

Public Accountability Meeting

Evidence Paper: 15 January 2026



GIG
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Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

1. Trust Introduction

1.1 Velindre University NHS Trust Overview

1.2 Destination 2033 and Clinical and Scientific Strategy

1.3 Quality, Safety and Experience

2. Cancer Services

3. Welsh Blood Service

4. Developing Service for the Future

4.1 Trust Portfolio Change

4.2 Research and Development

4.3 Innovation

4.4 Partnership Working

4.5 New Velindre Cancer Centre

4.6 Other Key Infrastructure

4.7 Digital Development

4.7 Sustainable Services

4.8 Care Closer to Home

4.9 Women's Health

5. Strengthening the Organisation

5.1 Financial Plan

5.2 Cabinet Secretary Enabling Actions

5.3 Governance

5.4 Hosted Services

5.5 Leadership and Culture

6. Summary

Context

This evidence pack has been produced by Velindre University NHS Trust in support of the Public Accountability meeting between Welsh Ministers and the Board on 15 January 2026. It has been produced in line with the guidance from Welsh Government.

The performance data is presented from Quarters 1 and 2 2025, 1 April 2025 – 30 September 2025.

Date submitted	8 January 2025
Date of meeting	15 January 2025
Completed by	Velindre University NHS Trust

1. Trust Introduction

1.1 Velindre University NHS Trust Overview

Velindre University NHS Trust's (the Trust) purpose is to provide specialist blood and cancer health services to the people of Wales. The Trust also hosts services on behalf of NHS Wales.

Velindre Cancer Service delivers specialist cancer services for Wales, predominantly in the South East region using a hub and spoke model and provides specialist treatment, education, research and development for non-surgical oncology services. Patients are treated with Systemic Anti-Cancer Treatments e.g. chemotherapy and or targeted therapy, immunotherapy, radiotherapy (including paediatric radiotherapy), brachytherapy and molecular radiotherapy and other related treatments, together with caring for patients with specialist, acute oncology and palliative care needs. There has been significant investment in radiation services in South East Wales. There is now an additional location for Velindre Cancer Service Radiotherapy provision with the Velindre@Nevill Hall Radiotherapy Unit, in Abergavenny. The Trust is also in the process of building a new state of the art Cancer Centre and replacing our existing fleet of Linear Accelerators as part of the Integrated Radiotherapy Solution programme.

The Welsh Blood Service is a national service playing a fundamental role in the delivery of healthcare. It is responsible for the collection and provision of blood and blood products or NHS Wales and to support the Welsh Transplantation Service. Donors' gift of blood is transformed into safe and effective blood components, which allow NHS Wales to improve the quality of life and save the lives of many thousands of people in Wales every year. The service also provides an antenatal screening service to several hospitals and offer all customer hospitals specialist laboratory services to assist in the investigation of complex serological problems. The Welsh Transplantation and Immunogenetics Laboratory, within the Welsh Blood Service, provides direct support to local providers of Renal and Stem Cell Transplant Services. It also operates a national panel of unrelated potential blood and stem cell donors, the Welsh Bone Marrow Donor Registry.

The Trust also delivers services through its hosted services and programmes, NHS Wales Shared Services Partnership Shared Services, Heath Technology Wales and Advanced Therapies Wales.

The Trust is continually striving to improve cancer patient care with our internationally recognised and ground-breaking research. Staying at the forefront of pioneering treatments and technologies means patients in Wales are able to access the latest developments in therapies, delivered by expert researchers. The Welsh Blood Service has also embarked on an extraordinary research, development and innovation journey, contributing to the understanding and enhancement of blood services and patient care.

As a committed learning organisation, the Trust has established the Velindre Oncology Academy, the only provider of specialist multiprofessional non-surgical oncology training in Wales established so that the multiprofessional oncology workforce in Wales no longer need to travel to England to receive this specialist training. Through horizon scanning, benchmarking and national training needs analysis the academy is supporting the oncology workforce in Wales to meet the rapidly changing needs of our oncology patients and positively impact on outcomes and experience. In addition, the Trust has a national and international leadership role in medical education and training with oncology partners across Wales through the Cardiff FRCR (Fellowship of the Royal College of Radiology) course which successfully prepares trainees across the globe for the highly desired specialist Clinical Oncology qualification.

The Velindre Cancer Charity is the official charity of the Trust, incorporating Velindre Cancer Service and the Welsh Blood Service. The Charity supports the Trust's provision of world class research-led treatment, care and support for patients and families affected by cancer as well as other patients supported by the Trust and those who are involved in the donation of blood or stem cells.

1.2 Destination 2033 and Clinical and Scientific Strategy

Destination 2033

The Trust's Strategy is set out in Destination 2033, which was launched as our long-term vision in 2023 and set in the context of the Well-being of Future Generations Act and a Healthier Wales. The Trust's vision is: "**Excellent Care, Inspirational Learning, Healthier People**" and the Trust values which guide us were refreshed, following extensive engagement, in 2024 as: "**Caring, Respectful and Accountable.**"

Destination 2033 sets out the strategic goals to achieve excellent care, inspirational learning and healthier people:

- Outstanding for quality, safety and experience.
- An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations.
- A beacon for research, development and innovation in our stated areas of priority.
- An established University Trust, which provides highly valued knowledge and experience for all.
- A sustainable organisation that plays its part in creating a better future for people across the globe.

Clinical and Scientific Strategy

The Clinical and Scientific Strategy supports delivery of the Trust's divisional and Trust strategies by setting the clinical and scientific direction for services over 2025–2030. Developed by the Trust's clinical and scientific staff, it sets out the ambition for services across Velindre Cancer Service and the Welsh Blood Service, with delivery

overseen by the Clinical and Scientific Strategy Board and supported by a live Delivery Plan structured around four themed workstreams.

The Strategy was developed to provide a mechanism to drive the clinical and scientific agenda and inform prioritisation and decision-making, in the context of increasing demand, rapid developments in science and technology, workforce pressures and the need to deliver sustainable and responsive services. The Trust intends to ensure that future planning is grounded in clinical and scientific priorities, aligned with national policy and integrated across divisional plans, Futures programmes and the Integrated Medium-Term Plan, remaining live and responsive as the healthcare landscape continues to evolve.

Progress to Date

The Clinical and Scientific Strategy sets a Trust-wide ambition to reduce duplication, improve coherence and strengthen alignment across clinical and scientific activity. The Clinical and Scientific Strategy Board, four themed workstreams and a live Delivery Plan support this ambition by providing strategic oversight, aligning activity with national direction and connecting existing programmes.

Summary of Achievements to Date

- **Artificial Intelligence** - An Artificial Intelligence Strategic Framework has been developed, establishing strategic position and governance, with AI operational in radiotherapy planning and pilot testing underway. This Board-enabled approach provides early assurance and readiness, supporting safe adoption and alignment with emerging national policy.
- **Genomics** - Collaboration with Genomics Partnership Wales, the All-Wales Medical Genomics Service and Health Education and Improvement Wales, has defined the Trust's national position, supported by the Genomics Education Prospectus and entry-level e-learning. This aligns workforce development, governance and service integration across patient and donor pathways.
- **Schwartz Rounds** – Schwartz Rounds have commenced as part of the Workforce theme, with positive engagement to date and expanded delivery planned.
- **Clinical Sustainability** - Multi-Disciplinary Teams have been established, embedding environmental responsibility within clinical decision-making and service redesign. Horizon scanning is the next headline priority.

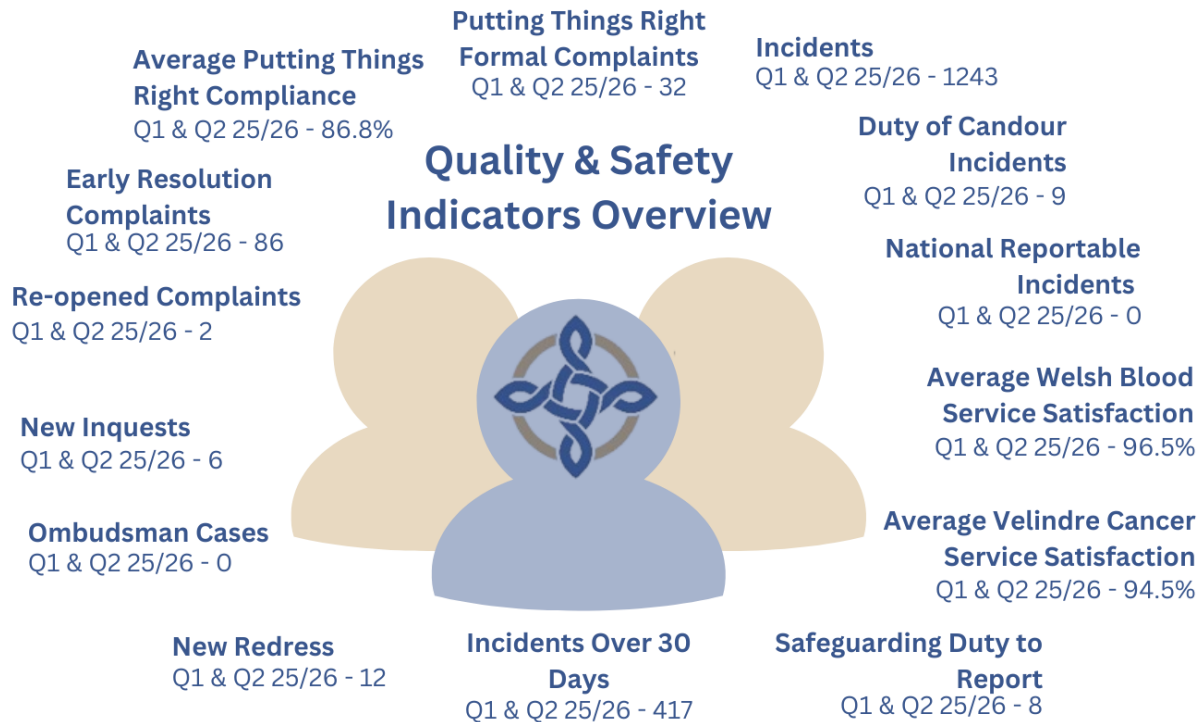
Additional Priorities for 2026

- **Leadership and Collaboration** - Formalise external clinical leadership representation, resulting in stronger national influence; Review cross-service leadership forums, resulting in improved coordination and clarity.
- **Quality** - Embed value-based healthcare measures through Patient Reported Outcome Measures and Patient Reported Experience Measures, resulting in reduced variation, improved outcomes.

- **Research, Development and Innovation** - Support Collaborative Centre development, resulting in coherent hub aligned to Trust priorities; Integrate research-to-implementation pathways, resulting in faster adoption of innovation.
- **Workforce** - Implement advanced practice frameworks, resulting in sustainable workforce models; Align leadership development with strategy, resulting in strengthened clinical leadership.

1.3 Quality, Safety and Experience

Quarter 1 and 2 2025/2026



Trust Approach to Quality, Safety and Experience

The Trust’s approach to quality and safety is designed to ensure robust assurance and demonstrable commitment to the Duty of Quality to both the Trust Board and our population. The overarching principle is one of ownership and accountability for quality and safety from service level to Board with an enabling, supportive, non-punitive and learning ethos threaded across all activities. The Trust’s Quality and Safety Framework was revised in 2024 to reflect the additional legislative responsibilities detailed within the Duties of Candour and Quality (Health and Social Care (Quality and Engagement) (Wales) Act (2020)). The Trust has developed an implementation plan for the revised Putting Things Right Regulations ‘Listening to People’ (2025).

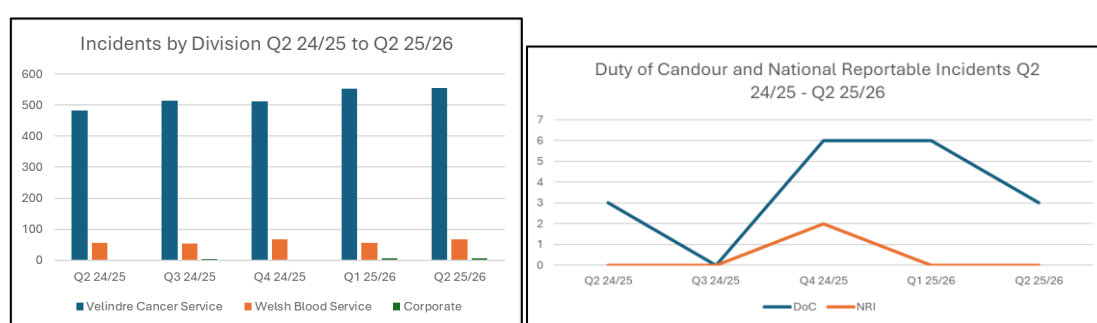
A variety of digital tools and systems underpin the Trust’s quality and safety infrastructure, supporting the effective monitoring and reporting of quality information and data. These systems, including Datix, AMaT and QPulse, facilitate triangulation, enabling the Trust to identify trends and learning, and drive continuous improvement. This approach is integral to the Trust’s focus on fostering a culture of learning and

improvement across all levels and will be strengthened further in 2026 with the development of a new quality and safety dashboard. The Trust is adopting the learning undertaken by Betsi Cadwalader University Health Board and is implementing its Quality Dashboard and Quality Balanced Score Card. It is anticipated that this will be in place by 31st March 2026 in line with our quality priorities. The Trust is also commencing a pilot to utilise Artificial Intelligence with our current systems to increase efficiency and enhance analysis of data, to further aid triangulation of incidents and concerns. These enhancements in our digital infrastructure, when in place, will significantly enhance the Trust's Quality Management System. A summary of the Trust's current Quality Management System is provided below:

Trust Quality Management System Progress			
Quality Planning	Quality Improvement	Quality Control	Quality Assurance
Revising and embedding Trust Quality Framework	Enhanced multi-professional research & innovation opportunities	Performance Management Framework aligned to the Health & Care Quality Standards (STEEEP)	Quality Matrix and Outcome Framework Development
Quality, Safety & Experience Outcomes used to agree Integrated Medium-Term Plan & Improvement priorities	Quality Priorities determined through quality, safety & experience outcome mapping	Trust Incident Framework developed and launched	Improved governance and assurance through AMaT Quality & Regulatory Tracker
Embedding Quality Impact Assessments (QIA) across org. – practical guidance sessions	Learning Framework developed and implemented – internal & external learning (reflective learning events)	Agreed audit plan for Quality & Safety activity	All quality & safety procedures updated in line with Duties of Quality & Candour.
Embedding Quality Impact Assessment process & alignment of Quality Priorities in Integrated Medium Term Plan process	Successful 5 Minute Improvement programme in Welsh Blood Service – Roll out planned for Velindre Cancer Service	Quality & Safety Regulatory Tracker via AMaT system	Internal Audit Duty of Candour - Substantial Assurance Duty of Quality – Reasonable Assurance
Development of Trust Clinical & Scientific Strategic Board / Clinical & Scientific strategy	Revised Trust Values, focussed cultural work focussing on creating culture of psychological safety	Strengthened Quality Hub working to provide analysis of key outcomes, activity, learning and improvement	Further expanding 'Always On' Reporting Measures inc. publication of our first Duty of Quality Annual Report
Improving patient & donor feedback mechanisms to feed into quality planning	Strengthening mortality review processes and monitoring	Adoption of national Duty of Candour and national incident reporting procedures	
Integrated Quality & Safety Group & Quality Hubs co-ordinating quality planning at all levels			

Patient Safety Incidents

Over the last four years, the Trust has been working on its patient safety and incident reporting culture to create a positive and active incident reporting culture, and the Trust is seeing an increase in reporting. During this period 1243 patient/donor safety incidents were reported, nine of which triggered the Duty of Candour. None of these met the threshold for national reporting. A 'make it safe' review is held within 48 hours of a moderate or greater harm incident being reported. The aim is to ensure that all immediate risk reduction action is taken, patient /donor safety and staff wellbeing is assured, Duty of Candour is considered and that a proportionate system, not blame focussed investigation, is commissioned so that all learning and improvement can be identified and where relevant redress considered. Following investigation, improvement plans are developed, recorded on the Trust's Quality and Safety Regulatory Tracker and monitored through the Trust's governance structure.



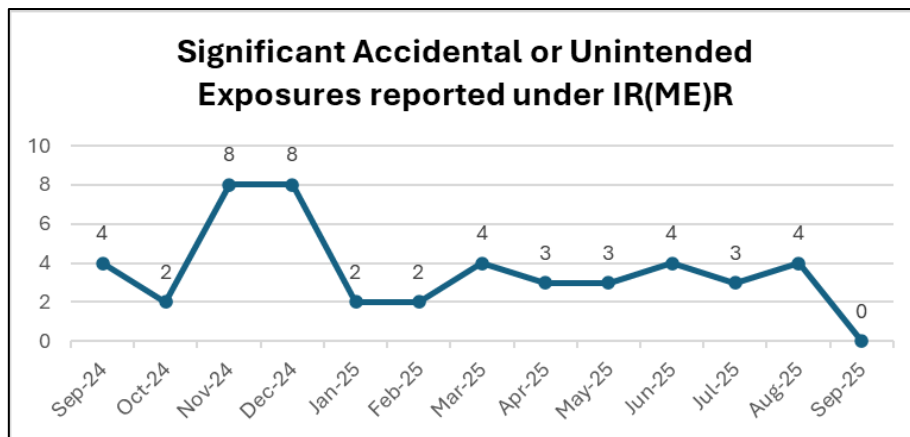
Duty of Candour and National Reportable Incident Themes and Learning	
Theme	Learning and improvement
Scheduling of radiotherapy appointments	The radiotherapy department are updating training and competency packages, revising quality assurance checks, and reviewing processes to ensure robust appointment management.
Medication safety including prescribing, reconciliation, and administration	An improvement plan is in place developed from themes identified in medication incidents. A multidisciplinary working group is progressing the plan.
Communication and transfer of care between Velindre Cancer Service, Health Boards, Primary Care, and patients	Clinic letters are now routinely being sent to all patients. The Trust will also implement the national Hospital Initiated Referral Solution by quarter 4 2025-2026.
Extravasation during Systemic Anti-Cancer Therapy administration	Following urgent review including benchmarking of national and local extravasation policies and practice, the current extravasation policy was updated.
Communication and review of clinically urgent information at Velindre Cancer Service	The trust is working with Digital and Healthcare Wales on adapting and utilising the "red flag" notification within Welsh Clinical Portal.
Consultant and outpatient clinic capacity at Velindre Cancer Service	Pathway transformation work is underway to ensure prudent use of multidisciplinary healthcare professional resource and increasing virtual appointments.

Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)

During this period 17 Significant Accidental Unintended Exposures (SAUE) under Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) were reported. Ten of which were linked to known technical faults affecting imaging equipment used on radiotherapy machines. This imaging is used to check that patients are positioned

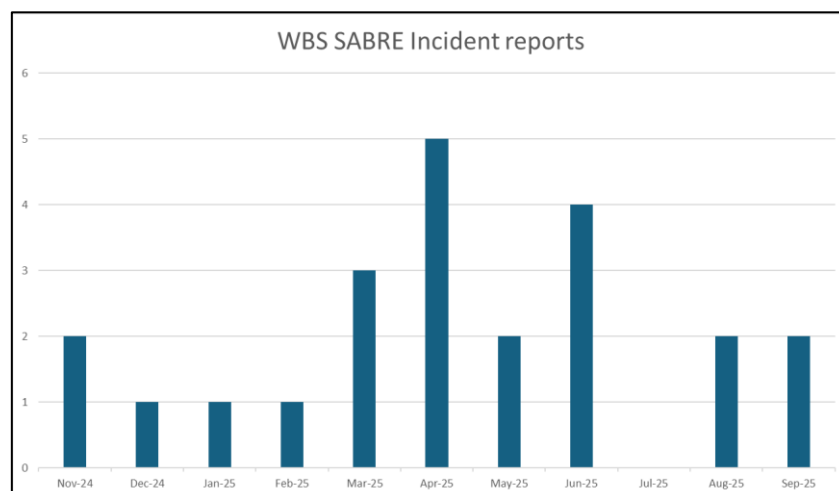
correctly before treatment is given. For the small number of patients affected, the additional radiation dose was very low when compared with their overall treatment and was not considered to have any impact on their care. The Radiotherapy Physics team has been working closely with the equipment manufacturer (Elekta), and a change in practice introduced recently has already led to a reduction in these faults.

The remaining radiotherapy-related incidents involved procedural issues during imaging, including computed tomography (CT) planning scans and position-checking images. None of which affected patient safety.



Serious Adverse Blood Reactions and Events

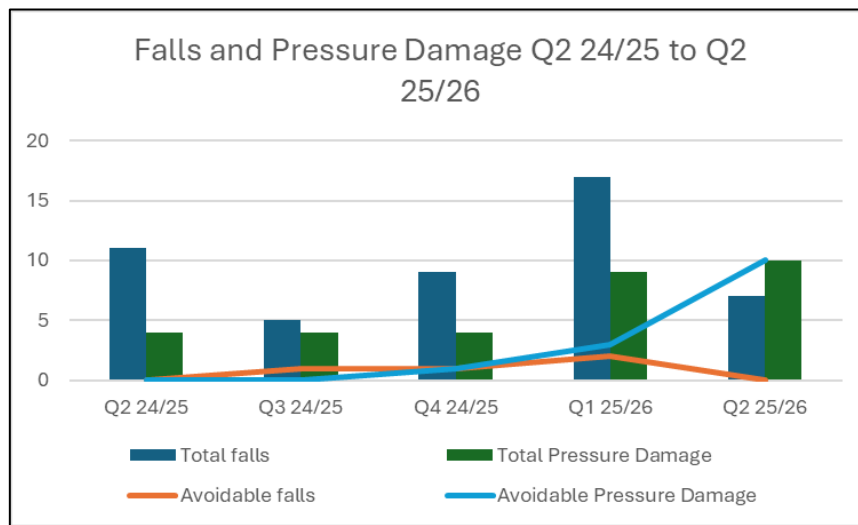
During this period the Welsh Blood Service reported 17 adverse events to the Medicines and Healthcare products Regulatory Agency, mainly due to challenges with donor selection guidance, manual processes, and procedural clarity affected by staff turnover. No harm resulted from the incidents. The Welsh Blood Service responded by updating Standard Operating Procedures, providing clinical briefings to staff on learning from the incidents, reviewing strengthening local guidance, and participating in UK-wide work to improve the way potential donors are screened for eligibility based on recent travel.



Patient Pressure Damage and Falls

During this period there has been an increase in pressure damage that developed or worsened whilst an inpatient in Velindre Cancer Service. All incidents have been investigated and discussed in Pressure Ulcer Learning Panels. Significant learning has been identified, and an overarching improvement plan is in place with new senior nursing leadership. An increase in nursing establishment has been made by day, along with a skill mix review, to support basic care provision as there has been an increase in patient acuity and numbers.

