

PUBLIC Research, Development & Innovation Sub-Committee

Tue 10 February 2026, 10:00 AM - 12:00 PM

Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.
CF15 7QZ

Agenda

10:00 AM - 10:05 AM 1. PRELIMINARY MATTERS 5 min

1.1. Welcome and Introduction

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

1.2. Apologies

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

For Noting

1.3. In Attendance

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

For Noting

1.4. Declarations of Interest

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair


For Noting

10:05 AM - 10:10 AM 2. STANDARD BUSINESS 5 min

2.1. Minutes from the Public Research, Development & Innovation Committee held on the 4th September 2025

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

For Approval

 2.1.0 Public RDI Draft Minutes 04.09.2025 v2 FINAL.pdf (10 pages)

2.2. Review of Action Log

Led by Dr Jacinta Abraham, Executive Medical Director and Research & Development Lead

For Approval

 2.2.0 PUBLIC RDI SUB-COMMITTEE ACTION LOG - FEB 2026.pdf (1 pages)

2.3. Matters Arising

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

For Noting

10:10 AM - 10:30 AM
20 min

3. PRESENTATION AND GUEST ATTENDEES

3.1. Cardiff Health Partners Update

PRESENTATION

Led by Rachel Savery, Interim Managing Director

For Noting

 3.1.0 CU-Cardiff-Health-Partners-Prospectus_Eng (1).pdf (17 pages)


10:30 AM - 10:40 AM
10 min

4. KEY REPORT(S)

4.1. Executive Medical Director Briefing

Led by Dr Jacinta Abraham, Executive Medical Director and Research & Development Lead

For Noting

 4.1.0 20260204_ExecutiveMedicalDirectorBriefing_RDI_SubCommitteePublicMtg_KeyReport_10Feb2026.pdf (12 pages)

10:40 AM - 11:25 AM
45 min


5. QUALITY, SAFETY AND PERFORMANCE / PLANNING AND STRATEGIC DEVELOPMENT


5.1. Research, Development & Innovation Performance Report, Quarter 3, Financial Year 2025-26

Led by :

- Rhydian Owen, Research & Development Cancer Strategy Lead
- Professor Shea Palmer, Nursing and Interdisciplinary Cancer Care
- Christopher Cotterill-Jones, Research Delivery Manager
- Dr Edwin Massey, Medical Director, Welsh Blood Service
- Jennet Holmes, Head of Innovation
- Amie Garwood-Pask, Deputy Head of Finance Business Partnering

For Assurance

 5.1.0
20260203_Cover_RDI_PerformanceReport_FY2526_Q3_RDI_SubCommitteePublicMtg_QSP_P_SD_10Feb2026.pdf (9 pages)

 5.1.0a20260203_RDI_IntegratedPerformanceReport_FY2025_26_Q3_WithRiskProfile_FINAL_QSP_P_SD_10Feb2026.pdf (63 pages)

5.2. Cardiff Cancer Research Partnership (CCRP) Partnership Agreement

Led by Gavin Bryce, Associate Director of Portfolio Team

For Noting

11:25 AM - 11:35 AM
10 min

6. INTEGRATED GOVERNANCE

6.1. Research, Development & Innovation Sub-Committee Effectiveness Survey 2024-2025

Led by Non Gwilym, Director of Corporate Governance (Interim)

For Approval

11:35 AM - 11:40 AM
5 min

7. CONSENT ITEMS

The consent part of the agenda considers routine Committee business as a single agenda item. Members may ask for items to be moved to the main agenda if a fuller discussion is required.

7.1. Consent - For Approval / Endorsement

There are no consent items for Approval / Endorsement

7.2. Consent - For Information / Noting

7.2.1. Innovation Statement of Intent

Led by Jennet Holmes, Head of Innovation

For Noting

 7.2.1 TRUSTIMSR-01 Innovation Policy v0.2 signed.pdf (1 pages)

7.2.2. Summary from the Private Research, Development & Innovation Committee Meeting held on the 4th September 2025

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

For Noting

 7.2.2 SUMMARY FROM PRIVATE RD&ISC Highlight Report 04.09.2025.pdf (2 pages)

7.2.3. Research, Development & Innovation Performance Report Q2 Financial Year 2025/26

Led by :

- Rhydian Owen, Research & Development Cancer Strategy Lead
- Professor Shea Palmer, Nursing and Interdisciplinary Cancer Care
- Christopher Cotterill-Jones, Research Delivery Manager
- Dr Edwin Massey, Medical Director, Welsh Blood Service
- Jennet Holmes, Head of Innovation
- Amie Garwood-Pask, Deputy Head of Finance Business Partnering

For Noting

 7.2.3

20251128_Cover_RDI_PerformanceReport_FY2526_Q2_RDI_SubCommitteePublicMtg_QSP_P_SD_11Dec2025.pdf (9 pages)

 7.2.3a

20251128_RDI_IntegratedPerformanceReport_FY2025_26_Q2_WithRiskProfileFINAL_QSP_P_SD_11Dec2025.pdf (55 pages)

11:40 AM - 11:45 AM
5 min

8. ANY OTHER BUSINESS

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

Prior Agreement by the Committee Chair required

11:45 AM - 11:50 AM
5 min

9. MEETING REFLECTIONS

Members to identify items to include in the Highlight / Assurance Report to the Trust Board in respect of the following areas:

- **For Escalation**
- **For Assurance**

- *For Advising*
- *For Information*

For Discussion

11:50 AM - 11:50 AM
0 min

10. DATE AND TIME OF THE NEXT MEETING

The Public Research, Development & Innovation Sub-Committee will next meet on Tuesday, 9th June 2026 at 10.00am.

11:50 AM - 11:55 AM
5 min

11. CLOSE

The Research, Development & Innovation Sub-Committee is asked to adopt the following resolution:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

11:55 AM - 12:00 PM
5 min

12. PRIVATE / PART B SESSION

The following item(s) will be discussed at the Private / Part B Session of the Research, Development & Innovation Sub-Committee:

- Minutes from the Private Research, Development & Innovation Committee held on the 4th September 2025
- Business Case: Collaborative International Blood Component Innovation for Patients in Wales
- ARC Approved Projects from October 2025 Board Meeting

12:00 PM - 12:00 PM
0 min

BREAK: 12:00hrs-12:15hrs

Minutes
Public Research, Development & Innovation Sub-Committee
Velindre University NHS Trust

Date 04/09/2025
Time 10.00-12.00pm
Location Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff
Chair Andrew Westwell, Independent Member

| MEMBERS | | |
|-----------------------------|---|------------|
| Andrew Westwell | Independent Member and Research, Development & Innovation Sub-Committee Chair | AW |
| Vicky Morris | Independent Member | VM |
| ATTENDEES | | |
| Jacinta Abraham | Executive Medical Director and R&D Lead | JA |
| Matthew Bunce | Executive Director of Finance | MB |
| Christopher Cotterill-Jones | Research Delivery Manager | CCJ |
| Amie Garwood-Pask | Deputy Head of Finance Business Partnering | AGP |
| Non Gwilym | Director of Corporate Governance (Interim) | NG |
| Sian James | Head of RD&I, Welsh Blood Service | SJ |
| Jennet Holmes | Head of Innovation | JH |
| Robert Jones | Associate Medical Director for RD&I | RJ |
| Llinos Madeley | Head of Corporate Governance (Interim) | LM |
| Edwin Massey | Medical Director, Welsh Blood Service | |
| Rhydian Owen | Cancer R&D Strategy Lead | RO |
| Richard Skone | Deputy Medical Director | RS |
| Emma Williams | Senior Research Nurse Manager | EW |
| SECRETARIAT | | |
| Sandra Cusack | Business Support Officer | SMC |

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| 1.0 | PRELIMINARY MATTERS | |
| 1.1 | <p>Welcome and Introduction <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i></p> <p>The Chair welcomed attendees to the Public Research, Development & Innovation Sub-Committee meeting.</p> | |
| 1.2 | <p>Apologies received from:</p> <ul style="list-style-type: none"> • David Donegan, Chief Executive • Chloe George, Head of Component Development • Sara Moseley, Trust Chair • Sarah Townsend, Head of Research & Development • Nicola Williams, Director of Nursing, AHP's & Health Science | |
| 1.3 | <p>In Attendance</p> <p>The Chair extended a warm welcome to the following in support of specific agenda items:</p> <ul style="list-style-type: none"> • Dr Magdalena Meissner, Medical Oncology Consultant (<i>Item 3.1</i>) | |
| 1.4 | <p>Declarations of Interest <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i></p> <p>There were no declarations of interest noted in respect of today's agenda.</p> | |
| 2.0 | STANDARD BUSINESS | |
| 2.1 | <p>Minutes from the Public Research, Development & Innovation Committee held on the 16th June 2025 <i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i></p> <p>The Research, Development & Innovation Sub-Committee APPROVED the Minutes of the Public Meeting held on 16th June 2025 as an accurate reflection of proceedings.</p> | |
| 2.2 | <p>Review of Action Log <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i></p> <p>The Committee reviewed the action log and confirmed assurance that all actions marked as 'propose to close' had been fully completed and could be formally closed.</p> | |

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| | The Research, Development & Innovation Sub-Committee APPROVED the closure of actions from June's 2025 Committee Meeting. | |
| 2.3 | <p>Matters Arising</p> <p><i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i></p> <p>There were no matters arising.</p> | |
| 3.0 | PRESENTATION AND GUEST ATTENDEES | |
| 3.1 | <p>Velindre Cancer Service RD&I Guest Presentation - The QuicDNA and QuicDNA Max Studies</p> <p><i>Led by Dr Magdalena Meissner, Medical Oncology Consultant, Velindre University NHS Trust</i></p> <p>Dr Magda Meissner presented on the Quick DNA and Quick DNA Max research initiatives, highlighting their focus on integrating liquid biopsies (circulating tumour DNA blood tests) into cancer diagnostic pathways to accelerate genomic profiling and treatment decisions. The Quick DNA study, which involved over 700 patients, demonstrated that early blood-based genomic testing could identify actionable mutations faster than traditional tissue biopsies, enabling earlier access to targeted therapies, especially for lung cancer patients. The presentation included a patient story illustrating the life-changing impact of the new diagnostic approach, with patients able to access targeted therapies more quickly. The study also benefited from significant charitable support, notably from Craig Maxwell, and highlighted the importance of patient and public involvement. Dr Meissner outlined plans for Quick DNA Max, which will expand liquid biopsy diagnostics to additional cancer types (cancer of unknown primary, colorectal, prostate) and treatment resistance monitoring. The program aligns with Welsh Government initiatives and aims to attract industry collaboration and further innovation.</p> <p>The Committee asked about funding sources, with Dr Meissner explaining ongoing applications to UK and Welsh funding bodies, industry partners, and charitable foundations. She clarified that industry funding does not influence study results, and that the program is seeking sustainable public sector support for long-term implementation. The Committee discussed challenges in multi-source funding, project management, and mainstreaming genomics. Lessons from Quick DNA are informing the setup of Quick DNA Max, with a focus on robust project teams, contract management, and stakeholder education. The Committee noted the need for Welsh Government to support core costs for ongoing delivery.</p> <p>The Committee found the presentation to be very informative and extended their gratitude to Dr Meissner. The presentation was</p> | SC |

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| | scheduled to be distributed to the Committee members after the meeting. | |
| 4.0 | KEY REPORT(S) | |
| 4.1 | <p>Executive Medical Director Briefing <i>Led by Dr Jacinta Abraham, Executive Medical Director and R&D Lead</i></p> <p>JA provided the Committee with a comprehensive briefing on recent regulatory and policy changes affecting research. Key highlights included:</p> <ul style="list-style-type: none"> • JCC Consultation on Excess Treatment Costs: The Joint Commissioning Committee's consultation on a new commissioning policy for excess treatment costs in non-commercial studies, emphasising that referrals for trial assessment should not be delayed pending funding approval. The policy proposes that Health and Care Research Wales will cover excess treatment costs and post-trial funding must be agreed before enrolment. MB raised questions about the process, and JA clarified that previously, commissioners picked up post-trial costs by default, but the new process requires explicit agreement before enrolment, which could introduce additional administrative steps. • New Clinical Trials Regulations: JA outlined the implementation of the Medicines for Human Use Clinical Trials Regulations, which were signed into law in April and will take effect the following year. The regulations focus on oversight, transparency and site responsibility, with a pilot program to streamline substantial modifications in studies. Velindre is participating in the pilot, aiming to learn from early experiences and strengthen its leadership and competitive position as a research sponsor. • Measuring Economic Value of Research: JA and LF discussed the importance of articulating the economic value of research within the NHS, referencing the Wellbeing and Future Generations Act and ongoing work led by Health and Care Research Wales. LF highlighted the need to embed the Act's goals, such as a prosperous Wales, into research impact measurement. JA noted that the Swansea Health Economic Centre is coordinating an academic-led project to develop metrics and case studies, with Rob Jones and others expected to contribute examples. • OECI Accreditation Ambitions: JA described Velindre's ambition to achieve Organisation of European Cancer Institutes (OECI) accreditation, joining only two other UK centres. Achieving this will require increased student numbers, publications, and strong academic partnerships, particularly with the Cardiff Cancer Research Partnership. The Committee discussed the need for a partnership bid to meet capacity metrics and agreed to focus on OECI requirements in a future meeting, with Nicola Williams identified as a key contributor. | |

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| | <ul style="list-style-type: none"> • Digitisation of Clinical Trial Records: JA reported on the rollout of digitisation for clinical trial records, funded through VPAG, which will allow secure electronic storage and reduce reliance on paper files. VM supported the initiative, noting its positive impact on record retention and efficiency. <p>The Research, Development & Innovation Sub-Committee NOTED the Medical Director briefing.</p> <p><u>ACTION:</u></p> <ul style="list-style-type: none"> • CCJ to forward the JCC Consultation to all research active principal investigators asking for input by the 24/09/25, to collate and submit responses by the national deadline. | CCJ |
| 5.0 | QUALITY, SAFETY AND PERFORMANCE / PLANNING AND STRATEGIC DEVELOPMENT | |
| 5.1 | <p>Research, Development & Innovation Performance Report, Quarter 1, Financial Year 2025-26 <i>Led by Christopher Cotterill-Jones, Research Delivery Manager</i></p> <p>CCJ co-ordinated the Quarter 1 Performance Report in Sarah Townsend's absence, with contributions from the RD&I Team, covering research activity, recruitment challenges, innovation progress, financial risks, and actions to improve performance and reporting clarity. Key highlights included:</p> <p>Cardiff Cancer Research Partnership Progress: RO updated the Committee on the transition from the Cardiff Cancer Research Hub to the Cardiff Cancer Research Partnership, reflecting expanded activity across organisations. The partnership is moving from setup to a fully operational phase, with a growing trials portfolio, discovery and translational research functions, and upcoming strategic reviews to align with evolving priorities.</p> <p>Nursing and Interdisciplinary Research: CCJ reported on the departure of Tess Watts and highlighted Fran Brown's Trust-funded research, which will inform future scientific work. The nursing and interdisciplinary research community program has brought together national and local leaders, with plans to restart once future hosting decisions are made.</p> <p>Recruitment and Study Performance: The Committee reviewed recruitment metrics, noting an increase in active studies but a slight decline in recruitment, attributed to pauses in large studies and operational pressures. Actions to improve performance include enhanced communication, revised setup processes, digital dashboards, and benchmarking visits to Clatterbridge Cancer Centre. VM and JA emphasised the need for clear action summaries and assurance in reporting.</p> | |

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| | <p>Welsh Blood Service Research and Innovation: EM and SJ reported progress in transplantation and component development, with expansion into blood donation research and international collaborations. The Committee discussed challenges in communications staffing, the ambition to lead a pre-hospital platelets trial, and the need for contingency support for comms outputs. Innovation KPIs are progressing, with leadership from Sian Richards and plans to embed innovation in operational areas.</p> <p>Innovation Portfolio and ISO Accreditation: The Innovation Team reported strong progress, including the launch of an innovation module on ESR, collaboration with Trinity University on a master's module, and implementation of ISO 56001 standards. Velindre aims to be the first UK health organisation to achieve this accreditation, aligning with OECl ambitions. The Committee discussed promotion, training, and upcoming innovation awards.</p> <p>Financial and Risk Management: The Finance Update highlighted a Q1 overspend, due to non-recurrent costs and pay, with risks around income targets and savings delivery. The Committee was informed of increased scrutiny from Welsh Government due to NHS Wales deficits, and the need for robust action plans. VM raised concerns about risk reporting clarity, and the Committee agreed to update and align risk presentation with the Trust risk register.</p> <p>The Research, Development & Innovation Sub-Committee NOTED the RDI Performance Report, Quarter 1, 2025-26.</p> <p><u>ACTIONS:</u></p> <ul style="list-style-type: none"> • Identify a lead for the OECl accreditation work and schedule a future committee agenda item to provide a clearer understanding of requirements and progress. • Discuss and implement suggestions to restructure the performance report summary to better address actions, risks, and assurance, with help and support from VM. • Update the risk section in the performance report to reflect recent discussions, scrutiny, and active management, ensuring consistency with the Trust risk register for the next meeting. • Obtain approval and proceed with agency recruitment for a communications officer post, extending timing as needed due to previous unsuccessful placements. | <p>JA</p> <p>JA/ST/ VM</p> <p>JA/ST/ NG/MF</p> <p>NG</p> |
| <p>5.2</p> | <p>Update on the Cardiff Health Partners including Cardiff Cancer Research Hub <i>Led by Lauren Fear, Executive Director of Transformation</i></p> <p>LF provided an update to the Committee on the Cardiff Health Partners (CHP) Group which is a newly established strategic partnership between Velindre University NHS Trust, Cardiff and Vale University Health Board and Cardiff University, designed to drive collaborative</p> | |

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| | <p>innovation in health and life sciences across the region. Key highlights included:</p> <ul style="list-style-type: none"> • Flagship Projects: The Cardiff Cancer Research Partnership (CCRP) previously the (Cardiff Cancer Research Hub CCRH) is the flagship project, alongside initiatives in intracranial therapies, children and young people’s strategy, and enabling projects in data/sample sharing and JRO development. • Governance & Next Steps: CHP prospectus to be finalised and reviewed in November governance cycle, with a launch event scheduled for September. Partnership agreement for CCRP to be signed and brought through governance, with engagement of independent members ahead of formal review. • Strategic Alignment: CHP is linked to the Cardiff Innovation District and UK Modern Industrial Strategy, aiming to leverage regional innovation funding and investment opportunities. • Partnership Culture: Regular executive-level meetings are strengthening relationships and fostering a collaborative culture across organisations. • Operational Transition: CCRP has transitioned from setup to fully-fledged partnership, with expanding trial and translational research portfolios, coordinated large bids, and visible partnership activities. • Resource Sharing: Progress made in discussions on resource use and management reporting across CHP projects, with CCRP providing a leadership model for future collaborations. • Launch Events: Internal launch for CCRP scheduled for September, with external launch to follow post-signing of the partnership agreement. <p>The Research, Development & Innovation Sub-Committee NOTED the Update on the Cardiff Health Partners including Cardiff Cancer Research Hub.</p> | |
| 6.0 | INTEGRATED GOVERNANCE | |
| 6.1 | <p>Research, Development & Innovation Sub-Committee Cycle of Business 2025-26 and Terms of Reference 2025-26 <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i></p> <p>The RD&I Terms of Reference were reviewed and updated to reflect recent discussions and ensure alignment with committee responsibilities. Key changes include clarifying the committee’s oversight of the duty of quality, specifying reporting lines to both the Strategic Development Committee (SDC) and the Quality, Safety, and Performance (QSP) Committee, and confirming the requirement for three independent members (including the chair) to ensure quorum and continuity. The revised terms also integrate the R&D component of the clinical and scientific strategy, addressing the cycle of business timing, and incorporate feedback to improve clarity and governance.</p> <p>The Committee:</p> | |

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| | <ul style="list-style-type: none"> • APPROVED the RD&I Cycle of Business 2025-26 • ENDORSED FOR APPROVAL the RD&I Terms of Reference 2025-26 for onward submission to Trust Board, subject to minor amendments discussed in the meeting. | SC |
| 6.2 / 6.3 | <p>Research, Development & Innovation Sub-Committee Effectiveness Survey and Committee Annual Report 2024-2025 <i>Oral Update Non Gwilym, Director of Corporate Governance</i></p> <p>NG informed the Committee that 10 out of 20 survey responses had been received, an improvement on last year, though still not optimal. The Committee agreed to keep the survey open for an additional week to boost participation. Analysis of the results and drafting of the annual report would follow promptly, with summaries to be circulated outside of the Committee, if necessary, to prevent delays.</p> <p>The Research, Development & Innovation Sub-Committee NOTED the update.</p> | NG/SC |
| 7.0 | CONSENT AGENDA | |
| 7.1 | Consent - For Approval / Endorsement | |
| | The Research, Development & Innovation Sub-Committee NOTED there were no items for approval / endorsement. | |
| 7.2 | Consent - For Information / Noting | |
| 7.2.1 | <p>Summary from the Private Research, Development & Innovation Committee Meeting held on the 16th June 2025 <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i></p> <p>The Research, Development & Innovation Sub-Committee APPROVED the Summary of the Private RD&I Sub-Committee minutes from the 16th June 2025.</p> | |
| 7.2.2 | <p>Health and Care Research Wales : Publication of the Strategic action plan for building research capability for nursing, midwifery and allied health professions in Wales <i>Led by Nicola Williams, Executive Director of Nursing, Allied Health Professionals and Health Science</i></p> <p>The Research, Development & Innovation Sub-Committee NOTED the publication of the strategic action plan for building research capability for nursing, midwifery and allied health professions in Wales.</p> | |
| 8.0 | ANY OTHER BUSINESS <i>(Prior Agreement by the Committee Chair required)</i> | |

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| | The Chair did not receive any prior requests for items to be considered under Any Other Business for today's meeting and did not propose to take any. | |
| 9.0 | MEETING REFLECTIONS | |
| | <p>Members to determine items for inclusion in the Highlight / Assurance Report to the Quality, Safety and Performance Committee and Strategic Development Committee under the following categories:</p> <ul style="list-style-type: none"> • For Escalation • For Assurance • For Advising • For Information <p>Action: AW/ST to confirm which items will be submitted to QSP and SDC in due course.</p> | AW/ST |
| 10.0 | DATE AND TIME OF THE NEXT MEETING | |
| | The next meeting of the Public Research, Development & Innovation Sub-Committee is scheduled for Thursday, 11th December 2025, 10.00-12.00pm at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff. | |
| 11.0 | CLOSE | |
| | <p>The Research, Development and Innovation Sub-Committee is asked to adopt the following resolution:</p> <p><i>That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).</i></p> | |
| 12.0 | PRIVATE / PART B SESSION | |
| | <p>The Research, Development & Innovation Sub-Committee NOTED that the following items would be discussed at the Private / Part B Session of the Research, Development & Innovation Sub-Committee:</p> <ul style="list-style-type: none"> • Minutes from the Private Research, Development & Innovation Committee held on the 16th June 2025 • Business Case: DRAGON QA: Data driven Radiotherapy Assessment and Governance through Ongoing National Quality Assessment | |

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| | <ul style="list-style-type: none">• Business Case: Clinical Fellowship to Support Development of SRS Service• Business Case: POWERING DISCOVERY, DELIVERING HOPE: Sustaining and expanding world class cancer research at Velindre University NHS Trust through charitable investment 2026 to 2029• FAKTION Investment Plan• ARC Approved Projects from July Board Meeting | |
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ACTION LOG

| MEETING DATE | AGENDA ITEM | Action number | ACTION | LEAD | DEADLINE DATE | UPDATE (including date) | STATUS | IF CLOSED WHAT ACTION WAS TAKEN |
|--------------|-------------|---------------|---|------------|--------------------------|---|------------------|---|
| 04/09/2025 | 3.1 | | Velindre Cancer Service RD&I Guest Presentation - The QuicDNA and QuicDNA Max Studies | | | | | |
| | | | Circulate the presentation slides to committee members. | SC | | 05/09/2025 Slides circulated to committee members. | PROPOSE TO CLOSE | |
| 04/09/2025 | 4.1 | | Executive Medical Director Briefing - JCC Consultation | | | | | |
| | 4.1 | | Articulate committee concerns regarding post-trial funding agreement requirements as part of the JCC commissioning policy consultation before the end of September. | ST / CCJ | | CCJ forwarded the JCC Consultation to all research active principal investigators asking for input by the 24/09/25 to collate and submit responses by the national deadline. | PROPOSE TO CLOSE | The Trust's response was officially submitted on 30th September 2025. This submission encapsulates our position as an all-Wales, nationally commissioned specialist provider. Furthermore, it draws on our extensive operational experience as a UK clinical trial research site. |
| 04/09/2025 | 5.1 | | RD&I Performance Report | | | | | |
| | 5.1 | | OECI Accreditation Planning: Identify a lead for the OECI accreditation work and schedule a future committee agenda item to provide a clearer understanding of requirements and progress. | JA | 31-Mar-26 | Update: Nicola Williams is the Trust Executive Lead for the OECI accreditation work. An operational lead to coordinate the analysis for accreditation is needed. The Divisional Triumvirate are developing a job description for the role which will go out to advert by the end of February. The committee expects to be updated and involved in this work ongoing. | OPEN | |
| | 5.1 | | Performance Report Structure: Discussion on how better to structure the performance report summary and risk sections for clarity and assurance. | JA, ST, VM | | Update: The summary section of the performance report will be restructured to clearly address what is not going according to plan, what actions are being taken, and the current level of assurance, following the QSP report model. VM/JA will discuss how to section out the report and improve clarity, with VM offering to provide suggestions for structuring. | PROPOSE TO CLOSE | SC liaised with CCJ and forwarded the Committee Report on the 7 levels of assurance for reporting. The cover paper for the RD&I Integrated Performance Report now includes Alert, Assure, Advise, and Inform to provide assurance to the RD&I SubCommittee and support discussion. |
| | 5.1 | | Risk Register Updates: Update the risk section in the performance report to reflect recent discussions, scrutiny, and active management, ensuring consistency with the Trust risk register for the next meeting. | NG, MF | | The risk section will be updated to ensure risks are actively managed, with clear, recent updates and alignment to the Trust risk register format. | PROPOSE TO CLOSE | MF liaised with R&D and forwarded the Trust Template for reporting. The RD&I Integrated Performance Report risk section has been updated to reflect the Trust's risk register format. |
| | 5.1 | | Communications Officer Recruitment: Obtain approval and proceed with agency recruitment for a communications officer post, extending timing as needed due to previous unsuccessful placements. | NG | | Update: Once a decision has been made on the R&D bid to Charitable Funds which funds the Comms post, then the recruitment process can start. Until then, the R&D team will continue to be supported by the central comms team. | OPEN | |
| 04/09/2025 | 6.1 | | Research, Development & Innovation Sub-Committee Cycle of Business 2025-26 & Terms of Reference 2025-26 | | | | | |
| | 6.1 | | Committee Terms of Reference: Revise the committee terms of reference to clarify reporting of the duty of quality to QSP and increase the number of independent members to three including the chair. | SC | 25/09/2025 | Prior to minor amendments, the Committee Endorsed for Approval for onward submission to Trust Board. | PROPOSE TO CLOSE | Trust Board approved the revisions to the RD&I Sub-Committee Terms of Reference at its meeting on 25/09/2025. |
| 04/09/2025 | 6.2 | | Research, Development & Innovation Sub-Committee Effectiveness Survey 2024-2025 | | | | | |
| | 6.2 | | Committee Effectiveness Survey: Extend survey deadline by one week to improve response rate; analysis to follow and summary may be circulated out of committee. | SC | 44/42/2025 10/02/2026 | Survey was extended and resent to committee members with a link for ease. | PROPOSE TO CLOSE | Survey closed on the 15/09/2025, analysis and summary to be presented at December's sub-committee meeting. December's sub-committee meeting was cancelled and rearranged for 10/02/2026 |



Cardiff
Health Partners

Partneriaid Iechyd
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Cardiff Health Partners

Health Innovation, Anchored in Cardiff,
Connected for Global Impact



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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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 Larnar
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



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> |

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

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.

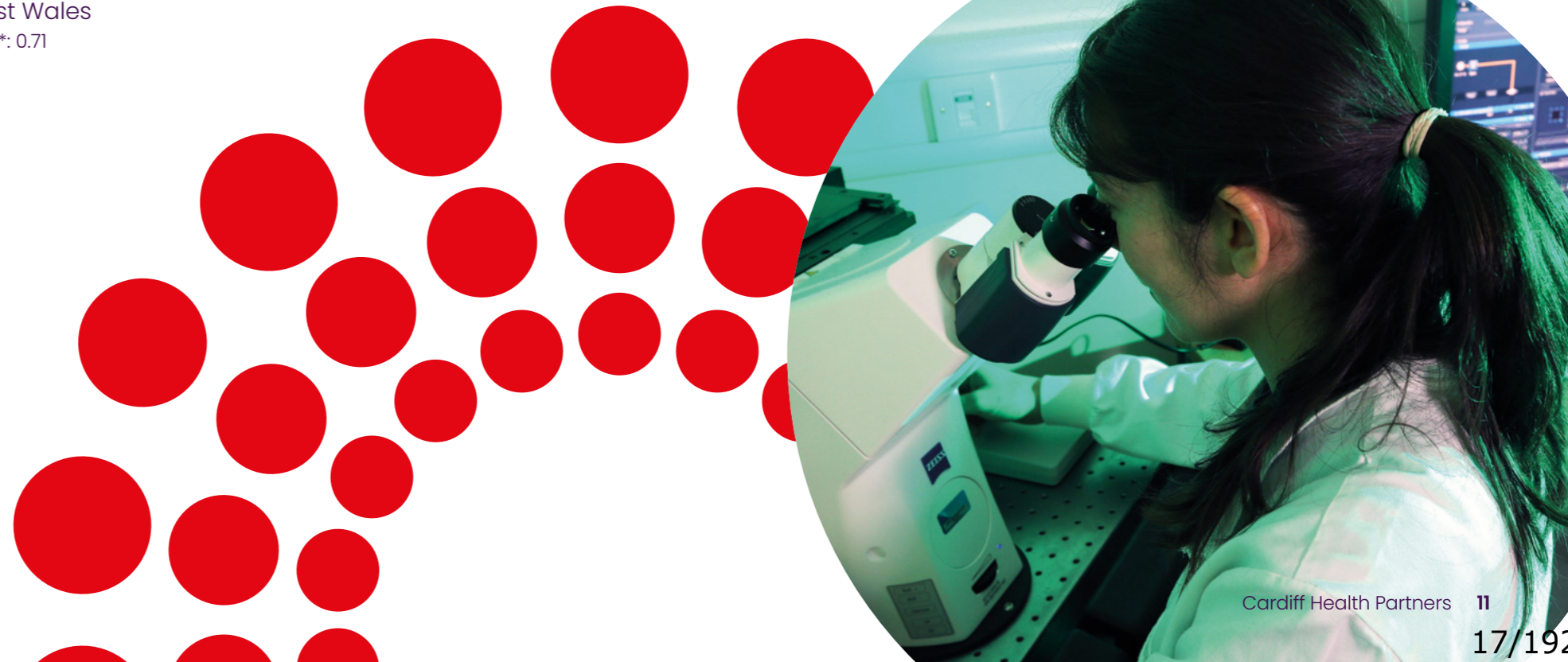
Strengths

- 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.



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.



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.



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

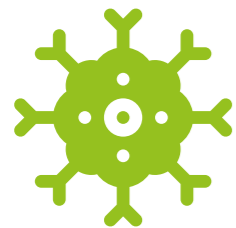
Three thematic areas have been developed as initial priorities for investment. Each of these thematic areas is core for the short-term success of CHP.

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

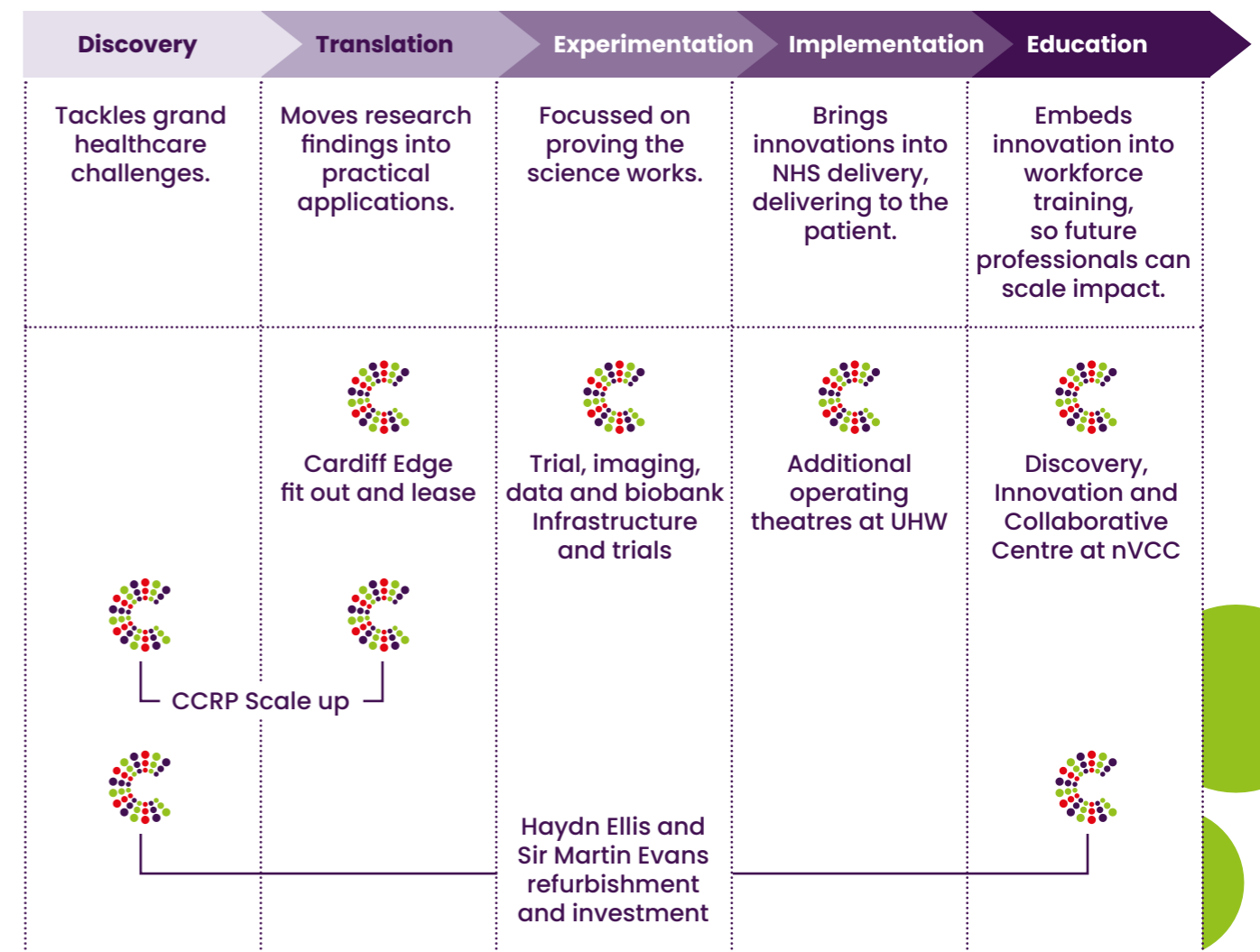
Cardiff brings together ATMP delivery and a national genomics backbone to accelerate precision medicine, linking MRI-guided neurosurgery, the Wales Genomic Health Centre at Cardiff Edge, and federated data and biobanks to move from discovery to adoption at pace.



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.



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.

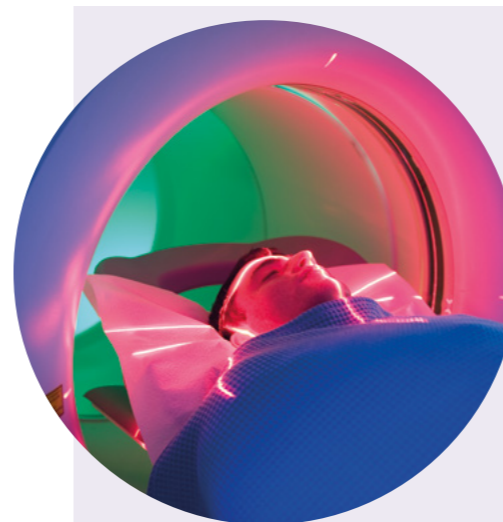
Cardiff is emerging as a global centre for first-in-human intracranial advanced therapies, where treatments are delivered directly to the brain. This is supported by CUBRIC and the Medicines Discovery Institute, offering world-class imaging, genomics, and surgical expertise.

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.



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).

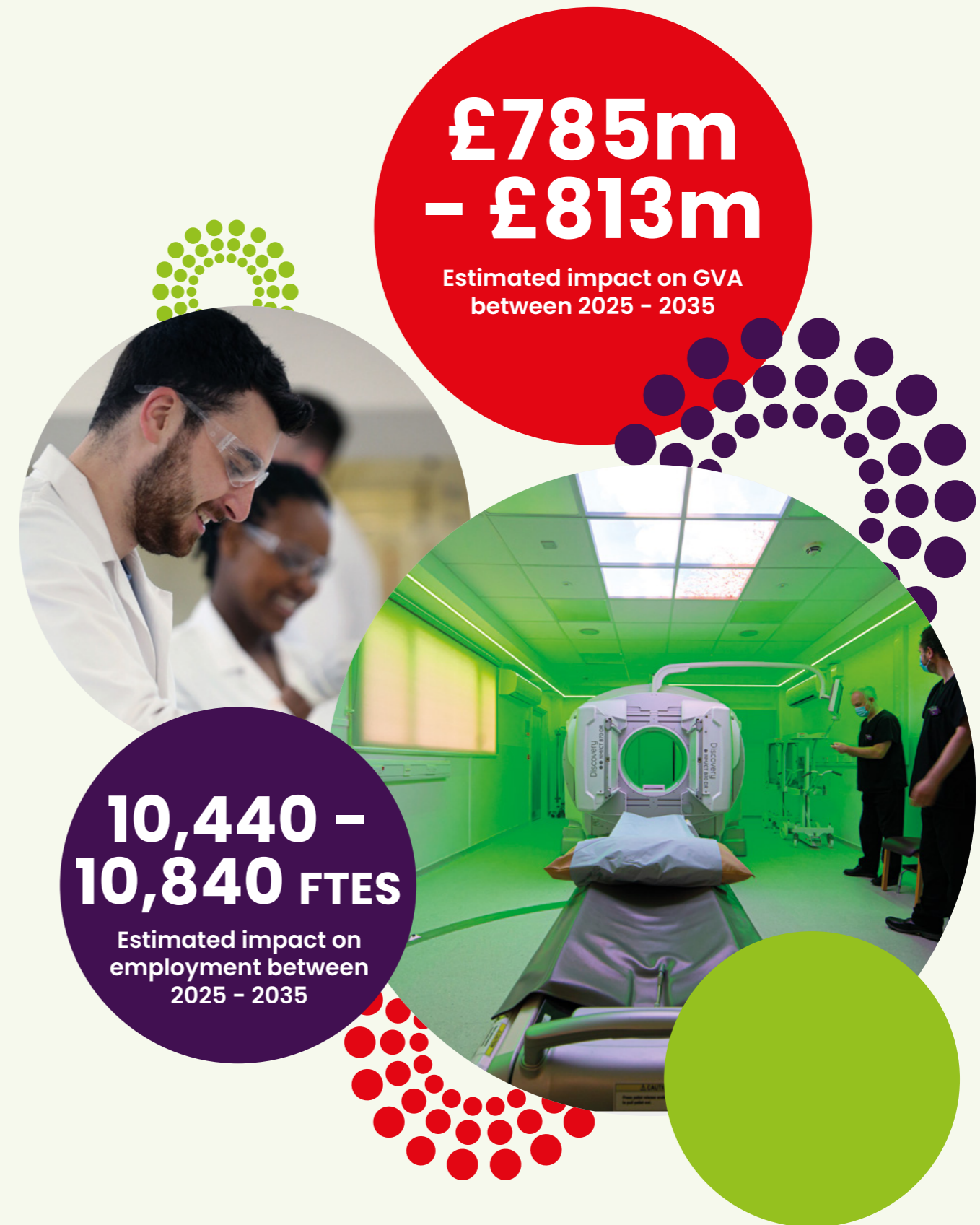
GVA is an alternative term for GDP at factor cost, which is GDP before taxes and subsidies on products. As such, GVA is the company-level equivalent of GDP.



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**



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.

If you're interested to learn more, you can find our website here...

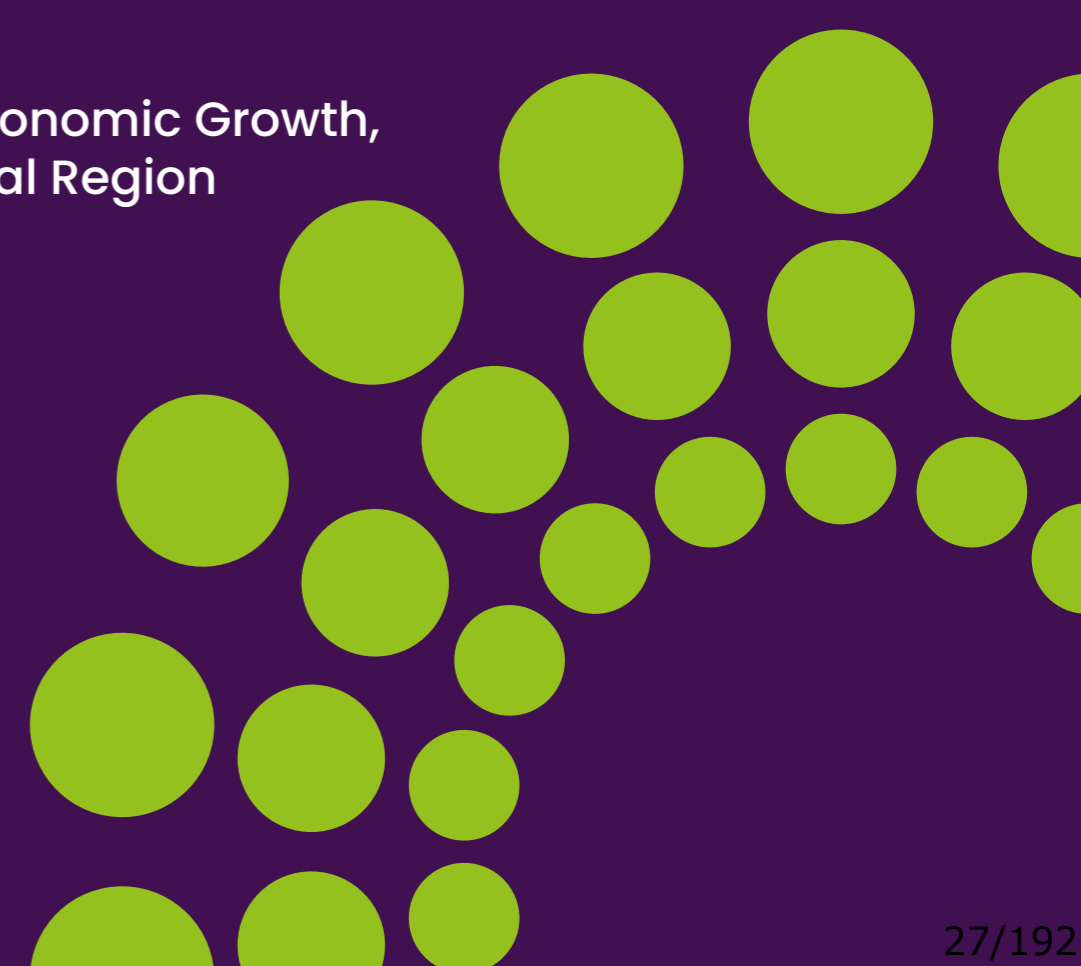
cardiffhealthpartners.org.uk

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



Cardiff Health Partners represents exactly the kind of bold, collaborative innovation that defines the Cardiff Capital Region. It's an investment not only in medical innovation and economic growth, but in improving the health, wellbeing and life chances of people across South-East Wales and beyond.

