



Ein cyf/Our ref: DC/JMHSC/03150/25

Sara Moseley – Chair
Carl James – Interim Chief Executive
Velindre University NHS Trust

27 January 2026

Dear Sara and Carl,

This letter follows the Public Accountability Meeting held with members of the Velindre University NHS Trust Board on 15 January 2026. Thank you for your and your teams' attendance at the meeting, and for the evidence pack provided in advance of the meeting; this forms an important part of the meeting record. The meeting recording can be found at [Velindre University NHS Trust - 15 January 2026](#).

This letter sets out my reflections from the meeting, which we will continue to review in our regular meetings. I would like to acknowledge the commitment shown by your team and the areas of progress made across a wide portfolio of services. In your opening remarks you emphasised the Trust's national role across specialist cancer and blood services, including your contribution to advanced therapies, medical research and your role in developing and supporting the current and future oncology workforce. You also reflected on the organisational leadership challenges that need to be addressed, particularly around governance, leadership change and major service developments such as the new cancer centre. You stressed the organisation's commitment to strong partnerships across NHS Wales, recognising the pressures on commissioning health boards and the need for a prudent, outward-looking and collaborative approach.

You set out both current performance and forward plans for cancer services and highlighted an improving position in emergency and elective radiotherapy and in systemic anti-cancer therapy (SACT). Scheduled radiotherapy and urgent symptom-control radiotherapy were recognised as below the Trust's 100% standard and are a focus for improvement. You highlighted positive performance against quality metrics including low rates of HCAs and nationally reportable incidents;

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and responding in Welsh will not lead to a delay in responding

30-day SACT mortality rates are favourable against national benchmarks; and overall patient satisfaction remains high.

As part of the Trust's plans to meet rising demand and case complexity, you described the move to a medically-led, multi-professional model, supported by virtual assessment pathways (removing around 30% of outpatient contacts), the deployment of ambient voice technology in clinics, and an AI-enabled integrated radiotherapy solution to streamline pathways and reduce waits.

You outlined work to support delivery against the suspected cancer pathway, including the plans to implement standard pathways across the region to support the delivery of the suspected cancer pathway. The aim is to reduce component waits of the pathway from 38 days to 24 days by June 2027, alongside practical support to fragile services elsewhere in Wales (including remote oncologist input and regional collaboration along the M4 corridor). It would be helpful if you could share the trajectory and milestones for this improvement, including the plans for workforce transformation and the roll-out timetable for the virtual and AI-enabled clinic model.

We discussed partnership working with health boards and the National Joint Commissioning Committee to ensure timely adoption of NICE-approved technologies and new treatments. On research and development, you set out a ten-year strategy spanning patient-centred design, translational research linking laboratory and clinic, and a planned shift toward a greater proportion of commercially sponsored trials. We discussed a number of trials including UK recruitment to the monumental study in myeloma and the introduction of bispecific antibodies. You highlighted how research participation builds capability, shortens adoption cycles and can release capacity. You also indicated that you intend to introduce a balanced scorecard approach to align research participation, recruitment performance and financial benefits into routine performance management.

Turning to the Welsh Blood Service (WBS), the Board reported strong operational performance and resilience overall. Stocks of red cells were generally solid with waste minimised, although O negative stocks fell below the three-day threshold on three occasions in September 2025; this was actively managed through daily resilience meetings with no impact on provision to hospitals. We noted improvements in differential serology turnaround following a service improvement programme, continued excellent antenatal turnaround, and significant progress in recruiting volunteers to the Welsh Bone Marrow Donor Registry, including a marked increase in recruitment from under-represented ethnic communities.

You described the education-led outreach model into schools and colleges, the growth of donor ambassadors and plans for a "donor voices" co-production approach. On infected blood, the Trust confirmed that it was adopting a leadership role for Wales by embedding recommendations, such as strengthened governance and hospital transfusion committee oversight; formal learning via SHOT reporting; Welsh Health Circulars on prudent transfusion and on training; and the development of mandatory training for resident doctors and non-medical prescribers.

You noted that digital infrastructure was a risk for the Trust, with concerns linked to the digital traceability gap and highlighted the need for a national end-to-end solution. The blood establishment computer system and the LIMS programme will support this. It is important that these are delivered on time and to budget.

In relation to the new Velindre Cancer Centre, the Board provided assurance on construction progress and on the readiness programme. You described governance through the project board and your scrutiny committee, external engagement via the health strategy board, and detailed clinical commissioning and equipment phasing plans (including preferential access to accelerate linac installation and commissioning). You also set out arrangements for service transition, staff training and orientation—recognising the need to “meld” service change with the build programme—and your intention to commission an external readiness review to “kick the tyres” of delivery plans. You described the contract management operating model for the 25-year concession, with a clear payment/abatement mechanism and escalation routes, and the division of responsibilities between hard and soft facilities management.

We then discussed governance, culture and organisational resilience. You acknowledged the importance of a cohesive, skilled, responsive leadership and the importance of support for your workforce dealing with change. You outlined plans to refresh the committee structure, strengthen speaking up safely channels and leadership visibility, modernise governance arrangements with NWSSP, and maintain financial discipline with a forecast break-even position and a renewed emphasis on efficiency and benefits realisation within the IMTP for 2026/29.

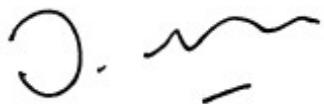
You described proposals to create dedicated committees for People, Culture and Engagement, and for Finance, Performance and Planning, while deepening the experience focus within quality and safety, and to strengthen governance of the Charity. You were open about the challenges experienced within the organisation, including anonymous complaints, and the steps taken to listen and respond through independent routes such as NHS Resolution at Work, RCN and speaking up safely channels. The emphasis on visible leadership, triangulated workforce insight and clearer routes to raise concerns is a positive approach.

Throughout the meeting you and Board colleagues paid tribute to the commitment, professionalism and compassion of the Trust’s staff. Examples shared such as clinical teams pausing to support distressed patients, specialist nurses leading complex therapy pathways, and multi-professional teams adopting new digital tools illustrate a strong patient-centred culture. You were of the view that this staff commitment remains one of the Trust’s greatest strengths and a critical enabler of service modernisation, research excellence and the successful transition to the new cancer centre.

In summing up the meeting, three cross-cutting themes were emphasised and will continue to frame our engagement with Velindre: evolving ways of working to meet rising demand and technological opportunities; delivery of the construction phase and operational readiness of the new Velindre Cancer Centre; and continued strengthening of governance and organisational culture.

Thank you for your continued engagement and commitment to improving services for the people of Wales.

Yours sincerely,

A handwritten signature in black ink, appearing to read "J. Miles".

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care