Over the past year the number of inpatient falls in the Velindre Cancer Service has fluctuated with no clear trend. No patient harm has occurred as a result of a fall during this period.



Infection Prevention and Control: Velindre Acquired Infections

Overall, the numbers of Velindre acquired infections is very low. A full Root Cause Analysis and multidisciplinary discussion is undertaken following each incident. Learning has been identified in respect of the timely review of broad-spectrum antimicrobial therapy when sensitivities from specimens are known.

The Infection Prevention and Control team are taking part in the national Clostridium Difficile Collaborative. The overall aim is to try to reduce the number of Clostridium Difficile cases across NHS Wales. The team are focusing on education around stool sample collection using innovative and immersive methods, including 'Handopoly' and an escape room game. These have proved effective at increasing staff engagement. The Team have shared the innovative work they have been doing at the recent UK Infection Prevention and Control Conference.

A proposal was taken to Health Technology Wales to standardise the methods used for cannulation across Wales, focusing on the use of ultrasound equipment.

	C. difficile	MRSA	MSSA	E.coli	P. aeruginosa	Klebsiella sp.
2024-2025	3	0	0	1	0	1
Q1 2025-26	0	0	0	1	0	0
Q2 2025-26	0	0	0	2	0	0

Concerns

Since quarter 2 2024/2025, the Trust has received an 84% overall increase in complaints. A full review of concerns from July 2024 to September 2025 commenced in November 2025. The increase has been seen across both divisions.

Top concern themes Q2 2024/25 – Q2 2025/26	
Welsh Blood Service	Velindre Cancer Service
Clinical Assessment/Treatment	Communication
Communication Issues	Appointments
Attitude and behaviour	Clinical treatment/assessment

Several concerns at Velindre Cancer Service relate to patients' clinical care e.g. understanding of diagnosis and treatment. Most were resolved through early resolution where the patient and clinician had further opportunity to discuss these matters further. This correlates with triangulated themes identified in patient feedback and incidents where clinics have been overbooked, putting pressure on appointment times. The management of outpatient clinic appointments has been the focus of sustained work at the Cancer Service, and a number of these improvements should start to positively impact patients from quarter 3. From April 2025 the Cancer Service commenced copying clinic letters to all patients. This practice was not universally in place prior to this date, and it facilitates patients and their families to revisit and reflect on the information they have been given verbally in clinic. Velindre Cancer Service is working with the Patient and Carer Partnership Board on ways to further strengthen inclusion with family and carers.

At the Welsh Blood Service, there is a focus on improving donor experience following themes identified in complaints. Compassionate leadership, customer service and mindfulness sessions are being provided to staff in Blood Collection Teams. In quarter 2 the Welsh Blood Service identified communication issues with donors whose first language is not Welsh or English. Targeted Language Line training is being provided to staff.

No harm has been identified in any of the concerns raised during this period.

Putting Things Right

Trust compliance with Putting Things Right timescales for 30 working day complaint responses improved to 88.9% in quarter 2 2025/26 (84.6% in quarter 1) against national target of 75%.

Patient and Donor Feedback

The Trust has adopted the use of the national People's Experience Survey and is focused on improving the capability and capacity to collect feedback from patients within the cancer service. Overall patient and donor satisfaction remains high:

- Velindre Cancer Service – 94.5% overall satisfaction (1294 respondents in quarter 1 and quarter 2 2025/26, 8.2% of 15829 patients).
- Welsh Blood Service – 96.5% overall satisfaction (7110 respondents in quarter 1 and quarter 2 2025/26, 15.2% of 46693 registered donors).

The Trust undertook self-assessment against the new People's Experience Framework in April 2025 and developed an improvement plan that is being driven forward by the People's Experience Task and Finish Group. This is aligned with our Quality and Safety Priorities for 2025/26.

Learning from patient and donor feedback correlates strongly with complaints received, and improvements plans are aligned accordingly. This is demonstrated in our quarterly reports "We asked, you said, together we have", reinforcing the approach of co-production. Some improvements following patient and donor feedback include:

- Increased access to refreshments at Velindre Cancer Centre by extending coffee shop opening hours and opening an additional coffee shop.
- Improved temperature regulation in the cancer centre and blood collection venues to enhance patient and donor comfort.
- Improved signage at both the cancer centre and blood collection venues.

The Trust has made it a priority to improve the capacity and capability to collate patient and donor feedback. Both clinical divisions have adopted the National Peoples' Experience Survey and are ensuring QR codes and tablets are available to patients and donors at multiple stages of their journey through the service enabling them to provide feedback via the survey.

Digital Health Assessments

As part of the Trust's Value Based Healthcare Programme, Digital Health Assessments help measure treatment outcomes and optimize the use of resources. These assessments, or Patient Reported Outcome Measures, track how cancer and its treatment affect patients' daily lives to enable more tailored care. By regularly asking standard questions, changes and trends are monitored in the patient's wellbeing. Delivered by email or SMS, these assessments use the same system as other Health Boards in Wales, ensuring consistency and data sharing across services.

Digital Health Assessments have been launched within Velindre Cancer Service for Lung Cancer, Prostate Cancer, and Neuro-oncology pathways, achieving a patient response rate of over 60%.

The goal is to expand Digital Health Assessments to all cancer pathways in the next two years and integrate the results into clinical consultations and workflows. While the implementation is in the early stages, positive feedback has been received from clinicians about the use of Patient Reported Outcome Measures (PROMS) data in collaborative clinical decision making. Work is underway to make the responses more accessible to the clinical teams and measure the impact.

Feedback from Regulators in 2025/2026

- **Public Service Ombudsman Wales** – There have been no Public Service Ombudsman Investigations commenced since December 2023. There are no current open Ombudsman cases.
- **Pharmacy Technical Services Quality Assurance Audit** – The National Lead for Pharmacy Quality Assurance for Wales undertook a Good Manufacturing Practice audit of the aseptic unit at Velindre Cancer Centre on the 5th and 6th June 2025. An action plan has been developed and accepted to address identified deficiencies and is being closely monitored within the Trust with support from the Quality Assurance auditor.
- **Llais – Enhancing Cancer Care Experience** – Between 1st September 2024 and 31st December 2024 Llais undertook engagement to understand people's experiences of living with cancer in Cardiff and the Vale of Glamorgan. The Trust received the final report in June 2025 and have committed to ongoing learning and improvement based on the themes identified in the report. Planned improvements include improving patient communications, increasing access to welfare support and strengthening the key worker model at Velindre Cancer Service.
- There have been no additional Llais visits.
- **Joint Accreditation Committee (JACIE) accreditation Welsh Bone Marrow Registry** – In May 2025, the Welsh Bone Marrow Donor Registry received accreditation for the collection of stem cells at Velindre Cancer Centre from the Joint Accreditation Committee of the International Society for Cellular Therapy and the European Group for Blood and Marrow Transplantation. This achievement reflects strong collaboration between Welsh Blood Service and Velindre Cancer Service and reinforces the Trust's status as a leading provider of stem cell and lymphocyte collections in Wales. The accreditation follows a record year for volunteer recruitment to the Registry in 2024/2025.
- **Internal Audit** – Following fieldwork conducted in quarter 4 2024/2025, Internal Audit issued the Trust with 'Substantial Assurance' for its implementation of the Duty of Candour, and strong 'Reasonable Assurance' for its implementation of the Duty of Quality. Management actions have been agreed with Internal Audit to address any areas requiring attention and are monitored through the Trust's governance structures.

Learning from Other Welsh and UK Reviews to Improve Maternity Services

While the Trust does not provide maternity or neonatal services, we remain committed to applying lessons learned from external reviews and implementing improvements to our own services based on their findings. The Trust carried out an

evaluation of the *Independent Review of Maternity and Neonatal Services at Swansea Bay University Health Board* to identify learning and recommendations applicable to the organisation. An improvement plan was developed which has been through to the Trust's Quality, Safety and Performance Committee.

Mortality Reviews

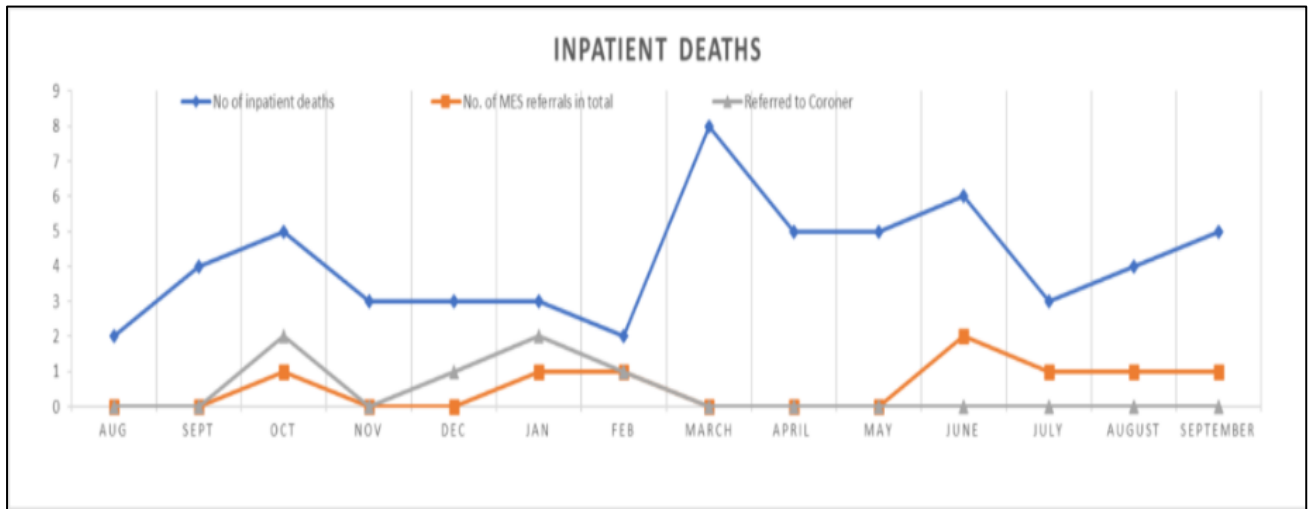
Velindre Cancer Service undertakes a programme of mortality reviews:

- Every **inpatient death** is reviewed in a mortality meeting that is chaired by the consultant clinical lead for mortality, and has representation from nursing, medical, palliative care, allied health professionals and quality and safety colleagues.
- **Medical Examiner Service reviews:** The number of Medical Examiner Service reviews that are returned to Velindre Cancer Service for further scrutiny are low in number. Any Medical Examiner Service reviews that are sent to Velindre Cancer Service for further scrutiny (both for patients that have died in Velindre Cancer Service and patients that have died elsewhere but are under Velindre Cancer Service care) are discussed at the monthly mortality review meeting.
- **Site-Specific Tumour team** undertake quarterly mortality reviews. The aim is to review all patients who have died within 30 days of receiving systemic anti-cancer treatment (SACT), 30 days of receiving palliative radiotherapy, and 90 days of radical radiotherapy. These are national standards, and the review is conducted using the UK SACT Board mortality review proforma (amended to include radiotherapy) that looks at factors such as the patient's suitability and appropriateness for treatment, the prescribing and administration of treatment, and management of any toxicities.

All mortality reviews are recorded on the Mortality Datix module and themes, trends, and learning are reported through quality and safety governance in Velindre Cancer Service. There is also reporting and oversight at the Trust Integrated Quality & Safety Group that brings together the Corporate and Divisional Quality and Safety Hubs to provide integrated analysis, triangulation of themes and assurance or escalation to the Executive Member Board and the Trust Quality, Safety and Performance Committee.

Inpatient Deaths

The Chart shows 'special cause' or exceptional variations in May and July for pathways of care delays.



SACT 30-day mortality

Table 1: SACT 30-day mortality August 2024 to September 2025

		Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
Curative Actual	Death	0	1	0	0	0	2	2	1	1	0	0	0	1	1
	rolling%	0.01	0.05	0.05	0.02	0.03	0.06	0.11	0.14	0.16	0.11	0.06	0.02	0.03	0.06
	Activity	898	766	891	910	832	910	862	876	899	904	864	933	763	899
Palliative Actual	Death	15	14	17	24	15	18	16	17	7	21	14	20	16	16
	rolling%	1.14	1.20	1.13	1.30	1.32	1.37	1.38	1.25	1.07	1.14	1.06	1.13	1.35	1.24
	Activity	1311	1296	1430	1346	1244	1370	1312	1358	1399	1383	1337	1369	1177	1441
Bench mark 2%		2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%		
Target 2%		2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%		

2. Cancer Services

Established in 1956, Velindre Cancer Service delivers high quality specialist cancer services to over 1.5 million people in South East Wales and beyond. It is a leading cancer treatment and research centre in Cardiff, Wales. The service provides a comprehensive range of services for patients with all types of cancer, from diagnosis and treatment to palliative care and support.

Velindre Cancer Service is committed to providing the highest quality of care to its patients. The service has a team of highly skilled and experienced healthcare professionals who are dedicated to providing compassionate and individualised care. Velindre Cancer Service also offers a wide range of support services to help patients and their families cope with the challenges of cancer.

Velindre Cancer Service is commissioned primarily via the Health Boards, with a further £2.4m commissioned via Joint Commissioning Committee. Whilst the majority of treatments are provided for the South Wales population is for specialist oncology services including chemotherapy and radiotherapy for solid tumours, Velindre Cancer Service also has a critical role in providing the following tertiary services to the wider Welsh population:

- Gynaecological Brachytherapy and prostate brachytherapy for South Wales.
- Stereotactic ablative body radiotherapy (SABR) Spine - South Wales service.
- SABR primary Renal tumours- All Wales service.
- Total body irradiation (TBI) - South and Mid Wales.
- Paediatric radiotherapy (non-proton beam) for South and Mid Wales.
- Molecular radiotherapy services-Peptide receptor radioisotope therapy, Radioiodine therapy and radium for South and Mid Wales.
- Sarcoma services for patients aged 16-24 and for those with bone tumours are provided by Velindre Cancer Service for South Wales as part of a network delivery model.

For Stereotactic Radiosurgery (SRS) and SABR services, links between centres have been established through network Multidisciplinary teams and robust referral processes are in place.

Performance against these services are measured using clinical quality indicators for SACT and Radiotherapy.

Processes are in place to ensure early identification and delivery of novel therapies for our population.

In addition to benchmarking with other centres, Velindre Cancer Service also has accreditation with national and international bodies where relevant, currently this includes:

- Accreditation as a Tessa Jowell Centre of Excellence.

- Accreditation with European Neuroendocrine Centre of Excellence.
- Accreditation with European Society for Medical Oncology designated centre for palliative and supportive care.
- Membership of Organisation of European Cancer Institutes with aim of accreditation within two years.

Improving Access for All

Velindre Cancer Service provides radiotherapy and chemotherapy treatment for patients from across South East Wales and reports monthly to Welsh Government on performance against these areas. Velindre Cancer Service also contributes to the 62-day pathway across a number of Health Board pathways where treatment of chemotherapy and SACT is classified as first definitive treatment.

Health Boards are accountable for reporting performance against Suspected Cancer Pathway targets for patients referred to them at the point of suspicion, irrespective of whether care is referred to other specialist centres for their first definitive treatment. As such, Velindre Cancer Service has an important role in delivering timely care to patients to ensure delivery against this pathway but does not currently report performance against the Suspected Cancer Pathway target.

Velindre Cancer Service has been moving through a period of transition which will come to fruition Quarter 4 2025, with the implementation of a new directorate and management infrastructure. Performance management will be supported through this together with a more structured approach to waiting list management, supported by:

- Development of Trust and Velindre Cancer Service performance framework.
- Waiting list management Standard operating Processes and associated training and development for staffing waiting list management.
- Review of roles and responsibilities will take place to allow for clear accountability and responsibility in waiting list management.

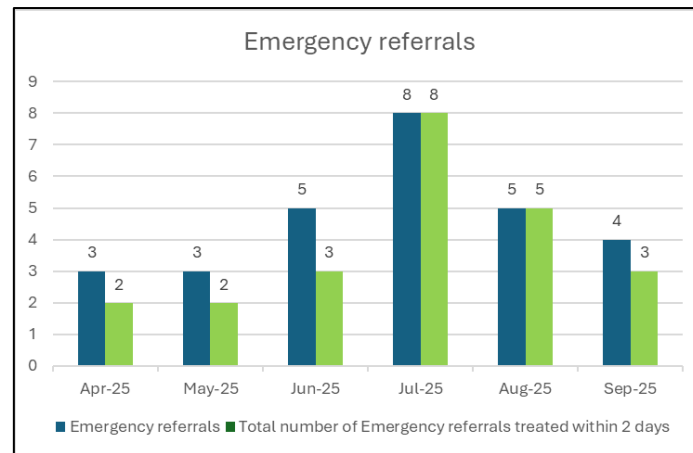
The development of a Patient Tracking List and electronic Hospital Initiated Referral for implementation in early 2026 will provide increased visibility of the patient pathway enabling the service to provide further focus on ensuring patients are treated in line with target treatment dates, and appropriate escalation and proactive management. This will also enable identification and reporting against patients on the Suspected Cancer Pathway and subsequent treatments.

SACT Performance

For quarters 1 and 2, SACT reported monthly against performance targets for emergency SACT (100% treated within 2 days) and non-emergency SACT (98% treated within 21 days).

Emergency SACT

Performance for quarter 1 averaged 64% (6 out of 11 patients) whilst performance improved in quarter 2 with 94% of patients classified as emergency patients received treatment within 2 days (16 out of 17 patients.)



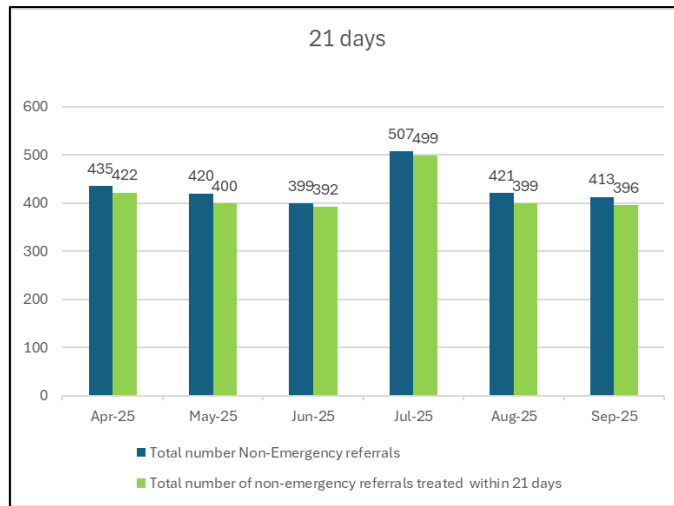
A deep dive into all of the patients who breached this target indicated a misclassification of the patient category – all patients were ‘urgent’ rather than ‘emergency’ and no clinical harm occurred as a result of not meeting this target.

Work is taking place with clinical teams to ensure correct utilisation of the ‘emergency’ category, in combination with the development of robust Standard Operating Procedures to support escalation of patients at risk of not receiving treatment within this clinical indicator.

Non-Emergency 21 Day

Performance across quarters 1 and 2 remained stable at an average of 97% across this period. Analysis into the reasons patients were treated outside of this timeframe identified two main categories:

- ‘Avoidable’ breaches - related primarily to treatment and clinic capacity and have been included as part of the internal SACT improvement plan to address the imbalance between capacity and demand and reduce variation across tumour sites.
- ‘Unavoidable’ breaches – related primarily to patient choice and clinical prioritisation appropriate for that individual patient.



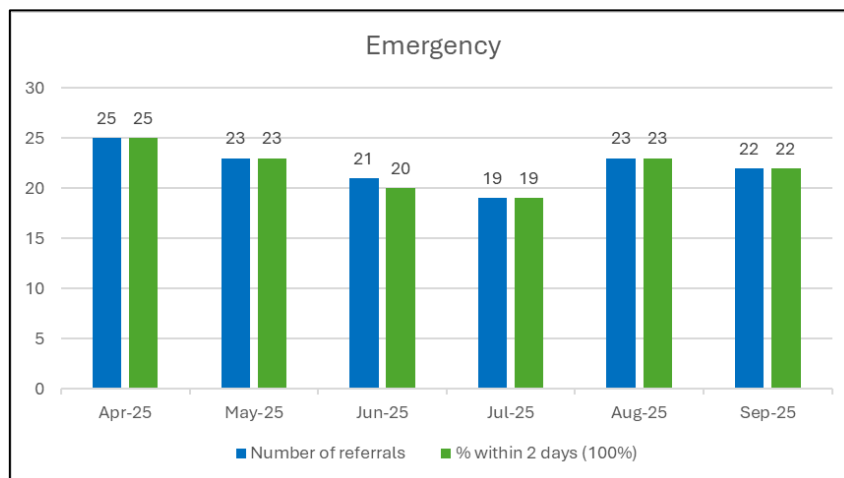
Radiotherapy Performance

Non-emergency performance in quarters 1 and 2 was impacted by a number of national bank holidays, reflected in performance in April and May 2025 non-emergency categories. Where there is planned 'down time', mitigations are put in place to minimise any delays, with additional activity sourced through weekend working and extended days.

Fragility of the existing fleet remains due to the aging equipment (all due for replacement as part of the Integrated Radiotherapy Service programme). Capacity on remaining machines is flexed as required to support any failure in linac performance to ensure minimal impact to patient treatment delays.

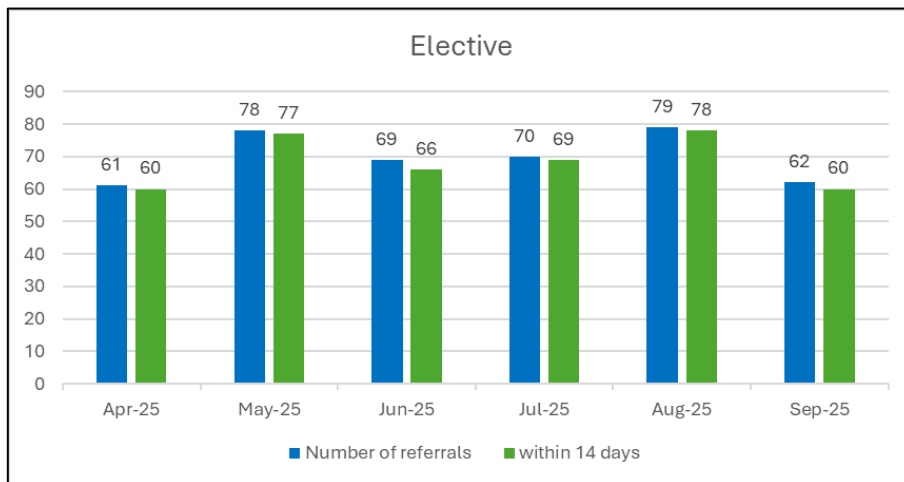
Emergency

There was a strong performance over quarters 1 and 2 averaging 99% - one exception occurred in June 2025 where a delay in a Health Board securing patient transport for an out of area patient meant this standard was breached. The patient was treated by day 4 and no clinical harm was reported following the case review.



