Cyfarfod Cyffredinol Blynddol 2025/2026
30 Gorffennaf 2026
Annual General Meeting 2025/2026
30 July 2026

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

Gwasanaeth Gwaed Cymru
Welsh Blood Service

Gwasanaeth Canser Felindre
Velindre Cancer Service

Cadi Arian Canolfan Ganser Velindre Cancer Centre Fundraising

Technoleg Iechyd Cymru
Health Technology Wales

Advanced Therapies Wales
Therapiau Datblygiedig Cymru

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

AGENDA

- **17:30 – 17:35:** Welcome and Apologies
  Sara Moseley, Chair

- **17:35 – 18:10:** Presentation of the Annual Report
  - Performance Report
    Victoria Oxley, Director of Strategy, Planning and Performance (Interim)
    Anne Carey, Chief Operating Officer
  - Accountability Report
    Non Gwilym, Director of Corporate Governance (Interim)
  - Financial Report
    Matthew Bunce, Executive Director of Finance

- **18:10 – 18:25:** Questions from the public and answers

- **18:25 – 18:30:** Closing words
  Sara Moseley, Chair

AGENDA

- **17:30 – 17:35:** Croeso ag Ymddiheuriadau
  Sara Moseley, Cadeirydd

- **17:35 – 18:10:** Cyflwyno'r Adroddiad Blynyddol
  - Adroddiad Perfformiad
    Victoria Oxley, Cyfarwyddwr Strategaeth, Cynllunio a Pherfformiad (Dros Dro)
    Anne Carey, Prif Swyddog Gweithredu
  - Adroddiad Atebolrwydd
    Non Gwilym, Cyfarwyddwr Llywodraethiant Corfforaethol (Dros dro)
  - Adroddiad Ariannol
    Matthew Bunce, Cyfarwyddwr Gweithredol Cyllid

- **18:10 – 18:25:** Cwestiynau gan y cyhoedd ac atebion

- **18:25 – 18:30:** Geiriau i gloi
  Sara Moseley, Cadeirydd

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Velindre University NHS Trust
Annual Report 2025/26

GIG CYMRU NHS WALES
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Partneriaeth Cydwasanaethau
Shared Services Partnership

Croeso

Welcome

Sara Moseley

Cadeirydd

Chair

Yr Adroddiad Blynyddol
The Annual Report

Rhan 1: Adroddiad Perfformiad
Part 1: Performance Report

Victoria Oxley, Director of Strategy, Planning and Performance
Anne Carey, Chief Operating Officer
Gill Knight, Executive Director of Nursing, Allied Health Professionals and Health Scientists, Interim
Jacinta Abraham, Executive Medical Director
Sarah Jenkins, Executive Director of Workforce and Organisational Development, Interim

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

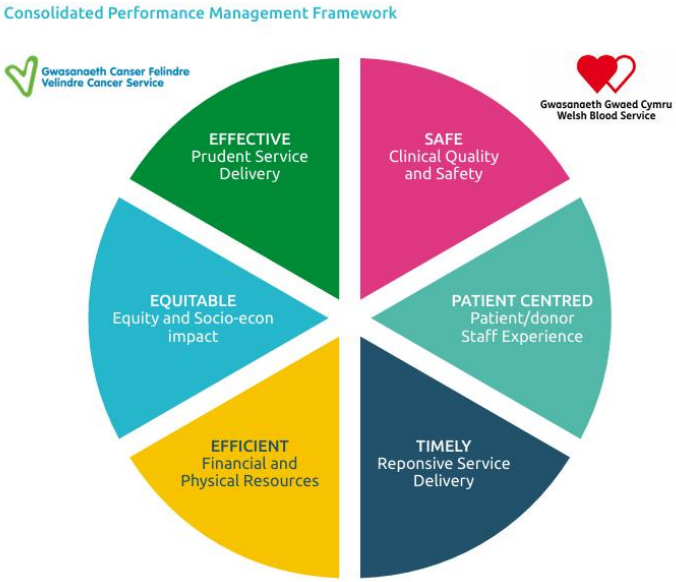
Overview

Our Annual Performance Report describes how we delivered services from 1st April 2025 to 31st March 2026. It provides assurance that we continued to deliver excellent patient and donor care over the last year with our commitment to our values of Caring, Respectful, Accountable.

The Trust's reporting of its performance over the reporting period has been consolidated following significant development in 2024-25.

Monthly reporting was enhanced by the Trust Board's participation at its first Public Accountability Meeting with Welsh Government in 2026.