Mike Brough
Director of Economic Growth,
Cardiff Capital Region





cardiffhealthpartners.org.uk



| RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE | |
|---|--|
| Executive Medical Director briefing to Research, Development, and Innovation Sub-Committee | |
| DATE OF MEETING | 10 February 2026 |
| PUBLIC OR PRIVATE REPORT | Public |
| IF PRIVATE PLEASE INDICATE REASON | NOT APPLICABLE - PUBLIC REPORT |
| REPORT PURPOSE | INFORMATION / NOTING |
| IS THIS REPORT GOING TO THE MEETING BY EXCEPTION? | NO |
| PREPARED BY | Sarah Townsend, Head of Research & Development Christopher Cotterill-Jones, Research Delivery Manager |
| PRESENTED BY | Jacinta Abraham, Executive Medical Director |
| APPROVED BY | Jacinta Abraham, Executive Medical Director |
| EXECUTIVE SUMMARY | This is the Executive Medical Director's briefing to the Research, Development, and Innovation [RD&I] Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation activities taking place in Quarter [Q] 2 and 3 of Financial Year [FY] 2025/26, along with noteworthy items from the RD&I environment since the last meeting of the Sub-Committee. |
| RECOMMENDATION / ACTIONS | The RD&I Sub-Committee are requested to NOTE this Executive Medical Director's briefing summarising Research, Development & Innovation activity of FY2025/265, Q2 and Q3, and noteworthy items occurring since the Sub-Committee's last meeting. |

| | |
|---|--|
| GOVERNANCE ROUTE | |
| List the Name(s) of Committee / Group who have previously received and considered this report: | Date |
| NOT APPLICABLE – This is the Executive Medical Director’s briefing to the RD&I Sub-Committee. | |
| SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS | |
| NOT APPLICABLE – This is the Executive Medical Director’s briefing to the RD&I Sub-Committee. | |
| 7 LEVELS OF ASSURANCE | |
| NOT APPLICABLE – This is the Executive Medical Director’s briefing to the RD&I Sub-Committee. | |
| ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR | Select Current Level of Assurance |
| APPENDICES | |
| None | |

1. SITUATION

This is the Executive Medical Director's briefing to the RD&I Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation [RD&I] activities taking place in Quarter 2 and 3 of Financial Year 2025/26.

Additionally, this briefing includes any important or noteworthy information from the Research, Development, and Innovation environment since the previous RD&I Sub-Committee.

2. BACKGROUND

2.1 Velindre University NHS Trust / NHS Wales Public Accountability Meeting with Cabinet Secretary for Health and Social Care.

Welsh Government has introduced a programme of Public Accountability Meetings with NHS organisations as part of a strengthened approach to ministerial oversight and public transparency. These meetings are held in public and are supported by published written evidence, focusing on in-year delivery against organisational plans, financial sustainability, quality and safety, and risks to delivery.

Research, Development and Innovation features within this accountability framework as part of the wider agenda on preparing services for the future, alongside digital transformation, and innovation. For specialist and nationally designated organisations, there is an expectation to articulate clearly how research activity supports high-quality care, service resilience, and longer-term sustainability across Wales.

For Velindre University NHS Trust, the Public Accountability Meeting was an opportunity to reflect the Trust's role as a provider of specialist and Wales-wide cancer and blood services. The Trust's established RD&I governance arrangements, performance reporting and strategic narratives provided a strong foundation for demonstrating how research underpins nationally commissioned services, supports equitable access to innovation across Wales, and contributes to system-wide improvement. This meeting was an opportunity to reinforce public confidence and provides external assurance, while also reflecting the challenge to the Trust to continue evolving its research leadership role and to use its Wales-wide specialist position to shape and deliver research activity that strengthens services and opportunities across NHS Wales.

2.2 Powering Discovery, Delivering Hope - Sustaining and expanding cancer research through charitable investment.

Velindre University NHS Trust's integrated bid proposal for charitable investment to sustain and expand its Cancer Research, Development, and Innovation (RD&I) portfolio was supported by the Charitable Funds Committee. The proposal built on the success of the 2023–2026 integrated bid, which enabled growth in research capacity, increased patient access to clinical trials, and leveraged access to significant external income, including commercial trial income and national funding such as the Voluntary Scheme for Branded Medicines Pricing, Access, and Growth (VPAG). The business case supported continued investment in core research infrastructure and workforce underpinning the Trust's role as a research-active organisation and provider of specialist, Wales-wide cancer services.

The proposal aligned with the Trust's strategic priorities, including Destination 2033, the Overarching Cancer Research & Development Ambitions (2021–2031) and the Integrated Medium-Term Plan (IMTP). Charitable funding was recognised as a critical enabler for research activity not reliably supported through NHS, Health and Care Research Wales or commercial funding, particularly non-commercial, investigator-led, translational, palliative and radiotherapy research. The proposal set out a structured approach to sustainability, using charitable funding to pump-prime capacity, unlock further external funding, reduce pressure on routine NHS services through externally funded trials, and support equitable access to innovative treatments for patients across Wales.

2.3 FAKTION income investment plan.

The FAKTION Income Investment Plan set out how commercial income generated through the Trust-sponsored FAKTION trial would be reinvested to strengthen Velindre University NHS Trust's research capacity, sustainability, and national research leadership. The plan recognised FAKTION as a landmark example of investigator-led research with global impact, generating significant income through Trust-owned intellectual property, and proposed targeted reinvestment to expand the Trust's commercial and investigator-led research portfolio, increase clinical academic capacity and support national policy ambitions including *Tackling Cancer through Research*, VPAG and OEIC accreditation.

The plan was supported as a strategic mechanism for reinvesting commercial research income in line with NHS R&D finance principles and external recommendations, including the O'Shaughnessy Review. It adopted a phased approach with clear governance and review points, using income to pump-prime capacity, grow future commercial research activity and reduce longer-term reliance on charitable funding. The plan also recognised the Trust's stewardship

role in supporting specialist and all-Wales services, with reinvestment directed towards consolidating research capacity, improving readiness for innovation, and contributing to longer-term system benefit across Wales.

2.4 VPAG funding reprofiling and update.

Velindre University NHS Trust has been awarded VPAG Stream 1 funding from Health and Care Research Wales to support growth in commercial clinical research, aligned to Welsh Government ambitions to increase industry-sponsored research across Wales. The funding forms part of a wider multi-source approach to research growth, alongside charitable investment, reinvestment of historic commercial income and core RD&I budgets; and is intended to support sustainable research capability and increased commercial trial activity.

During the current financial year, the Trust has submitted a revised expenditure profile to address emerging slippage and better align delivery with recruitment timelines, system capacity, and partnership arrangements. The reprofiling reflects refinement of delivery rather than a change in objectives, with a stronger emphasis on partnership-based delivery. Further clarification has been provided to Health and Care Research Wales, and the Trust is currently awaiting the outcome of the reprofiling request while delivery continues through collaborative, system-wide working.

2.5 Transforming Evidence report for Cancer Research UK published.

Cancer Research UK has published an evidence review summarising findings from the Transforming Evidence report *Optimising the Value of Clinical Research for the UK*. The full Transforming Evidence report is available at: <https://transforming-evidence.org/projects/optimising-the-value-of-clinical-research-for-the-uk>

The review synthesises analysis of more than 200 recommendations across the UK research policy landscape and draws on interviews with clinical leaders, funders, practitioners, and policymakers. The report concludes that, while the UK retains major strengths – including national research funders, strong academic–clinical partnerships, and the ability to embed research within clinical roles – progress in improving the clinical research environment has been limited by workforce pressures, complex governance, fragmented data systems, and insufficient cross-system coordination.

The review identifies four areas where system-level change is required:

- Clearer national R&D governance and priorities, with a more transparent approach to research objectives across health services.
- A coordinated national portfolio review, enabling prioritisation and reducing duplication across major funders.

- Stronger implementation planning and leadership, ensuring policy ambitions translate into operational delivery.
- Deeper cross-sector collaboration across NHS organisations, industry, academia, and funders.

CRUK's companion evidence summary – drawing on the findings and providing a concise set of critical next steps for UK stakeholders – is available at: <https://www.cancerresearchuk.org/about-us/what-we-do/we-develop-policy/optimising-the-value-of-clinical-research-for-the-uk>

International examples referenced in both reports illustrate how countries such as Australia, France, Spain, Germany, and the USA achieve stronger performance through clearer prioritisation, streamlined governance and significant investment in digital and data infrastructure.

The themes emerging from this work align with priorities for Velindre University NHS Trust, including ongoing regulatory preparedness, strengthening governance and workforce capability, improving digital infrastructure, and supporting the Trust's preparation for OECI designation. The findings provide helpful national context to inform research planning and delivery across Wales and the wider UK.

2.6 Measuring the Economic Impact of Research.

Health and Care Research Wales have launched a national programme to develop a consistent method for quantifying the economic impact and wider value of research across NHS Wales. Delivered in partnership with the Swansea Centre for Health Economics, the project will establish a standardised annual approach to assessing both the direct and indirect contributions of research, including Gross Value Added (GVA), commercial income, workforce development, avoided drug costs where trial medicines replace standard care, and wider system benefits. The methodology is being refined through national workshops, stakeholder interviews, and testing, and is expected to be implemented from 2026 onwards. Much of the required data will be sourced centrally, with NHS organisations asked to provide additional study-level or organisational information where needed.

For Velindre University NHS Trust, this work aligns closely with ongoing developments in portfolio management, commercial trial delivery, and research strategy. The Trust is already contributing relevant data to support model development and demonstrate the significant economic and clinical value generated through its cancer research portfolio.

Senior leaders are being interviewed as part of this work, with Professor Rob Jones invited to represent Velindre's perspective. The Research Service will support the collation of any Trust-level data required. This provides an important

opportunity to highlight Velindre's contributions and the role of research in NHS sustainability.

Proactive engagement will help ensure Velindre's impact is clearly reflected in national findings. The resulting framework and analysis will strengthen the case for sustained investment in RD&I, support strategic prioritisation of research, and reinforce Velindre's reputation as a leading contributor to research in Wales.

2.7 NHS Wales Research & Development Framework Assessment.

Welsh Government has confirmed that all NHS organisations are required to complete a refreshed "two-year-on" NHS Wales Research & Development (R&D) Framework Assessment in 2026, building on the baseline assessment submitted in 2023. The assessment process, template and technical guidance have been co-developed with NHS organisations through national workshops held in October and November 2025. While the assessment is a distinct process from the IMTP, it is intended to run alongside the NHS planning cycle and to support stronger integration of research within organisational planning, governance, and delivery arrangements.

The assessment requires Trusts to report against each of the ten pillars of the NHS R&D Framework using a standardised template. For each pillar, the return must provide a concise, one-page position (including a summary of the 2023 baseline), setting out progress since the baseline assessment, key achievements and challenges, and priorities and plans for the next one to three years. The accompanying Technical Guidance sets clear expectations around organisational engagement, evidence requirements, and governance oversight, including the involvement of planning, clinical and corporate teams, and the requirement for appropriate Board-level visibility prior to submission.

The assessment template has been refined to improve clarity and streamline reporting. It retains a free-text format and incorporates Welsh Government terms and conditions for research delivery funding, new and emerging R&D measures, and an optional SWOT analysis to capture organisational strengths, risks, and dependencies. Supporting evidence, such as governance structures, R&D strategies, annual reports and relevant performance metrics, is expected to accompany the completed return. Assessment outputs will inform the next NHS Wales R&D Annual Review Meetings and will be used nationally to share good practice, support peer learning, and inform further implementation of the Framework across NHS Wales.

From a delivery perspective, Velindre University NHS Trust intends to adopt a coordinated approach to completing the assessment, consistent with the method used for the 2023 baseline return. This will involve agreed ownership across the ten pillars, structured collation of contributions and internal review to ensure consistency, completeness, and adherence to the required timetable. For the Trust, the 2026 assessment provides an opportunity to demonstrate continued

progress in embedding research across governance, service delivery, workforce and digital transformation, and to support early Board-level oversight of the Trust's R&D position and forward priorities, ensuring alignment with the Trust's strategic ambitions and its role as a research-active specialist organisation within NHS Wales.

2.8 ISO56001 Implementation at Velindre Innovation.

Velindre Innovation is leading the adoption of ISO 56001, the international standard for innovation management systems, to establish a structured and effective approach to innovation within healthcare.

This initiative reflects Velindre's commitment to continuous improvement and innovation excellence across NHS services.

Achieving the BSI Kitemark will signify trusted quality and reinforce Velindre's position as a leader in healthcare innovation.

Our goal is to achieve full certification by March 2026 which will signify trusted quality and reinforce Velindre's position as a leader in healthcare innovation.

Strategic Benefits

Achieving ISO56001 certification will:

- **Strengthen organisational reputation** by demonstrating alignment with internationally recognised standards for innovation management.
- **Provide a robust governance framework**, ensuring innovation activity is structured, auditable, and compliant.
- **Increase opportunities for collaboration and funding**, showcasing a systematic and mature approach to managing innovation.
- **Embed a culture of innovation** that is sustainable and measurable across all services, supporting long-term transformation and improvement in patient care.

The Trust has moved beyond pre-assessment and has successfully passed Stage 1 of 2 external assessment audits. The Team is now preparing for Stage 2 external assessment, marking a major milestone toward formal ISO 56001 certification.

This work positions Velindre University NHS Trust as a leader in structured, auditable innovation management within NHS Wales/UK.

2.9 Project "Dragon's Heart" – NHS Wales Drone Delivery Initiative.

Overview

Project 'Dragon's Heart,' led by Snowdonia Aerospace, has secured new Innovate UK funding to advance autonomous drone technology for NHS Wales. The initiative aims to develop a fully automated, safety-assured drone network to support the Welsh Blood Service and Welsh Ambulance Service. The project runs until 2026, with a follow-on programme expected to establish a full prototype service. Snowdonia Aerospace is responsible for developing and assuring the

safety of the system which is overseen by UK aviation regulation in line with the UK department of Transport national aviation policy.

Project Dragon's Heart received national media coverage on the BBC, significantly raising the profile of the Trust's role in pioneering autonomous drone delivery for NHS Wales.

The partnership continues to progress, with public engagement events planned in February half term for North and South Wales.

2.10 MediWales Awards Success.

The EdgeVcc Automated Radiotherapy Planning project won the MediWales Technology and Digital Impact Award, highlighting the Trust's leadership in radiotherapy innovation.

The award reflects the strength of the Advancing Radiotherapy Cymru (ARC) partnership and demonstrates tangible improvements through innovation in efficiency, consistency, and patient care quality.

2.11 Bright Ideas Challenge – Psychology Team Collaboration.

The Bright Ideas platform is a staff-led innovation initiative designed to capture, develop, and implement creative solutions that improve patient care and operational efficiency across the Trust. It provides a structured process for staff to submit ideas, collaborate with colleagues, and progress concepts into actionable projects. Each challenge focuses on a specific theme aligned with organisational priorities, encouraging engagement and fostering a culture of innovation. The platform supports transparency, cross-team collaboration, and measurable impact by tracking ideas from submission through to implementation.

The second Bright Ideas Innovation challenge was launched and engaged the Psychology Team to explore ways of improving emotional support in cancer care. This challenge emerged from insights gathered during the Psychology Bright Ideas Workshop, where staff identified key systemic barriers such as high demand, limited access, fragmented communication, and a lack of integrated tools for delivering proactive, personalised psychological care. These issues are not only delaying access to essential psychological support for patients but also placing growing pressure on clinical teams who are working hard to deliver safe, compassionate, and effective care. The challenge runs from 22 August to 24 October 2025.

2.12 Bevan Exemplar Project – (cohort 9) Specialist Neuro-Oncology Community Therapy Services - Update.

This project has been extended until December 2025 due to a period of staff absence.

Bevan Exemplars are health and social care professionals from across Wales who are supported by the Bevan Commission to develop, test and evaluate their own innovative ideas over a 12-month period. The ideas may include (amongst other forms): innovative products, processes and services, new ways of working, new models or interventions, or novel skills development approaches across health and social care arenas.

Velindre Cancer Centre has developed an innovative, award-winning AHP and Clinical Nurse Specialist (CNS)–led outpatient clinic offering multi-disciplinary support across the cancer pathway. However, gaps remain once patients transition into community settings. Existing community neuro rehabilitation and palliative care teams often lack the specialist expertise or capacity to support neuro-oncology patients effectively, with variable inclusion criteria and waiting times. National benchmarking and NICE guidelines (2013; 2021) highlight the need for consistent, holistic, and rapid access to therapy-led interventions throughout the cancer trajectory. This project, supported by the Bevan Exemplar Programme, aims to map current service provision, identify gaps, and develop a pilot specialist community AHP service.

3. ASSESSMENT

This briefing to the RD&I Sub-Committee summarises and provides an update of the activities of the Trust’s Research, Development, and Innovation service for Quarter [Q] 2 and 3 of the Financial Year [FY] 2025/26 and other noteworthy items that the Executive Medical Director wishes to highlight to the RD&I Sub-Committee.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The RD&I Sub-Committee is asked to **NOTE** the summarised information of the Research, Development, and Innovation service’s activity and other noteworthy items reported in this Executive Medical Director’s briefing to the RD&I Sub-Committee.

5. IMPACT ASSESSMENT

| TRUST STRATEGIC GOAL(S) | |
|---|-------------------------------------|
| Please indicate whether any of the matters outlined in this report impact the Trust’s strategic goals: YES - Select Relevant Goals below | |
| If yes - please select all relevant goals: | |
| • Outstanding for quality, safety, and experience | <input type="checkbox"/> |
| • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations | <input type="checkbox"/> |
| • A beacon for research, development, and innovation in our stated areas of priority | <input checked="" type="checkbox"/> |

| | |
|--|---|
| <ul style="list-style-type: none"> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> | |
| RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i> | 02 - Partnership Alignment |
| QUALITY AND SAFETY IMPLICATIONS / IMPACT | Yes -select the relevant domain/domains from the list below. Please select all that apply |
| | Safe <input checked="" type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/> |
| | a) The Executive Medical Director's briefing summarises key Research, Development, and Innovation activities and other noteworthy research related items, demonstrating the Trust being a research supportive organisation. b) The Executive Medical Director's briefing demonstrates the Trust's commitment to undertaking research that is evidence based and appropriate, offering equal opportunities to all patients that is respectful and responsive to their treatment needs. c) The briefing also displays the Trust's dedication to conducting research in a safe and effective manner, making the best use skills and resources available. |
| QUALITY IMPACT ASSESSMENT | Not required - not a strategic decision |
| SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information: https://www.gov.wales/socio-economic-duty-overview</i> | Not required NOT APPLICABLE – This is the Executive Medical Director's briefing to the RD&I Sub Committee |
| TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT | |
| The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: YES - Select Relevant Goals below | |

- If yes select the relevant goals:
- A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities.
 - A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic, and ecological resilience.
 - A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
 - A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances
 - A Wales of more Cohesive Communities - Attractive, viable, safe, and well-connected communities.
 - A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage, and the Welsh language, encouraging people to participate in the arts, and sports and recreation.
 - A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being

| | |
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| FINANCIAL IMPLICATIONS / IMPACT | Yes - please Include further detail below, including funding stream |
| | There is a potential financial impact in not demonstrating the Trust’s commitment to the strategic goal “A beacon for research, development, and innovation in our stated areas of priority” as it could jeopardise the funding received from Health and Care Research Wales along with other non-commercial/commercial sources. No direct financial implications from this paper. |
| EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx | Yes - please outline what, if any, actions were taken as a result The Equality Impact of this Executive Briefing has been considered and there are no matters of concern to raise. |
| ADDITIONAL LEGAL IMPLICATIONS / IMPACT | There are no specific legal implications related to the activity outlined in this report. |

6. RISKS

| | |
|--|----|
| ARE THERE RELATED RISK(S) FOR THIS MATTER | No |
|--|----|

| RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE | |
|--|---|
| Research, Development, and Innovation Integrated Performance Report Financial Year 2025/26, Quarter 3 | |
| DATE OF MEETING | 10 February 2025 |
| PUBLIC OR PRIVATE REPORT | Public |
| IF PRIVATE PLEASE INDICATE REASON | NOT APPLICABLE - PUBLIC REPORT |
| REPORT PURPOSE | INFORMATION / NOTING |
| IS THIS REPORT GOING TO THE MEETING BY EXCEPTION? | NO |
| PREPARED BY | <p>Sarah Townsend, Head of Research & Development. Christopher Cotterill-Jones, Research Delivery Manager.</p> <p>Rhydian Owen, Strategy Lead for Velindre Cancer R&D Strategy Kate Cleary, Velindre Cancer R&D Strategy Business Support Manager. Shea Palmer, Professor of Physiotherapy, Director of Postgraduate Research & Velindre Professor of Interdisciplinary Cancer Care Sian James, Welsh Blood Service Head of Research, Development, and Innovation Services. Jennet Holmes, Head of Innovation Ross McLeish, Advancing Radiotherapy Cymru (ARC) Project Manager. Emma Blow, Innovation Project Manager. Amie Garwood-Pask, Deputy Head of Finance Business Partnering.</p> |
| PRESENTED BY | Sarah Townsend, Head of Research & Development |
| APPROVED BY | Jacinta Abraham, Executive Medical Director |

| | |
|--------------------------|--|
| EXECUTIVE SUMMARY | <p>The Trust Research, Development, and Innovation [RD&I] service prepare an integrated performance report at the end of each financial year's quarter.</p> <p>This Financial Year [FY] 2025/26, Quarter 3 report summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service during FY2025/26, Quarter 3.</p> <p>Due to the rescheduling of the RD&I Sub-Committee, this report has not progressed through the usual sequence of RD&I governance meetings in advance of this meeting. The RD&I Sub-Committee is therefore the first formal governance meeting to review the Q3 report. Following RD&I Sub-Committee consideration, the report will be shared with other relevant governance meetings for information, ensuring continuity of organisational oversight.</p> |
|--------------------------|--|

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| RECOMMENDATION / ACTIONS | <p>The Trust Research, Development, and Innovation Sub-Committee are requested to NOTE the Trust's Research, Development, and Innovation Integrated Performance Report for FY2025/26, Quarter 3.</p> |
|---------------------------------|--|

GOVERNANCE ROUTE

| | |
|---|-------------|
| List the Name(s) of Committee / Group who have previously received and considered this report: | Date |
| | |

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

The governance cycle for the Trust RD&I Integrated Performance Report is as follows:

| Meeting | Meeting Date |
|---|---------------------|
| WBS Senior Leadership Team | Not yet considered |
| VCS Senior Leadership Team / Divisional Board | Not yet considered |
| RD&I Operational Management Group | Not yet considered |
| Executive Management Board | Not yet considered |
| RD&I Sub-Committee | 10 Feb 2026 |

Due to the rescheduling of the RD&I Sub-Committee, this Quarter 3 report is presented **out of sequence**. Subject to RD&I Sub-Committee review, the report will be shared with the above groups **for information**, maintaining transparency and organisational alignment.

| | |
|--|---|
| 7 LEVELS OF ASSURANCE | |
| NOT APPLICABLE | |
| ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR | Select Current Level of Assurance |
| APPENDICES | |
| 1 | Research, Development, and Innovation Integrated Performance Report Financial Year 2025/26, Quarter 3 |

1. SITUATION

The RD&I Sub-Committee receives the Trust’s RD&I Integrated Performance Report quarterly throughout the financial year.

For Quarters 1 through 3, the report covers the activities of the Trust’s Research, Development, and Innovation service in the reported quarter.

For Quarter 4, an annual report incorporating Q1 through Q3 previously reported, plus Q4 activities, is provided covering the activities Trust’s Research, Development, and Innovation service for the whole financial year.

2. BACKGROUND

The governance arrangements are that the Trust RD&I Integrated Performance Report is received for information or considered at the following groups and committees:

- Welsh Blood Service Senior Leadership Team.
- Velindre Cancer Centre Senior Leadership Team.
- Research, Development, and Innovation Operational Management Group.
- Executive Management Board.
- Research, Development, and Innovation Sub-Committee.

3. ASSESSMENT

The Trust RD&I Integrated Performance Report summarises and provides an update of the activities of the Trust’s Research, Development, and Innovation service for **FY2025/26, Quarter 3**.

The report provides an update of activities and assurance against delivery of the Trust’s Research, Development, and Innovation service’s strategic priorities:

- Strategic Priority 1: The Trust will drive forward the implementation of its Cancer Research & Development ambitions.

- Strategic Priority 2: The Trust will maximise the Research & Development ambitions of the Welsh Blood Service.
- Strategic Priority 3: The Trust will implement the Velindre Innovation Plan.
- Strategic Priority 4: The Trust will maximise collaborative opportunities locally, nationally & internationally.

Additionally, the activity of cross-cutting themes and corporate work areas supporting Research, Development and Innovation are reported.

Quarter 3 shows progress against as four RD&I strategic priorities with achievements in the cancer research pipeline, strengthened partnerships through the Cardiff Cancer Research Partnership (CCRP), and continued improvements across Welsh Blood Service research and Innovation.

Cross-cutting themes continue to advance, including preparations for implementing FLORENCE eBinders; the implementation of the new UK Medicines for Human Use (Clinical Trials) Regulations and ICH Good Clinical Practice in April 2026, and planning for growth of the research portfolio.

The RD&I Sub-Committee are asked to note the areas of ALERT / ASSURE / ADVISE / INFORM that follows:

| | |
|--------------|---|
| ALERT | <ul style="list-style-type: none"> • Recruitment to time and target variability – Recruitment to Time and Target (RTT) performance continues to fluctuate across both commercial (50% met overall recruitment target) and non-commercial (50% met overall recruitment target) portfolios. This reflects the current composition of the research portfolio, which includes a high proportion of studies with small recruitment targets, extended study durations, and complex eligibility criteria. These characteristics can result in disproportionate shifts in RAG ratings from relatively small changes in recruitment numbers or elapsed time. While this volatility is anticipated and actively monitored, sustained scrutiny is required to ensure that patient access to research is maintained, sponsor confidence is protected, and performance against Health and Care Research Wales expectations continues to improve over time. • Capacity constraints affecting trial delivery – Capacity pressures within radiotherapy services (VCS Radiotherapy), alongside reliance on external biopsy provision (CVUHB), remain recognised operational risks. These constraints have the potential to impact study feasibility, start-up timelines, and recruitment for trials that are radiotherapy-linked or biopsy-dependent. Although mitigations are in place and being further developed, including prioritisation mechanisms and close collaboration with clinical and external partners, ongoing monitoring is required to ensure that these pressures do not adversely affect contractual commitments, portfolio balance, or patient access to research opportunities. |
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| | |
|---------------|--|
| | <ul style="list-style-type: none"> • Maturity of performance and assurance datasets – Further work is required to fully align the Trust’s RD&I performance reporting with evolving external requirements, including Health and Care Research Wales annual reporting expectations and Organisation of European Cancer Institutes (OECI) designation metrics. As new datasets relating to publications, research activity and risk mature, continued focus is needed to ensure consistency, accuracy and completeness. This is essential for evidencing research readiness, demonstrating impact, and supporting external assurance and accreditation processes. |
| ASSURE | <ul style="list-style-type: none"> • Capability to deliver complex research – The successful delivery of complex early-phase, first-in-human, and advanced therapy studies during Quarter 3 provides assurance of the Trust’s capability to host high-value and high-risk research safely and effectively. This reflects strong multidisciplinary collaboration, experienced research leadership, and appropriate governance arrangements, reinforcing Velindre’s position as a trusted partner for complex cancer research. • Regulatory readiness – Preparatory work for the implementation of the UK Medicines for Human Use (Clinical Trials) Regulations and ICH Good Clinical Practice (E6(R3)), alongside the planned rollout of Florence eBinders, demonstrates continued strengthening of regulatory readiness. These developments enhance inspection preparedness, improve document control and transparency, and support a consistent approach to compliance, patient safety and data integrity across the research lifecycle. • Risk identification – RD&I risks are articulated through a consolidated RD&I Risk Profile, providing clarity on risk ownership, current controls and mitigating actions. Risks are aligned with Trust risk management processes and are subject to regular review, enabling early identification of emerging issues and proportionate escalation where required. |
| ADVISE | <ul style="list-style-type: none"> • Forward planning for regulatory transition – As the Trust approaches the April 2026 implementation of new clinical trials regulations and ICH GCP requirements, sustained focus on workforce training, SOP refresh, and system readiness will be essential. Early planning provides a strong foundation, but continued oversight will be required to ensure consistent understanding and application across research delivery teams and supporting services. • Capacity and capability in a growing, complex portfolio – Growth in portfolio complexity – particularly in early-phase, ATMP, immunotherapy and precision medicine studies – reinforces the need for ongoing assessment of workforce capacity and capability. This includes not only research delivery teams, but also supporting services such as pharmacy, radiotherapy, diagnostics and governance functions. Proactive planning will help mitigate |

| | |
|---------------|--|
| | <p>operational pressures, maintain timely study set-up, and preserve competitiveness for high-value studies.</p> <ul style="list-style-type: none"> • Alignment for transition to new Velindre Cancer Centre – Preparations for transition to the new Velindre Cancer Centre in 2027 should continue to be closely aligned with RD&I strategic and operational planning. Ensuring that future research infrastructure, operating models and workforce plans are embedded early will support continuity of research activity and maximise opportunities presented by the new facility. |
| INFORM | <ul style="list-style-type: none"> • Notable achievements and external profile – Quarter 3 has seen a number of significant achievements across: <ul style="list-style-type: none"> ○ Cancer research (first patient recruited to the ATTEST study; Virtual Reality supporting Palliative Care pain management; investment in the QuicDNA Max programme); ○ Welsh Blood Service research (four publications in single issue of Vox Sanguinis; Component Development & Research Laboratory work as most cited article); and ○ Innovation activity (MediWales Innovation Awards for VCS Radiotherapy Physics; Project Dragon's Heart, ISO 56001). <p>This progress in early-phase and vaccine portfolios, national recognition for innovation and research leadership, and high-profile engagement with Welsh Government and national partners, collectively, enhance the Trust's visibility, reputation, and attractiveness as a research partner.</p> • Progress across key cross-cutting themes – Continued progress has been made across cross-cutting themes, including digital infrastructure planning, workforce development, performance reporting and collaborative working. These activities strengthen the foundations that underpin high-quality research delivery, improve organisational resilience, and support the Trust's long-term ambition to remain a beacon for research, development and innovation. |

4. SUMMARY OF MATTERS FOR CONSIDERATION

The RD&I Sub-Committee is requested to **NOTE** the RD&I Integrated Performance Report for FY2025/26, Quarter 3, including the items highlighted within the ALERT / ASSURE / ADVISE / INFORM section of this cover report.

The Sub-Committee is further asked to **CONFIRM** whether the revised cover report's ALERT / ASSURE / ADVISE / INFORM summary and the updated RD&I Integrated Performance Report risk section meet the Committee's expectations for improved structure, clarity, and assurance in future RD&I papers.

5. IMPACT ASSESSMENT

| | | | | | | | | | | | | | |
|--|--|-------------------------------------|-------------------------------------|--------|--------------------------|-----------|-------------------------------------|-----------|-------------------------------------|-----------|-------------------------------------|-----------------|-------------------------------------|
| TRUST STRATEGIC GOAL(S) | | | | | | | | | | | | | |
| Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below | | | | | | | | | | | | | |
| If yes - please select all relevant goals: | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> | | | | | | | | | | | | | |
| RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <small>For more information: STRATEGIC RISK DESCRIPTIONS</small> | 02 - Partnership Alignment | | | | | | | | | | | | |
| QUALITY AND SAFETY IMPLICATIONS / IMPACT | Yes -select the relevant domain/domains from the list below. Please select all that apply | | | | | | | | | | | | |
| | <table border="0"> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Timely</td><td><input type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input checked="" type="checkbox"/></td></tr> </table> | Safe | <input checked="" type="checkbox"/> | Timely | <input type="checkbox"/> | Effective | <input checked="" type="checkbox"/> | Equitable | <input checked="" type="checkbox"/> | Efficient | <input checked="" type="checkbox"/> | Patient Centred | <input checked="" type="checkbox"/> |
| | Safe | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Timely | <input type="checkbox"/> | | | | | | | | | | | | |
| Effective | <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Equitable | <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Efficient | <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Patient Centred | <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| <p>a) The Integrated Performance Report describes the Research, Development, and Innovation activities demonstrating the Trust being a research supportive organisation.</p> <p>b) The Integrated Performance Report demonstrates the Trust's commitment to undertaking research that is evidence based and appropriate, offering equal opportunities to all patients that is respectful and responsive to their treatment needs.</p> <p>c) The report also displays the Trust's dedication to conducting research in a safe and effective manner, making the best use skills and resources available.</p> | | | | | | | | | | | | | |
| QUALITY IMPACT ASSESSMENT | Not required - not a strategic decision | | | | | | | | | | | | |

| | |
|--|--|
| SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <small>For more information: https://www.gov.wales/socio-economic-duty-overview</small> | Not required |
| TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT | |
| <p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust’s Wellbeing goals:</p> <p style="text-align: center;">YES - Select Relevant Goals below</p> | |
| <p>If yes, select the relevant goals:</p> <ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input checked="" type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/> | |
| FINANCIAL IMPLICATIONS / IMPACT | Yes - please Include further detail below, including funding stream |
| | <p>There is a potential financial impact in not demonstrating the Trust’s commitment to the strategic goal “A beacon for research, development, and innovation in our stated areas of priority” as it could jeopardise the funding received from Health and Care Research Wales along with other non-commercial/commercial sources.</p> <p>No direct financial implications from this paper.</p> |

| | |
|--|---|
| <p>EQUALITY IMPACT ASSESSMENT</p> <p>For more information: https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</p> | <p>Yes - please outline what, if any, actions were taken as a result</p> |
| <p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p> | <p><i>The Equality Impact of Trust RD&I Integrated Performance Report for FY2025/26, Quarter 3 has been considered and there are no matters of concern to raise.</i></p> <p>There are no specific legal implications related to the activity outlined in this report.</p> |

6. RISKS

| | |
|---|-----------|
| <p>ARE THERE RELATED RISK(S) FOR THIS MATTER</p> | <p>No</p> |
|---|-----------|



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



Welsh Blood Service
Gwasanaeth Gwaed Cymru



Canolfan Ganser Felindre
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Ffôn/Tel: 029 2061 5888

2025/26

Q3

October 2025 to
December 2025

Research, Development & Innovation

Integrated Performance Report

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RD&I - Integrated Performance Report

A1. Current risk register (Open Risks) – From 01 April 202561
A2. Risks closed since last report.63

Abbreviations.

| Abbreviation | Definition |
|---------------------|---|
| A&D | Accreditation and Designation |
| AHP | Allied Health Professional |
| ARC | Advancing Radiotherapy Cymru |
| ARF | Advancing Radiotherapy Fund |
| AWMGS | All Wales Medical Genetics Service |
| BEST | Biomedical Excellence for Safer Transfusion |
| BEST-C | Biomedical Excellence for Safer Transfusion Collaborative |
| C | Commercial |
| CC | Cancer Centre |
| CCC | Comprehensive Cancer Centre |
| CCfLRI | Collaborative Centre for Learning, Research, and Innovation |
| CCN | Comprehensive Cancer Network |
| CCRP | Cardiff Cancer Research Partnership |
| CDRL | Component Development and Research Laboratory |
| CEP | Clinical Entrepreneur Programme |
| CHP | Cardiff Health Partners |
| CI | Chief Investigator |
| CMO | Chief Medical Officer |
| CNS | Central Nervous System |
| CRUK | Cancer Research United Kingdom |
| ctDNA | Circulating Tumour Deoxyribonucleic Acid |
| CU | Cardiff University |
| CVUHB | Cardiff and Vale University Health Board |
| DNA | Deoxyribonucleic Acid |
| ECMC | Experimental Cancer Medicine Centre |
| EMB | Executive Management Board |
| ESR | Electronic Staff Record |
| FTE | Full Time Equivalent |
| FY | Financial Year |
| GCP | Good Clinical Practice |
| HCRW | Health and Care Research Wales |
| HPV | Human Papilloma Virus |
| ICH | The International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use |
| IF | Impact Factor |
| IMPACT | Initiative for Medical Particulars in Adult Clinical Trials |
| IMS | Innovation Management System |
| IMTP | Integrated Medium-Term Plan |
| ISF | Investigator Site File |
| ISO | International Organisation for Standardisation |
| k | Thousand |
| KI | Key Indicator |
| KPI | Key Performance Indicator |

| Abbreviation | Definition |
|---------------------|---|
| m | Million |
| MSc | Master of Science |
| NC | Non-Commercial |
| NHS | National Health Service |
| NIHR | National Institute for Health and Care Research |
| NWSSP | NHS Wales Shared Services Partnership |
| OECI | Organisation for European Cancer Institutes |
| PhD | Doctor of Philosophy |
| PI | Principal Investigator |
| PPI&E | Patient and Public Involvement and Engagement |
| PPI&E | Patient and Public Involvement |
| PPP | Purchasing Power Parity |
| Q | Quarter |
| R&D | Research & Development |
| RAG | Red, Amber, Green |
| RD&I | Research, Development, and Innovation |
| RIC | Regional Innovation Coordination |
| SBAR | Situation, Background, Assessment, Recommendation |
| TAP | Trials Acceleration Programme |
| UCL | University College London |
| UHW | University Hospital of Wales |
| UK | United Kingdom |
| VCC | Velindre Cancer Centre |
| VCS | Velindre Cancer Service |
| VR | Virtual Reality |
| VUNHST | Velindre University NHS Trust |
| W&OD | Workforce and Organisational Development |
| WBS | Welsh Blood Service |
| WCLF | Welsh Clinical Leadership Fellow |
| WTE | Whole Time Equivalent |

INTRODUCTION

The Trust Research, Development, and Innovation (RD&I) Integrated Performance Report summarises and provides an update of activities of the Trust’s RD&I service for each quarter of the financial year.

The report reflects the RD&I strategic priorities published in the Velindre University NHS Trust’s Integrated Medium-Term Plan (IMTP). These priorities support the Trust’s strategic goal to be “*A beacon for research, development and innovation*” are as follows:

| STRATEGIC PRIORTIES | |
|---------------------|---|
| PRIORITY 1 | The Trust will drive forward the implementation of its Cancer Research and Development Ambitions 2022-2031. |
| PRIORITY 2 | The Trust will maximise the Research and Development ambitions of the Welsh Blood Service. |
| PRIORITY 3 | The Trust will implement the Velindre Innovation Plan. |
| PRIORITY 4 | The Trust will maximise collaborative opportunities locally, nationally, and internationally. |

The report provides an update of activities against the Trust RD&I service’s strategic priorities, alongside the supporting work of cross-cutting themes and corporate functions that support research, development, and innovation.

The reports for quarters one through three summarise the work in that quarter, culminating in an annual report at the end of the financial year.

STRATEGIC PRIORITY 1






The Trust will drive forward the implementation of its Cancer Research and Development Ambitions.

1 Velindre Cancer Research & Development Strategic Ambitions.

In partnership with the wider R&D leadership team, we are developing a research-focused transformation plan designed to deliver our core strategic objectives, with a particular emphasis on ensuring long-term sustainability and future expansion of the Trust's cancer research activities through additional external income generation.

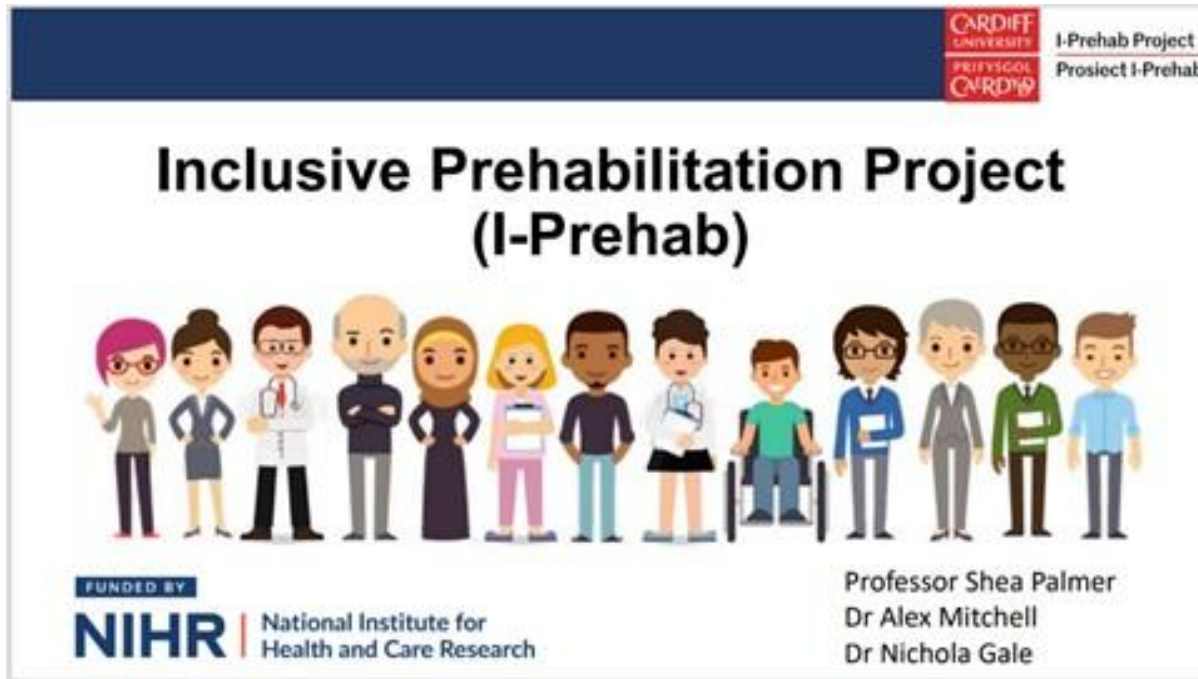
2 Cardiff Cancer Research Hub.

