



Velindre University NHS Trust

Integrated Medium Term Plan

2026-2029



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Mae'r ddogfen hon hefyd ar gael yn Gymraeg // This document is also available in Welsh.



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FOREWORD FROM OUR CHAIR AND INTERIM CHIEF EXECUTIVE OFFICER

We are proud to present the Velindre University NHS Trust Integrated Medium Term Plan for 2026-27 to 2028-29. Our Plan details the excellent work undertaken by our teams from across the Trust and our continued engagement with our many stakeholders.

We have set ourselves a set of ambitious priorities, all centred in improving the outcomes for our patients, donors and communities. In publishing this plan, and in addition to our priorities and ambitions within this plan, we would like to make three further specific commitments to you:

- We will continue to deliver and further develop this Plan in a way that listens to our patients, donors, communities and wider stakeholders.
- We will tirelessly focus on achieving the impact and outcomes set out in this Plan and will regularly report on our progress to achieving them.
- This Plan can only be delivered in collaboration and working together across all our partnerships. We hope you enjoy reviewing our Plan and we, and our teams, look forward to discussing it with you at our various engagement opportunities over the course of the year.

Thank you.

Sara Moseley
Chair

Carl James
Interim Chief Executive Officer

SECTION ONE: CONTEXT

WHO WE ARE

The Trust was established in 1994 and is one of twelve statutory NHS organisations in Wales. We provide a range of specialist services at the national and regional level. The Trust has two main clinical divisions - Velindre Cancer Service and Welsh Blood Service in addition to our corporate functions. Velindre is also responsible for hosting two further All Wales Services on behalf of Welsh Government and NHS Wales, namely NHS Wales Shared Services Partnership and Health Technology Wales.

Velindre Cancer Service



We are a treatment, teaching, research and development centre for oncology services to patients from across South-East Wales and wider, serving a population of 1.7 million. We work closely with local partners in ensuring that our services are offered at appropriate locations, in line with best practice standards. An increasing number of services are also delivered on an outreach basis, bringing care and treatment for our patients closer to their homes

Blood and Transplant Services



We are a national service covering the 3.1 million population of Wales, delivering a safe, sustainable and high quality supply of blood, blood components, stem cells, organs, medicines and diagnostic services for patients across the country. Our remit extends beyond collection and production to include a comprehensive diagnostic offer supporting transfusion, transplantation and immunogenetics, as well as the wholesaling of blood derived medicines to ensure NHS Wales has timely access to the specialist products it needs. Together, these integrated services enable us to support patient care across Wales, contribute

to global stem cell provision, and maintain the resilience and safety of the national blood and transplant system.

Corporate Services



The Trust's core cancer and blood service delivery is supported by a number of Trust-wide corporate services, including Workforce and Organisational Development, Digital Services, Planning and Performance Management, Information and Corporate Governance, Value Based Healthcare, Corporate Medical Services and Quality and Safety, Estates and Sustainability and Finance.

Velindre Charity

The Trust Charity is active in fundraising and holding events, which in 2024-2025 raised £2.8m including grants and donations, and £0.6m from legacies. This funding supports vital research, staff development and important services to enrich the lives and experience of our patients.

Hosted Services

The Trust is responsible for hosting the following organisations on behalf of the Welsh Government and NHS Wales:

- **NHS Wales Shared Services Partnership (NWSSP):** who provide a wide range of support services to NHS Wales including procurement, recruitment and wider back office services.
- **Health Technology Wales (HTW):** a national body working to improve the quality of care in Wales. It collaborates with partners across health, and the technology sectors to identify, appraise and advise on the adoption of technology or models of care to ensure an all-Wales approach.

SECTION TWO: OUR LONG-TERM STRATEGY

Our purpose

In 2023 we set out our organisational purpose 'To Improve Lives'. This short statement seeks to describe why the organisation exists with everything we do uniting around this intention. It also sets out that we will improve the lives of the people we serve through treatment and care and by supporting Wales to become healthier to reduce illness.

Our Values

Caring:	We are always kind, supportive, approachable and show compassion to all.
Respectful:	We seek to understand other people's perspectives. We are always open and transparent.
Accountable	We always take personal responsibility for what we do and how we do it.

Our Strategy: Destination 2033

Our long-term strategy, 'Destination 2033' sets out our future vision for the organisation. The strategy is based around the transformation of our clinical services to ensure we provide treatment and care which is as good as the best elsewhere within the United Kingdom and Europe.

Destination 2033 is an organisational strategy which is not only focused on clinical services but also how our support functions will support the provision of world class care and support to our patients, donors and partners.

This Integrated Medium Term Plan (IMTP) sits within the context and framing of our longer-term strategy, setting out what action will be taken over the coming three years to contribute to the realisation of our strategic goals and objectives.

Our Strategic Goals

1. Outstanding for quality, safety and experience
2. An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations
3. A beacon for research, development and innovation in our stated areas of priority

4. An established University Trust which provides highly valued knowledge and training for all
5. A sustainable organisation that plays its part in creating a better future for people across the globe

Delivering our Strategic Objectives for 2026-27 to 2028-29

The Trust's Integrated Medium-Term Plan (IMTP) 2026-27 to 2028-29 is our vehicle for delivering our strategic objectives and is the output of the excellent work undertaken by teams from across the Trust and strong engagement with our many stakeholders.

We set ourselves ambitious priorities, which build upon our strengths, and which will result in the people who use our services receiving excellent and person-centred care.

Our Strategic Goals and objectives in more detail

Our strategy sets out 5 strategic goals together with the objectives we have set out to support the achievement of our goals.

Destination 2033: Our strategic goals and objectives

Strategic Goal 1:

Outstanding For Quality, Safety and Experience



Our objectives are to:

- Provide harm free care, the best outcomes and a great patient and donor experience
- Listen to and learn from the experiences patients and donors have of our care to drive continuous improvement
- Be an organisation which consistently demonstrates Compassionate Leadership in everything we do
- Be recognised as 'Outstanding' by Health Inspectorate Wales, the Medicines and Healthcare Products Regulatory Authority and UK and international peers for the services we provide

Strategic Goal 2:

An Internationally Renowned Provider of Exceptional Clinical Services That Always Meet and Routinely Exceed Expectations



Our objectives are to:

- Achieve nationally and internationally recognised standards of care which keep pace with emerging evidence
- Be a trusted and influential partner across Wales to deliver great local health services which meet the needs of the public
- Become a 'Centre for Excellence' and leading provider across the UK for the highly specialist services we deliver
- Become a system leader in our areas of expertise nationally and internationally
- Identify a range of new services that the Trust could deliver to improve quality, experience and outcomes across Wales

Strategic Goal 3:

A Beacon for Research, Development and Innovation in our Stated Areas of Priority

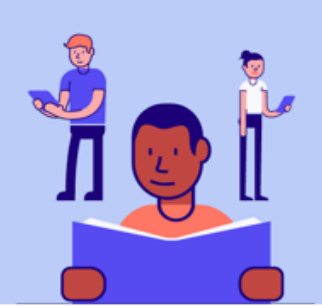


Our objectives are to:

- Deliver world class research, development and innovation to improve tomorrow's care
- Accelerate the implementation of research and new discoveries to improve our patients' and donors' experiences and outcomes
- Prioritise research, development and innovation that is clinically relevant and patient and donor centred
- Build a sustainable culture of multi professional research, development and innovation involving the whole organisation
- Publish and promote research of the highest quality which achieves UK and international recognition

Strategic Goal 4:

An Established University Trust Which Provides Highly Valued Knowledge and Learning For All



Our objectives are to:

- Deliver inspirational teaching which is enhanced and informed by world class research and professional practice
- Create a supportive and enriching learning environment for all of our learners
- Provide a learning experience that learners rate as excellent
- Be rated as a high-quality provider of education and learning nationally and internationally in a number of priority areas
- Raise the profile of the University Trust on a UK and international stage

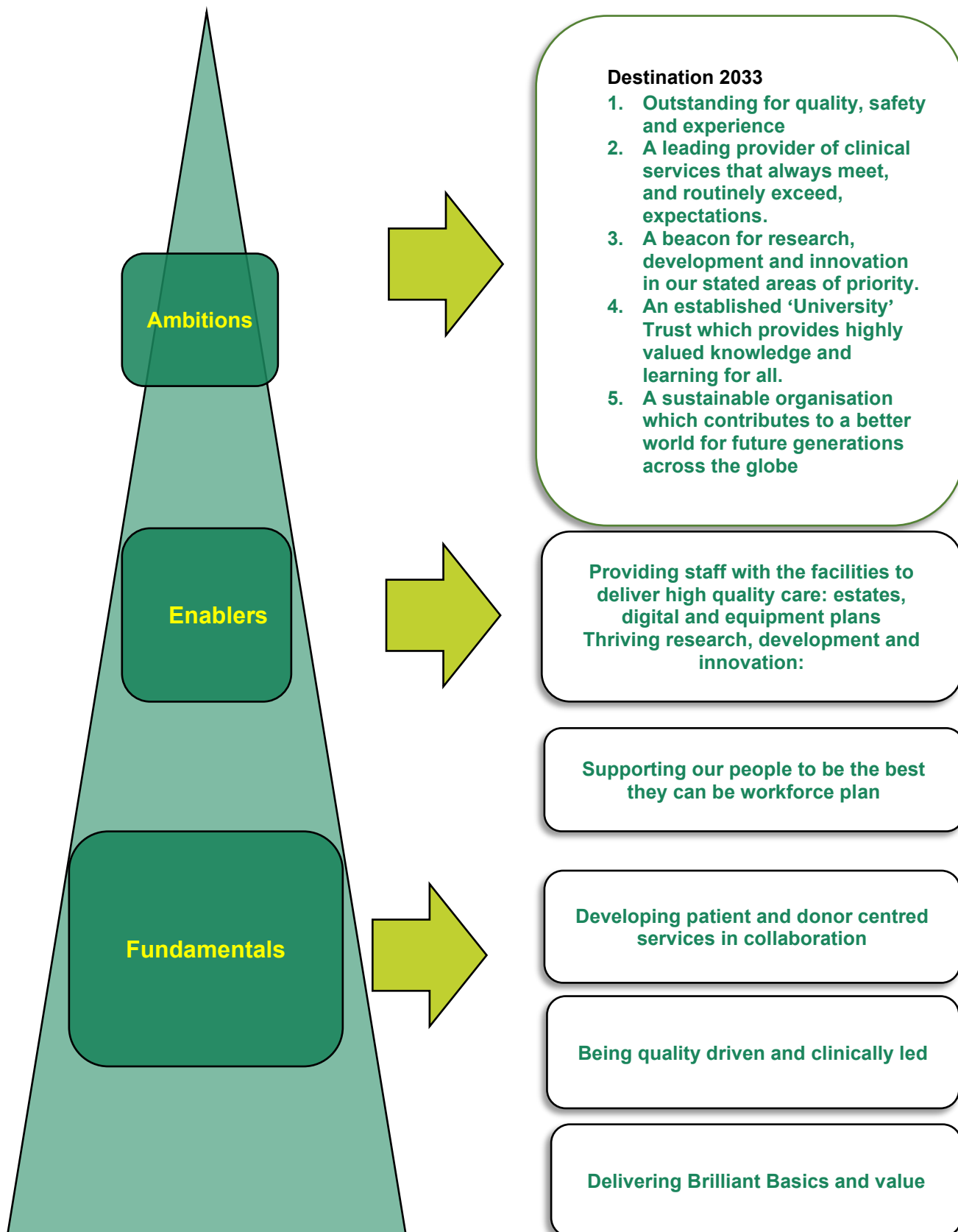
Strategic Goal 5:

A Sustainable Organisation that Plays Its Part in Creating a Better Future for People Across the Globe



Our objectives are to:

- Strategic Goal 5: A Sustainable Organisation that Plays Its Part in Creating a Better Future for People Across the Globe
- Be recognised as a leading NHS Trust for sustainability nationally
- Become an anchor organisation in the communities we serve to enhance their economic, social, environmental and cultural well-being
- Be a carbon 'Net Zero' NHS organisation by 2030
- Support the transformation from ill-health to well-being across Wales



Our Well-Being Objectives

The Trust is one of the statutory bodies required to operate within the Well-being of Future Generations Act (WBFGA). Our IMTP demonstrates action to make meaningful progress towards our existing objectives which are set out below:

Objective 1:	Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.
Objective 2:	Improve the health and well-being of our staff and people across Wales, by striving to care for the needs of the whole person.
Objective 3:	Create new highly skilled jobs in Wales and attract investment by increasing our focus on research, innovation and new models of delivery.
Objective 4:	Deliver bold solutions to the environment challenges posed by our activities.
Objective 5:	Demonstrate respect for the diverse cultural heritage of modern Wales.
Objective 6:	Bring communities and generations, together through involvement in the planning and delivery of our services.
Objective 7:	Strengthen the international reputation of the Trust as a centre of excellence, teaching research and technical innovation and making a lasting contribution to global well-being.

Our Well-being objectives are intended to support us in delivering the changes required to ensure a healthier, more vibrant, resilient and successful Wales.

The Well-Being Objectives guide our strategy and plans, ensuring sustained focus on the priorities that make the greatest impact; and that we can effectively track progress.

Ensuring Clinical and Scientific Strategy and Quality Standards are designed into everything we do

Our Clinical and Scientific Strategy provides a clear direction for all our services over the next five years. The strategy was written by, and for, our clinical and scientific workforce. We adopted a multi-faceted approach to engage with our clinical and scientific communities, partners, and stakeholders, calling on their wealth of knowledge, expertise, and forward-thinking ideas to inform our shared vision, ambitious strategic aims, and objectives.

Our vision is to “be at the forefront of clinical science delivering excellent, high-quality, person-centred care.” Our strategic aims and objectives are set out below and frame our service development and transformation agenda.

1. Leadership Collaboration	& Strategic aim: Strengthen clinical and scientific leadership and collaboration to drive the clinical and scientific agenda.
2. Quality	Strategic Aim: Deliver high quality evidence-based, person-centred care to improve experience & outcomes.
3. Research, Development and Innovation	Strategic Aim: Drive clinical & scientific advancements through innovation, research, & development, ensuring preparedness for new developments.
4. Workforce	Strategic Aim: Adapt, develop, and empower a sustainable, diverse, multi-professional clinical and scientific workforce.

The Quality Standards Underpin our Planning

The Duty of Quality and Care Quality Standards are the foundation for the Trust's planning of services and related strategic decision-making. The Duty aims to:

- Improve the quality of health services
- Help people in Wales have more years in good health
- Listen more to people and patients and act on what is shared

Duty of Quality

The Trust's Quality & Safety framework aims to provide assurance to both the Board and our population by embedding ownership and accountability for Quality, safety and experience from frontline services through to Board level. This approach aims to ensure that the care and service we provide is high quality, safe, consistently person focused and aligned with the needs of the population we serve. Considerable quality and safety developments have been made over recent years; however, we recognise that there is further work to do to further strengthen our quality and safety infrastructure. Our approach is underpinned by a supportive, learning-focused, and non-punitive culture aimed at creating psychologically safe environments. In 2024, the Trust updated its Quality & Safety Framework to reflect new legislative duties under the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and it has developed an implementation plan for the revised 2025 Putting Things Right: Listening to People regulations. 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 & Finish Groups. This is aligned with our Quality & Safety Priorities, as reflected in the Quality Priorities Delivery Plan Appendix 2e.



Digital systems—namely Datix, AMaT and QPulse—form the backbone of the Trust’s quality and safety infrastructure. These tools support effective monitoring, reporting and triangulation of data, enabling the identification of themes, trends and learning to drive continuous improvement. The Trust is further strengthening this digital capability through a new Quality & Safety Dashboard, adopting learning from Betsi Cadwalader UHB’s quality dashboard and balanced scorecard. A pilot to apply Artificial Intelligence across current systems is also underway to enhance efficiency and improve analysis of incidents and concerns. Together, these developments will significantly strengthen the Trust’s Quality Management System.

Quality Impact Assessment (QIA) process is the mechanism by which the Trust ensures that quality is being considered in strategic decisions at all levels. Over the past year the QIA process has been strengthened: QIA training and support have been provided, a central repository created, and an audit mechanism introduced.

Quality Statement for Cancer

The Trust is committed to delivery of the Quality Statements as set out by the Cabinet Secretary. High priority actions for the Trust relate specifically to the Quality Statement for Cancer, and Palliative and End of Life Care. The Trust provides leadership and expertise to Health Boards and other partners, in the delivery and improvement of Cancer Services.

This includes:

- our role in the Regional Acute Oncology Service, supporting the management and avoidance of toxicity, - (Equitable)
- our active research trials portfolio in our collaboration as Cardiff Health Partners, - (Effective)
- leadership and delivery of the first definitive treatment within 62 days of the point of suspicion of Cancer, (for those patients referred to us on or before day 38 - (Timely)
- the Clinical Oncology Subcommittee, and SACT metrics, - (Timely)
- our Regional South East Wales Radiology planning programme to support improvement in prompt and timely cancer diagnosis, - (Effective)
- and delivery of the National Optimal Pathways.- (Timely)

We also continue to work with Health Board Partners in the wider delivery of The Quality Statement for Circulatory Disease and Diabetes, for which our focus activities relate to optimising patient pathways, and patient information sharing and access through our Outpatient Transformation work, management of Hospital Initiated Referrals, and Patient Tracking Lists.

There is greater detail on these actions in the Velindre Cancer Service delivery plan.

Our plans for improving clinical services

Destination 2033 sets out our vision for the organisation over the long term at a high level. In support of this we have strategic plans in place for our two front-line clinical services.

Velindre Cancer Service: Shaping Our Future Together



Priority 1: Equitable and consistent care, no matter where; meeting increasing demand

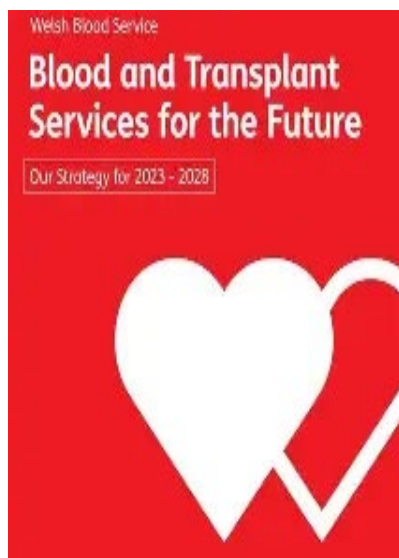
Priority 2: Access to state-of-the-art, world-class, evidence-based treatments

Priority 3: Improving care and support for patients to live well through and beyond cancer

Priority 4: To be an international leader in research, development, innovation and education

Priority 5: To work in partnership with stakeholders to improve prevention and early detection of cancer.

Welsh Blood Service: Blood and Transplant Services for the Future



- Priority 1:** Build a sustainable donor base that meets clinical need and represents the diverse communities we serve.
- Priority 2:** To provide a world class donor experience.
- Priority 3:** Drive the prudent use of blood across Wales.
- Priority 4:** Quality, safety and value: doing it right, first time.
- Priority 5:** Achieving excellence in research, development and innovation to improve outcomes for our donors and patients.
- Priority 6:** Sustainable services that deliver the greatest value to our communities.
- Priority 7:** Develop great people and a great place to work.

These two plans set out the key strategic objectives for each of our clinical services together with the key actions we will take to achieve them.

Support functions: aligning our support services to deliver our ambitions

We have a range of plans for all of our support functions which are aligned to the achievement of the Trusts ambitions, Destination 2033. Velindre Cancer Services: Shaping Our Future Together and Welsh Blood Service - Blood and Transplant Service: Services for the Future.

These include:

- [Clinical and Scientific Strategy](#)
- [Workforce and People Strategy](#)
- [Digital and Data Strategy](#)
- [Estates Strategy](#)
- [Sustainability Strategy](#)
- Finance Plan

How our strategies and plans fit together



What risks are we managing

The organisation is managing a wide range of risks at a strategic and operational level.

Strategic Risks

In reviewing the Trust's strategic risks against the delivery of our strategic objectives for the year ahead, amendments have been made to ensure the risk statements more clearly reflect the key threats to delivery of the Board's strategic objectives. This has included consideration of both internal risks (for example, organisational capacity, capability and governance arrangements) and external risks (including system-wide pressures and dependencies), to provide a clearer line of sight between what the Board is seeking to achieve and what could prevent delivery.

As part of this review, the Board also committed to redesigning the Board Assurance Framework (BAF) with the aim of strengthening alignment between the Trust's strategic objectives, the principal risks to their delivery, and the assurances in place, so that the BAF provides a coherent and meaningful basis for Board oversight and decision-making.

Ref	Title
1	An increasing demand for services exceeds the Trust's capacity and capability to deliver safe, high-quality care. There is a strategic risk that increasing complexity and demand across our specialist services - cancer and blood - will impair the Trust's ability to deliver timely, safe and sustainable national services, impacting patient outcomes, donor services, clinical quality, and organisational reputation.
2	The scale of complex change being delivered by the Trust exceeds its capacity and capability and results a reduction in service quality. There is a strategic risk that the quality of patient/donor/population outcomes and/or experience across the services managed by the Trust may be adversely impacted if the Trust cannot deliver its ambitious change programmes.
3	An inability to deliver research and innovation limits the continuous improvement of high-quality care and outcomes. There is a strategic risk that the Trust is unable to deliver the Velindre Cancer Service and Welsh Blood Service Research Strategies and not fully embedding innovation activities in line with the national Innovation Framework. This would reduce clinical effectiveness and outcomes of care; reduce national and international reputation; and dilute the ability to attract research funding partnership and highly skilled staff, ultimately undermining the delivery of the Trust's strategic objectives.
4	Failure to open the new Velindre Cancer Centre as planned leads to a delay of the expected benefits for patients and increased costs. There is a strategic risk that the transition to the nVCC from VCC and other dual running arrangements and the changes required to the clinical model are not planned and executed well, leading to the potential of sub optimal or delayed service go live, the impact on the quality of clinical services delivered, the realisation

	of political risk / adverse publicity, commercial obligations not met by the Trust, and increased costs.
5	A lack of delivery against the Trust's sustainability goals will impact negatively on current and future service provision. There is a strategic risk that the Trust fails to effectively embed its role as a sustainable organisation - outside of main infrastructure and specific centrally led activity - resulting in a failure to improve the health of the population we serve and non-compliance with the Well-being of Future Generations Act's requirements.
6	An inability to develop a great culture and place to work reduces the Trust's ability to attract and retain the most talented workforce and reduces the quality of care for patients and donors. There is a strategic risk that our people will not feel a sense of belonging, not feel valued in their roles, not understand how they contribute to organisational success, and will be unable to speak up in confidence, resulting in a negative impact on staff experience if we do not foster a cohesive culture in line with our organisational values.
7	An inability to implement digital systems and technology as a result of insufficient capacity/capability increases the risk of a cyber incident, reduces the quality of care for patients and donors. There is a strategic risk that insufficient investment, capacity and capability to maintain, replace and effectively utilise digital systems and infrastructure will result in system failures, cyber security vulnerabilities and limited digital transformation, leading to disruption to clinical services, reduced quality and efficiency of care constrained decision-making, systems the Trust fails to sufficiently consider, optimise the opportunities and effectively manage the risks of new and existing technologies, including considerations of Artificial Intelligence and Information Security.
8	An inability to implement and maintain effective corporate and clinical governance arrangements will reduce the effectiveness of the Trust. There is a strategic risk that the Trust's corporate and clinical governance arrangements are not sufficiently robust to ensure compliance with statutory duties and responsibilities and to support out people effectively, which may compromise and impact the delivery of our strategic objectives.
9	The Trust becomes financially unsustainable and cannot provide safe and high-quality care. There is a strategic risk that the Trust becomes financially unsustainable if it does not secure sufficient funding for the provision of services and does not maximise its use of resources. Unwarranted variation could impact the value and effectiveness of the care our patients and donors receive.

Operational Risks

The Trust has a robust risk management framework which supports it to manage a wide range of operational risks associated with service delivery. These are aligned with the strategic risks set out in Board Assurance Framework and reported to the

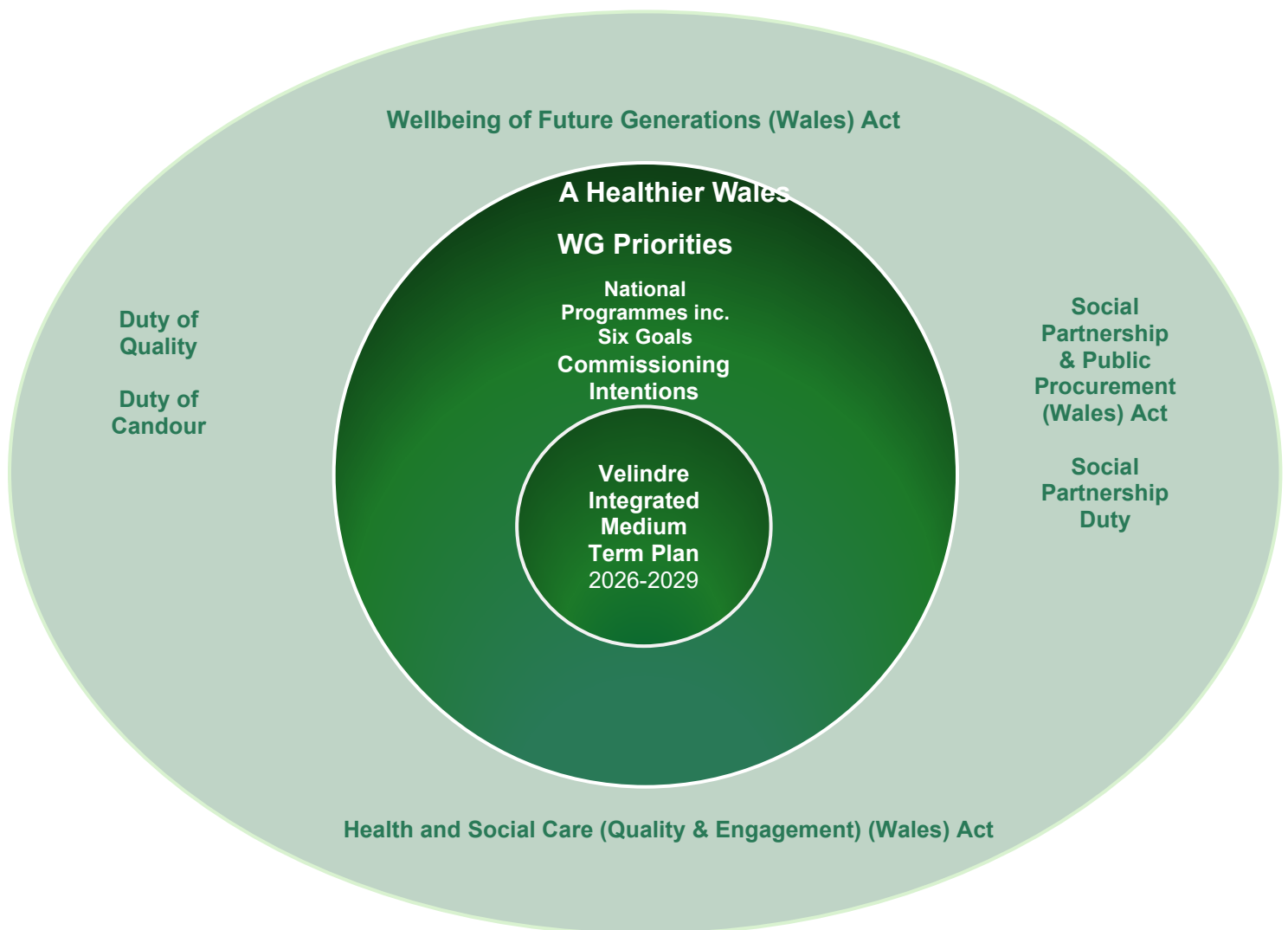
Executive Management Board; the Committees of the Trust Board (Quality, Safety and Performance Committee; the Strategic Development Committee; Audit Committee) and the Trust Board.

All Trust risks are actively managed utilising the National Datix Risk Management system. During the period of this plan, the Trust will be managing procurement and implementation of a new digital risk system (prior to November 2027).

THE CONTEXT AND SHAPING OUR PLAN FOR 2026 -2029

The Well-Being of Future Generations Act (2015)

The Well-being of Future Generations (Wales) Act 2015 (WBFGA) places a statutory duty on named public bodies, including the Trust, to set and publish Wellbeing Objectives that demonstrate how we maximise our contribution to the seven national well-being goals. These objectives must be embedded across all areas of organisational planning and delivery, ensuring that long-term sustainability, prevention, integration, collaboration, and involvement inform how we make decisions and how we use our resources.



In June 2025, Welsh Government announced its ambition for Wales to become the world's first "*Marmot Nation*", adopting Sir Michael Marmot's eight principles to eliminate unfair and avoidable differences in health. These principles highlight how environmental conditions, fair work, community infrastructure and social treatment directly shape health outcomes—and emphasise that protecting the environment is inseparable from promoting health equity.

This ambition aligns closely with Trust's approach to sustainable healthcare. Through the development of the new Velindre Cancer Centre, for example, the organisation is creating a low-carbon, nature-rich environment that supports patient wellbeing while helping reduce the environmental burdens that disproportionately affect disadvantaged communities. Biodiversity improvements, active travel routes and access to green space directly reinforce Marmot's focus on healthy, sustainable places.

Similarly, the Trust's commitment to social value—using procurement to support local employment, apprenticeships and fair work—helps address the wider determinants of health linked to economic inequality. The organisation's efforts to reduce travel demands through virtual clinics, care closer to home and remote monitoring also help ensure that people from rural or deprived areas can more easily access care.

By combining decarbonisation initiatives, fair work practices and equitable models of care, the Trust is already contributing to the foundations of a Marmot-aligned health system, one that improves outcomes not only through treatment, but through the creation of healthier, fairer and more sustainable conditions for the communities it serves.

The Welsh Blood Service plays a critical role in this ambition by reducing inequalities in both access to care and participation in donation. Through targeted engagement with Black, Asian, Mixed and minority ethnic communities; new key performance indicators (KPIs) that track and improve donor diversity; widening access for disabled and Welsh-speaking donors; and implementing national patient blood management pathways that reduce unwarranted clinical variation, WBS helps ensure that lifesaving blood and transplant services are equitable and reflective of the communities we serve.

Our Well-Being Objectives

In 2023, the Trust undertook a comprehensive refresh of its Wellbeing Objectives to ensure continued alignment with the needs and expectations of our staff, patients, partners, and communities. This process involved targeted engagement with colleagues across all services, structured workshops with clinical and corporate teams, and open engagement with the public and key stakeholders. The refreshed objectives therefore reflect both current organisational priorities and the lived experiences of those who depend on our services, while also ensuring the Trust maintains a strong focus on long-term value and improved outcomes for future generations.

Each section of the IMTP demonstrates how planned activities, workforce developments, digital transformation service redesign, financial planning, and capital and estates proposals directly contribute to the delivery of one or more of the Trust's Wellbeing Objectives. Throughout the document, individual chapters are clearly labelled with the specific objective(s) they support, providing transparency on how our priorities align with the Act and evidencing the golden thread that runs from national well-being goals to Trust-wide objectives, to operational and strategic plans.

This approach strengthens the Trust's commitment to sustainable development, ensures that our decision-making is purposefully aligned to long-term health and well-being outcomes, and provides assurance to Welsh Government and stakeholders that the IMTP is not only deliverable but also fully compliant with the statutory expectations of the Well-being of Future Generations Act and reinforces our commitment to the Marmot principles. (The Trust Well-Being Objectives are referenced throughout this plan with the relevant objective number from the below table.)

Trust Well-being Objectives



Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways



Improve the health and well-being of families across Wales by striving to care for the needs of the whole person



Create new, highly skilled, jobs in Wales and attract investment by increasing our focus on research, innovation and new models of delivery



Deliver bold solutions to the environmental challenges posed by our activities



Demonstrate respect for the diverse cultural heritage of modern Wales



Bring communities and generations together through involvement in the planning and delivery of our services



Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovation whilst also making a lasting contribution to global well-being



NB: The Trust Well Being Objective Symbols (1-7) are reflected throughout our plan and indicate how our objectives are integrated into our ways of working.

Five Ways of Working	How this plan addresses the ways of working
 Long Term	• Our IMTP is based on a long-term strategy 'Destination 2033' which is our long-term strategy
 Prevention	• This IMTP has a focus on the Trust's role in population health and health inequalities; together with our Value Based Healthcare programme which is driving high quality care
 Integration	• The plan is an integrated, and financially balanced plan which triangulates activity, workforce and finance, alongside key considerations for our estate and fleet. • The plan aligns and integrates services and service structures which benefit patients, our people and the wider system, aligned to our commissioners' and the minister's priorities for NHS Wales.
 Collaboration	• 'Collaboration first' will be a concept developed through the lifespan of this IMTP. • We have undertaken reputation audits to determine how we are viewed as a collaborative partner in NHS Wales, and we know we have more to do with our partners in Wales, UK and across the World.
 Involvement	• We will listen to and learn from our patients and donors' experiences and work with them and the wider public to support a user led approach to the design and delivery of our services. We will use our established patient, donor and public engagement arrangements to support this and our ambitions to be an anchor organisation in our communities. • We are committed to the Social Partnership Duty and will involve our Trade Union partners and other staff members in the decisions we make, including them early in the process of strategic transformation and change.

The National Context

Long-term system development: Welsh Government vision for 2035 and wider policy requirements

In 2025-2026 the Cabinet Secretary for Health and Social Care announced a set of a set of refreshed actions to support the delivery of **A Healthier Wales**, in ***Improving Performance Together: Priority Delivery Actions for Better Health and Care 2025-2026***, which set out:

1. Delivery of the key Welsh government priorities for the NHS
 - a. Reducing waiting times (including ambulance patient handover)
 - b. Reducing Pathways of Care delays
 - c. Improving women's health services
2. Strengthening how we run the NHS
 - a. Modernising leadership and culture
 - b. Getting better at regional working
 - c. Improving openness, accountability and collaboration
3. Getting services ready for the future
 - a. More effective prevention of ill health
 - b. Putting more services into the community
 - c. Realising the potential of digital and innovation

Whilst many of the detailed enabling actions are not directly applicable to the Trust or the services we provide you will see throughout our plans, how we will drive support to the NHS Wales Priorities and continue to work collaboratively with the Strategic Programmes for Primary, Planned and Emergency Care, and Mental Health.

The Trust has a direct role in delivery of several recommendations of the Ministerial Advisory Group aimed at improving the performance & productivity of the NHS in Wales. These are summarised earlier in relation to the Quality Statement for Cancer and Palliative and End of Life Care for Velindre Cancer Service.

The Welsh Blood Service will contribute directly to the delivery of the Ministerial Advisory Group recommendations by strengthening the safety, efficiency and productivity of the blood supply chain. Our work will focus on reducing pathway delays through reliable, timely provision of blood and specialist laboratory services, improving preoperative optimisation through enhanced anaemia management, and supporting national and international benchmarking and productivity improvements across transfusion practice.

The Welsh Blood Service has a system leadership role and collaborates closely with the Blood Health National Oversight Group (BHNOG), health boards and Welsh Government to implement evidence based changes, particularly those relating to patient blood management, digital traceability, standardisation of transfusion practice, and reducing unwarranted variation. Through this plan, WBS will play a key role in supporting NHS Wales to deliver the Ministerial Advisory Group's expectations for improved performance, responsiveness and system efficiency.

Wider policy requirements for healthcare organisations

There is a range of legislation which also drives the planning and delivery of services in the Trust and has featured in the development of the IMTP. This includes but is not limited to:

- The Duty of Candour
- The Socio-Economic Duty
- Equality legislation and the Strategic Equality Plan
- Anti-racist Wales Action Plan: 2024 Update
- More than Just Words Action Plan
- Social Partnership and Public Procurement (Wales) Act 2023
- Worker Protection (Amendment of Equality Act 2010) Act 2023

Cabinet Secretary's Priorities

Through this Integrated Medium-Term Plan, we will deliver on many of these objectives of these wider policy requirements directly; set out our ambitions in the role we can play as specialist providers of the Welsh Blood Service and Velindre Cancer Service, how we engage with our partners, whilst contributing to service changes and improvements as an integral part of the wider healthcare system.

The Cabinet Secretary for Health and Social Care's priorities were set out in the 2026-2029 Planning Framework.



Timely Access to Care: the requirement to improve access to care in several key service areas. These include improving ambulance handover times; reducing patient waiting times to access emergency departments; reducing patients waiting for referral to treatment and diagnostics; implementation of the nationally agreed pathways and improving the number of cancer patients commencing their first definitive treatment within 62 days from the point of suspected cancer.

Population Health and Prevention: to support the development of a healthy Welsh population as set out in a Healthier Wales. These include a focus on increasing the number of patients accessing diabetes prevention and care, and vaccination and screening services, alongside a reduction in childhood obesity, improving diabetes care and frailty care.

Community by Design is to support the delivery of integrated services in the community, moving from a hospital by default approach to one of community by design, in particular supporting people with long-term conditions or frailty remain well and receive care in their communities. A reduction of the number of patients delayed in hospital will be delivered through an increase in weekend nursing capacity for community and specialist palliative care nursing.

Women's Health: The Woman's' Health Plan for Wales was launched in December 2024, setting out a 10-year vision and path to improve healthcare services and outcomes for women. In 2025 the priority was the establishment of Women's Health Hubs in each Local Health Board and Trust in Wales. The development of these services will be supported by the Community by Design Programme, which will further build on the integrated services approach.

Access to Mental Health Services: improving the mental health and well-being of the Welsh population through the delivery of timely mental health assessments and targeting the development of sustainable services supported in the Community by Design Programme.

Quality and Safety: the focus is to address harm, waste and unwarranted variation in clinical services to be at the forefront of organisational planning and operational delivery. The Duty of Quality and the Health and Care Standards to shape the decision making, and development of plans to work towards the Quality Statements, including those for cancer, circulatory diseases, diabetes, and Palliative and End of Life Care.

There is a requirement to develop plans to address clinical services that meet the principles for fragility described in the National Clinical Framework. The variation reported in Quality and Outcomes Framework, and National Clinical Audit and Outcome Review Programme have been adopted as an integral part of the Trust quality assurance and governance arrangements.

The table below sets out a summary of the Trust actions to achieve the Cabinet Secretary's Delivery Expectations and Enabling actions, including progress for those brought forward to 2026-2027 with the existing definitions. There are more detailed assessments and commitments within the Ministerial Templates and service delivery plans in the Annexes to this plan.

Cancer Policy

The Welsh Government published the Cancer Improvement Plan for NHS Wales (2023–2026) in 2023 which sets out nine thematic areas for action. These include prevention and public health; early diagnosis and screening; timely access to treatment; effective treatments, improvements in patient experience and in end of life and palliative care. These are underpinned by the key requirements which will support delivery of high-quality cancer services including workforce development, the use of digital technology research and innovation and capital infrastructure.

In support of this, a National Cancer Recovery Programme (2024–2027) was established with a focus on the implementation of resilient service models at a local and regional level; increasing access to diagnostics; and the implementation of the National Optimal Pathways.

Our 2025-2026 set out our Cancer Service Provision and actions to support the provision from Women's Health, these include support for the management and information related to the effects of cancer treatments on, contraception and fertility, Menopause, pelvic health and incontinence, and inclusion in the development of an NHS sexual safety process for women experiencing, violence, domestic abuse and sexual violence. These services are embedded and integrated into our day to day services.

Cancer Genomics and Advanced Therapies and Medicinal Products (AMTPs)

A significant and exciting area of policy development which is being actively integrated into cancer services across Wales is genomics and ATMPs. The key policies are:

- **The Genomics Delivery Plan for Wales (2022–2025):** this builds on the 2017 Genomics for Precision Medicine Strategy, aiming to embed next-generation sequencing (NGS) into routine clinical care. It supports early diagnosis, personalised treatment, and prevention.
- **Advanced Therapies Statement of Intent:** this sets the strategic direction for ATMPs in Wales, aiming to provide equitable access to emerging therapies; and foster collaboration between NHS Wales, academia, and industry.
- **Delivery Plan for Advanced Therapies in Wales (2025–2029):** the delivery plans set out a vision for integrating Advanced Therapy Medicinal Products (ATMPs) into healthcare; a range of strategic goals (including ecosystem development, healthcare delivery pathways, research capacity, and public engagement); and seeks a whole-system approach involving workforce development, infrastructure, and strategic partnerships to the development of sustainable services. As the host for Advanced Therapies Wales, the WBS plays a central role in enabling this vision, providing the regulatory, scientific and operational foundation required to progress ATMP service provision and positioning the organisation as a key partner in shaping and delivering future advanced therapies across Wales.

Velindre Cancer Services will also work with Health Board Clinical Teams, Primary Care Services, Palliative Care Teams and other partners, to ensure the National Optimal Pathways are fully embedded to realise desired efficiency and effectiveness for patients, and productivity is optimised.

Welsh Blood Service Policy

The service supports 2 policy areas within Welsh Government namely Blood and Tissues Cells and Organs.

Blood

NHS Wales Blood Health Plan Led by the **Blood Health National Oversight Group (BHNOG)**, this plan focuses on safe, evidence-based transfusion practices across Wales. The plan has **3 Strategic Aims**:

- **Support Blood Health & Avoid Unnecessary Transfusion**: implementation of Patient Blood Management (PBM); including embedding anaemia pathways; promoting informed consent and alternatives to transfusion; and addressing inequalities in access for ethnic minorities.
- **Use Data to Improve Practice & Reduce Variability**: benchmarking transfusion data to support improvements; and promotion of audit and continuous improvement.
- **Safety, Quality & Innovation**: standardisation of protocols across Wales; strengthening education and digital systems (e.g. delivery of vein-to-vein tracking; and effective preparation for the future risks).

The Infected Blood Inquiry Report (2024) set out 12 recommendations which the Welsh Government accepted all either **in full** or **in principle**.

It is most important to firstly acknowledge the assessment of Sir Brian Langstaff in the Inquiry report, that men, women and children had been treated by infected blood and blood products from the 1970s to early 1990s this was "the worst treatment disaster in the history of the NHS." As a Trust, we sincerely apologise for the tragic hurt, pain and loss of everyone infected and affected by blood and blood products.

Through the Wales Infected Blood Support Scheme, the Trust supports 250 people either infected or affected by infected blood. Following the publication of the Inquiry report. The Trust alongside Welsh Government and NWSSP colleagues are working to deliver the compensation framework and transition into the Infected Blood Compensation Authority.

Progress against the recommendations is being managed with key stakeholders via the Welsh Government Infected Blood Inquiry next steps working group, and a number of recommendations are either complete or well underway.

Recommendation 7 **relates to improving Blood Transfusion Safety** and has a number of sub recommendations within it. The Welsh Blood Service has a leadership role in progressing these and for 2026-2027 will focus on a digital solution regarding traceability of blood products to the patient bedside with Digital Health Care Wales to map patient outcomes.

In addition, to support a key recommendation the Welsh Blood Service will commission a piece of work with colleagues in Health Education and Improvement Wales to provide a workforce model to support transfusion laboratories and blood banks across Wales.

Tissues, Cells and Organs

WBS continues to play a national leadership role in delivering UK and Wales-wide transplantation policies, ensuring services remain aligned with evolving clinical and strategic priorities. This includes supporting the *Organ Donation and Transplantation 2030* vision and the *Donation and Transplantation Plan for Wales 2022–2026*, both of which drive increased demand for histocompatibility and immunogenetics services and require ongoing workforce, capacity and technological development.

Through the Welsh Bone Marrow Donor Registry, the Service contributes to the UK Stem Cell Strategic Forum's ten-year vision, strengthening donor diversity, enhancing the resilience of the domestic stem cell supply chain and supporting the development of Advanced Therapy Medicinal Products.

The Welsh Blood Service also provides national leadership in pharmacogenomics, with the Welsh Transplantation Laboratory being the only provider of HLA-based drug-suitability testing in Wales, positioning the organisation to support the safe expansion of personalised medicine.

What do our commissioners require?

Effective planning and commissioning of services is fundamental to achieving the best outcomes for the people we serve across Wales, and the cultural shift required to reduce health inequalities, improve population health and well-being and achieving excellence across Wales.

The Trust has worked in close partnership with our commissioners, Local Health Boards and the Joint Commissioning Committee, to inform the development of our strategies and this IMTP. The priorities set by our commissioners are included in the plan.

SECTION THREE: OUR PLANS FOR DELIVERING IMPROVEMENTS TO OUR SERVICES 2026-2029

This section of the IMTP sets our plans for the 2026 – 2029. It includes our priorities; the actions we will take; to improve the services we deliver; and the benefits that patients, donors, staff and our partners can expect to gain over the next three years.

This section provides an overview of our plans for years one, two and three (2026-2027, 2027-2028 and 2028-2029) of our IMTP.

The detailed delivery plans are included in **Appendix (2a-2i)** which include the quarterly actions planned in 2026-2027 and 2027-2028, and a summary for the year 2028-2029.

The tables in the following pages 31-41, provides identification of the Trust plans to deliver against the Ministerial Priorities and Enabling Actions.

