbonisation: No
Legal: No	Welsh Language: No

Approval/Scrutiny Route (*please note anywhere else this paper has been before*):

Committee/Group/Exec	Date:

Cardiff and Vale Integrated Performance Report

2025/26

February 2026

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Report Contents

1. [Cabinet Secretary Priorities](#)

2. [Cardiff and Vale Performance Report](#)

Click on a hyperlink to navigate directly to the section required

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The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Timely access to care
- Population health and prevention
- Building community Capacity
- Mental health access
- Women's health

Further to these priority areas the Welsh Government and NHS Wales have identified Key Delivery Expectations across Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas.

For a more in-depth view on performance for each priority, please follow the links in the NHS Performance Report column.

Performance ambition for 25/26 are in line with our annual plan, which has not been agreed with Welsh Government

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Building community Capacity	Measure: Number of delayed transfers of care. National standard/ambition: 12 month reduction trend Reporting period: Monthly	<160	Yes	Q4	171 Jan-25	Hyperlink to section
	Measure: General Medical Services – Number of GP practices achieving core access standards National standard/ambition: 100% Reporting period: Annual – in month position for information	100%	Yes	Q4	98.2% Apr-24	Hyperlink to section
	Measure: Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception National standard/ambition: Increase Reporting period: Monthly	>2,185	Yes	Q2	2,723 Nov-25	Hyperlink to section
	Measure: Increase in capacity at the weekend of community nursing and specialist palliate care National standard/ambition: 80% Reporting period: Monthly	>51% Increase from 24/25	No	Q4	57% Dec-25	Hyperlink to section
	Measure: Increase capacity of Enhanced Community Care National standard/ambition: Meet and exceed 24/25 requirement where possible (24/25 baseline) Reporting period: Monthly	1,038 20% increase from 24/25	Yes	Q1	984 Nov-25	Hyperlink to section

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Population health and prevention	<p>Measure: Increase in % of patients (aged 12 and over) with diabetes who received all eight NICE recommended care processes</p> <p>National standard/ambition: Increase</p> <p>Reporting period: Monthly</p>	48%	Yes	Q4	44.8% Dec-25	Hyperlink to section
Mental health access	<p>Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for people age under 18 years</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p>	80%	Yes	Q1	100% Dec-25	Hyperlink to section
	<p>Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for adults age 18 years and over</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p>	80%	Yes	Q1	100% Dec-25	Hyperlink to section
	<p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p>	80%	Yes	Q1	100% Dec-25	Hyperlink to section
	<p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p>	80%	Yes	Q1	99% Dec-25	Hyperlink to section

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Timely access to care	Measure: Reduce the number of ambulance patient handovers over 1 hour National standard/ambition: Zero Reporting period: Monthly	<400	No	Q4	181 Jan-26	Hyperlink to section
	Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge National standard/ambition: Reduce compared to 24/25 towards zero Reporting period: Monthly	<750	Yes	Q4	1083 Jan-26	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for treatment National standard/ambition: Zero Reporting period: Monthly * Our commitment is subject to review as we work with Welsh Government through the year to deliver an improved position	Original Submission 9,861 Revised submission 5,491	No	Q4	609 Dec-25	Hyperlink to section
	Measure: Improve the percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) National standard/ambition: 12m improvement trend towards 80% by March 2026 Reporting period: Monthly	75%	No	Q4	59.0% Dec-25	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic National standard/ambition: Zero Reporting period: Monthly	Original submission 10,436 (endoscopy only) - TBC	No	Q4	10,592 Dec-25	Hyperlink to section

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Section 2: Cardiff and Vale Performance Report

The Performance Report section provides detail of UHB performance across the quadruple aims.

Detail on what is included under each quadruple aim is provided below.

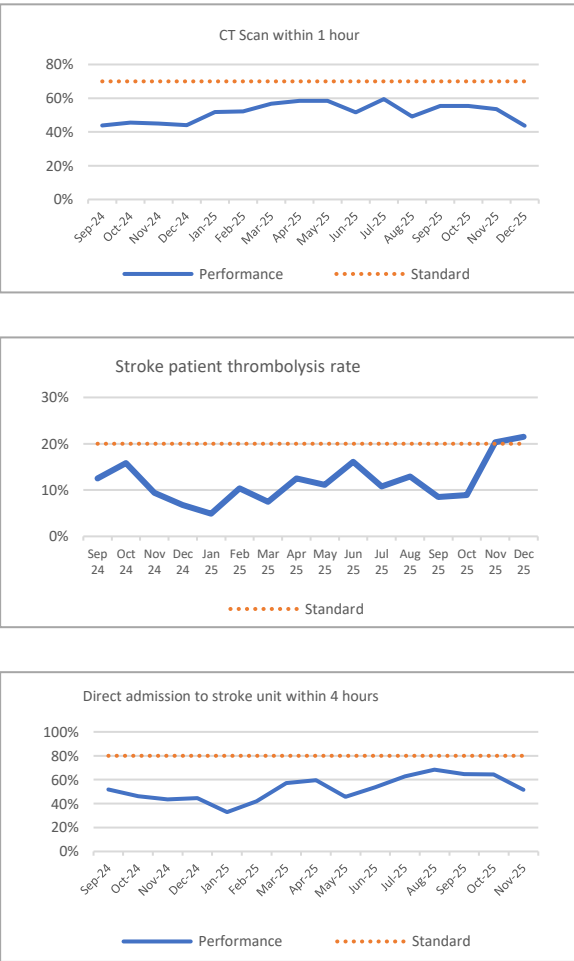
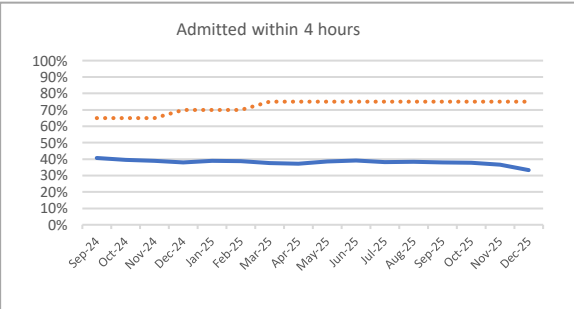
A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking [here](#).

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Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care Inpatient Flow, Discharge and Front Door Alternatives to Admission Community and Urgent Primary Care Priority Services RTT Waiting Times Planned Care Cancer, Diagnostics and Therapies Primary and Community Care Whole System Evaluation and Supporting Patients Whilst Waiting Mental Health
Aim 3	The health and social care workforce in Wales is motivated and sustainable	People and Culture
Aim 4	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	Quality, Safety and Experience Financial Performance

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	<p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In December utilisation was 85%, this is below our commitment. We have made changes to the model, combining face to face consultations and use of the triage service within the reporting</p> <p>Community visits – 95% of face-to-face visits within 8 hours Q1 to date 94% compliance with 8-hour standard</p>	<p>Dec-25</p> <p>Aug-25</p>	<p>85% utilisation Below standard</p> <p>94% Below standard</p>	
Emergency Department and Same Day Emergency Care	<p>Ambulance handover delays – eliminate 2-hour delays. Reduce 1-hour delays to <365 per month from Q1, < 400 per month in Q4 In January we reported 37 2-hour ambulance delays, through periods of intense operational pressure at the beginning and end of the month. In January we reported 189 1-hour ambulance delays, an increase from December but below our commitment of <365</p> <p>In January lost minutes per arrival increased to 18, this is still a significant improvement since the summer reflecting the implementation of the W45 protocols as discussed in the accompanying paper</p> <p>ED waits - No patients waiting >24 hours in ED, <700 patients waiting <12 hours in ED per month in Q1 and Q4, <650 in Q2 and Q3 In January we reported an decrease in patients waiting 12-hours in EU compared to December. This equates to 91.5% of attendances waiting less than 12-hours and below our ambition for Q4</p> <p>SDEC units In December we reported an increase in activity compared to November, and increased from October 2024 activity.</p>	<p>Jan-26</p> <p>Jan-26</p> <p>Dec-25</p>	<p>37 2-hour delays Above standard</p> <p>189 1-hour delays Below standard</p> <p>18 minutes lost/arrival Above standard</p> <p>91.5% patients <12h Below standard</p> <p>1864 SDEC attends Below standard</p>	
Reducing time in hospital and Continuity of Care	<p>Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days This data is a monthly snapshot taken at on the final Friday of each month. At the end of January 56.1% of patients in acute beds had a LOS of >7 days, 27.9% >21 days – a slight improvement in 7d LOS from December. See paper for POCD update</p> <p>Pathway of Care Delays – <160 delayed patients each month In January 2026 the number of POCDs was 171, an increase as expected from December</p>	<p>Jan-26</p> <p>Jan-26</p>	<p>56.8% >7d Above standard</p> <p>29.8% >21d Above standard</p> <p>171 Above standard</p>	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>High Impact Pathways - Stroke</p>	<p>CT scan – 70% of patients scanned within 1 hour of arrival at EU In December 50.6% of patients were received their CT scan within 1 hour of arrival at EU, a small decrease from November</p> <p>Thrombolysis – 20% thrombolysis rate In December 21.5 % of stroke patients were thrombolysed, an increase from November and above the standard for the second month in a row. We are clinically reviewing internally and working with colleagues from NHS Executive</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In December 43.7% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward compliance and CT performance were impacted by operational pressures within the Emergency Unit</p> <p>Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and recruitment has taken place to embed changes to the acute pathway</p>	<p>Dec-25</p>	<p>50.6% CT Below standard</p> <p>21.5% Thrombolysis Above standard</p> <p>43.7% Door-to-ward Below standard</p>	
<p>High Impact pathways – Hip fracture</p>	<p>Hip Fracture Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In December our annualised compliance showed 33.3% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 10.1%.</p>	<p>Dec-25</p>	<p>33.3% (Annualised) Below standard</p>	

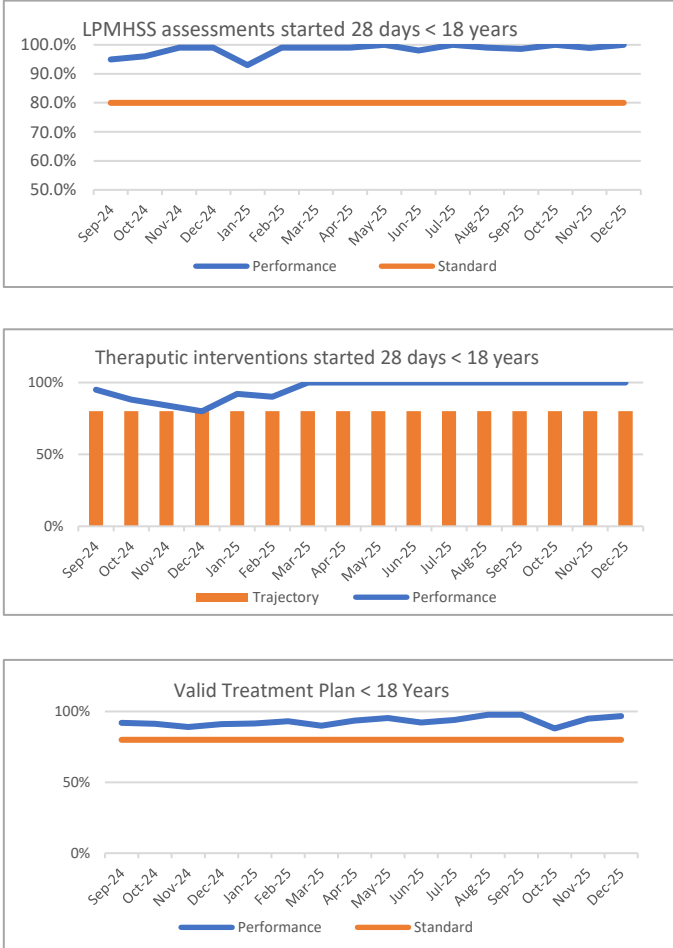
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	<p>GMS access – 100% of practices achieving core access standards In June 100% of practices met the standard – the official data is provided annually but our monthly tracking data will be updated here for information</p> <p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of March 98.5% of the contract value had been delivered. So far in 25/26 (data to December) 73% of the contract value has been delivered</p> <p>Pharmacy access – >2185 accessing Pharmacy Independent Prescriber service In November 100% of practices were providing CCPS services, providing 2,797 consultations</p> <p>Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2</p>	Dec-25 Nov-25	<p>100% At standard</p> <p>73% At standard (Apr-25 – Sep-25)</p> <p>2,797 Above standard</p> <p>100% Above standard</p>	<p>GDS Contract Value Fulfilment</p>
Cancer	<p>Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4 In December 59.0% of patients received their first definitive treatment within 62 days. This is below our ambition. In recent months we have seen the number of patients waiting >62 days for treatment increase and performance is challenged as a result of treating the longest waiting patients in month.</p> <p>More detail is discussed in the accompanying paper</p>	Dec-25	<p>59.0% Below standard</p>	<p>% cancer patients starting treatment within 62 days</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Outpatient and Treatment waiting times</p>	<p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment In December there were 11,049 patients waiting 52 weeks for their first outpatient appointment. This is improved from November, additional actions are outlined in the cover paper</p> <p>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In December there were 609 patients waiting 104 weeks for treatment. This is reduced from November and delivers the trajectory shared with Welsh Government for Q3.</p>	<p>Dec-25</p>	<p>11,049 patients Above standard</p> <p>609 patients Below standard (Q3)</p>	
<p>Diagnostics and Therapies</p>	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In December 10,592 patients were waiting over 8 weeks for a specified diagnostic, An increase from November. Improvement in the radiology position this month, with NOUS waits also notably reduced.</p> <p>Therapies – National standard of zero 14 week waits In December 874 patients were waiting over 14 weeks for therapies, An decrease from Novemeber. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits since Q3 24/25. We are in discussions with Welsh Government about solutions to reduce therapy waits across our services</p>	<p>Dec-25</p>	<p>10,592 patients Diagnostics Above standard</p> <p>874 patients Therapies Above standard</p>	

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Paediatric waiting times</p>	<p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In December there were 0 patients waiting over 52 weeks for a new outpatient appointment</p>	<p>Dec-25</p>	<p>0 Meeting standard</p>	
<p>Emotional Health and Wellbeing</p>	<p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of <28 days In December 100% of assessments were completed within 28 days</p> <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard In December 100% of interventions were started within 28 days, this is above the standard for Q3 and in line with the forecasts for the early part of this year</p> <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard In December 97% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>Dec-25</p>	<p>100% Part 1a Above standard</p> <p>100% Part 1b Above standard</p> <p>95% Part 2 Above standard</p>	 <p>The data section contains three charts:</p> <ul style="list-style-type: none"> LPMHSS assessments started 28 days < 18 years: A line chart showing performance (blue line) fluctuating between approximately 90% and 100% against a standard (orange line) of 80% from Sep-24 to Dec-25. Therapeutic interventions started 28 days < 18 years: A bar chart showing performance (blue bars) consistently at 100% against a standard (orange bars) of 80% from Sep-24 to Dec-25. Valid Treatment Plan < 18 Years: A line chart showing performance (blue line) fluctuating between approximately 90% and 100% against a standard (orange line) of 80% from Sep-24 to Dec-25.

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Priority	Performance Summary	Reporting Period	Performance against standard	Data																																																			
Mental Health Measures – Part 1a	<p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days</p> <p>In December 100% of patients received their assessment within 28 days. Referrals to the service remain high.</p>	Dec-25	100% Part 1a Above standard	<p>LPMHSS assessments started 28 days - Adults</p> <table border="1"> <caption>Approximate data for LPMHSS assessments started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>20</td><td>80</td></tr> <tr><td>Oct-24</td><td>20</td><td>80</td></tr> <tr><td>Nov-24</td><td>25</td><td>80</td></tr> <tr><td>Dec-24</td><td>25</td><td>80</td></tr> <tr><td>Jan-25</td><td>40</td><td>80</td></tr> <tr><td>Feb-25</td><td>100</td><td>80</td></tr> <tr><td>Mar-25</td><td>50</td><td>80</td></tr> <tr><td>Apr-25</td><td>30</td><td>80</td></tr> <tr><td>May-25</td><td>30</td><td>80</td></tr> <tr><td>Jun-25</td><td>50</td><td>80</td></tr> <tr><td>Jul-25</td><td>90</td><td>80</td></tr> <tr><td>Aug-25</td><td>95</td><td>80</td></tr> <tr><td>Sep-25</td><td>95</td><td>80</td></tr> <tr><td>Oct-25</td><td>100</td><td>80</td></tr> <tr><td>Nov-25</td><td>100</td><td>80</td></tr> <tr><td>Dec-25</td><td>100</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard (%)	Sep-24	20	80	Oct-24	20	80	Nov-24	25	80	Dec-24	25	80	Jan-25	40	80	Feb-25	100	80	Mar-25	50	80	Apr-25	30	80	May-25	30	80	Jun-25	50	80	Jul-25	90	80	Aug-25	95	80	Sep-25	95	80	Oct-25	100	80	Nov-25	100	80	Dec-25	100	80
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Mental Health Measures – Part 1b	<p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard</p> <p>In December 99% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	Dec-25	99% Part 1b Above standard	<p>Therapeutic interventions started 28 days - Adults</p> <table border="1"> <caption>Approximate data for Therapeutic interventions started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>100</td><td>80</td></tr> <tr><td>Oct-24</td><td>100</td><td>80</td></tr> <tr><td>Nov-24</td><td>100</td><td>80</td></tr> <tr><td>Dec-24</td><td>100</td><td>80</td></tr> <tr><td>Jan-25</td><td>100</td><td>80</td></tr> <tr><td>Feb-25</td><td>100</td><td>80</td></tr> <tr><td>Mar-25</td><td>100</td><td>80</td></tr> <tr><td>Apr-25</td><td>100</td><td>80</td></tr> <tr><td>May-25</td><td>100</td><td>80</td></tr> <tr><td>Jun-25</td><td>100</td><td>80</td></tr> <tr><td>Jul-25</td><td>100</td><td>80</td></tr> <tr><td>Aug-25</td><td>100</td><td>80</td></tr> <tr><td>Sep-25</td><td>100</td><td>80</td></tr> <tr><td>Oct-25</td><td>95</td><td>80</td></tr> <tr><td>Nov-25</td><td>100</td><td>80</td></tr> <tr><td>Dec-25</td><td>99</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard (%)	Sep-24	100	80	Oct-24	100	80	Nov-24	100	80	Dec-24	100	80	Jan-25	100	80	Feb-25	100	80	Mar-25	100	80	Apr-25	100	80	May-25	100	80	Jun-25	100	80	Jul-25	100	80	Aug-25	100	80	Sep-25	100	80	Oct-25	95	80	Nov-25	100	80	Dec-25	99	80
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Mental Health Measures – Part 2	<p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard</p> <p>In December 64% of patients had a valid Care and Treatment plan, below standard, but in line with our improvement trajectory. Additional information is provided in the paper</p>	Dec-25	64% Part 2 Below standard	<p>Adults with a Valid CPT</p> <table border="1"> <caption>Approximate data for Adults with a Valid CPT</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>60</td><td>80</td></tr> <tr><td>Oct-24</td><td>60</td><td>80</td></tr> <tr><td>Nov-24</td><td>60</td><td>80</td></tr> <tr><td>Dec-24</td><td>58</td><td>80</td></tr> <tr><td>Jan-25</td><td>58</td><td>80</td></tr> <tr><td>Feb-25</td><td>58</td><td>80</td></tr> <tr><td>Mar-25</td><td>58</td><td>80</td></tr> <tr><td>Apr-25</td><td>55</td><td>80</td></tr> <tr><td>May-25</td><td>55</td><td>80</td></tr> <tr><td>Jun-25</td><td>55</td><td>80</td></tr> <tr><td>Jul-25</td><td>55</td><td>80</td></tr> <tr><td>Aug-25</td><td>58</td><td>80</td></tr> <tr><td>Sep-25</td><td>58</td><td>80</td></tr> <tr><td>Oct-25</td><td>58</td><td>80</td></tr> <tr><td>Nov-25</td><td>62</td><td>80</td></tr> <tr><td>Dec-25</td><td>64</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard (%)	Sep-24	60	80	Oct-24	60	80	Nov-24	60	80	Dec-24	58	80	Jan-25	58	80	Feb-25	58	80	Mar-25	58	80	Apr-25	55	80	May-25	55	80	Jun-25	55	80	Jul-25	55	80	Aug-25	58	80	Sep-25	58	80	Oct-25	58	80	Nov-25	62	80	Dec-25	64	80
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	100% At standard	<table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table>	19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
19/20	20/21	21/22	22/23										
93.4%	95.0%	96.5%	98.2%										
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Dec-25	Improvement compared to the same month in the previous year	44.8% Above standard	<table border="1"> <tr> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> <td>Dec-25</td> </tr> <tr> <td>45.3%</td> <td>44.9%</td> <td>45.0%</td> <td>44.8%</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	45.3%	44.9%	45.0%	44.8%
Sep-25	Oct-25	Nov-25	Dec-25										
45.3%	44.9%	45.0%	44.8%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-25 - Oct-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	58.2% Above standard	<table border="1"> <tr> <td>Apr-25 to Jul-25</td> <td>Apr-25 to Aug-25</td> <td>Apr-25 to Sep-25</td> <td>Apr-25 to Oct-25</td> </tr> <tr> <td>32.8%</td> <td>40.8%</td> <td>50.2%</td> <td>58.2%</td> </tr> </table>	Apr-25 to Jul-25	Apr-25 to Aug-25	Apr-25 to Sep-25	Apr-25 to Oct-25	32.8%	40.8%	50.2%	58.2%
Apr-25 to Jul-25	Apr-25 to Aug-25	Apr-25 to Sep-25	Apr-25 to Oct-25										
32.8%	40.8%	50.2%	58.2%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Nov-25	Increase compared to the same month in the previous year	2723 Above standard	<table border="1"> <tr> <td>Aug-25</td> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> </tr> <tr> <td>2299</td> <td>2508</td> <td>2755</td> <td>2723</td> </tr> </table>	Aug-25	Sep-25	Oct-25	Nov-25	2299	2508	2755	2723
Aug-25	Sep-25	Oct-25	Nov-25										
2299	2508	2755	2723										
15.	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Dec-25	80%	100% Above standard	<table border="1"> <tr> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> <td>Dec-25</td> </tr> <tr> <td>98.6%</td> <td>100.0%</td> <td>98.9%</td> <td>100.0%</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	98.6%	100.0%	98.9%	100.0%
Sep-25	Oct-25	Nov-25	Dec-25										
98.6%	100.0%	98.9%	100.0%										
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Dec-25	80%	100% Above standard	<table border="1"> <tr> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> <td>Dec-25</td> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	100.0%	100.0%	100.0%	100.0%
Sep-25	Oct-25	Nov-25	Dec-25										
100.0%	100.0%	100.0%	100.0%										
17.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Dec-25	80%	100% Above standard	<table border="1"> <tr> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> <td>Dec-25</td> </tr> <tr> <td>95.9%</td> <td>100.0%</td> <td>99.8%</td> <td>100.0%</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	95.9%	100.0%	99.8%	100.0%
Sep-25	Oct-25	Nov-25	Dec-25										
95.9%	100.0%	99.8%	100.0%										
18.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Dec-25	80%	100% Above standard	<table border="1"> <tr> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> <td>Dec-25</td> </tr> <tr> <td>95.9%</td> <td>100.0%</td> <td>99.8%</td> <td>100.0%</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	95.9%	100.0%	99.8%	100.0%
Sep-25	Oct-25	Nov-25	Dec-25										
95.9%	100.0%	99.8%	100.0%										
19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – WAST response to red calls has been reviewed and they are no longer reporting this metric	Jun-25	65%	50% Below standard	<table border="1"> <tr> <td>Mar-25</td> <td>Apr-25</td> <td>May-25</td> <td>Jun-25</td> </tr> <tr> <td>50%</td> <td>51%</td> <td>50%</td> <td>50%</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	50%	51%	50%	50%
Mar-25	Apr-25	May-25	Jun-25										
50%	51%	50%	50%										
20.	Median emergency response time to amber calls	Nov-25	12 month reduction trend	01:44:47 Above standard	<table border="1"> <tr> <td>Aug-25</td> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> </tr> <tr> <td>01:26:17</td> <td>01:17:42</td> <td>01:23:34</td> <td>01:44:47</td> </tr> </table>	Aug-25	Sep-25	Oct-25	Nov-25	01:26:17	01:17:42	01:23:34	01:44:47
Aug-25	Sep-25	Oct-25	Nov-25										
01:26:17	01:17:42	01:23:34	01:44:47										

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
21.	Median time from arrival at an emergency department to triage by a clinician	Nov-25	15 minutes or less	5 Below standard	<table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> </table>	Aug-25	Sep-25	Oct-25	Nov-25	5	5	5	5
Aug-25	Sep-25	Oct-25	Nov-25										
5	5	5	5										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Nov-25	60 minutes or less	78 Above standard	<table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>71</td> <td>73</td> <td>82</td> <td>78</td> </tr> </table>	Aug-25	Sep-25	Oct-25	Nov-25	71	73	82	78
Aug-25	Sep-25	Oct-25	Nov-25										
71	73	82	78										
23.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Jan-26	Improvement compared to the same month in the previous year, towards the national target of 95%	60.1% Below standard	<table border="1"> <tr> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> <th>Jan-26</th> </tr> <tr> <td>60.1%</td> <td>58.2%</td> <td>57.3%</td> <td>60.1%</td> </tr> </table>	Oct-25	Nov-25	Dec-25	Jan-26	60.1%	58.2%	57.3%	60.1%
Oct-25	Nov-25	Dec-25	Jan-26										
60.1%	58.2%	57.3%	60.1%										
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Jan-26	Reduction compared to the same month in the previous year, towards the national target of zero	1083 Above standard	<table border="1"> <tr> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> <th>Jan-26</th> </tr> <tr> <td>949</td> <td>1006</td> <td>1019</td> <td>1083</td> </tr> </table>	Oct-25	Nov-25	Dec-25	Jan-26	949	1006	1019	1083
Oct-25	Nov-25	Dec-25	Jan-26										
949	1006	1019	1083										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Nov-25	12 month improvement trend towards a national target of 80% by 31 March 2026	53.3% Below standard	<table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>68.4%</td> <td>60.2%</td> <td>60.7%</td> <td>53.3%</td> </tr> </table>	Aug-25	Sep-25	Oct-25	Nov-25	68.4%	60.2%	60.7%	53.3%
Aug-25	Sep-25	Oct-25	Nov-25										
68.4%	60.2%	60.7%	53.3%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Dec-25	0	10,592 Below standard	<table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>13667</td> <td>11210</td> <td>10138</td> <td>10592</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	13667	11210	10138	10592
Sep-25	Oct-25	Nov-25	Dec-25										
13667	11210	10138	10592										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Nov-25	100%	57.40% Below standard	<table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>64.07%</td> <td>59.41%</td> <td>57.15%</td> <td>57.40%</td> </tr> </table>	Aug-25	Sep-25	Oct-25	Nov-25	64.07%	59.41%	57.15%	57.40%
Aug-25	Sep-25	Oct-25	Nov-25										
64.07%	59.41%	57.15%	57.40%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Dec-25	0	874 Above standard	<table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>894</td> <td>948</td> <td>896</td> <td>874</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	894	948	896	874
Sep-25	Oct-25	Nov-25	Dec-25										
894	948	896	874										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Dec-25	0	1,606 Above standard	<table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>1079</td> <td>1277</td> <td>1384</td> <td>1606</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	1079	1277	1384	1606
Sep-25	Oct-25	Nov-25	Dec-25										
1079	1277	1384	1606										

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NHS Wales Performance Framework Measures

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Dec-25	0	11,049 Above standard	<table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>13617</td> <td>12461</td> <td>11281</td> <td>11049</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	13617	12461	11281	11049
Sep-25	Oct-25	Nov-25	Dec-25										
13617	12461	11281	11049										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Nov-25	Reduction compared to the same month in the previous year	26,146 Below standard	<table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>24346</td> <td>24869</td> <td>26898</td> <td>26146</td> </tr> </table>	Aug-25	Sep-25	Oct-25	Nov-25	24346	24869	26898	26146
Aug-25	Sep-25	Oct-25	Nov-25										
24346	24869	26898	26146										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Dec-25	0	609 Above standard	<table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>981</td> <td>1202</td> <td>1026</td> <td>609</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	981	1202	1026	609
Sep-25	Oct-25	Nov-25	Dec-25										
981	1202	1026	609										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Dec-25	Month on month reduction towards the national target of zero by 30 June 2025	30,286 Above standard	<table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>31707</td> <td>31728</td> <td>30964</td> <td>30286</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	31707	31728	30964	30286
Sep-25	Oct-25	Nov-25	Dec-25										
31707	31728	30964	30286										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Dec-25	80%	15.9% Below standard	<table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>21.2%</td> <td>18.6%</td> <td>17.0%</td> <td>15.9%</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	21.2%	18.6%	17.0%	15.9%
Sep-25	Oct-25	Nov-25	Dec-25										
21.2%	18.6%	17.0%	15.9%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Dec-25	80%	75.6% Below standard	<table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>73.4%</td> <td>72.9%</td> <td>78.1%</td> <td>75.6%</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	73.4%	72.9%	78.1%	75.6%
Sep-25	Oct-25	Nov-25	Dec-25										
73.4%	72.9%	78.1%	75.6%										

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Report Title:	Research Assurance Update			Agenda Item No:	2.3
Meeting:	Finance and Performance Committee	Public	X	Meeting Date:	18/02.2025
		Private			
Status (please only tick one)	Assurance	X	Approval	Information/Noting	
Lead Executive Title:	David Fluck Executive Medical Director				
Report Author Title:	Sarah Martin – R&D Manager				

Main Report

Background and Current Situation:

Cardiff and Vale Research

This paper is to provide information and assurance regarding research activity within Cardiff and Vale and its place in supporting the overall vision, strategy and priorities of Cardiff and Vale University Health Board (CAVUHB; shapingpourfuturewellbeing.com).