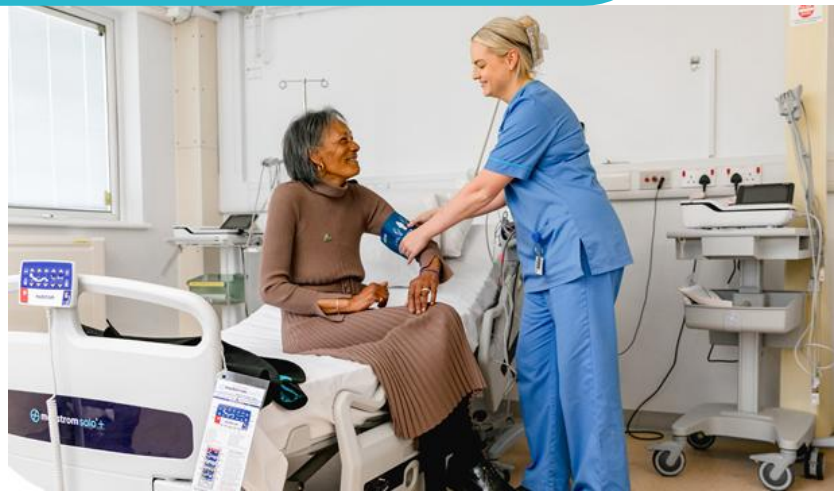
The Trust remained in Level 1 (Routine measures) throughout the year.



The performance report covers operational delivery, service quality and safety, our people and physical/finance resources, and is based on the six domains of the Quality Framework, namely safe, effective, patient/donor centred, timely, efficient and equitable care.

Velindre Cancer Service Performance 2025/26

Performance during 2025/26 improved across the year, which reflects the on-going improvement journey and our ambition to deliver the best possible services. Areas not meeting set levels have been and are subject to continued improvement initiatives and scrutiny to ensure benefits to patients are delivered.



5,923

Delivered Systemic Anti-Cancer Treatment (SACT) treatments to 5,923 patients

4,837

Delivered Radiotherapy treatments to 4,837 patients

Delivered

96,090

Outpatient consultations

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Access to Cancer Services

Radiotherapy

- 100% of emergency radiotherapy patients met the referral to treatment target (2-day target)
- 90% of radiotherapy patients who elected to delay the start of their treatment subsequently began treatment within the 14-day target.
- 82% of radiotherapy patients met the referral to treatment target for scheduled treatments (21-day target)

Systemic Anti-Cancer Thera (SACT)

- 100% of patients met the referral to treatment target for emergency referrals (P1, 2-day target)
- 37% of patients met the referral to treatment quality standard for first definitive, neo-adjuvant and palliative referrals (P2,14-days)
- 53% of patients met the referral to treatment quality standard for adjuvant referrals (P3, 21 day services)

Safe Services

Hospital Acquired Infecti

We have continued to maintain our low rates of hospital acquired infections. We have zero tolerance with respect to hospital acquired infections, such as MRSA.

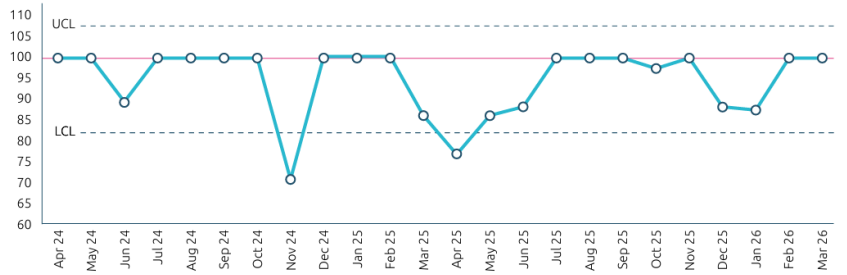
Incidence of Hospital Acquired Infections for the period to March 2026

VCC	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
C.diff	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E.coli	0	0	0	0	0	1	0	1	1	0	0	0	1	0	1
Klebsiella	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pseudo Aerugi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gram Neg	0	0	0	0	0	1	0	1	1	0	0	0	1	0	1

National Early Warning Score (NEWS Sepsis)

Patients that are deemed to be at greater risk have the 'Sepsis Six' bundle tests administered to them within a set time. We consistently achieved or only narrowly missed our target of treating 100% of Sepsis patients within one hour.

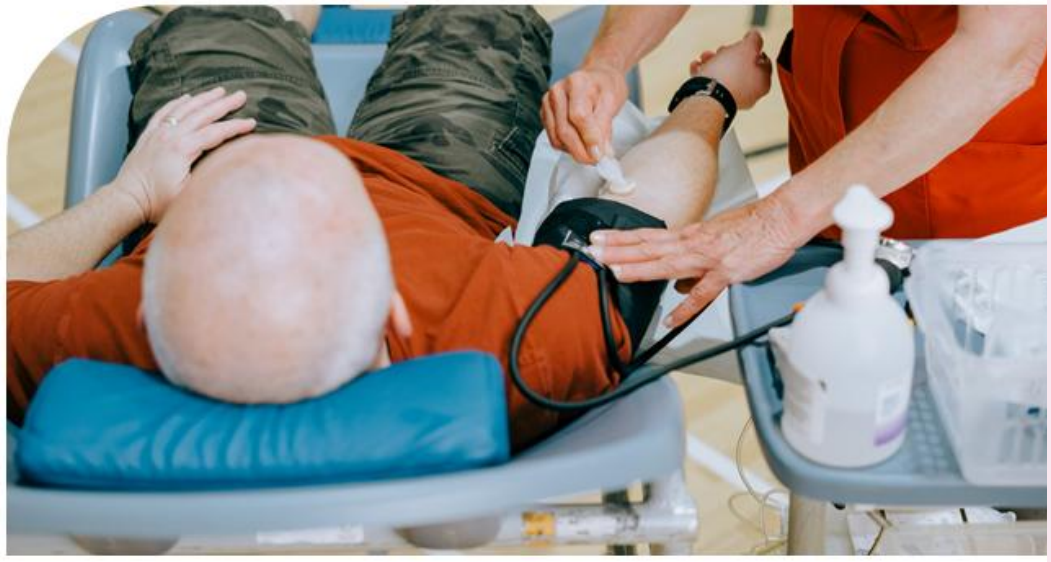
SPC Chart Sepsis Treatment within 1 hour (Target 100%)