Update for this period:

|  | To enhance research capability across the community, we have established Themed Discovery and Translational Research workshops focused on critical areas: funding application support, advancing translational research, discovering new cancer targets and bridging computational science with cancer research. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------------------|---------------------------|--|-------|------------|------------|---------|-------------|-------------------------------------|---------|--|------------|---------------------------|--|---------------------------|------------|------------------|---------------------|-------------------------------------|--------------------------------|------|-----------|------------|--------------------------------|--------|
|  | Cardiff Health Partners, of which CCRP is a part of, have recently appointed an Interim Managing Director, Rachel Savery. The appointment will provide further momentum for the partnership. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | To strengthen communication across the research community, CCRP has launched a dedicated mailing list through which a regular newsletter will share key updates, upcoming events and important information. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | A date has been set for the CCRP's annual event: 16 September 2026. The event will provide a focal point for the community, strengthening connections, celebrating progress and aligning stakeholders around shared priorities. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | <p>CCRP Trial portfolio overview:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Stage</th> <th style="width: 30%;">Study Name</th> <th style="width: 20%;">Study Type</th> <th style="width: 15%;">Funding</th> <th style="width: 20%;">Cancer Type</th> </tr> </thead> <tbody> <tr> <td rowspan="4" style="vertical-align: middle;">4 trials open to recruitment</td> <td>ATTR 01</td> <td>Oncolytic virus vaccine - ATMP (FIH/FIC)</td> <td>Commercial</td> <td>Solid tumour (multi-site)</td> </tr> <tr> <td>Protocol 75276617ALE1001 (Menin / Camelot)</td> <td>Phase I/II First in Human</td> <td>Commercial</td> <td>Haem - Leukaemia</td> </tr> <tr> <td>BNT116 (LuCa-MERIT)</td> <td>MRNA cancer vaccine, First In Human</td> <td>Commercial (BioNTech Pipeline)</td> <td>Lung</td> </tr> <tr> <td>BNT323-03</td> <td>Phase I/II</td> <td>Commercial - BioNTech pipeline</td> <td>Breast</td> </tr> </tbody> </table> | | | | | Stage | Study Name | Study Type | Funding | Cancer Type | 4 trials open to recruitment | ATTR 01 | Oncolytic virus vaccine - ATMP (FIH/FIC) | Commercial | Solid tumour (multi-site) | Protocol 75276617ALE1001 (Menin / Camelot) | Phase I/II First in Human | Commercial | Haem - Leukaemia | BNT116 (LuCa-MERIT) | MRNA cancer vaccine, First In Human | Commercial (BioNTech Pipeline) | Lung | BNT323-03 | Phase I/II | Commercial - BioNTech pipeline | Breast |
| Stage | Study Name | Study Type | Funding | Cancer Type | | | | | | | | | | | | | | | | | | | | | | | |
| 4 trials open to recruitment | ATTR 01 | Oncolytic virus vaccine - ATMP (FIH/FIC) | Commercial | Solid tumour (multi-site) | | | | | | | | | | | | | | | | | | | | | | | |
| | Protocol 75276617ALE1001 (Menin / Camelot) | Phase I/II First in Human | Commercial | Haem - Leukaemia | | | | | | | | | | | | | | | | | | | | | | | |
| | BNT116 (LuCa-MERIT) | MRNA cancer vaccine, First In Human | Commercial (BioNTech Pipeline) | Lung | | | | | | | | | | | | | | | | | | | | | | | |
| | BNT323-03 | Phase I/II | Commercial - BioNTech pipeline | Breast | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|--|---|-------------------------------|--|------------|-------------------------|
| | 1 trial active/closed to recruitment | Monumental-6 | Bi-specific | Commercial | Haem - Multiple Myeloma |
| | 5 Trials in set up | Dareon (LUNG-1) | Phase III | Commercial | Solid - Lung |
| | | ABBVIE M25-059 | ABBV-383 - BCMA bispecific antibody (IV), Phase I/II | Commercial | Haem - Multiple Myeloma |
| | | CA266-00088: ROSETTA -RCC-208 | Phase 1/2 | Commercial | Solid - Renal |
| | | Apollo AP30CP01 (APL4098 SK) | Phase 1/2 | Commercial | Haem - Leukaemia |
| | | JNJ-78278343 (KLK2-PASenger) | Phase 3 Randomized, T Cell-redirecting agent | Commercial | Solid - Prostate |

3.1.2 Inclusive Prehabilitation Project (I-Prehab).



On 18th November 2025 Professor Shea Palmer and Dr Nichola Gale presented findings from the NIHR-funded Inclusive Prehabilitation (I-Prehab) Project. I-Prehab is an education package designed to help cancer care workers make prehabilitation more inclusive, particularly for those from lower socioeconomic and minority ethnic groups, who are less likely to engage but might benefit most.

This project undertook a systematic review to identify factors influencing access, acceptance and adherence to cancer prehabilitation. It also conducted complex case study research of prehabilitation services across Wales. This information was then prioritised by key stakeholders and used to co-create the education package.

The education toolkit is currently being evaluated in the final part of the research, but Shea and Nichola were able to share some preliminary findings that look very

promising in terms of the quality of the learning resources and their ability to improve knowledge and understanding of relevant issues. The final results will be disseminated in due course.

The December meeting was rescheduled, with two presentations scheduled for January 2026. Cathryn Lewis is Operational Lead for Therapies at Velindre Cancer Service and will present about her Bevan Commission Exemplar programme to investigate and enhance how patients access specialist neuro-oncology therapy services. This will be followed by a session on evidence synthesis and searching for evidence by Dr Judit Csontos, Co-Deputy Director of the Wales Centre for Evidence-Based Care.

3.2 Velindre Healthcare Research Fellowships.

We can now announce the three successful recipients of our 'Introduction to Research' fellowships. They are Sarah Cordeuax (Occupational Therapy), Jordan Morris (Pharmacy) and Tracy Rees (Nursing).

We are delighted to see a spread of different health professionals for the awards this year, in addition to a very wide range of topics. Sarah will be undertaking a project titled "Supporting work participation after a cancer diagnosis: patient experiences as a catalyst for service development at Velindre Cancer Service". Jordan will be undertaking a project looking to standardise education and training for specialist oncology pharmacists at Velindre Cancer Services. And Tracy will be studying the lived experience of people receiving combined TKI and Immunotherapy treatment for Advanced Renal Cell Carcinoma. They have been allocated academic mentors and will start in Spring 2026. We look forward to hearing about their work in due course.

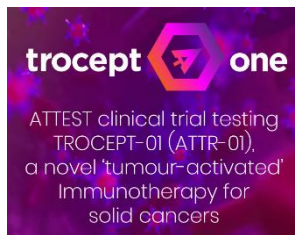
The PhD fellowship has been readvertised, with a closing date end February 2026. Unfortunately, one of our current PhD fellows is leaving Velindre and has also withdrawn from her PhD programme.

3.3 Future Developments.

We have undertaken a review of progress against our key objectives. As a result, there will be a renewed focus on developing activity in areas such as supporting dissemination activities, external grant applications (including fellowships), and supporting development as principal investigators and chief investigators. As part of this, we have already instigated research drop-in clinics following our community meetings. We are also planning a research event in Spring 2026 to help develop research priorities, identify individuals and teams to lead on those priorities, and to expand and reinvigorate our research community membership.

4 Velindre Cancer Service Research.

4.1 First patient recruited in clinical trial using cancer-targeting virus



ATTR-01 Study Principal Investigator:
Dr. Magda Meissner



Claire Laing, Senior Research Nurse Manager, CCRP

First patient recruited in clinical trial using cancer-targeting virus.

The first patient has been treated in the ATTEST first-in-human Phase 1 clinical trial evaluating TROCEPT-01 (also known as ATTR-01), a novel cancer-targeting oncolytic virus developed at Cardiff University. The study is being delivered by Velindre University NHS Trust in partnership with Cardiff and Vale University Health Board, with recruitment underway in Cardiff and plans to expand internationally.

The trial is supported locally through the Cardiff Cancer Research Partnership and represents the translation of academic discovery into early-phase clinical testing for patients with hard-to-treat solid tumours.

Professor Alan Parker, Professor of Translational Virology at Cardiff University and Chief Scientific Officer with Accession Therapeutics, said: "It's wonderful to see an invention made at Cardiff University progress into a clinical trial and for one of these sites to be in Cardiff. TROCEPT-01 has been designed to have minimal activity in healthy tissues, with maximal activity in the tumour. This potent and highly localised activity gives promise in many cancers of unmet clinical needs, and the ATTEST trial includes hard-to-treat cancers such as pancreatic, lung, bladder, head and neck, endometrial and cholangiocarcinomas."

Dr Magda Meissner, Velindre Cancer Service and a Principal Investigator of the ATTEST trial at the Cardiff site, said: "Being part of the ATTEST trial marks an exciting milestone for our team and for cancer research in Wales. This study brings together academic innovation and clinical expertise as we test the delivery of a new class of precision oncolytic therapy directly to patients. We are proud that Cardiff is involved in these first in-human trials and helping to translate years of laboratory research into potential new treatment options for people with advanced cancers."

Claire Laing, Senior Research Nurse Manager, Cardiff Cancer Research Partnership, said:

"I will be working with the patients in the Cardiff site, to administer the treatment. This is a fantastic example of 'bench to bedside' cancer research in Wales – developing research from Cardiff University laboratories into a new class of drug and delivering it to NHS patients for the first time at UHW and Velindre via this trial."

4.2 Senior Research Nurse Manager joins CRUK Women of Influence programme.



Emma Williams, Senior Research Nurse Manager, VCS.



Senior Research Nurse Manager joins CRUK Women of Influence Programme.

Emma Williams, Senior Research Nurse Manager at Velindre Cancer Service, has become the first nurse to be accepted onto the Cancer Research UK (CRUK) Women of Influence programme, which provides early career researchers with independent mentorship from senior leaders outside academia.

Emma has built her career in cancer research nursing and, since coming to Cardiff and Vale University Health Board in 2015, has led improvements across clinical trials portfolios and developed a strong nurse-led research programme. She has also secured external funding, including support from Cure Leukaemia, contributed to TAP and IMPACT accreditations, and acted as nurse Principal Investigator on multiple observational, translational, epidemiological and post-authorisation studies. This work was highly commended in the Cardiff ECMC Network's 2022 bid, with the panel noting the high quality of nursing research.

Professor Alex Tonks, Head of Haematology at Cardiff University, said:

"[Emma's] unwavering commitment to nurse-led research, consistent publication record, and ability to mentor and motivate others have created a ripple effect of excellence. As both a mentor and a passionate advocate for patients, [Emma] exemplifies the highest standards of nursing leadership and innovation."

Having joined Velindre University NHS Trust in 2025, Emma Williams said, on her acceptance to the programme:

"I am thrilled that CRUK has accepted me onto this prestigious course and recognised my research contributions as a nurse. It really does highlight the important contribution that nurses can bring to research and how we can be a patients advocate within this space. I am really looking forward to meeting my mentor and leveraging any opportunities that will continue to support and benefit the patients within Wales."

4.3 Exploring Virtual Reality to support pain management in Palliative Care.



Prof. Taubert (left), Dr Cahill, Dr Harding, and other members of the Velindre Cancer Services Palliative Care team have been involved in the observational cohort NIHR trial.

Exploring Virtual Reality to support pain management in Palliative Care.

A research study into the use of virtual reality (VR) headsets as a pain management method for patients with advanced cancer shows promise in preliminary informal results.

Dr Cahill, Dr Harding and other members of the Velindre Palliative Care team have been involved in the observational cohort NIHR trial, which will conclude in 2026 and is co-ordinated by University College London.

he benefits of being able to escape the normal hospital and ward environment were a notable discussion point for participants and there was mention that few other interventions could offer this kind of fully immersive experience in quite the same way. Participants at Velindre scored their perception of pain whilst using the VR Headset and one participant, after using the headset, even went on to buy their own as they wished to continue to use the technology at home.

One of the challenges for the palliative care team during the project was getting to grips with the technology. Once this was overcome, it helped explaining the new intervention to patients and their loved ones. Upon initial discussion with patients when recruiting to the study, some patients had never seen or experienced virtual or augmented reality. Generally, the team received feedback that those who chose to participate enjoyed the experience, with no adverse effects being reported from the Velindre site during Phase I.

The study is sponsored by University College London and funded by NIHR Central Commissioning Facility.

Professor Mark Taubert, Palliative Care Consultant and Principal Investigator for the Cardiff site, said:

"The project is currently approaching Phase III where the feedback from all UK participants in Phase I is analysed and used to adapt/refine the technology. The revised technology will then be used by a new cohort of participants to discuss the recommended frequency of use of virtual reality."

4.4 Major investment to accelerate cancer diagnosis using liquid biopsy in Wales.



The QuicDNA Max programme is supported by a £2.5M investment.

Major investment to accelerate cancer diagnosis using liquid biopsy in Wales.

A £2.5 million investment will accelerate the rollout of liquid biopsy testing across Wales, supporting faster and more personalised cancer diagnosis and treatment. The funding includes £1.2m from Welsh Government and £1.3m from the UK Office for Life Sciences, alongside grant support from four pharmacogenomic companies, and will support the next phase of the QuicDNA programme, known as QuicDNA Max.

QuicDNA uses circulating tumour DNA (ctDNA) testing to analyse cancer DNA from a blood sample, offering a less invasive alternative to tissue biopsy. Early data indicates that this approach can significantly reduce time to treatment compared with standard diagnostic pathways. QuicDNA Max will expand testing beyond lung cancer, roll out the service across all Welsh health boards, recruit specialist staff and embed genomic testing into routine NHS care.

UK Science Minister Lord Vallance said:

“Early diagnosis is crucial for treating cancer, and can make a huge difference to outcomes for patients.

This promising work on blood tests could help get cancer patients treatments better-tailored to them, sooner, and without the need for invasive biopsies. It's a great example of how we're backing medical research that stands to make a meaningful difference to NHS patients in Wales.”

Suzanne Rankin, Chief Executive of Cardiff and Vale University Health Board and Senior Responsible Officer for the QuicDNA Programme, said:

“This investment is a game-changer for cancer care in Wales. It will allow us to scale up the use of ctDNA testing beyond lung cancer, recruit the specialist workforce we need, and embed cutting-edge genomic technologies across all health boards. By doing this, we can diagnose cancers earlier, personalise treatments, and give patients across Wales access to the very best in innovative care.”

Velindre has been involved in QuicDNA since its inception. The original study was clinically led by Dr Magda Meissner, with Professor Richard Adams and Dr Paul Shaw as co-investigators, all core members of the Velindre Cancer Service.

4.5 Celebrating success at the MediWales Innovation Awards.



The Velindre Cancer Services Radiotherapy Physics Team with Jennet Holmes, Head of Innovation, VUNHST (centre).



Prof. Richard Adams (far left) and Dr Magda Meissner (second from right), representing Velindre University NHS Trust

Celebrating success at the MediWales Innovation Awards.

Colleagues from Velindre Cancer Service were recognised for their outstanding contributions to healthcare innovation at the MediWales Innovation Awards, with teams acknowledged for excellence in digital innovation and national collaboration.

Radiotherapy Physics Team

The Velindre Cancer Services Radiotherapy Physics Team won the *Technology and Digital Impact Award* for the development of **EdgeVcc**, an automated treatment-planning solution. The technology streamlines radiotherapy planning processes, improving efficiency and supporting high-quality, timely patient care.

Jennet Holmes, Head of Innovation, Velindre University NHS Trust, said:

“We are incredibly proud to see the Radiotherapy Physics Team recognised for their commitment to innovation. EdgeVcc is a perfect example of how technology can enhance clinical practice, improve patient experience, and set new standards for efficiency and quality in cancer care.”

All-Wales Medical Genomics Service

Two Velindre consultants were part of the All-Wales Medical Genomics Service team that received the *Health and Social Care – Industry Collaboration Award*. Their work with Illumina on the QuicDNA programme is advancing genomic testing and personalised medicine, helping to improve cancer diagnostics and outcomes for patients across Wales.

Dr Magda Meissner, Oncology Consultant at Velindre Cancer Service, said:

“We are incredibly proud of this recognition. The MediWales Award highlights what can be achieved when the NHS, genomics and industry work together to bring innovation directly to patients. Implementing liquid biopsy testing as standard of care in Wales is a major milestone for cancer diagnostics and shows the power of true collaboration.”

4.6 Building the next generation of research active Radiographers.



Cath Matthams (far-left), Superintendent Radiographer – R&D, and members of the Radiotherapy Research Team host Cardiff University undergraduate students.

All-Wales Undergraduate Research Programme 2025: building the next generation of research active Radiographers.

In December 2025, fifteen second-year Radiotherapy and Oncology students from Cardiff University took part in an All-Wales undergraduate research placement designed to introduce them to the realities of research within clinical radiotherapy services. Hosted by the Radiotherapy Research Team at Velindre Cancer Centre and delivered across all three Welsh radiotherapy centres, the programme offered students hands-on exposure to research activity embedded in everyday clinical practice.

The placement focused on building research capability within the future therapeutic radiography workforce by embedding evidence-based practice, critical thinking and reflective learning from an early stage.

Interactive sessions led by therapeutic radiographers were complemented by multidisciplinary contributions from medical physics, the research radiographers and officers, the Research Service's research governance staff along with data management, and quality and clinical governance teams.

Together, these sessions gave students insight into clinical trials, audit, service improvement, research funding pathways and the interprofessional roles that support high-quality cancer research.

Learning was reinforced through collaborative group work, culminating in a presentation and engagement event where students showcased their ideas and reflections. The enthusiasm and quality of student contributions demonstrated the impact of early, structured exposure to research and the value of a coordinated, All-Wales approach to education and workforce development.

For Velindre, the programme directly supports the development of a research-active radiotherapy workforce and strengthens the pipeline of future clinicians who view research as integral to high-quality care. For NHS Wales, it helps build consistent research capability across health boards, supports workforce sustainability, and ensures future radiotherapy services are driven by evidence, innovation and collaborative practice.

4.7 Chief Medical Officer for Wales visits Velindre.



Prof. Isabel Oliver, Chief Medical Officer for Wales (second from left) with Carl James, Chief Executive (far right), Dr Jacinta Abraham, Executive Medical Director (centre), and members of the Velindre University NHS Trust team.

Chief Medical Officer for Wales visits Velindre.

Velindre University NHS Trust recently welcomed the Chief Medical Officer for Wales for a visit that showcased the breadth of work across the Trust and the progress being made on the new Velindre Cancer Centre. The visit provided an opportunity to highlight both Velindre’s national role and its ambitions for the future of cancer care in Wales.

Appointed in April 2025, Professor Isabel Oliver provides clinical leadership and independent professional advice to Welsh Government on health and public health matters. During her visit, she heard from colleagues across the Trust about organisational priorities, the development of the new Cancer Centre, the role and impact of the Welsh Blood Service, approaches to medical leadership, and the growing strength of Velindre’s research and innovation portfolio.

Velindre University NHS Trust Interim Chief Executive Carl James said: “It was a privilege to welcome the Chief Medical Officer and to provide a full picture of the Trust’s work – from the essential national role of the Welsh Blood Service to the transformative plans for our world-class new Velindre Cancer Centre. The visit highlighted the passion, expertise and determination found across our teams, and the shared commitment across NHS Wales to deliver the highest quality of care and best outcomes for our patients and donors.”

As part of the visit, Professor Oliver toured the new Velindre Cancer Centre site, meeting members of the project team and seeing first-hand the scale of the development, its sustainable design features, and the clinical vision shaping future cancer services. Professor Isabel Oliver said: “I was delighted to visit the new Cancer Centre site and see the progress being made. I was impressed by the ambition of the team to improve health outcomes for the people of Wales and to make Wales a world leader in the field of cancer treatment and I look forward to working with them to make this a reality.”

Velindre University NHS Trust Executive Medical Director Jacinta Abraham said: “The visit was an important moment to demonstrate the clinical ambition that underpins everything we do right across the Trust. From research and innovation to medical leadership and the design of our new Velindre Cancer Centre, our focus is on improving outcomes and creating the highest-quality care for people across Wales. We were delighted to share that vision with the Chief Medical Officer.”

4.8 Cardiff's leading health partners unite to improve benefits for patients.



Rachel Savery, interim
Managing Director, Cardiff
Health Partners.

Cardiff's leading health partners unite to improve benefits for patients.

Velindre University NHS Trust has joined Cardiff University and Cardiff and Vale University Health Board to establish Cardiff Health Partners (CHP), a strategic collaboration designed to improve health outcomes, accelerate innovation and deliver economic and social benefit across South-East Wales.

For Velindre, the partnership strengthens the link between national cancer and blood services, world-leading academic research and large-scale NHS delivery. CHP will focus initially on areas of global strength including Cancer, Brain Therapies, and Precision Medicine, linking assets and capabilities across the three organisations into coordinated testbeds and pathways. This approach aims to reduce barriers to innovation through shared governance, streamlined research delivery and federated data access, supporting faster translation of research into patient benefit.

The partnership is expected to contribute up to £800 million to the regional economy over the next decade and create thousands of skilled life sciences jobs. Velindre's involvement builds on its long-standing leadership in cancer research and innovation, including the development of the new Velindre Cancer Centre, due to open in 2027.

Carl James, Interim Chief Executive of Velindre University NHS Trust, said: "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."

To support delivery of CHP's ambitions, Rachel Savery has been appointed Interim Managing Director, operating across the partnership to provide focus and momentum.

Rachel Savery said: "I'm delighted to take on this role at such an exciting time for Cardiff Health Partners. This collaboration brings together world-class expertise to improve patient care, accelerate research, and create real economic and social benefits for our region. I look forward to working with our partners to turn this vision into reality."

4.9 Showcasing Velindre research and improving access to information.



Showcasing Velindre University NHS Trust's research and improving access to information.



Showcasing Velindre research and improving access to information.

Colleagues from across Velindre University NHS Trust represented the organisation's research and innovation activity at the Health and Care Research Wales (HCRW) Conference on Thursday 16 October. The conference, titled *"Today's research; tomorrow's care: celebrating 10 years of impact"*, was held at Sophia Gardens in Cardiff and brought together more than 500 delegates and 22 exhibitors from across Wales.

Velindre's contribution included presentations from Professor Richard Adams and Dr Kieran Foley within the session *"What does the investment programme mean for commercial research delivery?"*, alongside an exhibition stand showcasing the Trust's pioneering work in research delivery and innovation. The event provided a valuable opportunity to raise awareness of Velindre's research portfolio, share learning, and reinforce its role as a leader in cancer research in Wales.

Alongside this external engagement, Velindre has also strengthened how it communicates research activity to patients, researchers and industry through a revamp of the Research and Innovation section of the Velindre Cancer Service website. The updated webpages provide clearer, more accessible information about research at Velindre, including clinical trials, opportunities to take part in research, information for researchers and industry partners, published research reports and strategies, and the latest research news. A series of short videos has also been introduced to help explain clinical trials and participation.

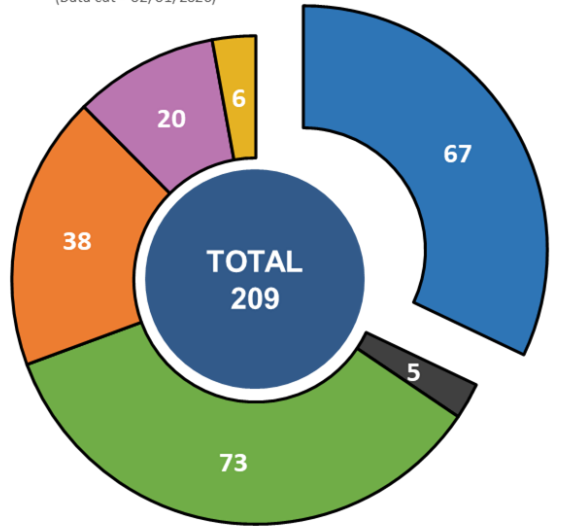
Together, these activities support Velindre's commitment to making research visible, accessible and inclusive. By showcasing research nationally and improving digital access to information, the Trust is strengthening engagement with patients, partners and industry, supporting recruitment to clinical trials, and reinforcing research as a core part of high-quality cancer care.

The updated website is available at: <https://velindre.nhs.wales/research-and-innovation/vcs/>.

5 Velindre Research Performance Indicators.

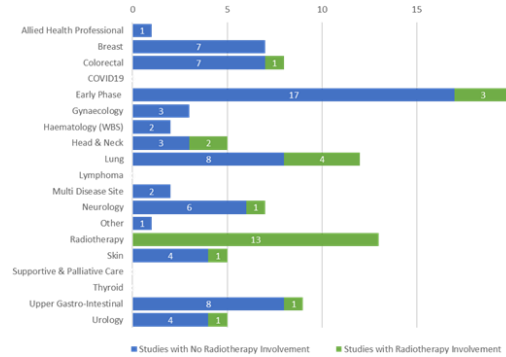
VUNHST Research Portfolio Dashboard

VUNHST Research Portfolio: No of research studies by category
(Data cut = 02/01/2026)

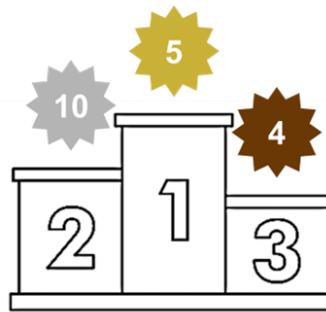
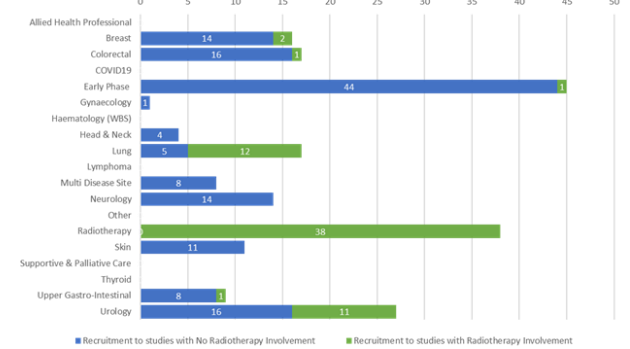


| |
|--|
| Active (studies requiring participant consent) |
| Active (support service or data collection only studies) |
| Closed to recruitment, in follow up |
| Closed to recruitment, no follow up |
| In set-up |
| Suspended |

VUNHST Research Portfolio: No of research studies by category
(Data cut = 02/01/2026)



VUNHST Research Portfolio: Recruitment by category
(Data cut = 02/01/2026)



UK study recruitment performance rankings

| 2025/26 | CUMULATIVE | | Quarter 1 | | Quarter 2 | | Quarter 3 | | Quarter 4 | |
|---------|------------|-------|-----------|---|-----------|---|-----------|--|-----------|--|
| | 23 | NC=15 | C=8 | 9 | 5 | 9 | TBC | | | |

| 2025/26 | CUMULATIVE | 2024/25 | | 2023/24 | | Quarter 1 | | Quarter 2 | | Quarter 3 | | Quarter 4 | |
|---------|------------|---------|----|---------|------|-----------|------|-----------|---|-----------|----|-----------|----|
| | | 10 | 33 | NC=17 | C=14 | NC=19 | C=16 | 7 | 4 | 7 | 11 | 7 | 11 |

| 2025/26 | CUMULATIVE | | Quarter 1 | | Quarter 2 | | Quarter 3 | | Quarter 4 | |
|---------|------------|--------|-----------|----|-----------|----|-----------|--|-----------|--|
| | 158 | NC=128 | C=30 | 58 | 54 | 46 | TBC | | | |

| 2025/26 | CUMULATIVE | 2024/25 | | 2023/24 | | Quarter 1 | | Quarter 2 | | Quarter 3 | | Quarter 4 | |
|---------|------------|---------|-----|---------|-------|-----------|------|-----------|----|-----------|-----|-----------|----|
| | | 5 | 358 | NC=238 | C=120 | NC=368 | C=74 | 88 | 88 | 59 | 123 | 113 | 91 |

Key: NC = Non-Commercial; C = Commercial

6 Health and Care Research Wales key indicators for Velindre University NHS Trust.

Health & Care Research Wales calculate the percentage of open studies recruiting to time and target as Red, Amber, Green (RAG).

The RAG rating is calculated as follows:

RAG rating = % recruitment - % time elapsed

Where % **recruitment** = $\frac{\text{Total recruitment (at site)}}{\text{Site recruitment target}}$

and % **time elapsed** = $\frac{\text{Number of days open (at site)}}{\text{Number of days planned to be open}}$










“RED” = % recruitment is 30% behind the % time elapsed (i.e. RAG rating = -30% or less).

“AMBER” = % recruitment is up to and including 30% behind % time elapsed (i.e. RAG rating = < -1% ≥ -29%).

“GREEN” = % recruitment is equal to or is greater than % time elapsed (i.e. RAG rating = ≥ 0%).










Health & Care Research Wales calculate the percentage of closed studies recruiting to target as Red, Green. Where, “Red” indicates the recruitment target was not met and “Green” indicates the recruitment target was met.

6.1 Open studies – recruitment to time and target (non-commercial).

| | RAG | Rating | Comparison to previous Q | Comparison to previous FY | Narrative for RAG rating = "RED" |
|---|---|-------------------|---|---|---|
| C3 Open: % of Open non-commercial HCRW Portfolio Studies Recruiting to Time & Target |  | 52% 24 studies |  |  | <p>The studies that are hosted by VUNHST are often of small number recruitment targets or long study duration. Therefore, it is possible for studies to be RAG rated "RED" for several years or fluctuate in RAG rating for the duration of the study.</p> <p>List of studies with RAG rating = "RED"</p> <ul style="list-style-type: none"> • A Phase I/IIa Trial of HTL0039732 in Participants with Advanced Solid Tumours [IRAS 1006164], target = 12; planned study end date = 30/06/26 • ABC-12 [IRAS 1005274], target = 12; planned study end date = 31/03/26 • ACTOv [IRAS 1003954], target = 10; planned study end date = 01/04/28 • ADePT-DDR [IRAS 277083], target = 2; planned study end date = 05/01/26 • APPROACH [IRAS 306432], target = 11; planned study end date = 01/01/28 • DECIPHER [IRAS 1006810], target = 6; planned study end date = 30/11/25 • DyNAMic [IRAS 1004759], target = 5; planned study end date = 01/06/26 • HER2+ CNS [IRAS 341272], target = 1; planned study end date = 31/12/26 • HER2-RADICAL [IRAS 292122], target = 5; planned study end date = 01/11/27 • MOLGEN [IRAS 7086], target = 5; planned study end date = 30/04/26 • NHS CVLP [IRAS 325291], target = 1; planned study end date = 31/01/29 • PEARLS [IRAS 287775], target = 8; planned study end date = 01/09/27 • PemOla [IRAS 1004744], target = 1; planned study end date = 31/07/27 • PERCEIVE [IRAS 344721], target = 10; planned study end date = 01/07/26 • PRINCE [IRAS 334993], target = 21; planned study end date = 31/10/26 • QUARTZ LUNG [IRAS 334993], target = 15; planned study end date = 1/12/27 • SCC-AFTER [IRAS 331136], target = 48; planned study end date = 31/12/28 |
| |  | 11% 5 studies |  |  | |
| |  | 37% 17 studies |  |  | |







| | RAG | Rating | Comparison to previous Q | Comparison to previous FY | Narrative for RAG rating = "RED" |
|--|-----|--------|--------------------------|---------------------------|---|
| | | | | | <ul style="list-style-type: none"> • Tessa Jowell BRAIN MATRIX - Platform Study [IRAS 269228], target = 25; planned study end date = 01/10/26 • The role of the marrow microenvironment in the pathogenesis of AML [IRAS 231974], target = 50; planned study end date = 30/11/25 • TRAK-ER [IRAS 286505], target = 20; planned study end date = 31/12/25 • UK P3BEP Trial [IRAS 182633], target = 5; planned study end date = 30/11/25 • Understanding how to use immune cells to TARGET blood cancer cells [IRAS 347916], target = 5; planned study end date = 31/12/2029 • VALUE [IRAS 323170], target = 1; planned study end date = 31/12/25 • VISON [IRAS 335269], target = 50; planned study end date = 30/11/26 |

6.2 Open studies – recruitment to time and target (commercial)







| | RAG | Rating | Comparison to previous Q | Comparison to previous FY | Narrative for RAG rating = "RED" |
|--|--|-----------|--|--|--|
| C4 Open: % of Open Commercial Studies Recruiting to Time & Target |  | 45% |  |  | <p>The studies that are hosted by VUNHST are often of small number recruitment targets or long study duration. Therefore, it is possible for studies to be RAG rated "RED" for several years or fluctuate in RAG rating for the duration of the study.</p> <p>List of studies with RAG rating = "RED"</p> <ul style="list-style-type: none"> • ATTR-01 [IRAS 1010660], target = 4; planned study end date = 31/03/26 • AZD8205 [IRAS 1007820], target = 4; planned study end date = 31/03/26 • BNT326-01 [IRAS 1011236], target = 6; planned study end date = 27/04/27 • BNT327-03 [IRAS 1011017], target = 2; planned study end date = 30/06/26 • BNT327-07 [IRAS 1010972], target = 2; planned study end date = 01/10/26 • KEYNOTE D58 [IRAS 1010027], target = 12; planned study end date = 21/2/27 • LuCa-MERIT-1 [IRAS 1008928], target = 1; planned study end date = 31/05/26 |
| |  | 14% |  |  | |
| |  | 41% |  |  | |
| | | 9 studies | | | |

| | RAG | Rating | Comparison to previous Q | Comparison to previous FY | Narrative for RAG rating = "RED" |
|--|-----|--------|--------------------------|---------------------------|---|
| | | | | | <ul style="list-style-type: none"> • MCLA-158-CL03 [IRAS 1006612], target = 3; planned study end date = 1/8/26 • Real World Study Dostar Rectal Cancer CUP patients [IRAS 344563], target = 3; planned study end date = 2/2/26 • TROPION-05 [IRAS 1007219], target = 3; planned study end date = 06/02/26 |

6.3 Closed studies – recruitment to time and target (non-commercial)

| | RAG | Rating | Comparison to previous Q | Comparison to previous FY | Narrative for RAG rating = "RED" |
|--|---|------------------|---|---|---|
| C3 Closed: % of Closed non-commercial HCRW Portfolio Studies Recruiting to Target |  | 50% 5 studies |  |  | <u>List of studies with RAG rating = "RED"</u> <ul style="list-style-type: none"> • DOMENICA [IRAS 1006901], target = 20; planned study end date = 01/04/26 • FAIM [IRAS 284870], target = 7; planned study end date = 30/12/25. • InPACT [IRAS 168344], target = 4; planned study end date = 31/05/26. • PACE-NODES [IRAS 307888], target = 10; planned study end date = 31/03/26. • Virtual Reality Intervention for Advanced Cancer Pain [IRAS 342158], target = 15; planned study end date = 01/08/25 |
| |  | 50% 5 studies |  |  | |

6.4 Closed studies – recruitment to time and target (commercial)

| | RAG | Rating | Comparison to previous Q | Comparison to previous FY | Narrative for RAG rating = "RED" |
|---|---|------------------|---|---|---|
| C4 Closed: % of Closed Commercial Studies Recruiting to Target |  | 50% 2 studies |  |  | <u>List of studies with RAG rating = "RED"</u> <ul style="list-style-type: none"> • 23-BI-1607-02 [IRAS 1010696], target = 2; planned study end date = 31/04/26 • H2H ph3 in 2L NSCLC divarasib vs soto or ada [IRAS 1009611], target = 3; planned study end date = 30/09/25. |
| |  | 50% 2 studies |  |  | |

7 Organisation for European Cancer Institutes [OECI] designation criteria for Velindre University NHS Trust cancer research.

The Organisation for European Cancer Institutes [OECI] states their mission as:

"Our mission is to provide cancer patients equal access to a high quality of cancer care in multidisciplinary teams; to ensure that cancer research and innovation are fully integrated into patient care pathways; and to put patients at the centre of their care."

Organisation for European Cancer Institutes

Accessed at: <https://accreditation.oeci.eu/the-ad-programme/>
on 18 August 2025.

7.1 OECI Accreditation and Designation Programme.

To achieve these aims within cancer centres, the OECI Accreditation and Designation [A&D] Programme is designed to enable a complete quality system for cancer diagnosis, care, education, and research by using OECI standards and indicators and peer review.

The OECI A&D Programme is the only cancer accreditation programme globally which evaluates comprehensive cancer care and translational research in a seamless process. Many quality assessment programmes are part of regulatory measures imposed by an external authority.

In contrast, the OECI A&D Programme is a supportive voluntary measure for cancer centres.

The OECI A&D Programme has been developed over more than 15 years by a wide range of experts from European cancer centres, professional societies, and patient organisations, building upon the most impactful quality standards worldwide. Peer review is performed by experts in cancer care and research from OECI cancer centres, and site visits are chaired by a director of an OECI cancer centre.

7.2 OECI Designation Types.

OECI distinguishes three types of designation. They all require a high degree of multi-disciplinarity and high-quality cancer care.

The three types are:

- OECI Cancer Centre [CC]
- OECI Comprehensive Cancer Centre [CCC]
- OECI Comprehensive Cancer Network [CCN]

All OECI accredited cancer centres are required to have:

- An identifiable organisational entity with a clear governance.
- A direct provision of an extensive variety range of high-quality cancer diagnostics and care tailored to the individual patient's needs.
- A culture of learning and improving the professional and organisational quality of care.

In addition, OECI Comprehensive Cancer Centres are required to demonstrate:

1. High level of infrastructure, expertise and innovation in cancer research, especially in translational and clinical research, but also in many cases including basic science.
2. Either strong University and Research Institute links, or a University partnership as part of the Comprehensive Cancer Centre.
3. Extensive international networking.

7.3 OEI Designation Criteria.

The OEI designation criteria relating to research capacity and capabilities are used to decide the designation of the cancer centre.

The OEI designation criteria are as follows:

| | Criteria OEI Cancer Centre | Criteria OEI Comprehensive Cancer Centre |
|---|---|---|
| General Criteria | | |
| Presence of surgical oncology, radiotherapy and medical oncology; research and education | Qualitative/quantitative assessment through accreditation | Qualitative/quantitative assessment through accreditation |
| Annual budget for cancer care (1.1.5)* | > 25 million Euro | > 50 million Euro |
| Annual budget for cancer research (1.1.5)* | | > 8 million Euro |
| Number of cancer care inpatient beds plus the number of beds/chairs in the ambulatory day unit (2.2.1) | > 100 | > 150 |
| Number of FTE physicians dedicated to cancer (2.3.1) | > 30 | > 50 |
| Number of patients newly treated in the cancer centre/institute in the index year (2.1.1.2) | > 1500 | > 2500 |
| Extra Research Criteria | | |
| Number of peer-reviewed scientific publications (8.4.2) | > 35 | > 125 |
| Number of scientific publications with an impact factor (IF) over 10 (8.4.2) | | > 17 |
| Number of scientific publications with an impact factor (IF) between 5 and 10 (8.4.2) | | > 50 |
| Number of studies active - currently open for patient accrual (8.5.1 - Subtotal for Designation (A)) | > 20 | > 75 |
| Do the above studies include Phase I trials? | | Yes |
| The total number of patients recruited to prospective interventional clinical trials in the index year as a percentage of patients newly treated in the cancer centre/institute** | | > 10% |

Preliminary designation: OEI Cancer Centre / OEI Comprehensive Cancer Centre

To be designated as an OEI CCC the Centre/Institute needs to fulfil all the General Criteria and 4 out of 6 Research Criteria (at least 2 for publications and 2 for trials).

The numbers in bold should normally be fulfilled. Taking the extra research criteria in the round, centres/institutes with a low percentage of patient accrual to clinical trials are unlikely to be designated as an OEI Comprehensive Cancer Centre.

- * Purchasing power parity measure (PPP) will be used to calculate the budget for cancer care and research (1.1.5).
- ** The Definition should be changed into:
The number of patients with a cancer diagnosis included in prospective Phase 1, 2 and 3 clinical trials containing one or more interventions in diagnosis, treatment, follow-up or rehabilitation. Interventional means that the study contains one or more defined actions aiming to improve diagnosis, care or outcome. Studies may be single arm or multi-arm.
Patients included in clinical quality or registry studies are excluded from the Designation percentage. Participants in cohort-based observational biomarker-driven studies are NOT included in the number forming the percentage for Designation. We do ask for the data of cohort-based observational studies (see question 8.5.1.4), provided that they concern studies with a formal PI role from the centre, and approved by scientific and ethical review committees

Source: Organisation of European Cancer Institutes. (2019) Accreditation and Designation User Manual V. 3.2. Accessed at: https://www.oeci.eu/Attachments/OEI_AD_MANUAL_3_2_2022.pdf on 18 Aug 2025.¹

¹ The Organisation of European Cancer Institutes, Accreditation and Designation User Manual 4.0 is currently in its final stages of design. <https://accreditation.oeci.eu/the-ad-programme/#ad-manual>

7.4 OECI Clinical Research Activity indicators

The following is a place holder for capturing the OECI Clinical Research Activity indicators.