1.1 Background and Current Position

Improving health and care services in Wales using evidence-based approaches is fundamental to improving the quality of care and putting the public at the heart of everything. It is widely known that research makes a real difference to improving health outcomes and to the lives of patients and people in our communities. Health and care research and innovation are critical to the delivery and development of the NHS and NHS organisations in Wales, who have a critical role to play to support research.

- **Provides opportunities for patients and service users to access new treatments and services**
Improving their health wellbeing and contributes to reducing health inequalities in the population
- **Research Active organisations see improved health outcomes and lower mortality rates**
Not just for those patients participating in research but everyone
- **Opportunities for staff development and enhanced job roles will help recruitment and retention**
As well as developing leaders and critical thinkers
- **Creates evidence based services, provided evidence for NHS standards to find new and better ways of delivering health and social care**
including better health economic outcomes
- **Economic benefits by attracting funding to build research capacity of front line staff and support service**
Also providing access to novel treatments and technologies received for free
- **Research is a key enabler for NHS Wales to deliver 'A Healthier Wales'**
essential pillar of securing and maintaining University HB status

Cardiff and Vale is the largest NHS research organization in Wales with a broad range of research activity being conducted in nearly all clinical boards. At any one time we have over 700 studies running and set up over 190 new studies each year. The types of studies we run is expansive extending from early phase trials of advanced therapies to qualitative observational studies. Our research activity is predominately conducted on behalf of other sponsor organizations, as a host site, however we do also act as sponsor to run our own investigator led research.

The department receive an annual budget from Health and Care Research Wales, in 2025/26 was of £6,550,858, which is used to support 175.32 WTE post to deliver research. An additional 32.4 WTE are funded by research infrastructure funding or reinvestment of commercial funds.

CAV Research Structure

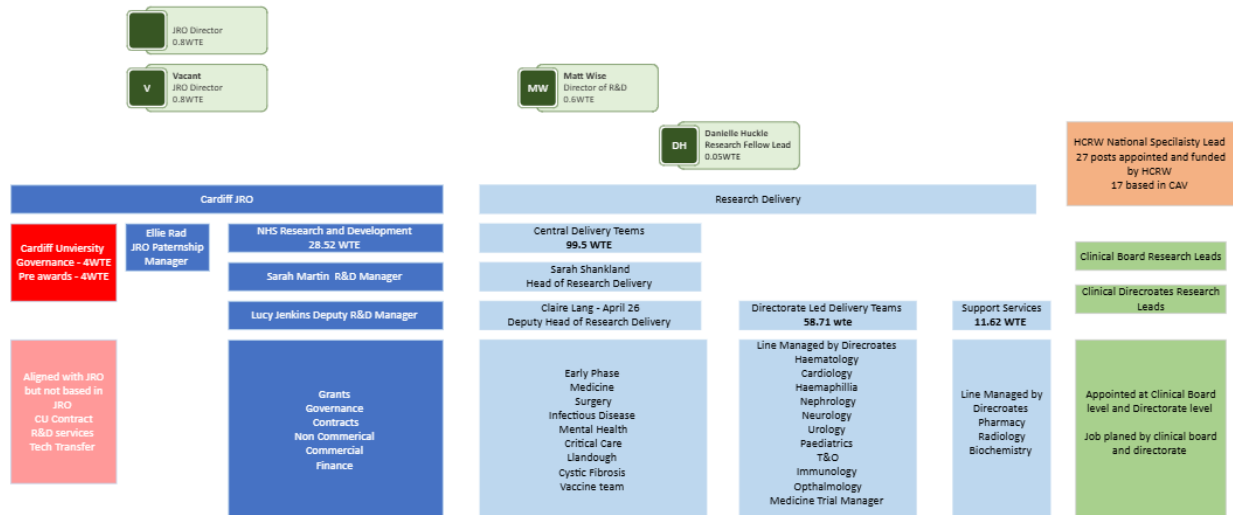


Figure 1 Research Structures within Cardiff and Vale UHB

Research Development

Since 2021, the Health Board, in common with other large academic health trusts, has created a Joint Research Office (JRO) with Cardiff University to share expertise around research governance, costing and contracting processes and identify opportunities for collaborative working.

The health board Research and Development department sits within the JRO infrastructure supporting study set up and oversight of research activity within the health board.

Research Activity

Research approvals will undergo a combination of national and local approvals before it is able to commence within the Health Board. Locally, the studies undergo a review of Capacity and Capability, conducted by the R&D department to ensure that the organisation has appropriately trained staff resources and adequate facilities to ensure that the study protocol can be delivered.

	20/21	21/22	22/23	23/24	24/25	25/26*
Commercial studies	34	47	59	51	47	49
Non commercial studies	107	105	95	118	140	105
Sponsored studies	18	12	18	9	11	7

Table 1 Number of Research Studies Approved by sponsor type *Data for 25/26 up to end of Q3

	2019/20	20/21	21/22	22/23	23/24	24/25	25/26
Clinical Board							
AWMGS	0	2	1	3	2	3	1
Children and Women's	27	30	18	22	25	30	25
CD&T	9	6	9	7	10	12	10
Medicine	32	29	35	24	34	36	31
Mental health	9	5	5	8	11	10	11
Primary Community and Intermediate	7	6	5	9	5	9	2
Specialist services	62	54	56	62	60	58	56
Surgical Services	26	24	35	32	31	37	23
other	6	3		5	0	3	2
Total	178	159	164	172	178	198	161*

Table 2 Number of Research Studies Approved by Clinical Board *Data for 25/26 up to end of Q3

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The number of studies approved year on year continues to increase and as of the end of Q3 161 new studies have been approved. Projected activity for 25/26 should result in the highest number of new studies approved in year to date. Most notable growth has been within the commercial portfolio, showing a 30% increase in activity compared to the same period last year and represents 40% of our research activity 23% during last financial year.

Research Recruitment

The below graph is composed of the total number of participants recruited per Clinical Board for each Financial Year, dating back to 2019-20. For 2025-26, we have included all data up to the end of Q3.

Clinical Board	2019-20 Recruits	2020-21 Recruits	2021-22 Recruits	2022-23 Recruits	2023-24 Recruits	2024-25 Recruits	Q3 2025-26 Recruits
All Wales Medical Genomics Service	69 [^]	10 [^]	26 [^]	18	24	88	19
Children & Women's	1606	1609	1543	713	1980	321	532
Clinical Diagnostics & Therapeutics	154	39	79	179	77	114	163
Medicine	544	859	1340	1626	822	838	396
Mental Health	173	48	108	153	274	239	127
Other	5	7	23	109	161	322	56
Primary, Community & Intermediate Care	293	114	353	738	174	219	5
Specialist Services	1378	2684	2125	2113	1125	1516	1875
Surgical Services	1433*	602	1613	1423	981	1189	643
Grand Total	5655	5972	7210	7072	5618	4846	3816

[^]studies under Clinical Genetics Directorate have been included in this figure instead of Specialist Services
 *total includes studies under Dental Services clinical board

Narrative
 Data for 2019-20 to 2024-25 gathered from final HCRW Performance reports of respective financial years
 Data for Q3 2025-26 gathered from HCRW Performance report downloaded on 27/01/2026

Table 3 Research Recruitment by Clinical Board *Data for 25/26 up to end of Q3

Specialist services continues to be the clinical board with the largest research portfolio driven by very active research portfolios within Hematology, neurology, nephrology and cardiology.

Recruiting to Time & Target (RTT)

This is the most significant Key Performance Indicator (KPI) set out by Welsh Government & HCRW. RTT applies to studies that are either open (actively recruiting) or have closed to recruitment. Each study is given an individual rating of Red, Amber or Green (or Black/White if insufficient data is provided) which is calculated using the target number of participants against the current recruitment total; and the duration of the study for those still actively recruiting.

Open studies: The rating indicates how well a study is currently doing in terms of recruiting participants. This will be based on the average rate of recruitment so far and how likely it is to reach the target if this continues. A Green rated study means it is on track to reach the target, Amber studies are slightly off track and Red studies are not on track at all.

Closed studies: The rating determines if the study has met its target or not. If it has, it will be Green, or if it has recruited 90% or more of the target then it is rated Near Miss. If a study has recruited less than 90% of its target then it will be rated Red.

The percentages that make up an organisation's RTT KPI indicate how many studies within the organisation are currently rated Green out of all of the actively recruiting studies; or have closed on Green (target reached) out of all studies that have closed. Each Financial Year Quarter, HCRW will provide a snapshot of the data based on deadlines set out at the start of the year. The percentages are always split between Non-Commercial and Commercial studies.

Q3 RTT for CVUHB	Non- Commercial	Commercial
Open	64%	58%
Closed	74%	66%

1.2 Governance Structures

The image below illustrates the current governance structures for research, some of which are joint with Cardiff University under the Joint Research Office committee structures.

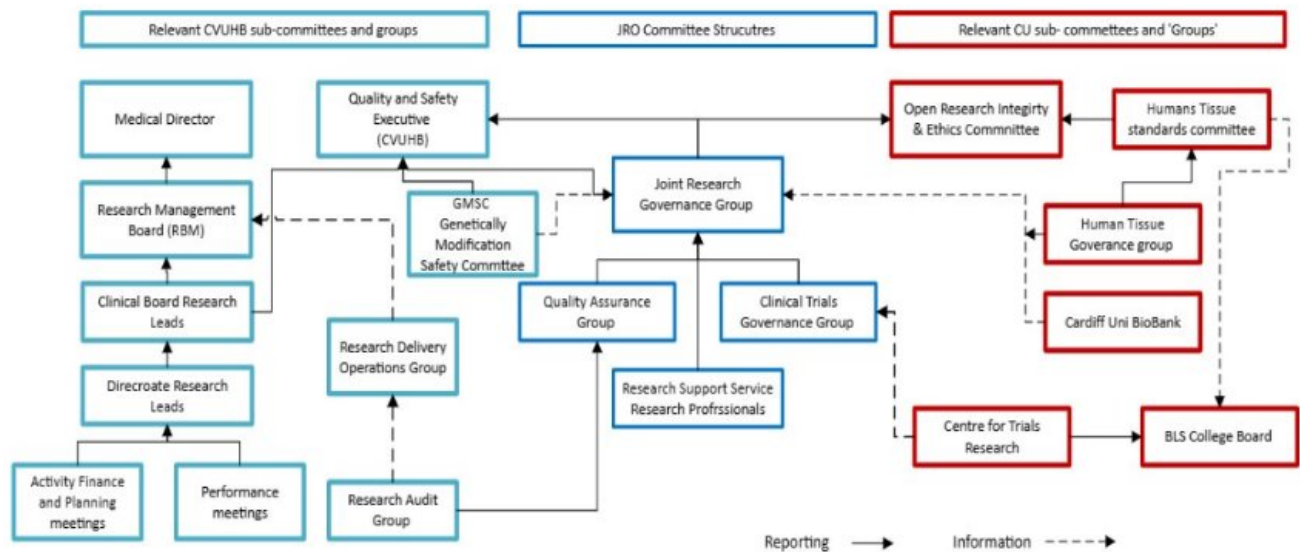


Figure 2 Research Governance structures 2025/26

The proposed R&D strategy (see point 1.4) will review currently reporting structures with an aim of strengthening awareness of research and embedding it as part of core business for the health board.

1.3 Finance

All research infrastructure within the health board is funded by research income. Main sources of income are

- HCRW – Government funding allocated annually support infrastructure
- Grant income - Allocation for delivery of a specific project or programme of work
- Commercial Income – Payment for activity to commercial trials payment

Health and Care Research Wales (HCRW)

The HCRW funding allocation is an annual budget provided by Welsh Government through Health and Care Research Wales to support research infrastructure within the organisation. In 2025/26 this equated to **£6.842m** and is the largest single source of funding received to support research activity. The funding is primarily utilised to cover the costs of approximately **175 WTE research staff**, as well as the operational expenses of research units and associated services. The allocation is managed centrally by the R&D management team and distributed as required by the research portfolio across the organisation. This is reviewed as part of the annual business planning process.

CAV is required to provide monthly spending returns to demonstrate spend against named research posts. On target to report a balanced financial position by year end.

Grants

Grant submission process is supported by the R&D team in conjunction with the Finance team to ensure that all costs are accurately identified and incorporated into each application using the Accord methodology for attribution. Each funding scheme has its own eligibility criteria and restrictions, which are carefully considered during the submission process.

Award	Title	Researcher	Grant Award	Start date	End date
-------	-------	------------	-------------	------------	----------

NIHR	EXCISE- EXamining antibiotics for ulCerated skln cancer Surgical Excision	Dr R Abbott	£1,486,597.90	01/01/2025	01/01/2028
HCRW Research for patient and public benefit	Feasibility of developing personalised treatment pathways for relief of plantar heel pain using a sequential multiple assignment randomised trial (SMART) study design.	Dr R Jones	£195,131.00	01/10/2023	30/09/2025
NIHR HTA	The ELIPSE Study - a randomised controlled trial comparing the clinical and cost-effectiveness of lymph node removal in patients undergoing curative surgery for localised high-risk prostate cancer.	Mr K Narahari	£2,387,478.52	01/02/2024	01/02/2030
NIHR – EME	PICCOS- PIPAC therapy Trial: Pressurised IntraPeritoneal Aerosolised Chemotherapy. Now entitled PIPAC In Cancers of the Colon Ovaries and Stomach	Dr J Torkington	£1,974,920.41	01/11/2022	31/10/2026
NIHR – HTA	POLARIS - Non-conservative treatments for major low anterior resection syndrome (LARS)	Dr J Cornish	£1,848,418.85	01/10/2022	30/04/2028

Table 4 Cardiff and Vale Led Grant Awards

Commercial Income

Commercial income is generated from studies that we deliver on behalf of commercial companies and currently reflects around a third of the research portfolio.

Income generated from commercial activity has been steadily increasing

FY	Commercial income
25/26 (m9)	£4,063,481
24/25	£3,257,625
23/24	£3,064,753
22/23	£2,471,975
21/22	£1,798,442
20/21	£1,704,104

Table 5 Income generated by Commercial Research

Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) investment

The 2024 Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) scheme is an agreement between the Department of Health and Social Care (DHSC), NHS England, and the Association of the British Pharmaceutical Industry (ABPI). The scheme includes a £400 million investment programme, which has been partly designed to bolster the NHS's capacity to deliver commercial clinical research, aligning with the goals of the O'Shaughnessy report.

£22.1 million of funding has been allocated to Wales between 2024–2029 to boost commercial clinical research. Managed by Health and Care Research Wales (HCRW), this investment supports enhanced infrastructure, increase staff capacity, and accelerate trial delivery.

The funding, running from 1 April 2025 to 31 March 2029 to pump prime research infrastructure to boost commercial activity and therefore commercial income generation which will be used sustain infrastructure once the funding comes to an end. **Cardiff and Vale successfully secured £9.846m** of funding over the four years to support infrastructure across specific research areas including rare diseases, paediatrics, neurosurgical advanced therapies, and nephrology.

New Research Finance Policy

Welsh Government will shortly be releasing a revised NHS R&D Finance Policy for adoption by Health boards across Wales. The policy describes the systems for the costing, financial management and accounting of all research activity undertaken in the organisation. It covers the details and mechanisms necessary for the management, accountability and distribution of NHS research funding and income.

A new CAV Research Finance policy has been drafted based on the Welsh Government Policy. The proposed policy is to be reviewed and endorsed by the research management board before being presented to board for sign off.

1.4 Strategic Portfolio Alignment

Research is a key part of the CAVUHB strategy, priorities and vision and is a component within the **Shaping Our Future Generations** programme that is an element within the **Acting for the Future** portfolio.

Which aligns with the Welsh Government R&D Framework **NHS Framework-Embedding Research into core business**. The document was published in a drive to embed and integrate research into all aspects of health and care services in Wales. The framework outlines what 'research excellence looks like' within NHS organisations in Wales where research is embraced, integrated into services and is a core part of the organisations culture, broken down into 10 key pillars. A copy of the framework can be accessed via the following link; [Research matters - What excellence looks like in NHS Wales](#)



This has formed the basis of a new R&D strategy, currently in development, which proposes; **Six organizational priorities** -These priorities describe the organizational conditions that allow research to flourish and translate into better care.

- **Fostering a Research Culture**
Embed research as a core component of clinical practice and organizational identity.
- **Aligning Research Structures with Clinical Services**
Create a clear, efficient and proportionate research system integrated with clinical planning and delivery.
- **A Robust Financial Model for Reinvestment**
Ensure research is financially sustainable, transparent, and able to reinvest in capacity that benefits patients and services.
- **Workforce Development**
Develop a confident, skilled and inclusive research workforce across all professions, with clear pathways from participation to leadership.
- **Partnership Working**

Build effective partnerships that expand our research capability, capacity and impact locally, across Wales and internationally.

- **Recognizing and Articulating the Impact of Research**

Measure, communicate and use the impact of research to improve care and demonstrate value to the public and decision makers.

Six clinical focus areas

We will focus where Cardiff and Vale can lead, where readiness is needed, and where population impact is greatest.

- **Advanced Therapies**

Develop C&V UHB as a leading NHS Wales hub for safe, equitable delivery and evaluation of advanced therapies (including cell and gene therapies).

- **Emergency Medicine and Unscheduled Care**

Build a research-active emergency and acute care system able to test, adopt and scale interventions that reduce mortality and disability.

- **Population Health Priorities**

To develop a research portfolio focused on population health priorities to improve prevention, early detection and long-term management, reducing complications and inequalities, with delivery in community settings to reflect real-world environments.

- **Paediatrics research (as the Children's Hospital for Wales)**

To strengthen paediatric research as a core function of the Children's Hospital for Wales and Cardiff and Vale, positioning Wales as a national centre for child-centred, data-enabled and innovation-ready research.

- **Cancer**

Improve cancer outcomes and experience through research that strengthens pathways and surgical performance and accelerates adoption of innovation.

- **Genomics**

Position Cardiff and Vale as a genomics-enabled health board that can host, deliver and evaluate genomics research ethically and effectively.

Proposed strategy is to be reviewed and endorsed by the research management board before being presented to board for sign off.

1.5 Alignment to the Board Assurance Framework (BAF)

The CAVUHB BAF is a mechanism to help manage key organisational risks based on 6 risk themes.

Delivery focussed:

1. Quality
2. Health Equity

Enabling:

3. People
4. Digital
5. Infrastructure
6. Sustainability

Research sits within the *Shaping our future Generations* Strategic Portfolio, however there are interdependencies with each of the other themes that are all critical to the delivery outputs of research.

The key challenge of financial sustainability is acknowledged, as described in the BAF. Research continues to mitigate this by creating a self funding sustainable model which has delivered a financial surplus each year.

1. Executive Director Opinion & Key Issues to bring to the attention of the Committee

- Research Activity within Cardiff and Vale continues to grow, increasing the number of studies opening and commercial income generation. Once finalised and approved by board, the new research strategy will support the organisation to reach its research potential.
- Visibility and impact of research within the organisation needs to be strengthened which aims to be addressed with the implementation of a new research strategy.
- The Financial management of research funds is under review in readiness for the WG revised Research Finance Policy


2. Appendices (please list any appendices that will accompany this report. Do **not** embed)

3. Recommendations:

- **Note** the alignment of Research to the *Future Generations* strategic portfolio.
- **Support** the ongoing development of new R&D strategy and Research finance policy once they are finalised and submitted to board for review.

4. Link to Strategic Objectives of Shaping our Future Wellbeing:

5. Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1.  Putting People First		2.  Providing Outstanding Quality	
3.  Delivering in the Right Places		4.  Acting for the Future	x

6. Five Waves of Working (Sustainable Development Principles) considered:

7. Please place an "x" in the below boxes where relevant

Prevention		Long Term	x	Integration	x	Collaboration	x	Involvement	x
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Quality Impact Assessment Completed?

Please place an "x" in the below boxes where relevant

Yes (please include the complete QIA document)		No (please provide reasoning e.g. not required)	x	The paper is to provide committee assurance around Research Activity
--	--	---	---	--

Impact Assessment

Please place an "x" in the below boxes where relevant

Risk: no
Safety: no
Financial: Yes Pending new policy which will support reinvestment into research infrastructure in a sustainable way.

Workforce: Yes - Delivering research portfolio requires a research vacancies to be filled in a timely manner.	
Legal: No	
Reputational: No	
Research provides opportunity to raise CAV reputation as a centre of excellence	
Socio Economic: No	
Equality & Health: No	
Decarbonisation: No	
Welsh Language: No	
Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)	
Name of Committee/Group/Exec	Date:

Regan, Nikki
16/02/2025 08:56:52

Report Title:	Cardiff Health Partners			Agenda Item No:	
Meeting:	Finance and Performance Committee	Public	X	Meeting Date:	18Feb2026
		Private			
Status (please only tick one)	Assurance	X	Approval	Information/Noting	
Lead Executive Title:	David Fluck Executive Medical Director				
Report Author Title:	Zoe Hilton, Mark Briggs, Rachel Savery Cardiff Health Partners Team				
Main Report Background and Current Situation:					

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Cardiff Health Partners: Pioneering collaborative health science innovation today to make Wales fairer, healthier and more prosperous

1. Cardiff Health Partners

This paper is to provide information and assurance regarding the creation and development of **Cardiff Health Partners** (CHP; www.cardiffhealthpartners.org.uk) including progress on governance, contractual agreements, resourcing, plans for a formal launch, and its place in supporting the overall vision, strategy and priorities of Cardiff and Vale University Health Board (CAVUHB; shapingpourfuturewellbeing.com). Previously, papers for noting regarding the creation of CHP were taken to CAVUHB Quality Committee (16 Sept 25) and CAVUHB Board (25 Sept 25) and formed part of the CAVUHB CEO assurance report to CAVUHB Board (29 Jan 26).

1.1 Background and Current Position

Cardiff Health Partners (CHP) is a formative strategic partnership between 3 initial founding partners: **Cardiff and Vale University Health Board (CAVUHB), Velindre University NHS Trust and Cardiff University**. In recognition of the challenges faced by both healthcare providers and academia, especially as regional anchor organisations, and building off successful models elsewhere across the UK, CHP was established to function as an integrated health science accelerator for Wales. Its mission is to drive translational research into impactful clinical practice, foster economic regeneration through health and life sciences innovation, train future-ready interdisciplinary healthcare professionals, and promote health equity across all communities. By leveraging regional co-location and aligning academic excellence, clinical expertise, and innovation capacity, CHP intends to create a connected ecosystem to deliver lasting improvements in health outcomes while creating inclusive economic opportunities for the people of Wales. Additional parties will be brought into the partnership as CHP matures and opportunities arise to work strategically with other public, private and third sector organisations. CHP is jointly supported and strategically led by the founding partner NHS Wales Chief Executive Officers and Cardiff University Vice Chancellor.

Specifically, CHP aims to:

- **Accelerate Innovation to impact**
Accelerate precision diagnostics, early detection, prevention, and advanced treatments
- **Improve Health outcomes and advance equity**
Tackle inequalities and enable fairer access to innovative care across communities
- **Drive Economic Regeneration**
Stimulate high-value employment, support SME and life sector growth, attract inward investment, and position Wales as a world-class hub for health and life sciences
- **Enable Translational Research**
Bridge discovery and clinical practice to get new therapies to patients faster
- **Develop a Future-Ready Workforce**
Build an interdisciplinary, skilled workforce through integrated education, collaborative training, and professional development programmes that attract and retain global talent
- **Foster Regional Collaboration**
Strengthen partnerships, maximise resources, and build shared centres of excellence across Wales

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This is in alignment with regional, national and UK-level policy and direction including:

- Science and Technology Framework (UK Govt.; 2025)
- UK Industrial Strategy (UK Govt.: 2025)
- Regional Innovation Fund (Welsh Govt.; 2023)
- Health and Social Care Delivery Plan for Wales (Welsh Govt.; 2024)
- Levelling Up, R&D Place Agenda, and Shared Prosperity Goals (Welsh Govt.; 2023)
- The Well-being of Future Generations Act (Welsh Govt.; 2015)
- Wales Innovates: creating a stronger, fairer, greener Wales. (Welsh Govt.; 2024)
- Cardiff Capital Region programme objectives (Cardiff Capital Region; 2023)
- Economic mission: priorities for a stronger economy, (Welsh Govt.; 2023)

Many of the initial aspirations and potential regional benefits, outcomes and impacts are described in a [prospectus](#) (see also Appendix 1) that was developed, at the request of Welsh Government, as a key element of the engagement and dissemination activity at their Investment Summit (01 Dec 25).

1.2 Strategic Portfolio Alignment

CHP is one of several partnerships that underpin CAVUHB strategy, priorities and vision and is a component within the **Shaping Our Future Generations** programme that is an element within the **Acting for the Future** portfolio, Figure 1.

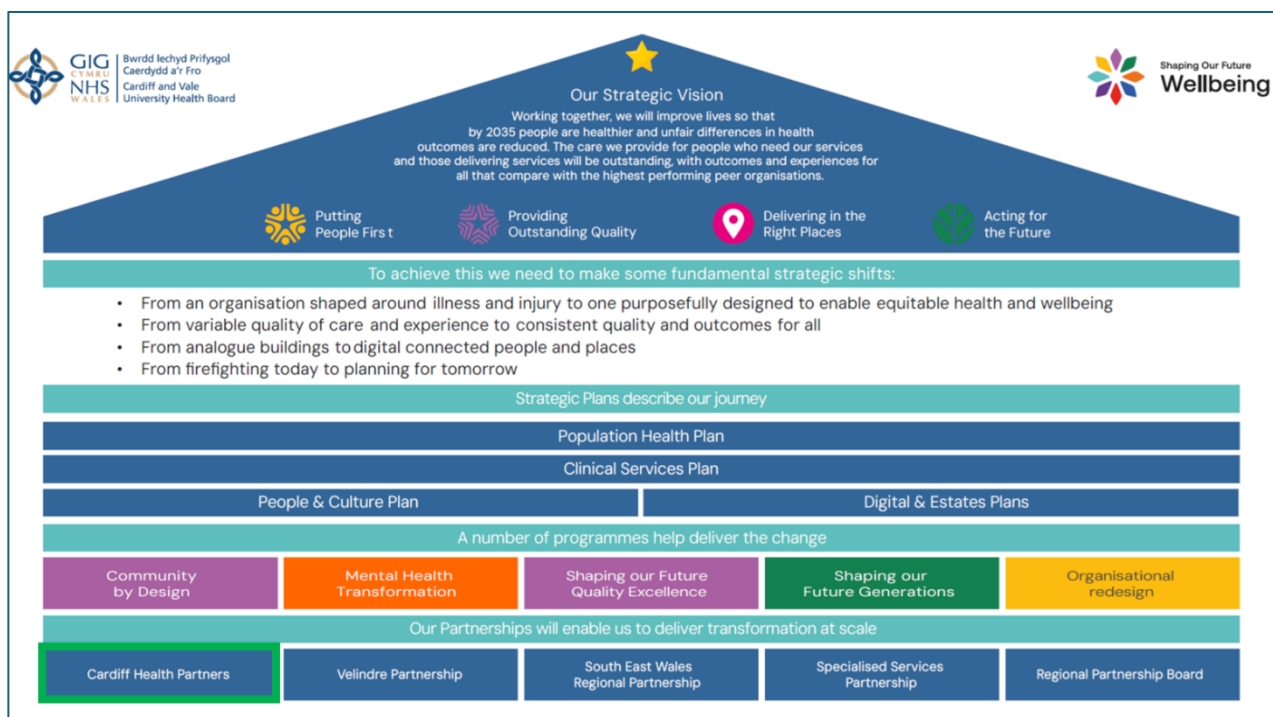


Figure 1. Cardiff Health Partners is one of several partnerships underpinning CAVUHB strategy and vision

With a broad remit that includes a focus upon: Research and Development; Innovation; Education; and Economic value and regional partnerships, CHP supports several key *Acting for the Future Strategic Objectives* including:

- *"We will work to ensure that what we do today does not compromise the wellbeing of our future generations. We will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable healthcare into the future."*

- *“Develop and expand the Health Board’s research, teaching and innovation portfolios in collaboration with Cardiff University and other partners.”*
- *“Contribute to the development and adoption of cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value.”*
- *“Maximise the Health Board’s contribution to the Foundational Economy”*

CHP will initially focus on three areas where Cardiff has internationally recognised capability:

- **Next-Generation Cancer Care** - *expanding research and clinical trial capacity.*
- **Brain Therapies** - *advancing treatments for neurological and mental health conditions.*
- **Precision Medicine** - *creating a centre of excellence at Cardiff Edge to deliver personalised, data driven care.*

These are underpinned by partner existing assets, resources, enabling activities and functions such as data and sample sharing, a Joint Research Office and clinical academic work. As appropriate, other projects and initiatives will be identified brought under the CHP “umbrella” to provide easier and streamlined access and contact for internal and external parties through presentation of a unified front and single entity.