Welsh Blood Service

Performance 2025/26

Performance during 2025/26 improved across the year, which reflects the on-going improvement journey and our ambition to deliver the best possible services. Areas not meeting set levels have been and are subject to continued improvement initiatives and scrutiny to ensure benefits to patients are delivered.



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In 2025/26, we collected

94,000

whole blood and platelet donations

We have more than

77,900

volunteers on our stem cell registry

Meeting Demand

Meeting Clinical Demand for Red Blood Calls and Platelets

WBS successfully met all clinical demand for RBC and Platelets for our customer hospitals during financial year.

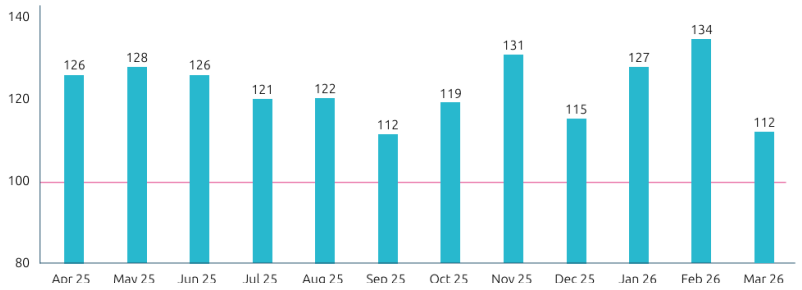
Meeting Transplant Service Requests

More than 77,900 volunteer donors
Target of 6,000 per annum exceeded with 6,428 donors recruited.

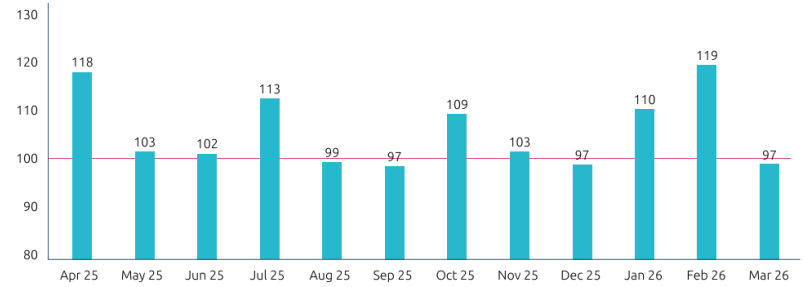
Stem cell collection performance during 2025–2026 exceeded planned targets.

Improved performance supported by strengthened donor engagement, expanded recruitment activity, and effective operational delivery.

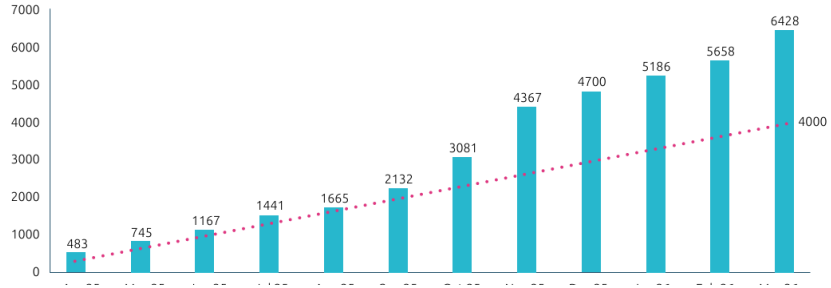
Platelet Supply meeting Demand - number of bags



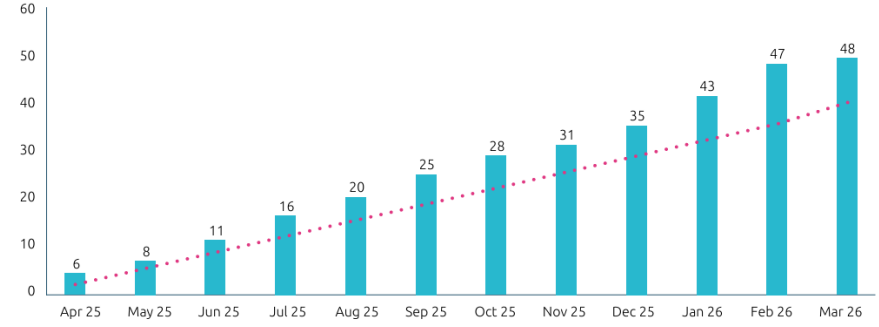
% Red Blood Cell Demand Met as number of bags manufactured as % of Issues to Hospitals



