

Public Trust Board

Thu 29 January 2026, 11:30 - 14:30

Trust Headquarters, Nantgarw

Agenda

11:30 - 11:45 **1. STANDARD BUSINESS**

15 min

1.1. Welcome and Apologies

Sara Moseley, Chair

1.2. In Attendance

Sara Moseley, Chair

1.3. Declarations of Interest

Sara Moseley, Chair

1.4. Minutes of the Public Trust Board meeting held on 27th November 2025

Sara Moseley, Chair

 1.4.0 FINAL Public Trust Board Minutes 27.11.2025 (v3SM).pdf (12 pages)

1.5. Public Action Log

Sara Moseley, Chair

 1.5.0 PUBLIC TRUST BOARD ACTION LOG - JANUARY 2026.pdf (1 pages)

1.6. Matters Arising

Sara Moseley, Chair

There are no matters arising for discussion

11:45 - 12:00 **2. REFLECTIONS**

15 min

2.1. Reflections

David Cogan, Chair of Patient and Carer Partnership Board

*Further slides to be shared on the day

 2.1.0 PCPB Trust Board Bulletin Briefing (1).pdf (5 pages)

12:00 - 12:10 **3. KEY REPORTS**

10 min

3.1. Chair's Report

Sara Moseley, Chair

 3.1.0 Chair's update Trust Board 29.01.2026 v3.pdf (6 pages)

3.2. Chief Executive's update

Carl James, Chief Executive Officer (interim)

3.2.0 CEO's Update Trust Board 260129 v2 cj.pdf (7 pages)

12:10 - 13:35 4. QUALITY, SAFETY & PERFORMANCE

85 min

4.1. Performance Management Framework (November 2025)

Led by:

- Carl James, Chief Executive Officer (interim)
- Anne Carey, Chief Operating Officer
- Sarah Jenkins, Interim Executive Director of OD & Workforce
- Carl Taylor, Chief Digital Officer,
- Lauren Fear, Director of Place, Portfolio & Partnerships
- Matthew Bunce, Executive Director of Finance

4.1.0 29.01.26 Trust Board FINAL NOV PMF 2025 PowerPoint version 009.pdf (48 pages)

4.1.0a Month 9 Finance Report Cover Paper - Trust Board 29012026.pdf (14 pages)

4.1.0b Appendix 1 - M9 VELINDRE UNHS TRUST FINANCIAL POSITION TO DEC 2025 - Trust Board 29.01.2026.pdf (33 pages)

4.1.0c Appendix 2 - nVCC Project Finance Paper (Dec 25) FINAL (002).pdf (16 pages)

4.2. Trust Risk Register

Non Gwilym, Interim Director of Corporate Governance

4.2.0 Public TRR - TB - JANUARY 2026 -V02.pdf (7 pages)

4.2.0a Appendix 1 - TRR - TB JANUARY 2026 - V03.pdf (6 pages)

4.3. Board Assurance Framework (BAF)

Non Gwilym, Interim Director of Corporate Governance

4.3.0 BAF Cover Paper - TB - JANUARY -2026 V03.pdf (8 pages)

4.3.0a BAF Overview JANUARY 2026 -TB-V04.pdf (7 pages)

4.3.0b BAF 01 - SERVICE CAPACITY- V03.pdf (6 pages)

4.3.0c BAF 02 - QUALITY -V04.pdf (6 pages)

4.3.0d BAF 03 - RDI -V03.pdf (7 pages)

4.3.0e BAF 04 - UNIVERSITY STATUS.pdf (3 pages)

4.3.0f BAF 05 - SUSTAINABILITY V04.pdf (4 pages)

4.3.0g BAF 06 -CULTURE.pdf (5 pages)

4.3.0h BAF 07 - DIGITAL.pdf (5 pages)

4.3.0i BAF 08 - GOVERNANCE.pdf (5 pages)

4.3.0j BAF 09 - FINANCE.pdf (18 pages)

4.3.0k BAF 10 - PORTFOLIO.pdf (4 pages)

4.3.0l BAF11 - WORKFORCE.pdf (5 pages)

4.4. Culture and Inclusion Report

Sarah Jenkins, Interim Executive Director of People and Organisational Development

4.4.0 2026 01 23 Trust Board - Culture Inclusion paper with cultural baseline.pdf (8 pages)

4.4.0a 2026 01 06 Appendix 1 Culture Inclusion paper QSP.pdf (21 pages)

4.4.0b Appendix 2 Culture & Inclusion Paper- Culture Baseline.pdf (17 pages)

4.5. Embedding the Patient & Donor Voice across Velindre University NHS Trust

Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience

4.5.0 Embedding the patient donor voice_ (002).pdf (7 pages)

13:35 - 13:40 5. COMMITTEE HIGHLIGHTS FOR DISCUSSION

5 min

5.1. Public Audit Committee Highlight Report (02/12/2025)

Gareth Jones, Independent Member and Chair of the Audit Committee

📄 5.1.0 Highlight Report Public Audit Committee 2 December 2025.pdf (4 pages)

13:40 - 13:50
10 min

6. CONSENT ITEMS FOR APPROVAL

Sara Moseley, Chair

6.1. Trust Policies for Approval

Sarah Jenkins, Interim Executive Director of People and Organisational Development

- All Wales Anti-Sexual Harassment Policy
- All Wales Short Term Protection of Earnings Guidance
- All Wales Medical Appraisal Policy
- Exit Interview Procedure
- Flexible Working Policy

📄 6.1.0a Trust Board Cover Paper_All Wales Policies_January 2026.pdf (6 pages)

📄 6.1.0b Anti-sexual Harassment Policy Final 14.8.2025.pdf (34 pages)

📄 6.1.0c Short Term Protection of Earnings All Wales Guidance Process FINAL September 2025.pdf (5 pages)

📄 6.1.0d All-Wales-Medical-Appraisal-Policy-V15 2025.pdf (11 pages)

📄 6.1.0e Trust Board_Cover Paper_Exit Interview Procedure_January 2026.pdf (6 pages)

📄 6.1.0f Exit Interview Procedure Oct 25 final with EMB feedback.pdf (6 pages)

6.2. NHS Wales Shared Services Partnership Commitments of Expenditure for CEO Approval

Alison Ramsey, Director of Finance and Corporate Services, NWSSP / Jonathan Irvine, Director of Procurement & HCS

- Influenza vaccinations purchase
- E-expenses contract extension
- Trac recruitment contract extension
- Health Courier Services Fleet Insurance annual premium
- Forensic & Statement Reconciliation Software
- Remote Advice and Guidance System contract renewal

📄 6.2.0a Expenditure Approval for Purchase of Influenza Vaccinations VTB Jan 2026.pdf (8 pages)

📄 6.2.0b Quality Impact Assessment - Purchase of Influenza Vaccinations Jan 2026.pdf (5 pages)

📄 6.2.0c e-Expenses System Contract Renewal Commitment of Expenditure CP VTB Jan 2026.pdf (6 pages)

📄 6.2.0d Appendix 1 - Commitment of Expenditure for e-Expenses System – Contract Renewal VTB January 2026.pdf (9 pages)

📄 6.2.0e Quality Impact Assessment e-Expenses Jan 2026.pdf (5 pages)

📄 6.2.0f TRAC Recruitment Software Commitment of Expenditure CP VTB Jan 2026.pdf (6 pages)

📄 6.2.0g Appendix 1 - Commitment of Expenditure for TRAC Recruitment Software VTB January 2026.pdf (11 pages)

📄 6.2.0h Quality Impact Assessment TRAC Recruitment Jan 2026.pdf (5 pages)

📄 6.2.0i Expenditure Approval Health Courier Services Fleet Insurance VTB Jan 2026.pdf (8 pages)

📄 6.2.0j Quality Impact Assessment for Health Courier Services Fleet Insurance January 2026.pdf (5 pages)

📄 6.2.0k Forensic & Statement Reconciliation Software Contract CP VTB Jan 2026.pdf (7 pages)

📄 6.2.0l Appendix 1 - Commitment of Expenditure Forensic & Statement Reconciliation Software Contract VTB Jan 2026.pdf (9 pages)

📄 6.2.0m Appendix 2 - Procurement Outcome Report.pdf (10 pages)

📄 6.2.0n Appendix 3- Planned Care - Transformation funding - 2026-2027 - confirmation of Consultant connect and pathway alliance central funding confirmation - 20260105- PDF.pdf (2 pages)

📄 6.2.0o Quality Impact Assessment Forensic Software Jan 2026.pdf (5 pages)

📄 6.2.0p Remote Advice and Guidance Commitment of Expenditure CP VTB Jan 2026.pdf (6 pages)

📄 6.2.0q Appendix 1 - Remote Advice and Guidance Commitment of Expenditure VTB Jan 2026.docx.pdf (7 pages)

📄 6.2.0r Appendix 2 - SPCB - 25 (25) Consultant Connect Contract.pdf (21 pages)

📄 6.2.0s Appendix 3- Planned Care - Transformation funding - 2026-2027 - confirmation of Consultant connect and pathway alliance central funding confirmation - 20260105- PDF.pdf (2 pages)

📄 6.2.0t Appendix 4 - Planned Care - Transformation funding - 2026-2027 - Consultant connect and pathway alliance central funding confirmation - 20251205 PDF.pdf (2 pages)

📄 6.2.0u Quality Impact Assessment for Remote Advice Guidance.docx.pdf (5 pages)

6.3. Summary of Chair's Urgent Actions since November 2025 meeting

Non Gwilym, Interim Director of Corporate Governance

 6.3.0 PUBLIC Chairs Urgent Action Report JAN 2026 v1.pdf (5 pages)

6.4. Nurse Staffing Levels Act

Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience

 6.4.0 QSPAnnualPresentationofNSLJan26 (003).pdf (9 pages)


13:50 - 13:55
5 min

7. CONSENT FOR NOTING

Sara Moseley, Chair

7.1. Trust Seal Report

Non Gwilym, Interim Director of Corporate Governance

 7.1.0 Trust Seal Report 27.11.2025-23.01.2026.pdf (4 pages)


7.2. Public Quality, Safety & Performance Committee Highlight Report (13/01/2026)


Vicky Morris, Independent Member and Chair of the Quality, Safety & Performance Committee

 7.2.0 Public QSP Highlight Report 13th January 2026.pdf (6 pages)

7.3. Public nVCC Project Scrutiny Sub-Committee Highlight Reports (21/10/2025 & 20/11/2025)

Hilary Jones, Independent Member and Chair of the nVCC Project Sub-Committee

 7.3.0a TRUST BOARD PUBLIC nVCC PROJECT SCRUTINY SUB-COMMITTEE HIGHLIGHT REPORT 21.10.2025.pdf (4 pages)

 7.3.0b TRUST BOARD PUBLIC nVCC PROJECT SCRUTINY SUB-COMMITTEE HIGHLIGHT REPORT 20.11.2025.pdf (3 pages)

7.4. Public Strategic Development Committee Highlight Report (04/11/2025)

Lindsay Foyster, Vice Chair and Chair of the Strategic Development Committee

 7.4.0 TRUST BOARD PUBLIC SDC HIGHLIGHT REPORT 04.11.2025 v1.pdf (9 pages)

7.5. Public Charitable Funds Committee Highlight Report (09/12/2025)

Sara Moseley, Chair and Chair of the Charitable Funds Committee

 7.5.0 Highlight Report PUBLIC CFC 9 December (Final).pdf (3 pages)

7.6. NHS Wales Shared Services Partnership Assurance Report (14/11/2025)

James Quance, Assistant Director of Corporate Services

 7.6.0 SSPC Assurance Report 14 November 2025 for VTB Jan 2026.pdf (12 pages)

7.7. NHS Wales Shared Services Partnership Audit Committee Highlight Report (07/11/2025)


Gareth Jones, Independent Member and Chair of the NWSSP Audit Committee

 7.7.0 NWSSP Audit Committee Highlight Report 7 November 2025 for VTB Jan 2026.pdf (11 pages)

7.8. Trust-wide policy approvals update

Non Gwilym, Interim Director of Corporate Governance

 7.8.0 TRUST WIDE POLICIES APPROVED UPDATE JAN 2026.pdf (4 pages)

 7.8.0a APPENDIX 1 IPC13 CJD Policy.pdf (14 pages)

 7.8.0b APPENDIX 2 IG 05 Software Policy- 2025.pdf (6 pages)

 7.8.0c APPENDIX 3 IG 06 Anti-Virus Policy-2025.pdf (6 pages)


7.9. Charitable Funds (Trustee) Annual Report & Annual Accounts


Anne Carey, Chief Operating Officer and Matthew Bunce, Executive Director of Finance

 7.9.0a Velindre Charity Annual Report and Accounts 2024-25 Cover Paper.pdf (6 pages)

 7.9.0b Velindre University NHS Trust Charity Annual Report 2024-2025..pdf (52 pages)

 7.9.0c Item ISA 260 - Wales Audit Report cover paper.pdf (6 pages)

 7.9.0d Appendix 1. Audit of Accounts Report - Velindre NHS Charity Account - 2024-25 - final.pdf (24 pages)

 7.9.0e Appendix 2. Signed Letter of Representation.pdf (4 pages)

7.10. Health Technology Wales (HTW) Strategic Plan

Susan Myles, Director, Health Technology Wales

 7.10.0 HTW-Strategic-Plan-2026-2030-Consultation.pdf (9 pages)

13:55 - 13:55 8. ANY OTHER BUSINESS

0 min

Sara Moseley, Chair

*Prior approval required by Chair

13:55 - 13:55 9. DATE OF NEXT MEETING

0 min

The next meeting will be held on **26th March 2026** at 10:00

13:55 - 13:55 10. CLOSE

0 min

13:55 - 13:55 11. ITEMS FOR DISCUSSION AT PART B / PRIVATE SESSION

0 min

- Whitchurch Hospital Disposal – Approach for Phase 2
- Private Trust Risk Register
- Feedback to the Neutral Assessment
- Board / Committee Development - update
- Revised Community Benefits
- NWSSP Governance and Accountability Review update
- NWSSP Leases for Approval
- Chair's Urgent Actions
- Commitments of Expenditure Exceeding CEO Limit
- Welsh Blood Service Leases
- Private Committee Highlight Reports

**MINUTES PUBLIC TRUST BOARD MEETING
VELINDRE UNIVERSITY NHS TRUST
27th November 2025 10:00-13:00**

<p>PRESENT Sara Moseley Lindsay Foyster Gareth Jones Prof. Andrew Westwell Vicky Morris Hilary Jones John Union Ceri Doyle Carl James Nicola Williams</p> <p>Matthew Bunce Dr Jacinta Abraham Sarah Jenkins</p> <p>ATTENDEES Anne Carey Lauren Fear Non Gwilym Carl Taylor Kyle Page</p>	<p>Chair Vice Chair Independent Member Independent Member Independent Member Independent Member (remotely) Independent Member Independent Member Interim Chief Executive Officer Executive Director of Nursing, Allied Health Professionals & Health Science Executive Director of Finance Executive Medical Director / Deputy Chief Executive Interim Executive Director of People and Organisational Development</p> <p>Chief Operating Officer Director of Place, Portfolio and Partnerships Interim Director of Corporate Governance Chief Digital Officer Business Support Manager (Secretariat)</p>
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1.0.0	PRELIMINARY MATTERS	
1.1.0	<p>Welcome and Apologies:</p> <p>The Chair welcomed attendees to the meeting, noting apologies from David Cogan, Patient Representative. No other apologies were given.</p>	
1.2.0	<p>In Attendance:</p> <p>The Chair extended a warm welcome to the following additional attendees:</p> <ul style="list-style-type: none"> • Katrina Febry, Audit Lead, Audit Wales (remotely) • Alan Prosser, Director, Welsh Blood Service (remotely) • Ben Leijokari-Olosunde, Aspiring Board Members Programme Member • Steffan Wiliam, Simultaneous Welsh Translation • Susan Myles, Director of Health Technology Wales (joining for item 4.1.0) • Alison Ramsey, Director of Finance and Corporate Services (NWSSP) (joining for item 4.2.0) 	
1.3.0	<p>Declarations of Interest</p> <p>There were no declarations of interest noted in respect of today's agenda.</p>	
1.4.0	Minutes of the Public Trust Board meeting held on 25th September 2025	

	The Trust Board was content that the minutes of the meeting held on the 25 th of September were an accurate reflection of proceedings.	
1.5.0	<p>Action Log</p> <p>The Board was content to close the four actions marked as 'propose to close'.</p> <p>The status of the three open actions was discussed:</p> <p>Action 3 (7.1.4 – 23.05.2025) – It was acknowledged that this action had been outstanding for some time, and Non Gwilym assured the Board that it was now receiving focused attention in the context of a review of the Board's committee structure. It was queried whether January 2026 was a realistic timeframe for completion.</p> <p>Action 49 (3.1.0 – 25.07.2027) – Sarah Jenkins advised that the PADR (Personal Appraisal and Development Review) process was on a positive trajectory with additional information already included in the PMF. While the creation of a digital interactive dashboard to improve information management and access is in progress, this will take several months to establish.</p> <p>Action 51 (4.4.0 – 25.07.2025) – It was advised that an SLA is now in place to ensure the publication of board papers and simultaneous translation. In relation to the publication of Board papers, Non Gwilym advised that a benchmarking exercise had been undertaken with other Health Boards and that the Governance Risk and Assurance Group had discussed potential solutions.</p> <p>The Trust Board NOTED the status of all open actions.</p>	
1.6.0	<p>Matters Arising Led by Sara Moseley, Chair</p>	
1.6.1	<p>Cancer Patient Tracking List (PTL) update Led by Anne Carey, Chief Operating Officer</p> <p>Anne Carey provided the board with an update in relation to the Cancer Patient Tracking List, noting the following key points:</p> <ul style="list-style-type: none"> • The importance of the PTL to improve the management of the patient pathway • It was advised that receiving patients on or before day 38 allows for timely treatment and emphasised the need for shared accountability and breach management across the Suspect Cancer (SCP) or 62-day pathway, aligning with practices in England. • Ongoing work started with Health Boards to move towards a shared PTL. Additionally, the development of a dashboard for improved business intelligence and pathway management will enhance the data quality and reporting. • Clarification of differences between Wales and England regarding the point of suspicion versus point of referral, expressing the need for internal professional standards to define when the point of suspicion occurs, aiming to improve consistency and clarity in the pathway. <p>Board members raised the following:</p>	

	<ul style="list-style-type: none"> • The Board considered how the PTL could improve the Urology pathway which has been flagged as a concern. The Board was informed that work would be undertaken using Urology as a prototype for a shared PTL in the region. • What could be done to increase the number of patients referred within 38 days, potential barriers, and how the organisation is working with other Health Boards to address this. Detailed data is required on barriers to diagnostics. • Whether the transition from 'suspicion to treatment' begins at screening results or at a later stage. The Board was advised that that the point of suspicion differs from the point of referral, which in England starts from screening (in Wales it does not). <p>Jacinta Abraham suggested that as the slides had been published in the public domain, that they should include clarification that the data shown is for first definitive treatment for Velindre, to avoid public confusion with overall Wales cancer treatment waits.</p> <p>Lauren Fear indicated that to support the oversight of the implementation of the Ministerial Advisory Group's recommendations, the progress of members is being regularly reviewed in the Regional Southeast Cancer Programme Board. There is focus on the five most common tumour sites in Wales, identifying high-impact actions for each, and reviewing data and patient outcomes across the three regional Health Boards; updates could be shared at future Board meetings if requested.</p> <p>The Chair suggested a Board Development session for the Board to further consider the issues above, in particular, working with partners and developments in cancer pathways.</p> <p>The Trust Board NOTED the update.</p>	AC
2.0.0	KEY REPORTS	
2.1.0	<p>Chair's Report</p> <p>Led by Sara Moseley, Chair</p> <ul style="list-style-type: none"> • The Chair acknowledged recent organisational changes since the last meeting, specifically that Carl James had assumed the role of Interim Chief Executive and Jacinta Abraham had taken up the role of Deputy Chief Executive. The Chair recognised the significance of this change. • The 'topping out' event of the new cancer centre had taken place, which is a significant milestone for Southeast Wales and cancer care. The Chair encouraged Board members to visit the site if they had not already done so. • Ceri Doyle was welcomed as a new Independent Member and the Chair noted that the Board now had a full complement of members. <p>The Trust Board NOTED the content of the Chair's update Report.</p>	
2.2.0	<p>Chief Executive's update (verbal)</p> <p>Led by Carl James, Interim Chief Executive Officer</p> <p>Carl James provided a verbal update to the Board noting the following:</p> <ul style="list-style-type: none"> • A visit to NHS Blood and Transplant in Filton (accompanied by the Director of Welsh Blood Service and others), which focused on strategic opportunities, benchmarking and potential growth areas for the Welsh Blood Service. 	

	<ul style="list-style-type: none"> • The official opening of the Nevill Hall Radiotherapy Unit, emphasising positive feedback from staff and patients and the impact on improving access to Radiotherapy by reducing travel barriers. • Recent awards - The Southeast Wales Immunotherapy Toxicity Service had won the Safe Care Award, while a partnership with Cardiff and Vale had secured the Effective Care Award for home diagnostic testing in palliative medicine. • Attendance at the NHS Wales Leadership Board where he had met the new Director General, Jacqueline Totterdell, and planned further engagement to ensure alignment with the national agenda. <p>The Trust Board NOTED the Interim CEO's update.</p>	
3.0.0	QUALITY, SAFETY & PERFORMANCE	
3.1.0	<p>Performance Management Framework (PMF) (September 2025)</p> <p>Led by Carl James, Interim Chief Executive Officer, Anne Carey, Chief Operating Officer, Nicola Williams, Executive Director of Nursing, AHPs and Health Scientists, Sarah Jenkins, Interim Executive Director of People & Organisational Development, Carl Taylor, Chief Digital Officer, Lauren Fear, Director of Place, Portfolio and Partnerships and Matthew Bunce, Executive Director of Finance</p> <p>The report provided the Board with a detailed analysis of all Performance Management Framework Key Performance Indicators (KPIs) and key issues for the attention of the Board for the month of September 2025.</p> <p>The Board:</p> <ul style="list-style-type: none"> • noted minor corrections on page 2 and assurance levels for Estates and Health and Safety. • noted improvements such as restructuring the framework and bringing forward 30 quality KPI metrics to each Board meeting. • noted developing a new measure for Radiotherapy mortality. • noted that performance and quality remain positive in the main; while there are ongoing challenges and room for improvement, services continue to deliver high-quality care. <p>The Board discussed:</p> <ul style="list-style-type: none"> • Updates to cancer pathway recording within the Performance Management Framework (PMF), highlighting the adoption of more detailed data and the application of new national guidance for measuring suspected cancer pathways, aiming for consistency with other centres. • Categorisation of patients by urgency and the impact of the new guidance on performance reporting, clarifying that it alters how data is recorded rather than how patients are treated. • Steps taken to ensure future health circulars are properly received and managed. • Inclusion of productivity metrics alongside performance metrics for Radiotherapy (RT) waiting times, aiming to establish a baseline for future benchmarking and utilisation rates. • Operational challenge of commissioning new equipment (LA6 Linac). • Ongoing work to include more detail, such as tumour site-specific data and fractionation levels. 	

- Stem cell collection and recruitment to stem cell donors remain positive and red cell stock levels are being managed effectively. Mutual Aid had been offered to England during October.
- Ongoing efforts to manage risk factors (human error) via increased digitisation.

Board members raised the following questions:

- Prostate pathway - Reduced and decreased fractionation and the potential loss of income associated with this. While the impact of research and innovation on treatment improvements is positive, concern was raised regarding the financial risk and how the Board would see these emerging risks materialise or be mitigated. Matthew Bunce advised that the Finance Report referenced the gap between the investment made in the satellite centre and the income from fractionation, noting the challenge of workforce planning and the mismatch between investment and income due to reduced fractionation; while some vacancies had been held to offset the income shortfall, this had not fully balanced the financial impact. There is capacity available in the new satellite centre and sufficient demand across south Wales for this.
- How the Board see improvements from the deep dive into the SACT (Systemic Anti-Cancer Therapy) improvement plan reflected month-on-month, and whether significant difference would be evidenced by the end of the financial year. Anne Carey advised that a balanced scorecard for SACT is being re-crafted, with the first meeting already held to map out high-level metrics. Weekly PTL meetings are to be introduced across all tumour sites, to cover all aspects of PTL, Outpatients and SACT; Key Performance Indicators (KPIs) will be fed into the dashboard, which will be visible to the Board.

Nicola Williams highlighted the following in terms of quality:

- Very low Infection Prevention and Control (IPC) healthcare-acquired infection rate, indicating better performance than the national average and was attributed to the effort by teams to prioritise patient safety.
- The scorecard will now include the number and percentage of patients and donors providing feedback, allowing for more quantifiable reporting. In the cancer service, there was a significant increase in patient feedback, with over 900 responses in the quarter, representing a 130% increase compared to previous periods.
- No public service Ombudsman investigations had commenced since the previous quarter, a positive indicator of the investigation and complaints management process.

The Chair highlighted the significant achievement by the Welsh Blood Service in increasing the number of stem cell donors from minority communities to such an extent. She had shared this achievement with the Cabinet Secretary, who expressed a keen interest in visiting to learn how this was accomplished.

Sarah Jenkins reported the following in terms of workforce:

- Continued good levels of statutory & mandatory training across the Trust.
- A reduction in staff sickness rates compared to the national position, however, the rate remains above the organisation's internal target and work continues to target areas requiring further support. The development of a digital dashboard to allow for managers to access and manage workforce data is underway.
- PADR (Performance Appraisal and Development Review) remains on a positive trajectory, but more is needed to reach targets. It is the intention to simplify paperwork and provide 24/7 digital support for managers.

Carl Taylor advised the following in relation to digital:

- Service performance continues to be in line with expectations, however further efforts are focusing on meeting targets, such as joiners, leavers, movers and kit management.
- Positive progress with the move from Windows 10 to Windows 11.
- Only one significant incident was noted during September related to BECS (Blood Establishment Computer System). This is now resolved.

Lauren Fear noted the following relating to Estates & Sustainability, Health & Safety and Fire Safety:

- A change in the level of assurance for Estates and Sustainability from 3 to 4, and for Health and Safety and Fire Safety, moving from 2 to 3. The changes have been due to improved planned preventative maintenance performance and achievement of required training levels for Health and Safety and Fire Safety.
- Detailed discussions have been held at the Executive Management Board and Quality, Safety and Performance Committee, referencing recent deep dives into violence / aggression and needlestick incidents.

Matthew Bunce reported the following in relation to Finance:

- The current financial assurance level of 4, with a risk score of 12.
- All three statutory KPIs (revenue balance, capital funding and savings delivery) remain on track for the current financial year.
- It is anticipated that the Trust will deliver a balanced position this year, however some pressures require internal cover via non-recurrent income.
- A significant forecast deficit of £191 million across NHS Wales, mainly from five health boards, creating pressure on the Welsh Government health budget.
- Welsh Government had indicated a 0% uplift for the coming year, meaning no additional funding for cost pressures or service improvements, covering only pay inflation.
- The Trust continues to plan for next year, facing a significant gap between required investments, cost pressures and available funding, which will require a substantial savings target. While there was confidence that this year's savings target will be met, it was not yet certain how this would be achieved between recurrent and non-recurrent savings schemes.
- Risks related to the Commissioning Group funding for cancer and the need to update risk assessments and assurance levels accordingly.
- Ongoing issues with Long Term Agreements (LTAs), baseline reviews, and the requirement for arbitration and support from Welsh Government to address structural funding problems. It was recognised that this affects all Health Boards with such contracts. It was advised that agreement had been obtained through the Director of Finance, to establish a group to review baselines for the LTAs, however this would not be achieved in time for submission of the IMTP (March 2026).
- The Joint Commissioning Committee (JCC) is reviewing baseline funding contributions from Health Boards for specialist services. This process will be monitored as consistent rebasing is important for fairness and could potentially inform discussions with Health Boards and Welsh Government. Previous plans to rebase funding had been delayed by COVID, and now implementation is challenging due to organisational reluctance. The JCC's approach may provide

	<p>a useful model or evidence for resolving similar funding issues within the Trust and across Wales.</p> <p>Board members raised the following:</p> <ul style="list-style-type: none"> • The need for a better understanding of the timescale and urgency for looking at options and actions required in response to the changes in LTAs to maintain a balanced IMTP going forward, particularly given the impact on Health Boards and the Trust. Matthew Bunce advised that LTAs would likely remain unchanged for the next year and the focus would now be on identifying the gap between LTA income and its baseline, including new cost pressures, therefore determining the savings target and what is realistically achievable. <p>It was also noted that the Trust may not be able to present a balanced plan for year one of the three-year IMTP and may need to seek government approval for a plan that balances over three years, assuming future funding increases. It was advised that the Trust is already exceeding required efficiency targets and further savings will be difficult, therefore requiring broader discussion following completion of further planning and releasing the formal budget.</p> <p>At this juncture, Carl James provided the Board with an update on the Integrated Medium-Term Plan (IMTP) (originally item 3.4.0), noting that the draft plan is in development and that several Board Development sessions had been held. Key timelines were outlined:</p> <ul style="list-style-type: none"> • A Board Development Session would take place in December to discuss choices (16th). • Expected Government planning framework and financial allocations in December (19th). • First draft of the IMTP after Christmas. • Executive Management Board review of draft IMTP in January (12th), followed by Strategic Development Committee (21st). • Submission at the end of March 2026. <p>Lindsay Foyster advised that the Director General (Jacqueline Totterdell) encourages all Health Bodies in Wales to question why things are done a certain way and how money is spent. Lindsay also emphasised the importance of looking for efficiencies without compromising patient care, suggesting that this thought process be built into the Trust's openness to new approaches.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • NOTED the Performance Management Framework for assurance purposes. • CONCURRED with the levels of assurance noted in the report. 	
<p>3.2.0</p>	<p>VUNHST Risk Register Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>Board members raised the following:</p> <ul style="list-style-type: none"> • Queries regarding significant drops in risk scores and whether this was justified as work had only recently commenced on this. It was advised that the Radiology system upgrade is contingent on Health Boards migrating three 	

	<p>years of data into the system prior to the go-live date, recognising that this may not be completed by all Health Boards by the target date.</p> <ul style="list-style-type: none"> • Incorrect target rating for risk 3699. It was agreed that this would be corrected. • An ambitious target date for risk 3633 due a significant amount of work outstanding on a range of digital systems; it was advised that the integration of local work into the national architecture is challenging and slower than anticipated. However, the Board was assured that issues are being escalated to the appropriate levels. <p>The Trust Board:</p> <ul style="list-style-type: none"> • NOTED the risks in the quality and safety domain with a score of 12 and risks in other domains with a score of 15 and above, also NOTING the assurance level 3. 	NG
3.3.0	<p>Board Assurance Framework (BAF) Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>Non Gwilym introduced the paper, which provided the Board with an overview of the latest updates to the Board Assurance Framework (BAF).</p> <p>Board members raised the following:</p> <ul style="list-style-type: none"> • Unlisted actions aimed at addressing gaps in controls areas • The static nature of the BAF risk scores. It was queried whether steps taken to manage such risks are effective or whether improved implementation is required. It was advised that action points requiring review had been discussed and controls and actions would be implemented more fully by the next Board meeting. <p>It was acknowledged that the BAF would be revisited. The importance of supporting the workforce and focusing on organisational culture during this period was also recognised.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • NOTED the current status of the Board Assurance Framework, which has a current assurance rating of 2. 	
3.4.0	<p>IMTP update (verbal) Led by Carl James, Interim Chief Executive</p> <p>The Board NOTED that the current position of the Integrated Medium-Term Plan (IMTP) had been discussed sufficiently under item 3.1.0 (Performance Management Framework).</p>	
4.0.0	<p>HOSTED SERVICES</p>	
4.1.0	<p>Health Technology Wales (HTW) Annual Report Led by Susan Myles, Director, Health Technology Wales</p> <p>Susan Myles provided the Board with an overview of activity over the past year, introducing the small, multidisciplinary HTW team and welcoming the new appraisal panel Chair, Professor Keith Lloyd. The following was highlighted:</p>	

	<ul style="list-style-type: none"> • Remit and Process: The remit of HTW is to provide a strategic, nationally coordinated approach to identifying, appraising and supporting adoption of medical technologies in Wales. • Topic Identification: During the reporting period, 58 technology topics were referred (over 550 since inception), with most referrals from industry, NHS and Welsh Government. • Evidence Appraisal: HTW had produced 73 full evidence appraisals and 52 pieces of national guidance since 2018, with most guidance recommending routine or selective adoption; about a fifth are not recommended due to insufficient evidence; guidance is updated as evidence matures. • Patient and Public Involvement (PPI): The important of robust patient/public involvement, including focus groups, direct testimonials, and a dedicated PPI group that oversees all PPI work and ensures guidance is accessible. • Adoption Audit: HTW conducts annual audits to assess uptake and impact of guidance, aiming to address equity and “postcode lottery” issues; the latest audit showed high awareness and clarity, but resource / funding barriers to adoption are increasing (see below). • Disinvestment and Barriers: For the first time, resource constraints were a major barrier to adoption. HTW is also working on disinvestment topics to help free up resources for new technologies (including AI) to improve efficiency and cancer pathway outcomes. • International and National Engagement: HTW is involved in international collaborations, UK-level partnerships, and regular stakeholder engagement to promote evidence-based adoption and gather new topics. It was noted that a refreshed strategic plan (2026–2030) is in development and will soon go to public consultation and relevant committees. <p>The Trust Board NOTED the content of the annual report and presentation.</p>	
<p>4.2.0</p>	<p>Commitments of Expenditure (NWSSP) Exceeding CEO Limit Led by Alison Ramsey, Director of Finance and Corporate Services, NWSSP</p> <p>The Board had received a number of commitments of expenditure from the NHS Wales Shared Services Partnership (NWSSP). Alison Ramsey, Director of Finance and Corporate Services, advised the following:</p> <p>Fleet Modernisation and Optimisation Programme Business Case - the paper was presented to provide the Trust Board with visibility on the future strategic direction for Shared Services’ fleet replacement over the medium and long term. It was advised that approval had been sought from the Partnership Committee, as the programme falls under its remit, and that no commitment to expenditure or procurement was being requested from the Trust Board at this stage.</p> <p>Alison stated that future Business Justification Cases (BJCs) would require Partnership Committee approval, and should any BJC exceeded £1 million, it would trigger a requirement to return to the Trust Board for approval. The current indicative value in the programme business case is for medium to long-term planning and does not represent a contractual commitment at this time. A Quality Impact Assessment was requested for future consideration and Alison agreed to provide as necessary.</p> <p>It was also agreed to correct the highest cost benefit ratio in the preferred option assessment from 16 to 25.</p>	<p>AR</p> <p>AR</p>

	<p>GP Locum Hub Wales Digital Platform - Trust Board approval to extend the digital platform contract was requested; this would enable GP practices to post and book Locum coverage and supports the General Medical Practice Indemnity Scheme. This would be fully funded by Welsh Government and posed no financial risk to NWSSP.</p> <p>It was questioned whether this extension complied with legal and public contract regulations, specifically asking if the extension was covered by the original contract terms or if new legal advice was required. Alison clarified that the extension was within the original contract's permitted terms, and legal advice was sought regarding the 2022 system alignment. Alison agreed to provide the legal advice supporting the extension, in addition to the Quality Impact Assessment.</p> <p>It was agreed to refine the process of bringing last-minute extensions to the Board for approval and Alison indicated that a full procurement process would be likely required following this extension, depending on Welsh Government's primary care strategy and potential integration with future systems.</p> <p>Procurement Dashboard – Benchmarking and Analytics – The Board queried the end of year deadline, in addition to whether the renewal process met the necessary legal requirements. Alison agreed to provide a response following the Board.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • NOTED the NWSSP Fleet Modernisation and Optimisation Programme Business Case, prior to annual Business Justification Cases being submitted for approval of related expenditure. • AGREED to proceed with out of Board APPROVAL for the additional extension cost value of £271,494.58 to the GP Locum Hub Wales digital platform, <u>subject to the Board receiving further information and clarification regarding legal advice, in addition to a Quality Impact Assessment.</u> • AGREED to proceed with out of Board APPROVAL for the Procurement Dashboard contact renewal cost of £450k, <u>subject to the Board receiving further information on legal compliance in addition to a Quality Impact Assessment.</u> 	<p>AR</p> <p>AR</p>
5.0.0	COMMITTEE ESCALATIONS	
5.1.0	<p>Public Quality, Safety & Performance Committee Highlight Report (13/11/2025) Led by Vicky Morris, Independent Member and Chair of the Quality, Safety & Performance Committee</p> <p>Vicky Morris was content that the item for escalation to the Board had been addressed earlier in the meeting.</p> <p>The Trust Board NOTED the update and action taken.</p>	
5.2.0	<p>Public Strategic Development Committee Highlight Report (09/09/2025) Led by Lindsay Foyster, Vice Chair and Chair of the Strategic Development Committee</p> <p>Lindsay Foyster was content that the items for escalation to the Board had been addressed earlier in the meeting.</p>	

	The Trust Board NOTED the update and action taken.	
6.0.0	CONSENT ITEMS FOR APPROVAL	
6.1.0	<p>Trust Policies for Approval Led by Sarah Jenkins, Interim Executive Director of People and Organisational Development</p> <p>The Board received the three policies for approval.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • APPROVED the revision to the Smoke-free policy. • APPROVED the Adverse Weather policy, <u>subject to correcting the listing of NWIS as a hosted service.</u> • APPROVED the revisions to Mental Wellbeing Guidance documentation. 	SJ
6.2.0	<p>Chair's Urgent Actions Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>One urgent item of business for the Trust Board had been considered via Chair's Urgent Action during this period - <i>Low Vision Aid Supply and Recycling Services Business Justification Case and Commitment of Expenditure.</i></p> <p>No objections to approval were received in respect of the item of business considered, although one matter was raised and was detailed in the report.</p> <p>Therefore, the Trust Board RATIFIED the Chair's Urgent Action taken between the 19/09/2025 – 20/11/2025.</p>	
7.0.0	CONSENT FOR NOTING	
7.1.0	<p>Trust Seal Report Led by Non Gwilym, Director of Corporate Governance (Interim)</p> <p>The Trust Board NOTED the content of the report.</p>	
7.2.0	<p>Public nVCC Project Scrutiny Sub-Committee Highlight Report (18/09/2025) Led by Hilary Jones, Independent Member and Chair of the nVCC Project Scrutiny Sub-Committee</p> <p>The Trust Board NOTED the content of the report.</p>	
7.3.0	<p>Local Partnership Forum Highlight Report (23/09/2025) Led by Sarah Jenkins, Interim Executive Director of People & Organisational Development</p> <p>The Trust Board NOTED the content of the report.</p>	
7.4.0	<p>Trust-wide policy approvals update Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>The Trust Board NOTED the content of the report.</p>	

7.5.0	Strategic Partnership Update Led by Lauren Fear, Director of Place, Portfolio and Partnerships The Trust Board NOTED the content of the report.	
7.6.0	Advanced Therapies Wales (ATW) Programme Annual Report The Trust Board NOTED the content of the ATW Annual Report.	
8.0.0	COMMITTEE ANNUAL REPORTS 2024 - 2025	
8.1.0	Quality, Safety & Performance Committee Annual Report Led by Vicky Morris, Independent Member and Chair of the Quality, Safety & Performance Committee The Trust Board NOTED the content of the Quality, Safety & Performance Committee Annual Report.	
9.0.0	DATE OF NEXT MEETING	
	The next public meeting will take place on Thursday, 29 th January 2026.	
10.0.0	CLOSE	

ACTION LOG	Column1	Column2	Column3	Column4	Column5	Column6	Column7
MEETING DATE	AGENDA ITEM	Action number	ACTION	LEAD	DEADLINE DATE	UPDATE (including date)	STATUS
23.05.2024			REVISIONS TO SCHEDULE 3 OF TRUST STANDING ORDERS				
	7.1.4	3	Terms of Reference for relevant Committees to be amended to include reference to requirements to demonstrate quality-led decision-making through receipt of Quality Assessments (at Committees where strategic decisions are undertaken).	Interim Director of Corporate Governance	26/09/2024 27/03/2025 22/05/2025 24/07/2025 25/09/2025 29/01/2026	<p>November 2025 To be undertaken as part of wider review of Board and Committee development exercise.</p> <p>September 2025 Amends included for Strategic Development Committee and New Velindre Cancer Centre Scrutiny Sub-Committee consideration for November cycle.</p> <p>Revised Terms of Reference (including compliance with Duty of Quality legislation) approved by Research, Development and Innovation Committee at September meeting.</p> <p>16 May 2025 Compliance with Duty of Quality and Duty of Candour legislation embedded in Quality, Safety and Performance Committee Terms of Reference. Further provision for inclusion in revised SDC ToR in draft for SDC consideration and endorsement for July meeting. Wording also included in draft Corporate Governance Manual.</p> <p>3 March 2025 All Committee Terms of Reference under review. New Terms of Reference to be confirmed by Trust Board May 2025.</p> <p>16 January 2025 Updated Terms of Reference template for all Trust Board Committees to have proposed new wording which ensures that all matters, including Quality Impact Assessments, that need to be undertaken by the Trust Board in decision making, are referenced. (ie the Impact Assessment section of the cover paper). This is included in the Corporate Governance Manual for Audit Committee in December. Action to be reconsidered following Audit Committee meeting and consideration of manual. All ToR to be revised accordingly and considered as part of annual cycle.</p>	OPEN
25.07.2025	3.1.0		PERFORMANCE MANAGEMENT FRAMEWORK				
		49	Facilitate monitoring progress of PADR levels, understanding differences between high and low performing teams, drilling down to team level data. Potentially establish a digital library of consistent, accessible reference material, or the inclusion of links to such data in Board papers.	Executive Director of Organisational Development & Workforce	27/11/2025 29/01/2026	<p>January update - To ensure better visibility around reporting on PADR and all workforce metrics we have now enhanced reporting to QSP through the PMF, as well as providing spot lights on service areas to provide enhanced assurance. A digital dashboard is being worked on over the coming year to enable direct access to managers and enhance effectiveness.</p> <p>September update - Currently working on ways to best include further data in the PMF. Divisional breakdown added to report at present following July meeting, however further information to be made available at November Board.</p>	PROPOSE TO CLOSE
25.07.2025	4.4.0		Welsh Language Annual Report				
		51	Realistic options to be explored regarding what can be achieved in terms of meeting the Welsh Language Act (publishing of Board papers in Welsh prior to each meeting).	Executive Director of Organisational Development & Workforce / Interim Director of Corporate Governance	25/09/2025 27/11/2025 29/01/2026	<p>January update - Benchmarking was undertaken by Welsh Language Manager - Most Health Boards are translating Board Agenda and Minutes. Betsi Cadwaladr is the only Health Board which translates all papers. Welsh Language Manager verbally suggested not to translate and take the risk as translation costs would outweigh the intended audience for the translation of ALL papers. No further action for Welsh Language Manager.</p> <p>November update - Benchmarking exercise undertaken by Welsh Language Manager. EMB to consider options at December meeting prior to GAR Group and Board decision.</p> <p>September update - Guidance sought from Welsh Language Manager - matter to be considered through Governance Assurance and Risk Group. Update to follow at November Board meeting.</p>	PROPOSE TO CLOSE
27.11.2025	1.6.1		Cancer Patient Tracking List (PTL) Update				
		55	As the slides are in the public domain, include clarification that the data shown is for first definitive treatment for Velindre, to avoid public confusion with overall Wales cancer treatment waits.	Chief Operating Officer	29/01/2026	Complete.	PROPOSE TO CLOSE
27.11.2025	3.2.0		VUHST Risk Register				
		56	Correct incorrect target rating for risk 3699.	Interim Director of Corporate Governance	29/01/2026	January update - Correction made. Action complete.	PROPOSE TO CLOSE
27.11.2025	4.2.0		Commitments of Expenditure (NWSSP) Exceeding CEO Limit				
		57	Provide a Quality Impact Assessment (QIA) for the Fleet Modernisation and Optimisation Programme Business Case as this will be required for future consideration. Correct the highest cost benefit ratio in the preferred option assessment from 16 to 25 (Fleet Modernisation and Optimisation Programme Business Case). Provide legal advice supporting the extension of the GP Locum Hub Digital Platform contract, in addition to the Quality Impact Assessment. Confirm to the Board whether the renewal process for the Procurement Dashboard - Benchmarking and Analytics met the necessary legal requirements, in addition to a Quality Impact Assessment.	Director of Finance and Corporate Services, NWSSP	29/01/2026	<p>Further clarification received 27/11/2025 including the request for out of Board approval. QIA also received.</p> <p>Amended prior to submission to Welsh Government.</p> <p>Further clarification received 27/11/2025 including the request for out of Board approval. QIA also received.</p> <p>Further clarification received 27/11/2025 including the request for out of Board approval. QIA also received.</p>	PROPOSE TO CLOSE
27.11.2025	6.1.0		Trust Policies for Approval				
		58	Amend the Adverse Weather Policy, to remove the listing of NWIS as a hosted service.	Interim Executive Director of People and Organisational Development	29/01/2026	January update - Actioned.	PROPOSE TO CLOSE

January 2026

BULLETIN BRIEFING

Patient and Carer
Partnership Board

Supporting, Understanding, Evolving



BACKGROUND

As we came out of Covid we reflected on how the patient voice was represented within Velindre. In situ was a Patient Liaison Group that met once a month. The group was supported by the Patient Experience Manager.

The purpose of the group was to share patient experience, offer thoughts and suggestions to members of the Velindre team through a structured agenda.

Whilst the group was highly regarded throughout the centre we often felt we were seen as a tick box exercise, we lacked a clear identity and purpose.

During this time the Trust also developed a Patient Engagement Strategy where the repurposing of the group was a key element.

As a result rewrote our terms of reference to focus on a partnership relationship, not a passive receiving one. We undertook a recruitment campaign and through co-production rebranded ourselves to become what you know today as the Patient Carer Partnership Board.

We sold a vision to our new members that described a high performing, structured Board that represented the patient voice (conscience) a seat at the key tables within the organisation, that being, Trust Board, Charitable Funds Committee, Quality & Safety to name a few.

Our vision also included ownership and accountability, where the PCPB would lead on subjects within the Trust, focusing on what really matters to patients.



David Cogan
Chair, Patient and Carer Partnership Board

Our new engagement strategy for patients, families and carers at Velindre

What is patient engagement?

Patient engagement is the umbrella term we use for all the different ways we communicate and connect with our patients.

The aim of engaging with patients is to improve the treatment, care and well-being of our patients today and those we will care for in the future.



Through our new Patient Engagement Strategy, we aim to:

<p>1</p>  <p>Ensure that patient's voices are heard as individuals and groups.</p>	<p>2</p>  <p>Empower all patients to engage including the voices of those that find it harder to be heard and those of our younger patients.</p>	<p>3</p>  <p>Put patient engagement at the heart of our culture and embed it in the way we work.</p>
<p>4</p>  <p>Maximise our reach through preferred tools and techniques driven by evidence of our patients' preferences.</p>	<p>5</p>  <p>Signpost the right information at the right time to patients, families and carers.</p>	<p>6</p>  <p>Raise awareness of the increased opportunities to take part in research</p>
<p>7</p> <p>Excel in our statutory obligations including engaging with community health councils and delivering of the NHS Strategy for Assuring Service User Experience and the Health and Care Standards.</p>		

How to get involved:

Together, we can shape the way we engage and the services we deliver to benefit cancer patients today and tomorrow. Work with us by joining the Velindre Voices programme today.

Lleisiau
Felindre
Velindre
Voices



Cymraeg



English

January 2026

WHAT HAVE WE DONE TO DATE?

EXAMPLES

- Use of QR Coded Wristbands in Palliative Medicine
- Velindre Oncology Academy Curriculum
- Role of Velindre in Prehabilitation and Information Materials
- nVCC Digital Programme – Hybrid Mail and Self Check In
- Trial introduction of Listening Post (PCPB wider feedback mechanism)
- Patient Representation on VCS key meetings/Trust Committees
- Use of AI in Outpatient Administration
- Trust Pharmacy, Medicines and Prescribing Practice Strategy
- Immunobuddies Podcasts – how to move to patient Podcasts
- Wales Cancer Biobank Consent
- Research – Charitable Funds Case focus
- VUNHST Investigation Template
- Collaborative Centre for Learning, Research and Innovation (CCfLRI)
- Therapeutic Apheresis Stakeholder Event
- Improving awareness and engagement with research, innovation and clinical trials (focus group session)



David Cogan
Chair, Patient and Carer Partnership Board

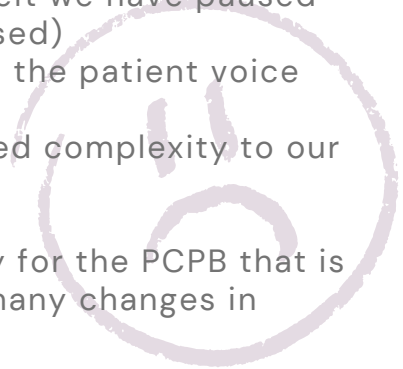
WHAT HAS GONE WELL

- Our PCPB has now been running for over 18 months
- We have 7 active members (aware we need to diversify membership)
- The confidence of our members continues to grow
- Our agenda's are full up to at least 3 months in advance
- Development of Listening Post
- We believe our brand has strengthened across the centre
- We continue to have representation at Trust Board and Charitable Funds
- We are actively involved in a number of projects for both the existing centre and the new centre



WHAT HAS NOT GONE SO WELL

- We have not achieved our target of 12 members (albeit we have paused active recruitment whilst new VCS structure is finalised)
- We do not have a seat at every table that we believe the patient voice should be front and centre
- New Leadership Structure within the centre has added complexity to our vision / ways of working
- We are still too often seen as a tick box exercise
- We have found it difficult to develop a clear strategy for the PCPB that is supported across the centre whilst there has been many changes in management and leadership.



OPPORTUNITIES FOR TRUST BOARD TO CONSIDER

- Agree to Patient Engagement / involvement on the agenda for a forthcoming Trust Board Development Day
- Patient Engagement should have the same level of resource and attention as Patient Experience
- Support from specialists (eg Equality and Diversity) with a recruitment campaign
- Support with embedding PCPB representation within key committees (the all important seat at the table)
- Support patient/carer representation on every recruitment panel (process in development)
- What is our role in the wider public engagement/involvement programme?



David Cogan
Chair, Patient and Carer Partnership Board

**Bwrdd Partneriaeth
Cleifion a Gofalwyr**

Cefnogi, Deall, Esblygu

**Patient and Carer
Partnership Board**

Supporting, Understanding, Evolving



Feedback

I really appreciated how open, honest, and enthusiastic they were about the project. They emphasised how important this work is going to be for Velindre.

Digital Team Member

I just wanted to thank you and the board members for today. Their feedback was so valuable and I thoroughly enjoyed meeting them all.

Therapies Team Member

Please pass our thanks on to the group for their positivity, fantastic ideas and feedback. For me it pushed the focus back onto why we are doing all these digital changes – the patients. We will definitely be back with further information as time goes on. Thanks again.

Digital Team Member

Attending the PCPB has made me think differently about some preconceived ideas i had about my project.

I certainly felt comfortably challenged by the members which was such a positive experience for my project, my learning and future development.

TRUST BOARD	
CHAIR'S UPDATE REPORT	
DATE OF MEETING	29 January 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sara Moseley, Chair
PRESENTED BY	Sara Moseley, Chair
APPROVED BY	Sara Moseley, Chair
EXECUTIVE SUMMARY	This report provides information to the Board regarding the Chair's activity since the previous meeting of the Trust Board.
RECOMMENDATION / ACTIONS	To NOTE the content of the Chair's update report.
GOVERNANCE ROUTE	
N/A	
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
N/A	
7 LEVELS OF ASSURANCE – N/A	
APPENDICES – N/A	

1. SITUATION

This paper provides the Trust Board with an overview of Chair's activity since the last meeting of the Trust Board.

2. BACKGROUND

2.1 Matters addressed in this report cover the following areas:

- Continued individual meetings with Independent Members (throughout December and January)
- Introductory meetings with Audit Wales
- Volunteers Christmas Party 27th November 2025
- Executive Development Day 1st December 2025
- Patient and Carers Partnership Board 3rd December 2025
- Independent Members Session 4th December 2025
- Board Development Session 16th December 2025
- NWSSP Governance and Accountability Report released by Welsh Government 22nd December 2025
- NHS Wales Chairs Peer Group 23rd December 2025
- Visit to VCC Xray and Radiology department 8th January 2026
- Visit to All Wales Medical Genomics Service 8th January 2026
- Signing of BECS contract 14th January 2026
- Public Accountability Meeting 15th January 2026

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

3.1 Continued individual meetings with Independent Members

I have enjoyed continuing to work collaboratively with Independent Members getting to know them further understanding their speciality areas and interests. Conversations have covered personal objectives and allocation of Committee responsibilities. Collectively, we have also had another Independent Members Group meeting and we attended a Board Development Session.

3.2 Introductory meetings with Audit Wales

The Auditor General has a statutory requirement to ensure that NHS bodies have proper arrangements in place to secure economy, efficiency, and effectiveness in the use of their resource. Audit Wales undertake annual Structured Assessment work at each NHS body to discharge this function where they examine corporate arrangements relating to governance, systems of assurance, planning, and financial management.

I have been part of the introductory meetings with the audit team, and there will be further discussions with the Auditors to provide assurance on all levels to ensure we are managing the financial budget appropriately and can account for our actions, activities and expenditure.

3.3 Velindre Cancer Centre Volunteers Christmas Party, 27 November

I attended the volunteers Christmas dinner which was a fantastic opportunity to get to know them better and thank them for the dedication and care they show to patients and families – some over many years. Most people I spoke to had either been patients themselves or had been touched closely by cancer. Their enthusiasm and energy was infectious and I hope they invite me back next year.

3.4 Patient and Carers Partnership Board, 3 December

Many people who are treated at Velindre want to give something back and, especially, to work with us to make the experience for others better all the time. They have hugely valuable perspective to share and are immensely generous with their time and thinking. I have been talking to David Cogan, the Chair, since I arrived, and this was my opportunity to meet the whole group to hear their ideas. Patients and Donors experiences and ideas are vital, and the aim is to make these a more prominent part of our new governance structures as well as working in a practical way within both services.

3.5 Board Development and Independent Members Group Days 1st, 4th and 16th December

We have continued to develop our work as a Unitary Board, coming together to discuss and plan on areas such as Portfolio prioritisation, Culture, Public Accountability meeting preparation and updates on the Shared Services Governance and Accountability Review. The breadth and depth of work to develop the cancer and blood services provides a terrific opportunity for us and our patients. This will be reflected in the Integrated Medium Term Plan, which we have also been shaping together before submitting to Welsh Government for approval at the end of the financial year.

3.6 NWSSP Governance and Accountability Report released by Welsh Government 22nd December

The report commissioned by Welsh Government in spring 2025 into NHS Wales Shared Services Partnership Committee present governance and accountability arrangements as one of our hosted bodies, was published on 22nd December by the Cabinet Secretary for Health and Social Care. Tracy Myhill, Chair of the NWSSP and I have undertaken to work together, and with Welsh Government and the NHS Wales organisations which make up the partnership, to build on and implement recommendations made. We will be working collaboratively to make sure we do so effectively and in the best interests of the NHS.

3.7 Visit to Velindre Cancer Centre Xray and Radiology department 8th January 2026

One of the greatest rewards of Chairing Velindre in spending time with colleagues and patients in the service. I spent time informally at the Xray and Radiology department at the Velindre Cancer Centre after receiving an invitation from Dr Aisling Butler and the team. Aisling is a bundle of energy and enthusiasm. Everyone I met – radiographers, nurses, scientists, administrators, and doctors – all welcomed me warmly. As well as visiting all parts of the department, clinicians took time to show me how they have helped and supported individual patients with care and dedication. I was inspired by them all – we have amazing people at Velindre and I could see the pride they take in their work and in what they can achieve. They also told me they cannot wait to move into the new Cancer Centre with its great imaging facilities.

3.8 Visit to All Wales Medical Genomics Service 8th January 2026

At the launch of the Cardiff Health Partnership, Clive Morgan, Director of the All-Wales Medical Genomics Service invited me to visit the site, an integral part of the Partnership. Developed by Cardiff and Value University Health Board, the service is close to our new Cancer Centre and has excellent facilities for genetic testing and development. It currently provides testing for individuals at risk of inheriting a genetic condition, supportive discussions around genetic test results and provision of further genetic testing. This is an especially important capability for NHS Wales with enormous potential to work with us, especially in relation to research and development.

3.9 Signing of the new Blood Establishment Computers System (BECS) contract 14th January 2026

I was delighted to be part of the contract signing for the new Blood Establishment Computers System in the Trust. This new system will integrate all aspects of the blood supply chain in Wales into one system, from appointment booking and donor matching, to patient matching and hospital ordering. It is anticipated to be in place by the end of October 2027 and signals the start of a long-term strategic partnership with providers GPI over the next decade and beyond. This contract was so important, that International Operations Manager Fabio Rossi flew over from Bologna in Italy to facilitate the contract signing.



3.10 Velindre University NHS Trust Public Accountability Meeting - 15th January 2026

A number Board members met with the Cabinet Secretary and senior officials members of his team as part of a Public Accountability meeting scheduled for all NHS Wales statutory organisations. This was an opportunity to provide assurance

on many aspects of our work, and this meeting was a culmination of several weeks of work preparing an evidence bundle in advance of attendance. It was a very daunting experience, however with the support of the CEO and designated team, we were able to collectively provide the answers and assurance that the Cabinet Secretary and his team were seeking. I would like to thank all colleagues involved, as many hours of dedicated preparation took place to ensure that we were collectively confident in responding to any questions put to us.



4 IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: NO	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)	Choose an item
QUALITY AND SAFETY IMPLICATIONS / IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	Not required
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	N/A
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT	Not required

ADDITIONAL IMPLICATIONS / IMPACT	LEGAL	There are no specific legal implications related to the activity outlined in this report.
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4 RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
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TRUST BOARD

CHIEF EXECUTIVE'S UPDATE REPORT

DATE OF MEETING	29 January 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Carl James, VUNHST Chief Executive (interim)
PRESENTED BY	Carl James, VUNHST Chief Executive (interim)
APPROVED BY	Carl James, VUNHST Chief Executive (interim)
EXECUTIVE SUMMARY	This report provides information to the Board regarding the Chief Executive's activity since the previous meeting of the Trust Board.
RECOMMENDATION / ACTIONS	The Trust Board is asked to NOTE the content of the Chief Executive's report.
GOVERNANCE ROUTE	
N/A	
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
N/A	
7 LEVELS OF ASSURANCE – N/A	
APPENDICES – N/A	

This paper provides the Trust Board with an overview of the Chief Executive's activity since the November Board meeting.

1 Senior management appointments

I am pleased to confirm that on the 16th of January, the Trust successfully appointed a Director of Strategy, Planning & Performance, to be offered as a fixed term / secondment for 9 months. It is anticipated that they will commence in post on the 1st April 2026.

We also welcomed Kathy Ikin who has been appointed as the Interim Deputy Director of Strategy, Planning and Performance and took her post on 2nd January 2025.

2 Key activity over the last two months:

Visits

Chief Medical Officer visit to the new Velindre Cancer Centre – 8th December 2025

The Trust was pleased to welcome the Chief Medical Officer for Wales, Professor Isabel Oliver, for a visit that provided a comprehensive look at the broad work across the Trust and the progress being made on the new Velindre Cancer Centre.

Professor Oliver provides clinical leadership and independent professional advice to the Welsh Government about health and public health matters. Her visit was also an opportunity to showcase the scale of the new Velindre Cancer Centre site, the clinical ambition behind the project and the benefits the new centre will bring for patients, families and staff.

During the visit, she heard from a number of colleagues across the Trust highlighting our organisational priorities, the background to the development of the new Velindre Cancer Centre, the role and impact of the Welsh Blood Service, our approach to medical leadership and the growing strengths of our research and development portfolio.

Chief Nursing Officer / Deputy Chief Nursing Officer visit to VCC – 8th January 2026

We also welcomed Sue Tranka, Chief Nursing Officer for Wales, and Gillian Knight, Deputy Chief Nursing Officer to the Velindre Cancer Centre. This was a valuable opportunity for them both to meet a number of our amazing nurses and to hear

first-hand about the fantastic nurse-led clinical, research, innovation and professional developments within the service. A visit to the new hospital site also provided an opportunity to discuss the opportunities the new hospital brings for the region and Wales, and the clinical transformation that we are embarking on in preparation for the move.

Meetings of note

National Cancer Leadership Board 19th December 2025

As the Lead NHS Chief Executive for cancer, I attended the NHS Wales Cancer Leadership Board with Nick Wood (NHS Wales Deputy CEO) and James Calvert (NHS Wales Deputy Chief Medical Officer) and colleagues. The meeting focused on improving access to cancer/achieving increased levels of performance on the Single Cancer Pathway; how we focus our resources to achieve the greatest impact for patients; and the future shape of the national cancer programme to ensure we align it with change in the Welsh Government arrangements (e.g. networks; the development of NHS Performance and Improvement' function.

Dr Jacinta Abraham also chaired the Cancer Network Group, and we will work together on this key national programme. I am meeting with a number of key partners during the next month to discuss how we progress, including the NHS Wales Performance & Improvement Senior Leadership Team; National Cancer Team; nominated Clinical Leads / Chairs; and third sector partners such as the Cancer Alliance.

Pfizer Oncology UK – 8th January 2026

Along with other Executive colleagues, I met with Pfizer Oncology UK on the 8th of January. The meeting explored the potential for a long-term strategic relationship which would provide improved quality of care for patients and support the Trusts' ambition for Velindre Cancer Service to be recognised as a specialist cancer service provider of excellence in line with our peers such the Christie, the Clatterbridge and the Royal Marsden.

Structured Assessment Work – Audit Wales - 11th December 2025

I met with Audit Wales (as part of a series of interviews with Executive Colleagues) on the 11th of December to progress the 2025 performance audit programme at the Trust.

Cabinet Secretary Public Accountability Meeting – 15th January 2026

The Trust's Public Accountability Meeting with the Cabinet Secretary for Health and Social Care, Jeremy Miles, and other Welsh Government colleagues took place on the 15 January at the Welsh Government offices. This was part of a series of meetings organised by the Cabinet Secretary to enhance transparency and accountability within NHS Wales, focusing on various health organisations. The Trust was represented by ten members of the Board and the meeting was livestreamed.

Awards

The MediWales Innovation Awards took place at the Mercure House Hotel in Cardiff on the 4th of December, and colleagues were recognised for their outstanding contributions to healthcare innovation.

The Radiotherapy Physics Team won the **Technology and Digital Impact Award** for their development of EdgeVcc, an automated treatment planning solution. This technology is helping to streamline processes and improve patient care by making treatment planning faster and more efficient.

Additionally, two of our consultants were part of the All-Wales Medical Genomics Service Team that scooped the **Health and Social Care – Industry Collaboration Award**. Their work with Illumina on the QuicDNA project is advancing genomic testing and personalised medicine, paving the way for better outcomes for patients across Wales.

Milestones

The Trust welcomed a delegation from GPI SpA to sign the contracts on the new Blood Establishment Computers System (BECS) on the 14th of January. GPI Spa is an established supplier of digital healthcare solutions across the world including Blood Establishment Computer Systems to a number of European Blood Services and was recently announced as the preferred bidder for the new BECS contract.



The deal will integrate all aspects of the blood supply chain in Wales into one system, from appointment booking and donor matching, to patient matching and hospital ordering. The new platform will be in place by the end of October 2027.

The contract signing marks the start of a long-term strategic partnership with GPI over the next decade and beyond.

Launch of Cardiff Health Partners – 1 December 2025

Three of Cardiff's leading health partners have joined forces to create a new unique partnership designed to improve health outcomes, drive innovation, and create lasting benefits for patients.

Cardiff Health Partners (CHP) will see Velindre University NHS Trust, Cardiff University, Cardiff and Vale University Health Board come together formally to strengthen healthcare delivery, foster research excellence, economic growth, and social wellbeing across the capital and wider Southeast Wales region.

The new partnership is expected to contribute at least £840 million to the economy over the next decade and create thousands of skilled jobs in life sciences.

It will also open up new opportunities for colleagues to collaborate across research, clinical care and education, access cutting-edge projects that directly improve patient outcomes, and develop new skills that drive innovation benefiting patients, communities and the wider population across Wales and beyond.

Leadership, Culture and Governance

Leadership: I have been working with the Chair and Executive Director colleagues to put in place a recruitment plan for a number of roles within the Executive Team.

Culture: My focus has been on understanding where we are now (through the cultural baseline in November 2025; the range of measures we have; and the work we are undertaking with Resolution@Work; and speaking with staff). We will be progressing the development of our culture over the coming months with a focus on listening; and understanding what else we can do working with our fantastic staff to make their jobs fulfilling and the organisation a great place to work. This will be supported by new measures which allow us to collectively review our progress.

Governance

I have been working with the Chair and Director of Corporate Governance to review our existing governance arrangements to identify areas where we can improve. This has resulted in the identification of number of new committees (Finance and Performance; and People and Culture) which will provide an important mechanism for focus and assurance on these vital areas of organisational effectiveness.

NHS Wales Shared Services Partnership Review

I have met with the Managing Director of NHS Wales Shared Services and agreed a number of areas where we can strengthen existing arrangements.

The Chair and I have had a range of discussions with the Chair, Managing Director of NHS Wales Shared Services and Welsh Government and we are meeting in February 2025 to commence arrangements for the implementation of the recommendations of the Shared Services Review.

4 IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: NO	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST FRAMEWORK (TAF)	Choose an item N/A
QUALITY AND SAFETY IMPLICATIONS / IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.

SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	Not required
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	N/A
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT	Not required
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.

5 RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
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TRUST BOARD

**VELINDRE UNIVERSITY NHS TRUST PERFORMANCE MANAGEMENT FRAMEWORK
REPORT DETAILED ANALYSIS FOR NOVEMBER 2025/26.**

DATE OF MEETING	29/01/2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE, INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ASSURANCE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Peter Gorin, Head of Strategic Planning & Performance
PRESENTED BY	<ol style="list-style-type: none"> 1. Carl James, Interim Chief Executive Officer 2. Anne Carey, Chief Operating Officer 3. Sarah Jenkins, Executive Director OD & Workforce, 4. Carl Taylor, Chief Digital Officer, 5. Lauren Fear, Director of Place, Portfolio & Partnerships 6. Matthew Bunce, Executive Director of Finance
APPROVED BY	Carl James, Interim Chief Executive Officer
EXECUTIVE SUMMARY	<p>PERFORMANCE MANAGEMENT FRAMEWORK (PMF) OVERVIEW The report provides the detailed analysis of all the Performance Management Framework Key Performance Indicators (KPIs) and supports the PMF Executive High-level slides in Section 1 which focus on the key issues to be raised and discussed for the month of November 2025.</p>
RECOMMENDATION / ACTIONS	The Trust Board is asked to take ASSURANCE from the Performance Management Framework for the month of November 2025.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
WBS SLT / Performance Review	(10/12/2025)
VCS SLT / Performance Review	(17/12/2025)
Executive Management Board	(23/12/2025)
Quality Safety and Performance Committee	(13/01/26)

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

The report has been considered and endorsed at the VCS and WBS Performance Review meetings, the Executive Management Board and Quality Safety and Performance Committee and is presented to the Trust Board for assurance on the Trust's performance for the month of November 2025.

Any matters of note discussed at QSP Committee will be recorded in the QSP Committee approved minutes.

It should be noted that the levels of Assurance in the table below are for November 2025, as QSP Committee considered information on previous levels was unhelpful.

7 LEVELS OF ASSURANCE

Velindre Cancer Service	Level 3 - Actions for symptomatic, contributory and root causes. Impact from actions and emerging outcomes
Welsh Blood Service	Level 3 - Actions for symptomatic, contributory and root causes. Impact from actions and emerging outcomes
Workforce & Wellbeing	Level 3 – Actions for symptomatic, contributory and root causes, impact from actions and emerging outcomes
Digital Services	Level 3 - Actions for symptomatic, contributory and root causes. Impact from actions and emerging outcomes
Estates, Infrastructure and Sustainability	Level 4 – Level 4 – Increased extent of impact from actions.
Health and Safety	Level 3 – Actions for symptomatic, contributory and root causes, impact from actions and emerging outcomes
Financial Performance	Level 4 – Increased extent of impact from actions

APPENDICES

Not applicable

ACRONYMS AND INITIALISM

EMB	Executive Management Board
KPI	Key Performance Indicator
LINAC	Linear Accelerator
MHRA	Medicines Healthcare (products) Regulation Agency
PADR	Performance appraisal and Development Review
PMF	Performance Management Framework
PPM	Planned Preventative Maintenance
QSF	Quality Safety Framework
QSP	Quality Safety and Performance Committee
RD&I	Research Development and Innovation
RIDDOR	Reporting Injuries Diseases Dangerous Occurrences Reporting
RT	Radiotherapy
SABRE	Serious Adverse Blood Reactions and Events
SACT	Systemic Anti-Cancer Therapy
SLA	Service Level Agreement

WBS SLT	Welsh Blood Service Senior Leadership Team
VCS Tri	Velindre Cancer Service Triumvirate
SMART	Relating to goal setting “Specific, Measurable, Achievable, Relevant, Timely”
SPC	Statistical Process Control Charts
VAI	Velindre Acquired Infections
VUNHST	Velindre University NHS Trust
WHC	Welsh Health Circular
WHO	World Health Organisation

1. SITUATION AND BACKGROUND
VELINDRE NHST PERFORMANCE REPORT FOR NOVEMBER 2025

1.1 Overall High-Level Quality Performance Summary

A selection of the most critical Quality Performance Management Framework (PMF) Key Performance Indicators (KPIs), taken from the full PMF Scorecards. This Trust-wide Scorecard table (presented below) is followed by a number of PowerPoint slides highlighting certain issues 'by exception'.

1.2 Work has commenced to propose the full range of quality and safety metrics that need to be in place at Board level. 35 KPIs have been included, and this work will be concluded by January after going through governance cycle for approval e.g. RT 30-day mortality data collection and Inpatient mortality benchmarking target

Quality Domain	Trust-wide Safety Scorecard			Performance as at Month 8 (November)			Compliance against Target or Standard		Slide Ref
	Key Performance Indicator (KPI)	Target	Reported	Baseline March 23	Target	Actual	In Month Position	Cumulative data trend	
Safe	Total Number of Velindre Acquired Infections (VAIs) across all bacteraemia types (WHC 2024 (38) target) Cumulative 25/26 versus 24/25	National	Monthly	23/24 Base 13	<13 24/25	3 25/26	✓	→	
	SACT 30 Day Mortality Benchmark	Curative	Monthly	2.00%	2.00%	0.06%	✓	→	
	Inpatient Mortality Target under development/to be agreed	Inpatient	Monthly	N/A	N/A	4	✓	→	
	Number of National Reportable Incidents	National	Monthly	0	0	0	✓	✓	
	WBS Serious Adverse Blood Reactions & Events (SABRE) incidents reported to regulator / licensing authority	Local	Monthly	0	-	5	✗	→	Minor Variance
	Overdue Actions from open Serious Adverse Blood Reactions & Events (SABRE) / Serious Adverse Event or Reaction (SAEARs) actions	Local	Monthly	New	<5%	0%	✓	↓	Pages 25-29
	Number of incidents triggering Duty of Candour	National	Monthly	0	0	1	✗	→	Minor Variance
Symbols Key: In Month = Compliant ✓ Non-compliant ✗ Cumulative data trend (15 months) = Improving ↑ stable → fluctuating ↕ deteriorating ↓									

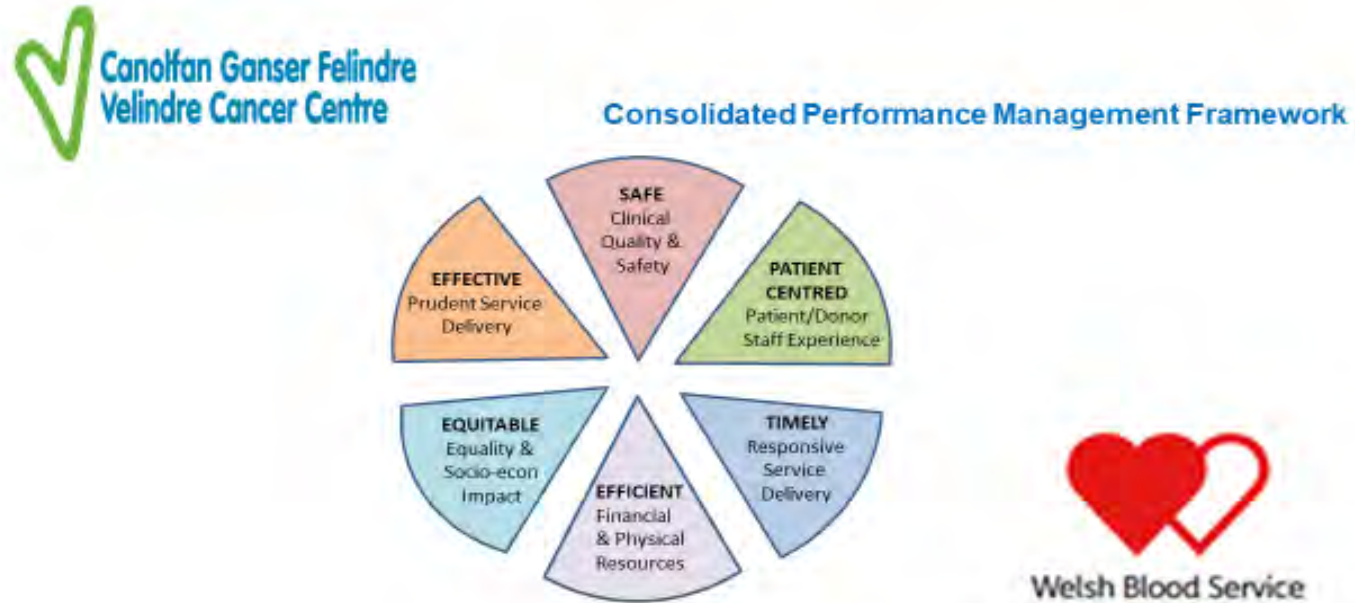
Quality Domain	Trust-wide Timeliness Scorecard			Performance as at Month 8 (November)			Compliance against Target or Standard		Slide Ref
	Key Performance Indicator (KPI)	Target	Reported	Baseline March 23	Target	Actual	In Month Position	Cumulative data trend	
Timely	Scheduled Radiotherapy Patients Treated 80% within 14 Days and 100% within 21 Days	National	Monthly	29% 47%	80% 100%	22% 84%	X	↓	Pages 9-17
	Urgent Symptom Control Radiotherapy Patients Treated 80% within 2 Days and 100% within 7 days	National	Monthly	6% 50%	80% 100%	14% 75%	X	→	Pages 9-17
	Emergency Radiotherapy Patients Treated 80% within 1 day and 100% within 2 days	National	Monthly	94% 100%	80% 100%	82% 100%	✓	↑	
	% Patients Beginning Non-Emergency / Routine SACT within 21 days	National	Monthly	98%	98%	71%	X	↕	Pages 18-24
	% Patients Beginning Emergency SACT within 2 days	National	Monthly	100%	98%	100%	✓	↑	Pages 18-24
	WBS Turnaround times – antenatal	Best Practice	Monthly	96%	90%	93.2%	✓	↓	
	WBS Turnaround times – Red Cell Reference Serology	National	Monthly	70%	90%	95%	✓	↓	Pages 25-29
	WBS Turnaround times – Foetal RHD Screening	Best Practice	Quarterly	New	90%	100%	✓	→	
Symbols Key: In Month = Compliant ✓ Non-compliant ✘ Cumulative data trend (15 months) = Improving ↑ stable → fluctuating ↕ deteriorating ↓									
Quality Domain	Trust-wide Effectiveness Scorecard			Performance as at Month 8 (November)			Compliance against Target or Standard		Slide Ref
	Key Performance Indicator (KPI)	Target	Reported	Baseline March 23	Target	Actual	In Month Position	Cumulative data trend	
Effective	Number of Cancer Pathway of Care Delays	National	Monthly	1	0	3	X	→	Minor Variance
	Clinical demand for red cells met (% manufactured to issued)	Best practice	Monthly	104%	100%	109%	✓	↓	
	Clinical demand for platelets met (% manufactured to issued)	Best practice	Monthly	133%	100%	119%	✓	↓	
	New stem cell volunteers	National	Monthly	3341	333	930	✓	↑	
	New Apheresis Donors	Local	Quarterly	21	14	14	✓	↓	
Symbols Key: In Month = Compliant ✓ Non-compliant ✘ Cumulative data trend (15 months) = Improving ↑ stable → fluctuating ↕ deteriorating ↓									

Quality Domain	Trust-wide Efficient Scorecard			Performance as at Month 8 (November)			Compliance against Target or Standard		Slide Ref
	Key Performance Indicator (KPI)	Target	Reported	Baseline March 24	Target	Actual	In Month Position	Cumulative data trend	
Efficient	% uptime of critical digital systems (% availability by service, excl. planned maintenance windows)	Local	Monthly	N/A	99%	N/A	✓	➔	Page 36
	Financial Balance – achievement of Trust forecast (£k) in line with revenue expenditure profile	National	Monthly	£0	£0	£4k	✓	↕	Minor Variance
	Trust expenditure (£k) on Bank and Agency staff against target budget profile	National	Monthly	£180k	£180k	£249k	✗	↕	Page 42
Symbols Key: In Month = Compliant ✓ Non-compliant ✗ Cumulative data trend (15 months) = Improving ↑ stable ➔ fluctuating ↕ deteriorating ↓									
Quality Domain	Trust-wide Equitable Scorecard – Trust-wide position			Performance as at Month 8 (November)			Compliance against Target or Standard		Slide Ref
	Key Performance Indicator (KPI)	Target	Reported	Baseline March 23	Target	Actual	In Month Position	Cumulative data trend	
Equitable	Diversity of Workforce – % Black, Asian and Minority Ethnic people	Local	Quarterly	5.18%	6%	7.15%	✓	➔	
	Diversity of Workforce – % People with a Disability within workforce	Local	Quarterly	4.63%	22%	6.64%	✗	↑	
	% of Workforce who have declared Welsh Language Listening/Speaking capability	National	Quarterly	89.37%	100%	95.81%	✗	↑	Minor Variance
Symbols Key: In Month = Compliant ✓ Non-compliant ✗ Cumulative data trend (15 months) = Improving ↑ stable ➔ fluctuating ↕ deteriorating ↓									
Quality Domain	Trust-wide Experience Scorecard			Performance as at Month 8 (November)			Compliance against Target or Standard		Slide Ref
	Key Performance Indicator (KPI)	Target	Reported	Baseline March 23	Target	Actual	In Month Position	Cumulative data trend	
Person Centred	% of Patients Who Rate Experience at VCS as good or very good	Prof. Std.	Monthly	95	85%	96%	✓	➔	
	% of 'formal' VCS concerns responded to within 30 working days	Local	Monthly	100	85%	100%	✓	➔	
	Whole blood donors that rate their experience as excellent	UK Blood Services	Monthly	95%	85%	90%	✓	↑	

Resolution of WBS formal concerns within 'Putting Things Right' regulations timescale	National	Monthly	100%	100%	100%	✓	→	
% Personal Appraisal Development Reviews (PADR) compliance staff appraisal carried out by managers	Prof. Std.	Monthly	73%	85%	80%	X	↕	Pages 30-35
% Rolling average Staff sickness levels	National	Monthly	6.22%	3.54% 4.70%	5.13%	X	↑	Pages 30-35
Number of Incidents of violence and aggression to staff Trust-wide for 2025/26	Local	Monthly	N/A	27 25/26	5 Oct 30 cum	X	↓	Minor Variance
Symbols Key: In Month = Compliant ✓ Non-compliant ✗ Cumulative data trend (15 months) = Improving ↑ stable → fluctuating ↕ deteriorating ↓								

2. ASSESSMENT OF PERFORMANCE AND MATTERS FOR CONSIDERATION BY EXCEPTION FOR SEPTEMBER 2025

2.1 The Performance Management Framework (PMF) Scorecards, in this Section, are now based on 'domains' in the Quality Dashboard, namely Safe, Timely, Effective, Efficient, Equitable and Person Centred (STEEEP).



2.2 The following PMF PowerPoint slides highlight the key issues for the attention of the Trust Board, (on an exception basis), identified and discussed by the previous Executive Management Board and Quality Safety and Performance Committee meetings.