Ministerial Priority Timely Access to Care	Ministerial Delivery Expectations for 2026-2027	2026-2027 Actions
New 2026-2027	Velindre University NHS Trust delivery of the Cabinet Secretary's Priority - Timely Access to Care Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027*	(The quarterly timescales in this table reflect the commencement dates reflected in our plan) VCS Component of FDT delivered within 24 days from date of referral received at VCS by June 2027 *to understand the Velindre role with the SCT, performance against the 75% will be tracked for patients. In addition, Velindre performance on the SCT for patients referred on or before 38days will be reported, to track SCT at Velindre based on shared accountability across the 62day. In SACT we will: - • Implement a new SACT delivery model including demand and capacity modelling and pathway review so that by 2027 care is delivered 10%at home, 45% in nVCC and 45% in outreach settings Q1 - Q4 2026-2027 • Develop a SACT chair utilisation tool to facilitate capacity utilisation Q1-4 2026 -2027 • Develop operational and clinical dashboards Q1 2026-2027 • Implementing Hospital Initiated Referrals across VCS Q1 2026-2027 • Implement a delayed pathways of care dashboard Q2 2026-2027 • Explore integration of Hospital with HBs, led by COO Q2 2026-2027 • Develop a business case to resource treatment capacity gap as required from the demand modelling Q2 2026-2027 • Rollout of SACT patient tracker list Q2 2026-2027 • Implement ePMA and phased implementation of hub & spoke model Q3 2026-2027 - Q4 2027-2028 • Implement phased rollout of funded hub and spoke model Q4 2026-2027-Q1 2027-2028 In Radiotherapy we will: - • Planning for new treatment techniques in IRS for (axilla & partial breast radiotherapy) Q4 2026-2027 • Develop & implement Brachytherapy transition & service plan – Q1 2026-2027 - Q2 2027-2028 • Deploy phase 3 of the IRS programme to achieve full implementation Q3 2026-2027 - Q2 2027-2028 • Commissioning of new LINACS in nVCC Q3 2026-2027 - Q2 2027-2028 • Implement Hypersight capability on new LINACS in nVCC Q3 2026-2027 - Q2 2027-2028

Ministerial Priority Timely Access to Care	Ministerial Delivery Expectations for 2026-2027	2026-2027 Actions
		(The quarterly timescales in this table reflect the commencement dates reflected in our plan) - Implementing a new treatment solution to treat a larger cohort of patients with neurological cancer with Stereotactic Radiosurgery Q4 2026-2027-Q1 2027-2028 In our Outpatients Service we will: - - Complete a baseline assessment of workforce – skills and capability Q1 2026-2027 - Implement a revised Standard Operating Procedure for patient flow Q2 2026-2027 - Implement the delayed pathways of care dashboard Q2 2026-2027 - Pilot digital patient check in Q2 2026-2027 - Implement a digital patient record Q2 2026-2027 - Implement a new model of patient administration Q2 2026-2027 - Implement a 'shared care approach' to SCP breach reporting with UHB's Q2 2026-2027 - Scope development for remote monitoring and digital PROMS Q2 2026-2027 - Undertake a workforce redesign / OCP Q3 2026-2027 In our Pharmacy we will: - - Plan for the development of a shared pharmacy technical service (aseptic service) for Wales. Q1-Q4 2026-2027 - Implement Electronic Prescribing and Medicines Administration (ePMA) Q3 2026-2027 Quantified Impact of Actions Achieve the VCS element of 75% of patients receive FDT within 62 days. VCS component FDT delivered within 24 days from date of referral received at VCS (local target). Baseline Jan 39% to 75% Performance will be measured in two ways, firstly based on all patients received and secondly based on shared accountability across the 62-day pathway i.e. patients received on or before day 38 of their pathway.
	Number of patients waiting more than 8 weeks for a specified diagnostic – target zero	Out of scope – no primary diagnostics within VUNHST Clinical Services. Velindre University NHS Trust contributing to the wider system requirements VUNHST is supporting improvements towards this target as part of the South East Wales Regional Radiology Programme to improve diagnostic performance. We will: -

Ministerial Priority Timely Access to Care	Ministerial Delivery Expectations for 2026-2027	2026-2027 Actions
		(The quarterly timescales in this table reflect the commencement dates reflected in our plan)
		- Participate in the establishment of diagnostics pathways for the Community Diagnostic Hubs Q 1 2026-2027 - Provide workforce and demand and capacity data to support development of regional reporting models and workforce plans Q2 2026-2027
	No patients waiting more than 104 weeks for referral to treatment.	Out of scope – No RTT Pathways in Clinical Service - patients timely access to care, managed through SCP or SACT/RT measures included in this plan
	Ensure no ambulance patient handover waits over 45 minutes Ensure no patient spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge.	Out of scope - no major or minor emergency care facilities

Population Health & Prevention	Ministerial Delivery Expectations for 2026-27	2026-2027 Actions
New 2026-2027	Reducing inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care. Increase the proportion of children in Wales who are a healthy weight by halting the rise and contributing to a year-on-year decrease in the levels of overweight and of obesity, as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged. (out of scope) At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.	Out of scope – these services are not within the scope of our Clinical Services Velindre University NHS Trust contributing to the wider system requirements We will: - Undertaking an equity audit of access to specialist treatments by geography, deprivation ethnicity & tumour site – Q2 2026-2027 - Improve access and equity in the completion of the nVCC and our hub and spoke model of care Q4 2026-2027 - Continue to support donors to refer to GP support with any screening identified issues and concerns about their health - Our core services refer patients and donors to our wellbeing and prevention information - these include our psychology and wellbeing services and Maggie's

Community by Design	Ministerial Delivery Expectations for 2026-27	2026-2027 Actions
New 2026-2027	Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.	Out of scope – not include within our Care Pathways. Palliative Care and End of Life Patients may be delayed. Therefore, our actions are targeted on this cohort of patients. Velindre University NHS Trust contributing to the wider system requirements

Community by Design	Ministerial Delivery Expectations for 2026-27	2026-2027 Actions
	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024-2025 and greater where possible. (out of scope)	We will: • Develop a 7-day sustainable fully funded palliative care service by March 2027 Q1 - Q4 2026-2027 • Implement Palliative Care and End of Life framework and national specification Q1-Q4 2026-2027 • Develop a business case to support extended working hours Q2 2026-2027

Mental Health Access	Ministerial Delivery Expectations for 2026-2027	2026-2027 Actions
New 2026-2027	Implement and evaluate Open Access Mental Health Support by March 2027. Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027. (out of scope) Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.	Out of Scope – no direct Mental Health Access service provided in the Trust. Velindre University NHS Trust contributing to the wider system requirements. We recognise the holistic needs and also significant mental-health burden sometimes experienced by our patients. We are committed to strengthening identification of need, improving referral pathways, and collaborating closely with providers of holistic and psychological needs. We will: - • Maintain and promote our Psychologists and Counselling service: 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. • Maintain and promote our Supportive Care Team: which offers support and information in areas of welfare and benefits, discussions with children, and organising transport. • Maintain and promote our Chaplaincy Services: which offers access to a multifaith chaplaincy service to support patients with their spiritual needs. • Continue to promote access to 'Maggie's' services

Women's Health	Ministerial Delivery Expectations for 2026-2027	2026-2027 Actions
	Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan) Improving the quality of our maternity services by reducing peri natal mortality rates.(out of scope)	Out of scope – we do not have Women's Health Hubs or maternity services within our Clinical Services. Our contribution to delivery of the Women's Health Plan Appendix 8 and Page 110 . Velindre University NHS Trust contributing to the wider system requirements. The details of 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%). We will: - - Review of our anaemia management post operative pathway Q1 -Q4 2026-2027 The anaemia workstream aligns with five of the eight priority areas, menstrual health, endometriosis and adenomyosis, preconception health, menopause and ageing well. - Collaborate with UHB colleagues at Muti-Disciplinary Meetings to increase identification and referral for cancer patients to genomic testing recommendations for precision medicine Q1 – Q4 2026-2027 - Lead training by our specialists in women's cancer to raise awareness and offer genomic testing as appropriate Q1 – Q4 2026-2027

Quality and Safety	Ministerial Delivery Expectations for 2026-27	2026-2027 Actions
	Days of safe care delivered since the last never event, monitored using SPC T-Chart	We will: - - Develop SPC data capture for utilisation should a 'never event' occur Q1 2026-2027 - Maintain Trust delivered 'proportionate investigation training' to ensure staff awareness or never events, and risk of under reporting Q1 – Q4 2026-2027 Quantified Impact of Actions SPC T-chart in place
	Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027	The number of complaints dealt with via early resolution in VUNHST as at Q3 2025-2026 is: WBS 94.4% and VCS 71.4%. This is significantly above the national target and fluctuates month on month due to relatively low volumes.

Quality and Safety	Ministerial Delivery Expectations for 2026-27	2026-2027 Actions
		VUNHST will: - - Continue with monthly monitoring of delivery against quality indicators and this measure Q1-Q4 2026-2027 - Planning for the implementation of the new Listening to People Process to be enacted in April 2026 Q 1 2026-2027 Quantified Impact of Actions We have set a local target to maintain WBS early resolution at 90% or above and VCS at 65% or above. We consider this to be an optimum level – some complaints will always require full investigation.
	The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.	Timeliness of Coding: 95% completed within one reporting month of discharge Velindre Trust continues to consistently achieve this target month on month. Based on current performance and available resources. We will remain compliant with this target during 2026-2027. We will: - - Explore the utilisation of AI to maintain performance whilst improving efficiency Q3 2026-2027 Error Correction: 90% corrected within 35 days of identification Velindre Trust continues to consistently achieve this through robust processes already in place that identify coding errors prior to national submission. Any errors detected are corrected well within the 35-day timeframe, ensuring timely and accurate data quality improvements. We will: - - Maintain existing processes to ensure performance is sustained and improved Q1-Q4 2026-2027 Quality and Specificity: 10% year-on-year increase in depth index Velindre Trust clinical coding team already capture all documented comorbidities in full accordance with national standards. We will: - - Collaborate with DHCW and Welsh Government colleagues to resolve current challenges with the applicability and validity of this newly proposed measure. Quantified Impact of Actions Maintain compliance on depth index: Velindre record a mean average of 9 codes per episode (approx. 6 diagnosis codes and 3 procedure codes per episode). All co-morbidities documented are coded as a routine Timeliness of Coding 99.8% for YTD as at Dec 2025 (latest available figures)

Quality and Safety	Ministerial Delivery Expectations for 2026-27	2026-2027 Actions
		Error Correction 97.7% for YTD as at Jan 2026
	Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.	Out of scope – development of mortality metrics reflected in VCS plan. Readmission rates not applicable to our clinical service provision

New Actions for 2026-2027	Ministerial Enabling Actions for 2026-2027	2026-2027 Actions
Productivity	Health boards to ensure utilisation of the total factor productivity model and set out the actions and quantified productivity impact that will increase total productivity in 2026-2027 from the baseline position.	Out of scope - The Trust has its own programme for productivity and efficiency detailed in this plan and in Appendix 6.
Mental Health	Health boards to implement actions to deliver a material reduction in the number of out-of-area placements in 2026-2027, and associated costs.	Out of scope - this service is not within the remit of our clinical service provision.

Actions to be rolled over New Actions for 2026-2027	Ministerial Enabling Actions for 2026-2027	2026-2027 Actions
Timely Access to Care	Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2, Arthroplasty 90% of lists to have 4 Primary joints per day and 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2	Out of scope – these services are not within the remit of our clinical service provision
Building Community Capacity	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions	Out of scope – the Trust does not issue repeat prescriptions Velindre University NHS Trust contributing to the wider system requirements The rollout of EPMA will support the use of WP10 HPS for community pharmacies to dispense prescriptions issued at VCS. We will: - - continuing to collaborate with UHB and DHCW colleagues on the NHS Wales App and its role in relation to nVCC Q1 –Q4 2026-2027 - Implement electronic prescribing (EPMA) to support digital management of prescriptions Q3 2026-2027

Actions to be rolled over New Actions for 2026-2027	Ministerial Enabling Actions for 2026-2027	2026-2027 Actions
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	Out of scope – see Medicines Management below. Velindre University NHS Trust contributing to the wider system requirements We will: - Continuing to educate, motivate and incentivise staff to undertake Value Based Health Care projects Q1-Q4 2026-2027
	Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.	We will: - Plan the management of Whitchurch Land and decommissioning of VCC.Q1-Q4 2026-2027
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas.	The Trust is represented at the Value & Sustainability Board at Executive level. Through this leadership role the Trust ensures specific 'value' opportunities are reviewed and implemented in the Trust as appropriate. We will: - Reduce expenditure on high-cost drugs through the implementation programme of All Wales Blueteq System Q3 2026-2027 Quantified Impact of Actions Based on the latest NHS Wales Medicines Value & Sustainability report (August 2025), the All Wales full year opportunity from maximising biosimilar use, switching to generics, and restricting low value prescribing is £2.81m. Applying a conservative attribution based on Velindre's relative medicines spend (~3.5%), this represents an estimated medicines savings opportunity of approximately £0.10m per annum for Velindre Trust.
	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care.	Out of scope – not within our Clinical Services VUNHST does not commission 'packages of care'.
Improving Value, Optimising Outcomes, & minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	Out of scope – not within our Clinical Services. VUNHST contributing to the pathway for Sarcoma patients incorporated into pathway work in VCS plan.
Workforce Productivity	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans.	Trajectory is on target to achieve compliance by Q2 2026-2027

Actions to be rolled over New Actions for 2026-2027	Ministerial Enabling Actions for 2026-2027	2026-2027 Actions
		The new VCS structure has delegated management of job planning through the new Directorates. We will: - • Monitor completion rates and maintaining effective scrutiny of compliance through Executive Management Board (88%compliance at Jan 2026) The WBS compliance rate is consistently maintained at 100% through existing governance structures.
Workforce Productivity	Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026-2027 from 2025-2026 outturn and ensuring no off-contract expenditure.	Agency reduction target achieved in 2025 -2026 We will: - • Monitor ongoing decision making and expenditure utilising recruitment scrutiny and financial review process in place to achieve target of further 30% reduction in 2026-2027 Quantified Impact of Actions The forecast 2025-26 outturn agency expenditure is £350k. A 30% reduction target in 2026-27 delivers a recurrent cash releasing saving of £105k
Workforce Productivity	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	We will: - • Monitor ongoing decision making and expenditure utilising recruitment scrutiny and financial review process in place to achieve target of further 30% reductions • Policy group established Priority areas identified agency reduction programme requires two main areas of focus: • enhanced NHS workforce supply – to incentivise workforce to deliver the additional flexible hours that we need to deliver a safe and efficient service in more safe, transparent and cost-effective ways • improved control framework for agency deployment to reduce agency • maintain scrutiny at finance and establishment reviews Q1-Q4 2026-2027 • continue our work with HEIW on workforce supply and commissioning Q1-Q4 2026-2027
	Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026.	Reduction Target achieved – we will maintain performance as above

Actions to be rolled over New Actions for 2026-2027	Ministerial Enabling Actions for 2026-2027	2026-2027 Actions
	Ensure a reduction in sickness absence in 2026-2027 in comparison to 2025-2026, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.	VUNHST achieved a reduction in sickness absence from 5.7%-5.1% in 2025-2026 We have set a target to at least maintain the current sickness absence rate of 5.1% (or better) acknowledging our experience and workforce research that sickness absence usually increases during periods of major change. To mitigate risk of increasing sickness we will: - • Monitor trajectory at Divisional Management and Executive Management Board • Maintain control and challenge through Trust governance structures • Implement attendance management plan and monitor absence management triggers points and review meetings are conducted effectively and timely to support staff to return to work • Raise awareness of employee support and assistance programmes (Our People) Q1-Q4 2026-2027 Quantified Impact of Actions Utilisation of the additional productivity achieved through the reduction in sickness absence achieved in 2025-26. Applied across the Velindre University NHS Trust workforce (1,703 WTE), this equates to approximately 6.8 WTE of additional capacity.

Actions to be rolled over New Actions for 2026-2027	Ministerial Enabling Actions with newly defined actions	2026-2027 Actions
Timely Access to Care	Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer	Out of scope – the NOP's apply to the pathway prior to VCS referral. VUNHST contributing - All our plans for SACT, Radiotherapy and Outpatients will support delivery of the National Optimal Pathways in Cancer.
	Theatre session utilisation is improved to achieve GiRFT standard of 85%- late starts (>15 mins), early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard	Out of scope – VCS does not have theatres.
	Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits	Out of scope – not within our Clinical Services
	Each Health Board should see a referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally.	Out of scope - not within our Clinical Services

Actions to be rolled over New Actions for 2026-2027	Ministerial Enabling Actions with newly defined actions	2026-2027 Actions
	Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026-2027	Out of scope - not within our Clinical Services
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.	Out of scope - not within our Clinical Services. Velindre University NHS Trust contributing to the wider system requirements As set out in VCS plan for acute service transformation.
	Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals.	Out of scope - not within our Clinical Services. Velindre University NHS Trust contributing to the wider system requirements As set out in VCS plan for acute service transformation
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management.	Out of scope - not within our Clinical Services. Velindre University NHS Trust contributing to the wider system requirements We will support delivery of the Six Goals Framework through our pathway work. (See VCS plan)
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission. Prioritise tailored interventions for frail and older adults, scaling up "call before convey" as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.	Out of scope - not within our Clinical Services. Velindre University NHS Trust contributing to the wider system requirements We will support delivery of the Six Goals Framework through our pathway work. (See Velindre Cancer Service plan)
Population Health & Prevention	Ensure progress of the focused Diabetes High Value High Impact pathway	Out of scope
Improving Value, Optimising Outcomes, & minimising Variation	Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.	VUNHST has a Cyber Response Plan in place. The Trust has identified as series of actions which require further investment to deploy the required actions on Windows 10-11 migration, backup, infrastructure, virtualization and firewalls. We will: - Develop a case for investment for additional resources for the Cyber team Q1 2026-2027

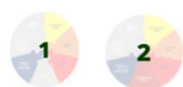
WELSH BLOOD SERVICE 2026 – 2029

Where are we now: what has been achieved by March 2026

The Welsh Blood Service continues to deliver on its strategic ambition outlined in *Blood and Transplant Services for the Future*, which concludes in 2027–2028. As we enter 2026–2027, our strategy is being refreshed to ensure it remains aligned with emerging priorities and future service needs. This refreshed approach is anchored in our four core service offers, transfusion services, transplantation services, diagnostic testing, and wholesale supply, ensuring we continue to provide safe, sustainable and high-quality services for donors, patients and NHS partners across Wales.

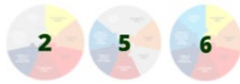
Over the past year, significant progress has been achieved in developing safe, high-quality services across Wales, with a strong focus on safety, donor experience, operational efficiency, and innovation. The Welsh Blood Service maintained exceptional service reliability throughout the year, issuing no alerts to customer hospitals, reflecting our ongoing commitment to safety, quality, and operational resilience. The following section summarises the key achievements and milestones delivered during this period.

The logos at the top of each objective, programme, priority or change activity highlight which of the Trust's Well-being Objectives it aligns too.



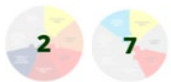
Safety and Quality

- Duty of Candour and national standards fully embedded, strengthening governance and patient safety.
- Implementation of a new microbiological Nucleic Acid Testing platform and procurement of Haemoglobin S Testing analyser to enhance blood safety.
- National rollout of self-administered G-CSF to support stem cell preparation for transplantation, enabling donors to complete safely at home, improving donor experience and strengthening the efficiency and effectiveness of transplantation pathways.
- A pre-operative anaemia pathway has been rolled out nationally, reducing the prevalence of anaemia ahead of surgery and improving patient outcomes.
- Enhancement of the Genetic Haemochromatosis pathway, supporting improved patient outcomes, while enabling more individuals to be monitored and managed outside the hospital setting — reducing pressure on secondary care and improving patient experience through more accessible, community-based care.
- Implemented phase 1 of a new Laboratory Information Management System for the Welsh Histocompatibility and Immunogenetics Service, to improve quality, safety and efficiency for service users and patients.



Donor Engagement and Experience

- Increased donor numbers and diversity, with new recruits from ethnic minority backgrounds, reflecting the communities we serve.
- Improvements in booking, screening, and donation processes for a seamless experience.
- Development of a Donor & Advocate Forum, providing a structured platform for donor voices to help shape service improvements.
- Introduction of enhanced haemoglobin testing on donation clinics to support donor safety and improve the quality of the donation experience.
- Introduction of mobile donation tours across North Wales, allowing blood donation teams to provide an increase in access to communities, increasing visibility, accessibility, and engagement.



Innovation and Transformation

- Migration of the Prometheus Donor Matching System to enhance the accuracy, efficiency and reliability of donor–recipient matching, strengthening the safety and effectiveness of transplantation services.
- Improved Welsh Histocompatibility and Immunogenetics Service Human Leucocyte Antigen Typing service to streamline testing performed, while maintaining highest quality test results for patients.
- Development of the Welsh Bone Marrow Donor Registry 5-Year Strategy to strengthen stem cell provision, positioning Wales at the forefront of donor registry innovation and future readiness.
- Formal approval of the Platelet Operational Plan, establishing a standardised approach to production, stock management, reducing waste, and clinical supply, alongside the development and implementation of a new Platelet Planning Tool, enabling improved forecasting, inventory management, and clinical responsiveness across Wales.
- Developing new blood components and participating in national and international collaborative studies.
- Working in close partnership with leading aviation and technology organisations to advance autonomous drone delivery across Wales. Through the UK-funded Dragon's Heart initiative we are helping to design and test a fully automated, safety-assured drone network that supports the practical needs of frontline healthcare teams.



Efficiency and Continuous Improvement

- Embedded improvement culture through initiatives such as the internationally recognised *Five-Minute Improvement Programme*.
- Adoption of a Toyota Lean Management approach, supported by Welsh Government programmes, delivering measurable improvements in Red Cell Immunohaematology laboratory turnaround times.
- Secured funding to progress the recovered plasma programme, supporting the development of future pathways for the safe and effective use of recovered plasma in Wales.
- Adopting software support when screening donors for travel to improve efficiency and safety of blood donation.



Infrastructure and Sustainability

- Outline Business Case submitted to Welsh Government in March 2026 for the refurbishment of the Talbot Green site, creating a high-quality, low carbon facility to support services for the next 50 years.
- Business case for fleet modernisation was submitted to Welsh Government, setting out the investment required to transition to a more sustainable, and resilient vehicle fleet that aligns with organisational carbon-reduction commitments and supports the safe, reliable delivery of services across Wales.
- Business Case for the Blood Establishment Computer System (BECS) supported by Welsh Government, enabling transformational change and enhancement of service delivery across the Welsh Blood Service.
- Delivered the initial phase of in-house development of a new digital system for UK NEQAS international External Quality Assessment Service, using Microsoft Power Platform.

What do the next 3 years look like: our focus and priorities for 2026 - 2029

The Welsh Blood Service plays a critical national role in securing a safe, sustainable and high-quality supply of blood, blood components, stem cells, organs, medicines and diagnostic services for patients across Wales. As demand continues to evolve, the WBS remains focused on delivering modern, resilient and patient centred- services that support high-quality- clinical care, strengthen donor engagement, and contribute to wider system priorities across NHS Wales. Our work is underpinned by a commitment to innovation, digital transformation, research, sustainability and prudent healthcare, ensuring we continue to meet current and future clinical needs while providing an excellent experience for patients, donors, and partners.

During 2026–2029, we will focus on delivering the remaining priorities within the strategy, while at the same time reviewing and refining our long-term direction to ensure it continues to meet the needs of patients, donors, and services across Wales. Our priorities are:



A continued focus on improving the safety and quality of our services through the implementation of:

- Core blood and transplant regulatory and healthcare standards.
- New screening techniques to improve the safety of blood and transplant services within Wales and across the globe.
- The Infected Blood Inquiry recommendations relevant to transfusion including education, connectivity, laboratory staffing and governance.
- Implementation of X-Ray Technologies for Blood Irradiation in alignment with the UK-wide national initiative.
- Continued delivery of the Blood Health Plan for Wales, strengthening system-wide governance of blood and blood components, improving clinical appropriateness, and supporting prudent, sustainable use across NHS Wales.
- Investigating the feasibility of providing HLA selected red blood cells for solid organ transplant recipients in Wales, to reduce the incidence of immunological rejection and improve patient outcomes.



The continued implementation of our blood donation model to support the provision of safe and high-quality blood, platelets, stem cells to improve clinical outcomes, through the implementation of:

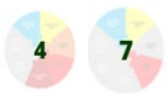
- An enhanced donor portal which enables donors to book online and allows communication with donors in multiple ways, including phone, text message, and a new App.
- A clinically led blood donation model ensuring that blood donation activity is guided by clinical expertise optimising donor safety and improving the quality and consistency of collected components.
- Targeted recruitment of ethnically diverse communities, with a particular focus on donors of Black heritage, to improve the availability of rare and ethnically matched blood components.



The development of a range of new tests and services including:

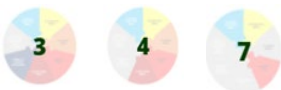
- Expanding Stem Cell donation services to increase the number of stem cells available for transplant globally, and provision of stem cell processing capabilities to support future advanced therapeutic medicinal product cellular therapy requirements including, the collection and delivery of ATMP starting materials to support clinical research, commercial partnerships and ultimately decentralised therapeutic cell treatment manufacture.
- Support effective organ transplantation by reviewing the antibody testing strategy and introducing new biomarker tests for donor derived cell free DNA.

- Developing a sustainable national capability for the collection and supply of recovered plasma to support the manufacture of lifesaving plasma derived medicines for NHS Wales.
- Implementing a national model for the collection of plasma for fractionation to support Wales and the UK to improve self-sufficiency and supply chain security and resilience.
- Work in partnership with Advanced Therapies Wales, which are hosted by the Welsh Blood Service, to strengthen our Advanced Medicinal Therapy Product (AMTP) capability, supported by an external review undertaken by the Scottish National Blood Transfusion Service (SNBTS).



The continued implementation of our research and innovation including:

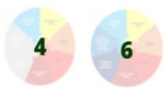
- Strengthening our national and international partnerships, enhancing WBS influence across collaborative initiatives, and expanding our portfolio by enabling more colleagues to contribute to research and innovation.
- Building a sustainable and financially robust environment, supported by clear governance and financial frameworks, increased external income.
- Maintain facilitation and support, to ensure specialist advice, compliant delivery and sustainable oversight of activity.
- Scoping a Value Based Health Care (VBHC) project focused on optimising transport logistics across NHS Wales, assessing opportunities to improve efficiency, patient outcomes, and resource utilisation.



The transformation of services through digital technology and innovation, including implementation and embedding of:

- A new Blood Establishment Computer System (BECS) which will support the transformation of our service and providing donors and partners with a world class experience.
- A new computer system for the management and distribution of blood derived medicines/wholesale products.
- The Wales Laboratory Information Management System (WLIMS) which will provide us with a national system to effectively manage the Red Cell Immunohaematology referral services at WBS.
- A new Welsh Bone Marrow Registry digital system to support efficient logistics and enhance clinically informed decision-making across the management of the donor registry.

- Live connectivity with our Blood Establishment Computer System (BECS) on our blood donation clinics.
- Delivery of Phase 2 of the new in-house digital solution to provide an external quality assessment (EQA) service for clinical laboratories supporting organ transplantation, building on the successful completion of Phase 1.
- New integrated donor communication and customer relationship platforms to enhance appointment management, strengthen donor engagement, and improve the overall donation experience.
- Implementation of Phase 2 of the Welsh Histocompatibility and Immunogenetics Service (WHAIS) digital solution, following the successful delivery of Phase 1, to improve data integration, streamline information flows, and enhance digital connectivity across national health systems.

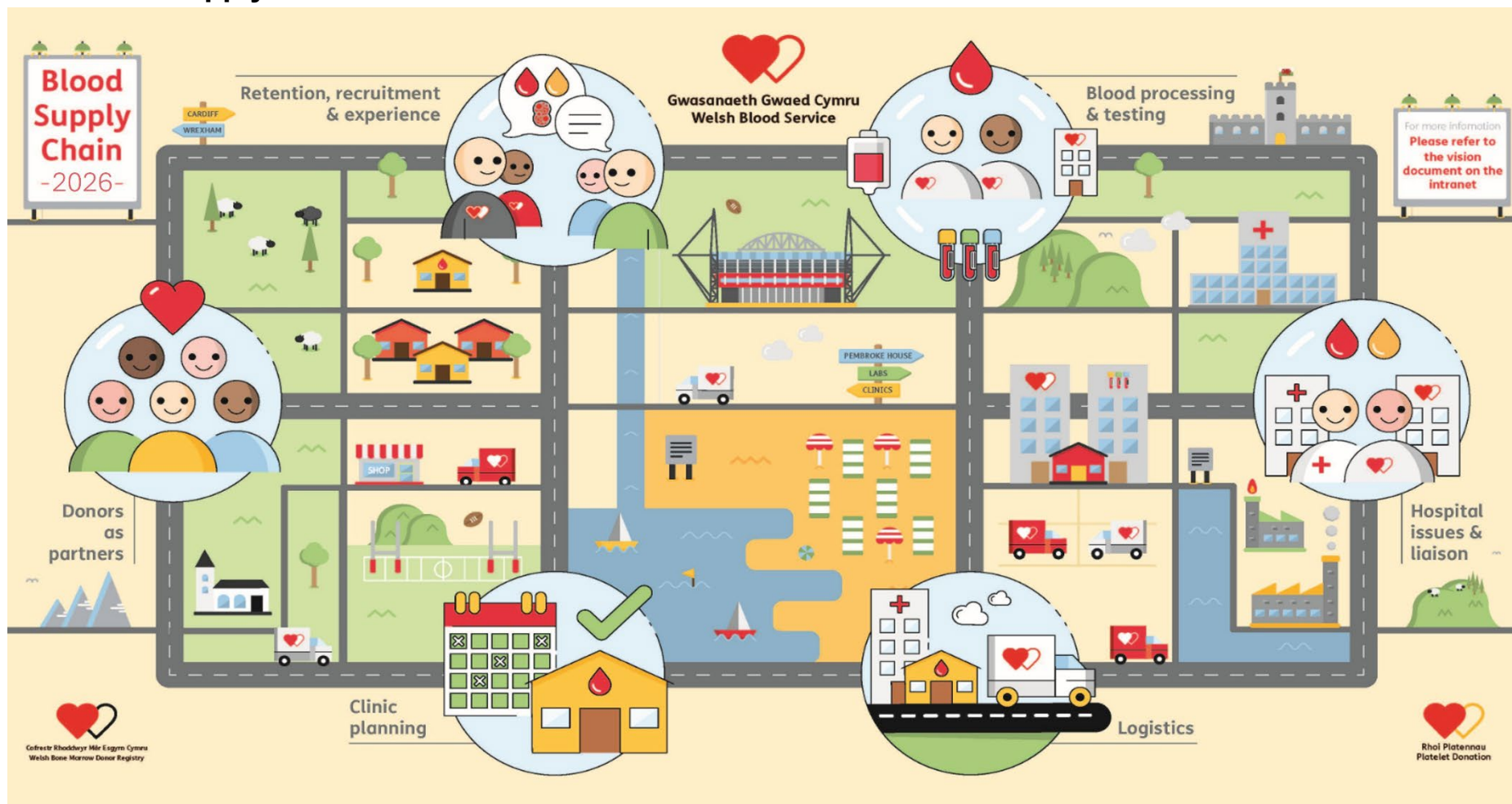


Development of our infrastructure, estate and supporting logistics across Wales to provide sustainable, modern and ‘fit-for-the-future’ facilities from which to donate, manufacture, transport and distribute blood and other lifesaving products

We will:

- Submit a Final Business Case to Welsh Government, to secure approval to commence the refurbishment of the Talbot Green site to deliver a high-quality, low carbon facility fit for the next 50 years.
- Continue to work with our partners to improve the quality of our local blood donation sites across Wales, providing donors with a great experience.
- Continued implementation of our fleet strategy to improve the transportation of blood and products across Wales; and reduce our carbon impact.

Our Blood Supply Chain Model

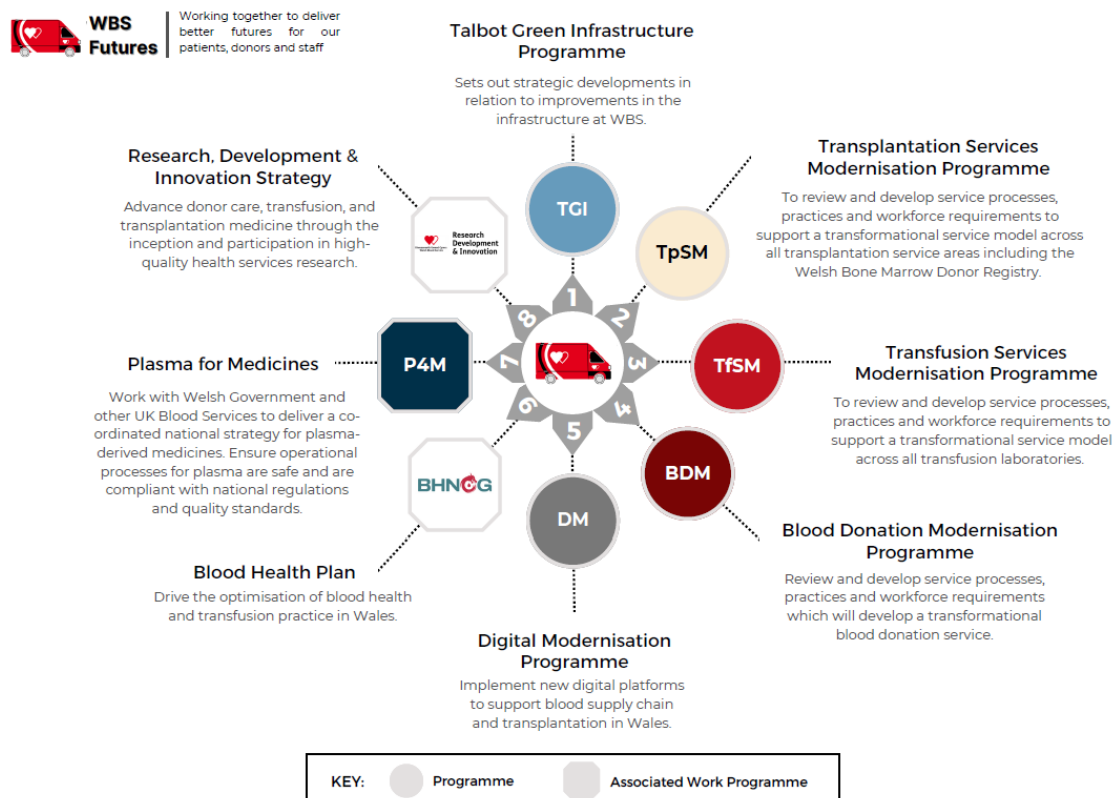


Welsh Blood Service Delivery Plan

Our delivery plan is governed through Welsh Blood Service (**WBS**) **Futures** – our overarching transformation programme that brings together all modernisation activity across transfusion, transplantation, donation, digital systems, fleet and infrastructure. WBS Futures sets out how we will redesign services, adopt new technologies and strengthen our workforce to meet the future needs of NHS Wales. It provides a structured, 5-year programme that will deliver future-proofed services, improve patient outcomes through faster and more accurate testing, enhance donor experience, and build resilience in blood and stem cell supply. Through WBS Futures, we will turn our ambitious vision into a coordinated, deliverable plan for sustained improvement and innovation.

The WBS Futures portfolio is structured around a series of key programmes that together will modernise and strengthen every aspect of our service. Each programme provides a clear framework for how we will redesign processes, introduce new technologies, enhance clinical and donor services, and build a resilient infrastructure capable of meeting future demand. The following sections set out the high-level aims, scope and anticipated benefits of each of these programmes, demonstrating how they collectively deliver the transformation required to support high-quality, safe and sustainable blood and transplant services for NHS Wales.

The Detailed Delivery Plan, included as Appendix 2a, sets out the outputs, benefits and timelines associated with each programme outlined below.



Demand Assumptions for 2026–2029

Demand for blood and blood components has remained stable, with no significant growth projected over the 2026–2028 period. Demand forecasting continues to be informed by the daily Resilience meetings and monthly Blood Supply Chain Planning Group meetings, drawing on utilisation trends, clinical practice changes and national system pressures to maintain a safe and efficient supply position.

Platelet demand is modelled separately using the last six weeks of issuing data, supplemented by a 1 to 2 standard deviation buffer to ensure operational resilience and reduce the likelihood of supply disruption. The development of the platelet planning tool during 2025-2026 has significantly improved the accuracy and reliability of platelet demand forecasting, enabling more refined predictions.

This work forms part of ongoing efforts to enhance forecasting methodologies across all components, strengthen data insight, and ensure alignment with wider UK blood supply planning frameworks.

WBS is also supporting the delivery of the Blood Health Plan for Wales, which is strengthening understanding of blood use, variation and clinical demand across the system.

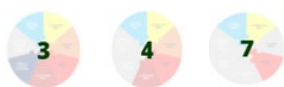
Stem cell transplantation related activity continues to demonstrate sustained growth and increasing complexity. Donor matching demand is forecast to increase by approximately 5% across UK and global transplant centres, with the University Hospital of Wales activity showing higher growth, including a 41% increase in stem cell product imports in 2025 compared with 2024. Stem cell collections are projected to increase by 29% in 2025-2026. This level of increase is not expected to be sustained in 2026-2027; however, a further 13% increase is anticipated. Increasing donor search complexity is driving higher verification typing and antibody testing workload per patient for the laboratory.

In solid organ transplantation, national strategy (Organ Donation and Transplantation 2030: Meeting the Need) sets a target 15% increase in transplants per year by 2028-2029 to address record national waiting list levels. Locally, planning assumptions indicate an estimated 10–15% increase in transplants, with laboratory work to support (e.g. antibody monitoring) already demonstrating upward trends during 2025-2026.

Disease association testing demonstrates stable upward trends, supporting an overall forecast of 3-5% increase per year, reflecting sustained referrals and emerging pharmacogenetic testing indications.

WBS will continue to work closely with commissioners and Welsh Government to develop an agreed long-term strategy for achieving partial self-sufficiency in plasma derived medicines.

Key Programmes:



Transfusion Services Modernisation Programme

Modernise and future-proof our Transfusion Services by introducing new technologies, strengthening laboratory capability and creating a more resilient, efficient and clinically responsive service for NHS Wales. Key projects within this programme include:

- Automated Blood Processing Solutions**
 Modernising manufacturing workflows to improve efficiency, reduce variation and enhance resilience across transfusion laboratories.
- Implementation of X-Ray Technologies for Blood Irradiation**
 Improving turnaround times and strengthening the safety and reliability of component preparation.
- Review and Optimisation of Red Cell Immunohaematology (RCI)**
 Enhancing service sustainability through updated service models, workforce development and greater use of automation.
- Wholesale Product Management System**
 Implementing a modern IT system to streamline product data, improve operational efficiency, and ensure accurate inventory and pricing for blood-derived medicines and other wholesale products.

Success will be demonstrated through the sustained delivery and continued improvement of performance against WBS Performance Management Framework indicators:

KPI Ref	Quality Domain	Key Performance Indicator (KPI)	Reported	Target	Nov 2025 Actual
KPI.18	Timely	Turnaround Times – Antenatal	Quarterly	90%	95%
KPI.23	Timely	Turnaround Times – Red Cell Reference Serology	Monthly	90%	97%
KPI.30	Safe	Number of SABRE/SAEAR incidents	Monthly	n/a	n/a
KPI.36	Safe	Overdue SABRE/SAEAR actions	Monthly	<5%	3.2%
KPI.04	Effective	Clinical demand for red cells met	Monthly	100%	103%
KPI.05	Effective	Clinical demand for platelets met	Monthly	100%	131%
KPI.07	Effective	Stock stability (O/A/B+ below 3 days)	Monthly	0	0
KPI.25	Effective	Time expired red blood cells	Monthly	1%	0.02%
KPI.26	Effective	Time expired platelets	Monthly	10%	14%



Transplantation Services Modernisation Programme

Modernise and strengthen our Transplantation Services by expanding digital capability, enhancing genomic and stem cell services, and building a resilient, future-focused programme that meets the evolving needs of NHS Wales. Key projects within this programme include:

- Implementation of a New Welsh Bone Marrow Donor Registry (WBMDR) Digital System**
 Modernising donor registry processes, improving data quality and strengthening our ability to match donors efficiently across UK and international registries.
- Expansion of Stem Cell Services**
 Increasing capacity to meet growing clinical demand for transplantation and advanced therapies, with improved pathways for donation, processing and clinical collaboration.
- National Integration of Cell Free Foetal DNA Testing**
 Delivering consistent, high quality genomic screening services across Wales and strengthening WBS's role within national diagnostic pathways.
- Development of National External Quality Assessment Service (NEQAS) Digital Capability**
 Modernising external quality assurance systems to support standardisation, improved benchmarking and enhanced laboratory quality.
- Development of Welsh Histocompatibility and Immunogenetics Services**
 Reviewing antibody testing strategy, investigating provision of Human Leucocyte Antigen (HLA) matched red blood cells and introduction of new biomarker tests to improve outcomes for transplanted patients in Wales.

Success will be demonstrated through the sustained delivery and continued improvement of performance against WBS Performance Management Framework indicators:

KPI Ref	Quality Domain	Key Performance Indicator (KPI)	Reported	Target	Nov 2025 Actual
KPI.23	Timely	Turnaround times – Foetal RHD Screening	Quarterly	90%	100%
KPI.83	Timely	Turnaround times - deceased donor typing for NHSBT-Organ & Tissue Donation & Transplantation (OTDT)	Quarterly	90%	100%
KPI.13	Effective	Stem Cell collections (apheresis & bone marrow)	Monthly	3	4
KPI.20	Effective	New stem cell volunteers	Monthly	333	1286

KPI Ref	Quality Domain	Key Performance Indicator (KPI)	Reported	Target	Nov 2025 Actual
KPI.45	Equitable	Register: % of volunteers from ethnic minority groups	Quarterly	6.2%	4.2%
KPI.45	Equitable	New volunteers: % from ethnic minority groups	Quarterly	12.4%	16.6%
KPI.30	Safe	Number of SABRE/SAEAR incidents	Monthly	n/a	n/a
KPI.36	Safe	Overdue SABRE/SAEAR actions	Monthly	<5%	3.2%
KPI.47	Person Centred	Stem cell donors that rate their experience as excellent	Quarterly	95%	100%



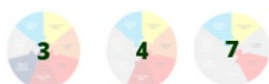
Blood Donation Modernisation Programme

Modernise our Blood Donation Services to create a clinically led, technology enabled and accessible donation model that enhances donor experience, strengthens supply resilience and supports the growing demand for blood, blood components and plasma across Wales. Key projects within this programme include:

- Donor Engagement: Donor & Advocate Forum (Donor Voices)**
 Implement a co-design forum that enables donors and advocates, including under-represented groups, to actively shape future donation services, increasing diversity of participation through inclusive design, accessible channels, and targeted outreach so services reflect the needs of all communities across Wales.
- Clinically Led Blood Donation Model**
 Embedding a clinically driven, workforce modelled approach to optimise blood donation activity, strengthen safety, and ensure capacity and skills are aligned to clinical need.
- New Donor App**
 Providing donors with an intuitive digital platform to book, manage and track donations, improving convenience and engagement.
- Fleet Strategy Implementation**
 Modernising transport capability to improve access to blood donation services and the movement of blood and products across Wales while reducing carbon impact.
- Live Connectivity on Clinic**
 Enabling real-time access to systems and data on mobile and static clinics to support safer, more efficient collection processes.

Success will be demonstrated through the sustained delivery and continued improvement of performance against WBS Performance Management Framework indicators:

KPI Ref	Quality Domain	Key Performance Indicator (KPI)	Reported	Target	Nov 2025 Actual
KPI.04	Effective	Clinical demand for red cells met	Monthly	100%	103%
KPI.05	Effective	Clinical demand for platelets met	Monthly	100%	131%
KPI.07	Effective	Stock stability (O/A/B+ below 3 days)	Monthly	0	0
KPI.27	Effective	New whole blood donors	Quarterly	2750	1862
KPI.20	Effective	New stem cell volunteers recruited	Monthly	333	1286
KPI.44	Equitable	Donor panel: % of donors from ethnic minority groups	Quarterly	6.2%	2.39%
KPI.44	Equitable	New donors: % from ethnic minority groups	Quarterly	12.4%	6.76%
DIG.71	Efficient	% of donors booking online	Monthly	80%	83%
KPI.09	Person centred	Whole blood donors rating experience as excellent	Monthly	85%	89%
KPI.14	Person centred	Donors failed to donate	Monthly	4.0%	3.32%
KPI.28	Person centred	Donor concerns	Monthly	n/a	3



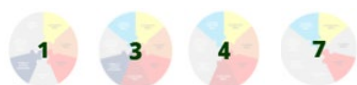
Digital Modernisation Programme

Modernise our digital infrastructure to create an integrated, reliable and future ready technology environment that supports safe, efficient and data driven services across transfusion, transplantation and donation. This programme will enhance system connectivity, strengthen clinical workflows and improve the quality and availability of information for staff, donors and partners. Key projects within this programme include:

- Blood Establishment Computer System (BECS)**
 Upgrading our core operational system to improve digital workflows, strengthen data integrity and support end-to-end visibility across the donation, testing, manufacturing and distribution process.
- Welsh Histocompatibility and Immunogenetics Service (WHAIS) Information System**
 Implementing modern digital capability to support histocompatibility and immunogenetics services, enabling improved testing efficiency, enhanced traceability and integration with wider laboratory and clinical systems.
- Welsh Laboratory Information Management System (WLIMS)**
 Delivering a next generation laboratory management solution that enables consistent, high quality laboratory processes, improves interoperability across

NHS Wales and enhances the accuracy and timeliness of diagnostic reporting.

Success of the Digital Modernisation programme will be measured through clear evidence that the digital enhancements are improving the safety, efficiency and reliability of our services. We will monitor reductions in errors, improved traceability and stronger regulatory compliance as upgraded systems support more accurate and consistent data handling. We will assess whether automation and better system integration are delivering faster, more reliable laboratory turnaround times, improved stock management and more efficient use of components. In addition, we will evaluate improvements in donor and staff experience, including smoother workflows, fewer process delays and enhanced digital access to information.



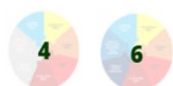
Plasma for Medicines Programme

We will develop a sustainable national capability for the donation and supply of recovered plasma to support the manufacture of life-saving plasma derived medicines for NHS Wales. This programme will strengthen the resilience of the UK plasma supply chain, reduce reliance on international imports and enhance Wales's contribution to national self-sufficiency efforts. We will continue to encourage the Welsh Government to approve the apheresis donation of plasma. Key activity within this programme includes:

- **Recovered Plasma Supply**

Expanding and optimising the collection of recovered plasma across Wales to ensure high-quality, safe and reliable plasma is available for fractionation and the production of essential medicines.