Elective

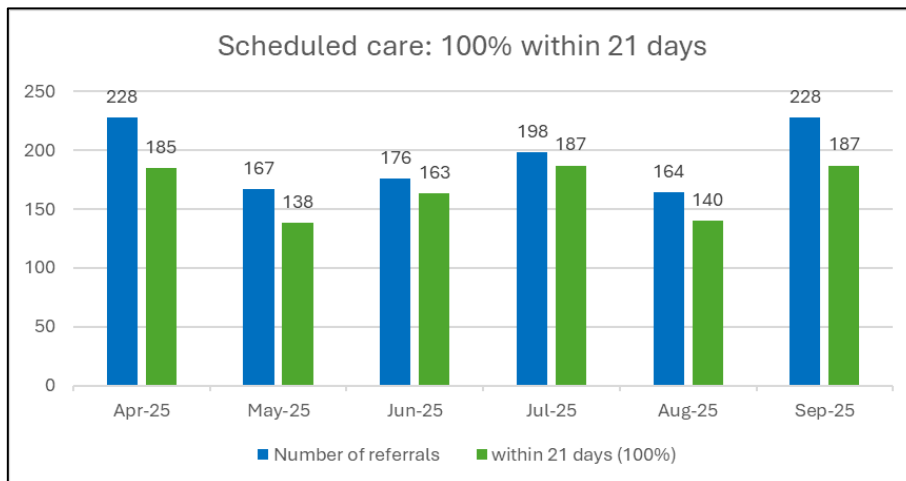
There was a strong performance over quarters 1 and 2 with an average performance of 98% against a target of 100%.



Key reason for breaches related to complexity of the planning, late delineation and the requirements for rescan or replan. Rescans are required for patients who may require additional support with regard to their preparation prior to radiotherapy to ensure an optimal plan can be prescribed.

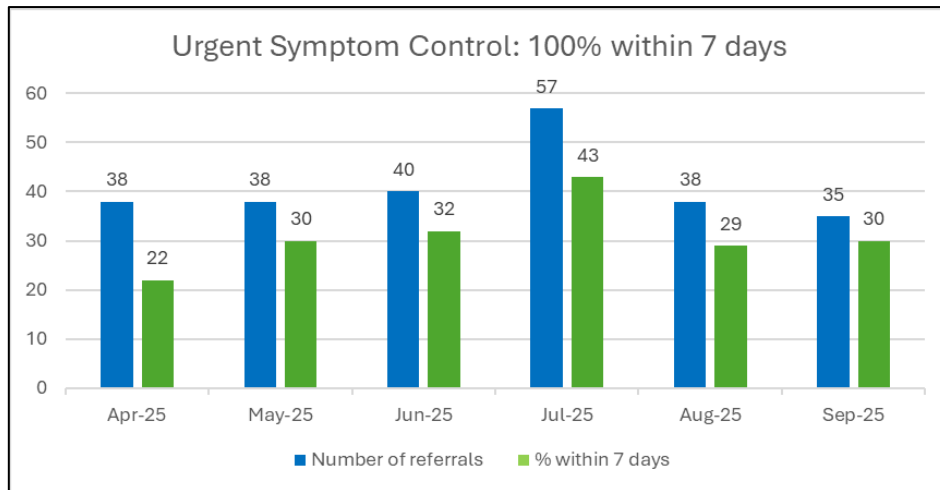
Scheduled

Performance for quarter 1 averaged 86%, performance quarter 2 averaged 87% against a target of 100%. The longest wait over the period was for 52 days in September 2025.



Urgent Symptom Control

Performance for quarter 1 averaged 72%, performance quarter 2 averaged 79% against a target of 100%. The key reason for breaches related to complexity of the planning required and bank holidays in April 2025.



Breaches for non-emergency treatment are reported as 'avoidable' relating to capacity and process failure and 'unavoidable' relating to sequential treatments within patient pathways. Patients choosing to amend their treatment date are also classified as 'unavoidable' breaches.

Patients are prioritised and offered the first available appointment in response to the clinical urgency of their pathway - whilst considering the patients' needs and in accordance with the Access to treatment procedure.

Other Services Provided by Velindre Cancer Service

In addition to the core treatment services outlined above, Velindre Cancer Service also provides services such as the acute oncology service, holistic and palliative care services.

Acute Oncology Services

This includes people who receive an emergency cancer diagnosis at the front door of the hospital, as well as those people living with cancer who suddenly become seriously ill, either because of their illness itself or because of complications with their treatment, including from immunotherapies. Provision includes:

- **Acute telephone helpline 24/7:** provides advice to patients who require support during their oncology treatment who have concerns around their health and condition – opportunity to redirect to primary care, access the assessment unit or Same Day Emergency Care services.
- **Same Day Emergency Care:** expansion of the Same Day Emergency Care corridor into the weekends has enabled 7/7 provision across the front door services of: the assessment unit, ambulatory unit and Immuno-Oncology (IO) toxicity service, aimed at supporting patients to be managed in an ambulatory way, against a principle of 'Go Home first'. 24/7 treatment helpline in place providing a safety net to patients when considering home first approach and supporting patients to remain at home.
- **The Acute Oncology Assessment Unit (AOAU)** is an unscheduled designated 6 bedded assessment area currently open Monday to Friday 08:00

and 20:00. It is designed for patients that require same day access to emergency oncology care and aims to provide rapid assessment, investigation and timely management of patients presenting with complications of cancer or their cancer treatment, or other associated medical conditions.

- **The Ambulatory Unit** is a 10 bedded day case unit adjacent to the AOAU which provides semi elective and same day supportive interventions including nasogastric tube placement and training/education, paracentesis, blood and iron transfusions, electrolyte infusions, AKI management and IO toxicity investigations such as Short Synacthen tests and administration of IO toxicity treatments such as Intravenous (IV) methylprednisolone. Management of acute cancer associated thrombosis and IV access reviews.

Key Metrics from the Impact of the Same Day Emergency Care Pathway

Since March 2024 a total of 3,530 Same Day Emergency Care patients were seen, with 1,734 discharged to avoid admission, demonstrating high throughput and effectiveness. The overall admission avoidance rate was 49.1%, highlighting nearly half of patients avoided hospital admission through Same Day Emergency Care.

Monthly patient throughput ranged from 150 to 230, with quarterly discharge rates between 41% and 54%, showing consistent strong performance.

Same Day Emergency Care activity reduces inpatient admissions, supports timely oncology care, and enhances overall patient experience and service efficiency.

Introduction of Novel Therapies Including Advanced Therapies

The clinical model for the delivery of care at Velindre Cancer Service is continuously being updated to reflect the growth and development of new oncology therapies including the role of genomics and advanced therapies. A robust mechanism for horizon scanning is in place to ensure that NICE approved therapies are considered in a timely manner linking in with the All-Wales Medicines Strategy Group and the Advanced Therapies Wales Programme. Close partnership working across the region, and in particular with Cardiff and Vale University Health Board, is in place to ensure that the acute care pathways across sites are strengthened where necessary to accommodate complex oncology therapies. Due to our active research focus, many of these pathways are initially set up in the context of clinical trials delivery, paving the way for a seamless NHS delivery on NICE approval.

South East Wales Immuno-Oncology Toxicity Service

The IO toxicity service is a Velindre service providing support for patients across South East Wales. It also provides system leadership at an all-Wales and all-UK basis. Building on the success of immune-checkpoint inhibitors (ICIs), there is now a rapid expansion of cancer immunology and immunotherapy through research, trials and early introductions. ICI adverse events require early recognition and prompt intervention, often from specialist doctors, nurses and pharmacists familiar with ICI immune side-effects and toxicities. The South East Wales IO service directly supports

patients experiencing IO toxicity events and is developing the foundations of safe and effective services locally, regionally and nationally.

Holistic Care

As a specialist cancer centre with predominantly outpatient, SACT, radiotherapy, and ambulatory services, Velindre Cancer Service fully supports efforts to improve holistic care for people affected by cancer. We recognise the holistic needs and also significant mental-health burden sometimes experienced by our patients and are committed to strengthening identification of need, improving referral pathways, and collaborating closely with providers of holistic and psychological needs.

Therapies and advice, supporting patients through their journeys, are provided through a Velindre Multidisciplinary team, including access to:

- **Psychologists and Counsellors:** a small team who work with Inpatient and Outpatient patients and can help people who are experiencing emotional or personal difficulties relating to their cancer, both during and after their illness.
- **Complementary Therapies:** access to complementary therapies such as aromatherapy, massage, reflexology, reiki, sound therapy which can improve wellbeing and help patients feel at their best.
- **Supportive Care Team:** offers support to patients and carers in a number of areas including information, welfare and benefits, discussions with children, and organising transport.
- **Chaplaincy Services:** offers access to a multifaith chaplaincy service to support patients with their spiritual needs.

Palliative Care

Palliative Care services are divided into local (Velindre Cancer Centre site specific) and regional, with Velindre-employed clinical staff working in City Hospice, Marie Curie Hospice inpatient and community settings, and the University Health Board. The Specialist Palliative Care team at Velindre Cancer Centre comprise palliative medicine consultants, specialist resident doctors, specialty and fellowship doctors and clinical nurse specialists/Advanced Nurse Specialists.

Inpatients, outpatients, and those coming to the assessment unit can be referred to the palliative care team for bespoke, specialist advice and clinical input. Staff work together with the oncology teams to provide the best care to meet patient need and liaise with community palliative care teams and hospice/hospital palliative care providers. The team also provides formal and informal education for students, clinical and ancillary staff. This includes medical, nursing, paramedic and psychology students, and post-graduate clinicians at all stages. This ensures broader communication and palliative care delivery for everyone involved with patients and their next-of-kin. There is a chronic pain service and an interventional pain Multidisciplinary Team. The palliative care service links in with the supportive care service, which includes dedicated level 1-4 psychological services.

Medicines Management

Medicines Management functions are overseen by the Medicines Management Group, which discharges its duties through a series of sub-groups:

- Medicines Safety Group
- Medical Gasses Group
- Controlled Drug Oversight Group
- Medicines @ Home Group
- Cancer and Hospital Acquired Thrombosis Group
- VCC IPFR Advisory Group
- Anti-microbial Group

Medicines Management Group reports to the newly established Systemic Therapies Directorate Quality, Safety and Patient Experience Group and onwards to Divisional and Trust Boards as required.

The horizon scanning and implementation of newly approved National Institute for Health and Care Excellence (NICE) and All Wales Medicine Strategy Group anti-cancer medicines, will include service impact discussions to support rapid implementation.

Velindre Cancer Service Structure Change and Areas of Development

In recognition of the need for improvement, and following benchmarking exercises with other cancer centres, the Executive team proposed a restructure of Velindre Cancer Service. The aim of this was to:

- Strengthen clinical delivery.
- Create a management structure that ensures ownership and accountability for the delivery of treatment pathways provided.
- Realise the benefits of establishing a Triumvirate structure and ensuring the clinical voice has 'agency at all levels of the Velindre Cancer Service.

As a consequence of this, a new Divisional Structure was recruited and commenced in June 2025, with the subsequent recruitment into the four clinical Directorates fully in place by December 2025.

This change has supported a review of the governance arrangements with regards to clinical and operational delivery and the development of capacity and capability in all areas as part of a 'back to basics' improvement programme with a refocus to a 'data driven' approach to service delivery improvement, alongside associated development programmes for the teams.

In preparation for the move to the new Velindre Cancer Centre, a programme of work has been developed to transform service delivery models in line with Welsh Government objectives to ensure patients receive timely, safe and effective care.

The main areas of focus are as follows:

- **SACT** - Addressing the significant increase (and predicted increase) in referrals for patients requiring SACT treatments with the extension of services closer to home, expansion of virtual appointments and with the introduction of 24/7 helpline and Same Day Emergency Care services to prevent admissions to Health Board and inpatient areas who could be managed in an ambulatory way.
- **Radiotherapy** – The development of the service at the Velindre@Nevill Hall Radiotherapy Unit, in partnership with Aneurin Bevan University Health Board, to support patients to receive treatment closer to home.

3. Welsh Blood Service

The Welsh Blood Service plays a fundamental and unique specialist role in providing the following services for Wales:

- **Wholesaling** provision of plasma derived and recombinant medicines for Health Boards across Wales.
- **Delivery of a range of diagnostic patient reference services** for Health Boards across Wales, in particular antenatal screening and typing and advice regarding antibodies.
- **Delivery of transplantation services**, typing donors and recipients of stem cells and organs for Cardiff and Vale University Health Board. International external quality assessment service for Histocompatibility and Immunogenetics (NEQAS), recruitment of volunteers to the Welsh Bone Marrow Donor Registry, collection centre and importer and exporter of stem cells.
- **Delivery of transfusion services**, manufacture of blood components, testing and distribution to NHS Wales.

The Welsh Blood Service also plays an active role across the UK on the UK Blood Services Forum, the Joint Professional Advisory Committee subgroups and Safety Hazards of Transfusion. In addition, several professional UK networks are supported to ensure the Trust shares good practice and to align standards for blood at a UK level.

The Welsh Blood Service, alongside other UK services, is an active member of the European Blood Alliance and sits on a number of scientific, medical, supply chain and donor work streams, providing system leadership on key challenges facing blood services globally.

The service actively contributes to the work of UK Aligned Registries and the UK Stem Cell Forum to share best practice, stay at the forefront of scientific developments, and enhance patient outcomes in stem cell transplantation.

Performance

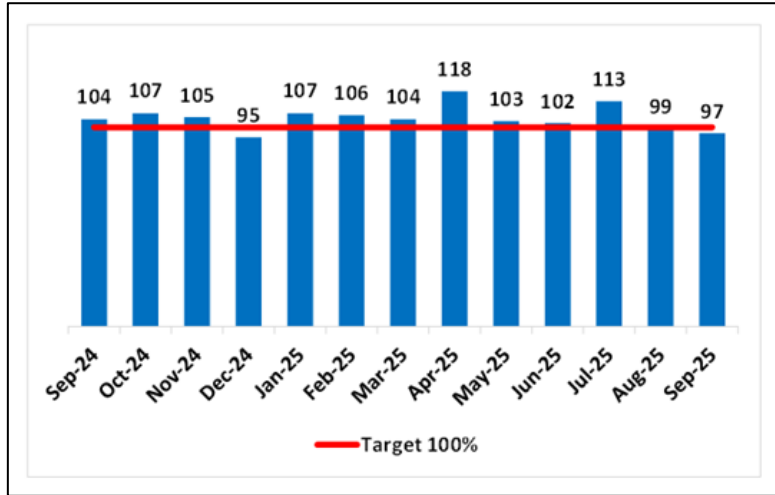
The Welsh Blood Service has a strong record in performance, key headlines during this period include:

- **Strong stock holding of red cells** across all major blood groups avoiding the need to alert hospitals or import from other UK services under our mutual aid agreement. In fact, the Welsh Blood Service have exported on a number of occasions to support the English and Scottish Blood Services.
- **Limited waste** of red blood cells representing close alignment of supply and demand across Wales.
- **Exceptional progress in recruiting Stem Cell volunteers** to the Welsh Bone Marrow Donor Register, having now surpassed our annual target, with a

particular focus on our ethnic diversity reach given this is an area of higher unmet demand.

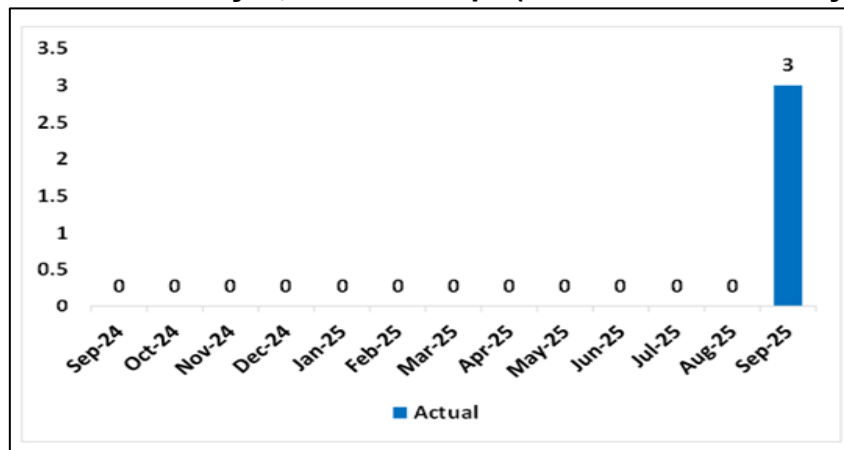
- **Antenatal results turnaround** has consistently exceeded performance

Clinical Demand for Red Blood Cells Met (% manufactured to issued)



Note: Outputs above 100% build stock; brief dips just below 100% draw on that buffer so hospitals remain fully supplied and stock levels remain balanced.

Red Blood Cell Stock Stability O, A & B+ Groups (stock level below 3 days)



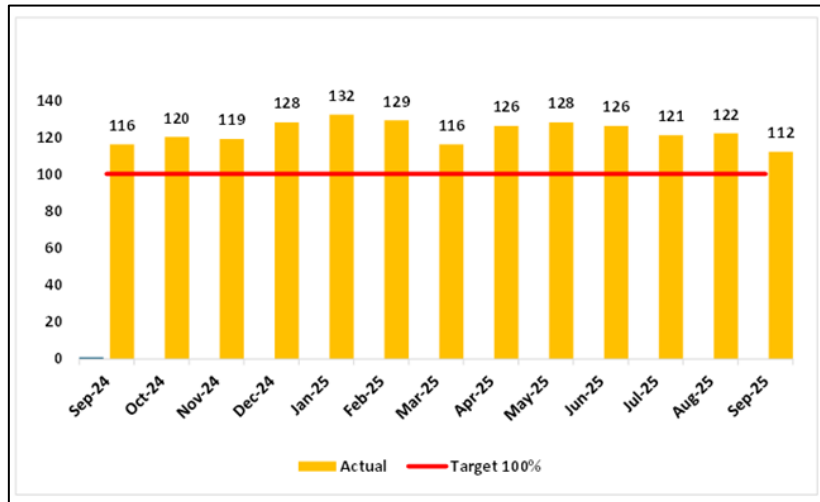
Red Cell stock levels fell below the 3-day supply threshold on three occasions in September for O-negative red blood cells.

This was primarily due to the Laboratory Information Management System roll-out in Aneurin Bevan University Health Board, which increased hospital stock holding.

The situation was actively managed through our daily resilience meetings and normal operations. please note at no time did this affect the provision of blood to any hospitals during this period.

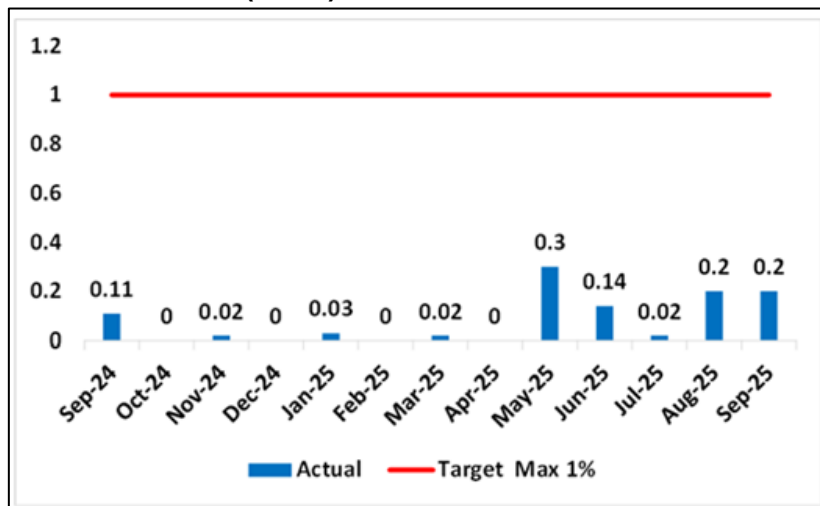
It is worthy of note that no red cell units have been sourced from other UK blood services since August 2024.

Clinical Demand for Platelets Met (% manufactured to issued)

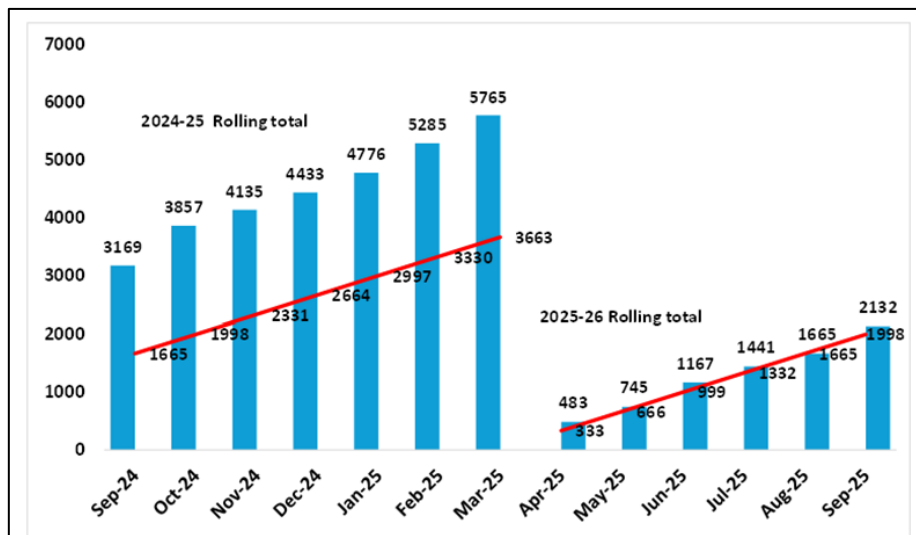


Note: Outputs above 100% help build stock, but platelet management is particularly challenging due to their short shelf life of only 7 days and the much smaller volumes. These constraints make it significantly harder to maintain resilience and control supply compared to other blood components.