7.4.1 Research output: Peer reviewed publications

The following information will present publication data from the **calendar year 2025**, for the Velindre Cancer Service. This information will be compiled by the Velindre University NHS Trust's Library Service.

| YEAR | 2025 |
|--|--------------------------------------|
| Indicator | Total (in the year specified) |
| Number of international peer-reviewed publications (in the year specified) with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust. | |
| Total Number of international peer-reviewed publications per year (in the year specified) for Velindre Cancer Services, Velindre University NHS Trust. | |
| Number of publications with impact factor 5-10 with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust. | |
| Total number of publications with impact factor 5-10 from Velindre Cancer Services, Velindre University NHS Trust. | |
| Number of publications with impact factor >10 with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust. | |
| Total number of publications with impact factor >10 from Velindre Cancer Services, Velindre University NHS Trust. | |
| Impact factor cumulative | |

7.4.2 Clinical Research Activity

7.4.2.1 Clinical Trials

| Indicator | | FY2025/26 Q1 | FY2025/26 Q2 | FY2025/26 Q3 | FY2025/26 Q4 | FY2025/26 Cumulative Total |
|--|---|-----------------|-----------------|-----------------|-----------------|----------------------------------|
| Activity | | | | | | |
| | Total number of accruing multi-centre trials with international participation at Velindre University NHS Trust. | | | | | |
| | Total number of multi-centre trials with Principal Investigator (co-ordinating) from Velindre University NHS Trust. | | | | | |
| | Number of new investigator-initiated multi-centre trials started in the year with PI co-ordination from Velindre University NHS Trust. | | | | | |
| | Number of accruing prospective studies sponsored by industry. | | | | | |
| | Number of accruing prospective studies academically initiated. | | | | | |
| | Total number of trials in follow up (closed to recruitment). | | | | | |
| Number of Accruing Studies | | | | | | |
| Prospective interventional trials | Phase I and Phase IIa trials. | | | | | |
| | Phase IIb trials. | | | | | |
| | Phase III trials. | | | | | |
| | Subtotal for Designation (A). | | | | | |
| | Observational or cohort studies testing with biomarker-based patient selection (see definition). | | | | | |
| Other trials | Phase IV "real life" trials. | | | | | |
| | Retrospective registry or quality studies. | | | | | |
| | Other studies (e.g. population or GWAS studies). | | | | | |
| | Grand total | | | | | |
| Number of patients included in the year | | | | | | |
| Prospective interventional trials | Phase I and Phase IIa trials. | | | | | |
| | Phase IIb trials. | | | | | |
| | Phase III trials. | | | | | |

| Indicator | | FY2025/26 Q1 | FY2025/26 Q2 | FY2025/26 Q3 | FY2025/26 Q4 | FY2025/26 Cumulative Total |
|--------------|---|-----------------|-----------------|-----------------|-----------------|----------------------------------|
| | Subtotal for Designation (A). | | | | | |
| | Observational or cohort studies testing with biomarker-based patient selection (see definition). | | | | | |
| Other trials | Phase IV "real life" trials. | | | | | |
| | Retrospective registry or quality studies. | | | | | |
| | Other studies (e.g. population or GWAS studies). | | | | | |
| | Grand total | | | | | |
| | Percentage of newly-treated patients included in prospective interventional clinical trials in index year (A) / Cancer patients newly treated in the index year. | | | | | |

| Definitions | |
|--|---|
| Accrual into prospective interventional clinical trials. | <p>The number of patients with a cancer diagnosis included in prospective Phase 1, 2 and 3 clinical trials containing one or more interventions in diagnosis, treatment, follow-up or rehabilitation. Interventional means that the study contains one or more defined actions aiming to improve diagnosis, care or outcome. Studies may be single arm or multi-arm.</p> <p>Patients included in clinical quality or registry studies are excluded from the Designation percentage.</p> <p>Participants in cohort-based observational biomarker-driven studies are NOT included in the number forming the percentage for Designation. We do ask for the data of cohort-based observational studies, provided that they concern studies with a formal PI role from the centre, and approved by scientific and ethical review committees.</p> |
| Percentage of patients included into clinical trials. | Number of included patients as defined above as a percentage of number of newly treated cancer patients in the index year. |
| Cancer patients newly treated in the index year. | <p>The number of patients with a diagnosis of cancer who are treated for the first time in the cancer centre/institute in the index year for a particular cancer, regardless of the date and place of the initial diagnosis.</p> <p>Treated means that the patient has gone through cancer directed treatment, regardless of type.</p> |

| | |
|--------------------|---|
| Definitions | |
| | <p>Newly treated means the patient has never been treated before in the cancer centre/institute for the same cancer. According to this definition: a patient with a new (second or subsequent) cancer should be counted again; but a patient with a recurrent disease previously treated in the centre/institute should not be counted.</p> <p>The number of patients is counted, not the number of visits.</p> |

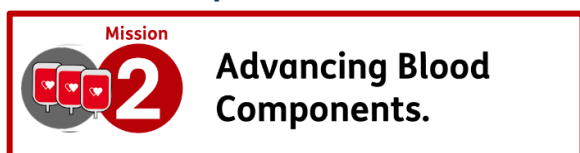
7.4.2.2 *Clinical Trials Unit*

| YEAR | FY2025/26 |
|--|--------------------------------------|
| Indicator | Total (in the year specified) |
| Total FTE [Full Time Equivalent] of study nurses. | |
| Total FTE [Full Time Equivalent] of study co-ordinators. | |
| Total FTE [Full Time Equivalent] of bioinformaticians and statisticians. | |
| Other (please specify in notes) Please specify FTE [Full Time Equivalent]. | |

The Trust will maximise the Research & Development ambitions of the Welsh Blood Service.

8 Welsh Blood Service Research.

8.1 A Quadruple Publication Success.



The Welsh Blood Service has achieved a major milestone with four studies published in a single issue of **Vox Sanguinis**, one of the world's leading journals in transfusion medicine.

This outstanding result reflects the Service's commitment to advancing scientific knowledge, driving innovation, and improving patient care across Wales and beyond.

The four publications are



♥ **Enhanced O₂ availability in platelet concentrates stored for neonatal transfusion is independent of agitation: Evidence from direct oximetry and Fickian diffusion modelling**

Dean Pym, Oleg Grinberg, Amanda J. Davies, Jessica O. Williams, **Christine Saunders**, **Chloë George**, Philip E. James

Reporting that when using reduced-volume storage bags the oxygen level inside the bag remains better than expected and, crucially, the level doesn't drop even if the bag isn't shaken. In real world practice, this means that neonatal transfusions may become safer and more efficient.

This work was led by **Dean Pym**, whose achievements were highlighted in our last quarter report. We are thrilled to report that Dean recently completed his doctoral studentship and, in November, successfully passed his PhD viva at Cardiff Metropolitan University. His PhD was funded by the Welsh Blood Service. Dean has since entered the NHS workforce as a Trainee Clinical Scientist at Cardiff and Vale University Health Board.



♥ **Impact of a rapid blood warmer on the quality and function of cold-stored platelets**

Sarah Goatson, **Jamie Nash**, **Christine Saunders**, **Nicola Pearce**, **Edward J. Sayers**, David Rawlinson, Christopher Hingston, Thomas Scorer, **Chloë George**

This looked at how feasible it is to use cold-stored platelets in urgent trauma or pre-hospital situations, and whether warming them rapidly harms their quality. They found that when using a rapid-blood-warmer, the platelets remained essentially the same as with standard equipment.

♥ **Three buffy coat platelet concentrates: Use of data modelling to make more with less**

Michael Cahillane, Nicola Pearce, Christine Saunders, Nicole Polidano,
Stephanie O'Brien, **Laura Paletto**, Thomas Scorer, **Chloë George**

This looked at if we could produce platelet units more efficiently. Statistical modelling estimated how many platelet units can be made if we switched to using three buffy coats instead of four. The findings suggest that using three could increase supply by about 30-40%.

♥ **Exploring tricine as a novel red cell cryopresevative: Lessons and future directions**

Thomas Bailey- Schmidt, Christine Saunders, Chloe George, Thomas S Scorer,
Lynn McCallum, Tracey Madgett

This study investigates whether the chemical tricine could be used instead of glycerol for cryopreserving red blood cells. Thomas found that tricine was safe (biocompatible) however it did not perform well. Even though this particular approach didn't work, it highlights how promising ideas need to be tested.

The publication was led by **Thomas Bailey-Schmidt**, whose currently undertaking a doctoral studentship with the University of Plymouth, funded by the Welsh Blood Service.

Pictured here, from left to right, are **Sarah Goatson, Michael Cahillane, Laura Paletto**, and **Edward Leech-Sayers**, receiving their celebratory Publication Mug.



8.2 Additional achievement from Component Development and Research Laboratory

Also an achievement made from Jamie Nash's publication

♥ **“Quantitative increases of extracellular vesicles in prolonged cold storage of platelets increases the potential to enhance fibrin clot formation”.**

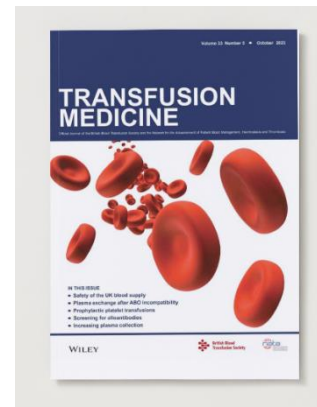
Jamie's work was in the 2023's **Top 10 Most Cited** article of **Transfusion Medicine** journal.

This study looked at how blood platelets behave when stored at cold temperatures versus room temperature and suggests that cold-stored platelets might be better at stopping bleeding for someone receiving a transfusion.



When discussing the achievement, Dr Jamie Nash, said:

“It is great to see the real impact of the work carried out within the CDR laboratory and the Welsh Blood Service. I am grateful for all the support offered by Christine [Saunders] and Chloe [George], and excited to see how our work shapes the transfusion field.”



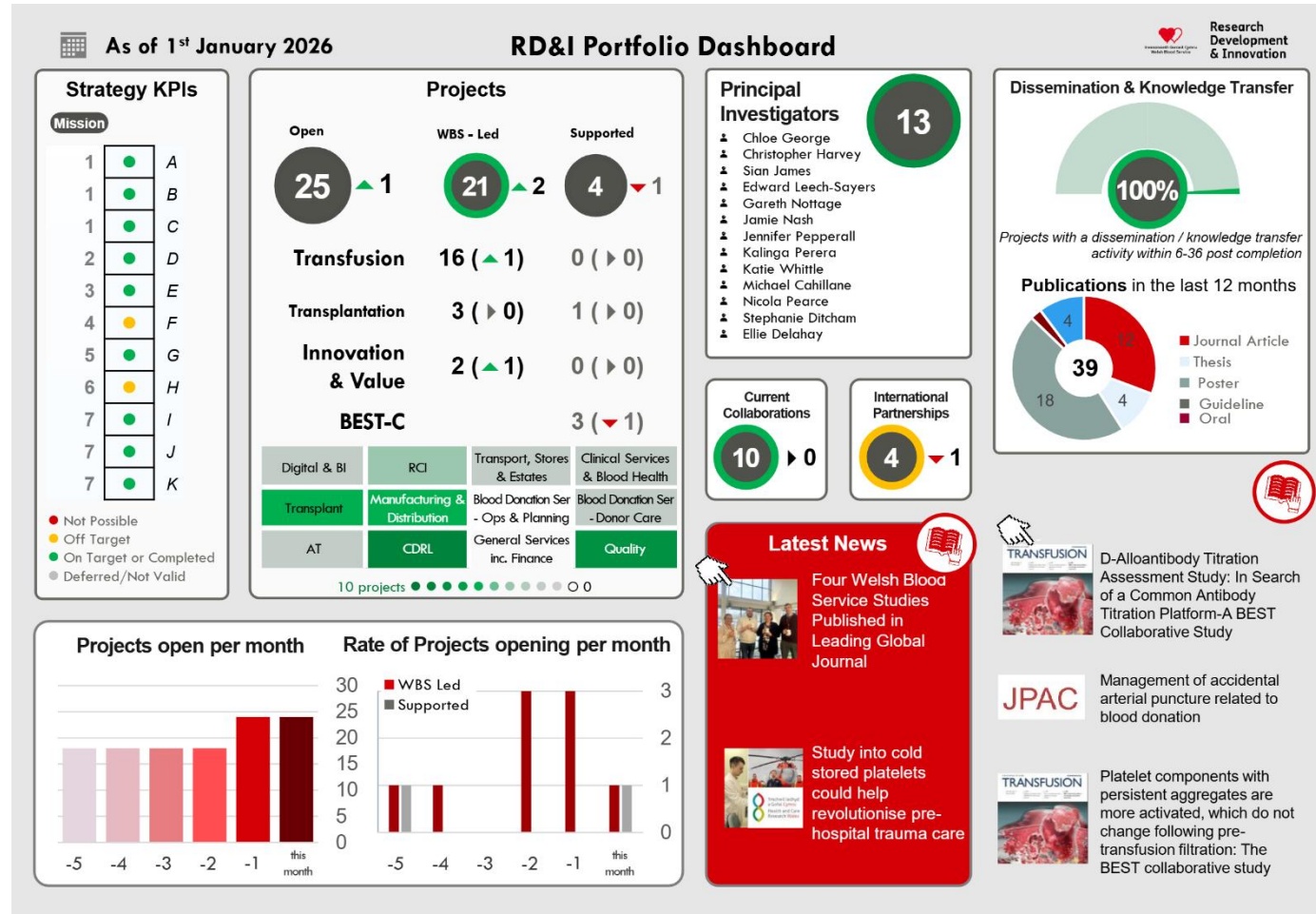
When asked about these accomplishments, **Dr Chloë George**, Head of Component Development said,

“I feel immensely proud to see the Welsh Blood Service's contribution to this special Blood Components edition of Vox Sanguinis, with four articles published in a single issue! The Component Development & Research Laboratory was launched as a completely new function at WBS only four years ago, and it is a testament to the dedication of our team and the support of the Senior Leadership Team that we have progressed so far, so quickly.

“This achievement is also a celebration of the high-quality education and culture within WBS. Two of the publications were authored by our PhD students, Dean and Tom, and another by Sarah, who completed her MSc project with us.”

“Publishing is important for many reasons: it advances knowledge and provides evidence upon which we can practise, enhances the credibility of the Welsh Blood Service as a research-led organisation, fosters collaboration with others bringing different perspectives, and encourages critical thinking.

9 Welsh Blood Service Research Performance Indicators.



9.1 Open projects portfolio.

| Project Name | WBS Project ID | Strategic Mission Link | WBS PI | Level of Involvement |
|--|----------------|------------------------|---------------------|---------------------------|
| Determining the Optimal Transfusion Strategy for Red Cell–Plasma Components and Cold-Stored Platelets Administered via Rapid Blood Warmers | 225 | Transfusion | Jamie Nash | WBS RD&I |
| Service Support of Provision of Blood donor samples for Public Health Wales's Surveillance of Immunity in Wales The 2025 – 2026 Season | 224 | Innovation and Value | Sian James | Service Support of others |
| Proof-of-Concept for Establishing an Extracellular Vesicle Baseline | 223 | Transfusion | Ellie Delahay | WBS RD&I |
| Introduction of NHSBT enzyme-treated red cell panels to Red Cell Immunohematology | 222 | Transfusion | Gareth Nottage | WBS RD&I |
| Development of Endothelialised Microfluidics for the Assessment of Platelet Products | 221 | Transfusion | Edward Leech Sayers | WBS RD&I |
| Investigation of Platelet Activation Receptors by Immunofluorescence Microscopy | 220 | Transfusion | Edward Leech Sayers | WBS RD&I |
| Platelet derived extracellular vesicles as a novel haemostatic component – Pilot Study | 219 | Transfusion | Jamie Nash | WBS RD&I |
| Pilot Evaluation of a Strategy to Improve On-Shelf Availability of HPA-1a/5b Negative Platelets in Wales through Genotyping of Registered Stem Cell Donors | 216 | Innovation and Value | Kalinga Perera | WBS RD&I |
| Service Support of BiVISTA Study at Cardiff and Vale UHB | 213 | Transplant | Jennifer Pepperall | Service Support of others |
| Investigation of Platelet Function by Microfluidics on 21-Day Cold Stored Buffy Coat Derived Platelet Concentrates | 211 | Transfusion | Chloe George | WBS RD&I |
| Data insights on Intraoperative Cell Salvage - Cardiff University partnership | 208 | Transfusion | Stephanie Ditcham | WBS RD&I |
| A study of T-cell Antigen Recognition and function in blood cancer and stem cell Transplant patients to inform future therapeutic development (TARGET) | 206 | Transplant | Christopher Harvey | NHS Research |
| Impact of cold temperature storage on bacterial growth in cold stored platelets. | 205 | Transfusion | Nicola Pearce | WBS RD&I |

| Project Name | WBS Project ID | Strategic Mission Link | WBS PI | Level of Involvement |
|--|----------------|------------------------|-------------------|----------------------|
| Development of an effective cryopreservation for long-term preservation of rare red cells. | 200 | Transfusion | Chloe George | WBS RD&I |
| Evaluation of Albumin as a Cryoprotectant for the Long-term Storage of RBC Units | 199 | Transfusion | Chloe George | WBS RD&I |
| Human Platelet Lysate Scientific | 195 | Transfusion | Michael Cahillane | WBS RD&I |
| Phase 0 Evaluation of non-DEHP Red Cell Storage Packs | 194 | Transfusion | Chloe George | WBS RD&I |
| Novel Cryoprotectants for Advancing Long-term Red Blood Cell and Platelet Storage | 192 | Transfusion | Chloe George | WBS RD&I |
| Methodology Evaluation for Measuring Regulatory Cells in Kidney Transplant Recipients | 178 | Transplant | Deborah Pritchard | WBS RD&I |
| Understanding and Investigating White Particulate Matter (WPM) | 175 | Transfusion | Michael Cahillane | WBS RD&I |

9.2 The support of the Biomedical Excellence for Safer Transfusion (BEST) Collaborative.

| Project Name | WBS Project ID | Mission Link |
|--|----------------|--------------|
| BEST-C 189 HARP Study: HLA Antibodies with Refractory Patients | 215 | Transfusion |
| BEST-C 183 Does Lipaemia Cause Red Cell Haemolysis? (DOLCE) | 193 | Transfusion |
| BEST-C 171 Service Support for Collaborative Haemolysis Standardization study | 186 | Transfusion |

9.3 Key Performance Indicators of the Welsh Blood Service RD&I Strategy.

These metrics reflect the implementation of the new RD&I strategy. These KPIs are integrated into the organisation's reporting framework for planning and performance.

| | |
|---|------------------------|
| ✓ | KPI On track |
| ⚠ | KPI requires attention |

| | | A | M | J | J | A | S | O | N | D | J | F | M |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mission 1 – Improving Patient and Donor Care | | | | | | | | | | | | | |
| Number of WBS Led RD&I Projects | Sustain at least 10 open | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Number of researchers | Sustain at least 10 annually | ✓ | ✓ | ⚠ | ⚠ | ⚠ | ⚠ | ⚠ | ✓ | ✓ | | | |
| Percentage of WBS Departments involved in RD&I Projects | Ensure at least 80% of departments participate in RD&I activities previous year to date | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Mission 2 – Advancing Blood Components | | | | | | | | | | | | | |
| Number of Transfusion Research Projects Initiated | Sustain at least 4 open | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Mission 3 – Leading Transplant Research in Wales | | | | | | | | | | | | | |
| Number of Transplant Research Projects Initiated | Sustain at least 2 open | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |

| | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|--|--|--|
| Mission 4 - Use Innovation and Value Based Healthcare to Improve our Services and Performance | | | | | | | | | | | | | |
| Number of innovation Projects Successfully Implemented | Implement at least 5 new projects in the previous year to date | ⚠ | ⚠ | ⚠ | ⚠ | ⚠ | ⚠ | ⚠ | ⚠ | ⚠ | | | |
| Mission 5 – Use Collaboration to Sustain our RD&I | | | | | | | | | | | | | |
| Number of Collaborative Partnerships in RD&I | At least 8 projects per year that involve external party / collaborator (projects either ongoing or successfully completed) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Mission 6 – Serve the People of Wales by supporting international initiatives | | | | | | | | | | | | | |
| Number of international projects participated in | Participate in at least 5 international projects each year | ⚠ | ⚠ | ⚠ | ⚠ | ✓ | ✓ | ✓ | ✓ | ⚠ | | | |

| Mission 7 – Enhance the Impact of RD&I and Celebrate Success | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|--|--|--|
| Number of research papers published | Publish at least 10 papers | ✓ | ⚠ | ⚠ | ⚠ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| The PI must describe a suitable dissemination / knowledge transfer activity | 100% WBS Led projects must demonstrate how they achieved some type of dissemination activity | ⚠ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Number of presentations at conferences (the WBS FMF KPI) | Present at 5 Conferences per year | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |

9.4 WBS RD&I Key Performance Indicator [KPI] Narrative

Number of Innovation Projects Successfully Implemented

Progress is being made in implementing the newly defined Innovation and Value Workstream. As a result, the number of active innovation projects has increased from zero to two. This is expected to grow to five projects as the workstream becomes fully established.

Number of International Projects Participated In

This KPI is currently rated amber, as participation has decreased from the target of five international projects to four. This is expected to be addressed through Welsh Blood Service representation at the BEST Collaborative meeting in April, where potential RD&I opportunities will be identified and captured


STRATEGIC PRIORITY 3

The Trust will implement the Velindre Innovation Plan.

10 Velindre Innovation Service.



10.1 Programmes.



Q3 2025/26 - Innovation Activity Overview

Innovation Highlight Programmes (Active)

| | |
|--|--|
| Collaborative Centre for Learning, Research, and Innovation | Small Award Scheme |
| <p>A facilitated Amazon Web Services workshop brought together over 30 leaders from across Velindre University NHS Trust, providing external validation and multidisciplinary insight to support the development of the Collaborative Centre. The session strengthened clarity around purpose, emphasised patient and donor value, and highlighted the importance of staff experience, structured idea-capture mechanisms, and a clearly defined operating model.</p> <p>Key Points</p> <ul style="list-style-type: none"> The session focused on defining the core non-physical elements required to maximise the value, impact and future sustainability of the Centre. Customer intimacy emerged as the dominant value discipline, highlighting the need for clearer definition of the Centre's purpose, USP, and operating model. The workshop emphasised the importance of structured idea-capture processes (e.g., Bright Ideas platform) and validated the role of the Collaboration/Leadership Lab in supporting collaboration and agile delivery. Executive Summary report being prepared in Q3 for dissemination in Q4. | <ul style="list-style-type: none"> Two funded projects have now commenced in Q3, marking continued progress in delivering innovation across the programme. Three additional project applications are currently under review, with outcomes expected in due course. The Small Award Scheme will be launched Trust-wide via the Bright Ideas platform in Q4. |
| | Bright Ideas |
| | <ul style="list-style-type: none"> The second innovation challenge, launched in August 2025 with the Velindre Cancer Centre Psychology Team, has now closed. All submitted ideas have been reviewed and grouped into three priority areas for further exploration. Work is currently underway across each of the three identified areas. Challenge Three is scheduled for launch in March 2025 in collaboration with the Therapies Team. |
| | Advancing Radiotherapy Cymru (ARC) |
| | <p>Continuing to run successfully as an all-Wales initiative, with the innovation team refining processes for governance and applications to ensure efficient and effective oversight. There are currently 143 approved projects, with a balanced portfolio against the programme strategic objectives. An all-Wales partnership event is being planned in Q4 to officially launch the programme and present progress so far.</p> |

| | | | | | | |
|-----------|-------------------|---------|-----------|-----------|-------|-------|
| Dashboard | Programmes | Funding | Education | Promotion | Goals | Risks |
|-----------|-------------------|---------|-----------|-----------|-------|-------|




Q3 2025/26 - Innovation Activity Overview

Innovation Highlight Programmes (Active) - (continued)

| Advanced Radiotherapy Fund (ARF) | Other Innovation |
|--|--|
| <p>The EdgeVcc automated radiotherapy planning project funded through the Advanced Radiotherapy Fund has been recognised nationally, winning the MediWales Technology and Digital Impact Award. The award highlights the significant impact of the system, which automates key elements of radiotherapy planning, reduces variation, improves efficiency, and enhances plan quality for patients. The achievement reflects the strength of Velindre's partnership with Cardiff University and the growing national adoption of the technology, demonstrating how ARF-supported innovation is delivering measurable improvements in cancer care across Wales.</p>  | <p>Project Dragon's Heart</p> <ul style="list-style-type: none"> Part of the UKRI/SBRI Future Flight programme developing autonomous medical delivery drones for urgent supplies in Wales. Demonstrations planned for early 2026. Current work: autonomous flight, radar, operational workflows. Partners: Welsh Blood Service and Welsh Ambulance Service. Target: Prototype test service from Talbot Green by 2027. <p>ISO 56001</p> <p>Significant progress has been achieved in advancing Velindre's alignment with the International Standard for Innovation, ISO 56001. The Innovation Team has progressed beyond the pre-assessment stage and is now preparing for the Stage 1 and Stage 2 external certification audits, scheduled for January and February 2026. To strengthen organisational capability and ensure readiness for ongoing conformity, internal auditor training has been scheduled for Q4. This activity will support the development of a competent internal audit function, enabling systematic evaluation of the Innovation Management System (IMS) and ensuring continuous improvement in line with ISO 56001 requirements. Collectively, this programme of work reflects Velindre's commitment to establishing a structured, consistent, and auditable approach to innovation management, thereby enhancing organisational reliability, transparency, and alignment of innovation activity with strategic priorities.</p> |

Dashboard
Programmes (cont..)
Funding
Education
Promotion
Goals
Risks

10.2 Funding.

Q3 2025/26 - Innovation Activity Overview


Funding

RIC Hub
Funding for 2026/27 is currently under review and will be confirmed in Q4.

Collaborative Centre – Resource Planning
The approach and resource requirement for the collaborative Centre workstreams is under review at executive level, and an update will be provided in Q4.

Welsh Clinical Leadership Fellow (WCLF)
The Fellow continues to lead benchmarking and foundational innovation work for the Collaborative Centre, facilitating workshops and engaging with external partners to gather insights that will help shape the Centre's optimal use for both staff and patients.


Sustainability Projects
Collaborative discussions took place in Q2 with the Sustainability Lead at Velindre Trust and leads at Cwm Taf Morgannwg to explore the feasibility of funding applications that would support the sustainability and innovation programme of work. Further actions and follow-up activity are planned for Q4 to progress opportunities identified during initial engagement.

Bevan Commission Exemplar Project
Velindre's specialist community AHP neuro-oncology pilot is addressing significant gaps in rehabilitation and supportive care for patients with CNS tumours by providing specialist OT and physiotherapy support in the community, with 10 referrals to date, six accepted, and early home-visit interventions showing strong benefits in falls prevention, pathway efficiency, and identification of wider unmet needs; governance processes are complete, patient feedback is highly positive, outcome analysis is underway, and the project will be presented at the Senedd in January 2026.

Innovation Portfolio – Funding Exploration
Work is ongoing to enhance organisational capacity and capability for innovation through the identification and pursuit of alternative funding sources. This includes systematic exploration of diversified funding streams, structured assessment of external grant opportunities, and proactive engagement with cross-sector partners. These actions are intended to ensure the sustainability and planned expansion of the innovation portfolio in alignment with organisational strategic priorities.


Dashboard
Programmes
Funding
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10.3 Education.




Q3 2025/26 - Innovation Activity Overview


Education and Training




Induction Training – Innovation has been embedded within the Trust’s Croeso induction programme. In Q3, 68 staff completed the induction, and a post-induction feedback process has been established. Innovation will continue delivering the sessions as a sustained, ongoing commitment.




ISO56001 Training – Velindre Innovation Team is co-ordinating and participating in the national ISO 56000/56001 Welsh Government led Innovation Management training (Amplify) (Q3/4), building innovation capability across NHS Wales. The blended programme introduces the ISO 56000 family of standards—focusing on ISO 56001—and equips staff to implement a systematic innovation management system. The first online session was completed in December 2025 with the remaining online and in-person sessions to be completed in January 2026.



Innovation Masters / PGCert Module – work continues on the Innovation in Healthcare Master’s module, a Level 7 postgraduate programme designed to equip healthcare professionals with the skills and confidence to lead innovation projects that enhance patient outcomes, staff experience, and organisational efficiency. The module combines structured learning with practical application and aligns with the Welsh Government Innovation Framework and Value-Based Healthcare principles, ensuring robust governance and measurable impact. Work is ongoing to explore further alignment with ILA infrastructure and potential opportunities.



Embedding Innovation in OD – engagement with Workforce and OD continues to progress to incorporate innovation throughout the recruitment process including job descriptions and the Manager’s Toolkit.



ESR Innovation Training – this training is available to all Trust and NHS staff. Uptake is tracked monthly to monitor progress. Engagement activity continues to raise awareness and encourage wider participation.

- In Q3, 7 Velindre Trust staff completed the module, bringing the Trust total to 39 completions.
- Across all NHS and Trust staff, the total number of completions is 100.

Dashboard

Programmes

Funding

Education

Promotion

Goals

Risks

10.4 Promotion.

Q3 2025/26 - Innovation Activity Overview

| Promotion and Publications | | | |
|----------------------------|--|---------------------|--|
| Category | Activity / Event | Frequency / Details | Notes / Links |
| Promotion | RIC Hub Network Meeting | Quarterly | These meetings are a collaborative platform for sharing progress, challenges, and best practices across regional innovation hubs. |
| Promotion | NHS Wales Innovation Leads Group Meeting | Bi-weekly | A regular forum for innovation leads across NHS Wales to exchange ideas, align strategic priorities and monitor innovation outcomes. |
| Promotion | Engagement Meetings with Industry Partners | Ongoing | Collaborations in medical drones, biotech innovation, and simulation technologies focused on technology integration, empowerment, and patient centred excellence. |
| Promotion | ARC Funding Application Call (Radiotherapy Projects) | Ongoing | Supports projects improving cancer treatment across Wales. ARC funding call. |
| Promotion | Innovation Team Continues to Champion Velindre Charity | One-off – Oct 25 | Update of all the fundraising activities the Innovation Team has been involved in including Castle 2 Castle Run and Gavin and Stacey Victory Over Cancer Walk |
| Promotion | Dragon's Heart Initiative | One-off – Nov 25 | Welsh Blood Service welcomes new UKRI/SBRI funded Dragon's Heart drone initiative to transform medical transport across Wales. |
| Promotion | NHS Clinical Entrepreneur Programme (CEP) | One-off – Nov 25 | Announcement that applications for the NHS Clinical Entrepreneur Programme (CEP) 2025 are open and to contact Velindre Innovation to co-ordinate applications. |
| Promotion | MediWales Innovation Awards | One-off – Dec 25 | Velindre Cancer Service colleagues have been recognised for their outstanding contributions to healthcare innovation at last week's MediWales Innovation Awards |
| Promotion | Cold Stored Platelets Project | One-off – Dec 25 | Small Award Scheme Project – group from the project visited the Air Ambulance base in Dafen, Llanelli, to understand how pre-hospital platelets could be delivered safely and effectively in real clinical conditions. |
| Publication | Innovation Newsletter – Winter Edition | One-off – Dec 25 | First edition of the Innovation Newsletter distributed on the Intranet. Innovation Newsletter - Winter Edition |


Navigation: Dashboard | Programmes | Funding | Education | **Promotion** | Goals | Risks

10.5 Goals.

| Q3 2025/26 - Innovation Activity Overview | | | | |
|---|----|----|----|----|
| Short-Medium Term Goals | | | | |
| Activity | Q1 | Q2 | Q3 | Q4 |
| Continue induction training & promotion of innovation | ✓ | ✓ | ✓ | ✓ |
| Gather case study content to showcase progress | ✓ | ✓ | ✓ | ✓ |
| Funding sustainability | ✓ | ✓ | ✓ | ✓ |
| Confirm Bright Ideas challenge 3 with relevant department | | | | ✓ |
| Update website for accessibility & Welsh language | | | | ✓ |
| Participate in ISO56001 Amplify training | | | ✓ | ✓ |
| Implement ISO56001 system & plan external verification | | | ✓ | ✓ |
| Train auditors in ISO system | | | | ✓ |
| Accreditation of Innovation Masters Module | | | | ✓ |
| Develop CCFLRI project plan & resource requirements | | | | ✓ |
| Develop a work programme to meet OECl innovation requirements | | ✓ | ✓ | |

- Dashboard
- Programmes
- Funding
- Education
- Promotion
- Goals
- Risks

10.6 Risks.



Q3 2025/26 - Innovation Activity Overview

Risk Register

| Risk | Comment | RAG | Mitigation |
|--------------------|--|--------|---|
| Finance | Without continued Welsh Government RIIC funding beyond 2026, the innovation team will face a significant shortfall in revenue, jeopardising staffing and limiting the Trust's capacity to deliver innovation activities. | Yellow | Innovation award fund is being developed through an application to the Velindre Charity, providing resources for staff to engage in innovation activity and projects across the Trust. Confirmation of continued RIIC funding for 2026/27 is expected from the Welsh Government in Q4. |
| Finance | Charity funding for Project Manager is at risk the innovation department will be unable to continue to fund the post. Limited availability and access to financial support resource can lead to untimely and inaccurate reporting, which impacts project timelines and decisions. | Red | <ul style="list-style-type: none"> Alternative sources of funding are being sought through grants or charitable funds e.g. Moondance / CCFLRI SBAR to include funding for Project Manager. |
| Recruitment | The Innovation team is currently operating near capacity, with no vacancies and limited ability to take on additional projects or programmes. | Yellow | Recruitment options are being explored to expand delivery capability. This includes identifying suitable external funding sources and engaging with industry partners and third sector organisations to support future programme growth. |
| Governance | Timely expedition of project ideas/projects due to unclear governance /contracting process. | Yellow | The Innovation MDT has been established, though a standardised contract template is not yet in place. |

Dashboard
Programmes
Funding
Education
Promotion
Goals
Risks

STRATEGIC PRIORITY 4

The Trust will maximise collaborative opportunities locally, nationally, and internationally.

11 Velindre University NHS Trust Sponsored Research Performance Indicators.

The Trust sponsors research studies taking on the responsibility for the initiation, management, and financing (or arranging the financing) of those research studies.

11.1 VUNHST sponsored studies.

The Research Service has continued to provide support to NHS Wales Shared Services Partnership (NWSSP), primarily within ophthalmology, to facilitate research activity and advise on data-sharing requirements.

During the reporting period, Velindre has acted as sponsor for two ophthalmology-related studies involving mandatory questionnaires exploring clinical approaches to smoking cessation and the identification and management of depression among patient groups. This work has also highlighted capacity pressures, with current support arrangements impacting the timely review and facilitation of data sharing for a Cardiff University-led research project.

In parallel, Velindre's Research Services has been invited to contribute to the emerging research of the Centre for Vision Services at Cardiff University, where NWSSP is expected to play a role in shaping future research projects. Initial meetings have taken place to clarify the Centre's remit and to set out Velindre's contractual, information governance, and sponsorship requirements to enable appropriate data sharing and participation in Trust-sponsored and collaborative research activity going forward.

11.2 VUNHST Sponsored studies metrics.

The following information shows the performance indicators for the Trust's sponsored studies

| | FY2024/25 | | | |
|---|-----------|-----|----------|----|
| | Q1 | Q2 | Q3 | Q4 |
| Number of New Projects Sponsored | 0 | 1 | 2 | |
| Number of Studies Opened | 1 | 0 | 1 | |
| Scope of Studies Opened | National | N/A | National | |
| Number of Sites Opened | 1 | 0 | 2 | |
| Number of Publications | 0 | 0 | 1 | |
| Number of Abstracts | 0 | 0 | 0 | |
| Number of Articles | 1 | 0 | 0 | |
| Recruitment | 1 | 2 | 7 | |

11.3 VUNHST sponsored studies publications

The publications resulting from VUNHST sponsored studies during Quarter 3 of Financial Year 2025/26 are as follows:

| Conference / Journal / Website | Submitted by | Outcome | Title |
|--------------------------------|---|-----------|--|
| PATHOS | | | |
| British Journal of Cancer | Evans, M. Hurt, C. Rhys, R. Mahajan, A. McQueen, A. Dixon, J. Robinson, M. Robinson, N. Hunter, K. Christian, A. Jones, A. Queiroz, A. Huang, S. H. O'Sullivan, B. Canham, J. Heiberg, C. Jones, T. | Published | Correlation between imaging-detected and pathological extranodal extension in a randomised trial in Human Papillomavirus-positive oropharyngeal cancer. https://doi.org/10.1038/s41416-025-03291-z 27 November 2025 |

CROSS-CUTTING THEMES

12 Cross-cutting themes: progress.

| Cross-cutting themes across Strategic Priorities 1 to 4 | | FY2025/26 | | | | FY2026/27 | | | | FY2027/28 | | | | Progress / Comments |
|--|---|-----------|----|----|----|-----------|----|----|----|-----------|----|----|----|---|
| Cross cutting theme | Objective & Expected benefit | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | |
| Research workforce development / training | <p>Continue to develop and implement an RD&Trials training programme to that aligns to the forthcoming implementation in April 2026, of the:</p> <ul style="list-style-type: none"> - The Medicines for Human Use (Clinical Trials) Regulations 2024. - ICH Good Clinical Practice E6(R3) guidelines. <p>ensuring that all sponsored and hosted clinical trials are conducted to the highest standards of patient safety, data integrity, and regulatory readiness.</p> <p>This should draw on as appropriate:</p> <ol style="list-style-type: none"> (1) Trust-developed internal training. (2) Health and Care Research Wales training. (3) Training from specialist non-commercial and commercial providers <p>Expected benefit: Increased capability and confidence across Trust staff to develop, set up, deliver and manage clinical trials/research studies.</p> | | | | x | | | | | | | | | <p>Foundational work is underway, including detailed mapping of training requirements against the UK <i>Medicines for Human Use (Clinical Trials) Regulations 2024</i> and <i>ICH E6(R3)</i>.</p> <p>Preparatory activity has commenced to review and consolidate existing internal training provision and to identify and prioritise relevant external programmes (including Health and Care Research Wales and commercial providers).</p> <p>A benchmarking visit to The Clatterbridge Cancer Centre, undertaken in November 2025, has provided practical, evidence-based insight into the design and delivery of a mature clinical research training model. Learning from this visit is being used to inform programme structure, content prioritisation, and implementation planning during Q4 of FY2025/26, ahead of April 2026.</p> |
| Investment in Research Delivery & Governance team infrastructure development | Strengthen staffing capacity and capability within the Research Delivery & Governance teams to support delivery of complex and high-volume clinical trial portfolios, ensuring timely set-up, delivery, and | X | X | X | X | | | | | | | | | Progress during FY25/26 has been constrained by dependency on parallel funding and workforce workstreams. However, baseline workforce mapping and capability analysis have been completed, and priority roles for strengthening capacity in both research |

| Cross-cutting themes across Strategic Priorities 1 to 4 | | | | | | | | | | | | | | |
|---|---|-----------|----|----|----|-----------|----|----|----|-----------|----|----|----|---|
| Cross cutting theme | Objective & Expected benefit | FY2025/26 | | | | FY2026/27 | | | | FY2027/28 | | | | Progress / Comments |
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | |
| | <p>regulatory compliance.</p> <p>Expected benefit: Improved study initiation timelines, sustained recruitment performance, and enhanced regulatory readiness.</p> | | | | | | | | | | | | | <p>delivery and research governance functions have been identified.</p> <p>This position the Trust to progress once funding decisions are finalised.</p> <p>Engagement with partners, including benchmarking with Clatterbridge, is expected to shape future team structure and skills requirements.</p> |
| Digital infrastructure development and enablement | <p>Develop and implement digital systems to streamline research management, documentation, and reporting, including phased roll-out of FLORENCE eBinders and integration with existing Trust systems.</p> <p>Expected benefit: Improved efficiency, accuracy, and accessibility of research records, supporting compliance and reducing administrative burden.</p> | X | X | X | | | | | | | | | | <p>Implementation of FLORENCE eBinders is scheduled to begin in October 2025.</p> <p>Although final activity plans are expected to be defined with the FLORENCE team some preparatory tasks have been completed.</p> <p>The work to implement FLORENCE is expected to include review of the full study set-up and delivery workflow, confirmation of folder structure requirements, and cross-department readiness checks (Pharmacy, Radiotherapy, Digital Services).</p> <p>Work to ensure alignment of the eBinder build with the 2026 UK Clinical Trials Regulations and ICH E6(R3) digital expectations will inform the engagement with the FLORENCE implementation team, with the expectation that the Trust will deploy FLORENCE in early 2026.</p> |
| Partnership engagement and collaboration | <p>Strengthen cross-organisational collaborations (local, regional, and national) to expand research opportunities, share expertise, and improve patient access to clinical trials.</p> <p>Expected benefit: Increased</p> | | | | | | | | | | | | | <p>Steady progress has been made in strengthening local and national partnerships. VUNHST continues to maintain active collaboration with Cardiff Cancer Research Partnership (Cardiff & Vale UHB and Cardiff University), Experimental Cancer Medicine Centre, Wales Cancer Research Centre, and Health and Care Research Wales.</p> |

RD&I - Integrated Performance Report

| Cross-cutting themes across Strategic Priorities 1 to 4 | | | | | | | | | | | | | | |
|---|---|-----------|----|----|----|-----------|----|----|----|-----------|----|----|----|---------------------|
| Cross cutting theme | Objective & Expected benefit | FY2025/26 | | | | FY2026/27 | | | | FY2027/28 | | | | Progress / Comments |
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | |
| | number and diversity of research studies available to patients, stronger external partnerships, and enhanced profile of Velindre University NHS Trust in research delivery. | | | | | | | | | | | | | |

13 Research, Development, and Innovation Finances.

13.1 Introduction

The purpose of this paper is to present the financial performance of the Research, Development & Innovation (RD&I) Division for the period to the end of December 2025 (Month 9 2025/26). The dashboard included within Appendix 1 provides an overview of the position.

13.2 Financial Performance to December 2025

The reported financial position for RD&I at the end of December 2025 shows an overspend of £8k, unchanged from November (P08). The high-level position by category is shown below, with a more detailed breakdown by Directorate shown in Appendix 2.

Key Financial Target 1: To remain within monthly budget expectations.

| Subjective | Annual Budget (£'000) | Cumulative Position M9 | | |
|--------------------|--------------------------|------------------------|-------------------|---------------------|
| | | Budget (£'000) | Actual (£'000) | Variance (£'000) |
| Pay | 4,372 | 3,092 | 3,315 | 223 |
| Non Pay | 792 | 455 | 571 | 115 |
| Income | (5,358) | (3,740) | (4,071) | (330) |
| Grand Total | (193) | (193) | (185) | 8 |

Key Variances:

Pay – As the Division is operating close to full establishment, vacancy control savings are not being achieved in full. This is an important consideration as £30k of the £110k total saving for vacancy control in 2025/26 is recurrent and will pose a risk next financial year. Primary overspends relate to Admin and Clerical staff.

Non-Pay – The £115k overspend on non-pay is primarily due to higher than anticipated costs in relation to computer software/licence fees, and training.

Income – The division's greatest area of risk continues to be income, with a challenging target of £5.3m set for 2025/26, including an additional £150k savings target from increased commercial trials income. The year to date income overachievement of £330k is a positive outcome, however, this will remain an area that is closely monitored throughout the year. The overachievement against income budgets will continue to provide mitigation for gross overspends against pay and non-pay.