Success of the Plasma for Medicines Programme will be demonstrated through the establishment of a robust, scalable and sustainable national capability for recovered plasma collection and supply. In addition, progress will be shown through our contribution to UK self sufficiency efforts, reduced reliance on international plasma imports and readiness to implement apheresis plasma donation should approval be granted.



Talbot Green Infrastructure (TGI) Programme

Transform our Talbot Green site into a modern, sustainable and resilient national facility that supports the long-term delivery of blood, blood components, stem cells, organs, diagnostic tests, medicines and logistics services for NHS Wales. This programme will ensure that our infrastructure is fit for the future, supports service growth and provides the environmental and operational standards required for the next 50 years. Key activity within this programme includes:

- **Final Business Case (FBC) Development and Submission**

Completing and submitting the Final Business Case, following approval of the

Outline Business Case, to secure the investment required to commence major refurbishment and development works at the Talbot Green site.

Success of the Talbot Green Infrastructure Programme will be measured through the delivery of a fully approved Final Business Case and the securing of the investment required to begin redevelopment. This redevelopment will provide the modern, resilient infrastructure needed to secure the long-term future of the Welsh Blood Service, ensuring we can continue to deliver safe, high-quality services for decades to come.



Blood Health Plan Programme

As a key stakeholder of the Blood Health National Oversight Group (BHNOG) we will support delivery of the Blood Health Plan for Wales by strengthening clinical pathways, improving the safe and appropriate use of blood, and supporting national efforts to optimise patient outcomes. This programme enhances our role in system-wide blood management and ensures alignment with national policy, safety expectations and prudent healthcare principles. Key areas of activity within this programme include:

- **Anaemia Management**
Further implementation of the national pathways to improve anaemia diagnosis and management, reduce avoidable transfusions and support better surgical outcomes.
- **Intraoperative Cell Salvage (ICS)**
Ensure equitable and effective use of ICS as a core patient blood management initiative.
- **Genetic Haemochromatosis (GH) Pathway**
Expanding the GH pathway to enable safe, community based management of eligible donors, reducing pressure on secondary care while improving patient experience. Contributing to sustainability by reducing the incineration of blood in hospitals and making it available for patients who need transfusion.

Success of the Blood Health Plan implementation will be demonstrated through clear evidence that activities are advancing patient blood management and delivering on the recommendations of the Infected Blood Inquiry. Progress will be monitored through the Blood Health National Oversight Group (BHNOG) using KPIs for preoperative anaemia pathways, intraoperative cell salvage metrics and blood stock management, while Genetic Hemochromatosis metrics will be overseen through WBS Futures governance. Further assurance will be provided by embedding standardised transfusion education programmes via the BHNOG Education Strategy Group and monitoring transfusion related risk through the BHNOG Transfusion Risk Group. Together, these activities will enable shared learning, reduce variation and lower overall transfusion related risk.

Anaemia Management Programme

Led by the Blood Health Team and reporting to the Blood Health National Oversight Group, the Anaemia Management Programme is coordinating with stakeholders nationally to improve the identification and management of anaemia across our

population. Following the success of the Pre Operative Anaemia pathway the scope of the work is expanding beyond major surgery to include post-operative pathways, women's health, bowel screening. The team is also available to advice clinical networks beyond these areas as anaemia is a condition that can impact outcomes across a wider range of clinical conditions. A priority for the programme is accessing data relating to use of IV iron treatment and transfusion across all Health Boards. This is in line with the recommendations of the Infected Blood Inquiry and will enable the programme to better monitor impact and identify variation. Wales is at the forefront of blood health management within the UK and working to build on its success to cost-effectively improve outcomes of anaemic patients through early detection and treatment.

Project to pilot the All-Wales Genetic Haemochromatosis donor pathway and increase recruitment of eligible blood donors to the WBS

Establishing a pathway for people with Genetic Haemochromatosis to become donors within the WBS brings many system wide benefits. These include: a reduction on clinical demand for Health Board Clinical Haematology services, reduced waste, increased security of supply of blood products for NHS Wales. For patients, the donor sessions can be scheduled more flexibly with more convenient access than a traditional hospital appointment and the knowledge that their treatment is helping save lives contributes to patient experience. Furthermore, through partnership with CTMUHB, the waiting list for treatment has reduced from 18 months to 6 weeks. This work will be extended for a further year to ensure that the benefits gained are sustained and accessible for GH patients across Wales.

Genetic Haemochromatosis - All Wales achievements



VELINDRE CANCER SERVICE (VCS) 2026 - 2029

Where are we now: what has been achieved by March 2026

The logos at the top of each objective, priority, programme or change activity highlights which of the Trust's Well-being Objectives it aligns to.

Our strategy 'Shaping our Future Together' concludes in 2026 – 2027. A significant amount of progress has been achieved over the last year, in the development of safe, high quality tertiary oncology services across South East Wales. Our key successes are:



Radiation Services

- The Velindre@Nevill Hall Radiotherapy Satellite Unit, Nevill Hall Hospital opened in June 2027. The Unit was supported through a regional business case and was developed in partnership with ABUHB. The unit will provide additional capacity for the treatment of breast, prostate and palliative radiotherapy patients, enabling some patients to be treated closer to home, enhancing patient experience.
- Successfully implemented a new molecular radiotherapy service – Peptide Receptor Radionuclide Treatment (PRRT) following close work with the Joint Clinical Commissioning body (JCC). This has enabled patients in South Wales to access services that in the past, they may have needed to travel outside of Wales to receive.
- The IRS programme has continued through its phased implementation in 2025-2026, with the opening of two new Linear Accelerators (LINACs) at the Satellite Unit in NHH and three new linacs machines upgrades within the existing fleet at VCS, Whitchurch. Phase 3 will see the transfer of the existing three Linacs from VCS Whitchurch to the new Velindre Cancer Centre alongside the installation of an additional five new LINACs in the new cancer centre.
- In line with national programme, VCS has successfully progressed local work to support implementation the new Radiology Informatics System (RISP.) A delay in the National Programme has resulted in a revised Go-Live date of Q1 2026-2027.
- Brachytherapy element of Integrated Radiotherapy Solution programme has been successfully implemented in readiness for transition to the new Cancer Centre Q1 2027.



Systemic Therapies

- The expansion of virtual Assessment prescribing services (VAP) has supported the ethos of care closer to home, with a further move from face-to-face appointments to virtual assessment.
- Implementation of Electronic Prescribing and Medicines Administration System (EpMA) for Velindre Cancer Services has continued to progress locally, although the service reprofiled delivery to align delivery of Chemocare upgrade to support interdependencies, resulting in full implementation now planned for Q3 2026-2027
- VCS has seen a significant increase in activity in Systemic Anti-Cancer Therapy (SACT) treatment to reflect the increase in demand for service due to the new lines of treatment, new novel therapies and people living longer. In February 2026, the SACT treatment service in Aneurin Bevan University Health Board (ABUHB) moved to a new location within Nevil Hall Hospital, which provides capacity to support further expansion of the outreach service in 2026-2027.
- The Chemocare contract has been extended as part of the national upgrade programme with further upgrades planned for 2026-2027.
- In conjunction with Value Based Healthcare Team, there has been successful proof of concept for 'self-administration' of denosumab, enabling patients to manage their own treatment within the vicinity of their own home.



Acute / Inpatient / Palliative Care

- SDEC model was presented to Welsh Government as part of the overview of SDEC services, including the successful 7-day service implemented through the monies received from Welsh Government.
- Work has taken place to develop a service delivery model to support 7-day service for the Ambulatory and Assessment Unit, a key component for the nVCC.
- VCS has been active in its implementation of six goals, including optimal hospital care, patient flow and discharge practice, following the principle of home first.
- Work is continuing to support the introduction of new novel therapies including immunotherapies (BiTE) at VCS. In July the Cancer Service successfully delivered a proof-of-concept pilot for a new bispecific Tebentafusp.



Division-wide

- Implementation of the Integrated Quality Management System (IQMS) commenced in radiation services and pharmacy services. Progressing phasing will take place across the whole of the cancer services by Q2 2026-2027.

What does the next 3 years look like: our focus and priorities for 2026 – 2029

Cancer remains a major public health challenge in Wales, with increasing incidence rates and significant disparities in mortality outcomes. This trend, influenced by demographic shifts, lifestyle factors, and advancements in diagnostics, is putting considerable pressure on the healthcare system (Life Sciences Hub Feb 2025).

Data from Public Health Wales (PHW) Observatory, projects that by 2035 there will be around **24,000 new cancer cases each year** among people living in Wales, up from around 20,000 in 2019, which equates to an increase of **11% over the next decade**, mostly due to the increase in people living longer and cancer more prevalent in older people.

In April 2024, only 53.8% of patients started treatment within 62 days of suspicion, falling short of the 80% target set for 2026. Whilst some tumour sites are already exceeding the 80% target (e.g. skin cancer), certain cancers face more significant delays, with the worst performing tumour sites being head and neck cancers (26%), gynaecological cancers (31%), and lower gastrointestinal cancers (33%). (Life Sciences Hub 2025). Cancer treatment delays are not unique to Wales, as similar trends have been observed across England, Scotland, and Northern Ireland, where all UK nations have struggled to manage diagnostic backlogs and rising referrals (Life Science Hub Feb 2025).

The VCS Strategy is due to be refreshed in 2026 and will look to set the future ambition for the Cancer Service in line with the VUNHST Destination 2033 as a centre of excellence for the people of Wales, providing high-quality, specialist solid-tumour oncology services. This will be underpinned by our strong regional partnerships and cross boundary working alongside major service transformation as the Cancer service transitions to a new state of the art Cancer Centre in Whitchurch.

A key ambition is to incorporate learning from the Federation of Specialist Hospitals review commissioned in 2025 and to further integrate the key attributes into VCS as we move forward providing system leadership as a specialist provider of cancer services. This will realise wider system benefits in increasing efficiency for complex procedures, extending access to clinical trials and research opportunities, and growing the education provided and delivered across Wales, through the Velindre Oncology Academy.

We are at the start of our journey to achieve **Organisation of European Cancer Institute (OEI) accreditation** which will support us in achieving an internationally

externally accredited standard of care, which is recognised as exemplar across the western world.

Demand - National growth assumptions for 2026–2029:

SACT activity	+12–18% cumulative
Immunotherapy	+30–45% cumulative (multiple new indications across lung, GI, GU, melanoma)
Oral anticancer medicines	+20–30% cumulative (increased monitoring burden)
Radiotherapy fractions	+3–6% cumulative (hypofractionation partially offsets demand)
Acute oncology	+12–18% cumulative (toxicity, frailty, multimorbidity)
Supportive care	+10–15% cumulative (bone health, symptom management, survivorship)

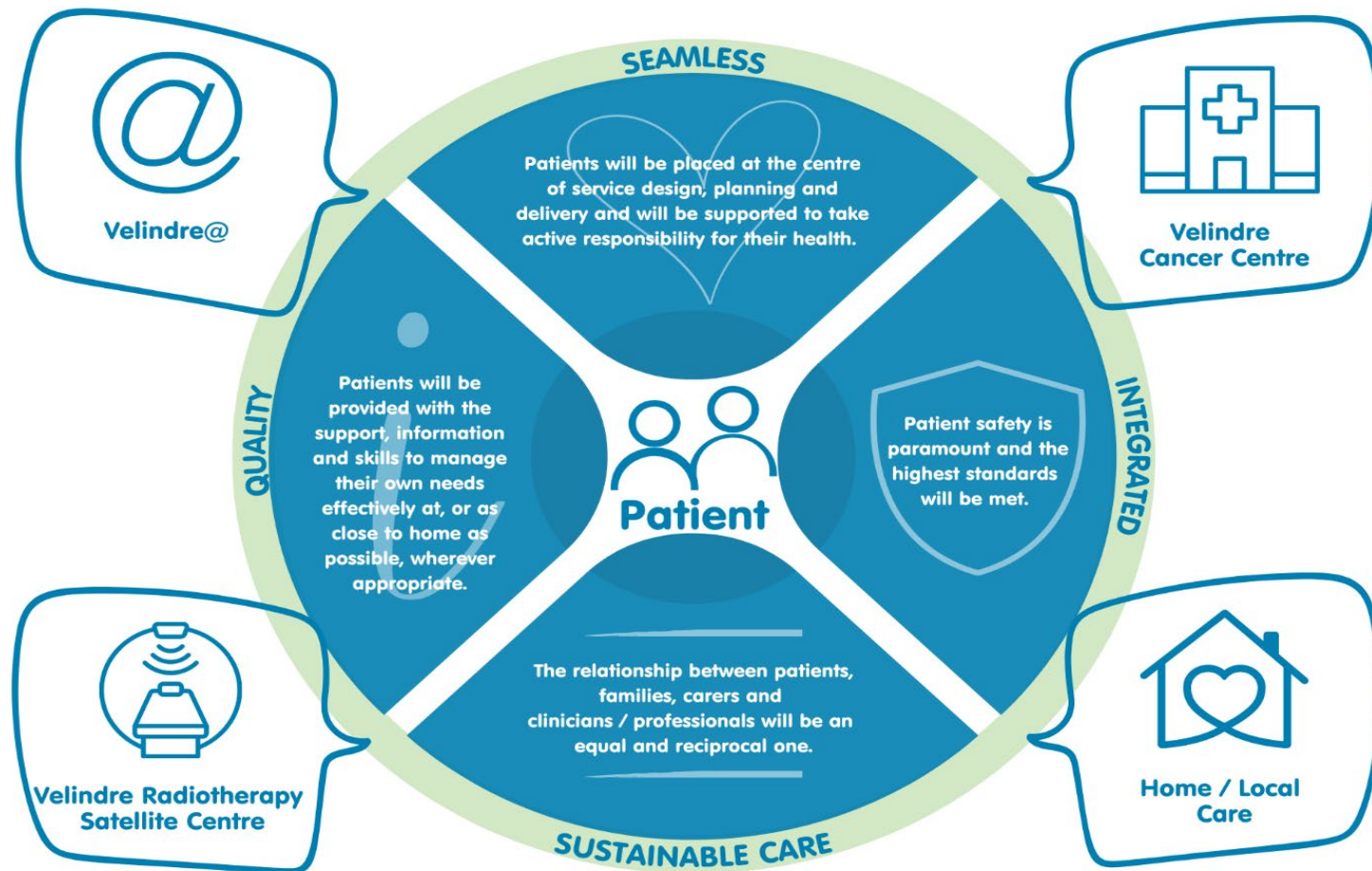
Workforce Requirements

Workforce remains the most significant constraint on service sustainability. Recruitment and retention challenges persist across oncology, cancer pharmacy, radiotherapy, nursing, and AHP professions. The need to increase support to staff through a robust organisational development and training plan as part of the preparation for the move to nVCC is essential for our service. Workforce planning will align with national programmes, including the National Clinical Network workforce strategy and regional training pipelines.

Our Clinical Model

Our delivery plan is governed through Velindre Cancer Services Futures, designed to deliver seamless, integrated, sustainable quality care, whilst moving to a model of care delivered in the community where possible. These plans will be delivered in the context of the Trust realising our ambition to provide collaborative system leadership in cancer services across Wales.

Our Clinical Model



VCS Delivery Plan Priorities

The detailed quarterly delivery plan is included in Appendix 2b.

Priority 1 - Safe and effective transition of services to the new Velindre Cancer Centre (nVCC) site – Timely Care



This delivery plan sets out the organisational roadmap for safely and effectively transitioning Velindre Cancer Centre into the New Velindre Cancer Centre (nVCC); and ensures that Velindre is fully prepared to operate a modern, sustainable, and high quality specialist cancer centre that meets the needs of patients across South East- Wales.

Delivery approach / phasing

- Commissioning and operational readiness - ensuring the nVCC, equipment, digital systems, and clinical environments are fully tested, safe, and ready for patient care.
- Service transformation and pathway redesign - modernising radiotherapy, SACT, acute oncology, supportive care, and multi-disciplinary team (MDT) processes to align with the capabilities of the new centre.
- Workforce, culture and organisational development - preparing staff for new models of care, new technologies, and new ways of working, while supporting wellbeing and retention
- Safe transition and continuity of care - ensuring that the move from the current Velindre Cancer Centre to nVCC is seamless, safe, and centred on patient experience.

2026-2027

- Q1 Programme Mobilisation & Readiness Foundations
- Q2 Commissioning, Digital Build & Pathway Redesign
- Q3 Workforce, Operational Policies & Simulation Planning, Commissioning Testing, Clinical Model Finalisation & Move Planning
- Q4 Full Operational Readiness Testing, Pre-Activation & Phased Service Preparation

2027-2028

- Q1 Transition & Go Live
- Q2 Stabilisation, Optimisation
- Q3/4 Programme Closure

Outcome

- Open purpose-built cancer centre.
- Implemented a future-proofed clinical model that improves access, safety, and patient experience.
- Strengthened workforce capability and resilience.
- Delivered digital systems that support high-quality, efficient care.
- Established a platform for expanded research, innovation, and regional collaboration.

- Effective implementation of the Mutual Investment Model (MIM)
- Fully digitised medical record
- Maintained operational service stability and organisational performance throughout the transition

Priority 2 - Consistent and reliable service delivery across all standards – Timely Care



This plan provides a realistic, phased, and accountable approach to delivering cancer clinical standards. It ensures that the organisation is positioned to deliver high-quality, equitable, and modern cancer care, while contributing to national ambitions for improved outcomes across Wales.

Over the next 3 years, the organisation will focus on four strategic aims:

- Strengthening governance and clinical assurance to ensure safe, high-quality cancer care.
- Improving early diagnosis and pathway performance to reduce delays and support better outcomes.
- Embedding person-centred, equitable care across all tumour sites and treatment pathways.
- Accelerating digital, workforce and innovation programmes to modernise cancer services and support sustainable improvement.

Delivery approach / phasing

2026-2027

Focuses on establishing strong foundations. This includes a comprehensive baseline assessment against national standards, strengthening cancer governance, improving data quality, and initiating targeted improvements in early diagnosis, MDTs functioning, and treatment pathways.

Workforce development, personalised care, and supportive care expansion are central to improving patient experience and safety. Digital upgrades and performance assurance processes will ensure that progress is measurable and transparent.

2027-2028

Our actions focus on embedding improvements and demonstrating measurable impact. This includes sustained improvement in waiting times, early diagnosis, and treatment timeliness; targeted action to reduce inequalities; expansion of research and innovation activity; and strengthened quality assurance through internal audits and external readiness.

2028-2029 - embed in Trust governance monitoring and reporting cycles

Deliverables

- Implementation of integrated performance management framework
- Implementation of waiting list management at VCS with associated operational and clinical dashboards
- Implementation of a patient administration review to align roles and responsibilities to the operational and clinical requirements of the services

- Implementation of electronic referral system into VCS from the Health boards utilising Hospital Initiated Referral (HIR) form
- Implementation of operational cancer management meetings between VCS and Health boards
- Implementation of the shared care approach to SCP breach reporting
- Establish Divisional M&M review meeting

Targets - Ministerial Priority / Enabling Action

- Reduction in the number of patients delayed in hospital as measured by the Delayed Pathways of Care Dashboard by March 2027
- VCS - 75% of patients on an SCP receive first definitive treatment in 62 days by March 2027 – shared breach arrangement for VCS – referral to FDT within 24days (75%)
- Performance will be measured in two ways, firstly based on all patients received and secondly based on shared accountability across the 62-day pathway i.e. patients received on or before day 38 of their pathway.

Outcome Measure

- Palliative care assurance framework – national KPI not available yet
- All Wales SACT clinical quality metrics – 50% improvement from baseline January 2026
- All Wales Radiotherapy COSC metrics– 50% improvement from baseline January 2026
- PIFU and DNA/CNA rates fully implemented
- SDEC metrics & patient flow metrics

Priority 3 & 4 - Widening access to treatments available in comparable specialist cancer services



Access to advanced therapies, strengthen networked oncology pathways, and improve the reach and responsiveness of specialist services delivered in partnership with acute providers and maximises the capability and capacity of the new radiotherapy equipment in nVCC.

Delivery approach / phasing

2026-2027

Focuses on establishing new treatment techniques and service models for lung skin and neurological cancers, and the LINAC and Brachytherapy System.

2027-2028

We will embed new treatment capability with new equipment in nVCC to neurological conditions, axilla and partial breast radiotherapy techniques.

2028-2029

Formal closure and benefits realisation of the IRS

Deliverables

- Increase access to specialist systemic anticancer therapies (SACT), including immunotherapy and targeted agents
- Expand radiotherapy capacity and capability, including advanced techniques and hypo-fractionated pathways.
- Strengthen networked oncology models to deliver specialist care closer to home and membership of Federation of Specialist Hospitals.
- Reduce inequalities in access, particularly for underserved populations and those with complex needs.
- Patients able to access high quality, evidenced base treatment locally with no delay through the adoption of new technologies, treatments, drugs, services
- Improve timeliness of treatment, supporting national cancer waiting time standards.
- Enhance research participation, ensuring equitable access to clinical trials.
- PET CT Business Case
- Implementation of prostate SBRT for low/ intermediate risk prostate cancer as per PACE B trial
- Implementation with appropriate funding of partial breast radiotherapy, axillary RT as an alternative to axillary node dissection, Internal mammary node irradiation and simultaneous integrated boost.
- Commissioned Brachytherapy equipment
- Linac transfer and Commissioning plans completed

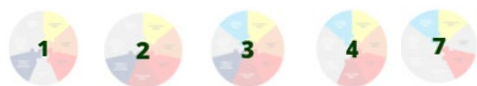
Targets – Ministerial Priority / Enabling Action

- 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 75% by March 2027.
- VCS - 75% of patients on an SCP receive first definitive treatment in 62 days by March 2027– shared breach arrangement for VCS – referral to FDT within 24 days (75%)
- Performance will be measured in two ways, firstly based on all patients received and secondly based on shared accountability across the 62-day pathway i.e. patients received on or before day 38 of their pathway.

Outcome Measures

- NICE compliance within set timeframes
- Improved PROMS scores for clinical outcomes and reduced toxicity scores for breast cancer patients treated with new radiotherapy techniques
- benefits realised in line with Full Business Case
- nVCC and IRS benefits realised in line with Full Business Case

Priority 5 - Deliver Improved access to Systemic Anti- Cancer Therapy (SACT) Pathways and Processes



Our vision is to deliver a high performing, digitally enable SACT service that will provide timely access to treatment, reduce unwarranted variation, and improves patient outcomes and experience.

The service will deliver:

- Sustainable hub and spoke model supporting care closer to home where clinically appropriate.
- Improved Productivity & Efficiency through workforce development & skills growth.
- Increase in personalised care and digital patient engagement.
- Improved patient toxicity management.
- A sustainable, skilled workforce with expansion of advanced practice roles.

Delivery approach / phasing

2026-2027

Our actions include developing a digital skills foundation relating to SACT, detailed demand and capacity modelling and SACT treatment service capacity utilisation, with implementation of funded hub and spoke model of care.

2027-2028

Our detailed actions realise expanded capacity through our outreach models aligned to nVCC, and workforce expansion of Advanced Clinical Practitioner roles; alongside the introduction of remote toxicity monitoring and predictive analytics.

2028-2029

Activity will focus on reviewing predictive analysis model for patient toxicity management and developing lessons learned or further change management plans as required.

Deliverables

- Implementation of chemo care upgrade and system re-procurement
- Deliver measurable improvements in timeliness, safety, and patient experience

Outcomes

- Delivery of SACT clinical quality indicators.

- Introduction of next generation immunotherapies as standard of care increasing treatment options and improving clinical outcomes.
- Expansion of Virtually Assessed Patient (VAP) Clinic Capacity.
- Introduction of new medicines patient self-administration pathways providing patient choice, reducing requirement for patients to attend a clinical setting to undergo treatment and releasing treatment capacity.
- Routine screening for Blood Borne Viruses (BBV) for all patients beginning SACT treatment.
- Implementation of Chemo Care Upgrade and System Re-Procurement
- Implementation of a new prescribing and medicines administration system (EPMA) which will replace existing paper-based systems.
- Implementation of BlueTeq at VCS.

Targets – Ministerial Priority / Enabling Action

- 75% of patients on an SCP receive first definitive treatment in 62 days by March 2027 – shared breach arrangement for VCS – referral to FDT within 24 days (75%)
- Performance will be measured in two ways, firstly based on all patients received and secondly based on shared accountability across the 62-day pathway i.e. patients received on or before day 38 of their pathway.

Outcome Measures

- 20% year on year increase in patients commencing treatment within P1, P2 and P3 targets by March 2027
- 100% compliance with 90-day NICE implementation target for newly approved medicines

Priority 6 - Deliver a modern, patient centred, outpatient service that is accessible, efficient and digitally enabled



The vision is to deliver a modern patient centred outpatient service that has:

- A sustainable workforce with advanced practice capability.
- Enhanced toxicity management and reduced emergency attendances.
- Improved patient reported experience and outcomes.
- expanded capacity through extended hours and improved patient flow.

Delivery approach / phasing

2026-2027

The redesign of service will be delivered through detailed actions in readiness for nVCC. Our phased approach ensures early risk reduction while building the infrastructure for long-term transformation. Our actions include:

- detailed demand and capacity modelling;
- introduction of standardised referral triage and clinic templates;
- piloting digital check in and patient information tools;
- expanding virtual, outreach and telephone follow up pathways;
- establishing patient involvement structures;
- Build the workforce foundations for advanced practice roles.

2027-2028

Our detailed actions in 2026-2027 facilitate an effective transition to nVCC.

2028-2029

Full evaluation of the outpatient transformation programme impact.

Deliverables

- Electronic clinic outcome forms in place.
- Consistent compliance with national outpatient standards.
- Strengthened incident reporting, learning, and audit.
- Improvement in patient communication.
- A robust governance framework in place to support continuous improvement.
- Strengthen preassessment and reduce cancellations.

Outcomes

- Development and implementation of Clinic Templates.
- Clinic utilisation optimised.
- Reduction in patient/hospital cancellations.
- Resilient booking and administrative service in place.
- Digital 'front door', self check-in, and optimum treatment pathways in place
- Scheduling optimised.

Targets – Ministerial Priority / Enabling Action

- 75% of patients on an SCP receive first definitive treatment in 62 days by March 2027 – shared breach arrangement for VCS – referral to FDT within 24 days (75%)
- Performance will be measured in two ways, firstly based on all patients received and secondly based on shared accountability across the 62-day pathway i.e. patients received on or before day 38 of their pathway.

Outcome Measures

- Delivery of effective outpatients through See on Symptom (SOS) and patient initiative follow up (PIFU) by default

- Reduction of 20% in DNA/cancellation by March 2027
- 15% Increase in Virtual consultations by March 2027
- Percentage of patients seen within hub and spoke model
- Achieve 70% of patients accessing correspondence electronically
- Patient communication – 2-day turnaround post implementation of digital solutions by March 2027
- Civica patient experience -100% increase in patient responses by March 2027

Priority 7 - Deliver a resilient, patient-centred oncology acute care service that delivers safe, timely and equitable care



Our plan will deliver

Delivery approach / phasing

The vision is to create a high performing, digitally enabled, 7day Acute Oncology Service that delivers:

- Rapid specialist assessment for all oncology emergencies
- Early access to specialist expertise in the management of immunotherapy and new therapy toxicities
- Reduced avoidable admissions through strengthened ambulatory and community pathways
- Improved survival and safety, including faster time to antibiotics for neutropenic sepsis
- Enhanced patient experience through personalised care and improved communication
- A sustainable workforce model with advanced practice roles and clear development pathways
- Integrated digital systems that support proactive, data driven care

2026-2027

Our plan is to build on and develop regional governance structures to fully deliver the six goals models of best practice, deliver improvements in care and respond swiftly to changes and developments in treatment advancements.

The model of care is for patients to be treated in the right place at the right time. Eligible acute oncology patients will be treated at VCC or nVCC as appropriate. Effecting a move away from local health board accident and emergency departments.

2027-2028

The plan delivers full implementation of a robust regional model of care.

2028-2029

Review service model to assess any further changes to optimise care.

Deliverables

- Delivers safe alternatives to hospital admission - treatments that otherwise would require a hospital bed (IV, steroids, fluids, biologics etc).
- Rapid specialist response during clinical deterioration.
- Reduced pressure on acute hospitals by managing cancer-related emergencies within oncology.
- An expanded Acute assessment service 7/7

Outcomes

- Improved access to expert acute oncology services (AOS) for patients with cancer in south-east Wales including delivery of VCS elements of AOS regional business case.
- Resilient and sustainable clinical flow models across the acute pathway.
- Provide the right care, first time by giving patients direct access to oncology specialists via a same-day ambulatory service 7/7.
- Sustainable model for the management of immunotherapy toxicities
- Design and Implementation of enhanced care capability offer at VCS and in readiness for nVCC.
- Strengthen regional collaboration and cross sector pathways.
- Cardiac base-line testing for patients receiving immunotherapy treatments.
- Strengthening links with palliative care and survivorship services

Targets – Ministerial Priority / Enabling Action

- deliver a 12-month reduction trend in both the number of people who are delayed in hospital and total days delayed for the patients as measures by the Delay Pathways of Care Dashboard

Outcome Measures

- Annual reduction in number of inpatient admissions related to cancer / oncology treatment toxicities.
- Annual reduction in number of unwell patients transferred to acute secondary care settings.
- 100% compliance with NICE guidance at audit.
- SDEC data quality framework by March 2027
- >90% compliance with neutropenic sepsis antibiotic timing

Priority 8 - Implementation of National service specific for Wales: Palliative and end of life care



We will deliver Palliative and End of Life Care Services which:-

- Strengthen integration between Velindre, primary care, acute hospitals, and community services.
- Enhance symptom management through earlier intervention and proactive supportive care.
- Increase advance care planning (ACP) and shared decision making.
- Improve equity of access, particularly for underserved groups and those with complex needs.
- Expand psychological, spiritual, and family support as part of holistic care.
- Embed digital tools to support communication, monitoring, and coordination.
- Strengthen workforce capability in palliative and end of life care across the Trust

Delivery approach / phasing

2026-2027

Our actions are focused on review of the National specification and All Wales Palliative Care Framework to identify areas for improvement or service redesign, including development of a business case for service change.

2027-2028

Our plan relates to the roll out of the Verifications of Expected Death - All Wales policy and education programme.

2028-2029

Assess the potential to further extend PROMs in End of Life and Palliative Care Services

Deliverables

- The national specification for Palliative Care including a sustainable delivery model for extended hours of working
- Reduced variation in symptom management and end of life support.
- Pilot complete for All Wales Civic feedback questionnaires to inform service delivery
- DNACPR Competency Framework implemented for Nurses and AHPs
- Quality Statement for Palliative and End of Life Care

Targets – Ministerial Priority / Enabling Action

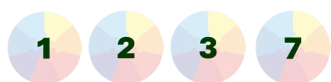
- Increase in capacity at weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024-2025 and greater where possible

Outcome Measures

- Implementation of national KPI framework and national dashboard (subject to formal issue)

- 85% of Nurses & AHPs to complete DNACPR Competency Framework by 2029
- Sustainable service delivery model and formal extended working days/weekend by March 2027

Priority 9 – Pharmacy Modernisation



The Oncology Pharmacy Transformation Programme will deliver a modern, stabilised, and expanded pharmacy services that support systemic anticancer therapy (SACT), acute oncology, acute and outpatient cancer pathways.

Delivery approach / phasing

2026-2027

Our actions include developing a digital skills foundation relating to SACT, detailed demand and capacity modelling and SACT treatment service capacity utilisation, with implementation of funded hub and spoke model of care, ePMA and BlueTeq.

2027-2028

Our detailed plans include the transition to a new aseptic facility at nVCC, including utilisation of new robotic equipment and new predictive analytic tools for toxicity management, and digital PROMs for toxicity monitoring and personalised care.

2028-2029

Undertake review of digital patient toxicity management and develop improvement plan / lessons learned

Deliverables

- Implementation of EPMA (general medicines)
- Increased use of outsourced products to at least 70% as part of the nVCC transitional plan
- Implementation of BlueTeq
- Pharmacy robot commissioned
- A sustainable workforce with advanced practice capability
- Successful transition to a new aseptic unit at nVCC
- Full implementation of EPMA (general medicine)
- Enhanced toxicity management with pharmacy led and toxicity review clinics to reduce emergency admissions
- Strong governance with real time safety and performance monitoring

Targets – Ministerial Priority / Enabling Action

- 75% of patients on an SCP receive first definitive treatment in 62 days by March 2027 – shared breach arrangement for VCS – referral to FDT within 24 days (75%)
- Performance will be measured in two ways, firstly based on all patients received and secondly based on shared accountability across the 62-day pathway i.e. patients received on or before day 38 of their pathway.

Outcome Measures

- 100% compliance with VCS SACT protocols.
- 100% compliance with 90-day implementation target for newly approved medicines
- 30% in-house pharmacy production within the aseptic unit by June 2027
- Increased number of patients receiving medication close to home by March 2027

Priority 10 - Accreditation of OECl



Purpose

Achieve Organisation of European Cancer Institute (OECl) accreditation to demonstrate the cancer centre meets internationally recognised standards across governance, clinical care, research, education and patient involvement, and provide external assurance of service quality and outcomes.

Delivery approach / phasing

2026-20227

Preparation & Self-Assessment

- Complete organisational gap analysis against OECl v4.0 standards
- Establish governance, datasets and evidence framework
- Undertake full self-assessment and readiness review

2027-2028

Peer Review & Improvement Planning

- Submit accreditation documentation and host external peer review
- Agree improvement action plan and integrate into organisational priorities

2028-2029

Implementation & Embedding

- Deliver improvement actions and demonstrate measurable quality improvement

- Embed standards into routine governance and prepare for accreditation award

Deliverables

External peer review completed

Organisation-wide quality improvement plan implemented

OECl standards embedded into clinical, research and governance processes

Sustainable accreditation governance framework in place

Targets – Ministerial Priority / Enabling Action

International accreditation achieved by 2028

Accreditation actions incorporated into organisational planning and performance reporting

Outcome Measures

Demonstrable improvement in quality indicators and pathway governance

Independent external assurance of cancer service quality

Continuous improvement cycle aligned to future accreditation review

Performance Measures

Quality Domain	Key Performance Indicator (KPI)	Reported	Target	Current position January 2026	Year end
Timely	75% of SCP delivered within 62 days from POS to FDT (HB target)	Monthly	75%	28%	75%
Timely	75% of SCP 62 day pathway: VCS component FDT delivered within 24 days from date of referral received at VCS (local target) Performance will be measured in two ways, firstly based on all patients received and secondly based on shared accountability across the 62-day pathway i.e. patients received on or before day 38 of their pathway.	Monthly	75%	39%	75%
Timely	Scheduled Radiotherapy Patients Treated 100% within 21 Days	Monthly	100%	79%	100%
Timely	Urgent Symptom Control Radiotherapy Patients Treated 100% within 7 days	Monthly	100%	71%	100%
Timely	Emergency Radiotherapy Patients Treated 100% within 2 days	Monthly	100%	100%	100%
Timely	Elective delay Radiotherapy Patients Treated 100% within 14 Days	Monthly	100%	95%	100%
Timely	100% P1 Emergency SACT patients treated with 2 days	Monthly	100%	100%	100%
Timely	20% year on year increase on patients commencing treatment within P2 and P3 targets by 2027	Monthly	20%	New measure baseline at 31/03/2026	
Safe	30 Day Mortality Benchmark SACT** • Curative • Palliative	Monthly	2%	0.192% 1.14%	position maintained
Safe	30 Day mortality benchmark RT	Monthly	DCP	Not available	
Safe	Number of 'Never Events' recorded	As appropriate	0	0	0
Effective	Number of Pathway of Care Delays***	Monthly	0	Not available	0

Quality Domain	Key Performance Indicator (KPI)	Reported	Target	Current position January 2026	Year end
Person Centred	100% of letters on DMS consistently approved & sent within 30 working days of patient appointment	Monthly	100%	100%	100%
Safe	The development of 15 steps assurance framework to include magnet methodology to actively capture staff feedback on psychological safety via regular audits.	Bi Monthly	Qualitative measure	New measure	6 audits undertaken
Person Centred	fully implement 'Call for Concern' in Velindre Cancer Service.	Monthly	0	New Measure	0
Safe	Ensure that 100% of bloods taken within Velindre Cancer Service are reviewed within 48 hours	Monthly	100%	Not yet available	100%
Person Centred	Develop and implement inclusive feedback methods to improve representation in all Wales CIVICA feedback	Monthly	30%	3%	30%
Efficient	Implementation of LPF and shift to Early resolution from formal concerns with reduction in formal concerns	Monthly	20%	Average 12 concerns per month	20%
Person Centred	Embedding the People's Experience Framework	Monthly	Qualitative measure	New measure	Qual measure
Safe	90% of patients with neutropenic sepsis identified and treatment started within required timeframe	Bi Monthly	90%		90%
Safe	Reduction in number of patients transferred to secondary acute care from VCS	Bi Monthly	20%	New Measure	20%
Timely	12 month reduction in delays in hospital measured by the delays in pathways of care dashboard	Monthly	10% reduction from baseline	2	10% reduction
Effective	Embed all Wales palliative care framework with the roll out of verification of expected death policy and DNACPR competency framework	As appropriate			
Safe	Reduction in the number of avoidable Pressure areas grade 2-4 by 25% from baseline 2025-2026 through improved risk assessment, enhanced protocols	Monthly	25% reduction from baseline	3 per month	25% reduction

Quality Domain	Key Performance Indicator (KPI)	Reported	Target	Current position January 2026	Year end
	and increased staff training on prevention.				
Safe	Reduced number of medication safety incidents resulting in patient harm by 20% from baseline by March 2027 through full implementation of ePMA and establishment of a medication safety group and medication safety group 'druggles' stepped up when incidents happen to allow live feedback and learning	Monthly	20% reduction from baseline		20% reduction from baseline

**** December position. Reporting month behind due to delays reporting deaths.**

*****reporting to commence February 2026 (1PoCD)**

RESEARCH DEVELOPMENT & INNOVATION 2026 - 2029

The Trust's strategic vision is to be a beacon for research, development, and innovation. Research and Development plays a central role in advancing healthcare at Velindre through high-quality clinical trials, translational research, and multidisciplinary collaboration, ensuring that research is a core part of how care is delivered.

Welsh Blood Service (WBS)

The Welsh Blood Service plays a central role in ensuring a safe, sustainable, and innovative blood and transplantation service for the people of Wales. Research, Development and Innovation (RD&I) is integral to this mission, enabling the Service to advance transfusion science, transplantation support, and operational innovation through collaborative research, translational development and evidence-based service improvement across the whole service. This activity is closely connected to operational services including blood component manufacturing, donor services, transplantation laboratory support, and service innovation across the Welsh Blood Service.

Welsh Blood Service will continue to build on the Research, Development and Innovation strategy (2024) and commits to seven missions embedded across the service.

Mission One: Centres WBS on improving patient and donor care through research that benefits both patients and donors.

Mission Two: Advancing Blood Components.

Developing knowledge and innovation that improves the processing, storage and clinical effectiveness of blood components.

Mission Three: Advancing Transplant Research in Wales.

Strengthening Wales' contribution to transplantation science and supporting improved transplant outcomes.

Mission Four: We will use Innovation and Value-Based Healthcare to improve our services and performance.

Applying innovation and value-based approaches to improve service delivery, efficiency and long-term sustainability.

Mission Five: Using Collaboration to Sustain our RD&I.

Building partnerships with universities, healthcare organisations and industry to sustain a strong research portfolio.

Mission Six: Serve the people of Wales by supporting international initiatives.

Contributing to international research programmes and collaborations that advance transfusion and transplantation science.

Mission Seven: Enhance the impact of RD&I and celebrate success.

Sharing the outcomes of research and innovation through publication, presentation and wider engagement.

Through RD&I activity, the Welsh Blood Service contributes to improvements in patient and donor care, advances in blood component science, and the development of new approaches that strengthen the resilience and sustainability of national blood services, while supporting the translation of research findings into operational practice. This work takes place through a

combination of internally led research, collaborative programmes with academic and clinical partners, and participation in national and international research networks.

As part of this Plan, the Welsh Blood Service will continue to strengthen the credibility, sustainability and impact of its RD&I activity. This includes supporting staff to participate in research, growing the organisation's research portfolio, and ensuring that collaborative activity is supported by robust governance, costing and risk-sharing frameworks. These arrangements enable the Service to engage confidently with universities, research organisations and industry partners while protecting core service budgets and ensuring appropriate cost recovery or underwriting arrangements where required.

The overarching objective is to ensure that research and innovation directly support the improvement of patient and donor outcomes, the advancement of transfusion and transplantation practice, and the long-term sustainability of the Welsh Blood Service. This includes embedding research within operational services, supporting staff engagement with innovation and evidence generation, and ensuring that research activity contributes to national priorities for healthcare improvement and scientific advancement.

A central feature of this approach is the strengthening of national and international collaboration. The Welsh Blood Service will continue to contribute actively to UK and global research initiatives, including participation in programmes such as the BEST Collaborative and other multicentre studies. Through these partnerships, the Service aims to enhance Wales' contribution to transfusion and transplantation research while strengthening its visibility and credibility as a research partner.

Between 2026 and 2029, the Welsh Blood Service will move into a new phase of RD&I maturity, in which research activity is more clearly integrated with operational services, supported by sustainable funding mechanisms, and enabled through stronger partnerships across academia, healthcare systems and industry. This includes clearer portfolio management, stronger translational pathways from research to service implementation, and improved visibility of RD&I activity across the organisation.

Strategic Priorities for Welsh Blood Service Research Delivery

To support this approach, RD&I activity within the Welsh Blood Service will be structured to provide a consistent framework for planning, delivery and assurance.

Strengthening national and international collaboration, increasing the visibility and contribution of the Welsh Blood Service across UK and global transfusion and transplantation research partnerships.

Building sustainable and financially responsible research partnerships, supported by clear governance, costing and risk-sharing frameworks that protect core service resources while enabling collaborative research.

Growing the Welsh Blood Service research portfolio, supporting successful grant applications, developing commercial research opportunities and enabling partnership ventures that generate additional income for reinvestment in RD&I capability.

Embedding a strong culture of research and innovation across the organisation, enabling more staff to participate in research activity, supporting new project ideas aligned with the RD&I Strategy, and strengthening organisational engagement with innovation and evidence generation. These priorities ensure that RD&I activity remains closely connected to the operational mission of the Welsh Blood Service, supporting improvements in patient and donor care while strengthening the Service's role within the wider research system.

Milestones for Welsh Blood Service research

Over the period 2026–2029, the Welsh Blood Service will demonstrate clear progress in the maturity and sustainability of its RD&I activity through a series of measurable outcomes.

- A stable and active research portfolio across transfusion, transplantation and service innovation, with sustained participation from multiple departments across the organisation.
- Increased participation of Welsh Blood Service staff in research and innovation activity, supported through improved organisational communication, training and engagement.
- Strengthened national and international research partnerships, including continued participation in collaborative research programmes and multicentre studies.
- Growth in external research funding through successful grant applications, commercial research activity and collaborative ventures that support reinvestment in RD&I capability.
- Clear governance and financial frameworks supporting research partnerships with universities and research organisations, ensuring that collaborative research is sustainable and aligned with service priorities.
- Enhanced visibility and impact of Welsh Blood Service research through publications, conference presentations and dissemination of findings across the healthcare system.

Cancer

As part of this Plan, the Trust will further strengthen its research capacity, credibility, sustainability, and delivery performance in a way that aligns with Welsh Government priorities for evidence-based healthcare, innovation, and sustainable research growth. This includes the effective and responsible use of commercial research and other income to support long-term capability, infrastructure, and workforce resilience.

The overarching objective is to improve patient outcomes by embedding research within routine clinical practice, increasing access to appropriate studies, and ensuring that growth in research activity – particularly commercial research – directly supports service sustainability and system resilience. This approach ensures that eligible patients have an opportunity to participate in research, while maintaining delivery credibility and protecting patient experience.

The Trust will continue to build on the Overarching Cancer Research and Development Ambitions 2021–2031. A particular focus for 2026–2029 is on improving the reliability, consistency, and credibility of cancer research delivery. This means ensuring that research activity genuinely supports patient care, clinical services, and national expectations, and that it can grow in a controlled way without increasing risk at the same rate.

At the heart of this approach is a shared understanding that cancer research delivery is a whole-system activity. Successful delivery depends not only on the Research Service, but on close coordination with Velindre Cancer Service, Clinical Directorates, Site Specific Teams (tumour groups), and a wide range of internal and external support services and partners. Between 2026 and 2029, Velindre University NHS Trust will therefore move into a new phase of cancer research delivery, strengthening how research is selected, agreed, delivered, and kept under active control so that it remains reliable, integrated with clinical services, and sustainable over time.

Strategic priorities for cancer research

To support this approach, the Trust's cancer research priorities will continue to be structured around four clear strategic themes. These themes provide a consistent framework for planning, delivery, and assurance, and reflect both the Trust's long-term ambitions and the practical requirements of delivering high-quality cancer research:

1. **Driving forward the Cancer Research and Development Ambitions**, building on established strengths to deliver high-impact research that benefits patients in Wales.

2. **Strengthening clinical trials and research infrastructure**, ensuring that facilities, workforce, and systems can support increasingly complex research in a safe and reliable way.
3. **Maximising national and international research collaborations**, positioning Velindre as a credible and valued partner across academia, industry, and the wider research system.
4. **Embedding a strong research culture within the organisation**, so that research is part of everyday clinical practice and supported across the workforce.

These priorities will be delivered through enhanced integration with Velindre Cancer Service, Clinical Directorates, Site Specific Teams, and the internal and external support services that are essential to effective research delivery.