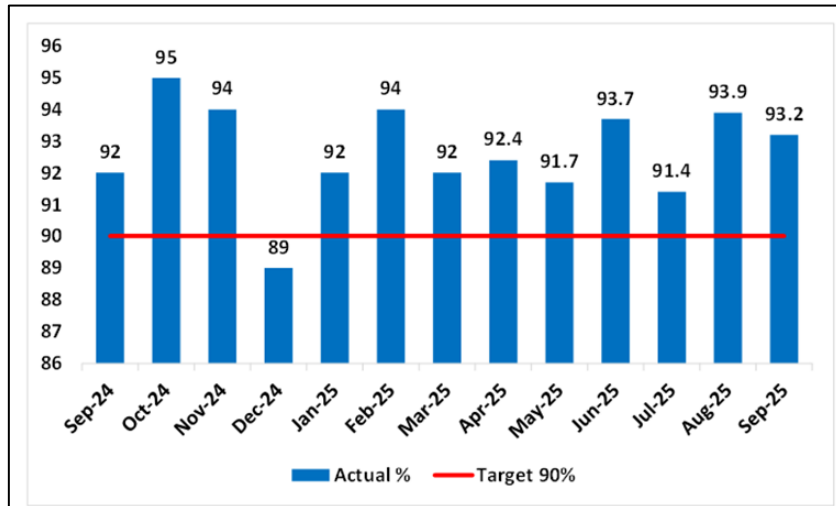
Time Expired Red Blood Cells (Adult)



New Stem Cell Volunteers



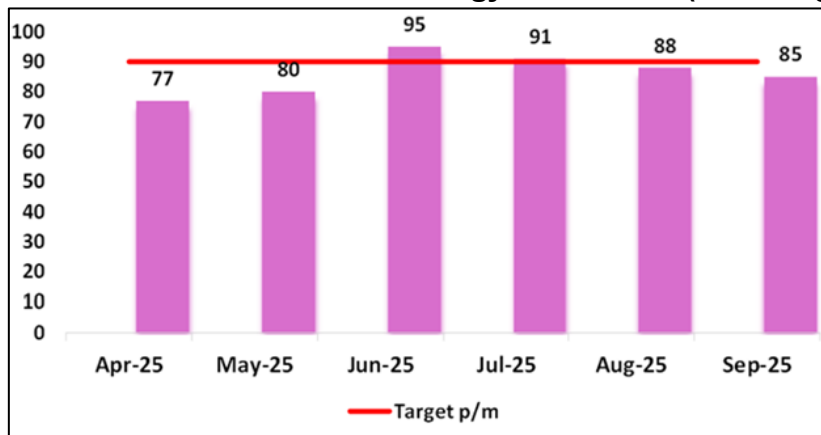
Turnaround Times - Antenatal (3 working days)



Areas for Improved Performance

The following represents where the service is placing some concerted efforts in improving its performance position.

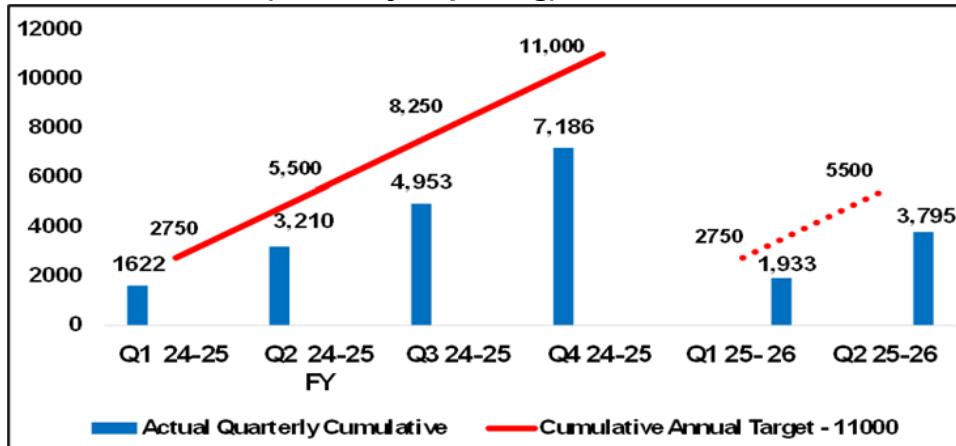
Turnaround Times - Red Cell Reference Serology Turnaround (5 working days)



Whilst the performance target was not met in the last two quarters the team have recently completed a comprehensive service improvement initiative with a Welsh Government sponsored Toyota LEAN programme.

The benefits of this have shown a marked improvement in quarter 3 well above the target, despite fundamental staffing and digital constraints in this area.

New Whole Blood Donors (Quarterly Reporting)

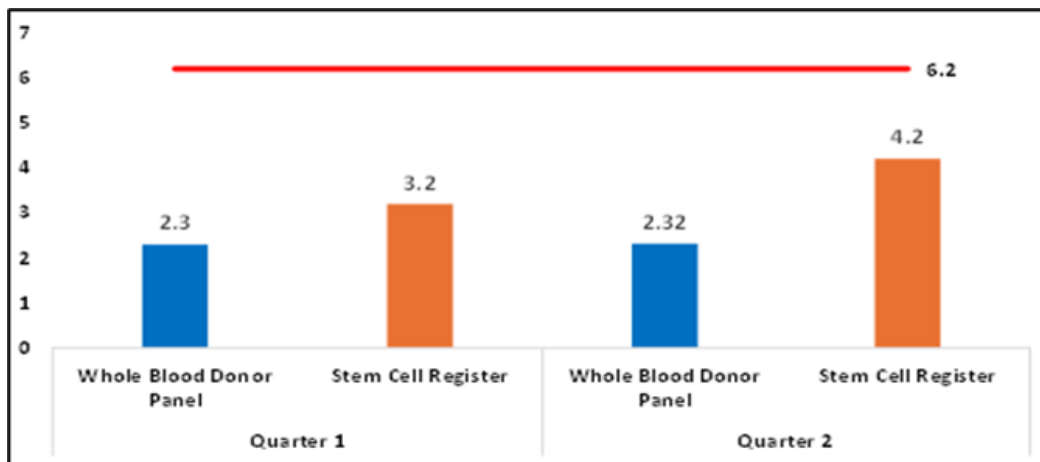


Prioritising known blood groups and focusing on existing donor engagement to balance supply and demand reduces both appointment availability and opportunities to recruit new donors.

A number of agreed actions to mitigate this risk are underway and include:

- Increased appointment opportunities at locations ideal for new donors (schools, businesses, educational settings) – an approach recently trialled and proven successful in north-west Wales.
- Provide greater resilience in blood donation teams to protect appointment capacity.
- Convert the success of stem cell volunteers recruits into blood donors.
- Exploring a research study on donor recruitment and retention and their impact on maintaining a stable and sufficient donor base.
- Sharing of behavioural insights and campaign successes at a European level, recognising that internationally all blood services are facing challenges in new donor recruitment and retention.

Inclusion across Whole Blood and Stem Cell Volunteer Panels



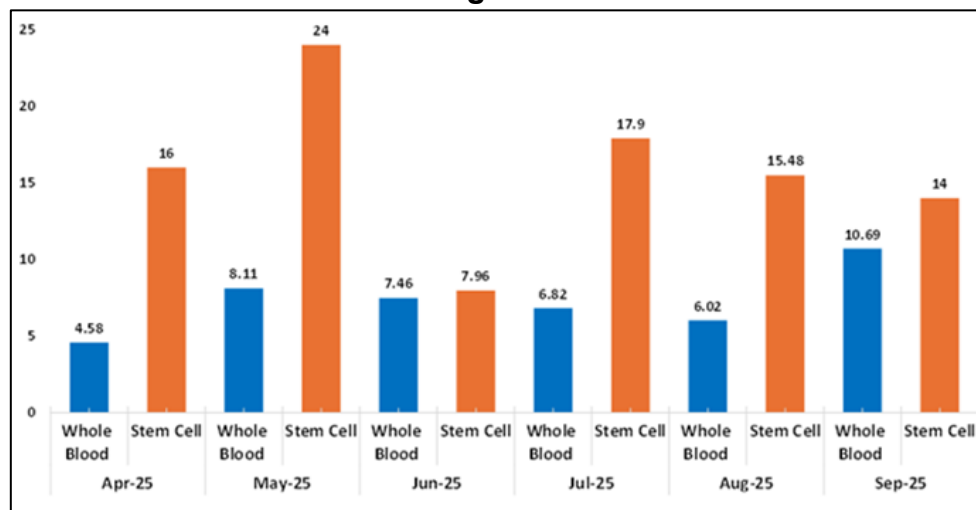
The UK Census for Wales indicates a current ethnic population of 6.2%. It is imperative that the Welsh Blood Service's panels for blood donation and stem cell

recruitment are representative of the diversity of the nation and as such it is actively recruiting and encouraging these communities to donate/volunteer as part of its long-term strategy.

The graph above attempts to show the size of this challenge for the service. This is a long-term ambition that will be achieved over time:

- Whole Blood Donor Panel: In quarter 2, 2.32% of panel did not identify as 'White' (remained the same).
- Stem Cell Volunteers: In quarter 2, 4.2% of register did not identify as 'White' (increase of 1%).

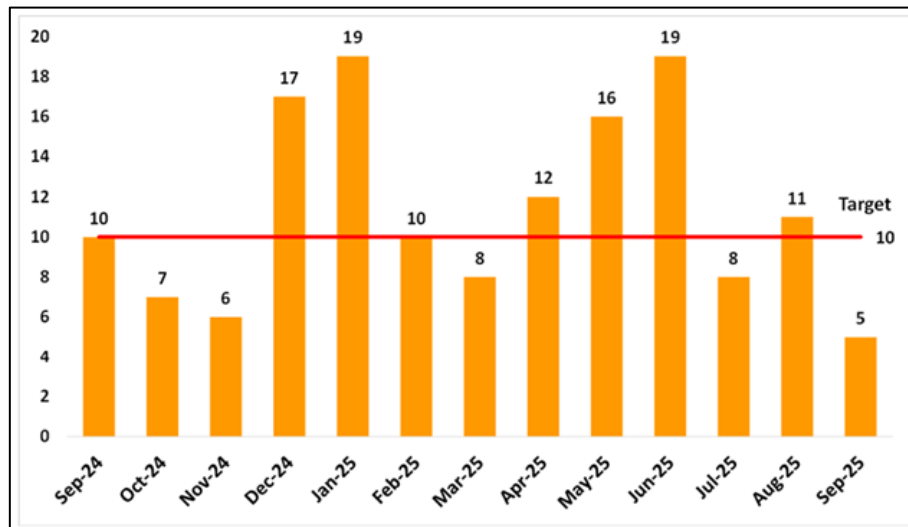
Recruitment of Donors from Ethnic Backgrounds



The graph above demonstrates the concerted efforts the team is making in its active recruitment of donors of different ethnicity in both blood donation and to our stem cell donor register over last six months. There are concerted efforts in a number of areas including:

- Enhancing our educational schools and colleges programme
- Working with specific community groups in the form of talks and promotional stands to improve blood and stem cell donation awareness
- Targeted digital media campaigns with patients or relatives from affected ethnic communities for example sickle cell and thalassaemia groups.
- Recruitment of ambassadors from ethnic minorities.
- Listening and learning about different approaches for diverse communities via the National Black Asian Mixed Race and Minority Ethnic Transplant Alliance (NBTA) a coalition of organisations promoting awareness of blood, organ and stem cell transplantation.

Time Expired Platelets



Time-expired platelets show variability throughout 2025, due to variability in demand smaller volumes and a short shelf life, often compounded by a short shelf life for the products.

However, recent months show improvement, with figures dropping to 5–6% in September and October 2025, reflecting positive progress against the KPI. This improvement is supported by the launch of the new Platelet Planning Tool as part of the Platelet Operational Plan.

Benchmarking

The Welsh Blood Service participates in the European Blood Alliance benchmarking process every 12 months, enabling us to compare performance against over 20 European blood services, identify best practices, and drive continuous improvement.

This helps ensure greater efficiency, quality, and alignment with international services. Areas of focus for the service include reduced wastage levels, increased productivity where possible, and understanding international demand trends.

Service Development

The Welsh Blood Service has made strong progress in delivering its strategic objectives, with key programmes aligned to the Welsh Blood Service Futures initiative and the Integrated Medium-Term Plan. Significant milestones include advancing modernisation projects such as the Blood Establishment Computer System re-procurement and the Plasma for Medicines Programme, strengthening workforce planning, and embedding governance structures to support prioritisation and capacity planning. This progress reflects a clear commitment to modernisation, operational resilience, and improved service outcomes for donors and patients.

Progress against the Welsh Blood Service section of the Integrated Medium-Term Plan has had a tangible impact on driving a culture of continuous improvement across the organisation. Through initiatives such as the three-year Service Improvement Action Plan and the 5-Minute Improvement programme, teams have

delivered measurable benefits in efficiency, cost savings, and environmental sustainability. For example, recent process changes have reduced waste and saved both time and resources, while the roll-out of the electronic Service Improvement Portal has enabled staff engagement and ownership of improvement ideas. These efforts have strengthened operational resilience, enhanced donor and patient experience, and positioned the Welsh Blood Service as a leader in best practice, evidenced by external recognition at quality awards and successful collaboration with partners like Toyota on Lean methodology.

The Welsh Blood Service has prioritised the resilience of the blood supply chain as a critical strategic focus. The Trust are developing an Operational Assurance Framework to provide robust oversight and assurance across all supply chain activities. Our Resilience Group meets daily to monitor and address short-term operational challenges, ensuring continuity of supply and rapid response to emerging risks. This approach has delivered tangible results: we have maintained 12 months of stock stability and supported both the English and Scottish services with blood stocks through our UK Forum mutual aid agreement.

Complementing this, the Blood Supply Chain Management Group takes a medium- and long-term view, driving strategic planning and incorporating relevant research initiatives to strengthen resilience and sustainability. These measures, alongside collaborative partnerships and evidence-based decision-making, position the Welsh Blood Service to maintain a secure and adaptable supply chain that supports patient care now and into the future. Practical examples include expanding our educational programme with schools to inspire the next generation of donors, ensuring early awareness of the importance of blood donation, and increasing our collection footprint within ethnic communities to improve donor diversity and better reflect the population the Welsh Blood Service serves.

Service Change

The Welsh Blood Service is transitioning to a clinically led blood donation clinic model to enhance donor safety, improve quality, and standardise practices across all sites. This change introduces nurse-led leadership within our blood donation teams, supported by revised roles and responsibilities, improved workforce capability, and streamlined processes. The model aims to deliver a more person-centred service, reduce variation, and strengthen clinical oversight, ensuring a modernised approach that meets future service demands. Implementation is being delivered through the Organisational Change Process, with national consultations involving staff to ensure engagement and transparency throughout the transition.

The introduction of mobile blood donation overnight tours in North Wales has broadened accessibility of the service to our communities across Wales particularly into mid-Powys, giving local populations greater opportunities to participate and access blood donation services.

The Challenges facing the delivery of effective Blood Services

The Welsh Blood Service faces a range of challenges in delivering an effective blood service:

- Recruiting and retaining a diverse donor base is increasingly challenging due to changing demographics and competing demands on people's time, while maintaining resilient blood stocks requires agile supply chain management and robust contingency planning.
- Workforce capacity and well-being are ongoing priorities, particularly in specialist roles, alongside the need to integrate new digital systems with legacy infrastructure to improve efficiency and data connectivity.
- Ensuring regulatory compliance, addressing health inequalities, especially for rural and underrepresented communities, and delivering high-quality services within tight financial constraints all require continuous innovation, targeted outreach, and strong collaboration across the health system.

The Welsh Blood Service remains committed to meeting these challenges through collaborative working, ongoing innovation, and a sustained focus on quality, safety, and equity for donors and patients across Wales.

Welsh Blood Service Plan for Improvement – Key Deliverables

- Future-proofed services that embrace innovation and meet the evolving needs of NHS Wales.
- Improved patient outcomes through faster, more accurate testing and delivery of advanced therapies, and interoperability with national digital systems.
- Resilience in blood and stem cell supply, ensuring stability for patients across Wales.
- Enhanced donor experience and engagement, supported by digital tools and flexible collection models.
- Modernised infrastructure and laboratories to support cutting edge science and growing demand.
- Integrated digital systems for seamless operations and data-driven decision making.
- Expanded capacity for plasma for medicines and transplantation services, strengthening national provision.

Lessons Learnt from the Infected Blood Inquiry

Lessons to be learned are clearly stipulated by the inquiry chair Sir Brian Langstaff. Namely, that patient safety is the guiding principle. Services need to understand risk better; and minimise delay in decision making. Other lessons include questioning the status quo; improving communication and consent between doctor and patient which both require candour. Improving candour and transparency between government and citizen; improvement in medical record keeping; and public health complacency should be avoided are also identified as key lessons.

From a Welsh Blood Service perspective and that of the Blood Health National Oversight Group which the service supports at a system leadership level, four clear themes have emerged that require action relating to improved transfusion practice and include:

- Digital Connectivity
- Staffing
- Education
- Governance and leadership

Digital Connectivity

Allow staff in the NHS to see the blood transfusion records of patients to enable safety:

- Full implementation of the Laboratory Information Management System 2 (LIMS2) or equivalent
- Full implementation of bedside traceability software and hardware as an extension of LIMS2.
- Link transfusion records data on diagnosis, interventions and pathology records.
- Configure medicines software to ensure diagnosis, pathology and transfusion data can be linked with medication including but not limited to tranexamic acid which was highlighted in the recommendations.
- The configuration above should make it simple to audit the above. Specific wording of the recommendations included "Medical directors reporting the extent of its use to boards and the chief executive of their Trust" (referring to tranexamic acid).

Staffing

The Welsh Blood Service and the Blood Health National Oversight Group alongside Health Education and Improvement Wales colleagues are developing standards for staffing levels in transfusion laboratories. Healthcare organisations in Wales will also be expected to comply with these standards.

Education

Training in transfusion should be mandatory for all staff involved in the process of blood transfusion including scientific, portering, nursing, midwifery and medical staff. The training should specifically reference the findings of the inquiry.

The Education sub-committee of the Blood Health National Oversight Group which has representation from Health Education and Improvement Wales are refining existing packages to ensure they comply with Infected Blood Service recommendations. The sub-committee members are also working with colleagues across all UK blood services to maximise consistency and efficiency.

Governance and leadership

All NHS organisations across the UK should have a mechanism in place for implementing standards produced by the Serious Hazards of Transfusion hemovigilance scheme and the recommendations of Serious Hazards of Transfusion reports, which should be professionally mandated, and for monitoring such implementation.

Benchmarking performance in transfusion and compliance with the Infected Blood Inquiry recommendations as described above should be reported via the organisation's Quality and Safety / Clinical Governance Committee or equivalent to the Board.

Next steps

These improvements will collectively support our progress in delivering the Infected Blood Inquiry recommendations. Serious Hazards of Transfusion colleagues are contributing at a UK level to Infected Blood Inquiry work-streams and working closely with the Deputy Chief Medical Officer for Wales on the Infected Blood Inquiry oversight group to enable these recommendations and key themes to embed consistent, and transparent practice and enhanced patient safety for transfusion.

Plasma for Medicines

The service has made good progress towards the supply of plasma collected from donors in Wales for the manufacture of plasma-derived medicines. Cabinet Secretary approval was received in August 2025 along with revenue funding to cover startup costs. Since then, the Trust has:

- Submitted the Plasma Master File application required by the Fractionator. This application will be considered by the Regulator, and the Fractionator expects an update to their Marketing Authorisation to be received in the summer of 2026.
- Received approval from the Medicines and Healthcare Products Regulatory Agency for an extension to its Blood Establishment Authorisation permitting the collection and processing of Plasma for Medicines.
- Completed the validation of new Blood Collection packs which will allow plasma to be filtered to meet the specification for medicines.
- Completed the procurement and validation of a new virus screening platform including the additional virus detection required for plasma for medicines.
- Commissioned additional frozen plasma storage facilities to accommodate the increased volume of frozen plasma to be collected and stored.

Between January–March 2026, the focus will be on completing the alignment of the Welsh Blood Service Quality Management System with the Fractionators under a formal Quality Technical Agreement prior to the confirmatory audit planned for late February.

The project remains on-target to commence supplies of plasma to the Fractionator from September 2026 onwards with the first fractionated products available to Welsh patients in the second half of 2026.

The service wishes to move to Phase 2 of the project by increasing the provision of plasma by recruiting platelet donors, aligning Wales with the delivery model introduced by the Scottish and English blood services to improve the security and increase the resilience of the plasma supply chain.

Discussion is ongoing with Commissioners to enable delivery of this value-based project.

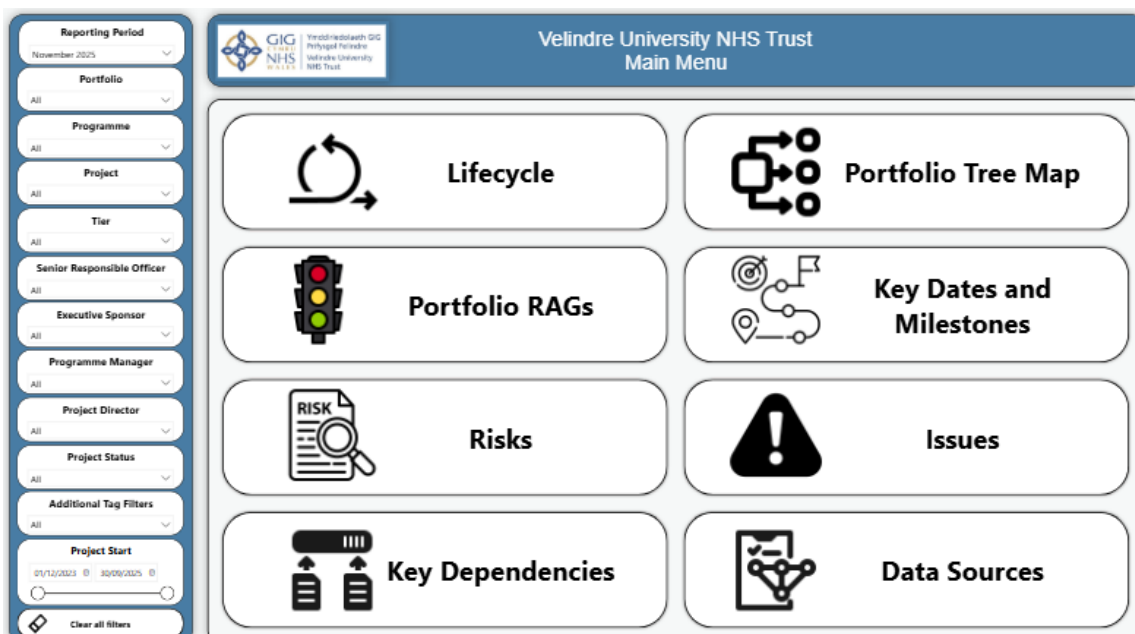
4. Developing Service for the Future

4.1 Trust Portfolio Change

Over the last six months the Trust has been incrementally implementing Portfolio Management across the organisation. The aim of doing so is to deliver effective Portfolio Management arrangements that optimise delivery by establishing and prioritising a baseline of transformational activities, putting in place Trust wide controls in areas such as reporting, scheduling and risk management.