3. KEY ISSUES HIGHLIGHTED BY EXCEPTION

3.1 Velindre Cancer Service

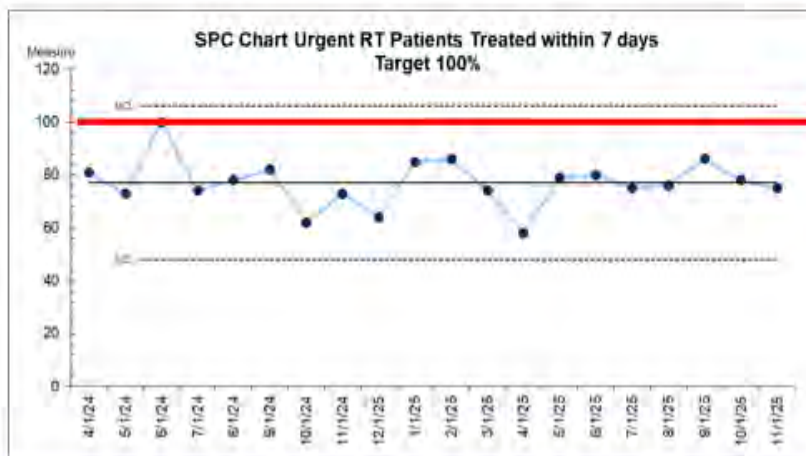
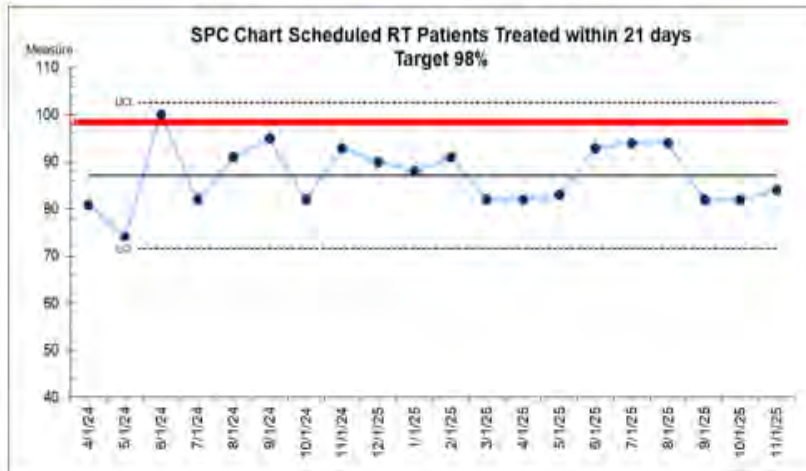
Radiotherapy

Radiotherapy Waiting Times activity

	Definition	WG 80% optimal	WG 100% mandatory
Emergency	patients with Spinal Cord Compression, Superior Vena Cava Obstruction, severe haemorrhage/haemoptysis and stridor	24hours	48hours
Urgent symptom control	patients with pain and bleeding delivered with simple treatment fields.	48 hours	7 days
Scheduled	will include all non-urgent palliative patients and all patients treated with radical intent without an elective delay.	14 days	21 days
Elective delay	reported separately from 'Scheduled' patients have an Earliest Clinically Appropriate Date (ECAD) to start Radiotherapy. The QPI will apply from the EACD not the DTT date.	7 days	14 days

Radiotherapy Waiting Times activity

Nov 2025

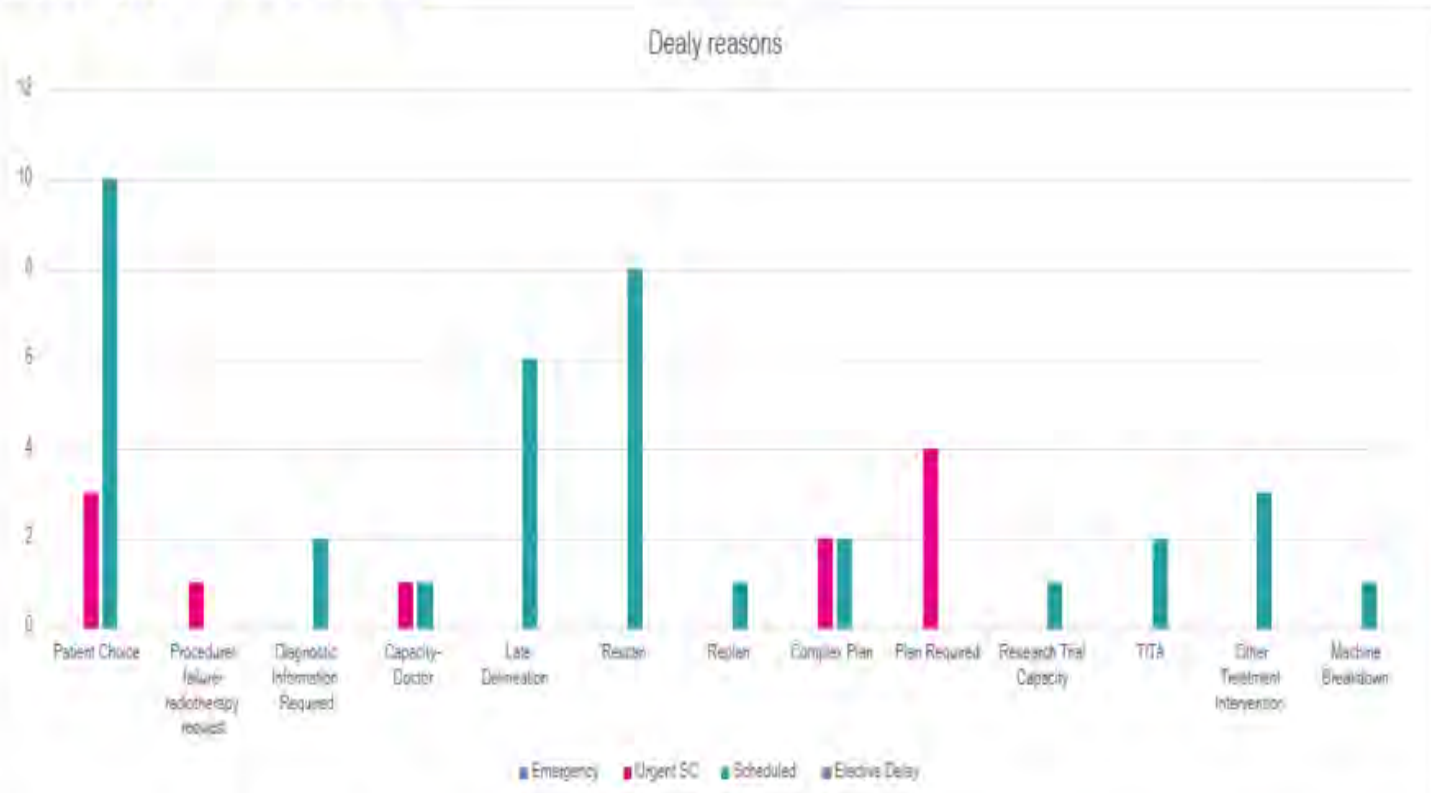


Performance update: November

- All Wales Quality Metrics Group consensus in RT that **no suspensions** will be allocated to pathways and breaches to be reported as avoidable and unavoidable
- Pre-treatment CT capacity remained constant at 8.5 hours per CT Simulator at VCC and up to 7.5 hours per day at V@NHRU, totalling up to 24 hours at VCS .
- Emergency performance was 100% within 2 days
- Elective Delay saw an improvement on 97% in October reporting 100%
- Schedule performance saw a slight improvement in October, (82%), reporting 84%. Longest wait was 66 days due to patient choice
- Urgent symptom control (USC) fell slightly from 78% in October to 75%

Radiotherapy - breaches

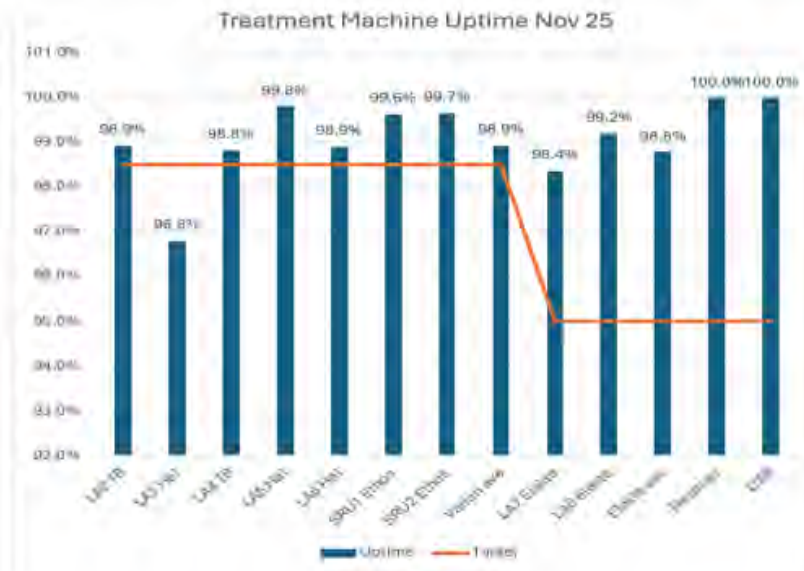
Nov 2025



- Linac service days have been streamlined to ensure all available clinical capacity is utilised
- Rescans are required for patients who may require additional support in regard to their preparation prior to Radiotherapy to ensure an optimal plan can be prescribed by the clinician.

Radiotherapy – treatment machine (Linac) uptime

Nov 2025



- 'Uptime' relates to the time a Linac machine is available for radiotherapy treatment over standard operating hours.
- The Varian average uptime across both sites is 98.9% (slightly higher than Oct 98.7%) which is above the target of 98.5% for the IRS contract.
- The Elekta linac average is 98.8% an improvement on October (94.3%) which is above the in-house target of 95%.
- The combined Linac, Flexitron and DXR uptime is 100%

Radiotherapy Waiting Times activity November 2025 (shadow reporting)

	Target	November 2025(with pauses)		November 25	
Scheduled	Number of referrals	228		228	
	% within 14 days (80%)	50	22%	51	22%
	% within 21 days (100%)	205	90%	190	84%
	Longest wait (days)			66	
Urgent SC	Number of referrals	44		44	
	% within 2 days (80%)	6	14%	5	14%
	% within 7 days (100%)	33	82%	33	75%
Emergency	Number of referrals	22		22	
	% within 1 day (80%)	16	82%	16	82%
	% within 2 days (100%)	22	100%	22	100%
Elective Delay	Number of referrals	54		54	
	% within 7 days (80%)	53	98%	53	98%
	% within 14 days (100%)	54	100%	54	100%
Benign		5		5	
Total number of referrals		353		353	

Performance update: November

November 2025 radiotherapy performance against Welsh Government target with pauses included and against current reporting position where pauses are no longer included.

- 100% emergency patients treated within target. This is the same with pauses included
- Scheduled performance against 21-day target was 84% (with pauses 90%).
- Urgent symptom control performance 75% (with pauses 82%)
- Elective delay performance was 100%. This is the same with pauses included.

All Wales Comparative Performance

Nov 2025

COSC Mandatory Quality Standards											
site	casemix		target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
VCC	Scheduled	21 days	100%	81%	83%	93%	94%	85%	82%	82%	84%
SWWCC	Scheduled	21 days	100%	75%	60%	43%	34%	66%	80%	41%	18%
NWCTC	Scheduled	21 days	100%	24%	70%	56%	47%	51%	82%	79%	34%
VCC	Urgent SC	7 days	100%	58%	79%	80%	75%	76%	86%	78%	75%
SWWCC	Urgent SC	7 days	100%	75%	71%	73%	71%	63%	52%	65%	74%
NWCTC	Urgent SC	7 days	100%	66%	83%	79%	80%	86%	91%	81%	84%
VCC	Emergency	2 days	100%	100%	100%	95%	100%	100%	100%	90%	100%
SWWCC	Emergency	2 days	100%	100%	100%	100%	100%	100%	100%	100%	100%
NWCTC	Emergency	2 days	100%	100%	100%	100%	100%	100%	100%	100%	100%
VCC	Elective Delay	14 days	100%	98%	99%	96%	99%	99%	97%	97%	100%
SWWCC	Elective Delay	14 days	100%	100%	100%	100%	100%	98%	100%	98%	100%
NWCTC	Elective Delay	14 days	100%	100%	100%	100%	100%	100%	100%	100%	100%

COCH quality standard

- VCS performed better than other cancer centres for scheduled treatment, below quality target
- VCS performed lower than NWCTC but better than SWWCC for urgent symptom control, below quality target
- VCS was comparative to other Cancer centres for emergency treatment at 100%
- VCS was comparative to other cancer centres for elective delays at 100%

COSC Stretch Quality Standards											
site	casemix		target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
VCC	Scheduled	14 days	80%	16%	31%	23%	26%	16%	14%	20%	22%
SWWCC	Scheduled	14 days	80%	28%	11%	7%	9%	19%	28%	7%	9%
NWCTC	Scheduled	14 days	80%	5%	13%	20%	10%	9%	12%	6%	9%
VCC	Urgent SC	2 days	80%	11%	8%	18%	14%	11%	9%	6%	14%
SWWCC	Urgent SC	2 days	80%	39%	48%	42%	32%	49%	26%	45%	29%
NWCTC	Urgent SC	2 days	80%	24%	48%	18%	20%	35%	35%	25%	28%
VCC	Emergency	1 day	80%	88%	91%	86%	95%	87%	91%	83%	82%
SWWCC	Emergency	1 day	80%	100%	100%	100%	88%	100%	100%	83%	100%
NWCTC	Emergency	1 day	80%	100%	100%	92%	100%	100%	100%	100%	100%
VCC	Elective Delay	7 days	80%	98%	96%	94%	99%	98%	95%	97%	98%
SWWCC	Elective Delay	7 days	80%	96%	98%	97%	100%	94%	97%	93%	98%
NWCTC	Elective Delay	7 days	80%	83%	97%	100%	97%	100%	100%	98%	100%

COSC stretch quality standards

- VCS performed better than other cancer centres for 14 days scheduled treatment, below quality target
- VCS performed lower than other cancer centres for urgent symptom control below quality target
- VCS performed lower than other cancer centres in Wales for emergency treatment but was above quality target
- VCS compared favourably within SWWCC at 98% which was above 80% target but less well compared to NWCTC

Ymddiriedolaeth GIG Prifysgol Felindre

Gofal ardderchog, dysgu ysbrydoledig, pobl iachach

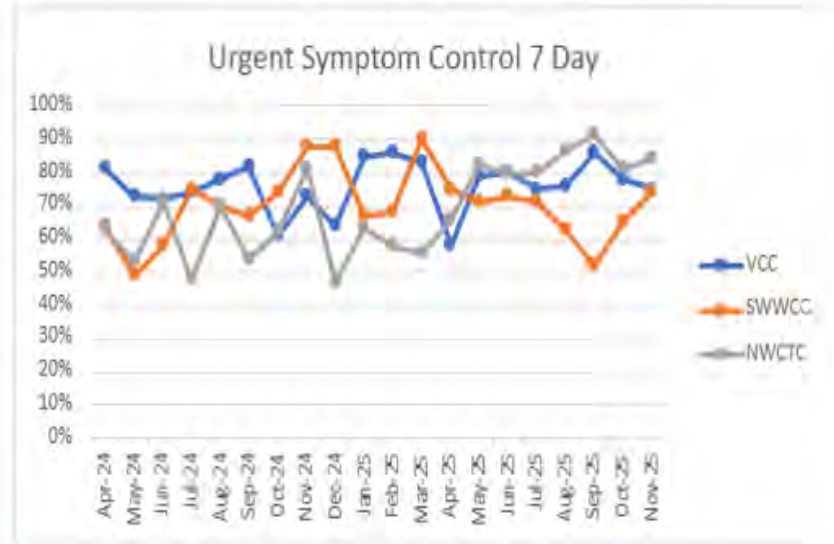
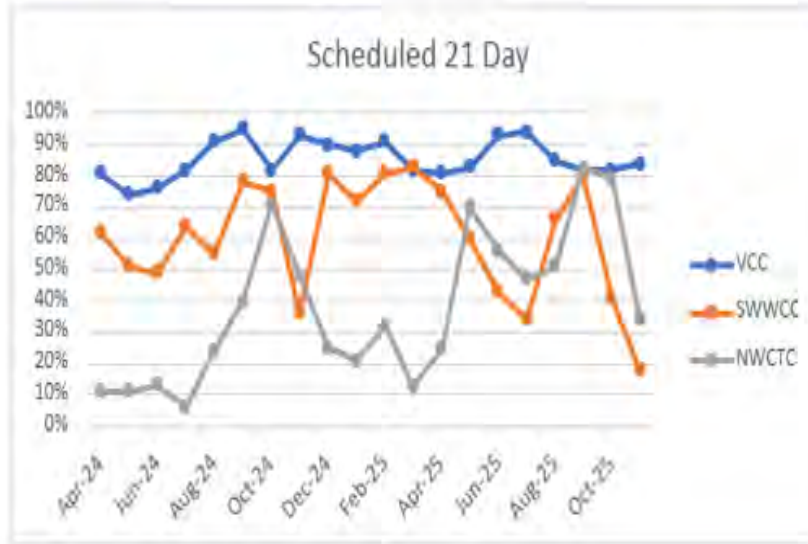


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All Wales Comparative Performance

Nov 2025

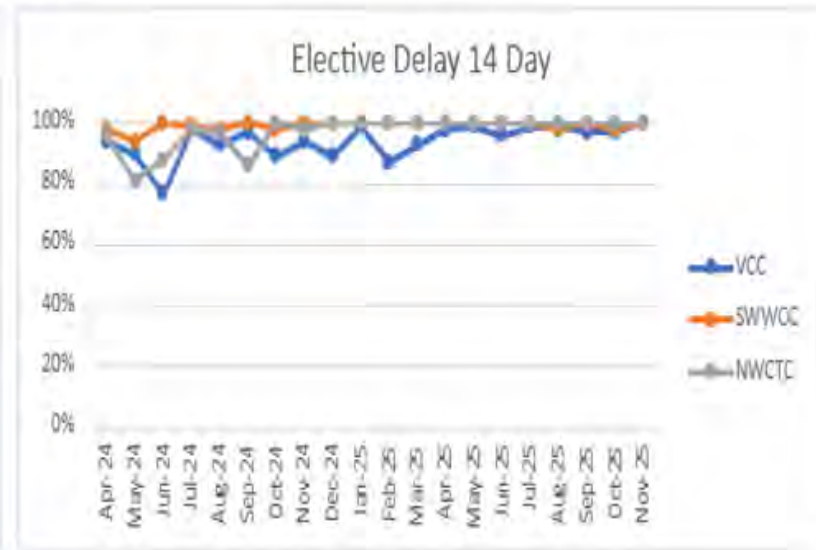
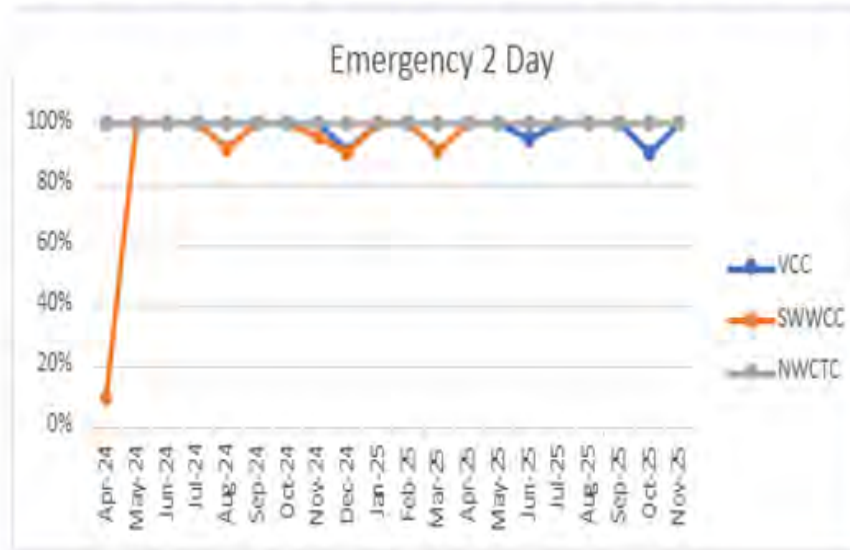


VCS performed significantly better than other Cancer Centres in Wales at 84%, with other cancer centres in Wales below 35%. Although this was below target of 100% it was a slight improvement on September and October performance of 82%

VCS performed below target of 100% at 75%. This was below performance in NWCTC (84%) but slightly better than SWWCC (74%)

All Wales Comparative Performance

Nov 2025



- Emergency performance was 100% within 2 days against 80% target. This was an improvement on October and in line with other cancer centres within Wales for November

Elective Delay saw an improvement on 97% in October 100%. This is first time performing at 100% in 2025/26. This was in line with other Cancer Centres in Wales

Radiotherapy Waiting Times activity

Update from last month

- New Band 5 radiographers and temporary cover for mat leave started in post
- Implementation of Gynae, Partial Breast Irradiation, Lower Gastrointestinal tumours on Halcyon planned in line with IRS delivery plan
- Reporting breaches in line with national COSCH group agreement
- Development of activity reporting for Brachytherapy – following paperless go live
- Surface guided RT using Varian True beam implemented
- Development of reactive management of scheduled interruptions in treatment delivery, which has improved utilisation of available capacity.
- Planned ethos development for Urgent symptom control for implementation in line with IRS delivery plan

Mitigation

- The implementation of Aria Core Insights through IRS will result in more sophisticated pathway analysis and reporting and targeted improvement proposals
- Implementation of Carepath for Radiotherapy IR(ME)R practitioners – improved visibility of the pathway
- Weekly MDT capacity planning meeting to review any capacity concern and forecast planning for following week
- Where demand exceeds capacity, all referrals are submitted through escalation for clinical prioritisation
- One Halcyon machine in VCS-Cardiff upgraded with Ethos resulting in a loss of linac capacity for one week in November. Other two matched Halcyon machines at VCS Cardiff to be working 12 hours days to minimise disruption to capacity

Risks/issues

- Fragility of existing fleet (LA7, LA8) due to aging equipment and consequential breakdown of linacs. Additional capacity sourced from V@NHHRU and LA1 where instances occur.
- LA1 is out of support and is only used if LA7 or LA8 is broken down.

Actions for next month

- One Halcyon machine in VCS-Cardiff being upgraded to Ethos resulting in a loss of linac capacity end of November/beginning of December. Other two matched Halcyon machines at VCS Cardiff to be working 12 hours days to minimise disruption to capacity.
- One Halcyon machine in VCS-Cardiff being upgraded with Hypersite resulting in a loss of linac capacity for a 3week period from end of September. Other two matched Halcyon machines at VCS Cardiff to be working 12 hours days to minimise disruption to capacity
- Review of data capture on Aria with data and insights, finance, and Radiotherapy physics computing, to better reflect RT activity informing:
 - capacity utilisation and breach reporting
 - activity reporting for brachy
 - Benchmarking with BCUHB and SBUHB
 - development of benchmarking with RM and Clatterbridge

SACT Definitions and timings

	Type	Timings	definition
Priority 1	Emergency	emergency (within 48 hours)	Patients with cancer types that tend to rapidly clinically decompensate and respond well to SACT including small cell lung cancer, germ cell tumours, lymphoma and small subsets of ovarian and breast cancer
Priority 2	Urgent	within 14 days (for Curative, Palliative/Disease Control, Haematology remission and Neoadjuvant intent)	<p>Curative – patients receiving SACT as first definitive treatment and so include primary chemotherapy patients and chemo-RT patients with radical intent</p> <p>Priority 2: Neo-adjuvant – those receiving SACT prior to definitive treatment</p> <p>Priority 2: Palliative - those receiving treatments that are not curative but can prolong life and reduce symptoms</p>
Priority 3	Routine	within 21 days (for adjuvant intent)	Adjuvant - all patients receiving systemic chemotherapy post definitive treatment.

SACT Performance Changes in Recording Performance Sept 25-Jan 26

Prior to September 2025	September Activity recording	October Activity recording	November Activity recording	December Activity Reporting	January Activity recording
Only the 21-day treatment standard was <u>reported</u> and this was applied to all patients treated within the month	Activity split out across the three Priority areas	Same as Sept 2025			
No split of activity into the three Priority criteria	Removal of 'clock stops'				
Application of 'clock stops' to patient pathways for breaches in the standard who were deemed to have had valid reasons why the patient could not have been treated in this timeframe	Performance calculated from referral and not Decision to Treat				
Performance calculated from referral and not Decision to Treat					DTT used – shadow reporting
Exclusion/Inclusion Drugs			Inclusion of oral SACT		
				Confirmed drugs as per guidance being calculated	

SACT Performance - Parental and Oral SACT Breach data waiting times

Nov 2025

Emergency referrals (P1) for October 2025.

Priority 1	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Emergency referrals												3
Emergency Compliance												100%
Total number of Emergency referrals treated within 2 days												3

Non-Emergency referrals (P2, P3) for October 2025.

Priority 2	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
No. Referrals												412
Total Number of breaches												175
Percentage Compliance												58%

Priority 3	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
No. referrals												119
Total Number of breaches												25
Percentage Compliance												79%

November data has been amended to exclude specific drugs in line with guidance above and include oral SACT.

It is not possible to look back retrospectively for comparative performance

This represents the performance according to the guidelines – the only outstanding change will be for January activity where the Decision to Treat will be used as the start of the clock

P1 = 48 hours

P2 = 14 days

P3 = 21 days

Parental SACT Breach data waiting times – Pre Oral SACT

Nov 2025

Emergency referrals (P1) for October 2025.

Priority 1	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Emergency referrals	8	4	5	1	3	3	5	8	5	4	6	3
Emergency Compliance									40%	75%	83%	100%
Total number of Emergency referrals treated within 2 days									3	3	5	3

Non-Emergency referrals (P2, P3) for October 2025.

Priority 2 (combined)	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
No. Referrals	201	249	202	222	243	230	226	302	335	326	364	306
Total Number of breaches										195	220	159
Percentage Compliance										40%	40%	48%

Priority 3	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
No. referrals	69	111	88	97	107	117	100	109	79	84	114	77
Total Number of breaches									28	28	43	22
Percentage Compliance									61%	67%	62%	71%

- August 2025 data P2 is reporting at 21 days as this is prior to change in implementation of Welsh Government guidance.
- Sept and October Data reflects Welsh Government recommendations (WHC 2024 (07) SACT Clinical Quality Priority performance indicators (July 2022) whereby 'stop clocks' have been removed from the patient pathway.
- P1 November 100%
- P2 an increase from 40% to 48%
- P3 an increase from 62% to 71%

P1 = 48 hours
P2 = 14 days
P3 = 21 days

P1, P2, P3 Shadow Reporting Parental SACT

Nov 2025

	Sept (no validation)	Sept (with validation)	Oct (no validation)	Oct (with validation)	Nov (no validation)	Nov (with validation)
Priority 1 - Emergency	75%	75%	83%	83%	100%	100%
Priority 2 - Primary definitive	50%	92%	21%	97%	24%	80%
Priority 2 - neo-adjuvant	52%	75%	47%	62%	67%	88%
Priority 2 - palliative	36%	79%	40%	74%	46%	75%
Priority 3 - adjuvant	67%	98%	62%	99%	71%	97%

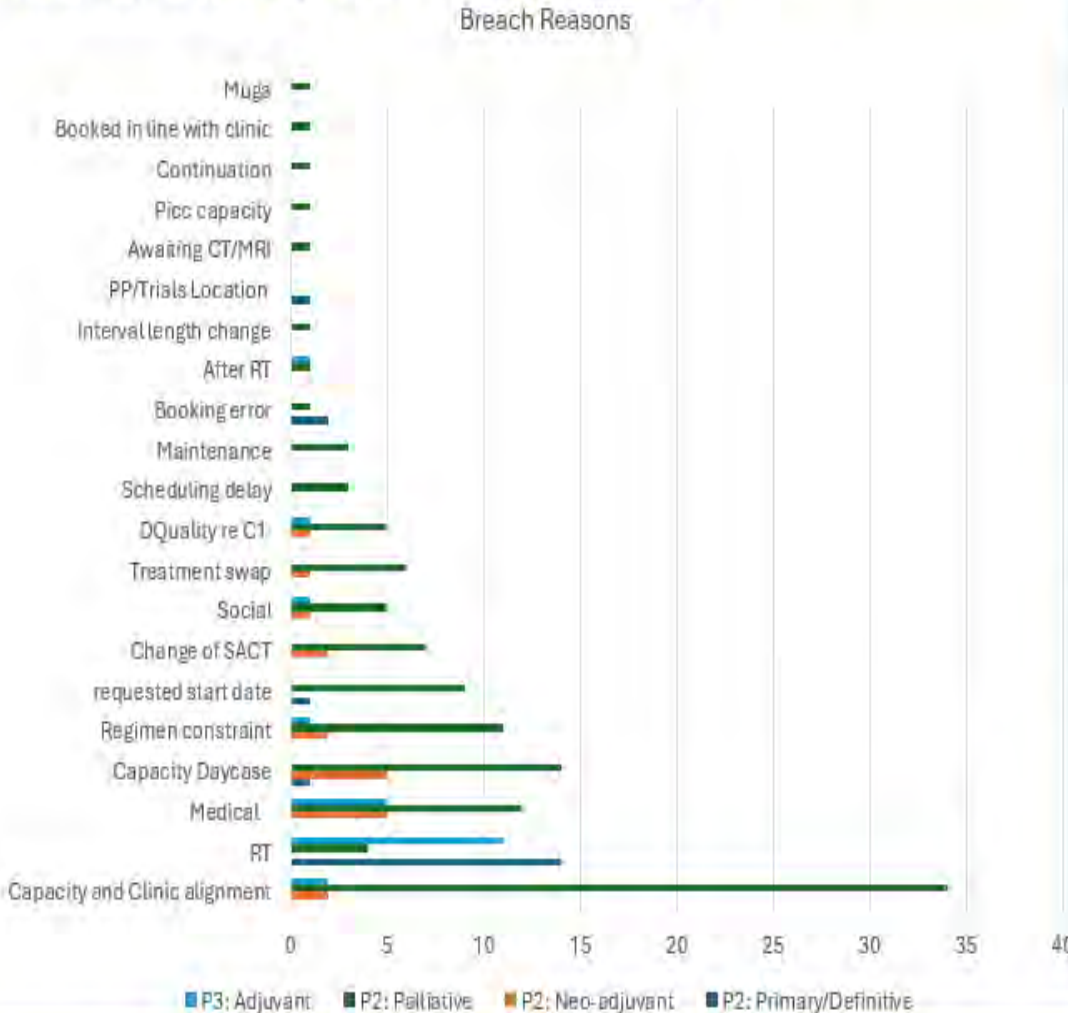
- Data above relates to Parental SACT only. Oral SACT is excluded from shadow reporting
- **P1** 100% of patients treated within 2 days
- **P2** across all categories there was an improvement against October performance for patients with no validation
- **P3** increase in performance to 71% from 62% in October for patients with no validation

Summary of breaches by Priority:

- P1 emergency: treated within 2 days
- P2 Primary/definitive: treated within 14 days
- P2 neo-adjuvant: treated within 14 days
- P2 Palliative: treated within 14 days
- P3 treated within 21 days
- Changes in the way SACT performance has been recorded and reported following agreement at an All Wales SACT meeting in September to fully adopt the Welsh Government recommendations with regards to the application of clock stops/suspensions in a patient pathway (WHC 2024 (07) , and in distinguishing performance against the SACT clinical quality priority performance indicators (July 2022)
- The table details performance for parental SACT against previous reporting (with validation) and the current reporting method (no validation) whereby 'stop clocks' have been removed from the patient pathway.

Parental SACT Breach data for all Non-emergency: breakdown by reasons (Nov 25)

November 2025



There were no breaches for P1 Emergency treatment

There were 181 breaches in total covering P2, P3.

- P2 primary/definitive: 19 breaches. 14 were require concurrent radiotherapy
- P2 neo-adjuvant: 19 breaches. Key themes relates to medical indication and lack of day case capacity
- P2 Palliative: 121 breaches, main theme being timeline associated with scheduling, clinic then day case capacity (34).
- P3 adjuvant: 22 breaches. Key reasons being timeline associated with scheduling, clinic then day case capacity (38) and requirement for concurrent radiotherapy (29)
- There is work underway to set out a recovery trajectory for SACT performance addressing the root cause issues for patient breaches. This will be managed via the newly established performance structures.
- The electronic Cancer Patient Tracking List (PTL) is in place that will enable proactive management of the waiting lists and support the introduction of a PTL management approach, as part of the performance and structure changes within VCS, will support intervention and mitigation of breaches

SACT Updates/Actions November 2025

Update from last month

- Reporting at VCS in line with P1/P2/P3 national priorities now in place
- Data reporting now excludes non-reportable breaches related to specific drug treatments in line with national guidance
- Reporting oral SACT
- Service Improvement Manager to focus on SACT performance, commenced November 2025. To focus on patient plan for breaches from 21-days to 14 days and implementation recommendation from Clatterbridge

Mitigation

- Patient Pathway Visibility - mitigations in place for the lack of visibility of patients with Cancer PTL (SACT view)
- PTL to introduce PTL management processes in VCS
- Workforce recruitment – HEIW commissioner by Trust to undertake SACT workforce review reporting through to nVCC workstreams.

Key risks/issues

- **Capacity Constraints:** Limited treatment, Pre-assessment, and booking capacity may delay patient access.
- **Data & Digital Gaps:** issues with data quality and digital systems hinder effective scheduling and tracking.
- **Workforce Shortages:** Insufficient trackers and ACPs risk bottlenecks and reduced oversight

Actions for next period

- Work ongoing with DHCW to implement Hospital Initiated referral into VCS by Q3
- PTL: discussions with local health boards via COO network to support pathway implementation across the region
- Cancer improvement plan and Clatterbridge recommendations to be consolidated and progress reviewed
- DTT to be added to reporting framework from December reporting.
- General Manager Systemic Therapies to commence post December 2025

WBS PMF – Key Achievements for November 2025



Red Cell Reference Serology Turnaround Times

- Turnaround times have continued to improve this month, reaching 97% against a 90% target. This achievement is largely attributed to the LEAN Service Improvement project, including the introduction of visualisation tools within the laboratories to support streamlined processes.

Stem Cell Volunteers

- November saw exceptional progress, with 1286 stem cell volunteers recruited against a target of 333. This achievement means that we have now surpassed our annual target of 4000 volunteers strengthening our ability to support patients in need.

International Rare Blood Database

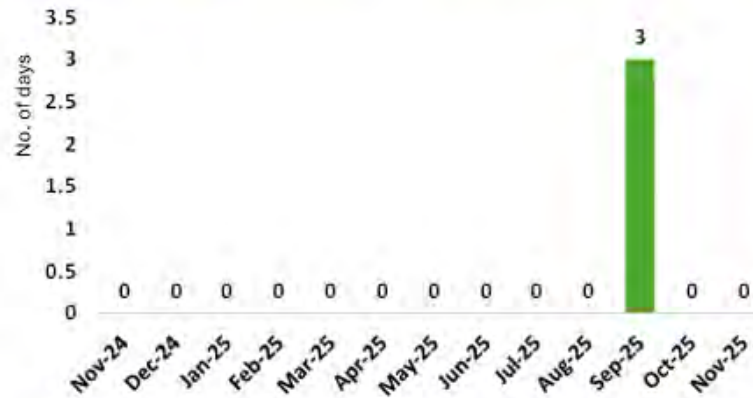
- WBS is supporting an international case for a patient in Dublin with rare red cell needs via the International Rare Blood Database. In a collaboration with NHS Blood & Transplant, the Irish Blood Transfusion Service (IBTS) and the Medicines & Healthcare products Regulatory Agency (MHRA), WBS has secured 4 donors aligning with the patient's treatment plan and ensuring vital transfusion support.

Red Cell Stock Level (below 3 days): O, A & B+ Groups



Gwasanaeth Gwaed Cymru
Welsh Blood Service

November 2025



Key Issues / Risks:

- Hospital demand for blood groups may not align with collection levels, causing stock imbalances.

Action / Mitigation Underway:

- Daily Resilience meetings to ensure immediate operational responses and mitigate any arising issues.
- Monthly Blood Supply Chain Planning Group meetings with focus on medium and long-term planning.
- Operational Assurance Framework in development - first iteration by Qtr. 4.
- Exploring a donor recruitment and retention study with Health Technology Wales; bid submission planned Qtr. 4.

Updates on last month:

- All clinical demand was met for O, A & B+ groups.
- Red Blood Cells manufactured reached 103% of demand, allowing stock levels to increase in November.

Forecast / Next Month:

- Performance remains good and closely aligned with red cell demand.

WBS Incidents Reported to Regulator / Licencing Authority



Gwasanaeth Gwaed Cymru
Welsh Blood Service

November 2025



SABRE 150: A manual urgent cross match report showed the wrong ABO blood group for a new patient. Although compatible units were issued and there was no immediate risk, the report contained incorrect information.

SABRE 151: One of two crossmatched blood units was labelled with another patient's details. There was no risk to the intended patient, but the mislabelled unit presents a potential risk to the safety of the patient's whose details were on the crossmatch label, should this unit be incompatible.

Two Serious Adverse Blood Reactions and Events (SABRE) incidents were reported to the Medicines and Healthcare products Regulatory Agency (MHRA) in November.

Most recent SABRE reports relate to donor eligibility or transcription errors, with both processes remaining complex and prone to recurrence until more robust preventive measures are in place.

The two recent incidents were due to human error.

Action / Mitigation Underway:

- Work is underway to simplify donor eligibility assessments, including development of a digital tool for travel risk assessment.
- A new Laboratory Information Management System planned for 2026. While definitive timelines are yet to be confirmed, delivery will not extend beyond August 2026. This system will reduce transcription errors and improve data accuracy.

Quality Assurance – Incidents & Audits

November 2025



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Welsh Blood Service

Serious Adverse Blood Reactions & Events (SABRE) incidents reported to regulator / licensing authority:

↓	4 exceeding target date for closure (in reporting month)	Target: 0
↑	1 that remains overdue at month end	Target: 0
↓	3% overdue actions from open incident action plans	Target: <5%

Quality (GMP) Incidents:

→	2 exceeding target date for closure (in reporting month)	Target: 0
↓	18 that remain overdue at month end	Target: 0
	Age of oldest open overdue incident – 138 days	No target set

Non-conformances (critical and major) identified through internal/external audits:

	0 from internal audits in the last month	No target set
	0 from external audits in the last month	No target set
↑	8.5% overdue actions from open audit action plans	Target: <5%

Action / Mitigation underway:

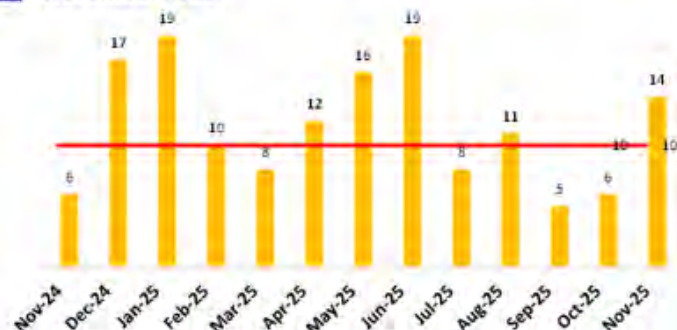
- Maintain regular monitoring and direct follow-up with action owners.
- Continue weekly reminders to address delays.
- The oldest overdue action is now being actively addressed, with training issues identified as the underlying cause.
- New Lead Nurse position will play a pivotal supporting role (interviews planned in new year).

Key:

- ↑ Increase in performance
- Performance remained the same
- ↓ Decrease in performance

Time Expired Platelets

November 2025



Updates on Last Month:

- Platelet expiry increased this month following steady improvements since August. This rise is primarily due to a reduction in issuing by about 10% and fluctuations in weekly demand.
- Forecasting is based on the previous six weeks issuing data plus one standard deviation (approx. 10%), allowing for self-correction over time. However, reductions must be gradual to avoid platelet shortages.

Key Issues / Risks:

- Difficult to match supply and demand due to short shelf life.
- High risk of wastage if demand forecasting is inaccurate.
- Potential shortages impacting patient care during unexpected surges in demand.

Action / Mitigation Underway:

- Continue using the six-week rolling average plus one standard deviation to allow gradual self-correction and avoid sharp reductions.
- Implement daily review of platelet stock levels against forecast demand to identify early signs of imbalance.
- Continue to embed the Platelet Planning Tool as part of the launch of the new Platelet Operational Plan.

Forecast / Next Month:

- Issues continue to decline in December, so no immediate improvement expected.



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Gofal ardderchog, dysgu ysbrydoledig, pobl iachach



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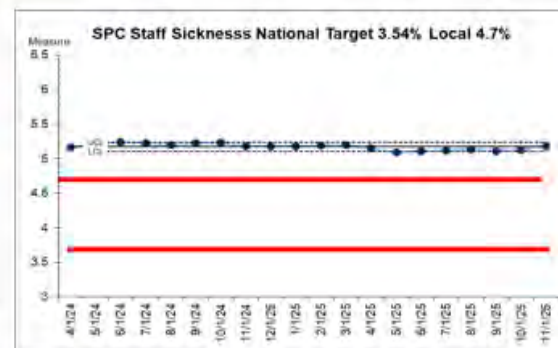
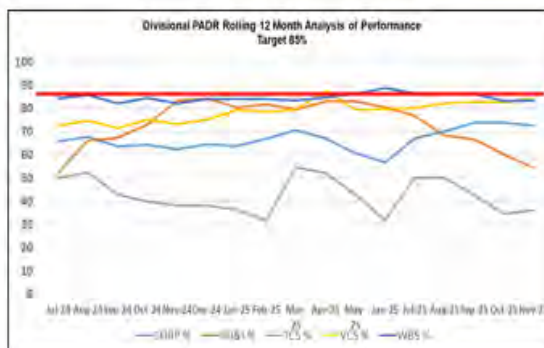
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3.3 Workforce and Wellbeing

People, Wellbeing & Organisational Development

November 2025



Updates on Last Month:

- PADR – Ongoing management of action plans
- Sickness – Trust action plans following detail absence analysis are ongoing and progress towards target is being monitored

Forecast / Next Month:

- PADR – as systems for completion of PADR's improves we forecast an improving trend towards the KPI target of 85%
- Sickness – divisional action plans are drawn up aligned to the detailed data analysis.

Action / Mitigation Underway:

- Full review of policy and processes (back to basics) combined with data analysis to draft comprehensive and holistic action plans for improving KPIs.
- Fundamentals of Management Training Package launched with a plan to roll out more comprehensively across the Trust

Key Issues / Risks:

- Capacity of management time to undertake effective people management activities alongside clinical workload
- Capability and confidence of managers to effectively undertake people management activities

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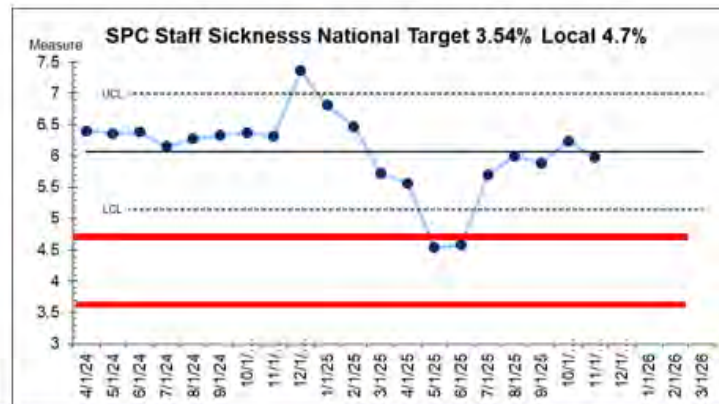
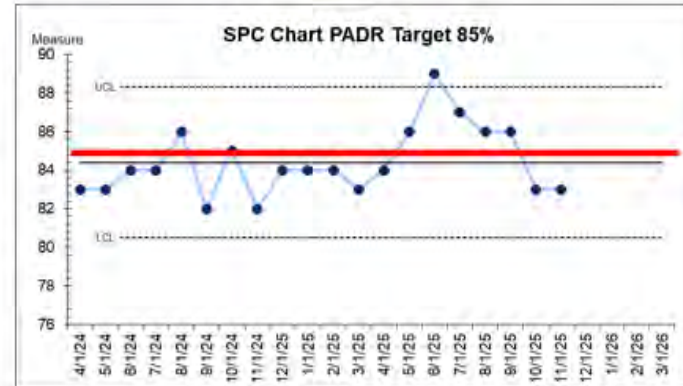
People KPIs Heatmap

 November 2025

	PADR	Sickness Absence Rolling	Stat & Mand	Welsh Language Awareness	Anti Racism	Turnover Rolling	Job Plan
Velindre NHS Trust	80.47	5.18	88.44	87.64	84.97	8.98	78.82
Corporate Services	72.56	4.19	86.30	88.72	80.54	10.98	N/A
Research Developments and Innovation	54.39	4.18	88.33	91.67	87.50	14.31	N/A
Transforming Cancer Services	36.00	1.77	85.29	79.41	76.47	6.74	N/A
Velindre Cancer Service	84.46	5.25	87.19	86.74	83.02	7.92	77.78
Welsh Blood Service	83.38	5.98	88.44	89.08	92.14	10.97	100.00
Target	85%	3.54%	85%	90%	85%	7%	90%

People, Wellbeing & Organisational Development WBS

November 2025



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Gofal ardderchog, dysgu ysbyrdoledig, pobl iachach



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People, Wellbeing & Organisational Development – Spotlight on WBS

 November 2025

- Sickness absence rates for the last 12 months

2024 / 12	2025 / 01	2025 / 02	2025 / 03	2025 / 04	2025 / 05	2025 / 06	2025 / 07	2025 / 08	2025 / 09	2025 / 10	2025 / 11
Absence FTE %	Absence FTE %	Absence FTE %	Absence FTE %	Absence FTE %	Absence FTE %	Absence FTE %	Absence FTE %	Absence FTE %	Absence FTE %	Absence FTE %	Absence FTE %
7.18%	7.12%	6.65%	6.02%	5.67%	4.86%	4.93%	5.88%	5.39%	5.17%	5.98%	6.92%

- Sickness absence rates showed sustained improvement due to specific interventions
- In Spring/Summer rates were close to our Trust target of 4.70%
- Sickness remains cyclical with increased rates in Winter months

People, Wellbeing & Organisational Development – Spotlight on WBS

📅 November 2025

- Turnover rates for the last 12 months

	2024 / 12	2025 / 01	2025 / 02	2025 / 03	2025 / 04	2025 / 05	2025 / 06	2025 / 07	2025 / 08	2025 / 09	2025 / 10	2025 / 11
Headcount	468	476	484	483	479	479	478	476	477	491	487	482
Turnover Rate FTE (12m)	13.58%	13.74%	13.77%	14.80%	14.06%	13.76%	13.32%	13.75%	12.12%	11.24%	11.45%	10.97%

- Turnover rates showing a reducing trend overall
- November 2025 rates are just above the WG target of 7-9%
- Turnover rates are a hot spot area to improve performance further

People - NHS Staff Survey Culture Metrics - 2024

	Response Rate %	Staff Engagement Index %	We are able to speak up %	We are compassionate and inclusive %	We are continuously learning and improving %
Velindre University NHS Trust	33.7	77	72.1	77.9	69
Corporate Services	59	79.5	74.8	80.7	75.2
Research Development and Innovation	22.6	74	68.6	79	69.8
Transforming Cancer Services	34.8	suppressed	suppressed	suppressed	suppressed
Velindre Cancer Service	30.9	74.9	72.6	79.2	68.5
Welsh Blood Service	31.1	77	69.4	73	64.4
NHS Wales	21.9	72	70.5*	74.6*	70.4*

Data from NHS Wales Staff Survey 2024 App. All figures taken from the dashboard, with the exception of Staff Engagement Index for Divisions, which is taken from the paginated report. TCS received 8 responses therefore the results are suppressed at Divisional level.

Green is higher than NHS average, pink is lower than NHS average.

*Average of benchmarking group of Trusts and Authorities.

3.4 Digital Services

Digital Services

November 2025



Updates on Last Month:

- Service performance – Our performance remains above the agreed percentage for both Incidents and Requests. However, there was a slight decrease in request closure performance and an increase in request closure performance. Factors to consider is the Windows 11 migration project.
- No significant IT business continuity incidents raised in November, reducing the count to target levels for the first time.

Forecast / Next Month:

- Digital Service improvement work ongoing to increase automation of tasks across the Digital Service Desk, to ensure current performance gains can be sustained over the long-term.
- Installation of capital funded technical refresh digital client devices and network/server infrastructure continues this month. Including migration from Windows 10 to Windows 11 at pace, Windows 11 now 94% complete. 50 extended Microsoft support licenses purchased for Radiology area, to co terminate with the move to new PACS system.

Action / Mitigation Underway:

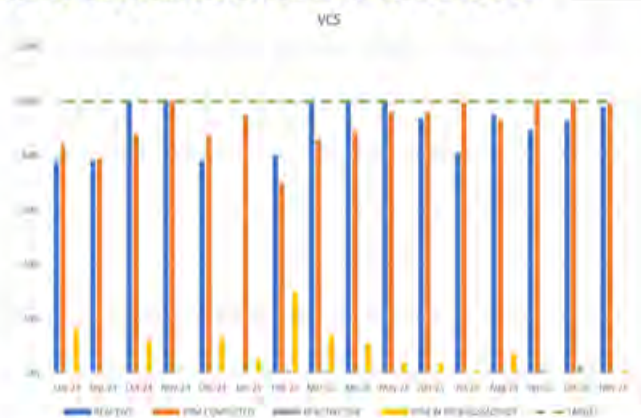
- Digital diagnostic review underway. Investigating the demand between business as usual and project work required, to mitigate future capacity issues.

Key Issues / Risks:

- Capacity v Demand of requests on the IMTP.

3.5 Estates Infrastructure and Sustainability

Estates and Infrastructure



Updates on Last Month:

- VCS – 97 PPM – Reactive – 98%
- Wrexham – 100% PPM Reactive – 100%
- Trust HQ – 100% PPM Reactive – 100%
- Dafen – 100% PPM Reactive – 100%
- WBS HQ – 98% PPM Reactive 100%
- Bangor – 100% PPM Reactive – 100%

Forecast / Next Month: December 2026

- 363 PPMs planned for VCC
- 105 PPMs planned for WBS sites.
- 11 PPM planned for Nantgarw

Action / Mitigation Underway:

Estates continue to strengthen statutory compliance across VUNHST through three weekly planning meetings to ensure all statutory tasks are effectively scheduled and monitored. A start/stop task process is now in place to improve the accuracy of recorded activity, and the team is mapping all electrical, fire, water and air-handling tasks within the CAFM system to ensure correct distribution while software developments are being finalised.

Key Issues / Risks:

- Development updates on the CAFM system are being monitored via a work platform and are expected to be completed by March 2026. Monthly progress meetings taking place.
- An action plan has been developed by the CAFM provider, and the Trust is closely monitoring progress through monthly meetings with the system provider.

Estates Sustainability



November 2025

Gas– Talbot Green



Water– VCC Hospital

VCC Hospital Water 15 Month comparison July 2024 - November 2025



Updates on Last Month:

- **Gas consumption** increased across the Trust in line with the colder temperatures and heating coming on. Notices a big increase in TG but not out of line compared to previous year season comparison.
- **Electricity consumption** remains steady across the Trust.
- **Staff engagement events** were held highlighting energy and waste reduction initiatives, including: The Great Big Paper Cut campaign/Promoting correct segregation of waste across Trust sites/Encouraging reduction of single-use plastics in catering areas
- **Food waste bins** introduced at Talbot Green and North Wales sites, with new liquid-collection bins rolled out at VCS dining rooms.

Forecast / Next Month:

- **Waste management:** Recycling rates expected to improve following compactor repair; food waste collection expanded at additional sites.
- **Cost monitoring** continues through WEOG; potential price increases to be mitigated through operational efficiency and staff engagement.
- Continued focus on long-term sustainability initiatives, including LED lighting upgrades, renewable energy planning, and circular procurement practices.

Action / Mitigation Underway:

- Internal energy audits and ongoing BMS monitoring to identify hotspots and reduce consumption.
- **LED lighting upgrades** with motion and daylight sensors in identified areas, work started
- **Compactor at VCS repaired;** food waste bins rolled out at multiple sites.
- **Renewable energy feasibility study** planned for next quarter.
- **Electric vehicle charger up and running** (awaiting install of staff/donor charger at Talbot Green)
- **Staff engagement campaigns** on energy saving and correct waste segregation.

Key Issues / Risks:

- **High energy costs:** Electricity and gas prices remain elevated; monitored through the Welsh Energy Operational Group (WEOG).
- **Recycling performance:** The new waste contract is in place, but initial compactor failure at VCS and the contractor has reduced recycling and increased general.
- **Operational demand:** noticing increase in gas across the Trust, in line with previous years, due to heating being turned on,

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Gofal ardderchog, dysgu ysbrydoledig, pobl iachach



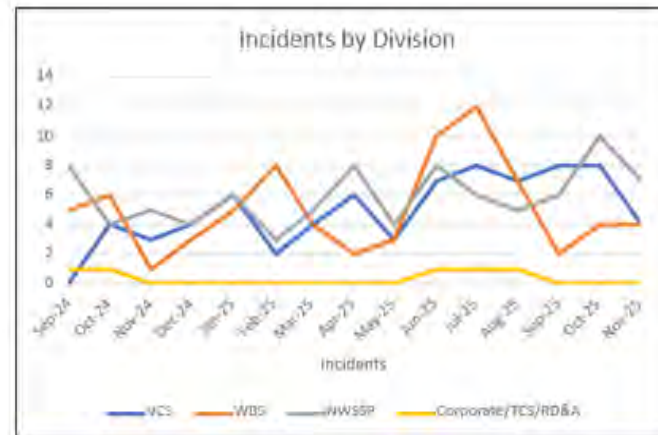
Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Velindre University NHS Trust

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Health & Safety

November 2025



Updates on Last Month: Total of incidents

- NWSSP - 7
- VCS - 4
- WBS - 4
- MIM (Trust Managed) - 0
- RIDDOR - 0

Forecast / Next Month:

NWSSP -

VCS & WBS - From 1st Jan 2026, following finalisation of the OCP, WBS and VCS staff will join the corporate team, forming a centralised Health & Safety team to streamline reporting, oversight, and risk mitigation.

Action / Mitigation Underway:

NWSSP - Removal of archiving from Companies House Repository area due to RAAC. Revised HSG65 question set issued in readiness for new financial year.

VCS – completing Patient Manual Handling improvements.

WBS – ongoing Task & Finish Groups on venue risk assessments and connectivity;

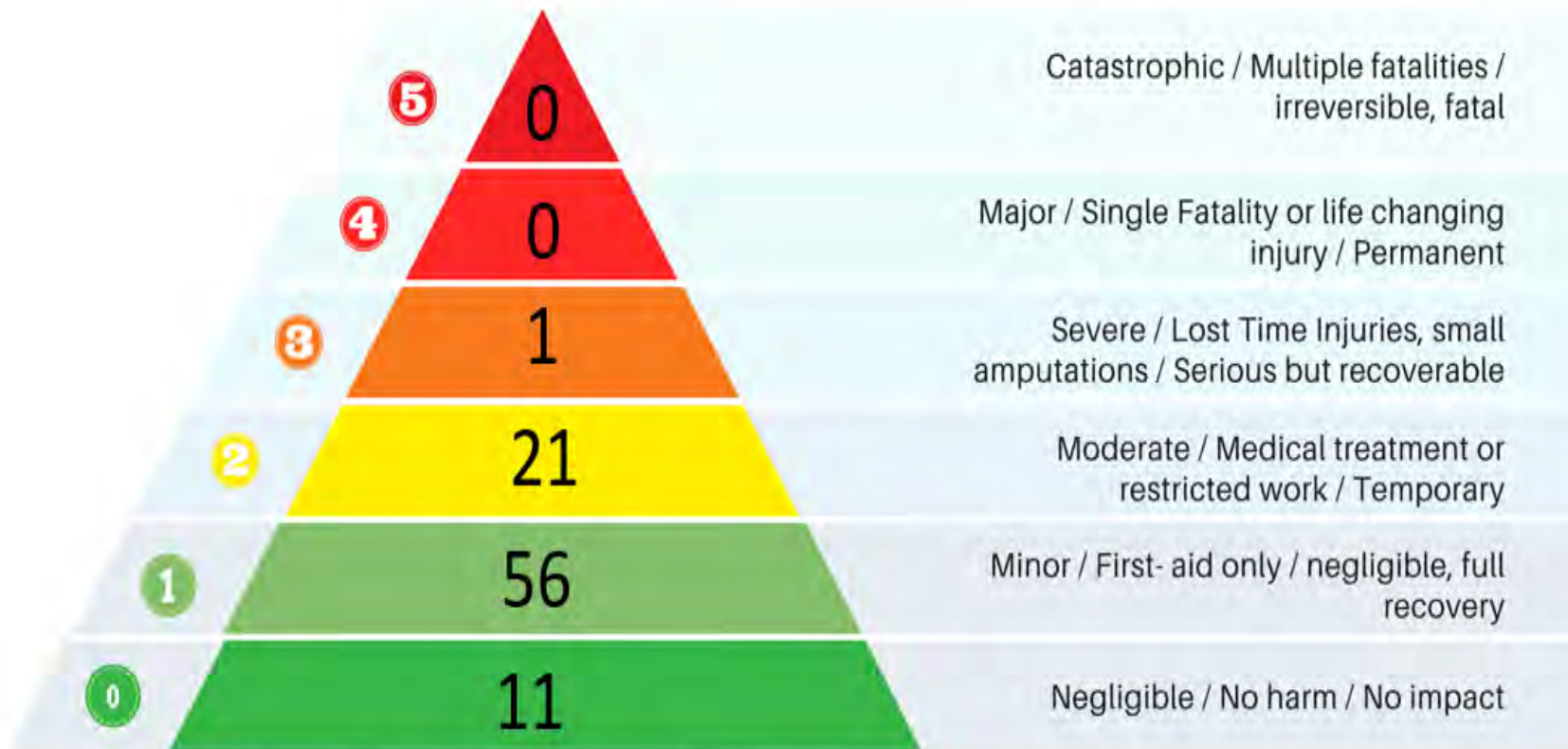
Key Issues / Risks:

NWSSP - Ensuring Church Village and Glangwili hub align to HSG65 process within NWSSP.

VCS – Radon monitoring assessments nearing completion to close out risk.

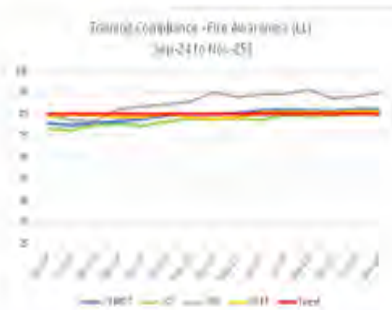
WBS - Whistleblower concerns regarding roll cage weights addressed

Severity Triangle 25 - 26



Fire Safety

November 2025



FIRE RISK ASSESSMENTS BY SERVICE	FIRE RISK ASSESSMENT (Nov-25)														
	ACTIONS														
	CRITICAL (1-1)				HIGH (2-2)				MODERATE (3-4)						
	NO	OPEN	CLOSED	%	NO	OPEN	CLOSED	%	NO	OPEN	CLOSED	%	NO	OPEN	CLOSED
CORPORATE SERVICES	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0
VELindre CANCER SERVICES	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0
VELindre BLOOD SERVICE	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0
TOTAL	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0

Updates on Last Month:

STRATEGIC

- Work to develop more interactive fire training material
- Continuation with development of fire safety protocols (Q4 (March 2026))
- Completion of FRA actions slightly improved but still below acceptable performance.

VCS

- Continued improvement in fire safety training compliance for both L1 and L2 training
- Evacuation drills undertaken in non-clinical areas in line with agreed schedule.

WBS

- Continued improvement in fire safety training compliance for L1 and L2 training; BDT staff received fire training [Oct & Nov. 2025]
- Work with BDT on electrical safety at venues.

Corporate

Further conversation on n-VCC fire strategy.

Forecast / Next Month:

STRATEGIC

- Continuation with development of fire safety protocols [Q4 (March 2026)]
- Continued engagement with WOD around improving delivery of fire safety training / development of 2026 prospectus
- Continued engagement with FRA risk owners on actions.

VCS

- Continued improvement in fire training compliance
- Remedial works on fire dampers to commence

WBS

- Continued improvement in fire training compliance
- Remedial works on fire dampers to commence

CORPORATE

- Further work on FRA actions.

Action / Mitigation Underway:

VCS

- Review of fire risk assessments ongoing against schedule – 31 migrated to new FARS / 2 in date and Further engagement with Risk Owners and Risk Handlers to ensure FRA actions are being resolved.

WBS

- Setting up more fire safety training sessions for BDT staff (September to November 2025)
- Further engagement with Risk Owners and Risk Handlers to ensure FRA actions are being resolved.

CORPORATE

- Review of FRA highlighting non-compliances
- Risk owners contacted to remind to close out FRA actions.

Key Issues / Risks:

- Continued low compliance for fire safety training [VUNHST]
- Need for evacuation drills and exercises in all Services
- Ongoing issues around closure of risks identified in fire risk assessments and use by risk owners / further education on new FARS fire risk assessment module required.
- Alignment of emergency evacuation procedures with requirements of the Terrorism (Protection of Premises) Act 2025; this will include additional training burden which the Trust need to consider.

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Gofal ardderchog, dysgu ysbrydoledig, pobl iachach



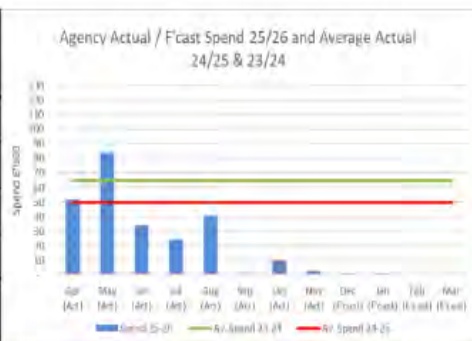
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Financial Performance

November 2025

Trust Revenue Position (core)	24/25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Actual Cum Ck	32	5	8	2	7	6	4	2					
Target		0	0	0	0	0	0	0	0	0	0	0	0
Trust Capital Position	24/25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Actual Cum £m	35,072	0,915	1,565	2,584	3,880	4,608	5,811	8,338					
Target £18,843m CEL		0,915	1,565	2,584	3,880	4,608	5,811	8,338					



Updates on Last Month:

- The Trust has reported a small year to date underspend of £0.004m at the end of November and is currently in line with the 2025-26 IMTP planning assumptions.
- The Trust is currently overachieving and expected at this stage to meet the Public Sector Payment Performance (PSPP) target of paying 95% of Non-NHS invoices within 30 days for 2024-25.
- At this stage, the Trust is expecting to achieve the Capital Expenditure Limit (CEL).
- All savings schemes are now RAG rated green, although there remain challenges to delivery.

Forecast / Next Month:

- The Trust is expecting to maintain a forecast breakeven outturn position for 2025-26, albeit with material risk associated.
- At this stage, the Trust is expecting to achieve the Capital Expenditure Limit (CEL) for 2025-26.
- Savings plans are expected to continue to deliver, and cost pressures that are emerging will need to be mitigated.

Action / Mitigation Underway:

- Urgent action required from Divisional / Executive Directors and SLT / SMT to ensure that saving schemes are delivered for 2025-26.

Key Issues / Risks:

- Non delivery of full saving plans
- Risk of VCS Marginal Activity performance underachievement
- Commissioners not supporting Service investments above 1.77% core uplift funding
- VCS Service Transformation Investment
- Ability for Divisions to manage new / emerging Cost pressures

4. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)													
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals:													
Choose an item													
If yes - please select all relevant goals:													
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 													
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	06 -Organisational and Clinical Governance Quality and Safety considerations form an integral part of PMF to monitor our performance and progress against our strategic objectives												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below												
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Safe</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Timely</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Effective</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Equitable</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Efficient</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Patient Centred</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
Safe	<input checked="" type="checkbox"/>												
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
	<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p>Quality and Safety considerations form an integral part of PMF to monitor our performance and progress against our strategic objectives</p>												
QUALITY IMPACT ASSESSMENT	Not required - not a strategic decision												

<p><i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i></p>	<p>The QIA tool should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it.</p> <p>As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more broadly promote good decision-making practice.</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview</p>	<p>Not required</p> <p><i>[In this section, explain in no more than 3 succinct points why an assessment is not considered applicable or has not been completed].</i></p> <p>Click or tap here to enter text</p>
<p>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</p>	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals:</p> <p>YES - Select Relevant Goals below</p>	
<p>If yes select the relevant goals:</p>	
<ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances 	<input type="checkbox"/>
<ul style="list-style-type: none"> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. 	<input type="checkbox"/>

<ul style="list-style-type: none"> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being 	<input type="checkbox"/>	
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.	
	<p><i>This section should outline the financial resource requirements in terms of revenue and/or capital implications that will result from the Matters for Consideration and any associated Business Case.</i></p> <p>Narrative in this section should be clear on the following:</p> <p>Source of Funding: Choose an item</p> <p>Please explain if 'other' source of funding selected: Click or tap here to enter text</p> <p>Type of Funding: Choose an item</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: Click or tap here to enter text</p> <p>Type of Change Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text</p>	
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx	Not required - please outline why this is not required	
	<p><i>[In this section, explain in no more than 3 succinct points what the equality impact of this matter is or not (as applicable)].</i></p>	
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p>Click or tap here to enter text</p> <p><i>[In this section, explain in no more than 3 succinct points what the legal implications/ impact is or not (as applicable)].</i></p>	

5. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	<i>[Please insert detail here in 3 succinct points].</i>
WHAT IS THE CURRENT RISK SCORE	Insert Datix current risk score
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	<i>[In this section, explain in no more than 3 succinct points what the impact of this matter is on this risk].</i>
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Insert Date
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
	<i>[In this section, explain in no more than 3 succinct points what the barriers to implementation are].</i>
All risks must be evidenced and consistent with those recorded in Datix	

TRUST BOARD

FINANCE REPORT FOR THE PERIOD ENDED 31ST DECEMBER 2025 (M9)

DATE OF MEETING	29/01/2026
PUBLIC OR PRIVATE REPORT	Private
IF PRIVATE PLEASE INDICATE REASON	THE MEETING IS HELD IN PRIVATE
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Claire Bowden – Head of Financial Planning & Reporting Steve Coliandris – Deputy Director of Finance
PRESENTED BY	Matthew Bunce, Executive Director of Finance
APPROVED BY	Matthew Bunce, Executive Director of Finance
EXECUTIVE SUMMARY	<p>The attached report outlines the financial position and performance for the period to the end of December 2025.</p> <p>The three main issues are highlighted below:</p> <ol style="list-style-type: none"> 1. Long Term Agreement (LTA) Financial values, Contract Rebase & VCS LTA Financial Performance

LTA Financial Values

- The Trust has signed LTAs with all Commissioners including the 1.77% (£1.548m) uplift, although to avoid arbitration agreed a £0.825m reduction in income with Hywel Dda UHB.
- Commissioners have not agreed additional funding above the 1.77% general uplift, for either WBS or VCS. The Trust is managing the cost pressure for additional investment in capacity and quality & safety improvements across its services.

Contract Rebase

- All Wales DoFs have agreed to establish an LTA / commissioning group to review the historical LTAs across NHS Wales and make recommendations for how these are updated to current activity and cost. This will include recommendations on the principles around how commissioners manage the financial impact (gain / loss) of LTA re-basing. This group is unlikely to report back until the end of 2026/27 to inform 2027/28 financial planning.

VCS LTA Financial Performance

- The IMTP planned overperformance against 2019/20 baseline contract levels is £7.061m, this is a forecast increase in contract income of £1.370m against the 2024-25 out-turn and plan set at IMTP. The marginal income overachievement is being held to support the underachievement on Radiotherapy activity and underlying cost pressures within VCS.

2. Integrated MediumTerm Plan (IMTP) – Financial Plan / Forecast

- A balanced three-year IMTP financial plan, covering the period 2025--28 was approved by Welsh Government.
- The Trust is forecasting a balanced year-end financial position, on the basis that savings schemes implemented deliver the target set for 2025-26, all anticipated income is received, and all risks and new emerging costs pressures are either be mitigated or funded at Divisional level.
- The ability to maintain a balanced underlying position is continuing to prove to be a challenge due to the significant cost pressures and risks which have materialised since the submission of the IMTP as described in the main body of the report.
- The draft financial plan developed as part of the IMTP 2026-29 reflects a brought forward underlying deficit position of c£0.990m which will be managed in 2026-27 via the core funding uplift and increased savings target, with the plan returning to a recurrent underlying balanced position in 2027-28.
- The general discretionary uplift of 1.1% (£1m) that has recently been confirmed by WG for 2026-27 is expected to be passed through from Commissioners without adjustment.
- The Trust continues to face a further significant income risk with Hywel Dda UHB beyond 2025-26 relating to the historic shares' activity baseline funding of c£200k which will be removed in 2026-27.

	<p>3. Key Financial Targets / KPIs</p> <ul style="list-style-type: none"> • Revenue Balance: The Trust has reported an underspend of £0.027m as at 31st December 2025 and is forecasting breakeven outturn position for 2025-26, but with a c£0.990m underlying deficit as noted above. • Public Sector Payment Performance (PSPP): The Trust is currently overachieving and expected at this stage to meet the PSPP target of paying 95% of Non-NHS invoices within 30 days. • Capital Expenditure Limit (CEL): The Trust is expecting to achieve the CEL. • Savings Target: All savings schemes were RAG rated green earlier in the financial year. c£0.300m of recurrent schemes are not going to achieve the full value of savings planned and have been replaced with non-recurrent schemes. This has contributed to the underlying deficit the Trust is carrying forward into 2026-27 within the draft IMTP 2026-29.
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<p>RECOMMENDATION / ACTIONS</p>	<p>The Trust Board is asked NOTE the contents of the December 2025 financial report and in particular:</p> <ul style="list-style-type: none"> • The year to date and forecast revenue and Capital out turn position, and PSPP performance. • The latest position on Velindre Cancer Service LTA income for 2025-26 from our commissioners. • The position with commissioners on the contract rebase agreement. • The latest position of the Trust savings delivery.
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<p>GOVERNANCE ROUTE</p>

List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Executive Management Board	26/01/2026
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	

7 LEVELS OF ASSURANCE	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR – Financial Performance	Level 4 - Increased extent of impact from actions

APPENDICES	
Appendix 1	Trust Finance Report – December 2025
Appendix 2	nVCC Finance Report – December 2025

1. SITUATION / BACKGROUND

- 1.1 The attached report outlines the financial position and performance for the period to the end of December 2025.
- 1.2 The financial information included within this report relates to the Core Trust (including HTW). The financial position reported does not include NHS Wales Shared Services Partnership (NWSSP) as it is directly accountable to WG for its financial performance. The balance sheet (SoFP) and cash flow provide the full Trust position as this is reported in line with the WG Monthly Monitoring Returns (MMR).

2. ASSESSMENT / SUMMARY MATTERS FOR CONSIDERATION

2.1 Performance against Key Financial Targets:

	Unit	Current Month £m	Year to date £m	Year End Forecast £m
Revenue	Variance	0.023	0.027	0.000
Capital (To ensure that costs do not exceed the Capital Expenditure limit)	Actual Spend	0.137	10.871	20.393
Public Sector Payment Performance (Administrative Target – To pay 95% of non NHS invoices within 30 days measured against number of invoices paid).	%	94.9%	96.5%	95.0%

2.2 Revenue Budget

The core Trust has reported an in month underspend of £0.023m leading to a **year to date underspend of £0.027m** position as at 31st December 2025.

The position remains in line with a year end forecast outturn of **breakeven**.

The ability to maintain a balanced underlying position is however now proving to be a challenge due to the significant cost pressures and risks which have materialised since the submission of the IMTP as described in the main body of the report.

The current draft of the IMTP 2026-29 reflects a brought forward underlying position of c£0.990m which will be managed in the first year of the IMTP via the Discretionary funding uplift and an increased savings target, with a view to returning to a balanced recurrent underlying position in year 2.

Savings

All schemes were RAG rated green earlier in the year. However, some recurrent schemes are now not forecast to achieve the full value of savings planned and have therefore been replaced with other schemes. Some of the underperforming schemes were expected to deliver recurrent savings (c£0.300m) and have been replaced with non recurrent savings schemes. This has contributed to the underlying deficit the Trust is carrying forward into 2026-27 within the draft IMTP 2026-29.

It is expected that cost pressures will be managed by budget holders in line with the Trust's budgetary control procedures to ensure the delegated expenditure control limits are not exceeded.

LTA Income

During 2024-25 LTA activity performance underachieved against the income growth target set by c£0.240m, which resulted in marginal income not matching the level of service investment that was made to support capacity within VCS. As LTA activity year to date has improved in 2025/26, it is no longer flagged as a financial risk, and the overachievement is being held to support the underachievement on the Velindre@Nevill Hall Radiotherapy Unit and underlying cost pressures within VCS.

A risk has emerged whereby forecast Radiotherapy income is not expected to match the level of investment in the workforce. The expectation to month 6 was a shortfall of between £0.500m and £0.750m during 2025-26, after mitigations had been put in place, such as holding of vacancies. A regular review of the impact and forecast position is being undertaken, with the latest expected forecast position to be a c£0.500 shortfall against plan with £0.375m phased into the year to date position. A risk of a further £0.250m cost pressure remains.

In addition, the Trust wrote to its commissioners on the 8th August requesting funding support of £0.278m for the additional recurrent costs that have emerged since the FBC and the go live date where the first patient was treated on 19th June 2025. The Trust has since been informed that they will not be supporting these additional costs.

LTA Contract Position

The formal agreement of the Trust income planning assumptions has been summarised within respective Commissioner Long Term Agreements for 2025-26 with planning

principles agreed on the 28th February 2025 that included a 1.77% general uplift. All LTAs for 2025-26 have now been signed, including the Hywel Dda UHB LTA.

The Trust has agreed with Commissioners an uplift to LTA values of 1.77% which amounts to £1.548m in 2025-26 less £0.825m loss in income recurrently from Hywel Dda UHB. The Trust continues to face a further significant recurrent income risk with Hywel Dda UHB beyond 2025-26 based on the historic shares activity baseline funding of c£200k which will be removed recurrently in 2026-27. The general discretionary uplift of 1.1% that has recently been confirmed by WG for 2026-27 is expected to be passed through from Commissioners without adjustment.

Commissioners have not agreed any additional funding above the 1.77% general uplift, for either WBS or VCS. The Trust is managing the pressure for additional capacity invested in outpatients, ambulatory care, SACT and imaging services during 2023-24 and 2024-25 to meet the rising demand and cancer waiting times. Whilst the Velindre Collective Commissioning Group for Cancer had agreed to undertake a more detailed review of the SACT Business Case submitted as part of the IMTP process, it has since been confirmed that no commitment will be made this year. The Trust re-submitted the service growth investments to our Commissioners on the 22nd October 2025 in line with the IMTP governance timeline process for 2026-27 with several responses already received confirming that no funding support will be provided.

LTA Contract Rebase

To ensure Commissioners fund the total cost of Velindre running cancer services from 2026-27 there needs to be agreement from all Commissioners to change the commissioning principles for Velindre from 'historic shares' based on activity and NICE consumption in 2004-5 to a 'current activity' baseline and NICE consumption. How commissioners decide to manage the financial impact (gain / loss) is for them to agree, but that should not prevent the Trust from moving to charging on current activity and consumption from 2026-27. However, it's important to note that without commissioners collectively agreeing how the financial impact will be managed across Wales, the dispute between the Trust and Hywel Dda UHB will simply transfer to a dispute between the Trust and other Health Boards.

The Trust is reporting a year end forecast revenue breakeven position, however this is based on the assumption that all planned additional income is received, the revised planned savings targets are achieved, and that all current and potential future financial risks are mitigated during 2025-26.

2.3 PSPP Performance

During December 2025 the Trust (core) achieved a compliance level of **94.9%** (November 98.2%) of Non-NHS supplier invoices paid within the 30-day target which gives a cumulative year to date position of **96.5%**. The Trust year to date compliance (including hosted) is **97.4%** compared to the target of 95%.

2.4 Reserves

The financial strategy for 2025-26 again included an emergency reserve of £0.500m which was accommodated on the assumption that all expected income is received, planned savings schemes are delivered and new emerging cost pressures managed. In July, £0.345m of the reserve was allocated to mitigate the unfunded element of the increase in Employer's National Insurance contributions.

A review of the recurrent and non-recurrent reserve position remains underway and is being considered alongside several key factors such as the VCS marginal income risk, LTA contract rebase risk, achievement of the 2025-26 savings target, and a review of currently committed support towards Trust investment, transformation and delivery programmes.

WG have directed that from 2026-27 onwards, the emergency reserve must be used to support the underlying position on a recurrent basis.

2.5 Financial Risks

There are several financial risks that could impact on the successful delivery of a balanced position for 2025-26, the material risks which have been flagged to WG and considered to be either high or medium risk include the activity risk associated with the underachievement of Radiotherapy activity income, the Trust Commissioners not supporting service investment / Growth in VCS, and the management of operational cost pressures.

There are a number of opportunities highlighted in the finance report including utilisation of the uncommitted investment reserves and the remaining emergency reserve which would be used to support these risks should they crystallise.

2.6 Capital

All Wales Programme

The Trust has secured the majority of expected funding from WG in relation to the All Wales Programme for 2025/26 and a number of adjustments / requests made during the annual review of requirements in October have been accommodated.

The Trust has been provided a funding award letter towards the OBC/ FBC stage for the WBS TGI infrastructure scheme, however progression is currently paused whilst the Trust works with the contractor to understand the proposed step up in costs for delivery of the scheme. In July 2025, WG noted their position in correspondence to the Trust, including that the current proposed costs of c£60m is not considered supportable. WG also stated that as the scope of works is now expanding beyond infrastructure to include a wider lab

modernisation together with the acquisition of the Wound Centre, and OBC setting out all the options would be required. How the additional revenue requirement of that option would be afforded would also need to be explained. The revised OBC will incorporate the Enabling Works and laboratory modernisation, with the appointed Supply Chain Partner leading design development. It has been agreed with WG that the Enabling Works section will be to FBC standard. The updated OBC must be submitted by the end of the 2025/26 financial year to align with WG funding timelines and strategic priorities.

Discretionary Programme

The discretionary allocation of £2.000m represents an increase of 4.65% on the £1.911m provided during 2024-25 which was fully spent.

The Trust’s Capital Planning Group considered and approved the allocation of the discretionary programme for 2025/26 at their meeting in May and this was approved by the Executive Management Board (EMB) on the 29th May 2025.

The CEL was fixed by WG at the end of October, after this point the Trust is expected to internally manage any slippage on the Capital programme. The attached report lists the adjustments made to the CEL as part of this exercise.

3. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust’s strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety, and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development, and innovation in our stated areas of priority <input type="checkbox"/> • An established ‘University’ Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	08 - Trust Financial Investment Risk
	Select all relevant domains below

<p>QUALITY AND SAFETY IMPLICATIONS / IMPACT</p>	<p>Safe <input checked="" type="checkbox"/></p> <p>Timely <input checked="" type="checkbox"/></p> <p>Effective <input checked="" type="checkbox"/></p> <p>Equitable <input checked="" type="checkbox"/></p> <p>Efficient <input checked="" type="checkbox"/></p> <p>Patient Centred <input checked="" type="checkbox"/></p>
	<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed, and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p><i>[Please include narrative to explain the selected domain in no more than 3 succinct points].</i></p> <p>Click or tap here to enter text</p>
<p>QUALITY IMPACT ASSESSMENT</p> <p><i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i></p>	<p>Not required - not a strategic decision</p> <p>The QIA tool should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it.</p> <p>As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more broadly promote good decision-making practice.</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</p> <p>For more information: https://www.gov.wales/socio-economic-duty-overview</p>	<p>Not required</p> <p><i>[In this section, explain in no more than 3 succinct points why an assessment is not considered applicable or has not been completed].</i></p>

	Click or tap here to enter text
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TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT

The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust’s Wellbeing goals:
 YES - Select Relevant Goals below

If yes select the relevant goals:

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

FINANCIAL IMPLICATIONS / IMPACT

Yes - please Include further detail below, including funding stream

The Trust reported a revenue financial position of an **underspend of £0.027m** for December 2025, which is currently in line with the IMTP plan.

Source of Funding:
 Choose an item

Please explain if ‘other’ source of funding selected:
 Click or tap here to enter text

Type of Funding:
 Choose an item

	<p>Scale of Change Please detail the value of revenue and/or capital impact: Click or tap here to enter text</p> <p>Type of Change Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text</p>
<p>EQUALITY IMPACT ASSESSMENT For more information: https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.asp x</p>	<p>Not required - please outline why this is not required</p> <p><i>[In this section, explain in no more than 3 succinct points what the equality impact of this matter is or not (as applicable)].</i></p>
<p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p>Click or tap here to enter text</p> <p><i>[In this section, explain in no more than 3 succinct points what the legal implications/ impact is or not (as applicable)].</i></p>

4. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

<p>ARE THERE RELATED RISK(S) FOR THIS MATTER</p>	<p>Yes - please complete sections below</p>
<p>WHAT IS THE RISK?</p>	<p>Individual financial risks are discussed in section 2.7 of the report and the overall financial sustainability and value risk assessment is reflected in the Trust Assurance Framework (TAF).</p>
<p>WHAT IS THE CURRENT RISK SCORE</p>	<p>12</p>
<p>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</p>	<p>Recipients are provided with detail on the risks and any actions required from them to mitigate / remove the risk are highlighted.</p>

BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Individual risks to be managed with the financial envelope for 2025-26. Overall financial and sustainability risks reported and managed through the TAF.
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Yes - please detail below
	Availability of resources to implement work / changes needed and successful negotiations with Commissioners.
All risks must be evidenced and consistent with those recorded in Datix	



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



FINANCIAL PERFORMANCE REPORT

FOR THE PERIOD ENDED 31ST DECEMBER 2025

**TRUST BOARD
29TH JANUARY 2026**

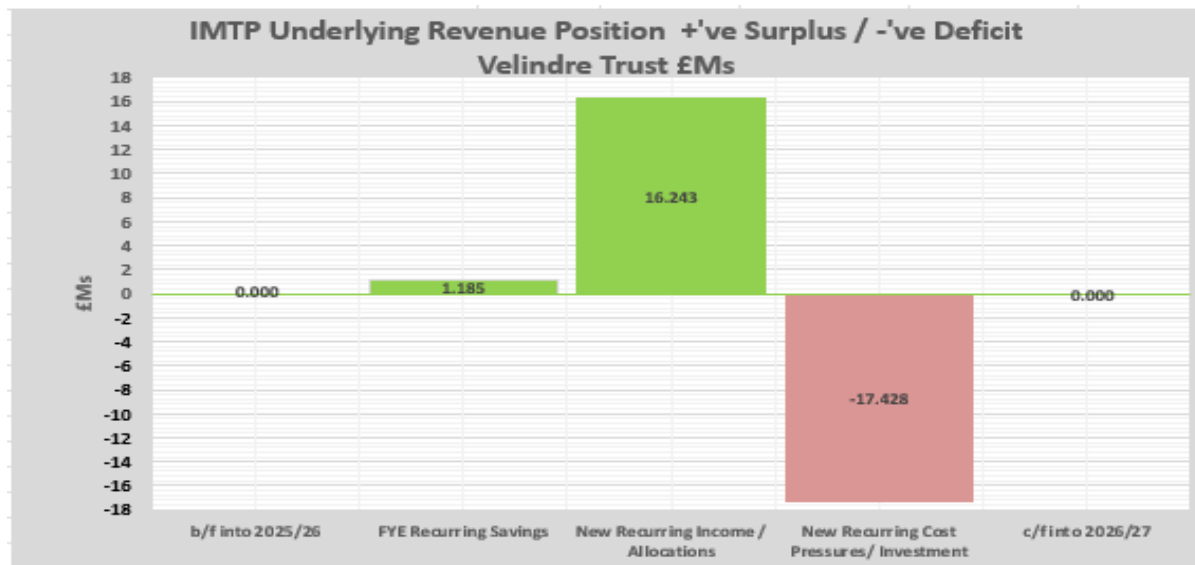
1. Introduction

The purpose of this report is to outline the financial position and performance for the month ended 31st December 2025 including the forecast for the year ended 31st March 2026, performance against financial savings targets, highlight any remaining financial risks, and confirm the actions taken to deliver the IMTP Financial Plan for 2025-26.