Milestones for cancer research

The Trust's milestones for cancer research over the 2026–2029 period describe what will be demonstrably different as a result of this approach. Supported by a dedicated transformation plan, they focus on maturity, consistency, and sustainability, rather than activity volume alone:

- **Sustained improvement in patient access to cancer research** across Velindre Cancer Service and South-East Wales, with access patterns visible, understood, and explainable at Board level.
- **A balanced and credible cancer research portfolio**, with growth in study activity aligned to clinical priorities, delivery capacity, and patient benefit.
- **Strengthened early-phase, radiotherapy, and translational research capability**, including delivery through the Cardiff Cancer Research Partnership and appropriate outreach settings.
- **A stable and capable research workforce**, with strengthened clinical academic leadership and delivery supported through clearly defined roles and planned capacity.
- **Controlled growth in commercial cancer research activity**, increasing the proportion of commercially sponsored trials within the cancer research portfolio to approximately 70% by the end of financial year 2028/29, contributing to infrastructure strength, workforce resilience, and long-term financial sustainability.
- **Stronger, deeper and more mature partnerships** across academia, industry, and the wider health system, supporting Wales-wide cancer research capability and system leadership.

To support national expectations for increased participation in commercially sponsored research, Velindre University NHS Trust will increase the proportion of commercially sponsored interventional cancer trials within the active cancer research portfolio to approximately 70% by end of the financial year 2028–29.

This change represents a rebalancing of the research portfolio rather than a reduction in non-commercial research activity. Commercial trials often provide patients with earlier access to innovative therapies while generating income that supports research infrastructure, workforce capacity, and long-term sustainability of the research service.

Delivery of this shift will be achieved through strengthened portfolio oversight, improved feasibility and study selection processes, closer coordination between research delivery teams and clinical services, and proactive engagement with commercial sponsors and research networks.

		Key actions		
Delivery Priority	Objective	2026-2027	2027-2028	2028-2029
Driving Forward the Blood and Transplant Research and Development Ambitions	Strengthen national and international blood and transplant research partnerships.	We will continue national and international partnerships and strengthen national presence and partnership working WBS visibility and contribution across UK and international research collaborations, including active participation in BEST Collaborative studies and joint programmes with partners in Wales, the UK and internationally.	WBS plays a visible role in leading or co-developing blood and transplant research studies with partners across the UK and internationally	WBS is recognised as a trusted partner and contributor to international blood and transplant research collaborations and programmes
Driving Forward the Blood and Transplant Research and Development Ambitions	Establish sustainable governance and financial frameworks for blood and transplant research collaborations.	Sustain financially protected partnerships by implementing clear governance, costing and risk-sharing frameworks that enable the Welsh Blood Service to collaborate confidently with universities and research organisations, while protecting core service budgets and ensuring full cost recovery or agreed underwriting arrangements.	Financial and governance frameworks enable stable collaboration in blood and transplant research while protecting service budgets.	Blood and transplant research collaborations operate on predictable and sustainable financial arrangements that support long-term partnership working.
Driving Forward the Blood and Transplant Research and Development Ambitions	Grow investment and income supporting blood and transplant research and innovation.	Increase our research budget by supporting successful grant applications, developing commercial research opportunities and building partnership ventures that generate additional	Income from grants, partnerships and commercial activity contributes to a growing blood and transplant	Blood and transplant research funding streams support sustained investment and reinvestment

		income for reinvestment in RD&I.	research budget.	into RD&I capability.
Driving Forward the Blood and Transplant Research and Development Ambitions	Expand the Welsh Blood Service blood and transplant research portfolio.	Grow the WBS research portfolio by enabling more colleagues to undertake research within their roles and by supporting the development of new project ideas that align with the RD&I Strategy.	The blood and transplant research portfolio grows with increased projects.	Blood and transplant research activity is embedded within roles across services and contributes to a stable and diverse research portfolio.
Driving Forward the Blood and Transplant Research and Development Ambitions	Increase staff engagement with blood and transplant research and innovation.	Increase staff engagement in research and innovation through enhanced organisational communications that integrate Blood and Transplant research and innovation	Staff participation in blood and transplant research and innovation initiatives increases across departments.	Engagement in blood and transplant research and innovation is embedded as part of organisational culture and professional development.
Driving Forward the Velindre Cancer Services Research and Development Ambitions	Improve equitable patient access to cancer research	Patient access to research is reviewed routinely using existing recruitment and portfolio information. • Differences in access across tumour groups and pathways are visible and discussed through established governance. • Clinical teams and the Research Service jointly agree where variation is appropriate and where improvement is needed. • Access considerations are	Access considerations are embedded into routine portfolio planning and study commitment decisions, including coordination with outreach and satellite services where appropriate.	Access to research is consistently planned as part of service delivery, with patterns explainable at tumour-group and Trust level.

		reflected in portfolio planning discussions		
Driving Forward the Velindre Cancer Services Research and Development Ambitions	Operate a controlled and shared system for cancer research delivery	A shared delivery model is agreed and in use across Velindre Cancer Services and the Research Service. - Portfolio, commitment, and delivery control are applied consistently when considering new and ongoing cancer studies. - Roles in decision-making and escalation are clearer across clinical services and research delivery teams. - Learning from benchmarking with critical friends (e.g., Clatterbridge) inform how controls are applied.	The shared system is embedded and operating consistently across directorates, tumour groups, and support services.	The delivery system is stable and predictable, supporting growth without increasing risk at the same rate.
Driving Forward the Velindre Cancer Services Research and Development Ambitions	Improve reliability and consistency of study set-up and delivery	Study set-up is approached as a whole-system activity involving clinical teams, research delivery teams, and support services. - Key dependencies (clinics, workforce, pharmacy, radiotherapy, laboratories, data) are identified earlier in the set-up process - Variability in set-up timelines is understood and discussed through routine governance.	Set-up and delivery timelines are more consistent across tumour groups, supported by alignment between services and clearer escalation routes.	Study set-up and delivery are dependable and explainable, with reduced variability and fewer late-stage issues.

		• Escalation routes for set-up issues are clearer and used more consistently		
Driving Forward the Velindre Cancer Services Research and Development Ambitions	Strengthening integration between research and clinical services	Research planning and review are more closely aligned with Clinical Directorates and Site-Specific Teams. • Tumour groups have clearer visibility of research commitments and delivery impact on services. • Research is considered alongside clinical pressures when agreeing new studies. • Shared ownership of research delivery between clinical services and the Research Service is more explicit.	Joint ownership of research delivery is embedded across clinical services and tumour groups.	Research is fully integrated into routine clinical pathways and service planning.
Driving Forward the Velindre Cancer Services Research and Development Ambitions	Strengthen early phase, radiotherapy, and translational research capability	Trust priorities for early phase, radiotherapy, and translational research are clarified and agreed. • Decisions about complex studies reflect delivery capability and service readiness. • Learning from benchmarking and peer organisations informs how complex research is supported. • Coordination across sites and services is	Delivery models for complex research are operating reliably, including through the Cardiff Cancer Research Partnership and relevant outreach settings.	Capability is aligned to future service configuration, including the new Velindre Cancer Centre.

		strengthened where required.		
Driving Forward the Velindre Cancer Services Research and Development Ambitions	Support sustainable growth in commercial cancer research	Commercial research activity is reviewed alongside non-commercial studies as part of portfolio oversight. • VPAG objectives are applied to ensure commercial activity supports sustainability and reinvestment. • The impact of commercial studies on clinical services and research delivery is more visible. • Decisions about commercial growth are linked to capacity and delivery credibility.	Controlled growth in commercial research is embedded within portfolio and delivery governance, supporting workforce and infrastructure resilience.	Commercial research operates as a sustained contributor to long-term capability and system resilience.
Driving Forward the Velindre Cancer Services Research and Development Ambitions	Build a stable and capable cancer research workforce	Research roles and responsibilities across clinical services and the Research Service are clearer. • Training and regulatory expectations are reviewed and maintained. • Support service input to research delivery is better aligned to portfolio demands. • Pressure points are more visible and discussed.	Research delivery is supported through clearly defined roles and planned capacity across services.	Workforce capacity and capability are matched to portfolio ambition and VCS / Research service configuration.
Driving Forward the Velindre Cancer Services Research and	Strengthening partnerships and system leadership in cancer research	Existing partnerships with academia, industry, and NHS partners are actively supporting research delivery. • Collaboration arrangements are	Velindre's role as a credible research partner is reinforced through consistent	Velindre is recognised as a system leader in cancer research delivery, contributing to

Development Ambitions		clearer and better aligned to delivery priorities. • Roles within regional and national research structures are more explicit. • Learning from partners informs local improvement	delivery and collaboration.	Wales-wide capability.
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Innovation

Innovation is a core enabler of Velindre University NHS Trust's ambition to deliver world-class, compassionate, and sustainable cancer and blood services for the people of Wales. As the health and care landscape continues to evolve, the Trust recognises that structured, evidence-based innovation is essential to improving patient outcomes, enhancing donor experience, strengthening service resilience, and accelerating the adoption of new technologies and models of care.

Through a growing portfolio of programmes and strategic partnerships, Velindre is developing the organisational capability, culture, and governance required to deliver transformation at scale. This includes embedding innovation principles within everyday practice, supporting staff-generated ideas, and collaborating with national and international partners to translate research, digital solutions and emerging technologies into measurable impact.

The Innovation function also supports the Trust's commitment to value-based healthcare by enabling new approaches that improve clinical effectiveness, streamline pathways, and address pressures on workforce and resources. The development of our formal Innovation Management System, aligned to the ISO 56001 international standard for innovation, further strengthens our ability to prioritise, manage, and evidence innovation activity in a systematic, auditable and sustainable way.

Our Vision: To be an International Beacon for innovation in Cancer and Blood Services.

Our Mission: To drive continuous improvement and breakthrough innovations in cancer and blood services by fostering a culture of innovation, creativity, collaboration, and excellence.

Our Strategic Objectives for Innovation:

1. **Enhance Patient Outcomes and Improve patient and donor Experience:** Develop and implement innovative treatments and care pathways that improve patient survival rates, quality of life, and overall experience for patients and donors.
2. **Improve Operational Efficiency:** Utilise innovation to streamline processes, reduce costs, and improve the efficiency of service delivery.
3. **Strengthen Collaboration:** Build strategic partnerships with academic institutions, industry, third sector, government / governmental support organisations and other healthcare organisations to accelerate innovation.
4. **Cultivate an Innovation Culture:** Encourage a culture of innovation among staff through continuous learning, incentives, and support for creative initiatives.

Implementation Themes

Our 10 implementation themes below provide us with the framework for our activities to support the delivery of our objectives.

1. **A Collaborative Innovation Ecosystem:** Our vision includes building a collaborative innovation ecosystem where staff, healthcare providers, researchers, academia, industry, patients, donors and community partners work seamlessly together to drive innovation, address healthcare disparities, and create healthier communities. We are building an ecosystem that supports and strengthens the capability and capacity for the Trust to innovate. We will further embed the ISO 56001 (International standard for Innovation) to provide a framework for our innovation ecosystem to thrive. We want to improve whole system cancer care through collaboratively accelerating cancer research, innovation education and involvement. Providing a virtual and physical space to encourage creativity, collaboration, and knowledge exchange

with practical and positive impact on cancer care for all those involved. The Collaborative Centre will strengthen the innovation infrastructure and ecosystem for the Trust.

2. **A Culture of Innovation:** We are dedicated to fostering a culture where every member of our organisation is empowered, informed, and supported to innovate, experiment, and embrace change, making innovation a way of life rather than an isolated event.
3. **Clear Communications and Recognition:** We are committed to delivering clear communications to support the capability and capacity building for Innovation within the Trust. Recognising the efforts of our staff, patients, donors, community, funders partners and stakeholders; and reinforcing our Trust culture of innovation. This includes :
4. **Patient and Donor Centred Excellence:** aspiring to redefine patient and donor centred care, placing patients and donors at the heart of every decision, ensuring their voices are heard, and tailoring healthcare experiences to their unique needs and preference.
5. **Leadership and Role modelling:** As a University Designated Organisation – Senior Leadership are committed to sponsoring key initiatives and novel projects and ensuring that Innovation, Research, Development, Learning and Education opportunities are enabled and reflected in job roles and responsibilities and provide the support and resources needed to drive innovation.
6. **Advancing Technology Integration:** Our approach is to harness the power of cutting-edge technologies, including artificial intelligence, telemedicine, wearable devices and data analytics, to optimise treatment, experiences, inform diagnostics and preventative care, with the aim of making services more accessible and efficient.
7. **Data Driven Insights:** Leveraging data as a strategic asset, using it to inform our innovation activities and efforts.
8. **Health Equity and Inclusion:** Our commitment extends to achieving health equity and inclusion for all with a focus on disparities in healthcare access and outcomes. Our innovations will strive to remove barriers to care and promote health equity.
9. **Empowerment and Autonomy:** Empowering employees by giving them autonomy to propose and implement innovative ideas within their areas of expertise.
10. **Training and Development:** Innovation training is key to building the capability and capacity of the innovation infrastructure for the Trust. It will equip staff with the knowledge, skills and mindset necessary to drive innovation, improve patient and donor care, and adapt our delivery approaches to the changing innovation landscape. It helps create a culture where innovation is not just encouraged but also effectively implemented for the benefit of our patients and donors.

Future Focus for Innovation 2026 - 2029

Over the next three years, the Trust will continue to deliver and strengthen a system-wide approach that enhances patient and donor outcomes, improves operational efficiency, deepens collaboration and embeds a culture of innovation. Building on the foundations established through ISO 56001 and

the maturing Innovation Strategy, the programme will prioritise activity that delivers measurable impact, supports strategic alignment, and accelerates the adoption of beneficial innovations across clinical and corporate services.

Over the IMTP period, activity will be underpinned by clear, measurable KPIs to ensure demonstrable progress, transparency, and impact.

1. Enhancing Patient Outcomes and Improving Patient & Donor Experience

A key future focus will be on increasing the visibility, impact, and measurement of innovation activities that directly improve the patient and donor journey. This includes expanding the systematic collection of patient-reported outcome measures (PROMs) and experience data across relevant innovation projects to strengthen evidence-based decision-making and value-based healthcare delivery. The programme will also continue to promote innovation engagement at the frontline, such as through staff and patient-facing innovation stands at VCC enabling greater awareness, insight exchange and local problem-solving. This work will be supported by strengthened monitoring of innovations that contribute to patient safety and environmental sustainability, including the reporting of carbon reduction benefits delivered through specific innovation initiatives.

2. Improving Operational Efficiency

The Trust will strengthen governance and prioritisation processes to ensure projects fully align with Trust objectives and the Long-Term Plan. Regular portfolio analysis will maximise the value of the innovation pipeline, minimise duplication, and support the progression of high-impact opportunities. Operational efficiency will be enhanced through the continued roll-out of Bright Ideas across VCS and WBS, enabling staff to identify efficiency improvements and reduce waste.

Capability building will remain a core focus through the delivery of the ISO 56001 awareness module and embedding innovation expectations into mandatory training. Maintaining ISO 56001 will ensure a consistent, systematic and efficient approach to innovation management. The sustainability of the innovation function will be supported through strong governance, embedded processes and a maturing organisational infrastructure.

3. Strengthening Collaboration

The Trust will widen its collaborative footprint through structured horizon scanning, expansion of external partnerships and increased presence at sector-wide events. Collaboration with Cardiff Health Partners (CHP), Industry and academic partners and other NHS organisations will be strengthened through co-designed projects, shared innovation forums and participation in major events such as the NHS Wales Innovation Symposium. Communication channels including the Innovation newsletter will continue to showcase partnership outcomes, case studies and impact stories.

4. Cultivating an Innovation Culture

Embedding innovation as an organisational competency is a central component of the future focus. The Trust will continue expanding its network of Innovation Champions, with annual recruitment targets and retention expectations to ensure sustained, distributed leadership. Innovation responsibilities will be further embedded within job descriptions, appraisal processes and core behavioural frameworks, ensuring innovation becomes integral to every role across the organisation.

A structured programme of internal communication, including monthly updates on progress and achievements, will support staff engagement and promote transparency. Recognition mechanisms such as submissions to the MediWales Innovation Awards will continue to celebrate staff contributions and reinforce a positive, forward-looking culture. By mainstreaming innovation education supported through the Innovation Toolkit, Bright Ideas roll-out, and ESR training the Trust will cultivate a confident, empowered workforce capable of delivering continuous improvement and transformative change.

OUR PEOPLE 2026 – 2029

Our people

The Trust employs HC 1,978 whole time equivalent (WTE) 1,761 (December 2026) excluding hosted organisations and bank and agency staff.

Our People Strategy sets out our vision to be an 'Employer of Choice'. This is supported by our Workforce Planning and Culture programmes which set out the actions that we will take to attract, develop and retain the right workforce, with the right skills, to deliver the best care possible.

Staff Survey: Developing insight

We undertook the NHS Staff Survey in 2023-2024 and 2024-2025 which had a response rate of 34% and provided us with a great deal of insight which has been used to shape change at Trust and Divisional levels. Three topics were identified for focus for 2025-2026 as clear issues arising from staff feedback and providing the best options for improving the experience for staff in the workplace. These topics align with Accountability, Caring and Respect.

1. PADR, so that the Trust achieves 85% compliance by March 2026 and maintains and improves in 2026-2027.
2. Creating time and support for Team discussions, so that staff are working in supportive environments where they can plan, review and discuss their work openly.
3. Countering bullying, harassment and discrimination through focusing on the Trust Values, so that staff feel increased psychological safety at work.

These themes will be reviewed on receipt of the next report in January 2026 and updated as required.

Monitoring Progress

We have made good progress over the last three years in developing our workforce and culture; as noted in our previous IMTP, attracting, training and retaining our workforce has been a key challenge for the Trust and our People Strategy has supported mitigating these risks, which are exemplified in our key metrics over this period: -

Attraction

- We have a dedicated attraction and resource action plan, with an emphasis on modern marketing methods for hard to fill roles and a widening access programme to support socio-economic development.
- Workforce resource across the Trust has grown from 1491.36 WTE to 1751.48 WTE, with the largest growth in our registered nursing and medical and dental workforce at 27% and 26% respectively.

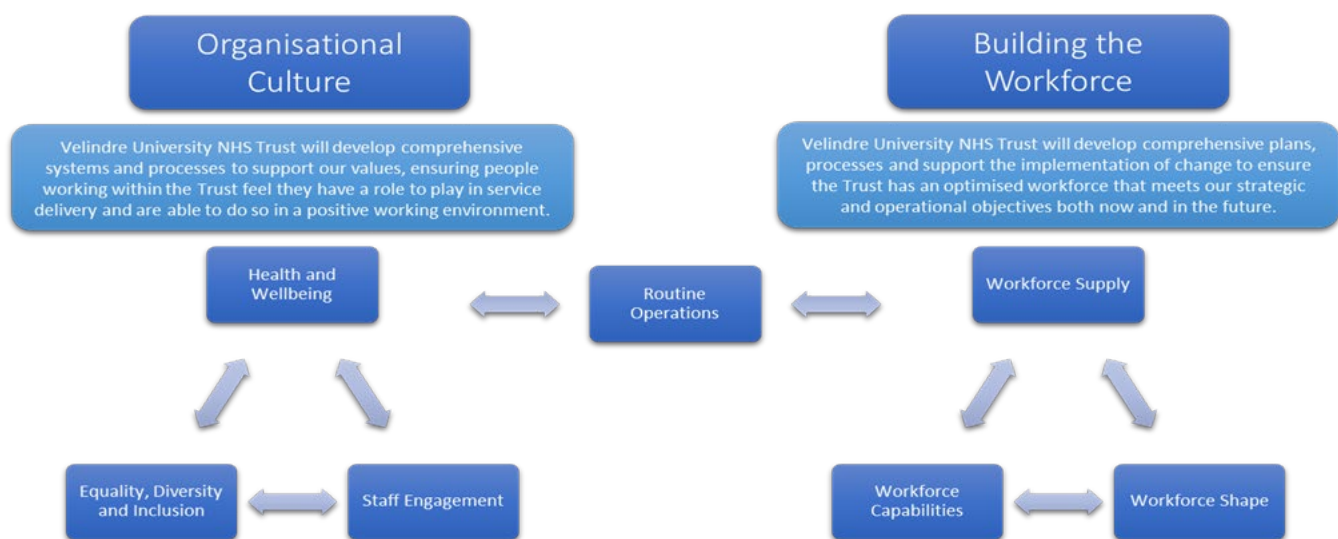
- Our recruitment time to hire remains consistently below the NHS Wales target of 71 days at an average of 57 days across the Trust.

Training

- We have developed a new policy and process for regular performance reviews within the Trust which has seen the Performance Appraisal and Development Review (PADR) completion increase from 71.23% to 80.6%.
- Improved compliance in Medical and Dental Job planning by investing in medical leadership, taking compliance from 64.71% to 73.17%.
- Across the three years Statutory and Mandatory training has remained above target and continues to rise from 86.22% to 88.88%.
- Developed the Welsh Language Clinical Plan and increase the Welsh Language awareness compliance from 79.81% to 91.99%.

Retaining our Workforce

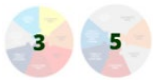
- Turnover dropped from 13.85% to 9.38% in the same period with the implementation of dedicated retention programmes across the Trust.
- We have piloted a staff wellbeing service supporting the overall reduction in absence from 5.73% to 5.1%
- Implementing more robust measures on agency spending has supported an overall reduction, target of 30% reduction on course to complete for 2026-2027 workforce.



Our Priorities for 2026 - 2029

We will build upon the progress we have made in previous years. Our People and Culture plan sets out our priorities for this period, which are aligned with the national workforce developments being taken forward by Health Education and Improvement Wales (HEIW).

Organisational Culture



We will: -

- Commission a programme of culture and leadership support which will provide in-person development to staff across the Trust from Senior Leaders to all front-line personnel
- Strengthen the connection between our Wellbeing work and the building of psychological safety
- Follow up on the Harassment, Bullying and Discrimination data with specific actions at Trust and Divisional level (through the Staff Survey plans)
- Develop the inclusive culture through building the Staff Networks to Advocate, Educate and Influence
- Refresh our governance arrangements

Building the Workforce – Objectives 2026-2027

- Workforce planning support to all Trust divisions to co-develop resource and operational workforce plans that strengthen recruitment, enhance development and Welsh language capability, and improves retention across the organisation.
- Lead and facilitate the Trust's development of a comprehensive strategic workforce plan that reflects labour-market intelligence and incorporates best practice in blood and cancer care to ensure a sustainable, future-ready workforce:

We will: -

- Build and embed workforce planning capability at all levels across the Trust by educating and equipping teams to confidently undertake resource, operational, and strategic workforce planning that supports evidence-based, sustainable decision-making
- Deliver a comprehensive labour productivity assessment that aligns with the wider Welsh workforce efficiency agenda while meeting recognised health-industry standards and regulatory requirements to drive evidence-based workforce optimisation across the Trust
- Design and implement a user-friendly, easily accessible workforce dashboard that strengthens management accountability by clearly displaying key workforce KPIs to support timely, evidence-based decision-making across the Trust
- Develop and enhance the Trust's education and learning offer by strengthening internal programmes and leveraging external partnerships to equip staff with the skills and capabilities needed for current and future service demands

The Future NHS Workforce Solution

Our workforce management will be supported by the Future NHS Workforce Solution, (which will succeed the Electronic Staff Record (ESR)). The new workforce solution will support the Trust and our employees by providing a complete employment lifecycle platform, generating significant benefits for the NHS over the 15-year contract duration. The system will provide everything from recruitment and onboarding to career development, workforce management, payroll and retirement.

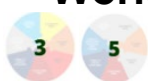
The implementation of the new system will require resource and planning from both finance and workforce teams, ensuring that there is effective engagement in the design and delivery of the programmes as well as skills to later deliver training and engagement to staff on using the system.

The system will provide benefits for the Trust through: -

- Increased functionality and improved user experience,
- Access to timely data and insights to facilitate informed decision making
- Streamlined business processes, which
- Reduces administration burden and releasing People Services to further support frontline colleagues in continuing to deliver high-quality care
- Reduced expenditure on third party contracts and other workforce solutions.

The new workforce solution will be implemented through the Trust Portfolio approach to optimise efficiency and appropriately manage resources and other Trust Portfolio and Programme interdependencies.

Workforce Mental Health and Wellbeing



Wellbeing of staff is central to the vision for the Trust. The People Strategy has a part of its vision: Healthy and Engaged People: of true inclusivity, fairness and equity across the workforce. A workforce that is reflective of the Welsh population's diversity, Welsh language and cultural identity.

- Maintain the sickness absence rate at 5.1%, as achieved during 2025-26. This to be achieved through the use of SMART actions at divisional level as reflected throughout this plan.
- Through the NHS Staff Survey Group, agree changes with staff to minimise Harassment, Bullying and Discrimination at work.
- Develop infrastructure for Employee Voice, including reviewing processes for Speaking Up Safely.
- Introduce e-learning for Sexual Safety at Work in partnership with NHS Wales colleagues.
- Establish a procedure and guidance for departmental interventions that have high mental health, stress and other related sickness.
- Establish support for managers to confidently and safely steer positive changes. Change is constant and can be rewarding and bring about opportunities for career development and quality in service provision.

The goals will form part of the Trust Health and Wellbeing Plan and will be monitored via the Healthy and Engaged Steering Group

Milestones:

1. The People and Organisational Development Team will support the Trust to develop a workplace culture for our people that is truly inclusive by developing compassionate frameworks aligned to statutory requirements for improving equality and diversity within Wales. This will connect to the culture programme of work and measurement in this plan.
2. We will support the Trust to develop workforce plans, both strategic and operational based on the changing needs of the labour market and service delivery. Divisional plans will ensure detailed analysis of key workforce data ensuring any actions implemented will bridge gaps and challenges within the workforce.

3. We will continue to utilise the success of the employer branding and attraction campaigns to engage the future workforce, develop effective career pathways and improve workforce diversity through our widening access programmes. We will develop and implement a comprehensive talent attraction and retention programme. This will include design and roll out of employer branding and attraction campaigns, development of career pathways and supportive access to work initiatives that improve workforce diversity as well as dedicated retention plans where needed within hard to fill roles.

		Key actions		
IMTP Priority	Objective	2026-2027	2027-2028	2028-2029
Skilled and Developed Workforce	Roll out new Performance Appraisal and Development Review process with aim of 85% participation Working with medical colleagues to ensure a robust and effective process for job planning that is built into our workforce plans	New PADR process in place Job Planning process in place	Maintaining process and monitoring outcomes	Targets achieved Workplan highlights a changed workforce
Workforce Mental Health and Wellbeing Safely and Working Together engagement sessions	Maintain current performance and sickness level of 5.1% (or better)during our significant change programmes	Sickness plans in place and monitoring ongoing	Targeted interventions as required	Monitoring
Healthy and Engaged Workforce	Creating time and support for Team discussions, so that staff are working in supportive environments where they can plan, review and discuss their work openly.	Culture plan developed Business case for wellbeing service Speaking up safely infrastructure in place	Culture plan monitored with measures in place	Improving staff survey/exit interview /pulse survey outputs

IMPROVING ACCESS, EQUALITY, DIVERSITY AND INCLUSION



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 our plans, and it will continue to do so into 2026-2027. The simple concept remains central to our bilingual provision and supports our actions around the Welsh Language Standards and the More than just words framework.

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

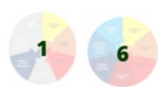
We continue to research ways to streamline our telephony process, and this priority is a focus within the developments for the new Cancer Centre, however our telephony services at the Welsh Blood service continues to investigate ways to enhance the bilingual process of donating blood. We have this year 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.

Similarly, we have updated our Complaints process to include a more detailed Welsh Language section. We have updated our Equality Impact Assessment process ensuring discussions around Welsh Language needs and rights are at the forefront of the process.

Priorities for 2026 onwards include:

- Working in partnership with Coleg Gwent and the National Centre for learning, staff training to continue to be provided free of charge. This will continue to strengthen our ability to provide bilingual services with a focus on increasing staff confidence and embedding a positive approach to all levels of Welsh language skills.
- We will continue to plan for the Welsh Language tutor post. This role is crucial to continue our Trust specific training in support of the national training availability.
- We will investigate the opportunity of providing clinical terminology training for our blood donation service staff to ensure we support staff with our expectations of providing Clinical Consultations.
- Embedding the Trust's Clinical Consultation plan will be central to Welsh Language priority setting. Working in partnership with the Welsh Language Commissioner has enabled us to approach standard 110 with a realistic and achievable action plan that will be updated regularly. Our divisions are heavily invested in this plan and will support its delivery through their Welsh Language groups.
- Our new recruitment process will take time to embed but this again aligns with the need to ensure we have the right people in the right place for our bilingual services.
- Workforce planning and Welsh Language skills will also be a priority, and we continue to ensure our collection of staff Welsh Language skills stay above the 90% to give us a clear picture of who we have currently and what skill we need moving forward. We will be developing a workforce plan where Welsh Language awareness, recruitment and training are considered and can complement the clinical needs of our services.
- We will continue to monitor our internal structures with mystery shopper calls in line with the Welsh Language Standards and our divisional working groups will embed further their ambitions for a truly bilingual provision, Trust wide.
- Moving from a reactive approach to bilingual provision to proactive planning continues and we welcome a more partnership approach in all that we do. Strengthening our discussions

with the Welsh Language Commissioner and the priorities set by Welsh Government drives our thinking as we look forward to 2026 and beyond.



Health Inequalities

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 has been monitored through our quarterly performance and improvement meetings with the Welsh Government. In 2026-2027 we are moving to the Maturity Matrix model of assessment, monitoring and improvement as we further embed our equality objectives.

1. Fairness and Respect

This will be a core component of our organisational culture and leadership programmes, sponsored by our Board. This will work on a number of priorities including ensuring compassionate leadership, that we live our values and tackling poor behaviour. A milestone plan has been shaped, and we will co create the action plans with our Trade unions. As part of this programme of work, we will look for opportunities to increase workforce diversity and inclusion and eliminate Pay Gaps. We would like the workforce to better reflect the diverse nature of the communities that we serve, and to ensure that there is no systemic pay disparity between people of different genders, races or disability.

Key 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.

2. Engagement

As well as continuous engagement with staff regarding the culture and leadership programme, we will engage with the community 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. This is led by our clinical service connecting with patients and donors as reflected in their delivery plans.

Key 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.

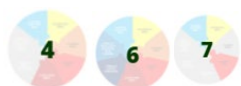
3. Accessibility

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 2026-2027
- Any regulatory changes regarding accessibility are translated into service plans.

DEVELOPING OUR INFRASTRUCTURE TO SUPPORT HIGH QUALITY CARE 2026 – 2029



Our strategic priorities for Estates for this Plan are:

- A safe and high quality estate which provides a great experience
- Healthy buildings and healthier people
- Minimising our impact
- Use our estate to deliver the maximum benefit and social value to the community.

Summary of the major estates projects:

Talbot Green Infrastructure – further detail below

- Year 1 - Progress, depending on Welsh Government approval process, works to complete Enabling Works scope and work to complete FBC for whole programme.
- Delivery in 2028/9.

Estates and Facilities transition and readiness for new Velindre Cancer Centre – further detail below

- Year 1- Target Operating Model, Organisational Design and Development, Readiness and Testing.
- Year 2 and 3 – Operating

Readiness for post construction management of Mutual Investment Model – further detail below

- Year 1- Target Operating Model, Organisational Design and Development, Readiness and Testing
- Year 2 and 3 – Operating.

Old Velindre Cancer Centre – Decommissioning/ Conversion for future use

- Year 1 – Business Case completed and submitted
- Year 3 – Work completed

Old Whitchurch Hospital disposal

- Year 1 - Disposal process complete, subject to market

Health Safety and Fire

The objective of this Plan is to continue to implement an effective Health and Safety Management System, based on best practice. The first year of implementation in 2025/6 included the delivery of the first three Principles. For this plan:

- Year 1:
 - P4 Risk and Opportunities
 - P5 Learning from Events
 - P6 Occupational Health
 - P7 Asset Management
- Year 2:
 - P8 Contractor and Supplier management
 - P9 Communication
 - P10 Emergency Preparedness
 - P11 Measuring Performance

Well-being of Future Generations Act

The objective for this plan is the more effective embedding of the Act into the refreshed Trust Strategy by end of Year 1.

Sustainability

- **Travel Plan** - Year 1 - Refresh the Trust Travel Plan (2028)
- **Climate Adaption** - Year 1 - Continue delivery on climate adaption risks, working with the Climate adaptation leads across NHS Wales.
- **Energy** - Year 3 - Remove gas from all sites and invest in renewable energy for all sites
- **Sustainable funding model for change** - Year 2 - Model for funding streams and management of savings, building on Site Improvement Plan approach.

Talbot Green Infrastructure (TGI) Programme

The Welsh Blood Service – Research, Development & Innovation Strategy (Dec 2024) will guide the Welsh Blood Service’s research activities and partnerships with academia and NHS organisations, linking to funders, industry partners and educational leaders in the supporting infrastructure to perform research, development and innovation (RD&I) with the aim of improving the lives of people in Wales. Its implementation will ensure the research, development and innovation objectives of the *Welsh Blood improvement strategy* and *Velindre University NHS Trust Destination 2033* are further defined and met.

- The mission that supports this strategy and vision are:
 - Centred on improving patient and donor care
 - Advancing blood components
 - Advancing transplant research in Wales
 - Using Innovation and Value-Based healthcare to improve services and performance
 - Using collaboration to sustain RD&I
 - Serve the people of Wales by supporting international initiatives
 - Enhance the impact of RD&I and celebrate success

The TGI business case therefore sets out the investment, help and support required to provide the technical infrastructure, systems and expertise to deliver a sustainable and future-proofed service that will enable the strategic objectives of the WBS and VUNHST to be realised whilst delivering the 7 strategic themes and service development plan of the WBS.



This project will support the aims and objectives of the Trust and WBS by also:

- Improving the quality and quantity of research undertaken by the Trust/ service
- Providing donors with the best care and experience possible and ensure they continue to feel fully valued
- Providing an opportunity to promote blood donation to grow the donor pool via improvements in infrastructure for efficiency and data integration
- Improving donor care through the development of research activity at the Welsh Blood Service and utilise research and development activity to support the delivery of evidence-based care.
- Supporting the Plasma for medicines Programme
- Supporting development in the Advanced Therapies arena

The Talbot Green Infrastructure project is listed as a key deliverable within the Transplantation Services Modernisation Programme and seeks to transform our Talbot Green site into a modern, sustainable and resilient national facility that supports the long-term delivery of blood, stem cell, laboratory and logistics services for NHS Wales. This programme will ensure that our infrastructure is fit for the future, supports service growth and provides the environmental and operational standards required for the next 50 years. Key activity within this programme include:

- Outline Business Case (OBC) Development and Submission March 2026
- Business Justification Case (BJC) Advanced Works Development and Submission March 2026
- Final Business Case (FBC) Development and Submission commencement September 2026

Conclusion and approval of the various stages of business case will pave way for a construction programme that will realise the purchase of Welsh Wound Innovation Centre (WWIC) aimed to support the WBS long term strategies included plasma for medicines and apheresis, while acting as much needed decant space to support a 42 month construction programme, with works concluding in the quarter 2 of 3032.

Support Services and Mutual Investment Model (MIM) Readiness for the new Velindre Cancer Centre (nVCC)

The Operating Model is designed to enable the objective of the nVCC: “To provide a state-of-the-art, patient-centred facility focused on delivering high-quality cancer treatment and research, while also prioritising sustainability and a positive patient experience”.

Deliverables

Design of the MIM Operating Model

- Operational Term Governance
- Oversight and Strategic Management through the Senior Responsible Owner
- Contract Commercial Management (Finance)
- Contract Operational and Compliance Management (Estates and FM)
- Enabling Workstreams:
 - Systems
 - Data and Reporting
 - Resources
 - Handover and Training
 - Benefits Realisation
 - Communications

Key Milestones

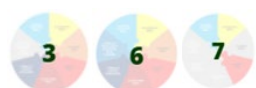
- Establish Project management arrangements – Q1 26/7
- Project Plan – FEBRUARY 2026 – COMPLETED
- Principles Paper – Q1 26/7
- Draft Project Agreement Handbook (Part B) – Q1 26/7
- Enabling workstreams Plan – Q1 26/7
- Draft Contract Management Plan – Q1 26/7 2026
- Final PA Handbook (Part B) – Q2 26/7

Portfolio Management

The Trust has been incrementally implementing Portfolio Management across the organisation, in order to effectively prioritise across the whole portfolio of change, manage resources effectively and further sharpen our effectiveness of delivery and implementation, and strengthen Trust wide controls in reporting, scheduling and risk management.

The **Portfolio Management integration into our Trust Board**, Executive Board and into our Trust Board decision making and assurance processes is being effectively utilised to support our major capital infrastructure programmes.

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).



PARTNERSHIPS

Building strategic partnerships in an NHS Trust means aligning its mission, priorities, and resources with external groups—such as healthcare providers, local authorities, voluntary organisations,

research institutions, and industry—to benefit patients, staff, and the broader health system. The following are the main objectives of our partnership strategy:

1. Enhance Patient Outcomes and Experience
2. Enable System-Level Integration
3. Accelerate Innovation and Research
4. Build Organisational Resilience and Capacity
5. Promote Sustainability and Value
6. Strengthen Governance, Transparency, and Compliance
7. Engage Stakeholders and Communities

Overview:

Key priorities	What we expect the plan to deliver ?
Cardiff Health Partners	• Health innovation, anchored in Cardiff, connected for global impact. • The model reduces barriers through shared governance, streamlined research delivery, and federated data access. • It is health improvement and economic growth and regeneration, delivered together. • Significant progress on a long-term strategic partnership for cancer therapies. Year one will include an investment strategy.
South East 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. Year one to include an agreed workplan and delivery of the Trust's role in contributing to the wider regional health system.
South East Wales Regional Cancer Programme	• The Programme's 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. • Products/Actions/ Deliverables

	• Support consistent approach to MDTs across SEW by supporting implementation and spread of NHS P&I's MDT Charter and associated 'Bridging Document' to be published March 2026. • Year 1 delivery – Q4. • Impact - Consistent approach and standards across all MDTs which are auditable and support identification of resource gaps. • Regional Oncology workforce plan • Year 1 delivery – Q4 • Impact - Establish a regional oncology workforce baseline with an associated Workplan Plan to address any gap identified. • Shared Patient Treatment List (PTL) established • Year 1 delivery – Q4 • Impact - Cancer patients tracked in real time across their pathway with all the relevant demographic, referral, clinical and operational data visible to those responsible for patient care. Hospital Initiated Referral (HIR) from Individual HBs into VCS will also provide an in-built validation to the PTL
Cardiff & Vale UHB Executive Partnership	Cardiff & Vale University Health Board and Velindre University NHS Trust share a long-standing partnership that has been central to delivering high-quality cancer services for the population of South East Wales. In 2025/26, this relationship was further strengthened through the establishment of a formal partnership programme designed to support a unified strategic response to an increasingly complex and rapidly evolving oncology landscape. The partnership aims to ensure both organisations can meet the challenges and opportunities created by rapid innovation in oncology, including the emergence of Advanced Therapy Medicinal Products (ATMPs). These treatment advances offer significant potential to improve outcomes but require new delivery models, enhanced acute management pathways, and closer integration across provider boundaries. Guided by an Executive Partnership Group, the collaboration focuses on joint strategic planning and the development of sustainable models of delivery for complex oncology and advanced therapies. This work aims to streamline patient journeys and improve patient experience, ensure timely access to appropriate care, and maximise the use of combined expertise and estate across both organisations.

As we look ahead to 2026-27, the partnership will turn its strengthened foundations into a coordinated and deliverable programme of work. Key priorities include:

- Developing a shared partnership vision and future model of care. This will provide the strategic framework for decision-making and support the development of a phased delivery plan and mobilisation of key workstreams.
- Reviewing the options for the shared delivery of lower-acuity haemato-oncology services. This work offers a practical and manageable starting point for testing joint ways of working and establishing the foundations for shared service delivery across both organisations.
- Providing a coordinated provider planner input into the Advanced Therapies Wales Therapeutic Apheresis Project.

Priority action

We will develop and mobilise a coordinated programme of joint service planning across oncology, haemato-oncology and advanced therapies with an agreed future model of care, defined workstreams, and a phased delivery plan in place.

Key Milestones

Joint Model of Care

- Develop and agree Vision for the Partnership and delivery 'Roadmap' Q1
- Model of Care enabling workstreams established Q1
- Develop and agree phased delivery plan Q4

Haemato-Oncology Project

- Agreed service specification for low-acuity haemato-oncology services developed Q2
- Baseline assessment and demand capacity analysis of lower-acuity haemato-oncology services undertaken and gap analysis undertaken Q2
- Develop and agree preferred Model of Care for low-acuity haemato-oncology services Q4
- As part of the ongoing partnership between Cardiff & Vale UHB and Velindre University NHS Trust, strategic cancer prevention has been identified as a key area where collaborative working can deliver greater impact than independent efforts.
- Scoping sessions have been held between Velindre and CAVUHB colleagues confirmed a shared commitment to strengthening the prevention agenda. Both organisations recognise the opportunity to

	maximise research, development and innovation (RD&I) potential and to embed prevention more systematically across services. Milestones for delivery Q2 2026: • Reviewing primary care cluster profiles to identify areas with the greatest potential impact. • Reviewing the MECC training offer across both organisations. • Developing a draft high-level plan to guide early collaborative activity
Welsh Blood Service RD&I Partnerships	The Welsh Blood Service – Research, Development & Innovation Strategy (Dec 2024) will guide the Welsh Blood Service’s research activities and partnerships with academia and NHS organisations, linking to funders, industry partners and educational leaders in the supporting infrastructure to perform research, development and innovation (RD&I) with the aim of improving the lives of people in Wales.
Sustainability Driven Partnerships	Impact will continue to be evidenced in sustainable outcomes by end of year one through the following partnerships: • All Wales Walking Aid Recycling scheme • Climate Adaptation Leads across NHS Wales collaborate through regular meetings and shared platforms to align actions, reduce duplication, and share best practice • Genetic Hemochromatosis pathway
Hefyd Partnerships	Impact will continue to be evidenced in patient, staff and community outcomes by end of year one through the following partnerships: • Arts in Health Programme • Nature-Based Social Prescribing • Sustainable Jamborees
Industry partners	We are developing and strengthening our relationships with industry partners to support our research and innovation plans, with Varian, Acorn and Pfizer and others, to improve access to new and emerging treatments and therapies for our patients and donors.
National Leadership	Our Chief Executive Officer is a member of the NHW Wales National Cancer Leadership Board and Cancer Reference Group to provide system leadership in the governance structures to improve Cancer Service delivery in Wales; with detailed delivery managed through our role in the South East Wales Regional Programme. Welsh Blood Service continues to play a key leadership role in the Blood Health National Oversight Group (BHNOG).

Our work with Cardiff Health Partners, Health Boards, and Hefyd are examples of our contributions to developing Integrated Care Systems, and our support to the principles of Community by Design.

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%). 47 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.

Digital Services

'Digital Excellence 2033', is the digital vision and strategy for Velindre University NHS Trust. Digital technology, data and services provide us with the opportunity to make a real shift in the relationship between health and care professionals, the people we serve and the healthcare services we provide. We need to ensure we address the fundamental challenges of modern and accessible cancer and blood services which requires high quality data; and accessible information to enable effective clinical decision making.

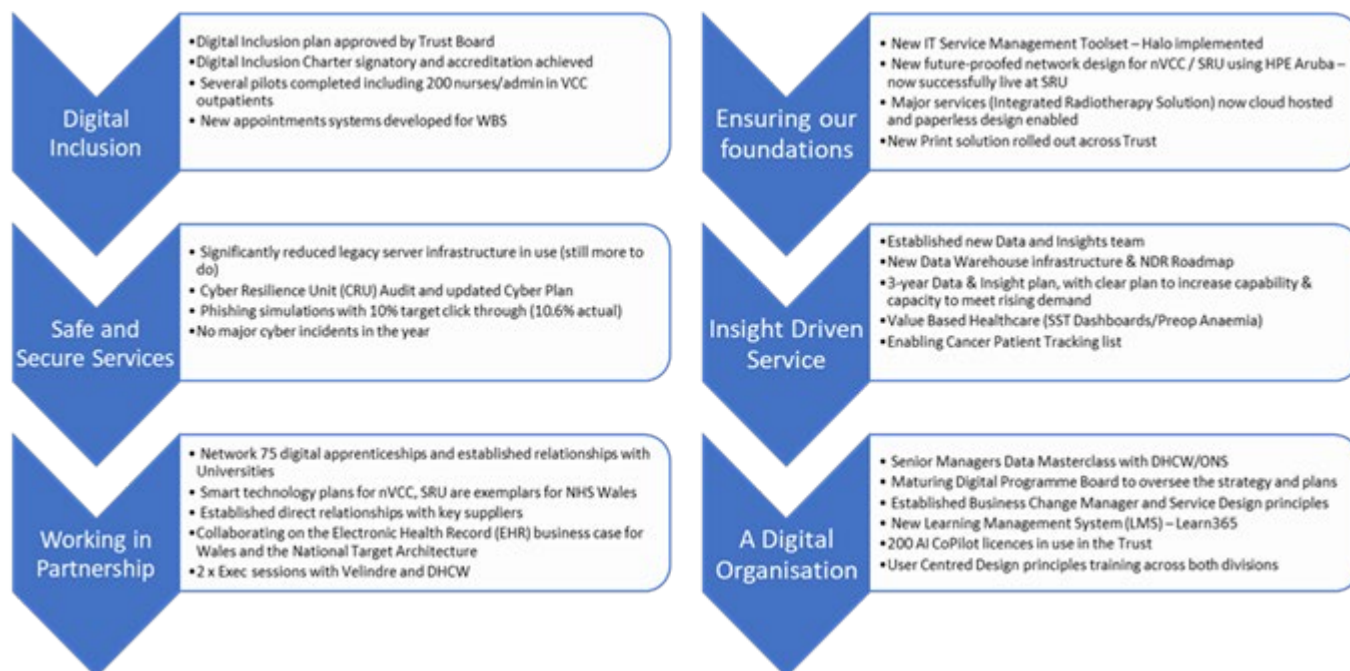
We are now two years into our journey of designing services in partnership with staff colleagues, patients and donors, which will ultimately allow us to reimagine services and provide a more personal experience enabled by digital technology.