Key Deliverables

- **Portfolio Board** - A Portfolio Board has been established to shape the continued development of the Portfolio management approach and to track progress and escalations. This is an integral part of the Executive Management Board.
- **Baselining of change activities** - A baseline position has been derived for key changes being led across the organisation. These are being assessed for to determine the extent of project controls and governance arrangement.
- **Portfolio Prioritisation**- A draft Portfolio Prioritisation framework has been developed, based on a Quality Impact Assessment and trialled on the Trust's larger projects with the intention of rolling this out to all change activities.
- **Dashboard Reporting** - Versatile and live Power BI Dashboards have been developed to report and track progress against major programmes, projects and IMTP deliverables.



- **Community of Practice and HPCA Membership** - A Community of Practice has been established to promote professional development for Portfolio, Programme and Project staff. The Trust has also become corporate member of

the Healthcare Projects and Change Association (HPCA). A monthly Portfolio Business meeting is also held to shape the portfolio.

4.2 Research and Development

Research, Development and Innovation is a core function of the Trust and a critical enabler of high-quality, safe and sustainable specialist services across cancer care and blood services in Wales. As a tertiary and nationally designated organisation, the Trust's research activity is intrinsically linked to clinical delivery, workforce capability, service resilience and patient outcomes. Research, Development and Innovation is embedded within care pathways and operational services, supporting earlier access to novel therapies, strengthening evidence-based practice, and contributing to national and international research priorities.

The Trust operates within a complex research environment. Oncology research is characterised by high protocol complexity, small and molecularly defined patient populations, extended study durations and stringent regulatory requirements. In parallel, research within the Welsh Blood Service is focused on transfusion safety, component development and national service resilience, often requiring long-term translational programmes rather than short-term recruitment-based outputs. Against this backdrop, the Trust continues to deliver a coherent, high-impact portfolio across both domains, supported by robust governance and proportionate oversight.

The Trust is also strengthening its position as a leader in both blood and cancer-related translational research, such as Welsh Blood Service work in Microfluidics, as well as the opening of Accession Therapeutics Trial (ATTEST) at the Cardiff Cancer Research Partnership (CCRP), a trial of pioneering cancer virus technology originating from Cardiff University laboratory research.

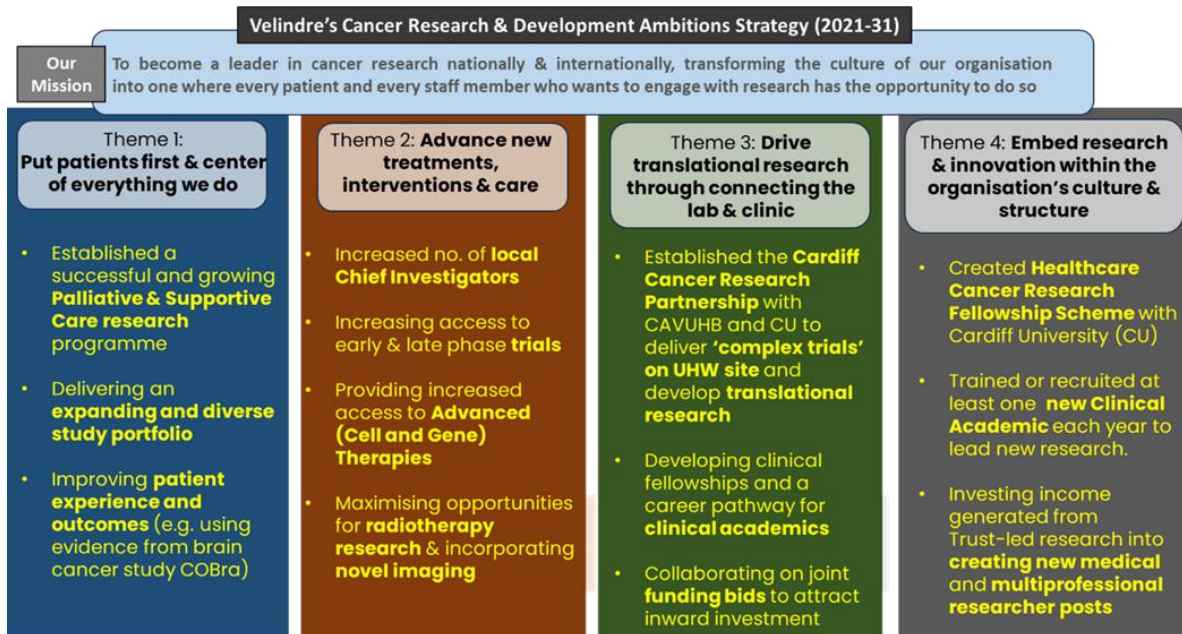
Scale, Scope and Contribution to the Research, Development and Innovation Portfolio

The Trust maintains a large and complex portfolio spanning oncology and transfusion science. Research activity covers the full lifecycle from study development and set-up through to delivery, follow-up and close-out, and includes both commercially sponsored and non-commercial research.

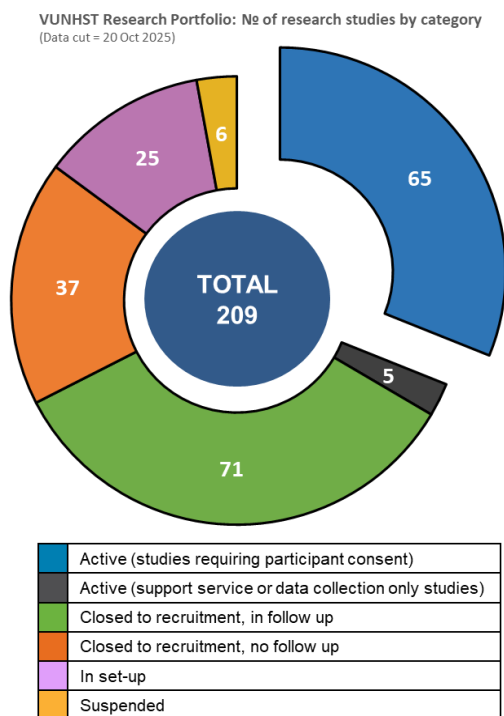
Velindre Cancer Service Research Portfolio

The Trust's cancer research portfolio includes interventional clinical trials across early- and late-phase development, first-in-human and advanced therapy medicinal product studies, observational and translational research, and Trust-sponsored multi-centre trials with national and international reach. Research is embedded within specialist cancer pathways, including radiotherapy and systemic anti-cancer therapy, and integrated with routine clinical services. Activity is guided by the Trust's 10-year

Cancer Research and Development Ambitions strategy; its themes and progress against them are summarised below:



As at quarter 2 2025/26, the Trust was managing approximately 209 research studies across set-up, active recruitment and follow-up. The portfolio for 2024/25 included 29 studies in which the Trust ranked in the top three UK sites, and one in which the Trust was the top recruiter at a European level.



There has been strong underlying growth in the numbers of patients recruited to clinical trials since 2020, with the portfolio regaining pre-Covid levels despite

increasing study complexity and a greater proportion of studies requiring intensive clinical input, pharmacy support, imaging, and enhanced governance oversight. External income generated by research has also increased consistently during this period, with further growth forecasted, supporting delivery of the Tackling Cancer through Research agenda.

Interdisciplinary and Nursing Research Portfolio

Interdisciplinary and nursing research activity continues to strengthen, supported by a joint appointment with Cardiff University of Professor Shea Palmer as Professor of Interdisciplinary Cancer Care. His leadership will help broaden clinical academic opportunities for nurses, allied health professionals, pharmacists and clinical scientists, ensuring these groups play an active role in shaping research across the Trust.

The Velindre Healthcare Cancer Research Support Team remains central to this work, providing mentoring, fellowship support and research development opportunities. Regular research community meetings, PhD fellowship presentations and planned seminar activity demonstrate growing engagement and contribute to a more embedded, organisation-wide research culture.

Welsh Blood Service Research Portfolio

Welsh Blood Service Research and Development focuses on transfusion, transplantation and operational effectiveness, supporting both NHS Wales and wider UK requirements in blood transfusion and organ transplantation. Activity, guided by the Welsh Blood Service dedicated research strategy, spans laboratory-based research, translational development and progression toward clinical readiness, with impact realised through service-level outcomes and national resilience.

Recent highlights include:

- Building on the strategic mission to develop blood components that are safe, sufficient and effective, the Cold FIRST Programme is an emerging flagship project. This and supports Welsh Blood Service ambition to become recognised as a leader in cold-stored platelets.
- Work continues to expand into early detection of transfusion complications. A linked study is in development to investigate the cumulative impact of multiple transfusions on oncology patients, in collaboration with Cardiff University. This strengthens the mission to enhance patient care and broaden scientific enquiry across clinical pathways.
- Transplantation Services researchers are investigating biomarkers that may help detect organ rejection earlier and improve medical management. This builds on earlier work that showed the value of biomarker discovery, with current activity focuses on building sustainable research capacity. This is also supporting the Trust's aim of expanding research opportunities for scientists and clinicians.

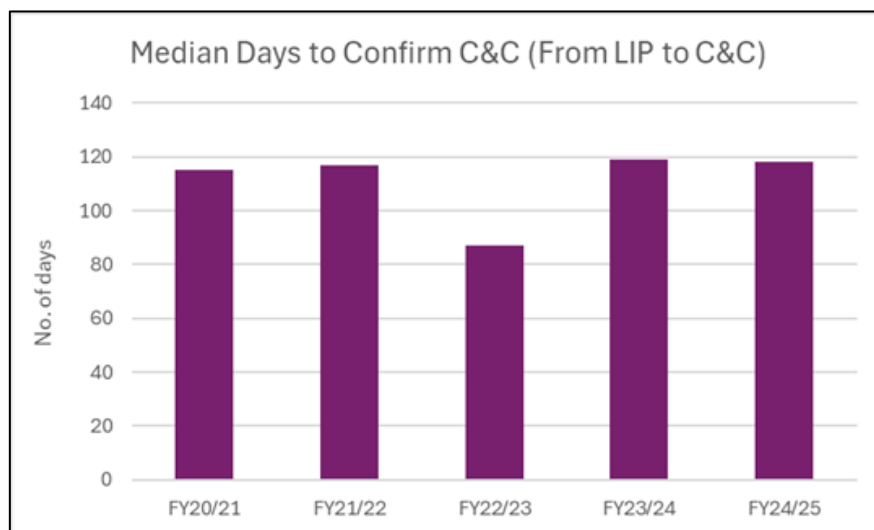
Research Performance and Delivery

Performance against Research, Development and Innovation objectives is monitored through the Trust's governance framework and reported via the Integrated Performance Report and Research, Development and Innovation Sub-Committee.

Cancer Research Performance

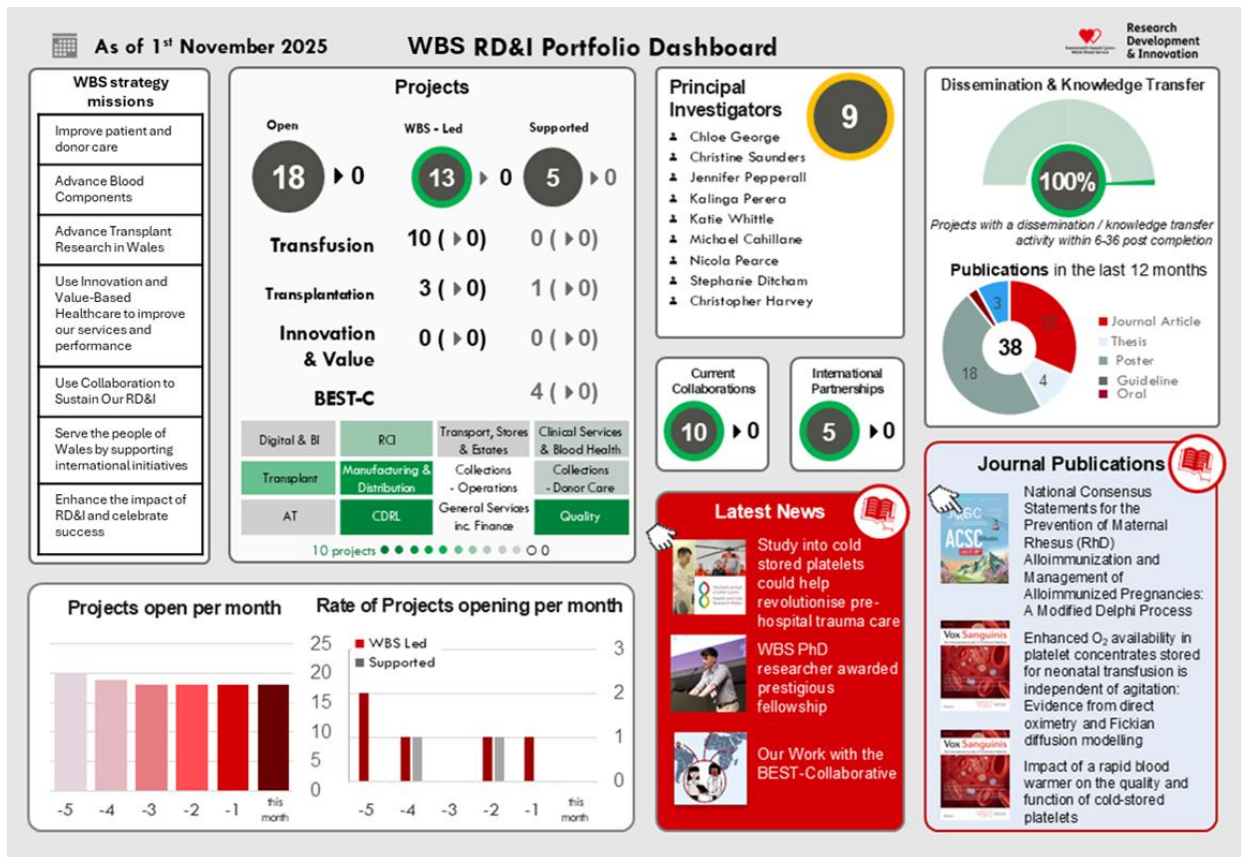
Recruitment to Time and Target (RTT) is used as a core indicator for research in Wales. Recruitment performance continues to fluctuate across the portfolio. At the end of Quarter 2 of FY2025/26, 57% of closed non-commercial studies and 67% of open commercial studies met their recruitment targets. While further improvement is possible, these figures reflect the inherent characteristics of oncology research, which involves individualised and therefore small recruitment targets, long study durations and increasing trial complexity (particularly in early-phase and advanced therapies). Study setup times have remained broadly consistent over the past five years, despite increasing trial complexity (and associated setup workload) and growing patient volume.

Median study setup time (days) (from receipt of Local Information Pack to Capacity & Capability confirmation)



Welsh Blood Service Research Performance

Blood service research is guided by the seven missions of Welsh Blood Service dedicated research, development and innovation strategy. These, along with performance up to quarter 2 2025/26, are illustrated in the dashboard below. Key performance indicators reflect Research, Development and Innovation performance by quantifying the number of Welsh Blood Service led projects, participating researchers and departments, collaborative and international partnerships, and research outputs including publications, conference presentations, and completed dissemination activities.



Impact, Value, and Benefits of Research Activity

The impact of Research, Development and Innovation at the Trust can be evidenced across patient benefit, workforce capability and system value.

Cancer Research Impact and Patient Benefit

Participation in cancer research provides patients with earlier access to novel therapies and contributes to improvements in clinical practice. A clear example is the FAKTION trial, a Velindre-led and sponsored international breast cancer study. Trial outcomes directly underpinned the licensing of capivasertib (Truqap®), subsequently approved by NICE and adopted into NHS care. Trust sponsorship and data

ownership generated commercial income that is being reinvested to strengthen research capacity.

Headline impacts of cancer research include:	
Delivery of a diverse research portfolio, of approximately 200 studies at various stages of the study life cycle – set up, active delivery, and ongoing management – spanning late-phase studies, early-phase studies, and Advanced Therapy Medicinal Products (ATMPs).	Multiple studies recruiting first patients in Wales/UK and/or Europe including for BioNTech’s BNT122-01 for colorectal cancer, BNT113-01 for head and neck cancer and AstraZeneca’s TROPION 03 breast cancer trials (first patient in Europe), bringing new treatments to patients from across South Wales.
Growth of the Cardiff Cancer Research Partnership, securing and enhancing cross organisational collaboration with Cardiff & Vale University Health Board [CVUHB] and Cardiff University, enabling complex trial delivery, providing Fellowship and training opportunities for staff (registrars and nurses), and promoting translational ('bench-to-bedside') research within Wales’s capital city.	Recruiting to an expanding portfolio of patient-centred, palliative and supportive care research studies at Velindre, including studies evaluating parenteral fluids at the end of life (CHELsea II) and optimising the management of Cancer Associated Thrombosis (CAT) in patients with advanced cancer.
New Nursing, Allied Health Professionals [AHPs] and Health Sciences research activity, funded by the integrated bid, and supported through the Velindre Healthcare Cancer research Fellowship model.	Establishment of a multiprofessional group to overcome radiotherapy research capacity challenges, resulting in increased recruitment to trials involving radiotherapy, including strategically important trials of Proton Beam Therapy (in lung [HIT Meso], breast [PARABLE], brain [APPROACH] and head and neck cancer [PROTIS]) and Drug-radiotherapy combinations.
Supporting our future research leaders: clinical leads currently funded by charitable funds are leading high-profile research in Wales e.g. the Brain Tumour Research Initiative (BATRI) – funded for £1M per annum by Cancer Research Wales (CRW) to support brain cancer research; and QuickDNA, rolling out genomic testing into practice in Wales, for lung cancer and (in future) other cancers. Funding from the Velindre Charity has seen the success of key individuals securing funding from BATRI to expand their work on patient centred approaches to assessing the effectiveness of clinical interventions - for some, their first role as a successful Chief Investigator (CI) for a major grant, proving growth in key leadership roles.	

Patient and carer experience remains central to research delivery. The Velindre Patient and Carer Partnership Board has articulated the profound and lasting impact that participation in research can have on patients, families and communities:



“Velindre has a proud history of cancer research success that has shaped exciting new treatments and delivered improved outcomes for patients.

Participation in research can be life-changing for patients, allowing them to continue to live full, meaningful lives with their families and loved ones.

The effects of research ripple across communities in Wales as new treatments see cancer patients living longer, contributing to society and inspiring future generations. It’s vital for the people of Wales that Velindre continues to provide hope to cancer patients by delivering excellence in research.”

- Velindre Patient and Carer Partnership Board

Workforce and Sustainability

Preparation for evolving regulatory requirements, including the new UK Clinical Trials Regulations and revised ICH-GCP guidance coming into force in April 2026, is supported through refreshed standard operating procedures, strengthened digital oversight and inspection readiness activity.

Research activity underpins workforce development and economic value. The Research, Development and Innovation workforce includes research nurses, practitioners, pharmacists, scientists, data managers and governance specialists working alongside clinical investigators. Between 2023 and 2026, charitable and external investment supported the creation of 18.6 whole-time equivalent research posts, stabilising delivery and supporting succession planning. In parallel, Voluntary Scheme for Branded Medicines Pricing Access and Growth (VPAG) funding has been secured to expand commercial research delivery, reflecting confidence in the Trust's capability and supporting longer-term sustainability.

Challenges and Forward Direction

Research, Development and Innovation activity continues to be delivered within a constrained and evolving environment. Oncology research faces increasing protocol complexity, regulatory requirements and recruitment sensitivity, while Welsh Blood Service research requires sustained investment over longer time horizons and careful balancing with operational service delivery. Workforce capacity remains a cross-cutting pressure.

The Trust is addressing these challenges through strengthened planning, improved feasibility processes, early engagement with support services and continued benchmarking against comparable NHS specialist centres. Digital modernisation and refreshed governance arrangements are improving oversight, efficiency and compliance.

Looking ahead, the Trust's ambition is to consolidate and strengthen its position as a leading centre for cancer and blood research within NHS Wales. Priorities include optimising portfolio management, enhancing workforce sustainability, maturing governance and digital oversight, and aligning research activity with service and system needs. Through this programme of work, The Trust will continue to expand patient access to innovative treatments, support service resilience and contribute to a sustainable, high-quality research environment for Wales.

4.3 Innovation

Across the reporting period, Innovation has continued to make strong progress across six strategic programmes and additional individual projects that together support the building of capacity and capability for innovation and the provision of support to cross-organisational initiatives. The Innovation portfolio now includes 22 active projects, demonstrating sustained engagement across the Trust and continued advancement of work aligned to service improvement and transformation.

The Advancing Radiotherapy Cymru (ARC) - Academy remains a key area of delivery, with the programme continuing to run successfully as an all-Wales initiative between Velindre University NHS Trust, Swansea Bay UHB, and Betsi Cadwaladr UHB. Processes for governance, application review and oversight have been refined further this period to ensure clarity, consistency and timely progression of project proposals. There are now 13 approved projects under the ARC programme. ARC continues to support the adoption of new techniques, enhance access to state-of-the-art radiotherapy equipment, and strengthen collaboration across Health Boards, reflecting its growing maturity as a national platform for radiotherapy innovation.

ISO 56001 International Standard for Innovation - Significant progress has also been made in relation to ISO 56001, with the Innovation Team moving beyond the pre-assessment stage and now preparing for Stage 1 and Stage 2 certification audits, scheduled for January and February. This work reflects the Trust's commitment to establishing a structured, effective and auditable approach to innovation management, supporting greater consistency and alignment of innovation activity across the organisation.

Pipeline Idea Capture and Challenges through Bright Ideas - The Bright Ideas Psychology Challenge – This is the second challenge implemented this year and has generated strong engagement, focusing on exploring ways to improve emotional support for patients within cancer care. Insights from the workshops held has informed the challenge design, and staff have contributed a range of ideas aimed at addressing barriers to care such as high demand, fragmented communication and limited access to psychological tools. The challenge ran from 22nd August to 24th October 2025, with proposals reviewed and then subsequently moved review stage through a multi-disciplinary Team approach. Challenge number three is planned for quarters 3 and 4.

The Innovation Small Award Scheme (supported through the Velindre Charity) – Three projects have been progressed to date; E-Sign - Pharmacy Digital Document Signing Implementation, COLD-First - Communications Deliverable to Support Cold-Stored Platelets Research in Pre-Hospital Care (Welsh Blood Service), and QR-Code Cymru Wristband Project (Palliative Care Team). Two further applications are currently under review, supporting continued momentum in staff-led innovation across the Trust.