New Bone Marrow Volunteers aged 17-30 recruited 2025-26 Financial Year



Number of stem cell collections



Quality and Safety Performance

- Established Trust-wide quality governance network (Quality Hubs → Board)
- Provides assurance on Duty of Quality
- Enables timely, effective sharing of quality information
- Supports identification of best practice, risks, and improvement opportunities
- Strengthens performance reporting and organisational oversight

Quality & Safety Indicators Overview

2025/2026

2024/2025

49 Putting Things Right Formal Complaints	2024-25 41	80.9% Putting Things Right Compliance	2024-25 75%	158 Early Resolution Complaints	2024-25 106	5 Re-Opened Complaints	2024-25 7	20 New Inquests	2024-25 12
0 Ombudsman cases	2024-25 0	14 Duty of Candour Incidents	2024-25 10	5 Nationally Reportable Incidents	2024-25 2	17 New Redress	2024-25 6		
98% Welsh Blood Service satisfaction	2024-25 98%	95% Velindre Cancer Service satisfaction	2024-25 96%	14 Safeguarding Duty to Report	2024-25 13	2 New Claims	2024-25 6		

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Embedding Learning to Drive Safer, Person-Centred Services

Strong evidence of learning and improvement across governance, audit, and feedback

Key risks requiring sustained focus:

- Communication (access, appointments, treatment information)
- Incident follow-up and action closure
- Pathway coordination and booking
- Capacity and workforce pressures
- Manual, non-standardised processes
- Digital system limitations

These risks directly impact safety, experience, and confidence

Ongoing themes: communication, waiting times, access, incident management risks

Our Workforce

Key Deliverables over the Year

Leadership and Management - a commitment to Fundamentals of Management and Inspire Leadership Programmes.

Education and Training - Worked with partners to expand learning and development opportunities e.g. increased access to professional development, apprenticeships

Staff Engagement - Step-up in support for Speaking Up Safely and launch of an anonymous reporting channel (Work in Confidence**).** NHS Staff Survey response rate increased to 43%. Key themes - team time, improving psychological safety through integrated culture work, flexible working, healthy working environment and access to learning and development). New initiatives included the *Ask Me Anything* sessions with CEO and Executive team.

Inclusion – the Trust was awarded Disability Confident Level 3 in June 2025

Staff wellbeing – the Trust has made significant progress in establishing a preventative, strategic and responsive wellbeing offer through workshops, one-to-one sessions, Schwartz Rounds, Croeso Inductions, reflective practice, team sessions and wellbeing activities.

New therapies - and technologies

Across the Trust, services continue to evolve to meet demand and the pace of change.

- Genomics testing as routine is personalising cancer care
- Bispecific antibodies are NICE approved and require more complex pathways of care
- The Trust hosts Advanced Therapies Wales: preparing ATMP delivery, including cell and gene therapies across multiple indications.
- Peptide Receptor Radionuclide Therapy PRRT: introduced for neuroendocrine tumours
- Automation: accelerating blood component manufacturing and testing.
- AI-enabled analysis: digitally supported procedures can help identify risk earlier.

Research & Innovation in action - Trust highlights

Full circle as first patient in Wales gets FAKTION treatment

Velindre recruits second highest number of patients in the world for the SABRE trial

First healthcare organisation in the world to achieve ISO 56001 and the BSI Kitemark

Funding award for first clinical trial led by the Welsh Blood Service

COLD-FIRST trial tests cold-stored platelets in pre-hospital care for life-threatening trauma bleeding

Launch of QuicDNA Max supported by £2.5m investment

Wales commences new cancer vaccine study against head and neck cancer

Dragon's Heart set to transform medical transport across Wales by using autonomous drones

Award of fellowship to a WBS funded academic researcher

Contribution to the BEST Collaborative, strengthening international RD&I links

Yr Adroddiad Blynyddol
The Annual Report

Rhan 2: Adroddiad Atebolrwydd
Part 2: Accountability Report

Non Gwilym
Cyfarwyddwr Llywodraethiant Corfforaethol (Dros dro)
Director of Corporate Governance (Interim)

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

Accountability Report

Our Annual Accountability Report describes the Trust's response to key accountability requirements. The report includes three sections:

- The Corporate Governance Report which explains the composition and organisation of Velindre University NHS Trust and governance structures
- The Remuneration and Staff Report which contains information about the remuneration of senior managers
- The Welsh Parliament Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the Audit Report by the Auditor General for Wales's report on the examination of the financial statements

Corporate Governance Report

An overview of the governance arrangements and structures in place across the Trust during 2025-26

Changes to Board Members and the Executive Team during 2024-2025

Independent Members:

• Prof. Donna Mead OBE, Chair left on 31st July 2025 • Sara Moseley, Chair was appointed on 1st September 2025.

• Stephen Harries, Vice Chair term ended on 30th April 2025 and he was appointed as Independent Member (Finance) on 12th May 2025 until 31st August 2025.

• Lindsay Foyster, Vice Chair was appointed on 1st May 2025.

• Professor Andrew Westwell, Independent Member (University) was reappointed on 10th August 2025.

• John Union, Independent Member (Finance) was appointed on 1st October 2025.