The trajectory of income received in year compared to historical trends is set out with Appendix 1. The year-to-date position is shown below:

Income Analysis by category:

| Sum of Amount £'s | Annual Budget | YTD Budget | YTD Actual | YTD Var |
|--------------------------|----------------|----------------|----------------|------------|
| Subjective | £'000 | £'000 | £'000 | £'000 |
| Welsh Govt. Other Income | (1,164) | (830) | (884) | 54 |
| R & D Income / Grants | (316) | (238) | (258) | 20 |
| Commercial Trials Income | (1,378) | (967) | (1,147) | 180 |
| Charity Income | (2,195) | (1,501) | (1,578) | 77 |
| Other Income | (304) | (204) | (204) | 1 |
| Grand Total | (5,358) | (3,740) | (4,071) | 330 |

Key Financial Target 2: To pay at least 95% of invoices within 30 days.

| | Current Month | Year to Date | Forecast Outturn |
|--------------|---------------|--------------|------------------|
| % Compliance | 68% | 87% | >95% |

The PSPP compliance target is to pay 95% of invoices within 30 days. Performance for the current month is lower than in previous months due to a specific issue with invoice approvals within the Trust financial system, Oracle. This issue has now been resolved and should not impact future performance. PSPP performance will remain a key area of focus to ensure compliance is restored and maintained at the 95% target.

13.3 Delivery of savings

The table set out in Appendix 1 demonstrates how the 2025/26 savings are planned to be delivered.

While the year-to-date position for establishment control is challenging, mitigation through commercial income overachievement ensures that the Division remains on track to deliver the overall target by the end of the financial year. The recurrent nature of some schemes continues to be an area of concern, particularly establishment vacancy control, given the underachievement experienced this year. Commercial income generation is also recurrent in nature and so any potential overachievement cannot be assumed to be available as mitigation in future years.

Where there is a risk of deviation from planned full delivery, the Division is expected to identify appropriate mitigation measures while implementing remedial action. Failure to manage appropriately may have consequences, not only for the Divisional position but also for the position reported to Trust Board.

It should be noted that the current approach to mitigation is not a recurrent solution, as future years' commercial income has been earmarked for other purposes. A 3% planning assumption for 2026/27 savings has been confirmed meaning that RD&I have been allocated a target of £287k (£213k of which is recurrent). This is in addition to the recurrent items which are yet to be achieved. The Division as a whole will be responsible for determining how these will be achieved, with a clear plan provided to Finance.

13.4 Conclusion

Divisional budget holders are required to carefully monitor expenditure and savings against these budgets which are based on intended spend and savings profiles. In addition, there is a requirement to provide realistic forecasts for annual outturn expenditure and savings on at least a monthly basis. It is

particularly important that emerging overspends or underspends and slippage against savings plans are identified and clear actions, timescales and lead identified in order to bring overspends back within budget and shortfall on savings targets replaced with alternative savings. Any such overspends or underspends or savings shortfall and associated actions should be declared as soon as they become known, so they can be managed within the context of the overall Trusts budget.

Whilst it is extremely important that robust oversight and control over all costs is maintained, it is particularly important that the underlying pressures and opportunities are fully understood. This will allow an assessment to be made as to the extent to which these will continue into future years.

The following highlights the risks that impact both in the current year and potentially on next financial year unless remedial action is taken:

- Undelivered recurrent savings in respect of vacancy control. £30k (27%) of the £110k vacancy control saving for 2025/26 is recurrent, therefore, permanent mitigation must be identified in addition to 2026/27 savings.
- The level of commercial income opportunities will not be available for mitigation in future years as commercial income has been earmarked for other purposes.

13.5 Finance Appendix 1.

Appendix 1 - Research, Development & Innovation 2025-26

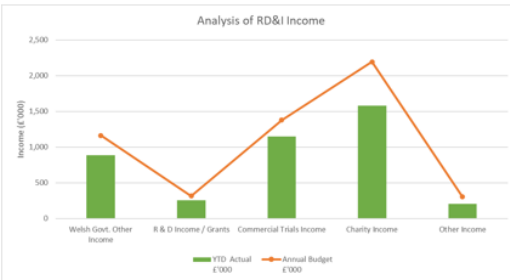
Month 9 – December

The following tables, charts and figures give an indication of the financial performance of the Division.

| Subjective | Annual Budget (£'000) | Cumulative Position M9 | | |
|--------------------|-----------------------|------------------------|----------------|------------------|
| | | Budget (£'000) | Actual (£'000) | Variance (£'000) |
| Pay | 4,372 | 3,092 | 3,315 | 223 |
| Non Pay | 792 | 455 | 571 | 115 |
| Income | (5,358) | (3,740) | (4,071) | (330) |
| Grand Total | (193) | (193) | (185) | 8 |

Income Summary

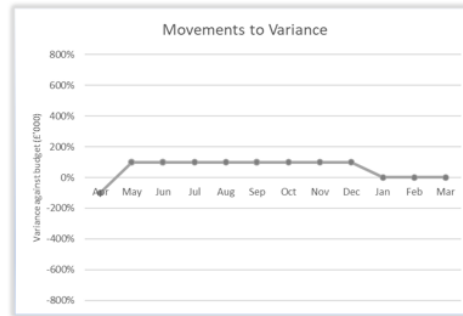
| Subjective | Annual Budget (£'000) | YTD Budget (£'000) | YTD Actual (£'000) | YTD Var (£'000) |
|--------------------------|-----------------------|--------------------|--------------------|-----------------|
| Welsh Govt. Other Income | (1,164) | (830) | (884) | 54 |
| R & D Income / Grants | (316) | (238) | (258) | 20 |
| Commercial Trials Income | (1,378) | (967) | (1,147) | 180 |
| Charity Income | (2,195) | (1,501) | (1,578) | 77 |
| Other Income | (304) | (204) | (204) | 1 |
| Grand Total | (5,358) | (3,740) | (4,071) | 330 |



Recurring Budget Risks & Opportunities:

- Assessment made of temporary funding support via Charity, VPAG and Faktion – ensure that transparency across all areas to aid and support financial sustainability
- Consider options to further explore commercial and other income in line with IMTP strategy
- Growing RD&I function in sustainable way is reliant on commercial trials income growth and appropriate exit strategy around those posts that are funded via the charity
- Patient recruitment

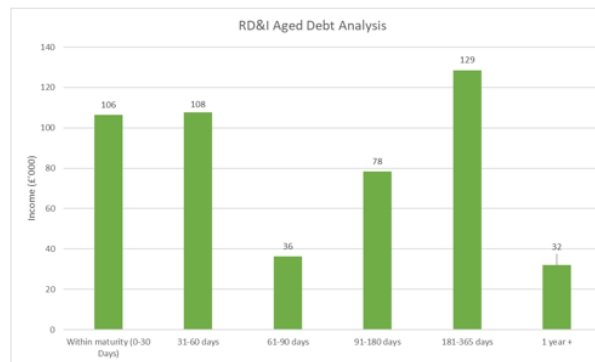
The figures and charts below highlight the performance against the 2025/26 targets.



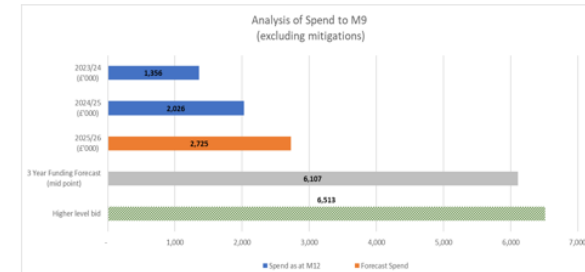
Payment of Invoices: to pay at least 95% of invoices within 30 days.

| | Current Month | Year to Date | Forecast Outturn |
|--------------|---------------|--------------|------------------|
| % Compliance | 68% | 87% | >95% |

Aged Debtors



Integrated Bid



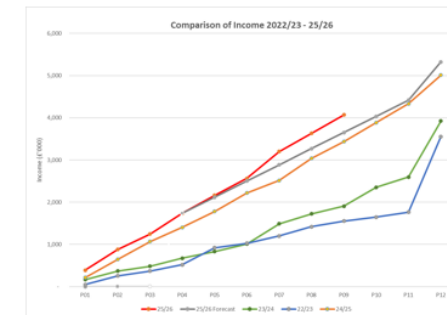
The figures and charts below highlight the medium-term position and will be key in determining a strategic approach to financial planning.

| RD&I Saving Theme - Recurrent | Category | IMTP Target (£'000) | Savings Realised (£'000) | Variance (£'000) | Variation (%) |
|-------------------------------|----------|---------------------|--------------------------|------------------|---------------|
| Commercial Income | Income | 150 | 150 | 0 | 100% |
| Establishment Control | Pay | 80 | 0 | 80 | 0% |
| Sub Total | | 230 | 150 | 0 | |



IMTP Considerations:

- Establishment control savings are under delivered
- Overall CIP target is still expected to be delivered in full due to the overachievement of commercial income, which is mitigating the impact.
- Smart action plans to be developed to support the additional 3% CIP target to be achieved for 2026/27.



13.6 Finance Appendix 2.

Appendix 2 – Financial Performance by Directorate

| Row Labels | Sum of Annual Budget | Sum of YTD Budget | Sum of YTD Actual | Sum of YTD Variance |
|----------------------------|----------------------|-------------------|-------------------|---------------------|
| RAA1-R&D Office | (£361,625) | (£294,800) | (£300,425) | (£5,625) |
| Income | (£4,130,998) | (£2,996,164) | (£3,256,450) | (£260,286) |
| Non Pay | £448,317 | £383,186 | £428,916 | £45,730 |
| Pay | £3,321,055 | £2,318,178 | £2,527,109 | £208,931 |
| RAAS-Strategic IB | £15,624 | (£7,374) | £27,404 | £34,778 |
| Income | (£1,012,661) | (£626,632) | (£647,284) | (£20,652) |
| Non Pay | £256,260 | £56,632 | £116,779 | £60,148 |
| Pay | £772,025 | £562,626 | £557,908 | (£4,718) |
| RINV-Innovations | £152,614 | £109,106 | £87,818 | (£21,288) |
| Income | (£214,105) | (£117,676) | (£167,116) | (£49,440) |
| Non Pay | £87,443 | £15,400 | £24,948 | £9,548 |
| Pay | £279,276 | £211,382 | £229,986 | £18,604 |
| Grand Total | (£193,387) | (£193,068) | (£185,203) | £7,865 |

Appendix A: Summary of RD&I Risk Profile.

The following table summarises the risks for Research & Development. Risks are reviewed through the RD&I governance route as appropriate and only escalated to a higher level where the Controls / Action Plan are unable to reduce the risk to an acceptable level. The escalation of a risk, based on the risk score once the controls / action plans have been applied, is as follows:

| Risk Score | Escalation group |
|-------------|---|
| 15 or above | Executive Management Board (EMB) and RD&I Sub-Committee. These risks are the responsibility of the EMB and RD&I Sub-Committee to ensure effective management and resolution. Risks are further escalated to Trust Board, if the RD&I Sub-Committee determines the risk to require Trust Board involvement or is a Trust-wide issue and so out of scope of the Research & Development Service. |
| 8 to 14 | Review action at Research, Development, and Innovation Operational Management Group and close within 6 months. |
| 4 to 7 | Review action at Research, Development, and Innovation Operational Management Group and close within 12 months. |
| 1 to 3 | If agreed no further action, risk can be closed and re-assessed if there is a recurrence of the risk. |

The Risk Rating Matrix is as follows:

| RISK RATING MATRIX - IMPACT X LIKELIHOOD | | | | | |
|--|---------------|-------------|--------------|--------------|--------------|
| RISK MATRIX | LIKELIHOOD(*) | | | | |
| CONSEQUENCE(**) | 1- Rare | 2- Unlikely | 3 - Possible | 4 - Probable | 5 - Expected |
| 1 -Negligible | 1 | 2 | 3 | 4 | 5 |
| 2 - Minor | 2 | 4 | 6 | 8 | 10 |
| 3 -Moderate | 3 | 6 | 9 | 12 | 15 |
| 4 - Major | 4 | 8 | 12 | 16 | 20 |
| 5 - Catastrophic | 5 | 10 | 15 | 20 | 25 |

To note, risk scores are calculated by multiplying the impact (first number in brackets) of the risk by the likelihood of the risk (second number in brackets).

A1. Current risk register (Open Risks) – From 01 April 2025.

| No. | ID & Date | Directorate | Risk Domain | Risk Owner | Description of Risk | Inherent Rating | Current Rating | Target Rating and Expected date | Rating change since last reporting period | Actions & Due Date | Progress since last report period |
|---|-------------------------|---|--|---|--|----------------------|---------------------|---------------------------------|---|--|---|
| RESEARCH AND DEVELOPMENT (R&D) | | | | | | | | | | | |
| RISKS in the domain | | | | | | | | | | | |
| 1 | ID: 2200 01 May 2011 | Velindre Cancer Services: Radiotherapy Services | Performance and Service Sustainability | Helen Payne Radiotherapy Services Manager | <p>The RADIOTHERAPY SERVICE risk (Risk ID 2200) was made visible in Datix to the Research Service in March 2024. The risk has been assessed for impact on the Research Service's ability to continue service delivery:</p> <ol style="list-style-type: none"> Capacity to meet the Trust's existing contractual requirements to deliver clinical trials requiring patients to receive radiotherapy treatment. Capacity to offer patients opportunity to take part new clinical trials where they would receive radiotherapy treatment. <p>The controls / action plans put in place to address the Research Service's aspects of this risk, and their progress are described in the "Controls / Action Plan & Progress" column.</p> <p>The RADIOTHERAPY SERVICE risk has an inherent risk score of 20 and has previously been escalated to the Trust Executive Management Board. The RADIOTHERAPY risk is owned by that service and is described below for reference:</p> <p>RADIOTHERAPY CAPACITY There is a risk to whole of Radiotherapy Performance and Service as a result of insufficient capacity within the current linear accelerator fleet, leading to the radiotherapy service being unable to meet the current and anticipated demand.</p> <p>The lack of sufficient capacity within the Radiotherapy service has had the following consequences:-</p> <p>Compliance risk</p> <ul style="list-style-type: none"> - An inability to maintain waiting times compliance. - Creation of waiting lists. - Inability to meet RCR clinical guidelines. <p>Patient safety risk</p> <ul style="list-style-type: none"> - Patients will wait longer to start treatments resulting in possible poorer clinical outcomes, lack of symptom control and poor patient experience. <p>Reputational risk</p> <ul style="list-style-type: none"> - Limited service developments with a corresponding delay or inability to meet IMTP objectives. - Restricted ability to participate in clinical trials or research projects. - Issues with recruitment and retention of staff. | 12 (3 x 4) | 8 (2 x 4) | 6 (2 x 3) | ◀▶ | <p>25 November 2025</p> <ol style="list-style-type: none"> The Research Service is in regular communication with the Radiotherapy Service to discuss their capacity in managing existing clinical trials with radiotherapy treatment and meet Trust contractual requirements. This is achieved through a number of mechanisms: <ol style="list-style-type: none"> Trust R&D Office representation on the Radiotherapy Trials Portfolio Group, which assess and discuss the impact of Radiotherapy Service changes on the delivery of existing clinical trials, allowing prioritisation discussions to take place. Regular meetings between the Head of R&D, Research Delivery Manager, and Superintendent Radiographer – R&D. Through these mechanisms, the existing clinical trials with radiotherapy have been assessed and the Trust is able to meet its contractual requirements. The Research Service's Head of R&D and Research Delivery Manager are part of the established Radiotherapy Trials Solutions Group chaired by Dr Paul Shaw (Consultant Clinical Oncologist) that has made recommendations to improve the situation. Work is underway to implement and monitor these recommendations made by the group, to ensure that the Trust is able to set-up and deliver new clinical trials with radiotherapy treatment within the capacity constraints alongside the existing portfolio of trials; and aligned with the Radiotherapy's service re-design as part of the Integrated Radiotherapy Solutions (IRS). <p>The above actions will allow the Trust to continue to deliver its current contracted portfolio of trials with radiotherapy treatment and offer patients opportunities to take part new trials aligned with the IRS development.</p> <p>The Radiotherapy Service's IRS programme of work will see the implementation of a treatment and planning system supplied from a single vendor. Any changes resulting from the work that could affect the Trust's ability to deliver trials with radiotherapy treatment is considered through ongoing discussions with the Research Service and Clinical Teams.</p> | <p>The Datix output relating to this risk indicates that the risk direction of travel = stable / no movement. The next review date is 11 May 2026.</p> <p>The RADIOTHERAPY SERVICE updated their service risk on 11 November 2025, with the overall service risk rating with current mitigations being reduced from 12 to 9.</p> <p>However, discussion with the RADIOTHERAPY SERVICE indicated that there was no change to Research risk with current mitigations.</p> <p>During Q2, the Radiotherapy Trials Solutions Group continued to meet to discuss how to optimise radiotherapy capacity and scheduling for trials. Existing radiotherapy trials have been reviewed against capacity, with contractually requirements/treatments continuing to be delivered within the agreed parameters. New trial proposals involving radiotherapy are being assessed at a Radiotherapy Trials Portfolio Group against IRS implementation plans and available capacity prior to confirming support of the trial by Radiotherapy as part of the Research Service's Confirmation of Capacity and Capability for trials, ensuring that the research portfolio remains deliverable within the constraints of the RADIOTHERAPY SERVICE.</p> |

| No. | ID & Date | Directorate | Risk Domain | Risk Owner | Description of Risk | Inherent Rating | Current Rating | Target Rating and Expected date | Rating change since last reporting period | Actions & Due Date | Progress since last report period |
|---|-----------|--------------------------|------------------------|--|---|-----------------|----------------|---------------------------------|---|---|--|
| RESEARCH AND DEVELOPMENT (R&D) | | | | | | | | | | | |
| RISKS in the domain | | | | | | | | | | | |
| 2 | 3252 | Velindre Cancer Services | Research & Development | Christopher Cotterill-Jones, Research Delivery Manager | Cardiff & Vale University Health Board (CVUHB) unable to keep up with Velindre University NHS Trust's (VUNHST) support requests for research study radiological biopsies. | 20 | 8 | 4 | ◀▶ | <p>31 October 2025 The Trust's Research Service continues to work with CVUHB Joint Research Office on resolving the issue.</p> <p>Exploration of support to the services within CVUHB continues to examine possible funding sources to support the appointment of additional posts.</p> <p>Additionally, CVUHB JRO staff shall be invited to join VUNHST Research Service Trials Operational Group to discuss the research study support requirements and status of those provided by CVUHB.</p> <ol style="list-style-type: none"> Continuing to set-up research studies where biopsies are optional or can be undertaken at Velindre Cancer Centre (VCC) Continuing to set-up research studies with mandatory biopsies using support requests to CVUHB on a case-by-case basis. Work ongoing with CVUHB Joint Research Office & CVUHB Radiology to resolve issue. VUNHST R&D commercial radiology sessions supporting the identification of radiological biopsy requirements as part of study set-up. VUNHST exploring support service agreements with other organisations. | <p>The Datix output relating to this risk indicates that the risk direction of travel = stable / no movement. The next review date is 31 March 2026.</p> <p>In Quarter 3, the Research Service continued to monitor biopsy-dependent trials closely at feasibility and set-up. Studies were screened early for biopsy needs, with alternative local pathways considered where feasible. Engagement with CVUHB Radiology and the Joint Research Office remained ongoing to explore medium-term solutions and improved forward-planning.</p> <p>The internal process for flagging studies requiring biopsies studies has been maintained as part of the RESEARCH SERVICE's Confirmation .</p> |

A2. Risks closed since last report.

| No. | ID & Date | Directorate | Risk Domain | Risk Owner | Description of Risk | Inherent Rating | Current Rating | Target Rating and Expected date | Rating change since last reporting period | Actions & Due Date | Progress since last report period |
|---|-----------|-------------|-------------|------------|---------------------|-----------------|----------------|---------------------------------|---|--------------------|-----------------------------------|
| RESEARCH AND DEVELOPMENT (R&D) | | | | | | | | | | | |
| RISKS in the domain | | | | | | | | | | | |
| | | | | | | | | | | | |

During Quarter 3, there have been no Research and Development risks were closed since 01 April 2025. All risks remain under active monitoring through the Research, Development, and Innovation governance structure.

| RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE | |
|---|--|
| Research, Development & Innovation Sub-Committee Annual Effectiveness Survey 2024-2025 | |
| DATE OF MEETING | 10 February 2026 |
| PUBLIC OR PRIVATE REPORT | Public |
| IF PRIVATE PLEASE INDICATE REASON | NOT APPLICABLE - PUBLIC REPORT |
| REPORT PURPOSE | DISCUSS AND APPROVE |
| IS THIS REPORT GOING TO THE MEETING BY EXCEPTION? | NO |
| PREPARED BY | Sandra Cusack, Business Support Officer |
| PRESENTED BY | Non Gwilym, Director of Corporate Governance (Interim) |
| APPROVED BY | Jacinta Abraham, Executive Medical Director |
| EXECUTIVE SUMMARY | This report provides the Research, Development & Innovation Sub-Committee with the results of the Annual Effectiveness Survey for the reporting period 1 st April 2024 – 31 st March 2025. |
| RECOMMENDATION / ACTIONS | The Research, Development & Innovation Sub-Committee is asked to DISCUSS the content of the report and APPROVE the Research, Development & Innovation Sub-Committee Effectiveness Survey Report. |
| GOVERNANCE ROUTE | |
| List the Name(s) of Committee / Group who have previously received and considered this report: | Date |
| N/A | |
| SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS | |
| 7 LEVELS OF ASSURANCE | |
| N/A | |
| ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR | N/A |
| APPENDICES | |
| 1. | Research, Development & Innovation Sub-Committee Annual Effectiveness Survey 2024-20245 |

1. SITUATION

All Board level meetings are required to assess their effectiveness throughout the year and to carry out an Annual Effectiveness Survey to inform how best to undertake the Sub-Committees roles and responsibilities.

This report provides the Research, Development & Innovation Sub-Committee with the results of the Annual Effectiveness Survey for the reporting period **1st April 2024 – 31st March 2025**.

2. BACKGROUND

The Research, Development & Innovation Sub-Committee Annual Effectiveness Survey consisted of twenty questions administered via an online survey platform (Microsoft Forms). All questions were posed in a structured format and survey respondents were invited to provide their answer together with any supporting comments as required. The questionnaire was designed to require respondents to answer each question before enabling progression onto the next question. Respondents were given the opportunity to complete the survey within one due to tight timings, following which the survey link became inactive. No personal data was collected in the completion of the survey questionnaire.

20 people were asked to complete the survey including the Trust Chair, Independent Members, Executive Directors and Non-Executive Directors of the Research, Development & Innovation Sub-Committee. 13 responses were received, giving an overall completion rate of **65%**. The full survey results are outlined within the report (**Appendix 1**).

3. IMPACT ASSESSMENT

| | |
|--|-----------------|
| TRUST STRATEGIC GOAL(S) | |
| Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below | |
| If yes - please select all relevant goals: | |
| <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> | |
| RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i> | 10 - Governance |



| | |
|---|---|
| QUALITY AND SAFETY IMPLICATIONS / IMPACT | Yes -select the relevant domain/domains from the list below. Please select all that apply Safe <input checked="" type="checkbox"/> Timely <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/> |
| SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information: https://www.gov.wales/socio-economic-duty-overview</i> | <i>There are no socio-economic impacts linked directly to the activity outlined in this report</i> |
| TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT | <i>There are no Trust Well-Being goal implications or impact linked directly to the activity outlined in this report.</i> |
| FINANCIAL IMPLICATIONS / IMPACT | <i>There is no direct impact on resources as a result of the activity outlined in this report</i> |
| EQUALITY IMPACT ASSESSMENT <i>For more information: https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</i> | <i>There is no direct equality impact in respect of the activity outlined in this report.</i> |
| ADDITIONAL LEGAL IMPLICATIONS / IMPACT | <i>There are no specific legal implications related to the activity outlined in this report.</i> |

4. RISKS

| | |
|--|----|
| ARE THERE RELATED RISK(S) FOR THIS MATTER | No |
|--|----|

RESEARCH, DEVELOPMENT & INNOVATION SUB-COMMITTEE ANNUAL EFFECTIVENESS SURVEY 2024-2025

1. INTRODUCTION

The Research, Development & Innovation (RD&I) Sub-Committee Annual Effectiveness Survey provides a tool for RD&I Sub-Committee to assess its effectiveness against more than just the basic requirements: it provides the opportunity for the Sub-Committee to check and assess its effectiveness and operations to give greater confidence and assurance on how it can best meet the requirements of its role.

This report provides the RD&I Sub-Committee with the results of the Annual Effectiveness Survey for the reporting period **1st April 2024 – 31st March 2025**.

2. METHODOLOGY

The Annual RD&I Sub-Committee Effectiveness Survey consisted of 14 questions administered via an online survey platform (Microsoft Forms). All questions were posed in a structured format and survey respondents were invited to provide their answer together with any supporting comments as required. The anonymous questionnaire was designed to require respondents to answer each question before enabling progression onto the next question. Respondents were given two weeks to complete the survey (15th August - 29th August 2025) following which the survey link became inactive. No personal data was collected in the completion of the survey questionnaire.

3. FINDINGS

20 people were asked to complete the survey including the Trust Chair, Independent Members, Executive Directors and Non-Executive Directors of the RD&I Sub-Committee. 13 responses were received, giving an overall completion rate of **65%**.

Note: This survey allows multiple answers for each question.

The full survey results are outlined below:

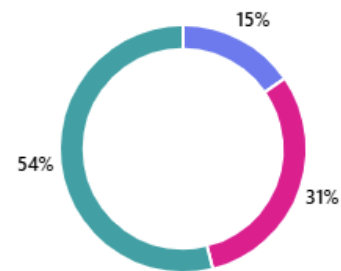
APPENDIX 1

SURVEY RESULTS

SURVEY QUESTION 1:

Please select your role on the committee

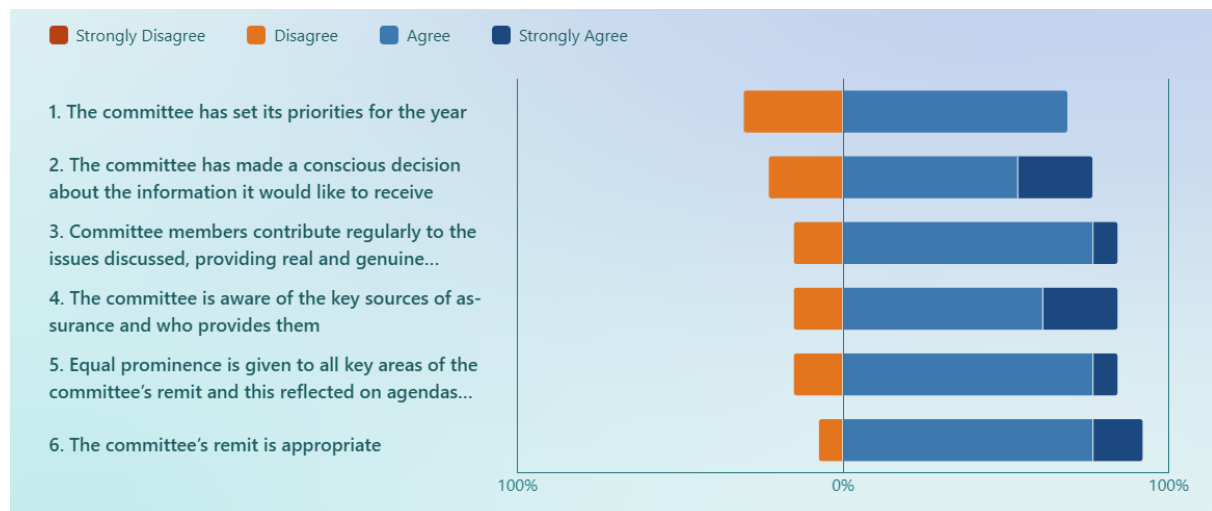
| | |
|-------------------------|---|
| ● Independent Member | 2 |
| ● Executive Team Member | 4 |
| ● Other | 7 |



Respondents were asked to select their role on the committee. Out of the 20 individuals invited to complete the survey, 13 responses were received. The respondents included 2 Independent Members, 4 Executive Team Members, and 7 Other Members of the RD&I Sub-Committee.

SURVEY QUESTION 2: THEME 1 COMMITTEE FOCUS

Please rate your satisfaction with the following aspects of the committee:



Committee members rated their satisfaction with various aspects of the committee's focus, including setting priorities for the year, making decisions about the information they receive, and contributing to discussions. Some members expressed uncertainty about the committee's remit and whether it is a Trust-wide committee or has an operational element. One member suggested issuing a one-page document at the start of each financial year summarising key areas of focus and specific goals.

SURVEY QUESTION 3:

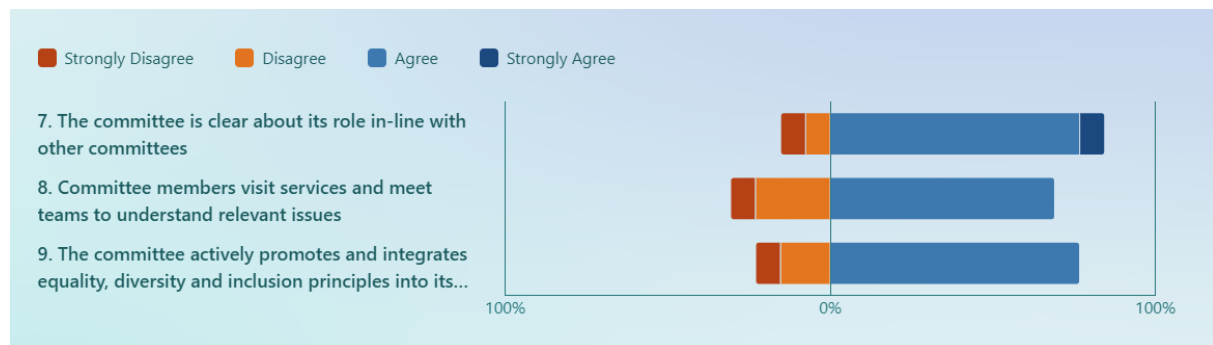
If you would like to elaborate on statements 1-6 above, particularly where you have selected 'disagree' or 'strongly disagree', please do so here. Please make clear which statement (s) you are discussing in the free text:

| RESPONSES | |
|------------------|--|
| 1. | I am unsure what the remit of the committees is. Is this a Trustwide committee? Is there an operational element? |
| 2. | I've clicked "Agree" for Q1 as there was no 'neither agree nor disagree' option. I think it would be helpful if the Committee could issue a 1 page document at the start of each financial year summarising the key areas it wants to look at (and any specific things it wants to achieve or consider) during the year (although conscious that priorities may change during the year). |
| 3. | Unclear whether we have discussed the annual priorities? |

The feedback on the committee survey reveals uncertainties regarding the committee's remit and whether it operates on a Trustwide basis or includes operational elements. Respondents suggest providing a concise annual summary of key focus areas and goals at the beginning of each financial year, while acknowledging that priorities may shift. Additionally, there is ambiguity about whether annual priorities have been discussed.

SURVEY QUESTION 4: THEME 2 COMMITTEE ENGAGEMENT

Please rate your satisfaction with the following aspects of the committee:



Members rated their satisfaction with the committee's role in relation to other committees, visiting services and meeting teams, and promoting equality, diversity, and inclusion principles. There were suggestions for creating opportunities for committee members to visit key teams and services to better understand relevant issues.

SURVEY QUESTION 5:

If you would like to elaborate on statements 7-9 above, particularly where you have selected 'disagree' or 'strongly disagree', please do so here. Please make clear which statement (s) you are discussing in the free text:

| RESPONSES | |
|------------------|--|
| 1. | I am unsure of the roles/ responsibilities and remit and how it fits with operational delivery of research. |
| 2. | I would give 'neither agree nor disagree' as answers to 7 & 8, as I don't feel I have enough information to make a full assessment of these. |
| 3. | It would be good to create opportunities for committee members that are not active 'on-the-ground' (e.g. IMs) to visit key teams and services. The 15-step challenge is a good vehicle for this. |

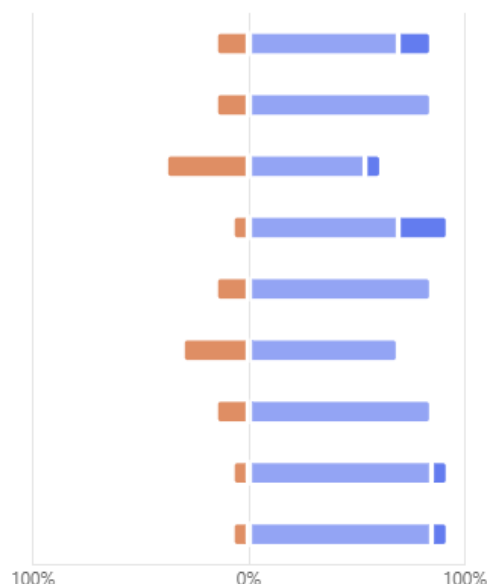
Respondents elaborated on their ratings for survey statements 7-9, expressing uncertainty about roles, responsibilities, and remit related to operational research delivery, indicating insufficient information to fully assess statements 7 and 8, and suggesting that committee members not directly involved in frontline activities could benefit from visiting key teams and services, with the 15-step challenge highlighted as a useful opportunity for such engagement.

SURVEY QUESTION 6: THEME 3 COMMITTEE WORKING

Please rate your satisfaction with the following aspects of the committee

● Strongly Disagree ● Disagree ● Agree ● Strongly Agree

- 10. The committee has the right balance of experience, knowledge and skills to fulfil its role
- 11. Management fully briefs the committee on key risks, safety issues and any gaps in control
- 12. Key risks are discussed at each meeting, including controls in place and assurances against controls, and the committee is clear...
- 13. The Trust's values and behaviours are reflected in the way the committee enables people to express their view, doubts and...
- 14. The Trust's strategic priorities are reflected in the way the committee operates and the information it receives
- 15. Members hold their assurance providers to account for late or missing assurance items
- 16. Decisions and actions are implemented in line with the timescales set down
- 17. The committee met sufficiently frequently to deal with planned matters and sufficient time was allowed for questions and...
- 18. Where private (closed) sessions were held, these have been used appropriately for items that should not be discussed in the...



Satisfaction ratings covered the balance of experience, knowledge, and skills within the committee, management's briefing on key risks, and the discussion of key risks at each meeting. Some members felt that the committee's approach to managing risk was less prominent compared to other committees. There were also concerns about the volume of information received and the need for a high-level risk register to focus discussions.

SURVEY QUESTION 7:

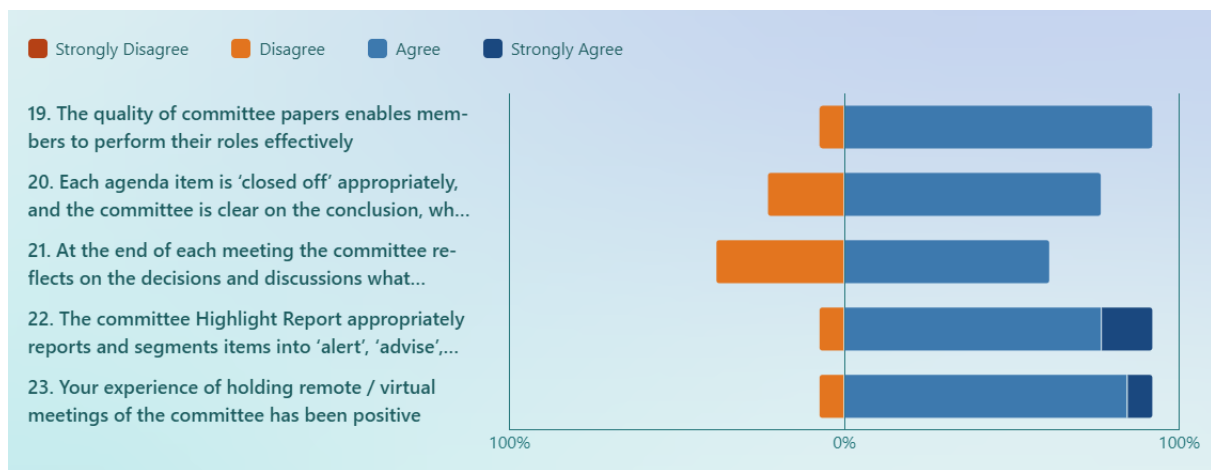
If you would like to elaborate on statements 10-18 above, particularly where you have selected 'disagree' or 'strongly disagree', please do so here. Please make clear which statement (s) you are discussing in the free text:

| RESPONSES | |
|------------------|--|
| 1. | The portfolio of the Trust RDI activity is becoming increasingly complex. |
| 2. | Unable to comment. |
| 3. | Q12 - risks are discussed, but the volume of information the committee receives in papers each meeting is high - it would be helpful to have a single high-level risk register/summary from across RD&I (both VCS and WBS) summarising any 'red' risks (i.e. above a certain score) to help focus discussions on risk. |
| 4. | The RD&I committee's approach to managing risk is less prominent than for other Velindre committees. Sometimes assurance papers are late, but the committee has not held providers to account for this. |

Respondents were invited to elaborate on their ratings for statements 10-18, particularly where they selected 'disagree' or 'strongly disagree'. Comments included the increasing complexity of the Trust's RD&I activity; the volume of information received in committee papers each meeting is high, suggesting that a single high-level risk register or summary from across RD&I (both VCS and WBS) summarising any 'red' risks (i.e., above a certain score) would help focus discussions on risk; and additionally, there were instances where assurance papers were late, and the committee did not hold providers accountable for this.

SURVEY QUESTION 8: THEME 4 COMMITTEE EFFECTIVENESS

Please rate your satisfaction with the following aspects of the Committee



Members expressed satisfaction with the quality of committee papers, the closure of agenda items, and the committee's reflection on decisions and discussions. There were suggestions for the introduction of a high-level risk register to help focus discussions on risk. Additionally, the experience of holding remote or virtual meetings was rated positively.

SURVEY QUESTION 9:

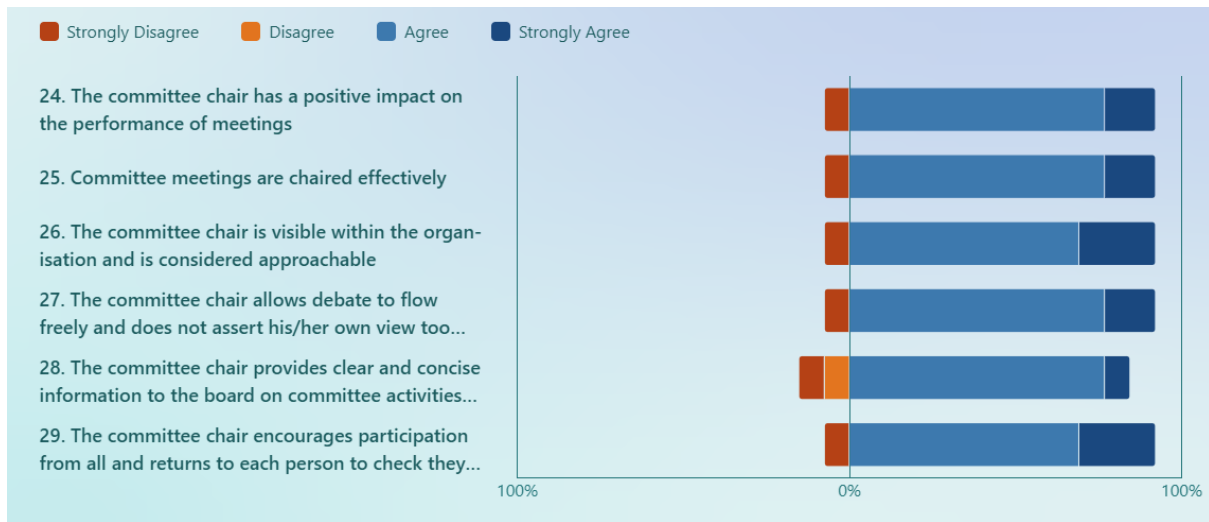
If you would like to elaborate on statements 19-23 above, particularly where you have selected 'disagree' or 'strongly disagree', please do so here. Please make clear which statement (s) you are discussing in the free text:

| RESPONSES | |
|------------------|--|
| 1. | Given the complexity of items, often face to face meetings work better. |
| 2. | Unable to comment. |
| 3. | Q22 - have put 'agree' but the committee' role is primarily an Assurance one - it would be useful to discuss to what extent/when the other two classifications should be used. |

This question invited respondents to elaborate on their ratings for statements 19-23, particularly where they selected 'disagree' or 'strongly disagree'. Comments included the preference for face-to-face meetings for complex items and the need to discuss the extent of the committee's assurance role.

SURVEY QUESTION 10: THEME 5 COMMITTEE LEADERSHIP

Please rate your satisfaction with the following aspects of the committee



The feedback on committee leadership is overwhelmingly positive. The chair is perceived as having a significant positive impact on meetings, with 10 respondents agreeing or strongly agreeing. The chair is also considered visible and approachable by the same proportion of respondents. Additionally, 10 respondents believe the chair effectively facilitates debate and communicates clearly with the Board. This reflects strong confidence in the chair's leadership and communication style. Overall, the feedback highlights a strong culture of respect and professionalism within the committee, with the chair being recognized for their effective leadership and positive influence on meetings.

SURVEY QUESTION 11:

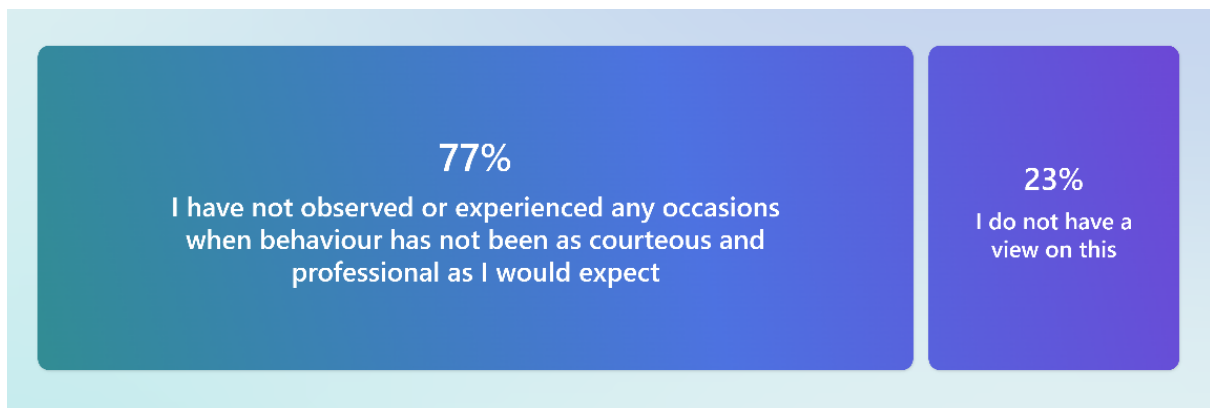
If you would like to elaborate on statements 24-29 above, particularly where you have selected 'disagree' or 'strongly disagree', please do so here. Please make clear which statement (s) you are discussing in the free text:

| RESPONSES | |
|------------------|--|
| 1. | Unable to comment. |
| 2. | Ignore Qs 24-29, I couldn't submit the form without making a response! |

This question invited respondents to elaborate on their ratings for statements 24-29, particularly where they selected 'disagree' or 'strongly disagree'. Comments included the inability to comment and the need to ignore questions 24-29 due to the requirement to submit a response.