There are six core digital themes, guiding our transformation and delivery of connected, people focused, personalised and sustainable services.

The development of these core foundations must be achieved to support the development and deployment of new technologies and capabilities such as robotic processing automation; artificial intelligence; and wearables.

We, together with the wider NHS are faced with workforce challenges. In a competitive employment market for digital specialists, we need to ensure we can develop the capability and capacity of our digital teams to both ensure our essential services are maintained alongside the opportunities to be pioneers in digital health care in Wales.

Since 2022, following the launch of our digital strategy, the Trust has made good progress against all the strategic themes, and the infographic below highlights 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 (PROMS) 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 200 staff. Trust AI strategy and policies have been developed and through the plan we will continue to support NHS initiatives including using AI for clinical coding.



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 will 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. This IMTP plan includes the nVCC Digital programme which will enable nVCC. Velindre Cancer Services are also taking a system leadership role through the implementation of advanced Cancer Patient Tracking Lists (PTL) and the IMTP will establish how these can be used to improve SCP pathways across the region.

The Welsh Blood Service has several new digital capabilities enabled in the IMTP, including a new Blood Establishment Computer System, the continued digital transformation of the transplantation service, introduction of the new national LIMS system for blood transfusion and building the business for digital transformation of the Welsh Bone Marrow Donor Registry. A new 20-year partnership for the supply of an overall Blood Establishment Computer System has been procured and will be implemented over the next three years including transformation digital capabilities such as Donor Relationship Management and is planned for go-live 2027-2028.

Good progress continues to be made against the **Ministerial priorities** as set out at the National Digital, Data and Technology (DDaT) Leadership Board. The Trust has been fully engaged with the development of the National Target Architecture and is using this as the basis for decision making in the IMTP, is actively using the National Data Resource (and provides chairs for two of the NDR governance groups). The Trust is also actively engaged with the NHS App team, and the plan would focus on opening up appointment and referrals in the App and the integration of the nVCC 'Digital Front Door' into the App. Electronic Prescribing and Medicines Administration is underway, in collaboration with Better Meds, and is due to go-live in Oct 2026.

Velindre Trust is actively contributing to the National Target Architecture and National Data Resource programmes as they offer a clear route to strengthening interoperability, improving data quality, and enabling more consistent, modern digital services. By adopting shared national standards and platforms, we can reduce duplication, enhance security, and unlock better insights to support clinical care and strategic decision-making, positioning the Trust to benefit fully from national

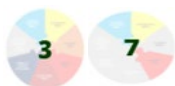
solutions and faster system-wide innovation. For example, we are fully engaged in the NDR proof of concept to develop AI tooling for Clinical Coding. As a high performing coding unit that is meeting current quality and performance measures, we recognise that we need to embrace innovation to maintain that performance whilst continuing to offer a thriving environment for our coding professionals.

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 (RISP) and Laboratory Information Management System (LIMS) 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.

Cyber security remains a key priority for this plan, and we will continue audits through the Cyber Resilience Unit to inform our Cyber Improvement Plan which is assured at Board Committee level. Legacy infrastructure continues to be actively managed down, although will still be a key capital item for the IMTP period. As an example, the Trust has now completed device moves from Windows 10 to 11, well ahead of other NHS Wales bodies. Continued focus in the ongoing place is placed on educating staff with statutory training ahead of the 85% target and regular Phishing simulation exercises undertaken. The improvement plan also includes regular testing of cyber resilience, and the Trust will continue to participate in National testing exercises.

Recognising that Digital Excellence is not about just technology the Trust has achieved accreditation against the Digital Inclusion Charter for Wales managed by Digital Communities Wales (DCW). This marked a significant milestone in its commitment to digital equity and innovation. This prestigious recognition celebrates Velindre's efforts to embed digital inclusion across all levels of its organisation, from strategic planning to frontline service delivery. DCW praised Velindre's approach as a "model of best practice," highlighting its ambition, innovation, and people-centred ethos. Continued work on digital inclusion in our digital activities is a key part of the IMTP.

In particular the digital elements of the IMTP will take forward our Digital Excellence through:



Ensuring our Foundations

Brilliant Basics are the things that we need to have in place to ensure our services are based upon robust and stable foundations. These are the areas which impact on the digital experience of our patients, donors, partners and staff. We are committed to a number of key improvements including a single log-on for our clinical/professional staff; provision of a Digital Front Door for patients and donors to access our services; and provision of high-quality devices and equipment for our staff; who can access clinical and administration systems from anywhere as we continue to move to cloud based solutions. We will support our drive for improved efficiency through the implementation of modern digital system and scaling of the use of robotic process automation and artificial intelligence.



Digital Inclusion

We will support people to become more digitally confident, included and connected. Our patients, donors and staff need easy access to our services 24/7, from any location across Wales in support of our clinical services for cancer and blood which will see us providing more care at home; locally within Health Board/community settings with people only having to travel for highly specialist services. We will create a Digital Front Door for patients and donors where they can access our services; enable the use of hand-held devices to allow easy use; and provide staff, patients and donors with education and support in using technology to access services. We achieved the Digital Inclusion Charter in 2025 and will continue to progress our work in this area to further enable the communities we serve.



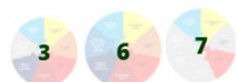
Safe and Secure Services

We will secure our data and information through an effective approach to general data protection and cyber security, working in collaboration with the Cyber Resilience Unit and the National Cyber Security Centre. This will include a refresh of our infrastructure network and software to ensure compliance with Network Information Systems Standards; education and training for staff; and routine testing exercises and learning.



Working in Partnership

We are working with a range of people to develop and deploy technology which provides better services; and makes Wales an attractive place to partner with to innovate. We will continue to work with the local universities and commercial partners to identify how we can use digital technologies, such as artificial intelligence, to solve some of the challenges we face. We will use our existing Innovation Network and the Centre for Collaborative Learning and Innovation, opening in the new Velindre Cancer Centre in April 2027, to co-ordinate activities.



A Digital Organisation

We are working with patients, donors, staff and partners to create a service culture that embraces the use of digital technology to offer the best quality services. We will support the development of 'digital first culture' by supporting clinical, nursing and scientific staff to become digital leaders; continuing to invest in our staff through formal education programmes and opportunities to learn. We will see a significant step towards becoming a paperless organisation through the digitisation of all of our cancer service records and the implementation of a paperless radiotherapy system; electronic prescribing and by refreshing our Blood Establishment Computer System and Laboratory Information Management System. These are pre-cursors whilst we await Welsh Government policy on a move to a Once for Wales Electronic Health Record platform.



Insight Driven Services

This is a key area of the digital strategy and also threads throughout all of our service delivery and the IMTP. Data, information and insight plays a vital role in supporting effective decision-making and service delivery which supports a quality driven, clinically led and population/value focussed approach. We are developing individual-level clinical insights which will help us to support individual performance and development of our people and progress our plans to build internal data science

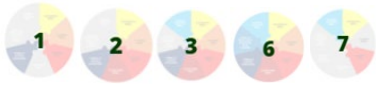
capabilities through the development of our data repository/platform; improving our reporting dashboards; and developing our analytical capability through investment in our staff.

We will continue to work with DHCW and our Local Health Boards, to take full advantage of the National Data Resource; sharing of clinical information which supports our collective ability to deliver high quality operational and patient experience insights and improved clinical outcomes and population health.

Our immediate focus for the next three years is to accelerate the development of our range of quality measures; increase data sharing across NHS Wales and build our internal capacity and capability to enable our staff to confidently self-service their data needs. We have recruited a number of key roles including information security, data governance and analytics and will continue this investment in the coming years.

In line with the Trust's portfolio management strategy the digital IMTP initiatives in the table below are recognised as being Tier one for size and scale.

		Key actions		
IMTP Priority	Objective	2026-2027	2027-2028	2028-2029
nVCC Digital	Digitally enable the new Velindre Cancer Centre and support the transition of the VCS service model into nVCC	Planning and Implementation Sep '26 Beneficial Access – infrastructure commissioning	Apr '27 – nVCC opens Day + 1 optimization	Day + 1 optimization
WHAIS	Digital Transformation of the Welsh Histocompatibility and Immunogenetics Service	Phase 1 go-live and stabilisation	Phase 2 scope Transfer to Business as Usual	
Radiology Informatics System Programme (RISP)	Establish a new Radiology/PACS system on the National RISP platform.	Readiness for Service (Apr ' 26) Stable Operations (May '26)	Optimise system Transfer to Business as Usual	
Welsh Laboratory Information System (WLIMS 2.0)	Precursor for digital connectivity for the Infected Blood Inquiry digital solutions.	Blood Transfusion Module go-live in WBS and HBs	Digital Connectivity scoping for IBI	Digital Connectivity implementation for IBI
Blood Establishment Computer System (BECS)	Establish a new BECS for the Welsh Blood Service by Oct '27.	Scope Minimum Viable Product Implementation, Configuration	Testing, Validation Oct '27 go-live for Minimum Viable Product	Additional BECS modules including: Hospital ordering; Donor relationship management



Value Based Healthcare

Funded by the Welsh Government, the Value Intelligence Centre works across the organisation to enable the optimisation of care through Value Based Healthcare. The team works closely with the Value Transformation directorate and Value Based Healthcare teams across Wales to share best practice.

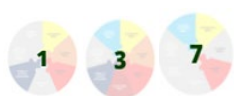
Our vision is to enable clinical and operational teams to deliver exceptional services, using linked datasets to identify and deliver continuous improvements that maximise the value, quality, safety, and efficiency of the care our patients and the service our donors receive.

The programme is structured around the following workstreams:

- **Training, Engagement and Communication:** Creating, sharing and delivering developmental information to staff at all levels to build confidence and incentivise uptake of VBHC projects. This includes publishing case studies, participating in webinars and conferences.
- **Technical Development:** Developing tools to enable linked data sets (e.g. activity, outcomes and use of resources) to be accessible to services to inform decision making. An example of this is the SST dashboard which is now live and has supported teams to identify and address unwarranted variation. It is regularly iterated to meet service needs. The team will facilitate the Cancer Service to benchmark performance (resource efficiency, waiting times, quality) with peer organisations in England. This recognises the unique challenges that Velindre faces in comparing organisational effectiveness within Wales.
- **Data Maturity:** Working to ensure that the accuracy and completeness of data within patient IT systems is sufficient to enable meaningful analytics. Priorities are agreed through working with service areas to identify and resolve the most impactful issues. The work here aligns with the Women's Health Plan (improving capture of Breast patient metastatic status) and Marmot Principles (tackle the inequitable distribution of power, money, and resources, through conducting an assessment of the digital PROMS (patient reported outcome measures) access and response status. This work will identify where we have inequity in the capture of PROMS (digital health assessments) across key demographic characteristics. This will inform work to address this inequity.
- **Data Driven Sense Making and Action Planning** Supporting the operational teams to improve the value of the services provided with project management input.
 - enabling patients to self-administer treatment (where licenced) to improve the conditions of daily life and social value of care,
 - assessing the impact that Frailty has on Velindre patient outcomes and use of resources,
 - collating Transport arrangements in place for blood products with WBS and the Health boards to identify inequity,
 - implementation of PIFU-enabled pathways (patient initiated follow-up) to enable patients who are not under active treatment to continue to access clinical input if and when needed without the need for ongoing follow up appointments
 - Supporting ongoing work to enable people with Genetic Haemochromatosis to donate blood as part of their ongoing treatment (see below).

- **Digital PROMs Platform:** Velindre Cancer Service now has an active Digital Health Assessment system that is operating across 5 services, with plans in place to implement across all pathways over the next 2-3 years. This enables the service to capture PROMS, conduct symptom monitoring and pre-SACT checks digitally. Roll out will include work to support patients that are not familiar with using their phones in this way, and use of a tablet on site for those who don't have this technology to hand. Analysis of access and response rates to understand any inequity is scheduled for next year. The Cancer Service is actively working with the Welsh Cancer Network to gain agreement on national sets of PROMS and with international organisations for agreement for a set for Bladder Cancer. Uniquely, the system will be used to capture outcomes from donors via the Welsh Bone Marrow Donor Registry. These outcomes will supplement the regular health checks carried out for this cohort of donors. Associated activity to enable clinicians to easily access and analyse the responses will take place in parallel with the system implementation.

Funded by the Welsh Government, the Value Intelligence Centre works across the organisation to enable the optimisation of care through Value Based Healthcare. The team works closely with the Value Transformation



Velindre Oncology Academy

The Velindre Oncology Academy has been established to provide non-surgical specialist oncology training, along with other related education, to multi-professional staff across Wales (and beyond).

Ambition:

To continue the expansion of the Velindre Oncology Academy's training prospectus to meet oncology workforce development needs across Wales, and to secure the long-term success of the Academy. By March 2027, we will develop and implement a three-year strategic plan that includes clearly defined KPIs for learner progression, programme quality, and financial sustainability.

The Academy will offer both university-accredited and non-accredited training programmes, positioning itself as the oncology training provider of choice for Health Education and Improvement Wales(HEWI), NHS Performance and Improvement(P&I) and NHS Wales partners.

End Quarter 1 2026-2027:

Level 4 Cancer HCSW qualification tender process - by May 2026, complete and submit a high-quality tender ensuring all requirements are met, stakeholder input is incorporated and bid is quality assured through internal processes

Operational delivery of 'Communication and Psychological Skills' module Target of 20 students with 100% student places filled by start date

Measures:

- Timely submission with 100% of QA compliance completed prior to submission
- 100% student places filled by start date of 14th April

End Quarter 2, 2026-2027:

- Increase reach and reputation - By September 2026, increase the academy's visibility by continued delivery of the marketing and communication plan and a 50% increase social

media and website engagement metrics by 50%, as well as present and exhibit the academy's work at a minimum of 2 national/international events

- Operational delivery of 'Immunotherapy' module – Module start date of September 7th. Target of 20 students with 100% student places filled by start date
- Operational delivery of 'Leadership and Quality Improvement' module – Module start date of September 1st. Target of 20 students with 100% student places filled by start date
- Operational delivery of 2 day 'Advanced Communication' course to be run tri-annually – first course to be delivered in September. Target of 8 students per course with 100% student places filled by start date

Measures:

- Academy expansion - by September 2026, increase learner enrolment by 50%
- Increase the Academy's visibility – Achieve 50% increase in social media and website engagement metrics
- Presenting/exhibiting at least two national or international events by September 2026.
- 100% recruitment into the 'Leadership and Quality Improvement' and 'Immunotherapy' module
- 100% recruitment onto the 'Advanced Communication' course.

End Quarter 3, 2026-2027:

Curriculum development - by December 2026, design and launch an updated curriculum framework that includes new and revalidated short courses/accredited modules based on stakeholder feedback, evaluations and horizon scanning. Increase learner enrolment

Measures:

- Updated curriculum framework - completed and approved by December 2026 with 100% of framework components delivered
- Module launches – by December 2026, delivery of 4 new modules

End Quarter 4:

- Operational delivery of 'SACT' and 'Acute Oncology' module – Exact Module start dates to be confirmed. Target of 20 students with 100% student places filled by start date
- Increase in short course offerings – new short course to be developed on operational throughout quarter 4. Subjects currently being determined through horizon scanning, benchmarking and stakeholder engagement. Will be announced in new curriculum launch in Q3

Measures:

- **Successful operational delivery of the 'SACT' and 'Acute Oncology' module - 100%** recruitment. Commencement of teaching on the planned start dates (to be confirmed)
- **Successful operational delivery of short course** – new curriculum to launch in Q3.

Efficiency & Productivity

Performance & Productivity

Following the assessment and report from the Ministerial Advisory Group on Performance and Productivity for NHS Wales, Velindre has focussed on efforts to benchmark performance and productivity against peer organisations with similar services. However, this has been difficult given the lack of available data and peer groups in Wales.

While the Trust is progressing multiple accreditation efforts which could lead to international benchmarking – for example, from the International Cancer Benchmarking Partnership (ICBP) and Organisation of European Cancer Institutes (OECI) – these are longer term initiatives with unclear benchmarking information; therefore, they cannot help with immediate improvement planning.

We do have however, an opportunity in the short-term to leverage data from cancer services in England. There is an opportunity to drive a rapid benchmarking initiative that can help Velindre leaders and front-line clinicians identify and align an effective improvement programme for results in 2026-2027.

1. Metrics categories, data definitions and time horizon

This work must be multi-disciplinary by default; therefore, we are leveraging the following data sources (Model Hospital System; publicly available NHSE datasets; annual reports; and board papers) to extract relevant metrics regarding:

- Workforce effectiveness
- Operational effectiveness
- Quality and clinical effectiveness
- Financial effectiveness

Through this work, we will include data definitions, which will help us identify which metrics are comparable between Wales and England, either as-is or through derived calculations or other methods of reconciliation.

We will also aim to collect the most recent data available (e.g. 2024-2025 or 2023-2024), and where available we will collect 2019-2020 data for a pre-Covid productivity baseline assessment.

2. Productivity and Efficiencies

The Trust is reviewing its productivity & efficiency using measures comparing:

- its specialist cancer services peer organisations in England – The Clatterbridge Cancer Centre, The Christie, Royal Marsden and Mount Vernon using Model Health System to identify areas of improvement
- its specialist Blood & Transplant services using the European Blood Alliance existing benchmark participants.
- Trust VCS & WBS productivity performance over time

The Trust has established an enablers Workforce Planning working group to review and shape workforce re-design to ensure the best use of staffing resources.

3. An integrated productivity programme for Cancer Services

Velindre has a number of boards, committees and working groups throughout the Trust, for planning and performance. Benchmarking performance and productivity work will be embedded within the existing organisational governance, following the benchmarking analysis and improvement planning milestones.

The work will include a mapping exercise to connect specific benchmarking metrics to the most appropriate governance structures, segmenting by metric category and nature of proposed actions. Our plan is a 10-week programme of work to undertake benchmarking analysis, improvement planning and integrated productivity programming

Set-up and metrics alignment		Benchmarking analysis and findings	Improvement plan design and confirmation	Productivity programme launch
Estimated Duration	2 weeks	3 weeks	3 weeks	2 weeks
Key activities	- Finalise scope, milestones and key touchpoints - Schedule key meetings - Explore, refine and finalise metrics list for benchmarking - Identify early hypotheses for improvement plan areas	- Conduct data collection of metrics list for Velindre and comparison set - Provide weekly review and refinement touchpoints - Iterate benchmark findings document	- Connect productivity findings to top areas for improvement plan - Engage with Velindre colleagues to explore current state in select areas - Finalise improvement plan	- Shape the integrated productivity programme - Finalise governance and linkage across Velindre - Embed ways of working internally for traction
Key meetings	▲ Kick-off meeting with project board ▲ Initial data and metrics discussion with Ops leads and D&I lead	▲ Weekly sessions with project board ▲ Validation of specific metrics with Data & Insights as required ▲ Initial benchmarking findings workshop	▲ Weekly sessions with project board ▲ Early testing of data/reporting needs with Data & Insights ▲ Improvement plan prioritisation workshop	▲ Weekly sessions with project board ▲ Data and insights in-housing plan session for ongoing reporting ▲ Productivity programme working group launch
Outputs	- Validated project plan - Validated stakeholder list with key project touchpoints - Finalised metrics list	- Benchmarking analysis report with underlying data and any prompts created - Productivity findings and implications for Velindre	- Paper for EMB on a recommended improvement plan - Memo on maturing the benchmarking programme	- Integrated productivity programme structure report - Productivity programme roadmap and initial priorities - Handover documents

4. Initial Baseline Assessment of VCS Productivity Trend 2019-2020 to 2025-2026

Metric	2019-20	2025-26	% Change / Index
Activity	202,378	267,476	+32.2%
Expenditure (£) (Exc. NICE/HCD)	£53.6m	£67.1m	+25.2%
Workforce (WTE)	709	925	+30.5%
Outputs per WTE (Av. Labour Productivity)	285.5	289.1	+1.3%
Marginal Labour Productivity			301 episodes / additional WTE
TFP Index (£ input)	—	—	1.056 (+5.6%)
Avg. Productivity (ONS)	—	—	+0.9%/year

Summary of Interpretation

- **VCS has achieved real productivity gains:** Output is rising faster than both workforce and expenditure, meaning the service is delivering more for each unit of input.
- **Efficiency improvements are modest but positive:** Most output growth is matched by increased inputs, but there is still a measurable improvement in how efficiently those inputs are used.
- **Sustainable growth:** The ability to increase activity at a faster rate than costs suggest VCS is on a sustainable path, provided quality and outcomes are maintained.
- **Outputs per WTE (Av. Labour Productivity)** increased from **285.5 to 289.1** (+1.3%), indicating a modest but positive gain in efficiency per staff member.
- **Marginal Labour Productivity** shows each additional WTE contributed **301 extra episodes of care over the period**

- **Total Factor Productivity (TFP) Index (using expenditure): 1.056**
 - VCS delivered **5.6% more output per £ spent** in 2025-26 than in 2019-20 i.e. **average of 0.93% p.a.**
- **ONS Growth Accounting Framework (annual average productivity growth): 0.9% per year**
 - This demonstrates sustained efficiency improvements over the period.

5. 2026-2027 Productivity Quantifiable improvements

- Labour Productivity (Outputs per WTE) growth a minimum of 1% with a stretch target of 1.5%
- TFP growth a minimum of 1% with a stretch target of 1.5%
- ONS productivity growth a minimum of 1% with a stretch target of 1.5%

OUR FINANCIAL PLAN 2026 - 2029

Overview of our Financial Plan – 2026-27 – 2028-29

The Trust has had an approved Integrated Medium Term Plan (IMTP) since their introduction by Welsh Government (WG) in 2014-15. Central to IMTP approval has been the Trust's ability to consistently achieve a balanced out-turn position annually, whilst maintaining or improving the quality of our services, meeting the rising demand and delivering agreed performance measures.

This section sets out our Medium Term Financial Plan from 1st April 2026 to 31st March 2029. During this period, the Financial Strategy aims to enable the Trust to meet the anticipated growing demand for services whilst dealing with significant financial challenges due to a number of major strategic developments as part of the Trust's transformation programme. In addition, there are other significant cost and service pressures as well as the cost of implementing additional capacity to deal with rising demand, which will need to be funded by the Trust, Commissioners and Welsh Government in 2026-27.

As outlined in the Health Board Allocations 2026-27 document issued by Welsh Government, the Trust understands that a 1.11% uplift to Recurrent Discretionary Allocations will be provided in 2026-27. In line with the financial planning framework, we recognise that the funding settlement is intended to support inescapable demand and unavoidable core cost inflationary pressures. Further, the Trust recognises Welsh Government's expectation that an equivalent 1.11% allocation will be passed through to Provider organisations by Commissioners.

The Trust financial plan assumes that its Commissioners pass the 1.11% uplifts to the Trust via its Long Term Agreements (LTAs), which is clearly articulated in the allocation letter, which together with a 2.5% savings target, is a fundamental assumption in enabling the Trust to develop a balanced financial plan in 2026-27.

The Trust is expecting to deliver a balanced financial position over the 3-year IMTP period, however there are challenges and risks in achieving this.

The financial plan for 2026-27 consists of three distinct parts:

Core Plan -

Brought Forward Position:

- The Trust brought forward a balanced position into 2025-26, and despite the challenges from emerging cost pressures and service investment requirements, managed to maintain this position to enable a balanced position to be carried into 2026-27, however, there are risks associated with this.
- The Trust received significant challenge during 2025-26 from some of its commissioners in relation to the pass through of discretionary income from WG which resulted in the Trust agreeing to a non - recurrent reduction in NICE / High Cost Drugs income of £0.825m with Hywel Dda

(HD) UHB to reflect resources consumed rather than historic shares. This was managed in year on a non-recurrent basis by the Trust through a combination of increased savings target and reducing or mitigating cost pressures and reducing investment decisions.

- The Trust Finance Team have been in regular dialogue with our Commissioners regarding the Trust income assumptions. In order to reach agreement with Hywel Dda on LTA principles the Trust has had to agree a recurrent reduction based on the historic share's activity baseline funding of in 2026-27 which is on top of the £0.825m the Trust lost in 2025-26.
- The Trust has faced further challenges from HD in terms of the WG direct funding allocations such as Capital Charges, Pay Award, Energy funding, prior service development support and the National Discretionary uplift which total £0.605m (as at 2024-25) and are provided to the Trust via the LTAs as per the Trust funding model. Discussions are ongoing regarding the historic ring fenced allocations with a current gap in the position between Velindre and Hywel Dda of £0.290m. However, there is agreement from Hywel Dda UHB that on the Trust providing evidence to support these funding arrangements that Hywel Dda UHB will settle the full cash allocations.
- During 2025-26 Radiotherapy performance underachieved the income growth target set by £0.500m that was made to support capacity within VCS. A further risk is in addition to the £0.500m crystallized in 2026-27.

Growth Pressures:

- The 2026-27, 1.11% core discretionary uplift funding will be required to fund the significant underlying cost pressure caused by inescapable demand and unavoidable core cost inflationary pressures.
- The Trust Commissioners did not agree any additional funding in 2025-26 above the 1.77% general uplift, for either WBS or VCS to support service developments. Commissioners have also confirmed that no additional funding will be provided during 2026-27.
- Any marginal income growth during 2026-27 will be used to support the Trusts current underlying cost pressures meaning that there is no support for investment in Capacity.
- Divisional cost pressures above those recognised in the IMTP Financial Plan at this stage will either need to be mitigated, funded from existing budgets in service divisions or require additional savings above the £2.6m (2.5%) target already identified.

Savings Plans:

- The following table summarises the level of savings the Trust is planning to deliver during 2026-27 which will be required to support the level of investment decisions and cost pressures within the system.

Savings Plan	2026/27 £m
CIP Planned Savings	1.4
Income Generation	1.2
Total Savings / Income Generation	2.6
CIP % (of Core LTA values)	2.5%

Financial Plan

The plan aims to provide services with sufficient capacity to meet demand, whilst targeting improved levels of efficiency and productivity alongside sustained delivery against national targets and / or professional performance standards. In terms of efficiency the Trust has set 2.5% savings target of £2.6m in 2026-27.

In addition to this internal savings target and the associated savings schemes the Trust is leading on a number of all Wales service developments that are currently leading to, or will lead to, capacity release, cost avoidance and cost reduction in Health Boards.

The proposed financial plan has been developed using the latest assumptions regarding the Trust's expected income from Commissioners and Welsh Government, the likely cost pressures facing the Trust, both pay and non-pay inflation, and realistic, but challenging view of the cost saving and control potential of our services.

These assumptions have been discussed and planning principles agreed with Commissioners and Trust Board through the IMTP engagement process.

Whilst the Trust is submitting a three year balanced financial plan there is significant financial risk and challenges to deliver this plan particularly in the first year, whereby the Trust will need to hold any investment into Velindre Cancer Services and set a fairly ambitious savings target of 2.5%. However, the current expectation is that the Trust will maintain a balanced recurrent underlying position over the course of the three year IMTP period.

The formal agreement of the Trust income planning assumptions will be summarised within respective Commissioner Long Term Agreements for 2026-27 with planning principles having been agreed by the 28th February 2026 with a view to formally sign all agreements by May 2026. A summary financial plan reflecting the marginal revenue and cost impact for period 2026-27 to 2028-29 is presented in the following table:

Summary of Financial Plan 2026-29	In Year Effect £000	FYE of Recurring £000	In Year Effect £000	FYE of Recurring £000	In Year Effect £000	FYE of Recurring £000
Underlying Core Position b/f	0	0	0	0	0	0
b/fwd. underlying deficit	0	0	0	0	0	0
Revenue						
<u>Anticipated Commissioner Income:</u>						
LTA Core Uplift (1.11% 26/27 assumed 1% for 27/28 & 28/29)	1,141	1,141	1,028	1,028	1,038	1,038
VCS & WBS LTA Income Growth for NICE / Blood Products	11,200	11,200	11,728	11,728	12,336	12,336
VCS LTA Service Growth Investment	485	485	6,937	4,525	172	172
VCS LTA Marginal Income for Service Capacity Investment	1,135	1,135	1,000	1,000	1,000	1,000
<u>Anticipated WG Income:</u>						
New VCS MIM ASP Payments and Infrastructure Support	0	0	34,991	34,991	0	0
WG AME & Non Cash (Includes Accelerated Depreciation, Impairment Charge and IFRS 16)	14,784	0	11,521	0	7,721	0
Total Revenue	28,745	13,961	67,205	53,272	22,267	14,546
In year Changes to Operational Cost Base						
VCS LTA Service Growth Investment for IRS, AO, RSU, nVCC	(485)	(485)	(41,928)	(39,516)	(172)	(172)
VCS NICE Drug Growth	(7,678)	(7,678)	(7,678)	(7,678)	(7,678)	(7,678)
WBS Blood Derived Products Growth	(3,522)	(3,522)	(4,051)	(4,051)	(4,658)	(4,658)
VCS LTA Marginal Income for Service Capacity Investment (Held 2026-27)	0	0	(1,000)	(1,000)	(1,000)	(1,000)
National / General Cost Pressures	(1,571)	(623)	(1,433)	(337)	(1,526)	(275)
Trust / Divisional Cost & Service Pressures	(3,352)	(2,916)	(2,280)	(2,098)	(2,186)	(2,243)
WG AME & Non Cash (Includes Accelerated Depreciation, Impairment Charge and IFRS 16)	(14,784)	0	(11,521)	0	(7,721)	0
Total In Year Changes to Cost Base	(31,392)	(15,224)	(69,891)	(54,680)	(24,942)	(16,026)
Net Opening Balance before Savings	(2,647)	(1,263)	(2,686)	(1,408)	(2,674)	(1,480)
Savings Plan 2.5%	2,647	1,263	2,686	1,408	2,675	1,480
Net Opening Balance	0	0	0	0	0	0

MANAGING THE DELIVERY OF OUR PLAN 2026 - 2029

The Trust Board is accountable for the delivery of the Trust's IMTP and long-term strategic plans (Destination 2033; Velindre Cancer Service 'Shaping our Future' and Welsh Blood Service - Blood and Transplant Services for the Future).

They are supported by the Committees of the Trust Board who provide scrutiny and assurance to the Trust Board on all of the Trust's services and activities including the delivery of the IMTP. Further assurance on delivery is provided through the Board Assurance Framework (BAF).

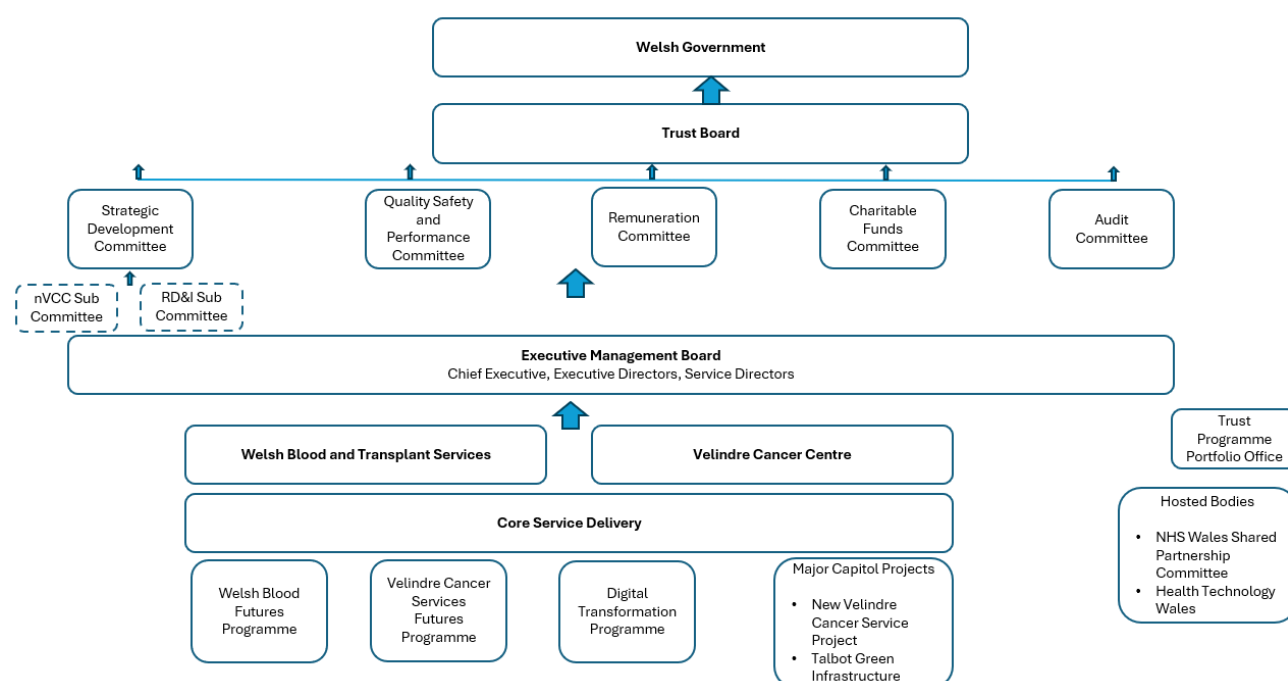
The Executive Management Board, chaired by the Chief Executive Officer and consisting of all Executive Directors and Directors, provides the leadership, monitoring and oversight of delivery of the IMTP, ensuring implementation is achieved; that the identified service improvements are achieved; and that patients, donors, staff and partners get the expected benefits.

The Executive Management Board is supported by the Portfolio Programme Office which provides oversight on the progress of the Trust transformation programmes (Velindre Cancer Service Futures; Welsh Blood Service Futures; Digital Transformation programme; and major capital projects (the Integrated Radiotherapy Solution; the new Velindre Cancer Centre; and the Welsh Blood Service Talbot Green site refurbishment).

The Trust Board is held to account for the delivery of the IMTP and its long-term strategic plans by the Welsh Government. The Trust routinely provides a range of information to the Welsh Government and a range of other external bodies/regulators. The Welsh Government holds the Trust to account for delivery via two main mechanisms: -

- the Integrated Quality, Planning and delivery meetings (quarterly forums)
- the Cabinet Secretary led Performance and Accountability Reviews

These arrangements are set out below.



Trust Governance

In 2025-2026 the Trust has reviewed the existing governance and Board and Committee structures. We will implement new governance structures in 2026-2027 to optimise arrangements to deliver alignment of accountability, risk domains and assurance routes. This will strengthen the Trust position within the Welsh Government Assurance Accountability Framework and revised risk based meeting cadence, to enable the Trust to operate effectively with the Four Domains' - Quality, Workforce, Finance, Delivery/Performance; underpinned by the Foundation Domain of Leadership; and will support the Trust's role to meet our ambitions in system leadership, innovation, and successful growth of major programmes for the public we serve.

This will be provided as a separate document due to the file size.

Appendix 2a:

2a Trust Delivery Plan – Welsh Blood Service

A Destination 2033: Strategic Goal (which Goal(s) will be taken forward 1 -5)	B Outcome required e.g. Timely Care; Safe Care; Effective Care with a great experience	C Strategic Objective that will drive the achievement of the outcome	D Deliverables: the key deliverable(s) in each year (by Quarter (Q1; Q2; Q3; Q4) for each year Note: 2026-2027 and 2027-2028 must be firm with 2028-2029 being indicative									E Expected Benefit (set out the benefit(s) for the patient / donor)	F Key performance indicator (how the improvement will be routinely measured)	G Target Performance for 2026- 2027 (what we expect the plan to deliver)
			2026-2027				2027-2028				2028-2029			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Outstanding For Quality, Safety and Experience	Quality, safety and value: doing it right, first time	TRANSPLANTATION MODERNISATION PROGRAMME Welsh Bone Marrow Donor Registry (WBMDR) Digital Project Implement a digital system within the WBMDR that meets current and future service needs, including enabling seamless connectivity between global registries.	Complete supplier engagement. Develop an outline business case for the procurement of the digital solution for WBMDR.	Procure digital solution for WBMDR.	Award contract.	Phased implementation of the digital solution.	Phased impleme ntation of the digital solution.	Phased implementation of the digital solution.	Phased implement ation of the digital solution.	Phased implementati on of the digital solution.	n/a	Global integration for better patient outcomes. Future-ready infrastructure. Operational efficiency. Improved service experience. Strategic insight and reporting.	Number of stem cell collections supported.	Modernise donor registry processes. Improved data quality. Strengthe ned our ability to match donors efficiently across UK and international registries.
Outstanding For Quality, Safety and Experience	Quality, safety and value: doing it right, first time	TRANSPLANTATION MODERNISATION PROGRAMME Expanding Stem Cell Services To expand Stem Cell collection services and explore opportunities for collection services for aligned registry services, Welsh transplant centres, other UK/International registries, and Advanced Therapy Medicinal Products (ATMP's).	Develop a collection model to include opportunities external to the registry. Commence implementation of phase 1 provision of services for third parties.	Continuing implementation of phase 1 provision of services for third parties.	Continuing implementatio n of phase 1 provision of services for third parties.	Continuing implementation of phase 1 provision of services for third parties.	Scope further phases.	Scope further phases.	Implement further phases.	Implement further phases.	Implement further phases.	Secure ATMP collections, increase in scope of services provided by the Registry by 2028. Increase Stem Cell collections to pre covid levels by 2028. Financial and reputational benefit, generating revenue via collections.	Number of stem cell collections supported. Number of ATMP collections.	Increased capacity to meet growing clinical demand. Improved pathways for donation, processing and clinical collaborati on.
Outstanding For Quality, Safety and Experience	Quality, safety and value: doing it right, first time	TRANSPLANTATION MODERNISATION PROGRAMME Integrated Cell Free Foetal DNA Testing Project	Implement Phase 2: Go Live of national services integration.	Continuing implementation of Phase 2: Go live of national services integration.	Close project.	n/a	n/a	n/a	n/a	n/a	n/a	Improved accuracy. Faster turnaround times.	Turnaroun d Times for Foetal D screening.	Delivering consistent, high-qualit y genomic screening services

		National integration of the Foetal D screening digital reporting solution.										Enhanced patient safety.		across Wales. Strengthening WBS's role within national diagnostic pathways.
An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Quality, safety and value: doing it right, first time	TRANSPLANTATION MODERNISATION PROGRAMME National External Quality Assessment Service Project (NEQAS) Implement an in-house digital solution to provide an external quality assessment service for clinical laboratories supporting organ transplantation.	Implementation version 1.1 of new digital solution. Implement version 1.2 (outstanding works and bug fixes).	Phase 2 development.	Phase 2 development	Phase 2 Implementation (Go Live)	n/a	n/a	n/a	n/a	n/a	Improved digital system allowing UK NEQAS to maintain and grow participants. Meet expectations of stakeholders e.g. customers and accreditors. Maintenance of accreditation.	Number of participants. Improved participant feedback rating.	Modernised external quality assurance system to support standardisation Improved benchmarking. Enhanced laboratory control.
Outstanding for Quality, Safety and Experience An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Quality, safety and value: doing it right, first time Sustainable services that deliver the greatest value to our communities	TRANSPLANTATION MODERNISATION PROGRAMME HLA-Selected Red Cells for Solid Organ Transplant Recipients - Feasibility Assessment Project To assess the feasibility of providing HLA-selected red cells for solid-organ transplant recipients in Wales, including evaluating donor panel size and suitability, cost-effectiveness, clinical demand and operational impact.	Begin feasibility assessment. Initial modelling of donor panel size required and costing.	Further modelling. Review outcome data from NHSBT pilots. Assess risks and regulatory issues.	Begin development of options appraisal.	Decision on whether to proceed to business case development. Close feasibility project.	n/a	n/a	n/a	n/a	n/a	Potential reduction in transfusion-induced complications for transplant recipient, supporting graft survival and improved clinical outcomes. Strengthened collaboration with clinical transplant units.	Transfusion induced complications for transplant recipients.	Review of antibody testing strategy, investigating provision of Human Leucocyte Antigen (HLA) matched red blood cells.
Outstanding For Quality, Safety and Experience	Quality, safety and value: doing it right, first time	TRANSFUSION MODERNISATION PROGRAMME Automated Blood Processing Project To enhance blood processing efficiency and reliability by evaluating and implementing automated solutions based on service requirements.	n/a	n/a	Trial on non DEHP on automated manufacturing solution.	Strategic decision point to automate manufacturing processes.	Procurement timelines to be defined if appropriate.	To be confirmed following strategic decision point in Q4.	To be confirmed following strategic decision point in Q4.	To be confirmed following strategic decision point in Q4.	To be confirmed following strategic decision point in Q4.	Service development / improvement. Maximise use of automation. Efficiencies.	Clinical demand for red cells met. Clinical demand for platelets met. Red blood cell stock stability.	Modernised manufacturing workflows that improve efficiency. Reduced variation. Enhanced resilience across Transfusion

														laboratories.
Outstanding For Quality, Safety and Experience	Quality, safety and value: doing it right, first time	TRANSFUSION MODERNISATION PROGRAMME Implementation of X-Ray Technologies Project To modernise irradiation technology by transitioning from Gamma to X Ray irradiation, in alignment with the UK-wide national initiative.	Validate chosen solution.	Complete validation & go live.	Decommission of existing irradiator.	Continue decommission and removal of irradiator (subject to Home Office timelines). Close project.	n/a	n/a	n/a	n/a	n/a	Service development / improvement. Efficiencies.	Turnaround times. Safety and quality metrics.	Improved turnaround times. Strengthened safety and reliability of component preparation
Outstanding For Quality, Safety and Experience	Quality, safety and value: doing it right, first time	TRANSFUSION MODERNISATION PROGRAMME Red Cell Immunohaematology (RCI) Review Project Review of Red Cell Immunohematology Service - Education, Training & Workforce model.	Develop workforce plan.	OCP consultation (if required) and implementation of outcomes.	Complete the transition to new workforce model.	Complete the transition to new workforce model. Close project.	n/a	n/a	n/a	n/a	n/a	Increase in staff wellbeing by creating an environment that meets best practice. Increase in retention and recruitment of staff. Increased opportunities for staff development aligned to workforce and succession planning. Increased workforce resilience and flexibility.	People & OD (POD) metrics.	Resilient and robust service delivery through workforce development. Increased staff retention and recruitment.
Outstanding For Quality, Safety and Experience	Quality, safety and value: doing it right, first time	TRANSFUSION MODERNISATION PROGRAMME Wholesale Product Management System Project To implement a robust wholesale product management digital system that streamlines product data handling, improves operational efficiency, and supports accurate inventory and pricing management for commercial products.	Progress with procurement of Oracle module.	Oracle module configuration. User Acceptance Testing (UAT).	Validation and implementation of Oracle module.	Project closure.	n/a	n/a	n/a	n/a	n/a	Service development / improvement. Continued service provision and business continuity.		Streamlined product data. Improved operational efficiency. Accurate inventory and pricing for blood derived medicines and other wholesale products.
Outstanding For Quality, Safety and Experience	Build a sustainable donor base that meets clinical need	BLOOD DONATION MODERNISATION PROGRAMME	Launch Donor & Advocate Forum (Donor Voices).	Embed the Donor & Advocate Forum.	Scale the impact of the Donor & Advocate Forum	Scale the impact of the Donor & Advocate Forum	n/a	n/a	n/a	n/a	n/a	Strengthened donor insight through structured co-design.	Forum participation rate.	Establish forum. Increased meaningful

	and represents the diverse communities we serve	Donor & Advocate Forum (Donor Voices) Project Creating a co-design forum that enables donors and advocates, including underrepresented groups, to actively shape future donation services, strengthening engagement and ensuring services reflect donor needs and experience.										Improved inclusivity by increasing participation from under-represented groups. Enhanced donor experience.	Proportion of participants from under-represented groups. % of forum-generated recommendations progress and implemented. Donor experience feedback.	Engagement with currently under-represented groups who are not yet participating in our services. Demonstrate measurable improvement in donor satisfaction for targeted services.
Outstanding For Quality, Safety and Experience	Build a sustainable donor base that meets clinical need and represents the diverse communities we serve	BLOOD DONATION MODERNISATION PROGRAMME Mobile Donor Application Project Introduce a mobile donor application, fully integrated with the BECS system, to enhance donor self-service, simplify account management, and strengthen WBS's overall donor engagement capability.	n/a	n/a	n/a	n/a	Project planning.	Procurement process.	Procurement process.	Implementation.	Go-live. Benefits realisation and project closure.	Increase retention of O- & O+ blood groups by 5%. 40% using the WBS app to make bookings.	Retention metrics. Utilisation of app. Donor experience metrics.	Provision of intuitive digital platform to book manage and track donations.
Outstanding For Quality, Safety and Experience	Develop great people and a great place to work	BLOOD DONATION MODERNISATION PROGRAMME Workforce Review Project (Clinically Led Donation Model) Collaborate with blood donation staff to review the current workforce model for blood donation teams and design a new, clinically led model under the leadership of registered nurses.	Implement blood donation team driver consultation outcome. RN/Supervisor/Deputy Supervisor OCP pre-consultation engagement.	Undertake RN/Supervisor/Deputy Supervisor OCP consultation.	Implement RN/Supervisor/Deputy Supervisor consultation outcome.	Implement RN/Supervisor/Deputy Supervisor consultation outcome.	Project closure.	n/a	n/a	n/a	n/a	Improved donor & staff satisfaction. Reduced SABRE reports by 10% within 12 months. Reduction in number of harm events by 20% within 12 months. 20% reduction in number of donor complaints. 10% increase in number of donor compliments.	Donor experience metrics. Quality & safety metrics.	A clinically driven, workforce modelled approach to blood donation activity. Capacity and skills aligned to clinical need.