Future Flight Programme – The Trust continues to play a key role in national and UK-wide collaboration with Project Dragon's Heart, the latest collaborative project under the UKRI/SBRI Future Flight programme. Dragon's Heart is developing autonomous medical delivery drones to improve the speed and reliability of transporting urgent supplies such as blood products and samples across Wales. The current phase is focused on refining the technical system, including autonomous flight guidance, radar integration and operational workflows, in close partnership with the Welsh Blood Service and Welsh Ambulance Service. This work aims to establish a fully operational prototype service from Talbot Green by 2027.

The programme, funded by Innovate UK and led by Snowdonia Aerospace with several industry partners, will hold regional demonstrations in February 2026 in Talbot Green, Wrexham and Llanelli, supported by public engagement events. Alongside this, the University of Birmingham's Future Flight Social Science Research Programme is assessing public attitudes to medical drone use in Wales and will publish findings to inform future development and rollout.

Induction Training - The Innovation Team has also strengthened internal capability and organisational readiness. Innovation has now been integrated into the Trust's 'Croeso' induction programme through newly developed training materials, with delivery planned across multiple cohorts in quarter 3 and quarter 4.

Collaborative Centre for Learning Research and Innovation - The Project Nexus Simulation and Collaboration workshop held in July 2025 brought together 40 staff from across the Trust to explore the potential application of VR, AI and simulation within the Collaborative Centre for Learning, Research and Innovation and the new Velindre Cancer Centre. A strategic planning meeting was also held on 20 November, facilitated by Amazon Web Services, bringing together a small group of key teams essential to shaping the Collaborative Centre within the new Velindre Cancer Centre. The session focused on defining the core non-physical elements required to maximise the value, impact and future sustainability of the Centre.

Innovation Masters 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.

Advancing Radiotherapy Fund - The period also saw delivery of the Radiotherapy Research and Innovation Showcase Event in September 2025, highlighting project work made possible through the contributions to the Advancing Radiotherapy Fund, supported by Velindre Charity, Moondance Foundation, and other philanthropic donations. The event underscored the impact of charitable investment in driving radiotherapy research, enhancing patient care, and shaping the future of cancer services in South Wales.

Regional Innovation Coordination Hub -The Innovation Department is coordinating and supporting the national ISO 56000/56001 Innovation Management Training on behalf of Welsh Government, helping to build innovation capability across NHS Wales. Working with the NHS Wales Innovation Leads network, the Trust oversees organisation, communication and alignment with the national Innovation Strategy and the Health and Social Care Innovation Wales Framework.

4.4 Partnership Working

The Trust has a central role in delivering cancer care in South East Wales and a national role in respect of the Welsh Blood Service delivery and as such delivery through partnership is integral to our operations. In addition, there has been a focus over the last period on the development of further strategic partnerships:

- South-East Wales Regional Joint Committee
- Cardiff Health Partners
- South-East Wales Cancer Programme
- Cardiff and Vale University Health Board and Velindre University NHS Trust Strategic Partnership

South East Wales Regional Joint Committee

The Trust is an active participant in the newly established South East Regional Joint Committee. The Regional Joint Committee's purpose is to enhance collaboration, reduce inequalities, and promote sustainable healthcare services across the region, marking a step toward integrated regional health governance.

Cardiff Health Partners

Cardiff Health Partners is a strategic partnership between Cardiff University, Cardiff and Vale University Health Board and Velindre University NHS Trust bringing together academic, clinical, and industry partners. It aligns discovery science, healthcare, education, and industry partnerships to accelerate innovation into practice, improve health and equity, and drive inclusive economic growth and regeneration and was formally launched on 1st December 2025. There has been much discussion across the Trust Board on the development of this important strategic partnership.

The first deliverable was an initial prospectus and website to support a launch as part of the Wales Investment Summit on 1st December. Three thematic areas have been developed as initial priorities for investment: next-generation cancer care; brain therapies; and precision medicine capabilities. Each of these thematic areas is core for the short-term success of Cardiff Health Partners. Wendy Lerner, Cardiff University President and Vice Chancellor, represented the Cardiff Health Partners in a Life Sciences Hub Panel, as part of the Investment Summit. In parallel, there was a joint press release from the three organisations and an internal supporting communication process. An interim Managing Director has been appointed as a joint appointment.

The development of a Cardiff Innovation District will further anchor and enable the place-based Partnership. The Innovation District includes the five-mile corridor linking Cardiff Edge, Heath Park, Velindre Cancer Centre, and Cardiff University. It therefore combines advanced imaging, genomics, biobanking, Advanced Therapy Medicinal Products manufacturing and clinical trials and it creates further opportunities for critical mass for breakthroughs in prevention, diagnosis, treatment, and survivorship.

South East Wales Cancer Programme

The South East Wales Regional Cancer Programme forms part of the region's cancer planning structures and reports directly to the wider South East Wales Regional Portfolio Delivery Board. Its overarching aim is to improve cancer prevention, early detection, treatment, and palliative care, delivering services that are high quality, equitable, and centred on patient needs for the population of South East Wales. The Programme Board provides strategic oversight, guiding the design, implementation, and evaluation of the programme to ensure these objectives are achieved.

All projects and change initiatives within the programme are aligned to the individual cancer strategies of partner organisations, while also prioritising areas where regional collaboration delivers added value and strengthens outcomes across South East Wales.

During this period, all available regional cancer strategies were reviewed, with key areas and common themes identified and mapped against national priorities set out in the Cancer Quality Statement and the Wales Cancer Improvement Plan. This work has provided a strong foundation for further regional strategic planning. In parallel, a baseline assessment of cross organisational cancer service activity was undertaken, which informed the development of the Phase 1 Regional Cancer Work Programme. This programme focuses on areas where collective leadership and regional collaboration can add particular value in addressing shared challenges.

An initial set of priorities was agreed for Phase 1, spanning enabling actions, immediate priority actions, and horizon scanning. Within this framework, several specific priorities were identified as benefiting from regional coordination, including the development of a Regional Cancer Patient Tracking List, strengthening Regional Multidisciplinary Team support and governance, and advancing Regional Oncology Workforce Development.

Work continues across the Phase 1 priorities, but attention has now also turned to refining Phase 2. These priorities are more directly aligned with the national cancer agenda and the actions set out in the Ministerial Advice Group report, ensuring that regional efforts remain closely aligned to national expectations.

Cardiff and Vale University Health Board and Velindre University NHS Trust Executive Partnership

The strategic partnership is designed to facilitate a collective response to the evolving landscape of oncology and advanced therapies, with a focus on:

- Collaborative provider planning across both organisations
- Development of future models of care that are sustainable, patient-centred, and aligned with national service specifications.
- Risk management, with patients treated and cared for in the most appropriate setting for their clinical needs, and with the ability for patients to move seamlessly between settings and organisations as required

Priorities for the first phase have been agreed as:

- The Joint Clinical Model, including Haematology and acute oncology
- Therapeutic Apheresis
- PET-CT and PETIC
- Transforming Access to Medicines programme

4.5 New Velindre Cancer Centre

Excellent progress has been made, and the new Velindre Cancer Centre Project is on track to treat the first patient in April 2027 in the new hospital. The large frame is complete with 'topping out' celebrated in November 2025, the remaining structural components are currently being installed and internal fit out of the building has commenced on time.



Infrastructure projects of this scale are challenging and the Trusts governance arrangements, contract and financial management, and independent delivery of Trust obligations are supporting delivery. Key Trust obligations are well advanced/on-time (e.g. Section 278 works, High Voltage intake) and all Project Agreement obligations have been met by the Trust. The Trust are 58% of way through the project, and less than 5% of the allocated project contingency has been drawn down, further evidencing operational performance, issue resolution and strong financial management. In summary, the Trust is on plan and on budget.

Progress Summary

The Trust is actively monitoring onsite activity to ensure both technical and architectural compliance with the contract. This includes an externally appointing Authority Construction Surveyor and a positive and professional relationship with the Independent Tester (Artelia) to give Professional Indemnity backed, external oversight, alongside daily site inspections from the Trust project team tracking Sacyr's programme, quality and specification adherence.

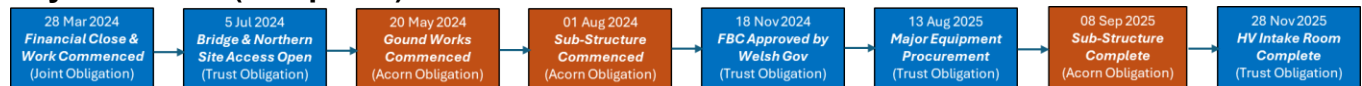
The Trust has given extensive technical support to the contractor in order to complete the engineering design, and whilst noting the final coordinated design drawings are still to be received, there is a clear pathway to completion by the end of January 2026.

Contingency (Quantitative Risk Assessment)

Financially, the project is 58% complete, with less than 5% of the allocated project contingency drawn down, evidencing operational performance, non-financial issue resolution and strong financial management.

In a planned October 2025 review, £6m (32%) of contingency was released back to Welsh Government, for reallocation to other projects across Wales, further demonstrating programme cost control and good governance.

Key Milestones (Completed)



Key Milestones (Future)



Final nVCC Design

Transition of the Service into the new Velindre Cancer Centre

The new Velindre Cancer Centre project and Velindre Futures programme have a range of projects within them which will support opening the new Velindre Cancer Centre in 2027. These include:

- Clinical commissioning: the commissioning of the nVCC (regrading equipment; services etc).
- Transition of services from Velindre Cancer Centre to the nVCC e.g. what services are moving when.

These are included in the overall masterplan and are managed by the nVCC Project Board (which consists of the Chief Executive Officer and all Executive Directors). The plan describes:

- How the transition process aligns with the overarching construction programme.
- Governance arrangements to ensure the Trust's obligations as set out in the Project Agreement will be met.
- How the equipment commissioning process will be managed, including linear accelerators (linacs), pharmacy isolators and all other major medical equipment.
- How pre-transition operational activities and commissioning will be managed.
- Plans for a sequenced move of services to the new site.
- Resourcing requirements.
- Dual running considerations

Approach to transition

It is recognised that at this early stage much of the planning for transition is necessarily high-level and more detailed service-level plans will be developed as the project progresses. Ultimately, all detailed plans will feed into the phased move transition plan, which is a sequenced move of services into the new building. The timeline for transition within the wider construction programme is set out below.



Workforce training

Workforce training will take place in two phases. First during the construction phase when there will be general training on hospital-wide operational policies, care pathways and digital systems, as well as the design of the new facilities. Training during the commissioning phase will be more tailored to each service and is likely to include the operation of new equipment with possible simulation exercises.

Key Dates

- 22 September 2026 – Phase 1 (radiotherapy bunkers) construction completed.
- 21 January 2027 – Phase 1 A (bunkers 1-5) completed.
- 16 March 2027 – Phase 2 (rest of hospital) construction completed, and building handed over to Trust. Payment commences.
- 16 March – 13 April 2027 – Operational commissioning (i.e. following handover of building getting the hospital equipped and stocked ready for patients).

- 14 April 2027 – New centre ready for 1st patient. (NB 2 linacs at this stage).
- 14 April 2027 – Migration of service starts.
- 14 April – 30 September 2027 – Dual running of VCC and nVCC.
- 3 September 2027 – Linacs 7 and 8 commissioned and ready to use.
- 30 September 2027 – Services in the old Velindre Cancer Centre cease.

Governance

The project is being robustly managed with a strong governance hierarchy. The Project Board retains direct executive oversight, external technical expertise, clinical engagement and WG representation. Activity is further scrutinised by the Trust Board Sub-Committee and Independent Member assurance is reported directly to the Trust Board. External oversight from both WG Health and Treasury is achieved through quarterly, in person programme reviews. The monthly highlight report is appended to this section as well as a detailed view of the integrated programme mapping Project Co and Trust activities.

4.6 Other Key Infrastructure

Talbot Green Infrastructure

The Talbot Green Infrastructure Programme is a major strategic initiative for the Welsh Blood Service, critical not only to the organisation but also to the wider NHS Wales. It is focused on delivering sustainable, modern infrastructure at the Welsh Blood Service main location in Talbot Green to ensure the long-term resilience and capability of blood and transplant services across Wales. By future-proofing the existing site, the Programme will address current and emerging service requirements, support innovation, and enhance staff well-being, safeguarding the ability of NHS Wales to meet patient needs both now and in the years ahead. Key drivers include increasing demand for blood and transplant services, the need for compliance with regulatory standards, and the imperative to support innovation and workforce well-being.

The Talbot Green Infrastructure Programme Board has considered a range of options, including refurbishment, partial redevelopment, full redevelopment of the existing site, and relocation to a new site. The preferred option is a comprehensive redevelopment of the Welsh Blood Service main location in Talbot Green. This approach offers the greatest benefits in terms of future-proofing service delivery, ensuring business continuity, and maximising value for money. It will enable Welsh Blood Service to respond flexibly to future clinical and operational requirements, support digital transformation, and maintain its critical role within NHS Wales.

Notably, the preferred option removes the requirement for extensions to the existing estate, as it includes the acquisition of the adjacent Welsh Wound Innovation Centre, thereby providing the necessary additional space. The Outline Business Case and the Full Business Case for Enabling Works will be submitted by end of March 2026. Enabling Works will cover the enabling elements such as the acquisition of the Welsh Wound Innovation Centre and the construction of the energy centre.

"Old" Velindre Cancer Centre (oVCC)

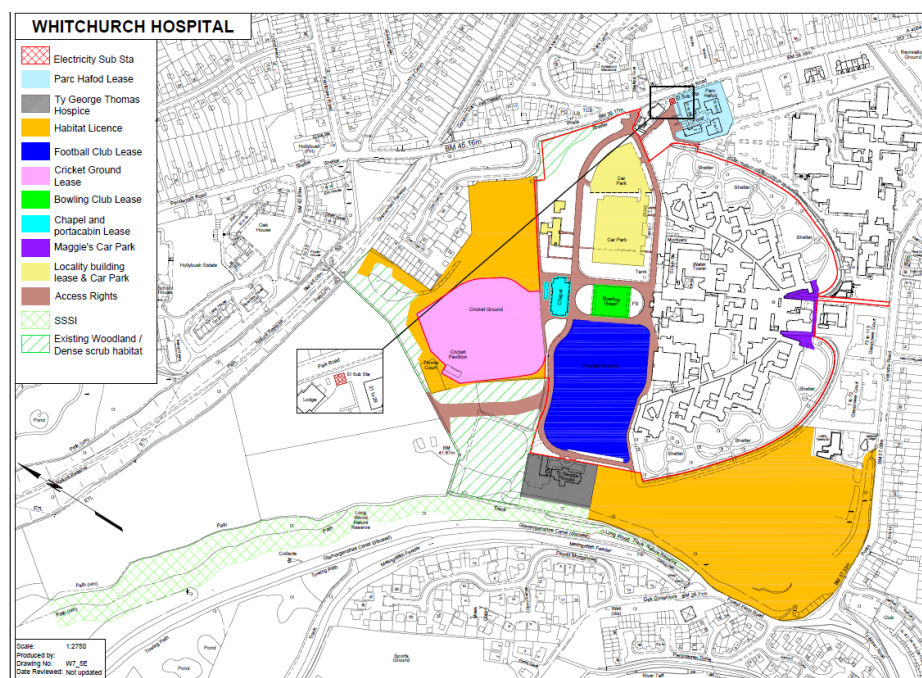
The current plan is that the Old Velindre Cancer Centre site, which will be demolished and returned to Cardiff and Vale University Health Board in 2029/2030. The Trust is currently undertaking extensive survey works to inform this plan. A Strategic Outline Case will be developed for submission in 2026/2027.

Disposal of Old Whitchurch Hospital

The transfer of the old Whitchurch hospital, from Cardiff and Vale University Health Board to Velindre University NHS Trust, was approved by the Trust Board in September 2024, and the formal completion of the estate ownership was then concluded in November 2024.

There have been three main strands to the work since that point:

- Expedient “make safe” works for the site – This work has been undertaken collaboratively with key stakeholders in Cardiff Council, CADW and Natural Resources Wales.
- Preparing for disposal – Including expert advice from conversation architect, commercial agents and planning consultants on the approach taken. This
- Being a responsible landowner in the meantime – As leaseholder to community sports organisations and guardian of an important asset to the local community. The on-going engagement with the community has been open and balanced.



The disposal process has progressed well, with an expression of interest process commenced in October 2026, with the first phase concluding in December 2026. The next phase will commence in early February 2026, with the whole disposal process timing depending on the outcome of this next phase.

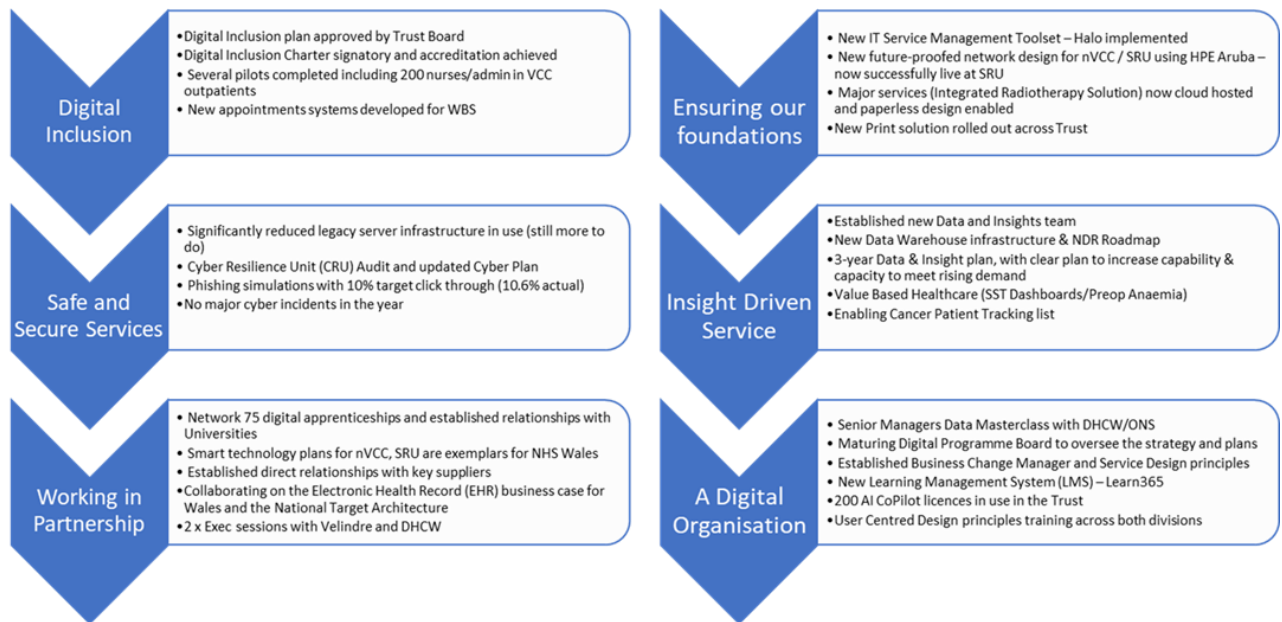
4.7 Digital Development

'Digital Excellence', is the digital vision and strategy for the Trust. Digital technology and services provide us with the opportunity to make a real shift in the relationship between health and care professionals, the people the Trust serves, and the healthcare services provided. The Trust are two years into our journey of designing services in partnership with patients and donors, which will ultimately allow us to reimagine services and provide a more personal experience enabled by digital technology. There are six core digital themes, guiding our transformation delivery of connected, people focused, personalised and sustainable services.



Over the first two years of the strategy, the Trust has made good progress against all the strategic themes and the infographic below highlights some of the key progress. These have digitally enabled new key healthcare services, such as the successful opening of the Velindre @ Nevill Hall radiotherapy centre, a new paperless and cloud-hosted Integrated Radiotherapy Solution (IRS), a new digital Patient Reported Outcomes Measures solution for cancer service users and clinicians, and a new user-centred donor appointment booking system for the Welsh Blood Service. Further, the Trust continues to build on its data and insight capabilities, through both services and its Value Based Healthcare approach, and set the foundations for the

wider adoption of Artificial Intelligence (AI is already in use for key systems such as IRS, and CoPilot for staff).



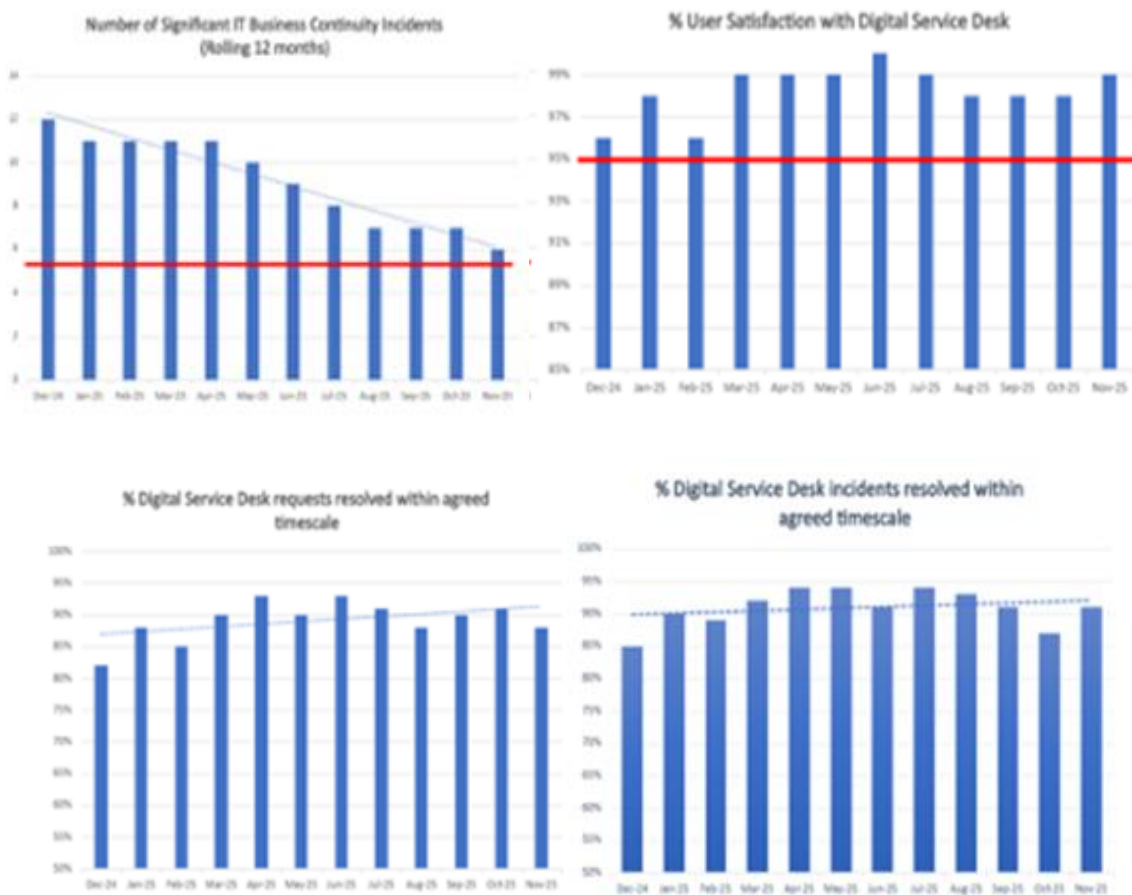
Digital is a key part of the how the Trust is driving forward its strategic objectives. The nVCC is positioned as an exemplar SMART hospital, intended to accelerate digital transformation across NHS Wales and serve as a model for future infrastructure projects. This can act as a showcase for NHS Wales with services including a "Digital Front Door", location and asset tracking built into the fabric of the building and ambient voice AI capabilities. Velindre Cancer Service are also taking a system leadership role through the implementation of advanced Cancer Patient Tracking Lists and planning on how these can be used to improve pathways across the region.