2. Background / Context

The draft Trust IMTP Financial Plan for the period 2025-2028 was set within the following context:

- The Trust submitted a balanced three year IMTP, covering the period 2025-26 to 2027-28 to Welsh Government on the 31st March 2025.
- For 2025-26 the Plan included:
 - A balanced position brought forward from 2024-25,
 - **FYE of new cost pressures / Investment of -£17.428m,**
 - offset by **new recurring Income of £16.243m,**
 - and Recurring FYE **savings schemes of £1.185m,**
 - Allowing a **balanced position** to be carried into 2026-27.
- The 1.77% core discretionary uplift (sustainability) funding will be required to fund the significant underlying cost pressures, investment in capacity beyond marginal cost, and the revenue investment decisions in relation to the Trust's major infrastructure and equipment projects.
- **To achieve a balanced financial position, the savings target set for 2025-26 is required to be achieved, all anticipated income will need to be received, and any new emerging costs pressures will need to be either mitigated at Divisional level or managed through the Trust reserves.**



Underlying Position +Deficit/(- Surplus) £Ms	b/f into 2025/26	Recurring Savings	New Recurring Income / Allocations	FYE New Cost Pressures/ Investment	c/f into 2026/27
Velindre NHS Trust	0.000	1.185	16.243	-17.428	0

3. Executive Summary

Summary of Performance against Key Financial Targets (Excluding Hosted Organisations)

(Figures in parenthesis signify an adverse variance against plan)

Table 1 - Key Targets

	Unit	Current Month £m	Year to date £m	Year End Forecast £m
Revenue	Variance	0.023	0.027	0.000
Capital (To ensure that costs do not exceed the Capital Expenditure limit)	Actual Spend	0.137	10.871	20.393
Public Sector Payment Performance (Administrative Target – To pay 95% of non NHS invoices within 30 days measured against number of invoices paid).	%	94.9%	96.5%	95.0%

Performance against Planned Savings Target

	Unit	Current Month £m	Year to date £m	Year End Forecast £m
Efficiency / Savings	Variance	(0.064)	(0.204)	0.000

Revenue

The Trust has agreed with Commissioners an uplift to LTA values of 1.77% which amounts to £1.548m in 2025-26 less £0.825m loss in income recurrently from Hywel Dda UHB. The Trust continues to face a further significant recurrent income risk with Hywel Dda UHB beyond 2025-26 based on the historic shares activity baseline funding of c£200k which will be removed recurrently in 2026-27. The general discretionary uplift of 1.1% that has recently been confirmed by WG for 2026-27 is expected to be passed through from Commissioners without adjustment.

Capital

The approved Capital Expenditure Limit (CEL) for the year ended 31st March 2026 is **£20.115m**. This represents all Wales Capital funding of **£18.115m**, and Discretionary funding of **£2.000m**. The year end forecast spend of £20.393m in the table above is £0.278m higher than the current

CEL value due to forecast QRA spend for the nVCC project (£0.175m) and nVCC project Enabling Works HV Intake (£0.250m) being higher and nVCC project MIM (£0.150m) being lower than currently awarded on the CEL.

The Trust reported total Capital spend to 31st December 2025 is £10.871m, with all funds expected to be fully spent during 2025-26.

The Trust's current CEL is broken down as follows:

	Opening CEL	Movement	Current CEL
	£m	£m	£m
All Wales Capital:			
nVCC Enabling Works	4.012	-0.329	3.683
nVCC Enabling Works QRA*	0.000	0.332	0.332
nVCC Project	11.059	-4.683	6.376
nVCC Project QRA - Enabling Works HV Intake	0.000	0.257	0.257
nVCC Project QRA - MIM	0.000	0.068	0.068
nVCC Project QRA - MIM*	0.000	0.150	0.150
Integrated Radiotherapy Solution (IRS)	2.040	-0.640	1.400
Velindre @ Nevill Hall Radiotherapy Centre (RSC)	1.200	-0.520	0.680
Whitchurch Hospital Site Disposal	0.840	0.000	0.840
Whitchurch Hospital Site Disposal - contingency*	0.000	0.300	0.300
WBS HQ Continuity Business Case OBC/FBC fees	2.142	-1.142	1.000
WBS Fleet Replacement Programme	0.364	0.241	0.605
DPIF - RISP	0.000	0.214	0.214
DPIF - Blood Establishment Computer System (BECS) replacement	0.416	0.000	0.416
DPIF - Welsh Histocompatibility & Immunogenetics Service (WHAIS)	0.185	0.000	0.185
DPIF - Electronic Prescribing & Medicines Administration (EPMA)	0.086	0.000	0.086
WBS Plasma for Fractionation	0.000	0.030	0.030
Non-Radiology Ultrasound Replacement	0.000	0.048	0.048
Radiology Ultrasound Replacement	0.000	0.132	0.132
VPAG Funding - Equipment	0.000	0.037	0.037
Positron Emission Tomography (PET) Fees nVCC	0.000	0.298	0.298
Additional Digital Allocation	0.000	0.386	0.386
End of Year Funding	0.000	0.568	0.568
End of Year Equipment funding December 2025-26	0.000	0.024	0.024
Total All Wales Capital Programme	22.344	-4.229	18.115
Discretionary Capital	2.000	0.000	2.000
Total CEL	24.344	-4.229	20.115
<i>* QRA budget held by WG; spend will be added to CEL once confirmed & agreed by WG</i>			

PSPP

During December 2025 the Trust (core) achieved a compliance level of **94.9%** (November 98.2%) of Non-NHS supplier invoices paid within the 30-day target which gives a cumulative year to date position of **96.5%**. The Trust year to date compliance (including hosted) is **97.4%** compared to the target of 95%.

Efficiency / Savings

An in-depth review of the Trust's savings plan was undertaken during the IMTP process. For 2025-26 a savings target has been set, split across the Trust's core divisions as follows:

Savings Plan by Division	Target £m	Identified (Green) £m	Savings Target Gap £m
Welsh Blood Service	0.705	0.555	(0.150)
Velindre Cancer Centre	1.043	0.593	(0.450)
Corporate Services	0.302	0.302	0.000
RD&I	0.230	0.230	0.000
Total	2.280	1.680	(0.600)

The overall Trust savings performance as of December 2025 shows the year to date planned savings of £1.652m were **underachieved by £0.204m**. **Actual delivery to date is therefore £1.448m**.

All savings schemes are now identified and RAG rated green, although there remain some challenges in achieving the full values currently planned, in particular the achievement of recurrent saving schemes with the savings target for 2025-26 being achieved via replacement schemes that are non-recurrent in nature. This is currently resulting in a c£0.300m negative underlying position, reflected as such in the draft IMTP 2026-29.

Revenue Position

Cumulative Breakeven				Forecast Breakeven		
Type	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Full Year Budget (£m)	Full Year Forecast (£m)	Forecast Variance (£m)
Income	(196.242)	(198.406)	2.163	(148.333)	(150.497)	2.164
Pay	80.795	80.176	0.619	108.446	107.827	0.619
Non Pay	115.447	118.202	(2.755)	133.648	136.455	(2.783)
Total	0.000	(0.027)	0.027	93.761	93.785	0.000

The overall position against the profiled revenue budget to the end of December 2025 is **an underspend of £0.027m**, with a yearend outturn forecast position of **breakeven**.

Revenue Position Highlights / Key Issues

Underlying Position

The Trust submitted a balanced IMTP Financial Plan for 2025-28 and is expected to maintain this position over the course of the 3-year planning period. Outlined in that plan were some significant financial risk and challenges, particularly in the first year, due to the uncertainties around the income it will receive to cover the committed capacity investment in Velindre Cancer Services.

The formal agreement of the Trust income planning assumptions has been summarised within respective Commissioner Long Term Agreements for 2025-26 with planning principles agreed on the 28th February 2025 that included a 1.77% general uplift. Signed LTAs are in place with all organisations, although, as previously mentioned, the Trust has had to agree a significant loss in recurrent income with Hywel Dda UHB.

The ability to maintain a balanced underlying position is, however, now proving to be a challenge due to the significant cost pressures and risks which have materialised since the submission of the IMTP. The current draft of the IMTP 2026-29 reflects a brought forward underlying position of c£0.990m which will be managed in the first year of the IMTP via the Discretionary funding uplift

and an increased savings target, with a view to returning to a balanced recurrent underlying position in year 2.

Income

Analysis of the Trust income is shown in the table below, with commentary on any significant variances described in the relevant sections within this report:

Cumulative			
(£2.163m overachieved)			
Type	YTD	YTD	YTD
	Budget (£m)	Actual (£m)	Variance (£m)
Core Income - HB / WHSSC	85.850	85.895	-0.044
Nice/ High Cost Drugs	51.022	50.714	0.308
WBS Wholesale Blood Products	23.238	23.244	-0.006
WBS Transplantation Services	0.026	0.026	-0.000
WBS Blood Components	0.605	0.707	-0.102
Home Care Drugs	1.190	1.498	-0.308
Private Patient	2.183	2.691	-0.508
VCC Over Activity	5.296	6.223	-0.927
Radiotherapy Activity Income	2.599	1.702	0.897
IRS Programme	0.909	0.909	0.000
Radiation Protection	0.969	1.025	-0.056
Staff Recharges	0.628	0.590	0.038
One Wales Palliative and EOL Care	1.075	1.151	-0.076
Velindre Charity	2.105	2.397	-0.291
Other Charity	0.416	0.199	0.217
RD&I*	3.740	4.071	-0.330
HTW	1.291	1.118	0.173
Other Operating Income	13.099	14.246	-1.148
Total	196.242	198.406	-2.163

*RD&I full year budget includes £2.259m of Velindre Charity income.

The variance reported against the Radiotherapy Activity income is offset by £0.313m vacancy factor and £0.209m non pay reductions. This will be amended during January and reflected in next month's table, as whilst the vacancy factor is appropriate, both the non pay budget and associated income target are presently overstated. The correct overall variance reflected later in this report is a shortfall of £0.375m, with additional risk of a further £0.250m variance by 31st March 2026 also highlighted.

The HTW variance will be cleared by 31st March 2026, as expenditure is due to remain within the allocation and will therefore be matched by income from WG.

The table reflects the pass through by the Trust's Commissioners of the 2024-25 Agenda for Change Medical and Senior Manager (VSM) staff costs as per the Welsh Government Pay award matrix. The 2025-26 pay inflation has now been confirmed by Welsh Government, although any shortfall such as staff increments will need to be met by additional savings or absorbed by Service Divisions and Corporate Departments. Funding from Welsh Government in respect of the additional Employer's National Insurance Contributions from April 2025 has been confirmed at 82.93% of that required in 2025-26, leaving a shortfall of £0.345m to be met by an element of the planned unallocated Trust reserve this year, and in future as WG have directed the Trust to allocate this reserve in future years plans and not retain it for emergencies.

Commissioners have not agreed any additional funding above the 1.77% general uplift, for either WBS or VCS. The Trust is managing the pressure for additional capacity invested in outpatients, ambulatory care, SACT and imaging services during 2023-24 and 2024-25 to meet the rising demand and cancer waiting times. Whilst the Velindre Collective Commissioning Group for Cancer had agreed to undertake a more detailed review of the SACT Business Case submitted as part of the IMTP process, it has since been confirmed that no commitment will be made this year. The Trust re-submitted the service growth investments to our Commissioners on the 22nd October 2025 in line with the IMTP governance timeline process for 2026-27 with several responses already received confirming that no funding support will be provided.

Further detail in relation to VCS and WBS income is included within the relevant sections below.

VCS Long Term Agreement (LTA) Contract Performance

The Trust has agreed with Commissioners an uplift to LTA values of 1.77% which amounts to £1.548m in 2025-26 less £0.825m loss in income recurrently from Hywel Dda UHB. The Trust continues to face a further significant recurrent income risk with Hywel Dda UHB beyond 2025-26 based on the historic shares activity baseline funding of c£0.200m which will be removed recurrently in 2026-27. The general uplift of 1.1% for 2026-27 that has recently been confirmed is expected to be passed through from Commissioners without adjustment.

To ensure Commissioners fund the total cost of Velindre running cancer services from 2026-27 there needs to be agreement from all Commissioners to change the commissioning principles for Velindre from 'historic shares' based on activity and NICE consumption in 2004-05 to a 'current activity' baseline and NICE consumption. How Commissioners decide to manage the financial impact (gain / loss) is for them to agree, but that should not prevent the Trust from moving to charging on current activity and consumption from 2026-27. However, it's important to note that without Commissioners collectively agreeing how the financial impact will be managed across Wales, the dispute between the Trust and Hywel Dda UHB will simply transfer to a dispute between the Trust and other Health Boards.

Discussion around NHS Wales contract rebasing at the July 2025 DoF meeting identified that C&V UHB were currently undertaking an exercise to rebase the activity & cost of their LTAs, in particular to better reflect the resources consumed in delivering specialist services. The DoFs' view was WG should take a leadership role around NHS contract re-basing and agreed to seek a view from WG. The Trust DdoF has begun conversations with its three main Commissioners, however, it is unlikely to reach agreement in time to recharge on an actual activity basis for 2026/27. Any change to the LTA activity will need to be cost neutral to the Trust. Latest position is an LTA / Commissioning Task and Finish Group is being established to ensure consistent principles and processes across organisations with WG policy being that this is an area for commissioners and providers to develop and there would not be national direction or policy.

A risk has emerged this year whereby the forecast activity income in Radiotherapy (in respect of the planned Business Case income for Radiotherapy @ Neville Hall) is not expected to match the level of investment in the Workforce. The expectation to month 6 was a shortfall of between £0.500m and £0.750m during 2025-26, after mitigations have been put in place, such as holding of vacancies. A regular review of the impact and forecast position is being undertaken with the latest expected forecast position to be a c£0.500m shortfall against plan with £0.375m phased into the year to date position. A risk of a further £0.250m cost pressure remains at this stage.

In addition, the Trust wrote to its Commissioners on the 8th August requesting funding support of £0.278m for the additional recurrent costs that have emerged since the FBC and the go live date where the first patient was treated on the 19th June 2025. The Trust has since been informed that they will not be supporting these additional costs, the impact of which has been factored into the c£0.500m shortfall against plan, whilst noting the continued risk of further deterioration against plan

The tables below set out the projected year end LTA income performance based on data to 30th November 2025 (note the data supplied is one month behind the rest of this report due to reporting timelines) by Commissioner and main service delivery areas. The forecast increase in marginal income represents activity performance in excess of 2019/20 baseline contracted activity volumes.

The IMTP planned overperformance against 2019/20 baseline contract levels is £7.061m (this is a forecast increase in contract income of £1.370m against the 2024-25 out-turn and plan set at IMTP stage), split across organisations as shown below:

Comparison to Base Contract Value per Commissioner	Base Contract Value £m	Outturn Variance £m	Outturn £m	Variance (%)	IMTP Planned Performance £m	Movement From IMTP £m
Hywel Dda (7A2)	0.865	-0.027	0.838	-3%	0.015	-0.042
Swansea Bay (7A3)	0.455	-0.001	0.491	-0%	0.014	-0.015
Cardiff & Vale (7A4)	16.048	2.843	19.925	18%	2.520	0.324
Cwm Taf Morgannwg (7A5)	14.285	2.090	17.463	15%	1.937	0.153
Aneurin Bevan (7A6)	19.812	2.980	24.282	15%	2.462	0.518
Powys (7A7)	1.080	0.266	1.428	24%	0.120	0.146
NHS Wales Joint Commissioning Committee	2.259	0.279	2.689	12%	-0.007	0.286
Total	54.803	8.431	67.114	16%	7.061	1.370

The marginal income overachievement is being held to support the underachievement on the Radiotherapy activity and underlying cost pressures within VCS.

The table below analyses the above comparison to base contract value per Commissioner by contract currency / service area from a financial perspective:

Financial Performance Per Contract Currency	Base Contract Value £m	Projected Outturn Performance £m	Projected Outturn Total Contract £m	Projected Variance (%)	IMTP Planned Performance £m	Movement From IMTP £m
Radiotherapy Planning	5.905	0.253	6.158	4%	0.022	0.230
Radiotherapy Delivery	13.508	-0.089	13.418	-1%	-0.174	0.085
Nuclear Medicine	1.031	-0.051	0.980	-5%	-0.032	-0.019
Radiology Imaging	3.149	0.726	3.875	23%	0.646	0.080
Preparation for Systemic Anti-Cancer Therapy	2.918	0.917	3.835	31%	0.659	0.259
Delivery of Systemic Anti-Cancer Therapy	6.884	1.847	8.731	27%	1.926	-0.079
Ambulatory Care Services	1.405	0.443	1.848	32%	0.367	0.076
Outpatient Services	10.455	4.076	14.531	39%	3.443	0.634
Inpatient Admitted Care	6.162	0.308	6.470	5%	0.203	0.104
Contract Adjustments	3.388	0.000	7.269	0%	0.000	0.000
Total	54.803	8.431	67.114	16%	7.061	1.370

The following table provides an analysis on the same contract currency / service area but from an activity perspective:

Activity Performance Per Contract Currency	Baseline 2019/20 Contract Model Activity Performance	Projected New Contract Model Activity Performance	Projected Outturn Activity Variance	Projected Activity Variance (%)	IMTP Planned Performance	Movement From IMTP
Radiotherapy Planning	3,916	3,880	- 36	-1%	3,794	86
Radiotherapy Delivery	53,586	48,804	- 4,782	-9%	50,060	-1,256
Nuclear Medicine	1,738	1,547	- 191	-11%	1,528	19
Radiology Imaging	9,103	14,842	5,739	63%	14,002	840
Preparation for Systemic Anti-Cancer Therapy	25,262	38,008	12,746	50%	37,202	806
Delivery of Systemic Anti-Cancer Therapy	31,867	47,303	15,436	48%	47,751	-448
Ambulatory Care Services	7,874	10,651	2,777	35%	9,701	950
Outpatient Services	59,960	92,505	32,545	54%	91,043	1,462
Inpatient Admitted Care	9,072	9,934	862	10%	9,652	282
Contract Adjustments	-	-	-	0%	-	0
Total	202,378	267,476	65,098	32%	264,733	2,743

As can be seen, Radiotherapy Delivery remains a key factor which is under review aligned with the Radiotherapy under activity performance financial risk.

This activity is shown below on a Commissioner basis:

Activity Performance Per Commissioner	Baseline 2019/20 Contract Model Activity Performance	Projected New Contract Model Activity Performance	Projected Outturn Activity Variance	Projected Activity Variance (%)	IMTP Planned Performance	Movement From IMTP
Hywel Dda (7A2)	1,202	1,069	-133	-11%	963	106
Swansea Bay (7A3)	1,200	1,319	119	10%	1,162	157
Cardiff & Vale (7A4)	60,809	83,695	22,886	38%	82,794	901
Cwm Taf Morgannwg (7A5)	59,964	74,462	14,498	24%	74,013	449
Aneurin Bevan (7A6)	74,098	99,111	25,013	34%	99,839	-728
Powys (7A7)	3,619	5,556	1,937	53%	5,003	553
NHS Wales Joint Commissioning Committee	1,486	2,264	778	52%	959	1,305
Total	202,378	267,476	65,098	32%	264,733	2,743

As mentioned elsewhere in this report, Hywel Dda UHB have requested a recurrent reduction in the LTA financial value from 2026/27 given a reduction in activity where patients have been re-directed to Swansea Bay UHB as is demonstrated by the above forecast data.

WBS Position Update

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 Welsh Blood Service business cases to JCC 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 were:

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 Immuno-haematology 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 has inevitably been forced to make some investment at financial risk. The cases were re-submitted to JCC on 8th October, for consideration of funding as part of the 2026-27 IMTP process, however the Trust is awaiting confirmation from JCC on the governance process for considering these cases for funding.

The Trust Medical Director has recently briefed the Deputy Chief Medical Officer (DCMO) regarding the Infected Blood Inquiry (IBI) report recommendations. WBS colleagues are progressing work on the Blood Transfusion related recommendations. The WBS Director has also been requested to provide a brief for the next Accountability meeting scheduled for January 2026. Prior to this, in October Jeremy Griffith, WG, visited the WBS Talbot Green site. Following the visit, Jeremy shared his intention to recommend the tour to other senior Welsh Government officials, including the Cabinet Secretary, and noted several key WBS priorities: including the WBS digital transformation projects, refurbishment plans for the centre at Talbot Green, and the plasma collection ambitions.

As previously advised, the Trust has assumed that Welsh Government and / or Joint Commissioning Committee (JCC) will fund the Phase 2 (Option 2 Apheresis collection of Plasma) which will not be progressed until funding is approved.

Pay Highlights / Key Issues

The table reflects the pass through by the Trust's Commissioners of the 2024-25 Agenda for Change Medical and Senior Manager (VSM) staff costs as per the Welsh Government Pay award matrix. The 2025-26 pay inflation has now been confirmed by Welsh Government although staff increments will need to be met by additional savings or absorbed by Service Divisions and Corporate Departments.

Several posts in VCS and WBS were recruited at risk to create additional capacity required to respond to the Covid activity backlog and service developments without certainty around LTA income pending activity undertaken or FBC funding approval by WG and Commissioners. The majority of these posts have however now been funded recurrently as part of the 2024-25 and 2025-26 IMTP process. The remaining unfunded posts are currently under review alongside the LTA activity to try and align the cancer activity demand forecasts and associated income to help mitigate the financial risk exposure.

In addition to the savings plans and the shortfall in pay award VCS (£0.600m), WBS (£0.550m) and Corporate (£0.200m) hold a recurrent vacancy factor target which is expected to be achieved to support a balanced financial position for 2025-26.

Non Pay Key Issues

Each Division holds both a general reserve to meet unforeseen costs and a savings target / cost improvement Plan (CIP). The Trust savings target for each division in 2025-26 has been set at VCS £1.043m, WBS £0.705m, RD&I £0.230m and Corporate £0.302m.

In 2025-26 the Trust again set an emergency reserve of £0.500m in case of a requirement to support non-recurrent expenditure which cannot be managed or migrated at Divisional level during the period. £0.345m of this reserve has now been allocated to manage the cost pressure arising from the shortfall in funding of the increase in Employer's National Insurance Contributions from April 2025.

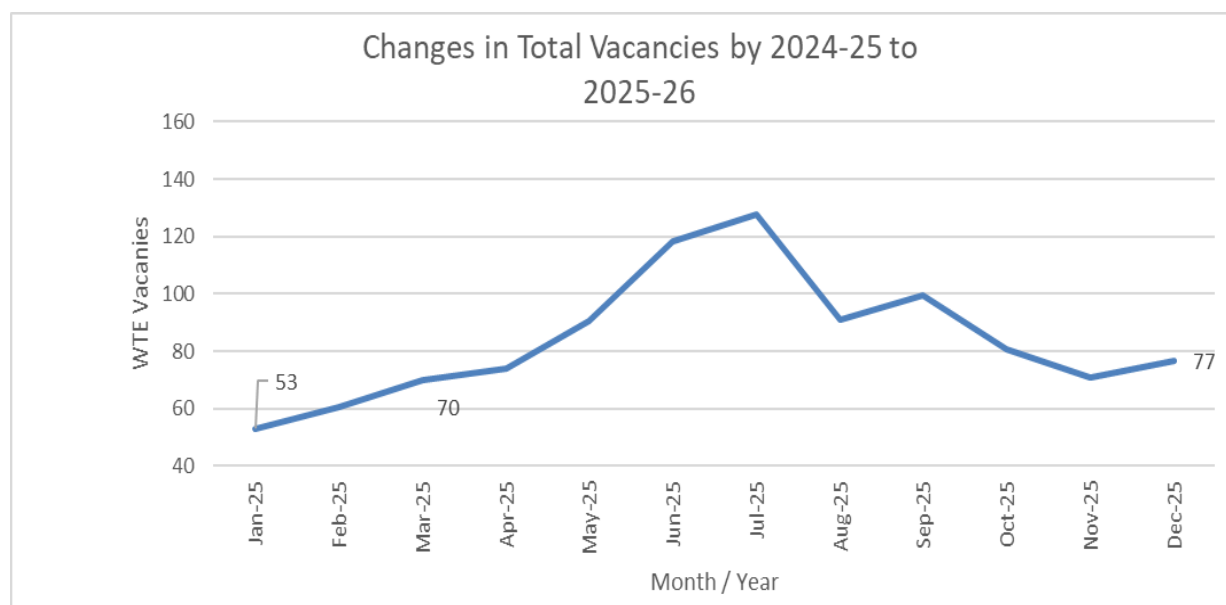
The remainder of the Trust reserves and previously agreed unallocated investment funding is held in month 12 and will be released into the position to support the anticipated breakeven financial position.

3.1 Pay Spend Trends (Run Rate)

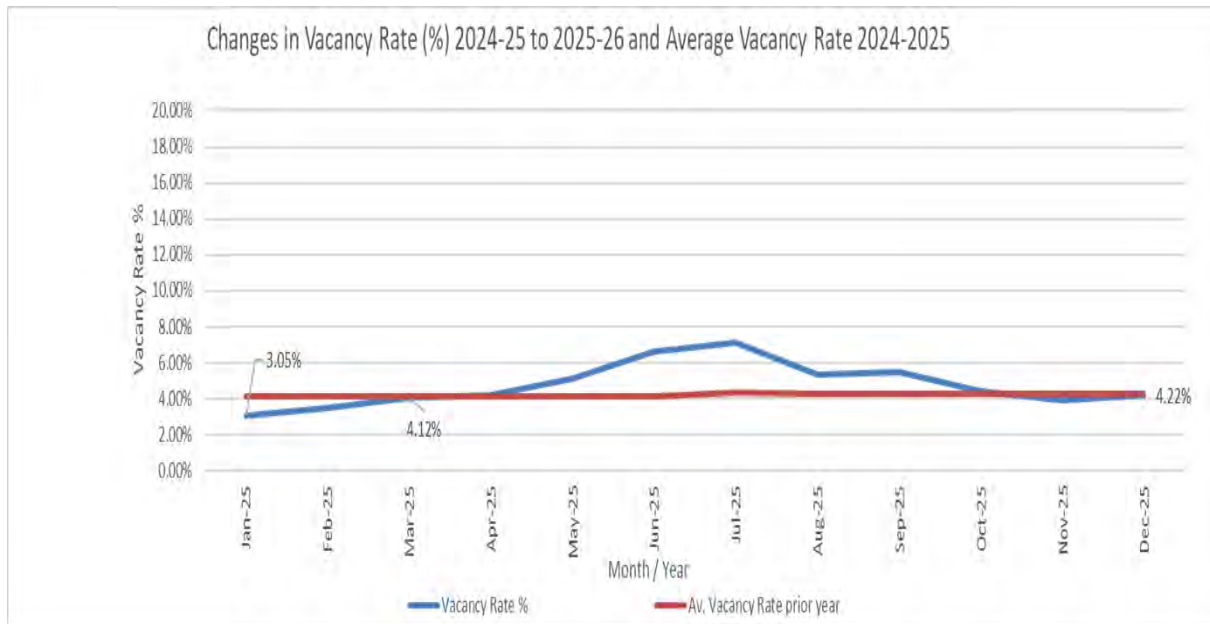
As of December 2025, the current staff in post is 1,743 WTE (November 1,742). The number of vacancies is 77 WTE (November 71), which represents a vacancy rate of 4.2% (3.9% November) against the budget of 1,820 WTE. The vacancy gap is largely being met using overtime or bank staff and is also supporting each of the division's vacancy factor savings target. In line with the WG requirement to cease the use of agency posts, currently only a few remain, and both Service Divisions are keen in future months to only utilise agency posts where options to fill via bank and fixed term contracts are not possible, and there is an unavoidable service need.

The largest number of vacancies are seen within VCS: 38 WTE. Vacancies are spread across many other services, particularly Allied Health Professionals (7 WTE), Medical (11 WTE), and Additional Clinical Services (15 WTE), Healthcare Scientists (10 WTE), offset by overestablishment in Nursing & Midwifery (11 WTE).

WBS currently are reporting 17 WTE vacancies. Healthcare Scientist posts are currently overestablished (4 WTE) while funding from related business cases to JCC has been requested. These are offset by Additional Clinical Service vacancies (18 WTE) which are currently being recruited to.

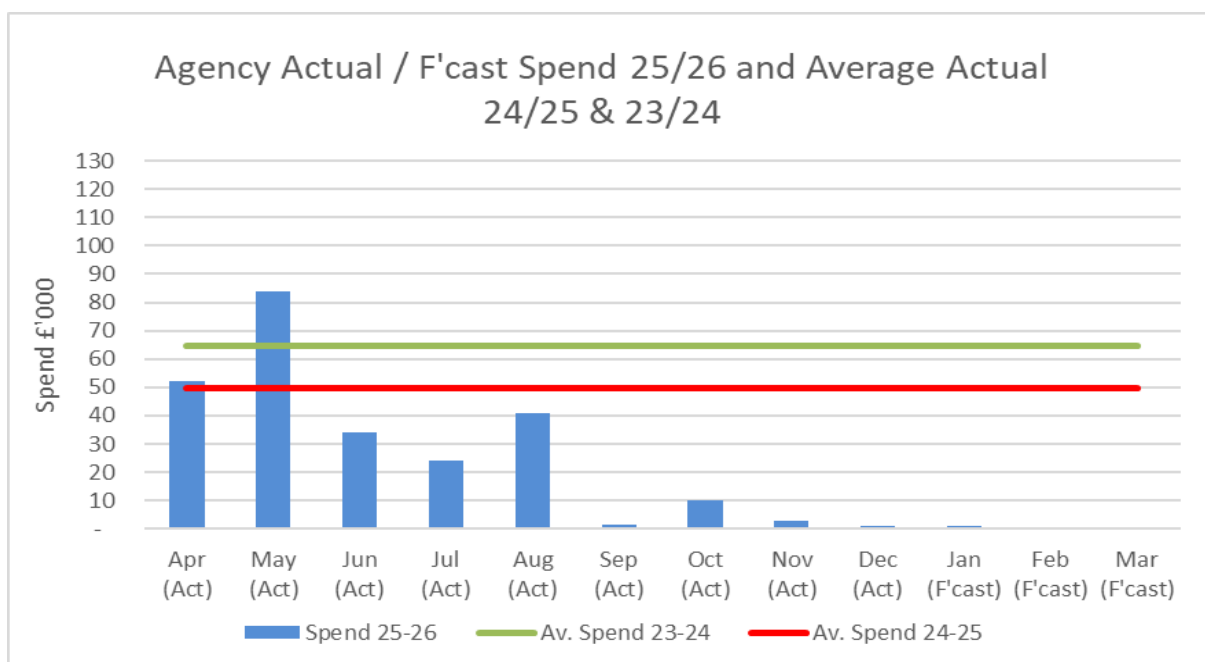


The total Trust vacancies as of December 2025 are 77 WTE (November 71 WTE): VCS (38 WTE), WBS (17 WTE), Corporate (12 WTE), RD&I (9 WTE), nVCC (0 WTE) and HTW (1 WTE).



The spend on agency for December 2025 was **£0.009m** (November £0.010m) with a year end outturn forecast currently of **£0.273m** (£0.596m 2024/25). In line with the Value & Sustainability agenda and Finance & Investment Enhanced monitoring arrangements the Trust has made significant progress in moving away from the dependence on agency staff. Minimal, exceptional spend is forecast only where service needs can only be met via this option.

It is important that processes are in place to ensure future short term or emergency staff requirements can be met from bank or fixed term contracts without further agency involvement unless absolutely essential to maintain services.



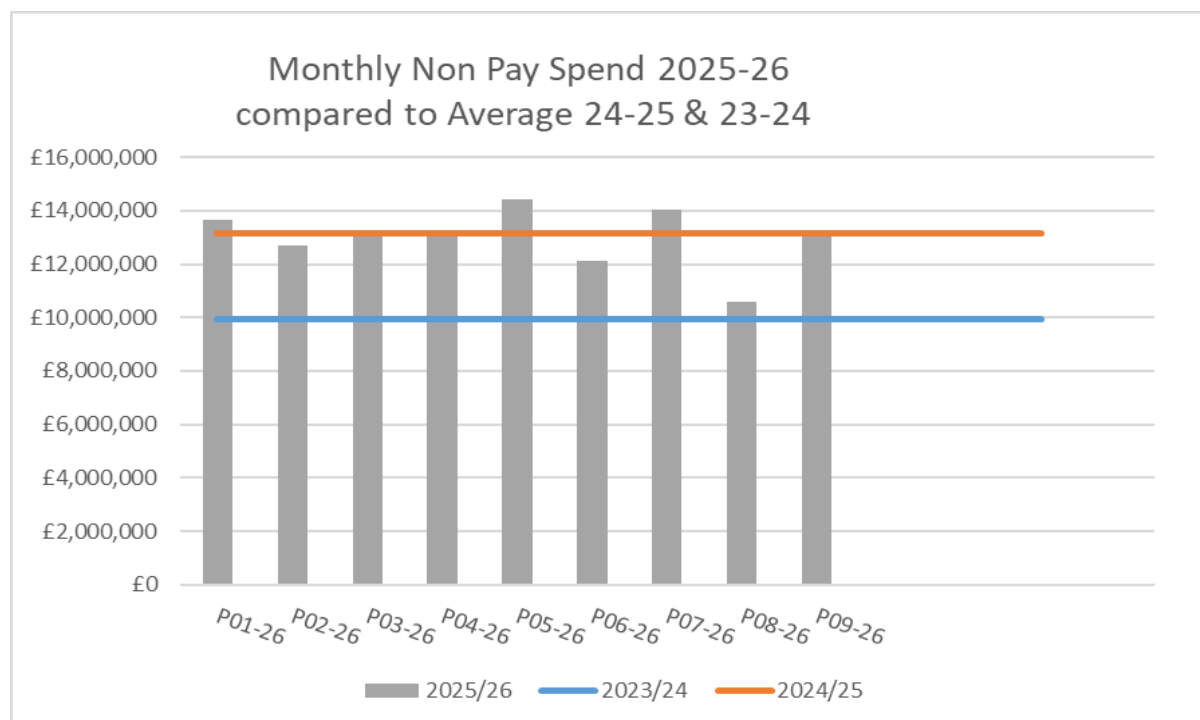
The largest area of agency spend relates to Allied Health Professionals, with agency staff utilised to support additional Capacity in Radiotherapy, and Therapies to support sickness. There continues to be some reliance on temporary staff to support vacancies, with the ambition that this will cease as posts continue to be filled. The agency expenditure forecast is therefore held broadly in line with the planning assumptions in the 2025-26 IMTP and is on track, although some areas anticipate there may be urgent service needs that will not always be met without agency / locum support.

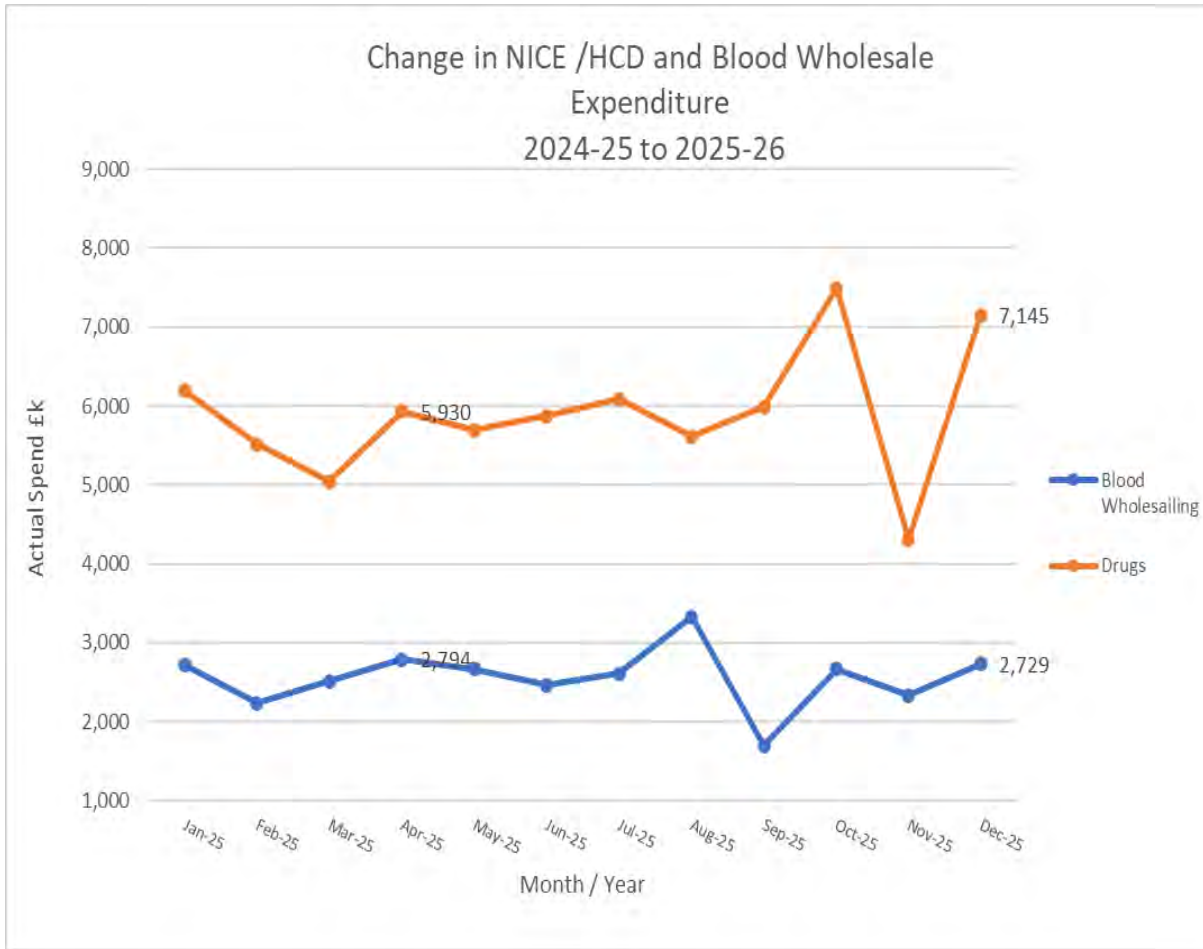
3.2 Non Pay

Non-Pay average spend for 2024/25 was £13.1m per month which was a £3.2m increase from the previous whole year. The largest movement was in non-cash as a result of the accelerated depreciation charge on the VCS hospital and the impairment charges associated with the nVCC Asda works (£1.8m average per month). NICE and HCD drugs (£0.7m) and blood wholesale costs (£0.5m) increased which were offset by income recharges to Health Boards. Other small movements included an increase in Clinical Services & Supplies (£0.2m) and General Supplies, Service, Maintenance & Facilities (£0.1m). All other costs remained fairly static when compared with the year on year average.

The non-pay average monthly spend for 2025/26 to date currently stands at £13.3m. NICE and HCD drugs (£6.012m) and blood wholesale average costs to date (£2.586m) have increased which will be offset by an income increase via recharges to Health Boards. Non-Cash (Impairment charges) are lower by (-£0.708m), mainly due to the charge incurred on the nVCC Asda works during 2024/25. 'Other' charges average costs are generally comparable at this time.

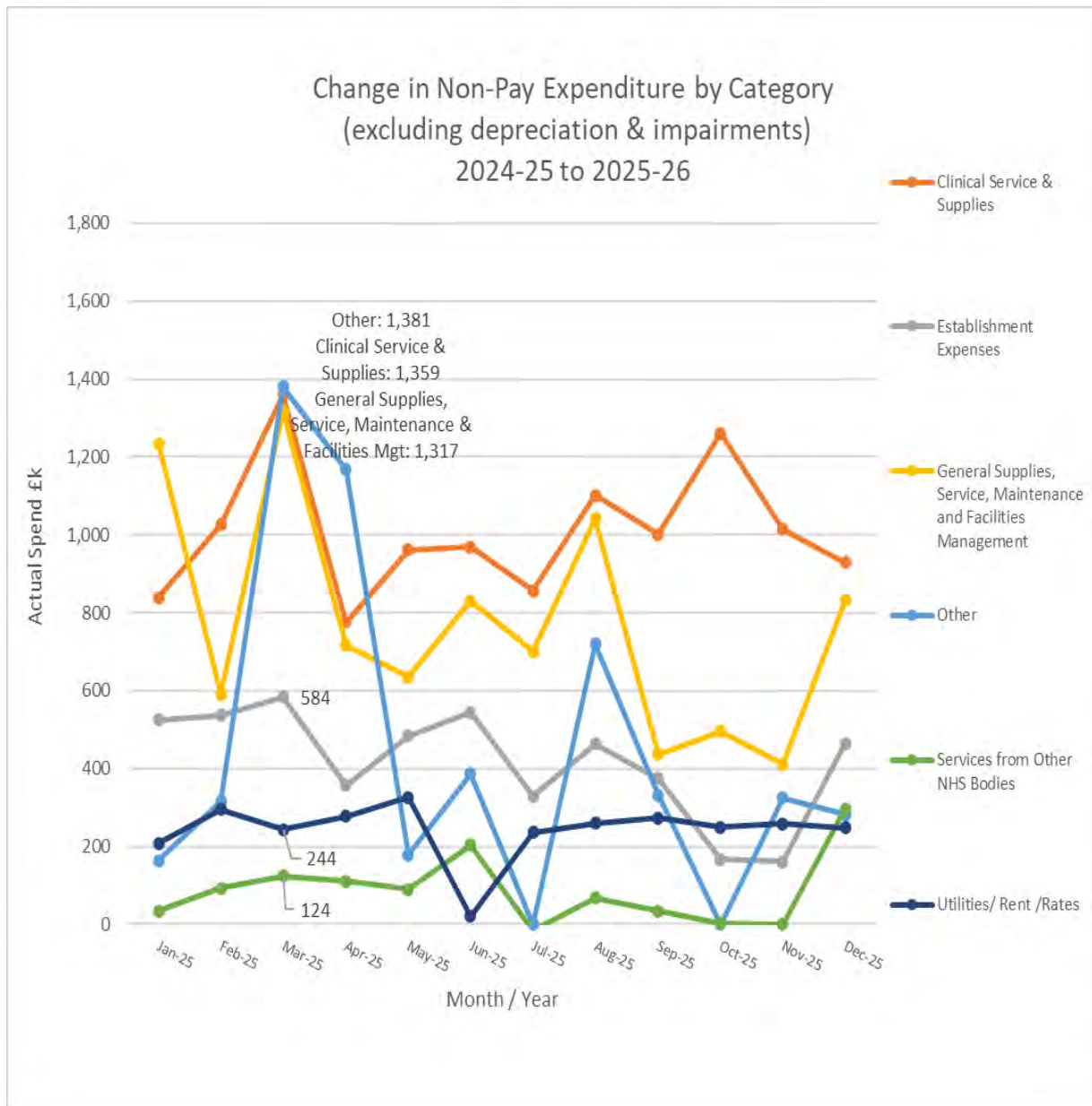
The graphs provided below show the change in non-pay spend split by expenditure category over the period from April 2025 to March 2026 compared to the average spend across the financial year 2023/24 and 2024/25.





Blood wholesaling costs are demand led and therefore difficult to predict. The reduction seen in September included an adjustment relating to August which was required due to an inaccuracy in August reporting caused by system issues.

Spend on drugs in month 8 was lower than forecast in month 7. In month 7 a higher than expected value of actual expenditure was reported. Following investigation, the reasons for both are mainly due to advanced stock purchases made in month 7 which reduced the amount of expenditure in month 8.



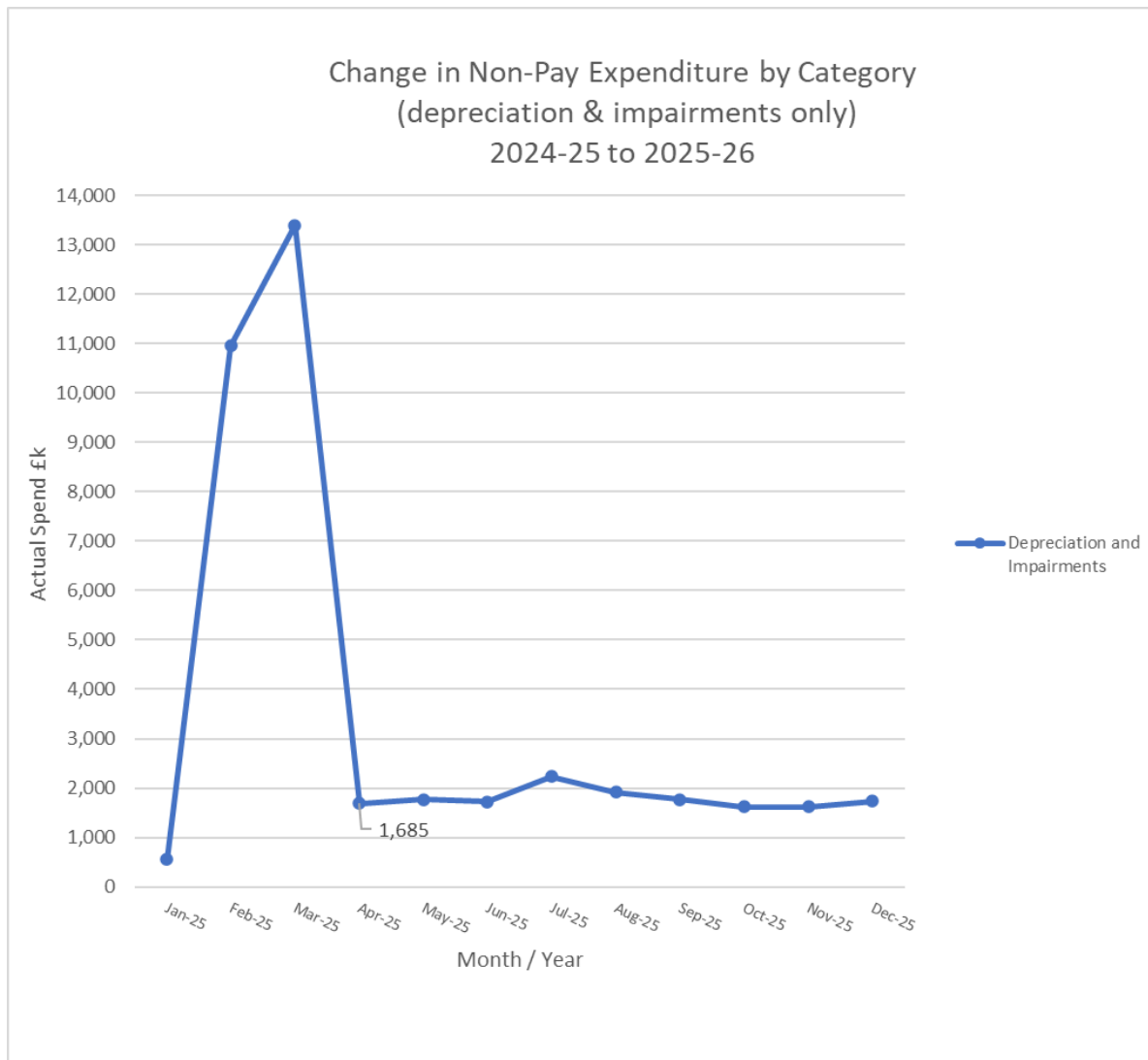
Establishment Expenses includes expenditure such as travel, lease cars, education, printing, postage, stationary, mobile phone charges, and other miscellaneous expenditure.

The decrease in utilities / rent / rates in March was caused by an adjustment that was processed to ensure full year costs were accurately reflected and no charges for 2025-26 billed in advance of 1st April 2025 were included.

The increase in other spend in March 2025 relates to an increase in a provision for future cesium disposal costs. The reduction seen in May 2025 relates to a provision for legal costs of £1.184m which was made in error in April and has been corrected in May. A reduction is again seen in July which is due to the reimbursement of legal costs by WRP of £1.369m, with further legal costs being recognised in August, as reflected above.

Establishment expenses have reduced in month 7 due to recovery of some VAT (£0.173m) previously paid to HMRC as a result of an annual review exercise. This has been treated as a reduction in expenditure.

Depreciation and impairment charges have been excluded from the graph above given their significant values in February & March 2025. For clarity, these are shown separately below.



The Depreciation value included in the above graph for includes £10.304m recognised for the impairment of the nVCC Enabling Works in February, and £10.593m accelerated depreciation in March relating to the building and assets of the current Velindre Cancer Centre.

4. Savings

The Trust established as part of the IMTP Financial Plan a savings target requirement of £2.280m for 2025-26 which equates to 2.8% of the Trust's core LTA income and is required to support the level of investment plans and cost pressures within the system.

Of the revised £2.280m total savings target £1.185m is recurrent and £1.095m is non-recurrent, with £1.560m being categorised as actual saving schemes and the balance of £0.720m being via income generation.

The Divisional share of the revised overall Trust savings target has been allocated to VCS £1.043m (46%), WBS £0.705m (31%) RD&I £0.230m (10%) and Corporate £0.302m (13%).

All schemes were RAG rated green earlier in the year. However, some recurrent schemes are now not forecast to achieve the full value of savings planned and have therefore been replaced with other schemes. Some of the underperforming schemes were expected to deliver recurrent savings (c£0.300m) and have been replaced with non recurrent savings schemes. This has

contributed to the underlying deficit the Trust is carrying forward into 2026-27 within the draft IMTP 2026-29.

Performance

The Trust savings performance as at 31st December 2025 is an achievement of £1.448m against a year to date plan of £1.652m. Current expectation is that the annual savings target will be achieved through replacement schemes where others have been underperforming.

The saving schemes identified at the start of the year as part of the IMTP were created using smart actions to strengthen accountability, monitor progress and delivery.

The Trust is currently on track to deliver the Trust savings target, however there is some risk of full delivery against recurrent savings schemes which have been replaced by non-recurrent schemes. Whilst this will ensure the target is met for this year it has had a detrimental impact on the Trust's underlying financial position.

Savings performance is reported through the monthly Divisional finance reports and discussed / monitored via the VCS Divisional Triumvirate / OMB and WBS SMT. In addition, a monthly finance and performance review meeting is being established where Execs will review saving performance ensuring early sight of underperformance or issues.

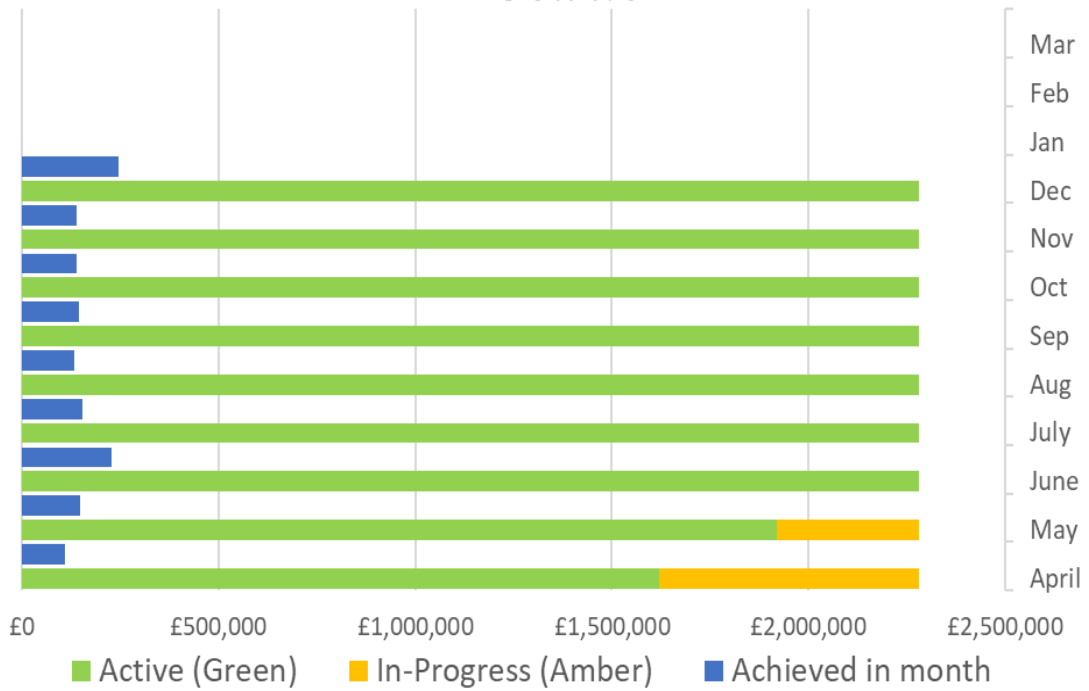
It is extremely important that divisions continually review their current savings schemes, and where delivery may not be achieved, alternative schemes are implemented to ensure that the savings target for 2025/26 is met.

ORIGINAL PLAN	TOTAL £000	Planned YTD £000	Actual YTD £000	Variance YTD £000	F'cast Full Year £000	F'cast Variance Full Year £000
VCS TOTAL SAVINGS	1,043	736	578	(158)	1,043	0
			79%		100%	
WBS TOTAL SAVINGS	705	530	513	(17)	705	0
			97%		100%	
CORPORATE TOTAL SAVINGS	302	225	240	15	302	0
			107%		100%	
RD&I TOTAL SAVINGS	230	161	117	(44)	230	0
			73%		100%	
TRUST TOTAL SAVINGS	2,280	1,652	1,448	(204)	2,280	0
			88%		100%	

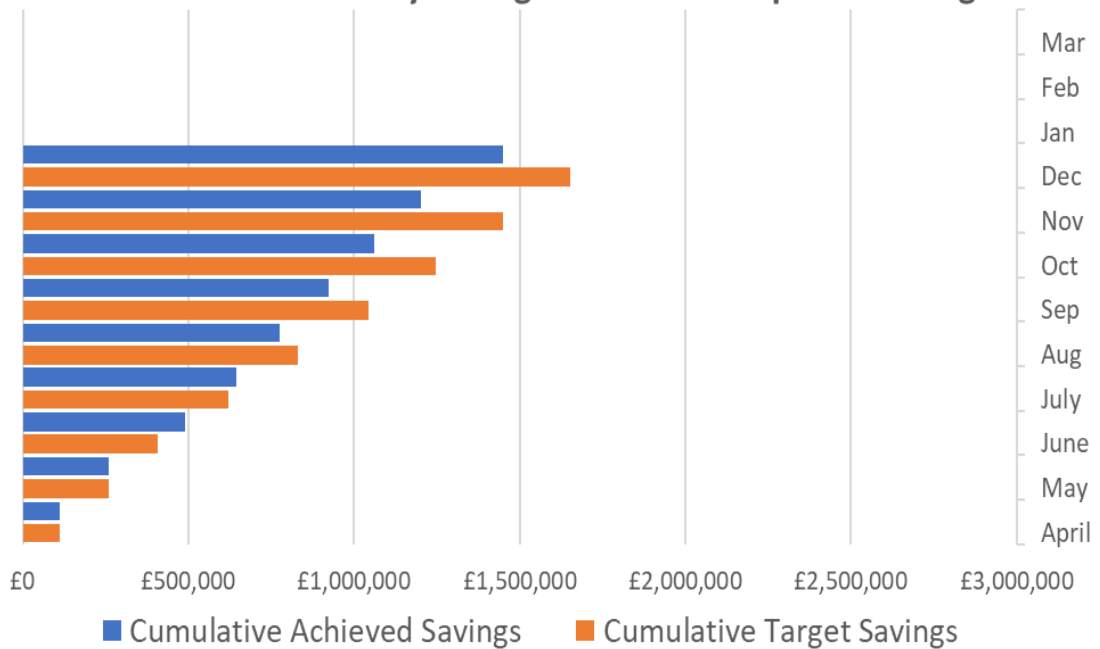
Scheme Type	Division	Recurrent / Non- Recurrent	RAG Rating	TOTAL £000	Planned YTD £000	Actual YTD £000	Variance YTD £000	F'cast Full Year £000	F'cast Variance Full Year £000
Savings Schemes									
Radiation Services Agency Premium Reduction	VCS	NR	Green	15	11	11	0	15	0
Establishment Vacancy Control	VCS	R	Underperforming	150	112	37	(75)	37	(113)
Establishment Vacancy Control	VCS	NR	Underperforming	100	75	25	(50)	25	(75)
Procurement Supply Chain Contracting Cost Reductions	VCS	R	Replaced	50	35	0	(35)	0	(50)
Review of SLAs to mitigate / reduce service support	VCS	R	Green	30	22	22	0	30	0
3rd party SACT provision (medicines at home)	VCS	R	Green	150	101	101	0	150	0
3rd party SACT provision (medicines at home)	VCS	NR	Green	70	53	52	(1)	70	0
Establishment Vacancy Control	WBS	R	Green	100	73	75	2	100	0
Procurement Supply Chain Contracting Cost Reductions	WBS	R	Replaced	100	51	0	(51)	0	(100)
Optimised level of stock retention	WBS	NR	Green	150	150	150	0	150	0
Demand planning: collections (aspherosis price saving)	WBS	R	Green	40	28	30	2	40	0
Demand planning: processing volumes	WBS	NR	Green	60	45	45	0	60	0
Process efficiencies	WBS	R	Green	30	18	30	12	30	0
Process efficiencies	WBS	NR	Green	20	12	20	8	20	0
Establishment Vacancy Control	Corporate	R	Green	50	38	38	0	50	0
Energy cost reduction	Corporate	R	Green	85	63	63	0	85	0
Establishment Vacancy Control	RD&I	R	Replaced	30	18	0	(18)	0	(30)
Establishment Vacancy Control	RD&I	NR	Replaced	50	35	0	(35)	0	(50)
Add Establishment Vacancy Control	VCS	NR	Green	128	88	22	(66)	22	(106)
Add Establishment Vacancy Control	WBS	NR	Green	55	43	41	(2)	55	0
Add Establishment Vacancy Control	Corporate	NR	Green	67	49	49	0	67	0
Add Establishment Vacancy Control	RD&I	NR	Replaced	30	18	0	(18)	0	(30)
3rd party SACT provision (medicines at home)	VCS	NR	Green	In year scheme	0	26	26	106	106
Total Saving Schemes				1,560	1,138	837	(301)	1,112	(448)

Income Generation					Planned YTD £000	Actual YTD £000	Variance YTD £000	F'cast Full Year £000	F'cast Variance Full Year £000
Private Patients Increased Fees Upon Renewed Contract	VCS	R	Green	150	102	111	9	150	0
Private Patients Income Overachievement	VCS	NR	Green	150	102	111	9	150	0
Maximising income - operational services	VCS	R	Green	50	35	0	(35)	50	0
Sale of Plasma	WBS	R	Green	50	38	50	12	50	0
Interest on bank income above budget	Corporate	NR	Green	100	75	90	15	100	0
R&D Commercial Income Generation	RD&I	R	Green	120	90	90	0	120	0
Sale of Plasma	WBS	NR	Green	100	72	72	0	200	100
Marginal activity income	VCS	NR	Green	In year scheme	0	47	47	188	188
Marginal activity income	VCS	NR	Green	In year scheme	0	13	13	50	50
R&D Commercial Income Generation	RD&I	NR	Green	In year scheme	0	27	27	110	110
Total Income Generation				720	514	611	97	1,168	448
TRUST TOTAL SAVINGS				2,280	1,652	1,448	(204)	2,280	0

Savings achieved by month compared to target by RAG status



Cumulative monthly savings achieved compared to target



5. Reserves

The financial strategy for 2025-26 again included an emergency reserve of £0.500m which was accommodated on the assumption that all expected income was received, planned savings schemes were delivered and new emerging cost pressures managed. In July, £0.345m of the reserve was allocated to mitigate the unfunded element of the increase in Employer's National Insurance contributions.

A review of the recurrent and non-recurrent reserve position remains underway and is being considered alongside several key factors such as the VCS marginal income risk, LTA contract rebase risk, achievement of the 2025-26 savings target, and a review of currently committed support towards Trust investment, transformation and delivery programmes.

WG have directed that from 2026-27 onwards, the emergency reserve must be used to support the underlying position on a recurrent basis.

6. End of Year Forecast / Risk & Opportunity Assessment

Whilst the Trust submitted a three year balanced financial plan, there were significant financial risks and challenges to deliver this plan, particularly during 2025-26 due to the uncertainties around the income it will receive to cover the committed capacity investment in Velindre Cancer Services.

The Trust recognises these and is taking appropriate actions as set out below, to ensure risks are managed and mitigated against. All areas of delivery are risk assessed, and any identified risks are included within the Trust Assurance Framework and Trust wide Risk Register.

As highlighted earlier significant cost pressures and risks have materialised since the IMTP planning stage which will need to be managed or mitigated to ensure that the Trust achieves the outturn forecast position of breakeven and maintains a balanced underlying position going forward.

Further detail in relation to the financial risks currently being managed is outlined below:

Commissioners not supporting Service Investment / Growth in VCS and WBS - likelihood: medium, value £TBC

As described earlier in this report, several service growth investments had been presented to the Trust Commissioners, with early indication that only the SACT Treatment Capacity Expansion may have been considered for funding support. However, this has since been confirmed that no commitment will be made this year. The Trust re-submitted the service growth investments to our Commissioners on the 22nd October in line with the IMTP governance timeline process for 2026/27. However, several responses already received have indicated that no funding support will be provided.

2025/26 marginal income growth is being held to support the VCS income underperformance on radiotherapy and the underlying divisional cost pressures.

The Trust has received confirmation from JCC that they will not fund any of the WBS Business cases which were submitted to JCC as part of the 2025/26 IMTP process. The business cases were re-submitted on 8th October 2025, for consideration as part of the 2026-27 IMTP process. If

these cases are again not supported, funding will need to be sought via Welsh Government following recommendations from the IBI report.

This risk has been removed from the risk table reported to WG for 2025-26 but remains under consideration as outlined due to the potential impact for future years.

Management of Operational Cost Pressures - *will be removed from future reports*

These will be managed within the overall revenue position for 2025-26 and will therefore be removed from future reports.

Radiotherapy Activity Income Shortfall – *likelihood: medium, value £0.250m*

A risk has emerged whereby forecast Radiotherapy income is not expected to match the level of investment in the workforce. The expectation to month 6 was a shortfall of between £0.500m and £0.750m during 2025-26, after mitigations had been put in place, such as holding of vacancies. A regular review of the impact and forecast position is being undertaken, with the latest expected forecast position to be a c£0.500 shortfall against plan with £0.375m phased into the year to date position. A risk of a further £0.250m cost pressure remains.

Cost Pressure Arising from VCS Restructure – *likelihood: medium, £369k recurrently from 2026/27*

It is understood that there the restructure will not result in a financial pressure in 2025/26. However, there will be an ongoing need once all posts are filled, to confirm the value and identify priority funding from 2026-27 uplift funding.

In addition, new cost pressures may materialise over the period which may be beyond divisional control or ability to manage through the overall Trust funding envelope.

Funding Not Available to Support Costs of Re-banding Band 2-3 Healthcare Support Workers – *will be removed from future reports*

This risk has crystallised and will therefore be removed from future reports as the recurrent cost of £20k is immaterial and can be managed within the Trust position.

Opportunities

Vacancy Turnover – *will be removed from future reports*

Further vacancy turnover savings above the vacancy factor held in divisions is now deemed unlikely and this opportunity will therefore be removed from future reports.

Emergency Reserve – *will be removed from future reports*

It is important that the Trust keeps a reserve for emergency cost pressures which may arise over the course of the year. £0.345m of the £0.500m planned emergency reserve has been allocated to mitigate the cost pressure arising in year relating to the shortfall in funding for the increase in Employer's National Insurance Contributions with effect from 1st April 2025. The remainder will be utilised to mitigate other cost pressures that have arisen during the year.

Following WG direction, the Trust will in future allocate this to support the underlying position on a recurrent basis.

Overachievement of Bank Interest - likelihood: low, value £0.250m

Following a review of anticipated cash balances and potential interest rates, the forecast value of the income generated is considered realistic. There is therefore a limited opportunity for further overachievement.

7. CAPITAL EXPENDITURE

Administrative Target

- To ensure that net Capital expenditure does not exceed the Capital Expenditure Limit (CEL) approved by the Welsh Government.
- To ensure the Trust does not exceed its External Financing Limit

	Approved CEL 2025/26 £m	YTD Spend £m	Budget Remaining @M10 £m	Full Year Forecast Spend £m	Year End Variance 2025/26 £m
All Wales Capital Programme					
nVCC Enabling Works	3.683	2.612	1.071	3.683	0.000
nVCC Enabling Works QRA*	0.332	0.161	0.171	0.507	(0.175)
nVCC Project	6.376	4.461	1.915	6.376	0.000
nVCC Project QRA - Enabling Works HV Intake	0.257	0.052	0.205	0.507	(0.250)
nVCC Project QRA - MIM	0.068	0.000	0.068	0.068	0.000
nVCC Project QRA - MIM*	0.150	0.000	0.150	0.000	0.150
Integrated Radiotherapy Solution (IRS)	1.400	1.283	0.117	1.400	0.000
Velindre @ Nevill Hall Radiotherapy Centre (RSC)	0.680	0.316	0.364	0.680	0.000
Whitchurch Hospital Site Disposal	0.840	0.164	0.676	0.840	0.000
Whitchurch Hospital Site Disposal - contingency*	0.300	0.000	0.300	0.300	0.000
WBS HQ Continuity Business Case OBC/FBC fees	1.000	0.004	0.996	1.000	0.000
WBS Fleet Replacement Programme	0.605	0.000	0.605	0.605	0.000
DPIF - RISP	0.214	0.000	0.214	0.214	0.000
DPIF - Blood Establishment Computer System (BECS) replacement	0.416	0.419	(0.003)	0.419	(0.003)
DPIF - Welsh Histocompatibility & Immunogenetics Service (WHAIS)	0.185	0.184	0.001	0.185	0.000
DPIF - Electronic Prescribing & Medicines Administration (EPMA)	0.086	0.006	0.080	0.086	0.000
WBS Plasma for Fractionation	0.030	0.030	0.000	0.030	0.000
Non-Radiology Ultrasound Replacement	0.048	0.000	0.048	0.048	0.000
Radiology Ultrasound Replacement	0.132	0.000	0.132	0.132	0.000
VPAG Funding - Equipment	0.037	0.000	0.037	0.037	0.000
Positron Emission Tomography (PET) Fees nVCC	0.298	0.006	0.292	0.298	0.000
Additional Digital Allocation	0.386	0.288	0.098	0.386	0.000
End of Year Funding	0.568	0.000	0.568	0.568	0.000
End of Year Equipment funding December 2025-26	0.024	0.000	0.024	0.024	0.000
Total All Wales Capital Programme	18.115	9.986	8.129	18.393	(0.277)
Discretionary Capital	2.000	0.886	1.115	2.000	0.000
	20.115	10.871	9.244	20.393	(0.277)

* QRA budget held by WG; spend will be added to CEL once confirmed & agreed by WG

The approved 2025-26 Capital Expenditure Limit (CEL) for the year ended March 2026 is currently £20.115m (2024-25 £35.076m). This includes All Wales Capital funding of £18.115m, and discretionary funding of £2.000m.

In line with fixing the CEL on 31st October 2025, the Trust confirmed the latest position on the Capital programme which resulted in additional funding of £2.650m being requested, and

£10.033m being given back to WG during 2025/26 with a request that the £10.033m is re-provided post 1 April 2026:

- i. £8.771m for the nVCC project;
- ii. £0.120m for the IRS SRU in addition to the £0.400m returned earlier in the year;
- iii. £1.142m in respect of the reduced value required in year for the full OBC and FBC Enabling Works in relation to the WBS Talbot Green Infrastructure.

The Trust CEL has been updated to reflect the changes for 2025/26, and formal confirmation from WG Capital colleagues is awaited to confirm the re-provision of values in future years.

Further allocations in respect of end of year equipment and digital requirements have recently been received and are reflected in the earlier table where funding letters have been returned to WG and the CEL amended. For completeness, all amendments following these allocations and those made when the CEL was fixed at the end of October are summarised below, with annotations for those that are still awaiting amendment to the CEL.

	Funding Resulted From	CEL Value Prior to Request £m	Movement Requested: (Decrease) / Increase £m	Revised CEL Value Post Request* £m
Amendments to All Wales Capital Schemes				
nVCC Enabling Works	Fixing of CEL October 2025	4.062	(0.379)	3.683
nVCC Enabling Works QRA*	Fixing of CEL October 2025	0.337	(0.005)	0.332
nVCC Project	Fixing of CEL October 2025	7.297	(0.921)	6.376
nVCC Project QRA - Enabling Works HV Intake	Fixing of CEL October 2025	0.000	0.257	0.257
nVCC Project QRA - MIM#	Fixing of CEL October 2025	0.161	(0.101)	0.060
nVCC Project QRA - MIM*	Fixing of CEL October 2025	6.398	(6.248)	0.150
vVCC Project QRA - Public Sector*	Fixing of CEL October 2025	1.374	(1.374)	0.000
Velindre @ Nevill Hall Radiotherapy Centre (RSC)	Fixing of CEL October 2025	0.800	(0.120)	0.680
WBS HQ Continuity Business Case OBC/FBC fees	Fixing of CEL October 2025	2.142	(1.142)	1.000
WBS Fleet Replacement Programme	Fixing of CEL October 2025	0.364	0.241	0.605
Blood Establishment Computer System (BECS) replacement ♣	End of Year Digital Funding Allocation	0.416	0.426	0.842
Welsh Histocompatibility & Immunogenetics Service (WHAIS) ♣	End of Year Digital Funding Allocation	0.185	0.071	0.256
New Schemes				
Technical Refresh of laptops, desktops & peripherals	End of Year Digital Funding Allocation	0.000	0.416	0.416
Network infrastructure technical refresh	End of Year Digital Funding Allocation	0.000	0.100	0.100
Portfolio dashboard development	End of Year Digital Funding Allocation	0.000	0.030	0.030
Digital display screens	End of Year Digital Funding Allocation	0.000	0.017	0.017
PACS laptop	End of Year Digital Funding Allocation	0.000	0.005	0.005
WBS HemoCues	End of Year Equipment Funding Allocation	0.000	0.017	0.017
WBS -40 Freezer	End of Year Equipment Funding Allocation	0.000	0.007	0.007
oVCC Site survey & business case development	Fixing of CEL October 2025	0.000	0.250	0.250
Purchase of Xray, WBS	Fixing of CEL October 2025	0.000	0.270	0.270
Overall reduction in CEL funding			(8.183)	
Element relating to nVCC			(8.771)	
Non nVCC schemes			0.588	
* QRA budget held by WG; spend will be added to CEL once confirmed & agreed by WG				
# Further small amendment made post exercise referred to				
♣ Awaiting amendment of CEL following return of signed award letter				

The Trust is currently still in conversation with WG colleagues around securing funding from All Wales capital during 2025-26 to support the WBS Talbot Green Infrastructure (TGI) OBC Developments. The Trust incurred expenditure of £0.363m from its discretionary funding during 2024-25 which was required to complete the OBC stage of the WBS TGI scheme. WG colleagues have been made aware that to produce a completed OBC/ FBC stage there is a total funding requirement of £2.142m, with a total of £1.000m required in 2025/26. Welsh Government have

amended the allocation for 2025/26 and confirmation as to whether the value will be reprofiled in 2026/27 is awaited.

In July 2025, WG noted their position in correspondence to the Trust, including that the current proposed costs of c£60m is not considered supportable. WG also stated that as the scope of works is now expanding beyond infrastructure to include a wider lab modernisation together with the acquisition of the Wound Centre, and OBC setting out all the options would be required. How the additional revenue requirement of that option would be afforded would also need to be explained. The revised OBC will incorporate the Enabling Works and laboratory modernisation, with the appointed Supply Chain Partner leading design development. It has been agreed with WG that the Enabling Works section will be to FBC standard. The updated OBC must be submitted by the end of the 2025/26 financial year to align with WG funding timelines and strategic priorities.

The Trust has now received a revised funding award letter from DHCW relating to RISP for 2025/26, following a change in accounting treatment due to IFRS 16 which has impacted on the expenditure split between revenue and capital. This has been added to the Trust CEL.

The Trust has also received an award letter for both revenue and capital funding for phase 1 of the plasma fractionation case.

The discretionary allocation of £2.000m represents an increase of 4.65% on the £1.911m provided during 2024-25 which was fully spent.

The Trust's Capital Planning Group considered and approved the allocation of discretionary capital funding for 2025/26 at its meeting in May and this was approved by the Executive Management Board (EMB) on 29th May 2025. Further details on the allocation of the discretionary programme will be provided in subsequent reports.

The CEL was fixed by WG at the end of October, after this point the Trust will be expected to internally manage any slippage on the Capital programme.

Performance to date

The actual expenditure to December 2025 on the All-Wales Capital Programme schemes was £9.986m: this is broken down between spend on the nVCC schemes of £8.569m, Whitchurch Hospital Site Disposal £0.164m, Velindre@ Nevill Hall Radiotherapy Unit £0.316m, WBS HQ OBC £0.004m, BECS £0.419m, WHAIS £0.184m, EPMA £0.006m, WBS Plasma for Fractionation £0.030m, PET fees £0.006m, and additional digital requirements £0.288m.

The spend on the Discretionary Capital programme was £0.886m. Where schemes are agreed and funding is in place, leads are encouraged to progress schemes to aid service delivery / improvements and ensure items are delivered well before the end of the financial year.

Major Schemes in Development

The Trust has also been in discussions with WG over other projects which it is seeking to secure funding from the All-Wales Capital programme.

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.

The schemes that were included in the IMTP for 2025-26 and beyond is provided in the table below:

All Wales Approved and Unapproved Capital Schemes	2025-26 £m	2026-27 £m	2027/28 £m	Further Years £m	Total All Wales Schemes £m
All Wales Approved Schemes					
TCS nVCC	22.835	39.954	6.056	0.000	68.845
Integrated Radiotherapy Solution (IRS)	1.020	16.820	0.943	0.000	18.783
Velindre@ Nevill Hall Radiotherapy Unit	1.200	0.000	0.000	0.000	1.200
RISP (DPIF)	0.471	0.000	0.000	0.000	0.471
Total Approved Capital Schemes	25.526	56.774	6.999	0.000	89.299
All Wales Unapproved Schemes					
Whitchurch Hospital Site	1.134	0.945	1.741	0.000	3.820
WBS TGI Infrastructure	2.457	5.762	17.292	41.600	67.111
WBS BECS Blood Management System	TBC	TBC	TBC	TBC	0.000
WBS Plasma for Fractionation	0.910	0.002	0.001	0.000	0.913
WBS Fleet Replacement	0.364	0.738	1851	0.000	2.953
WBS Asset Replacement	0.532	0.215	0.000	TBC	0.747
Digital WHAIS	0.092	0.000	0.000	0.000	0.092
LIMS 2.0	TBC	TBC	TBC	TBC	0.000
EPMA (DPIF)	0.086	0.025	0.000	0.000	0.111
Digital CRM Multi Case Functions (WBMDR, AOS etc)	0.500	0.000	0.000	0.000	0.500
Digital IT Infrastructure	0.500	0.500	0.500	0.500	2.000
Other Digital Service Developments	TBC	TBC	TBC	TBC	0.000
Other Service Developments (New)	TBC	TBC	TBC	TBC	TBC
Total Unapproved Capital Schemes	6.575	8.187	21.385	42.100	78.247
Total All Wales Capital Plans	32.101	64.961	28.384	42.100	167.546

The schemes that are currently included within the draft IMTP 2026-29 are shown below:

All Wales Approved and Unapproved Capital Schemes	2026-27	2027-28	2028-29	Further Years	Total All Wales Schemes
	£m	£m	£m	£m	£m
All Wales Approved Schemes					
TCS nVCC	37.392	2.270	0.000	0.000	39.662
TCS nVCC (IRS Implementation Phase 3)	1.702	0.579	0.000	0.000	2.281
Integrated Radiotherapy Solution (IRS)	17.155	0.180	0.000	0.000	17.335
Radiotherapy Satellite Unit	0.520	0.000	0.000	0.000	0.520
EPMA (DPIF)	0.025	0.000	0.000	0.000	0.025
Talbot Green Infrastructure (WBS)	1.142	0.000	0.000	0.000	1.142
Fleet Replacement (WBS)	0.883	1.465	0.000	0.000	2.348
Total Approved Capital Schemes	58.819	4.494	0.000	0.000	63.313
All Wales Unapproved Schemes					
Whitchurch Hospital Site	0.300	0.000	0.000	0.000	0.300
nVCC – Project - Quantified Risk - MIM	3.156	0.000	0.000	0.000	3.156
nVCC – Project - Quantified Risk - Public Sector	4.829	3.085	0.000	0.000	7.914
nVCC – Enabling works - QRA	0.506	0.000	0.000	0.000	0.506
WBS TGI Infrastructure	10.000	14.000	14.000	22.000	60.000
WBS Plasma for Fractionation	0.000	0.910	0.002	0.001	0.913
WBS BECS Blood Management System	TBC	TBC	TBC	TBC	TBC
RISP	TBC	TBC	TBC	TBC	TBC
Backlog Maintenance (WBS)	TBC	TBC	TBC	TBC	TBC
Asset Replacement (WBS)	0.250	0.000	0.530	0.000	0.780
WLIMS 2.0	TBC	TBC	TBC	TBC	0.000
WHAIS Phase 2	TBC	TBC	TBC	TBC	0.000
Digital CRM Multi Case Functions (WBMDR, AOS etc)	TBC	TBC	TBC	TBC	0.000
Digital IT Infrastructure	0.500	0.500	0.500	0.500	2.000
Other Digital Service Developments	TBC	TBC	TBC	TBC	0.000
Other Service Developments (New)	TBC	TBC	TBC	TBC	0.000
Enhanced Care Unit (VCS)	TBC	TBC	TBC	TBC	0.000
Positron Emission Tomography	TBC	TBC	TBC	TBC	0.000
Total Unapproved Capital Schemes	19.541	18.495	15.032	22.501	75.569
Total All Wales Capital Plans	78.360	22.989	15.032	22.501	138.882

These are being continually reviewed and updated prior to submission of the final IMTP.

8. BALANCE SHEET (Including Hosted Organisations)

The Balance Sheet in NHS Financial Statements is known as the Statement of Financial Position (SoFP). It provides a snapshot of the Trust's financial position including the hosted divisions at a point in time.

The statement shows the Trust's assets and liabilities. As part of the Trust SFIs there is a mandatory requirement to report movement in working capital.

	Opening Balance Beginning of Apr 25	Closing Balance End of 31 December 2025	Movement from 1st April to 31 December 2025	Forecast Closing Balance at 31 March 2026
Non-Current Assets	£'m	£'m	£'m	£'m
Property, plant and equipment	311.793	312.353	0.560	312.353
Intangible assets	11.160	9.013	(2.147)	9.013
Trade and other receivables	1,350.042	1,350.114	0.072	1,350.114
Other financial assets	0.000	0.000	0.000	0.000
Non-Current Assets sub total	1,672.995	1,671.480	(1.515)	1,671.480
Current Assets				
Inventories	31.666	33.687	2.021	33.687
Trade and other receivables	592.821	579.679	(13.142)	579.310
Other financial assets	0.000	0.000	0.000	0.000
Cash and cash equivalents	15.206	14.969	(0.237)	15.338
Non-current assets classified as held for sale	0.000	0.000	0.000	0.000
Current Assets sub total	639.693	628.335	(11.358)	628.335
TOTAL ASSETS	2,312.688	2,299.815	(12.873)	2,299.815
Current Liabilities				
Trade and other payables	(253.207)	(261.586)	(8.379)	(261.586)
Borrowings	(1.530)	(1.456)	0.074	(1.456)
Other financial liabilities	0.00	0.00	0.000	0.00
Provisions	(364.179)	(703.683)	(339.504)	(703.683)
Current Liabilities sub total	(618.916)	(966.725)	(347.809)	(966.725)
NET ASSETS LESS CURRENT LIABILITIES	1,693.772	1,333.090	(360.682)	1,333.090
Non-Current Liabilities				
Trade and other payables	(3.555)	(3.555)	0.000	(3.555)
Borrowings	(108.810)	(108.385)	0.425	(108.385)
Other financial liabilities	0.00	0.00	0.000	0.00
Provisions	(1,362.437)	(998.694)	363.743	(998.694)
Non-Current Liabilities sub total	(1,474.802)	(1,110.634)	364.17	(1,110.634)
TOTAL ASSETS EMPLOYED	218.970	222.456	3.486	222.456
FINANCED BY:				
Taxpayers' Equity				
General Fund	0.000	0.000	0.000	0.000
Revaluation reserve	36.469	39.926	3.46	39.926
PDC	162.684	162.685	0.001	162.685
Retained earnings	19.817	19.845	0.028	19.845
Other reserve	0.000	0.000	0.000	0.000
Total Taxpayers' Equity	218.970	222.456	3.486	222.456

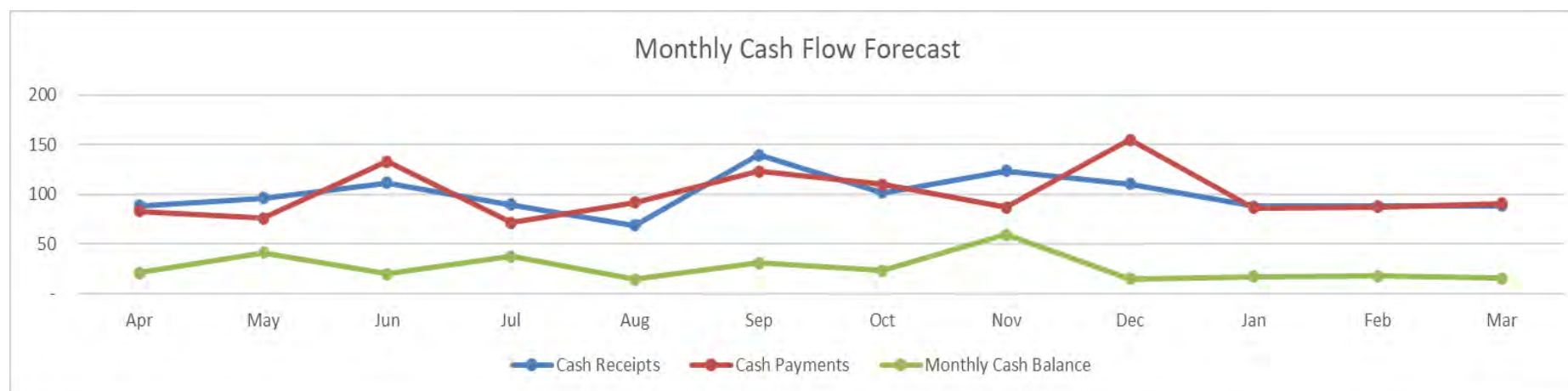
9. CASH FLOW (Includes Hosted Organisations)

The cash-flow forecast is important to enable the Trust to plan for sufficient cash availability throughout the financial year to pay its debts, such as payroll, services provided by other health bodies and private companies. The cash-flow forecast ensures that the Trust has an early understanding of any cash-flow difficulties.