1.3 Cardiff Cancer Research Partnership



As an example of a pioneering activity, from section 1.2 above, next generation cancer care is being led by an extant partnership, (formally launched 17 Sept 25 following an initial setup phase), between the same organisations as CHP, in the form of the Cardiff Cancer Research Partnership (ccrp.org.uk). The CCRP is focussed on maximising opportunities around fundamental and bi-directional translational research in the cancer space that complements current delivery of clinical services and innovation and in formalising streamlined bench-to-bed pathways. The partnership is bringing together the resources, knowledge and expertise - current and future - to allow for patients, workforce and resources to flow across organisational boundaries and act as an attractor to industry, funders and other researchers, Figure 2.

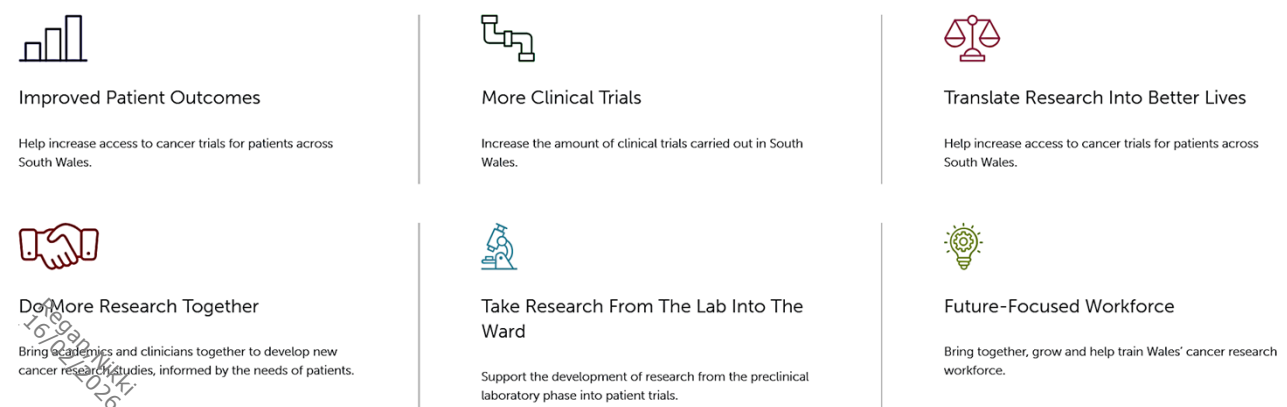


Figure 2. Cardiff Cancer research Partnership aims.

Whilst also in an early stage of development, CCRP is actively developing and operationalising business plans, mechanisms and rhythm. A formal legal Partnership Agreement is in advanced draft which, once

finalised and executed, will form the basis of a similar contract for Cardiff Health Partners. Currently there is active review of financial arrangements and funding flow between partners in progress; a draft financial model has been articulated to the Senior Responsible Officers with further refinement of income distribution models being undertaken by the R&D Departments.

In the area of Discovery and Translational Research, a workshop series has been established to bring the research community together to facilitate and support creation of a bid development infrastructure based upon practical experience of challenges and barriers. A collaborative workstream to increase and speed up translational research activity is operational, bringing together established groups such as the Wales Cancer Research Centre, Experimental Cancer Medicine Centres and the Wales Cancer Bank. Under the partnership, 2 clinical trials have been closed to recruitment recently, with 4 new trials opened in the areas of both haematological and solid tumour cancers and with 4 more anticipated to open in early 2026.

With regards to infrastructure, there is ongoing activity around opportunities to reconfigure existing cancer-related resources, especially within Cardiff University facilities, with recent progression from scoping and options appraisal phases to more formalised planning, subject to organisational approvals and commitment.

1.4 Alignment to the Board Assurance Framework (BAF)

The CAVUHB BAF is a mechanism to help manage key organisational risks based on 6 risk themes.

Delivery focussed:

1. Quality
2. Health Equity

Enabling:

3. People
4. Digital
5. Infrastructure
6. Sustainability

With Sustainability as the strategic risk theme underlying the *Shaping our future Generations* Strategic Portfolio, and one that CHP supports, there are interdependencies with each of the other themes as they are all critical to the delivery outputs of routes to delivery of the CHP aims and goals.

The key challenge of financial sustainability is acknowledged, as described in the BAF, for example with the challenge maintenance and upkeep of core infrastructure commitments leaving little headroom for innovation.

CHP will directly contribute to mitigating this gap by creating a structured, externally-leveraged model for innovation, partnership working and translational science thus maximising upon existing assets and minimising the request to the partners (see 1.7 Finance).

1.5 Governance

The CHP founding partner lead executives have committed to support the development and operationalisation of the partnership. To date, there has been significant in-kind contribution from each partner in the form of senior staff time. Going forward it is intended that a legal agreement with be put in place that will describe the CHP structure, the operating model and formalise the commitment

and contribution from each partner. To lead and support this activity an interim Managing Director has been appointed, who took up post in early Jan 26, and is currently undertaking discovery phase activities. Initial focus is upon review, refresh and establishment (where appropriate) of:

- Contractual Partnership Agreement
- Formal agreed governance architecture and frameworks – including key leadership, steering and management groups
- Terms of Reference – to support the governance structure
- Partner-resource assumptions, requests and accountabilities
- Development of operating model, mechanisms and rhythm

1.6 Resource Mapping

An internal resource-mapping exercise is underway across the three partners to:

- Identify existing capacity and capability both with R&D and routine organisational focus
- Highlight strengths and potential for further augmentation along with gaps and recommendations to address such, as appropriate
- Determine required core infrastructure and resources
- Financial management and contribution – to inform funding discussions and sustainability options

1.7 Finance

The financial challenges and constraints faced by all partners are recognised and acknowledged (as also described in the CAVUHB Board Assurance Framework). To date, contribution has primarily been through in-kind allocation of staff time. Currently, there is joint commitment to support the interim Managing Director role (c. 12 months). The current discovery phase and mapping activity will be used to develop a more formal request for resource through the establishment of a core CHP office and associated staffing. Requests for non-pay allocation have yet to be determined.

CHP will actively identify and apply for additional funding from local, regional, national and UK sources likely including Welsh and UK government, relevant (regional) development funds, and other private, e.g. industry, public sector, e.g. UKRI, NIHR, and 3rd sector sources.

1.8 Communications, Consultation Activity and Launch Planning

Planning is underway for a formal CHP launch event in late 1H 2026 – the exact timing, design, format and options for the launch is current at active discussion phase with input from CHP senior executives and leadership and communication teams noting the need to take account of other national events in a similar timeframe. The launch planning and delivery will also support discovery phase resource and activity mapping and help shape further the operating model.

Other communication and dissemination channels, such as internal/external 'web presences', are also being explored along with near-term plans more focussed workshops with each of the founders to establish focus.

1. Executive Director Opinion & Key Issues to bring to the attention of the Committee

- CHP continues to make tangible progress following strengthened leadership with appointment of an interim Managing Director and focus on establishing robust governance. The development of the partnership agreement, strategic plan, operating and resource models will be critical to success.
- CHP provides an important enabling function within the Shaping Our Future Generations strategic portfolio and aligns directly with the Sustainability risk theme within the BAF (with touchpoints with others). **The Committee is asked to note that CHP contributes positively to mitigating elements of this risk, particularly around system efficiency, RD&I capacity and long-term partnership alignment.**

Key risks requiring monitoring include:

- Securing adequate resources from all partners
- Timely establishment of governance documents
- Clarity of financial flows. Within CAVUHB this will include across RD&I and innovation pathways
- Maintaining momentum ahead of the formal launch.

2. Appendices (please list any appendices that will accompany this report. Do not embed)





1. CHP Prospectus – English and Welsh languages versions
2. Summary Cardiff Health Partners presentation

3. Recommendations:

- **Note** the alignment of Cardiff Health Partners (CHP) to the *Future Generations* strategic portfolio, recognising its direct contribution to research, development and innovation as described within the strategic portfolio framework.
- **Note** the relationship between the CHP workstreams and the *Sustainability* strategic risk theme within the Board Assurance Framework, particularly in relation to long-term finance, climate and RD&I.
- **Support** the ongoing development of CHP governance, including the collaboration agreement, updated Terms of Reference and the resource-mapping work underway across partner organisations, with outputs to be received at a future meeting
- **Endorse** the continued planning for a formal CHP launch event in April 2026, recognising its importance for system visibility, partner engagement and strategic
- **Endorse** the planned facilitated workshop with representative CAVUHB colleagues to promote engagement and feedback that will be further used to shape programme focus, activity and plans.

4. Link to Strategic Objectives of Shaping our Future Wellbeing:

5. Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1.  Putting People First	2.  Providing Outstanding Quality	
3.  Delivering in the Right Places	4.  Acting for the Future	x

6. Five Waves of Working (Sustainable Development Principles) considered:

7. Please place an "x" in the below boxes where relevant

Prevention		Long Term	x	Integration	x	Collaboration	x	Involvement	x
Quality Impact Assessment Completed?									
Please place an "x" in the below boxes where relevant									
Yes (please include the complete QIA document)		No (please provide reasoning e.g. not required)		x		The paper is to provide committee assurance around the establishment of Cardiff Health Partners.			
Impact Assessment									
Please place an "x" in the below boxes where relevant									
Risk: Yes									
CHP The development of CHP governance, collaboration agreements and resource mapping introduces <i>strategic-level risks</i> if not delivered on time, but these are being actively managed through the Executive Board.									
Safety: No									
CHP work is organisational/strategic initiative under which projects will be delivered. [Clinical] safety implications will be considered at project level.									
Financial: Yes									
CHP There may be future requirements for partner-contributed resources or commissioning support depending on the resourcing model identified in the ongoing CHP resource-mapping work.									
Workforce: Yes									
CHP Delivery of CHP will rely on identifying appropriate internal resource and could require redeployment or additional support depending on gaps highlighted in the resource map. Executive leads are confirming partner contributions in the short-term.									
Legal: Yes									
CHP A new partnership agreement for CHP is being developed, adapted from the CCRP model [to be finalised and executed], and will require appropriate legal oversight.									
Reputational: Yes									
CHP A successful CHP launch will strengthen CAVUHB profile as a system leader.									
Socio Economic: Yes									
CHP aims to strengthen cross-sector partnerships that improve population health outcomes and reduce inequity — aligning with the socio-economic duty. Job creation and economic growth are key objectives of the partnership. No negative socio-economic impacts identified.									
Equality & Health: No									
CHP's work supports equity, access and long-term health improvement. No immediate need for a full formal EHIA until specific programmes or service changes are proposed.									
Decarbonisation: No									
CHP is a strategic partnership structure and that will consider and support decarbonisation activity as part of any future implementation of changes to estate, infrastructure or service-delivery models.									

Welsh Language: No

CHP outputs (e.g., external communications, materials and collateral) will follow all Welsh Language Standards requirements. No specific risks identified.

Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)

Name of Committee/Group/Exec	Date:

Regan Nikki
16/02/2025 08:56:52

Appendix 1.

Cardiff Health Partners Prospectus

Regan, Nikki
16/02/2026 08:56:52



Cardiff
Health Partners

Partneriaid Iechyd
Caerdydd

Cardiff Health Partners

A vehicle for health innovation, anchored in Cardiff and connected for global impact.

David Fluck

Executive Medical Director CAVUHB

18 Feb 2026



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cardiff and Vale
University Health Board



GIG
CYMRU
NHS
WALES

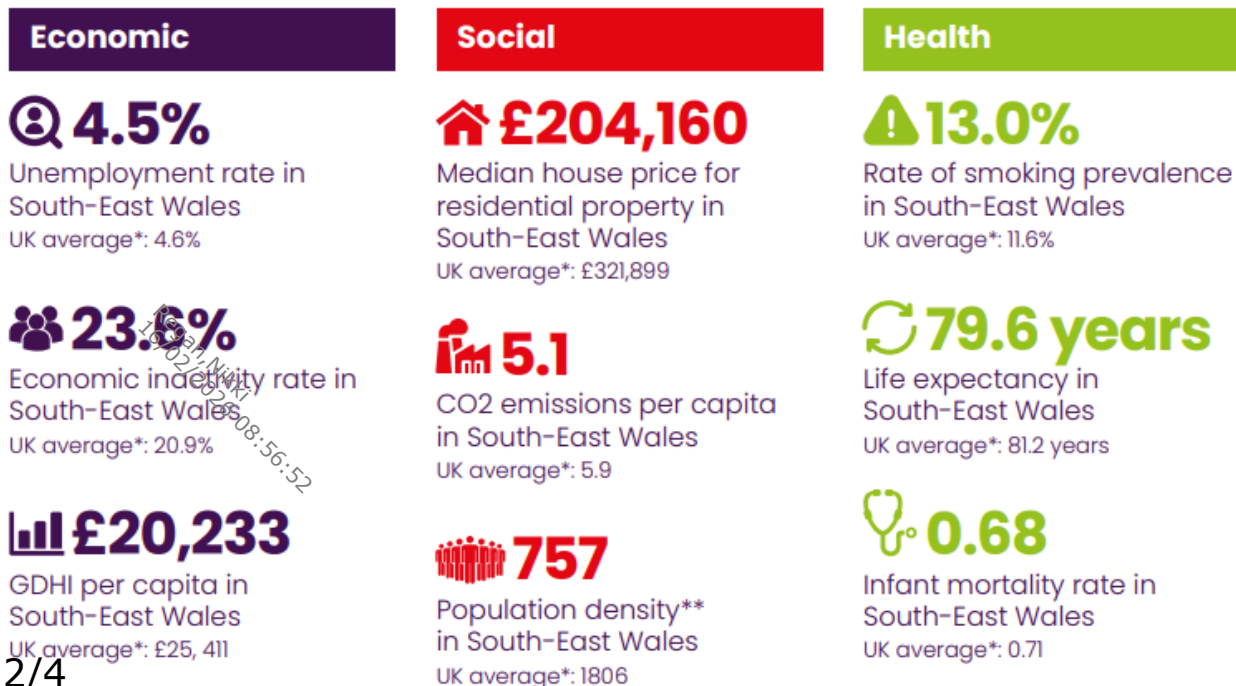
Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



How do we improve population health through Cardiff Health Partners?

Where is Cardiff across key socio-economic factors?

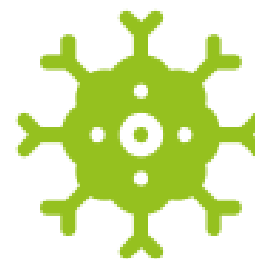
We've benchmarked ourselves against the UK. The lower-than-average economic performance coupled with the high smoking rate and lower life expectancy prove the need for Cardiff Health Partners and widescale regeneration to build more prosperous communities.



Our 6 Goals are to:

- Stimulate innovation
- Accelerate health for our community and reduce inequity
- Drive economic growth and regeneration
- Enable translational research
- Develop a future ready workforce
- Foster regional collaboration

Thematic Priorities:



Next-generation
cancer care



Brain
Therapies



Precision medicine
capabilities

Outcomes and Impact – by 2035

- We are expecting to spend approximately **£500m** on infrastructure and **£350m** on human capital, and research & development needs
- Significant economic contribution of between **£785m and £813m** in GVA and **10,440 – 10,840 jobs**
- Cardiff is **recognised** as a true **Centre of Excellence in Brain Therapies**, excellence in **precision medicine**, and **translating cutting edge research** into routine **cancer care and treatments**
- Creation of a **workforce pipeline**, so talent and assets are **embedded** in the wider **health and life sciences ecosystem**
- A **dedicated landing zone** welcomes **top talent and bold ideas to experiment, collaborate, and accelerate innovation** in a dynamic, impact-driven environment
- **Health inequalities** in Cardiff and region will be **actively reduced** through inclusive interventions that ensure **access to care and research participation**.
- Healthcare to be **delivered closer to the patient** (routine care)





Cardiff
Health Partners

Partneriaid Iechyd

Caerdydd

Through a collaborative approach, Cardiff Health Partners will act as a unique transformational vehicle for South-East Wales.

cardiffhealthpartners.org.uk

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Cardiff
Health Partners

Partneriaid Iechyd
Caerdydd

Cardiff Health Partners

Health Innovation, Anchored in Cardiff,
Connected for Global Impact



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16/02/2025 08:56:52



GIG
CYMRU
NHS
WALES
Bwrdd Iechyd Prifysgol
Cardiff and Vale
University Health Board



GIG
CYMRU
NHS
WALES
Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



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Overview of Cardiff Health Partners	12
Thematic Priorities	20
Outcomes and Impact	27
Summary and... what comes next?	30

Introduction

We are delighted to introduce Cardiff Health Partners (CHP).

As leaders of our respective organisations, we and our teams have been working closely together on CHP and are excited about the opportunities this partnership brings and the transformative impact it will have on our region.

CHP represents a new era, a bold, strategic, and collaborative vision: three organisations coming together with a shared commitment to improving health outcomes, driving innovation, and creating lasting benefits for our patients and communities. By combining our expertise, resources, and passion, we believe this partnership will not only strengthen healthcare delivery but also foster research excellence, economic growth, and social wellbeing across the region.

This is more than a partnership. It is a promise to work collectively for the greater good. We will work collaboratively, with our industry partners, to serve as a catalyst for positive change, setting new standards for collaboration and impact.

Thank you for taking the time to explore this prospectus. We look forward to working together to make this vision a reality.

Warm regards,



Carl James
Interim CEO, Velindre University NHS Trust



Wendy Larnor
President and Vice-Chancellor, Cardiff University



Suzanne Rankin
CEO, Cardiff and Vale University Health Board



Executive Summary

Cardiff Health Partners is the vehicle for health innovation, anchored in Cardiff and connected for global impact.

We are a strategic partnership between Cardiff University, Cardiff and Vale University Health Board, and Velindre University NHS Trust that aligns discovery science, clinical care, education, and industry partnerships to accelerate innovation into practice, improve health equity, and drive inclusive economic growth and regeneration.

What do we want to achieve?

Cardiff Health Partners is designed to turn collaboration into results, with an initial focus on globally recognised competitive strengths including Cancer, Brain Therapies, and Precision Medicine – linking assets and capabilities across the partnership into coherent testbeds and pathways. The model reduces barriers through shared governance, streamlined research delivery, and federated data access.

The outcome is a gateway for collaboration, faster routes from researchers, to clinicians, to patients, and a workforce trained across academic, clinical, and industry settings. This is health improvement and economic growth and regeneration, delivered together.

Why now?

The proposition is industry-ready and impact-driven. Cardiff Health Partners will transform health equity through enabling service delivery closer to the patient; it will improve the health and wellbeing of the population in Cardiff and beyond through strategic use of technology and promote regional growth and regeneration through creating high-quality jobs and attracting inward investment.

We have at our disposal key assets across Cardiff, ranging from cutting edge research centres to education spaces, dedicated trials and experimentation infrastructure to large scale implementation capabilities.

Early wins such as cutting-edge Huntington's disease treatments, successes in novel trials to treat cancer, and spinouts such as Draig Therapeutics, all underpinned by modern data sharing, demonstrate pace, partner readiness, and delivery credibility.

Now is the moment to back a connected partnership that turns strategic alignment into measurable outcomes for patients, the economy, and society.

What do we want to achieve?

Through investing in our immediate priorities, there will be a direct impact to the health of our population and the economy.

What are our priorities for investment?

We have three current thematic priorities for investment.

Next-generation cancer care

The Cardiff Cancer Research Partnership (CCRP) has launched multiple early and late phase cancer clinical trials, including industry-led and translational studies. Acting as a gateway for trial portfolios across Wales, the Partnership streamlines access and collaboration.

We are seeking support to scale up CCRP, including investment in collaborative centres at the Sir Martin Evans Building, Cardiff University, and the new Velindre Cancer Centre to drive discovery, learning and innovation. This investment will accelerate and expand our ability to discover and test new treatments for cancer.

Brain therapies

Cardiff is home to a distinctive set of imaging capabilities at CUBRIC (Cardiff University Brain Research Imaging Centre) and is among a select group of global centres delivering first-in-human intracranial advanced therapies, supported by world-class imaging, genomics, and surgical expertise.

We are seeking investment in refurbishing and expanding the Haydn Ellis building at Cardiff University, to improve our discovery and education capabilities.

Precision medicine capabilities

Cardiff brings together Advanced Therapy Medicinal Products (ATMP) delivery and a national genomics backbone to accelerate precision medicine – linking MRI-guided neurosurgery, the Wales Genomic Health Centre at Cardiff Edge, a flagship innovation campus in South-East Wales, and federated data and biobanks to move from discovery to adoption at pace.

We want to establish a new precision medicine centre of excellence at Cardiff Edge. We also want to build more operating theatres and novel imaging and laboratory facilities at University Hospital of Wales, and expand the trial, imaging, integrated data, and biobank infrastructure, strengthening existing capabilities to improve how we translate, experiment, and implement novel precision medicine innovations.



Our strategic vision:

**Health Innovation, anchored in Cardiff,
connected for Global impact**

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What will this achieve?

Through investing in these areas, we will:

- 1 Improve the health and well-being of the population in Cardiff and beyond
- 2 Improve equity of health access and outcomes by creating innovations, technologies and approaches that can assist in the delivery of care closer to home and reduces the carbon footprint
- 3 Establish Cardiff as a centre of excellence with credible expertise, facilities and networks that draws the best people, ideas and opportunities
- 4 Establish Cardiff as a centre of research excellence and opportunity with early emphasis on Cancer, Brain Therapies, and precision medicine
- 5 Create opportunities for high value, rewarding careers and employment opportunities that sustains the partnership and adds value to South-East Wales



We're delighted to be a member of Cardiff Health Partners, working to deliver innovations that improve health and wellbeing not just for the people of Wales but for the world, and at the same time improving economic prosperity for our country.

This partnership gives us the fastest route to improving outcomes for the patients who are at the heart of our ambitions.

Wendy Larner
Vice-Chancellor, Cardiff University



Strategic Context

There is national precedent, We have local ambition

Across the UK, Wales, and Cardiff, there is a unique context and environment which can be leveraged through investment to deliver significant impact.

What is the context for the UK?

Over the past decade, the UK's life sciences sector has established itself as a world-leading cluster spanning pharmaceuticals, biotechnology, medical technology, and digital health. The sector now contributes around £80 billion annually to the UK economy, supported by a well-developed innovation ecosystem comprising world-class universities, research institutes, and industry hubs such as the Oxford-Cambridge Arc and the Golden Triangle (London, Oxford, Cambridge). University spinouts also play a pivotal role in the ecosystem.

Government-backed initiatives, including the **Life Sciences Sector Plan** and previous Sector Deals, have encouraged collaboration between academia, industry, and the NHS, resulting in increased R&D investment, innovation, and international competitiveness.

As organisations look to the future, there are several key megatrends impacting current thinking, such as personalised and precision medicine, digital health and AI, cell and gene therapies, sustainability, supply chain resilience, and workforce development.

How does Wales and Cardiff perform?

Wales faces pressing challenges in health outcomes, regional inequality, and economic resilience. The health of the population in Wales is poor compared to many other areas within the UK, with high incidence of cardiovascular disease and cancer at a young age and marked inequity of health between communities, who live geographically close to each other. Life expectancy within Wales is the second lowest within the four nations, at 79.6 years compared to the UK average of 81.2 years.*

At the same time, UK and Welsh strategies prioritise life sciences, translational research, and data-driven care. The UK Clinical Research Delivery reforms, emerging UK-wide standardisation of research setup, and Welsh commitments to precision medicine and advanced therapies create a favourable policy environment. This is highlighted through recent groundbreaking research innovations, such as gene therapy to slow Huntington's disease progression and QuicDNA's novel liquid biopsies to streamline treatment decisions in lung cancer.



Wales has committed to become a Marmot nation** through Wellbeing of Future Generations Act (2015), enshrining principles in legislation and adopting them to create a fairer society for all, leading to improved health and reduced inequalities. Welsh government policy aims to transform the healthcare system, working towards a "Healthier Wales". It has established integrated health boards which are able to be more responsive to the community needs and moving from:

- Illness to Prevention.
- Analogue to Digital.
- Hospital to Community.

The Welsh life sciences sector has seen strong industrial growth in recent years, coupled with innovative and active research. In 2022, the sector reached a record £2.85 billion in turnover, employing more than 13,000 people.

However, there are difficulties. The pathway from research to clinical application is fragmented and siloed. In addition, other opportunities are missed due to a lack of integration, coordination, and scalable infrastructure.

How do we improve population health through CHP?

Cardiff Health Partners will be the catalyst in Wales for bringing about the transition that is agreed and well described.

It will push the frontiers of medicine, as it has already done, which will not only deliver improvements to health outcomes, but will retain our talent and bring investment to Wales with prosperity as well as ambition to our communities.

It will facilitate the transition of our services to be centred around our communities to drive the three strategic shifts outlined above, utilising the talent within the University and NHS to transform our delivery and focus.

It will support, inspire, educate, and train our children to equip them to be the workforce of the future, with rewarding careers that enable them to support their families and communities and enable Wales to prosper.

*Data for 2023 sourced from NOMIS Annual Population Survey and the ONS.

**<https://www.gov.wales/wales-become-worlds-first-marmot-nation-tackle-health-inequalities>

Where is Cardiff across key socio-economic factors?

We've benchmarked ourselves against the UK. The lower-than-average economic performance coupled with the high smoking rate and lower life expectancy prove the need for Cardiff Health Partners and widescale regeneration to build more prosperous communities.

Economic	Social	Health
<p>🔍 4.5% Unemployment rate in South-East Wales UK average*: 4.6%</p> <p>👤 23.6% Economic inactivity rate in South-East Wales UK average*: 20.9%</p> <p>📊 £20,233 GDHI per capita in South-East Wales UK average*: £25, 411</p>	<p>🏠 £204,160 Median house price for residential property in South-East Wales UK average*: £321,899</p> <p>🏭 5.1 CO2 emissions per capita in South-East Wales UK average*: 5.9</p> <p>👥 757 Population density** in South-East Wales UK average*: 1806</p>	<p>⚠️ 13.0% Rate of smoking prevalence in South-East Wales UK average*: 11.6%</p> <p>🔄 79.6 years Life expectancy in South-East Wales UK average*: 81.2 years</p> <p>🩺 0.68 Infant mortality rate in South-East Wales UK average*: 0.71</p>

The analysis highlights the region's strengths, such as the lower population density and reduced CO2 emissions, which contribute to a better quality of life and a lower cost for establishing businesses. The economic analysis reveals significant opportunities for growth in the area.

A qualitative assessment of the **strengths** and **opportunities** of the region was also conducted.