• Ceri Doyle, Independent Member (Generic) was appointed on 27th October 2025.

Ben Leijokari-Olosunde, as our Aspiring Board Member.

Corporate Governance Report

An overview of the governance arrangements and structures in place across the Trust during 2025-26

Executive Team Members

- Carl James, Executive Director of Strategic Transformation, Planning & Digital was appointed Interim Chief Executive Officer on 18th November 2025.
- Victoria Oxley, Director of Strategy, Planning and Performance was appointed on 1st April 2026.
- Dr Jacinta Abraham, Executive Medical Director was appointed as Deputy Chief Executive on 18th December 2025.
- Lauren Fear, Interim Director of Transformation was appointed as Director of Place, Portfolio and Partnerships on 1st September 2025.
- Sarah Jenkins, Interim Executive Director of People and Organisational Development was appointed on 1st October 2025.
- Gillian Knight, Interim Executive Director of Nursing, Allied Health Professions and Health Science was appointed on 9th April 2026.

Controls and Sources of Assurance

Escalation and Intervention arrangements

Standing Orders

Committee and Trust Board meetings

Engagement with the Local Partnership Forum

Business Continuity and Emergency Preparedness

Duty of Quality

Trust Board Effectiveness and Development

Risk Management

Trust Assurance Framework

Key themes considered by the Board and Committees

Performance Management- information and data

Risk – operational and strategic risk management

Our statutory duties

Workforce and Culture

Finance

Business cases

Strategy

Research, Development and Innovation

Equalities, Diversity and Inclusion

Trust portfolio

Policies

Quality and Safety

Annual Reports

Reviewing our governance – a new Board Committee structure

Internal Audit

Substantial Assurance	• nVCC Risk Management • nVCC Change Control
Reasonable Assurance	• nVCC Contract Compliance (2024/25) • nVCC Contract Delivery (Construction) (2024/25) • Digital Health & Care Record (2024/2025) • Trust Strategic Planning (Draft Report) • Trust Assurance Framework (TAF) and Trust Risk Register (TRR) Alignment • Commissioning Arrangements • AI / Robotics • Cyber Security • nVCC Integrated Planning • nVCC Key Project Objectives • Estates Assurance Asbestos Management (Draft Report)
Limited Assurance	Medical Job Planning
Unsatisfactory	N/A
Advisory/Non-Opinion	• Organisational Culture and Wellbeing • Quality and Safety Governance • Follow-up of Agreed Actions • nVCC Validation of Management Actions • Medical Job Planning Follow-Up

Reasonable Assurance

The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.

External Audit

Focus of Audit Wales 2025 Structured Assessment:

- Board transparency, cohesion and effectiveness
- Corporate systems of assurance
- Corporate approach to planning
- Corporate approach to financial management

Conclusion of assessment:

- Public Board business is generally open
- More could be done to ensure timely publication of papers and minutes
- Private business needs clearer justification
- Strategic risk scrutiny has strengthened
- Exception reporting has improved focus
- Audit tracking is broadly effective, but quality and safety tracking needs clearer actions and timescales
- Strategy and planning are established and financial governance is strong
- Board assurance over IMTP impacts and delivery is limited, and savings delivery and funding assumptions remain ongoing risks.

All recommendations are in progress and monitored by the Trust's Audit Committee.

Governance in focus – improvements for 2025-26

From October 2025, the Board committed to reviewing its Board development programme, governance improvement plans.

Following the publication of the Welsh Government's report on the Review of the Accountability and Governance Arrangements for NHS Wales Shared Services Partnership, the Trust is committed to working closely with all partners to implement the recommendations.

The Trust participated in the first round of Welsh Government Public Accountability livestreamed meetings in January 2026.

Remuneration and Staff Report

Purpose:

- To share information regarding the composition of the Trust's workforce by sex and staff group.
- To provide information about staff policies, including data e.g. sickness absence.
- To provide information about the remuneration of the Trust's Executive team and Independent Members)

Yr Adroddiad Blynyddol
The Annual Report

Rhan 3: Adroddiad Ariannol
Part 3: Financial Report

Matthew Bunce
Cyfarwyddwr Gweithredol Cyllid
Executive Director of Finance

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Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Economic Context 2025/26

- NHS Wales continued to face financial pressures: inflationary pressures such as medical supplies & pay; and the requirement to deliver challenging efficiency & sustainability targets;
- Rising healthcare costs amid growing demand & public expectations continued to increase pressure on resources and capacity;
- Workforce challenges – recruitment, retention, well-being & sickness-absence, whilst reducing reliance on temporary staffing;
- Ongoing global instability continued to disrupt supply chains, and add to inflationary pressures;
- Delivering nationally agreed pay awards and maintaining competitiveness in the labour market continued to add pressures across NHS Wales.