Cash levels are monitored daily using a detailed cash flow forecast to ensure the Trust has sufficient cash balances to meet anticipated commitments.

Year to date cash flows and those forecast to the end of the financial year are shown in table and graph format below:

	Apr £'m	May £'m	Jun £'m	Jul £'m	Aug £'m	Sep £'m	Oct £'m	Nov £'m	Dec £'m	Jan £'m	Feb £'m	Mar £'m	Totals £'m
RECEIPTS													
Income from other Welsh NHS Organisations	49.990	55.994	45.475	48.706	53.298	81.394	65.498	54.710	84.292	54.667	55.967	52.964	702.955
WG Revenue Funding	29.236	33.465	64.624	27.572	11.458	49.581	29.267	58.979	19.804	26.267	25.767	26.267	402.287
Short Term Loans													0.000
PDC												2.056	2.056
Interest Receivable	0.163	0.119	0.142	0.136	0.129	0.152	0.107	0.114	0.164	0.155	0.155	0.155	1.691
Sale of Assets													0.000
Other	9.452	6.736	1.583	13.156	3.690	8.651	7.162	9.979	6.143	7.155	5.930	7.320	86.957
TOTAL RECEIPTS	88.841	96.314	111.824	89.570	68.575	139.778	102.034	123.782	110.403	88.244	87.819	88.762	1,195.946
PAYMENTS													
Salaries and Wages	30.118	42.171	41.742	41.568	47.485	49.601	45.924	45.392	45.326	44.440	44.440	44.440	522.647
Non pay items	52.934	34.043	86.348	29.681	43.433	72.051	62.065	40.387	107.393	34.692	35.600	38.734	637.360
Short Term Loan Repayment													0.000
PDC Repayment		0.000										0.000	0.000
Capital Payment	0.000	0.000	5.038	0.387	0.890	1.481	2.165	1.282	2.430	7.105	7.255	7.750	35.783
Other items													0.000
TOTAL PAYMENTS	83.052	76.214	133.128	71.636	91.808	123.133	110.154	87.061	155.149	86.237	87.295	90.924	1,195.791
Net cash inflow/outflow	5.789	20.100	(21.304)	17.934	(23.233)	16.645	(8.120)	36.721	(44.746)	2.007	0.524	(2.162)	
Balance b/f	15.183	20.972	41.072	19.768	37.702	14.469	31.114	22.994	59.715	14.969	16.976	17.500	
Balance c/f	20.972	41.072	19.768	37.702	14.469	31.114	22.994	59.715	14.969	16.976	17.500	15.338	



DIVISIONAL ANALYSIS

(Figures in parenthesis signify an adverse variance against plan)

Core Trust

	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Full Year Forecast	Year End Projected Variance
	£m	£m	£m	£m	£m	£m
VCC	(38.890)	(39.924)	(1.034)	(51.846)	(52.881)	(1.034)
RD&I	0.193	0.185	(0.008)	0.193	0.186	(0.008)
WBS	(17.973)	(17.864)	0.109	(24.874)	(24.765)	0.109
Sub-Total Divisions	(56.670)	(57.603)	(0.933)	(76.527)	(77.460)	(0.933)
Corporate Services Directorates	(12.661)	(11.701)	0.960	(16.864)	(15.932)	0.933
Delegated Budget Position	(69.331)	(69.304)	0.027	(93.391)	(93.391)	0.000
nVCC	(0.070)	(0.070)	0.000	(0.096)	(0.096)	0.000
Health Technology Wales	(0.204)	(0.204)	0.000	(0.272)	(0.272)	0.000
Trust Income / Reserves	69.605	69.605	0.000	93.759	93.759	0.000
Trust Position	0.000	0.027	0.027	0.000	0.000	0.000

The in month position for the core Trust is an underspend of £0.023m, leading to a year to date **underspend of £0.027m**. The year end forecast is financial **breakeven**. While divisional year end forecasts are being confirmed, their positions at month 9 are now being reflected as year end projected variances. Overall, a forecast breakeven position for the Trust is currently still expected.

VCS

	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Full Year Forecast	Year End Projected Variance
	£m	£m	£m	£m	£m	£m
Income	74.228	75.032	0.804	99.009	99.814	0.804
Expenditure						
Staff	47.557	48.361	(0.804)	63.359	64.164	(0.804)
Non Staff	65.561	66.595	(1.034)	87.497	88.530	(1.034)
Sub Total	113.118	114.956	(1.838)	150.857	152.694	(1.838)
Total	(38.890)	(39.924)	(1.034)	(51.846)	(52.881)	(1.034)

VCS Key Highlights/ Issues:

The reported financial position for Velindre Cancer Services as at the end of December 2025 was an **overspend of (£1.034m)** with an expected outturn position currently of the same value. The forecast will be firmed up in month 10 and will need to be closely monitored as the year progresses.

Income at month 9 represents a year to date overachievement of **£0.804m** which is largely a result of overachievement of additional activity income (offset by underachievement of radiotherapy and Private Patient income).

During 2024-25 LTA activity performance underachieved against the income growth target set by c£0.240m, which resulted in marginal income not matching the level of service investment that was made to support capacity within VCS. As LTA activity year to date has improved in 2025/26, it is no longer flagged as a financial risk, and the overachievement is being held to support the underachievement on radiotherapy income and underlying cost pressures within VCS.

A risk has emerged, and crystallised in part, whereby the forecast activity income in relation to the above is not expected to match the level of investment in the Workforce. The expectation to month 6 was a shortfall of between £0.500m and £0.750m during 2025-26, after mitigations have been put in place, such as holding of vacancies. A regular review of the impact and forecast position is being undertaken, with the latest expected forecast position to be a c£0.500m shortfall against plan with £0.375m phased into the year to date position. A further risk of £0.250m still remains at this stage.

VCS have reported a year to date overspend of **£(0.804)m** against staff. Snr Medical costs continue to be the largest pressure for VCS (resulting in an overspend of £0.655m to date), however, have significantly reduced following funding being provided during 2024-25 from the Trust Discretionary uplift in funding, agreed as a part the IMTP. NQN student streamlining has begun and is contributing to the year to date overspend by £0.178m. The vacancies have been helping to support the posts appointed at risk, and the divisional savings target and vacancy factor.

Non-Staff Expenditure at month 9 was **£(1.034)m** overspent which includes overspends of £0.336m for additional drug expenditure, £0.198, for legal costs, postage costs of £0.223m, £0.096m in respect of M&SE disposables, and £0.159m for the pathology SLA. The Division will need to ensure it understands the causes of these cost increases and put steps in place to mitigate them.

WBS

	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Full Year Forecast	Year End Projected Variance
	£m	£m	£m	£m	£m	£m
Income	27.490	27.989	0.499	36.444	36.944	0.499
Expenditure						
Staff	15.338	15.235	0.102	20.746	20.644	0.102
Non Staff	30.126	30.618	(0.493)	40.573	41.065	(0.493)
Sub Total	45.463	45.853	(0.390)	61.319	61.709	(0.390)
Total	(17.973)	(17.864)	0.109	(24.874)	(24.765)	0.109

Key Highlights/ Issues:

The reported financial position for the Welsh Blood Service at the end of December 2025 was an **underspend of £0.109m** with an expected outturn position currently of the same value. The forecast will be firmed up in month 10 and will need to be closely monitored as the year progresses.

WBS recognised an overachievement of **£0.499m** on income due predominantly to an increase in activity for the bone marrow registry (£0.237m), sale of plasma (£0.091m) and exportation (£0.071m).

Regarding the first item, this is promising given that last year there had been a lack of growth in the bone marrow registry, which was largely impacted during the pandemic, and is still yet to show significant signs of recovery despite the significant swab testing taking place at the beginning of last financial year. Whilst it was originally expected that the payback from the additional swabs would start to be realised before the end of last financial year it is showing positive improvement now, although, remains a significant risk. WBS continue to run campaigns to try and grow the panel in locations such as schools and universities and raise awareness through advertising on platforms such as social media, however it was recognised that the target was too high and was partly funded on both a recurrent and non-recurrent basis as part of the 2025-26 IMTP process thus reducing the target for this year.

Staff underspend of **£0.102m** to date is due to an increased CIP (savings target), along with advance recruitment and appointments made at risk without identified funding source, offset by some vacancies within the service, and the release of a year end accrual in respect of time off in lieu, and overtime costs. Work continues to be underway within WBS SLT to either secure additional funding to support these posts or continue to look into options of migrating staff into vacancies to help mitigate the current risk exposure. The finance team have created an unfunded post analysis to determine and monitor the current year and recurrent cost pressure. Some posts were recognised and funded as part of the Trust IMTP for 2025-26. Vacancies across multiple cost centres are helping to support these pay pressures.

WBS report a non-staff overspend of (**£0.493m**) as at the end of month 9. The largest cost pressure is the divisional savings target, partly offset by activity related performance.

Corporate

	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Full Year Forecast	Year End Projected Variance
	£m	£m	£m	£m	£m	£m
Income	4.069	4.722	0.653	5.752	6.406	0.653
Expenditure						
Staff	13.307	11.898	1.409	17.965	16.557	1.409
Non Staff	3.423	4.525	(1.102)	4.652	5.781	(1.102)
Sub Total	16.730	16.423	0.307	22.617	22.337	0.307
Total	(12.661)	(11.701)	0.960	(16.864)	(15.932)	0.960

Corporate Key Highlights / Issues:

The reported financial position for the Corporate Services division at the end of December 2025 was an **underspend of £0.960m** with an expected outturn position of a the same value, which will be reviewed and finalised during month 10.

The Trust is continuing to benefit from receiving high levels of bank interest as a result of interest rate rises over the last couple of years, however with interest rates decreasing we can expect to see this benefit reduce as the year progresses. There has also been a significant recovery of previously VAT paid to HMRC, as a result of an annual review exercise.

Several vacancies within the division has resulted in a year to date underspend and is offsetting the use of agency and the divisional savings target. However, this is unlikely to continue with additional staffing requirements currently being reviewed.

Non-pay overspend is again expected and largely relates to divisional CIP target and additional non pay spend currently processed via the Corporate Management budget. Funding has been provided as part of the Trust IMTP to partly support the Estates costs on a non-recurrent basis during 2025-26. The expectation is that these costs will be removed with the move to the nVCC.

RD&I

	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Full Year Forecast	Year End Projected Variance
	£m	£m	£m	£m	£m	£m
Income	3.740	4.071	0.330	5.358	5.688	0.330
Expenditure						
Staff	3.092	3.315	(0.223)	4.372	4.595	(0.223)
Non Staff	0.455	0.571	(0.115)	0.792	0.907	(0.115)
Sub Total	3.547	3.886	(0.338)	5.164	5.503	(0.338)
Total	0.193	0.185	(0.008)	0.193	0.186	(0.008)

RD&I Key Highlights / Issues

The reported financial position for the RD&I Division at the end of December 2025 was an **overspend of (£0.008m)** with an expected outturn position of the same value. This will need close monitoring as the final quarter of the year progresses.

Clinical Trials and Charitable funds income is expected to fluctuate year and will be drawn down in line with expenditure.

nVCC – (Revenue)

	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Full Year Forecast	Year End Projected Variance
	£m	£m	£m	£m	£m	£m
Income	0.035	0.085	0.050	0.046	0.097	0.050
Expenditure						
Staff	0.089	0.129	(0.040)	0.119	0.159	(0.040)
Non Staff	0.016	0.026	(0.010)	0.023	0.033	(0.010)
Sub Total	0.105	0.155	(0.050)	0.142	0.192	(0.050)
Total	(0.070)	(0.070)	0.000	(0.096)	(0.096)	0.000

nVCC Key Highlights / Issues

The reported financial position for the nVCC Programme at the end of December 2025 is a breakeven position, with a year end forecast of breakeven.

A fuller financial analysis is included in appendix 2.

HTW (Hosted Other)

	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Full Year Forecast	Year End Projected Variance
	£m	£m	£m	£m	£m	£m
Income	1.291	1.118	(0.173)	1.723	1.550	(0.173)
Expenditure						
Staff	1.412	1.238	0.174	1.883	1.709	0.174
Non Staff	0.083	0.084	(0.002)	0.111	0.113	(0.002)
Sub Total	1.495	1.322	0.173	1.994	1.822	0.173
Total	(0.204)	(0.204)	0.000	(0.272)	(0.272)	0.000

HTW Key Highlights / Issues

The reported financial position for Health Technology Wales at the end of December 2025 was **breakeven**.

HTW is funded directly via WG other than the pay award which is passed through the Trust commissioners in the same way as the core Trust.



nVCC Project Finance Report For December 2025

DATE OF MEETING	TBC
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Kate Evans Senior Finance Business Partner
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PRESENTED BY	Mark Ash Assistant Project Director
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EXECUTIVE SPONSOR APPROVED	Matt Bunce, Executive Director of Finance
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REPORT PURPOSE	FOR NOTING
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ACRONYMS	

1. PURPOSE

- 1.1 The purpose of this report is to provide a financial update to the new Velindre Cancer Centre (nVCC) Project Board outlining spend to date against the Welsh Government (WG) approved/indicative budget as of **December 2025**.
- 1.2 The nVCC and Enabling Works Project financial position is continually monitored and updated, and an update will be provided to the nVCC Project Board and Trust Board on a monthly basis.

2. FINANCIAL SUMMARY FOR 2025-26

2.1 Key matters are outlined below:

- **Capital funding** has been provided by WG for the nVCC Project resources.
- The **financial position** for the overall Project as of **DECEMBER 2025** is set out below:

		New Velindre Cancer Centre Finance						Programme	Project Director	Report Period		
		Budget	QRA	QRA Called	Approved to Spend (Budget plus QRA Called)	Spend to Date	Committed Costs	Projected	Forecast Spend to Complete	nVCC	David Powell	Dec-25
Total Costs		54.90M	12.93M	0.91M	55.80M	13.08M	18.25M	24.63M	56.02M			11.81M

- The in-year **financial position** for **DECEMBER 2025** is:
 - **CAPITAL** in-year spend of **£5.886m**, with a forecast outturn of **c£8.781m** based on run-rates and financial plan.

nVCC Project Capital Budget & Spend Summary 2025-26						
	Year to Date			Financial Year		
	Budget Dec-25 £	Spend Dec-25 £	Variance Dec-25 £	Annual Budget £	Annual Forecast £	Annual Variance £
EW FBC Project	2,753,204	2,772,683	-19,479	3,940,331	4,165,149	-224,818
nVCC FBC Project	3,113,414	3,113,414	0	4,616,000	4,616,000	0
	5,866,617	5,886,096	-19,479	8,556,331	8,781,150	-224,818

- **REVENUE** in-year spend of **£0.070m**, with a forecast outturn of **c£0.096m** based on run-rates and financial plan.

REVENUE						
	Year to Date			Financial Year		
	Budget Dec-25 £	Spend Dec-25 £	Variance Dec-25 £	Annual Budget £	Annual Forecast £	Annual Variance £
Enabling Works						
Project Delivery Support Costs	0	0	0	0	0	0
Enabling Works Revenue Total	0	0	0	0	0	0
New Velindre Cancer Centre						
nVCC Pay	54,750	54,750	0	73,000	73,000	0
Project Delivery Support Costs	15,554	15,705	-151	23,000	23,000	0
nVCC Revenue Total	70,304	70,455	-151	96,000	96,000	0
REVENUE TOTAL	70,304	70,455	-151	96,000	96,000	0

- **Cashflow** - the actual capital run-rate reflects the planned spend; and
- **Financial Risks:** The financial risks are outlined in the report.

3. FUNDING

WG funding relates to the period 1 April 2024 to 31 March 2028 and must be claimed in full by 31 March 2028 otherwise any unclaimed part of the funding will cease to be available to you.

The funding made available in the approved FBC is **£78.662m capital** and **£2.412m revenue** for the nVCC Project.

A summary breakdown of funding is shown below:

Capital Budget: £69.719m consisting of:

	£m
Deep Clinical Clean	0.272
Project (nVCC) capital expenditure – Equipment	32.540
Stage 3 and 4 delivery costs (Phase 2)	14.508
IRS Implementation costs (Phase 3 nVCC Implementation)	5.071
MIM Quantified Risk Assessment	8.496
Trust Quantified Risk Assessment	8.832

Revenue Budget: £2.412m consisting of:

Dual Running Costs (non-recurrent) currently due to be required in 2027-28 financial year.	2.412
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Enabling Works Budget: £8.943m consisting of:

	£m
Water Main Diversion / Delays (Planning & Highways)	4.659
Scope changes	0.506
Unforeseen activities	2.003
Inflation	0.408
Quantified Risk Assessment	1.367

- 3.1 The funding includes IRS implementation costs of £5.071m, which is not managed by the nVCC Project. In respect of the QRA, all QRA budgets are subject to drawdown according to the agreed QRA process. The QRA of c£18.695m will be held by WG until funding has been agreed. Therefore, the nVCC Project will be responsible for c£55.8m.
- 3.2 For clarity, it is the Welsh Government's expectation that this capital allocation is the final funding ask prior to the new Velindre Cancer Centre opening.

3.3 As a result of the Trust and Welsh Government reassessment of the QRA allocation, the capital funding has been **reduced to £72.902m**. It should be noted that the QRA is reviewed on a quarterly basis.

3.4 A summary breakdown of the estimated revised funding is shown below:

Total funding

EW Project

<i>FBC Addendum</i>	£7,575,600
<i>Original FBC</i>	£96,000
<i>QRA</i>	£1,367,400
	£9,039,000

nVCC Project

<i>Equipment</i>	£32,540,286
<i>Transactions(Resource Costs)</i>	£14,507,885
<i>Deep Clean</i>	£272,000
<i>IRS Implementation</i>	£5,071,000
<i>QRA</i>	£11,471,460
	£63,862,631
	£72,901,631

4. FINANCIAL POSITION – overall Project

4.1 The overall status of the financial position of the Project is a RAG rating of **GREEN**.

4.2 The Project overall has an agreed funding of c£55.8m. The projected spend is £56m leading to an overspend position. The spend forecast is made up of actual spend of c£13.075m, contractual commitments of c£18.249m and projected spend to completion of c£24.634m. The projected spend element of c£24.634m is primarily equipment (c£23.9m).





4.3 The overspend relates to additional costs for the EW S278 Works contract, which will be funded from EW QRA and will be called down in January 2026.

4.4 It should be noted that as at December the Trust has commitments of c£8.4m for major medical equipment with purchase orders raised in September 2025.

4.5 The Project had reserves as per the FBC of c£18.7m and into the second year of the construction phase and to date has only called down £0.909m of the QRA, which represents 4.9% of the agreed reserves. In September 2025, the Trust reviewed the QRA and reduced the risk exposure by c£5.8m. The Project has reserves of c£12.03m, less the S278 works c£0.214m. Therefore, the Project retains reserves of c£11.812m

4.6 The risk exposure was reduced in respect of major equipment; design elements and disruption of works. The retained reserve reflects a prudent provision for the remainder of the contract term.

4.7 The further breakdown of the overall Project financial position is set out below:

		New Velindre Cancer Centre Finance							Programme nVCC	Project Director David Powell	Report Period Dec-25
	Budget	QRA	QRA Called	Approved to Spend (Budget plus QRA called)	Spend to Date	Committed Costs	Projected	Forecast Spend to Complete	Unallocated Resources (Surplus)		
Enabling Works 	All Selected 7.58M	1.46M	625K	8.20M	6.63M	1.39M	387K	8.41M	625K		
Equipment 	All Selected 32.54M	2.58M	0	32.54M	146K	8.45M	23.94M	32.54M	2.58M		
Transactions (Resource Costs) 	All Selected 14.51M	5.18M	59K	14.57M	6.11M	8.40M	0	14.57M	5.12M		
MIM (Construction Costs) 	0	3.56M	225K	225K	183K	8K	35K	225K	3.33M		
Deep Clean 	272K	156K	0	272K	0	0	272K	272K	156K		

EW Project – as of December 2025

4.8 The overall financial position is an approval to spend of c£8.200m, which is set out below:



EW Project

<i>FBC Addendum</i>	£7,575,600
<i>Original FBC</i>	£96,000
<i>QRA Called</i>	£528,800
	£8,200,400

4.9 The overall financial position is set out below:

	FBC Funding	Costs Incurred	Costs Incurred to Date	Commitments	Projected Costs
		2024-25	Dec-26	Dec-26	Dec-26
EW Project					
Pay	£153,116	£153,116	£0	£0	£0
6MVA Supply - National Grid	£576,000	£480,000	£35,919	£96,000	£0
Supply Chain Fees	£645,800	£323,268	£88,689	£110,166	£0
Non Works Costs	£0	£-113,202	£0	£0	£0
Asda Works	£1,776,000	£2,008,269	£0	£0	£0
Walters Design & Build	£0	£116,260	£9,873	£0	£0
S278 works on Longwood Drive	£3,317,549	£288,858	£2,193,300	£833,343	
Offsite Habitat Creation (SW Corner)	£717,335	£434,292	£164,705	£118,338	£0
HV Intake Room	£627,600	£161,286	£280,197	£91,283	£0
Rural Path	£75,000	£0	£0		£75,000
TCAR Habitat	£72,000	£0	£0		£72,000
Revised Emergency Access	£240,000	£0	£0		£240,000
Enabling Works FBC Reserves	£0	£9,921	£0	£143,337	
TOTAL EW PROJECT	£8,200,400	£3,862,068	£2,772,683	£1,392,467	£387,000
QRA funding	£1,367,400				£1,367,400
HV Intake Room Drawdown	£-160,800				£-160,800
Asda Final Account Drawdown	£-368,000				£-368,000
Sacrificial Cable	£-96,000				£-96,000
S278 Works					£0
Addn funding	£96,000				£96,000
	£838,600	£0	£0	£0	£838,600
TOTAL nVCC EW FUNDING	£9,039,000	£3,862,068	£2,772,683	£1,392,467	£1,225,600

4.10 The overall financial position of the EW Project is spend to date is c£6.635m, with commitments of c£1.392m and projected costs of c£0.387m.

4.11 The QRA available for the EW Project is c£0.839m and reflects the unallocated resources for the Project. It should be noted that the QRA has recently been reviewed and adjusted to reflect the current risks within the Enabling works.

Financial Risks

4.12 The QRA reflects the risks being managed by the EW Project as at December 2025.

nVCC Project – as of December 2025

4.13 The overall financial position is an approval to spend of c£47.604m, which is set out below:

nVCC Project

<i>Equipment</i>	£32,540,286
<i>Transactions(Resource Costs)</i>	£14,507,885
<i>Deep Clean</i>	£272,000
<i>QRA Called</i>	£284,000
	£47,604,171

4.14 The overall financial position is set out below:

	FBC Funding	Costs Incurred	Costs Incurred to Date	Commitments	Projected Costs
		2024-25	Dec-26	Dec-26	Dec-26
nVCC MIM Activities					
<i>Project Management Office</i>	£3,325,884	£1,181,156	£826,248	£1,318,479	£0
<i>Design & Construction Workstream</i>	£2,606,271	£629,664	£660,715	£1,315,893	£0
<i>Equipment, Commissioning and Migration Workstream</i>	£3,722,193	£372,839	£476,716	£2,872,638	£0
<i>Digital Workstream</i>	£1,935,417	£113,756	£232,804	£1,588,857	£0
<i>Engagement & Communications Workstream</i>	£380,688	£159,689	£103,874	£117,125	£0
<i>Commercial Activity Group</i>	£2,242,432	£621,540	£503,892	£1,117,000	£0
<i>Strategic Reserves</i>			£0	£0	£0
<i>Project Delivery</i>	£295,000	£117,988	£110,735	£66,277	£0
<i>Major Medical Equipment</i>	£10,676,400	£0	£0	£8,194,000	£2,482,400
<i>Other Equipment</i>	£12,385,200	£0	£51,781	£61,572	£12,271,847
<i>IM&T infrastructure</i>	£5,359,802	£0	£0	£0	£5,359,802
<i>Digital</i>	£433,415	£0	£94,396	£197,354	£141,665
<i>Digitisation of Health Records</i>	£3,685,469	£0	£0	£0	£3,685,469
<i>Non Works Costs</i>	£272,000	£0	£0	£0	£272,000
<i>MIM Construction Costs</i>	£225,000	£130,434	£52,252	£7,748	£34,566
<i>PROW Diversions</i>	£59,000		£0	£0	£59,000
TOTAL nVCC PROJECT	£47,604,171	£3,327,065	£3,113,414	£16,856,943	£24,306,749
QRA funding					
	£11,471,000				£11,471,000
<i>Asda Traffic Management Drawdown</i>	£-225,000				£-225,000
<i>PROW Diversions</i>	£-59,000				£-59,000
	£11,187,000	£0	£0	£0	£11,187,000
TOTAL nVCC MIM FUNDING	£58,791,171	£3,327,065	£3,113,414	£16,856,943	£35,493,749
<i>IRS Implementation</i>	£5,071,000	£963,000	£1,400,000	£428,000	£2,280,000
TOTAL nVCC MIM FUNDING	£63,862,171	£4,290,065	£4,513,414	£17,284,943	£37,773,749

4.15 The overall financial position of the nVCC Project is spend to date is c£6.440m, with commitments of c£16.857m and projected costs of c£24.307m.

4.16 The QRA available for the nVCC Project is c£11.187m and reflects the unallocated resources for the Project. It should be noted that the QRA has recently been reviewed and adjusted to reflect the current risks within the project.

Financial Risks

4.17 The QRA reflects the risks being managed by the nVCC Project and there are no additional financial risks reported as of December 2025.

5. Financial Position – in year position for 2025-26

5.1 The in year financial position for **DECEMBER 2025** is reporting an **overspend** position due to the additional funding required for Enabling works that will be requested from the QRA funds available.

- **CAPITAL** in-year spend of **£5.886m**, with a forecast outturn of **c£8.781m** based on run-rates and financial plan

The detailed capital financial position is set out below:

nVCC Project Budget & Spend 2025-26						
CAPITAL	Year to Date			Financial Year		
	Budget Dec-25 £	Spend Dec-25 £	Variance Dec-25 £	Annual Budget £	Annual Forecast £	Annual Variance £
Enabling Works						
Enabling Works Pay	0	0	0	0	0	0
6MVA Supply - National Grid	35,919	35,919	0	131,919	131,919	0
Supply Chain Fees	88,689	88,689	0	198,855	198,855	0
Non Works Costs	0	0	0	0	0	0
Asda Works	0	0	0	0	0	0
Walters Design & Build	9,873	9,873	0	9,873	9,873	0
S278 works on Longwood Drive	2,173,821	2,193,300	-19,479	2,801,824	3,026,643	-224,818
Offsite Habitat Creation (SW Corner)	164,705	164,705	0	283,043	283,043	0
HV Intake Room	280,197	280,197	0	452,735	371,480	81,255
TCAR Extension Planning Application	0	0	0	0	0	0
Rural Path	0	0	0	0	0	0
TCAR Habitat	0	0	0	0	0	0
Revised Emergency Access	0	0	0	0	0	0
Enabling Works FBC Reserves	0	0	0	62,083	143,337	-81,255
Enabling Works Capital Total	2,753,204	2,772,683	-19,479	3,940,331	4,165,149	-224,818
New Velindre Cancer Centre						
Project Management Office	936,983	936,983	0	1,282,372	1,282,372	0
Design & Construction	660,715	660,715	0	891,469	891,469	0
MIM (Construction Costs)	52,252	52,252	0	60,000	60,000	0
Equipment, Commissioning and Migration	476,716	476,716	0	757,888	757,888	0
Medical and Other Equipment Procurement	51,781	51,781	0	113,353	113,353	0
Digital	232,804	232,804	0	353,081	353,081	0
IM&T & Digital Procurement	94,396	94,396	0	291,750	291,750	0
Engagement & Communications	103,874	103,874	0	141,488	141,488	0
Commercial Activities Group	503,892	503,892	0	681,278	681,278	0
Strategic Reserves	0	0	0	43,321	43,321	0
nVCC Capital Total	3,113,414	3,113,414	0	4,616,000	4,616,000	0
CAPITAL TOTAL	5,866,617	5,886,096	-19,479	8,556,331	8,781,150	-224,818

5.2 The key **EW CAPITAL** areas of spend to date are explained as follows:

Work Packages are outlined below:

- **Supply Chain Fees – spend of £0.089m** - costs associated with advisory support provided by WSP (£0.084m) and Escrow fees (c£0.004m).
- **Asda Works – no spend** - costs associated with the Asda car park works costs c£0.000m. The final account is being finalized.
- **Velindre Works – spend of £0.010m** - costs associated with the D&B contract by Walters for the site works. Residual costs incurred c£0.010m.
- **S278 Works Longwood Drive – spend of £2.193m** - costs associated with the highway improvement works on Longwood Drive agreed with Cardiff County Council. Works costs c£2.153m, Water works c.£0.019m and advisory costs c£0.021m.
- **Off-site Habitat – spend of £0.165m** - costs associated with the offsite habitat creation required as part of the EPSL.
- **HV Intake Room – spend of £0.280m** - costs associated with the design and build of the HV intake room. Works costs are c£0.274m.
- **Reserves – no spend** - costs are c£0.000m – no spend to date.

5.3 The key **nVCC CAPITAL** areas of spend to date are explained as follows:

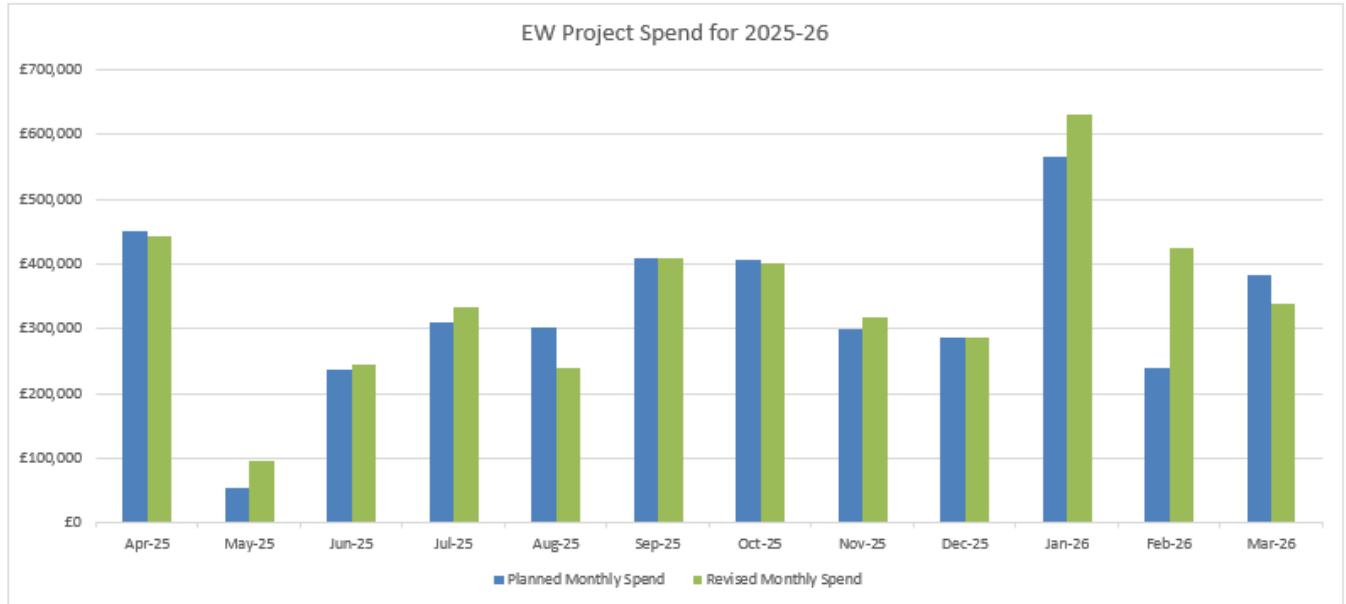
- **Staffing** - WG funded posts **spend of £1.845m**. Reflects the Project posts and a run rate of c£0.205m per month.

Work Packages are outlined below:

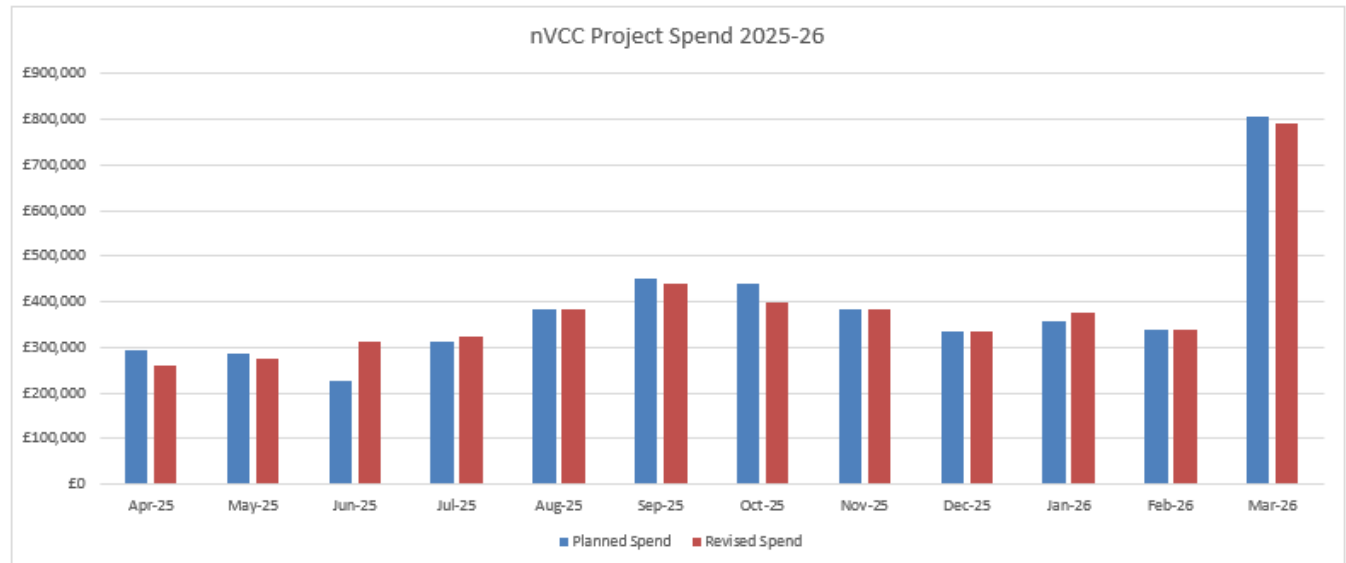
- **Project Delivery** – costs associated with the running of the Project Office and spend is **£0.111m**.
- **Capability Review – spend £0.050m**.
- **RDD Process – spend of £0.188m** for the reviewable design data process as RIBA stage design is finalized with Project Co.
- **Construction Phase – spend of £0.193m** for the services provided by the Authority Construction Surveyor.
- **MIM Construction costs – spend of £0.052** for the Asda Traffic management works.
- **Equipment Advisers & purchases – spend of c£0.117m** for equipment advice, Consultation site visits and Radiation dosage meters.
- **Digital and IM&T Equipment procurement – spend of c£0.108m** mainly for Switches and the Mizaic report for the Digitalisation of Health records Programme.
- **Engagement and Communications – spend of c.£0.012m** for 3D Flythrough presentations.
- **Project Management Advisers – spend of c£0.158m** for the SRO; Project Control and Risk Management support.
- **Professional Advisers – spend of £0.279m** for legal advice on the PA and changes, and range of commercial matters; commercial support.
- **Reserves – spend of £0.0.00m** – no spend to date.

5.4 Cashflow

The graph below outlines the Enabling works actual capital spend to **DECEMBER 2025** is **£2.773m**. The actual run-rate is **in line** with planned spend.



The graph below outlines the nVCC actual capital spend to **DECEMBER 2025** is **£3.113m**. The actual run-rate is **in line** with planned spend.



5.5 **Capital Resource Limit** - the revised CRL for the EW and nVCC Project(s) was **reviewed and agreed with WG in September 2025**:

- For **DECEMBER 2025** the capital spend forecast outturn is **£8.781m**
- WG have **approved** the revised CRL for the Project(s).

5.6 The CRL position is outlined below:

EW Project

Period 2025-26	CRL awaiting approval £m	Actual & Forecast Spend £m	Variance £m
Apr-25	0.450	0.442	0.008
May-25	0.055	0.096	-0.041
Jun-25	0.236	0.245	-0.008
Jul-25	0.311	0.334	-0.023
Aug-25	0.302	0.241	0.062
Sep-25	0.408	0.408	0.000
Oct-25	0.405	0.401	0.004
Nov-25	0.299	0.319	-0.019
Dec-25	0.287	0.287	-0.000
Jan-26	0.566	0.630	-0.063
Feb-26	0.239	0.424	-0.185
Mar-26	0.382	0.339	0.043
TOTAL	3.940	4.165	-0.225

nVCC Project

Period 2025-26	CRL awaiting approval £m	Actual & Forecast Spend £m	Variance £m
Apr-25	0.258	0.258	0.000
May-25	0.276	0.276	0.000
Jun-25	0.314	0.314	0.000
Jul-25	0.323	0.323	0.000
Aug-25	0.383	0.383	0.000
Sep-25	0.440	0.440	0.000
Oct-25	0.399	0.399	0.000
Nov-25	0.302	0.385	-0.082
Dec-25	0.310	0.334	-0.024
Jan-26	0.325	0.376	-0.050
Feb-26	0.230	0.338	-0.108
Mar-26	1.054	0.789	0.265
TOTAL	4.616	4.616	0.000

6. QUANTIFIED RISK ASSESSMENT (QRA)

6.1 The **Original QRA position was £18.7m** as per the FBC and approved by Welsh Government. The revised position is now **c£12.935m** following the bi-monthly review conducted with Welsh Government. This reduction of £6m reflects the negating of the risks to the project, particularly in the procurement of the Category 2c equipment allocation.

6.2 The Project has utilised **c£0.91m** of the QRA and the funding has been provided by WG.

6.3 The remaining QRA is **c£12.059m with the profiling set out in the below:**

REVISED QRA (SEPT 25)	2024-25	2025-26	2026-27	2027-28	TOTAL
REVISED NVCC QRA - MIM (SEPT 25)		£150,000	£3,156,000		£3,306,000
REVISED NVCC QRA - MIM (SEPT 25)		£0	£4,828,800	£3,085,200	£7,914,000
REVISED EW QRA (SEPT 25)		£332,400	£506,200	£0	£838,600
TOTAL QRA	£0	£482,400	£8,491,000	£3,085,200	£12,058,600

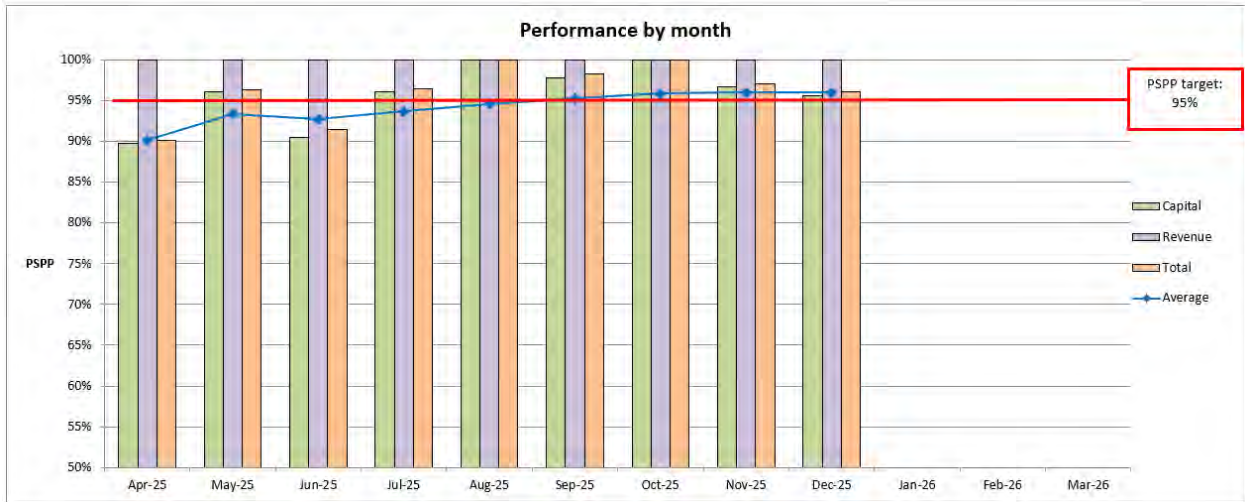
6.4 The Project reviews the QRA on a quarterly basis and the risks quantification re-assessed. The next review will take place in January 2026.

7. PUBLIC SECTOR PAYMENT POLICY

7.1 For **DECEMBER 2025**, the PSPP performance was **96%** and the PSPP target was **achieved**. Of the 51 invoices for payment, 49 invoices were processed within the 30-day deadline.

7.2 The average PSPP performance to date for 2025-26 is **96%**.

7.3 The Project(s) PSPP monitoring report is outlined below:



8. Considerations for Board

8.1 An extract of this report is reported in the Trust Boards Finance Report.

9. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies, please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The financial implications are outlined in the report.

6. RECOMMENDATION

6.1. The nVCC Project Board are asked to **NOTE** the contents of this report.



Trust Board	
TRUST RISK REGISTER UPDATE	
DATE OF MEETING	29 January 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ASSURANCE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Mel Findlay, Risk and Assurance Manager
PRESENTED BY	Non Gwilym, Interim Director of Corporate Governance
APPROVED BY	Non Gwilym, Interim Director of Corporate Governance
EXECUTIVE SUMMARY	<p>The report:</p> <ul style="list-style-type: none"> • highlights the current extract of risk registers for risks scoring 12 and above for Quality/Safety and 15 and above for all other domains. • allows the Trust Board to have effective oversight and assurance of the way in which risks are being managed across the Trust. • provides the Trust Board with a summary of activity related to the status of the risks and associated movement.
RECOMMENDATION / ACTIONS	<p>The Bord is asked to:</p> <ul style="list-style-type: none"> • NOTE the risks in the quality and safety domain with a score of 12 and risks in other domains with a score of 15 on the Risk Register. • NOTE the update on the Datix risk system



	replacement.
COMMITTEE / GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING	
COMMITTEE OR GROUP	DATE
Velindre Cancer Service Divisional Team	Data shared
Welsh Blood Service Senior Leadership Team (WBS SLT)	Data Shared
Executive Management Board (EMB)	22.12.2025
Quality, Safety and Performance Committee (QSP)	13.01.2026
Data has been validated in divisions.	
EMB discussed the risks and updates, in particular financial risks, noting the paper.	
QSP discussed and noted the following:	
<ul style="list-style-type: none"> • Digital leadership risk: the score was reduced from 12 to 9 due to new controls and mitigation plans, including recruitment for senior clinical digital roles. • The administration of SACT risk regarding closed drug transfer system devices was clarified as a longstanding requirement not yet implemented due to financial implications. The committee agreed to track progress, especially as it may soon become a legislative requirement. • The risk register is now more dynamic and closer to real-time updates. 	
ASSURANCE RATING ASSESSED BY EXECUTIVE SPONSOR	Level 3 - Actions for symptomatic, contributory and root causes. Impact from actions and emerging outcomes
APPENDICES	
1	Trust Risk Register

1. SITUATION

This report informs the Board of the status of reportable risks in line with the Board approved risk appetite levels and policy. The baseline information is drawn from Datix, with additional information provided by the Velindre Cancer Service (VCS) and the Welsh Blood Service (WBS) monthly risk analysis reports.

Risks reported in this paper are:

1. risks in the safety/quality domain with a risk level of 12 and above.
2. risks in the non-safety domain risk level of 15 and above.



2. ASSESSMENT

2.1 Trust Risk Register

The Trust Risk Register is available as Appendix 1.

2.2 There are three new risks on to the Trust Risk Register:

Risk 3832

'There is a risk to staff safety administering SACT without the use of closed drug transfer system devices, leading to potential impact on health from repeated cytotoxic exposure.'

An action plan is in place to manage the risk:

- SBAR, QIA, Risk Assessment to be presented at QSREB
- Escalation to procurement for tender of products, following Board approval
- Financial business case development
- Education and training for CSTDs for rapid role out

Risk 3714

'There is a risk to patient safety as a result of increased demand on the booking team leading to a delay in scheduling SACT treatments and potential breaches.'

An action plan is in place to manage the risk:

- The SACT pathway clinical lead/Performance and Scheduling manager to triage all new referrals to ensure waits for patients meet the target based on clinical intent where this is possible.
- Closure of CDU desk
- HCSW utilisation and overtime offered to current staff members.

Risk 3685

"There is a risk to leadership stability and capacity due to a number of interim positions on the Executive Management Board and a key vacancy."

The following actions have been identified:

- Confirm timescales for recruiting into permanent roles (end of January 2026)
- Confirm interim positions in accordance with Welsh Health Circulars (ongoing – aligned to Action 1)
- Confirm decision making processes and accountabilities (ongoing – confirmed January 2026)

2.3 One risk has been removed since the last reporting cycle:

Risk 3678

'There is a risk to patient safety as a result of independent result entry and authorisation leading to incorrect results being reported on a patient.'

This risk has been closed as it is a duplication of risk 3795, which is being managed and appears on the Trust Risk Register.

One new risk was presented onto the Risk Register at the beginning of the reporting period and has since been reduced below the reporting threshold:

Risk 3751

'There is a risk to quality and safety due to a temporary lack of senior clinical digital personnel, which may lead to a reduced senior clinical digital oversight in respect of current and future clinical digital systems.'

The risk movement is detailed in section Section 3 of Appendix 1.

2.4 As a result, the current Public Trust Risk Register is showing:

- A total of 14 risks reporting onto the public Trust Risk Register.
- Six risks with a score of 12 or above reported in the safety/quality domain.
 - o Two on the VCS register
 - o Four on the WBS register
- Eight with a score over 15 or above reported in other domains.
 - o One on the VCS register
 - o One on WBS register
 - o Six on the Corporate risk register.

3.0 Risk Themes

The risk themes in this document cluster around quality and safety (for both patients and staff), operational performance and sustainability, digital/IT system reliability, governance and assurance, and workforce stability and capability. Each theme is supported by specific risks, actions, and ongoing monitoring

1. Quality and Safety

- **Patient Safety Risks:** Multiple entries highlight risks to patient safety, such as insufficient capacity in SACT (Systemic Anti-Cancer Therapy) services, delays in treatment scheduling, and risks from outdated or manual IT systems leading to potential errors in test results or reporting.
- **Staff Safety Risks:** There are concerns about staff exposure to cytotoxic drugs due to the lack of closed drug transfer systems.
- **Quality of Care:** Risks related to pre- and post-examination processes, manual workarounds, and aged laboratory systems that could adversely impact patient care.

2. Performance and Service Sustainability

- **Operational Capacity:** Risks due to increased demand, workforce shortages, and leadership gaps that may affect service delivery and sustainability.
- **Business Continuity:** Risks of loss of electrical supply or IT system failures that could disrupt services, especially in critical areas like the Welsh Blood Service.

3. Digital and IT Risks

- **Legacy Systems:** Several risks stem from reliance on outdated IT systems (e.g., SERIF, FEDIS), delays in implementing new systems (e.g., LIMS 2.0, WHAISIT), and integration challenges with national digital programs.

4. Governance and Assurance

- **Corporate Governance:** Risks to the quality of clinical and corporate governance due to current assurance and reporting arrangements has decreased following receipt of the WG report on the Accountability and Governance Arrangements.
- **Strategic Alignment:** Risks related to the Trust's ability to deliver on strategic objectives due to capacity constraints, changing priorities, and the need for robust assurance mapping.

5. Workforce

- **Workforce Gaps:** Risks associated with staff sickness, turnover, and gaps in leadership, which may impact service delivery and increase operational risk.
- **Training and Education:** The need for ongoing education and training, particularly around new systems and safety protocols, is highlighted as a mitigation action.

2 KEY MATTERS - Summary of Actions Taken/ In Plan from Recent Governance Cycle

Datix System Replacement

The contract with Datix 14 runs until November 2027.

Meetings on the relevant issues have taken place of risk peers across NHS Wales during the reporting period. There is an appetite to agree a specification for the new system collaboratively. Intelligence around systems will be shared, as will sessions booked for demonstrations from providers. The collegiate approach was favoured by Health Boards and Trusts represented at the meeting.

Last month, the Trust's Task and Finish group agreed to:

- Continue to work on the specification requirements, taking into account the peer group work undertaken across NHS Wales.
- Create a plan procurement notice (PPN) as a part of the procurement process to enable engagement with potential system suppliers to develop the Trust's requirement and procurement approach and identify potential suppliers. The proposed date for this activity is 27 February 2026.

Risk Policy Review

EMB will consider the review of the Trust's Risk Strategy in January. This will include a refreshed risk appetite statement, policy and supporting procedural documents.

The risk policy, strategy and procedure are due to be considered at Audit Committee in March 2026.

3 SUMMARY OF MATTERS FOR CONSIDERATION

The Board is asked to **NOTE** the risks in the quality and safety domain with a score of 12 and risks in other domains with a score of 15 and above.

5. IMPACT ASSESSMENT

RELATED TRUST STRATEGIC GOAL(S)	
Please tick all relevant goals:	
. Outstanding for quality, safety and experience	<input checked="" type="checkbox"/>
RELATED STRATEGIC TRUST ASSURANCE FRAMEWORK RISK	06 - QUALITY & SAFETY06 - QUALITY & SAFETY
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Safe <input checked="" type="checkbox"/> Timely <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Cantered <input checked="" type="checkbox"/>



	The risk register and associated risk framework are imperative to quality and safety in the organisation.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED	Not required.
TRUST WELL-BEING GOAL IMPLICATIONS/IMPACT	There are no direct well-being goal implications or impact in the current risks in this paper.
	The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report. There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT	No - Include further detail below No - Include further detail below
	There is no direct equality impact in respect of this paper, however each risk will have an impact assessment where appropriate.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report. There are no specific legal implications related to the activity outlined in this report.

4 RISKS


ARE THERE RELATED RISK(S) FOR THIS MATTER	The risks are detailed in the paper.
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TRUST RISK REGISTER
Trust Board – January 2026 reporting cycle


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

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

SECTION 1 – Current Trust Risk Register

No	ID & DATE OPENED	DIRECTORATE	RISK DOMAIN	RISK OWNER		INHERENT RATING	CURRENT RATING	TARGET RATING & EXPECTED DATE	RATING CHANGE SINCE LAST REPORTING PERIOD	ACTIONS & DUE DATE	PROGRESS SINCE LAST REPORTING PERIOD
Velindre Cancer Service											
12+ Risks in the Quality and Safety domains											
1	3747 01.08.25	VCS	Safety	Interim General Manager	There is a risk to patient safety as a result of insufficient capacity within the SACT day case service leading to delay in patients receiving SACT treatment	20 (4x5)	12 (3x4)	6 (3x2) Target date: 30.06.2026		A Surge Capacity Action Plan will be developed to explore opportunities and implement actions at pace to support mitigation of the current and future capacity gap. This will include exploration of additional capacity across Pharmacy, nursing and pre SACT assessment in the short term. The SACT expansion business case is currently in development, and this will be updated to reflect the current growth of 14%. This will ensure sustainable additional capacity is planned for and the VCS has the appropriate workforce across all areas to deliver this capacity safely and efficiently. In addition, there will be a focus to expedite high benefit protocols which will support even balance of activity across the week to ensure optimisation of all available capacity. This will include implementation of new ways of working and transformation of the current SACT Pathway.	Update 06.01.2026 Day of week capacity pressures are increasing, resulting in waiting times of over 40 days for some patients in January. Social factors contribute to a proportion of these delays. Targeted work is underway to develop a specialised approach to Medicines at Home utilisation, ensuring optimal use of available service capacity.

TRUST RISK REGISTER

2	3714 24.06.25 *New to TRR	VCS	Safety	Interim general Manager	There is a risk to patient safety as a result of increased demand on the booking team leading to a delay in scheduling SACT treatments and potential breaches	16 (4x4)	12 (4x3)	6 (2x3) Target date: 01.06.26	New risk		31.12.2025 Current workforce gaps associated with high absence levels and 2wte vacancies will reduce the workforce capacity within the SACT Bookings team to 50% by 23.01.26. The team leader position is out to advert with a closing date of 7/1/26. A business for the SACT Booker vacancy is due to go to scrutiny in January. Current mitigation includes; SACT Pathway Clinical Lead Nurse and the SACT Clinical Lead – Service Quality & Development Nurse to support the leadership elements as an interim measure. Redirection of resource from the Treatment Helpline to support some sessions, training of staff to complete transport bookings outside of the bookings team. Additionally, there is work underway to move ambulatory bookings out of the SACT Booking activity.
15+ Risks in other domains											
3	3832 02.12.25 *New Risk	VCS	Safety	SACT Clinical Lead	There is a risk to staff safety administering SACT without the use of closed drug transfer system devices, leading to potential impact on health from repeated cytotoxic exposure.	15 (3x5)	15 (3x5)	6 (3x2) Target date 31.01.26	New risk	<ol style="list-style-type: none"> 1. SBAR, QIA, Risk Assessment to be presented at QSREB complete 2. Escalation to procurement for tender of products, following Board approval 3. Financial business case development 4. Education and training for CSTDs for rapid role out 	Update 05.01.2026 1. Implementation of CSTDs supported by QSREB 18.12.25
Welsh Blood Service											
12+ Risks in the Quality and Safety domains											
4	3418 03.07.25	WBS	Quality/ Safety	Head of Transplantation Services	There is a risk to quality, as a result of pre- and post-examination processes for all tests yielding patient results, leading to a potential adverse impact on patient care.	12 (4x3)	12 (4x3)	4 (4x1) Target date 28.03.26		1. Introduction of LIMS to mitigate the risk of manual transcription errors	07/01/2026 The risk still remains significant as the mitigating action (implementation of LIMS in Transplantation Services) is the only action that will reduce this risk score - implementation on track for March 2026





TRUST RISK REGISTER

5	3795	WBS	Quality	Head of Transfusion services	There is a risk to patient safety as a result of independent result entry and authorisation leading to incorrect results being reported on a patient.	12 (4x3)	12 (4x3)	8 (4x2)		<ol style="list-style-type: none"> 1. Review of the target scoring to be completed as changes to SERIF have been rejected. 2. Update SERIF standard comments to minimise transcription to predominantly a selection of pre-determined comments, update SOPS & train staff to this process 	07/01/2026 Risk position remains unchanged, risk reduction is reliant on implementation of replacement LIMS. Risk consideration has included current inability to work smarter due to system limitations. Further operational actions are being taken to mitigate risk where possible.
6	2774 27/10/20 24	WBS	Quality/ Safety	Director of WBS	There is a risk to quality and safety as a result of extensive manual workarounds due to outdated legacy IT systems, leading to increased risk of incorrect test results and patient harm.	16 (4x4)	12 (4x3)	4 (4x1)		<ol style="list-style-type: none"> 3. Implement replacement IT System (Q3) 4. Discovery and planning 5. Transformation workstream - process redesign and system config 6. Data workstream - migration of legacy data 7. Application workstream - build of environments, database and interfaces 	07/01/2026 Trend/Direction of Travel = No movement. The risk scoring remains unchanged until the replacement system is live to mitigate. No further controls/mitigations can be identified to reduce the risk prior to replacing the system Go-live Date for the WHAISIT project has been set as end of Feb 2026. No impact on risk scoring at this time. Project is currently in Validation testing.
7	3388 07/05/20 24	WBS	Quality	Director of Welsh Blood Service	There is a risk to Quality and Performance as a result of reporting errors and limited accessibility of reports due to no interfaces between the Fetal D IT System (FEDIS) and NHS Wales Digital Applications, leading to suboptimal antenatal care.	16 (4x4)	16 (4x4)	2 (2x1)		<ol style="list-style-type: none"> 1. Develop and validate interface between FEDIS and eMPI+WRRS when available 	Update 17.12.25 Stable/No movement - work ongoing with DHCW to complete the demographic and reporting integrations (managed under PR000553). DHCW have one final issue to resolve before the project can move on from SIT into UAT. This issue has been outstanding since 20th November, with no confirmed timeline from DHCW for resolution. There will be further slippage of the project timelines, the extent of which is currently unknown until the final issue is resolved. 10.11.25 Stable/No movement - work ongoing with DHCW to complete the demographic and reporting integrations (managed under PR000553). There have been some issues on the DHCW side encountered during SIT testing. These have yet to be fully resolved, and have resulted in further slippage of the project timelines. CPG have approved an extension of the implementation

TRUST RISK REGISTER


																			<p>timeline to go-live 27/04/2026, to avoid a resource conflict with the WHAISIT Project.</p> <p>due date extended to 27/04/2026 in line with updated project timelines (to avoid clash with WHAISIT)</p>
15+ Risks in other domains																			
8	3306 15/01/25	WBS	Performance and Sustainability	Director of Welsh Blood Service	There is a risk of loss of performance and sustainability, as a result of a loss of electrical supply leading to a loss of service and production at Welsh Blood services Llantrisant.	20 (5x4)	15 (5x3)	5 (5x1)										<p>1. Review of risk assessment required</p>	<p>07/01/2026</p> <p>All the contingency measures i.e. hire of generator and hire of cold store have all been taken off hire and have left the service yard. No further electrical works are required at this point in time</p>
Corporate																			
15+ Risks in other domains																			
9	3685 19.01.26 *New risk	Corporate	Service Sustainability Reputational	Interim CEO/ Interim Executive Director of Workforce and Organisational Development	There is a risk to leadership stability and capacity due to a number of interim positions on the Executive Management Board and a key vacancy.	20 (4x5)	15 (3x5)	4 (2x2)	** New risk									<p>1. Confirm timescales for recruiting into permanent roles (end of January 2026)</p> <p>2. Confirm interim positions in accordance with Welsh Health Circulars (ongoing – aligned to Action 1)</p> <p>3. Confirm decision making processes and accountabilities (ongoing – confirmed January 2026)</p>	<p>19.01.26</p> <p>interviews for Executive Director Transformation, Planning and Digital held w/e 16 January. Appointment confirmed. Awaiting confirmation of start date.</p>
10	3634 03.04.25	Corporate	Multiple Risk Domains Quality Performance and Service sustainability Workforce	Chief Digital Officer	There is a risk to Quality, Performance and Service Sustainability, and Workforce domains as a result of demand for work on new digital services exceeding the capacity of the Trust digital team and the Trust's capacity to take on the business changes management leading to priority service initiatives enabled by digital not being delivered successfully, stress and burnout for the digital team and regularly changing priorities.	16 (4x4)	16 (4x4)	6 (3x2)										<p>1. Agree the final plans with the service areas - expected to be complete by the end of May 2025.</p> <p>2. External partner will review the roadmap.</p> <p>3. Capacity demand plan will be developed to support the roadmap.</p>	<p>09.01.2026</p> <p>The digital diagnostic outcome will be reported to EMB in January 2026.</p> <p>Digital deep dive at EMB and SDC in November.</p> <p>Commenced digital diagnostic on 10.11.25 and will report back to EMB in January 2026 10.10.2025</p> <p>Paper submitted to EMB in August 2025 proposing the plan, which was noted.</p>

TRUST RISK REGISTER


11	3646 15.04.2025	Corporate	Performance and Service Sustainability	Chief Digital Officer	There is a risk to that the WLIMS 2.0 go-live date will be delayed due to delays in the national programme timeline causing an impact on realising project outcomes and additional demand for further development of existing legacy systems.	20 (4x5)	20 (4x5)	6 (2x3)		<ol style="list-style-type: none"> 1. Participating in national planning for LIMS across NHS Wales. Local plans are ready to test on LIMS 2.0. 2. Agree the new launch date with WBS Futures Programme. 3. Mitigation plan in place with existing SERIF system. 	<p>16.01.2026 Current proposed go live date, although unconfirmed, is at the earliest an implementation date of August 2026</p> <p>All Wales CEO meeting on 22.01.2026 for an update on current position.</p> <p>Risk reviewed. The position of the national programme has worsened significantly requiring a review of the inherent risk. Which is now 20 (Impact 4 x likelihood 5)</p>
12	3656 24.04.25	Corporate	Performance and Service Sustainability	Director of Corporate Governance	There is a risk to the quality of clinical and corporate governance due to the current assurance and reporting arrangements of hosted services.	20 (5x4)	16 (4x4)	6 (3x2)		<ol style="list-style-type: none"> 1. Annual accounts and accountability report to be approved by Trust Board. 2. Assurance mapping to be reviewed and completed by end of June 2025 3. WG review of current arrangements to be concluded by end of July 2025 	<p>16.12.25 Annual Report presented at AGM. Assurance mapping underway in n response. Now in receipt of WG report. Approach to implementation to be confirmed.</p>
13	3633 15.04.2025	Corporate	Multiple Risk Domains	Chief Digital Officer	There is a risk to Quality and Performance and Service Stability as a result of the lack of capacity of Digital Health and Care Wales to integrate VUNHST digital systems into the National Architecture on a timely basis leading to delays in the Trusts ability to introduce new digital systems to support its strategic objectives. In particular integration for the IRS, WHAIS, FEDIS projects has had to be escalated to the DHCW Executive for resolution.	15 (3x5)	12 (3x4)	6 (3x2)		<ol style="list-style-type: none"> 1. Share Integration Plan with DHCW to be clear about priorities – Complete 2. Weekly escalation meetings with the DHCW Exec Director responsible to monitor assure on progress. 3. Trust to line up third party suppliers (e.g. Thermofisher) to provide their Integration at the right time. 	<p>09.01.2026 Fetal D Information System (FEDIS) and WHAIS interfaces are now being built by Digital Health Care Wake (DHCW). The service would still like to accelerate the plans if possible.</p> <p>WH AIS is on track to go live in February 206, without the Intergration, which will need to be delivered in a subsequent phase.</p>
14	3632 03/04/25	Corporate	Multiple risk domains - Performance and service sustainability - Quality	Chief Digital Officer	There is a risk to Quality and Performance and Service Stability as a result of National Digital Programmes managed by Digital Health and Care Wales (DHCW) not being delivered to time/cost/quality for use by the Velindre Trust leading to disruption of the clinical model and the plan to transition services to the new Velindre Cancer Centre. The National DHCW programmes of concern for the Trust are RISP/WLIMS/EPMA.	16 (4x4)	16 (4x4)	8 (4x2)		<p>Risk reviewed. Likelihood reduced from 4 to 3 due to the change note for RISP, resetting the date of EPMA project starting. <i>Review date: 31.03.2026</i></p>	<p>09.01.2026 Electronic Prescribing and Medicines Administration (EPMA) remains on track.</p> <p>Radiotherapy Informatics System Procurement (RISP) has a no go decision for go live in January. Go live is being planned for April 2026.</p> <p>Welsh Laboratory Information Management System (WLIMS) is very high risk there is no national plan for the national transfusion module.</p>

TRUST RISK REGISTER

SECTION 2 - Risks Decreased below Board threshold or closed since last reporting cycle. This section is for assurance purposes and is not included in the current risk count reported in the paper.

ID & DATE OPENED	DIRECTORATE	RISK DOMAIN	RISK OWNER		INHERENT RATING	CURRENT RATING	TARGET RATING	RATING CHANGE SINCE LAST REPORTING PERIOD	PROGRESS SINCE LAST REPORTING PERIOD
3678 30.05.2025	WBS	Quality/Safety	Head of Transfusion Services	There is a risk to patient safety as a result of independent result entry and authorisation leading to incorrect results being reported on a patient.	12 (4x3)	12 (4x3)	4 (4x1)		Risk closed as it is a duplication for risk 3795, which is reporting on the Trust Risk Register.

SECTION 3 – Risks decreased below Board threshold in this reporting period. This section is for assurance purposes and is not included in the current risk count reported in the paper.

ID & DATE OPENED	DIRECTORATE	RISK DOMAIN	RISK OWNER		INHERENT RATING	CURRENT RATING	TARGET RATING	RATING CHANGE SINCE LAST REPORTING PERIOD	PROGRESS SINCE LAST REPORTING PERIOD
3751 13.8.25 *New risk to the TRR	Corporate	Safety	Chief Digital Officer	There is a risk to quality and safety due to a temporary lack of senior clinical digital personnel, which may lead to a reduced senior clinical digital oversight in respect of current and future clinical digital systems.	12 (3x4)	9 (3x3)	4 (2x2)		13.01.2026 Risk reviewed with Exec Medical Director, Exec Director of Nursing and Chief Digital Officer. Current risk score has reduced due to the current controls in place reducing the likelihood to 3 (Possible). Target risk score also amended to a impact of 3 (moderate) and a likelihood of 1 (rare).

Trust Board	
BOARD ASSURANCE FRAMEWORK UPDATE	
DATE OF MEETING	29 January 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ASSURANCE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Mel Findlay, Risk and Assurance Manager
PRESENTED BY	<ul style="list-style-type: none"> • Non Gwilym, Interim Director of Corporate Governance • Lauren Fear, Director of Place, Portfolio and Partnerships • Nicola Williams, Director of Nursing and • Anne Carey, Chief Operating Officer • Sarah Jenkins, Director of OD and Workforce • Jacinta Abraham, Medical Director • Matthew Bunce, Director of Finance • Carl Taylor, Chief Digital Officer
APPROVED BY	Non Gwilym, Interim Director of Corporate Governance
EXECUTIVE SUMMARY	This paper provides the Trust Board with the latest updates to the Board Assurance Framework.
RECOMMENDATION / ACTIONS	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • NOTE the status of the Board Assurance Framework which has a current assurance rating of 2.
COMMITTEE / GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING	



COMMITTEE OR GROUP		DATE
Executive Management Board		22.12.2025
Quality, Safety and Performance Committee		13.01.2026
Strategic Development Committee		20.01.2026
<p>EMB discussed the Board Assurance Framework and agreed to focus on actions being in place mitigate the gaps in controls.</p> <p>The Quality, Safety and Performance Committee discussed and noted the BAF:</p> <ul style="list-style-type: none"> It was agreed that executive and Board-level discussion is needed to clarify operational risks linked to strategic risks, especially those related to leadership changes and finance and to review strategic risks in a February Board Development as part of the Trust's work on its Integrated Medium Term Plan. <p>The Strategic Development Committee discussed and noted the BAF. There was a discussion regarding the static nature of the risks and the committee requested a review to ensure the mitigations in place are fit for purpose to reduce the risk scores.</p> <p>Further consideration should be given to the predicted dates to reach target levels and the feasibility of reaching those levels.</p>		
ASSURANCE RATING ASSESSED BY EXECUTIVE SPONSOR	2 – Comprehensive actions have been identified and addressed. The cause of the performance issue has been identified and is being actively managed.	
APPENDICES		
1	Board Assurance Framework Overview	
2	Board Assurance Framework Dashboards	

1. SITUATION

- 1.1 The Trust Assurance Framework (TAF) was established in 2020 and the refreshed framework, detailing eight strategic risks, was approved by Trust Board in March 2024. As part of the Integrated Medium-Term Plan (IMTP) process, the strategic risks have been considered in line with strategic goals. The revised strategic risks were considered and approved by Trust Board in March 2025.

In July 2025 the Trust Board approved renaming the Trust Assurance Framework as the Board Assurance Framework (BAF), bringing Velindre University NHS Trust in line with other NHS organisations.

2. ASSESSMENT

- 2.1 As part of the IMTP, eleven strategic risks were agreed by Trust Board in March 2025, aligned to strategic objectives.
- 2.2 Since the last Trust Board meeting, the following work has been undertaken or is in development:
- All strategic risks have been reviewed, including scrutiny of actions and assurance levels across the BAF.
 - A regular monthly review schedule is now in place with Executive Directors and wider teams.
- 2.3 Appendices show the current summary for the eleven strategic risks and the more detailed information to support, including full dashboards.

3. EXECUTIVE SUMMARIES

Part of the monthly review cycle includes Executive leads summarising the strategic risk, included here for review:

BAF01

WBS - position is stable and has been sustained for several months. The position continues to be monitored via the Blood supply Chain Group.

VCS – delivery of the patient care across SACT and Radiotherapy services requires sustained focus. Further work is needed to deliver the consistency required and to continue to build capacity. This work is being supported by increasing ability to track pathways and understand bottlenecks in pathways, for focused work.

Risk score trend: The risk score has remained static since the last period.

BAF02

Considerable enhancements made to health and safety processes. However, there is an increase of Duty of Candor incidents within VCS and repeated themes and trends within both divisions identifying the need for robust learning and improvement mechanisms.

Risk score trend: The risk score has remained static since the last period.

BAF03

The risk is currently assessed as moderate but managed, with robust strategies in place to deliver against both the Velindre Cancer Service 10-year Cancer Research Ambitions and the Welsh Blood Service Research Strategy.

The risk is being actively managed through robust governance structures reporting to the Trust's RD&I Sub-Committee and onward to the Quality, Safety & Performance and Strategic Development Committees and then to Trust Board, as appropriate. This ensures the Trust maintains alignment with the UK Policy Framework for Health and Social Care Research, The Medicines for Human Use (Clinical Trials) Regulations 2004, as amended; and the ICH Good Clinical Practice Guidelines E6.

The oversight of the research risks by the Research Service is supported by delivery plans to manage digital transformation, regulatory preparedness, and strengthen assurance. Key residual risks remain around sustainable funding, workforce capacity, and evidencing OECl / benchmarking outcomes – these are being addressed through targeted actions.

Risk score trend: The risk score has remained static since the last period.

BAF04

Controls have been identified. All controls reporting as preventative and as being managed resulting in an improved rating of 6.

Risk score trend: The risk score has remained static since the last period.

BAF05

The Trust has strong operational environmental controls and assurance through governance groups, ISO 14001, and audits. Key gaps in capital decision-making, clinical pathways, and job descriptions are being addressed through targeted actions to achieve full integration and reduce strategic risk.

Risk score trend: The risk score has remained static since the last period.

BAF06

This Strategic Risk brings together those elements of the culture of the organisation that can impact on the ability of the Trust to deliver its core purpose. There are work programmes underway to address the feedback that the Trust on this subject through a variety of mechanisms. The work considers systems, processes, values and behaviours through development, support, wellbeing and other interventions. There will be a particular focus in 2025/26 on the organisational development plan to support the transition to nVCC.

Risk score trend: The risk score has remained static since the last period.

BAF07

Work is ongoing on the key controls - no movement to overall current risk scoring due to overall digital risk position. Assurance ratings moved to 7 levels of assurance. New risks have been added to reflect the operational Digital risk - including challenges with delivering the National Programmes for RISP and LIMS. New go-live date for RISP agreed (Jan '26 from Jun '25) due to National/Regional image viewer capabilities.

The third lines of defence have been reviewed as some were previously not independent to the Trust.

The delivery of National Programmes through Digital Healthcare Wales has been moved into escalation level 3.

Risk score trend: The risk score has remained static since the last period.

BAF08

Progress made on review of Risk Policy and Board Development programme. Refreshed Risk Policy on track to deliver for 3 March 2025 Audit committee.

The Trust is working with Welsh Government and NWSSP regarding the next steps for the review of NWSSP Accountabilities and Governance.

A specification for expert advice on a review of the Board's structure and development programme has been completed due to commence in the new year and to be concluded before the end of the FY.

Structured Assessment interviews underway to be completed before the end of the calendar year.

Target date has been reviewed to reflect proposed timing of completion of actions associated with gaps in assurance.

Risk score trend: The risk score has remained static since the last period.

BAF09

There are a range of factors that impact on the finance sustainability and long term value risk. We prevent, mitigate or detect impact on this risk through a number of key financial controls. Where these controls are partially effective or not effective actions are being taken to improve the effectiveness of the control and where this achieves the anticipated improvement in control the assurance from that control is increased.

Operational Summary

Risk score trend: The risk score has remained static since the last period, however, given the significant emerging cost pressures the risk score may need review in future months in the context of the underlying financial position which is being considered as part of the IMTP development.

BAF10

VUNHST has a substantial programme of transformation over the next five years, totalling more than £500million capital funding and associated service change. Although most of the main programmes and projects have their own governance arrangements there has been no overall portfolio management. Portfolio management is currently being implemented. This should lead to improved prioritisation, resourcing, benefit delivery and the reduction of transformation related risks at an organisational level.

Risk score trend: The risk score has remained static since the last period.

BAF11

There are many factors that impact on the current supply and shape of our workforce. These are both external, due to the economic landscape impacting the labour market and internal, within the organisation, or granular at multi-disciplinary team level. We are currently mitigating the risk in this area through effective strategic and operational workforce planning, with a focus on recruitment, retention and people development. In addition, we are attempting to maximise the capacity of the workforce through reduction in absence levels - wellbeing interventions and a focus on using workforce policies in a way that minimises harm to staff and teams.

Risk score trend: The risk score has remained static since the last period.