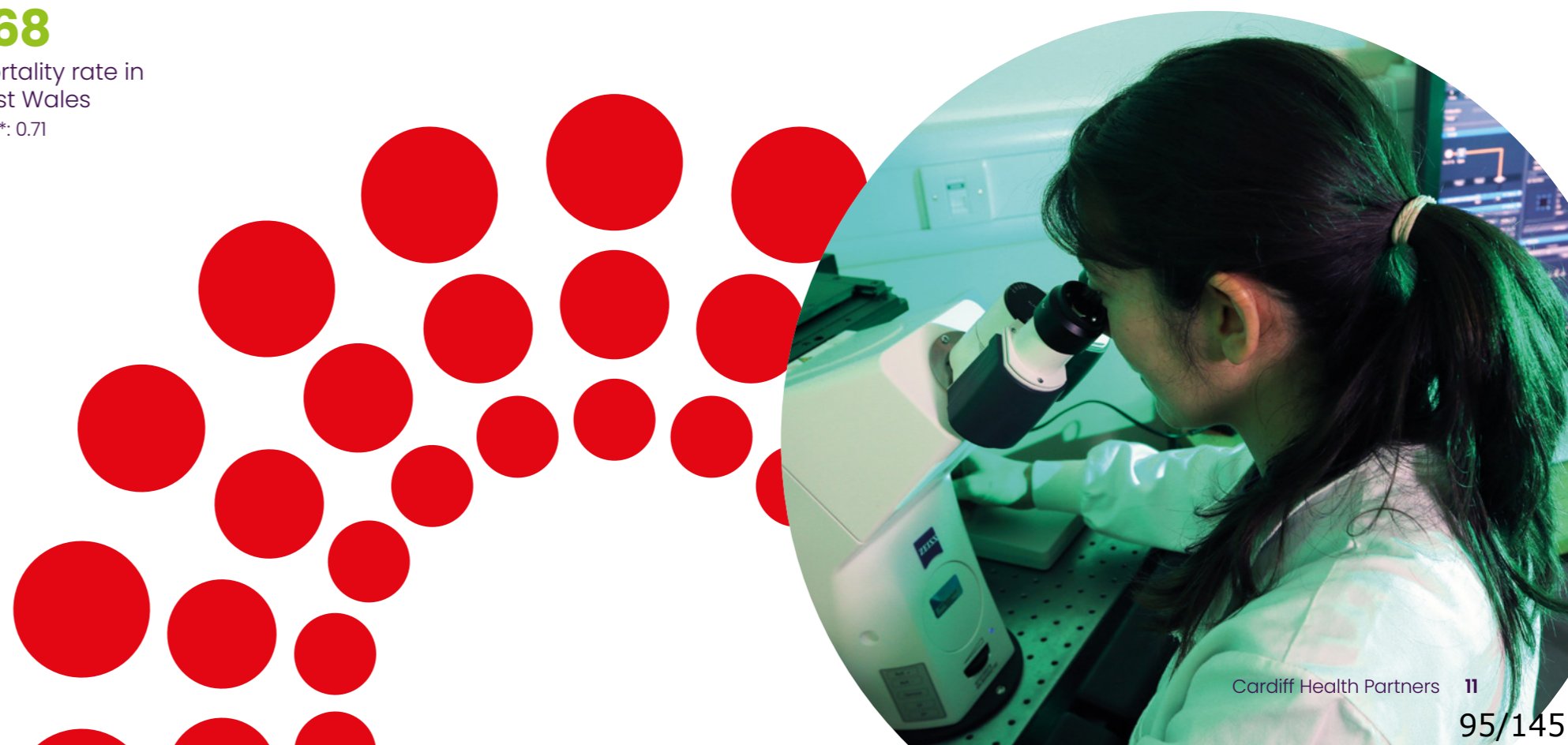
Strengths

- Our analysis of socio-economic indicators reveals that progress across all economic, social and health metrics is consistent with national trends.
- Cardiff nurtures a highly skilled workforce through strong academic-industry partnerships. The collaboration between clinicians, researchers, and educators fosters rapid translational research and innovation. More specifically, the number of research, engineering and technology professionals in South-East Wales has risen by 45%, significantly outpacing the UK average increase of 19%. This suggests a strong presence of specialised skills essential for advancing life sciences and innovation-driven businesses.

- Cardiff hosts an integrated network of pioneering facilities, including the Cardiff Edge Life Science and Tech Park, Wales Genomic Health Centre, a cutting-edge new Cancer Centre at Velindre, and the only children's hospital in Wales. This comprehensive infrastructure supports cutting-edge research and innovation across genomics, cancer care, and precision medicine. Neurosciences in particular is commended in the Life Sciences Sector Plan.

Opportunities

- It is potentially more profitable for life science businesses to operate in South-East Wales, compared to other cities. Areas with similar health partnerships, such as Bristol and Edinburgh, report lower turnover per life science business (£8 million and £12 million respectively), whilst Cardiff reports £14 million.
- Other health partnerships, like those in Manchester and Bristol, show the power of combining technology and AI with strong collaboration across academia, clinical practice, and industry. This synergy boosts research, drives economic growth, and highlights the untapped potential for further progress for CHP.



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*Data for 354 local authorities across the UK was used to calculate UK average
**Calculated using 2021 Census data

An overview of Cardiff Health Partners

Health Innovation, anchored in Cardiff, connected for Global impact.

What is CHP?

We are a strategic partnership between Cardiff University, Cardiff and Vale University Health Board and Velindre University NHS Trust.

We align **discovery science, healthcare, education, and industry** partnerships to accelerate innovation into practice, improve health and equity, and drive inclusive economic growth and regeneration.

By connecting world-class research with frontline delivery and a strong regional life sciences base, we act as the engine of a place-based strategy that reduces fragmentation, speeds translation, and makes Wales a partner of choice for research, innovation, investment, and talent.

The outcome is a gateway for **collaboration**, faster routes from **researcher to patient**, and a **workforce** trained across academic, clinical, and industry settings. This is health improvement and economic growth, delivered together.

Who are the three founding organisations?

Velindre University NHS Trust provides blood and cancer health services, as well as other services, to the people of Wales. The new Velindre Cancer Centre is due to open in 2027, and this state of the art clinical facility will house one of the leading suites of devices to provide radiotherapy treatments. It is also based on strong sustainability principles, including being all electric and leveraging renewable energy sources.

Cardiff University's biomedical and life sciences research is at the forefront of tackling global health challenges through discovery, innovation, and collaboration. Supported by cutting edge assets, including the Brain Research Imaging Centre (CUBRIC) and the Medicines Discovery Institute, it has unlocked new insights into cancer, neuroscience, infection, regenerative medicine, and genomics.

Cardiff and Vale University Health Board is one of the largest NHS organisations in Europe, serving nearly half a million people and providing specialist services. It hosts the Wales Genomic Health Centre and is responsible for the only children's hospital in Wales.

How do we work?

1

Aligned Strategy and Vision

We are anchored to our principles and steadfast in our approach to create a better, healthier and more prosperous future.

2

Collaboration is at the heart of what we do

We are confident that the foundations we are creating will address health inequality, economic disparity and deliver projects that are truly needed by our population.

3

We are building an inclusive ecosystem



I see Cardiff Health Partners as the means to optimise the opportunity to bring, collaborate, amplify and accelerate access to the life-changing benefits of these new interventions and treatments for the people of South-East Wales as well as globally.

Suzanne Rankin
CEO, Cardiff and Vale University Health Board

4

Fusing healthcare research, industry, and academia, with patient care



What are our goals?

1

Stimulate innovation

Rapidly translate research into practice, focusing on precision diagnostics, early detection, prevention, and advanced therapies.

2

Accelerate health for our community and reduce inequity

Tackle health inequalities and ensure fair access to cutting-edge care for all communities.

3

Drive economic growth and regeneration

Stimulate high-value employment, SME growth, and inward investment.

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4

Enable translational research

Bridge discovery science and clinical practice, getting new therapies to patients faster.

5

Develop a future ready workforce

Build and retain an interdisciplinary, skilled workforce through integrated education and professional development.

6

Foster regional collaboration

Maximise resources and build shared centres of excellence across Wales.



What does this mean in more detail?

Through a collaborative approach, Cardiff Health Partners will act as a unique transformational vehicle for South-East Wales.

Why now?

The positioning of the partnership will enable the organisations to leverage multiple policy levers and funding sources including the UK Government's £86 billion investment in science and technology, and the Regional Innovation Fund.

There are opportunities aligned with UK Government 2025 Industrial Strategy's eight primary sectors, particularly the synergy between Advanced Manufacturing, Clean Energy and Digital and Technologies, and the increased role that Universities will play in driving and delivering regional growth. Additionally, the Life Sciences Sector Plan highlights our role in supporting commercial studies, including four new catalytic centres launched this year in Women's Health, Virology, Vision and AI in Social Care.

The opportunity is time-sensitive and South-East Wales needs to capitalise on areas where it already has a competitive advantage and is beginning to lead the way:

We are uniquely positioned to deliver on the government's ambition to accelerate innovation and regional and national growth in Life Sciences.

How are we measuring our success?

- Adoption of evidence-based innovations into everyday care
- Life expectancy inequalities across the region
- GVA across Cardiff and the surrounding region
- Jobs created
- Inward investment attracted (number and value)
- Number of collaborative research projects (number and value)
- Number of clinical trials (number and value)
- Workforce development metrics (training, retention, diversity)



CHP represents a transformative opportunity for South-East Wales—bringing together innovation, clinical excellence, and community impact. It's not just about investment; it's about shaping a future where the region leads the way in integrated health partnerships.

Carl James
Interim CEO, Velindre University NHS Trust

What assets do we have?

We have a wide range of assets at our disposal. This includes, but is not limited to, the following:

Cardiff Edge Life Science and Tech Park

Home to the new national Wales Genomic Health Centre, with potential co-location for regional cellular pathology, creating standardised human tissue molecular diagnostic pathways. There is an exciting opportunity to develop modular precision medicine manufacturing capabilities with industry partners, alongside Cytiva and Llusern Scientific as sitting tenants.

Velindre Cancer Centre

A state-of-the-art clinical facility with a Collaborative Centre for Learning, Research & Innovation as a CHP hub, due to open in 2027.

Cardiff University Campuses

Enabling discovery science, pre-clinical research, and digital innovation. Expertise in cancer, neuroscience, and regenerative medicine is complemented by cutting-edge work in data science, imaging, and ethics. Innovation spaces like sbarc|spark connect social science researchers with public and private partners.

Heath Park Campus

Provides seamless, person-centred care across the full health continuum, from prevention and primary care to acute services, rehabilitation and end of life support, driven by innovation and equity for the population it serves at the largest teaching hospital in Wales.

Federated Data, Imaging, and Biobank Platform

Ambitious Wales-wide programme to develop skills, harmonise consent, governance, and interoperable access for translational research.



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Through collaboration, we can bridge research and patient care—driving innovation, improving outcomes, and ensuring that NHS practice is grounded in the best available evidence. Our researchers can work with busy clinicians of all professions to enhance health care systems and delivery of patient care.

Steve Riley

Pro Vice-Chancellor, College of Biomedical and Life Sciences, Cardiff University

Thematic Priorities

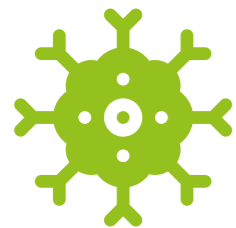
Three thematic areas have been developed as initial priorities for investment. Each of these thematic areas is core for the short-term success of CHP.

Initial thematic priorities

1

Next-generation cancer care

The Cardiff Cancer Research Partnership has launched multiple early and late phase cancer clinical trials, including industry-led and translational studies. Acting as a gateway for trial portfolios across Wales, the Partnership streamlines access and collaboration.



2

Brain therapies

Cardiff is home to a distinctive set of imaging capabilities at CUBRIC (Cardiff University Brain Research Imaging Centre) and is among a select group of global centres delivering first-in-human intracranial advanced therapies, supported by world-class imaging, genomics, and surgical expertise.



3

Precision medicine capabilities

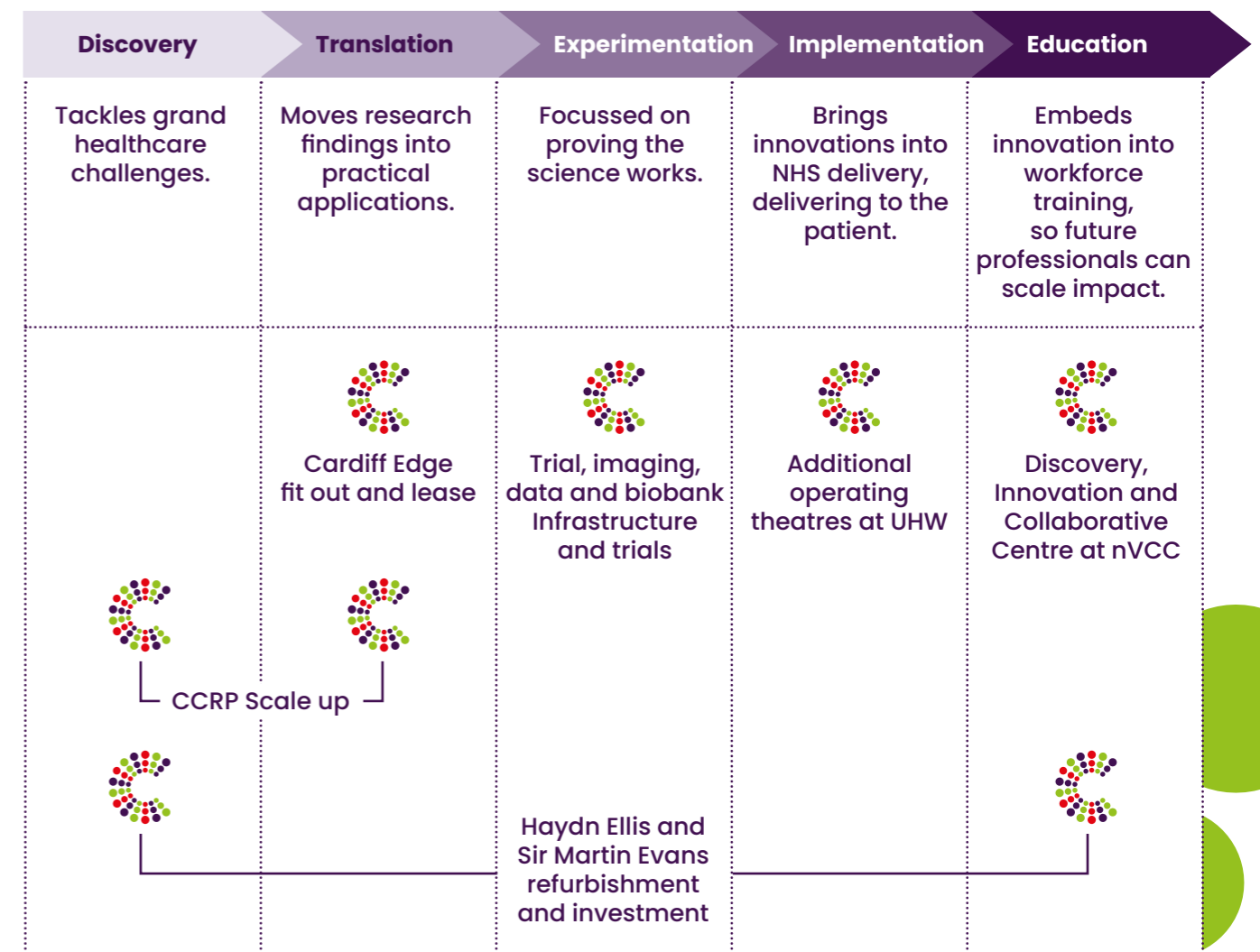
Cardiff brings together ATMP delivery and a national genomics backbone to accelerate precision medicine, linking MRI-guided neurosurgery, the Wales Genomic Health Centre at Cardiff Edge, and federated data and biobanks to move from discovery to adoption at pace.



Research and innovation pipeline

Cardiff Health Partners has packaged investment asks across the end-to-end research and innovation pipeline: discovery, experimental medicine, development, trials, adoption, and scale. We will be the conduit linking academia, industry, and the NHS so capital reaches the right stage at the right time.

This pipeline ensures investments reinforce each other, cut time to impact, and give partners a clear route to engage. Current asks are mapped to the pipeline to guide co-investment from government, industry, and other funders.



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Next generation cancer care

Researching and delivering the next generation of treatments for complex cancer.

Cardiff is home to leading clinical and academic cancer research expertise, both in laboratory science and clinical trials. Cardiff Health Partners leverages these strengths, combining them with capabilities in genomics, diagnostics, data science and NHS cancer services to take cancer treatment to the next level.

A new specialist Velindre Cancer Centre, a short walk from Cardiff Edge, hardwires collaboration across discovery, development, and delivery. The nearby University Hospital of Wales provides national expertise, within walking distance to key discovery and translational research institutes, including the Cardiff Experimental Cancer Medicines Centre, Wales Cancer Bank, and Medicines Discovery Institute. Together, these form the Cardiff Cancer Innovation District (CCID). With cancer rates above the UK average, Cardiff is a real-world testbed to trial and scale new ways of preventing, diagnosing, and treating cancer.



By working together, we are translating our discoveries into new cancer treatments and providing opportunities for cancer patients in Wales to access a range of novel treatments that would not otherwise be available in the principality.

We are committed to developing links with industry to scale up and bring exciting new pipelines of treatments through to the clinic for patient benefit.

Dr Jacinta Abraham, Executive Medical Director, Velindre University NHS Trust

Spotlight on... Cardiff Cancer Research Partnership

The tripartite is designed to improve outcomes, deliver world-class research, enable advanced therapies, and create a structured pipeline from discovery to clinical application. CCRP has a vibrant and sustainable pipeline of trial activity. Progress to date has been strong but expansion is limited by current space and workforce capacity.

What physical, human and innovation assets are required to realise the vision?

- Establishment of a discovery, innovation and collaborative centre at the new Velindre Cancer Centre for learning, research, and innovation
- Establishment of Cardiff Cancer Discovery Centre at the Sir Martin Evans building, for co-located world-class preclinical & translational research
- Additional trial beds and workforce expansion for scale up of CCRP, across Cardiff and Vale University Health Board and Velindre University NHS Trust
- Investment in infrastructure across Cardiff Cancer Innovation District, to improve physical connectivity
- Investment in R&D and industry engagement, expanding the gateway for commercial partners and business development

Brain therapies

Driving breakthroughs in Brain Science and Mental Health.

Brain therapies refer to a spectrum of advanced medical and neurotechnological interventions aimed at treating neurological and neurodegenerative conditions. Bringing together expertise in genomics, neuroscience, psychiatry, and data science to tackle some of society's most urgent challenges, such as dementia, schizophrenia, movement disorders, bipolar disorder, neuroinflammatory disease and neurodevelopmental disorders. Our work focuses on translating genetic discoveries into real-world personalised and advanced therapies.

Cardiff is emerging as a global centre for first-in-human intracranial advanced therapies, where treatments are delivered directly to the brain. This is supported by CUBRIC and the Medicines Discovery Institute, offering world-class imaging, genomics, and surgical expertise.

Spotlight on... Intracranial Advanced Therapies

These therapies target neurological and neurodegenerative conditions using intracranial delivery methods. Cardiff is one of a select few global centres delivering first-in-human (FIH) intracranial ATMPs (Advanced Therapy Medicinal Products). Whilst we have the knowledge and capability to deliver these therapies, in order to scale up there is a need for additional infrastructure.

What physical, human and innovation assets are required to realise the vision?

- Comprehensive redevelopment of the Haydn Ellis building to establish a world-class research institute that supports both academic research and industry collaboration.
- Investment in expansion of inpatient beds and outpatient facilities for intracranial Advanced Therapies.
- R&D investment for Cardiff to be seen as the one-stop-shop for first in human intracranial AT clinical trials.
- Additional staff in the form of technicians and training fellows to deliver operations and training.



There has been an amazing advance by Professor William Gray and his team within the Advanced NeuroTherapies Centre - part of Cardiff Health Partners.

The team have delivered a groundbreaking gene therapy through complex neurosurgery all performed within a dedicated MRI scanner at University Hospital of Wales. The specialist team at UHW are unique in the UK, only one of two centres in Europe and five worldwide delivering this trial. They are also currently delivering other gene therapy trials for neurological diseases.

David Fluck, Executive Medical Director, Cardiff and Vale NHS University Health Board

Precision medicine capabilities

Tailoring prevention and treatment strategy for our population's health.

Precision medicine uses genetic testing, data analytics, and biomarkers to understand how different people respond to disease and therapy, improving outcomes and efficiency. Precision medicine relies heavily on the ability to collect, integrate, and analyse large-scale genomic, imaging, clinical, and biobank data. Our priority is to build a federated data, imaging, and biobank capability that enables secure, interoperable access across institutions, bridging discovery science to clinical application at pace.

Spotlight on... Cardiff Edge and Regional Pathology

Cardiff Edge is the leading dedicated life science and tech campus in Cardiff and South-East Wales region. With 320,000 square foot of expansion space, it offers a unique opportunity to create an exemplar life sciences ecosystem connecting business, academia and NHS laboratory facilities at a single location. The first lab-enabled facility is planned to be developed imminently.

Regional Cellular Pathology Service, develop the required infrastructure, co-located with the Wales Genomic Health Centre, creating a strong foundation for a Precision Medicine Centre of Excellence, to transform the existing service at a regional level and support the transition to the digital pathology programme.

What physical, human and innovation assets are required to realise the vision?

- Investment in Cardiff Edge, for the development of a new cutting-edge laboratory for regional cellular pathology services and industrial space for biomanufacturing
- Expansion of a biobank and improved digital support, through establishing a harmonised, federated data and sample infrastructure
- Additional operating theatres at University Hospital of Wales, to improve capacity in the short term
- Funding dedicated to R&D, for AI tools, innovative data pilots, and establishing industry partnerships

We are energised by the once in a generation opportunity that Cardiff Health Partners presents: to ignite academic life sciences across Cardiff and the wider Welsh ecosystem, creating a vibrant hub of discovery and innovation.

Illumina is fully committed to supporting Cardiff Health Partners in their mission to establish Wales as a global leader and destination for genomic healthcare excellence.

Illumina

Successes to date

Cardiff is already delivering firsts and forging proof points. Each success is a small step which fuse together to realise CHP's strategic vision.

Huntington's Disease Treatment

A recent trial of a new treatment found that patients receiving it experienced 75% less progression of the disease overall. The Advanced Neurotherapeutics Centre (ANTC), funded by Health and Care Research Wales, is the only centre in the UK that can perform the surgeries included in the trial – utilising world leading neurosurgical expertise in the delivery of gene therapies to the brain.

This has significant scale potential, helping to improve the quality of life for a devastating condition.

Modern Data Sharing

The Haematology AML Research Unit at Heath Park provides a leading example of how integrated, consented datasets and biobank samples can drive real-world translational research.

Utilising assets such as Cardiff University Biobank and the Centre for Trials Research it delivers on local partnerships with industry as well as contributing to major global partnerships such as the HARMONY Alliance. This commitment to openness and sharing speeds up translational science, bringing benefits to patients faster.

Spinouts

Draig Therapeutics is a recent spin out from Cardiff University. This clinical stage biotechnology company is based in Cardiff and is focussed on developing transformative therapies for neuropsychiatric disorders.

They are backed by a strong network of investors and launched with one of the largest Series A funding rounds in UK biotech history. This work will deliver transformative therapeutic benefits for patients with Major Depressive Disorder.

Cancer Trials at Cardiff

To date, several Cardiff Cancer Research Partnership (CCRP) trials have opened, with a strong future pipeline of complex trials in both solid tumour and blood cancers. These include two trials from Health Care Research Wales' national BioNTech portfolio, demonstrating the key role the CCRP is playing in enabling entire industry trial portfolios to be brought to and delivered in Wales, rather than just individual trials.

Cardiff Health Partners builds on a strong foundation of globally impactful cancer research within its partners. For example, the Velindre-led FAKTION trial led to the development of a drug which recently became routinely available to NHS breast cancer patients, while CCRP was the largest UK recruiter to the Monumental 6 trial of a bispecific antibody therapy for patients with multiple myeloma.





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QuicDNA study

Lung cancer is currently the third most common cancer in Wales, with the majority of patients only being diagnosed at an advanced stage. Through a recent study led from Cardiff, and conducted across Wales, a new test has been developed, utilising liquid biopsy of circulating tumour DNA in the blood, rather than a solid tissue biopsy, to identify genetic changes that can be rapidly and precisely targeted for treatment. This less invasive approach to obtaining a sample has been found to deliver results on a faster turnaround time. We can now ensure patients get treatment that they need sooner, saving lives.

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Cardiff University chose to step forward to turn research into reality, to make health, wealth and opportunity their mission. Their ambition is not just words but work, not just vision but resolve. That's what you see in Draig Therapeutics – science rooted in excellence, brought to life by leadership, powered by partnership, and aiming for more than profit – aiming for impact.

Cardiff University doesn't imagine change, it makes it. Draig Therapeutics is the proof – living, breathing, ready for the future.

Dame Kate Bingham
Managing Partner, SV Health Investors

Outcomes and Impact

What does success look like in 2035?

Our ambition as Cardiff Health Partners is for:

- That Cardiff is recognised as a true Centre of Excellence in Brain Therapies, and for its excellence in precision medicine (building on its recognised strength in genomics)
- Our partners are recognised in their innovative approach translating cutting edge research into routine cancer care and treatments
- Creation of a workforce pipeline, with widened participation, to attract more people to work on cutting edge research and clinical practice, supporting hybrid portfolio careers in clinical, academic and entrepreneurial settings
- That the above talent and assets are embedded into the wider health and life sciences ecosystem in the region
- A dedicated landing zone welcomes top talent and bold ideas to experiment, collaborate, and accelerate innovation in a dynamic, impact-driven environment
- Health inequalities in Cardiff and region will be actively reduced through inclusive interventions that ensure access to care and research participation
- Healthcare to be delivered closer to the patient (routine care)

By investing in Cardiff Health Partners, the region will see significant benefits.

We are expecting to spend approximately £500m on infrastructure, and a further approx. £350m on human capital, and research & development needs over the next ten years. Cardiff Health Partners would lead to a significant economic contribution of between £785m and £813m in GVA and 10,440 – 10,840 jobs between 2025–2035. This investment will unlock additional benefits, beyond the monetary impact, extending and improving healthcare metrics across South-East Wales.

Methodology

Contribution to GDP is measured in terms of Gross Value Added (GVA). GVA is a monetary measure of the value an organisation creates during its production process. It is the difference between the price of its products (outputs) and the price of the inputs it uses in producing these (or intermediate consumption).

GVA is an alternative term for GDP at factor cost, which is GDP before taxes and subsidies on products. As such, GVA is the company-level equivalent of GDP.

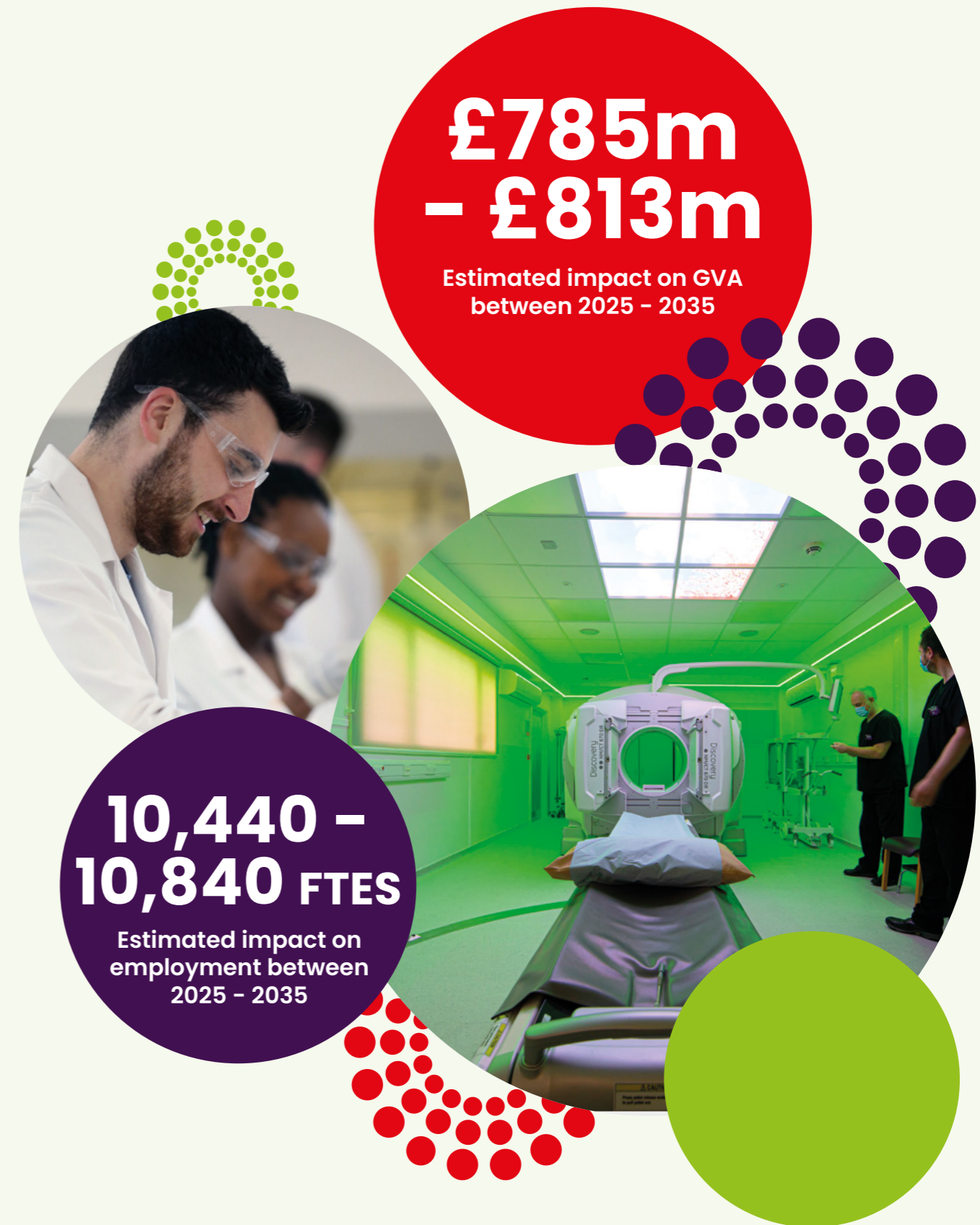


CCRP is developing the next generation of cancer research and enabling translation of new discoveries into the clinic for patient benefit.