Outstanding For Quality, Safety and Experience	Achieving excellence in research, development and innovation to improve outcomes for our donors and patients.	BLOOD DONATION MODERNISATION PROGRAMME Live Connectivity on Blood Donation Clinic Project Introduce live connectivity to systems and equipment on blood donation clinics, including the Blood Establishment Computer System (BECS).	Preparation for live incident reporting with at-source investigation (Datix).	Implementation of live incident reporting with at-source investigation (Datix).	Planning and scoping for live connectivity between clinics and BECS.	Planning and scoping for live connectivity between clinics and BECS.	Planning and scoping for live connectivity between clinics and BECS.	Test and validate live connectivity between clinics and BECS. Test and validate live connectivity between weighing and mixing equipment and BECS.	Go-live for live connectivity between clinics and BECS. Go-live for live connectivity between weighing and mixing equipment and BECS.	Benefits realisation and project closure.	n/a	Increased accuracy of donation data on clinics. Reduction in paper copies on clinic. Increased efficiencies at clinic. Reduced manual data collection and risk of data inputting errors. Increase in accountability.	Quality & safety metrics.	Enabled real time access to systems and data on mobile and static blood donation clinics.
A sustainable organisation that plays its part in creating a better future for people across the globe	Sustainable services that deliver the greatest value to our communities	BLOOD DONATION MODERNISATION PROGRAMME Fleet Implementation Strategy Project	Phase 2 – Procure Mobile Donation Clinic x 1 / Equipment Vehicles x 4)	n/a	n/a	Delivery of Phase 2	Phase 3 – Procure Mobile Donation Clinic x 1 / Small Delivery Vehicle x 3 / Large Delivery Vehicle x 4 / Minibus x 4	n/a	n/a	Delivery of Phase 3	Completion of fleet procurement project. Project closure.	Decrease in clinic and donor appointment cancellations. Reduced vehicle maintenance costs. Measurable carbon-reduction targets.	Sustainability metrics. Clinic cancellation metrics.	Reduced carbon impact. Modern fleet. Improved access to blood donation services.
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 A sustainable organisation that plays a	Quality, safety and value: doing it right first time Achieving excellence in research, development and innovation to improve outcomes for our donors and patients Sustainable services that deliver the greatest value to our communities Develop great people and a great place to work	TALBOT GREEN INFRASTRUCTURE (TGI) PROGRAMME To provide a facility at Talbot Green site that delivers safe, quality services, that meets standards for legislation, regulation and of accreditation bodies, can meet carbon neutral targets and is able to meet the future service requirements.	Approval process for Outline Business Case and Business Justification Case for advanced works (Energy Centre & purchase of Welsh Wound Innovation Centre).	Construction of Energy Centre begins August 2026 (if BJC approved).	Construction of Energy Centre continues (if BJC approved).	Construction of Energy Centre continues (if BJC approved). Develop Full Business Case (TBC) Submission of Full Business Case to Welsh Government (TBC).	Construction of Energy Centre completed April 2027 (if BJC approved). Approval process of Full Business Case (TBC).	Approval process of Full Business Case (TBC).	Construction begins (TBC).	Construction continues (TBC).	Construction continues (TBC).	Compliance with mandated legislative & regulatory standards. Reduction in energy consumption & carbon emissions. Ability to implement new services to meet demands of NHS service requirements. Increase in staff morale & well-being. Increase in donor satisfaction.		Infrastructure that is fit for the future, supports service growth and provides the environmental and operational standards required for the next 50 years.

part in creating a better future for people across the globe														
Outstanding for quality, safety and experience An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Quality, safety and value: doing it right, first time	DIGITAL MODERNISATION PROGRAMME Blood Establishment Computer System Project To procure and implement a new Blood Establishment Computer System (BECS) that ensures sustainable, secure, and efficient information management for blood manufacturing and tracking, supporting service continuity and compliance.	Scope minimum viable product. Configuration of infrastructure.	Configuration of BECS modules in line with current specification. Testing and validation cycles. Scoping of data migration.	Configuration of BECS modules in line with current specification. Commence data migration.	Data migration. User Acceptance Testing (UAT).	Final phase of configuration User Acceptance Testing (UAT) cycle. System Validation.	Go live readiness.	BECS go live. Post go live validation.	Achieve stable operations.	Additional BECS modules including Hospital Ordering; donor relationship management.	Real-time access to donation, stock, and demand data for better decision-making. Reduced risk of supply-demand mismatch and costly imports. Improved capacity planning and resource utilisation. Richer data for reporting and vein-to-vein monitoring in collaboration with health boards.	Quality & safety metrics. Turnaround times. Clinical demand met. Donor experience.	Upgraded core operational system. Improved digital workflows. Strengthened data integrity. End-to-end visibility across the donation, testing, manufacturing and distribution process.
Outstanding for quality, safety and experience An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Quality, safety and value: doing it right, first time	DIGITAL MODERNISATION PROGRAMME Welsh Histocompatibility and Immunogenetics Service (WHAIS) Laboratory Information Management System Project To implement a new Laboratory Information Management System (LIMS) within the Transplantation Services Laboratory to enhance data accuracy, workflow efficiency, and compliance with national standards.	Achieve stable operation post go live. Completion of post go live validation.	Commence Phase 2 WHAIS requirements delivery. Successful integration of demographic modules (Digital Health & Care Wales).	Complete Phase 2 WHAIS requirements delivery.	n/a	n/a	n/a	n/a	n/a	n/a	Improved testing efficiency. Enhanced traceability. Improved integration with wider laboratory and clinical systems. Improved patient experience.	Turnaround times. Safety & quality metrics. Patient experience.	Modern digital capability to support histocompatibility and immunogenetics services.
Outstanding for quality, safety and experience	Quality, safety and value: doing it right, first time	DIGITAL MODERNISATION PROGRAMME Welsh Laboratory Information Management System (WLIMS) Project – National Project Maintain active engagement in the national programme to support the development and enhancement of WLIMS modules for Blood Transfusion, followed by the	Secure internal go-live readiness.	Go Live currently September 2026 - TBC (Dependent on National programme)			Digital connectivity scoping for IBI.				Digital connectivity implementation for IBI.	Improved efficiency and accuracy through faster testing and real-time data. Enhanced service capacity. Improved patient experience.	Quality & safety metrics.	Improved interoperability across NHS Wales. Enhanced accuracy and timeliness of diagnostic reporting.

		implementation of the system within the Red Cell Immunohaematology (RCI) and Automated Testing Laboratories.												
An international y renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Quality, safety and value: doing it right first time	PLASMA FOR MEDICINES PROGRAMME Recovered Plasma Implementation Project	Develop processes to support the supply of plasma to Octapharma. Octapharma submission to MHRA to request that WBS be added to UK Plasma Master File (PMF). WBS to commence collection & testing of recovered plasma for fractionation. Octapharma audit of WBS.	Commence collection and testing of recovered plasma for Fractionation. MHRA approval for WBS recovered plasma in UK PMF & first immunoglobulin and Albumin products for clinical use received at WBS. New component codes to be added for medicines received back.	The first Immunoglobulin and Albumin products for clinical use received at WBS from Octapharma. Annual Epidata & PMF submission.	n/a	Cryo depleted plasma planning.	Cryo depleted plasma implementation	Annual Epidata & PMF submission	Project closure, transition to BAU.	n/a	Plasma available for fractionation in Wales. Production of essential plasma derived medicines for NHS Wales. Alignment with national plasma programme for recovered plasma.	Plasma specific metrics	strengthened resilience of the UK plasma supply chain. Reduced reliance on international imports. Enhanced contribution to national self sufficiency efforts.
Outstanding for Quality, Safety and Experience	Quality, safety and value: doing it right, first time	BLOOD HEALTH PLAN PROGRAMME Anaemia Management Project Optimisation of screening and management of anaemia across priority population groups in Wales.	Perform baseline review of Health Boards against the post-operative anaemia pathway.	Report baseline review of Health Boards against the post-operative anaemia pathway. Develop an action plan to support implementation of the post-operative pathway.	Following finalisation of the action plan in Q2, this plan will be updated to reflect the agreed next steps. Scope long term opportunity for compliance monitoring.	Following finalisation of the action plan in Q2, this plan will be updated to reflect the agreed next steps. Develop long term opportunity for compliance monitoring.	Following finalisation of the action plan in Q2, this plan will be updated to reflect the agreed next steps. Implement long term opportunity for compliance monitoring.	Following finalisation of the action plan in Q2, this plan will be updated to reflect the agreed next steps. Continue implementing long term opportunity for compliance monitoring.	Following finalisation of the action plan in Q2, this plan will be updated to reflect the agreed next steps. Continue implementing long term opportunity for compliance monitoring.	Following finalisation of the action plan in Q2, this plan will be updated to reflect the agreed next steps.	Following finalisation of the action plan in Q2, this plan will be updated to reflect the agreed next steps.	Reduction in avoidable transfusion. Prudent Blood Supply Chain. Reducing patient safety risk related to Blood Transfusion. Support Infected Blood Inquiry recommendations. Ensuring standardisation of care.	% preoperative anaemia prevalence. % major surgery event with anaemia screening. % patients ID with anaemia screened for iron assessment.	Improved anaemia diagnosis and management. Better surgical outcomes.
Outstanding For Quality, Safety and Experience	Drive the prudent use of blood across Wales	BLOOD HEALTH PLAN PROGRAMME Interoperative Cell Salvage (ICS) Project Ensure equitable and effective use of ICS as a core patient blood management initiative.	Finalise ICS review to establish effectiveness of current ICS utilisation across Wales and identify opportunities to enhance a standardised approach.	Implement recommendations of review.	Implement recommendations of review.	Implement recommendations of review.	Review and evaluate the effectiveness of the implementation plan, ensuring delivery against	Review and evaluate the effectiveness of the implementation plan, ensuring delivery against agreed milestones, identification of barriers, and timely	Review and evaluate the effectiveness of the implementation plan, ensuring delivery against agreed	Review and evaluate the effectiveness of the implementation plan, ensuring delivery against agreed milestones, identification	n/a	Reduction in avoidable transfusion. Prudent Blood Supply Chain. Reducing patient safety risk related to Blood Transfusion.	Total numbers of ICS. % infusion rate.	Equitable and effective use of ICS as a core patient blood management initiative.

							agreed milestones, identification of barriers, and timely adjustments to optimise impact.	adjustments to optimise impact.	milestones, identification of barriers, and timely adjustments to optimise impact.	of barriers, and timely adjustments to optimise impact.		Support Infected Blood Inquiry recommendations. Ensuring standardisation of care.		
Outstanding For Quality, Safety and Experience	Drive the prudent use of blood across Wales	BLOOD HEALTH PLAN PROGRAMME Genetic Haemochromatosis (GH) Pathway Project Enable individuals diagnosed with Genetic Haemochromatosis (GH) to access blood collection services for therapeutic and maintenance phase treatment through a nationally standardised pathway.	Develop GH Dashboard for Health Boards. Publicise data collected from Health Boards including sustainability metrics. Stakeholder Event to launch the GH referral pathway and begin roll out. Recruit medical students to review survey data.	Continue to develop GH dashboard for Health Boards. Apply for Clinical Fellow to support project (HEIW funding - not guaranteed).	Launch GH Dashboard for Health Boards. Further plans to be finalised subject to project funding.							Improved service choice and access for individuals diagnosed with GH. Optimised use of resources. National consistency. New donor pool for WBS (who can donate more frequently supporting blood supply resilience).	Number of new referrals. Outpatient clinic chair time saved. Staff time saved. Additional units of blood generated. CO2 emissions avoided. Cost savings. Patient experience metrics.	Expanded GH pathways. Increase in referrals to WBS. Community based management of eligible donors. Reduction of pressure on secondary care. Improved patient experience.

A Destination 2033: Strategic Goal (which Goal(s) will be taken forward 1-5)	B Outcome required e.g. Timely Care; Safe Care; Effective Care with a great experience	C Strategic Objective that will drive the achievement of the outcome	D Deliverables: the key deliverable(s) in each year (by Quarter (Q1; Q2; Q3; Q4) for each year Note: 2026-2027 and 2027-2028 must be firm with 2028-2029 being indicative									E Expected Benefit (set out the benefit(s) for the patient / donor)	F Key performanc e indicator (how the improveme nt will be routinely measured)	G Target Performanc e for 2026- 2027 (what we expect the plan to deliver
			2026-2027				2027-2028				2028-2029			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Expected Outcome: Set out what will be delivered e.g. establishment of a new service; delivery of a new treatment/test; a new building or equipment.			
An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Timely Care	Safe and Effective Transition of Services to the nVCC Site –Priority 1	Agree transition principles and approach. Workstreams with delivery plans and milestones in place for operational preparedness; move plan and execution; workforce; accommodation Develop transition plan for 'back office' functionality Finalisation of digital roadmap for nVCC readiness - including implementation plans	Develop transition programme for equipment, interface and operational commissioning - including dual running options Develop communication plan - operational Clarity on MIM governance - operational and clinical lens Accommodation design and delivery plan in place	Detailed planning and implementation of the equipment phasing and commissioning of radiation equipment Engage with workforce to support operational readiness and transition Finalise dual running plans and secure additional funds and workforce to support transition phase Finalisation of communication plans with external stakeholders	Transition to nVCC - - equipment and environmental testing and cleaning from service perspective - commissioning commences for first linac -training of staff to support operational readiness -procurement of goods and services to support operational readiness - workforce familiarisation and training Full implementation of agreed digital roadmap New aseptic unit impact assessment complete Communicate with patients regarding nVCC and VCS services Commence de-commissioning plan as part of transition plan	nVCC Go Live April 2027	Dual Running Concludes	Snagging commences for nVCC All services in place Benefits realisation commences	Baseline review for utilisation in Q2 and development of plan to maximize utilisation by Q4 -consider options to offer any additional capacity released to Wales or 'sell' to England	Transition of all services to nVCC site and initiation of first clinical service delivery by April 2027. Decommissioning of current site. Effective implementation of MIM - effective transfer of soft FM with clear signed off operational SLA A fully digitalised medical record.	Equitable, timely access to state-of-the-art treatment and support facilities for patients with cancer in south-east Wales. Modern, safe and compliant facilities. Well-designed therapeutic environment. Increased patient safety. Improved environment for patients, staff and visitors. Improved patient experience. Delivery of care closer to patients' homes - promoting patient choice, reducing disruption and the need to travel.	Patient and Staff Feedback Patient safety metrics Staff retention and recruitment Activity and performance metrics	NVCC benefit criteria
An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Timely Care, by Design	Consistent and reliable service delivery across ALL standards by 2028 – Priority 2	Implementation of performance management framework at VCS Implementation of waiting list management at VCS Development of operational and clinical dashboards Development of patient administration	HIR: exploration of integration of HIR within HBs, led by COO Implementation of patient administration change process Implementation of patient flow SOP and OPEL framework at VCS Implementation of delayed	Full implementation of operational cancer meetings between VCS and HBs Implementation of shared care approach to SCP breach reporting	Target achieved	Pathway consolidation, performance improvement				Implementation of systematic operational and clinical quality performance management across VCS - I Urgent/emergency Care - Remote Clinical Assessment Service in place - implementation of acute frailty model at front door	Timely access to care No delays through the cancer pathway - planned and emergency Better patient outcomes Better patient experience when communicating with VCS Standardisation and rationalisation of patient referral and	Timely access to care - 75% of patients on an SCP receive first definitive treatment in 62 days Performance will be measured in two ways, firstly based on all patients received and secondly based on shared accountability across the 62-	75% of patients progressing along SCP begin FDT within 62-days. 100% compliance with relevant Welsh Language Standards.

A Destination 2033: Strategic Goal (which Goal(s) will be taken forward 1-5)	B Outcome required e.g. Timely Care; Safe Care; Effective Care with a great experience	C Strategic Objective that will drive the achievement of the outcome	D Deliverables: the key deliverable(s) in each year (by Quarter (Q1; Q2; Q3; Q4) for each year Note: 2026-2027 and 2027-2028 must be firm with 2028-2029 being indicative									E Expected Benefit (set out the benefit(s) for the patient / donor)	F Key performanc e indicator (how the improveme nt will be routinely measured)	G Target Performanc e for 2026- 2027 (what we expect the plan to deliver
			2026-2027				2027-2028				2028-2029			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Expected Outcome: Set out what will be delivered e.g. establishment of a new service; delivery of a new treatment/test; a new building or equipment.			
			case for change to support implementation of performance management including OCP where applicable Hospital Initiated Referral (HIR): implementation across VCS Development of patient flow SOP including escalation and OPEL framework for VCS	pathways of care dashboard							- implementation of hospital flow framework planned care Implementation of PIFU Monitoring of DNA/DNA rates for all OP clinic Quality standards - SACT quality clinical standards radiotherapy COSC standards implementation quality management system across VCS Telephony system in place which will support delivery of key standards including Welsh Language, delivering a more efficient service with patients Hospital Initiated Referral in place Delivery of revised models for patient communication in a range of contexts including electronic referrals, booking processes and telephony. Implementation of a centralised VCS booking	booking processes. More timely scheduling of first VCS Outpatient appointment for patients with cancer. Improved patient experience.	day pathway i.e. patients received on or before day 38 of their pathway SACT clinical quality metrics Radiotherapy COSC metrics Planned care - PIFU and DNA/CNA rates in OP UEC - SDEC metrics & patient flow metrics Population health and diversity metrics 100% SOPs on QMS by Q4 2026-2027 Compliance with SCP time to treatment target. Time to first outpatient appointment (10-day target). Compliance with Welsh Language Standards.	

A Destination 2033: Strategic Goal (which Goal(s) will be taken forward 1-5)	B Outcome required e.g. Timely Care; Safe Care; Effective Care with a great experience	C Strategic Objective that will drive the achievement of the outcome	D Deliverables: the key deliverable(s) in each year (by Quarter (Q1; Q2; Q3; Q4) for each year Note: 2026-2027 and 2027-2028 must be firm with 2028-2029 being indicative									E Expected Benefit (set out the benefit(s) for the patient / donor)	F Key performanc e indicator (how the improveme nt will be routinely measured)	G Target Performanc e for 2026- 2027 (what we expect the plan to deliver
			2026-2027				2027-2028				2028-2029			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Expected Outcome: Set out what will be delivered e.g. establishment of a new service; delivery of a new treatment/test; a new building or equipment.			
											management facility.			
An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Effective Care	Widening access to treatments available in comparable specialist cancer centres – Priority 3	Undertake gap analysis through benchmarking exercise of VCS clinical services against that of specialist cancer centres Membership to FSH	IO: Development of costed business case outlining service delivery model for lung and skin Lung cancer: development of costed business case for radical RT Neurological: development of costed business for expansion of SRS	Complete equity audit of access to specialist treatments by geography, deprivation, ethnicity & tumour site Research - develop research-ready pathways aligned with nVCC commissioning Complete PET/CT business case	Introduction of commissioned new neo-adjuvant immunotherapy treatment for treatment of skin cancer patients. Embed research as a core component of specialist treatment pathways	Implement capability to treat a larger cohort of neurological cancer patients with Stereotactic Radiosurgery (SRS). Implement new radiotherapy techniques for treatment of breast cancers (Axillar and partial breast radiotherapy). Improved access to radical radiotherapy treatment for lung cancer patients.				Patients able to access high quality, evidenced base treatment locally with no delay through the adoption of new technologies, treatments, drugs, services identified through new horizon scanning infrastructure Implementation with appropriate funding of partial breast radiotherapy, axillary RT as an alternative to axillary node dissection, Internal mammary node irradiation and simultaneous integrated boost. implementation of prostate SBRT for low/ intermediate risk prostate cancer as per PACE B trial. Finalisation of PET CT Business	Improved patient outcomes Reduction in reported toxicities for breast cancer patients treated with new radiotherapy techniques. Access to new treatments locally	Improved compliance with post-NICE FAD publication 60-day target to make newly approved medicines available for clinical use. Improved PROMS scores (particularly outcomes and toxicity scores). Patients acuity and level of care on the ward Compliance with SCP time to treatment target. Time to first outpatient appointment (10-day target). Compliance with Welsh Language Standards..	NICE compliance within set timeframes Improved PROMS scores for clinical outcomes and reduced toxicity scores for breast cancer patients treated with new radiotherapy techniques.

A Destination 2033: Strategic Goal (which Goal(s) will be taken forward 1-5)	B Outcome required e.g. Timely Care; Safe Care; Effective Care with a great experience	C Strategic Objective that will drive the achievement of the outcome	D Deliverables: the key deliverable(s) in each year (by Quarter (Q1; Q2; Q3; Q4) for each year Note: 2026-2027 and 2027-2028 must be firm with 2028-2029 being indicative									E Expected Benefit (set out the benefit(s) for the patient / donor)	F Key performanc e indicator (how the improveme nt will be routinely measured)	G Target Performanc e for 2026- 2027 (what we expect the plan to deliver
			2026-2027				2027-2028				2028-2029			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Expected Outcome: Set out what will be delivered e.g. establishment of a new service; delivery of a new treatment/test; a new building or equipment.			
											Case - 2027-2028			
An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Timely Care	Implement Integrated Radiotherapy Solution (IRS) – Priority 4	True Beam validation Brachytherapy Implementation	Upgrades and optimisation of existing Linac fleet	IRS linac 1-5 orders and installation at nvCC	IRS linac 1-5 machine commissioning at nvCC	IRS Go Live	Transition of Linac machines from VCS to nvCC	IRS Project closure and benefits realisation		All elements of the IRS programme fully implemented by April 2027 and the opening of nvCC. Introduction of new external beam radiotherapy treatment techniques (e.g. axillary radiotherapy for the treatment of eligible breast cancer patients) resulting in improved clinical outcomes. Phased implementation of Linac upgrade and replacement programme VCC Transition of LINACs to nvCC All elements of the IRS programme fully implemented by April 2027 and the opening of nvCC.	Improved patients and carer experience as a result of improved machine resilience Access to improved analytics and reduction in manual data collection reduced clinical time required for patient scheduling as a result of increased automation better patient outcomes due to the improved functionality and compliance with good practice Improved well being of workforce due to state of the art machines Increase R&D opportunities as a result of newer equipment and collaboration with a single vendor	Compliance with SCP time to treatment target. Time to radiotherapy (VCS-specific): Emergency - treatment to commence within 2-days. Scheduled - treatment to commence within 21-days. Urgent Symptom Control - treatment to commence within 7-days. No. appointments cancelled due to machine failure Time released from workforce undertaking manual data collection and analysis PROMS No. of new trials opened	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 80% by March 2026 75% of patients progressing along SCP begin FDT within 62-days. VCS-specific improvement trajectory for 2027 TBC. Benefits realised in line with Full Business Case
An internationally renowned provider of	Timely Care	Deliver Improved Systemic Anti-Cancer Therapy	SACT demand and capacity model completed -	Development of costed business case outlining SACT clinical	Go Live ePMA Phased Implementati	SACT clinical standards - year on year improvement in delivery of SACT standards	Transition into nvCC Capacity & flow - full	Consolidat e systems and processes	Evaluate impact of expanded capacity	Full evaluation of two-year SACT	Implementation of a new prescribing and medicines	Improved patient safety by reducing of medication errors.	Total number of medication errors.	Annual reduction in total number

A Destination 2033: Strategic Goal (which Goal(s) will be taken forward 1 -5)	B Outcome required e.g. Timely Care; Safe Care; Effective Care with a great experience	C Strategic Objective that will drive the achievement of the outcome	D Deliverables: the key deliverable(s) in each year (by Quarter (Q1; Q2; Q3; Q4) for each year Note: 2026-2027 and 2027-2028 must be firm with 2028-2029 being indicative									E Expected Benefit (set out the benefit(s) for the patient / donor)	F Key performanc e indicator (how the improveme nt will be routinely measured)	G Target Performanc e for 2026- 2027 (what we expect the plan to deliver
			2026-2027				2027-2028				2028-2029			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Expected Outcome: Set out what will be delivered e.g. establishment of a new service; delivery of a new treatment/test; a new building or equipment.			
exceptional clinical services that always meet, and routinely exceed, expectations		(SACT) Pathways and Processes – Priority 5	chairs, pharmacy and workforce SACT PTL - roll out of SACT PTL across the administration team Baseline assessment of workforce - skills and capabilities - hub and spoke	delivery model - addressing any gaps identified from demand and capacity model and clear on hub and spoke requirements Development of SACT chair utilisation tool	on of funded hub and spoke model		operationalisation of expanded SACT capacity full rollout of redesigned SACT pathways across all tumour groups. Implement remote toxicity monitoring at scale. Begin predictive analytics development for toxicity risk and SACT demand forecasting. Integrate SACT data with regional cancer information systems.	post move into nVCC	and digital tools on delays and cancellations. Achieve measurable reduction in toxicity-related emergency admissions. Pilot predictive analytics in live SACT pathways. Embed remote monitoring into routine SACT practice.	transformation impact. Publish Year 2 SACT Outcomes & Digital Transformation Report. Deliver sustainability plan and next-cycle IMTP recommendations. Embed continuous improvement cycles across all SACT services.	administration system which will replace existing paper-based systems. Q1: Undertake review of digital patient toxicity management and develop improvement plan/ lessons learned Delivery of SACT clinical quality indicators. Introduction of next generation immunotherapies as standard of care increasing treatment options and improving clinical outcomes. Expansion of Virtually Assessed Patient (VAP) Clinic Capacity. Introduction of new medicines patient self-administration pathways providing patient choice, reducing requirement for patients to attend a clinical setting to undergo treatment and releasing treatment capacity.	Medication records will be stored electronically with 24/7 access. The system will deliver a range of other administration efficiencies reducing the time taken to prescribe, check, supply and administer medicines. More timely access for patients to modern, advanced, high quality SACT. Rationalised treatment pathways. Improved patient safety by reducing possibility of medication errors. Improved capability to monitor expenditure on HCDs in a timely fashion.	Compliance with SCP time to treatment target. Time to SACT: P1 (Emergency) - treatment to commence within 28-hours. P2 (Urgent) - treatment to commence within 14-days. P3 (Routine) - treatment to commence within 21-days. Total number of medication errors. Clinical audit of treatment efficacy. Actual drug utilisation costing. Reduction in £ high cost drugs Compliance with VCS SACT protocols. Compliance with 90-day implementation target for newly approved medicines	of medication errors. 12-month improvement trending the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 80% by March 2027 75% of patients progressing along SCP begin FDT within 62-days. Performance will be measured in two ways, firstly based on all patients received and secondly based on shared accountability across the 62-day pathway i.e. patients received on or before day 38 of their pathway XX% of patients to commence treatment within P1, P2 and P3 targets.

A Destination 2033: Strategic Goal (which Goal(s) will be taken forward 1 -5)	B Outcome required e.g. Timely Care; Safe Care; Effective Care with a great experience	C Strategic Objective that will drive the achievement of the outcome	D Deliverables: the key deliverable(s) in each year (by Quarter (Q1; Q2; Q3; Q4) for each year Note: 2026-2027 and 2027-2028 must be firm with 2028-2029 being indicative									E Expected Benefit (set out the benefit(s) for the patient / donor)	F Key performanc e indicator (how the improveme nt will be routinely measured)	G Target Performanc e for 2026- 2027 (what we expect the plan to deliver
			2026-2027				2027-2028				2028-2029			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Expected Outcome: Set out what will be delivered e.g. establishment of a new service; delivery of a new treatment/test; a new building or equipment.			
											Routine screening for Blood Borne Viruses (BBV) for all patients beginning SACT treatment. Implementation of Chemo Care Upgrade and System Re-Procurement Implementation of a new prescribing and medicines administration system (EPMA) which will replace existing paper-based systems. Implement BlueTeq at VCS		(post-NICE Final Appraisal Document (FAD)). Annual reduction in total number of medication errors. 100% compliance with 90-day implementati on target for newly approved medicines. 100% compliance with VCS SACT protocols.	
An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Timely Care	Deliver a modern, patient centred, outpatient service that is accessible, efficient and digitally enabled – Priority 6	Complete baseline review of outpatient capacity, demand, workforce, and pathway variation. Develop OP Performance dashboard and baseline key OP performance metrics Finalise digital roadmap (scheduling optimisation, remote monitoring, PROMs).	Develop business case for Year 2 capacity expansion (rooms, hours, workforce) and clear on hub and spoke model Expand virtual and telephone follow-up pathways where clinically appropriate. Begin centralised oversight of scheduling and slot release.	Phased Implementati on of funded expansion of the OP hub and spoke model Introduce remote monitoring and digital PROMs for selected tumour groups Pilot digital check-in and digital patient information tools. Full implementati	Referral Management •Publish post implementation review of new referral processing programme •Explore opportunities for complete digital enablement (private, out of area) Scheduling & Clinic Management •Roll out redesigned clinic templates for remaining tumour groups •Begin role out of PIFU and SOS in priority areas •Publish end of year outpatient progress report identifying key deliveries and next steps Data Quality •Publish end of year data quality progress report Workforce	Launch expanded outpatient capacity (extended hours, additional rooms, or satellite clinics).	Transition into nVCC Evaluate impact of expanded capacity and digital tools on flow and delays. - Achieve measurabl e reduction s in cancellati ons, rebooking , and avoidable acute admission s - Pilot predictive			Q1: Full evaluation of two-year outpatient transformation impact. Development of optimum patient treatment pathways Development of digital front door Implementation of digital self check in system at VCS Centralisation of patient booking	More timely patient communication Improved patient experience More timely access to OP services More visibility of patient pathway to facility More timely access to treatment	Reduction in Patient Waiting times on the day. Reduction in number of patients waiting over 62 days for FDT across the SCP pathway Reduction in patients waiting 10 days or more for 1st outpatient appointment. 75% reduction in face-to-face attendances. Improvement in patient Satisfaction scores.	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 75% by March 2027 75% of patients progressing along SCP begin FDT within 62-days.

A Destination 2033: Strategic Goal (which Goal(s) will be taken forward 1 -5)	B Outcome required e.g. Timely Care; Safe Care; Effective Care with a great experience	C Strategic Objective that will drive the achievement of the outcome	D Deliverables: the key deliverable(s) in each year (by Quarter (Q1; Q2; Q3; Q4) for each year Note: 2026-2027 and 2027-2028 must be firm with 2028-2029 being indicative									E Expected Benefit (set out the benefit(s) for the patient / donor)	F Key performanc e indicator (how the improveme nt will be routinely measured)	G Target Performanc e for 2026- 2027 (what we expect the plan to deliver
			2026-2027				2027-2028				2028-2029			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Expected Outcome: Set out what will be delivered e.g. establishment of a new service; delivery of a new treatment/test; a new building or equipment.			
					on of digital medical records	•Begin workforce redesign in preparation for nVCC transition		analytics for demand forecasting and clinic optimisation. - Embed remote monitoring into routine outpatient practice.			Standardisation of workforce plan for all disciplines within outpatient service delivery in line with new delivery models for nVCC Hybrid Mail in place		Reduction in NRI's Reduction in incidents recorded via Datix Reduction in patients waiting for first outpatient appointment Increase in number of virtual appointments in line with national guidance Delivery of effective outpatients through See on Symptom (SOS) and patient initiative follow up (PIFU) by default. DNA/CAN rates in place for every outpatient clinic, with overbooking implemented and monitored where combined rate is over 5%,	Performance will be measured in two ways, firstly based on all patients received and secondly based on shared accountability across the 62-day pathway i.e. patients received on or before day 38 of their pathway DNA/CAN combined rate no greater than 5% improvement trend in percentage of patients attending virtual appointments
An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Safe Care	Deliver a resilient, patient-centred oncology acute care service that delivers safe, timely and equitable care while expanding capacity, modernising pathways and strengthening	Establishment of acute care steering group with agreed workstreams to review: AOS; SDEC; AU; IO; Acute ward, Enhanced care service - in line	Development of costed business case outlining acute clinical delivery model - scope and options for enhanced care, SDEC/ambulatory and IP care and virtual ward	Implementation of patient flow models of best practice - 6 goals Phased implementation of funded acute model	Full Implementation of robust Regional AOS model in association with HB funded model Evaluate impact of ambulatory pathways on admission avoidance, reduction of length of stay	Implement findings of ambulatory pathway review, in collaboration with UHB's / Commissioners				Q2: Review service model to assess any further changes to optimise care Provides the right care, first time by giving patients direct access to	Delivers safe alternatives to hospital admission - treatments that otherwise would require a hospital bed (IV, steroids, fluids, biologics etc) Rapid specialist response during	% patients receiving ambulatory care Number of patients treated Waiting time for treatments IP bed days	Annual reduction in number of inpatient admissions related to cancer / oncology treatment toxicities.

A Destination 2033: Strategic Goal (which Goal(s) will be taken forward 1 -5)	B Outcome required e.g. Timely Care; Safe Care; Effective Care with a great experience	C Strategic Objective that will drive the achievement of the outcome	D Deliverables: the key deliverable(s) in each year (by Quarter (Q1; Q2; Q3; Q4) for each year Note: 2026-2027 and 2027-2028 must be firm with 2028-2029 being indicative								E Expected Benefit (set out the benefit(s) for the patient / donor)	F Key performanc e indicator (how the improveme nt will be routinely measured)	G Target Performanc e for 2026- 2027 (what we expect the plan to deliver	
			2026-2027				2027-2028							2028-2029
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				Expected Outcome: Set out what will be delivered e.g. establishment of a new service; delivery of a new treatment/test; a new building or equipment.
		multidisciplinary collaboration – Priority 7	with Ministerial Priorities Co-create regional mechanism for developing service models that meets new and novel treatment advancements.	interface that integrates with wider digital ecosystem Implement standardised AOS Performance dashboard enabling regional benchmarking	business case - including remote digital Expansion of IOS toxicity service						oncology specialists via a same-day ambulatory service 7/7 Improved access to expert acute oncology services for patients with cancer in south-east Wales. Sustainable model for the management of immunotherapy toxicities. Cardiac base-line testing for patients receiving immunotherapy treatments. Design and Implementation of enhanced care capability offer at VCS.	clinical deterioration Reduced pressure on acute hospitals by managing cancer-related emergencies within oncology	ALOS Number of avoidable admissions IO 30 day readmission rate <grade 4 toxicity <bed reduction <ALOS <admissions Total number of unwell patients transferred to acute secondary care settings. Compliance with NICE guidance on management of sepsis, neutropenic sepsis, Malignancy of Unknown Origin (MUO) and Malignant Spinal Cord Compression (MSCC).	Annual reduction in number of unwell patients transferred to acute secondary care settings. 100% compliance with NICE guidance at audit. SDEC data quality framework
An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Effective Care	Implementation of National service specific for Wales: Palliative and end of life care – Priority 8	PEoLC: implementation of national KPI framework and national dashboard (subject to formal issue) PEoLC: undertake service review and gap analysis against national specification and All Wales	PEoLC: piloting palliative specific All Wales Civica feedback questionnaires to inform service delivery PEoLC: develop costed business case to support sustainable service delivery model and formal	Phased implementati on of funded business case to expand hours of cover and links to community offer	Full Implementation of service specification as per funded business case Section 5 DNACPR Compe tency Framework for Nurses and AHPs – rolled out and 85% achieved	Roll out of the Verification of Expected Death All Wal es policy and education pro gramme				Q1: Assess potential to further extend PROMs in End of Life and Palliative Care services. Improved access to expert palliative care and end of life services for patients with cancer in south-	Improved patient experience Welsh Government Standards of care will be met Improved understanding of service demand through implementation of PROMS and e-forms Future care planning and support for	PROMS CIVICA All Wales referral standards All Wales 7-day service standards No. patients referred and transferred to	

A Destination 2033: Strategic Goal (which Goal(s) will be taken forward 1 -5)	B Outcome required e.g. Timely Care; Safe Care; Effective Care with a great experience	C Strategic Objective that will drive the achievement of the outcome	D Deliverables: the key deliverable(s) in each year (by Quarter (Q1; Q2; Q3; Q4) for each year Note: 2026-2027 and 2027-2028 must be firm with 2028-2029 being indicative									E Expected Benefit (set out the benefit(s) for the patient / donor)	F Key performanc e indicator (how the improveme nt will be routinely measured)	G Target Performanc e for 2026- 2027 (what we expect the plan to deliver
			2026-2027				2027-2028				2028-2029			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Expected Outcome: Set out what will be delivered e.g. establishment of a new service; delivery of a new treatment/test; a new building or equipment.			
			Palliative Competency Framework	extended working days/weekend							east Wales through implementation of the quality standards for palliative care Implementation of 7-day palliative care services	patients living longer with complex needs	hospice No. patient contacts No. same day unscheduled admissions and discharges Quality statement for palliative and end of life care 6 Goals	
An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Safe Care	Pharmacy Modernisation - Priority 9	nVCC Preparedness - Increase use of outsource products to 30% by end of June 2026 Complete baseline review of oncology pharmacy workload, capacity, and workflow. Dispensary work rationalisation complete - Map end-to-end SACT prescribing, screening, dispensing, and release processes. Digital - EPMA system functionality testing BLUETEQ project initiated	EPMA - pilot early adopter implementation Workforce review - pharmacy demand and capacity assessment linked to SACT & OP models of care BLUETEQ configuration of system and process design	EPMA system go-live Finalisation of pharmacy workforce plan BLUETEQ pilot roll-out in identified areas	Commissioning of pharmacy robot - nVCC Evaluate effectiveness of EPMA roll out				Publish Year 2 outcomes and digital transformation reports. Deliver sustainability plan and next-cycle IMTP recommendations. Embed continuous improvement across all oncology pharmacy services. Deploy and tailor TRAMS locally to enable effective delivery and monitoring of pharmacy provision for VCS patients enabling effective patient flow and pathway tracking Delivery of 30% in-house production within the aseptic unit from June 2026 Increased number of patients receiving	Q1: Undertake review of digital patient toxicity management and develop improvement plan/ lessons learned Deploy and tailor TRAMS locally to enable effective delivery and monitoring of pharmacy provision for VCS patients enabling effective patient flow and pathway tracking Delivery of 30% in-house production within the aseptic unit from June 2026 Increased number of patients receiving	Standardised approach to data collection. Improved capture of patient specific data and to monitor treatment efficacy and tolerability. Improved capability to monitor expenditure on HCDs in a timely fashion.	Clinical audit of treatment efficacy. Actual drug utilisation costing. Compliance with VCS SACT protocols. Compliance with 90-day implementation on target for newly approved drugs Compliance with 90-day implementation on target for newly approved medicines (post-NICE Final Appraisal Document (FAD)).	30% aseptic in-house manufacturing by June 2026 100% compliance with 90-day implementation on target for newly approved drugs 100% compliance with VCS SACT protocols.

A Destination 2033: Strategic Goal (which Goal(s) will be taken forward 1 -5)	B Outcome required e.g. Timely Care; Safe Care; Effective Care with a great experience	C Strategic Objective that will drive the achievement of the outcome	D Deliverables: the key deliverable(s) in each year (by Quarter (Q1; Q2; Q3; Q4) for each year Note: 2026-2027 and 2027-2028 must be firm with 2028-2029 being indicative								E Expected Benefit (set out the benefit(s) for the patient / donor)	F Key performanc e indicator (how the improveme nt will be routinely measured)	G Target Performanc e for 2026- 2027 (what we expect the plan to deliver	
			2026-2027				2027-2028							2028-2029
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				Expected Outcome: Set out what will be delivered e.g. establishment of a new service; delivery of a new treatment/test; a new building or equipment.
											medication at home Local implementation of BlueTeq, a web-based software system for the management of High-Cost Drugs (HCDs). The sysyem will support a standardised approach to data collection.			
An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations	Effective Care	Accreditation of OECI – Priority 10	Recruitment to OECI internal accreditation team Establish OECI accreditation steering group	Finalise programme, governance, reporting & risk framework Begin evidence collection architecture (policies, SOPs., KPIs)	Comprehensiv e gap analysis against all OECI standards Identify priority areas for improvement Engage clinical, research and patient groups	Self assessment development					Q1: Finalisation of OECI portfolio Q2: Undertaken a successful OECI inspection and be accepted as a accredited member Accreditation of OECI quality standards by 2028 - complete quality system for cancer diagnosis, care, education and research by using OECI standards and indicators and peer review	Improved patient experience		

Appendix 2c: Trust Delivery Plan – RESEARCH and DEVELOPMENT

Appendix 2C: Trust Delivery Plan – RESEARCH AND DEVELOPMENT														
A <u>Destination</u> 2033: Strategic Goal (which Goal(s) will be taken forward 1-5)	B <u>Outcome</u> required e.g., Timely Care; Safe Care; Effective Care with a great experience	C <u>Strategic Objective that will drive the achievement of the outcome</u>	D <u>Deliverables: the key deliverable(s) in each year (by Quarter (Q1; Q2; Q3; Q4) for each year</u> Note: 2026-2027 and 2027-2028 must be firm with 2028-2029 being indicative								E <u>Expected Benefit (set out the benefit(s) for the patient / donor)</u>	F <u>Key performance indicator (how the improvement will be routinely measured) 2026-2027</u>	G <u>Target Performance for 2026-2027 (what we expect the plan to deliver 2027-2028)</u>	
			2026-2027				2027-2028							2028-2029
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
3		Improve equitable patient access to cancer research	Ensure that appropriate patients across tumour groups and pathways are routinely considered for research participation. Q1 - Establish a clear Trust-wide understanding of current patient access to research and where variation exists. Q2 - Agree priority areas where access to research opportunities should improve. Q3 – Ensure the embedding of consideration of research opportunities within routine clinical pathways. Q4 - Demonstrate clearer and more consistent visibility of research access across tumour groups and services.	Access considerations are embedded into routine portfolio planning and study commitment decisions, including coordination with outreach and satellite services where appropriate.	Access to research is consistently planned as part of service delivery, with patterns explainable at tumour-group and Trust level. More patients are routinely considered for appropriate research opportunities as part of their care. Reduced risk of patients missing research opportunities due to pathway design, geography, or service variation. Greater consistency and transparency in how research access is offered across tumour groups and services.	Proportion of eligible patients offered research participation. Recruitment and access patterns by tumour group, pathway, and study type (commercial / non-commercial). Board-level narrative explaining variation in access and actions agreed through governance.	Patient access to cancer research is visible, routinely reviewed, and explainable at tumour-group and Trust level. Differences in access across tumour groups and pathways are understood and discussed through established governance. No unexplained or unacknowledged variation in access to research across Velindre Cancer Services.							
		Operate a controlled and shared system for cancer research delivery	Introduce a clear and consistent approach to selecting, approving and delivering research studies across Velindre Cancer Services and the Research Service. Q1 - Agree an enhanced shared approach for overseeing the cancer research portfolio and delivery risks. Q2 - Introduce consistent oversight of study selection and delivery across clinical services and research teams. Q3 - Demonstrate improved coordination in how studies are prioritised and supported. Q4 - Confirm that the shared delivery approach is operating consistently across services.	The shared system is embedded and operating consistently across directorates, tumour groups, and support services.	The delivery system is stable and predictable, supporting growth without increasing risk at the same rate. Patients are offered research studies that are well prepared and deliverable, supporting a reliable and positive research experience. Research studies run with greater consistency and predictability, reducing disruption once they are open. Patients experience a more consistent approach to research across tumour groups and services. Research participation is planned, coordinated, and well supported, building confidence for patients and carers.	Evidence that portfolio, commitment, and delivery controls are applied consistently to cancer studies. Reduction in unexplained variation in study set-up and delivery across tumour groups and services. Number and nature of delivery escalations, and how they are resolved. Qualitative feedback from clinical teams, Research Service staff, and sponsors on delivery predictability.	A shared delivery system is in place and actively used across Velindre Cancer Services and the Research Service. Decisions to open, prioritise, or escalate cancer studies are consistent, documented, and explainable. Clear decision-making and escalation routes are understood by clinical and research delivery teams.							
		Improve reliability and consistency of study set-up and delivery	Strengthen coordination across clinical teams and support services so research studies are prepared and delivered reliably. Q1 - Establish clearer visibility of the factors that influence study start-up timelines. Q2 – Ensure earlier coordination between research teams and key support services to reflect UK timeline targets. Q3 - Demonstrate improved understanding of delays and clearer routes for resolving issues. Q4 - Show greater consistency in how studies are prepared and started across tumour groups.	Set-up and delivery timelines are more consistent across tumour groups, supported by alignment between services and clearer escalation routes.	Study set-up and delivery are dependable and explainable, with reduced variability and fewer late-stage issues. Patients are invited to take part in studies that are ready to start and well-coordinated across services. Fewer delays between consent and treatment or intervention. Reduced risk of late changes, cancellations, or rescheduling once studies are underway.	Study set-up timelines, with variation and outliers reviewed through routine governance. Number and nature of set-up escalations and late-stage changes. Qualitative feedback from clinical teams, Research Service staff, and sponsors on set-up	Study set-up is managed as a coordinated, whole-system process across clinical services, research delivery teams, and support services. Key dependencies are identified and discussed earlier in the set-up process. Variability in set-up timelines is visible,							

						Greater confidence that research activity fits smoothly alongside routine care.	experience and predictability.	understood, and actively discussed through established governance.
		Strengthening integration between research and clinical services	Ensure research activity is planned and delivered as part of routine clinical service delivery. Q1 - Strengthen visibility of research activity within clinical directorates and tumour groups. Q2 - Align research planning more closely with clinical service priorities. Q3 - Demonstrate shared ownership of research delivery between clinical and research teams. Q4 - Confirm that research planning is embedded within routine clinical governance discussions.	Joint ownership of research delivery is embedded across clinical services and tumour groups.	Research is fully integrated into routine clinical pathways and service planning.	Research participation is better coordinated with clinical care, reducing disruption to treatment and appointments. Patients experience research as a planned and integrated part of their care pathway rather than an add-on. Improved continuity and clarity for patients as clinical and research teams work more closely together. Greater confidence that research activity is aligned with clinical priorities and service capacity.	Evidence of regular research discussion and review through Clinical Directorates and Site-Specific Team (tumour group) forums. Visibility of research commitments and delivery impact within routine clinical and research governance reporting. Qualitative feedback from clinical teams and patients on the coordination of research and care.	Research planning and review are routinely aligned with Clinical Directorates and Site-Specific Teams. Clinical teams have clear visibility of research commitments and their impact on service delivery. Decisions to open new studies consistently consider both research opportunity and clinical service pressures.
		Strengthen early phase, radiotherapy, and translational research capability	Support delivery of complex and innovative research studies in areas of strategic importance. Q1 - Clarify Trust priorities for complex and innovative cancer research. Q2 - Align research capability with service readiness and available expertise. Q3 - Strengthen coordination with partners involved in delivering complex research. Q4 - Demonstrate clearer and more reliable arrangements for supporting complex research studies.	Delivery models for complex research are operating reliably, including through the Cardiff Cancer Research Partnership and relevant outreach settings.	Capability is aligned to future service configuration, including the new Velindre Cancer Centre.	Patients have access to more complex and innovative research studies that are appropriate to their care and delivered safely. Improved reliability of early phase, radiotherapy, and translational studies, reducing disruption or delays once studies are opened. Greater confidence that complex research is supported by the right expertise, facilities, and coordination across services. Enhanced patient experience where advanced research is integrated into care in a planned and well-supported way.	Delivery performance of early phase, radiotherapy, and translational studies, including consistency of set-up and delivery. Evidence that complex study decisions reflect agreed capability, service readiness, and coordination across sites. Qualitative feedback from clinical teams, Research Service staff, and sponsors on the reliability and support of complex research delivery.	Trust priorities for early phase, radiotherapy, and translational research are clearly agreed and understood. Decisions on complex studies consistently reflect delivery capability and service readiness. Coordination across sites and services is strengthened for complex research, with clearer routes for support and escalation.
		Support sustainable growth in commercial cancer research	Increase the proportion of commercially sponsored trials within the cancer research portfolio to strengthen patient access and research sustainability. Q1 - Confirm the baseline of commercial research activity and agree principles for sustainable growth. Q2 - Introduce a more deliberate approach to selecting and supporting commercially sponsored studies. Q3 - Demonstrate progress towards a more appropriate split in the portfolio of commercial and non-commercial research. Q4 - Confirm that commercial research growth is aligned with delivery capacity and clinical priorities.	Controlled growth in commercial research is embedded within portfolio and delivery governance, supporting workforce and infrastructure resilience.	Commercial research operates as a sustained contributor to long-term capability and system resilience.	Patients have access to a wider range of innovative and early-access cancer treatments delivered through well-supported studies. Commercial research activity contributes to the stability and resilience of research services that support patient care.	Commercial research activity reviewed as part of routine portfolio oversight alongside non-commercial studies. Evidence that VPAG objectives and reinvestment principles are applied to commercial research income.	Commercial research is consistently reviewed and governed as part of the overall cancer research portfolio. Decisions on commercial growth are clearly linked to delivery capacity, service readiness, and VPAG objectives.