4 IMPACT ASSESSMENT

RELATED TRUST STRATEGIC GOAL(S)	Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals. Please indicate here
Please tick all relevant goals: <ul style="list-style-type: none"> . Outstanding for quality, safety and experience <input checked="" type="checkbox"/> . An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> 	



<ul style="list-style-type: none"> . A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> . An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> . A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 													
<p>RELATED STRATEGIC BOARD ASSURANCE FRAMEWORK RISK</p>	<p>06 - QUALITY & SAFETY</p>												
<p>QUALITY AND SAFETY IMPLICATIONS / IMPACT</p>	<table border="0"> <tr> <td>Safe</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Timely</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Effective</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Equitable</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Efficient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Patient Centered</td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>The risk register and associated risk framework are imperative to quality and safety in the organisation.</p>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centered	<input checked="" type="checkbox"/>
Safe	<input checked="" type="checkbox"/>												
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centered	<input checked="" type="checkbox"/>												
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED</p>	<p>Not required.</p>												
<p>TRUST WELL-BEING GOAL IMPLICATIONS/IMPACT</p>	<p>A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health</p>												
<p>FINANCIAL IMPLICATIONS / IMPACT</p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>												
<p>EQUALITY IMPACT ASSESSMENT</p>	<p>There is no direct equality impact in respect of this paper, however each risk will have an impact assessment where appropriate.</p>												
<p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p>	<p>There are no specific legal implications related to the activity outlined in this report</p>												

3 RISKS

<p>ARE THERE RELATED RISK(S) FOR THIS MATTER</p>	<p>Yes</p>
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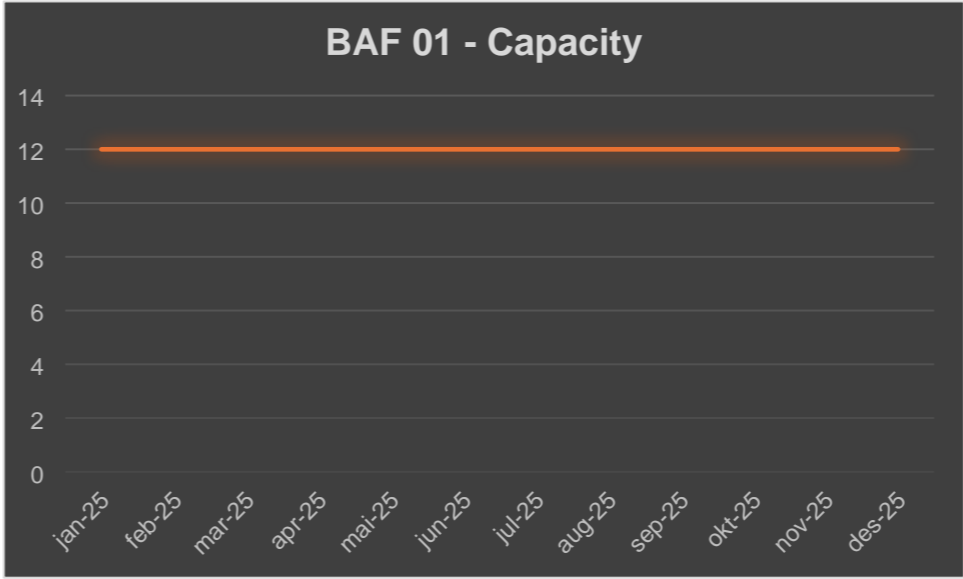


GIG
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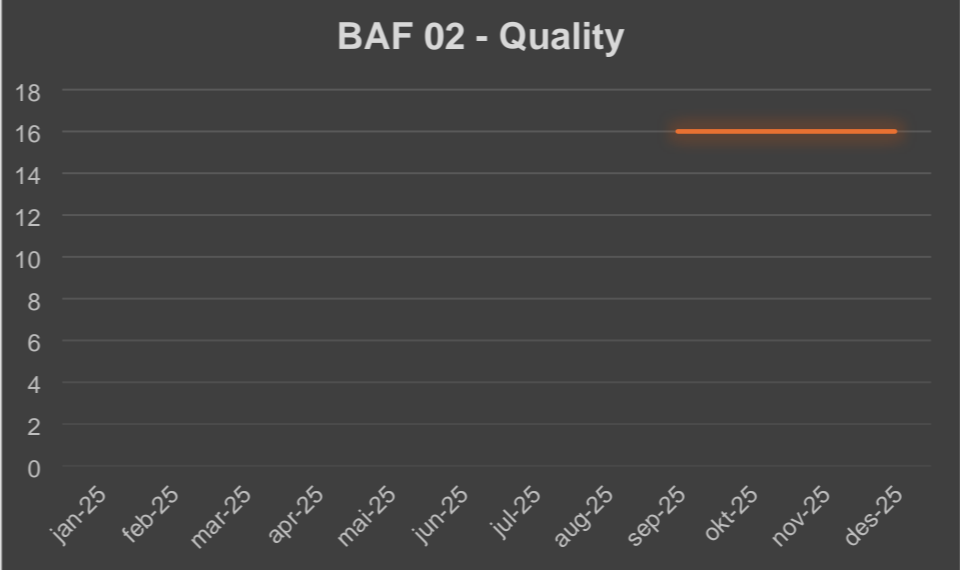
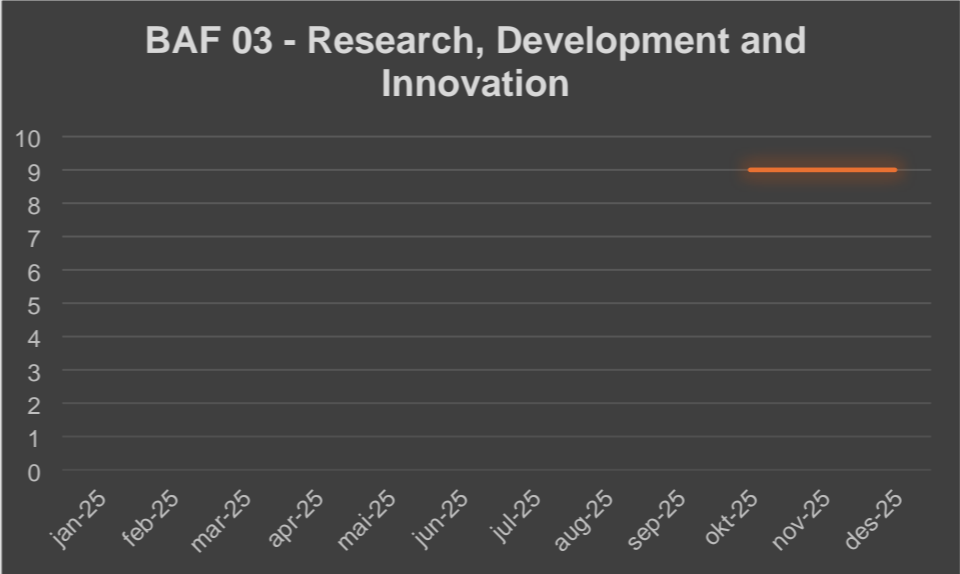
Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

WHAT IS THE RISK?	The strategic Risks outlined in the BAF are informed by the Trust's active management and reporting of its operational risks.
WHAT IS THE CURRENT RISK SCORE	n/a
BY WHEN?	Ongoing
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	

BOARD ASSURANCE FRAMEWORK

RISK ID	STRATEGIC RISK	STRATEGIC GOAL/ ENABLER	INITIAL RISK SCORE (I X L)	CURRENT RISK SCORE (I X L)	CURRENT RISK SCORE (I X L) Plus expected date	CURRENT RISK TREND	ASSURANCE RATING	TRUST RISK REGISTER CORRESPONDING RISK
01	There is a strategic risk of failure to deliver timely, safe, effective and efficient services for the local population leading to deterioration in service quality, performance or financial control as a result insufficient capacity and resources.	Outstanding for quality, safety and experience.	16 (4X4)	12 (4X3)	8 (4x2) Date will be reviewed at the end of quarter 2	 <p>Executive Summary:</p> <p>WBS - position is stable and has been sustained for several months. The position continues to be monitored via the Blood supply Chain Group.</p> <p>VCS – delivery of the patient care across SACT and Radiotherapy services requires sustained focus. Further work is needed to deliver the consistency required and to continue to build capacity. This work is being supported by increasing ability to track pathways and understand bottlenecks in pathways, for focused work.</p> <p>Risk score trend: The risk score has remained static since the last period.</p>	2	<ul style="list-style-type: none"> - 3418 There is a risk to quality, as a result of pre- and post-examination processes, leading to a potential adverse impact on patient care. - 3678 There is a risk to patient safety as a result of independent result entry and authorisation leading to incorrect results being reported on a patient. - 3643 There is a risk to patient safety as a result of an aged Laboratory Information System (SERIF) leading to RCI and Automated Testing being unable to operate a safe service. - 3388 There is a risk to Quality and Performance as a result of reporting errors and limited accessibility of reports due to no interfaces between the Fetal D IT System (FEDIS) and NHS Wales Digital Applications, leading to suboptimal antenatal care. - 3634 There is a risk to Quality, Performance and Service Sustainability, and Workforce domains as a result of demand for work on new digital services exceeding the capacity of the Trust digital team and the Trust's capacity to take on the business changes management leading to priority service initiatives enabled by digital not being delivered successfully, stress and burnout for the digital team and regularly changing priorities. - 3747 There is a risk to patient safety as a result of insufficient capacity within the SACT day case service leading to delay in patients receiving SACT treatment - 3714 There is a risk to patient safety as a result of increased demand on the booking team leading to a delay in scheduling SACT treatments and potential breaches
02	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 due to increasing demands, complexities, the need for significant service transformation and external factors.	An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations.	20 (4x5)	16 (4x4)	9 (3x3)		New risk	<ul style="list-style-type: none"> - 3418 – There is a risk to quality, as a result of pre- and post-examination processes, leading to a potential adverse impact on patient care. - 3388 - There is a risk to Quality and Performance as a result of reporting errors and limited accessibility of reports due to no interfaces between the Fetal D IT System (FEDIS) and NHS Wales Digital Applications, leading to suboptimal antenatal care. - Blood services Llantrisant. - 3832 - There is a risk to staff safety administering SACT without the use of

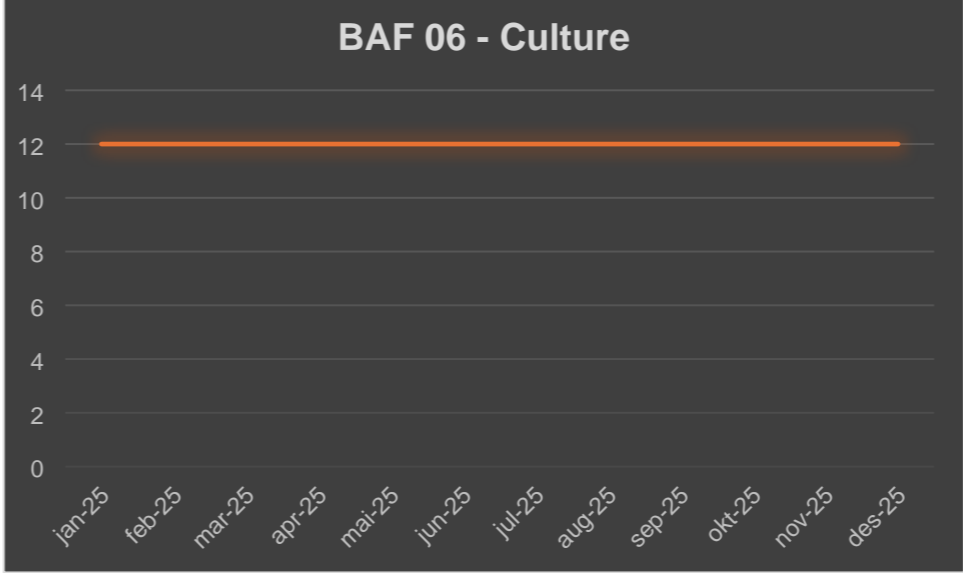
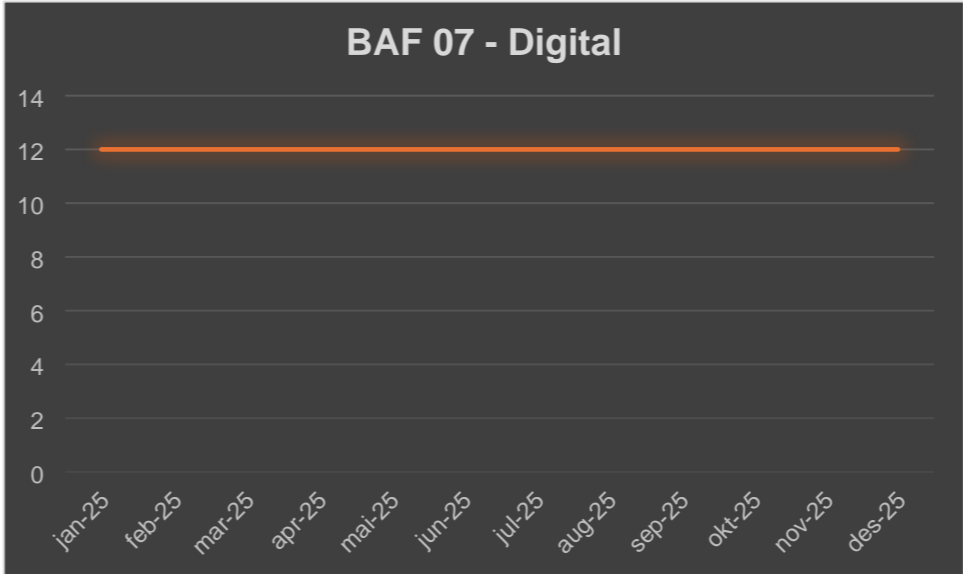
BOARD ASSURANCE FRAMEWORK

						<p style="text-align: center;">BAF 02 - Quality</p>  <p style="text-align: center;">April 2028</p> <p>Executive Summary: Considerable enhancements made to health and safety processes. However, there is an increase of Duty of Candor incidents within VCS and repeated themes and trends within both divisions identifying the need for robust learning and improvement mechanisms.</p>	<p>closed drug transfer system devices, leading to potential impact on health from repeated cytotoxic exposure.</p> <p>3795 - There is a risk to patient safety as a result of independent result entry and authorisation leading to incorrect results being reported on a patient.</p> <p>- 2774 - There is a risk to quality and safety as a result of extensive manual workarounds due to outdated legacy IT systems, leading to increased risk of incorrect test results and patient harm.</p>
<p>03</p>	<p>There is a strategic risk of:</p> <ol style="list-style-type: none"> Not effectively delivering against the Velindre Cancer Service 10-year Cancer Research Ambition and the Welsh Blood Service Research Strategies, Not fully embedding innovation activities in line with the national Innovation Framework. 	<p>A beacon for research, development and innovation in our stated areas of priority.</p>	<p>12 (3x4)</p>	<p>9 (3x3)</p>	<p>6 (3x2)</p>	<p style="text-align: center;">BAF 03 - Research, Development and Innovation</p>  <p style="text-align: center;">August 2030</p> <p>Executive Summary: The risk is currently assessed as moderate but managed, with robust strategies in place to deliver against both the Velindre Cancer Service 10-year Cancer Research Ambitions and the Welsh Blood Service Research Strategy.</p> <p>The risk is being actively managed through robust governance structures reporting to the Trust's RD&I Sub-Committee and onward to the Quality, Safety & Performance and Strategic Development Committees and then to Trust Board, as appropriate. This ensures the Trust maintains alignment with the UK Policy Framework for Health and Social Care Research, The Medicines for Human Use (Clinical Trials) Regulations 2004, as amended; and the ICH Good Clinical Practice Guidelines E6.</p>	<p>5</p> <p>There are no associated risks on the Trust Risk Register</p>

BOARD ASSURANCE FRAMEWORK

						The oversight of the research risks by the Research Service is supported by delivery plans to manage digital transformation, regulatory preparedness, and strengthen assurance. Key residual risks remain around sustainable funding, workforce capacity, and evidencing OECI / benchmarking outcomes – these are being addressed through targeted actions.																												
04	There is a strategic risk of failing to retain the Trust's University status.	An established University Trust which provides highly valued knowledge and experience for all.	3 (3x1)	3 (3x1)	3 (3x1)	 <p>BAF 04 - University Status</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>jan-25</td><td>0</td></tr> <tr><td>feb-25</td><td>0</td></tr> <tr><td>mar-25</td><td>0</td></tr> <tr><td>apr-25</td><td>0</td></tr> <tr><td>mai-25</td><td>0</td></tr> <tr><td>jun-25</td><td>0</td></tr> <tr><td>jul-25</td><td>0</td></tr> <tr><td>aug-25</td><td>0</td></tr> <tr><td>sep-25</td><td>16</td></tr> <tr><td>okt-25</td><td>16</td></tr> <tr><td>nov-25</td><td>16</td></tr> <tr><td>des-25</td><td>16</td></tr> </tbody> </table>	Month	Score	jan-25	0	feb-25	0	mar-25	0	apr-25	0	mai-25	0	jun-25	0	jul-25	0	aug-25	0	sep-25	16	okt-25	16	nov-25	16	des-25	16	6	There are no associated risks on the Trust Risk Register
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March 2026	<p>Executive Summary: Controls have been identified. All controls reporting as preventative and as being managed resulting in an improved rating of 6.</p>																																	
05	There is a strategic risk of not effectively embedding our role as a sustainable organisation, outside of main infrastructure and specific centrally led activity.	A sustainable organisation that plays its part in creating a better future for people across the globe	16 (4x4)	9 (3x3)	4 (2x2)	 <p>BAF 05 - Sustainability</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>jan-25</td><td>0</td></tr> <tr><td>feb-25</td><td>0</td></tr> <tr><td>mar-25</td><td>0</td></tr> <tr><td>apr-25</td><td>0</td></tr> <tr><td>mai-25</td><td>0</td></tr> <tr><td>jun-25</td><td>0</td></tr> <tr><td>jul-25</td><td>0</td></tr> <tr><td>aug-25</td><td>0</td></tr> <tr><td>sep-25</td><td>9</td></tr> <tr><td>okt-25</td><td>9</td></tr> <tr><td>nov-25</td><td>9</td></tr> <tr><td>des-25</td><td>9</td></tr> </tbody> </table>	Month	Score	jan-25	0	feb-25	0	mar-25	0	apr-25	0	mai-25	0	jun-25	0	jul-25	0	aug-25	0	sep-25	9	okt-25	9	nov-25	9	des-25	9	4	There are no associated risks on the Trust Risk Register
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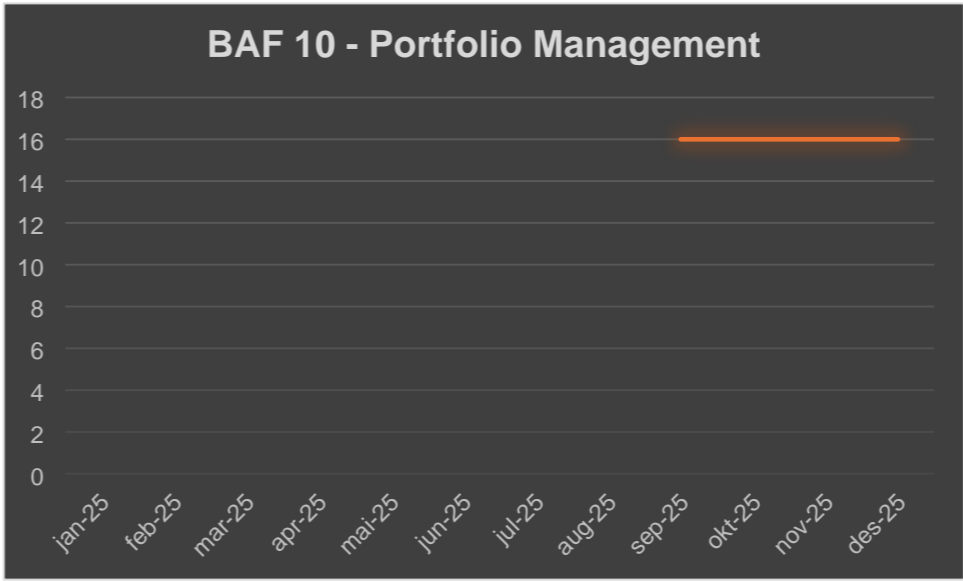
BOARD ASSURANCE FRAMEWORK

<p>06</p>	<p>There is a risk of failure to meet or exceed service expectations without the prevalence of a positive working environment, which is characterised by effective values and behaviours, systems and processes</p>	<p>Culture</p>	<p>16 (4x4)</p>	<p>12 (3x4)</p>	<p>6 (3x4)</p>	 <p>Executive Summary: This Strategic Risk brings together those elements of the culture of the organisation that can impact on the ability of the Trust to deliver its core purpose. There are work programmes underway to address the feedback that the Trust on this subject through a variety of mechanisms. The work considers systems, processes, values and behaviours through development, support, wellbeing and other interventions. There will be a particular focus in 2025/26 on the organisational development plan to support the transition to nVCC.</p> <p>Risk score trend: The risk score has remained static since the last period.</p>	<p>3</p>	<p>There are no associated risks on the Trust Risk Register</p>
<p>07</p>	<p>There is a strategic risk that 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</p>	<p>Digital</p>	<p>16 (4x4)</p>	<p>12 (4x3)</p>	<p>8 (4x2)</p>	 <p>Executive Summary: Work is ongoing on the key controls - no movement to overall current risk scoring due to overall digital risk position. Assurance ratings moved to 7 levels of assurance. New risks have been added to reflect the operational Digital risk - including challenges with delivering the National Programmes for RISP and LIMS. New go-live date for RISP agreed (Jan '26 from Jun '25) due to National/Regional image viewer capabilities.</p> <p>The third lines of defence have been reviewed as some were previously not independent to the Trust.</p> <p>The delivery of National Programmes through DHCW has been moved into escalation level 3.</p> <p>Risk score trend: The risk score has remained static since the last period.</p>	<p>3</p>	<ul style="list-style-type: none"> - 3388 Reporting errors and limited access to FEDIS system - 3634 Demand exceeding capacity in new digital services team - 3646 Delay in go live date for LIMS Programme - 3643 Patient safety risk due to an aged Laboratory Information System - 3633 risk to Quality and Performance and Service Stability as a result of the lack of capacity of Digital Health and Care Wales - 3632 risk to Quality and Performance and Service Stability as a result of National Digital Programmes managed by Digital Health and Care Wales (DHCW) - 3667 Private risk - 3757 Private risk - 3765 Private risk

BOARD ASSURANCE FRAMEWORK

08	There is a strategic risk that the organisational and clinical governance arrangements do not provide appropriate mechanisms and culture to achieve our medium to long term objectives.	Governance	16 (4x4))	12 (4x3)	8 (4x2)		3	- 3656 Quality of current assurance and reporting arrangements in hosted services
						<p>April 2026</p> <p>Executive Summary: Refreshed Risk Policy on track to deliver for 3 March 2025 Audit committee.</p> <p>The Trust is working with Welsh Government and NWSSP regarding the next steps for the review of NWSSP Accountabilities and Governance.</p> <p>A specification for expert advice on a review of the Board's structure and development programme has been completed due to commence in the new year and to be concluded before the end of the FY.</p> <p>Structured Assessment interviews underway to be completed before the end of the calendar year.</p> <p>Target date has been reduced due to publication of the WG report and progress made on Risk Policy and Board Development programme.</p>		
09	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.	Financial	16 (4x4)	12 (4x3)	8 (4x3)		4	- 2249 Service disruption due to number of time limited funded posts

BOARD ASSURANCE FRAMEWORK

					April 2026	<p>Executive Summary: There are a range of factors that impact on the finance sustainability and long term value risk. We prevent, mitigate or detect impact on this risk through a number of key financial controls. Where these controls are partially effective or not effective actions are being taken to improve the effectiveness of the control and where this achieves the anticipated improvement in control the assurance from that control is increased.</p> <p>Operational Summary</p> <p>Risk score trend: The risk score has remained static since the last period, however, given the significant emerging cost pressures the risk score may need review in future months in the context of the underlying financial position which is being considered as part of the IMTP development.</p>		
10	There is a risk that the scale and complexity of the transformation across the organisation may exceed the organisation's capacity to manage and execute effectively resulting in a failure to deliver on core strategic goals and an associated loss of benefits realisation which will impact on stakeholder confidence	Transformation Delivery	16 (4X4)	16 (4X4)	6 (3x2)		3	There are no associated risk on the Trust Risk Register
					September 2026			
11	There is a strategic risk to the Trust's ability to effectively deliver quality services and achieve our medium to long term objectives if we are unable to develop and maintain of an optimised workforce supply and shape	Workforce	16 (4x4)	9 (3x3)	6 (3x2)		4	- 3634 Capacity issues for digital services

BOARD ASSURANCE FRAMEWORK

						<div data-bbox="1249 155 2148 695"> <table border="1"> <caption>BAF 11 - Workforce Risk Score Trend</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>jan-25</td><td>12</td></tr> <tr><td>feb-25</td><td>12</td></tr> <tr><td>mar-25</td><td>12</td></tr> <tr><td>apr-25</td><td>12</td></tr> <tr><td>mai-25</td><td>12</td></tr> <tr><td>jun-25</td><td>12</td></tr> <tr><td>jul-25</td><td>12</td></tr> <tr><td>aug-25</td><td>12</td></tr> <tr><td>sep-25</td><td>9</td></tr> <tr><td>okt-25</td><td>9</td></tr> <tr><td>nov-25</td><td>9</td></tr> <tr><td>des-25</td><td>9</td></tr> </tbody> </table> </div> <div data-bbox="1062 699 1142 758"> <p>March 2029</p> </div> <div data-bbox="1184 699 1439 730"> <p>Executive Summary:</p> </div> <div data-bbox="1184 762 2220 993"> <p>There are many factors that impact on the current supply and shape of our workforce. These are both external, due to the economic landscape impacting the labour market and internal, within the organisation, or granular at multi-disciplinary team level. We are currently mitigating the risk in this area through effective strategic and operational workforce planning, with a focus on recruitment, retention and people development. In addition, we are attempting to maximise the capacity of the workforce through reduction in absence levels - wellbeing interventions and a focus on using workforce policies in a way that minimises harm to staff and teams.</p> </div> <div data-bbox="1184 1094 2220 1205"> <p>Risk score trend: The risk score was reviewed in October 2025 and reduce from 12 to 9. The reduction was agreed following the information submitted under the Supply and Shape assurance paper which demonstrates a number of key metric improvements in all areas mitigating the risk.</p> </div>	Month	Risk Score	jan-25	12	feb-25	12	mar-25	12	apr-25	12	mai-25	12	jun-25	12	jul-25	12	aug-25	12	sep-25	9	okt-25	9	nov-25	9	des-25	9	
Month	Risk Score																																
jan-25	12																																
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aug-25	12																																
sep-25	9																																
okt-25	9																																
nov-25	9																																
des-25	9																																

SECTION 1 – Summary

RISK ID	01	REVIEW DATE	December 2025	Risk Title	There is a strategic risk of failure to deliver timely, safe, effective and efficient services for the local population leading to deterioration in service quality, performance or financial control as a result insufficient capacity and resources.	Risk Lead	Chief Operating Officer
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CORE ENABLER	Service Capacity	STRATEGIC GOAL	1 - Outstanding for quality, safety and experience.
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CURRENT SCORE TREND	<p>The chart shows a horizontal line at a score of 12 across all months from January 2025 to December 2025.</p>		CURRENT RISK SUMMARY
	<p>WBS - position is stable and has been sustained for several months. The position continues to be monitored via the Blood supply Chain Group.</p> <p>VCS – delivery of the patient care across SACT and Radiotherapy services requires sustained focus to deliver the consistency required and to continue to build capacity. This work is being supported by the embedding of the Cancer PTL which is increasing ability to track pathways and understand bottlenecks in pathways, for focused work.</p> <p>Risk score trend: The risk score has remained static since the last period.</p>		

SECTION 2 – Risk Scores

INHERENT RISK	IMPACT	LIKELIHOOD	TOTAL	CURRENT RISK	IMPACT	LIKELIHOOD	TOTAL	TARGET RISK	IMPACT	LIKELIHOOD	TOTAL
	4	4	16		4	3	12		4	2	8
Inherent risk score start date		March 2025						Expected date to reach Target Risk Score		This will be reviewed at the end of Q2.	

SECTION 3 – Effectiveness, Controls and Assurance

Overall Assurance Rating	Current Review Period	2
	Previous Review Period	3
Rationale for Assurance Rating	The risk which will be discussed at Private Board	

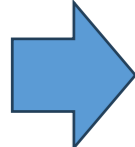
KEY CONTROLS	SOURCES OF ASSURANCE
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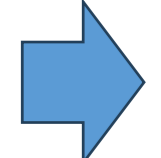
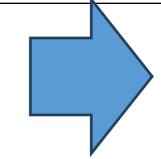
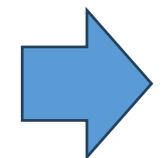
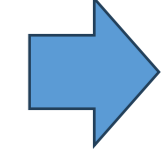
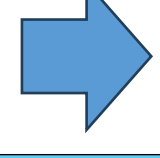
ID	KEY CONTROLS	OWNER				FIRST LINE OF DEFENCE	SECOND LINE OF DEFENCE	THIRD LINE OF DEFENCE
			PREVENTATIVE	MITIGATING	DETECTIVE			
C1	Blood stock planning and management function between WBS and Health Boards. This includes active engagement with Health Boards in Service Planning including the established annual Service Level agreements. The overall annual collection plan based on this demand and the active delivery of blood stocks management through the Blood Health Plan for NHS Wales and monthly laboratory manager meetings.	Director of WBS	X			Annual Service Level Agreement meetings with Health Boards to review supply and demand. Benchmarking against National and International standards. Blood Health Team	Senior Leadership Team, COO and EMB Review, QSP committee and Board.	Welsh Government Quality, Planning and Delivery Review.
C2	Operational Blood stock planning and management function in WBS. Delivered through annual, monthly and daily resilience planning meetings. Underpinned by the UK Forum Mutual Aid arrangements. Regular meetings with UK Blood Services on position of Blood Supply.	Director of WBS	X			System pressures can be flagged at an early stage and appropriate action taken through Department Head review with escalation to Senior Leadership Team and Director.	Performance Report to Senior Leadership Team and EMB Review, QSP committee and Board. Raise shortage plan at Trust Board level when relevant	Welsh Government intervention would be invoked when necessary National Red Cell and Platelet shortage plans
C3	Continuity of core service delivery functions supporting Transfusion, Transplantation and Welsh Bone Marrow Donor Registry (WBMDR).	Director of WBS	X			Business Impact Assessments across service functions identifying Maximum Tolerable Period of Disruption. Contingency equipment, Managed service contracts for critical suppliers, Planned Preventative Maintenance, Additional inventory for contingency of critical supply items. Business Continuity Plans for response. On call provision for Senior Leadership Team and core service functions.	Escalation through VUNHST Business Continuity command structure if system pressures not resolved, invoke Service Level Agreements if appropriate or Technical Agreement with other UK Services.	Invoke UK Blood Services Memorandum of Understanding (MoU) Escalation to Welsh Government Emergency Preparedness, Resilience and Response (EPRR) for Health, Local Resilience Forum - Strategic Coordinating Group. Internal Audit, Wales Audit Office, regulator audits.

C4	Delivery of business-as-usual core services and capacity to support strategic programmes of work.	Directors of WBS and VCS	X			Implementation group for programmes mapping the interdependencies and pressures. Regular touch point meetings with Senior Leadership Team to review capacity to deliver key programmes of work – namely Futures Programmes.	Highlight and performance reports to WBS Senior Leadership Team and VCS Divisional Team then EMB to review.	QSP committee and Board and external stakeholders if required. Regulatory Inspections such as Medicines and Healthcare products Regulatory Agency and Human Tissue Authority Internal Audit, Wales Audit Office, regulator audits.
C5	National Policy decisions/ Directives that are introduced including Regulatory requirements, to ensure the safety of services. (Advancements in medicines to improve patient safety).	Directors of WBS and VCS	X			WBS - Horizon scanning and representation at key groups including UK Forum, Joint Professional Advisory Committee (JPAC) for UK blood services, The UK advisory committee on the Safety of Blood, Tissues and Organs (SaBTO). Regular liaison with Blood Policy and Tissue, Cells and Organs Policy team in Welsh Government. VCS - NICE Guidelines re Cancer drugs and treatments	Trust wide clinical and scientific board. WBS Senior Leadership Team and VCS Divisional Team then EMB Review. QSP SDC	JCC and Welsh Government
C6	SEW- VUNHST cancer demand modelling programme with HBs and WGDU in place, continues to provide high level assurance on demand projections.	Director of VCS	X	X		SE Wales Group	Performance Report – Divisional Team, EMB, QSP and Board	Welsh Government Quality, Planning and Delivery Review
C7	Demand and Capacity Planning to identify gaps within service delivery models	Director of VCS	X	X		Service area operational planning meeting	Performance Report – Divisional Team, EMB, QSP and Board	Welsh Government Quality, Planning and Delivery Review

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.
Lack of real time data on fating of blood to allow business intelligence data set that links Health Board and activity changes to demand and patient outcomes. Addressing this gap would require digital systems to be in place which are out of WBS control. Projects are progressing externally as part of Infected Blood Inquiry recommendations.		
The demand management for blood still varies across Health Boards and within clinical teams. The Blood Health National Oversight Group work programme continues to address inappropriate use of blood, which impacts demand.		

SECTION 4 – ASSOCIATED OPERATIONAL RISK
(in line with Trust Risk appetite)

DATIX RISK REF		CURRENT RISK RATING	RISK TREND
3418 WBS	There is a risk to quality, as a result of pre- and post-examination processes, leading to a potential adverse impact on patient care.	12	

3643 WBS	There is a risk to patient safety as a result of an aged Laboratory Information System (SERIF) leading to RCI and Automated Testing being unable to operate a safe service.	16	
3388 WBS	There is a risk to Quality and Performance as a result of reporting errors and limited accessibility of reports due to no interfaces between the Fetal D IT System (FEDIS) and NHS Wales Digital Applications, leading to suboptimal antenatal care.	16	
3634 WBS	There is a risk to Quality, Performance and Service Sustainability, and Workforce domains as a result of demand for work on new digital services exceeding the capacity of the Trust digital team and the Trust's capacity to take on the business changes management leading to priority service initiatives enabled by digital not being delivered successfully , stress and burnout for the digital team and regularly changing priorities.	16	
3747 VCS	There is a risk to patient safety as a result of insufficient capacity within the SACT day case service leading to delay in patients receiving SACT treatment	12	
3714 VCS	There is a risk to patient safety as a result of increased demand on the booking team leading to a delay in scheduling SACT treatments and potential breaches	12	

SECTION 5 – ACTION PLAN
(IMTP Priority Improvement Actions and BAF Actions)

ACTION REF	ACTION	OWNER	DUE DATE	ASSURANCE LEVEL	PROGRESS UPDATE	DATE OF UPDATE	IMPACT OF CHANGE ON RISK	DETAIL IMPACT ON ASSURANCE LEVEL/CONTROL WHEN COMPLETE

01.02	<p>Following publication of the Infected Blood Inquiry Report in May 2024 the Blood Health National Oversight Group has produced a paper for consideration by the Welsh government IBI next steps working group to help align the inquiry recommendations against the National Blood Health plan which should in turn improve prudent use of blood across Wales which in turn supports demand and supply for the Welsh Blood Service.</p>	WBS Director	TBC by Welsh Govt as yet to be scoped	<p>Paper has been endorsed by National Blood Oversight Group on October 8th and was presented to Welsh Government IBI next steps working Group in November. UK Interim report was published in December, and work progresses at a UK wide and Welsh level to support delivery of the recommendations. The service has flagged that delivery of these recommendations will require resourcing across NHS Wales,</p> <p>Revised focus with new Deputy Chief Medical Officer on delivery and commitment, including revised Terms of Reference, membership and task and finish groups.</p> <p>Good progress being made against Leadership and governance arrangements and Education and training workstreams.</p> <p>WBS and Blood Health National Oversight Group have highlighted that Digital Connectivity and a review of workforce supporting transfusion laboratory services across Wales are particular areas that need focus across NHS Wales.</p>	December 25	Trust risk being drafted and will be considered in January QSP and Private Board.	This action is under review and will transfer to BAF 02 regarding Trust wide Quality and Safety
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01.03	<p>Capacity and demand business cases across a number of operational areas within WBS have been produced and submitted to JCC for consideration. These include: Red Cell Immuno-haematology workforce due to increases in demand Collection team resilience to support demand fluctuations and prevent service going into supply shortages Introduction of West Nile Virus testing Increasing recruitment of Welsh Bone Marrow Donor Register Volunteers Recurrent funding to support our Component Development Laboratory Staffing infrastructure to support mandated changes upstream.</p> <p>The Blood Supply Chain Planning Group has been established to strengthen oversight and coordination across the end-to-end supply chain. The group is leading the development of an Operational Assurance Framework designed to provide assurance that demand forecasting, collection activity, and component production are aligned with service delivery requirements. This framework will support capacity planning, risk mitigation, and performance monitoring, ensuring resilience and sustainability within the blood supply chain.</p>	WBS Director	Jan 26	<p>Business case discussions between the Trust and commissioners took place in February 2025. None of the cases were supported.</p> <p>October 2025 Resubmitted business cases to JCC for consideration in the IMTP planning cycle.</p> <p>Blood Supply Chain Planning Group: Meets monthly to oversee supply chain resilience. Focus areas include demand forecasting, capacity planning, risk mitigation, and research linked to donor recruitment and retention.</p> <p>Operational Assurance Framework: in development to provide assurance on supply chain alignment. First draft due Q4; development of supporting dashboard starts Jan 2026.</p>	December 25	<p>WBS has gone at financial risk to support some of these cases as part of its IMTP.</p> <p>July 2025 Plan to re-engage with JCC commissioner business cycle on same cases given financial risk being taken.</p> <p>October 2025 Asked for cases to be considered and are expecting them to feature in the planning round.</p> <p>Strengthens governance and planning, reducing the likelihood of supply chain disruptions and improving confidence in meeting service delivery requirements.</p>	
01.04	Review of outpatient activity to determine what could be repatriated back to Health Boards releasing capacity within the outpatient facility and providing care closer to home for the patient	VCS Director	Jan 25	Outreach baseline measured, pathway mapping undertaken by LEAD Practitioner now complete, activity reforecast based on 2025 activity levels. Initial discussion with HBs via COOs meeting	December 25	Understand the operational requirement and the scope/appetite within HBs. Linked to the Cancer PTL, HIR and Digital Front Door.	Understanding of the operational model within nVCC and outreach locations, as well as the staffing models to support
01.05	Formal demand and capacity operational group to be established to provide oversight of current and future plans, manage D&C plans and identify areas of concern with mitigations for escalation as appropriate	VCS Director	Ongoing	Demand & Capacity undertaken at Service level currently i.e. SACT and Radiotherapy. To date this work has been limited due to the level of data available, meaning discrete work required. However, with the advent of the Cancer PTL & the 'go paperless' initiative more reliable information is becoming available to help drive this agenda and maximise productivity.	December 25	Strengthen the Business Intelligence information linked to performance, capacity & demand and understanding patient flow. This will enable more effective management of resources and service provision.	Will ensure that teams have the information to enable understanding of their services and can manage capacity & demand more effectively.

SECTION 1 – Summary

RISK ID	02	REVIEW DATE	December 2025	Risk Title	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 due to increasing demands, complexities, the need for significant service transformation and external factors.	Risk Lead	Director of Nursing, AHPs & Healthcare Science, Executive Medical Director & Chief Operating Officer
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CORE ENABLER	Patient and Donor Outcomes and Experience	STRATEGIC GOAL	1 - Outstanding for quality, safety and experience
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CURRENT SCORE TREND		CURRENT RISK SUMMARY	Considerable enhancements made to health and safety processes. However, there is an increase of Duty of Candor incidents within VCS and repeated themes and trends within both divisions identifying the need for robust learning and improvement mechanisms.
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SECTION 2 – Risk Scores

INHERENT RISK	IMPACT 5	LIKELIHOOD 4	TOTAL 20	CURRENT RISK	IMPACT 4	LIKELIHOOD 4	TOTAL 16	TARGET RISK	IMPACT 3	LIKELIHOOD 3	TOTAL 9
	Inherent risk score start date September 2025				Expected date to reach Target Risk Score April 2028						

SECTION 3 – Effectiveness, Controls and Assurance

Overall Assurance Rating	Current Review Period	3
	Previous Review Period	3
Rationale for Assurance Rating	Trust wide the assurance level is 3, which takes into account the variation across the two clinical divisions.	

Some measurable impact evident from actions initially taken and an emerging clarity of outcomes sought to determine sustainability, with agreed measures to evidence improvement.

KEY CONTROLS			SOURCES OF ASSURANCE					
ID	KEY CONTROLS	OWNER	PREVENTATIVE	MITIGATING	DETECTIVE	FIRST LINE OF DEFENCE	SECOND LINE OF DEFENCE	THIRD LINE OF DEFENCE
						<ul style="list-style-type: none"> functions that own and manage risk Self-assurance 	<ul style="list-style-type: none"> Functions that oversee or specialise in risk management Internal oversight/specialist control teams 	<ul style="list-style-type: none"> Functions that provide independent assurance Internal Audit (provides assurance to the Board and senior management. This assurance covers how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of defence); and external oversight
C1	Capacity and demand planning and forecasting	Chief Operating Officer	X	X		Velindre Cancer Services Divisional Team and the introduction of new divisional performance structures to support the operationalisation of the Cancer PTL both internally and across SE regional, moving to a shared PTL.	Executive Management Board & Quality, Safety & Performance Committee Peer Benchmarking.	Internal Audit, HIW, HEIW and Regional Cancer Meeting
C2	Quality and safety monitoring (Via PMF & AMaT Quality & Regulatory Tracker)	Director of Nursing, AHPs & Healthcare Science COO Director of Planning	X			Pathways Programme VCS/ VCS Quality & Safety Group / VCS Divisional Team	Executive Management Board & Quality, Safety & Performance Committee Benchmarking Peer Review	Regional Cancer Board, JET & IQPD
C3	Processes in place to capture patient experience, ensuring effective listening and learning	Director of Nursing, AHPs & Healthcare Science Chief Operating Officer			X	Velindre Cancer Service divisional Team/Integrated Quality and Safety Group	Executive Management Board & Quality, Safety & Performance Committee Benchmarking	Internal Audit & WRP Audits
C4	Mortality review process and monitoring and Medical Examination Service (MES) in place.	COO Medical Director			X	Velindre Cancer Service divisional Team/Integrated Quality and Safety Group	Executive Management Board & Quality, Safety & Performance Committee Benchmarking	Internal Audit
C5	Velindre Oncology Academy establishment	Director of Nursing, AHPs & Healthcare Science	X	X	X	Velindre Cancer Service divisional Team/Integrated Quality and Safety Group	Executive Management Board & Quality, Safety & Performance Committee Benchmarking	Internal Audit & Wales Audit Officer Audits

C6	Clinical audit process and systems in place	Director of Nursing, AHPs & Healthcare Science Medical Director		X	X		Velindre Cancer Service divisional Team/Integrated Quality and Safety Group	Executive Management Board & Quality, Safety & Performance Committee Benchmarking	Internal Audit & Wales Audit Officer Audits
GAPS IN CONTROLS			GAPS IN ASSURANCE				ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.		
No PROMS data is currently reported through the organisation.			No current PROMs reporting into PMF				02/01		
The required quality metrics (including mortality) are not currently included in Performance Management Report up Board level. Trust does not currently have a quality dashboard			Quality Dashboard not in place Mortality metrics not all in lace				02/01		
VCS Cancer Data Dashboard not in place.							02/01		
			Patient / Donor voice not currently being systematically formally fed into the meeting structure at all levels of the Trust				02/07		

SECTION 4 – ASSOCIATED OPERATIONAL RISK
(in line with Trust Risk appetite)

DATIX RISK REF		CURRENT RISK RATING	RISK TREND
3418 WBS	There is a risk to quality, as a result of pre- and post-examination processes, leading to a potential adverse impact on patient care.	12	
3388 WBS	There is a risk to Quality and Performance as a result of reporting errors and limited accessibility of reports due to no interfaces between the Fetal D IT System (FEDIS) and NHS Wales Digital Applications, leading to suboptimal antenatal care.	16	
3832 VCS	There is a risk to staff safety administering SACT without the use of closed drug transfer system devices, leading to potential impact on health from repeated cytotoxic exposure.	15	
3795 WBS	There is a risk to patient safety as a result of independent result entry and authorisation leading to incorrect results being reported on a patient.	12	
2774	There is a risk to quality and safety as a result of extensive manual workarounds due to outdated legacy IT systems, leading to increased risk of incorrect test results and patient harm.	12	

SECTION 5 – ACTION PLAN
(IMTP Priority Improvement Actions and TAF Actions)

ACTION REF	ACTION	OWNER	DUE DATE	ASSURANCE LEVEL	PROGRESS UPDATE	DATE OF UPDATE	IMPACT OF CHANGE ON RISK	LEVEL/CONTROL WHEN COMPLETE DETAIL IMPACT ON ASSURANCE
02.01	Implement the digitisation of a robust set of service level to Board quality, safety outcome and experience metrics including mortality, aligned with the Performance Management Framework.	Executive Director of Strategic Transformation and Digital	Dec. 2025	2	Some enhancements made to PMF further work required in respect of mortality metrics, PROMs and increasing patient experience feedback at VCS	Jan 2026	A reduction in the likelihood of the risk due to enhanced assurance mechanisms.	
02.02	Deliver a programme of quality and safety investigation training for all potential investigation leads.	Director of Nursing, AHP and Health Science	March 2026	3	Investigation training commenced in November 2025- training dates in place through to March 2026.	Jan 2026	Action should reduce impact and likelihood of the risk through determining the root cause of incidents to prevent future incidents.	
02.03	Implement the digital PROMS system for patients and establish a mechanism for regular analysis and identification of areas for learning and improvement.	Executive Director Finance	March 2027	2	Trust PROMS system went live in September. It is anticipated that reporting will commence early 2026.	October 2025	Action should reduce impact and likelihood of the risk if there is robust analysis and appropriate action taken following reviewing PROMS outcomes.	
02.04	Fully implement Electronic Prescribing and Medicines Administration across Velindre cancer Service.	Chief Digital Officer	October 2026	1	Implementation plans well under way – on track to have in place by Oct 2026	Jan 2026	Should reduce risk (likelihood and impact) as there is clear evidence that electronic prescribing systems reduce medication, prescription and administration errors.	
02.05	Fully implement all Trust required IBI recommendations.	Chief Operating Officer	tbc	4	Trust is aware of the need to progress infrastructure work and develop business cases for consideration by Joint Commissioning Committee. Escalation to Welsh Government undertaken	October 2025	Should reduce risk (likelihood and impact) by virtue of evidence of learning lessons as outlined by the IBI.	

02.06	Fully implement the revised Putting things Right regulations.	Director of Nursing, AHP and Health Science	April 2026	3	Implementation requirements identified in IMTP – gap analysis undertaken	Jan 2026	Action should reduce the likelihood of the risk by enhanced listening mechanisms	
02.07	Strengthen patient and donor experience feedback mechanisms, specifically to increase the volume of experience feedback provided to the Trust across its services and ensure that patient / donor voice features through floor to Board reporting	Chief Operating Officer and Executive Director of Nursing, AHP and Health Science	April 2026	3	Average of 16% feedback for WBS. An increase to 8% VCS patients provided feedback in Quarter 2. New national People Experience framework being implemented on target for completion by April 2026 as noted.	Jan 2026	Action should reduce both likelihood and impact due to enhanced listening mechanisms and opportunities for learning and improvement.	
02.08	Strengthen the quality and safety assurance and oversight mechanisms for hosted services.	Executive Director of Nursing, AHP and Health Science Director of Corporate Governance	April 2026	3	Some strengthening undertaken within last 3 months. Further review to be undertaken following publication of the NWSSP hosting review	Jan 2026	Action should reduce both the Trust's overall health and safety risk by being assured that the appropriate quality and safety reporting mechanisms are in place.	
02.09	Embed and enhanced learning framework across the Trust, including learning from external organisations.	Chief Operating Officer and Executive Director of Nursing, AHP and Health Science	End of March 2026	3	Learning framework in place. However, quality and safety analysis has identified repeated themes which means further strengthening and embedding required with improved ownership and accountability from service level to accountable Director. Benchmarking and Peer Review being incorporated into service redesign and performance, where possible.	Jan 2026	Action should reduce likelihood and impact of risk by ensuring appropriate action will be taken to avoid, in as far as possible, future incidents occurring.	
02.10	To refresh and relaunch Trust patient safety framework.	Director of Nursing, AHP and Health Science	End of Dec. 2025	4	Current framework requires review in light of structural changes and strengthening of accountabilities and responsibilities for quality and safety outcomes and experience.	August 2025	Action should reduce likelihood and impact of risk by having improved awareness, ownership and accountability at all levels.	

02/11	Implement the BCUHB Quality Dashboard and balanced score card	Chief Digital Officer	March 2026	2	Site visit held – project / implementation plan required	Jan 2026		
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SECTION 1 – Summary

RISK ID	03	REVIEW DATE	December 2025	Risk Title	There is a strategic risk of: 1. Not effectively delivering against the Velindre Cancer Service 10-year Cancer Research Ambition and the Welsh Blood Service Research Strategies, 2. Not fully embedding innovation activities in line with the national Innovation Framework.	Risk Lead	Executive Medical Director
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CORE ENABLER	Research, Development and Innovation	STRATEGIC GOAL	Strategic Goal 3: A beacon for research, development and innovation in our stated areas of priority
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CURRENT SCORE TREND		CURRENT RISK SUMMARY	<p>The risk is currently assessed as moderate but managed, with robust strategies in place to deliver against both the Velindre Cancer Service 10-year Cancer Research Ambitions and the Welsh Blood Service Research Strategy.</p> <p>The risk is being actively managed through robust governance structures reporting to the Trust's RD&I Sub-Committee and onward to the Quality, Safety & Performance and Strategic Development Committees and then to Trust Board, as appropriate. This ensures the Trust maintains alignment with the UK Policy Framework for Health and Social Care Research, The Medicines for Human Use (Clinical Trials) Regulations 2004, as amended; and the ICH Good Clinical Practice Guidelines E6.</p> <p>The oversight of the research risks by the Research Service is supported by delivery plans to manage digital transformation, regulatory preparedness, and strengthen assurance. Key residual risks remain around sustainable funding, workforce capacity, and evidencing OEI / benchmarking outcomes – these are being addressed through targeted actions.</p>
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SECTION 2 – Risk Scores

INHERENT RISK	IMPACT	LIKELIHOOD	TOTAL	CURRENT RISK	IMPACT	LIKELIHOOD	TOTAL	TARGET RISK	IMPACT	LIKELIHOOD	TOTAL
	3	4	12		3	3	9		3	2	6
Inherent risk score start date		October 2025		Expected date to reach Target Risk Score		August 2030					

SECTION 3 – Effectiveness, Controls and Assurance

Overall Assurance Rating	Current Review Period	5
	Previous Review Period	5

Rationale for Assurance Rating

Strategies aligned to national frameworks are in place. Governance structures and oversight are operational. New digital tools roll-out to begin planning for implementation commencing in FY2025/26, Q3. Evidence against OECl accreditation metrics, and confirmed sustainable funding not yet embedded.

KEY CONTROLS						SOURCES OF ASSURANCE		
ID	KEY CONTROLS	OWNER	PREVENTATIVE	MITIGATING	DETECTIVE	FIRST LINE OF DEFENCE	SECOND LINE OF DEFENCE	THIRD LINE OF DEFENCE
C1	Research strategies defining Trust ambitions for research & innovation in line with national priorities (Trust Cancer Research Ambition, WBS Strategy, WG Innovation Framework)	Executive Medical Director				<ul style="list-style-type: none"> functions that own and manage risk Self-assurance 	<ul style="list-style-type: none"> Functions that oversee or specialise in risk management Internal oversight/specialist control teams 	<ul style="list-style-type: none"> Functions that provide independent assurance Internal Audit (provides assurance to the Board and senior management. This assurance covers how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of defence); and external oversight
C1	Research strategies defining Trust ambitions for research & innovation in line with national priorities (Trust Cancer Research Ambition, WBS Strategy, WG Innovation Framework)	Executive Medical Director				<ul style="list-style-type: none"> Strategies set direction and ensures alignment to national priorities. Progress and Performance reported through RD&I Integrated Performance Report Internal self-assurance. RD&I Senior Core Team oversight. RD&I Operational Management Group oversight. 	Oversight through the Trust RD&I governance structures: <ul style="list-style-type: none"> Executive Management Board RD&I Sub-Committee Quality, Safety & Performance Committee. 	Oversight from: <ul style="list-style-type: none"> National reporting of key indicators to Health and Care Research Wales. Monthly meetings with HCRW Research Delivery Management Joint Executive Team Management meetings with Welsh Government. Additionally external peer feedback.
C2	Deliver plans for research governance/delivery are monitored to assure progress on delivery	Head of R&D				<ul style="list-style-type: none"> Delivery plans allow oversight and tracking and include IMTP, VPAG delivery reporting, and Charitable Fund Investment plans Defines Key Indicators and timelines Reporting through RD&I Integrated Performance Report. RD&I Senior Core Team oversight. RD&I Operational Management Group oversight. 	Oversight through the Trust RD&I governance structures: <ul style="list-style-type: none"> Executive Management Board RD&I Sub-Committee Quality, Safety & Performance Committee Charitable Funds Committee 	Reporting through: <ul style="list-style-type: none"> Monthly meetings with HCRW Research Delivery Management HCRW monthly returns VPAG monthly returns to HCRW

C3	Benchmarking research activity (through OECl accreditation membership, UK peer cancer centre comparisons)	Head of R&D / research Delivery Manager				<ul style="list-style-type: none"> - Benchmarking allows the Trust to provide external performance standards comparisons and mitigates reputational risk from under-performance. - OECl local assessment and data returns and benchmarking output reports - Reporting through RD&I Integrated Performance Report. - RD&I Senior Core Team oversight. - RD&I Operational Management Group oversight. 	<p>Oversight through the Trust RD&I governance structures:</p> <ul style="list-style-type: none"> - Executive Management Board - RD&I Sub-Committee 	OECl peer review and international accreditation.
C4	Engagement with UK / National bodies	Executive Medical Director / Associate Medical Director for RD&I				<ul style="list-style-type: none"> - Ensures compliance with national standards and mitigates isolation from national networks. - Progress and Performance reported through RD&I Integrated Performance Report - Internal self-assurance. - RD&I Senior Core Team oversight. - RD&I Operational Management Group oversight. 	<p>Oversight through the Trust RD&I governance structures:</p> <ul style="list-style-type: none"> - Executive Management Board - RD&I Sub-Committee - Monthly meetings with HCRW Research Delivery Management - 	<ul style="list-style-type: none"> - MHRA Inspection Findings Reporting - HCRW / Welsh Government Annual Research Performance Review
C5	Cardiff Cancer Research Partnership (CCRP)	Cancer Research & Development Strategy Lead				<ul style="list-style-type: none"> - Enables joint planning and capacity building, mitigates duplication of effort. - Progress and Performance reported through RD&I Integrated Performance Report. - Internal self-assurance. - CCRP Clinical Operational Group - RD&I Senior Core Team oversight. - RD&I Operational Management Group oversight. 	<p>Oversight through the Trust RD&I governance structures:</p> <ul style="list-style-type: none"> - Executive Management Board - RD&I Sub-Committee - CCRP Project Board 	<ul style="list-style-type: none"> - Tri-Partite partnership board - Joint Executive Team Management meetings with Welsh Government. - Welsh Government
C6	Welsh Blood Service research governance	WBS Head of RD&I Services				<ul style="list-style-type: none"> - Strategy aligns WBS research with Trust strategy - Mitigates siloed WBS research activity - WBS Progress and Performance reported through RD&I Integrated Performance Report and monthly research reports. - Internal self-assurance. - WBS RD&I Group - RD&I Operational Management Group oversight. 	<p>Oversight through the Trust RD&I governance structures:</p> <ul style="list-style-type: none"> - Executive Management Board - RD&I Sub-Committee 	<ul style="list-style-type: none"> - Welsh Government oversight - Blood Service audits by MHRA, Human Tissue Authority

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.
<ul style="list-style-type: none"> a. Benchmarking with UK peer cancer centres to review optimal model for Research Service infrastructure and delivery within UK organisational structures. b. Limited internal and independent audit of Research Service processes to date. c. Financial sustainability due to dependence on multiple internal and external funding streams. 		<ul style="list-style-type: none"> a. Benchmarking with UK peer cancer centres to review optimal model for Research Service infrastructure and delivery within UK organisational structures. ACTION REF.: 03.01. b. Limited internal and independent audit of Research Service processes to date. ACTION REF.: 03.02. c. Financial sustainability due to dependence on multiple internal and external funding streams. ACTION REF:03.03.

SECTION 4 – ASSOCIATED OPERATIONAL RISK
(in line with Trust Risk appetite)

DATIX RISK REF		CURRENT RISK RATING	RISK TREND
	There are currently no risks on the Trust Risk Register relating to this strategic risk		

SECTION 5 – ACTION PLAN
(IMTP Priority Improvement Actions and TAF Actions)

ACTION REF	ACTION	OWNER	DUE DATE	ASSURANCE LEVEL	PROGRESS UPDATE	DATE OF UPDATE	IMPACT OF CHANGE ON RISK	DETAIL IMPACT ON ASSURANCE LEVEL/CONTROL WHEN COMPLETE

03.01	<p>Develop and implement a structured benchmarking programme with UK peer cancer centres to review optimal Research Service infrastructure, workforce, and delivery models.</p> <p>Align benchmarking outputs with OECI Designation criteria and partnership theme.</p>	Associate Medical Director for RD&I / Head of R&D / Research Delivery Manager	December 2026	<p>The benchmarking visit to The Clatterbridge Cancer Centre NHS Foundation Trust was completed on 26 November 2025. The visit provided valuable initial insight into disease-site-based approaches to research study set-up, delivery, ongoing management, and governance oversight.</p> <p>Following the visit, a further set of clarification and follow-up questions has been submitted to colleagues at The Clatterbridge Cancer Centre NHS Foundation Trust to support deeper understanding of specific operational, workforce, and financial models.</p> <p>Key learning themes are now being synthesised into a structured paper, with accompanying recommendations to inform a programme of improvement and enhancement for the Velindre Research Service. This work will be supported by continued peer-to-peer dialogue between the two organisations.</p>	December 2025	Provides external reference points to shape Research Service structure; reduces risk of sub-optimal infrastructure	Assurance strengthened through comparative data, peer review evidence, and alignment to OECI standards.
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03.02	<p>Commission a programme of internal and independent audits of Research Service processes, including study set-up, delivery, and governance.</p> <p>Scope to cover compliance with UK Clinical Trials Regulation and ICH GCP E6(R3), coming into force in April 2026, linked to workforce development/training theme.</p>	Head of R&D / Research Delivery Manager	March 2027	<p>A comprehensive programme to refresh the Research Service SOP suite is underway, aligned to the UK Clinical Trials Regulations 2024 and ICH GCP E6(R3). Work is progressing through a structured, phased approach, including finalisation of the SOP framework, prioritisation of procedures, and allocation of authorship across the Research Service and supporting functions.</p> <p>The approach is deliberately sequenced to ensure alignment with regulatory requirements, inspection readiness, workforce training, and implementation of new digital systems, with ongoing coordination to ensure consistency and quality across the full SOP suite.</p>	December 2025	Identifies weaknesses early, reduces exposure at MHRA/OECI inspection	Assurance strengthened through regular audit cycles, embedding independent oversight.
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03.03	<p>Develop and implement a sustainable funding model for RD&I, reducing dependency on charitable and short-term funding streams.</p> <p>Link to financial sustainability theme and VPAG/charitable investment planning.</p>	To be advised	Apr 2027	<p>VPAG funding arrangements remain in place, with active engagement ongoing with Health and Care Research Wales (HCRW). Work is progressing to reprofile the Year 1 VPAG spending plan and review associated SMART objectives to ensure continued alignment with delivery timelines, workforce deployment, and programme outputs.</p> <p>In parallel, the Charitable Funds Integrated Bid 2026–29 has been considered through Trust governance processes.</p> <p>The development of a longer-term- RD&I funding approach focused on evidencing value and return on investment, including clearer mapping of workforce inputs to research outputs, maximising cost attribution, and supporting additional transition to delivery that facilitates commercial income growth.</p> <p>Executive oversight remains focused on achieving greater financial sustainability over the medium term, with commercial research growth identified as the critical enabler to reducing reliance on short-term and charitable funding streams.</p>	December 2025	Reduces risk of financial instability and service interruption.	Assurance strengthened by predictable, recurrent funding sources and clearer accountability across multiple income streams
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SECTION 1 – Summary

RISK ID 04 **REVIEW DATE** January 2026 **Risk Title** There is a strategic risk of failing to retain the Trust's University status. **Risk Lead** Non Gwilym

CORE ENABLER University Status **STRATEGIC GOAL** An established University Trust which provides highly valued knowledge and learning for all

CURRENT SCORE TREND

CURRENT RISK SUMMARY Controls have been identified. All controls reporting as preventative and as being managed resulting in an improved rating of 6.

SECTION 2 – Risk Scores

INHERENT RISK	IMPACT	LIKELIHOOD	TOTAL	CURRENT RISK	IMPACT	LIKELIHOOD	TOTAL	TARGET RISK	IMPACT	LIKELIHOOD	TOTAL
	3	1	3		3	1	3		3	1	3

Inherent risk score start date July 2025 **Expected date to reach Target Risk Score** July 2025

SECTION 3 – Effectiveness, Controls and Assurance

Overall Assurance Rating	Current Review Period	6
	Previous Review Period	6
Rationale for Assurance Rating	The Assurance Rating is considered on the basis of the risk score, actions and controls in place to mitigate against the risk,	

KEY CONTROLS **SOURCES OF ASSURANCE**

ID	KEY CONTROLS	OWNER				FIRST LINE OF DEFENCE	SECOND LINE OF DEFENCE	THIRD LINE OF DEFENCE
			PREVENTATIVE	MITIGATING	DETECTIVE			
C1	University Independent Board Member	Director of Corporate Governance	X			University Independent Board Member is confirmed and term of office known and understood.	Six monthly review of Board Membership undertaken by Director of Corporate Governance and Trust Board.	Audit Wales Structured Assessment.
C2	Robust collaboration with university partners, for example deed of association with the University of Wales, Trinity St Davids, Cardiff University: multi-professional research SLA; Cardiff Cancer Research Hub.	Medical Director Executive Director for Nursing, Allied Health Professionals and Health Science.	X			Collaborations instigated at divisional level/EMB. All reporting into EMB for endorsement/approval, as deemed appropriate.	All collaborations reporting into the relevant Trust Committees, specifically Quality, Safety and Performance, Strategic Development and Research, Development and Innovation Committee.	
C3	Academic partnership arrangements across a range of universities in Wales.	Medical Director Executive Director for Nursing, Allied Health Professionals and Health Science.	X			Collaborations instigated at divisional level/EMB. All reporting into EMB for endorsement/approval, as deemed appropriate.	All collaborations reporting into the relevant Trust Committees, specifically Quality, Safety and Performance, Strategic Development and Research, Development and Innovation Committee.	

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.
No Gaps in controls.	No gaps in assurance	-

SECTION 4 – ASSOCIATED OPERATIONAL RISK
(in line with Trust Risk appetite)

DATIX RISK REF		CURRENT RISK RATING	RISK TREND
	There are currently no risks relating to this strategic risk		

SECTION 5 – ACTION PLAN
(IMTP Priority Improvement Actions and BAF Actions)

ACTION REF	ACTION	OWNER	DUE DATE	ASSURANCE LEVEL	PROGRESS UPDATE	DATE OF UPDATE	IMPACT OF CHANGE ON RISK	DETAIL IMPACT ON ASSURANCE LEVEL/CONTROL WHEN COMPLETE
04.01	Review Board membership	Director of Corporate Governance Director of Corporate Governance	1 October 2025	6	Review will take place during September alongside new Chair and Independent Members Group.	October 2025	Further review will provide assurance that the requirements regarding University Status are being met through Board membership.	Increase in score of assurance level.
04.02	Review of Academic Partnership Board	Director of Corporate Governance Director of Corporate Governance	1 October 2025	4	Review will take place during September alongside new Chair and Independent Members Group.	October 2025	Further review will provide clarity on purpose and structure of Academic Partnership Board.	Increase in score of assurance level.

SECTION 1 – Summary

RISK ID	05	REVIEW DATE	December 2025	Risk Title	There is a strategic risk of not effectively embedding our role as a sustainable organisation, outside of main infrastructure and specific centrally led activity.	Risk Lead	Director of Place, Portfolio and Partnerships
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CORE ENABLER	Sustainability	STRATEGIC GOAL	A sustainable organisation that plays its part in creating a better future for people across the globe
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CURRENT SCORE TREND		CURRENT RISK SUMMARY	The Trust has strong operational environmental controls and assurance through governance groups, ISO 14001, and audits. Key gaps in capital decision-making, clinical pathways, and job descriptions are being addressed through targeted actions to achieve full integration and reduce strategic risk.
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SECTION 2 – Risk Scores

INHERENT RISK	IMPACT	LIKELIHOOD	TOTAL	CURRENT RISK	IMPACT	LIKELIHOOD	TOTAL	TARGET RISK	IMPACT	LIKELIHOOD	TOTAL
	4	4	16		3	3	9		2	2	4
	Inherent risk score start date		September 2025		Expected date to reach Target Risk Score						

SECTION 3 – Effectiveness, Controls and Assurance

Overall Assurance Rating	Current Review Period	4
	Previous Review Period	4
Rationale for Assurance Rating	An assurance level of 4 for sustainability reflects that robust governance, policies are in place. The Climate Action Board provides regular oversight, supported by ISO 14001 certification (surveillance audit passed in October 2025), sustainability internal audits, and active working groups driving progress across all key themes. Clear reporting, engagement, and delivery against sustainability objectives demonstrate strong assurance and continuous improvement.	

KEY CONTROLS	SOURCES OF ASSURANCE
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ID	KEY CONTROLS	OWNER	PREVENTATIVE	MITIGATING	DETECTIVE	FIRST LINE OF DEFENCE	SECOND LINE OF DEFENCE	THIRD LINE OF DEFENCE
						<ul style="list-style-type: none"> functions that own and manage risk Self-assurance 	<ul style="list-style-type: none"> Functions that oversee or specialise in risk management Internal oversight/specialist control teams 	<ul style="list-style-type: none"> Functions that provide independent assurance Internal Audit (provides assurance to the Board and senior management. This assurance covers how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of defence); and external oversight
C1	Creating Wider Value: Our Organisational Approach	Trust Sustainability Manager		X		Performance reporting / highlight reports	Well-being Objectives alignment embedded in Trust governance – board papers Climate Action Board	ISO 14001:2015 External Audit NWSSP Internal Audit Audit Wales
C2	Sustainable Care Models	Trust Sustainability Manager		X		Review through Clinical Sustainability MDT Climate Action Board ISO14001:2015 Internal Audits Environment Policy / divisional Environmental Statements Enviromental Manual	Clinical Sustainability MDT EMB SLT Strategic Development Committee	NWSSP Internal audit Audit Wales
C3	Carbon Zero	Trust Sustainability Manager		X		Site based Sustainability Implementation Plans (SIPs) Site-level energy monitoring Enviromental Manual	Cynefin Fire, Risk, Estates, Sustainability and Health &0 Safety Group (FRESH) ISO14001:2015 Management Group Quality, Safety & Performance Committee	ISO 14001:2015 External Audit NWSSP Internal audit Audit Wales
C4	Sustainable Infrastructure	Trust Sustainability Manager	X			Capital projects – nVCC / TGI Project risk registers Site based Sustainability Implementation Plans	Capital Project Board/ nVCC Project Board Specialist engineering / sustainability consultants on nVCC project Reviewable Design Data Process	BREAM Excellent aiming for Outstanding standards in nVCC / TGI. ISO 14001:2015 External Audit NWSSP Internal audit Audit Wales
C5	Sustainable Infrastructure	Trust Sustainability Manager	X			Waste Management Policy Waste segregation and recycling at source Single-use plastic phase-out Site based Sustainability Implementation Plans Site level waste monitoring	ISO14001:2015 Management Group Cynefin Fire, Risk, Estates, Sustainability and Health &0 Safety Group (FRESH) ISO14001:2015 Management Group	ISO 14001:2015 External Audit NWSSP Internal Audit Waste contractor compliance audits

							Quality, Safety & Performance Committee	
C6	Transition to a Renewable Future	Trust Sustainability Manager		X		Capital projects – nVCC / TGI Site based Sustainability Implementation Plans Building Management System (BMS) optimisation	Capital Project Board/ nVCC Project Board Specialist engineering / sustainability consultants on nVCC project Reviewable Design Data Process	BREAM Excellent aiming for Outstanding standards in nVCC / TGI. ISO 14001:2015 External Audit NWSSP Internal audit Audit Wales
C7	Connecting with Nature	Trust Sustainability Manager	X			Green Social Prescribing Partners Biodiversity Enhancement Plan (incl. in SIPs)	Climate Action Board Engagement Committees Activities	External biodiversity audits Internal Audit ISO 14001:2015 External Audit NWSSP Internal audit Audit Wales
C8	Greening Our Travel and Transport	Trust Sustainability Manager	X			Trust Travel Plan 2022 – 2027 Site based Sustainability Implementation Plans Cycle to Work Scheme	Annual Travel Survey ISO14001:2015 Management Group Cynefin Fire, Risk, Estates, Sustainability and Health & Safety Group (FRESH) ISO14001:2015 Management Group Quality, Safety & Performance Committee	ISO 14001:2015 External Audit NWSSP Internal audit Audit Wales
C9	Adaption to Climate Change	Trust Sustainability Manager	X			Climate risk assessments Site emergency preparedness plans Incorporation of adaptation measures in nVCC / TG projects Site based Sustainability Implementation Plans	Climate Action Board Health & Safety Meeting ISO14001:2015 Management Group Cynefin Fire, Risk, Estates, Sustainability and Health & Safety Group (FRESH) ISO14001:2015 Management Group Quality, Safety & Performance Committee	ISO 14001:2015 External Audit NWSSP Internal audit Audit Wales
C10	Our People as Agents for Change	Trust Sustainability Manager		X		Sustainability Induction and Training Staff engagement programmes Sustainability Staff awards	Healthy and Engaged Steering Group Fire, Risk, Estates, Sustainability and Health & Safety Group (FRESH)	ISO 14001:2015 External Audit

GAPS IN CONTROLS		GAPS IN ASSURANCE		ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.
Integration of sustainability into all governance and capital decision-making		Capital projects may be approved without consistent consideration of environmental impacts		5.1
Embedding sustainability in clinical pathways (new Clinical MDT not yet fully operational)		Under development and not yet integrated into standard practice		5.2
Inclusion of sustainability in all job descriptions		Not currently part of standard recruitment materials or role profiles; opportunity to align with Well-being of Future Generations requirements		5.3

SECTION 4 – ASSOCIATED OPERATIONAL RISK

(in line with Trust Risk appetite)

DATIX RISK REF		CURRENT RISK RATING	RISK TREND
	There are currently no risks relating to this strategic risk		

SECTION 5 – ACTION PLAN

(IMTP Priority Improvement Actions and BAF Actions)

ACTION REF	ACTION	OWNER	DUE DATE	ASSURANCE LEVEL	PROGRESS UPDATE	DATE OF UPDATE	IMPACT OF CHANGE ON RISK	DETAIL IMPACT ON ASSURANCE LEVEL/CONTROL WHEN COMPLETE
5.1	Embed sustainability considerations into capital project decision-making processes, including mandatory environmental impact assessments in business cases	Trust Sustainability Manager / Capital Projects Lead	31/03/2026	3	Draft environmental impact assessment template developed. Discussions underway with Capital Project Manager.	October 2025	Reduces risk that capital projects progress without due consideration of environmental and sustainability factors.	Provides the Board with assurance that sustainability is systematically addressed in all investment and governance processes. Strengthens First and Second Line Defence.
.3	Include sustainability and Well-being of Future Generations duties in all job descriptions and recruitment materials	Trust Sustainability Manager /Workforce Lead	31/03/2026	2	Review of current job descriptions underway prior to developing draft wording prepared for future recruitment packs.	October 2025	Addresses risk that sustainability is not embedded into organisational culture and staff responsibilities.	Ensures sustainability is reinforced as a core organisational value. Expands cultural and operational controls across the First Line of Defence.

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SECTION 1 – Summary

RISK ID 06 **REVIEW DATE** December 2025 **Risk Title** There is a risk of failure to meet or exceed service expectations without the prevalence of a positive working environment, which is characterised by effective values and behaviours, systems and processes **Risk Lead** Director of OD and Workforce

CORE ENABLER Organisational Culture **STRATEGIC GOAL** 2 - An internationally renowned provider of exceptional clinical services that always meet and routinely exceed expectations

CURRENT SCORE TREND

CURRENT RISK SUMMARY

This Strategic Risk brings together those elements of the culture of the organisation that can impact on the ability of the Trust to deliver its core purpose. There are work programmes underway to address the feedback that the Trust on this subject through a variety of mechanisms. The work considers systems, processes, values and behaviours through development, support, wellbeing and other interventions. There will be a particular focus in 2025/26 on the organisational development plan to support the transition to nVCC.

Risk score trend: The risk score has remained static since the last period.

SECTION 2 – Risk Scores

INHERENT RISK	IMPACT	LIKELIHOOD	TOTAL	CURRENT RISK	IMPACT	LIKELIHOOD	TOTAL	TARGET RISK	IMPACT	LIKELIHOOD	TOTAL
	4	4	16		3	4	12		3	2	6
Inherent risk score start date March 2025				Expected date to reach Target Risk Score 31.03.2027							

SECTION 3 – Effectiveness, Controls and Assurance

Overall Assurance Rating	Current Review Period	3
	Previous Review Period	
Rationale for Assurance Rating	Detail of assurance levels reported though the assurance paper on Workforce Supply and Shape to the Quality, Safety and Performance Committee.	

KEY CONTROLS **SOURCES OF ASSURANCE**

ID	KEY CONTROLS	OWNER				FIRST LINE OF DEFENCE	SECOND LINE OF DEFENCE	THIRD LINE OF DEFENCE
			PREVENTATIVE	MITIGATING	DETECTIVE			
C1	Trust Strategies and enabling strategies (including people, RD&I and Digital) launched November 2023 to provide clarity and alignment on strategic intent of the organisation	Carl James	X			Reports to EMB	Trust Board reporting on strategy and controls via cycles of business	Welsh Government reporting via JET and IMTP
C2	Approved Education Strategy and implementation plan to support the educational development of the Organisation to support the Trust direction	Sue Thomas	X			People Development and Education Steering Group	Reports to EMB, Committees and Trust Board	Internal Audit Reports
C3	Management and Leadership development programmes in place based on compassionate leadership principles	Sue Thomas	X			People Development and Education Steering Group	Reports to EMB, Committees and Trust Board	Internal Audit Reports
C4	Trust Values and Behaviour Framework	Sue Thomas	X			Healthy and Engaged Steering Group	Reports to EMB, Committees and Trust Board	Internal Audit Reports
C5	Communication infrastructure in place to support the communication of leadership messages and engagement of staff including employee voice	Non Gwilym Sarah Morley	X			Healthy and Engaged Steering Group	Reports to EMB, Committees and Trust Board	Internal Audit Reports
C6	Health and Wellbeing infrastructure for the Trust to support physical and psychological wellbeing of staff	Sue Thomas	X			Healthy and Engaged Steering Group	Reports to EMB, Committees and Trust Board	Internal Audit Reports
C7	Governance arrangements in place to monitor and evaluate the implementation of plans	Non Gwilym	X			Reports to EMB	Reports to EMB, Committees and Trust Board	Internal Audit Reports
C8	Performance Management Framework in place to monitor the finance, workforce and performance of the Organisation	Carl James	X			Regular monitoring at SLTs, where workforce dashboards monitor performance, identify and manage issues.	Reports to EMB, Committees and Trust Board	Internal Audit Reports

C9	Clear safe, effective and efficient service models to support role clarity aligned to compassionate leadership principles	Anne Carey	X			Regular monitoring at SLTs, where workforce dashboards monitor performance, identify and manage issues.	Reports to EMB, Committees and Trust Board	Internal Audit Reports
C10	Operational workforce plans developed to support agreed service models	Anne Carey	X			Regular monitoring at SLTs, where workforce dashboards monitor performance, identify and manage issues.	Reports to EMB, Committees and Trust Board	Internal Audit Reports
C11	Avoidable employee harm principles are embedded into the management of behaviours within the Trust	Sarah Morley	X			Healthy and Engaged steering group and Local Partnership Forum	Reports to EMB, Committees and Trust Board	Internal Audit Reports
C12	Monitor Welsh Language Standards, working with Divisions on improvement plans	Sarah Jenkins	X			Welsh Language Development Group	Reports to EMB, Committees and Trust Board	Internal Audit Reports

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.
Further work is required to fully develop control C5.		

SECTION 4 – ASSOCIATED OPERATIONAL RISK
(in line with Trust Risk appetite)

DATIX RISK REF		CURRENT RISK RATING	RISK TREND
	There are currently no associated risks on the Trust Risk Register		

SECTION 5 – ACTION PLAN
(IMTP Priority Improvement Actions and BAF Actions)

ACTION REF	ACTION	OWNER	DUE DATE	ASSURANCE LEVEL	PROGRESS UPDATE	DATE OF UPDATE	IMPACT OF CHANGE ON RISK	DETAIL IMPACT ON ASSURANCE LEVEL/CONTROL WHEN COMPLETE

06.05	Implement the actions of the Trust Strategic Equality Plan, including embedding the Anti-Racist Wales Action Plan in the Trust	OD Specialist	31.03.2026	Quarter 2 report went to the Healthy and Engaged Steering Group on 28.10.2025. As at December 2025, compliance with the Anti-racist Wales e-learning package was 84.97% WBS reported on Q2 progress with their SEP actions to the Healthy and Engaged Steering Group. No update received from VCS.	December.25		
06.06	Implement the actions within the Health and Wellbeing Action plan – supporting wellness and managing action plan for sickness absence	OD Specialist	31.03.2026	Quarter 2 report went to the Healthy and Engaged Steering Group on 28.10.2025. Actions have been completed regarding launching Work in Confidence and the framework for Speaking Up Safely. Areas still to be worked on relate to the culture development which are under consideration at Board level.	December.2025		
06.11 (now includes previous action 06.07)	Embed positive values and behaviours across the Trust to create positive culture. Cultural Baseline Review	Interim Director of People and OD	March 26	An initial Board Development session has taken place (23.10.25). There is a Chair's commitment to doing future work following this initial review. Further actions are being pulled together for consideration by the Board, including a Cultural Baseline to assess opportunities and challenges. Capability and capacity required to complete the work.	December 25		

CLOSED ACTIONS

06.01	Undertake analysis of current employee voice mechanisms and develop an engagement action plan to improve voice mechanisms and encourage a culture of speaking up across the Trust.	OD Specialist	Mar 25	Feedback from staff showed a desire to have clearer information about how to Speak Up. A video has been created and added to the intranet which is now used for general staff information and in induction situations. Work in Confidence is being commissioned to offer an additional, anonymous, route for reporting concerns. This action has been subsumed into action 6.15 and can be closed.	25.06.2025		
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06.02	Embed the principles of the Social Partnership Duty into the Trust's strategic development and through the Trust Board cycles of business	Head of Workforce	Apr 25		<p>06.12.2024 Session planned at Board Development on 17.12.2024. A Social Partnership update will be included. Following session, a meeting will be planned with the Chair of Strategic Development Committee to plan governance routes. 27.01.2025 Session delivered to Board on the Duty. Meeting with SDC Chair set up. 11/09/2025 - closed.</p>	September 2025		
06.08	Review performance indicators for a Healthy and Engaged workforce including EQIA measures and hybrid working				<p>KPIs and metrics are a standard agenda item on Healthy and Engaged Steering Group. Action Closed</p>			
06.09	Deliver an action plan for 2024/25 to support our commitment to the Trust Anti- Racist Action plan				<p>Contained in action 6.05. This can be closed</p>			

SECTION 1 – Summary

RISK ID 07 **REVIEW DATE** December 2025 **Risk Title** There is a strategic risk that 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 **Risk Lead** Chief Digital Officer

CORE ENABLER Digital Transformation **STRATEGIC GOAL** All

CURRENT SCORE TREND

CURRENT RISK SUMMARY

Work is ongoing on the key controls - no movement to overall current risk scoring due to overall digital risk position. Assurance ratings moved to 7 levels of assurance. New risks have been added to reflect the operational Digital risk - including challenges with delivering the National Programmes for RISP and LIMS. New go-live date for RISP agreed (Jan '26 from Jun '25) due to National/Regional image viewer capabilities.

The third lines of defence have been reviewed as some were previously not independent to the Trust.

The delivery of National Programmes through DHCW has been moved into escalation level 3.

Risk score trend: The risk score has remained static since the last period.

SECTION 2 – Risk Scores

INHERENT RISK	IMPACT	LIKELIHOOD	TOTAL	CURRENT RISK	IMPACT	LIKELIHOOD	TOTAL	TARGET RISK	IMPACT	LIKELIHOOD	TOTAL
	4	4	16		4	3	12		4	2	8
Inherent risk score start date March 2025				Expected date to reach Target Risk Score June 2026							

SECTION 3 – Effectiveness, Controls and Assurance

Overall Assurance Rating	Current Review Period	3
	Previous Review Period	3
Rationale for Assurance Rating	Assurance Rating 3 was agreed through the Digital Annual Report process at QSP and continues to represent the overall digital position.	

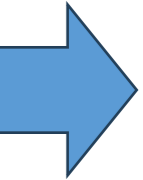
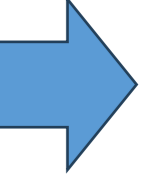
KEY CONTROLS **SOURCES OF ASSURANCE**

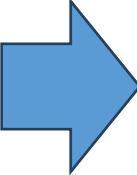

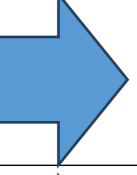
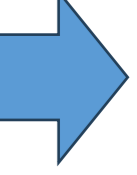
ID	KEY CONTROLS	OWNER				FIRST LINE OF DEFENCE	SECOND LINE OF DEFENCE	THIRD LINE OF DEFENCE
			PREVENTATIVE	MITIGATING	DETECTIVE			
C1	KEY CONTROLS	OWNER	X			Tracking key outcomes and benefits map – aligned to Trust Digital Strategy - Digital Programme Board	EMB/ SIRO Reports/ Strategic Development Committee/ QSP Committee/	Internal Audit
C2	Trust Digital Strategy - Published Oct '23	Carl James		X		Trust Digital governance reporting - WBS Futures - Velindre Futures - Digital Programme Board	EMB / National Programme Boards / SIRO Reports/ Strategic Development Committee/ QSP Committee/	Internal Audit/ National Programme Governance
C3	Active work ongoing to leverage existing and deliver on new technologies – e.g. LIMS, IRS, BECS, EPMA	Carl Taylor	X			Staff feedback - KLAS Survey - Mandatory Training stats	EMB /SIRO Reports/ Strategic Development Committee/ QSP Committee/	Internal Audit
C4	Training & Education packages to develop internal capabilities – including for exec and Board	Carl Taylor	X			Patient and Donor feedback Trust Digital Inclusion Plan	EMB / Strategic Development Committee/ QSP Committee	Internal Audit / Digital Communities Wales Accreditation
C5	Training & Education packages for donors, patients	Carl Taylor	X			Review of proposals via EMB/Board Digital IMTP Trust Capital Programme Digital Spend included in PMF (Current 2.6%)	EMB / Strategic Development Committee/ QSP Committee/	Internal Audit
C6	Ring-fencing digital advancement in Trust budget – benchmark 4%	Carl Taylor	X			Review of proposals via EMB/Board Digital Programme Board	EMB / Strategic Development Committee/ QSP Committee / Audit Committee	/ Internal Audit/ External Audit of Accounts
C7	Specifically development of digital resources capacity and capability	Carl Taylor	X			Tracking key outcomes and benefits map – aligned to Trust Digital Strategy Joint plan with Digital Communities Wales Digital Inclusion Plan accreditation achieved April '25	EMB / Strategic Development Committee/ QSP Committee/	Digital Communities Wales Accreditation
C8	Digital inclusion in wider community	Carl Taylor	X			Trust Digital governance reporting - WBS Futures - Velindre Futures - Digital Programme Board IMTP	EMB QSP Committee/	Internal Audit/ Digital Communities Wales
C9	Prioritisation and change framework to manage service requests	Carl Taylor			X	Trust Digital governance reporting Digital Programme Board	EMB / Cyber Action Plan / QSP Committee	Internal Audit / Cyber Resilience Unit

C10	Levels of unsupported applications/ legacy systems	Carl Taylor		X		Trust Digital governance reporting - WBS Futures - Velindre Futures - Digital Programme Board IMTP	EMB / SIRO Reports/ Strategic Development Committee/ QSP Committee/	Internal Audit / Cyber Resilience Unit
C11	Trust digital Governance	Carl Taylor		X		Review via Divisional SMT/SLT	EMB / SIRO Reports/ QSP Committee/	Internal Audit / WG IQPD
C12	Framework of lead and lag indicator reporting into Trust digital governance structure, integrated into wider performance framework	Carl James		X		Review via Divisional SMT / SLT/ Cyber Security eLearning (Stat. & Mand)/ Board Development Sessions.	EMB / Strategic Development Committee/ QSP Committee	Internal Audit/WG/CRU as competent authority for NIS
C13	Cyber Assurance Controls in place	Carl Taylor	X	X		Review via Divisional SMT / SLT/ Cyber Security eLearning (Stat. & Mand)/ Board Development Sessions.	EMB / SIRO Reports/ Strategic Development Committee/ QSP Committee	Internal Audit/CRU as competent authority for NIS
C14	Digital transformation is guided by an agreed digital architecture.	Carl Taylor		X		Digital Programme Board Digital Design Authority being established	EMB / Strategic Development Committee	Internal Audit
C15	Establish strategy, policies and guidance for the implementation and maintenance of AI technology	Carl Taylor/ Clinical and Scientific Strategy Board	X	X		Clinical and Scientific Strategy Board/ Digital Programme Board/ Caldicott Guardian, SIRO, DPO	EMB / Strategic Development Committee/ Quality, Safety and Performance Committee	Internal Audit/ CRU?/ DDaT Leadership Board
C16	Trust Information Governance	Matthew Bunce (SIRO)	X	X	X	IQSG, Divisional Quality and Safety Hubs, Divisional Directors	EMB / Performance Committee, Independent Member for IG/Digital	Internal Audit/ CRU?/ DDaT Leadership Board, ICO, Welsh Government

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.