For example, the CCRP's ATTEST trial gives NHS patients in South-East Wales access to pioneering virus vector technology, founded on Cardiff University research, that selectively infects cancer cells, producing an immune-modulating drug from inside the tumour cells.

**Awen Gallimore
Professor, Cardiff University**

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Assumptions:

- Expenditure between labour and capital varies. Economic effects are presented as ranges
- It has been assumed that 31.8% of the proposed capital expenditure will leak-out internationally. This is based upon the % of UK imports relative to GDP
- Investment asks have been uplifted 2% annually to model for inflation
- The economic input data for sectoral spending is derived from Supply-Use Tables provided by the ONS

Limitations:

- Due to data availability, 2022 Supply-Use tables from the ONS were used to estimate the 10-year impact
- The analysis has been conducted on a gross basis. It does not take additionality (deadweight, leakage,) into consideration of the overall contribution
- These estimates are based on high level estimates of expenditure and are subject to change
- There has not been a full interrogation of the investment asks

Summary and... what comes next?

Cardiff Health Partners...

offers an exciting, scalable platform with near-term readiness and long-term durability. It brings a coherent pipeline of opportunities across discovery hubs, clinical trial expansion, infrastructure (including digital and data), and workforce development - anchored by flagship, co-located assets with national reach.

Investment will catalyse system-wide benefits: improved population health and access to innovation; stronger regional productivity creating high-value jobs; and an internationally visible ecosystem that accelerates partnerships and inward investment.

Cardiff Health Partners will deliver the ambitions of the Well-being of Future Generations Act, Welsh Government's Economic Mission, and the UK Life Sciences Industrial Strategy.

It will transform:

- Health equity through enabling health service delivery closer to the patient
- Delivery of health improvement at scale through strategic use of technology
- Regional growth and regeneration by creating high-quality jobs and attracting inward investment

We are currently seeking investment in...

Next-generation cancer care

To scale up Cardiff Cancer Research Partnership, as well as establish a discovery and collaborative centre at the Sir Martin Evans Building and a discovery, innovation and collaborative centre at the new Velindre Cancer Centre for learning, research, and innovation. This investment will enable additional discovery and translation of new treatment for cancer.

Brain Therapies

To refurbish and expand the Haydn Ellis building at Cardiff University, to improve our discovery and education capabilities.

Precision medicine capabilities

To establish a new centre of excellence at Cardiff Edge, build more operating theatres at University Hospital of Wales, and expand the trial, imaging, data, and biobank infrastructure, to improve how we translate, experiment, and implement novel precision medicine innovations.

What are we doing now?

We will continue to progress, accelerate and scale our ambitions - underpinned by robust implementation plans and clear investment requirements.

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Now is the time to back a connected, partnership that turns strategic alignment into outcomes for patients, the economy, and society.



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Mike Brough
Director of Economic Growth,
Cardiff Capital Region





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Cardiff
Health Partners
Partneriaid Iechyd
Caerdydd

Partneriaid Iechyd Caerdydd

Arloesi Iechyd, wedi'i Angori yng Nghaerdydd,
gyda Chysylltiadau'n creu Effaith Fyd-eang



Regan Nikki
16/02/2025 08:56:52



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cardiff and Vale
University Health Board



GIG
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NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



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Cyflwyniad

Rydym yn falch iawn i gyflwyno Partneriaid Iechyd Caerdydd (CHP).

Fel arweinwyr ein priod sefydliadau, rydym ni a'n timau wedi bod yn gweithio'n agos gyda'n gilydd ar CHP ac yn teimlo'n gyffrous ynghylch y cyfleoedd a ddaw yn sgil y bartneriaeth hon a'r effaith drawsnewidiol y bydd yn ei chael ar ein rhanbarth.

Mae CHP yn cynrychioli cyfnod newydd, gweledigaeth feiddgar, strategol a chydweithredol: tri sefydliad yn dod ynghyd ac yn rhannu ymrwymiad i wella canlyniadau iechyd, ysgogi arloesedd, a chreu buddion parhaol i gleifion a chymunedau. Trwy gyfuno arbenigedd, adnoddau ac angerdd, credwn y bydd y bartneriaeth nid yn unig yn cryfhau'r modd y darperir gofal iechyd ond hefyd yn meithrin rhagoriaeth ymchwil, twf economaidd, a lles cymdeithasol ledled y rhanbarth.

Mae hyn yn fwy na phartneriaeth. Mae'n addewid i weithio gyda'n gilydd er lles ehangach. Byddwn yn gweithio ar y cyd, gyda phartneriaid diwydiant, i wasanaethu fel catalydd ar gyfer newid cadarnhaol, gan osod safonau newydd o ran cydweithio ac effaith.

Diolch am dreulio ychydig amser yn pori drwy'r prospectws. Edrychwn ymlaen at gydweithio i wireddu'r weledigaeth hon.

Cofion cynnes,



Carl James
Prif Weithredwr Dros Dro,
Ymddiriedolaeth GIG
Prifysgol Felindre



Wendy Larnor
Y Llywydd a'r
Is-Ganghellor,
Prifysgol Caerdydd



Suzanne Rankin
Prif Swyddog Gweithredol,
Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro



Crynodeb Gweithredol

Partneriaid Iechyd Caerdydd yw'r cyfrwng ar gyfer arloesi iechyd, wedi'i angori yng Nghaerdydd ac â chysylltiadau sy'n creu effaith fyd-eang.

Rydym yn bartneriaeth strategol rhwng Prifysgol Caerdydd, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro, ac Ymddiriedolaeth GIG Prifysgol Felindre sy'n cydweddu gwyddoniaeth ddarganfod, gofal clinigol, addysg a phartneriaethau â diwydiant i gyflymu arloesedd i greu ymarfer, gwella tegwch iechyd, ac ysgogi twf economaidd ac adfywio cynhwysol.

Beth ydym ni am ei gyflawni?

Cynlluniwyd Partneriaid Iechyd Caerdydd i droi cydweithio'n ganlyniadau. Bydd y ffocws cychwynnol ar gryfderau cystadleuol a gydnabyddir yn fyd-eang gan gynnwys Canser, Therapiau'r Ymennydd, a Meddygaeth Fanwl - yn cysylltu asedau a galluoedd ar draws y bartneriaeth i greu offer profi a llwybrau cydlynol. Mae'r model yn lleihau rhwystrau drwy gyd-lywodraethu, cyflwyno ymchwil yn fwy syml, a mynediad at ddata ffederal.

Y canlyniad yw porth ar gyfer cydweithio, llwybrau cyflymach o ymchwilwyr i glinigwyr i gleifion, a gweithlu wedi'i hyfforddi ar draws lleoliadau academaidd, clinigol a diwydiant.

Mae hyn yn cyflawni gwelliant mewn iechyd a thwf economaidd ac adfywio, gyda'i gilydd.

Pam nawr?

Mae'r cynnig yn barod ar gyfer y diwydiant, ac effaith yw'r ysgogiad. Bydd Partneriaid Iechyd Caerdydd yn trawsnewid tegwch iechyd drwy alluogi cyflenwi gwasanaethau yn agosach at y claf; bydd yn gwella iechyd a lles poblogaeth Caerdydd a thu hwnt drwy ddefnydd strategol o dechnoleg ac yn hyrwyddo twf ac adfywio rhanbarthol drwy greu swyddi o ansawdd uchel a denu mewnfuddsoddiad.

Mae asedau allweddol ar gael i ni ledled Caerdydd, yn amrywio o ganolfannau ymchwil blaengar i leoliadau addysg, treialon pwrpasol a seilwaith arbrofi ynghyd â'r gallu i weithredu ar raddfa fawr.

Mae llwyddiannau cynnar fel triniaethau arloesol clefyd Huntington, treialon newydd llwyddiannus i drin canser, a chwmnïau deillio fel Draig Therapeutics, i gyd yn seiliedig ar ddull rhannu data modern, yn dangos cyflymder, parodrwydd partneriaid, a hygredd o ran cyflawni.

Dyma'r foment i gefnogi partneriaeth â chysylltiadau sy'n troi cydweddu strategol yn ganlyniadau mesuradwy i gleifion, yr economi a chymdeithas.

Beth ydym ni am ei gyflawni?

Trwy fuddsoddi yn ein prif flaenoriaethau, bydd effaith uniongyrchol ar iechyd ein poblogaeth a'r economi.

Beth yw ein blaenoriaethau buddsoddi?

Mae gennym dair blaenoriaeth thematig gyfredol ar gyfer buddsoddi.

Gofal canser y genhedlaeth nesaf

Mae Partneriaeth Ymchwil Canser Caerdydd (CCRP) wedi lansio nifer o dreialon clinigol ar ganser cyfnod cynnar a hwyr, gan gynnwys astudiaethau trosiadol a rhai a arweinir gan ddiwydiant. Gan weithredu fel porth ar gyfer portffolios treialon ledled Cymru, mae'r Bartneriaeth yn hwyluso mynediad a chydweithio.

Rydym yn chwilio am gymorth i ehangu CCRP, gan gynnwys buddsoddi mewn canolfannau cydweithredol yn Adeilad Syr Martin Evans, Prifysgol Caerdydd, a Chanolfan Ganser newydd Felindre, fydd yn ysgogi darganfod, dysgu ac arloesi. Bydd y buddsoddiad hwn yn cyflymu ac yn ehangu ein gallu i ddarganfod a phrofi triniaethau canser newydd.

Therapiau'r ymennydd

Yng Nghaerdydd ceir set unigryw o alluoedd delweddu yn CUBRIC (Canolfan Delweddu Ymchwil yr Ymennydd Prifysgol Caerdydd) sy'n perthyn i grŵp dethol o ganolfannau byd-eang sy'n cyflwyno'r therapiau mewngreuanol uwch cyntaf i bobl, yn seiliedig ar arbenigedd delweddu, genomeg a llawfeddygol o'r radd flaenaf.

Rydym yn awyddus i fuddsoddi i adnewyddu ac ehangu adeilad Haydn Ellis ym Mhrifysgol Caerdydd, er mwyn gwella ein galluoedd darganfod ac addysg.

Galluoedd meddygaeth fanwl

Mae darpariaeth Cynhyrchion Meddyginiaethol Therapi Uwch (ATMP) ac asgwrn cefn genomeg cenedlaethol yn dod at ei gilydd yng Nghaerdydd i ddatblygu meddygaeth fanwl - gan gysylltu niwrolawfeddygaeth dan arweiniad MRI, Canolfan Iechyd Genomig Cymru yn Cardiff Edge, campws arloesi blaenllaw yn Ne-ddwyrain Cymru, a data ffederal a biobanciau i symud yn gyflym o ddarganfod i fabwysiadu.

Rydym ni am sefydlu canolfan rhagoriaeth newydd ar gyfer meddygaeth fanwl yn Cardiff Edge. Rydym ni hefyd am adeiladu mwy o theatrau llawdriniaeth a chyfleusterau delweddu a labordy newydd yn Ysbyty Athrofaol Cymru, ac ehangu'r seilwaith treialu, delweddu, data integredig, a biobanc, gan gryfhau galluoedd presennol i wella'r ffordd rydym ni'n trosi, arbrofi a chyflwyno arloesiadau meddygaeth fanwl newydd.



Ein gweledigaeth strategol:

Arloesi Iechyd, sydd wedi'i angori yng Nghaerdydd ac â chysylltiadau sy'n creu effaith Fyd-eang

Reggie Nikki
16/02/2025 08:56:52

Beth fydd hyn yn ei gyflawni?

Trwy fuddsoddi yn y meysydd hyn, byddwn yn:

- 1** Gwella iechyd a lles poblogaeth Caerdydd a thu hwnt
- 2** Gwella tegwch o ran mynediad a chanlyniadau iechyd trwy greu arloesiadau, technolegau a dulliau gweithredu a all helpu i gyflwyno gofal yn agosach at adref a lleihau'r ôl troed carbon
- 3** Sefydlu Caerdydd yn ganolfan rhagoriaeth gydag arbenigedd, cyfleusterau a rhwydweithiau credadwy sy'n denu'r bobl, y syniadau a'r cyfleoedd gorau
- 4** Sefydlu Caerdydd yn ganolfan rhagoriaeth ymchwil a chyfleoedd gyda phwyslais cynnar ar Ganser, Therapiau'r Ymennydd, Iechyd Digidol ac Iechyd Data
- 5** Creu cyfleoedd ar gyfer gyrfaoedd a chyfleoedd cyflogaeth gwerth uchel, gwerth chweil sy'n cynnal y bartneriaeth ac yn ychwanegu gwerth i Dde-ddwyrain Cymru



Rydym ni'n falch iawn i fod yn aelod o Bartneriaid Iechyd Caerdydd, yn gweithio i gyflwyno arloesiadau sy'n gwella iechyd a lles nid yn unig i bobl De-ddwyrain Cymru ond drwy'r byd, a gwella ffyniant economaidd ein gwlad ar yr un pryd.

Y bartneriaeth hon sy'n cynnig y llwybr cyflymaf i ni wella canlyniadau i'r cleifion sydd wrth wraidd ein dyheadau.

Wendy Larner
Is-Ganghellor, Prifysgol Caerdydd



Cyd-destun Strategol

Mae'r cynsail yn genedlaethol, Mae'r uchelgais yn lleol

Ledled y DU, Cymru, a Chaerdydd, ceir cyd-destun ac amgylchedd unigryw y gellir manteisio arno i sicrhau effaith sylweddol drwy fuddsoddi.

Beth yw cyd-destun y DU?

Dros y degawd diwethaf, mae sector gwyddorau bywyd y DU wedi sefydlu ei hun yn glwstwr sy'n arwain y byd yn cwmpasu fferylliaeth, biotechnoleg, technoleg feddygol, ac iechyd digidol. Mae'r sector bellach yn cyfrannu tua £80 biliwn bob blwyddyn i economi'r DU, gyda chefnogaeth ecosystem arloesi ddatblygedig sy'n cynnwys prifysgolion o'r radd flaenaf, sefydliadau ymchwil a chanolfannau diwydiant fel Arc Rhydychen-Caergrawnt a'r Triangl Aur (Llundain, Rhydychen, Caergrawnt). Mae rhan ganolog hefyd i gwmnïau deillio prifysgolion yn yr ecosystem.

Mae mentrau a gefnogir gan y llywodraeth, gan gynnwys **Cynllun y Sector Gwyddorau Bywyd** a Bargeinion Sector blaenorol, wedi annog cydweithio rhwng y byd academaidd, diwydiant a'r GIG, gan arwain at fwy o fuddsoddi mewn ymchwil a datblygu, arloesedd, a chystadleurwydd rhyngwladol.

Wrth i sefydliadau edrych i'r dyfodol, mae sawl megaduedd allweddol yn effeithio ar feddwl cyfredol, megis meddygaeth fanwl ac wedi'i phersonoli, iechyd digidol ac AI, therapïau celloedd a genynnau, cynaliadwyedd, gwydnwch y gadwyn gyflwynu, a datblygu'r gweithlu.

Sut mae Cymru a Chaerdydd yn perfformio?

Mae Cymru'n wynebu heriau dybryd o ran canlyniadau iechyd, anghydraddoldeb rhanbarthol, a gwydnwch economaidd. Mae iechyd poblogaeth Cymru'n wael o'i gymharu â llawer o rannau eraill o'r DU, gydag achosion uchel o glefyd cardiofasgwlaidd a chanser ymhlith pobl ifanc ac anghydraddoldeb iechyd sylweddol rhwng cymunedau sy'n byw yn ddaearyddol agos at ei gilydd. Disgwyliad oes Cymru yw'r ail isaf yn y pedair gwlad, sef 79.6 mlwydd oed o'i gymharu â chyfartaledd y DU o 81.2 mlwydd oed.*

Ar yr un pryd, mae strategaethau'r DU a Chymru'n blaenoriaethu gwyddorau bywyd, ymchwil drosiadol a gofal a ysgogir gan ddata. Mae diwygiadau Cyflenwi Ymchwil Glinigol y DU, safoni trefniadau ymchwil sy'n datblygu ledled y DU, ac ymrwymadau Cymru i feddygaeth fanwl a therapïau uwch yn creu amgylchedd polisi ffafriol. Amlygir hyn trwy fentrau ymchwil arloesol diweddar, megis therapi genynnau i arafu datblygiad clefyd Huntington a biopsïau hylif newydd QuicDNA i hwyluso penderfyniadau triniaeth canser yr ysgyfaint.



Mae Cymru wedi ymrwmo i ddod yn genedl Marmot** drwy Ddeddf Llesiant Cenedlaethau'r Dyfodol (2015), sy'n ymgorffori egwyddorion mewn deddfwriaeth a'u mabwysiadu i greu cymdeithas decach i bawb, ac arwain at well iechyd a lleihau anghydraddoldeb. Nod polisi Llywodraeth Cymru yw trawsnewid y system gofal iechyd, gan weithio tuag at "Gymru Iachach". Mae wedi sefydlu byrddau iechyd integredig a all fod yn fwy ymatebol i anghenion y gymuned a symud o:

- Salwch i Atal.
- Analog i Ddigidol.
- Yr Ysbyty i'r Gymuned.

Mae sector gwyddorau bywyd Cymru wedi gweld twf diwydiannol cryf dros y blynyddoedd diwethaf, ynghyd ag ymchwil arloesol a gweithredol. Yn 2022, cyflawnodd y sector y trosiant uchaf erioed o £2.85 biliwn, gan gyflogi dros 13,000 o bobl.

Serch hynny, mae yna anawsterau. Mae'r llwybr o ymchwil i gymhwyso clinigol yn dameidiog ac mewn seilos. Yn ogystal, caiff cyfleoedd eraill eu colli oherwydd diffyg integreiddio, cydlynw a seilwaith y gellir ei ehangu.

Sut allwn ni wella iechyd y boblogaeth drwy Bartneriaid Iechyd Caerdydd?

Partneriaid Iechyd Caerdydd fydd y catalydd yn Ne-ddwyrain Cymru ar gyfer cyflawni'r trawsnewid y cytunir arno ac sydd wedi'i ddisgrifio'n fanwl, drwy ddulliau pwrpasol yn seiliedig ar le i fynd i'r afael ag anghydraddoldeb iechyd, cymdeithasol ac economaidd.

Bydd yn gwthio ffiniau meddygaeth, fel y gwnaeth eisoes, a bydd hynny nid yn unig yn gwella canlyniadau iechyd, ond hefyd yn cadw ein talentau ac yn dod â buddsoddiad i Gymru gyda ffyniant ynghyd ag uchelgais i'n cymunedau.

Bydd yn hwyluso trosglwyddo ffocws ein gwasanaethau i'n cymunedau a chysylltu â rhanddeiliaid ehangach i ysgogi'r tri newid strategol a amlinellir uchod, gan ddefnyddio talentau'r Brifysgol a'r GIG i drawsnewid ein darpariaeth a'n ffocws.

Bydd yn ysbrydoli, yn addysgu ac yn hyfforddi ein plant i'w paratoi i fod yn weithlu'r dyfodol, gyda gyrfaoedd gwerth chweil fydd yn eu galluogi i gynnal eu teuluoedd a'u cymunedau ac yn galluogi Cymru i ffynnu.

*Data ar gyfer 2023 o Arolwg Poblogaeth Blynyddol NOMIS a'r ONS.

**<https://www.gov.wales/wales-become-worlds-first-marmot-nation-tackle-health-inequalities>

Beth yw safle Caerdydd ar draws ffactorau economaidd-gymdeithasol allweddol?

Rydym ni wedi ein meincnodi ein hunain yn erbyn y DU. Mae'r perfformiad economaidd is na'r cyfartaledd ynghyd â'r gyfradd ysmegu uchel a'r disgwyliad oes is yn profi'r angen am Bartneriaid Iechyd Caerdydd ac adfywio ar raddfa eang i adeiladu cymunedau mwy ffyniannus.

Economaidd

4.5%

Cyfradd ddiweithdra yn Ne-ddwyrain Cymru
Cyfartaledd y DU*: 4.6%

23.6%

Cyfradd anweithgarwch economaidd yn Ne-ddwyrain Cymru
Cyfartaledd y DU*: 20.9%

£20,233

GDHI y pen yn Ne-ddwyrain Cymru
Cyfartaledd y Deyrnas Unedig*: £25, 411

Cymdeithasol

£204,160

Pris tŷ canolrifol ar gyfer eiddo preswyl yn Ne-ddwyrain Cymru
Cyfartaledd y Deyrnas Unedig*: £321,899

5.1

Allyriadau CO2 y pen yn Ne-ddwyrain Cymru
Cyfartaledd y DU*: 5.9

757

Dwysedd poblogaeth** yn Ne-ddwyrain Cymru
Cyfartaledd y DU*: 1806

Iechyd

13.0%

Cyfradd yr ysmygwyr yn Ne-ddwyrain Cymru
Cyfartaledd y DU*: 11.6%

79.6 years

Disgwyliad oes yn Ne-ddwyrain Cymru
Cyfartaledd y DU*: 81.2 years

0.68

Cyfradd marwolaethau babanod yn Ne-ddwyrain Cymru
Cyfartaledd y DU*: 0.71

Mae'r dadansoddiad yn tynnu sylw at gryfderau'r rhanbarth, megis dwysedd poblogaeth is ac allyriadau CO2 is, sy'n cyfrannu at ansawdd bywyd gwell a chost is ar gyfer sefydlu busnesau. Mae'r dadansoddiad economaidd yn datgelu cyfleoedd sylweddol ar gyfer twf yn yr ardal.

Hefyd cynhaliwyd asesiad ansoddol o gryfderau a chyfleoedd y rhanbarth.

Cryfderau

- Mae ein dadansoddiad o ddangosyddion economaidd-gymdeithasol yn dangos bod cynnydd ar draws yr holl fetrigau economaidd, cymdeithasol ac iechyd yn gyson â thueddiadau cenedlaethol.
- Mae Caerdydd yn meithrin gweithlu medrus iawn trwy bartneriaethau academaidd-diwydiant cryf. Mae'r cydweithio rhwng clinigwyr, ymchwilwyr ac addysgwyr yn meithrin ymchwil drosi ac arloesi cyflym. Yn fwy penodol, mae nifer y gweithwyr ymchwil, peirianeg a thechnoleg proffesiynol yn Ne-ddwyrain Cymru wedi cynyddu 45%, gan ragori'n sylweddol ar gynnydd cyfartalog y DU o 19%. Mae hyn yn awgrymu presenoldeb cryf o ran sgiliau arbenigol sy'n hanfodol ar gyfer hyrwyddo gwyddorau bywyd a busnesau'n seiliedig ar arloesi.

- Ceir rhwydwaith integredig o gyfleusterau arloesol yng Nghaerdydd, gan gynnwys Parc Gwyddor Bywyd a Thechnoleg Cardiff Edge, Canolfan Iechyd Genomig Cymru, Canolfan Ganser newydd flaengar yn Felindre, a'r unig ysbyty plant yng Nghymru. Mae'r seilwaith cynhwysfawr hwn yn cefnogi ymchwil ac arloesi blaengar ym meysydd genomeg, gofal canser, a meddygaeth fanwl. Caiff niwrowyddorau yn benodol eu canmol yng Nghynllun Sector y Gwyddorau Bywyd.

Cyfleoedd

- Gallai gweithredu yn Ne-ddwyrain Cymru fod yn fwy proffidiol i fusnesau gwyddorau bywyd o'i gymharu â dinasoedd eraill. Mae ardaloedd sydd â phartneriaethau iechyd tebyg, megis Bryste a Chaeredin, yn nodi trosiant is fesul busnes gwyddorau bywyd (£8 miliwn a £12 miliwn yn eu tro), tra bod Caerdydd yn nodi £14 miliwn.
- Mae partneriaethau iechyd eraill, fel y rhai ym Manceinion a Bryste, yn dangos pŵer cyfuno technoleg ac AI gyda chydweithio cryf rhwng y byd academaidd, ymarfer clinigol, a diwydiant. Mae'r synergedd hwn yn hybu ymchwil, yn ysgogi twf economaidd, ac yn tynnu sylw at botensial sydd heb ei ddefnyddio ar gyfer cynnydd pellach i CHP.

Regan Nikki
16/02/2025 08:56:52

*Defnyddiwyd data 354 o awdurdodau lleol ledled y DU i gyfrifo cyfartaledd y DU
** Cyfrifwyd gyda data Cyfrifiad 2021

Trosolwg o Bartneriaid Iechyd Caerdydd

Arloesi Iechyd, sydd wedi'i angori yng Nghaerdydd ac â chysylltiadau sy'n creu effaith Fyd-eang.

Beth yw CHP?

Rydym ni'n bartneriaeth strategol rhwng Prifysgol Caerdydd, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro ac Ymddiriedolaeth GIG Prifysgol Felindre.

Rydym yn dod â phartneriaethau gwyddoniaeth **darganfod, gofal iechyd, addysg a diwydiant** ynghyd i drosi arloesedd yn ymarfer yn gyflym, gwella iechyd a thegwch ac ysgogi twf economaidd ac adfywio cynhwysol.

Drwy gysylltu ymchwil o'r radd flaenaf â chyflenwi rheng flaen a sylfaen ranbarthol gref yn y gwyddorau bywyd, rydym yn gweithredu fel peiriant ar gyfer strategaeth yn seiliedig ar leoedd sy'n lleihau gweithredu tameidiog, yn cyflymu trosi, ac yn sicrhau mai Cymru yw'r partner a ddewisir ar gyfer ymchwil, arloesi, buddsoddi a thalent.

Y canlyniad yw porth ar gyfer **cydweithio**, llwybrau cyflymach o'r **ymchwilydd i'r claf**, a **gweithlu** wedi'i hyfforddi ar draws lleoliadau academaidd, clinigol a diwydiant. Mae hyn yn arwain at gyflwyno gwell iechyd a thwf economaidd, gyda'i gilydd.

Pwy yw'r tri chorff sefydlu?

Mae **Ymddiriedolaeth GIG Prifysgol Felindre** yn cynnig gwasanaethau iechyd gwaed a chanser, yn ogystal â gwasanaethau eraill, i bobl Cymru. Disgwylir i Ganolfan Ganser newydd Felindre agor yn 2027, a bydd y cyfleuster clinigol o'r radd flaenaf yn cynnwys un o'r prif gyfresi blaenllaw o ddyfeisiau triniaeth radiotherapi. Mae hefyd yn seiliedig ar egwyddorion cynaliadwyedd cryf, gan gynnwys gweithredu'n llwyr ar drydan a defnyddio ffynonellau ynni adnewyddadwy.

Mae ymchwil biofeddygol a gwyddorau bywyd **Prifysgol Caerdydd** ar flaen y gad wrth fynd i'r afael â heriau iechyd byd-eang trwy ddarganfod, arloesi a chydweithio. Gyda chefnogaeth asedau blaengar, gan gynnwys Canolfan Delweddu Ymchwil yr Ymennydd (CUBRIC) a'r Sefydliad Darganfod Meddyginiaethau, mae wedi creu dealltwriaeth newydd ym meysydd cancer, niwrowyddoniaeth, heintiau, meddygaeth adfywiol, a genomeg.