SURVEY QUESTION 12:

Is the behaviour of all members/attendees at Committee meetings courteous and professional?



Based on the responses to Question 12 regarding member behaviour at committee meetings, the feedback is overwhelmingly positive. 10 respondents confirmed that behaviour has consistently been courteous and professional, while 3 expressed no view. This suggests a strong culture of respect and professionalism within the committee.

SURVEY QUESTION 13:

What should the committee start, stop and/or continue to do?

| RESPONSES | |
|------------------|---|
| 1. | N/A |
| 2. | Set out clear parameters of the group and provide appropriate scrutiny. |
| 3. | The meeting papers are too long - please can the covering papers be optional - so that we focus on the content of each item rather than the proforma. |
| 4. | Start: Ask some of the key evaluation questions at end of each meeting to obtain real-time feedback on functioning of the committee. |
| 5. | The committee has evolved and diversified its activity in a positive and equitable way and should continue to develop this. |
| 6. | Be more strategic and less detailed. |
| 7. | There is nothing that the committee should change in conducting its business. |
| 8. | Continue to undertake its business face to face and remotely - It would be helpful if the Chair could summarise the key decisions and discussions at the end of the meeting reflecting on both the positives and negatives to facilitate committee development. |
| 9. | Clarify roles, responsibilities and remit and communicate that to those involved and review the membership. |
| 10. | N/A |
| 11. | Incorporate more time for areas of strategic RD&I development and focus, i.e. a forward look to opportunities arising. |
| 12. | The committee should consider the RDI performance with more detail and triangulate with resources and finance discussions. |
| 13. | Move beyond clinical trials as key area of focus. |

The Committee has positively evolved and diversified its activities, with recommendations to maintain a balance between strategic focus and detailed discussions. It is advised to continue hybrid meetings, clarify roles and membership, and allocate more time to strategic research, development, and innovation (RD&I) opportunities. Additionally, the committee should enhance its evaluation of RD&I performance by integrating resource and financial considerations and broaden its focus beyond clinical trials. The Chair is encouraged to summarise key decisions and reflections at each meeting to support ongoing development.

SURVEY QUESTION 14:

Are there any learning or development opportunities the committee should consider for its members?

| RESPONSES | |
|------------------|---|
| 1. | N/A |
| 2. | None |
| 3. | A how to perform at high meeting training should be offered. |
| 4. | Review R&D agendas. minutes in other NHS bodies to assess whether the Velindre Committee has right focus and balance in its cycle of business. |
| 5. | All committee members should have an opportunity to do walk rounds at VCS and WBS to understand the RD&I service, its challenges and opportunities. The RDI agenda is increasingly becoming a critical part of the Trust Strategy and Business and the appropriate recognition of this needs to be considered through its governance route. |
| 6. | Strategic organisational change. |
| 7. | There are no current learning or development opportunities that I think the committee should consider for its members. |
| 8. | RD&I have facilitated several Board Development sessions that have been well received. Suggest any learning or development opportunities are informed by knowledge gaps in the Committee that need to be met in order for the Committee to execute their business and continue to be provided in Board Development sessions. |
| 9. | Unable to comment. |
| 10. | N/A |
| 11. | Some areas should be considered, such as wider grant funding (and financing) opportunities and risk management. |
| 12. | Key walkabouts to create more awareness of the various teams and the RD&I work would be really helpful. |
| 13. | Stronger governance. |

The Committee should review R&D agendas and minutes from other NHS bodies to ensure the right focus and balance in its business cycle. Committee members should conduct walk rounds at VCS and WBS to understand the RD&I service, its challenges, and opportunities. The RD&I agenda is becoming increasingly critical to the Trust's strategy and business, and this needs to be appropriately recognised through its governance route.

Currently, there are no specific learning or development opportunities identified for committee members. However, future opportunities should address knowledge gaps identified through Board Development sessions. Additionally, broader grant funding, financing opportunities, and risk management should be considered to strengthen governance.

Key Insights from the Committee Effectiveness Survey

The Committee Effectiveness shows that most respondents are satisfied with the quality of committee papers, how agenda items are closed, and the clarity of meeting reflections. Positive comments highlight the usefulness of committee reports and effective meeting processes. Negative comments mention the need for clearer segmentation of items and some confusion about the committee's assurance role. Overall, the feedback suggests that while the committee is effective in many areas, there are opportunities to improve clarity and focus in reporting and discussions.

- **Areas for Improvement:**
 - The committee is least likely to reflect on decisions and discussions at the end of each meeting, and there are concerns about whether key risks are discussed at every meeting.
- **Strengths Identified:**
 - Members are generally satisfied with the quality of committee papers and feel that management provides thorough briefings on key risks and safety issues.
- **Suggestions for Action:**
 - Respondents recommend moving beyond clinical trials as a main focus, strengthening governance, and considering RDI performance in more detail, especially in relation to resources and finance.

These insights highlight both the committee's strengths in information quality and risk briefing, as well as opportunities to improve meeting reflection and risk discussion.

Velindre University NHS Trust Innovation Policy

At Velindre University NHS Trust we are committed to improving lives, and we will do this through providing excellent care, inspirational learning, and translating ideas and creativity into innovative practices, services, and treatments.

We recognise the importance of harnessing the power of innovation to drive change and to continually improve our approaches across our organisation and divisions of the Velindre Cancer Service and the Welsh Blood Service. To support us in our journey we have established an Innovation Policy to guide our actions and ensure compliance with the ISO 56001 Innovation standard.

To deliver our aims and objectives we are committed to ensuring:

- Our strategy and plans for innovation are reviewed, maintained and implemented across the Trust.
- Compliance with all relevant innovation regulations and other requirements applicable to our innovation activity.
- Continual improvement of our innovation management system.
- Our innovation activity considers our ethical, environmental and sustainability principles and the alignment to the 3 pillars of our status as a University Designated Organisation (Research and Development, Innovation and Training and Education).
- Promotion of a culture of innovation throughout our Organisation.

We will make our Innovation Policy available to all staff; and will share with partners and stakeholders as appropriate. Our Innovation Policy provides us with the framework for setting and reviewing our current and future innovation objectives and targets.

Name: Carl James
Title: Interim Chief Executive

Signature:



Date: 19th January 2026

Name: Dr Jacinta Abraham
Title: Executive Medical Director &
Interim Deputy Chief Executive

Signature:



Date: 27th January 2026

RESEARCH, DEVELOPMENT AND INNOVATION SUB-COMMITTEE

Summary from the Private Research, Development & Innovation Sub-Committee meeting held on 4th September 2025

| | |
|--|--|
| DATE OF MEETING | 10 February 2026 |
| PUBLIC OR PRIVATE REPORT | Public |
| IF PRIVATE PLEASE INDICATE REASON | Not Applicable - Public Report |
| PREPARED BY | Sandra Cusack, Business Support Officer |
| PRESENTED BY | Andrew Westwell, RD&I Sub-Committee Chair and Independent Member |
| EXECUTIVE SPONSOR APPROVED | Dr Jacinta Abraham, Executive Medical Director |
| REPORT PURPOSE | INFORMATION / NOTING |
| ACRONYMS | |
| HCRW | Health and Care Research Wales |
| NWJCC | NHS Wales Joint Commissioning Committee |
| OECI | Organisation of European Cancer Institute |
| QSPC | Quality, Safety and Performance Committee |
| RDI | Research, Development and Innovation |
| VCS | Velindre Cancer Services |
| VUNHST | Velindre University NHS Trust |
| WBS | Welsh Blood Service |
| WG | Welsh Government |

1. PURPOSE

- 1.1 This paper details of the key issues and items considered at the Private Meeting of the Research, Development and Innovation Sub-Committee held on 04/09/2025.
- 1.2 Key highlights from the Private meeting are reported in Section 2.
- 1.3 The Research, Development and Innovation Sub-Committee is asked to **NOTE** the key deliberations and highlights from the Private Meeting of the Research, Development & Innovation Sub-Committee held on 04/09/2025.

2. HIGHLIGHT REPORT

| | |
|-------------------------|--|
| ALERT / ESCALATE | There were no matters for Alert / Escalation. |
| ASSURE | There were no matters to Assure. |
| ADVISE | There were no matters to Advise. |
| INFORM | <ul style="list-style-type: none"> <p>• Business Case: DRAGON QA: Data Driven Radiotherapy Assessment and Governance through Ongoing National Quality Assessment The Research, Development & Innovation Sub-Committee ENDORSED FOR APPROVAL the business case for onward submission to the Advancing Radiotherapy Cymru (ARC) Board, highlighting the need for early financial planning and dedicated information governance resources to address data sharing and compliance challenges.</p> <p>• Business Case: Clinical Fellowship to Support Development of Stereotactic Radiosurgery Service (SRS) The Research, Development & Innovation Sub-Committee ENDORSED FOR APPROVAL the business case for onward submission to the Advancing Radiotherapy Cymru (ARC) Board, noting the importance of planning for sustainability and considering research components for future fellows.</p> <p>• Business Case: POWERING DISCOVERY, DELIVERING HOPE: Sustaining and expanding world class cancer research at Velindre University NHS Trust through charitable investment 2026 to 2029 The Research, Development & Innovation Sub-Committee ENDORSED FOR APPROVAL the Charitable Investment Plan for onward submission to the Charitable Funds Committee, with a recommendation to strengthen reporting on progress and outcomes to both the RD&I Sub-Committee and the Charitable Funds Committee.</p> <p>• Business Case: FAKTION Investment Plan The Research, Development & Innovation Sub-Committee discussed the plan's alignment with research growth and sustainability objectives and NOTED its progression to the Charitable Funds Committee for further governance.</p> <p>• ARC Approved Projects from July Board Meeting The Research, Development & Innovation Sub-Committee NOTED the summary of approved applications from the Advancing Radiotherapy Cymru (ARC) Board meeting held on 10th July 2025.</p> |

| RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE | |
|--|--|
| Research, Development, and Innovation Integrated Performance Report Financial Year 2025/26, Quarter 2 | |
| DATE OF MEETING | 11 December 2025 |
| PUBLIC OR PRIVATE REPORT | Public |
| IF PRIVATE PLEASE INDICATE REASON | NOT APPLICABLE - PUBLIC REPORT |
| REPORT PURPOSE | INFORMATION / NOTING |
| IS THIS REPORT GOING TO THE MEETING BY EXCEPTION? | NO |
| PREPARED BY | <p>Sarah Townsend, Head of Research & Development. Christopher Cotterill-Jones, Research Delivery Manager.</p> <p>Rhydian Owen, Strategy Lead for Velindre Cancer R&D Strategy Kate Cleary, Velindre Cancer R&D Strategy Business Support Manager. Sian James, Welsh Blood Service Head of Research, Development, and Innovation Services. Jennet Holmes, Head of Innovation Ross McLeish, Advancing Radiotherapy Cymru (ARC) Project Manager. Emma Blow, Innovation Project Manager. Amie Garwood-Pask, Deputy Head of Finance Business Partnering.</p> |
| PRESENTED BY | Sarah Townsend, Head of Research & Development |
| APPROVED BY | Jacinta Abraham, Executive Medical Director |
| EXECUTIVE SUMMARY | The Trust Research, Development, and Innovation [RD&I] service prepare an integrated |

| | |
|--|--|
| | <p>performance report at the end of each financial year's quarter.</p> <p>This Financial Year [FY] 2025/26, Quarter 2 report summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service during FY2025/26, Quarter 2.</p> |
| <p>RECOMMENDATION / ACTIONS</p> | <p>The Trust Research, Development, and Innovation Sub-Committee are requested to NOTE the Trust's Research, Development, and Innovation Integrated Performance Report for FY2025/26, Quarter 2.</p> |

| GOVERNANCE ROUTE | |
|---|---|
| List the Name(s) of Committee / Group who have previously received and considered this report: | Date |
| Welsh Blood Service [WBS] Senior Leadership Team | 12 Nov 2025 |
| Velindre Cancer Service [VCS] Senior Leadership Team / Divisional Board | 18 Nov 2025 |
| RD&I Operational Management Group | 25 Nov 2025 |
| | |
| | |
| SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS | |
| The governance cycle for the Trust RD&I Integrated Performance Report was planned as follows: | |
| Meeting | Meeting Date |
| WBS Senior Leadership Team | 12 Nov 2025 |
| VCS Senior Leadership Team | 18 Nov 2025 |
| RD&I Operational Management Group | 25 Nov 2025 |
| Executive Management Board | 25 Nov 2025 |
| RD&I Sub-Committee | 11 Dec 2025 |
| No feedback has been received from previous meetings prior to submission. | |
| 7 LEVELS OF ASSURANCE | |
| NOT APPLICABLE | |
| ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR | Select Current Level of Assurance |
| | |
| APPENDICES | |
| 1 | Research, Development, and Innovation Integrated Performance Report Financial Year 2025/26, Quarter 2 |

1. SITUATION

The RD&I Sub-Committee receives the Trust’s RD&I Integrated Performance Report quarterly throughout the financial year.

For Quarters 1 through 3, the report covers the activities of the Trust’s Research, Development, and Innovation service in the reported quarter.

For Quarter 4, an annual report incorporating Q1 through Q3 previously reported, plus Q4 activities, is provided covering the activities Trust’s Research, Development, and Innovation service for the whole financial year.

2. BACKGROUND

The governance arrangements are that the Trust RD&I Integrated Performance Report is received for information or considered at the following groups and committees:

- Welsh Blood Service Senior Leadership Team.
- Velindre Cancer Centre Senior Leadership Team.
- Research, Development, and Innovation Operational Management Group.
- Executive Management Board.
- Research, Development, and Innovation Sub-Committee.

3. ASSESSMENT

The Trust RD&I Integrated Performance Report summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service for **FY2025/26, Quarter 2**.

The report provides an update of activities against the Trust's Research, Development, and Innovation service's strategic priorities:

- Strategic Priority 1: The Trust will drive forward the implementation of its Cancer Research & Development ambitions.
- Strategic Priority 2: The Trust will maximise the Research & Development ambitions of the Welsh Blood Service.
- Strategic Priority 3: The Trust will implement the Velindre Innovation Plan.
- Strategic Priority 4: The Trust will maximise collaborative opportunities locally, nationally & internationally.

Additionally, the activity of cross-cutting themes and corporate work areas supporting Research, Development and Innovation are reported.

Quarter 2 shows progress against as four RD&I strategic priorities with achievements in the cancer research pipeline, strengthened partnerships through the Cardiff Cancer Research Partnership (CCRP), and continued improvements across Welsh Blood Service research and Innovation.

Cross-cutting themes continue to advance, including preparations for implementing FLORENCE eBinders; the implementation of the new UK Medicines for Human Use (Clinical Trials) Regulations and ICH Good Clinical Practice in April 2026, and planning for growth of the research portfolio.

The RD&I Sub-Committee are asked to note the areas of ALERT / ASSURE / ADVISE / INFORM that follows:

| | |
|--------------|--|
| ALERT | <ul style="list-style-type: none">• Although 57% of non-commercial studies and 67% of commercial studies met their overall recruitment targets, Recruitment to Time and Target (RTT) ratings continue to fluctuate. This pattern reflects the nature of the current research portfolio, where small recruitment targets and long study durations can cause rapid shifts in |
|--------------|--|

| | |
|---------------|---|
| | <p>performance ratings. Continued close monitoring remains important to ensure VUNHST maintains timely access for patients to cutting-edge research and steadily improves performance against Health and Care Research Wales RTT expectations.</p> <ul style="list-style-type: none"> • Constraints within Radiotherapy capacity and external biopsy support continue to present risks to the delivery and set-up of certain clinical trials. Radiotherapy pressures may limit the ability to open or schedule radiotherapy-linked studies, while variable biopsy support from Cardiff & Vale University Health Board (CVUHB) may affect feasibility and recruitment for biopsy-dependent trials. Mitigations remain in place, but ongoing close monitoring is essential to ensure Velindre can meet contractual research commitments, maintain sponsor confidence, and protect patient access to research. • Work continues to fully align the Trust’s RD&I Integrated Performance Report with Health and Care Research Wales Annual Report requirements, including maturing new datasets related to Organisation of European Cancer Institutes (OEI) designation, internal performance indicators, and publication metrics. Ensuring accuracy, completeness, and consistency in these data is crucial for demonstrating Velindre’s research readiness, evidencing the impact and positioning of the Trust within the Wales and UK research landscape. |
| ASSURE | <ul style="list-style-type: none"> • Significant progress continues across major strategic programmes, particularly the launch of the Cardiff Cancer Research Partnership (CCRP), the successful opening of complex early-phase studies such as ATTR-01; and strengthened interdisciplinary research leadership through the appointment of Professor Shea Palmer. These developments demonstrate growing capability and reinforce Velindre’s position as a key partner in Wales’s cancer research ecosystem. This provides positions the Trust is to continue to attract high-value studies, deepen academic-clinical integration, and expand access to innovative treatments for patients. • Governance and assurance mechanisms remain strong and continue to mature, with clear progress underway to prepare for the implementation of FLORENCE eBinders and the forthcoming UK Medicines for Human Use (Clinical Trials) Regulations and ICH Good Clinical Practice in April 2026. This strengthening of systems and processes enhances Velindre’s readiness for regulatory scrutiny, supports MHRA inspection preparedness, and reinforces a culture of safety, transparency, and continual improvement across all activities. |
| ADVISE | <ul style="list-style-type: none"> • Forward planning remains essential as the Trust prepares for the implementation of the UK Medicines for Human Use (Clinical Trials) Regulations and ICH Good Clinical Practice in April 2026. Early mapping of training requirements and alignment of SOPs provides a strong foundation, and the benchmarking visit to The Clatterbridge |

| | |
|---------------|---|
| | <p>Cancer Centre NHS Foundation Trust will support the refinement of an optimised operating model. Ensuring the necessary infrastructure, skills and processes are in place will enable VUNHST to transition smoothly to the new regulatory framework and maintain its ability to deliver high-quality clinical research.</p> <ul style="list-style-type: none"> • As the research portfolio continues to grow in complexity, particularly in advanced therapy medicinal products (ATMPs), immunotherapies, and personalised cancer vaccines, ongoing assessment of workforce capacity and capability will be required. Ensuring appropriate support across research delivery, governance, support services/departments capabilities will be critical to sustaining performance. Targeted planning will help mitigate operational pressures, maintain timely study start-up, and preserve Velindre’s competitiveness for high-value commercial and early-phase studies. • Preparations for the introduction of FLORENCE eBinders continue to progress, with cross-departmental coordination remaining a key factor for success. Ensuring readiness across the Research Service, Study Delivery Teams and support services/departments will support a consistent and efficient implementation. Embedding FLORENCE should effectively strengthen documentation accuracy, streamline processes across the study lifecycle, and enhance compliance with future regulatory expectations. |
| INFORM | <ul style="list-style-type: none"> • Quarter 2 has seen a several achievements across both Velindre Cancer Services and Welsh Blood Service divisions, including continued advancement of the BioNTech vaccine and early-phase portfolios, national recognition for WBS cold-stored platelet research, and high-profile engagement such as the Cabinet Secretary’s visit to the new Velindre Cancer Centre site. These achievements further highlight the strength and visibility of research across VUNHST and reinforce the Trust’s reputation as a research-active organisation delivering benefits for patients and partners. • Progress also continues across key cross-cutting themes, including development of the research training programme, digital infrastructure planning, and collaborative work to align with the Organisation of European Cancer Institutes (OECI) metrics. These developments contribute to the Trust’s long-term research readiness, support organisational resilience, and help position VUNHST to maximise future opportunities—particularly as preparations continue for transition to the new Velindre Cancer Centre in 2027. |

4. SUMMARY OF MATTERS FOR CONSIDERATION

The RD&I Sub-Committee is requested to **NOTE** the RD&I Integrated Performance Report for FY2025/26, Quarter 2, including the items highlighted within the ALERT / ASSURE / ADVISE / INFORM section of this cover report.

The Sub-Committee is further asked to **CONFIRM** whether the revised cover report's ALERT / ASSURE / ADVISE / INFORM summary and the updated RD&I Integrated Performance Report risk section meet the Committee's expectations for improved structure, clarity, and assurance in future RD&I papers.

5. IMPACT ASSESSMENT

| | |
|--|---|
| TRUST STRATEGIC GOAL(S) | |
| Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below | |
| If yes - please select all relevant goals: | |
| <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> | |
| RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <small>For more information: STRATEGIC RISK DESCRIPTIONS</small> | 02 - Partnership Alignment |
| QUALITY AND SAFETY IMPLICATIONS / IMPACT | Yes -select the relevant domain/domains from the list below. Please select all that apply |
| | <ul style="list-style-type: none"> Safe <input checked="" type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/> |
| | <p>a) The Integrated Performance Report describes the Research, Development, and Innovation activities demonstrating the Trust being a research supportive organisation.</p> <p>b) The Integrated Performance Report demonstrates the Trust's commitment to undertaking research that is evidence based and appropriate, offering equal opportunities to all patients that is respectful and responsive to their treatment needs.</p> |

| | |
|--|---|
| | c) The report also displays the Trust's dedication to conducting research in a safe and effective manner, making the best use skills and resources available. |
| QUALITY IMPACT ASSESSMENT | Not required - not a strategic decision |
| SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <small>For more information: https://www.gov.wales/socio-economic-duty-overview</small> | Not required |
| TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT | |
| The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: YES - Select Relevant Goals below | |
| If yes, select the relevant goals: | |
| <ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input checked="" type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/> | |
| FINANCIAL IMPLICATIONS / IMPACT | Yes - please Include further detail below, including funding stream |
| | There is a potential financial impact in not demonstrating the Trust's commitment to the strategic goal "A beacon for research, development, and innovation in our stated areas of priority" as it could jeopardise the funding received from Health and Care |

| | |
|---|---|
| | <p>Research Wales along with other non-commercial/commercial sources.</p> <p>No direct financial implications from this paper.</p> |
| <p>EQUALITY IMPACT ASSESSMENT</p> <p><i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</p> | <p>Yes - please outline what, if any, actions were taken as a result</p> <p><i>The Equality Impact of Trust RD&I Integrated Performance Report for FY2025/26, Quarter 2 has been considered and there are no matters of concern to raise.</i></p> |
| <p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p> | <p>There are no specific legal implications related to the activity outlined in this report.</p> |

6. RISKS

| | |
|---|-----------|
| <p>ARE THERE RELATED RISK(S) FOR THIS MATTER</p> | <p>No</p> |
|---|-----------|



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



Welsh Blood Service
Gwasanaeth Gwaed Cymru



Canolfan Ganser Felindre
Velindre Cancer Centre

Velindre University NHS Trust
Research & Development
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Velindre Road, Whitchurch
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2025/26

Q2

July 2025 to
September 2025

Research, Development & Innovation

Integrated Performance Report

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Abbreviations.

| Abbreviation | Definitions |
|---------------------|---|
| A&D | Accreditation and Designation |
| ARC | Advancing Radiotherapy Cymru |
| ARF | Advancing Radiotherapy Fund |
| ATMP | Advanced Therapy Medicinal Product |
| BEST | Biomedical Excellence for Safer Transfusion |
| BEST-C | Biomedical Excellence for Safer Transfusion Collaborative |
| BNT | BioNTech |
| C | Commercial |
| CCfLRI | Collaborative Centre for Learning, Research, and Innovation |
| CCRH | Cardiff Cancer Research Hub |
| CCRP | Cardiff Cancer Research Partnership |
| CEO | Chief Executive Officer |
| CI | Chief Investigator |
| CSP | Cold Stored Platelets |
| CU | Cardiff University |
| CVLP | Cancer Vaccine LaunchPad |
| CVUHB | Cardiff and Vale University Health Board |
| DMS | Defence Medical Services |
| DVT | Deep Vein Thrombosis |
| EMB | Executive Management Board |
| EMRTS | Emergency Medical Retrieval and Transfer Service |
| ESR | Electronic Staff Record |
| FTE | Full Time Equivalent |
| FY | Financial Year |
| GCP | Good Clinical Practice |
| HCRW | Health and Care Research Wales |
| HPV | Human Papillomavirus |
| ICH | International Council for Harmonisation |
| IMTP | Integrated Medium-Term Plan |
| IRS | Integrated Radiotherapy Solution |
| ISBT | International Society of Blood Transfusion |
| k | Thousand |
| KI | Key Indicator |
| KPI | Key Performance Indicator |
| M | Million |
| m | Million |
| MDT | Multi-Disciplinary Team |
| mRNA | messenger Ribonucleic Acid |
| MS | Member of the Senedd |
| NC | Non-Commercial |
| NHS | National Health Service |
| NSCLC | Non-Small Cell Lung Cancer |
| NWSSP | NHS Wales Shared Services Partnership |
| OBE | Order of the British Empire |
| OECI | Organisation for European Cancer Institutes |
| OECI CC | OECI Cancer Centre [CC] |
| OECI CCC | OECI Comprehensive Cancer Centre [CCC] |
| OECI CCN | OECI Comprehensive Cancer Network [CCN] |
| PBT | Proton Beam Therapy |
| PhD | Doctor of Philosophy |

RD&I - Integrated Performance Report

| | |
|--------|--|
| PI | Principal Investigator |
| PPP | Purchasing Power Parity |
| Q | Quarter |
| R&D | Research & Development |
| RAG | Red, Amber, Green |
| RD&I | Research, Development, and Innovation |
| RIC | Regional Innovation Coordination |
| RT | Radiotherapy |
| RTT | Recruitment to Time and Target |
| SRO | Senior Responsible Officer |
| UHB | University Health Board |
| UK | United Kingdom |
| VC | Vice Chancellor |
| VHCRST | Velindre Healthcare Cancer Research Support Team |
| VPAG | Voluntary scheme for branded medicines Pricing, Access, and Growth |
| VUNHST | Velindre University NHS Trust |
| W&OD | Workforce and Organisational Development |
| WBS | Welsh Blood Service |
| WCLF | Welsh Clinical Leadership Fellow |
| WTE | Whole Time Equivalent |

INTRODUCTION

The Trust Research, Development, and Innovation (RD&I) Integrated Performance Report summarises and provides an update of activities of the Trust's RD&I service for each quarter of the financial year.

The report reflects the RD&I strategic priorities published in the Velindre University NHS Trust's Integrated Medium-Term Plan (IMTP). These priorities support the Trust's strategic goal to be "A *beacon for research, development and innovation*" are as follows:

| STRATEGIC PRIORTIES | |
|---------------------|---|
| PRIORTIY 1 | The Trust will drive forward the implementation of its Cancer Research and Development Ambitions 2022-2031. |
| PRIORITY 2 | The Trust will maximise the Research and Development ambitions of the Welsh Blood Service. |
| PRIORITY 3 | The Trust will implement the Velindre Innovation Plan. |
| PRIORITY 4 | The Trust will maximise collaborative opportunities locally, nationally, and internationally. |

The report provides an update of activities against the Trust RD&I service's strategic priorities, alongside the supporting work of cross-cutting themes and corporate functions that support research, development, and innovation.

The reports for quarters one through three summarise the work in that quarter, culminating in an annual report at the end of the financial year.







The Trust will drive forward the implementation of its Cancer Research and Development Ambitions.

1 Velindre Cancer Research & Development Strategic Ambitions.

Whilst we are awaiting a decision on the new R&D bid which will be going to Charitable Funds, there was an Away Day held with the R&D Senior Core Team to collaborate on strategic planning. This included discussions on how we can shape the trials portfolio to ensure a sustainable future.

2 Cardiff Cancer Research Hub.

In this period, we have:

|  | Following an executive meeting on 7 August, there was a name change from CCRH ('Hub') to CCRP ('Partnership') to avoid the potential perception that that 'Hub' referred to a single physical location. The change will also better reflect activities across multiple sites and aligns with Cardiff Health Partners. | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|---------------------------|---------|-------------|------------------------------|---|-------------|------------|-------------------------|---------|--|------------|---------------------------|---|---------------------------|------------|------------------|
|  | The CCRP launch took place on 17 September and presented an opportunity to meet the clinicians and researchers driving the partnership. There was an inspiring presentation from David Donegan (CEO VUNHST), Suzanne Rankin (CEO CVUHB) and Wendy Lerner (VC CU) and the event was warmly received by the cancer research community. | | | | | | | | | | | | | | | | | | |
|  | The CCRP website is officially live (www.ccrp.org.uk) and acts as the virtual front door of the partnership. The website presents our work in a professional and compelling manner to the pharmaceutical and other life sciences companies that are looking for partners to conduct cancer research, and to attract funders of cancer research. | | | | | | | | | | | | | | | | | | |
|  | ATTR 01 study is now open which will test virus technology developed by scientists in Professor Alan Parker's lab at Cardiff University. This is a fantastic opportunity to see an invention made at Cardiff University progress into a clinical trial in Cardiff which will treat patients in Cardiff. | | | | | | | | | | | | | | | | | | |
|  | Following the approval of the Heads of Terms, a more detailed, contractual Partnership Agreement has been developed with NWSSP lawyers. This document will shortly be finalised and will go through each organisation's respective governance routes for sign off. | | | | | | | | | | | | | | | | | | |
|  | <p>CCRP Trial portfolio overview:</p> <table border="1"> <thead> <tr> <th>Stage</th> <th>Study Name</th> <th>Study Type</th> <th>Funding</th> <th>Cancer Type</th> </tr> </thead> <tbody> <tr> <td rowspan="3">4 Trials open to recruitment</td> <td>Monumental-6 (Closed to recruitment)</td> <td>Bi-specific</td> <td>Commercial</td> <td>Haem - Multiple Myeloma</td> </tr> <tr> <td>ATTR 01</td> <td>Oncolytic virus vaccine - ATMP (FIH/FIC)</td> <td>Commercial</td> <td>Solid tumour (multi-site)</td> </tr> <tr> <td>Protocol 75276617ALE1001 (Menin / Camelot)</td> <td>Phase I/II First in Human</td> <td>Commercial</td> <td>Haem - Leukaemia</td> </tr> </tbody> </table> | Stage | Study Name | Study Type | Funding | Cancer Type | 4 Trials open to recruitment | Monumental-6 (Closed to recruitment) | Bi-specific | Commercial | Haem - Multiple Myeloma | ATTR 01 | Oncolytic virus vaccine - ATMP (FIH/FIC) | Commercial | Solid tumour (multi-site) | Protocol 75276617ALE1001 (Menin / Camelot) | Phase I/II First in Human | Commercial | Haem - Leukaemia |
| Stage | Study Name | Study Type | Funding | Cancer Type | | | | | | | | | | | | | | | |
| 4 Trials open to recruitment | Monumental-6 (Closed to recruitment) | Bi-specific | Commercial | Haem - Multiple Myeloma | | | | | | | | | | | | | | | |
| | ATTR 01 | Oncolytic virus vaccine - ATMP (FIH/FIC) | Commercial | Solid tumour (multi-site) | | | | | | | | | | | | | | | |
| | Protocol 75276617ALE1001 (Menin / Camelot) | Phase I/II First in Human | Commercial | Haem - Leukaemia | | | | | | | | | | | | | | | |

| | | | | |
|---------------------------|------------------------------|--|--------------------------------|-------------------------|
| 5 Trials in set up | BNT116 (LuCa-MERIT) | MRNA cancer vaccine, First In Human | Commercial (BioNTech Pipeline) | Lung |
| | Dareon (LUNG-1) | Phase III | Commercial | Solid - Lung |
| | ABBVIE M25-059 | ABBV-383 - BCMA bispecific antibody (IV), Phase I/II | Commercial | Haem - Multiple Myeloma |
| | BNT323-03 | Phase I/II | Commercial - BioNTech pipeline | Breast |
| | Apollo AP30CP01 (APL4098 SK) | Phase 1/2 | Commercial | Haem - Leukaemia |
| | JNJ-78278343 (KLK2-PASenger) | Phase 3 Randomized, T Cell-redirecting agent | Commercial | Solid - Prostate |

3 Nursing & Interdisciplinary Research.

3.1 Professor Shea Palmer appointed as Professor of Interdisciplinary Cancer Care.



Professor Shea Palmer (pictured) has recently been appointed as Velindre Professor of Interdisciplinary Care, succeeding Dr Tessa Watts. Shea is also Professor of Physiotherapy & Director of Postgraduate Research within the School of Healthcare Sciences at Cardiff University. He chairs the Research Training Awards and Emerging Researcher panel for Health & Care Research Wales and is a very experienced research mentor and supervisor. He is currently Chief Investigator for the NIHR-funded Inclusive Prehabilitation (I-Prehab) Project. I-Prehab is an education intervention for cancer care workers to help improve access, acceptance and adherence to cancer prehabilitation, particularly for people from lower socioeconomic and minority ethnic groups. Shea is particularly passionate about the development of healthcare professionals' clinical academic careers and has experience of supporting colleagues from a wide range of professional disciplines through pre-doctoral, doctoral and post-doctoral fellowships.

In his Velindre role, which is one day per week, Shea will oversee the continued success of the Velindre Healthcare Cancer Research Support Team (VHCRST) and associated activities. The VHCRST includes a small interdisciplinary team of academic researchers based at Cardiff University who are available to support the development of research activity and clinical academic careers of nurses, allied health professionals, pharmacists and clinical scientists. The team includes Dr Nick Courtier (Radiotherapy), Dr Sarah Fry (Nursing) and Dr Nichola Gale (Physiotherapy). The collaborative scheme has successfully supported colleagues via the Velindre Introduction to Research awards and the Doctoral (PhD) Fellowship awards. The team also host regular community meetings at Velindre to discuss relevant research topics.

Shea is keen to explore how individuals and teams can be supported to apply not just for the VHCRST schemes, but also other external research fellowships and project funding. The VHCRST also wants to more explicitly support healthcare professionals with dissemination activities, offering advice and peer support for preparation of abstracts, posters and papers. There are exciting opportunities to build long-term collaborative research activities between Velindre and Cardiff University, and his vision is to ensure that the VHCRST helps to realise those opportunities. Shea can be contacted on palmers9@cardiff.ac.uk and his research profile is available here <https://profiles.cardiff.ac.uk/staff/palmers9>.

3.2 Velindre Healthcare Cancer Research Community Meetings.

At the July meeting, two of our part-time Velindre PhD Fellows, who both started in January 2025, presented overviews of their PhD research at Cardiff University. Alison Edwards is a Macmillan Lung Cancer Clinical Nurse Specialist and is being supervised by Dr Nichola Gale, Senior Lecturer in Physiotherapy. Her PhD is "Exploring the relationship between evolving treatment paradigms in advanced lung cancer and patients' needs relating to exercise". Sarah Owen-

Jones is an Advanced Nurse Practitioner in systemic anti-cancer therapy (SACT) and is being supervised by Dr Sarah Fry, Senior Lecturer in Nursing. Her PhD is "Exploring the barriers for adopting and embedding lessons learnt from patient safety incidents within a regional cancer centre".


Future scheduled meetings include seminars by Ms Julie Hepburn (Patient and Public Involvement in Research Advisor, Wales Cancer Research Centre); Dr Matt Wallen (Senior Research Fellow in Cancer Survivorship, Flinders University, Australia) and Dr Judit Csontos (Research Associate and Physiotherapist, Wales Centre for Evidence Based Care). Please contact Zahida Azhar (VHCRST Administrator AzharZ1@cardiff.ac.uk) if you would like to join our research community.

3.3 Velindre Healthcare Research Fellowships.


We have three ongoing PhD fellows (0.4 FTE, 5 years) - Ceri Stubbs (Nursing, Jan 2024 start), Alison Edwards (Nursing, Jan 2025 start) & Sarah Owen-Jones (Nursing, Jan 2025 start). Three Introduction to Research fellows (0.2 FTE, 1 year) have successfully completed their projects - Fran Brown (Nursing), Barbara Wilson (Nursing) & Jo Simpson (Nursing). All three have had presentations accepted at national conferences. Three applications were received for the next round of Introduction to Research fellowships (from Nursing, Occupational Therapy and Pharmacy) and we will announce the successful candidates in due course. We aim to readvertise for a PhD fellowship.

4 Velindre Cancer Service Research.

4.1 Research partnership launches to develop new cancer treatments.



Partneriaeth Ymchwil Canser Caerdydd | **Cardiff Cancer Research Partnership**



Research Partnership Launches to Develop New Cancer Treatments: A dynamic collaboration which will increase Welsh cancer patients' access to cancer research by bringing new clinical trials to Wales has officially launched with the unveiling of the Cardiff Cancer Research Partnership (CCRP).

A formal partnership between Velindre University NHS Trust, Cardiff and Vale University Health Board and Cardiff University, the CCRP brings together academics and clinicians to increase multi-organisational cancer research studies and industry funded clinical trials, and offers a single, streamlined gateway to world-class expertise and facilities across haematological and solid tumour cancers - from early discovery phase through to complex and late phase clinical trials.

Speaking of the partnership, **David Donegan**, Chief Executive at Velindre University NHS Trust said:
"The Cardiff Cancer Research Partnership marks an important step forward for cancer research in Wales. By uniting our strengths across academia and clinical care, we're creating a powerful platform to accelerate innovation, attract investment, and ultimately bring more cutting-edge trials to Welsh patients. This is about turning collaboration into cures. In recent years, Velindre has led a number of internationally significant research initiatives that are making a difference to cancer patients around the world"

With strong partnerships across the cancer research community in Wales, the CCRP is ideally placed to develop the next generation of cancer treatments, taking discoveries from the laboratory to clinical trials.

How does the Cardiff Cancer Research Partnership work?

For Industry;
 The CCRP acts as a single point of entry to research and clinical expertise and facilities at Cardiff and Vale University Health Board, Cardiff University and Velindre University NHS Trust.



For Clinicians and Academics;
 The CCRP can help you build links with clinical and academic researchers across South-East Wales. If you work in cancer at a partner organisation, we can help with research funding bids, access to samples, and bringing in new commercial trials.

The CCRP takes research from bench to bedside - taking discoveries from the lab and translating them into clinical trials that improve outcomes for NHS patients across Wales. By working across organisations, CCRP brings together the best of NHS and academic expertise. This collaborative approach allows us to share knowledge, pool resources, and build the capacity needed to deliver complex, high-quality clinical trials that benefit the Welsh population.


The partnership is building a future where the research workforce is front and centre: making research more accessible, supporting clinical academics, and ensuring they have the tools and infrastructure to carry out truly innovative work.

| | |
|--|---|
| <p>Increase Welsh patients' access to cancer research by bringing new clinical trials to Wales</p> | <p>Our goals</p> |
| <p>Academics and clinicians working in partnership to increase multi-organisational research studies and industry-funded clinical trials</p> | <p>Translate research into new cancer treatments by doing more translational research to take discoveries from the lab to clinical trials</p> |
| <p>Build capacity to carry out complex clinical trials by increasing the number of staff and amount of infrastructure available</p> | <p>Grow a future-focused research workforce by increasing the number of clinical academics and making research easier across NHS and academia</p> |

4.2 Wales commences new cancer vaccine study against head and neck cancer.



Professor Mererid Evans,
Director of Wales Cancer
Research Centre, and
Consultant Clinical Oncologist at
Velindre University NHS Trust



Wales commences new cancer vaccine study against head and neck cancer

Patients in Wales are taking part in a study of an investigational cancer vaccine aiming to treat head and neck cancers associated with Human Papillomavirus 16 (HPV-16); **BNT113-01 (AHEAD-MERIT)**

The investigational cancer vaccine uses messenger ribonucleic acid (mRNA) technology to help the immune system recognise and kill cancer cells containing proteins associated with HPV-16. In the study, the investigational mRNA cancer vaccine is given in combination with an established immunotherapy called Pembrolizumab, aimed at helping to improve the way the immune response is directed against cancer cells containing HPV.

The study is open at Velindre Cancer Centre in Cardiff, and is accessible to patients across Wales, as part of a coordinated approach to study delivery supported by Health and Care Research Wales, and the Cardiff Cancer Research Partnership. Patients can also be referred to Velindre from elsewhere in the UK through the Cancer Vaccine Launchpad (CVLP), a platform set up by the NHS England and Genomics England, to help broaden access for cancer patients to clinical studies including mRNA cancer vaccine clinical studies.

Over 700 new head and neck cancer cases are diagnosed in Wales every year, with cancers typically developing in the mouth, throat or voice box. Cancers caused by HPV tend to occur in the tonsils and the back of the tongue, and account for 20-40% of head and neck cancers overall. Despite advances in care for patients with head and neck cancer, the advanced form of the disease is difficult to treat and has high rates of recurrence, with two-year survival rates at under 50%.

The investigational cancer vaccine is designed to encode two proteins that are frequently found in head and neck cancers caused by HPV type 16, the most common type of HPV found in head and neck cancer. The vaccine is designed to direct the immune system to specifically fight the cancer.

Professor Mererid Evans, Director of Wales Cancer Research Centre, Clinical Professor at the Division of Cancer and Genetics, Cardiff University, and Consultant Clinical Oncologist specialising in the treatment of head and neck cancer at Velindre University NHS Trust said: *“HPV-associated head and neck cancers have been increasing in incidence in Wales and the rest of the developed world over the last 20 to 30 years, and we are seeing it commonly in our clinics. Patients who are diagnosed with HPV-associated head and neck cancer tend to do well overall, but unfortunately a small proportion (10-20%) do find that their cancer has spread making it difficult to treat with existing treatments.*

We are proud to support this study in order to allow head and neck cancer patients in Wales to access a treatment that could potentially improve their outcomes. We are also supporting other cancer vaccine studies by recruiting eligible patients from Wales and other parts of the UK to them. In doing so, Wales is playing its full part in the development of potential new cancer treatment options that have the potential to improve future care for people around the world.”

4.3 Thoracic Oncology Trials Team shortlisted for Oncology Team of the Year.



Dr Paul Shaw, Consultant Clinical Oncologist at Velindre Cancer Service specialising in lung cancer



Thoracic Oncology Trials Team Shortlisted for Oncology Team of the Year

The Thoracic Oncology Trials Team at Velindre Cancer Centre have been selected as finalists for the 'Oncology Team of the Year' Award at the Welsh Healthcare Awards 2025.

Led by **Dr Paul Shaw**, the nomination recognises the whole lung research team and highlights the remarkable collective effort that has gone into expanding and enhancing Velindre's lung research portfolio in recent years.