SECTION 4 – ASSOCIATED OPERATIONAL RISK
(in line with Trust Risk appetite)

DATIX RISK REF		CURRENT RISK RATING	RISK TREND
3634 Corporate	There is a risk to Quality, Performance and Service Sustainability, and Workforce domains as a result of demand for work on new digital services exceeding the capacity of the Trust digital team and the Trust's capacity to take on the business changes management leading to priority service initiatives enabled by digital not being delivered successfully , stress and burnout for the digital team and regularly changing priorities.	16	
3643 WBS	There is a risk to patient safety as a result of an aged Laboratory Information System (SERIF) leading to RCI and Automated Testing being unable to operate a safe service.	15	

3633	There is a risk to Quality and Performance and Service Stability as a result of the lack of capacity of Digital Health and Care Wales to integrate VUNHST digital systems into the National Architecture on a timely basis leading to delays in the Trusts ability to introduce new digital systems to support its strategic objectives. In particular integration for the IRS, WHAIS, FEDIS projects has had to be escalated to the DHCW Executive for resolution.	12	
3632	There is a risk to Quality and Performance and Service Stability as a result of National Digital Programmes managed by Digital Health and Care Wales (DHCW) not being delivered to time/cost/quality for use by the Velindre Trust leading to disruption of the clinical model and the plan to transition services to the new Velindre Cancer Centre. The National DHCW programmes of concern for the Trust are RISP/WLIMS/EPMA.		
3646 Corporate	There is a risk to PERFORMANCE AND SERVICE SUSTAINABILITY that the WLIMS2.0 go-live date will be delayed due to delays in the national programme timeline causing an impact on realising project outcomes and additional demand for further development of existing legacy systems. Project ID WO2-02 Risk ID R131	20	
3388 WBS	There is a risk to Quality and Performance as a result of reporting errors and limited accessibility of reports due to no interfaces between the Fetal D IT System (FEDIS) and NHS Wales Digital Applications, leading to suboptimal antenatal care.	16	
3667 WBS	Private risk relating to vulnerable hardware	15	New risk
3757	Private risk relating to BECS	20	New risk
3765	Private risk relating to relating to BECs	20	New risk

SECTION 5 – ACTION PLAN
(IMTP Priority Improvement Actions and BAF Actions)

ACTION REF	ACTION	OWNER	DUE DATE	ASSURANCE LEVEL	PROGRESS UPDATE	DATE OF UPDATE	IMPACT OF CHANGE ON RISK	DETAIL IMPACT ON ASSURANCE LEVEL/CONTROL WHEN COMPLETE
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07.01	Create the Trust Digital Reference Architecture to support C14 and others	Carl Taylor	Dec 25	2	<p>15.08.2025 Working with National Target Architecture programme to align targets.</p> <p>Terms of reference drafted for approval at Aug Digital Programme Board</p> <p>Digital Design Authority has now met twice and terms of reference have been agreed.</p> <p>National Target Architecture programme has now been initiated and the Trust are engaged in the work</p>	December 2025	Digital Design Authority will guide digital transformation	The level of assurance should increase from 3-4 for C13, C15 and C16
07.02	C9 - Prioritisation framework needs to be established for the Data and Insight Service	Carl Taylor	Sep 25	3	<p>Data and Insight formative paper due at SDC in Feb '24</p> <p>Prioritisation paper presented to EMB in Nov '24</p> <p>Data and Insight included as part of the Change Advisory Board for C9</p> <p>Additional band 8a resource recruited</p> <p>Prioritisation paper prepared for EMB Shape/SDC in Feb '25 - Both meetings were cancelled to no follow on actions</p> <p>Priorities and team are working to those - long term prioritisation approach still to be agreed for C9</p>	December 2025	Will contribute to reduction in likelihood of risk	C9 would move to Effective
07.03	Reviewing control framework with Head of Information Governance for cross-check and alignment	Carl Taylor	Sep 25		Initial review undertaken and updates will be collated for September 25 BAF	Oct 25	<p>Will contribute to reduction likelihood of risk</p> <p>Controls C15 and C16 are included in the BAF</p>	Additional assurance for C11, C13

SECTION 1 – Summary

RISK ID	08	REVIEW DATE	December 2025	Risk Title	There is a strategic risk that the organisational and clinical governance arrangements do not provide appropriate mechanisms and culture to achieve our medium to long term objectives.	Risk Lead	Director of Corporate Governance
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CORE ENABLER	Organisational and Clinical Governance	STRATEGIC GOAL	1 - Outstanding for quality, safety and experience
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CURRENT SCORE TREND	<p>BAF 08 - Governance</p> <table border="1"> <caption>Score Trend Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Jan-25</td><td>12</td></tr> <tr><td>Feb-25</td><td>12</td></tr> <tr><td>Mar-25</td><td>12</td></tr> <tr><td>Apr-25</td><td>15</td></tr> <tr><td>May-25</td><td>15</td></tr> <tr><td>Jun-25</td><td>15</td></tr> <tr><td>Jul-25</td><td>15</td></tr> <tr><td>Aug-25</td><td>15</td></tr> <tr><td>Sep-25</td><td>16</td></tr> <tr><td>Oct-25</td><td>16</td></tr> <tr><td>Nov-25</td><td>16</td></tr> <tr><td>Dec-25</td><td>12</td></tr> </tbody> </table>	Month	Score	Jan-25	12	Feb-25	12	Mar-25	12	Apr-25	15	May-25	15	Jun-25	15	Jul-25	15	Aug-25	15	Sep-25	16	Oct-25	16	Nov-25	16	Dec-25	12	CURRENT RISK SUMMARY	<p>Refreshed Risk Policy on track to deliver for 3 March 2025 Audit committee.</p> <p>The Trust is working with Welsh Government and NWSSP regarding the next steps for the review of NWSSP Accountabilities and Governance.</p> <p>A specification for expert advice on a review of the Board's structure and development programme has been completed due to commence in the new year and to be concluded before the end of the FY.</p> <p>Structured Assessment interviews underway to be completed before the end of the calendar year.</p> <p>Target date has been reduced due to publication of the WG report and progress made on Risk Policy and Board Development programme.</p>
Month	Score																												
Jan-25	12																												
Feb-25	12																												
Mar-25	12																												
Apr-25	15																												
May-25	15																												
Jun-25	15																												
Jul-25	15																												
Aug-25	15																												
Sep-25	16																												
Oct-25	16																												
Nov-25	16																												
Dec-25	12																												

SECTION 2 – Risk Scores

INHERENT RISK	IMPACT	LIKELIHOOD	TOTAL	CURRENT RISK	IMPACT	LIKELIHOOD	TOTAL	TARGET RISK	IMPACT	LIKELIHOOD	TOTAL
	4	4	16		4	3	12		3	2	6
	Inherent risk score start date		March 2025								Expected date to reach Target Risk Score: May 2026

SECTION 3 – Effectiveness, Controls and Assurance


Overall Assurance Rating	Current Review Period	3
	Previous Review Period	2
Rationale for Assurance Rating	Increased assurance rating due to receipt of WG report on NWSSP hosting arrangements and confirmed plan for review of Risk Policy.	

KEY CONTROLS	SOURCES OF ASSURCE
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ID	KEY CONTROLS	OWNER				FIRST LINE OF DEFENCE	SECOND LINE OF DEFENCE	THIRD LINE OF DEFENCE
			PREVENTATIVE	MITIGATING	DETECTIVE			
C1	Trust Risk Register framework, policy, procedures and Risk Appetite Statement.	Director of Corporate Governance		X		Divisional Management Boards Executive Management Board	QSP/Audit/Strategic Development Committees (BAF), Trust Board	Internal Audit Reports
C2	Annual Assessment of Board Effectiveness	Corporate Governance Manager			X	Annual Board Effectiveness review Annual Self-Assessment against the Corporate Governance in Central Governance Departments: Code of Good Practice 2017	Audit Committee Trust Board	Internal Audit Reports
C3	Board Committee Effectiveness Arrangements	Director of Corporate Governance	X			Internal Audit Review	Audit Committee Trust Board	Audit Wales Structured Assessment Programme / Reports Joint Escalation & Intervention Arrangements
C4	Board Development Programme	Director of Corporate Governance	X			Programme established	Trust Board in Board Development	Internal Audit of Board Committee Effectiveness Audit Wales Structured Assessment Audit Wales Review of Quality Governance Arrangements
C5	Quality of assurance provided to the Board	Director of Corporate Governance	X			Quality of Board papers and supporting information effectively enabling the Board to fulfil its assurance role.	Trust Board assessment via formal annual and additional effectiveness review exercises	Specialist external input as required, for instance on Socio-economic Duty
C6	External benchmarking of Governance, Assurance & Risk best practice as part of the Governance, Assurance & Risk programme of work	Director of Corporate Governance	X			Full cross-reference of Governance, Assurance and Risk work into BAF 06 in this respect	Governance, Assurance & Risk Steering Group and Trust Board in Board Development input	Internal Audit Reports. Audit Wales Structured Assessment Programme/Reports
C7	Cross-reference of Integrated Medium Term Plan objectives to strategic objectives in the Trust Assurance Framework	Director of Corporate Governance	X			Executive Management Board	Strategic Development Committee Audit Committee Quality, Safety and Performance Committee	Internal Audit Reports. Audit Wales Structured Assessment Programme/Reports
GAPS IN CONTROLS						GAPS IN ASSURANCE		ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.
Risk Policy under review Board development programme under review						Third line of defence in respect of C4 - Board Development Programme		Refreshed programme to be discussed by Board on 23 October 2025.

SECTION 4 – ASSOCIATED OPERATIONAL RISK

(in line with Trust Risk appetite)

DATIX RISK REF		CURRENT RISK RATING	RISK TREND
3656	There is a risk to the quality of clinical and corporate governance caused by a lack of assurance and effective reporting of hosted units' custom and practice with regard to: - Employment issues - Health and Safety issues - Medical licences - Scope of Corporate Activity	16	

SECTION 5 – ACTION PLAN

(IMTP Priority Improvement Actions and BAF Actions)

ACTION REF	ACTION	OWNER	DUE DATE	ASSURANCE LEVEL	PROGRESS UPDATE	DATE OF UPDATE	IMPACT OF CHANGE ON RISK	DETAIL IMPACT ON ASSURANCE LEVEL/CONTROL WHEN COMPLETE
08.01	External benchmarking of Governance, Assurance & Risk best practice as part of the Governance, Assurance & Risk programme of work.	Director of Corporate Governance	Nov-24	5	External benchmarking now embedded into practice.	Oct 2025	Benchmarking will provide further assurance to the Board. GAR Group to receive update at next meeting in May 2025.	Delivery of the action will provide assurance to the Board on the quality of GAR programme output. Output to be considered as accessible to all staff and as an enabler to service improvement.
08.02	Develop new plan for phase 2 GAR programme.	Director of Corporate Governance	Dec-24	2	GAR focused on improvements on decision/action reporting for minutes, refreshed risk policy and finalising BAF.	Oct 2025	Activity during January / February 2025 significantly reduces the risk of the lack of clarity of business priorities and focus. A consolidated plan has been developed and progress to implement where there is agreement on actions isn't impeded by the approval of the overarching programme.	The delivery of the GAR programme will provide the Trust with assurance on its governance arrangements. This will impact the risk score significantly.
08.03	Review Trust Risk Policy	Director of Corporate Governance	March-2026	2	EMB to consider new policy at January / February meetings in advance of March 2026 Audit Committee.	December 2025	Updated policy with updated flowcharts and educational assets available for all Trust staff.	Refreshed process for Risk management, reporting and training. Positive impact on strategic risk related to governance of Trust risks.

08.04	Ensuring accountability and ownership is in the right place, supported by effective structures, and is empowering for those delivering and those leading the delivery of high-quality services today and shaping our services for the future	Director of Corporate Governance	March 2026	2	GAR Group met in October 2025 to consider next steps for GAR. EMB considered: 1. Minutes principles 2. Template for Committee and Board Papers 3. Ways of Working – a guide to engaging and managing VUNHST Board and Committee business	December 2025	<ul style="list-style-type: none"> When delivered, the Corporate Governance Manual will provide a means for ongoing reference and information on how Trust governance works and the standards set. The review of the Trust's current governance structures will take into account changes to the Trust's work programme since the last review in 2020, to ensure we are fit for the future. Work to review the current hosting arrangements underway and will consider Welsh Government review (July 2025). 	A structure fit for the future, clearly articulated in a Corporate Governance Manual that is visible to the organisation and adhered to, as evidenced by KPIs.
08.05	Review Terms of Reference for all Board Committees capturing all requirements in relation to Duty of Quality.	Director of Corporate Governance	December 2025	3	To be completed by end of December 2025.	Mar 2026	Board assured that scope of Committees' work referencing requirements of Duty of Quality effectively.	All ToR up to date and consistent in their interpretation of the Duty of Quality and its impact on Board Committee work.
08.06	Training programme to support Duty of Quality reporting, Quality Impact Assessment completion and Assurance Level awareness.	Director of Corporate Governance/Executive Director Nursing, Allied Health Professionals and Health Scientists	Nov-25	5	Initial discussions resulting in changes of requirement re: Duty of Quality reporting in Board/Committee paper template. Assurance level awareness training complete. Board training 23 October 2025.	Oct 2025	Board assured that Trust business is compliant with the Duty of Quality statutory requirements.	All staff aware of purpose, driver and process for completing Quality Impact Assessments. Duty of Quality embedded in Board decision making process.
08.07	Coordinate policy review process and update Policy on Policies as standard operating procedure to support organisational development, compliance and awareness of policies.	Director of Corporate Governance	Nov-25	4	First phase complete. Awareness raising exercise underway.	Oct 2025	Risk of non-compliance with national policies reduced. Policy updates timely.	All staff to be aware of latest policy updates and assured that information presented is up to date.

08.08	Prepare paperwork outlining concerns and solutions to improve hosted services governance in advance of distribution of WG review	Director of Corporate Governance	Nov.25	2	Executive Board discussions to commence January 2026 following publication of WG commissioned report	Oct 2025	None – but it will allow us to respond quickly to the WG report. Urgent issues will require escalating.	Clarity on priorities to refresh governance of hosted services.
08.09	Training programme to support Duty of Quality reporting, Quality Impact Assessment completion	Director of Corporate Governance/Executive Director Nursing, Allied Health Professionals and Health Scientists	March 2026	4	Duty of Quality session scheduled for Board Development February 2026	December 2025	Board assured that Trust business is compliant with the Duty of Quality statutory requirements.	All staff aware of purpose, driver and process for completing Quality Impact Assessments. Duty of Quality embedded in Board decision making process.
08.10	New Board Development Programme delivered	Director of Corporate Governance	March 2026	3	Specification for external expert advice completed December 2025. New provider to commence work in January 2026.	March 2026		
CLOSED ACTIONS								
08.06	Training programme to support Duty of Quality reporting, Quality Impact Assessment completion and Assurance Level awareness.	Director of Corporate Governance/Executive Director Nursing, Allied Health Professionals and Health Scientists	Nov-25	4	Initial discussions resulting in changes of requirement re: Duty of Quality reporting in Board/Committee paper template. Assurance level awareness training complete. Board training 23 October 2025.	Oct 2025	Board assured that Trust business is compliant with the Duty of Quality statutory requirements.	All staff aware of purpose, driver and process for completing Quality Impact Assessments. Duty of Quality embedded in Board decision making process.

SECTION 1 – Summary

RISK ID	09	REVIEW DATE	16.12.2025	Risk Title	A strategic risk emerges if the Trust does not secure sufficient funding for the provision of its services or does not maximise its use of finite resources, which could negatively impact on the care that our patients and donors receive	Risk Lead	Director of Finance
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CORE ENABLER	Financial Sustainability and Long-Term Value	STRATEGIC GOAL	1 -Outstanding for quality, safety and experience 5 - A sustainable organisation that plays its part in creating a better future for people across the globe
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CURRENT SCORE TREND		CURRENT RISK SUMMARY	<p>Executive Summary There are a range of factors that impact on the finance sustainability and long term value risk. We prevent, mitigate or detect impact on this risk through a number of key financial controls. Where these controls are partially effective or not effective actions are being taken to improve the effectiveness of the control and where this achieves the anticipated improvement in control the assurance from that control is increased.</p> <p>Operational Summary</p> <p>Risk score trend: The risk score has remained static since the last period, however, given the significant emerging cost pressures the risk score may need review in future months in the context of the underlying financial position which is being considered as part of the IMTP development.</p>
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SECTION 2 – Risk Scores

INHERENT RISK	IMPACT	LIKELIHOOD	TOTAL	CURRENT RISK	IMPACT	LIKELIHOOD	TOTAL	TARGET RISK	IMPACT	LIKELIHOOD	TOTAL
	4	4	16		4	3	12		4	2	8

Inherent risk score start date March 2025

Expected date to reach Target Risk Score April 2026 in line with IMTP although this now remains a risk given the underlying financial position

SECTION 3 – Effectiveness, Controls and Assurance

Overall Assurance Rating	Current Review Period	4
	Previous Review Period	4

Rationale for Assurance Rating

Assurances and controls largely in place with policies and procedures supporting financial governance, however the emerging costs pressures and investment decisions are impacting on the Trusts financial sustainability. A proposed financial recovery plan with cut costing options and improved operations is being considered aligned with the 2026/27 IMTP financial plan which should support an increase in the assurance rating and reduce the risk score.

KEY CONTROLS SOURCES OF ASSURANCE

ID	KEY CONTROLS	OWNER	KEY CONTROLS			FIRST LINE OF DEFENCE <ul style="list-style-type: none"> functions that own and manage risk Self-assurance 	SECOND LINE OF DEFENCE <ul style="list-style-type: none"> Functions that oversee or specialise in risk management Internal oversight/specialist control teams 	THIRD LINE OF DEFENCE <ul style="list-style-type: none"> Functions that provide independent assurance Internal Audit (provides assurance to the Board and senior management. This assurance covers how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of defence); and external oversight
			PREVENTATIVE	MITIGATING	DETECTIVE			
FSLTV1	Divisional Financial Outturn	Head of Financial Planning & Reporting Head of Finance Business Partner Budget Holders			X	Budget holders, reports and training, Touch Point meetings	Divisional Finance Reports and Performance; Finance Business Partners	Internal Audit / External Audit
FSLTV2	Quarterly Finance Reviews	Deputy Director of Finance Head of Finance Business Partnering			X	Directorate Level Budget holders, reports and training, Touch point meetings	Divisional Finance Reports, and Performance; Finance Business Partners	Internal Audit / External Audit
FSLTV3	Divisional Performance Review	Deputy Director of Finance Head of Finance Business Partnering			X	Divisional Senior Leadership Teams, reports, Touch Point meetings	Executive Finance Reports; Senior Finance Team	Internal Audit / External Audit
FSLTV4	Executive and Trust Board Reporting	Executive Director of Finance			X	Executive Budget Holders / Programme SROs	Trust Board Finance Reporting; Senior Finance Team; QSP Committee; Trust Board	Internal Audit / External Audit
FSLTV5	Statutory and Mandatory Financial Reporting (inc. Annual Accounts)	Executive Director of Finance			X	Executive Budget Holders / Programme SROs	Trust Board Finance Reporting; Senior Finance Team; MMRs; Welsh Costing Returns; Audit Committee; Trust Board	Welsh Government / NHS Executive (FP&D) / External Audit

FSLTV6	Monthly Finance and Performance Meetings	Executive Director of Finance	X	Executive Budget Holders / Divisional Directors	Divisional Finance Reports, and Performance; Finance Business Partners	Internal Audit / External Audit
FSLTV7	Collective Commissioners Review	Executive Director of Finance	X	Directorate Level Budget holders, reports and training	Collective Commissioning Group LTA reporting Weakness in controls identified in relation to LTA activity data capture and mapping to appropriate currencies to ensure Trust recovers all income due for work undertaken	LHB Commissioners
FSLTV8	Investment Appraisal	Executive Director of Finance Executive Director of Strategic Transformation, Planning & Digital	X	Executive Budget Holders / Programme SROs	Capital Planning and Delivery Group; Executive Management Board; Strategic Development Committee; Trust Board; WG Better Business Cases; HM Treasury Greenbook	LHB Commissioners / Welsh Government / Internal Audit / External Audit
FSLTV9	Financial Strategy / Medium Term Financial Plan / Budget Setting	Executive Director of Finance	X	Executive Budget Holders / Programme SROs	Trust Board and Committees	LHB Commissioners / Welsh Government / Internal Audit / External Audit
FSLTV10	Scheme of Delegation and Delegated Financial Authority	Executive Director of Finance	X	Oracle Financial System Controls; Budget holders; Executive budget holders; Programme SROs	Trust Board and Committees; Delegated Financial Limits	Internal Audit / External Audit
FSLTV11	Value Based Healthcare programme	Executive Director of Finance Executive Medical Director	X	Value Based Healthcare project leads; VBH programme SROs	Value Based Healthcare steering committee / Executive Management Board, Strategic Development Committee	LHB Commissioners / Welsh Government / Internal Audit / External Audit
FSLTV12	Procure to Pay monitoring	Deputy Director of Finance Head of Financial Services & Accounting	X	Requisitioners / Budget Holders	PSPP Group; Finance P2P reporting; Expense reporting; Expenses and Purchasing / Credit Card policy; Losses and Special Payments reporting	Internal Audit / External Audit
FSLTV13	Debtors / Cash monitoring	Deputy Director of Finance Head of Financial Services & Accounting	X	Budget Holders: Private Patients lead; reports	Debtors Reporting; Senior Finance Team;	LHB Commissioners / Welsh Government (External Financing Limit) / Internal Audit / External Audit

FSLTV1 4	Discretionary Capital Financial Planning and Reporting	Deputy Director of Finance / Head of Financial Planning and Reporting	X	Budget Holders; Heads of Division; Divisional Directors	Capital Planning and Delivery Group; Executive Management Board; Fixed Assets Register Reporting	Internal Audit / External Audit
FSLTV1 5	Major Capital Programmes monitoring	Chief Executive	X	Executive Budget Holders / Programme SROs; Scheme of Delegation and Governance Framework	Capital Planning and Delivery Group; Executive Management Board	Internal Audit / External Audit
FSLTV1 6	Counter Fraud	Deputy Director of Finance / Head of Financial Services & Accounting	X	Budget Holders, reports and training	Counter Fraud Reports; Audit Committee	Internal Audit / External Audit
FSLTV1 7	Tax management	Deputy Director of Finance / Head of Financial Services & Accounting	X	Budget holders, requisitioners, reports and training	Financial Operations Team; VAT working group	External Advisory (EY) / Internal Audit / External Audit / HMRC
FSLTV1 8	Procurement	Executive Director of Finance / Deputy Director of Finance / Head of Procurement	X	Exec Directors, Divisional Directors, Budget Holders, reporting and training	Procurement Compliance reporting; Audit Committee	Internal Audit / External Audit

GAPS IN CONTROLS

GAPS IN ASSURANCE

ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.

Scheme of Delegation and Governance Framework for All Major Programmes	Investment Appraisal assurance process improvement to ensure high quality of business case submissions and education of organisation with regards to appropriate funding routes for service developments and initiatives	F6 (Controls); F4 (Assurance)
There is a need to be able to evidence use of medicines are providing the best value for patients	Medicines management requires more clarity on governance, decision making processes and financial implications including links between NWSSP, National forums and impact on local decision making in VCS.	F2
There are issues with the processes around LTA activity capture and mapping to currencies with some activity currently not being identified and charged to commissioners. Additional system and process controls have been established which has in part mitigated data issues, however, weakness remains, specifically in relation to the Radiotherapy IRS implementation which is being addressed with Service and Business Intelligence.	LTA Activity performance monitoring process currently not providing assurance that all activity is being captured and monitored against Commissioner contracts. Whilst SACT service concerns have been addressed, the ongoing IRS implementation for Radiotherapy services remains a concern, though being addressed between Finance, Service and Business Intelligence.	F7

SECTION 4 – ASSOCIATED OPERATIONAL RISK
(in line with Trust Risk appetite)

DATIX RISK REF		CURRENT RISK RATING	RISK TREND
	There are no risks related to this BAF		

SECTION 5 – ACTION PLAN
(IMTP Priority Improvement Actions and TAF Actions)

ACTION REF	ACTION	OWNER	DUE DATE	ASSURANCE LEVEL	PROGRESS UPDATE	DATE OF UPDATE	IMPACT OF CHANGE ON RISK	DETAIL IMPACT ON ASSURANCE LEVEL/CONTROL WHEN COMPLETE

09.01	Development of VBHC programme of work to identify areas of unwarranted variation and actions to improve	EDoF / DDoF/COO	Delivery over 24/25-26/27	<p>4</p> <p>VBHC Programme of work for 2024-25 to 2025-26 agreed by Trust Board overseen by the VBH Steering Group. Assurance provided through review at SDC and QS&P Committees.</p> <p>2025-26 Progress:</p> <ul style="list-style-type: none"> • Digital PROMS platform now operational for Prostate, Lung and Neuro-oncology. Communication Plan in place to support with adoption. Work underway to deploy within wider Urology, CUP, Colorectal, VAP and Palliative care as part of phase 2 • PROMS Questionnaires - continue to be developed and agree national sets - focus on Breast and Colorectal • SST Data Insights Dashboard ongoing insight and awareness raising to support clinicians in reducing unwarranted variation e.g. referral patterns, admission rates, medicines prescribing, use of VAP service. Also used to calculate opportunities for a virtual thyroid follow up service (to replace telephone) • Self administration pathway for denosumab subcutaneous injections is being refined prior to opening for all eligible patients, improving outcomes while releasing resource for more complex treatments. • Data quality improved for historical open pathways, addressing clinical risk • Financial evaluation of projects supported via TDABC. • Training, communication & engagement - communication strategy in place, training & engagement sessions undertaken; further staff members undertaking Swansea University Value in Health course • Non-recurrent funding secured to develop a national pathway for people with Genetic Haemochromatosis to become blood donors. This reduces demand within the health boards 	16/12/25	Identification of opportunities to reduce unwarranted variation and improved allocation and utilisation of resources will support financial sustainability	Control 11 - VBHC effectiveness will improve from PE to E and assurance will be enhanced further
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					and improves the supply of blood donations whilst being more convenient for the individuals involved. November saw the highest ever number of units donated by people with GH at 90. Agreement to support Frailty work within VCS with non-recurrent funding. This will reduce variation in the treatment of patients with frailty in the long term		
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09.02	Continuous improvement of Finance and Investment Enhanced Monitoring reporting including identification of Savings Opportunities; Disinvestments and Choices and clear line of sight with Welsh Government Value and Sustainability Board agenda	EDoF / DDoF	Delivery over 2024/25 to 2026/27	<p>4</p> <p>Savings / Efficiencies opportunity Pipeline identified 4 areas being progressed or explored - Pre-operative anaemia pathway expansion (implementation), Medicines Management - NWSSP medicine unit supply (underway) & further areas to be identified through Medicines Strategy Group, Workforce re-design - service divisions to identify all areas of workforce model and pathway review to enable a Trust wide assessment of opportunities for efficiency and productivity improvement, Procurement reviews of non-pay spend to identify opportunities for cost improvement in income recovery. EMB agreed SROs for each of the 4 areas to take accountability at Exec level to oversee the development and delivery.</p> <p>Pharmacy review has been conducted and was presented to Exec Management Board early in 2024. An Internal Audit review of medicines management governance (including financial aspects) was conducted in July / Aug 2024 and reported to Audit Committee in Sep '24 with substantial assurance.</p> <p>Medicines Strategy Group to be established by SRO (Medical Director) for Medicines Group. Newly appointment Deputy Medical Director will establish the Strategy Group during 2025-26.</p> <p>IMTP savings created using SMART actions to strengthen identification, monitor progress and delivery.</p> <p>Finance workshop with Executive team took place to present the current financial position and discuss disinvestment options and financial recovery.</p>	08.10.2025	<p>Identification of opportunities for new savings initiatives and disinvestments / choices along with enhanced scrutiny via the establishment of the Finance and performance monthly review will support financial sustainability and reduce risk</p> <p>Control 6 - Finance & Investment enhanced monitoring will improve from PE to E and assurance will be enhanced further</p>
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					A monthly finance and performance review meeting .will soon be established for Execs for early awareness of any risks or underperformance			
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09.03	Development and review of Financial Control Procedures		Year 3	<p>6 Capital financial control procedure approved by Audit Committee. Financial Control Procedure (FCP) update plan and pipeline for review in development.</p> <p>The final Audit Report of key financial controls was received at Dec '24 Audit Committee with reasonable assurance. Management agreed to respond to a small number of recommendations:</p> <p>Accruals & Prepayments - Finance teams have created a clear audit trail evidencing segregation of duties for preparing/reviewing prepayments & accruals, e.g. through inclusion of these tasks in the month-end finance checklist.</p> <p>Suspense Account Clearing - Senior Finance Team (SFT) agreed a timeframe of 2 years for the removal of aged items from the Unidentified Income suspense account. This approach has been agreed with Audit Wales & the Welsh Government. The account will be reviewed on a monthly basis by SFT and action taken at the year end to ensure no aged items exceeding 2 years remain. Unidentified income significantly reduced following adoption of suspense account clearing.</p> <p>The Accounts Receivable team have completed a review of the Unidentified Income suspense account, and all historic transactions have been cleared. The account now includes only 11 items, relating to the period 2024-2025, totalling £55k.</p> <p>Petty Cash FCP been updated, priority to review and update all FCPs following accounts submission.</p> <p>A plan is in place to review and update all FCPs, with a</p>	116.12.2025	Strengthened control procedures will support risk mitigation	Control 10 - Scheme of Delegation and Delegated Financial Authority will improve from PE to E and assurance will be enhanced further
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				<p>completion date of December 2025.</p> <p>FCP4 Year End Closedown Procedure has been reviewed and updated.</p> <p>The Bank Mandate has been reviewed and updated.</p> <p>FCP1 Budgetary Control Procedure has been reviewed and updated. The Financial Accounting team are continuing to review the FCPs and this exercise will now be completed by the end of November 2025.</p> <p>All FCPS have now been reviewed and updated and are currently going through the governance cycle for approval.</p>				
09.04	Development of Investment Appraisal process and prioritisation framework	EDoF / EDoS TP&D / DDoF / DDoP	Investment appraisal process &	4	<p>Presentation made to April 2024 EMB Shape for the development of criteria for assessing investment opportunities. This included Strategic Fit, Deliverability and Value and Sustainability. Next steps are to develop criteria aligned to the 3 areas identified.</p>	17.08.2025	<p>Alignment of investment with strategic priorities will demonstrate goal congruence and increase the likelihood of securing funding for projects / initiatives</p>	<p>Control 6 - Financial Strategy / Medium Term Financial Plan / Budget Setting will become more effective and financial plans more sustainable further enhancing overall financial assurance</p>

09.05	Identification of business development and external funding opportunities	EDoF / EDoSTP&D / EMD / DDoF	Dec 2025	4	<p>Cardiff Cancer Research Hub financial plan review has identified that in 2025-26 costs are covered by funding but there is a risk of shortfall in 2026-27 between anticipated trial & other income and forecast costs. Further work taking place with Cardiff & Vale to model additional trial activity and impact on cost and income. A tri-party risk share proposal for the Programme Hub element of the service has been agreed in principle with C&V and Cardiff University to contribute to a financially sustainable and risk sharing model.</p> <p>Private Patients Income: Liaison Financial external consultants re-engaged for the first half of the financial year to support the Trust in completion of remaining financial / commercial actions in improvement plan 1) negotiate new contracts with insurance companies & revisions to tariffs 2) additional activity charging separately for pathology 3) negotiation around payment of old debts. Work to also include negotiation with the Trust CAG sharing of the financial risk around PP credit loss (bad debts) and agreeing consistent charges for PP support to consultant private practice. Draft agreement discussed at CAG and awaits final approval.</p> <p>Work continues with Liaison Financial external consultants whereby an extensive review of tariffs for all private patient activity has been undertaken and validated by VUNHST and Liaison Financial. Contract negotiations with insurance providers is actively underway and involves pathology charging as well as payment of old debts.</p>	08.10.2025	Attracting external / alternative sources of income will decrease pressure on reliance on exchequer income thereby supporting financial sustainability and reducing overall financial risk	Control 6 - Financial Strategy / Medium Term Financial Plan / Budget Setting will become more effective and financial plans more sustainable further enhancing overall financial assurance
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				<p>A revised charging tariff had been agreed with an implementation date of 1st July 2025 with further rates from 1st November 2025. Contract negotiations are actively underway with those insurers that have specific queries and those involving payment of old debts.</p>			
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09.06	Develop Scheme of Delegation and Governance Framework for All Major programmes	EDoF / DDoF	Ongoing (required on approval of each major programme)	<p>4</p> <p>A Scheme of Delegation and Governance Framework has been developed for nVCC, which has cross referenced findings from PwC and Gateway reviews as well IA reviews. The Scheme of Delegation has been updated to include links to relevant sections of MIM Governance Protocol and delegation framework for other decisions around quality & time. The Trust Board approved the n VCC Scheme of Delegation in Jan '25. Scheme of Delegation has been implemented in the n VCC Project with delegated budgets issued to each workstream lead.</p> <p>This financial scheme of delegation will sit alongside the updated MIM Governance protocol to provide the integrated governance framework for the n VCC.</p> <p>Scheme of delegation previously developed and approved for the Integrated Radiotherapy Solution. Oracle approval hierarchy within the Oracle financial system updated in line with the agreed scheme of delegation.</p> <p>Subject to WG approval a Scheme of Delegation and Governance Framework will be developed for the WBS infrastructure programme.</p>	08.10.2025	Mitigate the risks of non-compliant procurement and improve budgetary control procedures by ensuring clear accountability for spend.	Control 15 - Major Capital Programmes monitoring will improve from PE to E and assurance will change from IA to PA
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09.07	<p>Data & Insights team working with Finance team and service leads to investigate where data capture and mapping to contract currencies is not working correctly. Once the issues with the process have been identified corrective action can be taken both in the short term and longer term to ensure all activity is correctly captured and charged for.</p> <p>Risk to be added to Datix to reflect the control weakness in activity data capture and mapping to contract activity to ensure Trust recovers all income for work undertaken.</p>	EDoF / EDoSTP&D / COO	Dec '24 to Mar '25	3	<p>Initial actions focussed on Radiotherapy treatment activity to understand the differences between the treatment activity recorded in the Aria planning system, Data Warehouse and the LTA performance monitoring. Actions being taken to ensure all RT treatment activity is recorded in the Warehouse and charged for through LTA performance monitoring.</p> <p>Work completed to ensure RT treatment activity is all being recorded in the data Warehouse and charged to LTA's. Work ongoing in relation to review of RT Treatment planning activity and mapping of that activity to LTA chargeable currencies. The RT planning work completed by 31.01.25.</p> <p>A wider review of the LTA currencies will be undertaken during 2025-26 to identify where the Trust needs to agree changes with it commissioners. The assessment of 2024-25 VCS LTA income was £240k under the plan.</p> <p>VCS is currently reporting a year to date LTA over performance for 2026-27 h which will be used to mitigate the risk on the RSU activity underperformance.</p> <p>Given the status of agreeing the contract base a change in contract currency is not expected to be initiated until at least 2026-27.</p> <p>The Trust is proposing that a change in contract currency is adopted to reflect the change in the radiotherapy pathway for hypo fractionated prostate radiotherapy. A business case has been developed and will be presented to the Trust Commissioners on the 25.06.25 seeking support and approval.</p>	08.10.2025	<p>Initial actions have led to additional activity being captured in the data warehouse and charged to LTAs.</p> <p>A change in contract currency may result in additional income recovery subject to commissioner support and approval.</p>	Control 7 Collective Commissioners Review - Weakness in control systems around data capture and mapping to LTA currencies will be mitigated leading to this control effectiveness being changed from Partially Effective to Effective and Control assurance through second line of defence LTA Performance Monitoring improving from Inconclusive Assurance to Positive Assurance
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					Commissioners rejected the prostate radiotherapy business case on the basis that current charges are based on the historic share basis. However, agreement to progress service change with funding secured through marginal income		
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14.11.2025	EDof / EDirector of Planning / COO / VCS Director	2026/27	<p>To ensure Commissioners fund the total cost of Velindre running cancer services from 2026-27 there needs to be agreement from all Commissioners to change the commissioning principles for Velindre from 'historic shares' based on activity and NICE consumption in 2004-05 to a 'current activity' baseline and NICE consumption</p> <p>Hywel Dda UHB unilaterally forced the Trust to move to an LTA based on actual activity in 2025/26, and the Trust has begun conversations with its three main commissioners, however, it is unlikely to reach agreement in time to recharge on an actual activity basis for 2026/27.</p> <p>This resulted in a £0.825m loss in income recurrently from Hywel Dda UHB. The Trust continues to face a further significant recurrent income risk with Hywel Dda UHB beyond 2025-26 based on the historic shares activity baseline funding of c£200k which will be removed recurrently in 2026-27.</p> <p>Discussions are currently taking place with commissioners with a view to agree a mechanism for the contract rebase.</p> <p>Discussion around NHS Wales contract rebasing at the July 2025 DoF meeting identified that C&V UHB were currently undertaking an exercise to rebase the activity & cost of their LTAs, in particular to better reflect the resources consumed in delivering specialist services. The DoFs' view was WG should take a leadership role around NHS contract re-basing and agreed to seek a view from WG.</p> <p>Senior Finance team to re-initiate contract rebase discussions with</p>	16/12/2025	<p>Ability to have consistent approach to LTA recharge mechanism with Commissioners resulting in a cost neutral adjustment protecting the Trust income and source of funding.</p> <p>Control 7 Collective Commissioners Review / Control 6- Contract rebase agreement will allow Financial Strategy / Medium Term Financial Plan / Budget Setting will become more effective and financial plans more sustainable further enhancing overall financial assurance</p>
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					<p>commissioners. First meeting took place on the 10th October 2025 with commissioners agreeing to discuss internally within respective HBs.</p> <p>A standardised approach to commissioning arrangements is currently being discussed via Ddofs.</p>			
The Trust will continue to review and integrate the opportunities identified at national level through the Value and Sustainability Board into the Trust's opportunities pipeline. More specifically, this will include:								
09.11	Divisions reviewing non-value adding clinical practice or processes and changing ways of working through Value-Based Healthcare approach.	Ddof, Divisional Directors		April 2026	<p>Finance workshop with Executive team took place on the 18.08.2025 where the current financial position was presented and to discuss disinvestment options and financial recovery.</p> <p>Ongoing work with initial review captured as part of the 2026 IMTP process.</p>	08.10.2025	Mitigate financial cost pressure and risks to ensure financial sustainability	Control 6 - Financial Strategy / Medium Term Financial Plan / Budget Setting will become more effective and financial plans more sustainable further enhancing overall financial assurance
Value Based Healthcare (VBHC) Initiatives via Value Intelligence Centre								
9.12	Pre-op anaemia programme: This is a national initiative to address the inconsistencies in the diagnosis and management of anaemia for patients undergoing high risk surgery (specifically 10 procedures identified as being most likely to result in a blood transfusion). It has been developed in conjunction with the Wales Blood Health National Oversight Group (BHNOG).				Having met most of its objectives, the scope of the programme has widened to Anaemia Management. A national pathway is in place with compliance monitored for pre-operative anaemia. A pathway is under development for post-operative anaemia, work ongoing with the 3Ps programme to incorporate an anaemia screen where appropriate at the Waiting Well stage.	8/10/25	The impact of the programme is mostly felt within the Health Boards as patient outcomes are improved including a reduced post operative LOS, reduction in readmissions and mortality 1 year post treatment.	Control 11 - VBHC effectiveness

SECTION 1 – Summary

RISK ID	10	REVIEW DATE	January 2026	Risk Title	There is a risk that the scale and complexity of the change across the organisation may exceed the organisation’s capacity to manage and execute effectively resulting in a failure to deliver on core strategic goals and an associated loss of benefits realisation which will impact on stakeholder confidence	Risk Lead	Director of Place, Portfolio & Partnerships
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CORE ENABLER	Portfolio Delivery	STRATEGIC GOAL	Would impact on all of the Trust Strategic Goals
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CURRENT SCORE TREND	<p>The chart shows a single data point of 16 for the period from September 2025 to December 2025. The y-axis ranges from 0 to 18 in increments of 2. The x-axis lists months from January 2025 to December 2025.</p>	CURRENT RISK SUMMARY	<p>VUNHST has a substantial programme of transformation over the next five years, totalling in excess of £500million capital funding and associated service change. Although most of the main programmes and projects have their own governance arrangements there has been no overall portfolio management. Portfolio management is currently being implemented, and this should lead to improved prioritisation, resourcing, benefit delivery and the reduction of transformation related risks at an organisational level.</p> <p>BAF 10 was discussed at Strategic Development Committee, the controls will be tightened and updates reflected in the next reporting cycle.</p>
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SECTION 2 – Risk Scores

INHERENT RISK	IMPACT	LIKELIHOOD	TOTAL	CURRENT RISK	IMPACT	LIKELIHOOD	TOTAL	TARGET RISK	IMPACT	LIKELIHOOD	TOTAL	
	4	4	16		4	4	16		3	2	6	
Inherent risk score start date				September 2025				Expected date to reach Target Risk Score				September 2026

SECTION 3 – Effectiveness, Controls and Assurance

Overall Assurance Rating	Current Review Period	3
	Previous Review Period	3
Rationale for Assurance Rating		

KEY CONTROLS	SOURCES OF ASSURANCE
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ID	KEY CONTROLS	OWNER	PREVENTATIVE	MITIGATING	DETECTIVE	FIRST LINE OF DEFENCE	SECOND LINE OF DEFENCE	THIRD LINE OF DEFENCE
						<ul style="list-style-type: none"> functions that own and manage risk Self-assurance 	<ul style="list-style-type: none"> Functions that oversee or specialise in risk management Internal oversight/specialist control teams 	<ul style="list-style-type: none"> Functions that provide independent assurance Internal Audit (provides assurance to the Board and senior management. This assurance covers how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of defence); and external oversight
C1	Executive Leadership	Lauren Fear		X	X	<ul style="list-style-type: none"> Meeting with all Executives to describe the benefits and business need for implementing portfolio management across the Trust. Complete Discussion at Board Development Sessions 23/10/2025 - Complete Discussions with LF and Exec colleagues Complete 	<ul style="list-style-type: none"> The executive is engaged and are leading the portfolio and understanding is increasing. Partially Complete Reports are received at EMB. November EMB Complete 	<ul style="list-style-type: none"> The executive are able to receive portfolio escalations and take positive action. <p>Portfolio Board now set up as part of EMB. Complete</p> <ul style="list-style-type: none"> Effectiveness report after 12 months to EMB.
C2	Develop a Portfolio Governance Framework / Handbook	Gavin Bryce	X	X		Community of Practice for project, programme and portfolio staff commenced in June2025 with a view to improving standards and reducing inconsistencies in practice. Ongoing Activity	A Portfolio Governance / Handbook will set out the necessary Governance arrangements to ensure effective delivery of the Portfolio, or highlight areas for escalation to the Executive Management Board Partially complete	The Strategic Development Committee will provide assurance to the Trust Board on the Portfolio Governance arrangements
C3	Portfolio Prioritisation and Phasing	Gavin Bryce	X	X	X	Develop the prioritisation tool for the portfolio. Initial Prioritisation Tool Complete	A prioritisation exercise will determine which portfolio activities have the greater priority and should be resourced accordingly. This will be overseen by the Executive Management Board Initial discussions with Executive have informed the design of a draft prioritisation tool Partially Complete	The Executive Management Board, Strategic Development Committee will provide assurance to the Trust Board on the prioritisation and phasing arrangements
C4	Capacity & Resource Planning	Gavin Bryce			X	Following on from the prioritisation exercise a resource planning piece is necessary to identify the required verses actual resource availability. This will be overseen by the Executive Management Board	The Strategic Development Committee will provide assurance on Portfolio capacity and resourcing	Trust Board approval on Portfolio capacity and resourcing

C5	Benefits Management and Realisation plan	Gavin Bryce	X	X	X	<p>Carry out a benefit baselining process to identify all benefits across the portfolio.</p> <p>Design and develop a reporting dashboard for the portfolio</p> <p>Base Dashboard in place for Projects and IMTP Deliverables</p>	<p>A portfolio benefits plan will be delivered so the portfolio benefit delivery can be managed and optimised and any threats to benefit delivery identified. This will be overseen by the Executive Management Board</p> <p>There are effective reporting arrangements in place for the Portfolio and regular reporting is being achieved. Reporting to EMB</p>	<p>The Strategic Development Committee will provide assurance to the Trust Board on the effectiveness of the Portfolios Benefits Management</p> <p>The Strategic Development Committee will provide assurance to the Trust Board on the effectiveness of the Portfolios reporting.</p>
C6	Effective Portfolio Reporting	Gavin Bryce	X	X	X			
C7								

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.
None	None	None

SECTION 4 – ASSOCIATED OPERATIONAL RISK
(in line with Trust Risk appetite)

DATIX RISK REF		CURRENT RISK RATING	RISK TREND
N/A	There are currently no relevant risks on the Trust Risk Register	N/A	N/A

SECTION 5 – ACTION PLAN
(IMTP Priority Improvement Actions and BAF Actions)

ACTION REF	ACTION	OWNER	DUE DATE	ASSURANCE LEVEL	PROGRESS UPDATE	DATE OF UPDATE	IMPACT OF CHANGE ON RISK	DETAIL IMPACT ON ASSURANCE LEVEL/CONTROL WHEN COMPLETE
10.1	Develop a Portfolio Governance Framework / Handbook	Gavin Bryce	December 2025	3	<p>21.10.2025 Portfolio Handbook 80% complete</p> <p>17.12.2025 Portfolio Handbook 90% complete</p>			

10.2	Carry out Portfolio Prioritisation and Phasing	Gavin Bryce	December 2025	2	21.10.2025 Draft Prioritisation Framework complete requires approval before prioritisation exercise can be completed		
10.3	Carry out Capacity & Resource Planning	Gavin Bryce	January 2026	2	08.08.2025 Dependent on action above		
10.4	Carry out Benefits Management and Realisation plan	Gavin Bryce	January 2025	2	08.08.2025 Not started		
10.5	Establish Effective Portfolio Reporting	Gavin Bryce	January 2026	4	08.08.2025 Effective Power BI dashboard in place 90% of data correct work ongoing to improve compliance with incremental design improvements to dashboard.		

SECTION 1 – Summary

RISK ID	11	REVIEW DATE	December 2025	Risk Title	There is a strategic risk to the Trust's ability to effectively deliver quality services and achieve our medium to long term objectives if we are unable to develop and maintain an optimised workforce supply and shape.	Risk Lead	Director of OD and Workforce
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CORE ENABLER		STRATEGIC GOAL	1 - Outstanding for quality, safety and experience
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CURRENT SCORE TREND	<p>The chart shows a score of 12 from January 2025 to August 2025, which then drops to 9 for the remainder of the period (September to December 2025).</p>	CURRENT RISK SUMMARY	<p>There are many factors that impact on the current supply and shape of our workforce. These are both external, due to the economic landscape impacting the labour market and internal, within the organisation, or granular at multi-disciplinary team level. We are currently mitigating the risk in this area through effective strategic and operational workforce planning, with a focus on recruitment, retention and people development. In addition, we are attempting to maximise the capacity of the workforce through reduction in absence levels - wellbeing interventions and a focus on using workforce policies in a way that minimises harm to staff and teams.</p> <p>Risk score trend: The risk score was reviewed in October 2025 and reduce from 12 to 9. The reduction was agreed following the information submitted under the Supply and Shape assurance paper which demonstrates a number of key metric improvements in all areas mitigating the risk.</p>
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SECTION 2 – Risk Scores

INHERENT RISK	IMPACT 4	LIKELIHOOD 4	TOTAL 16	CURRENT RISK	IMPACT 3	LIKELIHOOD 3	TOTAL 9	TARGET RISK	IMPACT 3	LIKELIHOOD 2	TOTAL 6
	Inherent risk score start date March 2025								Expected date to reach Target Risk Score Current work programme to March 2029		

SECTION 3 – Effectiveness, Controls and Assurance

Overall Assurance Rating	Current Review Period	4
	Previous Review Period	4

Rationale for Assurance Rating

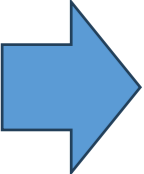
The assurance level reflects the decommissioned education strategy and the completed actions resulting in an assurance level of 4 through the next cycle.

KEY CONTROLS						SOURCES OF ASSURANCE		
ID	KEY CONTROLS	OWNER	PREVENTATIVE	MITIGATING	DETECTIVE	FIRST LINE OF DEFENCE	SECOND LINE OF DEFENCE	THIRD LINE OF DEFENCE
						<ul style="list-style-type: none"> functions that own and manage risk Self-assurance 	<ul style="list-style-type: none"> Functions that oversee or specialise in risk management Internal oversight/specialist control teams 	<ul style="list-style-type: none"> Functions that provide independent assurance Internal Audit (provides assurance to the Board and senior management. This assurance covers how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of defence); and external oversight
C1	Trust People Strategy, approved in May 2022, clearly noting the strategic intents of Workforce Planning - 'Planned and Sustained Workforce' and 'Skilled and Developed People'	Sue Thomas	X			People and Development Steering Groups	Performance reporting to Executives and Trust Board	Internal Audit Reports
C2	Approved Workforce Planning Methodology aligned to Trust Values and Behaviours	Sue Thomas	X			Regular monitoring at SLTs, where workforce dashboards monitor performance, identify and manage issues.	Reports to EMB, Committees and Trust Board	Internal Audit Reports
C3	Educational pathways in place to support the recruitment of new skills and development of new roles	Sue Thomas	X			Provide operational managers with skills and capabilities to undertake effective workforce planning. Provide formal training and produce a suit of workforce planning tools	Reports to EMB, Committees and Trust Board	Internal Audit Reports
C4	Consistent recruitment and selection process	Sue Thomas	X			The Trust has robust polices and processes in place to support effective recruitment and selection in a fair and consistent way.	Reports to EMB, Committees and Trust Board	Internal Audit Reports
C5	Workforce Planning - training and skills development for managers and service leads.	Sue Thomas	X			Regular monitoring at SLTs, where workforce dashboards monitor performance, identify and manage issues.	Regular performance reports and Supply and Shape paper are submitted to EMB and QSP	Internal Audit Reports
C6	Workforce Planning embedded into our Inspire Programme to develop Mangers and leaders in Workforce Planning skills	Sarah Morley	X			Regular monitoring at SLTs, where workforce dashboards monitor performance, identify and manage issues.	Reports to EMB, Committees and Trust Board	Internal Audit

C9	Dedicated Workforce Planning Team and supporting infrastructure in place for the Trust, that is able to support service leads in the review, design and implementation of comprehensive workforce plans.	Amanda Jenkins	X	X	X	Regular monitoring at divisional groups, as well as integrated POD, Finance and Service Leads oversight, through the Strategic Workforce Planning Group.	Reports to EMB, Committee and Trust Board.	Internal and External Audit
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GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.
Leadership and Management Development programmes require further analysis, which is underway, to support the wider improvements in workforce planning and ensure the skills of the growing workforce are being best utilised.	NA / People Development Group in place, ToR reviewed in September 2025 to make these more robust and encompassing Leadership and Management Programme updates.	No actions identified as currently at level 2 assurance – scoping the requirements. Further actions will be added when these have been identified.

SECTION 4 – ASSOCIATED OPERATIONAL RISK
(in line with Trust Risk appetite)

DATIX RISK REF		CURRENT RISK RATING	RISK TREND
3634	There is a risk to Quality, Performance and Service Sustainability, and Workforce domains as a result of demand for work on new digital services exceeding the capacity of the Trust digital team and the Trust's capacity to take on the business changes management leading to priority service initiatives enabled by digital not being delivered successfully, stress and burnout for the digital team and regularly changing priorities.	16	

SECTION 5 – ACTION PLAN
(IMTP Priority Improvement Actions and TAF Actions)

ACTION REF	ACTION	OWNER	DUE DATE	ASSURANCE LEVEL	PROGRESS UPDATE	DATE OF UPDATE	IMPACT OF CHANGE ON RISK	DETAIL IMPACT ON ASSURANCE LEVEL/CONTROL WHEN COMPLETE

11.1	Development of a Trust Workforce Plan	Deputy Director of OD and Workforce	September 2025	4	<p>30.04.2025 Appointment of AD Workforce Planning 1st May will provide a sharper focus and organisational direction on Workforce Planning to deliver the Supply and Shape workstream of the People Strategy</p> <p>10.07.2025 Workforce plans are in train throughout the Trust and progress noted via the Supply and Shape paper, most recent update to QSP 8th May and next update in November 2025.</p> <p>A specific paper on Workforce Planning progress will be brought to EMB and committees in September.</p> <p>11.09.2025 Paper on Workforce Planning progress has been integrated into the new iteration of 'Supply and Shape' assurance paper. This is due to EMB in October and QSP in November.</p> <p>13.10.2025 Governance mechanisms for strategic workforce planning in the Trust set up in collaboration with Workforce, Finance and Service Leads.</p> <p>18.12.2025 Propose to close this action. The Trust's Strategic Workforce plan to recruit, develop and retain staff is presented through the Supply and Shape assurance paper.</p>	December 2025	The impact will be reduced once the short and medium term actions are completed.	Assurance level moved from level 3 to level 4, as agreed at QSP in October 2025 aligned with the updates in the supply and shape assurance paper.
11.2	Embed workforce planning into monthly Divisional Senior Leadership Workforce reporting.	Assistant Director of Workforce Planning	Complete	3	<p>Additional Resource for Workforce Planning through IMTP not supported. Alternative plan to embed workforce planning through the wider team undertaken instead. Monthly meetings underway with ongoing dedicated support for recruitment, development, retention and people analytics.</p>	December 2025	Having workforce planning embedded into monthly management meetings with Advisors and BP's ensures alignment between operational performance and effective people management and ensures early intervention to support the development of the workforce at micro and meso levels within the Trust.	Assurance Level 6 - this is now part of BAU within the Trust and sustained improvements are being made as detailed in the workforce metrics reported within the Supply and Shape Assurance Paper to Quality, Safety and Performance Committee.

11.3	Implementation of the Attraction and Resourcing Project	Assistant Director of Workforce Planning	Complete	4	Initial implementation completed. Financial agreement for ongoing resource agreed as part of the IMTP. Project to become part of BAU for POD.	December 2025	The Trust will be able to reach a wider audience outside of current NHS job boards, improve employer branding and support targeted recruitment campaigns. This in turn will improve the workforce metrics across the Trust, growing our workforce and reducing turnover as we become an employer of choice.	Assurance Level 4 - Robust plan in place with actions and deliverables reported through Supply and Shape Assurance Paper to Quality, Safety and Performance Committee
11.4	Implementation of the Nurse Retention Plan through the Professional Nursing Forum	Executive Director of Nursing and Divisional Nurse Leads	April 2026	4	Nurse Retention Plan currently in draft 27.01.2025 EMB endorsed the NRP, implementation underway. 14.10.2024 A number of successful actions have been completed including implementation of Restorative Clinical Supervision, Bitesize Compassionate Leadership training and embedding the 'Belong Thrive, Stay' Toolkit across both divisions.	December 2025	The Retention Programme is part of a broader initiative aimed at addressing the challenges faced in NHS Wales workforce, with an immediate emphasis on Nurse retention. The aim of the of the programme is to improve retention of our workforce as a key plank of our current and future workforce supply.	
11.5	Develop a Velindre University NHS Trust Staff Bank.	Assistant Director of Workforce Planning	April 2026	3			A Staff bank will provide a pool of skilled, trained workers who can be deployed flexibly to provide service resilience and reduce reliance on high-cost agency workforce. It also supports the growing trend seen within the labour market related to working flexibility of the workforce, attracting more candidates to the Trust.	
11.6	Develop and provide Welsh Language education and learning opportunities for staff at all levels within the Trust.	Assistant Director of Workforce Planning	September 2026				Providing dedicated skills development in Welsh Language will ensure the Trust is able to provide our services bilingually improving the quality, safety and dignity of care provided.	

TRUST BOARD	
Culture and Inclusion Report	
DATE OF MEETING	29 January 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ASSURANCE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Claire Budgen, Organisational Development Specialist, Sarah Jenkins, Executive Director of People and Organisation Development (Interim)
PRESENTED BY	Sarah Jenkins, Interim Executive Director of People and Organisational Development
APPROVED BY	Sarah Jenkins, Interim Executive Director of People and Organisational Development
EXECUTIVE SUMMARY	<p>This paper gives an update on progress in our Culture & Inclusion work. The Appendices detail the improvement in the measurement of staff experience, the increase in the staff survey response rate and the positive advisory review of the wellbeing service.</p> <p>The dominant matter for culture and inclusion is securing agreement by the Board to a way forward in driving cultural development to create a high performing organisation where staff feel energised and rewarded. To agree the further work required focusing on Governance, Culture & Leadership.</p>

RECOMMENDATION / ACTIONS	To TAKE ASSURANCE on the details provided and discussed in detail at QSP and SDC: and AGREE the further work required on Governance, Culture & Leadership.
GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
EMB	22.12.25
QSP	13.01.26
SDC	20.01.26
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
<p>Executive Management Board supported the paper as a summary of the current position of the culture within the Trust and the key issues requiring attention for the development of a positive culture in line with the agreed People Strategy. Roles and responsibilities have been set out in this paper which are critical in making the changes required. Support was given for a programme of work to consider governance, culture and leadership.</p>	
<p>QSP supported the paper as a summary of the current position of the culture within the Trust and the key issues requiring attention for the development of a positive culture in line with the agreed People Strategy. During the discussion the following key queries were identified for clarity:</p>	
<ol style="list-style-type: none"> 1. Recognition of the key areas for improvement as set out in the report of: Speaking up Safely and How we Manage Change. 2. Supporting Managers on how to manage change (ensuring we tailor the support provided) – assurance was provided by confirming actions being undertaken through coaching, intranet toolkits and digital learning long term approach. 3. Managing poor behaviour – views were expressed about being more proactive with this and the importance of Board sponsorship for messaging around this. 4. Recognition that other initiatives and culture work undertaken in the past – a desire to ensure staff engagement and co-creation of the actions and solutions. So a need to review this with staff through the Healthy and Engaged Working group to ensure this. 5. Exploring pulse engagement measurements with staff in between the annual staff survey to have a 6 month temperate check. 	
<p>SDC also supported the paper as a summary of the current position of the culture within the Trust and the key issues requiring attention for the development of a positive culture in line with the agreed People Strategy. Recognising the discussions that took place at QSP, the discussion the following key areas were considered for clarity:</p>	
<ol style="list-style-type: none"> 1. The work being undertaken on Diversity & Inclusion networks. The Assurance assessment for Diversity & Inclusion remained at 3 following a discussion around this. 2. For consideration to be given for future committees for deep dive focus areas that can be provided for further assurance. 	
<p>Support was given for a programme of work to consider governance, culture and leadership.</p>	

7 LEVELS OF ASSURANCE		
If the purpose of the report is selected as ' ASSURANCE ', this section must be completed.		
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance	
	Compassionate Leadership	3
	Psychological and Physical Wellbeing	3
	Diversity and Inclusion	3
	Values and Behaviours	3
	Employee Voice	2
APPENDICES		
1	Culture & Inclusion Report	
2	Cultural Baseline November 2025	

1. SITUATION

The Purpose of this paper is to provide assurance to the Trust Board around the programme of work focused on culture. The Cultural Baseline created in November 2025, has helped us better understand our current culture. This has been used to develop an action plan which will be shaped with our staff, and to ensure we continue to work on creating a culture of 'true inclusivity, fairness and equity across the workforce (People Strategy)'.

2. BACKGROUND

2.1 Recognising receipt of anonymous letters relating to processes of change within our Velindre Cancer Services, steps were taken by the Trust Board to support a Neutral Assessment process by Resolution @ Work. This was discussed at the recent Cabinet Secretary Public Accountability Meeting and a programme of staff engagement due to be underway.

In addition to this work, a discovery piece of work was completed to create our Cultural Baseline. This allowed us to review and reflect staff views from different sources, to help us get a fuller picture of the culture within the Trust as a whole.

The feedback and recommendations from both, as well as any new insights from our 2025 staff survey, will also be integrated into this work to ensure we have a co-owned and effective action plan to work on together.

2.2. Cultural & Inclusion Reporting

A Culture & Inclusion Report (Appendix 1) is regularly considered at the Quality Safety and Performance Committee (QSP), and the Strategic Development Committee (SDC). The most recent report included a comprehensive Discovery Cultural Baseline report (appendix 2) which was provided for assurance to reflect a better understanding of the Culture of the organisation. The work is supported through the *Healthy and Engaged People Steering Group* to ensure all we do is co-created with our staff and managers.

3. ASSESSMENT OF PROGRESS

3.1 The Trust Board are asked to acknowledge the assurance taken from discussions at the QSP and SDC as indicated in Appendix 1 which are summarised below:

Compassionate Leadership	3
Psychological and Physical Wellbeing	3
Diversity and Inclusion	3
Values and Behaviours	3
Employee Voice	2

3.2 Cultural Baseline – Priority factors

Based on evidence and feedback, the following factors are recommended for priority action to create an effective organisational culture:

1. Speaking Up Safely; and
2. How we manage change well

These will guide Culture and Inclusion activity over the next 12 months and form a part of the wider work on Governance, Culture and Leadership.

3.3 Measuring Impact

Since December 2025, we have adopted a new approach to measuring people data, focused on providing meaningful insight and narrative on impact rather than simply reporting metrics. This work will progress incrementally towards a digital People Dashboard, over the next 12 months. Immediate Enhancements – are included within the Culture & Inclusion Report (Appendix 1). This has immediately strengthened our reporting. The approach combines data with

storytelling, enabling shared learning and highlighting the real impact on staff experience.

4. SUMMARY OF MATTERS FOR CONSIDERATION

- 4.1 Significant discussions and work have taken place around Culture and Leadership at Board development and Committee level. It has allowed to understand the key priority areas that work will be focused on.
- 4.2 The Trust are asked to agree the further work needed. The outputs of this will be a focus on a Board Development Programme to ensure leadership by example and work around Governance, Culture & Leadership to help embed across the organisation. Work will be done with our staff to ensure the right actions are taken.
- 4.3 The People and OD indicators in the Performance Management Framework have been refreshed to ensure a reliable set of metrics are tracked to reflect progress with culture and inclusion. In time, this will be supplemented by a Digital Dashboard which will include a basket of Staff Experience indicators.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals:	
Choose an item	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - BOARD ASSURANCE FRAMEWORK (BAF)	Choose an item Risk 06 – Organisational Culture

<i>For more information: <u>STRATEGIC RISK DESCRIPTIONS</u></i>	
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below
	Safe <input checked="" type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input type="checkbox"/> Efficient <input type="checkbox"/> Patient Centred <input type="checkbox"/>
	Click or tap here to enter text
QUALITY IMPACT ASSESSMENT	Not required - not a strategic decision
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	Not required
TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT	
The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: YES - Select Relevant Goals below	
If yes select the relevant goals: <ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input checked="" type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, <input checked="" type="checkbox"/> 	

<p>encouraging people to participate in the arts, and sports and recreation.</p> <ul style="list-style-type: none"> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/> 	
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	Culture & Leadership expertise is being commissioned to support the programme of work. A procurement exercise is being completed and initial work has been procured around Board Leadership and Governance impacting culture.
EQUALITY IMPACT ASSESSMENT	Not yet completed - Include further detail below why
<p><i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.asp <u>X</u></p>	<i>EIA will be completed when action plan proposed to ensure impact assessed.</i>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

6. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	As described in Board Assurance Framework Risk 06.
WHAT IS THE CURRENT RISK SCORE	12

HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	Creating a positive working environment, which is characterised by effective values and behaviours, systems and processes, to enable the Trust to meet or exceed service expectations.
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	31.3.27
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	

QUALITY, SAFETY & PERFORMANCE COMMITTEE	
Culture and Inclusion Report	
DATE OF MEETING	15 January 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ASSURANCE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Claire Budgen, Organisational Development Specialist, Sarah Jenkins, Executive Director of People and Organisation Development (Interim)
PRESENTED BY	Sarah Jenkins, interim Executive Director of People and Organisational Development
APPROVED BY	Sarah Jenkins, Interim Executive Director of People and Organisational Development
EXECUTIVE SUMMARY	This paper gives an update on progress in the five sections of the culture framework. It reports on improvement in the measurement of staff experience, the increase in the staff survey response rate and the positive advisory review of the wellbeing service. The dominant matter for culture and inclusion is securing agreement by the Board to a way forward in driving cultural development to create a high performing organisation where staff feel energised and rewarded.

RECOMMENDATION / ACTIONS	To NOTE for onward submission to Strategic Development Committee and Trust Board.	
GOVERNANCE ROUTE		
List the Name(s) of Committee / Group who have previously received and considered this report:	Date	
EMB	22.12.25	
To go to SDC	20.01.26	
To go to Trust Board	29.01.26	
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS		
Executive Management Board supported the paper as a summary of the current position of the culture within the Trust and the key issues requiring attention for the development of a positive culture in line with the agreed People Strategy. Roles and responsibilities have been set out in this paper which are critical in making the changes required.		
7 LEVELS OF ASSURANCE		
If the purpose of the report is selected as ' ASSURANCE ', this section must be completed.		
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance	
	Compassionate Leadership	3
	Psychological and Physical Wellbeing	3
	Diversity and Inclusion	3
	Values and Behaviours	3
	Employee Voice	2
APPENDICES		
1	Cultural Baseline November 2025	

1. SITUATION

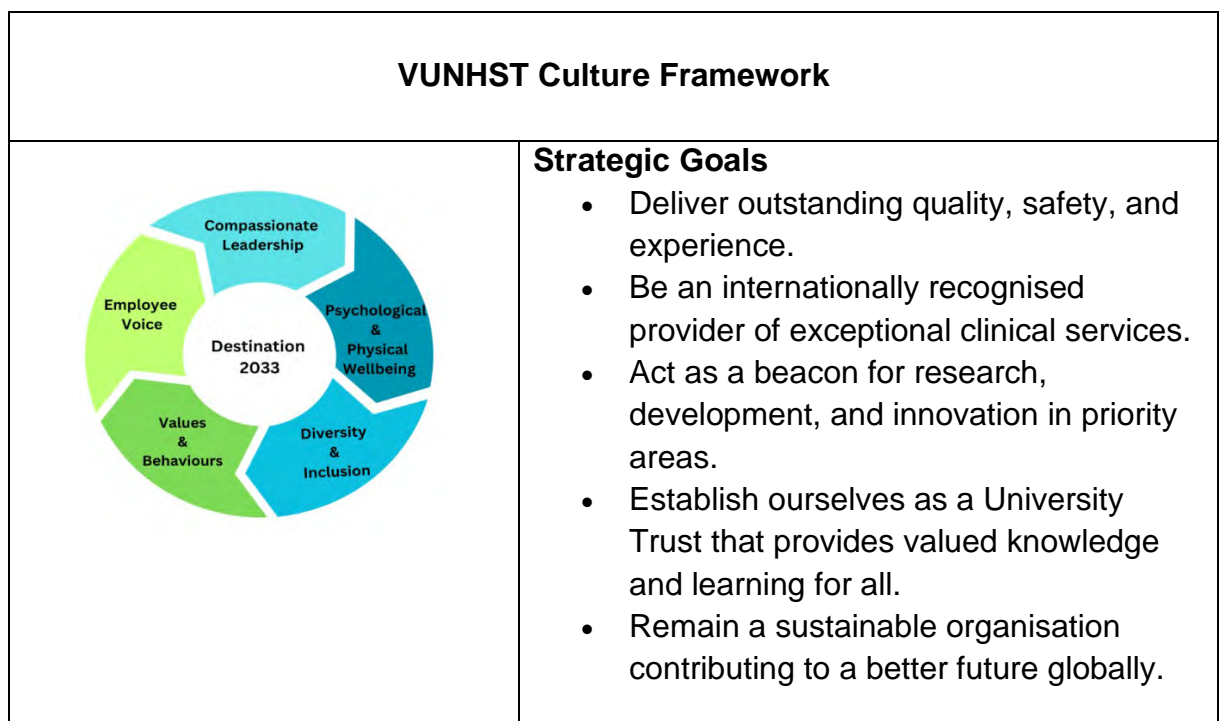
1.1 The People Strategy sets out a vision of having:

'Healthy and Engaged People: within a culture 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'.

This paper provides a report on progress towards achieving this vision. The work is supported through the *Healthy and Engaged People Steering Group* to ensure all we do is co-created with our staff and managers.

2. BACKGROUND

2.1 The Trust has developed and approved a **Culture Framework** to provide structure and direction for this work. It comprises five interconnected areas with key actions under each. A positive culture depends on the consistent interplay of these strands, so issues must not be addressed in isolation.



2.2. Framework Evolution

As Board discussions on culture and leadership progress, the framework may evolve. For now, it provides a useful structure for modelling actions and considering how we measure impact.

2.3 Cultural Baseline

A cultural baseline exercise was completed in November 2025 (Appendix 1) and shared with the Trust Board during a Development Session. This baseline reflects staff feedback and draws on:

- People metrics and staff survey results
- Insights from management and leadership development programmes
- Exit interviews and external platforms such as Glassdoor

The upcoming 2025 Staff Survey results will be used to validate and update this discovery work.

2.4 Priority Factors

Based on evidence and feedback, the following factors must be prioritised to create an effective organisational culture:

1. Trust and Speaking Up Safely
2. Listening to Understand, Then Acting
3. Compassionate Leadership
4. Empowering Staff to Drive Improvement
5. Strengthening Assurance
6. Reducing Competing Priorities

These will guide Culture and Inclusion activity over the next 12 months.

2.5 Measuring Progress

In July 2025, the Healthy and Engaged Steering Group agreed a set of measures from the NHS Staff Survey to track progress against three focus areas identified from the 2024 survey. The 2025 scores will be added once results are available in January 2026.

Topic		2023 actual	2024 actual	2025 target	2025 Actuals due Jan 2026
PADR	Theme - we are continuously learning and improving	69.20%	70.20%	71%	
PADR	Q19a -In the last 12 months have you had a PADR?	82.10%	78.90%	83%	
PADR	Q19b - If yes, to what extent did it help me improve how I do my job?	66%	63%	67%	
PADR	Q19c - It helped me agree clear objectives for my work.	82.20%	82%	83%	
Team Time	Theme - we are compassionate and inclusive	76%	77.90%	79%	
Team Time	Sub theme -Inclusion	75.10%	74.90%	76%	
Team Time	Q1h - I feel valued by my team	69.60%	73.10%	74%	
Team Time	Q15c - The people I work with are understanding and kind to one another	76.10%	74.80%	76%	
Team Time	Q15d - The people I work with are polite and treat each other with respect	78%	74.30%	79%	
Psychological Safety	Theme - We are able to speak up	70.20%	72.10%	73%	
Psychological Safety	Sub theme - Autonomy and Control	74.30%	76.80%	78%	
Psychological Safety	Sub theme - Raising Concerns	66.20%	67.30%	68%	
Psychological Safety	Sub theme - Negative experiences*	85.50%	88.10%	89%	

2.6 Five core measures have already been extracted from the NHS Staff Survey for monitoring based on last years results. To help us measure our progress with these they will now form a part of the Performance Management Framework.

1. Staff Survey Response Rate
2. Staff Engagement Index
3. Theme – we are able to speak up
4. Theme – we are compassionate and inclusive
5. Theme – we are continuously learning and improving

2.7 Roles and Responsibilities

Culture and leadership are both a collective and individual responsibility. Every interaction—whether from a leader, a team, or a colleague—shapes how people feel at work and impacts the quality of care and donor support we provide. When considering culture, we must look at people, systems, and processes, recognising that multiple factors influence outcomes. Clarity on roles and responsibilities is essential for effectiveness and assurance.

Role of the Board

The Board sets the tone for the organisation, modelling values and behaviours that promote a compassionate, inclusive, and high-performing culture. Through visible leadership, clear strategic direction, and robust governance, the Board fosters openness, learning, and accountability—supporting staff to deliver safe, high-quality care. Listening to staff and service users, and using assurance information effectively, ensures culture and leadership remain aligned with the Trust values and long-term ambitions.

Role of the Executive Team

The Executive Team translates the Board's vision into everyday practice, providing visible and inclusive leadership across all services. By engaging staff and partners, making consistent decisions, and addressing concerns promptly, the Executive creates a culture of safety, collaboration, and improvement. Empowering leaders at all levels and using data and feedback to drive change ensures sustainable, high-quality services.

Role of People & OD

The People & OD function provides the frameworks, systems, and support that enable a positive, values-driven culture. This includes leadership development, performance management, staff engagement, workforce planning, and career pathways. POD ensures the organisation has the capability and infrastructure to sustain effective leadership, promote wellbeing, and deliver continuous improvement aligned with our priorities.

Role of Leaders and Managers

Leaders and managers shape culture through everyday behaviours. By modelling our Trust values, communicating effectively, and engaging staff, they create safe,

inclusive environments. Supporting wellbeing, encouraging learning, and addressing issues fairly enables teams to deliver high-quality, person-centred care and services.

Role of Staff

Every member of staff contributes to culture by living our Trust values in their daily work. Through professionalism, teamwork, and open communication, staff help create respectful, inclusive environments. Speaking up, supporting colleagues, and engaging in improvement strengthens leadership at all levels and ensures compassionate care for patients, donors, and service users.

3. ASSESSMENT OF PROGRESS

3.1 Compassionate Leadership – Assurance Level 3

This work reflects key themes from our cultural baseline:

1. Trust and Speaking Up Safely
2. Listening to Understand, Then Acting
3. Compassionate Leadership
4. Empowering Staff to Drive Improvement
5. Managing Competing Priorities

Progress to Date: Significant progress has been made in embedding Compassionate Leadership principles into day-to-day management and training. These principles, set out in our Compassionate Leadership Pledge, now form part of core management training and leadership development. Most managers have completed modules under Fundamentals of Management (FOM) or participated in Inspire and bespoke development sessions.

Fundamentals of Management, launched in 2025, is tracked via ESR. Compliance has improved across all modules since July 2025, though face-to-face modules—Respect and Resolution and Communicating in Difficult Situations—remain slower to complete. Additional dates for 2026 have been scheduled to ensure all managers complete the seven modules.

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
FOMS - Managing attendance at work	70%	71%	74%	74%	78%
FOMS - Recruitment and selection	53%	55%	59%	60%	68%
FOMS - Respect and resolution	15%	20%	26%	33%	39%
FOMS - Communicating in difficult situations	8%	14%	19%	22%	28%
FOMS - Effective PADR	63%	64%	66%	69%	72%
FOMS - Stress Awareness	33%	36%	44%	48%	58%
FOMS - Safeguarding	11%	16%	21%	29%	42%

Embedding these principles in practice will determine whether staff experience a positive impact. To support this, we must ensure managers have time to attend training and that completion is reflected in PADR. We are also exploring a digital learning platform to provide 24/7 access to bite-sized learning; a proposal is under consideration.

Outstanding Work: Four key actions remain from the last Culture and Inclusion paper:

Action	Progress	Next Steps
Embed Compassionate Leadership principles in the staff engagement framework	Principles included in draft framework	Finalise and implement by end of Q4 2025
Use Nurturing & Kindness indicators for Board development	Indicators shared with Executive Director of POD	Incorporate into Board Development programme
Roll out training and briefings on new Values & Behaviours	Cultural baseline completed; capacity needs identified	Confirm scope and commission Trust-wide programme
Update leadership development to reflect shared decision-making	Awaiting national Management Competency Framework	Embed additional content on innovation and patient outcomes

National Context: In 2024, the NHS Wales Chief Executive encouraged senior leaders to use *Nurturing Kindness and Inclusion behavioural indicators* from the

NHS Wales Success Profile as a tool for self-reflection and development. These indicators will inform our Board development approach.

<p>Nurturing kindness and inclusion - this is about taking personal responsibility for embedding an inclusive and compassionate culture where staff, partners and citizens are valued for their uniqueness and the differences between individuals are celebrated.</p>	
16.	Genuine, able to connect with people at a personal level, and interested in the lives and aspirations that extend beyond their day-to-day work.
17.	Brave and uncompromising in tackling discrimination, bullying or prejudice, whether within their own Health Board, local system or at a national level.
18.	Champions and models the benefits of inclusion and diversity for all aspects of team, organisational and system effectiveness.
19.	Builds trust and creates psychological safety through expressing personal vulnerability, sharing their shortcomings, and demonstrating forgiveness.
20.	Works proactively with their Chair and Board members to shape a culture that values empathy and support as much as candor and a willingness to challenge.

Embedding Compassionate Leadership and Next Steps: Alongside the outstanding actions noted above, we acknowledge the wider Board-level discussions on culture. These discussions have led to the decision to commission an external partner to support the Board in strengthening Governance, Culture, and Leadership, as well as developing a comprehensive Board Development Plan.

Compassionate Leadership will remain a cornerstone of creating a positive cultural experience for staff. Leadership impacts every level—from Board to Ward—so these principles will be embedded within PADR and integrated into the Performance Management Framework.

Our latest data shows PADR compliance has reached the organisational target of 86.9% (November 2025). However, true impact will be measured through staff feedback. We will look for improvements in survey scores on whether PADR help staff improve their work and set meaningful objectives—both key indicators of compassionate leadership in practice.

3.2 Psychological and Physical Wellbeing – Assurance Level 3

This work reflects key cultural themes:

1. Trust and Speaking Up Safely
2. Listening to Understand, Then Acting
3. Compassionate Leadership
4. Managing Competing Priorities

Progress and Assurance - In November 2025, the Trust received an Advisory Review Report from NWSSP Audit and Assurance Service (Appendix 2), which concluded:

“Substantial progress has been made over the past year in enhancing staff wellbeing and strengthening organisational culture.”

The review identified 12 areas of good practice (Appendix A). Additional management considerations are being incorporated into the Wellbeing Action Plan for 2026–27.

Key Risk - The main risk to sustaining the current wellbeing service is the temporary nature of its funding.

- Wellbeing Project Coordinator funded until July 2026
 - Clinical Psychologist for Staff and Teams funded until September 2026
- Both posts are currently supported through charitable funds. A business case and options appraisal are being developed to secure continued funding, recognising that this service impacts not only psychological and physical wellbeing but also other key cultural measures outlined in this paper.

Current Position - Sickness absence levels show an improving trend, although some hotspot areas remain. Managers are responsible for ensuring staff are managed compassionately in line with the Managing Attendance at Work policy, which now embeds Compassionate Leadership principles across NHS Wales.

3.3 Diversity and Inclusion – Assurance Level 3

Since the last Culture and Inclusion report, the Trust has strengthened staff engagement in diversity and inclusion initiatives. Over 2025, six Staff Networks have been fully established, with a combined membership of 45 colleagues:

- Carers’
- Disability
- LGBTQ+
- Race
- Rhwydwaith Iaith Gymraeg
- Women’s

Two Leadership for Staff Networks sessions have been delivered, attended by 13 participants, focusing on the purpose of networks, how they amplify staff voice, and the role of allyship. To build on this, a Teams group has been launched to

connect members, share ideas, and provide peer support. **Next steps** include working with network Chairs to strengthen their leadership role and drive meaningful discussion and change.

Current priorities include developing an annual programme of diversity activities for 2026–27, including a Women’s Day event on 8 March 2026. Network Chairs will report progress through the Healthy and Engaged Steering Group.

External Engagement: In October 2025, the Trust contributed to a Welsh Government evidence session on the BSL (Wales) Bill, providing feedback on potential implementation challenges within healthcare settings from both workforce and service user perspectives.

Divisional Progress: Both VCS and WBS continue to deliver against their Strategic Equality Plan action plans (update due after 31 December 2025). This includes preparing to implement the All-Wales Standards for Accessible Communication and Information (issued September 2025), ensuring services are accessible for individuals with communication or information needs related to impairment, disability, literacy, or language.

Next Steps: We will continue to improve how we measure the impact of diversity and inclusion work by incorporating appropriate indicators into the Performance Management Framework.

3.4 Values and Behaviours – Assurance Level 3

This reflects on the following themes from our cultural baseline and is a critical component when we consider roles and responsibilities set out above:

1. Trust/Speaking Up Safely
2. We need to listen to understand then act
3. Compassionate Leadership

The Trust Values of Caring, Respectful and Accountable are embedded into all employee policies, induction, leadership and management development and forms the foundation of the annual Employee Excellence Awards. It is also integrated within our POD infrastructure of support. Our values were co-created with our staff and are embedded within the organisation.

However, the Cultural baseline assessment referenced above has helped us understand that there is more work for us to do on demonstrating the right behaviours and for leaders at all levels to be champions and ambassadors of this. There is an opportunity for the Board to embrace this.

As part of the work which is being commissioned by the Board on Culture & Leadership, we will work with the provider to reshape our behaviour framework and to ensure it is embedded in the behaviour at every level and all areas of the Trust within a culture of healthy & positive performance management.

3.5 Employee Voice – Assurance Level 2

Our cultural baseline highlights two critical themes:

- 1. Trust and Speaking Up Safely**
- 2. Listening to Understand, Then Acting**

We have a range of mechanisms for staff to raise their voice safely and confidently, including the annual NHS Staff Survey, the Working in Confidence platform, Freedom to Speak Up routes, employee relations data, and local engagement through management and divisional structures. These provide choice and opportunity for staff to be heard.

However, recent anonymous letters remind us that infrastructure alone is not enough. The challenge lies in embedding these mechanisms so staff feel confident to use them and trust that we will act appropriately on what is heard—even if that means explaining why certain actions cannot be taken. Success depends on every leader understanding that listening and responding is everyone's responsibility.

To strengthen this, we will invite divisional leadership teams to participate in the Performance Management Framework, providing a spotlight on their service and sharing how they lead and support their staff. This will help bring good practice to life and foster shared learning.

Progress and Next Steps:

- **Staff Survey Engagement:** The 2025 NHS Staff Survey response rate rose to 40% (up from 34% in 2024). Analysis suggests this improvement reflects managers actively engaging with teams on previous results and agreeing actions to improve the working experience.
- **Six-Point Engagement Framework:** The People and OD function has adopted a simple, structured approach to strengthen two-way communication and personal connectedness. This framework, shaped by Compassionate Leadership principles, will be embedded into wider Trust communication through the Healthy & Engaged Steering Group. It focuses on:
 - Building supportive, effective teams
 - Creating environments for collective leadership
 - Promoting equality, inclusion, and diversity
 - Enabling continuous improvement and innovation
 - Aligning direction and commitment
 - Fostering safe, trusting, and engaging cultures

This framework will guide leadership in ensuring all aspects of engagement are addressed—not just a select few—creating a consistent and compassionate approach to staff voice.

	Definition	Examples
Inform	Our ability to share information effectively and efficiently with one another on an ongoing basis.	Intranets – news and resources Training, briefings and policies Line Manager's briefing
Involve	Interaction with staff to provide opportunities for listening, discussion and problem solving. This is also how we address leadership visibility.	Staff Survey completion Staff Survey discussion in team Bright Ideas scheme Executive Director and Senior Leader walkabouts
Empower	Provide opportunities for staff to contribute to organisational improvement and innovation.	Staff Survey discussion in team and Division 5 minute improvements
Raise and Resolve	Provide the means for staff to anonymously raise problems, concerns or ideas with	Speaking Up Safely resources including Independent Member Champion Work in Confidence platform

	management with no fear of repercussions.	People and Relationships team advice and support Datix
Reward	Rewarding a job well done is key. Staff are motivated by a workplace atmosphere of mutual respect. Reward can go a long way toward building employee self-motivation.	Employee Excellence Awards – nominations and awards Wall of Thanks and other intranet items
Measure	Embed a culture of ongoing measurement so that we can assess the motivation and satisfaction rates of employees to ensure staff are happy at work.	NHS Staff Survey theme - We are able to speak up

We continue to circulate monthly reminders to staff about the options available to Speak Up Safely, and both VCS and WBS have recently reinforced these messages. However, these mechanisms are only effective within a climate of trust and psychological safety. We recognise there is still more to do to embed this culture so staff feel confident to use these channels. This will form a key part of our wider cultural work and remains a core leadership responsibility.

To strengthen engagement, the Executive Team is developing an Executive Engagement Plan to ensure visibility and connection to our strategy—responding directly to staff feedback. We have also committed to focusing on three priority areas for action once the latest staff survey results are available. Both Divisions have been asked to do the same and are supportive. This approach will enable us to deliver a clear message:

“You said, so we will do—together.”

This is critical to building trust, encouraging staff voice, and demonstrating leadership accountability.

4. MEASURING IMPACT

Since December 2025, we have adopted a new approach to measuring people data, focused on providing meaningful insight and narrative on impact rather than simply reporting metrics. This work will progress incrementally towards a **digital People Dashboard**, which will:

- Offer comprehensive oversight of workforce indicators.
- Enable managers to drill down into data to support effective decision-making.
- Integrate with the Organisation Quality Dashboard for a holistic view of performance.