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yw sefydliad mwyaf y GIG yng Nghymru, yn gwasanaethu bron i hanner miliwn o bobl a darparu gwasanaethau arbenigol. Mae'n cynnal Canolfan Iechyd Genomig Cymru ac yn gyfrifol am yr unig ysbyty plant yng Nghymru.

Sut ydym ni'n gweithio?

1

Cydweddu Gweledigaeth a Strategaeth

Ein hegwyddorion yw ein hangor ac mae gennym ymagwedd gadarn at greu dyfodol gwell, iachach a mwy ffyniannus.

2

Mae cydweithio wrth wraidd yr hyn a wnawn

Rydym ni'n hyderus y bydd y sylfeini rydym ni'n eu gosod yn mynd i'r afael ag anghydraddoldeb iechyd, anghyfartalwch economaidd ac yn cyflawni prosiectau sydd wir eu hangen ar ein poblogaeth.

3

Rydym ni'n adeiladu ecosystem gynhwysol

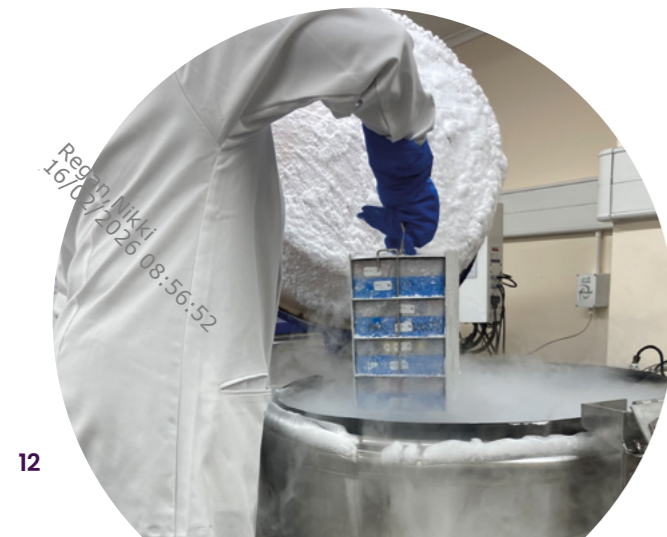


I mi, Partneriaid Iechyd Caerdydd yw'r ffordd i wneud y gorau o'r cyfle i greu, cydweithio, ehangu a chyflymu mynediad at fanteision yr ymyriadau a'r triniaethau newydd hyn sy'n newid bywydau pobl De-ddwyrain Cymru yn ogystal ag yn fyd-eang.

Suzanne Rankin
Prif Swyddog Gweithredol, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

4

Cyfuno ymchwil gofal iechyd, diwydiant, a'r byd academaidd, gyda gofal cleifion



Beth yw ein nodau?

1

Ysgogi arloesedd

Trosi ymchwil yn ymarfer yn gyflym, gan ganolbwyntio ar ddiagnosteg fanwl, canfod cynnar, atal, a therapïau uwch.

2

Cyflymu gwasanaeth iechyd ein cymuned a lleihau anghyfiawnder

Mynd i'r afael ag anghydraddoldeb iechyd a sicrhau mynediad teg at ofal arloesol i bob cymuned.

3

Ysgogi twf ac adfywio economaidd

Ysgogi cyflogaeth gwerth uchel, twf BBaChau, a mewnfuddsoddi.

Regain Nikki
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4

Galluogi ymchwil drosi

Pontio gwyddoniaeth ddarganfod ac ymarfer clinigol, gan gyflwyno therapïau newydd i gleifion yn gyflymach.

5

Datblygu gweithlu sy'n barod ar gyfer y dyfodol

Meithrin a chadw gweithlu rhyngddisgyblaethol, medrus trwy addysg integredig a datblygu proffesiynol.

6

Meithrin cydweithio rhanbarthol

Gwneud y mwyaf o adnoddau ac adeiladu canolfannau rhagoriaeth i'w rhannu ledled Cymru.



Beth mae hyn yn ei olygu yn fwy manwl?

Trwy ddull cydweithredol, bydd Partneriaid Iechyd Caerdydd yn gweithredu fel cyfrwng trawsnewidiol unigryw i Dde-ddwyrain Cymru.

Pam nawr?

Bydd sefydlu'r bartneriaeth yn galluogi'r sefydliadau i ddylanwadu ar liferi polisi a ffynonellau cyllido niferus gan gynnwys buddsoddiad o £86 biliwn gan Lywodraeth y DU mewn gwyddoniaeth a thechnoleg, a'r Gronfa Arloesi Ranbarthol.

Ceir cyfleoedd sy'n cyd-fynd â'r wyth prif sector yn Strategaeth Ddiwydiannol 2025 Llywodraeth y DU, yn enwedig y synergedd rhwng Gweithgynhyrchu Uwch, Ynni Glân a Thechnoleg a Digidol, a'r rôl gynyddol y bydd Prifysgolion yn ei chwarae wrth ysgogi a chyflawni twf rhanbarthol. Yn ogystal, mae Cynllun Sector y Gwyddorau Bywyd yn amlygu ein rôl yn cefnogi astudiaethau masnachol, gan gynnwys pedair canolfan gatalytig newydd a lansiwyd eleni ym maes Iechyd Menywod, Firoleg, Golwg ac AI mewn Gofal Cymdeithasol.

Mae'r cyfle yn sensitif o ran amser ac mae angen i Dde-ddwyrain Cymru fanteisio ar feysydd lle ceir mantais gystadleuol eisoes ac mae'n dechrau arwain y ffordd:

Rydym ni mewn sefyllfa unigryw i gyflawni uchelgais y llywodraeth i gyflymu arloesedd a thwf rhanbarthol a chenedlaethol yn y Gwyddorau Bywyd.

Sut ydym ni'n mesur ein llwyddiant?

- Mabwysiadu datblygiadau arloesol yn seiliedig ar dystiolaeth mewn gofal dydd i ddydd
- Anghydraddoldeb disgwyliad oes ar draws y rhanbarth
- GVA ar draws Caerdydd a'r rhanbarth cyfagos
- Swyddi a gaiff eu creu
- Mewnffuddsoddiad a ddenir (nifer a gwerth)
- Nifer y prosiectau ymchwil cydweithredol (nifer a gwerth)
- Nifer y treialon clinigol (nifer a gwerth)
- Metrigau datblygu'r gweithlu (hyfforddiant, cadw, amrywiaeth)



Mae CHP yn cynnig cyfle trawsnewidiol i Dde-ddwyrain Cymru—ac yn dod ag arloesedd, rhagoriaeth glinigol ac effaith gymunedol at ei gilydd. Mae'n ymwneud â mwy na buddsoddi yn unig; mae'n golygu llunio dyfodol lle bydd y rhanbarth yn arwain y ffordd mewn partneriaethau iechyd integredig.

Carl James

Prif Weithredwr Dros Dro, Ymddiriedolaeth GIG Prifysgol Felindre

Pa asedau sydd gennym ni?

Mae amrywiaeth eang o asedau ar gael i ni. Mae hyn yn cynnwys, ond nid yw'n gyfyngedig i'r canlynol:

Parc Gwyddor Bywyd a Thechnoleg Cardiff Edge

Cartref Canolfan Iechyd Genomig genedlaethol newydd Cymru, gyda chydleoliad posibl ar gyfer patholeg gellog ranbarthol, sy'n creu llwybrau diagnostig moleciwlaidd meinwe dynol safonol. Mae cyfle cyffrous i ddatblygu galluoedd gweithgynhyrchu meddygaeth fanwl fodiwlaidd gyda phartneriaid diwydiant, ochr yn ochr â Cytiva a Llusern Scientific fel tenantiaid cyfredol.

Canolfan Ganser Felindre

Cyfleuster clinigol o'r radd flaenaf gyda Chanolfan Cydweithio ar gyfer Dysgu, Ymchwil ac Arloesi fel canolfan CHP, fydd yn agor yn 2027.

Campysau Prifysgol Caerdydd

Galluogi gwyddoniaeth ddarganfod, ymchwil cyn-glinigol, ac arloesi digidol. Ategir arbenigedd mewn canser, niwrowyddoniaeth a meddygaeth adfywiol gan waith arloesol mewn gwyddor data, delweddu a moeseg. Mae gofodau arloesi fel sbarclspark yn cysylltu ymchwilwyr gwyddorau cymdeithasol â phartneriaid cyhoeddus a phreifat.

Campws Parc y Mynydd Bychan

Mae Campws Parc y Mynydd Bychan yn darparu gofal di-dor, sy'n canolbwyntio ar y person ar hyd y continwrm iechyd llawn, o atal a gofal sylfaenol i wasanaethau aciwt, adsefydlu a chynhaliadau diwedd oes, a ysgogir gan arloesedd a thegwch i'r boblogaeth y mae'n ei gwasanaethu yn yr ysbyty addysgu mwyaf yng Nghymru.

Platform Data Ffederal, Delweddu a Biobanc

Rhaglen uchelgeisiol ledled Cymru i ddatblygu sgiliau, cysoni cydsyniad, llywodraethu, a mynediad rhyngweithredol ar gyfer ymchwil drosi.



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Trwy gydweithio, gallwn bontio ymchwil a gofal cleifion – ysgogi arloesedd, gwella canlyniadau, a sicrhau bod ymarfer y GIG yn seiliedig ar y dystiolaeth orau sydd ar gael. Gall ein hymchwilwyr weithio gyda chlinigwyr prysur o bob proffesiwn i wella systemau gofal iechyd a darparu gofal i gleifion.

Steve Riley

Rhag Is-Ganghellor, Coleg y Gwyddorau Biofeddygol a Bywyd, Prifysgol Caerdydd

Blaenoriaethau thematig

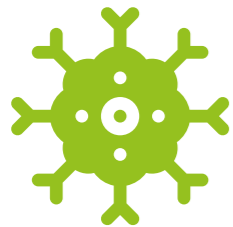
Mae tri maes thematig wedi'u datblygu fel blaenoriaethau cychwynnol ar gyfer buddsoddi. Mae pob un o'r meysydd thematig hyn yn greiddiol i lwyddiant tymor byr CHP.

Blaenoriaethau thematig cychwynnol

1

Gofal cancer y genhedlaeth nesaf

Mae Partneriaeth Ymchwil Cancer Caerdydd wedi lansio nifer o dreialon clinigol cancer cyfnod cynnar a hwyr, gan gynnwys astudiaethau trosiadol a rhai a arweinir gan ddiwydiant. Gan weithredu fel porth ar gyfer portffolios treialon ledled Cymru, mae'r Bartneriaeth yn hwyluso mynediad a chydweithio.



Regain Nikki
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2

Therapiau'r ymennydd

Yng Nghaerdydd ceir set unigryw o alluoedd delweddu yn CUBRIC (Canolfan Delweddu Ymchwil yr Ymennydd Prifysgol Caerdydd) sy'n perthyn i grŵp dethol o ganolfannau byd-eang sy'n cyflwyno'r therapiau mewngreuanol uwch cyntaf i bobl, yn seiliedig ar arbenigedd delweddu, genomeg a llawfeddygol o'r radd flaenaf.



3

Galluoedd meddygaeth fanwl

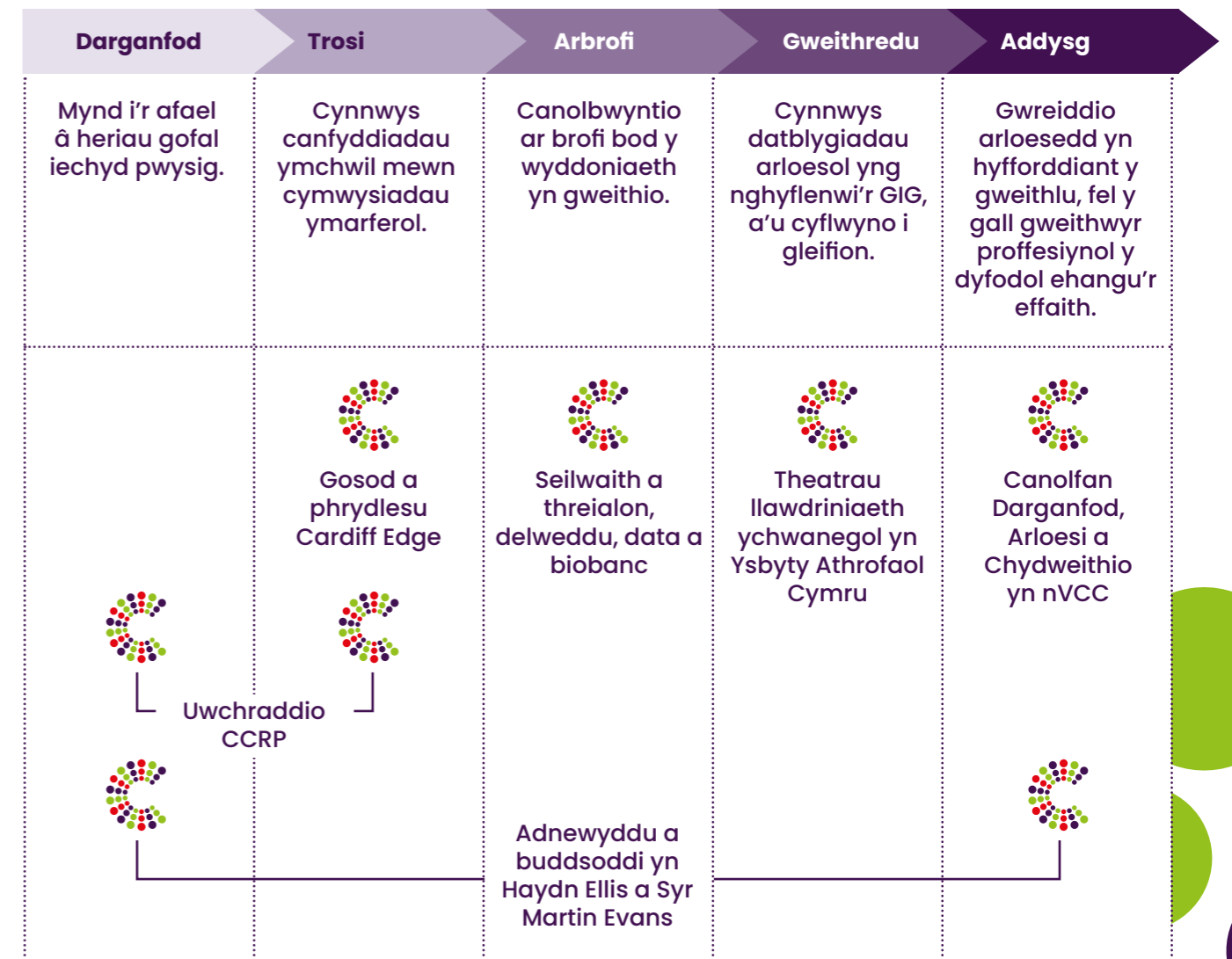
Mae darpariaeth ATMP ac asgwrn cefn genomeg cenedlaethol yn dod at ei gilydd yng Nghaerdydd i ddatblygu meddygaeth fanwl - gan gysylltu niwrolawfeddygaeth dan arweiniad MRI, Canolfan Iechyd Genomig Cymru yn Cardiff Edge, a data ffederal a biobanciau i symud yn gyflym o ddarganfod i fabwysiadu.



Ffrwd Ymchwil ac Arloesedd

Mae Partneriaid Iechyd Caerdydd wedi pecynnu ceisiadau buddsoddi ar draws y ffrwd ymchwil ac arloesi o'r naill ben i'r llall: darganfod, meddygaeth, arbrofol, datblygu, treialon, mabwysiadu a graddfa. Ni yw'r cyfrwng a fydd yn cysylltu'r byd academaidd, diwydiant a'r GIG fel bod cyfalaf yn cyrraedd y cam cywir ar yr adeg iawn.

Mae'r ffrwd hon yn sicrhau bod buddsoddiadau'n atgyfnerthu ei gilydd, yn symud yn gynt at effaith, ac yn cynnig llwybr clir i bartneriaid ymgysylltu. Caiff ceisiadau cyfredol eu mapio i'r ffrwd i lywio cyd-fuddsoddi gan y llywodraeth, diwydiant a chyllidwyr eraill.



Gofal canser y genhedlaeth nesaf

Ymchwilio a chyflwyno'r genhedlaeth nesaf o driniaethau ar gyfer canser cymhleth.

Yng Nghaerdydd ceir arbenigedd ymchwil canser glinigol ac academaidd flaenllaw, yng ngwyddoniaeth y labordy a threialon clinigol. Mae Partneriaid Iechyd Caerdydd yn defnyddio'r cryfderau hyn, gan eu cyfuno â galluedd mewn genomeg, diagnosteg, gwyddor data a gwasanaethau canser y GIG i fynd â thriniaeth canser i'r lefel nesaf.

Mae Canolfan Ganser arbenigol newydd Felindre, taith gerdded fer o Cardiff Edge, yn cydweithio ym meysydd darganfod, datblygu a chyflawni. Mae Ysbyty Athrofaol Cymru gerllaw yn darparu arbenigedd cenedlaethol, o fewn pellter cerdded i sefydliadau ymchwil darganfod a throsiadol allweddol, gan gynnwys Canolfan Meddyginiaethau Canser Arbrofol Caerdydd, Canolfan Ymchwil Canser Cymru, Banc Canser Cymru, a'r Sefydliad Darganfod Meddyginiaethau. Gyda'i gilydd, mae'r rhain yn ffurfio Ardal Arloesi Canser Caerdydd. Gyda chyfraddau canser yn uwch na chyfartaledd y DU, mae Caerdydd yn fan profi go iawn ar gyfer treialu a graddio ffyrdd newydd o atal, cael diagnosis a thrin canser.



Drwy weithio gyda'n gilydd, rydym ni'n trosi ein darganfyddiadau'n driniaethau canser newydd ac yn cynnig cyfleoedd i gleifion canser yng Nghymru fanteisio ar amrywiol driniaethau newydd na fyddai ar gael fel arall yn y wlad.

Rydym wedi ymrwymo i ddatblygu cysylltiadau â diwydiant i ehangu a dod â ffyrddiau newydd cyffrous o driniaethau i'r clinig er budd cleifion.

Dr Jacinta Abraham, Cyfarwyddwr Meddygol Gweithredol, Ymddiriedolaeth GIG Prifysgol Felindre

Sylw i... Partneriaeth Ymchwil Canser Caerdydd

Mae'r tridarn wedi'i gynllunio i wella canlyniadau, cyflwyno ymchwil o'r radd flaenaf, galluogi therapiâu uwch, a chreu ffrwd strwythuredig, o ddarganfod i gymhwyso clinigol. Mae gan CCRP ffrwd fywiog a chynaliadwy o weithgarwch treialon. Mae'r cynnydd hyd yma yn gryf ond mae'r gofod presennol a chapasiti'r gweithlu'n cyfyngu ar ehangu.

Pa asedau ffisegol, dynol ac arloesi sydd eu hangen i wireddu'r weledigaeth?

- Sefydlu canolfan darganfod, arloesi a chydweithio yng Nghanolfan Ganser newydd Felindre ar gyfer dysgu, ymchwil ac arloesi
- Sefydlu Canolfan Darganfod Canser Caerdydd yn adeilad Syr Martin Evans, ar gyfer cyd-leoli ymchwil gyn-glinigol a throsiadol o'r radd flaenaf
- Mannau profi ychwanegol ac ehangu'r gweithlu er mwyn uwchraddio CCRP, ar draws Bwrdd Iechyd Prifysgol Caerdydd a'r Fro ac Ymddiriedolaeth GIG Prifysgol Felindre
- Buddsoddi mewn seilwaith ar draws Ardal Arloesi Canser Caerdydd, i wella cysylltedd ffisegol
- Buddsoddi mewn ymchwil a datblygu ac ymgysylltu â diwydiant, i ehangu'r porth i bartneriaid masnachol a datblygu busnes

Therapiau'r ymennydd

Ysgogi datblygiadau mewn Gwyddorau'r Ymennydd ac Iechyd Meddwl.

Mae therapiâu'r ymennydd yn cyfeirio at sbectrwm o ymyriadau meddygol a niwrodechnolegol datblygedig. Eu nod yw trin cyflyrau niwrolegol a niwroddirywiol. Rydyn ni'n dod ag arbenigedd mewn genomeg, niwrowyddoniaeth, seiciatreg a gwyddor data ynghyd i fynd i'r afael â rhai o'r heriau mwyaf dybryd sy'n wynebu cymdeithas, megis dementia, sgitsoffrenia, anhwylderâu symud, anhwylder deubegynol, clefyd niwrolidiol ac anhwylderâu niwroddatblygiadol. Mae'r gwaith yn canolbwyntio ar drosi darganfyddiadau genetig yn therapiâu personol a datblygedig yn y byd go iawn.

Mae Caerdydd yn ennill ei lle fel canolfan fyd-eang ar gyfer y therapiâu mewngreuanol datblygedig cyntaf mewn pobl, lle caiff triniaethau eu cyflwyno'n uniongyrchol i'r ymennydd. Cefnogir hyn gan CUBRIC a'r Sefydliad Darganfod Meddyginiaethau, sy'n cynnig delweddu, genomeg ac arbenigedd llawfeddygol o'r radd flaenaf.



Bu datblygiad rhyfeddol dan law yr Athro William Gray a'i dîm yn y Ganolfan Niwrotherapiâu Uwch - rhan o Bartneriaid Iechyd Caerdydd. Mae'r tîm wedi cyflwyno therapi genynnau arloesol trwy niwrolawdriniaeth gymhleth, a'r cyfan wedi'i gyflawni mewn sganiwr MRI pwrpasol yn Ysbyty Athrofaol Cymru. Mae'r tîm arbenigol yn yr Ysbyty Athrofaol yn unigryw yn y DU, un o ddwy ganolfan yn unig yn Ewrop a phump ledled y byd sy'n cyflwyno'r treial hwn. Ar hyn o bryd maen nhw hefyd yn cyflawni treialon therapi genynnau eraill ar gyfer clefydau niwrolegol.

David Fluck, Cyfarwyddwr Meddygol Gweithredol, Bwrdd Iechyd Prifysgol GIG Caerdydd a'r Fro

Sylw i... Therapiâu Mewngreuanol Datblygedig

Mae'r therapiâu hyn yn targedu cyflyrau niwrolegol a niwroddirywiol gan ddefnyddio dulliau cyflwyno mewngreuanol. Caerdydd yw un o'r ychydig ganolfannau dethol drwy'r byd sy'n cyflwyno'r Cynnyrch Meddyginiaethol Therapi Uwch mewngreuanol cyntaf mewn pobl. Er bod gennym y wybodaeth a'r gallu i ddarparu'r therapiâu hyn, er mwyn ehangu mae angen seilwaith ychwanegol.

Pa asedau ffisegol, dynol ac arloesi sydd eu hangen i wireddu'r weledigaeth?

- Ailddatblygu adeilad Haydn Ellis yn helaeth i sylfaenu sefydliad ymchwil o'r radd flaenaf sy'n cefnogi ymchwil academaidd a chydweithio gyda diwydiant.
- Buddsoddi i ehangu gwelyau cleifion mewnol a chyfleusterau i gleifion allanol ar gyfer Therapiâu Uwch mewngreuanol.
- Buddsoddi mewn ymchwil a datblygu er mwyn i Gaerdydd gael ei ystyried yn siop un stop ar gyfer y treialon clinigol AT mewngreuanol cyntaf mewn pobl.
- Staff ychwanegol, yn dechnegwyr a chymrodyr hyfforddi i gyflenwi gweithrediadau a hyfforddiant.

Galluoedd meddygaeth fanwl

Teilwra strategaeth atal a thriniaeth ar gyfer iechyd ein poblogaeth.

Mae meddygaeth fanwl yn defnyddio profion genetig, dadansoddeg data, a biofarwyr i ddeall sut mae gwahanol bobl yn ymateb i glefyd a therapi, gan wella canlyniadau ac effeithlonrwydd. Mae meddygaeth fanwl yn dibynnu'n helaeth ar y gallu i gasglu, integreiddio a dadansoddi data genomig, delweddu, clinigol a biobanc ar raddfa fawr. Ein blaenoriaeth yw meithrin gallu data ffederal, delweddu a biobanc sy'n galluogi mynediad diogel, rhyngweithredol ar draws sefydliadau, gan bontio gwyddoniaeth ddarganfod i gymhwyso clinigol cyflym.

Sylw i... Cardiff Edge a Phatholeg Ranbarthol

Cardiff Edge yw'r prif gampws pwrpasol ar gyfer gwyddor bywyd a thechnoleg yng Nghaerdydd a rhanbarth De-ddwyrain Cymru. Gyda 320,000 troedfedd sgwâr o le i ehangu, mae'n cynnig cyfle unigryw i greu ecosystem gwyddorau bywyd enghreifftiol sy'n cysylltu busnes, y byd academiaidd a chyfleusterau labordy'r GIG mewn un lleoliad. Bwriedir datblygu'r cyfleuster labordy cyntaf yn fuan.

Mae'r Gwasanaeth Patholeg Gellog Rhanbarthol yn datblygu'r seilwaith angenrheidiol, a gyd-leolir gyda Chanolfan Iechyd Genomig Cymru, gan greu sylfaen gadarn ar gyfer Canolfan Rhagoriaeth Meddygaeth Fanwl, i drawsnewid y gwasanaeth presennol ar lefel ranbarthol a chefnogi'r gwaith o drosi i'r rhaglen patholeg ddigidol.

Pa asedau ffisegol, dynol ac arloesi sydd eu hangen i wireddu'r weledigaeth?

- Buddsoddiad yn Cardiff Edge er mwyn datblygu labordy arloesol newydd ar gyfer gwasanaethau patholeg gellog rhanbarthol a gofod diwydiannol ar gyfer bioweithgynhyrchu
- Ehangu biobanc a gwell cefnogaeth ddigidol, trwy sefydlu seilwaith wedi'i gysoni o ddata ffederal a samplau
- Theatrau llawdriniaeth ychwanegol yn Ysbyty Athrofaol Cymru, i wella capasiti yn y tymor byr
- Neilltuo cyllid i ymchwil a datblygu, ar gyfer offer AI, peilotiaid data arloesol, a sefydlu partneriaethau diwydiant

Cawn ein hysbrydoli gan y cyfle y mae Partneriaid Iechyd Caerdydd yn ei gyflwyno, sydd ond yn ymddangos unwaith mewn cenhedlaeth: tanio gwyddorau bywyd academiaidd ledled Caerdydd ac ecosystem ehangach Cymru, gan greu canolfan fywiog o ddarganfod ac arloesi.

Mae Illumina'n ymrwymo'n llwyr i gefnogi Partneriaid Iechyd Caerdydd yn eu cenhadaeth i sefydlu Cymru'n arweinydd byd-eang a chyrchfan ar gyfer rhagoriaeth gofal iechyd genomig.

Illumina

Llwyddiannau hyd yma

Mae Caerdydd eisoes yn cyflawni'r datblygiadau cyntaf ac yn creu pwyntiau prawf. Mae pob llwyddiant yn gam bach sy'n asio i wireddu gweledigaeth strategol CHP.

Triniaeth Clefyd Huntington

Canfu treial diweddar o driniaeth newydd fod cleifion sy'n ei derbyn wedi profi 75% yn llai o gynnydd yn y clefyd yn gyffredinol. Y Ganolfan Niwrotherapiwteg Uwch (ANTC), a ariennir gan Ymchwil Iechyd a Gofal Cymru, yw'r unig ganolfan yn y DU sy'n gallu cyflawni'r llawdriniaethau a gynhwysir yn y treial – yn defnyddio arbenigedd niwrolawfeddygol sy'n arwain y byd wrth gyflwyno therapiau genynnau i'r ymennydd.

Mae gan hyn botensial sylweddol i ehangu, a helpu i wella ansawdd bywyd ar gyfer cyflwr dinistriol.

Rhannu Data Modern

Mae'r Uned Ymchwil AML Haematoleg ym Mharc y Mynydd Bychan yn enghraifft flaenllaw o sut y gall setiau data integredig a samplau biobanc â chydsyniad ysgogi ymchwil drosi yn y byd go iawn.

Gan ddefnyddio asedau fel Biobanc Prifysgol Caerdydd a'r Ganolfan Ymchwil Treialon, mae'n cyflawni partneriaethau lleol â diwydiant yn ogystal â chyfrannu at bartneriaethau byd-eang mawr fel Cynghrair HARMONY. Mae'r ymrwymiad hwn i fod yn agored a rhannu yn cyflymu gwyddoniaeth drosi, gan ddod â buddion i gleifion yn gynt.