The Welsh Blood Service has several new digital capabilities live or coming online including a new donor portal, a complete digital transformation of the transplantation service and AI-based close-the-loop text messages with blood donors to inform them where their donation has been used. A new 20-year partnership for the supply of an overall Blood Establishment Computer System has been procured, including transformation digital capabilities such as Donor Relationship Management, and is planned for go-live 27/28. The national Laboratory Information System (is also in scope for the Welsh Blood Service).

Good progress is being made against the Cabinet Secretary priorities as set out at the National Digital, Data and Technology Leadership Board. The Trust has been fully engaged with the development of the National Target Architecture, is actively using the National Data Resource (and also provides chairs for two of the NDR governance groups). The Trust is also actively engaged with the NHS App team and focusing on opening up appointment and referrals in the App. Electronic Prescribing and Medicines Administration is underway, in collaboration with Better Meds, and is due to go-live in Oct 2026.

Whilst the pursuit of Digital Excellence continues at pace, the digital agenda remains challenging in several areas which are recognised in Trust level risks. The capacity and capability of the Digital Services team to deliver the full digital agenda is constrained so choices and priorities continue to be necessary, a diagnostic is underway to address this challenge. The Trust relies, in large part, on the delivery of National Programmes through Digital Health and Care Wales and there are timeline challenges with the Radiology Information Systems Programme and Laboratory Information Management System on which the Trust is dependent. Digital Excellence also requires an integrated approach across local, regional and national systems and the Trust is expecting the new National Target Architecture to make improvements in this area. The final area of digital challenge for the Trust is Digital Inflation in the underlying costs of infrastructure and systems which need to be catered for in plans.

KPI performance for the Trust's Digital Services are tracking against targets with the incidents and requests remaining above target since the successful implementation of the new IT Service Management Tool, Halo, in Sept 2024. Major incidents have been driven down to their lowest level for two years, with good support from DHCW reducing incidents for the National Applications.



Cyber security remains a key priority for the Trust having completed audits through the Cyber Resilience Unit and continued focus on the Cyber Improvement Plan which is assured at Board Committee level. Legacy infrastructure continues to be

managed down, although will still be a key capital item for the strategy period. As an example, the Trust has now completed over 95% of the device moves from Windows 10 to 11, well ahead of other NHS Wales bodies. Continued focus is also placed on educating staff with statutory training ahead of target and regular Phishing simulation exercises undertaken. The improvement plan also includes testing of cyber resilience, and the Trust has participated in national testing exercises.

Recognising that Digital Excellence is not about just technology, earlier this year, the Trust achieved accreditation against the Digital Inclusion Charter for Wales managed by Digital Communities Wales. This marked a significant milestone in its commitment to digital equity and innovation. This prestigious recognition celebrates the Trust's efforts to embed digital inclusion across all levels of its organisation, from strategic planning to frontline service delivery. Digital Communities Wales praised the Trust's approach as a “model of best practice,” highlighting its ambition, innovation, and people-centred ethos. The Trust is now the second Health Board/Trust in Wales to achieve this accreditation.



In summary, the Trust has made significant progress in delivering safe, quality, user-centred designed, accessible digital services for service users and staff and is well placed to take advantage of both existing and emerging digital tools, to digitally enable the new Velindre Cancer Centre in 2027 and maintaining the safe and secure blood supply chain for NHS Wales.

4.7 Sustainable Services

The Trust has a comprehensive Sustainability Strategy that embraces the three core pillars of sustainability - environmental, financial, and social - and ascribes to the suggested fourth pillar of cultural sustainability, recognising the importance of heritage, creativity, and community identity in health and wellbeing. The strategy underpins all aspects of the work to improve the sustainability and efficiency of treatment pathways, including estates, equipment, software, and pathway management.

The strategy is operationalised by the Sustainability Implementation Plan, which sets out actions across climate adaptation, people, and digital transformation, ensuring alignment with key Welsh Government priorities such as the Strategic Decarbonisation Plan. The Plan is cross-referenced with the Hefyd Programme, which promotes holistic wellbeing through initiatives including Arts in Health, Green Social Prescribing, and Sustainable Jamborees, fostering connections between community, health, culture, and nature.

Operationally, the Trust is advancing innovative care models such as Medicines Closer to Home, which reduces patient travel and associated carbon emissions while improving convenience and adherence. A key development of this was opening the Velindre@ Nevill Hall Radiotherapy Unit, which brings cutting-edge treatment closer to communities, reducing travel distances for patients and contributing to decarbonisation goals. Other clinical initiatives such as the switch from intravenous nivolumab medication to subcutaneous have seen a major reduction in waste, reducing single-use plastic items by 96.07% (from 1194g of waste to 47g).

Digital transformation is a key enabler of these ambitions, with investments in software and data systems to optimise pathway management, reduce inefficiencies, and support remote care models. This year, the Trust introduced the Great Big Paper Cut initiative, an effort to monitor departmental printing activity and collaborate with the highest use areas to reduce unnecessary printing. In support of this, the sustainability team, digital team, and pharmacy are working together to implement virtual signatures within pharmacy processes, significantly cutting down the need for paper and advancing the Trust's sustainability goals.

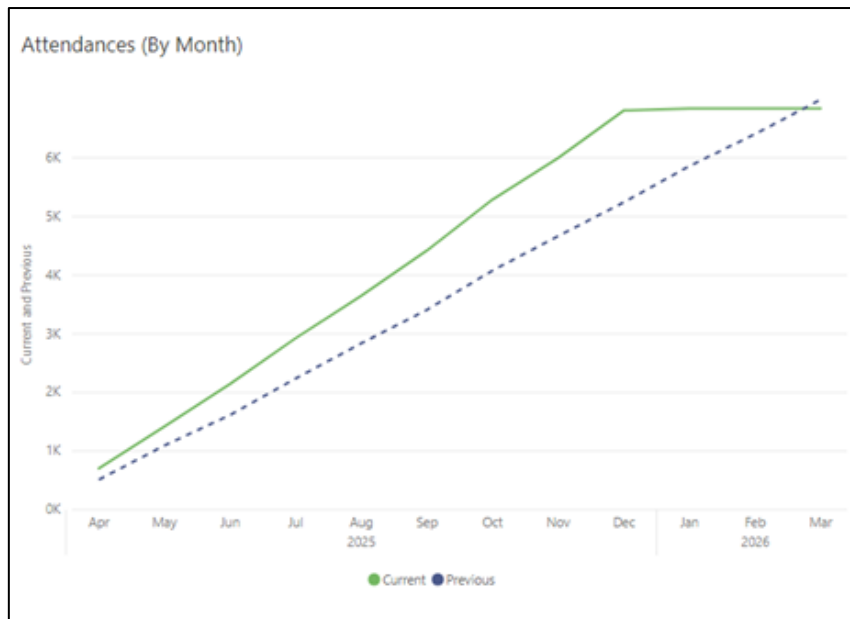
Estates and Energy Planning is equally critical, ensuring that facilities are energy efficient, resilient to climate risks, and designed to meet future service needs. A major sustainability focus this year has been the upgrade of all Trust lighting to LED, complemented by the installation of motion and daylight sensors where appropriate. This programme has already been completed at the Trust's headquarters, delivering a substantial impact on electricity consumption, which has fallen by 49% compared with the baseline year of 2018/19 and the most recent full year of 2024/25.

Building on this, the new Velindre Cancer Centre is an all-electric hospital, a first in the UK, eliminating fossil fuel use on-site renewables and setting a new benchmark for healthcare decarbonisation. In parallel, a business case is being developed for the other main site to remove gas, aiming to reduce the Trust's carbon footprint by 70% based on current design information. To further accelerate progress, renewable energy feasibility studies are being conducted across all sites, with the goal of removing gas dependency and embedding clean energy solutions into our estate strategy.

4.8 Care Closer to Home

The Cancer Service supports care closer to home and currently provides patients with the choice of 'homecare' where this is clinically appropriate. The introduction of

virtual services, such as Virtual Assessment Patient service, provides pre-SACT assessments for patients undergoing chemotherapy. The service is supported by the Keep Me Safe app, which allows patients to check their health status and communicate with the clinical team before their next treatment. Current activity (financial year 9 months to end of Dec 2025) is 6,798 virtual pre-SACT assessment appointments (Previous year, same 9 months period = 5,233), a 30% growth. This service has released clinic capacity for those patients that clinically need to have their assessments in hospital.



The Medicines at Home service continues to demonstrate sustained growth across oral and parenteral pathways, with a 25% year-on-year increase in oral SACT patient registrations and steady expansion (of which is now stable) in the Nantgarw Support Unit following increased service days. A third homecare provider, Healthnet Homecare, has been successfully onboarded, enhancing supply chain resilience and supporting the smooth migration of patients from other providers. Service quality remains high, with no clinical incidents reported across oral services in the last 12 months and low levels of patient safety incidents within the Nantgarw Support Unit, of which are primarily due to patient fitness on the day of treatment. Continued innovation, such as digital tool development, new service pathways (e.g., Phesgo self-administration), and expanded drug regimens, is driving service evolution, while collaborative BI projects are streamlining internal operations.

As a further example, development of the self-administration of denosumab, a targeted therapy drug, has enabled patients with breast cancer to self-administer this treatment at home avoiding attendance at a hospital site. Over the longer term the service will expand self-administration to other eligible sub-cutaneous treatments, increasing the number of patients who can access care closer to home.

Velindre Cancer Service are actively working with partners on the on-going development of further opportunities to support patients receiving remote monitoring to prevent the need for attendance/admission at the Cancer Centre.

4.9 Women's Health

The Trust recognises the importance of the Women's Health Plan for Wales launched in December 2024. Dr Seema Arif, a Velindre Oncology Consultant, is the clinical lead of this national programme.

Key matters for the Trust in contributing towards improving healthcare for women:

Blood Service

The Blood Health National Oversight Group is responsible for ensuring delivery of the NHS Wales Blood Health Plan, a key workstream of which is anaemia management that which is now working in alignment to the Women's Health Plan. The anaemia rates for patients undergoing major elective surgery of which the incidence rate of anaemia is twice as high in women than men (39% vs 19%). The anaemia workstream aligns with five of the eight priority areas, menstrual health, endometriosis and adenomyosis, preconception health, menopause and ageing well.

Cancer Services

The Women's Health Plan highlights that as part of National Cancer Recovery Programme, as part of Planned Care on the five cancer types with the poorest cancer waiting-time performance. Two of the five chosen cancer types primarily affect women, (gynaecology and breast), as well as inequalities of outcomes also in the three other pathways, (skin, lower gastrointestinal (GI) and urology cancer). One-year survival outcomes for women with bladder cancer, for instance, is significantly lower than men (75% v 59%).

It also highlights the impact of intersectionality and vulnerability, on outcomes in cancer care and survival. There is published research that shows that increased intersectionality leads to worse patient outcomes with respect to cancer.

Key Aspects of Cancer Service Provision for Women's Health:

Contraception and Fertility

Benefits and risks of medical treatment are discussed with the patient prior to treatment start. This is typically undertaken by the patient's consultant, and the patient will be supplied with resources such as appropriate MacMillan Cancer Support booklets and Cancer Research UK material.

Menopause

All patients treated with pelvic radiotherapy and/or brachytherapy are seen in post-treatment, nurse-led follow-up clinic 6-weeks post-treatment. Hormone profile testing is undertaken to identify premature, radiotherapy induced menopause. Where appropriate, use of Hormone Replacement Therapy is discussed with patient.

Alternative treatments are also considered, particularly in the case of endometrial cancer patients who, typically, cannot receive Hormone Replacement Therapy following radiotherapy induced menopause. Alternatives include anti-depressants, acupuncture and herbal supplements.

Pelvic health and Incontinence

Patients are provided with access to specialist knowledge and expertise at post-treatment follow-up clinic. Tolerance of treatment is actively assessed and awareness of potential toxicities highlighted. Patients are sign-posted to other Velindre cancer services, for instance, late effects gynaecological clinic, clinical psychology, dietetics support, Maggie's.

Violence Against Women, Domestic Abuse, Sexual Violence

The Trust delivers Violence Against Women, Domestic Abuse, Sexual Violence training across the trust and has identified champions. The Trust is committed to support the development of an NHS sexual safety process.

5. Strengthening the Organisation

5.1 Financial Plan

As at September 2025 (Month 6) the Trust reported a year-to-date breakeven revenue financial position, with a forecast outturn position to 31st March 2026 of breakeven. This is in accordance with the approved Integrated Medium-Term Plan.

The challenges in delivering a breakeven financial position in 2025-26 and into 2026-27 are:

2025-26

- Trust Commissioners did not agree any additional funding above the £1.5m (1.77%) general uplift in 2025-26 which was used to cover inflationary cost pressures and capacity to treat part of the inescapable demand.
- To deliver against national and local performance targets the Trust invested c£2.5m in additional capacity to deal with rising demand and maintain quality standards in cancer services and to support supply chain sufficiency, demand and patient safety in blood services.
- A reduction of £0.825m in recurrent contract income from one commissioner as a result of its decision to change the Long-Term Agreement activity and cost baseline, which is not aligned with the Trust other Commissioners.
- Recurrent impact of the shortfall in funding of £0.345m for the increase in Employer's National Insurance Contributions.

2026-27

- Commissioners have confirmed they will not fund any business cases for service capacity to meet demand growth or service improvement in 2026-27.
- A further £0.200m income loss from one commissioner in 2026-27 as part of their LTA re-basing.
- A 1.5% annual general funding uplift was assumed to Long Term Agreement values for 2026-27 and 2027-28 in the approved 2025-26 IMTP. Based on the Welsh Government Allocation Letter a 1.11% uplift has been provided for 2026-27. This equates to a reduction in planned income of £0.3m.
- Cost pressure of British Medical Association agreed contract changes for Resident Doctors.
- Anticipated increase in Welsh Risk Pool settlements and costs.
- Potential further unfunded pay settlements.
- 2025-26 recurrent savings schemes delivered non recurrently, require replacement with new recurrent schemes.
- Following publication of the Infected Blood Inquiry in May 2024, the Welsh Blood Service is required to improve patient safety for transfusion wherever possible. A number of key service areas require investment to either maintain or improve safety.

The draft financial plan for the Integrated Medium-Term Plan 2026-27 includes: a £2.8m (3%) savings/income generation target; the core uplift of 1.11% of £1m; activity growth marginal income of £1m and improved levels of efficiency and productivity to meet the financial challenges and produce a balanced financial plan.

Progress Against 2025-26 Savings Plan

The Trust established, as part of the Integrated Medium Term Plan Financial Plan, a savings target requirement of £2.280m for 2025-26 which equates to 2.8% of the Trust's core LTA income. All savings schemes are Red Amber Green (RAG) rated Green for the current financial year. As at September 2025 (Month 6) the total £2.280m savings is forecast to be delivered by 31st March 2026, albeit with a small risk around recurrent savings target which is being picked up within the 2026-27 Financial Plan.

Progress against the Value and Sustainability Plans

The Value and Sustainability themes and opportunities are routinely built into other Trust savings plans.

The Value in Health Programme actively supports improvements across the Trust and commissioning Health Boards. The following value and sustainability improvements are being delivered which are releasing system capacity:

- Anaemia Management in pre and post operative settings
- Self-Administration of Denosumab subcutaneous injections
- Switch from IV Nivolumab to subcutaneous delivery
- Donor pathways for people with Genetic Haemochromatosis

5.2 Cabinet Secretary Enabling Actions

The Cabinet Secretary Enabling Actions applicable to the Trust, following a robust adopt of justify process undertaken by the Trust Board, are included in and tracked as part of the Integrated Medium-Term Plan 2025-2028. To date, two full quarters have been completed and reported (Quarter 1: April–June 2025 and Quarter 2: July–September 2025). Progress for Quarter 3 (October–December 2025) will be reviewed and reported as part of the January 2026 governance cycle. Of the four due to date, three have been completed in respect of: implementation of thresholds established by Clinical Implementation Network; planned care capacity; and the six-goal programme. Implementation plan being worked through for the fourth, to complete by January 2026: 90% of all Consultants have an agreed job plan in place at all times. A further 15 Enabling Actions are being worked through for delivery in the remainder of 2025-2026.

5.3 Governance

In summary of effectiveness, under the Joint Escalation and Intervention Arrangements, as at December 2026, the Trust has continued in Level 1, "routine arrangements." The Board's Annual Board Governance and Effectiveness

Assessment meeting was held on 19th June 2025 to consider its Level of Maturity rating. The Board agreed that challenges persisted in the following areas and that actions to strengthen the position on them should be prioritised for 2025-26: the strengthening the Board's governance of our hosted arrangements; increasing Board visibility on patient and donor stories and experiences; strengthening our Board Development forward workplan and training schedule; delivering needs analysis in relation to the Equality, Diversity and Inclusion agendas; and celebrating success.

The following new appointments have been confirmed since 1 April 2025:

- Velindre University NHS Trust Vice-Chair, 1 April 2025
- Velindre University NHS Trust Chair, 1 September 2025
- Velindre University NHS Trust, Independent Member (Finance), 1 October 2025
- Velindre University NHS Trust, Independent Member, 27 October 2025

A new Chair to the Health Technology Wales Appraisal Panel was appointed on 1 April 2025.

At the end of quarter 3, the Board started work on a review of its structure, systems and processes to deliver strengthened governance aligned with the expectations of our patients, donors, staff, government, auditors and the public. This work is aligned to a review of organisational culture and leadership. Specifically on governance, the review will help us deliver a committee structure that provides the appropriate balance between strategy, culture and assurance and four areas of particular focus – people and culture, finance and quality, charitable funds. The objectives of this work: strengthening strategic focus and collective accountability; enhancing governance maturity and assurance confidence; improving alignment between Board decisions and patient/donor outcomes.

5.4 Hosted Services

The Trust hosts several national Welsh services, including the NHS Wales Shared Services Partnership, Health Technology Wales, and the Advance Therapies Wales programme. These hosted organisations play a vital role in supporting NHS Wales, delivering services that have a positive impact on both the health system and patient outcomes.

Achievements and Impact

NHS Wales Shared Services Partnership continues to be an integral part of the NHS Wales family, providing a wide range of services to Health Boards, Trusts, Special Health Authorities, and primary care providers across Wales. Its contributions span audit and assurance, procurement, digital workforce solutions, and more, all underpinned by a commitment to value, innovation and partnership.

Health Technology Wales is a national service dedicated to improving the quality of care across Wales by evaluating and promoting the adoption of evidence-based

health technologies and models of care. HTW is grant-funded by Welsh Government and operates independently whilst benefitting from the Trust's services such as HR, digital, governance support. The collaborative relationship ensures that HTW can access the resources and guidance necessary to fulfil its remit, with escalation and support mechanisms clearly defined.

Advanced Therapies Wales is similarly supported, with governance and oversight aligned to the Trust's standards and processes. The programme's annual reporting and engagement with the Trust Board reflect its ongoing commitment to transparency and continuous improvement.

Governance and Accountability

As the legal entity responsible for these hosted services and programmes, the Trust is committed to a regular review of its hosting arrangements to ensure they remain robust and aligned with the NHS Wales Governance Framework, standards and public expectations. This year, the Trust started reviewing its hosting arrangements, particularly in relation to the NHS Wales Shared Services Partnership.

The Trust was informed by Welsh Government on 9 April 2025 of its intention to commission an independent review to examine the governance and accountability arrangements for the NHS Wales Shared Services Partnership, recognising that these had not been formally reconsidered since 2012. The Welsh Government published the report in December 2025 and the Trust welcomed its publication noting in a joint statement with the NHS Wales Shared Services Partnership that we are fully committed to working together with our partners in NHS Wales and Welsh Government to implement the recommendations from the review.

5.5 Leadership and Culture

Leadership

The Trust has had stable and consistent leadership at Board, Executive Director Team over the last seven years. This has provided a strong and solid foundation within the Trust and allowed it to develop excellent partnerships and collaborative working with other NHS organisations, the Welsh Government and trade unions. This has also been the case at service level at Velindre Cancer Service and the Welsh Blood Service who have had stable teams. Importantly, it has supported the Trust in delivering high quality/safe services and developing and delivering the major transformation programmes at a regional and national level.

During 2025/2026 and beyond will see the refresh of leadership arrangements across the Trust Board (with a new Chair; and two new Independent Members) and a number of the Executive posts due to retirement and colleagues continuing their careers in other organisations. This provides the Trust with the opportunity to refresh/re-invigorate its senior leadership arrangements in support of its next phase of strategic development (2026 – 2031) and beyond. It is working diligently to manage these changes effectively in recognition of the work programme ahead and

some commonly understood risks associated with change in all organisations e.g. break in continuity and experience etc.

It is also working hard at a service level to support staff across the Trust who have raised concerns around the scale and pace of change, and the impact of change at a personal and professional level.

How we will develop our leadership capability and be a great place to work

The Trust's People Strategy recognises an ambition to be a *great place to work*, with a focus on a Healthy and Engaged workforce:



In considering progress against these core themes:

Psychological and Physical Wellbeing

- Staff Wellbeing services introduced in 2023 and now firmly established.
- Staff Wellbeing Internal Audit Advisory Review November 2025: 'Our review found that substantial progress has been made over the past year in enhancing staff wellbeing and strengthening organisational culture'. The report highlights areas of good practice and offers considerations for development the effectiveness of the service in 2026.
- Next steps: Business case to agree funding for Wellbeing Service to continue for another three years.