Each level of the organisation will receive the appropriate information to fulfil its responsibilities. We are currently working scoping the work to agree milestones and build the solution.

Immediate Enhancements - While the dashboard is in development, we have strengthened our Performance Management Framework to provide a more complete picture of workforce experience and impact. This now includes:

- **Heatmaps** by service/division for key workforce metrics.
- **Staff survey measures** aligned to themes identified by our people as most important.
- A **“Spotlight On” feature**, inviting divisional leadership to share how they are supporting staff and embedding good practice.

This approach combines data with storytelling, enabling shared learning and highlighting the real impact on staff experience.

Next Steps - As part of the Board-led cultural and leadership programme, we will co-create a method for measuring **staff engagement and impact** during the year. This will ensure our approach reflects what matters most to our colleagues and supports a culture where everyone feels valued and heard.

5. SUMMARY OF MATTERS FOR CONSIDERATION

- 5.1** Significant discussions have taken place since the previous Culture and Inclusion paper on how to develop a positive culture in the Trust. A Board Development session in November 2025 paved the way for the refinement of a business case for additional capacity and expertise in working with staff in working with our values and ensure that the moments that matter at work are dealt with compassionately and effectively. The outputs of this will be a focus on a Board Development Programme to ensure leadership by example and work around Governance, Culture & Leadership to help embed across the organisation.
- 5.2** Reflecting an understanding the different roles and responsibilities in this area is critical to ensuring effective and impactful decisions are made.
- 5.3** The People and OD indicators in the Performance Management Framework have been refreshed to ensure a reliable set of metrics are tracked to reflect progress with culture and inclusion. In time, this will be supplemented by a Quality Dashboard which will include a basket of Staff Experience indicators.

- 5.4** Compassionate Leadership is well embedded in our leadership and management development offerings. The next priority is to evaluate the impact of our sessions and to roll out engagement sessions for all staff to build a healthy culture where compassionate principles are the backdrop for our interactions. We will also explore opportunities as part of our IMTP for 25/26 into bite sized learning.
- 5.5** The Advisory Review on the Trust's Wellbeing provision provided a valuable check point for the further development of our service. The recommendations in the report will shape the 2026-27 actions, in line with the cultural priorities set out in paragraph 2.2.
- 5.6** Staff Networks have matured in the last few months and these groups are on the cusp of taking action to improve working lives for underrepresented groups.
- 5.7** The Staff Engagement framework has been introduced to structure our work across departments in Employee Voice. This will create a joined-up approach where we are purposeful in the messaging we send out and how we create dialogue and engagement. The Speaking Up Safely mechanism will operate well within a climate of trust.
- 5.8** Finally, the key aspect of Culture and Inclusion which knits all other aspects is the work on culture. This has been a focus for the Board during November and December 2025. Building a positive culture, in which employees feel higher degrees of interpersonal trust and engagement are necessary in achieve the high performance that we aspire to.

6 CONCLUSION

- 6.1** Since the last Culture and Inclusion report, significant discussions have taken place on building a positive culture. A Board Development Session in November 2025 shaped a business case for additional capacity and expertise to support staff in living our values and ensuring that moments that matter are handled compassionately and effectively.

This will lead to:

- A Board Development Programme to strengthen leadership by example.
- Work on Governance, Culture, and Leadership to embed these principles across the organisation.

6.2 Roles and Responsibilities

Clarity on roles and responsibilities remains critical to making effective and impactful decisions.

6.3 Measuring Progress

The People and OD indicators within the Performance Management Framework have been refreshed to ensure reliable tracking of progress on culture and inclusion. This work will be iterative and in time, this will be supplemented by a Quality Dashboard incorporating Staff Experience indicators.

6.4 Compassionate Leadership

Compassionate Leadership is embedded in our leadership and management development programmes. The next priority is to evaluate impact and roll out engagement sessions for all staff, creating a culture where compassionate principles underpin every interaction. Opportunities for bite-sized learning will also be explored as part of the IMTP for 2025/26.

6.5 Wellbeing

The Advisory Review of the Trust's Wellbeing provision provided a valuable checkpoint for further development. Recommendations will shape the 2026–27 action plan, aligned with cultural priorities outlined in section 2.2.

6.6 Staff Networks

Staff Networks have matured significantly and are now positioned to take meaningful action to improve working lives for underrepresented groups.

6.7 Staff Engagement

The Staff Engagement Framework has been introduced to create a joined-up approach to Employee Voice, ensuring purposeful messaging and meaningful dialogue. The Speaking Up Safely mechanism will only operate effectively within a climate of trust, which remains a key focus.

6.8 Culture as the Foundation

Culture is the thread that connects all aspects of this work. Building a positive culture—where employees experience trust, feeling safe to speak up, inclusion, and engagement—is essential to achieving the high performance we aspire to. This has been a central focus for the Board moving forward.

7. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: Choose an item	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - BOARD ASSURANCE FRAMEWORK (BAF) <i>For more information: <u>STRATEGIC RISK DESCRIPTIONS</u></i>	Choose an item Risk 06 – Organisational Culture
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below
	<ul style="list-style-type: none"> Safe <input checked="" type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input type="checkbox"/> Efficient <input type="checkbox"/> Patient Centred <input type="checkbox"/>

	<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p><i>[Please include narrative to explain the selected domain in no more than 3 succinct points].</i></p> <p>Click or tap here to enter text</p>
<p>QUALITY IMPACT ASSESSMENT</p> <p><i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i></p>	<p>Not required - not a strategic decision</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</p> <p><i>For more information: https://www.gov.wales/socio-economic-duty-overview</i></p>	<p>Not required</p> <p>Click or tap here to enter text.</p> <p>Click or tap here to enter text</p>
<p>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</p>	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: YES - Select Relevant Goals below</p>	
<p>If yes select the relevant goals:</p>	

<ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input checked="" type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input checked="" type="checkbox"/> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/>

FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
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EQUALITY IMPACT ASSESSMENT	Not required - please outline why this is not required
For more information: https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.asp <u>x</u>	<i>[In this section, explain in no more than 3 succinct points what the equality impact of this matter is or not (as applicable)].</i>

ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text
	<i>[In this section, explain in no more than 3 succinct points what the legal implications/ impact is or not (as applicable)].</i>

8. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	As described in Board Assurance Framework Risk 06.
WHAT IS THE CURRENT RISK SCORE	12
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	Creating a positive working environment, which is characterised by effective values and behaviours, systems and processes, to enable the Trust to meet or exceed service expectations.
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	31.3.27
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	

Moments that matter

Progressing our Journey to Excellence



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

What have we already done

Reflecting our Board discussions to date

Framework for Our Board Development:

Strategy – defining long term direction and impact

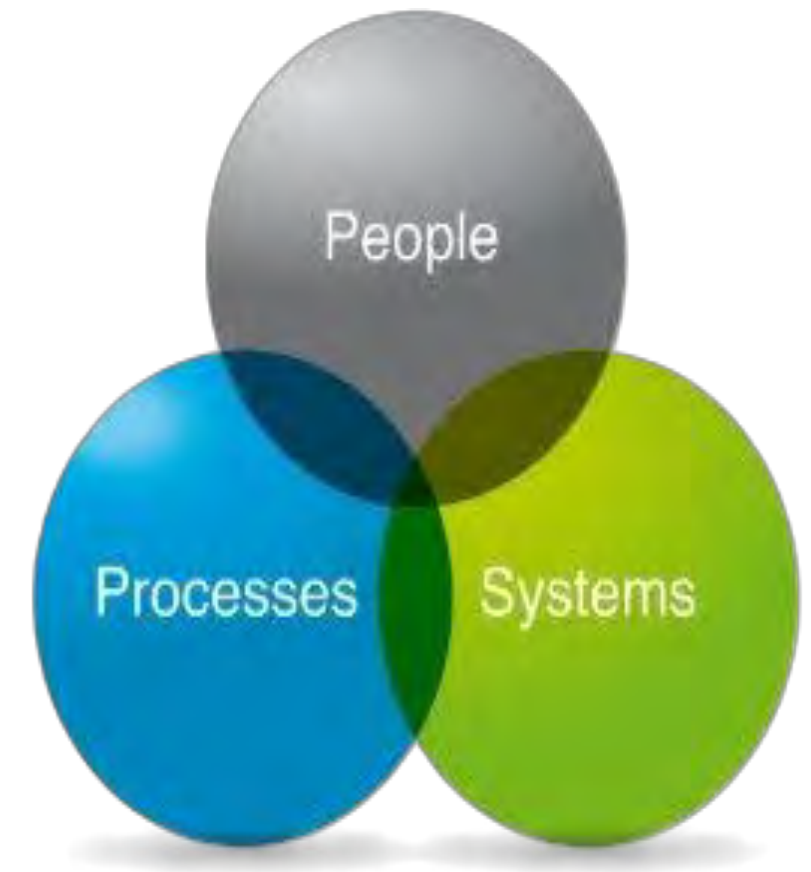
Culture – defining the organisation's working environment

Assurance/Governance – ensuring assurance, transparency and effective decision making



Where are we now?

Do we have a high performing culture



A High Performing Culture is characterised by:

- **A Clear Vision**
- **Shared Goals**
- **Strong Leadership**
- **Continuous Improvement**

Creating an environment where employees are engaged and aligned with organisation values

Our Culture - the “To Be”

Our People Strategy commitment:



Healthy and Engaged People: we want to cultivate a culture of compassion, inclusion and wellbeing.

We focus on the following:
Wellbeing

Supply and Shape

Education and Learning

Leadership and Succession

Digital Ready

Workforce Attraction and Retention

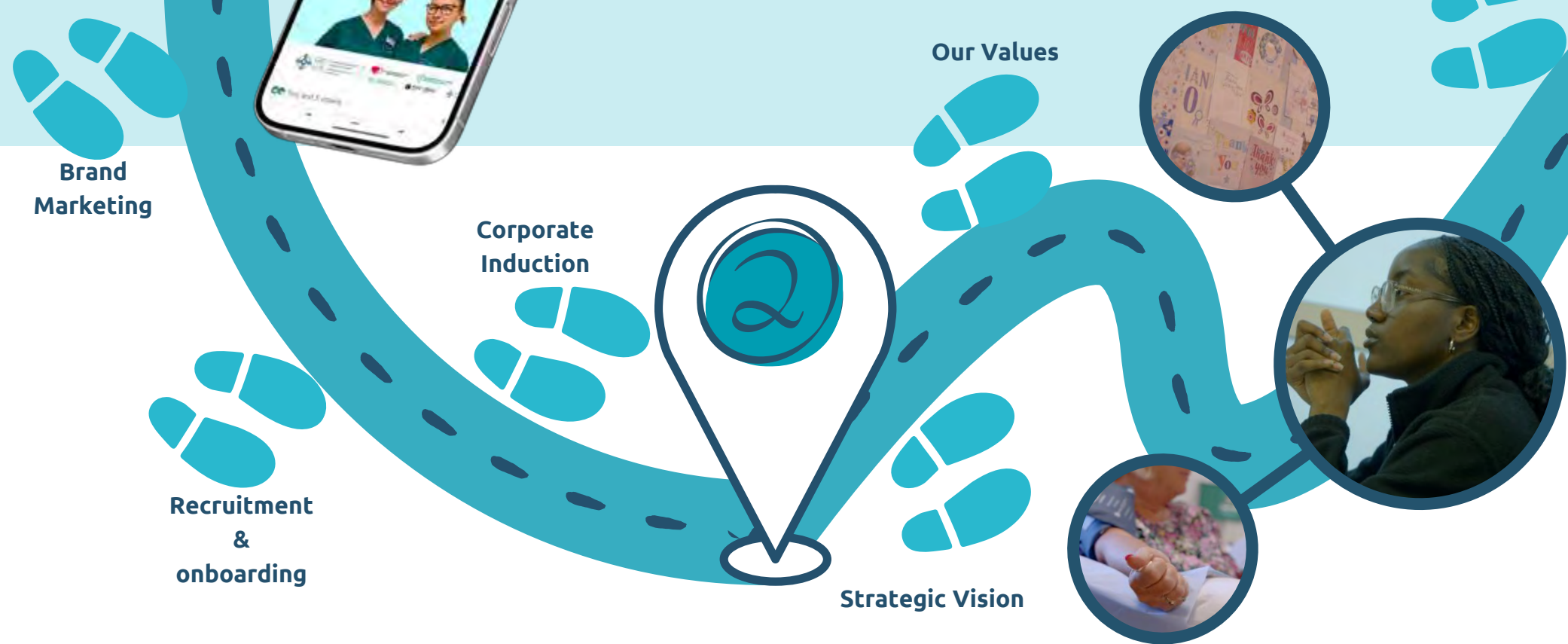
Moments that matter

What is important for our staff?

How people see the Trust



How people connect to their purpose



How people connect to each other



How people develop and innovate



Achievements to date

What have we done so far?

- Engagement and Re-design of Trust Values
- Sickness Absence Review & Development of a Staff Wellbeing Service
- Implementing Avoidable Employee Harm principles
- Development of Attraction campaigns and branding
- Roll out of NHS Wales Staff Survey and continued above average Trust engagement
- People Development Steering Group - Focus on Shape & Supply of our workforce
- Healthy & Engaged Steering Group work programme – Focus on Culture & Inclusion

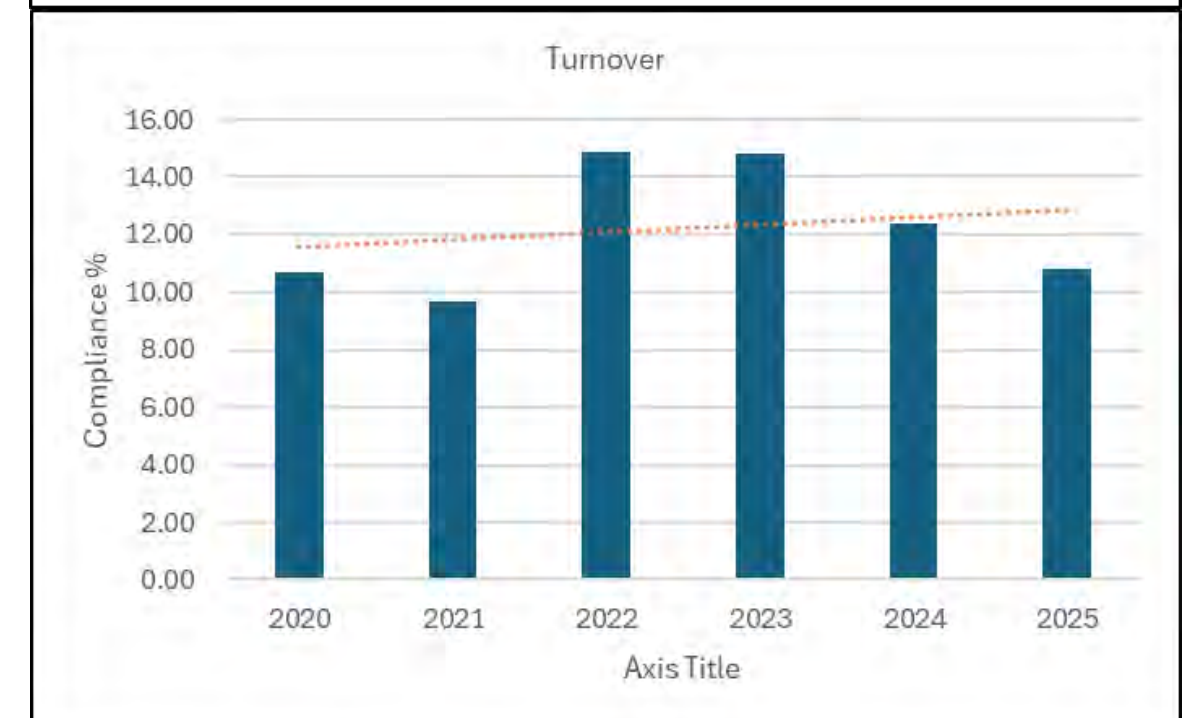
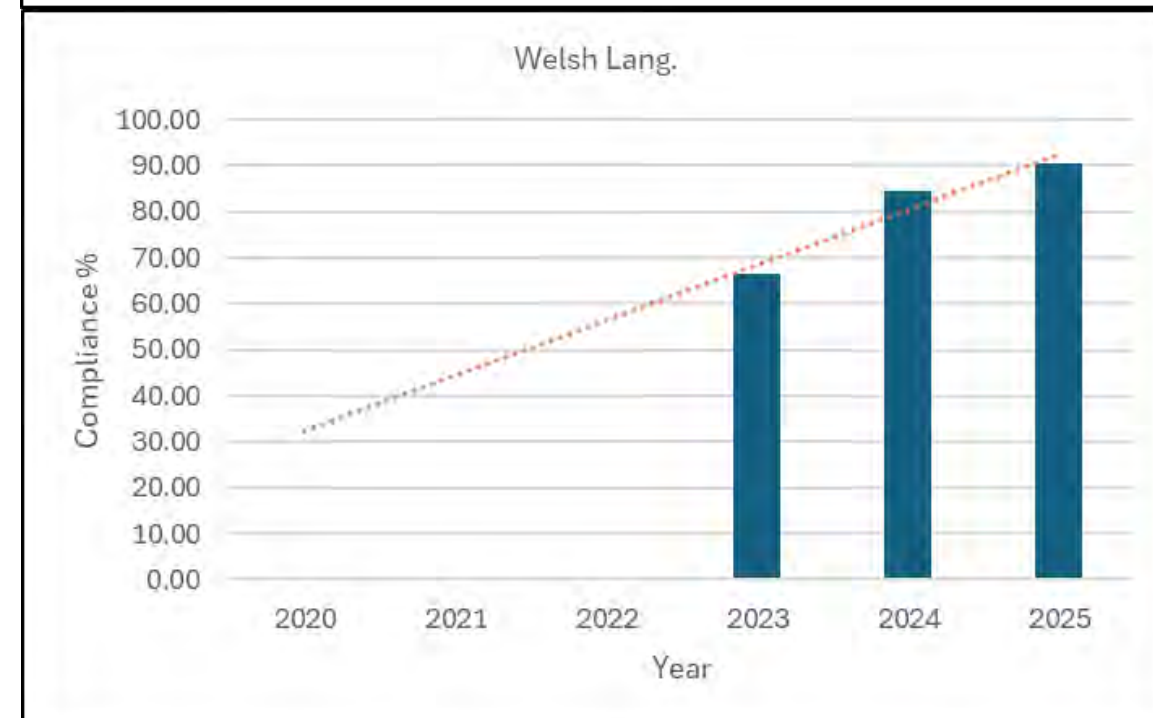
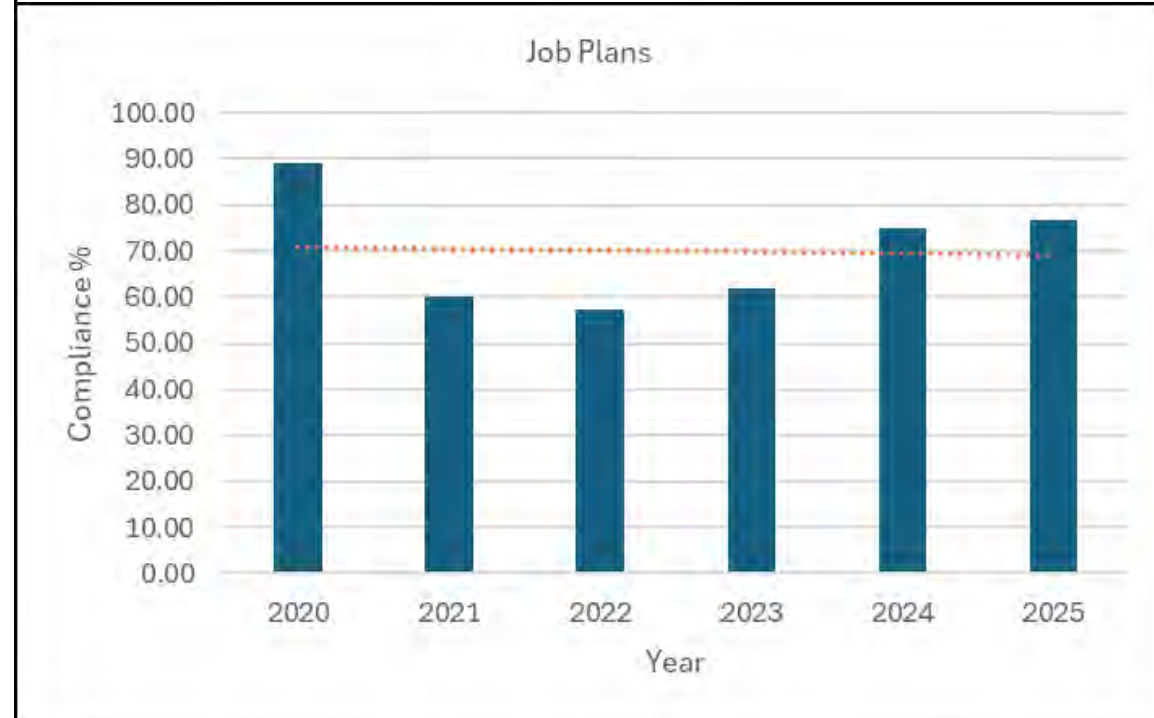
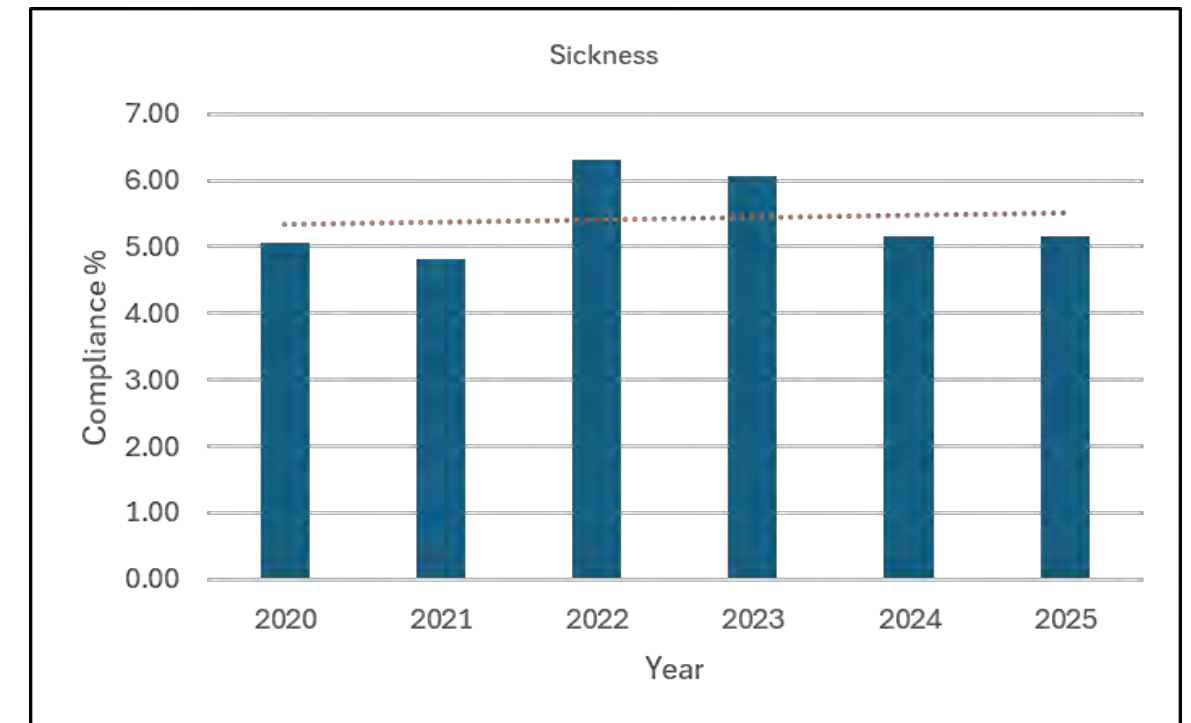
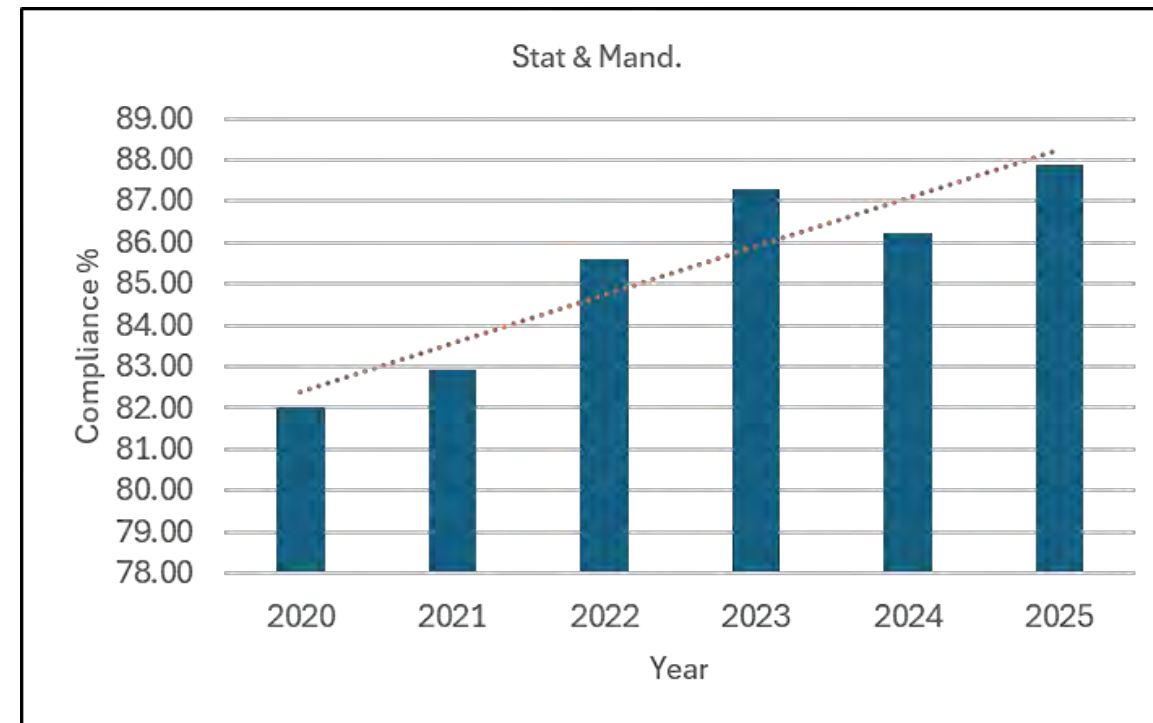
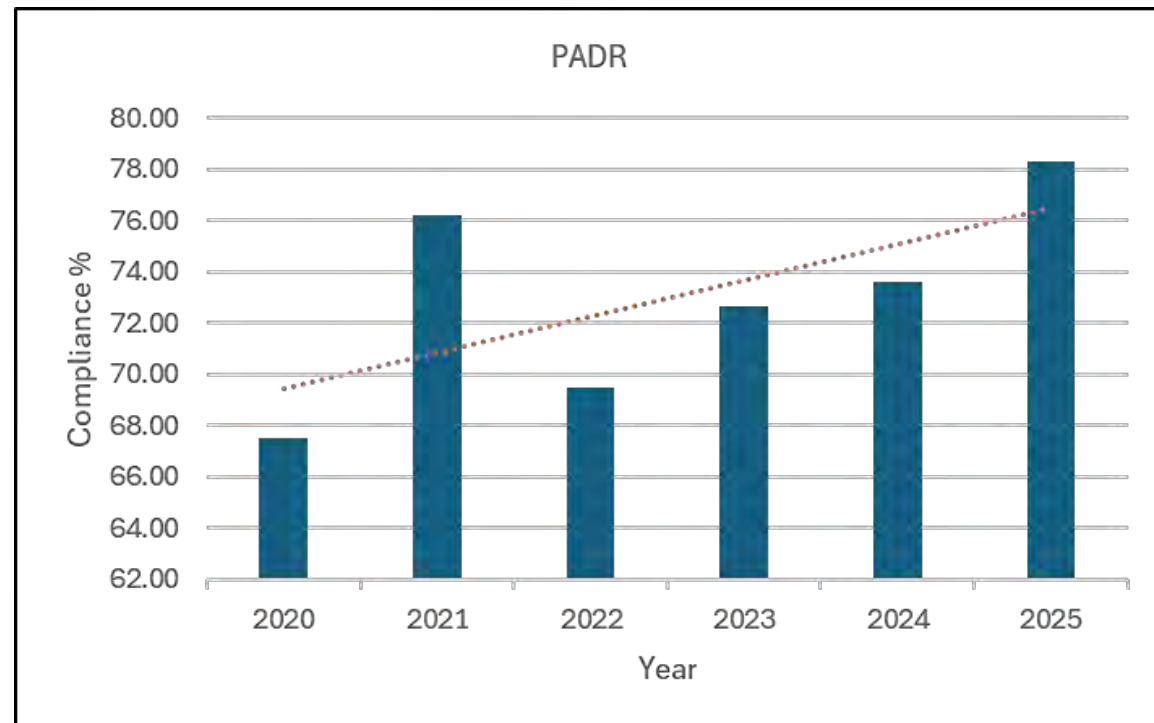
The current position

A workforce metrics heatmap

	PADR	Stat and Mand	Sickness Absence	Job Plans	Welsh Language	Turnover
Velindre University NHS Trust	81.05	87.83	5.14	67.07	91.32	9.82
Corporate Services	73.95	85.66	4.3	NA	93.36	11.68
Research Development and Innovation	66.67	89.29	4.36	NA	95.71	13.64
Transforming Cancer Services	41.67	83.75	2.66	NA	81.25	6.9
Velindre Cancer Service	82.82	85.97	5.14	65.38	88.2	7.94
Welsh Blood Service	86.09	93.25	5.89	100	97.19	12.54

The changing position

A five-year review of workforce metrics



Employer brand

How people see the Trust



What We Do Well

People see us a place to work	Glassdoor score of 4 stars and 75% of people recommending us a place to work, we have comparable scores to companies such as IBM, Admiral and Google.
We fill most roles	The conversation rates for posts advertised in the Trust are 75% compared to a labour market average of just 36%
Our vacancy rates remain low	Comparing our vacancy rates to other NHS organisations in Wales we see the highest rates are 8-11% whereas the Trust is consistently around 4-5%
We have a Social Media presence	Social media plays a crucial role in developing an employer brand today and we have spent time over the last 12 months, building a strong social media recruitment practices.

What We Can Improve

- Help people understand who we are
- Recruitment prioritisation
- Targeted attraction activity

“I didn’t know Welsh Blood Service was part of Velindre”

“I have no idea there were so many different types of jobs available”



Feeling motivated in work

How people connect to our purpose



What We Do Well

People are engaged	The Trust's 2024 Staff Survey Engagement Index Score of 76.5% is higher than the NHS Wales average of 72%
People are proud of where they work and the care provided to patients and donors	84.3% of people in the 2024 Staff Survey noted they are proud to tell people where they work. This is almost 10% higher than the NHS Wales average of 74.6% Equally 84.5% of staff noted that if a family member or friend received care from the Trust they would be happy with the standards provided, compared to the NHS Wales average of just 58.1%
People feel trusted to do their job	89% of people in the NHS Wales Staff Survey confirmed they feel trusted to do their job.

What We Can Improve

- Help people understand how they are contributing
- Develop compassionate leaders

I do not feel valued by management, feels like the more you can do the more you get 'used' - they don't listen, rarely communicate and only contact you when there's a problem, with the emphasis on blaming someone else

"My team doesn't support patients, we work with blood donors. I'm not sure how we link together as a Trust really."



"I am very proud of the organisation I work for. I love my job"

"We receive very positive feedback from patients and families which makes even difficult days worthwhile"


Being Part of The Team

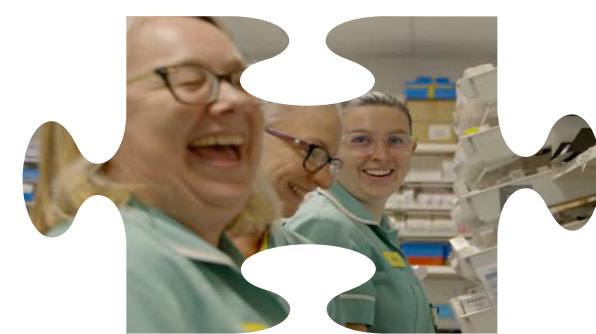
How people connect with each other

What We Do Well

	<p>"I am very happy to be a member of the team; we have a great team and I always feel valued by my colleagues and manager"</p> <p>"I fee; valued as a member of my team. I am fortunate to have managers who listen and a caring team"</p>
	<p>"Having worked at other NHS organisations, I can honestly say this is a great place to work, Everyone at HQ has been welcoming"</p>
<p>We have good team working</p>	<p>75.2% of respondents in the Staff Survey felt there was positive or extremally positive relationships within teams compared to 74.8% in NHS Wales.</p>

What We Can Improve



	<p>"There is never time for reflection, team meetings or team building"</p> <p>"I don't feel valued or empowered to make and be involved in decisions that affect me and my role"</p>
<p>Management connection to staff</p>	<p>In all staff survey questions relating to management relationships with staff the Trust scored below the NHS Wales average.</p> <p>Managers providing clear feedback scored 68.4% compared to 72.7% in Wales.</p> <p>Managers involving staff in decision making scored 63.9% compared to 68.6% in Wales.</p>




Being Part of The Team

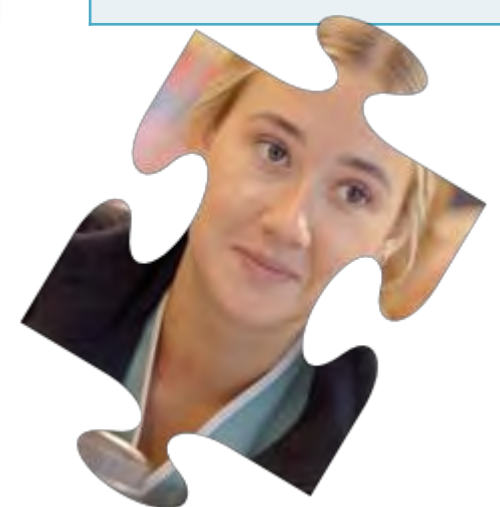
How people connect with each other

What We Do Well

	<p>"I am very happy to be a member of the team; we have a great team and I always feel valued by my colleagues and manager"</p> <p>"I fee; valued as a member of my team. I am fortunate to have managers who listen and a caring team"</p>
	<p>"Having worked at other NHS organisations, I can honestly say this is a great place to work, Everyone at HQ has been welcoming"</p>
<p>We have good team working</p>	<p>75.2% of respondents in the Staff Survey felt there was positive or extremally positive relationships within teams compared to 74.8% in NHS Wales.</p>

What We Can Improve

	<p>"There is never time for reflection, team meetings or team building"</p> <p>"I don't feel valued or empowered to make and be involved in decisions that affect me and my role"</p>
<p>Management connection to staff</p>	<p>In all staff survey questions relating to management relationships with staff the Trust scored below the NHS Wales average.</p> <p>Managers providing clear feedback scored 68.4% compared to 72.7% in Wales.</p> <p>Managers involving staff in decision making scored 63.9% compared to 68.6% in Wales.</p>



Having a chance to grow

How people develop and innovate



What We Do Well

Statutory and Mandatory	Statutory and mandatory training remains above the target and has done so for over 5 years.
Strategic intention	The Trust's People Strategy clearly maps out the intention to have a highly skilled and developed workforce with a comprehensive action plan aligned to the strategy.
Educational opportunities	2% of staff currently engaged in further development and higher educational, aligned with the national labour market averages of 2%.

What We Can Improve

- Continuous learning was ranked one of the lowest scores in our 2024 Staff Survey at 70% compared to NHS Wales at 72%.
- On the face of it we have several excellent metrics related to personal development, but this doesn't correlate with the reality of people's experience.

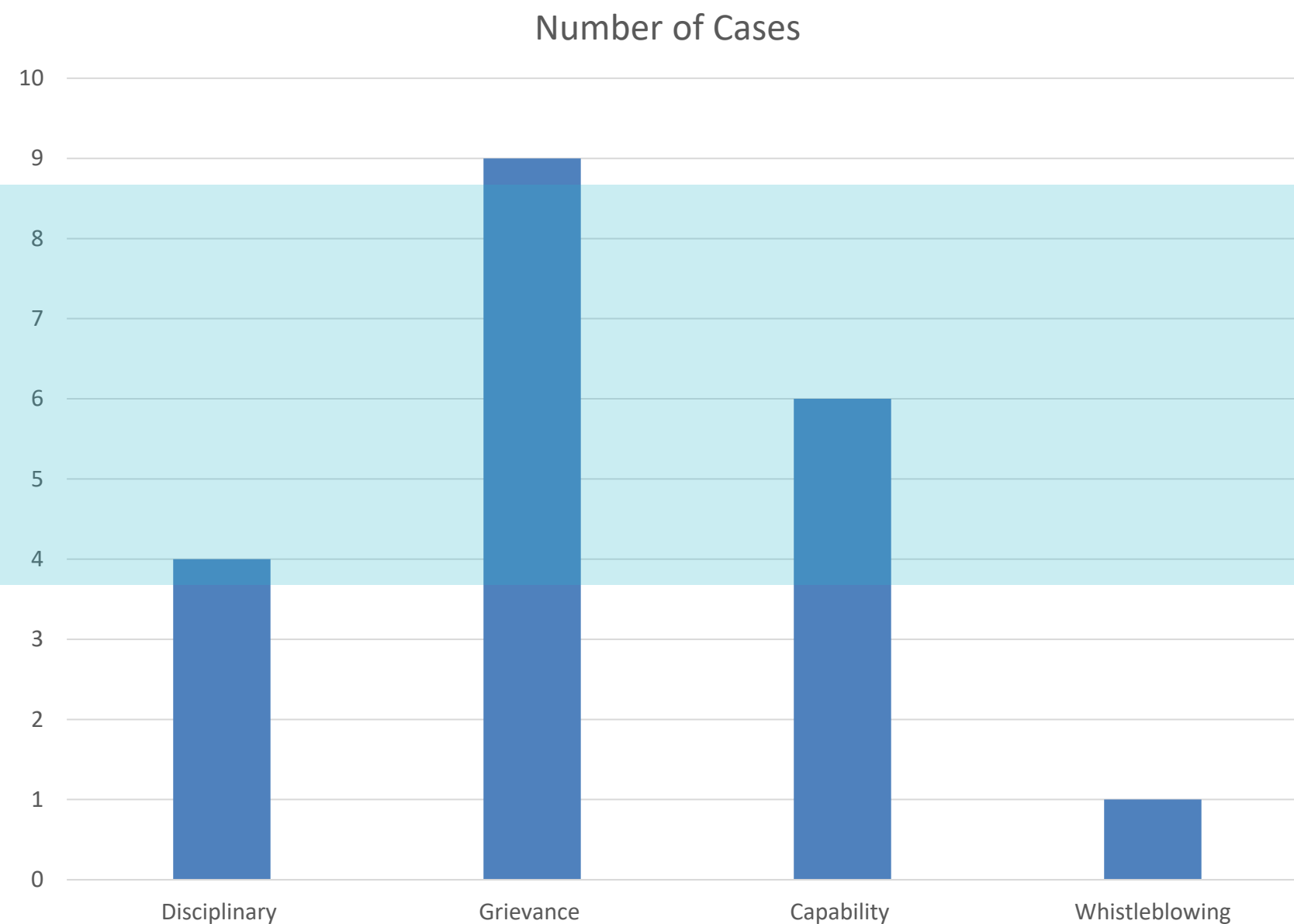
"I have received no formal training for my role, PADR's don't exist and career development is impossible"

"I felt that advancing in my professional development was made extremely difficult in the role I'm leaving"



Employee Relations Landscape

Are we tackling the tough conversations?



When we look at the number of Employee Relations Cases live within the Trust, this is less than 1% of the total employee headcount.

Leadership Matters

How we all take leadership in this space

**Leaders create culture.
Culture drives behaviour.
Behaviour produces results.**

Areas of Opportunity

What is the baseline telling us we need to improve?

- 1. Trust/Speaking up Safely**
- 2. We need to listen to understand and then act**
- 3. Compassionate Leadership**
- 4. Empower our staff to focus on improvement**
- 5. Our assurance needs improving**
- 6. Too many priorities**

Culture & Leadership

What we will do

Commission a Culture & Leadership partner to support us

- To review our discovery baseline and identify if we need to do more
- To help us define what good looks like
- To shape a programme of work to get us there

Set up a *Culture & Leadership Forum*

- To co-create the work with our colleagues across the organisation
- To help us see the big picture and ensure we create the environment under which our people can flourish (taking us from good to great)
- To help us stay on track and oversee the programme of work
- Provide leadership and champion the work to ensure embedding
- To set the tone for our future, this will include colleagues from our future leaders and won't look like our usual Steering Groups
- Include key partners for engagement to help embed



TRUST BOARD	
Embedding the Donor & Patient Voice Across Velindre University NHS Trust – high level discussion paper	
DATE OF MEETING	29 January 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	DISCUSSION
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience & Nicola Williams, Executive Director Nursing, AHP & Health Science
PRESENTED BY	Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience
APPROVED BY	Nicola Williams, Executive Director Nursing, AHP & Health Science
EXECUTIVE SUMMARY	This is a discussion paper detailing a proposed direction looking at how the Trust meaningfully embeds the donor and patients voice across all levels of the organisation.
RECOMMENDATION / ACTIONS	The Trust Board is asked to have a discussion in respect of the proposed vision, principles and KPIs, to help actively shape the proposals to have the donor and patient voice embedded across all parts of the Trust, to inform a more detailed plan being provided to the Quality, Safety & Performance Committee in March 2026.
GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Quality Safety Performance Committee	13/01/2026
Trust People Experience Working Group	15/01/2026
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	

7 LEVELS OF ASSURANCE

Quality Safety Performance Committee

Key Discussion Points

- The Committee welcomed the discussion on strengthening the integration of patient, family, carer, and donor voices across all organizational levels, aiming for a clear, cohesive approach that avoids siloed or duplicative efforts. The goal is to ensure these voices influence decision-making and service design.
- The committee recognized that engagement work is currently fragmented, with many people contributing small parts but lacking overall coordination. There is a need for clear direction, defined responsibilities, and better resource alignment to maximize impact.
- The previous work undertaken was acknowledged, noting improved service engagement but ongoing challenges with leadership, resource allocation, and clarity of purpose. There is a need to review past lessons and ensure the new approach is actionable and sustainable.

Next Steps: The paper will be discussed at the people experience working group and feedback from discussions will inform a refined proposal for the board, with updates to be brought back to Quality, Safety & Performance Committee in March and ongoing reporting until the new approach is embedded. The process will involve further engagement with patient, carer, donor groups, and staff.

Trust People Experience Working Group

Key Discussion Points

The group discussed the report provided and agreed with the phased approaches recommended. It was agreed that a draft action plan would be developed based on each phase. The group also considered its function and purpose and considered if it would be more effective to establish relevant task and finish groups in line with the plan.

Next Steps: To develop a draft improvement plan to discuss in Executive Management Board on the 26th January 2026. For both divisions to then consider the plans and membership of relevant task & finish groups

ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR

Level 3 - Actions for symptomatic, contributory and root causes. Impact from actions and emerging outcomes

APPENDICES

1. Background

Significant work has been undertaken in recent years to capture and use experiential feedback from patients and donors, to report this and ensure that this is used to provide feedback to staff at all levels and to use this feedback to inform service changes at all levels. The CIVICA system has been implemented to capture this electronically and work to increase the volume of feedback.

There has also been work undertaken to develop patient and donor engagement strategies and plans for both divisions. There is a patient group in place at Velindre Cancer Service and a donor group is being established at the Wesh Blood Service.

It is recognised that the Trust now needs to do further work to significantly enhance the voice of our population, patients and donors across all areas of the Trust.

2. Proposed Strategic Vision for consideration: Embedding the Donor, Patient & Carer Voice across Velindre University NHS Trust

Discussions have been held within the patient and carer group and with the Chair of the group in respect of the direction of travel. This work will be co-produced as far as possible with our donor and patient groups, with these groups having a key role in holding a mirror up to us for delivery of our agreed vision and delivery plans.

2.1 Purpose of the vision

To make the donor, patient, family and carer voice integral to every decision—from bedside to Board—so that care, safety, experience and outcomes continually improve across Velindre Cancer Service (VCS) and the Welsh Blood Service (WBS)

2.2 Proposed Vision

“The voices of donors, patients, families, donors and carers are at the heart of everything we do. People with lived experience are true partners—shaping decisions, improving services, influencing culture and driving meaningful change at every level. Through compassionate listening, co-production, inclusivity and transparent learning, every voice is heard, every experience matters, and every improvement reflects what matters most.”

2.3 What success looks like (12-month outcomes)

- **Co-production by default:** All priority change programmes (clinical, digital, estates, research) have a co-production plan, with donor / Patient & Carer Partnership Board (D/PCPB) Velindre Voices involvement from concept to evaluation.
- **Governance with voice:** Every substantive paper to Divisional Senior Leadership Meetings/EMB/Board/Committees includes a *Patient & Carer Impact Statement* and evidence of engagement.

- **Closed feedback loops:** “You said, we did” updates visible in clinical areas, on the intranet and in community channels; learning themes feed Quality Improvement and education.
- **Equity & inclusion:** Participation reflects our population, including under-represented groups and people with disabilities or long-term conditions. Diversity is a superpower.
- **Safety & learning:** Real life donor and patient stories are used across all meeting governance. Donor / Patient stories, complaints (PTR), incidents and compliments triangulated and acted upon, with transparent updates to those affected.
- **Digital enablement:** Real-time feedback via QR/tablets/apps, accessible information and inclusive design principles in all digital services.
- **Staff capability:** Leaders and teams are confident in co-production, trauma-informed communication and psychologically safe speaking-up.

2.4 Proposed Headline measures (reporting via PMF/IQPD/JET/PAM)

1. % of change programmes with an approved co-production plan and D/PCPB sign-off.
2. % of SLT/EMB/Committee /Board papers carrying a Patient & Carer Impact Statement.
3. Volume, diversity and timeliness of feedback (National People’s Experience Survey response rate; median time to close the loop).
4. “You said, we did” actions completed per quarter and visibly published.
5. % of services routinely using patient stories in local governance; # of Trust-wide learning actions from stories/PTR per quarter.
6. Equity: participation mix vs population; accessibility compliance checks completed.
7. Staff capability: % leaders trained in co-production & psychologically safe practice; staff survey items on speaking-up and learning.

2.5 Accompanying Principles

1. **Partnership, not consultation:** Patients, donors, families and carers are *equal partners* in design, delivery, evaluation and governance.
2. **Co-production as the default:** From strategy to pathway redesign, engagement begins at idea stage and continues through evaluation.
3. **Do no harm in engagement:** Trauma-informed, psychologically safe approaches for both contributors and staff.
4. **Equity, diversity & inclusion:** Proactively remove barriers (access, language, digital, disability) and ensure representative participation.
5. **Accessibility & clarity:** Information is understandable, bilingual where appropriate, and provided in accessible formats.
6. **Multiple ways to speak up:** Surveys, stories, panels, drop-ins, digital tools and community outreach—so every voice can be heard and is fed through governance route.
7. **Evidence + stories together:** Quantitative data (PREMs/PROMs) is interpreted alongside lived experience; both inform decisions.
8. **Transparency & accountability:** We publish “You said, we did” outcomes and explain the “why” when we can’t implement feedback.

9. **Learning system mindset:** Feedback → analysis → action → review is a standard cycle in QI, education and governance.
10. **Good governance:** The D/PCPB/Velindre Voices have clear routes into WBS & VCS SLT, EMB and Board committees; patient voice is visible in all key decisions.
11. **Privacy & consent:** Engagement follows IG/ethics standards; contributors control how their stories are used and credited.
12. **Continuous improvement:** We regularly review methods, outcomes and inclusivity, adapting our approach as needs evolve.

2.6 Proposed Implementation Roadmap

2.61 Phase 0–30 days: Foundations

- **Name the accountable leads:** Executive Sponsor (DoN/AHP/HCS), Operational Lead (Head of Patient Engagement), Divisional Tri Leads, and D/PCPB Chair as core triad etc.
- **Map what exists:** Inventory all current feedback channels (National People’s Experience Survey, QR codes/tablets, complaints/PTR, donor patient stories, panels, PALS/concerns), when they report, and to whom.
- **Set the governance routes:** Agree a standard Donor *Patient & Carer Impact Statement* section for all substantive SLT /EMB/Board/committee papers; update paper templates.
- **Define success measures:** Finalise KPIs; embed in the Performance Management Framework and agree reporting cadence (SLT, IQPD and QSP).
- **Minimum standards pack:** Publish a one-page “How to co-produce” guide, consent templates, and “You said, we did” template.

2.6.2 Phase 1–3 months: Build & Pilot

- **Priority programme pilots:** Select 3–5 live programmes (e.g., Outpatient Transformation, EPMA, Digitised Records, nVCC transition, WBS donor experience) to model co-production end-to-end.
- **D/PCPB strengthening:** Refresh membership for diversity, role descriptions, induction, peer support and reimbursement policy; set monthly escalation and feedback loops with WBS/VCS SLT/EMB.
- **Digital enablement:** Standardise QR/short links and signage; enable multi-language options and accessibility checks; introduce a real-time feedback dashboard.
- **Learning integration:** Establish a monthly **Experience & Learning Huddle** (Q&S + Patient Engagement + Education + Service Leads) to turn feedback into actions and training content.
- **Skills uplift:** Deliver bite-size training for leaders and change teams on co-production, inclusive facilitation and psychologically safe meetings.

2.6.3 Phase 3–6 months: Embed & Scale

- **Scale beyond pilots:** Require co-production plans for all new change programmes; capture D/PCPB input at gateway stages.
- **Close the loop everywhere:** Mandate quarterly “You said, we did” summaries at service level; publish Trust-wide highlights.
- **Triangulate at source:** Present patient stories + PREMs + PTR themes together at QSP/Board; track actions to closure.
- **Equity by design:** Run outreach with seldom-heard groups; offer expenses, flexible timings, remote options and accessible venues.
- **Assure the system:** Include patient-voice KPIs in Directorate reviews and performance meetings; audit paper compliance with the Impact Statement.

2.6.4 Phase 6–12 months: Mature & Sustain

- **Assurance and improvement cycle:** Annual independent review with D/PCPB on the quality and impact of engagement; publish results.
- **Public accountability:** Integrate outcomes into PAM evidence; showcase changes and measured benefits.
- **Spread & scale:** Share methods and learning across NHS Wales networks (e.g., Llais, peer Trusts), contributing to national improvement.
- **Refresh and renew:** Update principles, templates and training based on contributor feedback and audit findings.

2.7 Key Risks & Mitigations

- *Tokenism / late engagement* → Hardwire co-production into gateway approvals; no green light without it.
- *Under-representation* → Targeted outreach, Lack of representation, reasonable adjustments, and incentives for seldom-heard groups.
- *Capacity constraints* → Light-touch templates, dedicated facilitation support, and QI coaching.
- *Not closing the loop* → KPI on time-to-feedback closure; publish “You said, we did” quarterly as a non-negotiable.

3. Next Steps

The final plan will be brought to the Trust Board for approval in March 2026.

4. Impact Assessment

TRUST STRATEGIC GOAL(S)
Please indicate whether any of the matters outlined in this report impact the Trust’s strategic goals: YES - Select Relevant Goals below

<p>If yes - please select all relevant goals:</p> <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)	07 - Patient Outcomes
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply
QUALITY IMPACT ASSESSMENT	Not required - not a strategic decision
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	Not required
	Not required at this stage
TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT	
None identified	
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx	Not required - please outline why this is not required
	Not required at this stage but will be required
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.

4. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
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VELINDRE UNIVERSITY NHS TRUST BOARD

PUBLIC AUDIT COMMITTEE

HIGHLIGHT REPORT

DATE OF MEETING	2 December 2025
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Niké Hooper-Collins, Business Support Officer
PRESENTED BY	Gareth Jones, Chair
EXECUTIVE SPONSOR APPROVED	Non Gwilym, Interim Director of Corporate Governance
REPORT PURPOSE	FOR NOTING

1. PURPOSE

This paper has been prepared to provide the Trust Board with details of the key issues and items considered by the Audit Committee at its meeting held on 2 December 2025. Key highlights from the meeting are reported in paragraph 2.

The Board is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

The following areas were highlighted for reporting to the Trust Board from the meeting of the Audit Committee held on 2 December 2025:

ALERT / ESCALATE	<p>Trust Risk Register Digital Health and Care Record Audit Report Assurance rating: Reasonable/Limited</p> <p>The Report was received at the 2 September 2025 Audit Committee and escalated to the 25 September 2025 Trust Board.</p> <p>The lack of progress and dependency on external parties (Digital Healthcare Wales and Welsh Government funding) for DHCR delivery, as well as the associated risks to service continuity and data integration, require board-level escalation.</p>
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	<p>The Committee raised concerns that this is having a direct impact on the number of overdue AMaT actions within the Trust.</p> <p>The Committee AGREED that these issues cannot be left unresolved and must be clearly highlighted to the Board.</p>
<p>ADVISE</p>	<p>Internal Audit Progress Report</p> <p>The KPI for timely management responses is low (25%) due to delays in finalising management actions for medical job planning and cybersecurity audits. The low percentage is attributed to one overdue report affecting the metric, but engagement and discussions are ongoing.</p> <p>The Committee raised concern about the persistent low KPI for management responses, emphasising the need for process improvement if Executive Directors cannot agree on actions or recommendations. It was suggested that unresolved issues should be escalated to the weekly Executive meeting for co-ordinated resolution.</p> <p>The Committee NOTED the need for a process to escalate unresolved management responses to the executive team for coordinated resolution.</p>
<p>ASSURE</p>	<p>Audit Action Tracker transition to AMaT – November update</p> <p>The Committee were asked to NOTE:</p> <ul style="list-style-type: none"> • 14 (16%) actions that have been 'Fully Complete (Awaiting Approval at next Audit Committee)' (Light Green Status) • 39 (44%) actions have been approved and closed (Dark green status) • 14 (16%) actions that are 'In progress' (Blue Status) • 0 (0%) actions that 'Partially Complete (Not Overdue) (Orange Status) • 14 (16%) actions that are 'Partially Complete (overdue)' (Purple Status) • 7 (8%) actions that are overdue (Red Status) <p>Trust Risk Register</p> <p>The Audit Committee received assurance that the risk register is actively used, when necessary, with information being inputted into the Datix system.</p> <p>The Committee NOTED the risks in the quality and safety domain with a score of 12 and risks in other domains with a score of 15 and above and NOTED the static risks and sub-threshold risk audits.</p>

INFORM	<p>INTERNAL AUDIT REPORTS</p> <p>The Audit Committee received four internal audit reports, which reported the following levels of assurance:</p> <ul style="list-style-type: none"> • Organisational Culture and Wellbeing Advisory Report Advisory Review • nVCC Contract Delivery (Construction) Report Assurance rating: Reasonable • nVCC Contract Compliance Report Assurance rating: Reasonable • nVCC Risk Management Report Assurance rating: Substantial <p>Board Assurance Framework The Committee were INFORMED that the BAF is a live document, updated after board meetings; the version presented may not fully reflect the latest board decisions due to timing issues between meetings.</p> <p>There was a focus on ensuring actions address gaps in control, with plans to improve this in future reporting periods.</p> <p>The Committee NOTED the status of the Board Assurance Framework and DISCUSSED the plan to move forward with the Board Assurance Framework.</p> <p>Progress Report Quarter 3 2025/26 The Committee requested:</p> <ul style="list-style-type: none"> • clearer integration of shared services data in future reports; • reconciliation between NFI tables presented by Counter Fraud and those from Audit Wales; • comprehensive reporting to ensure the Committee receives full assurance for year-end accounts. • explicit assurance that all Shared Services work is complete and fully reported to the Committee. <p>Procurement Compliance Report The Committee were INFORMED 10 breaches of standing orders and standing financial instructions (SFIs) during the reporting period.</p> <p>It was noted that the trend in breaches is improving, but continued education and awareness are planned, including updates and training sessions for divisional boards and senior leadership teams to further reduce breaches.</p>
	APPENDICES

3. RECOMMENDATION

The Trust Board is asked to **NOTE** the contents of this report.



TRUST BOARD	
All Wales Policies	
DATE OF MEETING	29/01/26
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Donna Dibble, Workforce Lead
PRESENTED BY	Sarah Jenkins, Interim Executive Director of People and Organisational Development
APPROVED BY	Sarah Jenkins, Interim Executive Director of People and Organisational Development
EXECUTIVE SUMMARY	NHS Wales have: <ol style="list-style-type: none"> 1. Developed a new Anti-Sexual Harassment Policy for All Wales NHS organisations/Trusts. 2. Developed a process for the Short-Term Protection of Earnings, and; 3. Reviewed the Medical Appraisal Policy.
RECOMMENDATION / ACTIONS	Trust Board are asked to approve these All-Wales Policies (one 'process').
GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
People Policy Review and Development Group	14.10.25
Executive Management Board	27.10.25
QSPC	13.11.25
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
Policies and process were considered by the People Policy Review and Development Group, approved for onward governance.	

EMB and QSPC have approved.	
7 LEVELS OF ASSURANCE	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance
APPENDICES	
	<ol style="list-style-type: none"> 1. NHS Wales Anti-Sexual Harassment Policy 2. Short-Term Protection of Earnings Process 3. All Wales Medical Appraisal Policy

1. SITUATION

NHS Wales have developed one new policy, reviewed one policy and developed one process, for use in NHS Wales organisations.

2. BACKGROUND

NHS Wales reviews policies regularly, considering any changes in law, so that we can be assured that our policies are up to date and fit for purpose. They provide a robust and fair framework for us to manage within the organisation.

NHS Wales have recently developed a new policy, reviewed an existing policy and developed a new process, for All NHS Wales organisations to adopt.

3. ASSESSMENT

1. NHS Wales Anti-Sexual Harassment Policy

The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the Worker Protection (Amendment of Equality Act 2010) Act 2023. The focus of the act is to place a proactive duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace.

The Anti-sexual Harassment Policy aims to set out a framework for line managers to deal with any occurrences of sexual harassment or inappropriate behaviour by our staff (which may include consultants, contractors and agency workers) and also by third parties such as customers, suppliers or visitors to our premises.

2. Short-Term Protection of Earnings

This process has been developed in partnership, to provide All Wales consistency and clarification with regards to the application of Short-Term Protection of Earnings as defined in the NHS Wales Organisation Change Policy (OCP).

3. All Wales Medical Appraisal Policy

An appraisal is an annual requirement (in most cases contractual) for all doctors. It should be a positive process which adds value for the doctor and the organisation without being unnecessarily burdensome. Every appraisal will result in an agreed summary and Personal Development Plan which will be accessible to the doctor's Designated Body to inform their revalidation recommendation. This policy has been reviewed by NHS Wales.

4. SUMMARY OF MATTERS FOR CONSIDERATION

Trust Board are asked to approve these policies (and one process) for adoption at Velindre University NHS Trust.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)

Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals:

YES - Select Relevant Goals below

If yes - please select all relevant goals:

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

RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)

For more information: [STRATEGIC RISK DESCRIPTIONS](#)

03 - Workforce Supply and Shape

QUALITY AND SAFETY IMPLICATIONS / IMPACT

Yes -select the relevant domain/domains from the list below. Please select all that apply

- Safe
- Timely
- Effective
- Equitable
- Efficient
- Patient Centred

QUALITY IMPACT ASSESSMENT

The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.

Choose an item

The [QIA tool](#) should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it.

As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more

	broadly promote good decision-making practice.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview	Yes
	<i>These documents were produced by NHS Wales</i>
TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT	
The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: YES - Select Relevant Goals below	
If yes, select the relevant goals: <ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input checked="" type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input checked="" type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/> 	
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	Source of Funding: Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text Type of Funding:

	<p>Choose an item</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: Click or tap here to enter text</p> <p>Type of Change Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text</p>
<p>EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</p>	<p>Not required - please outline why this is not required</p> <p>These have been produced by NHS Wales.</p>
<p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p>Click or tap here to enter text</p>

6. RISKS

None associated.

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE CURRENT RISK SCORE	
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	



NHS Wales Anti-sexual Harassment Policy

“We are unwavering in our responsibility to protect the physical and psychological safety of every employee — regardless of role, background, or identity.

This policy reinforces our commitment to listen, to act swiftly and fairly, and to build a culture rooted in respect, inclusivity, and accountability. Everyone has the right to feel safe at work and through this policy, we are determined to make that right a lived reality for all.”

Approved by: Welsh Partnership Forum

Issue date: September 2025

Contents

1. INTRODUCTION	3	8.3 Reporting Incidents	13
2. WHAT IS THIS POLICY FOR?	3	8.3.1 Receiving a Report	13
3. SCOPE.....	4	8.3.2 Reporting Incidents Formally	14
4. GUIDING PRINCIPLES	4	8.4 Sexual Harassment by a Patient or Third Party	15
INFORMATION – DEFINITIONS AND TERMINOLOGY	5	8.5 If You Witness Sexual Harassment	15
5. DEFINITIONS	5	GUIDANCE – HOW TO MANAGE REPORTED CASES	16
5.1 Definitions used in this policy of people and roles that may be involved in a sexual harassment report include:	5	8.6 The Process Following a Report of Sexual Harassment	16
Human Resources	5	8.6.1 Management Review (initial assessment)	16
5.2 Sexual Harassment	5	8.6.2 Suspension/moving an individual from their normal place of work	17
5.2.1 Verbal Harassment	5	8.6.3 Reporting Incidents Informally	17
5.2.2 Non-Verbal Harassment	6	8.6.4 If the Reporter of harassment Requests that the Matter be Resolved Informally	17
5.2.3 Physical Harassment	6	8.6.5 Investigating Formally Reported Incidents	18
5.2.4 Coercive Sexual Harassment:	6	8.6.6 Actions Following an Investigation	19
5.2.5 Hostile Environment Harassment	6	8.6.7 Non-Employees	20
5.2.6 Victimisation	6	8.7 Providing Support	20
5.2.7 Third-party harassment	7	8.8 Victimisation, including when no further action is taken	21
5.3 Criminal Offences	8	9. REPORTING TO STATUTORY REGULATORS.....	21
6. CONFIDENTIALITY	8	10. POLICE INVOLVEMENT	22
6.1 Confidentiality and Anonymity.....	8	11. EQUALITY INCLUDING WELSH LANGUAGE.....	22
7. RISK AND PREVENTION.....	10	12. APPENDICES.....	22
GUIDANCE – WHAT TO DO IF AN INCIDENT OCCURS	11	13. REFERENCES.....	22
8. INCIDENTS OF SEXUAL HARASSMENT	11	Appendix 1: How to Respond to a Disclosure of Sexual Harassment	23
8.1 If You Experience Sexual Harassment.....	11	Appendix 2: Sexual Safety Incident Flowchart	25
8.2 Receiving a Disclosure	12	Appendix 3 – Roles and Responsibilities	29
		Appendix 4: Further Information and Support	33

This policy contains references to sexual misconduct that some colleagues may find distressing.

If you have experienced or feel you may be experiencing unwanted, inappropriate and/or harmful sexual behaviours there are people who can support you. Your local employee wellbeing or occupational health teams can help you get support, and you can find a wide range of support providers in Appendix 4 of this policy.

1. INTRODUCTION

The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a proactive duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace.

Research consistently and regularly tells us that sexism, sexual harassment and sexual assault is happening in every corner of society hour by hour, day by day.

NHS Wales is unequivocal that sexual harassment is unlawful and damaging to reporters of harassment and must not be tolerated. NHS Wales is committed to taking all reasonable steps to prevent employees or service users experiencing or witnessing sexual harassment.

It is acknowledged that sexual harassment often occurs where there is a power imbalance, and that people in certain groups may be more vulnerable than others.

Aggravating factors such as abuse of power over a more junior colleague will be considered when decisions about disciplinary action are taken.

Within the workplace, employers have a responsibility to protect all employees from sexual harassment. We are committed to providing a working environment free from sexual harassment and ensuring all staff are treated, and treat others, with dignity and respect. We recognise that sexual harassment can occur both in and outside the workplace, such as on business trips, or at work-related events or social functions, or on social media.

Sexual harassment or victimisation of any member of staff, or anyone they come into contact with during the course of their work, is unlawful and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment of their staff during the course of their employment.

We will take active steps to help prevent the sexual harassment and victimisation of all staff.

Anyone who is a victim of, or witness to, sexual harassment is encouraged to report it in accordance with this policy. This will enable us to take appropriate action and provide support.

Sexual harassment and victimisation may result in disciplinary action up to and including dismissal.

2. WHAT IS THIS POLICY FOR?

This policy sets out to:

- Raise awareness and provide guidance for staff to identify behaviours that constitute sexual harassment with the explicit aim of preventing cases of sexual harassment in the first instance.
- Help and encourage reporters of harassment or sexual harassment to ask for help and report the incident safely.

- Inform managers and employees of the processes to follow where acts of sexual harassment occur.
- Raise awareness of the serious and harmful impacts of sexual harassment, and the need to deal with cases in a sensitive, supportive, timely and robust manner.
- Ensure that managers are aware of their duty to take a proactive approach to preventing sexual harassment in the workplace.
- Help managers refer reporters of sexual harassment to appropriate support.
- Help employees understand where they can find appropriate support.
- Support the NHS Wales in increasing the reporting of incidents of sexual harassment.

3. SCOPE

The Anti-sexual Harassment Policy aims to set out a framework for line managers to deal with any occurrences of sexual harassment or inappropriate behaviour by our staff (which may include consultants, contractors and agency workers) and also by third parties such as customers, suppliers or visitors to our premises.

This policy applies to all employees, officers, consultants, self-employed contractors, casual workers including bank staff and locums, agency workers, apprentices, volunteers and interns. Our obligations and your duties under this policy also extend to job applicants and former employees.

NHS Wales has a duty of care to protect employees from, and prevent incidents of, sexual harassment from individuals within the physical or digital workplace.

4. GUIDING PRINCIPLES

- We will support the prevention of sexual harassment and abuse by ensuring everyone has access to relevant information and learning opportunities.
- We will create working environments that are open, safe and do not tolerate inappropriate behaviour.
- We will work actively with groups who are more likely to experience sexual harassment and abuse.
- We will ensure that all sexual safety concerns are taken seriously, treated sensitively and managed appropriately.
- We will support colleagues who experience unwanted, inappropriate and/or harmful sexual behaviours.
- We will clearly communicate and role model appropriate behaviours in line with our values and frameworks.
- We will provide confidential, accessible and non-retaliatory reporting mechanisms for individuals to raise concerns about sexual harassment.
- We will ensure our Executive Teams regularly review data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace

Confidentiality will be maintained as far as possible unless there is a safeguarding or legal concern that needs to be reported and to the extent required to ensure a fair process is followed.

These commitments will apply to everyone in NHS Wales equally and without prejudice.

This policy will be reviewed at regular intervals to monitor and ensure its effectiveness.

INFORMATION – DEFINITIONS AND TERMINOLOGY

5. DEFINITIONS

It is recognised that terminology used in guidance for dealing with incidents of sexual harassment is complex and can be emotive. Terminology can have the effect of pre-judging a case and causing unconscious bias to have an effect.

5.1 Definitions used in this policy of people and roles that may be involved in a sexual harassment report include:

- **Reporter of Harassment** – Recognising that anybody can report sexual harassment, for the purposes of this policy, this term is used to describe the person experiencing sexual harassment. A reporter of harassment can be male, female or non-binary.
- **Individual accused of harassment** – an individual against whom a sexual harassment report has been raised. There is no presumption of guilt against an alleged perpetrator.

Human Resources

Your Human Resources (HR) department may be known by a different name. Departments traditionally known as Human Resources (HR) or Personnel may be known by another name in your organisation, such as People and OD (POD), Workforce and OD (WOD), Human Resources (HR), People and Relationship Team, or People Services. In this policy we use the term 'HR or Workforce and OD'.

5.2 Sexual Harassment

Sexual Harassment refers to unwelcome sexual advances, requests for sexual favours, or other verbal, non-verbal, or physical conduct of a sexual nature that creates an intimidating, hostile, degrading, or offensive environment. Sexual harassment can happen to anyone regardless of their personal characteristics and can equally be carried out by anyone. A single incidence can be enough to constitute sexual harassment, and a person does not need to have previously objected to it.

It also includes treating someone less favourably because they have submitted or refused to submit to unwanted conduct of a sexual nature, or that is related to gender reassignment or sex at any time in the past.

Sexual harassment is defined by the impact of behaviour(s) on an individual or individuals, even if the behaviour was not intended to have the effect of sexual harassment.

Sexual harassment includes any unwelcome behaviour of a sexual nature that directly or indirectly impacts a person's dignity, safety, or ability to participate in an environment. It may involve power dynamics, discrimination, or coercion and can take various forms, such as (but not limited to):

5.2.1 Verbal Harassment

- Sexual remarks, jokes, or comments that are unwelcome or offensive.
- Inappropriate inquiries about someone's personal life, sexual orientation, or body.
- Inappropriate conversations in the workplace, either in one to one or group settings.
- Repeated, unwelcome romantic or sexual propositions.

- Unwelcome sexual advances or suggested behaviour (even if the harasser may perceive this as harmless).

5.2.2 Non-Verbal Harassment

- Displaying or sending sexually explicit or suggestive images, messages, or gestures.
- Leering, staring, or making suggestive facial expressions.
- Sending unwelcome messages, sexually explicit or otherwise through digital communication (including emails, text messages, video clips and images sent by mobile phone or posted on the internet).

Non-verbal harassment may constitute offences contrary to section 1 Malicious Communications Act 1988 ('MCA 1988'), section 127 Communications Act 2003 ('CA 2003'), and offences created in Part 10 of the Online Safety Act 2023 ('OSA 2023').

5.2.3 Physical Harassment

- Unnecessary or inappropriate physical contact or "horseplay", touching, hugging, pinching, grabbing, pushing or brushing against someone without consent.
- Blocking someone's path or invading personal space in a manner that feels intimidating or uncomfortable.

5.2.4 Coercive Sexual Harassment:

- Conditioning employment, promotions, grades, or other opportunities on submission to sexual advances or favours.
- Threatening retaliation or adverse consequences for rejecting such advances.

5.2.5 Hostile Environment Harassment

- Conduct that creates an intimidating or hostile atmosphere through persistent, pervasive, or severe sexual behaviour.
- Harassment that interferes with an individual's work, education, or well-being.
- A person may be sexually harassed even if they were not the intended target. For example, a person may be sexually harassed by pornographic images displayed on a colleague's computer in the workplace.

5.2.6 Victimization

Victimization includes subjecting a person to a detriment because they have done, or are suspected of doing or intending to do, any of the following protected acts:

- (a) Bringing proceedings under the Equality Act 2010.
- (b) Giving evidence or information in connection with proceedings under the Equality Act 2010.
- (c) Doing any other thing for the purposes of or in connection with the Equality Act 2010.
- (d) Alleging that a person has contravened the Equality Act 2010.

Victimization may include, for example:

- (a) Denying someone an opportunity because it is suspected that they intend to make a complaint about sexual harassment.
- (b) Excluding someone because they have raised a grievance about sexual harassment.
- (c) Failing to promote someone because they accompanied another staff member to a grievance meeting.

(d) Dismissing someone because they gave evidence on behalf of another staff member at an employment tribunal hearing.

Sexual harassment and victimisation are unlawful and will not be tolerated. They may lead to disciplinary action up to and including dismissal if they are committed:

- (a) In a work situation.
- (b) During any situation related to work, such as at a social event with colleagues.
- (c) Against a colleague or other person connected to the organisation outside of a work situation, including on social media.
- (d) Against anyone outside of a work situation where the incident is relevant to the person's suitability to carry out their role.

If any sexual harassment or victimisation of staff occurs, we will take steps to remedy any complaints and to prevent it happening again. These may include updating relevant policies, providing further staff training and taking disciplinary action against the perpetrator where feasible and deemed necessary.

5.2.7 Third-party harassment

Third-party harassment occurs where a person is harassed or sexually harassed by someone who does not work for, and who is not an agent of, the same employer, but with whom they have come into contact during the course of their employment. Third-party harassment could include, for example, unwelcome sexual advances from a client, customer or supplier visiting the employer's premises, or where a person is visiting a client, customer or supplier's premises or other location in the course of their employment.

Third-party sexual harassment can result in legal liability and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment by third parties. Although a member of staff cannot bring a claim for third-party harassment alone, it can still result in legal liability for an employer when raised in other types of claims. All staff are encouraged to report any third-party harassment they are a victim of, or witness, in accordance with this policy.

Any sexual harassment by a member of staff against a third party (see above) may lead to disciplinary action up to and including dismissal, for example asking for a patient's number in the course of your work with the intention of contacting them socially would be inappropriate.

We will take active steps to try to prevent third-party sexual harassment of staff.

If we are made aware of any third-party harassment of staff, we will take steps to remedy any complaints and to prevent it happening again. These may include warning the harasser about their behaviour, banning them from our premises, reporting any criminal acts to the police, and sharing information with other branches of the organisation and the harasser's employing organisation.

Offensive behaviour can sometimes be excused as banter or jokes; managers must take a zero-tolerance approach, even when they may face criticism for doing so. Banter can be inoffensive to all those hearing/participating in it at the time but could simultaneously be in violation of expected values and behaviours or another's dignity who may just not be present. This can lead to workplace cultures that are unsafe

If an individual feels that they have been sexually harassed or that they have been impacted by sexual harassment, their feelings are valid, and their complaint must be taken seriously.

Incidents can be considered workplace sexual harassment in circumstances in which the employee is not actually working but that are connected with work, such as work social events.

5.3 Criminal Offences

Some forms of sexual harassment may also constitute criminal offences. Sexual violence or assault refers to any sexual act or attempt to obtain a sexual act through coercion, force, or without the explicit consent of the individual. It encompasses a range of behaviours that violate a person's autonomy, dignity, and safety, including but not limited to:

5.3.1 Non-Consensual Physical Acts:

- Rape or attempted rape.
- Sexual touching or groping without consent.
- Use of force, intimidation, or threats to engage in sexual activity.

5.3.2 Sexual Exploitation:

- Taking advantage of another person's sexuality without their consent, including distributing explicit images or videos without permission.
- Coercing someone into sexual acts through manipulation or abuse of power.

5.3.3 Acts Perpetrated on Vulnerable Individuals:

- Sexual acts involving individuals unable to give consent due to intoxication, unconsciousness, or lack of capacity (e.g., age, cognitive impairment, or coercive circumstances).

5.3.4 Verbal Threats or Coercion:

- Threatening harm to compel sexual activity.
- Using blackmail or other forms of manipulation to obtain sexual favours.

Criminal acts of this nature come under the portfolio of your Safeguarding Team.

We strongly encourage any employees who believe that they have been a victim of a criminal act to report the incident to the police. Further advice can be obtained from your local Safeguarding team.

6. CONFIDENTIALITY

6.1 Confidentiality and Anonymity

Anonymity and confidentiality are two concepts that are often used interchangeably, but they have distinct differences.

- Anonymity refers to the state of being unknown or unidentified.
- Confidentiality refers to the act of keeping information private and secure; sensitive information will not be disclosed to unauthorised individuals.

Anonymity means an individual's identity is concealed; confidentiality means information is secure.

Confidentiality covered by this Procedure will be maintained wherever possible and as far as reasonably practical, subject to legal and statutory safeguarding obligations and duties to protect other people.

As well as statutory requirements, the 'need to know' may encompass sharing of anonymised information for defined purposes such as supervision, formal support, correct processes or best practice. Therefore, confidentiality cannot be guaranteed in every situation.

Details of investigations and complaints must only be disclosed on a 'need to know' basis. Unauthorised disclosure of confidential information may result in disciplinary action, as may any concerns about attempts to influence or intimidate a witness and/or a reporter of harassment.

Confidentiality obligations apply to anyone who is involved including the individual accused of harassment, the reporter of harassment, witnesses and line managers.

The matter should not be discussed with anyone else other than on a 'need to know' basis, and in the context of formal disciplinary proceedings, will normally be limited to:

- the investigating officer
- HR or Workforce and OD colleagues directly involved.
- any relevant witnesses
- the individual accused of the harassment to the extent necessary to enable them to respond.
- safeguarding colleagues
- where represented, Trade Union representatives

This does not mean that support should not or cannot be sought by anyone who is involved, acknowledging that talking about the event may help some people or be essential to their wellbeing, however, this must be done whilst adhering to the confidentiality obligations set out in this section.

Nothing in this Policy will prevent an individual reporting sexual misconduct to the police, professional regulators (such as the GMC or NMC), or any other statutory body. Making a report does not constitute a breach of confidentiality.

Both reporters of harassment and individuals accused of harassment:

- Are free to seek professional support from anyone who would owe them a professional duty of confidentiality (e.g., from their doctor, the services in Appendix A., and similar);
- Can talk to immediate family, on the condition that the people they discuss the situation with agree to maintain confidentiality and that they do not name anyone involved. If family members work together consideration should be given to whether it is appropriate to discuss the situation;
- Cannot discuss it with fellow employees other than the investigating officer, HR or Workforce and OD colleagues directly involved, with their line manager if necessary, and where represented, with Trade Union representatives.

7. RISK AND PREVENTION

Managers are expected to consider the likelihood and impact of sexual harassment within their teams. Factors to consider include, but are not limited to the following:

- power imbalances
- job insecurity, for example, use of temporary staffing, agency staff or contractors
- lone/isolated working, night working and working alone with a third party
- the presence of alcohol (work-related social events)
- patient-facing duties
- lack of diversity in the workforce, especially at a senior level
- workers being placed on secondment
- travel to different work locations
- working from home
- attendance at events outside of the usual working environment, for example, training, conferences or work-related social events
- socialising outside work
- social media contact between workers
- the workforce demographic, for example, the risk of sexual harassment may be higher in a same sex dominated workforce
- a male-dominated workforce
- a workplace culture that permits crude / sexist 'banter', or other disrespectful behaviour
- gendered power imbalances (for example, where most junior staff are female and most senior managers / leaders are male)
- an expectation that workers will attend social events / conferences outside of the workplace or stay away from home overnight (particularly if alcohol is being consumed)
- a failure to respond appropriately to previous reports of sexual harassment

- workers that have more than one protected characteristic, for example, disabled people, ethnic minorities and people from the LGBT community are more likely to experience sexual harassment than people who do not have these protected characteristics

There may be risks that only affect one job role or worker - these should still be considered and addressed.

An assessment of the risk should be completed on an annual basis using the existing risk management framework and any identified risks mitigated and recorded.

Managers should ensure staff are aware of reporting mechanisms and managers must refer to this guidance if a staff member raises a complaint of harassment.

GUIDANCE – WHAT TO DO IF AN INCIDENT OCCURS

8. INCIDENTS OF SEXUAL HARASSMENT

All reported incidents of sexual harassment and sexual violence/assault will be investigated promptly, with appropriate actions taken to ensure the safety and rights of those affected.

If you have any questions relating to sexual misconduct, please contact your Safeguarding or HR or Workforce and OD team for advice.

If you feel you are experiencing or have experienced sexual harassment or if you witness sexual harassment or have a concern that another colleague may be experiencing or have experienced sexual harassment it is very important that you take action.

The reporting (or disclosing) of witnessed sexual harassment can be a means of identifying further and more serious allegations.

In all cases where a child under 18 discloses sexual misconduct/assault, or employees hear about sexual misconduct/assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

Where the Executive or Senior Management Team become aware of multiple concerns or complaints of inappropriate behaviour in an area, which may not have been formally reported but give rise to sufficient cause for concern, they may choose to conduct an investigation to understand the alleged behaviours in more detail and to determine if support and interventions are needed. This is intended to ensure the effective resolution of concerns raised and the prevention of future inappropriate behaviours, where identified by the investigation. Undertaking this type of investigation should only be done in consultation with the HR or Workforce and OD team and will involve

agreed terms of reference with the relevant department. If the findings indicate a potential conduct issue, this may lead to a disciplinary process under the relevant Policy.

8.1 If You Experience Sexual Harassment

You may be able to address matters informally if you feel able to do so. The person may not know that their behaviour is unwelcome or upsetting, so a conversation may help them to understand the effects of their behaviour and agree to change it. Should you need it, your local HR or Workforce and OD team can provide support to help you have an informal conversation.

There is no requirement that you attempt to informally challenge the behaviour. It is recognised that there are many situations where this may not be appropriate, safe or indeed something that you feel able to do. If this is too difficult for you, or if the informal approach is not appropriate, or has not been successful, then you are strongly encouraged to speak to someone.

Examples of people you could tell (in no particular order) are:

- A trusted colleague
- A member of your local HR or Workforce and OD team
- A member of your Safeguarding team
- Your manager
- Another senior colleague
- Your Trade Union Representative
- Speaking Up Safely contact/guardian

This is referred to as ‘disclosure’. It is vital that the initial response to a disclosure is handled appropriately and with sensitivity.

What you should NOT do:

- **Ignore or put up with the behaviour**
- **Believe it is your fault**
- **Put yourself in a position where you would be left on your own with the person behaving inappropriately**

The difference between disclosing and reporting

A disclosure is where someone tells another person about their experience but **makes it explicitly clear that they do not want action to be taken**. A disclosing party should be given time to make an informed choice and support about whether to make a formal report to the organisation (or to the police, or both). Just because a formal report is being made, does not prevent the matter being dealt with on an informal basis where this is requested by the reporter of harassment and/or deemed appropriate by the manager and HR or Workforce and OD advisor.

Whilst managers and HR or Workforce and OD advisors should try to respect the wishes of the individual making the disclosure, a disclosure can lead to formal action being taken by the employer if it is considered that there is a risk to an individual's safety; this will normally be deemed appropriate where the allegation is one of sexual assault, or where it forms part of a series of similar complaints.