						Reduced risk of disruption to clinical services as commercial studies are planned and delivered within agreed capacity. Greater confidence that commercial research activity is purposeful, sustainable, and aligned to patient and service benefit.	Delivery performance of commercial studies, including impact on clinical services and research capacity. Sponsor feedback and repeat engagement reflecting delivery credibility.	The impact of commercial studies on clinical services and research delivery is visible and considered in decision-making.
		Build a stable and capable cancer research workforce	Ensure the workforce supporting cancer research is appropriately structured, supported and aligned with future portfolio ambition. Q1 - Clarify research roles, responsibilities and workforce expectations across services. Q2 - Improve understanding of workforce capacity and pressures supporting research delivery. Q3 - Introduce actions to strengthen research workforce resilience and capability. Q4 - Demonstrate improved alignment between workforce capacity and research portfolio demands.	Research delivery is supported through clearly defined roles and planned capacity across services.	Workforce capacity and capability are matched to portfolio ambition and VCS / Research service configuration.	Patients experience greater continuity and reliability in research delivery, with fewer changes caused by staffing pressures. Research activity is supported by appropriately trained and prepared staff, improving confidence in the quality and safety of care. A more consistent and supportive research experience across tumour groups and services.	Visibility of research workforce roles, responsibilities, and capacity within routine governance and portfolio reporting. Compliance with required training and regulatory expectations (e.g., GCP currency). Evidence of alignment between portfolio demands and workforce capacity across clinical services and the Research Service. Number and nature of workforce-related escalations and pressure points discussed through governance.	Research roles and responsibilities across clinical services and the Research Service are clearly defined and understood. Training and regulatory requirements are maintained and monitored. Workforce pressures and capacity risks are visible and discussed through established governance. Research delivery is supported through planned capacity arrangements.
		Strengthening partnerships and system leadership in cancer research	Strengthen Velindre's role as a trusted partner in cancer research across Wales and internationally. Q1 – Ensure that existing partnerships supporting cancer research delivery are clearer and better aligned to delivery priorities. Q2 - Strengthen collaboration with key partners across academia, industry and NHS organisations. Q3 - Demonstrate learning from partners to improve local research delivery. Q4 - Confirm Velindre's role as a credible and reliable research partner within the wider research system.	Velindre's role as a credible research partner is reinforced through consistent delivery and collaboration.	Velindre is recognised as a system leader in cancer research delivery, contributing to Wales-wide capability.	Patients benefit from access to a broader range of high-quality research opportunities enabled through strong partnerships. Research studies are better coordinated across organisations, reducing delays and duplication. Improved consistency and reliability of research delivery as partners work to shared expectations.	Evidence that partnerships with academia, industry, and NHS partners are actively supporting study delivery and portfolio objectives. Clarity of roles and contributions within regional and national research structures. Qualitative feedback from partners on collaboration effectiveness and delivery credibility. Evidence that learning from partners and benchmarking is informing local improvement.	Existing partnerships are actively contributing to cancer research delivery and are aligned to Trust priorities. Roles and expectations within collaborative arrangements are clear and understood. Learning from partners and system peers is visible and applied to improve local research delivery. Velindre is recognised by partners as a reliable and credible research collaborator.

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			2026-2027				2027-2028				2028-2029			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Goal 3	Effective care with a great experience	Alignment of Innovation Strategy	Increase staff engagement by hosting an information stand at VCC		Monitor and report CO ₂ reduction achieved through implemented sustainability innovations.	Projects aligned with Trust innovation priorities	Ensure strategic alignment of innovation projects through regular portfolio analysis and reporting				Ensure strategic alignment of innovation projects through regular portfolio analysis and reporting	Enhance Patient Outcomes and Improve patient and donor Experience. Improve Operational Efficiency. Strengthen Collaboration. Cultivate an Innovation Culture.	Percentage of innovation projects aligned with Long Term Plan. Number of innovations improving patient /donor safety and outcomes. Cost savings from operational efficiency innovations. Carbon footprint reduction for sustainability-driven projects. Patient outcomes/experience measures (VBHC). Number of awareness campaigns held. Staff sign up for innovation activities/distribution list.	Key Targets: ≥ 50 staff interactions during event. ≥ 20 feedback responses or ideas collected. ≥ 50% sign-ups for innovation activities or mailing lists. ≥ 80% positive feedback from participants. 100% projects aligned with Trust innovation priorities.
Goal 3	Safe Care	Strengthen and Sustain Innovation Infrastructure	Develop ISO56001 Awareness module for Trust staff. Recruit and retain Innovation Champions.	Roll out Bright Ideas across VCS.	Initiate collaboration with WBS to roll out Bright Ideas.	Develop and deliver Innovation Toolkit training sessions Trust-wide. Mandate Innovation training for all Trust staff. Achieve recertification ISO 56001.	Continue roll out of ISO56001 training and awareness.	Deliver Innovation Toolkit training sessions Trust-wide.		Recruit and retain Innovation Champions (target: 10 per year, 80% retention).	Continue roll out of ISO56001 training and awareness. Recruit and retain Innovation Champions (target: 10 per year, 80% retention). Embed innovation training as a core requirement for all Trust staff.	Faster implementation of innovations/changes. Accelerates Innovation Adoption. Evidence-based scaling. Continuous improvement.	ISO56001 module developed with phased implementation according to competency requirements. Achieve ISO 56001 recertification. Number of staff attending innovation training sessions. Number of Innovation Champions retained /recruited. Innovation Bright Ideas platform rolled out across departments.	Key targets: Recruit 10 innovation champions. Achieve Recertification of ISO56001. 50% of employees complete innovation competency training within 12 months. Bright Ideas rolled out across VCS. Develop and deliver Innovation Toolkit training.

											90% of employees complete innovation competency training within 12 months.		High visibility executive support and sponsorship.	
Goal 3	Effective care with a great experience	Promote Innovation driven culture	Capture innovation projects for submission to the National Innovation Awards. (Q1–Q4)		Trust Job descriptions to include innovation. Innovation objectives to be included in appraisal process. Capture and submit eligible innovation projects for national recognition (Annual MediWales Innovation Awards).				Capture and submit eligible innovation projects for national recognition (Annual MediWales Innovation Awards).			Accelerates Innovation Adoption. Enhances staff engagement and morale. Promotes open collaboration. Creates a Sustainable Innovation Culture.	Recognition awards given for innovation contributions. Job description/appraisal guidance to include innovation. Frequency of internal communications on innovation progress.	Key targets: Four innovation projects submitted to MediWales Innovation Awards. Internal comms on innovation progress published monthly. Integrate innovation responsibilities and objectives into job descriptions and appraisal framework.
Goal 3	Timely care	Secure sustainable funding streams	Two funding applications submitted Q1 – Q4							Four funding applications submitted Q1 – Q4		Longevity of programmes. Continuity of innovation infrastructure. Enhanced portfolio.	Number of funding applications submitted. Number of funding applications awarded captured against national average.	Key targets: Two funding applications submitted.
Goal 3	Effective care with a great experience	Collaboration with external stakeholders	Horizon scanning for potential collaborations/ partnerships / funding opportunities. Attendance at key networking events.	Expand reach and readership of the Innovation newsletter to maximize awareness, sharing case studies and patient impact stories.		Engagement with Cardiff Health Partners (CHP) for collaborative opportunities.				NHS Wales Innovation Symposium in CCfLRI Five collaborative projects.	Eight collaborative projects.	Development of strategic / inclusive partnerships. Funding opportunities pursued. Innovations developed.	Number of collaborative projects implemented. Four newsletters distributed per year. Engage in key industry networking events to foster strategic partnerships and enhance innovation visibility.	Key targets: Four newsletters published. Establish a structured horizon scanning process to identify at least five potential collaborations, partnerships, or funding opportunities. Participation in at least four key industry networking events.

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			Q1	Q2	Q3	Q4	Q1	Q 2	Q 3	Q 4				
Outstanding for quality, safety & experience	Safe, timely, effective, efficient, person-centred	Priority 1 - Improve patient & donor communications A. Ensure letters on the VCS Document Management System (DMS) are consistently approved and sent within 30 working days. B. Improve patient and donor communications	A. Commence regular audit of the DMS to ensure all clinic letters are authorised and sent within 30 working days. Establish a baseline. B. Thematic analysis of concerns feedback to understand the root cause.	A. Target of 80%. B. Improvement will be demonstrated through a progressively reduce concerns relating to appointment communications.	A. Target of 90% with reduced variation between specialities.	B. Target of 100% to sustain and embed business as usual.	A. Measured and monitored via outpatient improv. programme, KPIs and reported via governance structures.					Improved quality, safety, and reliability of communication with patients, donors and other clinicians. Clearer information about treatment, disease management and appointments. Improved utilisation of appointments.	Regular audits to ensure that a copy of all clinic letters are sent to patients who have not opted out of receiving a copy. Regular audits of the Document Management System to ensure all clinic letters are authorized and sent within 30 working days of the appointment. Achieve a 25% reduction in the number of concerns where treatment communication regarding patient treatment/outcomes is identified as a theme. Achieve a 25% reduction in the number of concerns/feedback where appointment communication is identified as a theme.	Achievement of all deliverables.
Outstanding for quality, safety & experience	Safe, timely, effective, efficient, equitable, person-centred	Priority 2 - Strengthen quality and safety infrastructure A. Ensure all levels of patient/donor safety investigations are robust and undertaken by trained investigators at the	A. Increase the number of trained investigators to improve quality and timeliness of investigations. B. Establish hot and cold debriefs and reliable feedback	A. Undertake samples audits of patient / donor investigations at each level. B. Establish hot and cold debriefs and reliable feedback mechanisms with an SOP. C. Recruit OECl accreditation lead.	B. Review investigation timeliness to monitor compliance with agreed timescales. C. 90% of staff involved in incident to receive feedback and debrief opportunity within 14 days of incident closure. D. Undertake scoping and field work, in preparation for	A. Collect staff feedback to strengthen debrief process and after incident support. B. VCS to apply for OECl accreditation. C. Capture and report via internal quality governance staff voices which will also be captured and reported in yearly staff					Services that emphasize quality and patient & donor safety, resulting in enhanced patient experience. Improved opportunity to identify themes and learning.	Undertake sample audits of all patient / donor safety investigations at each level. Achieving at least two new accreditations during as well as maintaining existing accreditations.	Achievement of all deliverables. Successful implementation of pilot.	

		appropriate levels. B. Ensure feedback and support is provided to all staff involved in the incident. C. Develop a Trust wide accreditation plan – with clear trajectory to having nationally / internally recognized accreditation across all core services. D. Continue to strengthen the quality and safety culture across the organisation, including psychological safety – Implement Trust wide cultural and behaviour programme. E. Implementation of QUAIL an artificial intelligence system that supports the management, analysis and actioning of patient feedback and safety incidents.	mechanisms with an SOP. C. Develop job descriptions and role profiles OEI accreditation team in the cancer service. D. VCS - Development of 15 step assurance framework to include magnet methodology to actively capture staff feedback on psychological safety via regular audits. Agree methodology and sign-off approach to 15 step assurance programme across VCS. E. Engage the stakeholders and commence the pilot.	D. Capture and report via AMaT 15 step programme. E. Conduct analysis reviewing theme and trend opportunities and develop structured reports for insight.	OEI accreditation. Capture and report via AMaT 15 step programme. E. Share insights with wider organisation.	experiences survey results. E. Establish regular insight reporting and evaluate pilot.							Review staff survey 2025-2026 results regarding psychological safety. Improved thematic detailing in reports.	
Outstanding for quality, safety & experience	Safe, timely, effective, efficient, equitable, person-centred	Priority 3 - Improve patient & donor safety A. Reduce harm related to urgent clinical information being circulated via email. B. Fully implement 'Call for Concern' in Velindre Cancer Service. C. Ensure that 100% of bloods taken within Velindre Cancer Service are reviewed within 48 hours. D. WBS – Anaemia management project. Optimisation of screening and management of anaemia across priority population groups in Wales. E. WBS - HLA-Selected Red Cells for Solid Organ Transplant Recipients -Feasibility Assessment Project.	A. Replace unsafe email communication of urgent clinical information with reliable communication process. Outpatient transformation programme map high risk email process. B. To develop and implementation plan and monitor by the Trust regulatory tracker. To commence pilot aligned to national workstream.	A. Outpatient transformation programme map high risk email process. B. Implement method of documenting 'patient self-reported wellness/concern' at least twice per day in all acute hospital in-patient areas. Implement a patient and family-initiated escalation system including phone numbers to activate senior review in in-patient areas. C. Define clinical ownership and SOP. D. Report baseline review of HBS	A. Transition to urgent results communicated via approved pathway. B. Demonstrate that 'patient self-reported wellness/concern' is reliably documented at least twice per day in all acute hospital in-patient areas. C. Implementation and tracking of process plus escalation where required. D. Progress action plan for Post operative anaemia pathway implementation. Scope long term opportunity for	A. Transition to urgent results communicated via approved pathway. B. Demonstrate that 'patient self-reported wellness/concern' is additionally reliably documented at least once per day in all non-acute in-patient settings. Demonstrate reliable use of the patient and family-initiated escalation system including phone numbers to activate senior review in all in-patient settings. C. Sustain 100% compliance and a	B. Monitor and evaluate implementation.					Improved patient & donor safety.	Measured by number of patient incidents linked to urgent clinical information via email is zero. Conduct monthly audits to measure compliance against key performance indicators for sepsis identification and treatment. Introduce and evaluate 'Call for Concern' at VCS. Reduce to zero the number of incidents reported where omission or delay in reviewing bloods is identified as a contributory factor.	Achievement of all deliverables.

		To assess the feasibility of providing HLA-selected red cells for solid-organ transplant recipients in Wales, including evaluating donor panel size and suitability, cost-effectiveness, clinical demand and operational impact.	C. Define clinical ownership and SOP. E. Begin feasibility assessment. Initial modelling of donor panel size required and costing.	against the Post-operative anaemia Pathway and action plan for implementation. Actions related to support anaemia in women's health and Public health TBC. E. Further modelling. Review outcome data from NHSBT pilots, Assess risks and regulatory issues.	compliance monitoring against the post operative anaemia pathway. Actions related to support anaemia in women's health and Public health TBC. E. Develop Options appraisal and decision on whether to proceed with business case development.	change of culture and clinical practice. Measure by zero incidents where delayed blood results that there is a clear accountable clinical for every blood test requested with evidence for review within 48 hours. D. Continue with monitoring. E. Develop Options appraisal and decision on whether to proceed with business case development.								Reduction in harm incidents related to referral processes.	
Outstanding for Quality, safety & experience	Safe, timely, effective, efficient, person-centred	Priority 4 – Implement a Trust Quality Dashboard	Review progress against the agreed roadmap.	Technical development, select and build the platform ensuring interoperability, usability, and secure access.	Piloting and iteration, test and pilot each phase of the dashboard with a small group of users, gather feedback and refine measures and visuals before wider rollout.	Embedding systems, make dashboard use part of routine governance and clinical practice, supported by training and leadership.	Sustainability and continuous improvement, create feedback loops, update measures and scale across services to keep the dashboard relevant and impactful.					Accurate access to real time data to identify themes, risk and trends.	To compare previous reporting. Monitor and report predicted efficiencies with dashboard users.	Fully functioning quality dashboard.	
Outstanding for Quality, safety & experience	Safe, timely, effective, efficient, person-centred	Priority 5 – Fully embed the national people's experience framework (includes priority 4 from 2025-2026).	Review the trust People's Experience self-assessment and identify priority areas.	Demonstrate evidence of increased capacity and capability to gather people's feedback including utilizing digital stories.	Evidence of analysis and triangulation of lived experience data in reports.	100% RAG rating. Green – Sufficient relevant evidence in the trust people's experience local self-assessments.	To continue to be measured and monitored through the trust quality governance structure. To ensure people's experience drives improvement.					Evidence of using experience to drive improvements. Improved patient/donor outcomes.	Delivery of learning plan milestone. Agree patient experience metrics to include in the quality dashboard.	Achievement of all deliverables.	
Outstanding for Quality, safety & experience	Safe, timely, effective, efficient, person-centred	Priority 6 – Implement the Listening to People Regulations	Awaiting statutory guidance and refine and amending processes. Review developed implementation plan.	Agree and monitor compliance with new stage LTP process. Target 75% compliance.	Commence people's experience surveys to assess the impact of the changed concerns process.	Review the implementation and delivery and highlight risks and benefits.						Increased empathy and rapport. Ensure people feel listened to and understood. Validates their experience. Supports clearer articulation of desired outcomes.	Compliance with concerns resolution staged targets to be agreed, expected 75%. 100% compliance with redress cases within 120 days as set out in the regulations.	Successful implementation of the new regulations.	

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			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
		Skilled and Developed Workforce Roll out new Performance Appraisal and Development Review process with aim of 85% participation by Q4 ~Year 1. Working with medical colleagues to ensure a robust and effective process for job planning that is built into our workforce plans Review digital capabilities	New PADR process in place Job Planning process in place				Maintain ing process and monitori ng outcom es					Skilled and Developed Workforce	PADR 85% Job Planning 90%	85% 90%
		Healthy and Engaged Workforce Specific goals for 2026-2027 will be: Culture work being scoped Implement a Wellbeing Framework which: Maintain (as a minimum) the current sickness absence rate at 5.1% Develop the Employee Voice process for Speaking Up Safely	business case for wellbeing service Speaking up safely infrastructure in place Sickness plans in place and monitoring ongoing		E learning sexual safety			Wellbei ng support in place via a robust wellbein g service				Healthy and Engaged Workforce	Sickness not greater than 5.1%	Sickness not greater than 5.1%

		Introduce support for Sexual Safety at Work in partnership with NHS Wales colleagues Develop a Staying Well at Work Package with the aim of preventing sickness absence and improving perceived organizational wellness Explore funding opportunities to create an embedded Health and Wellbeing Service with space and staff for each site												
		Planned and Sustained Embed ED&I initiatives into the recruitment plans and strategies Ongoing engagement with schools and collages regarding apprenticeship programmes and alternative routes into employment Launch new Recruitment Campaign for Velindre Via our internal Steering group ongoing monitoring of agency spend and its reduction Workforce plans developed with the service	Recruitment campaign in place Agency spend monitored Widening Access plan in place Workforce plans being developed	Monitoring via EMB and Divisional Groups Plans monitored via EMB (Supply and Shape paper)								Right People, Right Place, Right time	Turnover (between 7-9%) Staff Survey Results Equality monitoring Welsh Language Monitoring Time to Hire (less than 72 days) Agency spend (reduction of 30%)	
		Caring Ensure a reduction in sickness absence in 2026-2027 in comparison to 2025-2026, through maximizing adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales	See Enabling Actions and Expectations											

		Occupational Health minimum service levels.M53												
		Respectful Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular. Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025	See Enabling Action and Expectations											
		Accountable Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025-2026 from 2024-2025 outturn, and ensuring no off-contract expenditure. Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2026.Q3	See Enabling Actions and Expectations											

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			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
All goals	nVCC Digital	Digitally enable the new Velindre Cancer Centre and support the transition of the VCS service model into nVCC	Planning in readiness for Implementation	Planning & Mobilisation activities	Beneficial Access to commence infrastructure commissioning	Commissioning of services	nVCC opens optimization of digital services in nVCC	Achieve stable operations Commence nVCC planning & Delivery Day +1 services	Delivery of additional Digital Services	Delivery of additional Digital Services	Day + 1 optimization			
1&2	WHAIS	Digital Transformation of the Welsh and Histocompatibility and Immunogenetics Service	Achieve stable operations post go live Completion of post go live validation	Commence phase 2 WHAIS requirements delivery Successful integration of demographic models (DHCW)	Complete phase 2 WHAIS requirements delivery									
1&2	Radiology Informatics System Programme (RISP)	Establish a new Radiology/PACS system on the National RISP platform.	RISP Go Live	Achieve Stable operations Completion of legacy data migration	Transition to BAU									
1&2	Welsh Laboratory Information System (WLIMS 2.0)	Precursor for digital connectivity for the Infected Blood Inquiry digital solutions		Blood Transfusion Module go-live in WBS and HBs TBC	Blood Transfusion Module go-live in WBS and HBs TBC		Digital Connectivity scoping for IBI				Digital Connectivity implementation for IBI			
1&2	Blood Establishment Computer System (BECS)	Establish a new BECS for the Welsh Blood Service by Oct '27.	Scope Minimum Viable Product Configuration of infrastructure	Configuration of BECS modules in line with current specification Testing & Validation cycles Scoping of data migration	Configuration of BECS modules in line with current specification Commence Data Migration	Data Migration UAT	Final Phase of configuration UAT cycle Validation	Go Live Readiness	BECS Go Live Post go live validation	Achieve stable operations	Additional BECS modules including Hospital ordering; Donor relationship management			

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			2026-2027	2027-2028	2028-2029			
			Year 1	Year 2	Year 3			
	Quality & Safety	Strategic priorities for Estates for this Plan are: A safe and high-quality estate which provides a great experience Healthy buildings and healthier people Minimizing our impact Use our estate to deliver the maximum benefit and social value to the community. Implementation of effective, and based on best practice, Health and Safety Management System (“P” – Principle)	P1 - Leadership and Accountability P2 - Competent People P3 Compliance Assurance P4 Risk and Opportunities P5 Learning from Events P6 Occupational Health P7 Asset Management P8 Contractor and Supplier management P9 Communication P10 Emergency Preparedness P11 Measuring Performance					
Further		Major Estates Projects - Talbot Green Infrastructure - Estates and Facilities transition and readiness for new Velindre Cancer Centre - Readiness for post construction SRO of MIM - Old Velindre Cancer Centre – Decommissioning/ Conversion for future use - Old Whitchurch Hospital disposal	Progress, depending on Welsh Government approval process, works to complete Enabling Works scope and work to complete FBC for whole programme. Delivery in 2028-2029. Target Operating Model, Organisational Design and Development, Readiness and Testing Target Operating Model, Organisational Design and Development, Readiness and Testing. Strategic Outline Case completed and submitted Disposal process complete, subject to market	Operating. <				

		The ACT Well-being of Future Generations Act	Further embed into refreshed Trust Strategy					
		Sustainability • Travel Plan • Climate Adaption • Sustainable funding model for change • Energy	Refresh the Trust Travel Plan (2028) Continue delivery on climate adaption risks, working with the Climate adaptation leads across NHS Wales.	Model for funding streams and management of savings, building on Site Improvement Plan approach	Remove gas from all sites and invest in renewable energy for all sites			

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			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
		Cardiff Health Partners - Health innovation, anchored in Cardiff, connected for global impact. - The model reduces barriers through shared governance, streamlined research delivery, and federated data access. - It is health improvement and economic growth and regeneration, delivered together. - Significant progress on a long-term strategic partnership for cancer therapies.				include development of an investment strategy.								
		South East 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.		Agree workplan and delivery of the Trust's role in contributing to the wider regional health system.										
		South East Wales Regional Cancer Programme The Programme's 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.	Tracking implementation of cancer-related MAG actions. Consistent delivery of cancer-related MAG actions across SEW (i.e. Capsule sponge, symptomatic FIT, Unscheduled bleeding on HRT/Post-menopausal bleeding pathway, breast pain only pathway (BPOP), Tele-derm)		Regional Oncology workforce plan. To establish a regional oncology workforce baseline with an associated Workplan Plan to address any gaps identified	Support consistent approach to MDTs across SEW by supporting implementation and spread of NHS P&I's MDT Charter and associated 'Bridging Document' to be published Dec '2025-Jan '2026 to achieve consistent approach and standards across all MDTs which are auditable and support								

						identification of resource gaps. Shared Patient Treatment List (PTL) established. Individual cancer patients tracked in real time across their pathway with all the relevant demographic, referral, clinical and operational data visible to those responsible for patient care. Hospital Initiated Referral (HIR) from HBs into VCS will also provide an in-built validation to the PTL								
		Cardiff & Vale UHB Executive Partnership Cardiff & Vale University Health Board and Velindre University NHS Trust share a long standing partnership that has been central to delivering high quality cancer services for the population of South East Wales. In 2025-2026, this relationship was further strengthened through the establishment of a formal partnership programme designed to support a unified strategic response to an increasingly complex and rapidly evolving oncology landscape. The partnership aims to ensure both organisations can meet the challenges and opportunities created by rapid innovation in oncology, including the emergence of Advanced												

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	• Timely Access to Care • Population Health and Prevention • Community by Design • Mental Health Access • Women's Health • Quality and Safety

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	Timely Access for Care
Ref:	(Indicate if new priority or continued from 25/26)
2025-2026	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward a national target of 80% by 31 March 2026.
Updated Priority 2026-2027 VUNHST Plan and VCS Delivery Plan & Outcome Measures	1. Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027. 2. Performance will be measured in two ways, firstly based on all patients received and secondly based on shared accountability across the 62-day pathway i.e. patients received on or before day 38 of their pathway
2026-2027 Out of Scope	2. <i>Velindre University NHS Trust contributing to the wider system requirement</i> Number of patients waiting more than 8 weeks for a specified diagnostic – target zero
2026-2027 Out of Scope	3. Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge.
2026-2027 Out of Scope	4. Ensure no ambulance patient handover waits over 45 minutes

Resume of planning Milestones 25/26:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref:				

Planned milestones for Priority area to deliver 2026/27				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref: 2.	Participate in the establishment of diagnostics pathways for the Community Diagnostic Hubs	Provide workforce and demand and capacity data to support development of regional reporting models and workforce plans		
1.	Details in Section 2 of VUNHST IMTP and Outcome Measure in VCS Plan			
Overarching outcome measures/ metrics:				
1. VCS Component of FDT for patients referred to us on or before day 38 by March 2027				
The performance will improve incrementally over the time period based on pathway improvement work rolled out across the Tumour Sites.				
Baseline position 25/26				
Quarter 1		Quarter 2	Quarter 3	Quarter 4 – 39%
Performance Trajectories 26/27				
Quarter 1		Quarter 2	Quarter 3	Quarter 4 – 75%
Risks	Risks of Non-Delivery		Mitigations	
	Target Not achieved		Portfolio and Programme approach in place Escalation and Management through Trust Governance Structure	
	Risks to Delivery		Mitigations	
	Digital Team Capacity to support VCS and WBS plans		Managed through WBS / VCS Futures Programme and Portfolio at Trust level	
Critical Enablers	Finance			
	LTA agreements are in place			
	Workforce			
	Workforce change plans realised to provide optimised efficiency and effectiveness			
	See VCS / WBS and Our People in Trust Plan			
	Digital			
	See Digital Plan			
	Other (Specify)			
Quality Safety and Prevention Population Health	& Opportunities identified			
	& As per Division and Departmental Plans			

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	• Timely Access to Care • Population Health and Prevention • Community by Design • Mental Health Access • Women's Health • Quality and Safety

Priority area(s) to deliver 26/27:

Key focus should be on delivering	Population Health and Protection
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Ref:	(Indicate if new priority or continued from 25/26)
New Priority 2026-2027	1. At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.
Out of scope	2. Velindre Trust Contributing to the wider system requirements Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care.
Out of scope	3. Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.
Out of scope	4. Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.

Resume of planning Milestones 25/26:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:				
Progress synopsis				

Outcomes of delivering Ministerial Priorities:

Ref:	
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Planned milestones for Priority area to deliver 2026/27

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:		VCS undertaking an audit of access equity by specialist treatments by geography, deprivation ethnic and tumour site		
	Details in Section 2 VUNHST IMTP – Outcome Measure WBS & VCS Plan			

Overarching outcome measures/ metrics:			
Baseline position 25/26			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Performance Trajectories 26/27			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Risks	Risks of Non-Delivery		Mitigations
	Risks to Delivery		Mitigations
Critical Enablers	Finance		
	Workforce		
	Digital		
	Other (Specify)		
Quality Safety and Prevention Population Health	& Opportunities identified		

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	• Timely Access to Care • Population Health and Prevention • Community by Design • Mental Health Access • Women's Health • Quality and Safety

Priority area(s) to deliver 26/27:				
Key focus should be on delivering		Community by Design		
Ref:	(Indicate if new priority or continued from 25/26)			
New Priority 2026-27 Out of Scope	1. Velindre Trust Contributing to the wider system requirements Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.			
2026-2027 Out of Scope	2. Velindre Trust Contributing to the wider system requirements Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible. Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027.			
Resume of planning Milestones 25/26:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref:				
Planned milestones for Priority area to deliver 2026/27				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4

Ref:	Implement Palliative Care and End of Life framework and national specification Q1-Q4	Develop a business case to support extended working hours		Develop a 7-day sustainable fully funded palliative care service by March 2027 Q1-Q4
1. & 2.	Details in Section 2 of VUNHST IMTP - Outcome Measures in VCS Plan			
Overarching outcome measures/ metrics:				
Baseline position 25/26				
Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Performance Trajectories 26/27				
Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Risks	Risks of Non-Delivery		Mitigations	
	Risks to Delivery		Mitigations	
Critical Enablers	Finance			
	Workforce			
	Digital			
	Other (Specify)			
Quality & Safety and Prevention Population Health	Opportunities identified			

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	• Timely Access to Care • Population Health and Prevention • Community by Design • Mental Health Access • Women's Health • Quality and Safety

Priority area(s) to deliver 26/27:				
Key focus should be on delivering		Mental Health		
Ref:	(Indicate if new priority or continued from 25/26)			
New Priority 2026-27	1.Implement and evaluate Open Access Mental Health Support by March 2027.			
Out of Scope				
2026-2027	2. Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027.			
Out of Scope				
2026-2027	3. Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.			
Out of scope				
Resume of planning Milestones 25/26:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref:				
Planned milestones for Priority area to deliver 2026/27				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:				

	Velindre University NHS Trust contributing to the wider system requirements. Details in Section 2 of VUNHST IMTP - Outcome Measures in VCS Plan		
Overarching outcome measures/ metrics:			
Baseline position 25/26			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Performance Trajectories 26/27			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Risks	Risks of Non-Delivery		Mitigations
	Risks to Delivery		Mitigations
Critical Enablers	Finance		
	Workforce		

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	• Timely Access to Care • Population Health and Prevention • Community by Design • Mental Health Access • Women's Health • Quality and Safety

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	Quality & Safety
Ref:	(Indicate if new priority or continued from 25/26)
New Priority 2026-27	1. Days of safe care delivered since the last never event, monitored using SPC T Chart
2026-2027 Out of Scope	2. Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.
New Priority 2026-2027	3. Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027
New Priority 2026-27	4. The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.

Resume of planning Milestones 25/26:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref:				

Planned milestones for Priority area to deliver 2026/27				
Ref:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
1.	Develop SPC data capture for utilisation should a ‘never event’ occur			Maintain Trust delivered ‘proportionate investigation training’ to ensure staff awareness or never events, and risk of under reporting Q – Q4
3.	Planning for the implementation of the new Listening to People Process to be enacted in April.			Continue with monthly monitoring of delivery against quality indicators and this measure Q1-Q4
4.	Maintain existing processes to ensure performance is sustained and improved Q1-Q4		Explore the utilisation of AI to maintain performance whilst improving efficiency	Collaborate with DHCW and Welsh Government colleagues to resolve current challenges with the applicability and validity of this newly proposed measure Q1-Q4
Details in Section 2 VUNHST IMTP – Outcome measure WBS & VCS Plan				
Overarching outcome measures/ metrics:				
Baseline position 25/26				
Quarter 1	Quarter 2	Quarter 3		Quarter 4
Performance Trajectories 26/27				
Quarter 1	Quarter 2	Quarter 3		Quarter 4
Risks	Risks of Non-Delivery		Mitigations	
	Risks to Delivery		Mitigations	

Critical Enablers	Finance	
	Workforce	
	Digital	
	Other (Specify)	
Quality Safety and Prevention Population Health	& Opportunities identified	
	&	

Quality-driven decision-making Equality Impact Assessment

Overview

The Trust is currently in the process of refreshing and updating its three year Integrated Medium Term Plan (IMTP) for 2026-2027 to 2028-2029.

As part of this process there is a requirement to undertake an Equality Impact assessment (EQIA), in relation to any new service developments not previously agreed and / or approved, to assess the impact on people who possess one or more of the nine specific protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

The requirement to undertake an Equality Impact Assessment (EQIA) forms an integral part of our approach to ensure that our services address the needs of vulnerable groups focusing as it does, on the way our current services, and any development programmes, are designed and delivered in a way that no patient, donor or member of staff is unintentionally disadvantaged.

EIA is a valuable step in our planning process for all key IMTP developments. Undertaking an EQIA requires you to gather data, consult with stakeholders and formulate options and mitigate risks in your plans. It is not the finishing off of the plan but the exploratory process in drafting the plan.

The Equality Act places an 'equality duty' on public bodies; it came into force on 5 April 2011. The equality duty intends to ensure that public bodies are proactive in eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations. They must consider equality issues in everything they do with regard to the protected characteristics and produce a Strategic Equality Plan (see later)

This means that Health Bodies have a duty to consider the diverse needs of the individuals they serve, minimising disadvantage and ensuring the inclusion of under-represented groups.

What is equality and diversity?

- Equality means ensuring everyone in your setting has equal opportunities, regardless of their abilities, their background or their lifestyle.
- Diversity means appreciating the differences between people and treating people's values, beliefs, cultures and lifestyles with respect.

Anti-discriminatory practice is fundamental to the ethical basis of care provision and critical to the protection of people's dignity. There are five main acts relating to equality and diversity:

- **The Human Rights Act 1998** – this legislation outlines the basic human rights and principles of equality.
- **The Mental Capacity Act 2005** – notably the Deprivation of Liberty Safeguards (DoLS) which aim to help people who lack the capacity to maintain their independence, dignity and the right to freedom.

- **Social Services and Wellbeing (Wales) Act 2014** – The Act provides a legal framework for improving the wellbeing of people who need care and support, and carers who need support.
- **Well-being of Future Generations (Wales) Act 2015**- This legislation is about improving the social, economic, environmental and cultural well-being of Wales.
- **The Equality Act 2010** – this legislation provides protection against discrimination for people who possess one or more of the nine specific protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Our Strategic Equality Plan 2025-2028

Our IMTP sets out the detail of the Trust commitment in our Strategic Equality Plan. The actions, projects and programmes of work included in the IMTP are subject to existing EQIA, and a high-level summary of the key changes are detailed below.

1. Fairness and Respect

This will be a core component of our organisational culture and leadership programmes, sponsored by our Board. This will work on a number of priorities including ensuring compassionate leadership, that we live our values and tackling poor behaviour. A milestone plan has been shaped, and we will co create the action plans with our Trade unions. As part of this programme of work, we will look for opportunities to increase workforce diversity and inclusion and eliminate Pay Gaps. We would like the workforce to better reflect the diverse nature of the communities that we serve, and to ensure that there is no systemic pay disparity between people of different genders, races or disability.

Key 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.

4. Engagement

As well as continuous engagement with staff regarding the culture and leadership programme, we will engage with the community 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. This is led by our clinical service connecting with patients and donors as reflected in their delivery plans.

Key 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.

5. 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 2026-2027
- Any regulatory changes regarding accessibility are translated into service plans.

IMTP Lead:

Kathy Ikin

Deputy Director of Transformation, Performance & Planning (Interim)

IMTP Equality Impact Assessment VUNHST 2026-29

Protected Characteristic	Potential Impact [Please tick column(s)]			Details	Recommendations
	Positive	Negative	None		
Age <i>Younger people</i> <i>Middle age people</i> <i>Older people</i> <i>Other...</i>	✓	✓		Positive IMTP actions support earlier diagnosis, improved access to cancer pathways, and expanded palliative and supportive care. Community based services : SACT outreach, blood donation sites, extension of Satellite Radiotherapy, telehealth, virtual assessment, PIFU) reduce the need for travel—benefiting older adults and those with frailty. Prevention, screening, anaemia management, and public health initiatives improve outcomes across all age groups. Increasing patient and donor engagement will ensure co design of blood and cancer services to meet the needs of all protected characteristics. Negative Digital first approaches (digital front door, online booking, PROMs) may disadvantage older adults with lower digital confidence. Service transitions (e.g., move to nVCC) may temporarily disrupt continuity for frail older people. Increasing patient and donor engagement will ensure co design of	Provide digital-skills support for patients, donors and carers during consultations, support services and volunteers. Ensure age-friendly communication materials (large print, clear language). Include age monitoring in impact data for pathway redesign.

				blood and cancer services to meet the needs of all protected characteristics. Details The IMTP prioritises earlier treatment, same-day emergency cancer care, better pathway flow and improved palliative care, all of which impact older people most directly due to higher cancer incidence. Digital tools will require targeted support for users with low digital literacy.	
Disability <i>Physical</i> <i>Learning needs</i> <i>Neurodiversity</i> <i>Sensory Loss</i> <i>Mental Health issue</i> <i>Other...</i>	✓	✓		Positive Improved access arrangements through virtual assessment, reduced travel, and more consistent service pathways. nVCC design includes modern accessibility standards, better wayfinding, quieter environments, and digital check-in options. Workforce wellbeing and mental health initiatives contribute positively to staff with disabilities. Increasing patient and donor engagement will ensure co design of blood and cancer services to meet the needs of all protected characteristics. Negative Digital transformation may disadvantage some disabled people without support (e.g., screen reader compatibility, cognitive overload).	Ensure compliance with Web Content Accessibility Guidelines (WCAG). Involve disabled people in testing digital services. Provide offline and telephone routes for all critical pathways. Clear signage and quiet spaces at nVCC.

				Temporary disruption during transitions (construction, service moves) may impact physical access or predictability for neurodivergent patients. Details Some services remain complex for those with sensory, cognitive or physical impairments. Digital or automated processes need robust accessibility standards applied early. The Trust has access to online interpreters for BSL users, including patients and carers. • Velindre Cancer Service has a Video Relay Service (VRS – Convo) available 24/7. This service allows patients or carers to: ○ Contact the service if they have concerns following treatment ○ Check whether interpreters have been booked for appointments ○ Receive support and interpretation into BSL where written or spoken English is difficult to understand	
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Gender re-assignment <i>Would this affect those in/post-transition differently?</i>	✓	✓		Positive IMTP commitments to equality, anti-discrimination, anti-racist action plans, and inclusive workforce practices create a safer environment for trans patients and trans staff. Increasing patient and donor engagement will ensure co design of blood and cancer services to meet the needs of all protected characteristics. Negative A lack of explicit references to transgender population health needs may create risk of inconsistent experiences. Details Clinical pathways (cancer, blood, emergency, palliative) must be gender affirming and sensitive to needs such as body dysphoria, name/pronoun use, and safeguarding.	Ensure staff training includes transgender awareness and inclusive communication. Ensure digital systems record preferred names and gender independently of legal sex where clinically appropriate.
Marriage or civil partnership <i>Are people affected differently?</i> <i>Are married people or civil partners treated differently?</i>	✓			Positive No differential access based on marital status. Improved patient communication helps carers/partners be involved earlier. Negative No foreseeable negative impacts. Details	Ensure appointment systems allow flexible inclusion of family/carers contacts.

				Carer-involvement pathways need to be inclusive, recognising diverse family structures.	
Pregnancy or Maternity <i>Whilst pregnant</i> <i>On maternity leave</i> <i>Returning to work</i> <i>Other...</i>	✓	✓		Positive IMTP improvements in women's health pathways, screening, diagnostics and personalised care benefit pregnant people. Flexible outpatient, virtual and community-based care improves access for pregnant patients and new parents. Welsh Blood Service improvements ensure safe donation pathways, including haemoglobin and anaemia monitoring. Negative Service transition periods (e.g., nVCC move) may temporarily affect access. Digital-led models might not meet needs of those requiring face-to-face care during pregnancy. Details Some SACT, radiotherapy, and diagnostic pathways require specific safeguards for pregnant patients.	Ensure maternity-specific clinical alerts in digital systems. Maintain face-to-face options for vulnerable patients. Provide clear patient information on treatment restrictions in pregnancy.
Race <i>Colour</i> <i>Nationality</i> <i>Ethnic group</i> <i>National origins</i> <i>Other...</i>	✓	✓		Positive Strong commitments to reducing health inequalities, widening access to blood and stem-cell donation from ethnically diverse groups, and anti-racist Wales action plan implementation.	Continue targeted recruitment and community engagement with ethnic minority groups. Equality-proof AI and predictive analytics tools before deployment. Ensure interpreters are readily available (face-to-face and telephone).

				Better data and digital monitoring will support tracking of inequity. Outreach and community-based models improve access for areas with higher ethnic diversity. Negative Digital transformation may disproportionately disadvantage groups with lower digital access. Risk of unintentional bias in algorithms or clinical decision tools if not evaluated for equality impacts. Details The IMTP explicitly includes anti-racism, improved access, diverse donor recruitment and widening workforce diversity.	
Religion <i>Affects one religious group more?</i> <i>Clashes with religious holidays?</i> <i>What about groups with no religion?</i>	✓	✓		Positive Patient-centred care pathways allow for personalisation that can accommodate religious needs (e.g., blood product consent, end-of-life preferences). Welsh Blood Service donor panels expanding diversity improve culturally-sensitive provision. Negative Nothing within the IMTP restricts access based on religion. Some appointment times may coincide with significant religious periods unless mitigated.	Provide flexible booking and culturally-sensitive communication. Ensure chaplaincy and spiritual-support access in nVCC plans.

Sex/Gender <i>Does it only apply to men / women?</i> <i>Could this affect one group more than the other?</i>	✓	✓		Positive Women's Health improvements underpin national policy. Equity-focused cancer diagnostics and treatment pathways reduce variation. Workforce equity and anti-harassment plans particularly support women in the workforce. Negative Some digital or remote pathways may disproportionately affect women (e.g., caring responsibilities limiting availability for virtual calls).	Monitor service use by gender to identify emerging inequalities. Ensure appointment pathways consider caring responsibilities.
Sexual Orientation <i>Would this affect any group from LGBTQ+ communities differently?</i>	✓			Positive Commitment to LGBTQ+ Action Plan and inclusive service design. Psychological and palliative services structured around whole-person care will benefit LGBTQ+ people. Increasing patient and donor engagement will ensure co design of blood and cancer services to meet the needs of all protected characteristics.	Include LGBTQ+ representation in patient involvement structures. Staff training on inclusive language and confidentiality.
Socio Economic Duty <i>Low income / no income groups?</i> <i>Rural locations affected differently?</i>	✓	✓		Positive Community-by-design model improves local access and reduces travel costs. Digital services reduce time off work for appointments.	Provide digital-access support (loaned devices, on-site kiosks, telephone alternatives). Monitor postcode-based access inequalities. Include transport-cost mitigation in service redesign

Those with caring responsibilities?				Strong focus on prevention, early diagnosis and care closer to home. Widening access workforce programmes support fair employment. Marmot-aligned actions (transport, sustainability, green spaces) support deprived communities. Negative Digital exclusion may affect those on low incomes or without devices/data. Transition to new sites may temporarily increase travel for some areas.	
Welsh Language <i>Will everything be available bilingually?</i> <i>How many staff might need to know Welsh?</i>	✓	✓		Positive Strong commitment to bilingual services and Welsh Language Standards. New telephony, donor screening, and clinical consultation plan improve bilingual access. Workforce Welsh-language training expanded. Negative Digital content and new systems must be bilingual from launch — risk of delay if not resourced.	All digital systems (PROMs, booking, EPMA, BECS, WLIMS, digital front door) must be bilingual. Continue mystery shopper process and early bilingual testing. Recruit/retain Welsh-speaking clinical staff.

Quality-driven decision-making

Quality Impact Assessment

Title of proposal this Quality Impact Assessment (QIA) is supporting:	<i>VUNHST IMTP 2026-2029</i>
Reference of proposal:	<i>Detailed annual plan and high level 3-year business plan</i>
Details of Board / Committee the paper is being presented to and when:	<i>VUNHST Board 26th March 2026</i>

Part 1: Health and Care Quality Standards assessment

1a: Briefly outline how this proposal or strategic decision impacts on the delivery of healthcare services (in line with STEEEP Quality Standards).