The award application highlighted the importance of collaboration not only within the Thoracic Oncology Trials Team, but also across departments, disciplines, and partner organisations within all of our research efforts.

Velindre Cancer Centre has transformed lung cancer care by expanding access to clinical trials that offer patients innovative, personalised treatment options. Our multidisciplinary team ensures patients across South Wales benefit from cutting-edge therapies - including immunotherapy, radiotherapy, and liquid biopsy diagnostics - delivered with compassion and precision.

Trials such as CRUK-CONCORDE (early phase drug RT trial in stage 3 NSCLC) and HITMESO (radical proton therapy in hemithoracic pleural mesothelioma) studies have improved access for patients with complex disease, while studies like TOURIST (palliative RT in NSCLC) and QuicDNA enhance palliative therapy. Patients report feeling more informed, supported, and empowered, with research participation offering hope and a sense of purpose during a difficult time.

Seamless integration of trials into care pathways, supported by future digital tools and strong partnerships, will ensure minimal disruption and maximum benefit. Our team's dedication has positioned Velindre as a trusted national referral centre, where research excellence directly translates into improved patient experience, outcomes, and quality of life.

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4.4 Radiotherapy Research and Innovation showcase.



The Radiotherapy Research and Innovation Showcase Event



Radiotherapy Research and Innovation Showcase

The Innovation department recently hosted the Radiotherapy Research and Innovation Showcase Event, celebrating the fantastic project work made possible through charitable funding.

Through the generosity of supporters and the dedication of our researchers and project teams, the event highlighted how charitable funds, including the Advancing Radiotherapy Fund, the Lucas Fund, and the Probert Fund, have:

- Supported the development of advanced radiotherapy techniques that benefit patients across South Wales.
- Strengthened the infrastructure to deliver radiotherapy research.
- Enabled vital head and neck cancer research with the potential to improve patient outcomes now and in the future.
- Introduced cutting-edge technology that is shaping the future of cancer care in Wales

Attendees heard directly from project leads and researchers, who shared the impact of their work and the difference it is making for patients and their families.

Their presentations brought to life the benefits of research, service developments, and innovation that would not have been possible without charitable support.

The Showcase also marked the soft launch of the ARC Academy, which will succeed the Advancing Radiotherapy Fund (ARF) programme.

Over the next five years, ARC Academy will drive forward innovation in radiotherapy, accelerate the adoption of new service developments, and expand access to world-class research and technology across Wales.

4.5 Research finds hospital cancer patients less likely to develop blood clots.



HIDDEN2

Hospital Deep Vein
Thrombosis
Detection Study

Professor Simon Noble, Marie Curie Professor in Supportive and Palliative Medicine at Cardiff University.



Research finds hospital cancer patients less likely to develop blood clots

The HIDDEN2 study (Hospital Deep Vein Thrombosis Detection Study in Cancer Patients Receiving Palliative Care), has suggested that cancer patients receiving palliative care in hospitals may be less likely to develop serious blood clots than those in hospices. The findings raise important questions about whether current clot prevention strategies in hospitals are necessary for all patients.

Professor Simon Noble, Marie Curie Professor in Supportive and Palliative Medicine at Cardiff University, explained that deep vein thrombosis (DVT) may not show symptoms and can often be overlooked. He said: *“If left untreated, clots can lead to serious complications, like painful swollen legs, or even a clot travelling to the lungs, causing life-threatening chest pain or difficulty breathing.”*

Professor Noble and his team aimed to find out how many palliative care patients in hospital settings actually had DVT and to assess the associated risks.

The research involved 201 cancer patients receiving palliative care across three hospitals in south Wales, and more than 150 of the patients admitted to the study were recruited from the Velindre Cancer Centre.

Despite concerns about clotting risks, the study identified only one patient with an acute DVT, a prevalence of just 0.6%, which is much lower than the 28% previously reported in similar studies conducted in hospice or specialist palliative care settings.

Professor Noble said: *“This low prevalence may suggest that hospital-based palliative care patients could be at much lower risk of developing blood clots than those in hospices. Because of this, we may need to consider whether routine clot prevention is necessary for everyone in this setting.”*

He added: *“The study highlights the importance of individualised care, rather than assuming all palliative care patients have the same risk. We should consider a more tailored approach, which could help avoid unnecessary treatment while still protecting those who are most at risk.”*

The findings underscore the importance of personalised care in palliative settings, where treatment decisions must carefully balance potential benefits and burdens.

Professor Noble continued: *“The results could inform future decision about how hospitals manage blood clot risks for cancer patients in palliative care, potentially allowing us to focus resources where they are needed most while avoiding overtreatment.”*

4.6 Cabinet Secretary visits new Velindre Cancer Centre site.



The Cabinet Secretary for Health and Social Care, Jeremy Miles MS



Cabinet Secretary Jeremy Miles MS visits nVCC site

The Cabinet Secretary for Health and Social Care, Jeremy Miles MS, visited the construction site of our new Velindre Cancer Centre - one of the most significant infrastructure and healthcare investments Wales has seen in decades.

The project, on track to welcome our first patients in Spring 2027, will ensure that people affected by cancer in south Wales continue to receive outstanding care for generations to come.

During the visit, the Cabinet Secretary met with Velindre University NHS Trust leaders, clinicians and construction partners from the Acorn consortium and Sacyr UK.

He was shown the significant construction progress and heard about the lasting clinical, environmental, workforce and community benefits the new centre will deliver.

Chair of Velindre University NHS Trust, **Donna Mead OBE**, said:

"It was a privilege to welcome the Cabinet Secretary to the site of our future home. Our new Velindre Cancer Centre is much more than a building - it will give our patients, families and staff a space that supports care, recovery and research at the highest level.

This is about delivering the very best cancer care, built on decades of expertise, compassion and commitment. We are immensely proud of the progress being made and of the partnerships that have brought us to this point."

Our nVCC is designed with the future in mind. The centre includes flexible clinical spaces and built-in capacity to expand chemotherapy, radiotherapy and diagnostic services allowing us to respond to rising demand for years to come and will improve every stage of the patient journey - from a more intuitive building layout that reduces waiting and anxiety, to better links between treatment areas that enable faster, more seamless care.

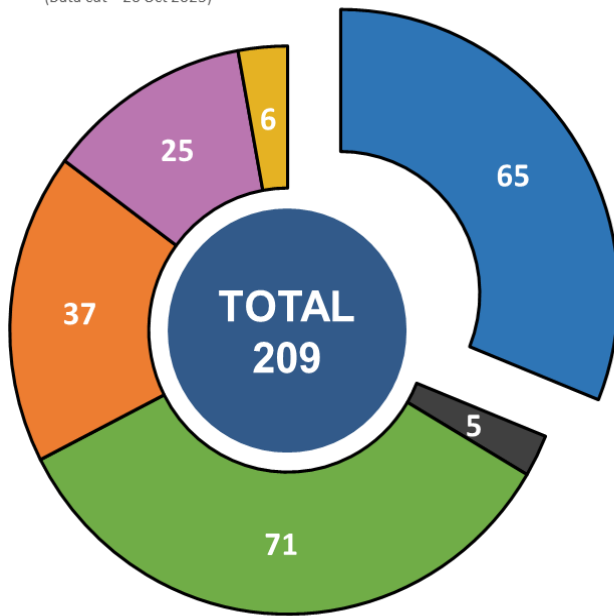
There will also be a dedicated radiotherapy research bunker will increase access to clinical trials and cutting-edge therapies, helping improve outcomes.

The centre will also be one of the most sustainable hospitals in the UK; it will be fully electric from day one and is being constructed using locally sourced low-carbon materials where possible. The site will offer more than 600 parking spaces, enhanced public transport links, and welcoming, therapeutic spaces that connect people with nature.

5 Velindre Research Performance Indicators.

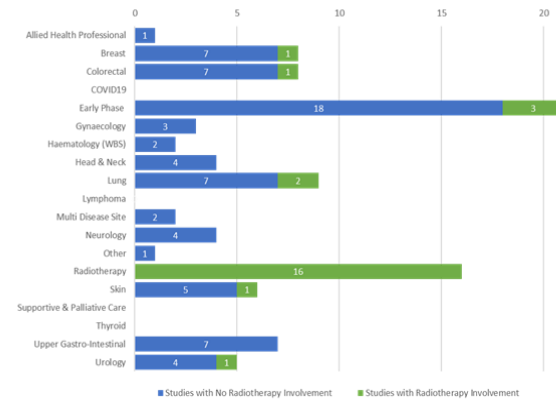
VUNHST Research Portfolio Dashboard

VUNHST Research Portfolio: No of research studies by category
(Data cut = 20 Oct 2025)

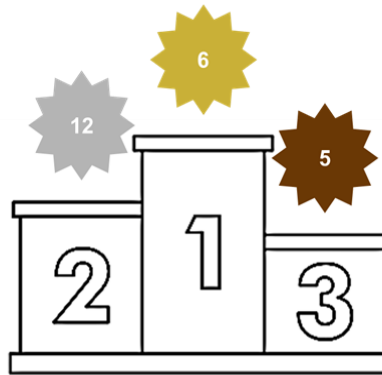
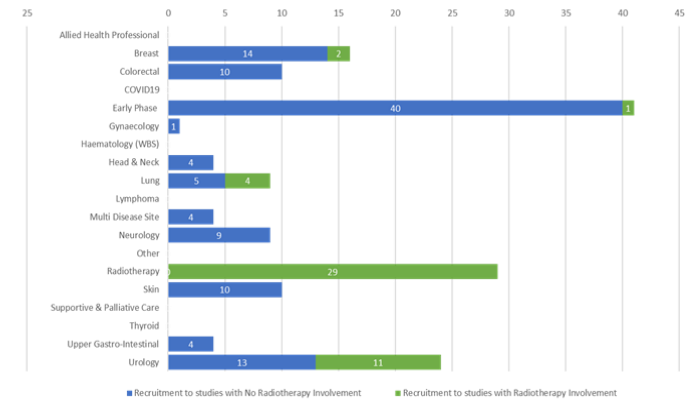


| |
|--|
| Active (studies requiring participant consent) |
| Active (support service or data collection only studies) |
| Closed to recruitment, in follow up |
| Closed to recruitment, no follow up |
| In set-up |
| Suspended |

VUNHST Research Portfolio: No of research studies by category
(Data cut = 20 Oct 2025)



VUNHST Research Portfolio: Recruitment by category
(Data cut = 20 Oct 2025)



UK study recruitment performance rankings

| Year | CUMULATIVE | Quarter 1 | | Quarter 2 | | Quarter 3 | | Quarter 4 | |
|------------------------------|------------|-----------|-------|-----------|--------|-----------|-------|-----------|-------|
| | | NC | C | NC | C | NC | C | NC | C |
| 2025/26 | 14 | 9 | 5 | TBC | TBC | | | | |
| | NC=9 | C=5 | NC=5 | C=4 | NC=0 | C=0 | NC=0 | C=0 | NC=0 |
| No of studies opened | CUMULATIVE | 33 | 7 | 4 | 11 | 11 | | | |
| | NC=17 | C=14 | NC=6 | C=1 | NC=2 | C=2 | NC=4 | C=7 | NC=6 |
| 2023/24 | CUMULATIVE | 31 | 7 | 9 | 7 | 8 | | | |
| | NC=19 | C=16 | NC=3 | C=4 | NC=4 | C=5 | NC=3 | C=4 | NC=7 |
| 2025/26 | 112 | 58 | 54 | TBC | TBC | | | | |
| | NC=88 | C=24 | NC=43 | C=15 | NC=0 | C=0 | NC=0 | C=0 | NC=0 |
| No of participants recruited | CUMULATIVE | 358 | 88 | 88 | 59 | 123 | | | |
| | NC=238 | C=120 | NC=55 | C=33 | NC=57 | C=31 | NC=41 | C=18 | NC=85 |
| 2023/24 | CUMULATIVE | 432 | 77 | 151 | 113 | 91 | | | |
| | NC=388 | C=74 | NC=64 | C=13 | NC=128 | C=23 | NC=97 | C=16 | NC=69 |

Key: NC = Non-Commercial, C = Commercial

6 Health and Care Research Wales key indicators for Velindre University NHS Trust.

Health & Care Research Wales calculate the percentage of open studies recruiting to time and target as Red, Amber, Green (RAG).

The RAG rating is calculated as follows:

$$\text{RAG rating} = \% \text{ recruitment} - \% \text{ time elapsed}$$

$$\text{Where } \% \text{ recruitment} = \frac{\text{Total recruitment (at site)}}{\text{Site recruitment target}}$$

$$\text{and } \% \text{ time elapsed} = \frac{\text{Number of days open (at site)}}{\text{Number of days planned to be open}}$$










“RED” = % recruitment is 30% behind the % time elapsed (i.e. RAG rating = -30% or less).

“AMBER” = % recruitment is up to and including 30% behind % time elapsed (i.e. RAG rating = < -1% ≥ -29%).

“GREEN” = % recruitment is equal to or is greater than % time elapsed (i.e. RAG rating = ≥ 0%).










Health & Care Research Wales calculate the percentage of closed studies recruiting to target as Red, Green. Where, “Red” indicates the recruitment target was not met and “Green” indicates the recruitment target was met.

6.1 Open studies – recruitment to time and target (non-commercial).







| | RAG | Rating | Comparison to previous Q | Comparison to previous FY | Narrative for RAG rating = “RED” |
|--|---|-------------------|---|---|---|
| C3 Open: % of Open non-commercial HCRW Portfolio Studies Recruiting to Time & Target |  | 50% 22 studies |  |  | <p>The studies that are hosted by VUNHST are often of small number recruitment targets or long study duration. Therefore, it is possible for studies to be RAG rated “RED” for several years or fluctuate in RAG rating for the duration of the study.</p> <p>List of studies with RAG rating = “RED”</p> <ul style="list-style-type: none"> • A Phase I/IIa Trial of HTL0039732 in Participants with Advanced Solid Tumours [IRAS 1006164], target = 12; planned study end date = 30/06/26 • ABC-12 [IRAS 1005274], target = 12; planned study end date = 31/03/26 • ACTOv [IRAS 1003954], target = 10; planned study end date = 01/04/28 • ADePT-DDR [IRAS 277083], target = 2; planned study end date = 05/01/26 • APPROACH [IRAS 306432], target = 11; planned study end date = 01/01/28 • ARTEMIS [IRAS 1004319], target = 3; planned study end date = 24/03/26 • DECIPHER [IRAS 1006810], target = 6; planned study end date = 30/11/25 • DOMENICA [IRAS 1006901], target = 20; planned study end date = 01/04/26 • DyNAMic [IRAS 1004759], target = 5; planned study end date = 01/06/26 • HER2-RADICAL [IRAS 292122], target = 5; planned study end date = 01/11/27 • MOLGEN [IRAS 7086], target = 5; planned study end date = 30/04/26 • NHS CVLP [IRAS 325291], target = 1; planned study end date = 31/01/29 • PemOla [IRAS 1004744], target = 1; planned study end date = 31/07/27 • PROTIEUS [IRAS 329646], target = 4; planned study end date = 01/10/26 • REFINE-Lung [IRAS 1004165], target = 24; planned study end date = 01/12/25 • SCC-AFTER [IRAS 331136], target = 48; planned study end date = 31/12/28 • Tessa Jowell BRAIN MATRIX - Platform Study [IRAS 269228], target = 25; planned study end date = 01/10/26 |
| |  | 9% 4 studies |  |  | |
| |  | 41% 18 studies |  |  | |

| | RAG | Rating | Comparison to previous Q | Comparison to previous FY | Narrative for RAG rating = "RED" |
|--|-----|--------|--------------------------|---------------------------|--|
| | | | | | <ul style="list-style-type: none"> • The role of the marrow microenvironment in the pathogenesis of AML [IRAS 231974], target = 50; planned study end date = 30/11/25 • UK P3BEP Trial [IRAS 182633], target = 5; planned study end date = 30/11/25 • Understanding how to use immune cells to TARGET blood cancer cells [IRAS 347916], target = 5; planned study end date = 31/12/2029 • VALUE [IRAS 323170], target = 1; planned study end date = 31/12/25 • VISON [IRAS 335269], target = 50; planned study end date = 30/11/26 |







6.2 Open studies – recruitment to time and target (commercial)

| | RAG | Rating | Comparison to previous Q | Comparison to previous FY | Narrative for RAG rating = "RED" |
|--|---|------------|---|---|--|
| C4 Open: % of Open Commercial Studies Recruiting to Time & Target |  | 50% |  |  | <p>The studies that are hosted by VUNHST are often of small number recruitment targets or long study duration. Therefore, it is possible for studies to be RAG rated "RED" for several years or fluctuate in RAG rating for the duration of the study.</p> <p>List of studies with RAG rating = "RED"</p> <ul style="list-style-type: none"> • 23-BI-1607-02 [IRAS 1010696], target = 2; planned study end date = 31/04/26 • ATTR-01 [IRAS 1010660], target = 4; planned study end date = 31/03/26 • AZD8205 [IRAS 1007820], target = 4; planned study end date = 31/03/26 • BNT326-01 [IRAS 1011236], target = 6; planned study end date = 27/04/27 • BNT327-03 [IRAS 1011017], target = 2; planned study end date = 30/06/26 • BNT327-06 [IRAS 1010867], target = 2; planned study end date = 14/11/26 • BNT327-07 [IRAS 1010972], target = 2; planned study end date = 01/10/26 • LuCa-MERIT-1 [IRAS 1008928], target = 1; planned study end date = 31/05/26 • ROSALIND [IRAS 340201], target = 10; planned study end date = 01/11/25 • TROPION-05 [IRAS 1007219], target = 3; planned study end date = 06/02/26 |
| |  | 10% |  |  | |
| |  | 40% |  |  | |
| | | 10 studies | | | |
| | | 2 studies | | | |
| | | 8 studies | | | |

6.3 Closed studies – recruitment to time and target (non-commercial)

| | RAG | Rating | Comparison to previous Q | Comparison to previous FY | Narrative for RAG rating = "RED" |
|--|---|------------------|---|---|---|
| C3 Closed: % of Closed non-commercial HCRW Portfolio Studies Recruiting to Target |  | 43% 3 studies |  |  | List of studies with RAG rating = "RED" <ul style="list-style-type: none"> • FAIM [IRAS 284870], target = 7; planned study end date = 30/12/25. • InPACT [IRAS], target = 4; planned study end date = 31/05/26. • Virtual Reality Intervention for Advanced Cancer Pain [IRAS 342158], target = 15; planned study end date = 01/08/25 |
| |  | 57% 4 studies |  |  | |

6.4 Closed studies – recruitment to time and target (commercial)

| | RAG | Rating | Comparison to previous Q | Comparison to previous FY | Narrative for RAG rating = "RED" |
|---|---|------------------|---|---|---|
| C4 Closed: % of Closed Commercial Studies Recruiting to Target |  | 33% 1 study |  |  | List of studies with RAG rating = "RED" <ul style="list-style-type: none"> • H2H ph3 in 2L NSCLC divarasib vs soto or ada [IRAS 1009611], target = 3; planned study end date = 30/09/25. |
| |  | 67% 2 studies |  |  | |

7 Organisation for European Cancer Institutes [OECI] designation criteria for Velindre University NHS Trust cancer research.

The Organisation for European Cancer Institutes [OECI] states their mission as:

"Our mission is to provide cancer patients equal access to a high quality of cancer care in multidisciplinary teams; to ensure that cancer research and innovation are fully integrated into patient care pathways; and to put patients at the centre of their care."

Organisation for European Cancer Institutes

Accessed at: <https://accreditation.oeci.eu/the-ad-programme/>
on 18 August 2025.

7.1 OECI Accreditation and Designation Programme.

To achieve these aims within cancer centres, the OECI Accreditation and Designation [A&D] Programme is designed to enable a complete quality system for cancer diagnosis, care, education, and research by using OECI standards and indicators and peer review.

The OECI A&D Programme is the only cancer accreditation programme globally which evaluates comprehensive cancer care and translational research in a seamless process. Many quality assessment programmes are part of regulatory measures imposed by an external authority.

In contrast, the OECI A&D Programme is a supportive voluntary measure for cancer centres.

The OECI A&D Programme has been developed over more than 15 years by a wide range of experts from European cancer centres, professional societies, and patient organisations, building upon the most impactful quality standards worldwide. Peer review is performed by experts in cancer care and research from OECI cancer centres, and site visits are chaired by a director of an OECI cancer centre.

7.2 OECI Designation Types.

OECI distinguishes three types of designation. They all require a high degree of multi-disciplinarity and high-quality cancer care.

The three types are:

- OECI Cancer Centre [CC]
- OECI Comprehensive Cancer Centre [CCC]
- OECI Comprehensive Cancer Network [CCN]

All OECI accredited cancer centres are required to have:

- An identifiable organisational entity with a clear governance.
- A direct provision of an extensive variety range of high-quality cancer diagnostics and care tailored to the individual patient's needs.
- A culture of learning and improving the professional and organisational quality of care.

In addition, OECI Comprehensive Cancer Centres are required to demonstrate:

1. High level of infrastructure, expertise and innovation in cancer research, especially in translational and clinical research, but also in many cases including basic science.
2. Either strong University and Research Institute links, or a University partnership as part of the Comprehensive Cancer Centre.
3. Extensive international networking.

7.3 OECI Designation Criteria.

The OECI designation criteria relating to research capacity and capabilities are used to decide the designation of the cancer centre.

The OECI designation criteria are as follows:

| | Criteria OECI Cancer Centre | Criteria OECI Comprehensive Cancer Centre |
|---|---|---|
| General Criteria | | |
| Presence of the three-treatment facilities surgery oncology, radiotherapy and medical oncology, and research and education? | Qualitative/quantitative assessment through accreditation | Qualitative/quantitative assessment through accreditation |
| Annual budget for cancer care in PPP (1.1.14)* | > 25 million Euro* | > 80 million Euro* |
| Annual budget for cancer research PPP (1.1.5)* | | > 8 million Euro |
| Number of FTE physicians dedicated to cancer (2.3.1) | > 30 | > 80 |
| Number of patients newly treated in the cancer centre/institute in the index year (2.1.1.2) | > 1500 | > 2500 |
| Research Criteria | | |
| Number of FTE dedicated to cancer research (8.6.1) | | >50 |
| Number of international peer reviewed scientific publications (3-year annual average) (8.4.2) | >35 | >125 |
| Number of international peer reviewed scientific publications with an impact factor (IF) over 10 (8.4.2) | | >17 |
| Number of international peer reviewed scientific publications with 1st, 2nd, last author (or corresponding author) - (3-year annual average) (8.4.2) | | >50 |
| Number of trials active - currently open for patient accrual (new definition - Subtotal for Designation (A)) (8.5.1.2) | >20 | >60 |
| Do these open trials include Phase I trials? (8.5.1.2) | | Yes |
| The total number of patients recruited to prospective interventional clinical trials in the index year as ratio of patients newly treated in the centre (8.5.1.8) | | >1:10 |

Preliminary designation: Comprehensive Cancer Centre / OECI Cancer Centre
 To be designated as an OECI CCC the Centre needs to fulfil all the General Criteria and 5 out of 7 Research Criteria (at least 2 for publications and 2 for trials).
 The numbers in bold should be fulfilled.

Source: Organisation of European Cancer Institutes. (2019) Accreditation and Designation User Manual V4.0 Open Access Extract, which includes Appendices I–X. Accessed at: <https://accreditation.oeci.eu/the-ad-programme/#ad-manual> on 28 November 2025.¹

¹ The Organisation of European Cancer Institutes, Accreditation and Designation User Manual 4.0 was launched in September 2025. <https://accreditation.oeci.eu/the-ad-programme/#ad-manual>

7.4 OECI Clinical Research Activity indicators

The following is a place holder for capturing the OECI Clinical Research Activity indicators but have to be confirmed with full access to The Organisation of European Cancer Institutes, Accreditation and Designation User Manual 4.0. This is "Restricted Access" where complete access to the entire manual is restricted to centres who have applied to the A&D Programme and to other centres/persons by discretion.

7.4.1 Research output: Peer reviewed publications

The following information will present publication data from the **calendar year 2025**, for the Velindre Cancer Service. This information will be compiled by the Velindre University NHS Trust's Library Service.

| YEAR | 2025 |
|--|--------------------------------------|
| Indicator | Total (in the year specified) |
| Number of international peer-reviewed publications (in the year specified) with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust. | |
| Total Number of international peer-reviewed publications per year (in the year specified) for Velindre Cancer Services, Velindre University NHS Trust. | |
| Number of publications with impact factor 5-10 with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust. | |
| Total number of publications with impact factor 5-10 from Velindre Cancer Services, Velindre University NHS Trust. | |
| Number of publications with impact factor >10 with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust. | |
| Total number of publications with impact factor >10 from Velindre Cancer Services, Velindre University NHS Trust. | |
| Impact factor cumulative | |

7.4.2 Clinical Research Activity

7.4.2.1 Clinical Trials

| Indicator | | FY2025/26 Q1 | FY2025/26 Q2 | FY2025/26 Q3 | FY2025/26 Q4 | FY2025/26 Cumulative Total |
|--|---|-----------------|-----------------|-----------------|-----------------|----------------------------------|
| Activity | | | | | | |
| | Total number of accruing multi-centre trials with international participation at Velindre University NHS Trust. | | | | | |
| | Total number of multi-centre trials with Principal Investigator (co-ordinating) from Velindre University NHS Trust. | | | | | |
| | Number of new investigator-initiated multi-centre trials started in the year with PI co-ordination from Velindre University NHS Trust. | | | | | |
| | Number of accruing prospective studies sponsored by industry. | | | | | |
| | Number of accruing prospective studies academically initiated. | | | | | |
| | Total number of trials in follow up (closed to recruitment). | | | | | |
| Number of Accruing Studies | | | | | | |
| Prospective interventional trials | Phase I and Phase IIa trials. | | | | | |
| | Phase IIb trials. | | | | | |
| | Phase III trials. | | | | | |
| | Subtotal for Designation (A). | | | | | |
| | Observational or cohort studies testing with biomarker-based patient selection (see definition). | | | | | |
| Other trials | Phase IV "real life" trials. | | | | | |
| | Retrospective registry or quality studies. | | | | | |
| | Other studies (e.g. population or GWAS studies). | | | | | |
| | Grand total | | | | | |
| Number of patients included in the year | | | | | | |
| | Phase I and Phase IIa trials. | | | | | |

| Indicator | | FY2025/26 Q1 | FY2025/26 Q2 | FY2025/26 Q3 | FY2025/26 Q4 | FY2025/26 Cumulative Total |
|-----------------------------------|---|-----------------|-----------------|-----------------|-----------------|----------------------------------|
| Prospective interventional trials | Phase IIb trials. | | | | | |
| | Phase III trials. | | | | | |
| | Subtotal for Designation (A). | | | | | |
| | Observational or cohort studies testing with biomarker-based patient selection (see definition). | | | | | |
| Other trials | Phase IV "real life" trials. | | | | | |
| | Retrospective registry or quality studies. | | | | | |
| | Other studies (e.g. population or GWAS studies). | | | | | |
| | Grand total | | | | | |
| | Percentage of newly-treated patients included in prospective interventional clinical trials in index year (A) / Cancer patients newly treated in the index year. | | | | | |

| Definitions | |
|--|--|
| Accrual into prospective interventional clinical trials. | <p>The number of patients with a cancer diagnosis included in prospective Phase 1, 2 and 3 clinical trials containing one or more interventions in diagnosis, treatment, follow-up or rehabilitation. Interventional means that the study contains one or more defined actions aiming to improve diagnosis, care or outcome. Studies may be single arm or multi-arm.</p> <p>Patients included in clinical quality or registry studies are excluded from the Designation percentage.</p> <p>Participants in cohort-based observational biomarker-driven studies are NOT included in the number forming the percentage for Designation. We do ask for the data of cohort-based observational studies, provided that they concern studies with a formal PI role from the centre and approved by scientific and ethical review committees.</p> |
| Percentage of patients included into clinical trials. | Number of included patients as defined above as a percentage of number of newly treated cancer patients in the index year. |

| | |
|--|--|
| Definitions | |
| Cancer patients newly treated in the index year. | <p>The number of patients with a diagnosis of cancer who are treated for the first time in the cancer centre/institute in the index year for a particular cancer, regardless of the date and place of the initial diagnosis.</p> <p>Treated means that the patient has gone through cancer directed treatment, regardless of type.</p> <p>Newly treated means the patient has never been treated before in the cancer centre/institute for the same cancer. According to this definition: a patient with a new (second or subsequent) cancer should be counted again; but a patient with a recurrent disease previously treated in the centre/institute should not be counted.</p> <p>The number of patients is counted, not the number of visits.</p> |

7.4.2.2 Clinical Trials Unit

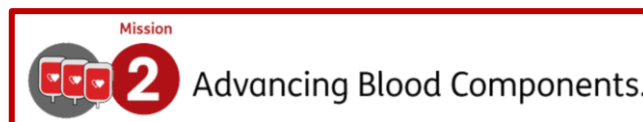
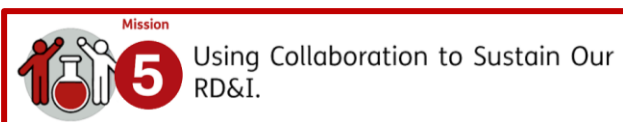
| YEAR | FY2025/26 |
|--|--------------------------------------|
| Indicator | Total (in the year specified) |
| Total FTE [Full Time Equivalent] of study nurses. | |
| Total FTE [Full Time Equivalent] of study co-ordinators. | |
| Total FTE [Full Time Equivalent] of bioinformaticians and statisticians. | |
| Other (please specify in notes) Please specify FTE [Full Time Equivalent]. | |

STRATEGIC PRIORITY 2

The Trust will maximise the Research & Development ambitions of the Welsh Blood Service.

8 Welsh Blood Service Research.

8.1 WBS PhD researcher awarded prestigious fellowship



In June, researcher Dean Pym presented at the **35th Regional Congress of the International Society of Blood Transfusion (ISBT) in Milan**, thanks to receiving the **Harold Gunson Fellowship** to attend. The Harold Gunson Fellowship gives young professionals funding to attend and present their research at the ISBT Congress. Dean presented his studies '*Co-stream Microfluidics for the Rheological Characterisation of Platelet Concentrates*,' work completed with the WBS's Component Development and Research Laboratory.



Dean said: **“Going to the Congress was incredibly rewarding, both personally and professionally**

“It was my first academic conference, made even more special by the opportunity to present my research on an international stage, an experience that marked both a point of pride and a significant step in my growth as a researcher.

“Winning the Harold Gunson Fellowship added to the significance of the experience and affirmed the value of my research within the transfusion medicine community.

“The overall experience exceeded my expectations. From the high-quality scientific sessions to the connections made with experts and peers from around the world, it was an inspiring and enriching environment. I returned with not only new knowledge but also a renewed motivation to pursue innovation in my field.”

Dean's PhD, titled '*Investigating the biophysical cues associated with platelet deterioration over storage*,' has been funded and conducted in collaboration with the Welsh Blood Service and Cardiff Metropolitan University.

His research offers new insights into the underlying mechanisms of platelet deterioration during storage, by translating findings from soft material chemistry and bioengineering to transfusion medicine. So far, this work has resulted in two publications. **“I believe these novel perspectives bridge fundamental science with practical applications in transfusion medicine and could also supplement recent advancements in platelet additive solutions and other biophysical cues, such as cold storage. “I am particularly keen to discuss how these foundational discoveries can be translated into**

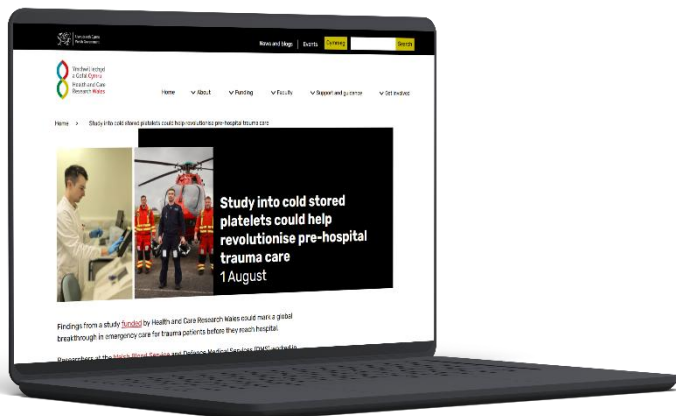
impactful clinical advancements and influence other academics to consider applying multidisciplinary concepts to their own work.”

By deepening our understanding of how platelets deteriorate in storage, this work has the potential to drive meaningful improvements in enhanced storage solutions and processing methods that can extend shelf life and improve clinical outcomes. This aligns directly with the Welsh Blood Service’s RD&I Strategy by delivering mission-led innovation that advances transfusion practice, supports evidence-based service improvements, and fosters collaboration with academia to meet the future healthcare needs of the people of Wales.

8.2 Health and Care Research Wales National Recognition for Cold-Stored Platelet Innovation

Mission **7** Enhance the impact of RD&I and celebrate success.

Mission **2** Advancing Blood Components.



In August, In August, Health and Care Research Wales published a story celebrating the conclusion of the research grant awarded to Jamie Nash and the substantial headway made in the field of cold-stored platelets. The piece spotlighted how the project led by Welsh Blood Service in partnership with the Emergency Medical Retrieval and Transfer Service and Defence Medical Services, and is reproduced here:

Findings from a study **funded** by Health and Care Research Wales could mark a global breakthrough in emergency care for trauma patients before they reach hospital.

Researchers at the **Welsh Blood Service** and Defence Medical Services (DMS) worked in collaboration with the Emergency Medical Retrieval and Transfer Service (**EMRTS**) to explore whether storing blood platelets at colder temperatures could improve patient outcomes and save more lives following severe traumatic injury.

This work could now inform a clinical trial led by Dr Chloë George, Consultant Clinical Scientist and Head of Component Development at the Welsh Blood Service and Dr Tom Scorer, Consultant Haematologist in the Royal Navy and University Hospitals, Plymouth. Dr George has been awarded the Trials Development Grant by Health and Care Research Wales.

Dr Jamie Nash worked on the **research study** under the supervision of Dr Christine Saunders, Development Analyst at the Welsh Blood Service.

Platelets, likened to a “plug in a bathtub” by the research team, are the cells within the blood that help form clots and stop bleeding and are used to treat and help stop major bleeding, and have to be transfused within hospitals.

Trauma, which can be caused by traumatic injuries through road traffic accidents, violent crime and falls, is **one of the biggest causes of death and disability in the UK**, claiming 17,000 lives every year.

While red blood cells are already carried in some emergency vehicles, platelets, are challenging to store and transport. They currently need to be constantly agitated at room temperature (20-24°C), meaning it is not feasible for them to be available for transfusion before a patient reaches hospital.

Recent research has found that it is possible to store platelets in the cold (4-6 °C), the temperature normally found in a laboratory blood fridge cold stored platelet (CSP). Dr Scorer who has been researching CSP for over a decade, said: “CSP have several benefits over room temperature stored platelets as they have a longer shelf life – reducing wastage, less risk of bacterial contamination and in laboratory studies are better at stopping bleeding. Refrigerated storage will also enable platelet transfusion in locations not previously possible.”

In a worldwide first, [Dr Nash and the research team found](#) that cold stored platelets are necessary in trauma care and can be transported by air ambulances or emergency vehicles, lasting for up to 84 hours – longer than the previously validated 72 hours.

This means that the cold stored platelets could be transported along with red blood units in emergency cars and air ambulances, potentially forming part of a transfusion care package administered to patients before they reach a hospital.

Dr Nash described the study’s results as “really encouraging” and said: “Time is critical when treating patients with major bleeding and we know from some research evidence that if critical care treatment was given to trauma patients before they arrived at the hospital, [the number of deaths](#) and the time of hospital stay could be reduced.”

The results were [published in the Journal of Transfusion](#) this March.

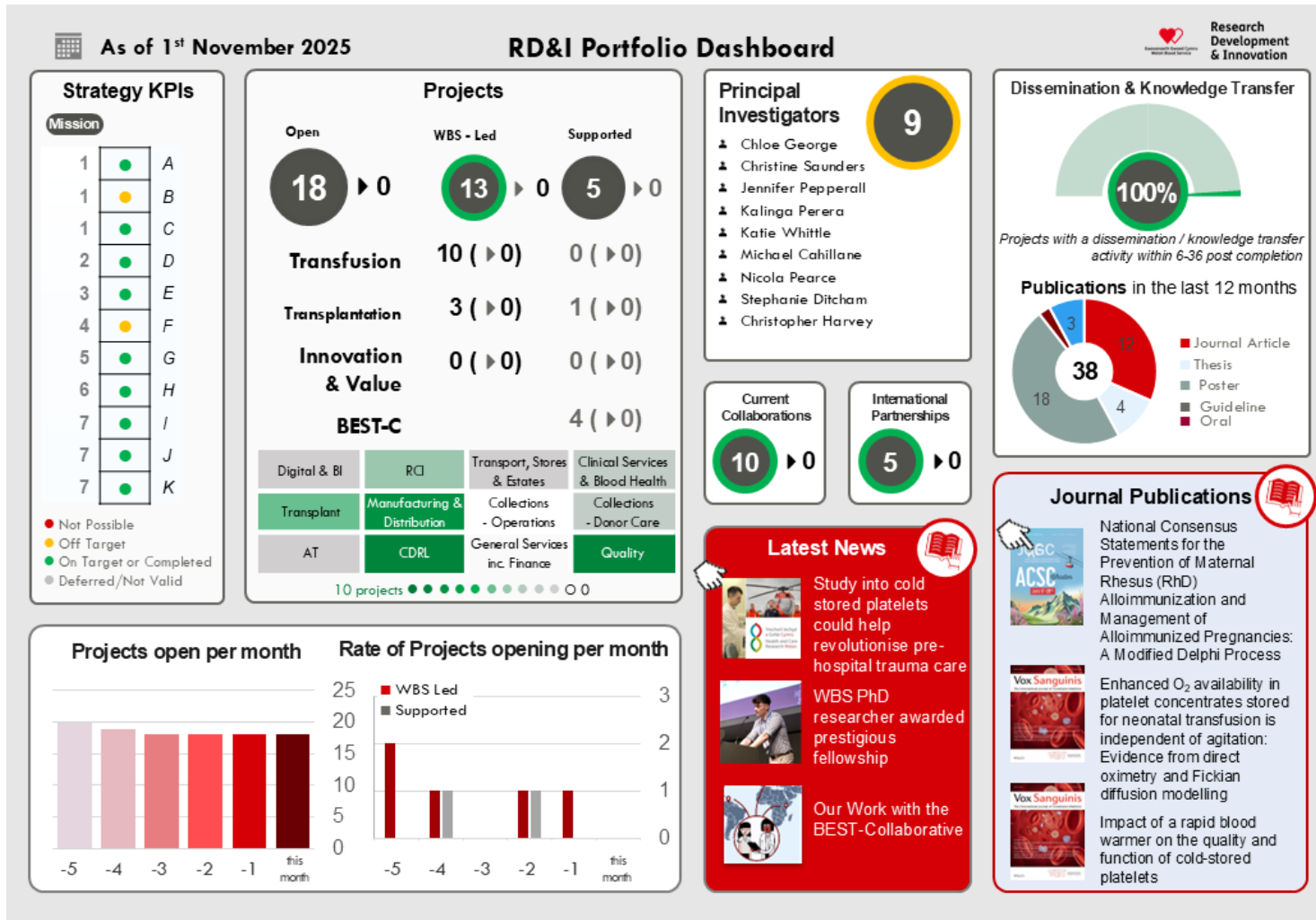
Dr Nash added: “If we could prove in a clinical trial that the cold stored platelets were safe, feasible and effective they would most likely be used in a major bleeding episode outside of the hospital where EMRTS, either by air ambulance or by road would attend a patient who requires a blood transfusion outside of the hospital.”

David Lockey, National Director of EMRTS, said: “Despite major advances bleeding is still a major cause of preventable death in our trauma patients. The effective pre-hospital use of platelets is another piece of the puzzle which has the potential to improve care and save lives. We are delighted to have been involved in this project with the transfusion service.”

The research team said that the [Welsh Blood Service’s](#) next step is to set up a clinical trial to determine efficacy and the best approach to administering cold stored platelets.

It is hoped that this will then become standard practice across the UK and internationally.