Cwmnïau Deillio

Mae Draig Therapeutics yn gwmni deillio diweddar o Brifysgol Caerdydd. Mae'r cwmni biotechnoleg glinigol wedi'i leoli yng Nghaerdydd ac yn canolbwyntio ar ddatblygu therapiau trawsnewidiol ar gyfer anhwylderau niwroseiciatrig.

Mae rhwydwaith cryf o fuddsoddwyr yn eu cefnogi ac fe'u lanswyd yn rhan o un o'r cylchoedd cyllido Cyfres A mwyaf yn hanes biotechnoleg y DU. Bydd y gwaith yn sicrhau manteision therapiwtig trawsnewidiol i gleifion ag Anhwylder Iselder Difrifol.

Treialon Canser yng Nghaerdydd

Hyd yn hyn, mae sawl treial CCRP wedi agor, gyda ffrwd gref o dreialon cymhleth ar y gweill ar gyfer canserau tiwmor solet a gwaed. Mae'r rhain yn cynnwys dau dreial o bortffolio BioNTech cenedlaethol Ymchwil Gofal Iechyd Cymru, sy'n dangos rôl allweddol CCRP yn galluogi dod a chyflwyno portffolios treialon diwydiant cyfan yn Cymru, yn hytrach na dim ond treialon unigol.

Mae CHP yn adeiladu ar sylfaen gref o ymchwil canser sy'n cael effaith fyd-eang ymhlith y partneriaid. Er enghraifft, arweiniodd treial FAKTION dan arweiniad Felindre at ddatblygu cyffur sydd bellach ar gael yn rheolaidd i gleifion canser y fron y GIG, a CCRP oedd y recriwtiwr mwyaf yn y DU i dreial Monumental 6 ar therapi gwrthgyrff deusbesiffig ar gyfer cleifion â myeloma lluosog.



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Astudiaeth QuicDNA

Ar hyn o bryd, canser yr ysgyfaint yw'r trydydd canser mwyaf cyffredin yng Nghymru, gyda mwyafrif y cleifion yn cael diagnosis pan fydd wedi datblygu. Drwy astudiaeth ddiweddar a gynhaliwyd ledled Cymru ac a arweiniwyd o Gaerdydd, datblygwyd prawf newydd sy'n defnyddio biopsi hylif o DNA tiwmor sy'n cylchredeg yn y gwaed, yn hytrach na biopsi meinwe solet, i ganfod newidiadau genetig y gellir eu targedu i'w trin yn gyflym ac yn fanwl gywir. Canfuwyd bod y dull llai ymwithiol hwn o gael sampl yn cyflwyno canlyniadau'n gyflymach. Bellach gallwn sicrhau bod cleifion yn derbyn y driniaeth angenrheidiol yn gynt, sy'n achub bywydau.

Reagan Nikki
16/02/2025 08:56:52



Dewisodd Prifysgol Caerdydd gamu ymlaen i droi ymchwil yn realiti, a gwneud iechyd, cyfoeth a chyfleoedd yn genhadaeth. Nid geiriau yn unig yw'r uchelgais hwn ond gwaith, nid gweledigaeth yn unig ond penderfyniad. Dyna a welwch chi yn Draig Therapeutics – gwyddoniaeth wedi'i gwreiddio mewn rhagoriaeth, a ysgogir gan arweinyddiaeth, ei thanio gan bartneriaeth, ag iddi nod sy'n fwy nag elw – anelu at greu effaith.

Nid dychmygu newid mae Prifysgol Caerdydd, mae'n ei gyflawni. Draig Therapeutics yw'r prawf – mae'n fyw, mae'n anadlu, mae'n barod at y dyfodol.

Y Fonesig Kate Bingham
Partner Rheoli, SV Health Investors

Canlyniadau ac effaith Sut beth yw llwyddiant yn 2035?

Uchelgais Partneriaid Iechyd Caerdydd yw:

- Cydnabod Caerdydd yn Ganolfan Rhagoriaeth wirioneddol ar gyfer Therapiau'r Ymennydd, a rhagoriaeth mewn Iechyd Digidol ac Iechyd Data (gan adeiladu ar ei chryfder cydnabyddedig mewn genomeg)
- Cydnabod ein partneriaid am eu hymagwedd arloesol sy'n trosi ymchwil flaengar yn ofal a thriniaethau canser rheolaidd
- Creu ffrwd gweithlu, gyda chyfranogiad ehangach, i ddenu mwy o bobl i weithio ar ymchwil ac ymarfer clinigol blaengar, gan gefnogi gyrfaedd portffolio hybrid mewn lleoliadau clinigol, academaidd ac entrepreneuriaidd
- Gwreiddio'r talentau a'r asedau uchod yn ecosystem iechyd a gwyddorau bywyd ehangach y rhanbarth
- Parth glanio pwrpasol sy'n croesawu'r talentau gorau a syniadau beiddgar i arbrofi, cydweithio a chyflymu arloesedd mewn amgylchedd deinamig, a ysgogir gan effaith
- Lleihau anghydraddoldeb iechyd yng Nghaerdydd a'r rhanbarth yn weithredol trwy ymyriadau cynhwysol sy'n sicrhau mynediad at ofal a chyfranogiad ymchwil
- Gofal iechyd a gyflwynir yn agosach at y claf (gofal rheolaidd)

Drwy fuddsoddi yn Partneriaid Iechyd Caerdydd, bydd y rhanbarth yn gweld manteision sylweddol.

Rydym yn disgwyl gwario tua £500m ar seilwaith, a tua £350m ychwanegol ar gapas dynol, ac anghenion ymchwil a datblygu dros y degawd nesaf. Bydd Partneriaid Iechyd Caerdydd yn arwain at gyfraniad economaidd sylweddol o rhwng £785m a £813m mewn GVA a 10,440 – 10,840 o swyddi rhwng 2025–2035. Bydd y buddsoddiad hwn yn rhyddhau manteision ychwanegol, y tu hwnt i'r effaith ariannol, gan ymestyn ac gwella meini prawf gofal iechyd ledled De-ddwyrain Cymru.

Methodoleg

Caiff cyfraniad at GDP ei fesur yn nhermau Gwerth Ychwanegol Gros (GVA). Mae GVA yn fesur ariannol o'r gwerth y mae sefydliad yn ei greu yn ystod ei broses gynhyrchu. Dyma'r gwahaniaeth rhwng pris ei gynhyrchion (allbynnau) a phris y mewnbynnau y mae'n eu defnyddio i'w cynhyrchu (neu ddefnydd canolradd).

Mae GVA yn derm amgen ar gyfer GDP ar gost ffactor, sef GDP cyn trethi a chymorthdaliadau ar gynhyrchion. Fel y cyfryw, mae GVA yn cyfateb â GDP ar lefel cwmni.

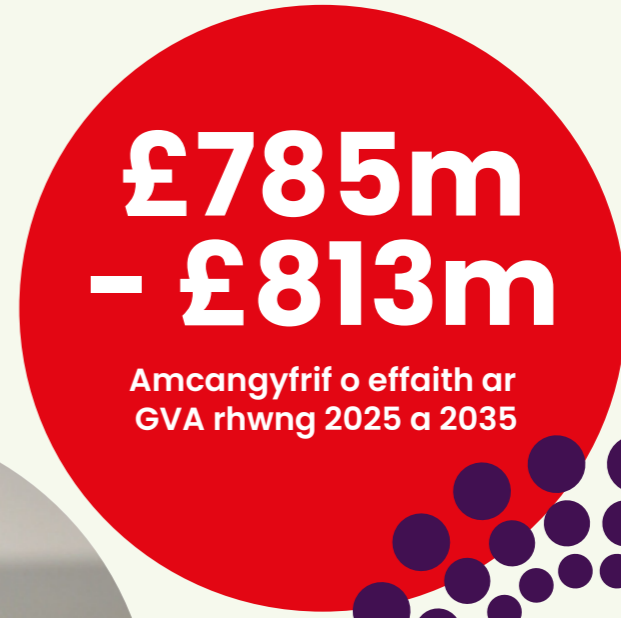


Mae CCRP yn datblygu'r genhedlaeth nesaf o ymchwil canser ac yn galluogi trosi darganfyddiadau newydd i'w cyflwyno i'r clinig er budd cleifion.

Er enghraifft, mae treial ATTEST CCRP yn golygu bod cleifion GIG De-ddwyrain Cymru yn manteisio ar dechnoleg fector firws arloesol, yn seiliedig ar ymchwil Prifysgol Caerdydd, sy'n heintio celloedd canser yn ddethol, gan gynhyrchu cyffur sy'n modiweiddio imiwedd o'r tu mewn i'r celloedd tiwmor.

Awen Gallimore
Athro, Prifysgol Caerdydd

REDA/NIKKI
16/02/2025 08:56:52



Rhagdybiaethau:

- Mae gwariant rhwng llafur a chapital yn amrywio. Caiff effeithiau economaidd eu cyflwyno fel ystadodau
- Cymerwyd yn ganiataol y bydd 31.8% o wariant ar y cyfalaf a gynigir yn diflannu'n rhyngwladol. Mae hyn yn seiliedig ar ganran mewnforyn y DU o gymharu â'r CYN.
- Mae gofynion buddsoddi wedi cael eu codi 2% yn flynyddol i modelu ar gyfer chwyddiant
- Mae'r data mewnbwn economaidd ar gyfer gwariant sectorol wedi ei ddwyn o Dablau Cyflenwi-Defnydd a ddarparwyd gan yr ONS

Cyfyngiadau:

- Oherwydd argaeledd data, defnyddiwyd tablau Cyflenwi-Defnydd 2022 yr ONS i amcangyfrif effaith 10 mlynedd
- Cynhaliwyd y dadansoddiad ar sail gros. Ni ystyriwyd ychwanegedd (di-fuddiant, gollyngiadau) yn y cyfraniad cyffredinol
- Mae'r amcangyfrifon yn seiliedig ar amcangyfrifon lefel uchel o wariant a gallent newid
- Nid oes wedi bod mewn holiadur llawn ar y ceisiadau buddsoddi

Crynodeb a... beth sy'n dod nesaf?

Mae Partneriaid Iechyd Caerdydd...

yn cynnig platfform cyffrous, graddadwy sy'n barod am y tymor byr ac yn wydn yn y tymor hir. Mae'n dod â ffrwd gydlynol o gyfleoedd ar draws canolfannau darganfod, ehangu treialon clinigol, seilwaith (gan gynnwys digidol a data), a datblygu'r gweithlu - gydag asedau blaenllaw a gyd-leolir ac sydd â chyrhaeddiad cenedlaethol yn ei angori.

Bydd buddsoddi'n ysgogi manteision ledled y system: gwell iechyd i'r boblogaeth a mynediad at arloesi; cynhyrchiant rhanbarthol cryfach sy'n creu swyddi gwerth uchel; ac ecosystem weladwy yn rhyngwladol sy'n cyflymu partneriaethau a mewnfuddsoddi.

Bydd Partneriaid Iechyd Caerdydd yn cyflawni uchelgais Deddf Llesiant Cenedlaethau'r Dyfodol, Cenhadaeth Economaidd Llywodraeth Cymru, a Strategaeth Ddiwydiannol Gwyddorau Bywyd y DU.

Bydd yn trawsnewid:

- Tegwch iechyd trwy alluogi gwasanaethau iechyd sy'n agosach at y claf
- Cyflawni gwelliant eang mewn iechyd trwy ddefnydd strategol o dechnoleg
- Twf ac adfywio rhanbarthol trwy greu swyddi o ansawdd uchel a denu mewnfuddsoddiad

Os hoffech chi wybod mwy, gallwch ddod o hyd i'n gwefan yma...

cardiffhealthpartners.org.uk

Dyma'r amser i gefnogi partneriaeth gysylltiedig sy'n troi aliniad strategol yn ganlyniadau i gleifion, yr economi a chymdeithas.

Ar hyn o bryd rydym ni'n chwilio am fuddsoddiad ar gyfer...

Gofal canser y genhedlaeth nesaf

Ehangu CCRP, yn ogystal â sefydlu canolfan darganfod a chydweithio yn Adeilad Syr Martin Evans a a chanolfan darganfod, arloesi a chydweithio yng Nghanolfan Ganser newydd Felindre ar gyfer dysgu, ymchwil ac arloesi. Bydd y buddsoddiad hwn yn galluogi darganfod a throsi triniaeth newydd ar gyfer canser.

Therapiau'r ymennydd

Adnewyddu ac ehangu adeilad Haydn Ellis ym Mhrifysgol Caerdydd, i wella ein galluoedd darganfod ac addysg.

Galluoedd meddygaeth fanwl

Sefydlu canolfan rhagoriaeth newydd yn Cardiff Edge, adeiladu mwy o theatrau llawdriniaeth yn Ysbyty Athrofaol Cymru, ac ehangu'r seilwaith treialon, delweddu, data, a biobanc, i wella trosi, arbrofi a chyflwyno arloesiadau meddygaeth fanwl newydd.

Beth ydym ni'n ei wneud nawr?

Byddwn yn parhau i symud ymlaen, cyflymu ac ehangu ein huchelgais - ar sail cynlluniau gweithredu cadarn a gofynion buddsoddi clir.



Mae Partneriaid Iechyd Caerdydd yn cynrychioli'r union fath o arloesi beiddgar, cydweithredol sy'n diffinio Prifddinas-Ranbarth Caerdydd. Mae'n fuddsoddiad nid yn unig mewn arloesedd meddygol a thwf economaidd, ond ar gyfer gwella iechyd, lles a chyfleoedd bywyd pobl ledled De-ddwyrain Cymru a thu hwnt.

Mike Brough

Cyfarwyddwr Twf Economaidd,
Prifddinas-Ranbarth Caerdydd



cardiffhealthpartners.org.uk



Report Title:	Monthly Monitoring Return – Month 9	Agenda Item no.	4.1
Meeting:	Finance and Performance Committee	Public	x
		Private	
Status:	Assurance	x	Approval
Lead Executive:	Executive Director of Finance		
Report Author:	Deputy Director of Finance		

Background and current situation:

SITUATION

WHC (2025) 023 - 2025/26 NHS Wales Financial Monitoring Return
 Guidance requires the UHB to provide a main Committee of the Board with copy of the monthly Financial Monitoring Return (consisting of the Narrative, Table A and Tables C to C3), to provide the Committee with transparency on the submission made to the Welsh Government.

A copy of the December 2025/26 MMR is attached.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The extracts from the UHBs Monthly Financial Monitoring Return are provided for information and assurance.


Recommendation:

The Board/Committee are requested to:

- a) NOTE the extracts from the UHBs Monthly Financial Monitoring Returns.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>	 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>	 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>

Five Ways of Working (Sustainable Development Principles) considered

Prevention	Long term	Integration	Collaboration	Involvement
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		
Impact Assessment:				
Risk: No				
<i>Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)</i>				
Safety: No				
<i>Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>				
Financial: Yes				
<i>Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>				
Workforce: No				
<i>Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>				
Legal: No				
<i>Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)</i>				
Reputational: No				
<i>Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>				
Socio Economic: No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES				
<i>The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)</i>				
Equality and Health: No				
<i>Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)</i>				

Decarbonisation: No

There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB.

These include:

- A focus upon preventing ill health in our population*
- Saving energy or increasing throughput.*
- Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions*
- Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.*
- Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.*
- Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.*

Does the subject matter of your paper risk any of the above not being achieved?

Welsh Language: Yes/No

Consideration should be given to potential impact on the Welsh language, including the following key aspects:

- More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?*
- Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.*
- Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?*
- Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?*

Does the subject matter of your paper risk any of the above not being achieved?

Approval/Scrutiny Route (please note anywhere else this paper has been before):

Finance and
Performance Committee

Date: 18th February 2026

Regan, Nikki
16/02/2025 08:56:52

WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE NINE MONTH PERIOD ENDED 31st DECEMBER 2025

INTRODUCTION

The Health Board submitted an initial draft financial plan to the Welsh Government at the end of March 2025. The draft plan incorporated: -

- Brought forward underlying deficit of £59.9m
- 2025/26 Demand and cost growth and unavoidable investments of £51.1m
- Additional Allocations of £20.3m
- Pass-through funding on Long Term Agreements of £2.5m (1.77%)
- A £30.0m Savings Target.

This results in a 2025/26 planning deficit of £58.2m which was amended to £56.2m as a result of the additional £2m savings target actioned in year.

The draft plan assumed that:

- An additional £18.8m in costs related to changes to the Employers NI rates would be fully funded.

A summary of the revised draft financial plan submitted is provided in Table 1.

Table 1: 2025/26 Draft Plan

Planning Assumptions	(£m)
Brought Forward Underlying Deficit	59.900
2025/26 Demand/Cost Growth/Improvement	51.100
Draft Deficit	111.000
Additional Allocations	(22.768)
Savings Plans	(32.000)
Initial Planned Deficit	56.233

This represents the draft financial plan of the Health Board.

The financial monitoring returns have been prepared within the framework of the UHB's revised Draft Financial Plan, which includes a planning deficit of £56.233m for 2025-26. This report details the financial position of the UHB for the period ending 31st December 2025.

A full commentary has been provided to cover the tables requested for the month 9 financial position.

At month 9 the UHB is reporting an overspend of £43.250m, £1.074m off plan. The month 9 position represents an in-month improvement of £1.647m against the £2.721m overspend against plan reported at month 8.

The overspend of £43.250m is comprised of £1.657m of operational deficit and the planned deficit of £42.175m (9 twelfths of the revised £56.233m 2025/26 planned deficit set out in the UHB's Accountable Officer letter relayed on the 30th of June 2025) offset by a (£0.582m) surplus against savings.

The continued reduction in overspend against plan over the past quarter provides the UHB with strong assurance that it will achieve the forecast deficit of £56.2m

BACKGROUND

The Board noted and submitted a draft financial plan to the Welsh Government at the end of March 2025. Following the submission of the plan, Welsh Government asked the UHB to detail further actions to reduce the forecast deficit of £58.2m. In response, the UHB confirmed that progress in the identification of savings provided the UHB with sufficient assurance to increase planned savings delivery by £2m which in turn has reduced the forecast 2025/26 deficit position to £56.2 million.

MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST OUTTURN and UNDERLYING POSITION (TABLE A & A1)

Table A sets out the draft financial plan and latest position at month 9 for which the following should be noted:

- The UHB's initial £30.0m 2025/26 savings target is reported on lines 6,7 & 11. The forecast achievement of the further target of £2.0m is also reported on lines 6,7 & 11 with the further £2m schemes required to meet the £32m target being reported on line 24.
- Assumed LTA inflation of £2.471m (1.77%) to the UHB from other Health Boards (line 4).
- The brought forward underlying deficit is £59.9m as outlined in the draft financial plan.

The identification and delivery of the £32.0m recurrent savings target is key to delivery of the planned in year and underlying position.

The underlying deficit projected for 2025/26 is currently assessed at £68.0m, which is £11.8m higher than the 2025/26 forecast outturn of £56.2m. This variance is primarily driven by a shortfall in recurrent savings and the full-year impact of operational pressures experienced during the current year

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects a review of the risks identified in the financial plan and these will continue to be reviewed on a monthly basis. The table outlines the identified risk, which has been assessed as having a low likelihood.

- The net risk relating to JCC is reported at £0.554m, comprising gross risks of £0.744m partially offset by a potential £0.190m release of JCC reserves.
- Red Savings schemes of £1.177m are recognised as an opportunity.

The following issues highlighted earlier in the year have now been removed from the risk table:

- The potential additional Risk Pool liability of £9.284m was removed at month 9, as the associated costs will be covered directly by Welsh Government.
- The additional cost of Band 2 and Band 3 pay is currently estimated at £6.972m for 2025/26. It is assumed that Welsh Government will cover this cost, and the associated risk was removed from Table A2 at Month 8
- The UHB's £0.525m share of the indicative 2025/26 NWSSP underspend distribution is now assumed to be receivable by the UHB and has been reflected in the forecast year-end position.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year-to-date deficit of £43.250m and reflects the analysis contained in the annual operating plan (Table A). This same year-to-date deficit of £43.250m is also shown in Table 2.

Table 2: Summary Financial Position for the period ended 31st December 2025

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	7,286	7,286	0	64,013	64,013	0
Quality Efficiency Improvement Plans - Savings	(2,599)	(2,799)	(200)	(21,838)	(22,420)	(582)
Operational Variance	0	(1,447)	(1,447)	0	1,657	1,657
Clinical/Service Board Variance	4,687	3,040	(1,647)	42,175	43,250	1,074

The month 9 deficit of £43.250m comprised of the following:

- £42.175m planned deficit
- (£0.582m) CRP surplus
- £1.657m adverse operational variance against plan.

The £56.2m forecast deficit is profiled flat.

The UHB is actively working to recover the operational pressures reported at Month 9, to ensure delivery of its planned deficit position of £56.233m

The operational pressures reported are partly offset by operational underspends across service areas as summarized below:

The in-month increase in Other Private & Voluntary expenditure is due to the transfer of £4.086m from Continuing Care and Funded Nursing Care budgets, relating to Mental Health out-of-area patients.

Table 3: Operational Pressures for the period ended 31st December 2025

Operational Pressure	Operational Variance YTD	Operational Variance Forecast
	£'000s	£'000s
Mental Health Out Of Area Placements (OOA)	2,000	2,300
Specialist Services Activity Related Underperformance	1,700	2,050
NI	1,200	2,150
Vaccines	(750)	(1,000)
Winter	(770)	(1,000)
CD&T Activity		(840)
GRNs	0	(1,500)
Pay Underspend	(2,300)	(2,160)
Sub-Total Surplus/Deficit	1,080	0

Further detail in relation to table 3 is provided below:

- Mental Health OOA. Year-to-date, there has been an average of 9 patients, peaking at 23. Package costs are higher than planned due to patient acuity. The Crisis House has now reopened, along with additional DTOC capacity. This has contributed to a reduction in the forecast number of OOA placements.

- Specialist services underperformance. Cardiac services year-to-date performance has remained below target and below 2024/25 levels.
- The Employers NI Gap is the difference between confirmed funding and the allocation to delegated budgets.
- Vaccines. Combined vaccine expenditure is projected to be below budget.
- CD&T Activity. Additional radiology and research income has been recovered during the year.
- GRNIs - The UHB has recognised an in year accounting gain in respect of GRNIs.
- Pay vacancies, combined with enhanced scrutiny of variable pay, have partially offset pressures on medical staffing, where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts, and sickness. The UHB recorded an increase in WTE nursing staff during September and October, driven by the onboarding of student nurse streamliners. In both November and December, WTEs in post declined, returning to the trend observed prior to the onboarding period.

The in-month increase in Other Private & Voluntary expenditure is due to the transfer of £4.086m from Continuing Care and Funded Nursing Care budgets, relating to Mental Health out-of-area patients. This reclassification provides a more accurate representation of the associated expenditure, as the related spend is not considered by the UHB's Continuing Care panel.

The UHB will continue to monitor the impact of the Winter Plan and workforce model, alongside LTA performance, theatre activity, and consumable usage, with the objective of mitigating any additional financial pressures as they arise

The UHB financial plan has been established at a Clinical Board level with each Board working towards an agreed control total based on the following:

- Underlying Deficit b/f to 2025-26
- Cost Growth
- Demand/Volume Growth
- Commissioning pressures
- Allocation of 1.77% Welsh Government Uplift against assessed Growth and Pressures
- Quality Improvement Programmes (savings)

Executive Performance Reviews with the UHB's Clinical Boards focus on proactively identifying and addressing emerging planning and operational pressures. At the same time, the UHB remains committed to tracking progress against savings plans and pursuing further improvement opportunities through

weekly Senior Leadership Team meetings and dedicated financial summits, aimed at reducing risk within the draft financial plan

Following confirmation of the month 5 position, the UHB undertook deep dives for all clinical boards to understand the issues and risks and gain assurance on the actions required to deliver within their deficit control totals. Further measures were approved to arrest and recover the financial run rate and the UHB's saving tracker is now reporting a £0.778m surplus of green and amber schemes against the £32m in year target.

As previously outlined, the following additional actions have been identified to halt and recover the deteriorating operational position across all delegated budgets:

- Board Approved - A full vacancy freeze from 1st August.
- The UHB has operated an enhanced centralised vacancy scrutiny process for over 9 months. This approach has stabilised the growth of the workforce.
- Only utilising additional winter capacity if absolutely necessary - plan agreed and in place.
- All controls need to remain in place to deliver both the in-year position and close the recurrent gap.

Table B2 – Movements from Opening Expenditure Plan

Following submission of the draft financial plan, the UHB has reviewed and reassessed its resource limit assumptions, as outlined in Table 4 below. The main change relates to the June and November 2025 non-cash return for depreciation and impairments. In addition, there are £16.7m of additional costs arising from changes in Employer NI rates and threshold values, alongside confirmation of DPIF programme funding, additional planned care funding, the impact of the Real Living Wage increase on Bands 2 and 3, and the pay awards implemented in August 2025.

**Table 4 – Additional Resource Limit adjustments since initial plan
(Confirmed and Anticipated)**

Additional Resource Limit Allocations	£'000s
DEL & AME Depreciation & Impairments	74,176
Pay Award 2025_26 Post RLW	38,312
25_26 NIER Additional 1.2 Percent And Threshold Change	16,697
Health & Social Worker Band 2 & 3 Estimate TBC	6,972
RTT Waiting Times _ Q1, Q3 & Q4 Plans	8,170
2025-26 GMS Pay and Expenses Agreement	5,470
DPIF	3,775
Planned Care Insourcing	3,100
2025-26 Dental Pay Uplift of 4%	1,538
Additional Hospice Funding	1,029
2025_26 Pharmacy Pay Uplift of 4%	973
Planned Care Transformation Fund	671
CAMHS In-Reach Funding	622
Genomics (C&V / JCC)	578
AWTTC Voluntary Scheme For Branded Medicines Pricing, Access And Growth (VPAG) Investment Facility	564
Individual Placement & Support In Primary Care	440
ESMCP CRS MDVS ARRP	323
Women's Health - Pathfinder Establishment (Women's Health Hubs)	300
New Medical Training Posts 2017 to 2024	356
Consultant Clinical Excellence Award / Consultant Impact Award	253
Vaccination Programme	400
Planned Care National Outpatient Plan Minor Oral Surgery	240
OPTOMETRY PAY UPLIFT 4%	240
GMS Global Sum/Psp List Size Adjustment	210
Planned Care Additional Funding 2025-26 - Phase 3 Outpatients	193
PCIC_MTHS 1-12_SHORT BREAKS FOR CARERS	172
Neurodivergence Improvement Programme	158
Neighbourhood District Nursing	137
VT LTA Adjustment -Historic Pay Award 2025-26	110
Dementia Action Plan	100
Support Staff Costs - All Wales Pharmacogenetics Lead Post	96
DoLS / MCA / Advocacy (MH)	64
2025-26 GMS Dispensing/PADMS uplift	61
Save A Life Cymru (JCC) Quarters 2_4	61
Climate-Focussed Spread And Scale Academy	52
RSV At Risk Neo Nate Vaccine Programme	45
ESMCP Wast Resources	38
Children's Speech, Language And Communication (Slc)	34
Consultant Allied Health Professional For Dementia	30
Planned Care Transformation Fund_ High Volume Mega Clinics	28
Decarbonisation Secondment	28
Immunisation Allocation 25/26 MPOX	18
All Wales International Recruitment	7
Secondment Fb Work On Medical Gases Activities	4
Learning Disability Policy _Additional Funding 2025_26	(4)
A2A Sanctuary	(28)
JCC_25_26 English Tariff Cuf	(110)
MOD St Athan Funding Lazurite Team Additional Reception Site For EPS	(281)
Welsh Risk Pool	(343)
Invest To Save - Welsh Government Energy Service	(347)
Removal of Donated Assets / Government Grant Receipts	(521)
Removal of IFRS-16 Leases (Revenue)	(679)
Real Living Wage (RLW) Social Care	(2,513)
Pay award funding 2024-25	(4,298)
Pay award funding 2024-25 funded through Pay Matrix Commissioning Shares	(10,519)
Total Movement in assumed Resource Limit following MDS Submission £'000s	147,204

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PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.465m in month.

Agency Costs have reduced from an monthly average of £0.480m in 2024/25 to £0.417m in 2025/26 as a result of enabling actions taken to manage down UHB agency usage.

The UHB recorded expenditure on A&C, ACS and Estates categories December as follows:

- Additional Clinical Services - £0.093m – specialing cover for high acuity patients & the specialist work placements.
- Administrative and Clerical - £ 0.006m – primarily clinical coders.
- Estates -£0.003m – miscoded maintenance invoices to be corrected in month 10.