Quality Standard <i>Click each icon for its definition</i>	Overall Impact			Key points and rationale
	Positive (+1) / Neutral / Negative (-1)	Level of impact High (3) Medium (2) or Low (1)	Impact score (product of previous columns)	
	+1	3	3	The combined IMTP programmes improve safety through strengthened clinical governance, digital prescribing (EPMA), improved transfusion and plasma safety, modernised radiotherapy and SACT systems, earlier recognition of deterioration, better toxicity management, improved traceability, modern digital systems, and enhanced urgent oncology response.

				Safety risks across the organisation are reduced through modern equipment, standardised pathways, improved data accuracy, and enhanced quality assurance.
	+1	3	3	Timely care improves across pathways through digital Patient Tracking Lists, redesigned outpatient and SACT flow, expanded urgent oncology capacity, modernised radiotherapy workflows, better pathway coordination, improved donor and laboratory turnaround times, and reduced bottlenecks linked to manual processes. Improved scheduling, digital automation and increased capacity all support faster assessment, treatment and decision making.
	+1	3	3	Effectiveness increases through evidence based pathways, improved MDT working, new digital radiotherapy/SACT platforms, modernised medicines processes, better alignment to national and European cancer standards (OECI), and improved research/data capability. Standardisation across multiple programmes reduces unwarranted variation and strengthens clinical outcomes
	+1	3	3	Efficiency gains come from digital automation, reduced duplication, modernised workflow design, improved stock control, robotics in aseptic areas, improved mobile session planning for WBS, and alignment of pathways across regions. Modern systems (WLIMS, BECS, RISP, IRS, EPMA) reduce manual workarounds and avoid waste and delays.
	+1	2	2	Equity improves through expanded outreach treatment options, donor diversity programmes, consistent pathway standards across tumour sites, consistent access to modern radiotherapy and SACT across regions, and improved digital accessibility. Some digital-exclusion risks remain but are mitigated by targeted support.
	+1	3	3	Person centred care is strengthened through clearer communication, expanded supportive and palliative care services, digital tools and patient engagement, improved treatment experience, predictable pathways, reduced delays, and improved access to psychological and holistic support.
Overall impact	Overall Impact: Positive – High level			

	<i>The organisation wide review demonstrates that IMTP programmes collectively improve safety, timeliness, experience, effectiveness, efficiency and equity.</i> <i>The quality impact is strongly positive and supports the safe and sustainable modernisation of cancer services, blood services and digital systems</i>
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1b: Briefly outline the amount of activity required to ensure successful implementation of the proposal or strategic decision (in line with enabling Quality Standards)

Quality Standard <i>Click each icon for its definition</i>	Amount of activity required High (3), Medium (2) or Low (1)	Key points and actions to achieve the changes required
	3	Substantial strategic and clinical leadership required across all programmes to manage digital transformation, nVCC readiness, clinical pathway redesign, national WBS programmes and cross system governance.
	3	Significant workforce training, digital capability development, new roles, extended hours models (e.g., AO, PEOLC), and specialist staffing for SACT, radiotherapy, digital systems and WBS.
	2	Cultural change needed to support digital first working, continuous improvement, MDT collaboration, equity focus, person centred care and psychologically safe environments.
	3	Upgrades to RISP, IRS, WLIMS, BECS, EPMA, analytics, cyber security, digital front door, patient engagement and high data quality expectations across all services.
	2	Ongoing audits, PROMS/PREMS, OECI aligned standards, continuous learning from incidents, and research enabled digital infrastructure.
	3	Collaboration across Health Boards, national digital bodies, regional cancer services, transplant networks, transfusion laboratories, and primary/community care.
Overall amount of	Overall Activity Required: High	

activity required	<i>Delivering the IMTP portfolio requires largescale workforce, digital, cultural and operational transformation and coordination across multiple regional and national partners.</i>
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Part 2: High-level consideration of risk

Considering responses on all twelve Health and Care Quality Standards in Part 1, what level of risk to **Quality overall** is this proposal or strategic decision?

Slide the arrow to indicate the level of risk (recognise this is subjective until full risk assessment undertaken)

Level of risk to Quality of implementing this proposal	Low	Low/medium	Medium	Medium/high	High
Level of risk to Quality of NOT implementing this proposal	Low	Low/medium	Medium	Medium/high	High

Describe the main risks to Quality of implementing this proposal?
Describe the main risks to Quality of NOT implementing this proposal?
RISK OF IMPLEMENTING — MEDIUM/HIGH Main risks: • <i>Digital transition instability (EPMA, IRS, RISP, WLIMS, BECS).</i> • <i>Workforce pressure during major service redesigns.</i> • <i>Variation in readiness across teams and sites.</i> • <i>Temporary service disruption during changeover periods.</i> • <i>Interdependency risk between programmes.</i> • <i>Data quality and digital literacy challenges.</i>
RISK OF NOT IMPLEMENTING — HIGH Main risks: • <i>Continued safety risk from outdated systems and workflows.</i> • <i>Reduced clinical effectiveness and widening variation in care.</i> • <i>Inability to meet national cancer and WBS quality standards.</i> • <i>Increased delays across all pathways (RTT, SACT, AO, OPD).</i> • <i>Reduced resilience in transfusion, transplantation and plasma supply.</i> • <i>Digital and cybersecurity vulnerabilities.</i> • <i>Loss of equity improvements and patient experience gains</i>

Part 3: Developing and signing off this Quality Impact Assessment

QIA completed by / on date	QIA operationally agreed by / on date	QIA clinically agreed by / on date
<i>Kathy Ikin</i> <i>Deputy Director Transformation,</i> <i>Planning & Performance</i> <i>6th March 2026</i>	<i>Carl James</i> <i>Chief Executive Officer (Interim)</i> <i>17th March 2026</i>	<i>N/A</i>

Executive clinical review and sign off (if required)

Clinical Executive 1 sign off / date	Clinical Executive 2 sign off / date	Clinical Executive 3 sign off / date
Nicola Williams, Executive Director Nursing, AHP & Health Science 17/3/26	Dr Jacinta Abraham, Executive Medical Director 18/03/26	N/A

Benchmarking

WBS Benchmarking

The WBS participates annually in the European Blood Alliance (EBA) benchmarking programme, which allows us to compare our performance across approximately 25 European blood services.

Each year, EBA issues a standardised dataset and analytical presentation, from which WBS extracts benchmark indicators covering donor behaviour, operational productivity, component utilisation, workforce metrics, testing performance, losses and wastage, and supply/demand trends.

This intelligence helps us understand underlying trends and supports continuous improvement across the service.

Each year's dataset is reviewed to identify WBS's position across the comparative range, with particular attention given to areas where we appear in the upper or lower quartiles, ensuring that both strengths and pressure points are clearly understood.

This benchmarking activity forms part of our broader effort to strengthen service intelligence and align with international best practice.

EBA outputs feed directly into WBS Futures, identifying area for improvement and leading to prioritisation within our IMTP Delivery Plan. These actions complement national work under the Blood Health Plan for Wales to deepen understanding of variation, performance, and system demand.

VCS Performance Benchmarking

Performance Framework and Waiting List Management

Velindre Cancer Services is developing a performance framework and structured waiting list management processes. This includes:

- Patient Tracking Lists
- Electronic Hospital Initiated Referral system
- Standard operating procedures for waiting list management

These tools increase visibility of patient pathways and enable reporting against targets such as the Suspected Cancer Pathway.

Cancer Service Specific Metrics - Use of English Model Health System to Benchmark Specialist Cancer Services

- The Model Health System (MHS) is NHS England's data driven improvement and benchmarking platform, includes Model Health System view for provider-level benchmarking
- Provides peer comparative insights across quality of care, productivity/efficiency, responsiveness, workforce, finances, and organisational culture, enabling identification of unwarranted variation and opportunities for improvement
 - dedicated compartments for theatre productivity, diagnostics, urgent & emergency care, patient safety/quality, workforce, medicines optimisation, and more
 - Clinical specialties & programmes: Deep integration with GIRFT (Getting It Right First Time)
- Breadth and depth of comparators: For specialist cancer providers MHS and NHS England datasets (including NCCI) provide the most complete UK benchmarks for productivity, workforce, pathway performance and cost—supporting rapid opportunity identification for 2026- 2027 planning.

- Improvement Opportunities:
 - Identify gaps in productivity, quality, and cost
 - Target unwarranted variation in clinical pathways
 - Align improvement plans with national best practice
 - Support IMTP/QSP performance packs with robust external comparators

Approach to Specialist Cancer Benchmarking using MHS

- **Define a peer set:** Prioritise English specialist cancer trusts (Christie, Clatterbridge, Royal Marsden) for pathway-level benchmarking across SACT, radiotherapy, outpatient flow, theatres, and workforce productivity.
- **Focus on GIRFT specialty views:** Use GIRFT dashboards in MHS to target **variation drivers** (e.g., day-case conversion, theatre turnaround, length of stay, readmissions) and cross-reference with HVLC pathways relevant to oncology and perioperative services.
- **Triangulate with finance/costing:** Align MHS productivity findings with **NCCI/PLICS** outputs and ESR workforce profiles to size **cashable vs. non-cashable** opportunities (e.g., agency reduction, procurement price convergence, throughput gains).

VCS Proposed Benchmarking Metrics

Metric / Area	Velindre Cancer Centre	The Christie NHS Foundation Trust	The Clatterbridge Cancer Centre	The Royal Marsden NHS Foundation Trust
LINACs (Radiotherapy Machines)	Data available internally	Data via MHS	Data via MHS	Data via MHS
Annual Radiotherapy Fractions	Data available internally	Data via MHS	Data via MHS	Data via MHS
Av. Fractions per Linac	Data available internally	Data via MHS	Data via MHS	Data via MHS
Systemic Anti-Cancer Therapy (SACT)	Data available internally	Data available via MHS	Data available via MHS	Data available via MHS
Outpatient Attendances (Oncology)	Data available internally	Data available via MHS	Data available via MHS	Data available via MHS
Oncology workforce (WTE, Trust-wide)	Data available internally	Data available via ESR/MHS	Data available via ESR/MHS	Data available via ESR/MHS
Activity Growth (2019/20–2025/26) - Oncology	Data available internally	Data available via MHS	Data available via MHS	Data available via MHS
Radiotherapy Delivery Growth	Data available internally	Data available via MHS	Data available via MHS	Data available via MHS
SACT Delivery Growth	Data available internally	Data available via MHS	Data available via MHS	Data available via MHS
Mortality & Quality Metrics - Oncology	In development	Available via MHS/GIRFT	Available via MHS/GIRFT	Available via MHS/GIRFT

Oncology Patient Reported Experience & Outcomes (PREMs/PROMs)	Developing – Limited data	Available via MHS	Available via MHS	Available via MHS
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Additional Metric / Area	Velindre	Christie	Clatterbridge	Royal Marsden
Total Operating Expenditure (£m)	Data available internally	Data via MHS	Data via MHS	Data via MHS
Cost per Radiotherapy Fraction (£)	Data available internally	Data via MHS	Data via MHS	Data via MHS
Patient Safety Incidents (per 1,000)	In development	Via MHS/GIRFT	Via MHS/GIRFT	Via MHS/GIRFT
30-day Mortality (SACT/Radiotherapy)	In development	Via MHS/GIRFT	Via MHS/GIRFT	Via MHS/GIRFT
Day Case Rate (Oncology)	Data available internally	Data via MHS	Data via MHS	Data via MHS
Average Length of Stay (days) - Oncology	Data available internally	Data via MHS	Data via MHS	Data via MHS
Pathway-Specific Metrics (e.g., SACT)	Data available internally	Data via MHS	Data via MHS	Data via MHS

Cancer Waiting Times Benchmarking

The Cancer Standards metrics for England and Wales are not directionally comparable i.e. when data for Wales has been mapped to NHS England definitions, this is NOT equivalent. This is due to differences in definitions, numerators, denominators, clock rules, and inclusion/exclusion criteria are not the same. These differences need to be clearly understood to enable meaningful benchmarking.

1. Clock rules differ

- NHS England Cancer Standards, radiotherapy, and SACT clocks have **nationally mandated start/stop rules** embedded in MHS.
 - Faster Diagnosis Standard (28 days)
 - Decision-to-treat Treatment (31 days)
 - Cancer Treatment Standard (62 days)
- NHS Wales PMF measures are based on guidance:
 - 62 day clock starts at Point of Suspicion (PoS) rather than point of referral
 - Treat suspensions, pauses, or clinical deferrals differently
 - Apply different rules for pathway breaks or transfers

2. Population coverage differs

- MHS specialist trust figures typically include **all England-defined consultant-led pathways**.
- Velindre PMF figures are based on Welsh National guidance, which:
 - Exclude certain pathway types

- Use service-specific filters (e.g. cancer-only cohorts)

Again, until formally reconciled, this affects comparability.

A key part of the Benchmarking & Productivity Programme will be to undertake definition alignment and assurance work to ensure that any identified improvement opportunity is not due to definition differences.

Velindre data will be benchmarked against Peer data for The Christie, the Clatterbridge, and the Royal Marsden based on the latest Model Health System and NHS England league tables for specialist cancer trusts. Where exact peer data is not available, values are estimated from published league tables and Model Health System dashboards for the relevant period.

Key areas of focus will be

- Radiotherapy
- SACT
- Peer performance
- How benchmarking can translate into an improvement plan
- Dashboards for each level of the organisation

Performance & Efficiency

Improving our efficiency and productivity is focused in our workforce supply management and non-pay expenditure. Our workforce controls relate to sickness absence management, effective job planning and agency staff management.

Job Planning

The Job Plan compliance level in January 2026 was 88% with a target of 90% by the end of 2026-2027. The impact of our actions to improve job plan compliance will have the following impact.

A 2% increase applied to the Trust's consultant workforce (64.22WTE) and applying an assumption that each non-compliant job plan equates to 0.5DCC 'surplus' sessions per week. This amounts to c0.05WTE. This is capacity equivalent to approximately 0.06WTE, delivering C.105 additional net productive hours per annum. This would produce approximately 26 additional DCC sessions (clinical activity) per annum.

If this methodology is applied with a more optimistic, (but still reasonable assumption of 1 DCC session per week, this increase to approximately 52 additional consultant clinical sessions per annum.

Benefits will be:

- Better alignment of consultant time to demand
- Improved visibility of DCC vs SPA balance
- Stronger grip on clinic templates to support more affect patient scheduling, MDT capacity and support the SACT and RT times for treatment
- Support targeted action on SACT/RT service pressure areas and high impact tumour groups

Sickness Absence Reduction

The Trust achieved a sickness absence reduction from 5.7% to 5.1% in 2025-2026. The Trust recognises that during periods of major change, sickness absence is often adversely affected. We will strengthen access to our support services during the transition to nVCC to mitigate the impact on staff absence. The Trust acknowledges the scale of change of transition to nVCC and therefore have reflected an ambition to ensure staff sickness does not deteriorate from the 2025-2026 position

of 5.1%. The reduction achieved in 2025-2026 applied across the Trust workforce (1,703FTW), this equates to approximately 6.8 WTE of additional capacity.

Using a net available hours assumption of 1,650 hours per WTE per annum, this delivers c11,200 additional productive hours per year during this financial year.

From a 'value' perspective this will produce a material non cashable productivity gain which can contribute to reduced pressure on agency and bank staff usage, overtime and resilience gaps in workforce.

Medicines Management

In March 2026, the Medicines Management Group of the Trust will be producing a formal response and action plan on the Nationally agreed Medicines Value and Sustainability priorities for NHS Wales 2026-2027. The Recommendations 1(b), and 3-6 are not applicable to the Trust. Our summary plan on recommendations 1 (a), 2 (a) and 2(b) are:

1. (a) Maximise biosimilar use, including preferential use of best value biologic where appropriate. In the 'Drugs from Basket' options, Bevaizumab used in treatment for colon and gynaecology cancer patients, is relevant. The Trust implemented this switch in November 2025.
2. (a). Maximise on-contract generic medicine use in secondary care –Trust 'Drugs from Basket' which are applicable to the Trust are, apixaban, and abiraterone. We have identified an error with the data recording for abiraterone, which is dispensed in the Medicines at Home Setting. Once the data errors have been adjusted this should reflect a 100% utilisation measure for the Trust.
2. (b). The Trust purchases axitinib according to the All Wales Drug Contract. It is a dual award contract which is purchased on generic naming. It is switched to a branded product if out of stock. This switch is of generic name and brand name is the data error recording for abiraterone, and the same data error applies to axitinib.

Income Assumptions

Income Assumptions and Extent of Alignment with Commissioner and WG Plans:

The following are the income growth assumptions the Trust has made to meet the unavoidable inflationary, demand and growth pressures forecast during 2026-27:

- Commissioners will uplift LTA values by 1.11% which amounts to £1.141m core uplift in 2026-27. For planning purposes, the Trust is assuming a 1.0% uplift to LTA values for 2027/28 and 2028/29. The Trust expectation is the uplift is 1.11% and will be passed on by the commissioners as clearly set out in the Health Board Allocation Letter
- The Trust will receive a further loss of LTA income from Hywel Dda UHB based on the historic activity shares baseline funding allocation which is on top of the £0.825m loss incurred during 2025-26. In addition, there is a risk on the baseline cash allocations of c£0.290m.
- Commissioners will pass through as additional income to the LTA the 2025/26 Agenda for Change (AfC) Medical and VSM staff costs as per the WG Pay award matrix.
- The 2026-27 Pay Inflation of 3.3% expected to be funded directly by WG over the 3 years of the IMTP (any shortfall such as staff increments and use of bank staff will need be met by discretionary uplift, additional savings or absorbed by Divisions).
- **In line with WG guidance any planning assumption for the 2026-27 pay award is excluded from the IMTP financial plan, but the assumption is WG will continue to fund on the basis above.**
- Funding for the Real Living Wage (the impact of the policy on Social Care) will be dealt with as a non-recurrent allocation, addressed in year.
- Funding for the increase in Employer's National Insurance Contributions that came into effect on 1st April 2025 is provided to the Trust at the same rate of 2025/26 and will be passed through on a recurrent basis from the Trust Commissioners via the LTA agreement on the agreed historic share basis.
- The cost increase in employer's pension contributions from 14.3% to 23.7% will continue to be paid by WG. **(As per WG guidance this is again excluded from the plan.)**
- Allocations for accelerated depreciation, AME depreciation for donated assets, relevant IFRS 16, and DEL and AME impairments will be issued as direct funding from WG. This will also apply to any increases in depreciation related to approved schemes with confirmed strategic support.
- Activity demand modelling forecasts £1.135m additional LTA marginal cost income above the 2024-25 projected outturn.
- The Trust will receive pass through income from commissioners to cover the cost of NICE / High-Cost drugs VCS uses in delivering cancer care. The forecast annual cost growth has been estimated using historic trends and the latest horizon scanning, this amounts to a £7.7m increase in 2026-27.

- The Trust will receive pass through income from LHBs through their SLAs to cover the cost of wholesale blood derived products WBS supplies to them. The forecast annual cost growth for 2026-27 has been calculated based on an estimated 12% volume growth and general price inflation totalling £3.5m.
- In 2022-23 the Trust secured funding from WG from the Value Based Healthcare (VBHC) fund. Funding during 2026-27 will be passed through on a recurrent basis from the Trust Commissioners via the LTA agreement on the agreed historic share basis.
- The SDEC funding for 2026-27 will be passed through on a recurrent basis from the Trust Commissioners via the LTA agreement on the agreed historic share basis.
- WG and / or JCC will fund the WBS business cases resubmitted in 2026-27 however this remains a significant risk to the Trust.
- WBS has been managing a number of financial risks within the service that support supply chain sufficiency, demand and patient safety. In addition, since the publication of the Infected Blood Inquiry in May 2024, the service will be required to improve patient safety for transfusion wherever possible.

The Trust submitted six WBS business cases during 2025/26 relating to key service areas for consideration that help either maintain or improve the safety of the supply chain for the transfused patients in Wales. These cases included:

1. Plasma for Medicines: Implementation of the Welsh Government Policy for the collection, processing and supply of plasma for the manufacture of Immunoglobulin and Albumin products.
2. Red Cell Immuno-haematology Laboratory: £0.251m for additional capacity 24/7 for the Red Cell Immunohaematology laboratory
3. Haemoglobin S screening: £0.052m for implementation of Haemoglobin S (HbS) testing to comply with national guidance
4. Blood Component Development: £0.703m for investment in component development research laboratory capacity to ensure validation and development work required to meet regulations e.g. requirement to replace blood packs which currently contain plasticizer Di (2 ethylhexyl) phthalate (DEHP) due to safety concerns
5. Buccal Swab Pathway: £0.259m for introduction of new Buccal swab testing and testing pathway for recruitment of stem cell donors to expand Welsh Bone Marrow Donor Registry panel
6. Blood Donation Team Resilience: £0.266m for additional blood collection capacity to ensure the sufficiency of supply of blood products in Wales can be delivered.

JCC has not approved additional funding for any of the business cases for WBS. This places a significant increased financial risk on the Trust as these cases are necessary to maintain and improve quality and safety, so the Trust in 2025/26 was forced to make the investment at financial risk. The cases have been resubmitted to JCC for consideration as part of the 2026-27 IMTP process.

- WG will support the significant investment required in WBS and wider NHS Wales to deliver the actions required to meet the recommendations from the Infected Blood Inquiry (IBI) Report, ensuring quality and safety within the Welsh Blood System. The investment required in WBS to respond to recommendation 8 are set out in the Business Cases that have been submitted to JCC and shared with WG seeking funding consideration.

The current approved VCS Service Growth investment is provided in the table below:

VCS Service Growth Investment	2026/27		Incremental Income		
	LHB (£000)	TOTAL (£000)	IMTP Total 2026/27 £000	IMTP Total 2027/28 £000	IMTP Total 2028/29 £000
Acute Oncology Services	989	989	296	0	0
Integrated Radiotherapy Solution	1,162	1,162	(50)	18	42
Radiotherapy Satellite Centre	1,487	1,487	139	30	30
nVCC Revenue Budget Recurrent		0	0	39,368	0
nVCC Revenue Budget Non-Recurrent		0	0	2,412	(2,412)
SACT (MIFs)	100	100	100	100	100
Total Approved Service Improvement & Growth	3,738	3,738	485	41,928	(2,240)

- The current financial plan assumes no additional internal investments in major programmes and projects beyond resources agreed within approved business cases. Any additional funding requirements will either need to be met through a reallocation of existing resources, additional savings above the £2.000m target or additional commissioner funding following consideration of a business case.

Pay Related Cost Assumptions:

- Expectation that Pay inflation funding received will cover the cost growth based on actual staff in post. (Any shortfall such as the cost of increments and the use of bank staff will need be met by additional savings or absorbed by service Divisions).
- The Trust financial plan assumes a £1.5m divisional vacancy factor target through natural staff turnover, which will need to be achieved on an ongoing basis in order to balance the overall financial position.
- In line with the guidance the 2026-27 pay inflation and employer's pension contributions from 14.3% to 23.7% have been excluded from the financial plan.

Non-Pay Related Cost Assumptions:

- The national / general cost pressures have currently been estimated at £1.571m for 2026-27 which includes the anticipated increase in WRP costs (£0.948m) on a non-recurrent basis. General Non-Pay inflation is forecast to be 2.5% c(£0.120m).
- Non-pay Inflationary uplifts on Welsh NHS SLAs of 1.11% have been assumed for 2026-27 on the basis of a 1.11% core funding uplift to LTA values is passed through to the Trust.

National / General Cost Pressures:

National / General Cost Pressures	Division	Recurrent/ Non- Recurrent	2026/27 £K
NHS SLA Increase 1.11% 26/27, (1.0% 27/28 & 28/29) (TBC)	Trust	Rec	38
Non-Pay Inflation 2.5% 26/27 (2.5% 27/28 & 28/29) (TBC)	Trust	Rec	120
Digital (Microsoft Agreement)	Trust	Rec	165
Increase in Welsh Risk Pool Costs	Trust	Non-Rec	948
ESR (Funded via WG 25/26 & 26/27)	Trust	Rec	0
BMA Pay Negotiations (TBC)	Trust	Rec	300
Total National Cost Pressures			1,571

Local Core Service Growth and Cost Pressures:

- The Trust has undertaken a review of its local core service growth and cost pressures, which has resulted in a number being mitigated, removed or costs reduced.
- The cost pressures in the table below are included in the financial plan as needed to meet demand, quality & safety statutory requirements and essential Trust wide infrastructure so unavoidable for 2026-27:

Local Cost Pressures	Division	Recurrent/ Non- Recurrent	2026/27 £K
RISP	VCS	Rec / Non Rec	183
Marginal Income underachievement	VCS	Rec	500
C&V Pathology SLA	VCS	Rec	157
VCS Pay Increments (50%)	VCS	Rec	208

SACT Closed System Drug Transfer	VCS	Rec	560
Blood donation Haemacue forecast volumes	WBS	Rec	94
UK Forum Costs	WBS	Rec	32
Contract Price increases inc rent and rates (above general inflation)	WBS	Rec	159
WBS Pay Increments (50%)	WBS	Rec	87
RD&I Pay Increments (50%)	RD&I	Rec	48
VCS Estate running costs	Corporate /VCS	Non Rec	300
Corporate Pay Increments (50%)	Corporate	Rec	53
Digital Infrastructure / Contract Support	Corporate /Trust	Rec	212
Unfunded Posts to support service delivery (VCS & WBS)	VCS / WBS	Rec	707
Sense maker system - Patient / Donor story Infrastructure	Trust	Rec	8
Redress Support - Band 5 legal support	Corporate / Trust	Rec	44
Total Local Cost Pressures			3,352

- The current financial plan assumes that national and local cost & growth pressures that have been identified as unavoidable for 2026-27 will be funded in part by the 1.11% LTA core uplift and in part from savings delivery.
- Other local pressures of c£1.000m are expected to be mitigated or managed at Divisional level.

Other Assumptions:

- Prioritised service developments over the course of the year will be submitted to commissioners as business cases for funding consideration however there is clear expectation that no funding will be provided.
- No additional investment in major programme / project resources beyond those agreed in capital business cases.
- Divisions will mitigate or manage other local cost pressures not recognised in the financial plan.
- Other new cost pressures that may materialise over the period are either avoided/mitigated as far as possible. Where costs are unavoidable additional savings will be required to fund them.

Investment in organisational staff capacity and capability to deliver major change Programmes is required to progress regional work to deliver improved cancer services,

establish clinical leadership and to meet statutory duties around quality & safety and duty of candor.

Without funding support for major change capacity and capability the Trust is considering what decisions are required with regards to reallocation of existing resources or delivery of additional savings and efficiencies, but this is proving difficult given competing priorities and will only enable a small element of the staff capacity and capability to be implemented with consequential impact on delivery of major change.

Planned Savings

The following table summarises the level of savings the Trust is planning to deliver in 2026-27.

Savings Plan	2026/27 £m
CIP Planned Savings	1.4
Income Generation	1.2
Total Savings / Income Generation	2.6
CIP % (of Core LTA values)	2.5%

The Trust has currently Identified schemes against full savings target of 2.647m, (£1.458m RAG Green, £1.189m RAG Amber.

	Recurrent	Non Recurrent	TOTAL
Saving RAG Rating	£k	£k	£k
Green RAG Rated Schemes	746	712	1,458
Amber RAG Rated Schemes	517	673	1,189
Red RAG Rated Schemes	0	0	0
Total	1,263	1,308	2,647

Savings Plan by Division	Target £K	Identified (Green) £k	Savings Target Gap £k
Welsh Blood Service	880	880	0
Velindre Cancer Centre	1,302	500	(802)
Corporate Services	178	78	(100)
RD&I	287	0	(287)

Total	2,647	1,458	(1,189)
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- Work is ongoing within the Divisions to urgently finalise the savings plans and address those schemes that are RAG rated amber. Each Senior Management member has been assigned a target to achieve, ensuring ownership and clear routes for escalation.

Contracting Model & National Funds Flow Framework:

LTA Contract Rebasing for Velindre Cancer Services:

- The Trust was unable to complete the proposed LTA Contract Rebasing exercise during 2025/26.

In 2018-19, Commissioners agreed to re-base LTAs from 2004-05 activity and prices to a more current baseline, originally proposing 2019-20 with financial neutrality managed through Welsh Government allocation adjustments. This was not implemented due to COVID. In 2023-24, Commissioners agreed to revisit re-basing using 2023-24 as the baseline year. All Health Boards agreed to this year, but all except Hywel Dda UHB agreed to neutralise the financial impact through allocation adjustments.

Due to the lack of collective agreement, the Trust issued 2024-25 LTAs on historic shares. All Health Boards accepted this approach except Hywel Dda, which unilaterally re-based its LTA to 2023-24 outturn, reducing Trust income by £0.843m (£0.360m activity and £0.483m NICE/HCDs). To avoid arbitration, the Trust agreed a compromise: a non-recurrent £0.483m reduction in NICE/HCD income only, with no change to the activity baseline.

During 2024-25, Commissioners again failed to reach collective agreement on the LTA re-basing principles. For 2025-26, the Trust agreed an increased non-recurrent £0.825m reduction in Hywel Dda's NICE/HCD funding (100% of the difference between historic shares and resources consumed) to avoid an arbitration process. This was again in the hope that commissioners would reach a collective agreement on LTA re-basing principles, which has not happened, although the DDoF have established a working group to review LTA principles across NHS Wales, which may provide resolution for the 2027-28 financial year.

For 2026-27, Hywel Dda has stated it will apply a recurrent £0.825m NICE/HCD reduction and will move to an actual recharge from the historic share basis on activity. This approach is not agreed by the Trust Board and is inconsistent with previously agreed Commissioner principles. The Trust has therefore reflected this £0.825m income reduction non-recurrently in its financial plan, alongside non-recurrent savings.

There are still ongoing discussion regarding the historic ring fenced allocations (including Capital Charges, pay lifts, infl uplifts etc) totalling £0.290m. However, there is agreement from Hywel Dda UHB that on the Trust providing evidence to support these funding arrangements that Hywel Dda UHB will settle the full cash allocations.

Hywel Dda has suggested that its patients have materially moved away from Velindre. The Trust does not agree. Only a small cohort (c4%) of specialist SABR radiotherapy activity transferred following Velindre Trust training of Swansea oncologists in this specialist treatment. Forecast activity for 2025-26 is c1,055 treatments compared with 1,202 in 2019-20, a 12% reduction that does not represent a material shift and already delivers marginal cost savings through the LTA to Hywel Dda UHB.

Furthermore, discussions with Swansea UHB indicate that additional radiotherapy capacity is likely to be commissioned from other providers in 2026-27 to support cancer waiting times target delivery, which Velindre has been in initial discussions with Swansea around providing. This would lead to additional Hywel Dda activity flowing to Velindre.

To ensure the full cost of Velindre specialist cancer services is funded, all Commissioners must agree to move from historic shares based on 2004-05 activity and NICE consumption to a current activity and consumption baseline. Hywel Dda has unilaterally made this decision without Velindre other commissioners' agreement to pick up the funding reduction, essentially meaning the Trust fixed costs are no longer fully funded. Velindre view is Commissioners must collectively agree how to manage the resulting financial gains or losses between themselves; applying different principles is not acceptable as it potentially leads to the Trust fixed costs not being funded as has happened with Hywel Dda's approach.

Despite support from all other Commissioners that LTA principles should be applied consistently, the Velindre Director of Finance has again reluctantly agreed LTA principles on a non-recurrent basis with the Hywel Dda UHB Director of Finance.

Financial Risks and Opportunities:

There are several financial risks that could impact on the successful delivery of the plan. The Trust recognises these and is taking appropriate actions as set out below, to ensure risks are appropriately managed and mitigated against. All areas of delivery are risk assessed, and any identified risks are included within the Board Assurance Framework and Trust wide Risk Register.

Key Financial Risks	Cost £m	Description
Commissioners not supporting Service Investment / Growth in VCS	TBC	Several service growth investments were presented to the Trust Commissioners as part of last year's IMTP process, however, there has since been a firm stance that no commitment will be made this year. The Trust re-submitted the service growth investments to our Commissioners on the 22 nd October in line with the IMTP governance timeline process for 2026/27 with the Trust Commissioners confirming that no funding will be allocated this year to support these investments.
Radiotherapy Activity Income UnderAchievement	(0.300)	A risk has emerged, and crystallised in part, whereby the forecast activity income is not expected to match the level of investment in the Workforce. £0.500m crystallised in 2025/26 which will be funded via the VCS anticipated marginal income during 2026-27 with a further £0.300m being held as a risk with hope that activity will increase next year.
Management of operational Pressures	(0.500)	Cost pressures that may emerge over the course of the year that cant be mitigated or are beyond divisional control. As in last year current status is the Trust will expect to manage these cost pressures non-recurrently during 2026-27 however remains a risk due to the financial challenges facing the Trust.
Hywel Dda UHB LTA baseline Cash allocations	(0.290)	The Trust has faced further challenges from HD in terms of the WG direct funding allocations such as Capital Charges, Pay Award, Energy funding, prior Service Investment, and the National Discretionary are provided to the Trust via the LTAs as per the Trust funding model. The current gap in agreed position is £0.290m.
Total Risks	(1.090)	
Key Financial Opportunities	Cost £m	Description
Vacancy Savings	0.200	Further vacancy turnover savings above the vacancy factor held in divisions
Bank interest overachievement	0.200	Potential for further overachievement of bank interest above budget set to support cost pressures and savings target.
Total Opportunities	0.400	
Net Financial Risk	(0.690)	

Value & Sustainability

- The Trust is committed to delivering the minimum 2% savings in the next financial year. Further, we will continue to integrate the opportunities identified at national level through the Value and Sustainability Board into the Trust's opportunities pipeline.
- The Trust will continue with the Finance and Investment Enhanced Monitoring arrangements as enhanced measures.
 - Savings delivery
 - Cost control
 - Choices and Options which could contribute towards wider system financial pressures
 - Impacts of spending decisions considering quality, safety, experience and value

This process will also help to address the strategic risk theme of Financial Sustainability and Long-Term Value for the Trust.

It will provide an additional level of assurance before reporting to external monitoring bodies including:

- Monthly Value and Sustainability Board
- WG / NHS Exec Quarterly Reviews – JET & IQPD
- The Trust is continuing to review its productivity & efficiency using measures to compare to its peer organisations in England – The Clatterbridge Cancer Centre, The Christie, Royal Marsden, and Leeds Cancer Care to identify areas of improvement.
- The Trust is committed to reducing its reliance on the use of agency staff and the premium costs associated. A significant reduction was seen over the course of 2024-25 with further progress made in 2025-26. Minimal, exceptional spend is forecast for 2026-27 only where service needs can only be met via this.
- Divisions will continue to review non-value adding clinical practice or processes and changing ways of working through Value-Based Healthcare approach.
- The Trust will continue to explore ways to deliver value through the organisation and relieve financial pressures across the Welsh NHS system.

Capital Plans for the Trust

The focus of the Capital Investment Programme is to maintain a high-quality environment in which to collect, transport, process and supply blood, treat cancer patients and provide modern treatment equipment.

The Trust has a process through which to prioritise competing capital cases, both in terms of submissions to WG for All Wales funding and the allocation of Trust discretionary Programme funding.

The capital investment required over the period of the IMTP are schemes that have or will be submitted to Welsh Government as cases for consideration against the All-Wales Capital Fund. These include:

All Wales Approved and Unapproved Capital Schemes	2026-27	2027-28	2028-29	2029-30	Further Years	Total All Wales Schemes
£m	£m	£m	£m	£m	£m	£m
All Wales Approved Schemes						
TCS nVCC	36.123	3.472	0.000	0.000	0.000	39.595
TCS nVCC (IRS Implementation Phase 3)	1.702	0.579	0.000	0.000	0.000	2.281
TCS nVCC Enabling Works	0.393	0.000	0.000	0.000	0.000	0.393
Integrated Radiotherapy Solution (IRS)	17.155	0.180	0.000	0.000	0.000	17.335
EPMA (DPIF)	0.025	0.000	0.000	0.000	0.000	0.025
Talbot Green Infrastructure (WBS)	1.142	0.000	0.000	0.000	0.000	1.142
Fleet Replacement (WBS)	0.882	1.465	0.000	0.000	0.000	2.347
Positron Emission Tomography	0.256	0.000	0.000	0.000	0.000	0.256
Total Approved Capital Schemes	57.678	5.696	0.000	0.000	0.000	63.374
All Wales Unapproved Schemes						
Whitchurch Hospital Site	0.280	0.000	0.000	0.000	0.000	0.280
nVCC – Project - Quantified Risk - MIM	3.243	0.000	0.000	0.000	0.000	3.243
nVCC – Project - Quantified Risk - Public Sector	4.716	3.085	0.000	0.000	0.000	7.801
nVCC – Enabling works - QRA	0.449	0.000	0.000	0.000	0.000	0.449
nVCC - QRA Public Sector Draw Down	0.059	0.000	0.000	0.000	0.000	0.059
WBS TGI Infrastructure	10.000	14.000	14.000	14.000	8.000	60.000
WBS Plasma for Fractionation	0.000	0.910	0.002	0.000	0.001	0.913
WBS BECS Blood Management System	1.840	1.187	0.000	0.000	0.000	3.027
RISP	TBC	TBC	TBC	0.000	TBC	0.000
Backlog Maintenance (WBS)	0.532	0.215	0.000	0.000	0.000	0.747
Asset Replacement (WBS)	0.250	0.000	0.530	0.000	0.000	0.780
WLIMS 2.0	TBC	TBC	TBC	0.000	TBC	0.000
WHAIS Phase 2	TBC	TBC	TBC	0.000	TBC	0.000
Digital CRM Multi Case Functions (WBMDR, AOS)	TBC	TBC	TBC	0.000	TBC	0.000
Digital IT Infrastructure	0.500	0.500	0.500	0.500	0.000	2.000
Other Digital Service Developments	TBC	TBC	TBC	0.000	TBC	0.000
Other Service Developments (New)	TBC	TBC	TBC	0.000	TBC	0.000
Enhanced Care Unit (VCS)	TBC	TBC	TBC	0.000	TBC	0.000
oVCC Decommissioning	1.000	0.000	0.000	0.000	0.000	1.000
IRS Machine Mix and Hypersight	7.200	0.000	0.000	0.000	0.000	7.200
nVCC Digital Enabling Works	0.737	1.442	0.000	0.000	0.000	2.179
Total Unapproved Capital Schemes	30.806	21.339	15.032	14.500	8.001	89.678
Total All Wales Capital Plans	88.484	27.035	15.032	14.500	8.001	153.052

Trust Discretionary Capital Funding:

Per the allocation letter the Trust discretionary allocation of £2.240m for 2025-26 is an increase of £0.240m (12%) from the £2.000m allocated during 2025-26.

Depreciation Funding:

The Trust will require additional WG funding to support the accelerated depreciation in relation to the existing cancer centre building and equipment.

The total cost for the accelerated depreciation is expected to be £35.441m with £21.414m having been funded during the two years 2024-26. This will leave a required funding balance of £13.997m over the three years of the IMTP 2026-27 to 2028-29. These costs are set out in the table below and were approved as part of the nVCC FBC:

Depreciation Forecast	2026-27	2027-28	2028-29	Further Years	Total All Wales Schemes
	£m	£m	£m	£m	£m
Baseline Specific Depreciation	4.958	4.671	4.541	0.000	14.170
Strategic/All Wales Depreciation	4.924	9.706	9.155	0.000	23.785
Accelerated Depreciation nVCC	10.877	3.120	0.000	0.000	13.997
Baseline Depreciation Funding	-6.208	-6.208	-6.208	0.000	-18.624
Total	14.551	11.288	7.488	0.000	33.328

27 February 2026

Jacqueline Totterdell

Director General of Health and Social Services
and Chief Executive of NHS Wales

Dear Jacqueline,

Re: IMTP Financial Plan and Long-Term Agreements (LTAs) for 2026-27

I am writing to update you on the position regarding Velindre University NHS Trust's LTAs with Commissioners, as required by the Health Board Allocation Letter, and to outline the key assumptions and risks within our draft IMTP.

All Commissioners have confirmed they will pass on the 1.11% uplift through LTAs which the Trust is using to support inescapable demand and unavoidable core cost inflationary pressures. No additional funding beyond this uplift has been agreed by Commissioners for either VCS or WBS, despite increasing demand leading to cancer waiting time pressures as well as quality & safety pressures. The Joint Commissioning Committee (JCC) has not approved funding for WBS business cases that would improve assurance of blood supply in Wales and enable implementation of quality and safety recommendations arising from the Infective Blood Inquiry.

The Trust has agreed LTA funding principles with all Commissioners for VCS and WBS. However, to reach agreement with Hywel Dda UHB, the Trust has again had to accept a non-recurrent loss on LTA income because of Hywel Dda UHB unilaterally re-basing its LTA. The history and detail of this position are set out in Annex 1. This matter has been discussed with Hywel Jones, Director of Finance, HSSG Welsh Government, and his team, and we are continuing to work with Hywel Dda to identify a sustainable resolution.

Aside from this, the Trust has not yet received confirmation of continued Welsh Government funding for HTW in 2026-27 and has assumed £1.517m within its financial plan. Shared Services, a statutory responsibility of the Trust, will submit a separate IMTP following endorsement in March 2026.

The draft IMTP financial plan is balanced across 2026-27 to 2028-29. To achieve balance in 2026-27, the Trust must fund £4.9m of inescapable demand and unavoidable core cost inflationary pressures through a minimum 2.5% savings target £2.6m, full utilisation of the 1.11% uplift funding £1.15m, and activity growth marginal income of £1.15m. We have a range of actions in place to manage and mitigate the identified risks associated with the financial plan.

The draft IMTP will be considered by the Trust Strategic Development Committee on 17 March and approved by the Trust Board on 26 March.

In summary, we have LTA agreements in place with all commissioners but as set out above we have had to agree a non-recurrent reduction in funding with Hywel Dda.

I hope this provides the context for our planned submission of a financially balanced IMTP; confirms LTA principles are agreed, however highlights the ongoing LTA discussions with Hywel Dda UHB, and confirms we have mitigating actions to manage the associated financial risks. Whilst the outcome of the Hywel Dda LTA principles discussion is important, I have sufficient confidence that we can achieve financial balance.

Yours sincerely,

Carl James

Chief Executive (interim)

c.c. Hywel Jones, Director of Finance, HSSG Welsh Government

Annex 1

Hywel Dda UHB LTA

In 2018-19, Commissioners agreed to re-base LTAs from 2004-05 activity and prices to a more current baseline, originally proposing 2019-20 with financial neutrality managed through Welsh Government allocation adjustments. This was not implemented due to COVID. In 2023-24, Commissioners agreed to revisit re-basing using 2023-24 as the baseline year. All Health Boards agreed to this year, but all except Hywel Dda UHB agreed to neutralise the financial impact through allocation adjustments.

Due to the lack of collective agreement, the Trust issued 2024-25 LTAs on historic shares. All Health Boards accepted this approach except Hywel Dda, which unilaterally re-based its LTA to 2023-24 outturn, reducing Trust income by £0.843m (£0.360m activity and £0.483m NICE/HCDs). To avoid arbitration, the Trust agreed a compromise: a non-recurrent £0.483m reduction in NICE/HCD income only, with no change to the activity baseline.

During 2024-25, Commissioners again failed to reach collective agreement on the LTA re-basing principles. For 2025-26, the Trust agreed an increased non-recurrent £0.825m reduction in Hywel Dda's NICE/HCD funding (100% of the difference between historic shares and resources consumed) to avoid an arbitration process. This was again in the hope that commissioners would reach a collective agreement on LTA re-basing principles, which has not happened, although the DDoF have established a working group to review LTA principles across NHS Wales, which may provide resolution for the 2027-28 financial year.

For 2026-27, Hywel Dda has stated it will apply a recurrent £0.825m NICE/HCD reduction and will move to an actual recharge from the historic share basis on activity. This approach is not agreed by the Trust Board and is inconsistent with previously agreed Commissioner principles. The Trust has therefore reflected this £0.825m income reduction non-recurrently in its financial plan, alongside non-recurrent savings.

There are still ongoing discussion regarding the historic ring fenced allocations (including Capital Charges, pay lifts, infl uplifts etc) totalling £0.290m. However, there is agreement from

Hywel Dda UHB that on the Trust providing evidence to support these funding arrangements that Hywel Dda UHB will settle the full cash allocations.

Hywel Dda has suggested that its patients have materially moved away from Velindre. The Trust does not agree. Only a small cohort (c4%) of specialist SABR radiotherapy activity transferred following Velindre Trust training of Swansea oncologists in this specialist treatment. Forecast activity for 2025-26 is c1,055 treatments compared with 1,202 in 2019-20, a 12% reduction that does not represent a material shift and already delivers marginal cost savings through the LTA to Hywel Dda UHB.

Furthermore, discussions with Swansea UHB indicate that additional radiotherapy capacity is likely to be commissioned from other providers in 2026-27 to support cancer waiting times target delivery, which Velindre has been in initial discussions with Swansea around providing. This would lead to additional Hywel Dda activity flowing to Velindre.

To ensure the full cost of Velindre specialist cancer services is funded, all Commissioners must agree to move from historic shares based on 2004-05 activity and NICE consumption to a current activity and consumption baseline. Hywel Dda has unilaterally made this decision without Velindre other commissioners' agreement to pick up the funding reduction, essentially meaning the Trust fixed costs are no longer fully funded. Velindre view is Commissioners must collectively agree how to manage the resulting financial gains or losses between themselves; applying different principles is not acceptable as it potentially leads to the Trust fixed costs not being funded as has happened with Hywel Dda's approach.

Despite support from all other Commissioners that LTA principles should be applied consistently, the Velindre Director of Finance has again reluctantly agreed LTA principles on a non-recurrent basis with the Hywel Dda UHB Director of Finance.