9 Welsh Blood Service Research Performance Indicators.



Projects open per month

| Month | WBS Led | Supported |
|------------|---------|-----------|
| -5 | 16 | 0 |
| -4 | 9 | 0 |
| -3 | 9 | 0 |
| -2 | 9 | 0 |
| -1 | 9 | 0 |
| this month | 9 | 0 |

Rate of Projects opening per month

| Month | WBS Led | Supported |
|------------|---------|-----------|
| -5 | 2.0 | 0.0 |
| -4 | 1.0 | 0.0 |
| -3 | 1.0 | 0.0 |
| -2 | 1.0 | 0.0 |
| -1 | 1.0 | 0.0 |
| this month | 1.0 | 0.0 |

9.1 Open projects portfolio.

| Project Name | WBS Project ID | Strategic Mission Link | WBS PI | Level of Involvement |
|--|----------------|------------------------|--------------------|---------------------------|
| Service Support of BiVISTA Study at Cardiff and Vale UHB | 213 | Transplant | Jennifer Pepperall | Service Support of others |
| Investigation of Platelet Function by Microfluidics on 21-Day Cold Stored Buffy Coat Derived Platelet Concentrates | 211 | Transfusion | Chloe George | WBS RD&I |
| Data insights on Intraoperative Cell Salvage - Cardiff University partnership | 208 | Transfusion | Stephanie Ditcham | WBS RD&I |
| A study of T-cell Antigen RecoGnition and function in blood cancer and stEm cell Transplant patients to inform future therapeutic development (TARGET) | 206 | Transplant | Christopher Harvey | NHS Research |
| Impact of cold temperature storage on bacterial growth in cold stored platelets. | 205 | Transfusion | Nicola Pearce | WBS RD&I |
| Development of an effective cryopreservation for long-term preservation of rare red cells. | 200 | Transfusion | Chloe George | WBS RD&I |
| Evaluation of Albumin as a Cryoprotectant for the Long-term Storage of RBC Units | 199 | Transfusion | Chloe George | WBS RD&I |
| Real-World Evaluation of Cytokine Dynamics using a Novel Flow Cytometry Assay | 197 | Transplant | Katie Whittle | WBS RD&I |
| Human Platelet Lysate Scientific | 195 | Transfusion | Michael Cahillane | WBS RD&I |
| Phase 0 Evaluation of non-DEHP Red Cell Storage Packs | 194 | Transfusion | Chloe George | WBS RD&I |
| Novel Cryoprotectants for Advancing Long-term Red Blood Cell and Platelet Storage | 192 | Transfusion | Chloe George | WBS RD&I |
| Methodology Evaluation for Measuring Regulatory Cells in Kidney Transplant Recipients | 178 | Transplant | Deborah Pritchard | WBS RD&I |
| Understanding and Investigating White Particulate Matter (WPM) | 175 | Transfusion | Michael Cahillane | WBS RD&I |

| Project Name | WBS Project ID | Strategic Mission Link | WBS PI | Level of Involvement |
|--|----------------|------------------------|--------------------|----------------------|
| Improving Platelet Storage (PhD Cardiff Metropolitan University) | 168 | Transfusion | Christine Saunders | WBS RD&I |

9.2 The support of the Biomedical Excellence for Safer Transfusion (BEST) Collaborative.

| Project Name | WBS Project ID | Mission Link |
|---|----------------|--------------|
| BEST-C 189 HARP Study: HLA Antibodies with Refractory Patients | 215 | Transfusion |
| BEST-C 183 Does Lipaemia Cause Red Cell Haemolysis? (DOLCE) | 193 | Transfusion |
| BEST-C 187 Standard Method for Extraction and Measurement of ATP in Red Cell Units | 196 | Transfusion |
| BEST-C 171 Service Support for Collaborative Haemolysis Standardization study | 186 | Transfusion |

9.3 Key Performance Indicators of the Welsh Blood Service RD&I Strategy.

These metrics reflect the implementation of the new RD&I strategy. These KPIs are integrated into the organisation's reporting framework for planning and performance.

| | |
|---|------------------------|
| ✓ | KPI On track |
| ⚠ | KPI requires attention |

| | | A | M | J | J | A | S | O | N | D | J | F | M |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mission 1 – Improving Patient and Donor Care | | | | | | | | | | | | | |
| Number of WBS Led RD&I Projects | Sustain at least 10 open | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | |
| Number of researchers | Sustain at least 10 annually | ✓ | ✓ | ⚠ | ⚠ | ⚠ | ⚠ | ⚠ | | | | | |
| Percentage of WBS Departments involved in RD&I Projects | Ensure at least 80% of departments participate in RD&I activities previous year to date | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | |
| Mission 2 – Advancing Blood Components | | | | | | | | | | | | | |
| Number of Transfusion Research Projects Initiated | Sustain at least 4 open | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | |
| Mission 3 – Leading Transplant Research in Wales | | | | | | | | | | | | | |
| Number of Transplant Research Projects Initiated | Sustain at least 2 open | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | |

| | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|--|--|--|--|--|
| Mission 4 - Use Innovation and Value Based Healthcare to Improve our Services and Performance | | | | | | | | | | | | | |
| Number of innovation Projects Successfully Implemented | Implement at least 5 new projects in the previous year to date | ⚠ | ⚠ | ⚠ | ⚠ | ⚠ | ⚠ | ⚠ | | | | | |
| Mission 5 – Use Collaboration to Sustain our RD&I | | | | | | | | | | | | | |
| Number of Collaborative Partnerships in RD&I | At least 8 projects per year that involve external party / collaborator (projects either ongoing or successfully completed) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | |
| Mission 6 – Serve the People of Wales by supporting international initiatives | | | | | | | | | | | | | |
| Number of international projects participated in | Participate in at least 5 international projects each year | ⚠ | ⚠ | ⚠ | ⚠ | ✓ | ✓ | ✓ | | | | | |

| Mission 7 – Enhance the Impact of RD&I and Celebrate Success | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|--|--|--|--|
| Number of research papers published | Publish at least 10 papers | ✓ | ⚠ | ⚠ | ⚠ | ✓ | ✓ | ✓ | | | | |
| The PI must describe a suitable dissemination / knowledge transfer activity | 100% WBS Led projects must demonstrate how they achieved some type of dissemination activity | ⚠ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | |
| Number of presentations at conferences (the WBS FMF KPI) | Present at 5 Conferences per year | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | |

9.4 WBS RD&I Key Performance Indicator [KPI] Narrative

Number of Researchers: The number of active researchers has decreased by one. We currently have nine researchers, against a target to sustain ten annually.

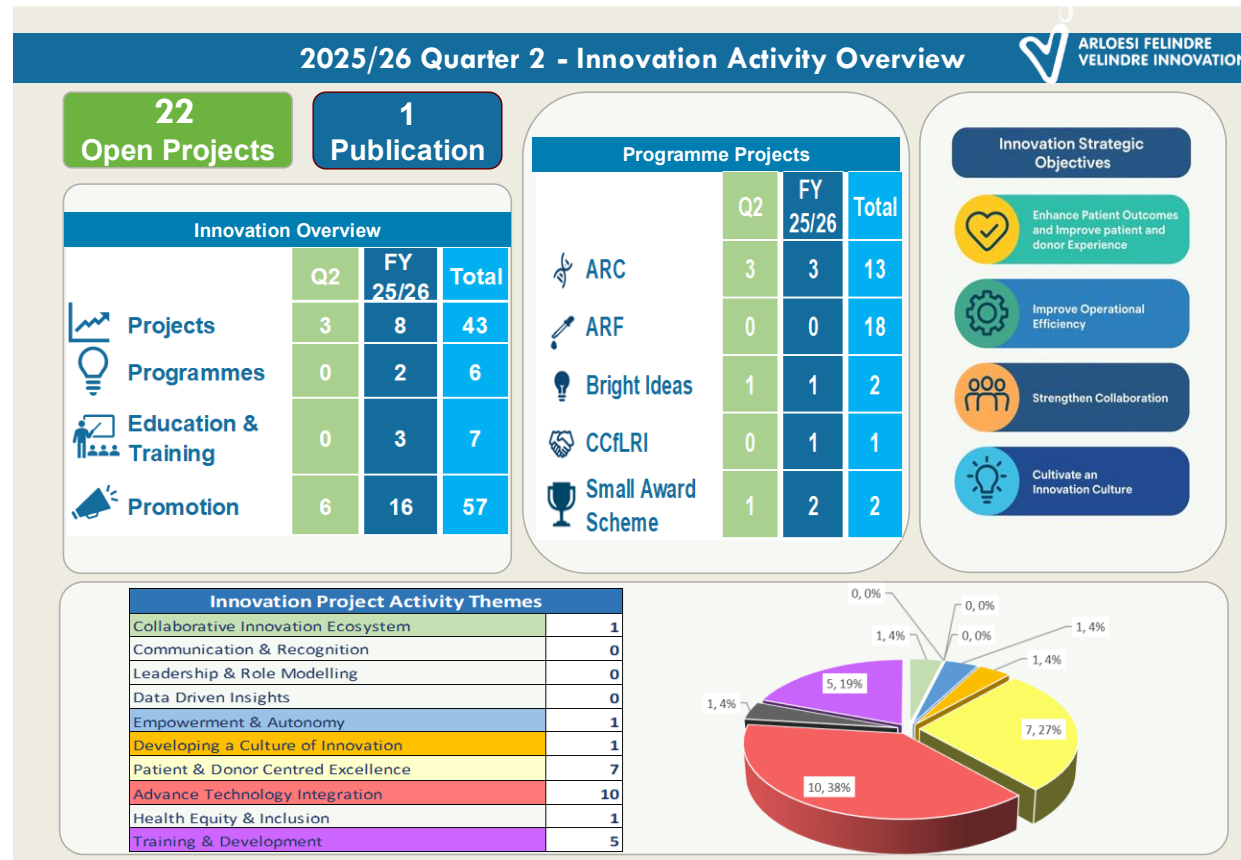
Number of Innovation Projects Successfully Implemented: No innovation projects have been implemented in the current reporting period, against a target of five per 12 months. However, the **Innovation and Value** RD&I workstream has now commenced. Three potential avenues are currently being explored, including possible collaborations involving drone technologies and software development tools. One existing project in the database has been retrospectively reclassified as innovation, although it has since been closed. At the time of reporting, a new Innovation project is on the brink of opening in the next month.

Number of International Projects Participated In and Number of Research Papers Published: These two KPI has now moved from previously underperforming status to fully achieved, this marks a significant turnaround and sustained delivery.

STRATEGIC PRIORITY 3

The Trust will implement the Velindre Innovation Plan.

10 Velindre Innovation Service.





Q2 2025

Innovation Activity Overview





Innovation Highlight Programmes (Active)

Bright Ideas

The second challenge launched in August 2025 with the Velindre Cancer Centre Psychology Team, aimed at fostering creative solutions within psychological care. The challenge is due to close on 24 October 2025 (Q3) and ideas will then be reviewed and moved to the next stages. Challenge number three is planned for Q3/Q4, alongside a new challenge launched with the Welsh Blood Service in Q4.

Advancing Radiotherapy Cymru (ARC)

Continuing to run successfully as an all-Wales initiative, with the innovation team refining processes for governance and applications to ensure efficient and effective oversight. There are 13 approved projects under the programme, with 1 provisionally approved contingent on addressing concerns and feedback raised by the board.

Advancing Radiotherapy Fund (ARF)

The Radiotherapy Research and Innovation Showcase Event took place in September 2025. This event showcased a selection of the project work made possible through the contributions to the Advancing Radiotherapy Fund, supported by Velindre Charitable Funds and Moondance, alongside the Lucas and Probert Funds. These charitable contributions have played a vital role in advancing Radiotherapy research, improving patient care, and shaping the future of cancer services in South Wales.

Collaborative Centre for Learning, Research, and Innovation

The Project Nexus: Workstream 1 Simulation and Collaboration workshop took place in July 2025. 40 attendees from across Velindre University NHS Trust gathered to explore the transformative potential of the implementation of virtual reality (VR), artificial intelligence (AI), and simulation tools in the Collaborative Centre for Learning, Research and Innovation (CCfLRI), as part of the new Velindre Cancer Centre (nVCC).

Innovation Small Award Scheme

During this quarter, two project applications have successfully secured funding and are scheduled to commence in Q3. These projects represent active steps forward in delivering innovation across the programme. In addition, two further applications are currently under review, with decisions anticipated shortly.

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Q2 2025



Innovation Activity Overview

Funding



RIC Hub

Funding has been confirmed for the 2025/26 financial year. Confirmation for 2026/27 funding is still pending. In September 2025 Welsh Government provided an update to RIC Hub members outlining the reasons for the delay in confirming future funding.

Collaborative Centre – Resource Planning

An SBAR was submitted in Q2 outlining the need for dedicated project resources to support the development of the Collaborative Centre for Learning, Research and Innovation. This forms the basis for a draft business case currently in development, with a view to submitting to Velindre Charity for funding consideration.

Welsh Clinical Leadership Fellow (WCLF) Appointment

Funding has been secured for the WCLF post, with the Fellow in place from August 2025. The role was jointly applied for by Mick Button (Velindre Cancer Centre) and the team, with 50% funded by HEIW via WCIF. The Fellow will lead benchmarking for the Collaborative Centre and baseline innovation work. A complementary bid was submitted to Velindre Charity to secure the remaining funding.

Sustainability Projects

Collaborative discussions took place in Q2 with the Sustainability Lead at Velindre Trust and leads at Cwm Taf Morgannwg to explore the feasibility of funding applications that would support the sustainability and innovation programme of work. Further actions and follow-up activity are planned for Q3 to progress opportunities identified during initial engagement.

International Knowledge Exchange – Japan Expo

Funding was successfully secured through the Agile Cymru scheme to support the Head of Innovation’s attendance at the Japan Health Expo and associated site visits. The visit formed part of a multi-stakeholder delegation, aimed at fostering international knowledge exchange and building strategic networks with overseas partners.

Innovation Portfolio – Funding Exploration

Work is ongoing to identify and pursue alternative sources of funding to support the innovation portfolio. This includes exploring diversified funding streams, assessing external grant opportunities, and engaging with potential cross-sector partners. The aim is to sustain and expand innovation activity aligned with strategic priorities.

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 **Q2 2025**

Innovation Activity Overview

Education and Training



Induction Training – new slides incorporating innovation content have been included as part of the 'Croeso' sessions and are scheduled to be delivered to five separate cohorts across the Trust in Q3.



ISO56001 Training – the Head of Innovation and Innovation Project Manager are participating in Welsh Government led Innovation Management training (Amplify) (Q3/4).



Innovation Masters Module – work continuing with University of Wales Trinity St. David to accredit the Innovation Masters Module and exploring opportunities for inclusion in broader strategic training programme with the Velindre Oncology Academy (micro-credentials).



Embedding Innovation in OD – engagement with Workforce and OD continues to progress to incorporate innovation throughout the recruitment process including job descriptions and the Manager's Toolkit.



ESR Innovation Training – this training is available to all Trust and NHS staff. Uptake is actively monitored, with 18 Velindre Trust staff completing the module in Q2, bringing the total completions to 34. Total number for all NHS and Trust staff completions is 84. Engagement efforts are ongoing to raise awareness and encourage wider participation.

INNOVATION

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Q2 2025

Innovation Activity Overview

Promotion and Publications

| Category | Activity / Event | Frequency / Details | Notes / Links |
|--------------|---|---------------------|--|
| Promotion | RIC Hub Network Meeting | Quarterly | These meetings are a collaborative platform for sharing progress, challenges, and best practices across regional innovation hubs. |
| Promotion | NHS Wales Innovation Leads Group Meeting | Bi-weekly | A regular forum for innovation leads across NHS Wales to exchange ideas, align strategic priorities, and monitor innovation outcomes. |
| Promotion | Engagement Meetings with Industry Partners | Ongoing | Collaborations in medical drones, biotech innovation, and simulation technologies focused on technology integration, empowerment, and patient-centred excellence. |
| Promotion | ARC Funding Application Call (Radiotherapy Projects) | Ongoing | Supports projects improving cancer treatment across Wales. ARC funding call. |
| Promotion | Project Nexus Workshop 1– 14 July 2025 | One-off – Aug 25 | The Workshop in July looked at how immersive technology and simulation can help shape the future of the care Velindre provides to patients and the training and innovation available to staff. |
| Promotion | Velindre Innovation Fundraising Activity | One-off – Aug 25 | Summary of the fundraising activities carried out by the Innovation team. |
| Promotion | ESR Innovation Module | One-off – Sep 25 | Quick reminder for Staff to complete the "Introduction to NHS Wales Innovation in Healthcare" training module. |
| Promotion | Research and Innovation Showcase Event- Velindre Oncology Academy- LinkedIn | One-off – Sep 25 | Video showcasing the groundbreaking work powered by the Advancing Radiotherapy Fund. |
| Promotion | Psychology Bright Ideas Launch | One-off – Sep 25 | To raise awareness of the current challenge and give a brief insight of challenges around cancer care. |
| Promotion | Research and Innovation Showcase Event | One-off – Sep 25 | Highlighting the events activities and the fantastic project work made possible through charitable funding. |
| Publications | Radiotherapy Research and Innovation Showcase Event Brochure | One-off / Published | A comprehensive publication summarising some of the research achievements and innovations in radiotherapy across Wales. |

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Q2 2025

Innovation Activity Overview

Short-Medium Term Goals

| Activity | Q1 | Q2 | Q3 | Q4 |
|---|----|----|----|----|
| Continue induction training & promotion of innovation | ✓ | ✓ | ✓ | ✓ |
| Gather case study content to showcase progress | ✓ | ✓ | ✓ | ✓ |
| Funding sustainability | ✓ | ✓ | ✓ | ✓ |
| Confirm Bright Ideas challenge 3 with relevant department | | | ✓ | |
| Launch first Bright Ideas challenge in Welsh Blood Service | | | | ✓ |
| Update website for accessibility & Welsh language | | | ✓ | |
| Participate in ISO56001 Amplify training | | | ✓ | ✓ |
| Implement ISO56001 system & plan external verification | | | ✓ | ✓ |
| Train auditors in ISO system | | | | ✓ |
| Accreditation of Innovation Masters Module | | | | ✓ |
| Develop CCfLRI project plan & resource requirements | | | | ✓ |
| Develop a work programme to meet OECl innovation requirements | | ✓ | ✓ | |

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Innovation Activity Overview

Risk Register

| Risk | Comment | RAG | Mitigation |
|--------------------|--|-----|---|
| Finance | Without continued Welsh Government RIIC funding beyond 2026, the innovation team will face a significant shortfall in revenue, jeopardising staffing and limiting the Trust's capacity to deliver innovation activities. | | Innovation award fund is being developed through an application to the Velindre Charity, providing resources for staff to engage in innovation activity and projects across the Trust. Confirmation of funding not yet received from Welsh Government for continued RIIC funding for period 26/27. |
| Finance | Charity funding for Project Manager is at risk the innovation department will be unable to continue to fund the post. Limited availability and access to financial support resource can lead to untimely and inaccurate reporting, which impacts project timelines and decisions. | | <ul style="list-style-type: none"> Alternative sources of funding are being sought through grants or charitable funds e.g. Moondance / CCFLRI SBAR to include funding for Project Manager. |
| Operational | Sufficient resources to support the implementation of the CCfLRI programme. | | Bid is being prepared for review by relevant boards and SRO to ensure sufficient resources are secured. |
| Recruitment | The Innovation team is currently operating near capacity, with no vacancies and limited ability to take on additional projects or programmes. | | Recruitment options are being explored to expand delivery capability. This includes identifying suitable external funding sources and engaging with industry partners and third sector organisations to support future programme growth. |
| Governance | Timely expedition of project ideas/projects due to unclear governance /contracting process. | | The Innovation MDT has been established, though a standardised contract template is not yet in place. |

Dashboard

Programmes

Funding

Education

Promotion

Goals

Risks

STRATEGIC PRIORITY 4

The Trust will maximise collaborative opportunities locally, nationally, and internationally.

11 Velindre University NHS Trust Sponsored Research Performance Indicators.

The Trust sponsors research studies taking on the responsibility for the initiation, management, and financing (or arranging the financing) of those research studies.

11.1 VUNHST sponsored studies metrics

The following information shows the performance indicators for the Trust's sponsored studies

| | FY2024/25 | | | |
|----------------------------------|-----------|-----|----|----|
| | Q1 | Q2 | Q3 | Q4 |
| Number of New Projects Sponsored | 0 | 1 | | |
| Number of Studies Opened | 1 | 0 | | |
| Scope of Studies Opened | National | N/A | | |
| Number of Sites Opened | 1 | 0 | | |
| Number of Publications | 0 | 0 | | |
| Number of Abstracts | 0 | 0 | | |
| Number of Articles | 1 | 0 | | |
| Recruitment | 1 | 2 | | |

11.2 VUNHST sponsored studies publications

There have been no publications resulting from VUNHST sponsored studies during Quarter 1 of Financial Year 2025/26.

11.3 VUNHST sponsored studies publications

The following information shows the publications, articles, and posters generated by the Trust's sponsored studies:

| Conference / Journal / Website | Submitted by | Outcome | Title |
|--------------------------------|--------------|------------------|--|
| PATHOS | | | |
| Health and Care Research Wales | Heiberg, C. | Web page article | International Clinical Trials Day 2025: Welsh teams leading advances in health and care research https://healthandcareresearchwales.org/about/news/international-clinical-trials-day-2025 May 2025. |

CROSS-CUTTING THEMES

12 Cross-cutting themes: progress.

| Cross-cutting themes across Strategic Priorities 1 to 4 | | | | | | | | | | | | | | |
|--|---|-----------|----|----|----|-----------|----|----|----|-----------|----|----|----|---|
| Cross cutting theme | Objective & Expected benefit | FY2025/26 | | | | FY2026/27 | | | | FY2027/28 | | | | Progress / Comments |
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | |
| Research workforce development / training | <p>Continue to develop and implement an RD&Trials training programme to that aligns to the forthcoming implementation in April 2026, of the:</p> <ul style="list-style-type: none"> - The Medicines for Human Use (Clinical Trials) Regulations 2024. - ICH Good Clinical Practice E6(R3) guidelines. <p>ensuring that all sponsored and hosted clinical trials are conducted to the highest standards of patient safety, data integrity, and regulatory readiness.</p> <p>This should draw on as appropriate:</p> <ol style="list-style-type: none"> (1) Trust-developed internal training. (2) Health and Care Research Wales training. (3) Training from specialist non-commercial and commercial providers <p>Expected benefit: Increased capability and confidence across Trust staff to develop, set up, deliver and manage clinical trials/research studies.</p> | | | | x | | | | | | | | | <p>Foundational work is underway, with mapping of training requirements against the forthcoming UK Medicines for Human Use (Clinical Trials) Regulations 2024 and ICH E6(R3).</p> <p>Preparatory activity has begun, including the review/consolidation of existing internal training offers and identification of external programmes (HCRW, commercial provider options).</p> <p>A benchmarking visit with The Clatterbridge Cancer Centre – planned for Q3 FY2025/26 – will provide an evidence-based model to accelerate programme development.</p> |
| Investment in Research Delivery & Governance team infrastructure development | Strengthen staffing capacity and capability within the Research Delivery & Governance teams to support delivery of complex and high-volume clinical trial portfolios, ensuring timely set-up, delivery, and | X | X | X | X | | | | | | | | | Progress during FY25/26 has been constrained by dependency on parallel funding and workforce workstreams. However, baseline workforce mapping and capability analysis have been completed, and priority roles for strengthening capacity in both research |

RD&I - Integrated Performance Report

| Cross-cutting themes across Strategic Priorities 1 to 4 | | | | | | | | | | | | | | |
|---|---|-----------|----|----|----|-----------|----|----|----|-----------|----|----|----|---|
| Cross cutting theme | Objective & Expected benefit | FY2025/26 | | | | FY2026/27 | | | | FY2027/28 | | | | Progress / Comments |
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | |
| | <p>regulatory compliance.</p> <p>Expected benefit: Improved study initiation timelines, sustained recruitment performance, and enhanced regulatory readiness.</p> | | | | | | | | | | | | | <p>delivery and research governance functions have been identified.</p> <p>This position the Trust to progress once funding decisions are finalised.</p> <p>Engagement with partners, including benchmarking with Clatterbridge, is expected to shape future team structure and skills requirements.</p> |
| Digital infrastructure development and enablement | <p>Develop and implement digital systems to streamline research management, documentation, and reporting, including phased roll-out of FLORENCE eBinders and integration with existing Trust systems.</p> <p>Expected benefit: Improved efficiency, accuracy, and accessibility of research records, supporting compliance and reducing administrative burden.</p> | X | X | X | | | | | | | | | | <p>Implementation of FLORENCE eBinders is scheduled to begin in October 2025.</p> <p>Although final activity plans are expected to be defined with the FLORENCE team some preparatory tasks have been completed.</p> <p>The work to implement FLORENCE is expected to include review of the full study set-up and delivery workflow, confirmation of folder structure requirements, and cross-department readiness checks (Pharmacy, Radiotherapy, Digital Services).</p> <p>Work to ensure alignment of the eBinder build with the 2026 UK Clinical Trials Regulations and ICH E6(R3) digital expectations will inform the engagement with the FLORENCE implementation team, with the expectation that the Trust will deploy FLORENCE in early 2026.</p> |
| Partnership engagement and collaboration | <p>Strengthen cross-organisational collaborations (local, regional, and national) to expand research opportunities, share expertise, and improve patient access to clinical trials.</p> <p>Expected benefit: Increased</p> | | | | | | | | | | | | | <p>Steady progress has been made in strengthening local and national partnerships. VUNHST continues to maintain active collaboration with Cardiff Cancer Research Partnership (Cardiff & Vale UHB and Cardiff University), Experimental Cancer Medicine Centre, Wales Cancer Research Centre, and Health and Care Research Wales.</p> |

RD&I - Integrated Performance Report

| Cross-cutting themes across Strategic Priorities 1 to 4 | | | | | | | | | | | | | | |
|---|---|-----------|----|----|----|-----------|----|----|----|-----------|----|----|----|---------------------|
| Cross cutting theme | Objective & Expected benefit | FY2025/26 | | | | FY2026/27 | | | | FY2027/28 | | | | Progress / Comments |
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | |
| | number and diversity of research studies available to patients, stronger external partnerships, and enhanced profile of Velindre University NHS Trust in research delivery. | | | | | | | | | | | | | |

13 Research, Development, and Innovation Finances.

13.1 Introduction.

The purpose of this paper is to present the financial performance of the Research, Development & Innovation (RD&I) Division for the period to the end of September 2025 (Month 6 2025/26). The dashboard included within Appendix 1 provides an overview of the position.

13.2 Financial performance to September 2025.

The reported financial position for RD&I at the end of September 2025 was an overspend of £46k, representing a marginal increase from the £41k overspend recorded in August. The high-level position by category is shown below with a more detailed breakdown by Directorate shown in Appendix 2.

Key Financial Target 1: To remain within monthly budget expectations.

| Subjective | Cumulative Position M6 | | | |
|--------------------|--------------------------|-------------------|-------------------|---------------------|
| | Annual Budget (£'000) | Budget (£'000) | Actual (£'000) | Variance (£'000) |
| Pay | 4,222 | 2,055 | 2,195 | 139 |
| Non Pay | 660 | 291 | 315 | 25 |
| Income | (5,322) | (2,445) | (2,563) | (118) |
| Grand Total | (440) | (99) | (54) | 46 |

Key Variances:

- **Pay** – As the Division is operating close to full establishment, vacancy control savings are not being achieved in full. As a result, the overall pay position is showing an overspend of £139k.
- **Non-Pay** – Non recurrent overspending against non-pay budgets has led to a £25k overspend, primarily due to computer software/ license, staff recruitment, and other clinical costs.
- **Income** – The division's greatest area of risk continues to be income, with a challenging target of £5.3m set for 2025/26, including an additional £150k savings target from increased commercial trials income. Whilst overall income delivery is slightly above target, this remains an area that will be closely monitored. The current position demonstrates that overachievement against income budgets continues to provide mitigation against the gross overspends against pay and non-pay.

The trajectory of income received in year compared to historical trends is set out with Appendix 1. The year-to-date position is shown below:

Income Analysis by category:

| Sum of Amount £'s | Annual Budget | YTD Budget | YTD Actual | YTD Var |
|--------------------------|---------------|--------------|--------------|--------------|
| Subjective | £'000 | £'000 | £'000 | £'000 |
| Welsh Govt. Other Income | 1,164 | 549 | 545 | 4 |
| R & D Income / Grants | 197 | 119 | 121 | (2) |
| Commercial Trials Income | 1,392 | 634 | 725 | (91) |
| Charity Income | 2,279 | 1,012 | 1,048 | (36) |
| Other Income | 290 | 131 | 125 | 6 |
| Grand Total | 5,322 | 2,445 | 2,563 | (118) |

Key Financial Target 2: To pay at least 95% of invoices within 30 days.

| | Current Month | Year to Date | Forecast Outturn |
|--------------|---------------|--------------|------------------|
| % Compliance | 89% | 88% | >95% |

The PSPP compliance target is to pay 95% of invoices within 30 days. Whilst the year-to-date position falls short of the target, it represents an improvement from the P04 position, which stood at 74%. It is expected that performance will improve in the coming months as recruitment into the vacant posts is underway. PSPP will continue to be an area of focus to ensure performance is realigned with the target.

13.3 Delivery of savings.

The current position suggests that both establishment control savings and increased commercial trial income is on track to deliver in full by the end of the financial year. Whilst the year-to-date position is challenging in respect of establishment control, it is hoped that the position can be mitigated between now and the end of the financial year.

It should be noted that where there is a risk of deviation away from planned full delivery there is an expectation that the Division will identify appropriate mitigation to offset whilst working through remedial action. Failure to manage appropriately has consequences; not only on the Divisional position but also the position reported to Trust Board. Performance against commercial income targets will continue to be closely monitored throughout the year.

13.4 Conclusion.

Budget holders have a delegated responsibility to ensure that they manage within their budgets. 2025/26 continues to be a challenging year in that the Senior Core Team will be required to deliver a package of savings proposals, develop workforce and associated capacity plans linked to performance, mitigate evolving budgetary challenges, and maximise income opportunities to balance the budget.

It is particularly important that emerging overspends or underspends and slippage against savings plans are identified and clear actions, timescales and lead identified in order to bring overspends back within Budget and shortfall on savings targets replaced with alternative savings. Any such overspends or underspends or savings shortfall and associated actions should be declared as soon as they become known, so they can be managed within the context of the overall Trusts budget.

13.5 Finance appendix.

Appendix 1 - Research, Development & Innovation 2025-26

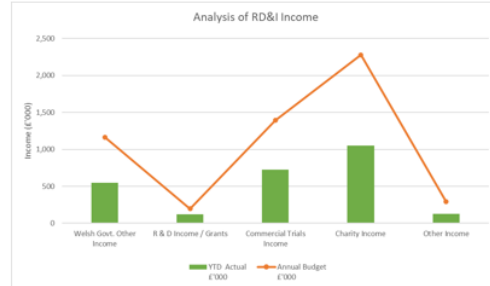
Month 6 – September

The following tables, charts and figures give an indication of the financial performance of the Division.

| Cumulative Position M6 | | | | |
|------------------------|-----------------------|----------------|----------------|------------------|
| Subjective | Annual Budget (£'000) | Budget (£'000) | Actual (£'000) | Variance (£'000) |
| Pay | 4,222 | 2,055 | 2,195 | 139 |
| Non Pay | 660 | 291 | 315 | 25 |
| Income | (5,322) | (2,445) | (2,563) | (118) |
| Grand Total | (440) | (99) | (54) | 46 |

Income Summary

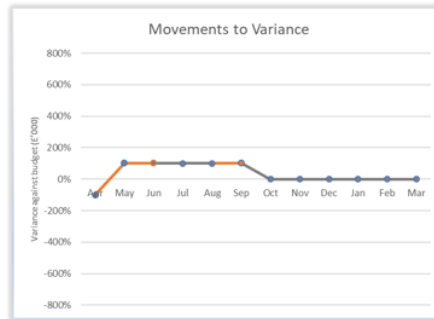
| Subjective | Annual Budget (£'000) | YTD Budget (£'000) | YTD Actual (£'000) | YTD Var (£'000) |
|--------------------------|-----------------------|--------------------|--------------------|-----------------|
| Welsh Govt. Other Income | 1,164 | 549 | 545 | 4 |
| R & D Income / Grants | 197 | 119 | 121 | (2) |
| Commercial Trials Income | 1,392 | 634 | 725 | (91) |
| Charity Income | 2,279 | 1,012 | 1,048 | (36) |
| Other Income | 290 | 131 | 125 | 6 |
| Grand Total | 5,322 | 2,445 | 2,563 | (118) |



Recurring Budget Risks & Opportunities:

- Assessment to be made of temporary funding support via Charity, VPAG and Faktion – ensure that transparency across all areas
- Consider options to further explore commercial and other income in line with IMTP strategy
- Growing RD&I function in sustainable way is reliant on commercial trials income growth and appropriate exit strategy around those posts that are funded via the charity
- Patient recruitment

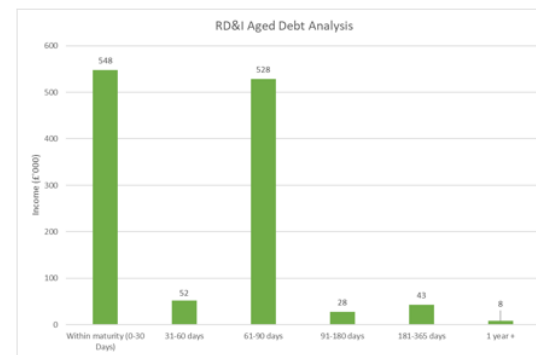
The figures and charts below highlight the performance against the 2025/26 targets.



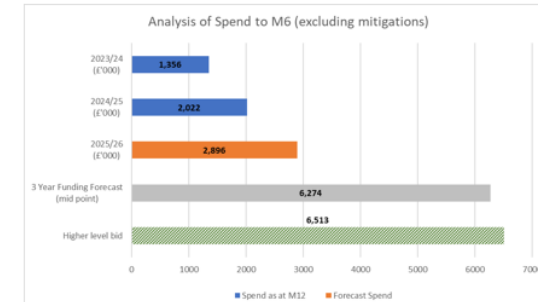
Payment of Invoices: to pay at least 95% of invoices within 30 days.

| | Current Month | Year to Date | Forecast Outturn |
|--------------|---------------|--------------|------------------|
| % Compliance | 89% | 88% | >95% |

Aged Debtors



Integrated Bid



The figures and charts below highlight the medium-term position and will be key in determining a strategic approach to financial planning.

| RD&I Saving Theme - Recurrent | Category | IMTP Target (£'000) | Savings Realised (£'000) | Variance (£'000) | Variation (%) |
|-------------------------------|----------|---------------------|--------------------------|------------------|---------------|
| Commercial Income | Income | 150 | 150 | 0 | 100% |
| Establishment Control | Pay | 80 | 80 | 0 | 100% |
| Sub Total | | 230 | 230 | 0 | |

IMTP Considerations:

- Progress made against £150k increase in commercial trials income plus additional vacancy factor of £80k - £230k total. Currently anticipate to deliver in full, finding mitigation where appropriate.

2025-26 DELIVERY OF SAVINGS



Appendix A: Summary of RD&I Risk Profile.

To be completed prior to submission to VUNHST RD&I Sub-Committee.

The following table summarises the risks for Research & Development. Risks are reviewed through the RD&I governance route as appropriate and only escalated to a higher level where the Controls / Action Plan are unable to reduce the risk to an acceptable level. The escalation of a risk, based on the risk score once the controls / action plans have been applied, is as follows:

| Risk Score | Escalation group |
|-------------|---|
| 15 or above | Executive Management Board (EMB) and RD&I Sub-Committee. These risks are the responsibility of the EMB and RD&I Sub-Committee to ensure effective management and resolution. Risks are further escalated to Trust Board, if the RD&I Sub-Committee determines the risk to require Trust Board involvement or is a Trust-wide issue and so out of scope of the Research & Development Service. |
| 8 to 14 | Review action at Research, Development, and Innovation Operational Management Group and close within 6 months. |
| 4 to 7 | Review action at Research, Development, and Innovation Operational Management Group and close within 12 months. |
| 1 to 3 | If agreed no further action, risk can be closed and re-assessed if there is a recurrence of the risk. |

The Risk Rating Matrix is as follows:

| RISK RATING MATRIX - IMPACT X LIKELIHOOD | | | | | |
|--|---------------|-------------|--------------|--------------|--------------|
| RISK MATRIX | LIKELIHOOD(*) | | | | |
| CONSEQUENCE(**) | 1- Rare | 2- Unlikely | 3 - Possible | 4 - Probable | 5 - Expected |
| 1 -Negligible | 1 | 2 | 3 | 4 | 5 |
| 2 - Minor | 2 | 4 | 6 | 8 | 10 |
| 3 -Moderate | 3 | 6 | 9 | 12 | 15 |
| 4 - Major | 4 | 8 | 12 | 16 | 20 |
| 5 - Catastrophic | 5 | 10 | 15 | 20 | 25 |

To note, risk scores are calculated by multiplying the impact (first number in brackets) of the risk by the likelihood of the risk (second number in brackets).

A1. Current risk register (Open Risks) – From 01 April 2025.

| No. | ID & Date | Directorate | Risk Domain | Risk Owner | Description of Risk | Inherent Rating | Current Rating | Target Rating and Expected date | Rating change since last reporting period | Actions & Due Date | Progress since last report period |
|---|-------------------------|---|--|--|--|----------------------|---------------------|---------------------------------|---|--|---|
| RESEARCH AND DEVELOPMENT (R&D) | | | | | | | | | | | |
| RISKS in the domain | | | | | | | | | | | |
| 1 | ID: 2200 01 May 2011 | Velindre Cancer Services: Radiotherapy Services | Performance and Service Sustainability | Helen Payne Radiotherapy Services Manager | <p>The RADIO THERAPY SERVICE risk (Risk ID 2200) was made visible in Datix to the Research Service in March 2024. The risk has been assessed for impact on the Research Service's ability to continue service delivery:</p> <ol style="list-style-type: none"> Capacity to meet the Trust's existing contractual requirements to deliver clinical trials requiring patients to receive radiotherapy treatment. Capacity to offer patients opportunity to take part new clinical trials where they would receive radiotherapy treatment. <p>The controls / action plans put in place to address the Research Service's aspects of this risk, and their progress are described in the "Controls / Action Plan & Progress" column.</p> <p>The RADIO THERAPY SERVICE risk has an inherent risk score of 20 and has previously been escalated to the Trust Executive Management Board. The RADIO THERAPY risk is owned by that service and is described below for reference:</p> <p>RADIO THERAPY CAPACITY There is a risk to whole of Radiotherapy Performance and Service as a result of insufficient capacity within the current linear accelerator fleet, leading to the radiotherapy service being unable to meet the current and anticipated demand.</p> <p>The lack of sufficient capacity within the Radiotherapy service has had the following consequences:-</p> <p>Compliance risk</p> <ul style="list-style-type: none"> - An inability to maintain waiting times compliance. - Creation of waiting lists. - Inability to meet RCR clinical guidelines. <p>Patient safety risk</p> <ul style="list-style-type: none"> - Patients will wait longer to start treatments resulting in possible poorer clinical outcomes, lack of symptom control and poor patient experience. <p>Reputational risk</p> <ul style="list-style-type: none"> - Limited service developments with a corresponding delay or inability to meet IMTP objectives. - Restricted ability to participate in clinical trials or research projects. - Issues with recruitment and retention of staff. | 12 (3 x 4) | 8 (2 x 4) | 6 (2 x 3) | ◀▶ | <p>25 November 2025</p> <ol style="list-style-type: none"> The Research Service is in regular communication with the Radiotherapy Service to discuss their capacity in managing existing clinical trials with radiotherapy treatment and meet Trust contractual requirements. This is achieved through a number of mechanisms: <ol style="list-style-type: none"> Trust R&D Office representation on the Radiotherapy Trials Portfolio Group, which assess and discuss the impact of Radiotherapy Service changes on the delivery of existing clinical trials, allowing prioritisation discussions to take place. Regular meetings between the Head of R&D, Research Delivery Manager, and Superintendent Radiographer – R&D. Through these mechanisms, the existing clinical trials with radiotherapy have been assessed and the Trust is able to meet its contractual requirements. The Research Service's Head of R&D and Research Delivery Manager are part of the established Radiotherapy Trials Solutions Group chaired by Dr Paul Shaw (Consultant Clinical Oncologist) that has made recommendations to improve the situation. Work is underway to implement and monitor these recommendations made by the group, to ensure that the Trust is able to set-up and deliver new clinical trials with radiotherapy treatment within the capacity constraints alongside the existing portfolio of trials; and aligned with the Radiotherapy's service re-design as part of the Integrated Radiotherapy Solutions (IRS). <p>The above actions will allow the Trust to continue to deliver its current contracted portfolio of trials with radiotherapy treatment and offer patients opportunities to take part new trials aligned with the IRS development.</p> <p>The Radiotherapy Service's IRS programme of work will see the implementation of a treatment and planning system supplied from a single vendor. Any changes resulting from the work that could affect the Trust's ability to deliver trials with radiotherapy treatment is considered through ongoing discussions with the Research Service and Clinical Teams.</p> | <p>The RADIO THERAPY SERVICE updated their service risk on 11 November 2025, with the overall service risk rating with current mitigations being reduced from 12 to 9.</p> <p>However, discussion with the RADIO THERAPY SERVICE indicated that there was no change to Research risk with current mitigations.</p> <p>During Q2, the Radiotherapy Trials Solutions Group continued to meet to discuss how to optimise radiotherapy capacity and scheduling for trials. Existing radiotherapy trials have been reviewed against capacity, with contractually requirements/treatments continuing to be delivered within the agreed parameters. New trial proposals involving radiotherapy are being assessed at a Radiotherapy Trials Portfolio Group against IRS implementation plans and available capacity prior to confirming support of the trial by Radiotherapy as part of the Research Service's Confirmation of Capacity and Capability for trials, ensuring that the research portfolio remains deliverable within the constraints of the RADIO THERAPY SERVICE.</p> |

| No. | ID & Date | Directorate | Risk Domain | Risk Owner | Description of Risk | Inherent Rating | Current Rating | Target Rating and Expected date | Rating change since last reporting period | Actions & Due Date | Progress since last report period |
|---|-----------|--------------------------|------------------------|--|---|-----------------|----------------|---------------------------------|---|--|--|
| RESEARCH AND DEVELOPMENT (R&D) | | | | | | | | | | | |
| RISKS in the domain | | | | | | | | | | | |
| 2 | 3252 | Velindre Cancer Services | Research & Development | Christopher Cotterill-Jones, Research Delivery Manager | Cardiff & Vale University Health Board (CVUHB) unable to keep up with Velindre University NHS Trust's (VUNHST) support requests for research study radiological biopsies. | 20 | 8 | 4 | ◀▶ | <p>31 October 2025</p> <p>The Trust's Research Service continues to work with CVUHB Joint Research Office on resolving the issue.</p> <p>Exploration of support to the services within CVUHB continues to examine possible funding sources to support the appointment of additional posts.</p> <p>Additionally, CVUHB JRO staff shall be invited to join VUNHST Research Service Trials Operational Group to discuss the research study support requirements and status of those provided by CVUHB.</p> <ol style="list-style-type: none"> Continuing to set-up research studies where biopsies are optional or can be undertaken at Velindre Cancer Centre (VCC) Continuing to set-up research studies with mandatory biopsies using support requests to CVUHB on a case-by-case basis. Work ongoing with CVUHB Joint Research Office & CVUHB Radiology to resolve issue. VUNHST R&D commercial radiology sessions supporting the identification of radiological biopsy requirements as part of study set-up. VUNHST exploring support service agreements with other organisations. | <p>In Quarter 2, the Research Service continued to monitor biopsy-dependent trials closely at feasibility and set-up. Studies were screened early for biopsy needs, with alternative local pathways considered where feasible. Engagement with CVUHB Radiology and the Joint Research Office remained ongoing to explore medium-term solutions and improved forward-planning.</p> <p>The internal process for flagging studies requiring biopsies studies has been maintained as part of the RESEARCH SERVICE's Confirmation .</p> |

A2. Risks closed since last report.

| No. | ID & Date | Directorate | Risk Domain | Risk Owner | Description of Risk | Inherent Rating | Current Rating | Target Rating and Expected date | Rating change since last reporting period | Actions & Due Date | Progress since last report period |
|---|-----------|-------------|-------------|------------|---------------------|-----------------|----------------|---------------------------------|---|--------------------|-----------------------------------|
| RESEARCH AND DEVELOPMENT (R&D) | | | | | | | | | | | |
| RISKS in the domain | | | | | | | | | | | |
| | | | | | | | | | | | |

During Quarter 2, there have been no Research and Development risks were closed since 01 April 2025. All risks remain under active monitoring through the Research, Development, and Innovation governance structure.