Diversity and Inclusion

- Clinical Divisions are engaged in their service delivery aspects of the Strategic Equality Plan including introducing new accessibility standards.
- Trust-wide progress with Staff Networks during 2025 (Race, LGBTQ+, Women, Disability and Neuro Diversity are up and running). Working on bringing networks together to share experience and resources.

- Staff survey results 2023 and 2024 used to understand position with Harassment, Bullying and Discrimination with actions outlined in the Staff Survey Action Plan section on psychological safety.
- Gained Disability Confident Leader status in 2025.
- Next steps: Build capability in Staff Networks to play a bigger role in addressing the issues highlighted in the 2025 Staff Survey.

Values and Behaviours

- Trust values of Caring, Respectful and Accountable adopted April 2024.
- Next steps: commission a programme for moving forwards together with a positive culture and refreshing the Behavioural Framework, introduced in April 2024. This will form a part of the wider Organisation work on Culture and Leadership.

Employee Voice

- 41% response rate to the NHS Staff Survey 2025. Up from 34% in 2023 and 2024. Improvement is due to embedding ownership for change at local level and cascading the importance of the survey at every level of management. Trust NHS Staff Survey Group established in January 2025 and has been a focus for discussions on how to improve the experience for staff at work.
- Medical Trainee Voice - GMC National Training Survey (NTS) results – the 2025 NTS results published in July include 30 'Above Outlier' (positive) scores. All three remaining risks arising from the 2023 and 2024 surveys were closed in 2025. One new risk was identified with an initial risk rating of 6, although following submission of our actions to date and ongoing plan, this risk rating was reduced to 4 at the risk management meeting with HEIW in November 2025.
- Speaking Up Safely flowchart and resources prominent on the intranet. Speaking Up Safely Champion – Independent Member – appointed. Video produced on *What is Speaking Up?* Regular engagement with staff to remind them of the options available to allow them to speak up.
- Work in Confidence platform launched September 2025.
- Next steps: building an infrastructure for employee voice based on:
 - **Inform** - our ability to share information effectively and efficiently with one another on an ongoing basis.
 - **Involve** - interaction with staff to provide opportunities for listening, discussion and problem solving. This is also how we address leadership visibility.
 - **Empower** – provide opportunities for staff to contribute to organisational improvement and innovation.
 - **Raise and Resolve** – provide the means for staff to anonymously raise problems, concerns or ideas with management with no fear of repercussions.

- **Reward** – rewarding a job well done is key. Staff are motivated by a workplace atmosphere of mutual respect. Reward can go a long way toward building employee self-motivation.
- **Measure:** embed a culture of ongoing measurement so that we can assess the motivation and satisfaction rates of employees to ensure staff are happy at work.

Compassionate Leadership

- Compassionate Leadership Pledge adopted by Board in September 2024.
- Leadership and Management programmes are now adapted to ensure they focus on the compassionate leadership model.
- The principles will also form a part of the Board Development programme that is being shaped to ensure embedding from Board to Ward.
- Next steps: As part of the wider cultural work to link to behaviour framework and improvement work to be shaped and implemented.

Leadership Development and Succession Planning

The Trust has several leadership and management programmes aligned to various levels of leadership from frontline management:

- *Fundamentals of People Management* provides training to all line managers on utilising compassionate leadership principles in practice when managing people.
- The Trust's *Inspire* programme provides further education and development for new and middle managers, as well as aspiring leaders within the Trust.
- Work is being commissioned on a Board Development Plan.

In terms of the Trust's pledge to compassionate leadership, the following has been taken forward:

- Compassionate Leadership Pledge adopted by Board in September 2024.
- Both the *Inspire* programme and the *Fundamentals of Management* course are built around the compassionate leadership model.
- The principles will also form a part of the Board Development programme that is being shaped to ensure embedding from Board to Ward.

The Trust is currently undertaking an evaluation of its leadership and management offering, aligned to the Leadership and Management Competency Framework currently being adopted within NHS Wales. Future actions to address any identifiable gaps will be defined in detail, once this evaluation has been completed.

The Trust also runs bite size sessions on Managing Change to help support a transitioning workforce to the new Velindre Cancer Centre. The Welsh Blood Service has embedded improvement methodologies to help empower staff to expect change to be a constant, which has had a positive impact on staff engagement to change.

In addition, the Trust also works closely with partners in Health Education and Improvement Wales, engaging with national leadership programmes, and succession planning initiatives. As well as all training and development opportunities offered. The Trust has strengthened its leadership structure more recently in the Cancer Services with the new triumvirate model. To ensure support, all can have access to coaching and mentoring, as well as leadership development to help embed the new structures in place and leadership.

Enhancing Clinical Leadership and Engagement

The Trust has been working over the last two years to enhance and significantly strengthen multi professional clinical leadership. This is a key feature of the Clinical and Scientific Strategy which has a clear aim to build strong clinical and scientific leadership across the Trust, so that we can ensure that we are clinically and scientifically led as a Trust to drive strategic decision making and prioritisation. Equity and strength of professional voices is a critical element of this with a formal mechanism into the Executive Management Board through the Clinical and Scientific strategic Board.

The strategy has a commitment to enhance our role as a specialist provider at a local, regional, national and international level. Some work we are undertaking in this area includes:

- Engagement and collaboration with the Strategic Workforce Nursing Implementation Plan through the NHS Wales Programme Board
- Leading on the review of regional cancer workforce planning
- Developing workforce plan across Welsh Blood Services that ensure a future workforce to maintain the ongoing demand for blood products.

In the last two years the Trust has been strengthening its clinical leadership by increasing the number and level of clinical leaders across the organisation. This has included a full restructure with significantly enhanced clinical leadership at Velindre Cancer Service, creating a full triumvirate leadership model, enhancing professional and scientific leadership at the Welsh Blood Service and the creation of a Deputy Medical Director role.

The Trust has also invested in developing Medical Leadership through the *Senior Medical Leadership Development Programme* which was facilitated in partnership with the Faculty of Medical Leadership and Management, with the aim to build an effective medical leadership team in advance of organisational structure changes. The first cohort completed in 2025 and has led to the creation of the *Medical Leadership Forum*, which is a strategic and developmental forum for the Trust's senior medical leadership team. Its overarching aim is to strengthen leadership capability, support workforce sustainability, and promote well-being across the medical workforce. It aligns with Faculty of Medical Leadership and Management standards, ensuring consistency with national leadership expectations.

The Trust has an active engagement programme with our clinical colleagues:

- Clinical Executive visibility is high with minimum monthly front line service visits across both divisions.
- High visibility of the Trust Chair across all clinical services.
- 15 step visits undertaken across clinical services by Board members.
- Over 800 front line staff engaged in the development of the Clinical and Scientific strategy.
- Annual professional conferences held for multi professional clinicians which feature engagement as well as development opportunities.
- Monthly professional forums held chaired by relevant clinical executive providing clinical staff formal mechanisms to influence professional agendas and strategic development e.g. Consultant Meetings, Professional Nurse Forum, AHP / HCS forum.
- Clinical leaders offered mentorship and coaching and access to clinical leadership development.

Developing Our Culture

The Trust has, for a long period of time, focused on the development of a positive, open and enriching culture for staff which supports them to deliver safe and high-quality care. Over the last five years the overall culture of the Trust has been a positive one, evidenced our key performance indicators, staff surveys and the directly related matters e.g. delivery of safe/high quality care; positive donor and patient experience.

During this time the Trust has also been going through significant and complex change at a service level and also managing major regional/national programmes and projects e.g.

- Velindre Cancer Service: Transforming Cancer Services programme (delivery of the V@ service; Velindre@Nevill Hall Radiotherapy Unit; and the new Velindre Cancer Centre)
- Welsh Blood Service: delivery of a revised blood collections model; development of new infrastructure; managing the Infected Blood Inquiry; and the provision of new services e.g. Plasma for Medicines

The Trust is very aware and mindful of the challenges that change brings at an individual and organisational level for staff, patients, donors and partners. It has invested significant time to support staff, recognising that such change can result in uncertainty, anxiety and concerns in some areas. The Trust has cultivated a culture of openness, transparency, compassion and resilience to support staff through change, which is the one constant of delivering excellence in healthcare.

Given the Trust's ambition, the need to ensure staff lead and are fully supported in engaging with the transformation, the Board has committed to refreshing a programme of work to ensure our culture, leadership and governance arrangements

support our strategic ambitions and meet the current and future needs of the people we serve.

The Board has commenced work on the next phase of its cultural development, which will be focus on a range of areas/outputs including work in becoming a high performing board/organisation; developing a compassionate culture; agile governance; and a range of measures which support it in achieving its ambition of excellence.

A discovery exercise was completed in quarter 3 2025 and a Cultural Baseline produced. This provided the Board with a current position. It is recognised that there is much we can be proud of as part of our culture in the organisation. This exercise has also helped us understand areas and challenges we need for focus more on. This was created using insights from staff surveys, metrics, feedback from staff through groups/networks, feedback from staff and managers who attend our training and leadership/management programmes and also outside indicators such as Glassdoor. To help us get as wide a perspective as possible on how it feels to work in the organisation for our staff.

The key themes highlighted from this discovery piece which we will focus on are:

- Continuing our work on creating a psychologically safe workplace where all staff feel safe speak up Safely.
- Strengthening our skills in listening with curiosity; understanding; then acting and feeding back.
- Developing a culture of kindness and celebrating success and embedding our behaviours.
- Developing a culture which empowers staff to act.
- Reducing the number of priorities.

In parallel, the cultural baseline has enabled the shaping a focused "just do" action plan. This has included:

- Working as an Executive team to reshape/reduce the Trust's priorities and objectives.
- Programme of engagement with staff to ensure all understand how they play a meaningful part in supporting delivery of this.
- Focus on three enabling actions following receipt of the staff survey results as a Board to demonstrate we listen and act.
- Reset of performance management framework to ensure better engagement in the things that matter.
- Focus on shaping a framework with our staff to manage change.
- Spending time getting out and engaging with staff and leadership given the recent changes at the executive level.

- The opportunities already taken and presented from the work around the new cancer centre to ensure maximum engagement around how it feel to work there.

The Trust will continue to focus on developing a high-trust culture, as one of the most important priorities. Recognising that impacting culture in a complex NHS organisation can take time to embed, the Board are committed to doing this for the longer term. It is also recognised that changes in leadership will also impact culture. It is understood that this will take time, but the Board are committed to ensure we take meaningful action.

Welsh Language

The Trust continues to embed the importance of bilingual services for patients and donors in all that we deliver. The Active Offer dominates the plans, and it will continue to do so into 2026/27. The simple concept remains central to bilingual provision and supports actions around the Welsh Language Standards and the More than just words framework.

Actions for 2025 have strengthened our approach, with staff training increasing skills and the in -patient pathway now being supported by a newly developed Clinical Plan focussing on Welsh language consultations for patients and donors.

The Trust will continue to research ways to streamline our telephony process, and this priority is a focus within the developments for the new Velindre Cancer Centre, however our telephony services at the Welsh Blood service continues to investigate ways to enhance the bilingual process of donating blood. We have this year agreed a Welsh language streamlining telephony service that complements our English language approach. We now have a fully bilingual donor telephony screening service giving equality to both languages from the outset.

Strategic Equality Plan

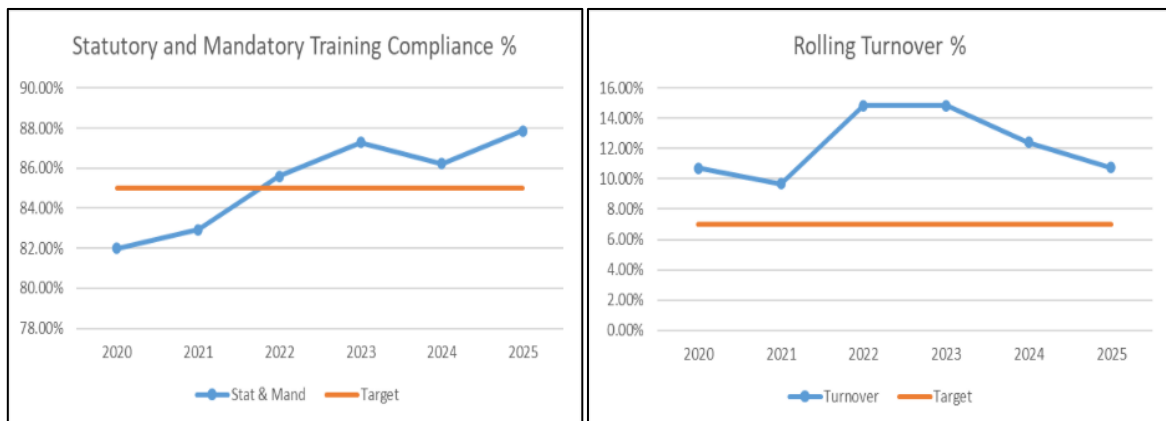
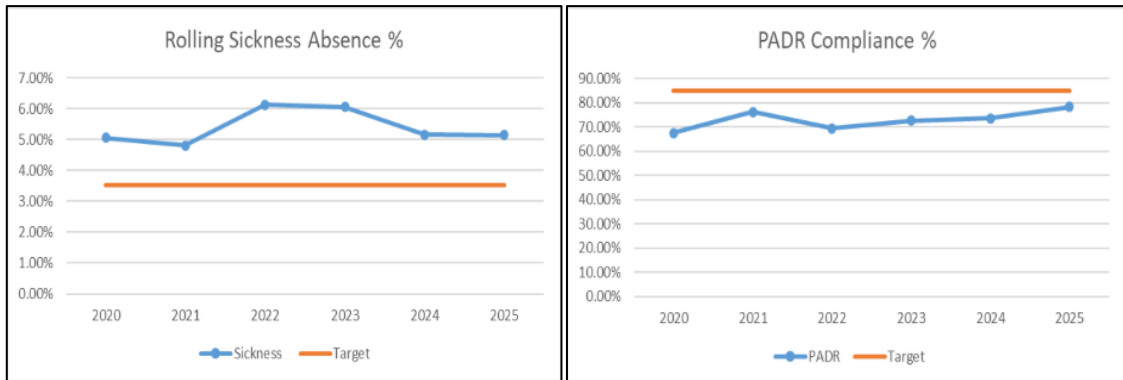
As part of our specific duties under the Equality Act 2010 and Regulations in Wales, the Trust is required to develop and publish a Strategic Equality Plan and its strategic equality objectives every four years, and our current plan is set for 2024-2028. This is to be monitored through the Welsh Government:

- **Fairness and Respect** - Increase workforce diversity and inclusion and eliminate Pay Gaps Aim that the workforce to better reflect the diverse nature of the communities that we serve and also to ensure that there is no systemic pay disparity between people of different genders, races or disability.
- **Milestones:**
 - Develop a positive organisational culture, across all training and communication mechanisms.
 - Implement the Trust's Widening Access Plan.
 - Implement the second phase of the Wales Anti-racist Action Plan.
 - Implement the LGBTQ+ Action Plan.

- **Engagement** - Engage with the community in order to ensure that we are providing services that our patients and donors want and need, it is important that we understand them and ask them about what things they want from us and how we might be able to do to that in better ways.
- **Milestones:**
 - Increase the number of donors across specified target groups in line with the Welsh Blood Service 5 Year Strategy.
 - Use Equality Impact Assessment process to prepare cancer services for the move into new Velindre Cancer Centre.
- **Accessibility** - Communicate with people in ways that meet their requirements. We have a variety of ways that we stay in contact with the people of Wales; letters, phone calls, social media; it is important that we are doing this in way that people can easily understand and in their first, or preferred, language.
- **Milestones:**
 - Any legislative changes in British Sign Language are translated into service plans. Implement the Welsh language clinical consultation plans.
 - Any regulatory changes regarding accessibility are translated into service plans.

Workforce Measures

The workforce data generally shows an improving picture, or above target, over the last few years' and it is important this trajectory is maintained. Noting for November 2025, the Personal Appraisal and Development Review target has now been met.



The Trust is changing the way of using workforce metrics in our committees to provide better assurance. There is programme of work looking at improving this which has resulted in the inclusion of heatmaps to enable us to track hotspots. This work will also ensure inclusion of more qualitative measures to help us to provide a better picture and identify areas that need support. We are also shifting the way assurance is provided to invite each of the services to provide a spotlight on their workforce data and staff stories to help bring this to life.

Staff Wellbeing

The workforce metrics recognise a positive trajectory with our sickness absence, respecting seasonal trends. All services monitor hot spot areas of sickness to ensure wellbeing is supported and from December 2025, a spotlight on each service is being introduced as part of our governance discussions moving forward to enable oversight of workforce general health at Board Committee level.

The Trust has a charity funded wellbeing service and feedback has been very positive across services from staff who have used them. A business case for charitable funds is being developed. There is currently work to better measure impact of the service apart from the successful feedback received, working with others across Wales to learn how best to do this. Team wellbeing support will be critical with the model of culture work to help ensure we are an organisation of high performing teams.

Recruitment and Retention

Over the last 12 months the Trust has invested in dedicated attraction and retention resource to support the growth of a sustainable workforce and to reduce the reliance on high-cost agency spend alongside providing fair work to retain key skills within the Trust. This has been a core part of the People Strategy through "*Shape and Supply*" work.

Attraction plans have included: the introduction of Social Media recruitment, the production of a recruitment and attraction campaign, the development of a dedicated staff bank driven through the data analysis of hard-to-fill roles and further work to strengthen our Welsh Language recruitment strategies. Campaigns have been focused predominantly in hard to fill roles such as therapies, nursing and radiotherapy. The approach has shifted to really focus on what the Trust can offer as an employer of choice. For example, for radiotherapy which had an almost 10% agency usage, this has had a very positive impact and ensured that there are now fully established teams that meet the regulatory staffing requirement, without the reliance on agency spend. Such action has enabled focus on creating more stability to strengthen our organisation. This approach is being continued for nursing and therapies roles.

Short-term changes – April-October 2025

- Between April 2025 and October 2025, the Trust has seen a 4.5% growth in its workforce.
- In this period the largest growth has been seen in the Healthcare Science profession at 9% followed by Allied Health Professionals at 7%.

- Turnover in this period has reduced by 1.45% from 10.83% to 9.38%.
- Agency spend due to the recruitment and retention efforts has seen a significant reduction with less than £0.10m now being spent across the Trust on agency workforce.

Long-term change - April 2020 – March 2025

- This is in line with the continuing long-term changes seen between April 2020 to March 2025.
- The organisation has focused on moving from resource planning to operational workforce planning during this period. We have seen growth in targeted areas on this basis, to help us move from medically delivered services to multi professional workforce teams in some key hot spot areas. We have seen overall growth in workforce of approximately 380 FTEs since 2020, with the three highest growing areas being AHP's, Nursing and Midwifery Registered and Scientific and Technical. Medical and Dental Staff have seen a slower rate of growth in this time period. This growth has in part helped us see the introduction of new roles such as Independent Prescribers in Pharmacy, Consultant Nurses, Advanced Nurse / Clinical Practitioners, as well as helped us tackle some difficult to fill scientific and technical roles within our Blood Services.
- This longer-term change demonstrates the Trust's commitment to workforce transformation and growth of multi-disciplinary workforce teams to support clinical delivery and ensure longer term sustainability. The data reflects a more sustainable and cost-effective workforce model, contributing to improved continuity, engagement, and long-term workforce stability.

The Trust currently has four interim positions at Executive Board level. They are mainly connected to the departure of the previous CEO: Interim CEO, Interim Deputy CEO, Interim Director of Corporate Governance and Interim Executive Director of People and Organisational Development. A plan is being shaped for recruitment of the Director of Corporate Governance, and the Director of People and Organisational Development is currently being recruited to.

There is regular assurance at Board and Committee level through the Shape and Supply paper.

Actions taken Following the Most Recent Staff Survey

A Staff Survey Group was set up to disseminate these results and to support the development of actions and changes for staff. The Interim Executive Director of People and Organisational Development is the Executive Sponsor to the Group and will ensure the understanding of the results and the improvements achieved will support the cultural direction set by the Board. This structure was used to consider the results received in 2024 and will continue.

A continued commitment to using this data in a meaningful way to help ensure our staff voices are heard will remain. This is supported by an increase this year in our

responses received, which was a key focus for our work following the 2024 results. In terms of 2025, there will be NHS Staff Survey Action plans for the Trust, with the Executive Team committing to staff to take forward and act on three key priorities based on what is important to our staff with the results from this year. Plans will also be shaped for Welsh Blood Service, Velindre Cancer Service and Corporate functions. These will be developed in light of staff discussions within teams and departments where practical solutions will be identified and put into practice to meet local needs.

Alongside this, three topics had been identified from last years (2024) feedback which have been included in the Trust and Divisional level plans. It also ensures we work collaboratively with staff and leaders across the organisation to act. The topics align with the Trust Values of: Accountability, Caring and Respect. They were:

- **PADR** - While the Trust has seen a significant growth in PADR compliance from 67.51% in April 2020 to 79.77% in October 2025, our staff survey results still suggest there is some work to do on ensuring they are found to be as valuable as possible. As part of the wider cultural work progression, we will be shaping a new toolkit for managing performance conversations and resetting our behaviour framework.
- **Team time** - This covered: how you feel valued by your team; Trust Values and Behaviour materials and workshops were made available to help teams and managers to tackle any concerns at a local level. This was helpful to help nip things in the bud for staff and to shape local plans to tackle the issues relevant to them.
- **Psychological Safety** - Whilst our responses to those questions showed an improvement overall, with the reported incidence of bullying and harassment having fallen from 2023 to 2024. The Trust felt it was still an important area of focus as it did feature within some of the free text comments. Psychological Safety is a key enabler for a healthy culture and the Trust continued to keep this as a focus this year with regular staff engagements around opportunities for staff to speak up being issued on a monthly basis.

6. Summary

The Trust is committed to delivering safe, high-quality care and becoming an organisation which is viewed as excellent by the people we serve, our partners and our peers. Over the last years, and the last twelve months the Trust has:

- Maintained the delivery of safe and high-quality care.
- Received consistently high patient and donor satisfaction.
- Developed and delivered world leading research, development and innovation which has had a significant impact in improving patient care and outcomes locally and globally.
- Delivered a number of major programmes/projects of major complexity.
- Achieved it within the resources available.

The Trust has been working with staff to grow the culture where people feel well supported and highly valued. Recognising that further and on-going work is required to continue to support our workforce through the pace and complexity of change and listen to and learn from staff feedback.

Looking to the future, the next strategic phase for the Trust will see it continue to pursue its ambition for excellence. It will continue to focus on effective leadership; developing services which are co-designed with patients/donors and our partners; building a high trust and performance culture; and ensuring the governance arrangements are effective and enabling. This will support us in providing the best possible care, treatment and services for our patients, donors and the population we serve.