Income, Expenditure & Surplus

Summary Income, Expenditure & Surplus 2025/26						
	Core Trust £'000	[1]NWSSP £'000	[2]SLE £'000	[3]Welsh Risk Pool £'000	Welsh Government [4]WIBSS £'000	Total Trust £'000
Income	279,466	364,089	328,782	446,077	23,910	1,442,324
Expenditure	279,183	364,080	328,782	446,077	23,910	1,442,032
Surplus	283	9	0	0	0	292

[1]NHS Wales Shared Services Partnership ; [2]Single Lead Employer - Medical, Dental & Pharmaceutical trainees; [3]Welsh Risk Pool Clinical Harm & Injury; [4]Wales Infected Blood Support Scheme

£0.141m cumulative surplus over 3 years for the Trust

Core Trust surplus includes a £0.250m donated asset grant funded revenue adjustment

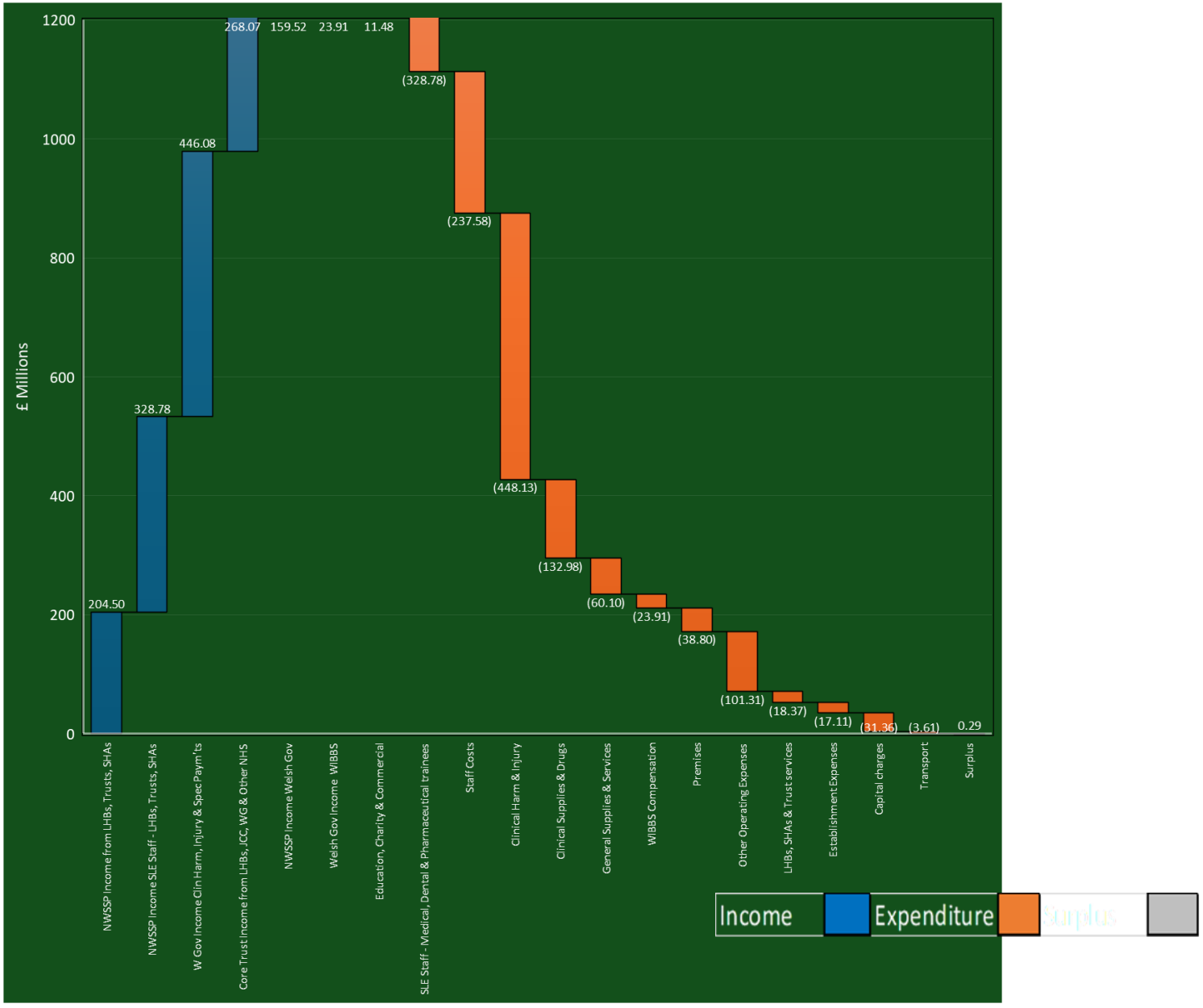
Health Technology Wales is grant-funded by WG and produces an annual report describing their service and deliver over the financial year.