Savings Programme 2025-26 (TABLE C, C1, C2, C3 & C4)

The UHB acknowledges that a deadline of the 11 September 2025 (Month 5 MMR submission date) was assigned to the Health Board to finalise the 'Planned Savings' gap and that all schemes should meet the 'Green' criteria by that date.

The forecast delivery against green schemes increased from £30.117m at month 6 to £31.001m at the end of month 8, with a further rise to £31.291m by month 9. Forecast delivery against Green and Amber schemes is £32.778 which is 102.4% of the £32m savings target.

Further action is required to meet the recurrent target and the UHB continues to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate ongoing risks on a recurrent basis. The shortfall in recurrent savings, combined with operational pressures experienced during the year, is projected to increase the underlying deficit by approximately £11.8m if further recurrent schemes are not identified within the final three months of the year

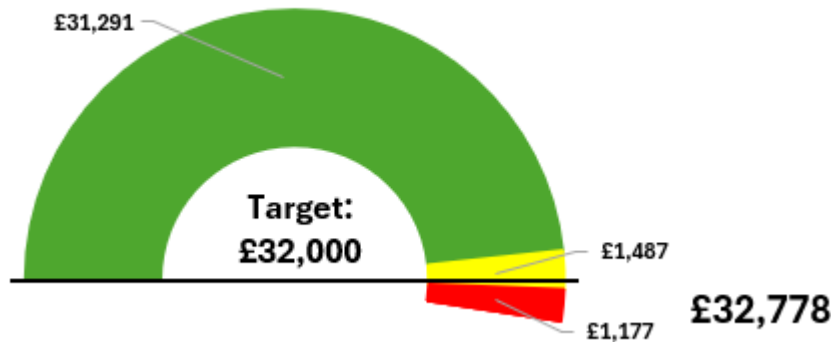
Red schemes of £1.177m are identified and continue to be reviewed for progression to Green/Amber where possible.

There is a reported surplus of £0.778m against the £32.0m savings target and this is expected to mitigate ongoing operational pressures. Red schemes are

excluded in accordance with the instruction from Welsh Government that red schemes are not included in the Monthly Monitoring Returns savings tables. Graph 1 below outlines progress in the identification of Savings Schemes.

Graph 1 – Progress in the Identification of Savings Schemes

2025/26 UHB Savings Programme: Identified vs Requirement



Under Welsh Government MMR rules, amber schemes that do not transition to green within three months must be removed from the Table C3 tracker. Currently, £1.201m of amber schemes (52 in total) on the UHB tracker have breached this rule, despite being considered deliverable in year. To maintain consistency between the UHB tracker and MMR reporting, these schemes have been included on the Table C3 tracker. The UHB remains confident that most will deliver in-year and will continue working with budget holders to review and re-categorise schemes from amber to green where strong assurance of in-year savings exists

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

NHS organisations were expected to have concluded discussions and signed contracts (Long Term Agreements and Service Level Agreements) between each other by June 12th, 2025.

The UHB has concluded and signed all Long Term Agreements (LTA) and Service Level Agreements with other Welsh NHS LHBs for 2025-26.

INCOME ASSUMPTIONS 2025/26 (TABLE E)

Table E outlines the UHB's 2025/26 resource limit.

Similar to practice in previous years, the UHB reported position continues to exclude recurrent expenditure which has arisen following a change in the

accounting treatment of UHB PFI schemes under International Financial Reporting Standards (IFRS). The UHB assumes that Welsh Government will continue to authorise the accounts adjustment of £0.222m recognised in previous financial years.

The UHB assumes that additional resources will be provided as part of the in-year settlement for Band 2 and 3 Health and Social Care Workers. This unconfirmed resource limit adjustment is reflected in Table E. The assumed allocation of £6.972m is an estimate at this stage and will be confirmed following processing of payroll data.

The UHB is currently gathering information to validate Planned Care HBS Insourcing Diagnostic activity. The current financial forecast assumes that funding will cover all associated costs, with confirmation expected in due course. This work is being undertaken internally because HBS has not provided patient-level activity data, as required by the SOP issued by Welsh Government for this tariff-based funding stream. Although this has been challenging, progress is being made within certain diagnostic groups.

The UHBs confirmed Revenue Resource Limit as of December 19th, 2025, was £1,484.2m with a further £95.4m of assumed allocations as detailed at Table 5 below:

Table 5 – Unconfirmed in year Resource Limit Allocations anticipated on 31st December 2025

Unconfirmed Resource Limit Allocations as of 31st December 2025	£'000s
Depreciation, Impairments & IFRS 12	76,220
Health & Social Worker Band 2 & 3 Estimate tbc	6,972
RTT Waiting Times	4,758
Vertex (JCC)	3,517
Planned Care Insourcing	3,100
ATMPs (JCC)	1,388
GP IM&T Refresh Programme	1,225
Consultant Clinical Excellence Award / Consultant Impact Award	1,001
Neurodivergence Improvement Programme	793
Planned Care Transformation Fund	254
Individual Placement & Support In Primary Care	440
Women's Health - Pathfinder Establishment (Women's Health Hubs)	300
Planned Care National Outpatient Plam Minor Oral Surgery	240
Dols / MCA / Advocacy (MH)	233
AWTCC Voluntary Scheme For Branded Medicines Pricing, Access And Growth (VPAG) Investment Facility	225
TSW Funding	213
Buvidal - HMP Cardiff Costs	175
CHILDHOOD IMMUNISATION PROGRAMME CHANGES	154
Genomics (C&V / JCC)	145
Welsh Risk Pool	(6,045)
Other	126
Total Anticipated Funding £'000s	95,436

The level of unconfirmed allocation (£95.4m) less the £76.2m depreciation funding) will present a cash management risk (£19.2m) to the UHB if it remains outstanding into the new year period.

MONTHLY CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of December was £7.346m.

The outstanding confirmation of cash allocations is a cause for concern for the UHB alongside the strategic and working cash requirement. Table 6 summarises the potential for a £92.4m cash shortfall at year end before outstanding cash allocations and strategic support are confirmed by Welsh Government.

Table 6 – Summary of Potential Cash Shortfall at Year End

Summary of Potential Cash Shortfall at Year End	£'000s
Outstanding allocations (includes additional band 2 & 3 payroll costs)	19,216
Strategic Support	56,233
Working capital requirement prior year liabilities paid in 2025-26	17,000
Welsh Risk Pool settlements in advance of reimbursement	tbc
Total £'000s	92,449

The UHB submitted an Accountable Officer letter Welsh Government on 3 December 2025 to confirm the Health Board's request for £56.233m Strategic Cash support to address the forecast financial deficit in 2025/26. In addition, the UHB estimates that it requires £17m of working cash support to cover 2024/25 revenue and capital working balances at April 2025.

The UHB will continue to review the movement in its working balances cash for Capital and Revenue as the year progresses. Revisions to the estimate of any associated cash support required will be included in table E.

The risk associated with cash increases when it is combined with the forecast financial deficit (£56.2m); the potential additional Welsh Risk Pool contribution; and the requirement of the UHB to fund multi-million pound clinical negligence settlements instructed by the Welsh Risk Pool (WRP) where reimbursement for WRP instructed payments is always received in arrears of payment.

BALANCE SHEET (TABLE F)

The Opening Balances at the beginning of April 25 reflect the closing balances in the 2024/25 Final accounts.

Property, plant & equipment is in line with the start of the year. This is due to capital purchases combined with the impact of monthly depreciation charges.

The decrease in the carrying value of Trade and Other receivables is predominately due to a reduction in the carrying value of the WRP debtor. The movement in the amounts disclosed as Current and Non-Current is the result of a reclassification of WRP payment amounts and dates.

The increase in the carrying value of Trade and Other Payables is predominately due to an increase in the value of Trade Payables and Accruals.

The movement in the amounts disclosed as Current and Non-Current for Provisions reflects a reclassification of the WRP payment amounts and dates.

The forecast balance sheet reflects the University Health Board's latest non-cash estimates and anticipated capital funding.

It also accounts for the 2024/25 capital programme being heavily weighted towards Month 12, resulting in a high level of capital creditors carried forward into 2025/26. In response to an audit risk query, efforts are underway to complete capital works earlier in the financial year, with a forecast reduction in capital creditor levels (c.£10m). Movements in other accruals—totaling around £6 million across various areas of the UHB, have also been incorporated. Additionally, the successful resolution of an ongoing claim has enabled the forecasted release of a £1 million provision. These Statement of Financial Position (SoFP) changes are reflected in the accompanying cash working capital requirements in Table E.

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB's public sector payment compliance performance is above the 30 day target of 95%. Performance for the month to the end of December was 96.6%.

Performance for the month to the end of December for NHS invoices was 81.30%. The UHB acknowledges the opportunity to further improve this measure and is working with NWSSP to enhance the score.

CAPITAL RESOURCE LIMIT, IN YEAR SCHEMES & DISPOSALS (TABLES I, J, K & Q)

Of the UHB's approved Capital Resource Limit, 26% has been expended to date.

Following reviews of scheme slippage, all projects are currently expected to be delivered as forecast in line with the revised CRL.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 8th January 2026 - £48.707m.

AGED WELSH NHS DEBTORS (TABLE M)

On the 31st of December 2025 there were no invoices raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17 weeks. A further 45 invoices between 11 and 17 weeks remained outstanding. 1 of the invoices has since been cancelled and a further 12 have either been paid or validated. Payment of the remaining 32 invoices is being pursued.

GMS & DENTAL (TABLES N & O)

GMS and Dental expenditure at quarter 3 are reported on tables N & O. Any additional expenditure beyond the notified allocations will be managed by the UHB.

RINGFENCED ALLOCATIONS (TABLE P)

Expenditure against Ringfenced Allocations is forecast broadly in line with allocations.

IFRS 16 (TABLE Q)

Lease costs, Interest, depreciation and dilapidations are reported at table Q.

The CAME dilapidations figure of £0.595m in Table Q reflects the amount included in the November 2025 IFRS16 return.

OTHER ISSUES

The financial information reported in these monitoring returns aligns to the financial details included within Finance Committee and Board papers. These monitoring returns will be taken to the next available meeting of the Finance Committee for information.

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16/02/2025 08:56

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



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Cardiff and Vale
University Health Board

CONCLUSION

The UHB submitted a draft financial plan at the end of March 2025 which included a forecast deficit of £58.200m. Progress in the identification of savings provided the UHB with sufficient assurance to increase planned savings delivery by a further £2m which in turn reduced the forecast deficit position to £56.2 million for 2025/26 at month 3.

The UHB is committed to achieving in year and recurrent financial balance as soon as possible. The UHB currently has a draft financial plan for 2025-26 which aims to deliver financial stability and ensure that the underlying position is maintained. The plan includes a revised savings target of £32.0m.

- the reported year to date position is an overspend of £43.250m and a forecast deficit of £56.2m.
- At Month 9, the operational overspend against plan is £1.657m, partially offset by a year-to-date surplus of (£0.582m) against the savings target.
- £32.778m (102.4%) of green and amber schemes are identified at Month 9 against the £32m target.
- Delivery of the forecast is contingent on the confirmation of all expected income streams.
- There is a potential £92.4m cash shortfall at year end prior to confirmation of outstanding cash allocations and strategic support by Welsh Government.
- The underlying deficit moving into 2025/26 is currently assessed at £68.0m which is £11.8m higher than the 2025/26 forecast outturn of £56.2m



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SUZANNE RANKIN
CHIEF EXECUTIVE

14th January 2026



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

14th January 2026

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
 Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-59,900	0	-59,900	-59,900	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-44,925	-59,900
2 Cost Pressures (Negative Value)	-51,100	0	-51,100	-51,100	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-38,325	-51,100
3 Allocation/Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,297	0	20,297	20,297	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	15,223	20,297
4 Other Income Uplift / (Reduction)	2,471	0	2,471	2,471	206	206	206	206	206	206	206	206	206	206	206	206	1,853	2,471
5 RRL Profile - phasing only (In-year effect should total nil / Column C)	0	0	0	0	1,432	853	391	14	135	39	-396	-266	-367	-435	-422	-977	1,835	0
6 Planned (Finalised) Green and Amber Savings Plan	22,185	7,272	14,912	20,891	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	15,052	22,185
7 Planned (Finalised) Net Income Generation	2,083	418	1,645	2,150	54	71	133	190	175	190	201	216	201	216	201	216	1,430	2,083
8 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0													0	0
9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0													0	0
10	0	0	0	0													0	0
11 Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	7,751	0	7,751	8,959		523	1,023	689	689	689	689	689	689	689	689	689	5,683	7,751
12 Opening IMTP / Annual Operating Plan	-56,233	7,690	-63,924	-56,232	-4,853	-4,853	-4,353	-4,686	-4,686	-4,686	-4,686	-4,686	-4,686	-4,686	-4,686	-4,687	-42,176	-56,233
13 Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-7,751	0	-7,751	-8,959	0	-523	-1,023	-689	-689	-689	-689	-689	-689	-689	-689	-689	-5,683	-7,751
14 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0													0	0
15 Other Movement in Month 1 Planned & In Year Net Income Generation	500	753	-253	-217	0	8	4	115	-26	80	-15	-77	-51	18	18	424	39	500
16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-4,543	-246	-4,297	-5,653	0	0	-204	-808	-392	-165	-521	-427	-545	-531	-545	-404	-3,063	-4,543
17 Additional In Year Identified Savings - Forecast	10,941	5,508	5,433	9,117	0	259	650	1,609	704	803	1,144	1,111	1,051	1,110	1,099	1,401	7,330	10,941
18 Variance to Planned RRL	-1	-1	0	0			-489	-1,012	726	395	-192	82	232	352	377	-472	-258	-1
19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	0	0	0	0	2,589	3,002	-7,155	-521	-521	-521	3,128						0	0
20 In Year Accountancy Gains	1,632	1,632	0	0	0	0	474	126	0	1,032	0	0	0	0	0	0	1,632	1,632
21 Unplanned Spend Reductions	8,012	8,012	0	0	189	3,015	296	804	521	1,446	-1,717	512	1,423	507	507	507	6,490	8,012
22 Unplanned Cost Pressures	-8,790	-8,790	0	-6,373	0	-2,133	-117	-894	-2,273	-1,727	-227	-417	224	-409	-409	-409	-7,564	-8,790
23 Planned Mitigations Yet To Be Finalised	0	0	0	283	0	523	-523	0	0	0	0	0	0	0	0	0	0	0
24 Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 Other	0	0	0	0	0	2,066	-2,067	0	0	0	0	0	0	0	0	0	0	0
26 Planned Expenditure - Timing, Profiling and Confirmation	0	0	0	0	-4,021	-7,167	11,189										0	0
27	0	0	0	0													0	0
28	0	0	0	0													0	0
29	0	0	0	0													0	0
30	0	0	0	0													0	0
31	0	0	0	0													0	0
32	0	0	0	0													0	0
33	0	0	0	0													0	0
34	0	0	0	0													0	0
35 Forecast Outturn (- Deficit / + Surplus)	-56,233	14,558	-70,791	-68,033	-6,096	-5,803	-3,317	-5,956	-6,637	-4,034	-3,776	-4,591	-3,041	-4,327	-4,327	-4,328	-43,251	-56,233

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Budget/Plan	379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	6,618	10,103		0	1,151			
2	Actual/Fcast	379	556	814	799	1,065	949	1,117	1,076	1,163	1,236	1,230	1,251	7,919	11,635	68.06%	11,127	508	4,401	7,234	12,530
3	Variance	0	76	237	161	238	137	227	184	42	75	67	88	1,301	1,532	19.65%	11,127	-642			
4	Budget/Plan	437	342	558	766	471	514	795	648	535	535	535	1,075	5,066	7,211		6,866	345			
5	Actual/Fcast	437	506	806	977	544	722	928	887	672	697	680	1,628	6,479	9,484	68.31%	9,171	313	5,911	3,573	4,359
6	Variance	0	164	247	211	72	208	134	239	137	162	145	553	1,412	2,273	27.88%	2,305	-32			
7	Budget/Plan	73	73	73	87	87	87	97	97	97	111	111	111	773	1,107		1,065	42			
8	Actual/Fcast	73	73	73	687	87	175	395	395	460	487	487	487	2,419	3,881	62.32%	3,839	42	661	3,220	5,268
9	Variance	0	0	0	600	0	88	298	298	363	376	376	376	1,646	2,775	213.06%	2,775	0			
10	Budget/Plan	49	82	85	85	85	85	87	87	87	87	87	87	732	992		982	10			
11	Actual/Fcast	49	100	103	108	190	176	186	189	189	191	191	205	1,290	1,877	68.72%	1,858	19	441	1,435	1,549
12	Variance	0	18	18	23	105	90	99	103	103	104	104	118	558	884	76.25%	875	9			
13	Budget/Plan	59	59	142	170	170	220	273	273	273	273	273	273	1,639	2,458		2,458	0			
14	Actual/Fcast	59	59	86	(23)	66	334	126	126	126	126	126	126	959	1,336	71.77%	1,336	0	1,120	216	216
15	Variance	0	0	(56)	(192)	(104)	114	(147)	(147)	(147)	(147)	(147)	(147)	(680)	(1,122)	(41.48%)	-1,122	0			
16	Budget/Plan	0	0	0	9	10	12	12	12	12	12	12	12	67	103		103	0			
17	Actual/Fcast	0	0	0	9	10	12	21	21	21	21	21	21	93	155	59.83%	155	0	0	155	220
18	Variance	0	0	0	0	0	0	9	9	9	9	9	9	26	52	38.93%	52	0			
19	Budget/Plan	3	3	3	3	3	3	3	3	3	3	3	3	23	30		30	0			
20	Actual/Fcast	3	3	3	3	3	3	6	3	3	3	3	3	26	34	77.91%	34	0	0	34	34
21	Variance	0	0	0	0	0	0	4	0	0	0	0	0	4	4	17.56%	4	0			
22	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
23	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
25	Budget/Plan	15	15	15	15	15	15	15	15	15	15	15	15	135	180		180	0			
26	Actual/Fcast	15	15	15	15	15	15	15	15	15	15	15	15	135	180	75.00%	180	0	0	180	180
27	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
28	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
29	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
30	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
34	Budget/Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	15,052	22,185		11,684	0			
35	Actual/Fcast	1,014	1,311	1,899	2,575	1,979	2,385	2,794	2,712	2,649	2,776	2,752	3,735	19,319	28,583	77.91%	27,700	882	12,534	16,048	24,356
36	Variance	0	258	446	802	312	637	622	684	506	579	554	997	4,267	6,398	17.56%	16,016	882			
37	Variance in month	0.00%	24.52%	30.69%	45.21%	18.70%	36.46%	28.66%	33.75%	23.59%	26.37%	25.22%	36.42%	28.35%							
38	In month achievement against FY forecast	3.55%	4.59%	6.64%	9.01%	6.92%	8.34%	9.78%	9.49%	9.27%	9.71%	9.63%	13.07%								

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Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	
1	Budget/Plan	314	347	427	488	677	662	740	742	972	1,011	1,012	1,012	5,369	8,403	0	1,151			
2	Pay - General & Substantive	Actual/F'cast	314	422	668	674	937	811	920	885	965	1,002	996	1,017	6,598	9,612	9,269	343	2,588	7,024
3	Variance	0	76	241	186	261	149	180	143	(7)	(9)	(16)	5	1,229	1,209	9268.937368	(807)			12,063
4	Budget/Plan	32	100	117	117	117	117	117	117	117	117	117	117	949	1,300	0	0			
5	Pay - Variable	Actual/F'cast	32	100	112	92	94	105	164	158	165	201	201	201	1,021	1,623	1,458	165	1,412	211
6	Variance	0	0	(4)	(25)	(23)	(12)	47	41	48	84	84	84	72	323	1,458	165			467
7	Budget/Plan	33	33	33	33	33	33	33	33	33	33	33	33	300	400	0	0			
8	Pay - Agency	Actual/F'cast	33	33	33	33	33	33	33	33	33	33	33	300	400	400	0	400	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	400	0			0
10	Budget/Plan	379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	6,618	10,103	0	1,151			
11	Total	Actual/F'cast	379	556	814	799	1,065	949	1,117	1,076	1,163	1,236	1,230	7,919	11,635	11,127	508	4,401	7,234	12,530
12	Variance	0	76	237	161	238	137	227	184	42	75	67	88	1,301	1,532	11,127	(642)			

Table C2- V&S Saving Categories

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000
1	Workforce	Budget/Plan	379	480	577	639	827	812	890	892	1,122	1,161	1,162	6,618	10,103	
2	Actual/F'cast	379	556	814	799	1,065	949	1,117	1,076	1,163	1,236	1,230	1,251	7,919	11,635	
3	Variance	0	76	237	161	238	137	227	184	42	75	67	88	1,301	1,532	
4	Medicines Management	Budget/Plan	122	134	138	153	153	164	164	164	178	178	178	1,346	1,881	
5	Actual/F'cast	122	153	156	782	284	337	578	582	647	676	676	690	3,621	5,663	
6	Variance	0	18	18	629	111	185	414	418	483	498	498	512	2,276	3,782	
7	Procurement & Non-pay	Budget/Plan	454	379	571	778	484	527	807	660	547	547	547	1,087	5,207	7,389
8	Actual/F'cast	454	544	793	974	541	719	919	873	659	684	667	1,615	6,477	9,443	
9	Variance	0	164	222	196	57	193	112	213	112	137	120	528	1,270	2,054	
10	CHC	Budget/Plan	59	59	142	170	170	220	273	273	273	273	273	1,639	2,458	
11	Actual/F'cast	59	59	86	(23)	66	334	126	126	126	126	126	126	959	1,336	
12	Variance	0	0	(56)	(192)	(104)	114	(147)	(147)	(147)	(147)	(147)	(147)	(680)	(1,122)	
13	Pathway	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16	Other - Commissioning	Budget/Plan	0	0	25	25	25	25	25	25	25	25	25	175	250	
17	Actual/F'cast	0	0	50	33	33	33	33	33	33	33	33	33	250	350	
18	Variance	0	0	25	8	8	8	8	8	8	8	8	8	75	100	
19	Other - Primary Care	Budget/Plan	0	0	0	9	10	12	12	12	12	12	12	67	103	
20	Actual/F'cast	0	0	0	9	10	12	21	21	21	21	21	21	93	155	
21	Variance	0	0	0	0	0	0	9	9	9	9	9	9	26	52	
22	Total	Budget/Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	15,052	22,185
23	Actual/F'cast	1,014	1,311	1,899	2,575	1,979	2,385	2,794	2,712	2,649	2,776	2,752	3,735	19,319	28,583	
24	Variance	0	258	446	802	312	637	622	684	506	579	554	997	4,267	6,398	

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Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustme nt	Full-year Effect	
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	15,052	22,185	7,272	14,912	5,979	20,891	
	Month 1 - Actual/Forecast	1,014	1,052	1,250	965	1,275	1,582	1,650	1,601	1,598	1,666	1,653	2,334	11,989	17,642	7,026	10,616	4,623	15,238	
	Variance	0	(0)	(204)	(808)	(392)	(165)	(521)	(427)	(545)	(531)	(545)	(404)	(3,063)	(4,543)	(246)	(4,297)	(1,356)	(5,653)	
	In Year - Plan	539	444	839	1,490	720	876	1,344	1,257	1,210	1,236	1,106	1,545	8,721	12,608	6,145	6,464	3,576	10,040	
	In Year - Actual/Forecast	0	259	650	1,609	704	803	1,144	1,111	1,051	1,110	1,099	1,401	7,330	10,941	5,508	5,433	3,684	9,117	
	Variance	(539)	(186)	(190)	120	(16)	(74)	(200)	(146)	(159)	(126)	(7)	(144)	(1,391)	(1,667)	(637)	(1,031)	108	(923)	
	Total Plan	1,554	1,497	2,292	3,263	2,388	2,624	3,516	3,284	3,354	3,433	3,304	4,283	23,772	34,793	13,417	21,376	9,555	30,931	
	Total Actual/Forecast	1,014	1,311	1,899	2,575	1,979	2,385	2,794	2,712	2,649	2,776	2,752	3,735	19,319	28,583	12,534	16,048	8,307	24,356	
Total Variance	(539)	(186)	(393)	(688)	(409)	(239)	(721)	(573)	(704)	(657)	(552)	(548)	(4,453)	(6,210)	(882)	(5,328)	(1,248)	(6,575)		
Net Income Generation	Month 1 - Plan	54	71	133	190	175	190	201	216	201	216	201	216	1,430	2,063	418	1,645	505	2,150	
	Month 1 - Actual/Forecast	54	71	83	72	109	128	88	103	108	175	160	205	817	1,357	366	990	500	1,490	
	Variance	0	0	(50)	(118)	(66)	(62)	(113)	(112)	(93)	(41)	(41)	(11)	(614)	(706)	(52)	(655)	(5)	(660)	
	In Year - Plan	102	110	64	133	40	142	88	37	45	258	56	235	760	1,308	906	402	114	516	
	In Year - Actual/Forecast	0	8	54	233	40	142	97	36	43	59	59	435	653	1,207	805	402	36	438	
	Variance	(102)	(102)	(10)	100	(0)	0	10	(1)	(2)	(199)	4	200	(106)	(101)	(101)	(0)	(78)	(78)	
	Total Plan	155	181	198	323	215	332	289	253	245	474	257	451	2,190	3,371	1,324	2,047	619	2,666	
	Total Actual/Forecast	54	79	138	305	149	270	186	139	150	234	219	640	1,470	2,563	1,171	1,392	536	1,928	
Total Variance	(102)	(102)	(60)	(18)	(66)	(62)	(103)	(114)	(95)	(240)	(37)	189	(720)	(808)	(153)	(655)	(83)	(738)		
Accountancy Gains	In Year - Plan	0	0	474	0	0	1,032	0	0	0	0	0	0	1,506	1,506	1,506	0	0	0	
	In Year - Actual/Forecast	0	0	474	126	0	1,032	0	0	0	0	0	0	1,632	1,632	1,632	0	0	0	
	Variance	0	0	0	126	0	0	0	0	0	0	0	0	126	126	126	0	0	0	
Total	Month 1 - Plan	1,068	1,124	1,586	1,963	1,842	1,938	2,373	2,243	2,345	2,413	2,399	2,954	16,482	24,248	7,690	16,557	6,484	23,041	
	Month 1 - Actual/Forecast	1,068	1,123	1,333	1,037	1,384	1,711	1,739	1,704	1,706	1,841	1,813	2,539	12,806	18,999	7,393	11,606	5,122	16,728	
	Variance	0	(0)	(254)	(926)	(458)	(227)	(634)	(539)	(638)	(572)	(586)	(415)	(3,676)	(5,249)	(298)	(4,951)	(1,361)	(6,313)	
	In Year - Plan	641	554	1,378	1,622	760	2,050	1,432	1,294	1,255	1,494	1,162	1,780	10,986	15,422	8,556	6,866	3,690	10,556	
	In Year - Actual/Forecast	0	267	1,178	1,969	744	1,976	1,241	1,147	1,094	1,169	1,159	1,836	9,615	13,779	7,944	5,835	3,720	9,555	
	Variance	(641)	(287)	(200)	346	(16)	(74)	(191)	(148)	(161)	(325)	(3)	57	(1,371)	(1,643)	(612)	(1,031)	30	(1,001)	
	Total Plan	1,709	1,678	2,964	3,586	2,602	3,988	3,804	3,538	3,599	3,907	3,561	4,734	27,468	39,670	16,247	23,423	10,174	33,597	
	Total Actual/Forecast	1,068	1,390	2,511	3,006	2,128	3,687	2,980	2,851	2,800	3,010	2,972	4,376	22,420	32,778	15,337	17,441	8,843	26,284	
Total Variance	(641)	(288)	(453)	(580)	(474)	(301)	(824)	(687)	(800)	(897)	(589)	(358)	(5,048)	(6,892)	(910)	(5,982)	(1,331)	(7,313)		
Summary of Forecast Month 1 & In Year (£000's) - Green & Amber		Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains													
All Services Areas		3,400	3,546	0	6,946	698	0													
Scheduled Care		4,206	3,089	0	7,295	217	0													
Unscheduled Care		30	125	0	155	0	0													
Mental Health		764	911	0	1,675	0	0													
Community Services		988	414	0	1,402	0	0													
Primary Care		213	2,675	0	2,888	0	0													
Commissioned Services - CHC		0	610	0	610	0	0													
Commissioned Services - Specialist Services		0	1,212	0	1,212	485	0													
Other Commissioned Services		0	0	0	0	0	0													
Clinical Support		1,430	2,048	0	3,478	666	600													
Non Clinical Support		34	0	0	34	0	0													
Executive / Corporate Areas		544	2,053	0	2,597	496	1,032													
Total		11,610	16,682	0	28,292	2,563	1,632													