Financial Performance

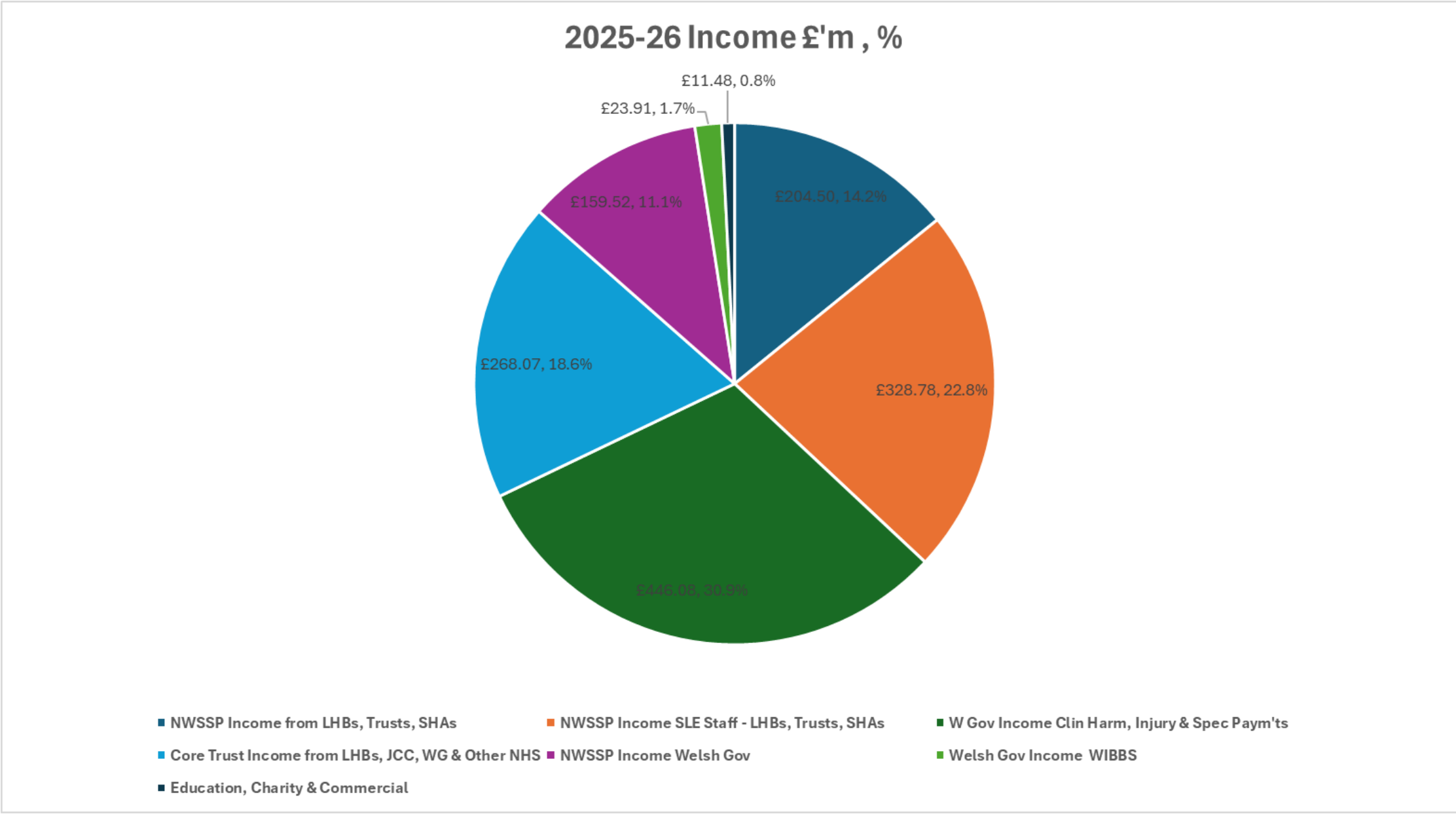
Summary Performance on Key Financial Targets: The Trust has met all four of its financial targets for 2025/26

Financial Performance	2025/26	2024/25	2023/24
Statutory Financial Duties			
Breakeven Duty: The Trust is required to achieve financial breakeven over a rolling 3-year period (£'000)	42	57	42
Duty to prepare a 3 year IMTP: 2025-2028: Approved 30/06/2025	✓	✓	✓
Administrative Requirements			
External Financing Limit / Capital Resource Limit: To not exceed the Capital Resource limit set	✓	✓	✓
Creditor Payments: To pay a minimum of 95% of all non-NHS creditors within 30 days of receipt of goods/invoices	96.3%	97.90%	96.80%

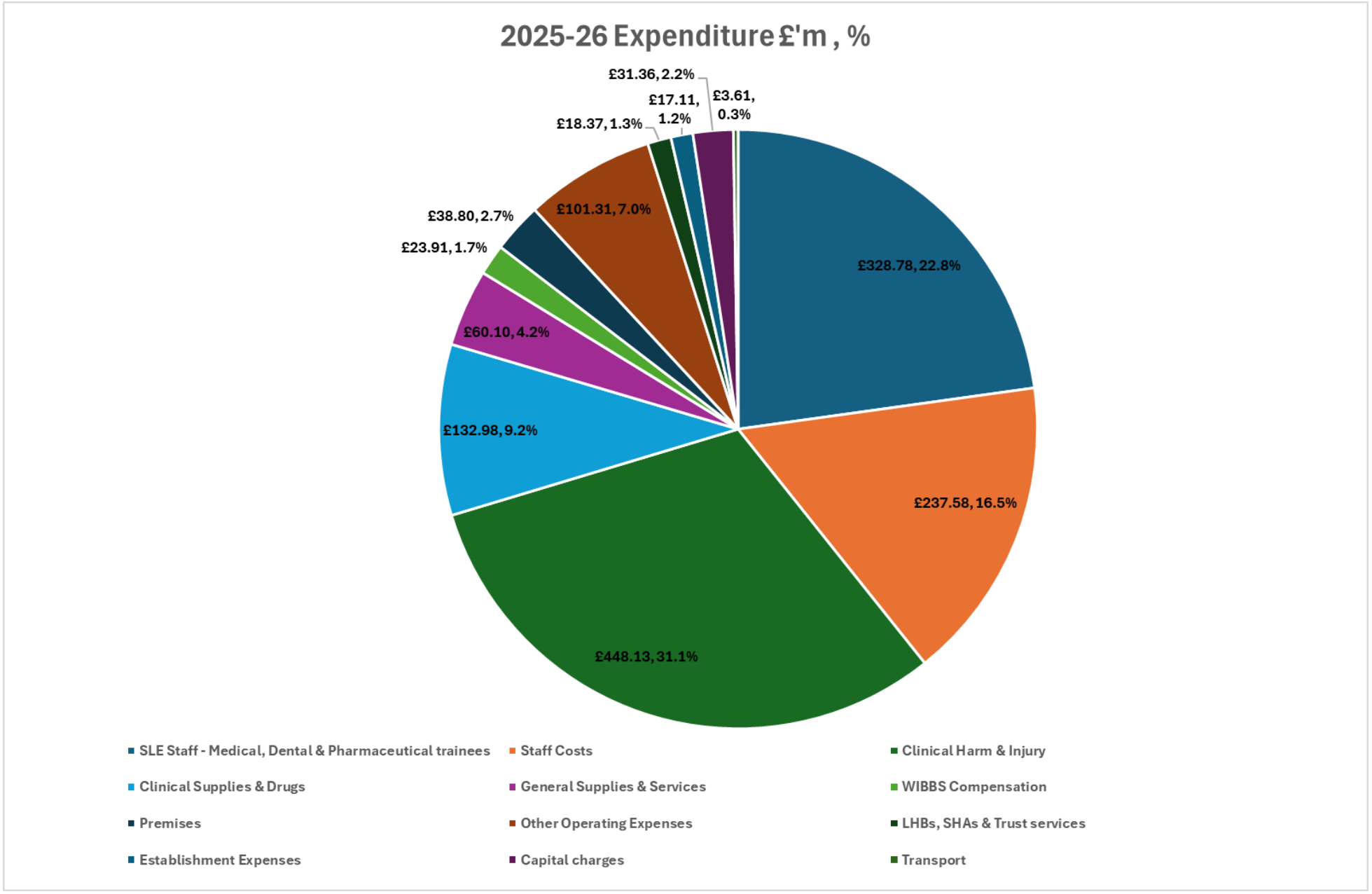
Income, Expenditure & Surplus 2025/26



Income 2025/26



Expenditure 2025/26



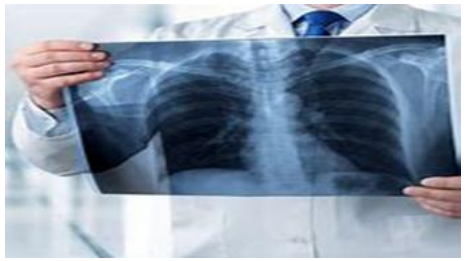
Capital Expenditure

Total Capital Expenditure £32.860m

- All Wales Capital Programme £28.70m
  (Core Trust £18.14m / NWSSP £10.56m)
- Discretionary Capital Programme £2.78m
  (Core Trust £2.45m / NWSSP £0.33m)
- Leases £1.38m
  (Core Trust £0.45m / NWSSP £0.93m)

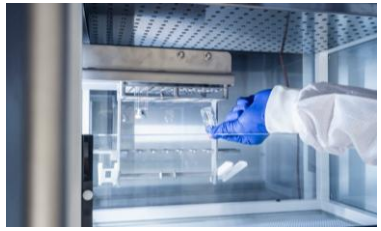
nVCC £10.8m

Radiotherapy (IRS) £1.9m



RISP – Radiology Imaging £0.2m

TRAMS– Access to Medicine £0.7m



Radiopharmacy Facility £4.4m

Summary

Thanks to all our staff & volunteers who, despite ongoing challenges, continued to deliver high quality, safe services and successfully met the Trust's financial targets.

Challenging financial outlook for 2026/27 due to:

- Continued Inflationary Pressure;
- Rising healthcare costs, demand & service complexity;
- Number of major strategic developments as part of the Trust's Transformation Programme – bring additional financial risk;
- Challenging savings targets;
- New Strategic Priorities including Women's Health & Digital Transformation.

Opportunities exist for the Trust:

- Ambitious strategic Transformation Programme including the New Velindre Cancer Centre;
- Digital Transformation and Value Based Healthcare developments will help identify and deliver continuous improvements to services.

Cwestiyau ac atebion gan y cyhoedd

Public questions and answers

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

Geiriau i gloi
Closing words

Sara Moseley

Cadeirydd

Chair

Diolch

Thank you

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