In deciding whether it is appropriate to override the reporter of harassment's wishes not to take formal action, the manager should ask:

- Have they considered and exhausted all other possible options such as those already referred to in this guidance?

- What will the impact be of overriding the reporter of harassment's wishes on them?
- What are the potential risks to the reporter of harassment, the reporter of harassment's colleagues and to other third parties if the employer does not take further action?
- Have other complaints been made against the same person?
- What is the likelihood of the matter being resolved by the reporter of harassment without intervention by the employer?

Reporting is the first step in a formal process and is the term used to describe any disclosure of sexual harassment where it is not expressly requested by the reporting individual that no formal action be taken.

8.2 Receiving a Disclosure

The employee who receives the disclosure should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Encourage them to consider reporting their concern** as set out in section 8.3, if it has not already been reported.
- **Make a note as soon as you are able to of any details of the disclosure**, ensuring confidentiality is maintained as set out in section 6. The reporter of harassment should be

notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

- **If the reporter of harassment does not want to take the disclosure any further**, you must respect their wishes unless there is a legal or safeguarding concern which means that further action must be taken. However, it may be that the disclosure has highlighted a need for training in the department or other follow up action, and you should liaise with the relevant manager or HR or Workforce and OD colleague in relation to any training that may need to be provided in the future.

If you need support or advice following the disclosure you could speak to someone in confidence, such as a member of your HR or Workforce and OD team, a member of your Safeguarding team or your own line manager.

The person receiving the disclosure should make every effort to follow up with the reporter of harassment within 3 months of the disclosure to enquire whether that individual requires any wellbeing support. The reporter of harassment should also be asked if any further incidents of harassment have occurred since the initial disclosure. Both the enquiry and response should be securely recorded in a confidential manner as set out above. If the reporter of harassment confirms further harassment has taken place, it may mean in some cases that further action will now become appropriate.

8.3 Reporting Incidents

It is recognised that reporting incidents can be a daunting prospect. Concerns of the individual that they may be showing disloyalty by reporting incidents, or that the reporting of an incident may leave the team short staffed, or indeed that they won't be believed often influence whether an individual reports an incident or not.

Our priority is the safety and wellbeing of our employees and we strongly encourage the reporting of any incident of alleged sexual harassment either in the workplace or by a workplace colleague

8.3.1 Receiving a Report

The employee who receives the report should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Make a note as soon as they are able to of any details of the report**, ensuring confidentiality is maintained as set out in section 6. The reporter of harassment should be notified that a note of the report will be made including the date and time, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

Incidents can be reported formally or informally. For informal reporting please see section 8.6.3

8.3.2 Reporting Incidents Formally

Incidents can be formally reported verbally or in writing via any of the following:

- To a manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A member of the Safeguarding team

We strongly encourage employees to also report criminal acts to the police, as set out in section 10 of the policy.

If you are unsure what constitutes sexual harassment, but you feel you have experienced or witnessed something you think may be in the scope of this procedure, it is very important that you report it as potential sexual harassment.

You can report anonymously if you do not feel comfortable providing a full report, via the Speaking Up Safely framework.

It is, however, preferable for individuals making a report to identify themselves, as this makes it more likely that reports can be fully and fairly investigated and resolved and contributes to creating an open and trusting culture. It also means the colleague reporting the sexual harassment can be kept informed of the progress of their report. Wherever possible a report of harassment should identify exactly what comment was made/action was taken, by whom, on what date/s this

was, where it occurred and if there were any other witnesses to the alleged harassment.

If a report is made anonymously, the steps in this policy must be followed as closely as possible based on the information provided in the disclosure.

Please note, where a report is made anonymously, but it is possible for the employer to identify the reporter of harassment, the employer will be expected to encourage and support the reporter of harassment to provide more details or come forward for the reasons set out above. This may include trying to establish any concerns the reporter of harassment has that has led to the request for anonymity.

Where a complaint is taken forward on an anonymous basis, please note whilst the employer will take reasonable endeavours to maintain that anonymity, the employer is unable to guarantee absolute anonymity, particularly if any external agencies become involved.

The individual accused of harassment will also need to receive sufficient details of the report in order to properly answer the allegations against them in keeping with the principles of natural justice.

Cases of sexual harassment should be dealt with via the NHS Wales Disciplinary Policy or Upholding Professional Standards in Wales Procedure if the allegations are against a doctor or dentist. This includes scenarios where the reporter of harassment is not an employee.

When a formal complaint of harassment or victimisation is made, an employer should consider what steps need to be taken while the matter is investigated to ensure that:

- **the reporter of harassment is not subjected to further acts of harassment**
- **the reporter of harassment is not victimised for having made a complaint**
- **any potential adverse impact on the reporter of harassment is minimised.**
- **other workers are safeguarded against similar behaviour, and**
- **there will be no interference with the investigation.**

8.4 Sexual Harassment by a Patient or Third Party

If a patient behaves in a sexual way towards you, and you feel safe to do so, you should tell them that their behaviour is unacceptable and ask them to stop.

If the patient does not stop the behaviour, or you do not feel safe to challenge the patient or continue with the interaction, you should excuse yourself from the encounter and seek help.

You should make your manager aware immediately and report the incident via DATIX, and seek support if you need it. Please refer to Appendix 4 for information on guidance and support.

Where your complaint is about someone other than an employee, such as a customer, supplier or visitor, we will consider what action may be appropriate to protect you and other staff pending the outcome of the investigation, bearing in mind the reasonable needs of the organisation and the rights of that person. Where

appropriate, we will attempt to discuss the matter with the third party.

We will also consider any request that you make for changes to your own working arrangements during the investigation. For example, you may ask for changes to your duties or working hours to avoid or minimise contact with the alleged harasser. You will not suffer financial detriment.

Managers made aware of sexual harassment by a patient should, as part of any response, conduct a risk assessment of the area and consider any additional steps needed to prevent sexual harassment occurring by a patient. All risk assessments should be securely recorded.

Sexual harassment by someone lacking mental capacity should still be reported, even if that person's actions were not intentional. The focus shifts to the impact of those actions on the victim, not the intent behind them and therefore should still be subject to reporting.

Please see Appendix 4 for BMA guidance on managing discrimination and sexual harassment by patients.

8.5 If You Witness Sexual Harassment

Employees who witness sexual harassment must take appropriate steps to address it. Depending on the circumstances, this could include:

- Intervening where they feel able to do so.
- Supporting the reporter of harassment to report it or reporting it on their behalf.

- Reporting the incident where they feel there may be a continuing risk if they do not report it.
- Co-operating in any investigation into the incident.

Witnesses of sexual harassment are strongly encouraged to report it and will be protected from victimisation. Please see section 8.3 above.

GUIDANCE – HOW TO MANAGE REPORTED CASES

8.6 The Process Following a Report of Sexual Harassment

The person who receives the report of sexual harassment must notify their local HR or Workforce and OD and safeguarding teams as soon as possible.

See Flowchart (Appendix 2)

8.6.1 Management Review (initial assessment)

The person making a complaint of sexual harassment should be asked if they would prefer a woman or man to interview them. Not everyone will be comfortable making a disclosure of this nature to someone from the opposite sex.

The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under section 5 safeguarding regulations are required.

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report.

This may involve:

- the individual (or team) with whom the report has been raised.
- an individual(s) with appropriate subject matter expertise
- the relevant HR or Workforce and OD officer/manager for that area.
- any other relevant individual deemed able to provide advice (e.g., Safeguarding colleagues).

See separate Management Review (initial assessment) guidance for further information

Following the management review (initial assessment), the following actions, which are not mutually exclusive may be considered as next steps:

- Further fact finding.
- Commissioning of a formal investigation under the NHS Wales Disciplinary Policy or the Upholding Professional Standards in Wales Procedure (UPSW) if the individual accused of harassment is a doctor or dentist.
- An informal resolution process (see section 8.6.3)
- If allegations could amount to criminal proceedings following a management review (initial assessment), notifying the police and/or other relevant agencies, including the individual accused of harassment's employers if their employer is not NHS Wales, or any regulatory bodies such as the NMC, may be deemed necessary. Please note, notifications to the police should only be made where required by Safeguarding rather than as a matter of practice for all sexual harassment allegations.

8.6.2 Suspension/moving an individual from their normal place of work

Where reporter of harassments and individuals accused of harassment work together a risk assessment will be undertaken, and it may be necessary to discuss temporary changes to working arrangements. It is not normal practice to move a reporter of harassment as a first step, unless they have requested this, and normal practice should be to move individuals accused of harassment wherever possible and necessary. This does not pre-judge the allegations in any way, it is simply with a view to furthering the organisation's legal obligations under the Worker Protection Act.

Please see All Wales Disciplinary Policy/ Upholding Professional Standards in Wales Procedure (UPSW) for more information.

8.6.3 Reporting Incidents Informally

Incidents can be informally reported verbally or in writing via any of the following:

- A manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A local Trade Union representative

State that you want to informally report an incident.

8.6.4 If the Reporter of harassment Requests that the Matter be Resolved Informally

The person receiving the informal report should listen to the reporter of harassment and work out how best they can help them to resolve the issue informally and in a way with which the reporter of harassment is most comfortable having considered the following actions:

- Discussing ways to approach the issue directly with the individual accused of harassment.
- Supporting the reporter of harassment in raising the issue with the individual accused of harassment by accompanying them in any discussion or helping them to set out their thoughts in writing.
- Raising the matter informally with the individual accused of harassment on the reporter of harassment's behalf.
- Obtaining advice on how best to resolve the issue and/or assistance in doing so from other sources either internally such as from the local HR or Workforce and OD team or externally from sources such as ACAS.
- Arranging mediation by a trained mediator between the reporter of harassment and the individual accused of harassment. In these circumstances, the manager and HR or Workforce and OD advisor (in conjunction with safeguarding advice) must consider whether this type of resolution is appropriate. If so, an independently facilitated conversation will be arranged in line with the All-Wales Respect and Resolution Policy.
- Obtaining advice on or assistance in dealing with issues relating to particular protected characteristics, such as from a charity with expertise relating to a particular disability.
- Obtaining counselling or support for the individual

It is important that a record of the following is kept:

- The details of the report/incident.
- A record of any discussion held with the individual accused of harassment.
- A record of any follow up actions.
- A reflections document completed.
- Any further training needs identified.

The manager must schedule a follow-up conversation with the reporter of harassment to check if any further incidents of harassment have occurred and whether any further support is required.

It is recognised that an informal solution may not be appropriate or may not work in many cases. For example, any informal solution is unlikely to be appropriate in more serious cases, or to work in cases where the alleged harasser is unlikely to accept that they have done anything wrong.

The reporter of harassment can make the matter formal at any stage if they wish to.

8.6.5 Investigating Formally Reported Incidents

Protecting the reporter of sexual harassment must be paramount.

- Investigators of allegations of sexual harassment will take particular care about the relevance and intrusiveness of questions required to investigate these matters. This includes taking great care when asking questions of a personal nature.

- Greater flexibility may be applied to the reporter of harassment's right to be accompanied to meetings related to investigating the complaint, particularly by a friend or family member (in a supportive capacity), in addition to the usual right to be accompanied by a trade union representative or work colleague.
- The reporter of harassment and individual accused of harassment should be provided with a single point of contact throughout the process wherever possible.
- These contacts should keep both parties separately and appropriately updated and ensure that they have access to support as required.
- Terms of Reference should be clearly written, containing wherever possible the specifics of the allegation; i.e., what was allegedly said/done/when/where (and where no anonymity applies) to whom.
- Timescales for each stage of the process will be provided. If timescales cannot be met, all parties will be informed of the delay and the reasons given as far as possible.

NHS Wales organisations will ensure that any allegations of potential sexual harassment are managed swiftly and in line with this policy.

Experiencing sexual harassment is extremely distressing and can be life changing. It's also distressing and a serious matter for an employee to be accused of sexual harassment. NHS Wales organisations will not presume the accusation is either true or false prior to a fair and thorough investigation.

Sexual harassment cases will sometimes only be evidenced by the reporter of harassment's word against that of the individual accused of harassment. This should not prevent the reporter of

harassment from speaking up. NHS Wales is committed to treating all complaints fairly.

Care must be taken to ensure no action is taken that could be perceived as punishing any person who raises a complaint in good faith.

Please see the All-Wales Disciplinary Policy/UPSW for more details on the Investigation stage of a process.

8.6.6 Actions Following an Investigation

The outcomes of the investigation will follow the relevant NHS Wales Policy. However, where there is a finding that on the balance of probabilities, the alleged sexual harassment did occur, but does not result in dismissal, the employer will normally be expected to consider if there should be a requirement for the perpetrator to attend anti-harassment training (either individually or as part of departmental training); this may be combined with another sanction. Any decision makers will also need to risk assess the likelihood of the harassment re-occurring (and any measures that could prevent this) when determining what sanction to apply.

NHS Wales recognises that in some cases it may be appropriate to signpost perpetrators to specialist services if they genuinely want to change their behaviour – this should be agreed on a case-by-case basis.

When dealing with a sexual harassment case, cultural sensitivity may be required. This may apply to the reporter of harassment, the perpetrator and any witnesses. Cultural attitudes may be a factor

within some cases and these need to be considered in understanding the situation. However, cultural attitudes are not accepted as an excuse or mitigation for sexual harassment.

To provide assurance that the matter has been addressed appropriately; where a complaint has been upheld the organisation may share some aspects of an investigation and/or their outcomes; including any action that has been taken to prevent a similar event happening again with the reporter of harassment. This will be considered on a case-by-case basis and advice should be sought from your local HR or Workforce and OD team. Any sharing of information must be compliant with relevant data protection laws and align to your organisation's Information Governance policy.

Whether or not your complaint is upheld, we will consider how best to manage the ongoing working relationship between you and the person concerned. It may be appropriate to arrange some form of mediation or counselling, or to change the duties, working location or reporting lines of one or both parties.

Employees who raise a report of sexual harassment in good faith (whether founded or not) will always be supported, and this should include offering adjustments to the usual witness protocol.

This may include (and not limited to):

- Adjustments to normal process in the disciplinary hearing.
- Ensuring that we take a sensitive approach when cross examining a reporter of sexual harassment, including avoiding where possible the individual accused of harassment or their representative directly cross examining the reporter of harassment (subject to the provisions of UPSW).

- Considering submission of questions direct to the chair to ensure there isn't anything that is inappropriate or inappropriately worded.
- Considering the use of partition screens.
- Remote (video) attendance at hearing(s) and only for as long as necessary.

Any staff member who deliberately provides false information in bad faith, or who otherwise acts in bad faith as part of an investigation, may be subject to action under the All-Wales Disciplinary Procedure/Upholding Professional Standards in Wales. However, you will not be disciplined or treated detrimentally because your complaint has not been upheld.

If an individual has genuine cause to believe that an allegation made against them is false or vexatious, this should be clearly communicated during the management review/initial assessment stage and any subsequent stages in that particular case.

8.6.7 Non-Employees

Employees who are seconded or deployed to another organisation will be supported by NHS Wales to report sexual harassment in accordance with this policy or a similar policy provided by the host organisation.

NHS Wales also has a duty of care to protect individuals employed by other organisations and third parties, such as suppliers or visitors, from sexual harassment (as defined in section 5) from any individual in the workplace.

If employees are subject to sexual harassment from individuals not employed by NHS Wales, this will be taken no less seriously. In these circumstances NHS Wales will:

- not tolerate any conduct – on its premises or within any environment – that may be defined as sexual harassment.
- report any allegation to their employer or representative without delay and take appropriate steps to ensure the safety of those involved. This should be reported in the same way as if the individual accused of harassment were an NHS Wales employee.
- following the receipt of allegations of sexual harassment, take action, which may involve taking management action and/or commencing a management review (initial assessment) under the organisation's disciplinary policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

If secondees who fall within the scope of this policy are found to be in breach of this procedure after an investigation, please follow the All-Wales Secondment Policy.

NHS Wales expects any third-party organisation that deploys employees or representatives to work in or with NHS Wales to engage with any investigation relating to sexual harassment and take appropriate action and/or provide appropriate support in respect of findings in relation to the employee or representative.

8.7 Providing Support

NHS Wales recognises that reporting sexual harassment takes courage and can be extremely stressful. Any individual raising a concern or complaint is to be given reassurance and support throughout the process. This support may also need to be extended to any employees who have witnessed sexual harassment.

As well as providing opportunities to talk, HR or Workforce and OD teams should signpost employees to relevant services such as Occupational Health (OH) or local employee wellbeing service where available. Also see sources of support in Appendix 4 below.

Incidents of sexual harassment can have long-term impacts on those who directly experience them as well as their friends and family. A reporter of harassment may need adjustments to support them to fulfil their role and workload, especially while any investigation is ongoing. The reporter of harassment should have a conversation with their line manager (or nominated person, which may include an occupational health professional) to review matters such as their current working arrangements and consider whether any additional support is needed, for example, by using the Flexible Working or Special Leave Policies.

Where concerns regarding attendance and/or capability of the reporter of harassment may be connected to a sexual harassment incident, adjustments to the attendance and/or capability process will be considered by the individual's line manager with advice from the local HR or Workforce and OD team. Any adjustments should be recorded and reviewed every 2 weeks, documented and shared with the relevant parties such as the individual and/or their line manager and their trade union representative.

If sickness absence is caused by sexual harassment at work, advice on this can be provided by your local HR or Workforce and OD team.

8.8 Victimisation, including when no further action is taken

NHS Wales does not tolerate harassment or victimisation of anyone reporting sexual harassment and will not tolerate any attempt to persuade or force an employee to not raise their

concerns. 'Victimisation' is when someone is treated less favourably as a result of being involved with a discrimination or harassment complaint and is unlawful under the Equality Act.

NHS Wales will uphold its duty of care to ensure colleagues are fully supported when reporting sexual harassment, whether their complaint is upheld or not.

Any retaliation and victimisation of an individual raising a report or acting as a witness should be reported to a line manager or your local HR or Workforce and OD team and will be addressed. This may result in action being taken under the Disciplinary Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

9. REPORTING TO STATUTORY REGULATORS

NHS Wales organisations reserve the right and may be obliged to report an employee holding a professional registration of any description to their relevant statutory regulator (for example, Nursing and Midwifery Council, General Medical Council, The Health and Care Professions Council, the Law Society) in accordance with their relevant professional codes of conduct.

The designated employees for ensuring that NHS Wales organisations make an appropriate referral will be the relevant local HR or Workforce and OD team. HR or Workforce and OD teams may take advice from a range of individuals including the most senior professional of the profession within NHS Wales Organisations for example, Chief Nursing Officer and/or Chief Medical Officer before making a formal referral.

When making a referral, HR or Workforce and OD teams will do this in accordance with local organisation professional registration policy.

10. POLICE INVOLVEMENT

A disclosure of sexual harassment may allege a criminal act. If it is suspected that a criminal act has taken place, please contact your local Safeguarding team as soon as possible.

Where possible, a conversation with the reporter of harassment to discuss their wish for police involvement should precede any referral. If you believe there is a danger to safety and/or life, you should call the police on 999 immediately.

The Police may prosecute without victim involvement, particularly if there is corroborative evidence.

NHS Wales HR or Workforce and OD teams routinely work with Safeguarding teams using safeguarding policies to review each case on a case-by-case basis and consider the need for escalation to relevant authorities, including the police, and referrals are made where there is concern that the allegations may constitute a criminal act. The organisation will ensure that matters are referred to the wider authorities such as the relevant Local Authority Designated Officer and/or the relevant Local Authority Safeguarding Team where appropriate.

Where an internal investigation is taking place, the HR or Workforce and OD team will consult with the police at agreed intervals about concurrent investigation processes to ensure the criminal investigation/process is not prejudiced.

Reporters of harassment can report sexual harassment to the police directly. They may express a wish that they do not want to prosecute, or they wish to report and think about prosecution later. These are matters that must be discussed with the police directly.

11. EQUALITY INCLUDING WELSH LANGUAGE

Please refer to the completed Equality Impact Assessment undertaken at the time this policy was ratified.

12. APPENDICES

Appendix 1: How to Respond to a Disclosure of Sexual misconduct

Appendix 2: Draft Sexual Safety Incident Flowchart

Appendix 3: Roles and Responsibilities

Appendix 4: Further Information and Support

13. REFERENCES

Sexual harassment and harassment at work technical guidance. Available at: [The Equality and Human Rights Commission \(2024\). Sexual harassment and Harassment at Work technical Guidance](#)

2020 Sexual harassment survey commissioned by the Government Equalities Office. Available at:

[2020 sexual Harassment Survey \(Government Equalities Office\)](#)

NHS England Sexual Misconduct Policy. Available at:

[NHS England Sexual Misconduct Policy](#)

ACAS sexual harassment guidance. Available at:

[ACAS sexual harassment guidance:](#)

Surviving in Scrubs 'Surviving Healthcare' report. Available at:

[Surviving In Scrubs 'Surviving Healthcare' Report](#)

BMA Sexual Misconduct at Work guidance. Available at:

[Sexual misconduct at work](#)

Appendix 1: How to Respond to a Disclosure of Sexual Harassment

Any employee or worker could be given a disclosure of sexual harassment.

Ask the individual how they want to be supported. Do not make assumptions and do not dictate what will or must happen. Let the individual tell you what they need.

If you believe someone is in danger, dial 999.

Many people feel a loss of control, so empowering them and validating their experience is vital to minimise trauma.

It is crucial to handle the conversation respectfully and supportively. Your role is to listen to the person sharing their experience and agree on the next steps to take.

Your role is not to provide counselling, clinical advice or offer retribution against the perpetrator.

You should:

- ensure they are safe
- actively listen (without having any distractions such as your phone)
- believe and validate them
- respect confidentiality but ensure they understand you may need to share information or example if a safeguarding or legal concern is outlined
- safely signpost them to support (and reporting options if they haven't reported already)

Safety of the Employee

- if they are unsafe or you cannot be assured that they are safe and you believe they may be in danger of harm, take steps to immediately call the police (if not already informed) and seek immediate advice from your local HR or Workforce and OD team.
- where there are any safeguarding concerns (for example if there is a concern that someone is being co-coerced or controlled or where there are mental capacity concerns), you or your local HR or Workforce and OD team must contact your Safeguarding team to request an urgent discussion about employee safeguarding.
- consider any action that you or another appropriate person could take to help ensure the immediate safety of the reporter of harassment. For example, if the incident occurred in NHS Wales premises, consider and discuss with the reporter of harassment and an appropriate manager if an alternative work location would be appropriate. If the individual accused of harassment is a visitor and remains on site, you may need to contact security, and if the individual accused of harassment is an employee, you must contact your HR or Workforce and OD team for advice to co-ordinate escorting the individual accused of harassment from the building.

You should NOT:

- push for details
- make assumptions
- ask why they did not say anything sooner
- be judgemental or criticise their choices
- express criticism or disbelief
- look disinterested (think about your body language)

- tell them what to do
- talk about your own experiences
- provide counselling yourself
- share their information with others unless they explicitly give you permission to do so, or there are safeguarding or legal concerns
- ask why they did not run away or fight back
- play down or minimise their experience and the significance of what they are sharing.

Signpost colleagues to this policy and:

- refer them to the support described in Appendix 4
- encourage them to report their concern as set out in section 8.3 above, if it has not already been reported
- make a note as soon as you can of any details of the disclosure, ensuring confidentiality is maintained. The reporter of harassment should be notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken

If the reporter of harassment does not want to take the disclosure any further, you must respect their wishes. However, if you need support or advice following the disclosure you could speak to someone in confidence, such as your local HR or Workforce and OD team or your own line manager



Responding to Reports of Sexual Harassment Flowchart

Are there safeguarding issues?
If you believe someone is in danger, dial 999
For guidance, signpost colleagues to your sexual harassment intranet resources.

!
Even if the individual does not want to report, there may be safeguarding issues that require the disclosure to be reported.
Ask your Safeguarding team for advice.



1 DISCLOSURE

!
Remember:
Incidents can be reported at a later date.
There is no time limit to report.
Concerns can be reported anonymously via the Speaking Up Safely platform.
Please refer to the Anti-Sexual Harassment Policy and your sexual harassment intranet resources.

Informal Action can take place without an investigation.
The person receiving the informal report should listen to the complainant to understand how best they can help them.
To resolve the issue informally and in a way with which the complainant is most comfortable having considered the actions listed in section 8.6.3 of the policy.
Informal action may not be appropriate or may not work in many cases.

The individual is supported to formally report the incident(s)

2 REPORT

Protecting the person who raised the complaint or who is the victim of sexual harassment should be paramount.

Incidents can be formally reported to:

- Your manager
- A member of your local HR or Workforce and OD team
- Your Speaking Up Safely contact/guardian
- A member of your Safeguarding team

The alleged perpetrator also needs to be treated fairly and offered support in line with policy and the law.

In some cases, more immediate action may need to be taken, such as suspending or moving the alleged perpetrator. A member of your local HR or Workforce and OD team will be able to advise investigating managers on the appropriate course of action.

Remember:
Colleagues can also report completely anonymously.

See your local Speaking Up Safely information.

Go to **3**



The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under Section 5 safeguarding regulations are required.

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report.

Management Review (Initial Assessment)

3

NEXT STEPS

No Further Action

Police Investigation

In some cases, a Police investigation must take place. You safeguarding team will provide advice in these cases.

Investigation

Reports of sexual harassment will be managed swiftly, confidentially and in line with the appropriate organisational policies and procedures. (The result of the management review could be that no further action is taken).

If deemed appropriate, a formal investigation is commissioned.

!
The person who raised the complaint will be appropriately informed of developments throughout the process.

FORMAL ACTION

INFORMAL ACTION

COMPLAINT NOT UPHeld

Formal action will normally follow the process in the All Wales Disciplinary Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist

Informal action on a case by case basis in line with the relevant policy.

Signpost to support, and advice and guidance in the All Wales Anti-Sexual Harassment Policy and sexual harassment intranet resources.

Appendix 3 – Roles and Responsibilities

Overall responsibility for policy implementation and review rests with the Chief Executive Officer (CEO).

The CEO shall delegate operational responsibility to the Executive Director of HR or Workforce and OD. All NHS Wales Directors will demonstrate due diligence in respect of the Worker Protection (Amendment of Equality Act 2010) and be responsible for policy implementation at all other NHS Wales premises.

To support cultural development the **Organisation** will take the following actions:

- ensure the Executive Team regularly reviews data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace.
- ensure all colleagues are aware of issues relating to sexual harassment, the Anti-sexual harassment Policy and how to deal with reports and disclosures appropriately.
- actively work to prevent sexual harassment in the workplace
- encourage managers to ask about an individual employee's working relationships and environment within their line manager/employee relationship 1:1 meetings.
- ensure a named member of the Executive Team has responsibility for sexual safety.
-

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **The Safeguarding Team** will:

- offer guidance to employees and managers on the interpretation of this procedure in respect of cases of violence against women, domestic abuse or sexual violence.

- provide advice and support to employees affected by violence against women, domestic abuse or sexual violence.
- provide advice and support to managers who suspect an employee may be experiencing affected by violence against women, domestic abuse or sexual violence.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure that procedures and guidance relating to Violence Against Women, Domestic Abuse and Sexual Violence are up to date and available for managers and employees.

Safeguarding managers must be made aware of all allegations of sexual assault or domestic abuse by an employee and if appropriate, a decision will be made in line with current guidance and legislation about what steps will be taken.

In all cases where a child under 18 discloses a sexual assault, or employees hear about a sexual assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

To support our commitment to a safe workplace and culture all **employees** should:

- Ensure they understand what sexual harassment is.
- Be aware of how their behaviour can affect others and model appropriate behaviour.
- challenge inappropriate behaviour, if possible and where it can be done safely, and report it.
- promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours, upholding the values and behaviours/core principles of NHS Wales and the local organisation.

- report incidents of sexual harassment when witnessed, or support those who have experienced sexual harassment by reporting it.
- co-operate fully in any investigation.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure they have completed all appropriate Statutory and Mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly.
- familiarise themselves with and adhere to the principles set out in this policy.

In addition to their responsibilities as employees (listed above), **line managers** should:

- provide appropriate support and/or signpost support to those who disclose or report sexual harassment.
- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- ensure their employees have completed all appropriate statutory and mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly.
- report an incident to HR or Workforce and OD colleagues where relevant and in line with this policy.
- be proactive in putting into place any reasonable adjustments including completion of the sexual safety risk assessment, individual wellness action plans and stress risk assessments where necessary.
- be available to support the investigation if appropriate.
- be responsible for creating a culture where employees feel safe to work, raise concerns and feel listened to.

- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- provide support to an individual accused of harassment and/or signpost them to support.
- be a role model for promoting equal and professional behaviours in the workplace.
- be aware there may be a need to report an instance of sexual harassment, bearing in mind confidentiality and the wishes of the reporter of harassment should it need to be discussed anonymously with the Head of HR or Workforce and OD and/or Head of Safeguarding.
- ensure that a person is not victimised for making or being involved in a complaint of sexual harassment.

In addition to their responsibilities as employees (listed above), the **HR or Workforce and OD team** will:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- ensure that there are clear processes in place for responding to complaints of sexual harassment or assault and clearly communicate them.
- offer guidance to employees and managers on the interpretation of this policy and any accompanying guidance
- ensure information and training is available to support the effective implementation of this policy.
- monitor and evaluate the effectiveness of this policy.
- provide specialist advice at all stages of a complaint being raised for the reporter of harassment, line manager, individual accused of harassment and in the event of a formal investigation, the case/ commissioning manager, the investigating officer and disciplinary panel hearing.

- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- signpost colleagues to the appropriate support.

Local operational HR or Workforce and OD colleagues will act as key contacts for individuals who raise complaints of sexual harassment.

Senior HR or Workforce and OD managers will work closely with the safeguarding colleagues and other departments/agencies as appropriate.

In addition to their responsibilities as employees (listed above), **Trade Union/staff side Representatives** should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- signpost to this policy, explain the procedures for reporting and the potential routes and outcomes, and assist with the reporting process where appropriate.
- explain the options for support both internally and externally during and after the process.
- maintain confidentiality as far as possible and reasonably practicable unless there is a safeguarding or legal concern that needs to be reported.
- provide support to their members through informal and formal processes.
- work with NHS organisations to promote and deliver training and awareness programs that prevent sexual harassment in the workplace.
- work proactively with management to monitor and address workplace culture issues that may contribute to a hostile environment.

When representing members who are accused of sexual harassment, Trade Unions are expected neither to condone or

defend such actions; nor ignore or refuse outright to hear or assist a member accused of such actions.

Representatives must be careful not to presume guilt or ignore the obligation to advise the member and ensure a fair hearing.

In addition to their responsibilities as employees and managers (listed above), individuals in a **leadership position** (often noted as 'position of power') should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- be aware of the potential power imbalance that can increase the vulnerability of some employees.
- never take advantage of their position to coerce employees into performing sexual favours.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure no colleague is subjected to inappropriate behaviours including jokes and banter.
- be aware of the vulnerabilities of women and minority groups who may be at greater risk of sexual harassment. This includes individuals with protected characteristics such as but not limited to gender, race, sexuality, gender identity, religion and disability which may increase the risk of experiencing sexual harassment.
- identify potential risk factors and take prompt, reasonable action to minimise those risks.

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **Executive Team members** will:

- conduct regular reviews of internal data and ensure appropriate actions are taken in areas of concern.
- influence organisational culture and set organisational priorities relating to sexual harassment.
- support the development of the leadership community to support the operation of this procedure.

Appendix 4: Further Information and Support

[Live Fear Free](#) provides help and advice about violence against women and men, domestic abuse and sexual violence. Live Fear Free operate 24/7, offer support through the Welsh language, have access to Language Line and use Sign Live to support deaf survivors. 0808 80 10 800

[Rape Crisis England and Wales](#): 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.

[Victim Support](#): provide specialist help to support victims of crime to cope and move on to the point where they feel they are back on track with their lives.

Local Occupational Health and Wellbeing Services provide a range of services to help employees stay well both at home and at work

Trade Union representatives

Provide advice and support to their members when they have issues at work.

[Rape & Sexual Abuse Support Centre \(RASASC\) North Wales](#) provides information, specialist support and therapy to anyone aged 13 and over who has experienced any kind of sexual abuse or violence either recently or in the past.

[ACAS](#): helpline for anyone experiencing workplace related issues including sexual harassment/misconduct.

[Rights of Women](#): have free legal advice lines for women who have experienced domestic abuse, sexual violence and sexual harassment/misconduct at work.

[Surviving in scrubs](#): provide support, share survivor stories and campaign to end sexism, harassment, and sexual assault in the healthcare workforce.

[Sexual Assault Referral Centres](#) (SARC) offers confidential medical and practical support to people who have recently been raped or sexually assaulted.

[Galop](#): support LGBT+ people who have experienced abuse and violence

[SurvivorsUK](#): provide support to male and non-binary survivors of sexual violence, providing counselling, practical help and community on your healing journey.

[UK Government Sexual Abuse Support](#) for victims of sexual violence and abuse.

[NHS help after rape and sexual assault](#): information on the NHS website about where to find support if you have been sexually assaulted, raped or abused.

[Samaritans](#): support for anyone who's struggling to cope, and who needs someone to listen without judgement or pressure.

[Equality and Human Rights Commission Technical Guidance](#)

[Rights of Women](#): A charity dedicated to providing frontline legal advice to women experiencing all forms of violence against women and girls in England and Wales.

[HCPC Sexual Safety Hub](#): Raising awareness of the impact of sexual misconduct, and helping to improve the sexual safety of

service users, those working within health and social care, and the students and learners on our approved education programmes.

[BMA Sexual Misconduct at Work Resources](#): Information on sexual misconduct and the resources to support you if you have been involved in an incident of sexual misconduct, or if someone is seeking your support.

[Managing discrimination from patients and their guardians and relatives \(BMA\)](#)

[Unison sexual Harassment Guidance](#): Guidance and model policy

[Wales TUC Sexual harassment Toolkit](#): Guidance and toolkit

[National Stalking Helpline](#) Run by the Suzy Lamplugh Trust, the helpline gives advice and information to people who believe they're being stalked (includes 'Am I being stalked?' tool 0808 802 0300

[Men's Advice Line](#) The Helpline for male victims of domestic abuse
0808 801 0327

[BAWSO \(Black Association Women Step Out\)](#): Provides practical prevention, protection and emotional support services to Black minority ethnic (BME) and migrant victims of domestic abuse, sexual violence, female genital mutilation, forced marriage, honour-based violence, modern slavery and human trafficking
0800 7318 147

[Canopi](#) Free and confidential mental health support for NHS and social care staff across Wales

[NHS Wales Guidance for Victims of Violence and Aggression](#)



Short Term Protection of Earnings Process

1. Scope and remit

1.1 This process has been developed in partnership, to provide All Wales consistency and clarification with regards to the application of Short Term Protection of Earnings as defined in the [NHS Wales Organisation Change Policy \(OCP\)](#). This process must be read and applied in conjunction with the OCP.

2. Definition

2.1 The principles of Short-Term Protection of Earnings can be located in section 10.3 of the OCP. Short Term Protection of Earnings is defined as where, through organisational change, an employee is required to undertake a change which may affect their earnings but does not require a change in pay band/grade.

2.2 An employee's salary is made up of basic pay (contractual hours), enhancements (Saturday, Sunday etc), additional hours, overtime hours, on call, work done as a result of an on-call and various other allowances.

2.3 The earnings eligible for short term protection will be considered in accordance with the relevant Terms and Conditions of Employment and agreed in partnership. Links to the relevant terms and conditions of service can be found on the following links on the NHS Wales Employers website:-

[Medical and Dental \(W\) – Terms and Conditions of Service](#)

[Agenda for Change \(W\) – Terms and Conditions of Service](#)

2.4 Earnings in the new post/rota/shift pattern will be offset against protectable earnings.

3. Principles

3.1 In consideration of a change to an employees' contracted hours/change to working pattern, there is a requirement to assess if there is a negative impact on the employees' earnings. As part of the Short-Term Protection of Earnings process, the manager will be required to engage with the following at the earliest opportunity;

- The affected employee
- Staff Side Representatives
- Workforce
- Finance
- NWSSP Payroll Services.

The methodology of calculating Short Term Protection (as defined in point 4 of his process) will be agreed at the start of the change process. Exact and individual calculations will not be available until the consultation period has closed.

3.2 The assessment of Protectable Earnings will be based on: -

Earnings in the Old Post; This is assessed as 17 weeks/4-month earnings immediately prior to the date the change takes effect, or in line with their previous rota if applicable.

Earnings in New Post; This is assessed once the Manager provides details of the change(s) in the new post i.e. contracted hours/shift pattern/rota pattern.

3.3 In changing an employees' shift/rota pattern, consideration will need to be given to the impact on other elements that could negate Short Term Protection entitlement.

3.4 Going forward Short-Term Pay Protection will not be paid as a lump sum value on the basis that payment eligibility is dependent on the criteria set out within the OCP.

The OCP advises that when assessing protectable earnings "regular or contracted overtime/extra hours" should be included. For the purposes of this assessment under the OCP only, all overtime/extra hours will be included in the calculation, irrespective of regularity. See [NHS Terms and Conditions of Service Handbook Section 3](#) for more information.

4. Calculation of Short Term Pay Protection

4.1 The NHS Organisation will need to agree in partnership with the member(s) of staff and their accredited representative(s) the most appropriate methodology for payment of Short-Term Protection which will be dependent on the changes being introduced.

4.2 Option 1 – Short Term Pay Protection based on total gross salary value

Short Term Protection Pay Value will be determined by assessment of 17 weeks/4-month average of total gross pay which includes all protectable elements. Short Term Protection will be paid up to the 'Protectable Pay Value' based on the earnings in the new post.

4.3 Option 2 – Short Term Pay Protection based on affected elements only

Short Term Pay Protection is determined by assessing the individual relevant pay element that is affected by the change. Where the pay element being changed can be individually defined i.e. removal of on-call rota; removal of overtime; change in shift pattern; reduction in contracted hours.

Short Term Protection Value will be determined by assessment of 17 weeks/4-month average of the affected pay elements only.

5. Short Term Pay Protection Procedure

- 5.1 The Manager will be required to engage with Workforce before commencing change under the OCP to discuss potential changes to an employees' hours/working pattern to assess if there will be a potential impact on employees' earnings under the OCP. This should also include collaboration with employees and Staff Side Representatives on this matter.
- 5.2 If it is determined that potential changes could have a negative impact to employee earnings there should be engagement with both the NHS Organisation's Finance Team and NWSSP Payroll Services to scope out the impact on employees' earnings and determine if Short Term Pay Protection is applicable. The scale of the potential changes will determine the most appropriate option of calculating Short Term Pay Protection as detailed in point 4 of this process.
- 5.3 To support the assessment of eligibility of Short-Term Protection of Earnings, the 17 week/4 month earnings prior to the specified date of change can be extracted to determine the average earnings prior to the change. Anticipated average earnings in the new post will be calculated based on the proposed working pattern and arrangements provided by the manager. These calculations cannot be provided if there are insufficient details on the proposed new working pattern or arrangements. This calculation is not a final assessment of the protectable earnings, which can only be confirmed after the consultation has closed.
- 5.4 In accordance with the OCP it is the managers responsibility to engage directly with employees in respect of the changes and any entitlement to Short Term Protection Payment. Following the end of the consultation period, the manager should provide all affected employees with written confirmation of both the duration and value of Short Term Pay Protection, along with the conditions of continued payment. If the employee disputes the Short-Term Protection value, this should be addressed directly with the Manager.
- 5.5 On finalisation of the Short Term Protectable Pay, a formal instruction should be issued to NWSSP Payroll Services to proceed with the payment of Short-Term Pay Protection i.e. issue of individual Change Forms/Spreadsheet (depending on numbers) authorised by the relevant Manager. This should clearly define the agreed method of calculation as detailed in point 4 of this process.
- 5.6 NWSSP Payroll Services will process Short-Term Protection payments in line with agreed payments and duration. Short Term Protection will be paid on a weekly/monthly basis in the employee's usual salary.

6. Continuity of Short-Term Protection Payments

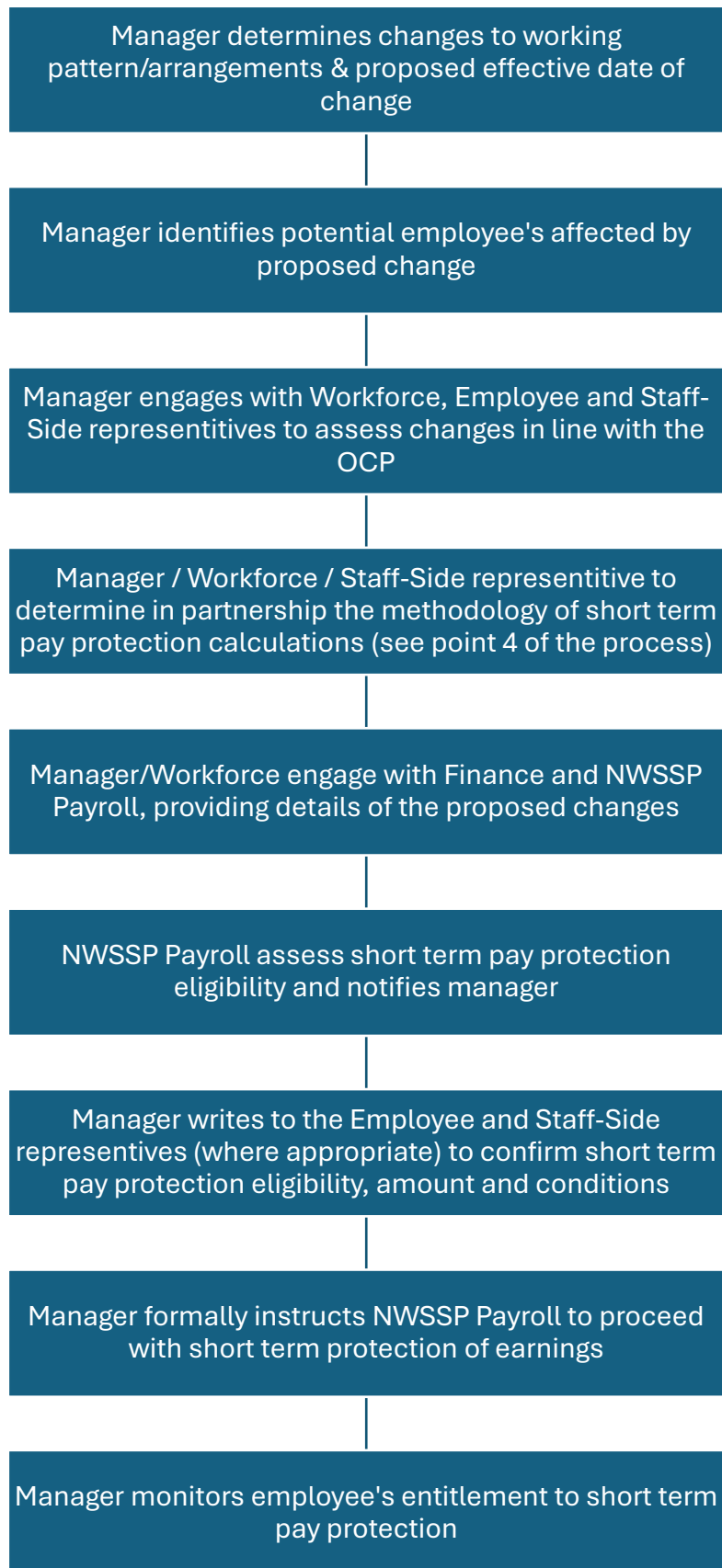
- 6.1 As detailed in 10.3 of the OCP, if for any particular pay period the earnings in the new rota/shift pattern exceed the protectable earnings, protection of earnings is extinguished and earnings in the new rota/shift will be paid in full for that particular pay period. Pay protection will then immediately recommence in the next pay period if applicable. See section 6.3 Entitlement to STP (Manager Responsibilities).
- 6.2 Short Term Protection of Pay is also conditional on: -

- The employee undertaking overtime, shift work, on call, emergency work and additional duties where applicable in the new post up to the level at which earnings in the new post equal the protected earnings. Where option 2 is agreed for the provision of short term protection payments, it will be appropriate to agree which element(s) will be considered to be conditional for the ongoing short term payment protection and only those agreed elements will impact on the provision of the pay protection. E.g. where the change impacts on overtime payments, the employee will be required to work overtime up to the level of protectable earnings but will not be required to work additional unsocial hours. There will be no expectation that employees will be required to work more overtime/OOHs shifts/hours than on the pay protected job/role.
- The employee accepting any subsequent offer (during the period of protection) of another suitable post within the same Employing Organisation which attracts a higher level of average earnings than that applying to the new post.

6.3 Entitlement to STP (Manager Responsibilities)

The Manager will be required to continuously review entitlement to Short Term Protection for the duration of protection period and bring to the attention of Workforce, Finance and NWSSP Payroll Services of any changes to the 'new post' that may impact on the employees' eligibility to maintain Short Term Pay Protection. If there are any questions/concerns relating to ongoing entitlement to Short Term Protection of Earnings, the Manager should contact the Workforce Team to discuss. It is the Manager's responsibility to ensure that an employee's pay is correct in order to mitigate the risk of over/under payments.

Appendix 1 - Short Term Pay Protection Process Flow Chart



All Wales Medical Appraisal Policy

v15 October 2025

Approved by: Please type here

Issue Date: Please type here

Review Date: Please type here

Note: Development of the policy

This policy was originally developed by a subgroup representing the Wales Revalidation Appraisal Group (WRAG) at the request of the Wales Revalidation Oversight Group (WROG)

In line with the review requirements (section 13) subsequent versions of the policy have been agreed by WRAG and ratified by WROG.

Previous versions	Agreed by	Date	Ratified by	Date
V06	Chair of WRAG	13 th April 2012	WROG	25 th April 2012
Version 10	Subgroup of WRAG		WROG	17 th March 2016
V12	WRAG	6 Dec 2018	WROG	26 June 2019
V14	WRAG		WROG	06 October 2022

CONTENTS

1. Policy statement
2. Scope of policy
3. Objectives of appraisal
4. Key principles
5. Appraisal in the context of revalidation
6. Accountability, roles and responsibilities
7. Managing exceptions
8. Integration between appraisal and other quality and safety systems
9. Confidentiality
10. General Data Protection Regulation (GDPR) 2018
11. Freedom of Information Act 2000
12. Equality and Diversity
13. Review
14. Monitoring
15. Approval

1. **Policy Statement**

- 1.1 It is the policy of the Designated Body to promote the value and worth of appraisals for all medical employees and contractors.
- 1.2 It is the policy of the Designated Body to ensure effective arrangements exist to facilitate appraisal for all such employees in a fair and consistent manner.

2. **Scope of Policy**

- 2.1 This policy is applicable to all doctors, employed by the Designated Body, as well as to all medical independent contractors on a performers list, doctors in training, and locums.
- 2.2 Where an employee is either jointly employed, or is not employed by the Designated Body but provides a service to the Designated Body, the issue of who is responsible for providing the appraisal will be addressed in line with the GMC's 'Find your connection' tool at <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/my-db-tool>
- 2.3 Any organisation in which a doctor is working, but which is not responsible for the doctor's appraisal, may still wish to have an interest in the outcome of the appraisal to ensure that its duties as a Designated Body are discharged.

3. **Objectives of appraisal**

- 3.1 Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work¹. Appraisal is a professional, formative and developmental process. It is about identifying development needs, not performance management.
- 3.2 During their annual appraisals, doctors will use supporting information to demonstrate that they are continuing to meet the principles and values set out in *Good Medical Practice*²
- 3.3 The objectives of medical appraisal in Wales are to:
- 3.3.1 Provide individuals with an opportunity to:
- Reflect on their practice and their approach to medicine
 - Reflect on the supporting information they have gathered and what that information demonstrates about their practice
 - Reflect on their health and wellbeing in the context of their professional practice

¹ <https://revalidation.heiw.wales/doctor-resources/overview-of-appraisal-and-revalidation/>

² <https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice>

- Identify areas of practice where they could make improvements or undertake further development
- Document personal, team or service level issues which have constrained their service delivery or development
- Demonstrate that they are up to date.

3.3.2 Provide assurances to their organisation/s that they are remaining up to date across their whole practice.

3.3.3 Provide a route to revalidation which builds on and strengthens existing systems with minimum bureaucracy.

3.4 Appraisal is NOT:

- The mechanism by which serious concerns regarding health, capability, behaviour or attitude are addressed. Such concerns should be managed in an appropriate and timely manner outside appraisal.
- A mechanism by which employers review or judge performance against a contract of employment, job plan or service objectives. Appraisal and job planning are separate processes, though the outputs from each will inform the other.

4. Key Principles

4.1 Appraisal is an annual requirement (in most cases contractual) for all doctors. It should be a positive process which adds value for the doctor and the organisation without being unnecessarily burdensome.

4.2 Annual appraisal for every doctor will be based on a system which reflects the GMC's *Good Medical Practice* framework for appraisal and revalidation³ and incorporates the GMC's core set of supporting information for appraisal and revalidation. This core set of supporting information required for appraisal for the purposes of revalidation is defined by the GMC in their **2024** document *Guidance on supporting information for appraisal and revalidation*⁴. Any additional guidance provided, for example by the Royal Colleges, is advisory only for the purpose of revalidation, although in the wider context of professional appraisal doctors may choose to include additional information relevant to their role/s.

4.3 Every appraisal will result in an agreed summary and Personal Development Plan which will be accessible to the doctor's Designated Body to inform their revalidation recommendation. There is a shared responsibility between the doctor and the Designated Body to support and progress the outcomes of the appraisal, including the Personal Development Plan.

³ <https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice>

⁴ <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation>

- 4.4 Appraisal is a professional process. All appraisers must have received appropriate appraisal training and must keep these skills up to date through regular refresher training.
- 4.5 Appraisal and job planning are separate processes, although each process should inform the other and some information will need to flow between them. Generally, the doctor is responsible for this information flow.
- 4.6 To ensure the requirements of revalidation are met, the annual appraisal will consider the whole of the doctor's practice.
- 4.7 The doctor and the Responsible Officer (RO) must be satisfied with the match between doctor and appraiser. Ideally, doctors will be able to choose their appraiser from a list of trained appraisers. There should be no conflict of interest between the appraiser and appraisee
- 4.8 To ensure all doctors have an opportunity to experience different appraisals and to provide robust evidence for revalidation, wherever possible any doctor will only be appraised by the same appraiser twice within any rolling five-year period.
- 4.9 Appraisal will be subject to whole system quality management which will include minimum levels of quality assurance.
- 4.10 Each Designated Body must follow this policy and demonstrate how it will be delivered to appropriate standards.

5. **Appraisal in the context of revalidation**

- 5.1 NHS England⁵ follows the format of appraisal described by the Academy of Medical Royal Colleges in the [Medical Appraisal Guide 2022](#). The Medical Appraisal Guide describes appraisal in the context of revalidation:

Revalidation provides a periodic reaffirmation that a doctor remains up to date and fit to practise. It is a process with which doctors need to engage throughout their professional careers. Within this, governance processes are continuous, where review and response to matters arising occur in real time. Responding to concerns about a doctor's fitness to practise, or a doctor's failure to engage in the processes, including appraisal, that inform the revalidation process, requires timely action and is outside the scope of appraisal. Effective professional governance should support revalidation by providing the majority of the assurance to the responsible officer that the doctor is meeting the requirements of Good Medical Practice.

⁵ <https://www.england.nhs.uk/professional-standards/medical-revalidation/appraisers/med-app-guide/>

By comparison, the main focus of appraisal is to support the professional and personal development of the doctor. To achieve this, appraisal must be a safe and confidential space for a doctor to review their achievements, challenges and aspirations and reflect on information relating to their practice since their last appraisal. Participation in appraisal supports revalidation by enabling doctors to demonstrate the key professional behaviour of learning from reflection, and providing the remaining assurance to the responsible officer that the doctor is meeting the requirements of Good Medical Practice.

5.2 The GMC has produced several documents which describe revalidation and the requirements of appraisal in this context:

- [Good Medical Practice](#) – defines the principles and values on which doctors should base their practice
- *Framework for Appraisal and Revalidation* – translates *Good Medical Practice* into a format suitable for demonstration at appraisal
- [Guidance on supporting information for appraisal and revalidation](#) – describes the information required of doctors for the purposes of appraisal and revalidation
- [Effective governance for the medical profession](#) - *A resource to support organisations in evaluating the effectiveness of their local arrangements for doctors, including clinical governance, revalidation, concerns about doctors and pre-employment checks*

All of these documents are available via the GMC's website, www.gmc-uk.org

6. Accountability, roles and responsibilities

6.1 For all doctors, annual appraisal is a professional responsibility. It is a requirement of revalidation. For most doctors it is a contractual requirement, or a requirement of continued employment or inclusion on the Medical Performers List (MPL).

6.1.1 The requirement to undertake annual appraisal applies equally to locum doctors. Locum General Practitioners are required to participate in appraisal as a requirement of their continued inclusion on the MPL. Locum doctors employed in secondary care will be given an opportunity to undertake appraisal within the Designated Body with which they have a prescribed connection. Locum doctors with a prescribed connection with an agency will be provided an opportunity to undertake appraisal by the agency.

6.1.2 The Responsible Officer for all doctors in training in Wales is the Medical Director, HEIW. Appraisal for doctors in training is provided through their training programme. Revalidation recommendations are based on engagement with the Annual Review of Competency Progression (ARCP)

process. It is essential that there are clear communication links between the Health Board and HEIW regarding clinical governance issues so that the revalidation recommendation can be made. Guidance on revalidation for trainees is available separately from HEIW.

- 6.2** The GMC expects doctors to provide evidence of whole practice appraisal, i.e. to bring to annual appraisal supporting information relating to all roles for which their professional qualification is required⁶. Employers and contracting bodies have a responsibility to make such data and evidence available to the doctor where possible. The Responsible Officer will make a recommendation to the GMC about a doctor's fitness to practise across the whole of their professional practice, normally every five years. In order to do this the Responsible Officer will need to be satisfied that appraisal has covered all of the doctor's professional roles. The appraisal system needs to be able to demonstrate that a doctor is qualified to undertake the additional roles, carries out appropriate development within these roles and is practising safely. This will usually be captured by bringing evidence relevant to all roles to a single annual appraisal, or by a doctor bringing evidence of appraisal or performance review from the additional roles to their main appraisal.

All Wales guidance relating to whole practice appraisal is available at <https://revalidation.heiw.wales/doctor-resources/how-to-prepare-for-appraisal/arfarniad-o-ymarfer-cyfan/>

6.2.1 Where a separate appraisal or performance review is included in the main medical appraisal, the main Appraiser cannot be held liable for errors within that documentation. Performance concerns that may be raised within that documentation MUST be dealt with by the organisation providing that appraisal/performance review. The Appraiser has the responsibility to report that the appraisal/performance review has occurred but should not (normally) be expected to read or comment on areas of practice outside their remit as an Appraiser in the role that they are undertaking.

6.2.2 For University Employed doctors, the Follet review concluded that 'universities and NHS bodies should work together to develop a jointly agreed annual appraisal and performance review process based on that for NHS consultants to meet the needs of both partners'⁷ The Responsible Officer (RO) for these doctors should be identified using the GMC⁸ and DH (England) guidance, although it is anticipated that in most cases this will be the NHS RO.

⁶Guidance on supporting information for appraisal and revalidation: https://www.gmc-uk.org/-/media/documents/guidance-on-supporting-info-for-appraisal-and-revalidation_pdf-84642033.pdf

⁷ Follet and Ellis, *A review of appraisal, disciplinary and reporting arrangements for senior NHS and university staff with academic and clinical duties*, Department for Education and Skills, London 2001

⁸ <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation#x4>

The Designated Body will take steps to facilitate this process in partnership with the relevant University. However, it remains the doctor's responsibility to ensure they are matched with suitable appraisers; that they provide evidence relevant to both roles; that they agree a suitable meeting date and agree a single appraisal summary via MARS. The employers and contractors remain responsible for making relevant data and information available to the doctor where possible. It should be noted that, in accordance with the objectives described at section 3 above, the medical appraisal remains a formative process which does not constitute performance management and is separate from job planning.

6.2.3 Doctors employed full time or substantially in management will still be required to undertake appraisal for the purposes of revalidation. Advisory standards for supporting information for medical managers have been developed by the Faculty for Medical Leadership and Management (www.fmlm.ac.uk)⁹. Performance reviews already in place in relation to this role will feed into the appraisal for the purposes of revalidation.

- 6.3** In line with the Medical Profession (Responsible Officer) Regulations 2010¹⁰, ROs have a duty to ensure that appropriate, quality assured systems of appraisal are in place within their organisations and equally available to all doctors working for those organizations¹¹. In relation to revalidation ROs also have a role in ensuring systems are available to enable doctors to collect the supporting information required for revalidation.
- 6.4** To avoid conflicts of interest, ROs will not usually undertake appraisals of doctors about whom they will be required to make a revalidation recommendation.
- 6.5** Appraisers are responsible for maintaining their own skills in this role (e.g., through taking up approved training), preparing for and facilitating appraisal discussions and producing the appraisal summary and PDP in line with agreed quality criteria.
- 6.6** Appraisal Leads, where appointed, provide support regarding the management and governance of appraisal. Managing Appraisers locally and supporting the revalidation team within their organisations structure. Appraisal Leads are responsible for maintaining their own skills in this role as required.

⁹https://www.fmlm.ac.uk/sites/default/files/content/page/attachments/FMLM%20appraisal%20and%20revalidation%20guidance_web.pdf

¹⁰ <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

¹¹ This includes all doctors regardless of location or branch of practice

6.7 Appropriate leadership, support and ongoing development will be provided for appraisers and Appraisal Leads, usually by the organisation which employs them in this role.

7. Managing exceptions

7.1 There are agreed processes in place for supporting and managing doctors and Designated Bodies who fail to complete the appraisal within the required timeframes. The All-Wales Exceptions Management Pathways was updated and published in 2023.

7.2 The Wales Exceptions Management Pathways describes pathways which apply to a range of different exceptional situations, ensuring that they are managed in a consistent, fair and supportive way.

8. Integration between appraisal and other quality and safety systems

8.1 Clinical governance information plays a key role in the supporting information for appraisal and revalidation. Doctors are required to include quality improvement activity, which may include clinical audit, significant event analysis, clinical performance data where this is available or other quality improvement activity as suggested by the GMC. It is the doctor's role to ensure this information is included in their supporting information, but the Designated Body also has a role to play in ensuring this information is as accessible as possible.

8.2 Appraisal, performance management and rehabilitation / remediation are separate systems which fulfil separate purposes, while all contributing to overall clinical governance and the wider quality and safety agenda. However, for doctors to be properly supported and for revalidation to operate effectively and fairly it is essential that there are clear, consistent and transparent links and information flows between these systems.

8.3 Doctors should have an opportunity to discuss at their appraisal any factors constraining their ability to deliver their roles or progress their PDP. It is best practice for Designated Bodies to collate these constraints and issues of workplace governance reported in appraisal summaries, and feed these into their workplace governance processes.

8.4 Appraisal and Continuing Professional Development (CPD) are closely linked. Doctors are required to bring evidence of CPD relating to their practice to their appraisal, and one of the key outputs of appraisal is the Personal Development Plan. It is best practice for Designated Bodies to collate the agreed development needs reported in appraisal summaries, and to describe in their local training strategies the links between these identified development needs, organisational development activity and study leave.

8.5 Colleague and patient feedback systems will comply with the GMC's guidance on patient and colleague feedback¹².

9. Confidentiality

- 9.1** The appraisal discussion, as a professional discussion between colleagues regarding the appraisee's development, remains confidential.
- 9.2** A sample of appraisal outputs (appraisal summary and PDP) will be reviewed anonymously for quality assurance purposes via a national exercise and/or local processes.
- 9.3** All appraisal outputs (appraisal summary and PDP) will be subject to appropriate quality assurance and will be utilised by the Responsible Officer and their delegated officers to inform the revalidation recommendation.
- 9.4** It remains the case that should information come to light in the appraisal discussion which raises concerns about fitness to practise or patient safety, the appraiser has a professional responsibility to escalate the issue in accordance with the All-Wales Exceptions Management Pathways.
- 9.5** In Wales, all doctors with a prescribed connection to an NHS Responsible Officer, other than those in training or employed by locum agencies, are required to use the online Medical Appraisal Revalidation System (MARS)¹³ which is governed by specific Terms and Conditions of Use for MARS, including confidentiality, to which all users agree at registration, and on allocation of additional roles within the system e.g. Responsible Officer role

10. General Data Protection Regulation (GDPR) 2018

The Designated Body's Data Protection Policy will cover appraisal and revalidation.

11. Freedom of Information Act 2000

All Designated Body's records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the Designated Body may be found on the Designated Body's website

¹² <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation/patient-feedback---or-feedback-from-those-you-provide-medical-services-to>, <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation/colleague-feedback>

¹³ <https://marswales.org/>

12. Equality and Diversity

12.1 The Designated Body's Equality and Diversity Policy will apply to appraisal and revalidation.

12.2 This policy has been impact assessed to ensure that it promotes equality and human rights. The assessment was undertaken using the toolkit of the NHS Centre for Equality and Human Rights and completed on The equality impact assessment outcome report is available to download at

13. Review

This policy will be reviewed every five years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

14. Monitoring

It is the responsibility of the Designated Body to monitor local compliance with this policy, and to report on this to the Welsh Government and the Wales Revalidation Oversight Group as required.

15. Designated Body Approval

This section to be completed by the Designated Body as appropriate

Signatures / Dates



TRUST BOARD	
Exit Interview Procedure	
DATE OF MEETING	29/01/26
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sue Price, Senior People and OD Business Partner
PRESENTED BY	Sarah Jenkins, Interim Executive Director of People and Organisational Development
APPROVED BY	Sarah Jenkins, Interim Executive Director of People and Organisational Development
EXECUTIVE SUMMARY	The existing Exit policy has been updated as part of the policy update cycle. It is now a procedure, and it reflects the latest employment legislation position.
RECOMMENDATION / ACTIONS	Trust Board are asked to approve this procedure revision
GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Executive Management Board	29/09/2025
Executive Management Board	27/10/2025
QSPC	13/11/2025
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
Between August to December 2023, this procedure was reviewed alongside a process review as part of a task and finish group. It was considered by a panel of Trust-wide colleagues as part of the project team.	

EMB first considered this Policy on 29/09/2025 and asked for some amendments, these have been made and EMB considered again on 27/10/2025 and endorsed to go to QSPC. Both groups have approved the procedure.

7 LEVELS OF ASSURANCE

**ASSURANCE RATING
ASSESSED BY BOARD
DIRECTOR/SPONSOR**

Select Current Level of Assurance

APPENDICES

Exit Procedure

1. SITUATION

The Exit policy and procedure is due for review within the cycle of policy reviews. The policy is assigned to the People and OD team and has been updated by a member of this team and has been changed to a procedure. It has been approved by the Executive Management Board and QSPC, in line with Trust governance arrangements not requires Trust Board approval.

2. BACKGROUND

The Exit Policy and procedure has been in existence for a number of years. The policy was last updated in 2016 and was due for review in 2019. It was decided in 2023 that the Exit process needed to be examined and updated. A task and finish project group was set up to review the process, digitalise the exit interview form and create a dashboard of information. The project concluded in December 2023 and the revised Exit Procedure was finalised in February 2024. This revision takes account of the latest changes in employment legislation and the Trust's values.

3. ASSESSMENT

The Exit procedure was not taken through the approval process at the time it was finalised. It is overdue for review and approval. There were no legislative changes that impacted this procedure.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The review resulted in the process being redesigned with a focus on digitalising and streamlining. The new process allows stronger governance and improved monitoring on reasons for employees leaving Velindre, providing audit assurance.

5. IMPACT ASSESSMENT

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

RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS	04 - Organisational Culture
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe <input type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input type="checkbox"/>
	The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).
QUALITY IMPACT ASSESSMENT <i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i>	Choose an item The QIA tool should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it. As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more broadly promote good decision-making practice.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	Yes

<p><i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview</p>	<p>Click or tap here to enter text.</p> <p>An EQIA has been completed. There were no equality impacts identified.</p>
<p>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</p>	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: Choose an item</p>	
<p>If yes select the relevant goals:</p> <ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input checked="" type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input checked="" type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input checked="" type="checkbox"/> 	
<p>FINANCIAL IMPLICATIONS / IMPACT</p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>
	<p>Source of Funding: Choose an item</p> <p>Please explain if 'other' source of funding selected: Click or tap here to enter text</p> <p>Type of Funding: Choose an item</p> <p>Scale of Change</p>

	<p>Please detail the value of revenue and/or capital impact: Click or tap here to enter text</p> <p>Type of Change Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text</p>
<p>EQUALITY IMPACT ASSESSMENT For more information: https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</p>	<p>Yes - please outline what, if any, actions were taken as a result</p> <p>An EQIA has been completed. There were no equality impacts identified.</p>
<p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p>Click or tap here to enter text</p>

6. RISKS

None associated.

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE CURRENT RISK SCORE	
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	

VELINDRE UNIVERSITY NHS TRUST

EXIT INTERVIEW PROCEDURE

Introduction/Aims

- As part of the Trust's Recruitment and Retention Strategy, it is continually striving to improve the work and conditions of its employees. The exit interview process helps the Trust/ Divisions/Hosted Organisations to understand and address the reasons why employees decide to leave the Trust and any additional employment issues.
- Velindre University NHS Trust therefore recognises its responsibilities in offering an exit interview questionnaire and/or face to face meeting to every employee (inclusive of temporary staff) who voluntarily submits their resignation from their post within the Trust.
- The exit interview process is viewed seriously by the Trust and all information provided is treated confidentially. The information collated by this process is used by the People & Organisation Development Department to determine the employee's reason for leaving the organisation and whether there are any underlying issues that need to be addressed.
- Employees will be offered the option to meet with the Line Manager, Departmental Senior Manager or a member of the People and OD team should they so wish but if they choose not to, they will be encouraged to complete the digital Microsoft exit interview questionnaire form.

Objectives

The objectives of the policy are to

- Examine the reason(s) why an employee has decided to leave their post / the Trust.
- Provide an opportunity for the employee to comment on the different aspects of their post, duties and to suggest adjustments, which could improve the role and / or provide greater job satisfaction.
- Gather information which may enable the Trust to take appropriate action when particular and justifiable problems / issues of serious concern are identified by the employee.
- Provide an insight into the responsibilities / duties of the post and where it fits in relation to the operational needs of the department, amending or updating the post's job description, person specification
- Collate information which will enable the Trust to assist in the recruitment and retention of future employees, as well as improve induction and training programmes.

- Provide equality information to monitor the Trust's performance against current Equality legislation as set out in the Trusts Single Equality Scheme.
- Ensure that should issues be raised, whether positive or negative, these are addressed with appropriate managers.
- Explore, if appropriate, with the employee if the Trust can dissuade them from leaving by addressing the source of any identified dissatisfaction

Scope of the Policy

- This policy will apply to all employees who resign from their post within the Trust and Hosted organisations.
- Whilst the Trust actively encourages employees to participate in the exit interview / questionnaire process, it recognises that this process is voluntary. Therefore, if an employee declines to participate in the process, their decision will be respected and the matter will not be pursued by the People & Organisation Development department.
- Where information is used for monitoring purposes, it will be reported anonymously.

Implementation and policy Compliance

- When an employee offers their written resignation from their post, the manager must complete the termination process on ESR immediately (unless retiring or have overtaken/undertaken annual leave which requires an e-termination form to be completed).
- The employee will be sent a link to access an exit interview questionnaire and asked to complete and submit the form.
- If the employee wishes to have a meeting to discuss and/or complete the Exit Interview form they can do this with either their Line Manager, a departmental Senior Manager or a member of the People and OD team
- If the employee chooses to have a face to face meeting, the employee will be informed at the outset of the meeting that any information obtained from the exit interview/questionnaire will be treated in confidence, to encourage an open and honest discussion. However, if the exit interview form or meeting raises issues positive and/or negative then with consent of the employee, feedback will be provided to the employee's manager/senior manager as appropriate.

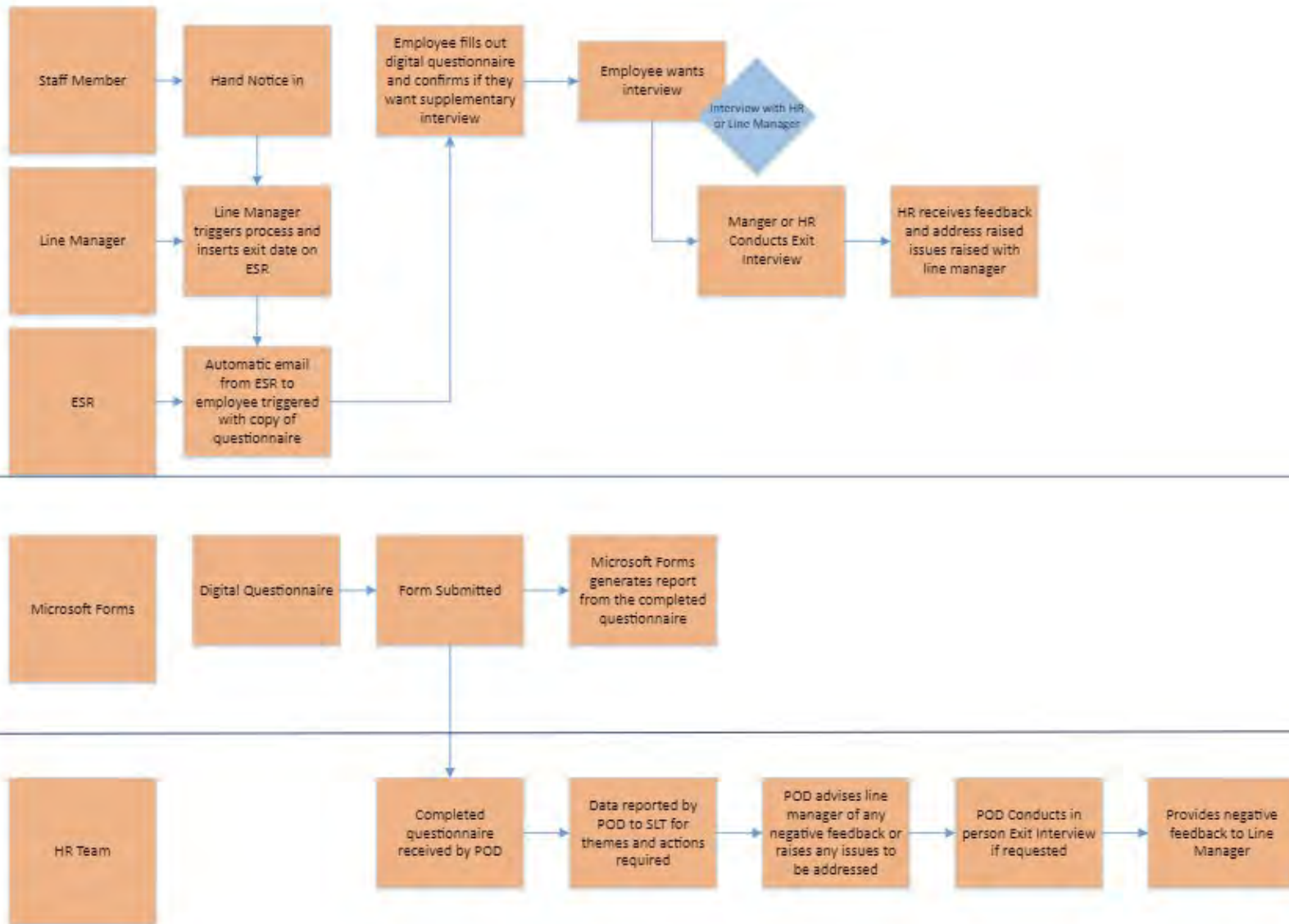
Roles and Responsibilities

- Managers
- It is the managers responsibility to ensure that the termination date is input to ESR as soon as they are made aware that the employee is resigning.
- Managers should offer exiting employees the opportunity of a face to face interview.
- If contacted by People and OD after receipt of the exit interview questionnaire, the manager will discuss potential issues and act on them accordingly
- People and OD will provide statistics and trends via the dashboard to SMT and SLT

N.B. The impact of delaying this is that the employee will have left before the Trust has had the opportunity to discuss reasons why they are leaving

- Managers will ensure that relevant issues are addressed appropriately.
- People and OD
- It will be the responsibility of People and OD to ensure the robustness of the process implementation.
- A member of the People and OD will contact the member of staff who has submitted the exit interview and meet with them if this is requested.
- When appropriate, People and OD will ensure that issues are raised with the appropriate managers.
- People and OD will access information received and act on appropriately.
- Feedback will be themed and shared with senior management throughout the year.

Processes
Products
People



TRUST BOARD	
EXPENDITURE APPROVAL FOR THE PURCHASE OF INFLUENZA VACCINATIONS	
DATE OF MEETING	29 January 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	COMMERCIALY SENSITIVE
REPORT PURPOSE	APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Jonathan Irvine, Director of Procurement and Health Courier Services, NWSSP
PRESENTED BY	Jonathan Irvine, Director of Procurement and Health Courier Services, NWSSP
APPROVED BY	Jonathan Irvine, Director of Procurement and Health Courier Services, NWSSP
EXECUTIVE SUMMARY	<p>The purpose of this report is to seek Board APPROVAL for influenza vaccine expenditure which will allow the Chief Executive to sign the Purchase Orders required for 2026/27.</p> <p>The Influenza Vaccination Programme for 2025/26 has been successfully delivered as planned with the involvement of NHS Wales Shared Services Partnership (NWSSP) in relation to the procurement, supply chain and distribution activities provided.</p> <p>The Influenza Vaccination Programme for 2026/27 is now being planned. The quantity and type of vaccine product for 2026/27 has been determined by Welsh Government and NWSSP has been asked to arrange for purchase of same from the Contractor. The purchase will be facilitated through the existing national contract that was</p>

	<p>awarded in 2024 and which provides for the supply of vaccine product in 2026/27.</p> <p>Two (2) Purchase Orders have been created requiring the signature of the Chief Executive Officer:</p> <p>Total Value inc. VAT = £ 12,673,152 Total Quantity (single doses) = 912,000</p> <p>On receipt of the Purchase Orders, the Contractor will initiate the planning and scheduling of vaccine manufacture in time for the production and distribution of the product that will be required later this year.</p>
<p>RECOMMENDATION / ACTIONS</p>	<p>The Board is asked to APPROVE the expenditure for required volumes of vaccine product and to AUTHORISE the subsequent signing of the Purchase Orders by the Chief Executive.</p>

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Shared Services Partnership Committee	22/01/2026
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
<p>The Shared Services Partnership Committee has APPROVED the proposal to proceed with the planned expenditure and the subsequent issuing of the Purchase Orders to enable delivery of the vaccines required for the 2026/27 Influenza Vaccination Programme. The purchase of the vaccines is facilitated through the enabling contract which has been established in compliance with The Public Contracts Regulations 2015.</p>	
7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as ' ASSURANCE ', this section must be completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	<p>Select Current Level of Assurance</p> <p><i>Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the "How to Guide for Reporting to Trust Board and Committees"</i></p>
APPENDICES	
[Insert Appendix Number]	List the title of any appendices

1. SITUATION

This report is seeking **APPROVAL** from the Board for the expenditure relating to the purchase of the influenza vaccines required for the 2026/27 Influenza Vaccination Programme. This will allow the Chief Executive to sign two (2) Purchase Orders for the supply and delivery of influenza vaccine product, Trivalent TIVc, to NHS Wales for the 2026/27 Influenza Vaccination Programme.

2. BACKGROUND

Following the Welsh Government decision to centrally procure and distribute all inactivated influenza vaccines for use in Wales during the 2025/26 season, a procurement exercise was undertaken to purchase vaccine for the programme. Public Health Wales Vaccine Preventable Disease Programme was commissioned to model scenarios to support decision making on the appropriate amount of vaccine to procure based on the uptake and cost.

Following the appropriate tendering and adjudication process and scrutiny of the offered bids, the decision was made to award a contract to Seqirus UK Limited for the supply and delivery of aTIV and TIVc vaccine doses. The contract term also facilitates the procurement of vaccines for the 2026/27 and 2027/28 seasons (if required).

Welsh Government has decided to activate the 2026/27 purchase option available within the contract for a total of 912,000 doses of TIVc. The contract cost for this requirement is £ 12,673,152 inc VAT. Purchase Orders will be issued to the Contractor, Seqirus UK Limited, to enable this requirement to be planned and scheduled into the manufacturing run in time for the manufacture and delivery for this year's Influenza Vaccination Programme. The value of the Purchase Orders requires the signature of the Chief Executive.

3. ASSESSMENT

The expenditure is covered by the enabling contract referred to above which was established in compliance with The Public Contracts Regulations 2015.

4. SUMMARY OF MATTERS FOR CONSIDERATION

APPROVAL of expenditure and **AUTHORISATION** for Purchase Orders to be signed by the Chief Executive.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)													
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: NO													
If yes - please select all relevant goals:													
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 													
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	Choose an item												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below												
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Safe</td> <td style="text-align: right; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Timely</td> <td style="text-align: right; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Effective</td> <td style="text-align: right; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Equitable</td> <td style="text-align: right; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Efficient</td> <td style="text-align: right; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Patient Centred</td> <td style="text-align: right; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
Safe	<input checked="" type="checkbox"/>												
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
	<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p>Vaccines have been subject to all required regulatory and quality assurance approvals. This is a continuation of the requirement successfully delivered to the population cohorts across Wales in 2025/26. The national procurement of these vaccines brings benefits in terms of operational and cost efficiencies.</p>												

<p>QUALITY IMPACT ASSESSMENT</p> <p><i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i></p>	<p>Yes - Fully completed and signed QIA Enclosed</p> <p>The QIA tool should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it.</p> <p>As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more broadly promote good decision-making practice.</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</p> <p>For more information: https://www.gov.wales/socio-economic-duty-overview</p>	<p>Not yet completed (Include further detail below why)</p> <p>The Invitation to Tender that established the contract for the supply and delivery of the influenza vaccines, assessed the Social Value and Community Benefits associated with each bid received. This element was scored and contributed to the final score achieved by each of the bidders. The bidders were assessed against each of the following questions. 1) How they intended to meet obligations of the Well Being of Future Generations (Wales) Act 2015 ? 2) How they can help use and strengthen the local supply chains throughout the life of the contract ? and 3) How they are working towards reducing the carbon impact of their activities ?</p>
<p>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</p>	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: YES - Select Relevant Goals below</p>	
<p>If yes select the relevant goals:</p>	

<ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input checked="" type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input checked="" type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/> 	
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	<p>Source of Funding: Welsh Government</p> <p>Please explain if 'other' source of funding selected: Click or tap here to enter text</p> <p>Type of Funding: Revenue</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: None – there is no cost to the Trust as the cost is provided for, in full, through Welsh Government allocation</p> <p>Type of Change Other (please explain) Please explain if 'other' source of funding selected: Ongoing delivery of the Influenza Vaccination Programme as directed and funded by Welsh Government</p>

<p>EQUALITY IMPACT ASSESSMENT</p> <p>For more information: https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</p>	<p>Yes - please outline what, if any, actions were taken as a result</p> <p>The purpose of this paper is to seek approval for the procurement of vaccines and not to address their implementation, applicability, or suitability for individual patient care. Responsibility for these aspects lies with Health Boards to assess equality impacts for their respective geographical boundaries with the appropriate demographics available to them, which will vary across Wales. The overall procurement process and associated expenditure has been formally assigned to NWSSP by instruction from Welsh Government.</p>
<p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p>Click or tap here to enter text</p>

6. RISKS

<p>ARE THERE RELATED RISK(S) FOR THIS MATTER</p>	<p>Yes - please complete sections below</p>
<p>WHAT IS THE RISK?</p>	<p>1) Risk of non-delivery or delayed delivery of vaccine product that will in turn impact on the delivery of the 2026/27 Influenza Vaccination Programme. This risk will be mitigated by timely approval of this paper. There is no financial risk to the Trust due to Welsh Government allocation of funds</p>
<p>WHAT IS THE CURRENT RISK SCORE</p>	
<p>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</p>	<p>Timely approval will mitigate the risk of non-delivery or delayed delivery of the required vaccine product.</p>
<p>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</p>	
<p>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</p>	<p>No</p> <p><i>[In this section, explain in no more than 3 succinct points what the barriers to implementation are].</i></p>
<p>All risks must be evidenced and consistent with those recorded in Datix</p>	



Quality-driven decision-making





Quality Impact Assessment

Title of proposal this Quality Impact Assessment (QIA) is supporting:	Expenditure Approval for the Purchase of Influenza Vaccinations
Reference of proposal:	
Details of Board / Committee the paper is being presented to and when:	Velindre Trust Board – 29 January 2026


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)	
	Positive (+1)	High (3)	4	The vaccines were assessed using the National PharmaQC Pharmaceutical Quality Assessment rating scheme and adjudicated by the All Wales Drug Contracting Committee.
	Neutral	High (3)	4	The paper seeks approval for expenditure and purchase of vaccines in time for the commencement of the 2026/27 Influenza Vaccination Programme. The timing of the paper seeks to ensure that overall Programme timescales are met.

	Positive (+1)	High (3)	4	The vaccines are being procured on a national/Once for Wales basis that has ensured optimum pricing and consolidation of supply arrangements across a small number of large volume deliveries into a single delivery point for onward distribution.
	Positive (+1)	High (3)	4	Efficiencies have been delivered in terms of cost, distribution and single point of management which has increased the transparency of vaccine uptake and significantly reduced vaccine wastage.
	Positive (+1)	High (3)	4	The national procurement of vaccines ensures that all participating Primary and Secondary Care providers have access to the required volume of vaccine, when required.
	Positive (+1)	High (3)	4	The national procurement of vaccines has ensured that Primary and Secondary Care providers have sufficient and timely delivery of cost effective vaccines to immunise their entire population cohorts.
Overall impact	The procurement approach delivers significant operational and financial advantages, ensuring equitable access and programme readiness. Therefore, the overall impact is positive with a high level of impact.			

1b: Briefly outline the amount of activity required to ensure successful implementation of the proposal or strategic decision (in line with enabling Quality Standards)

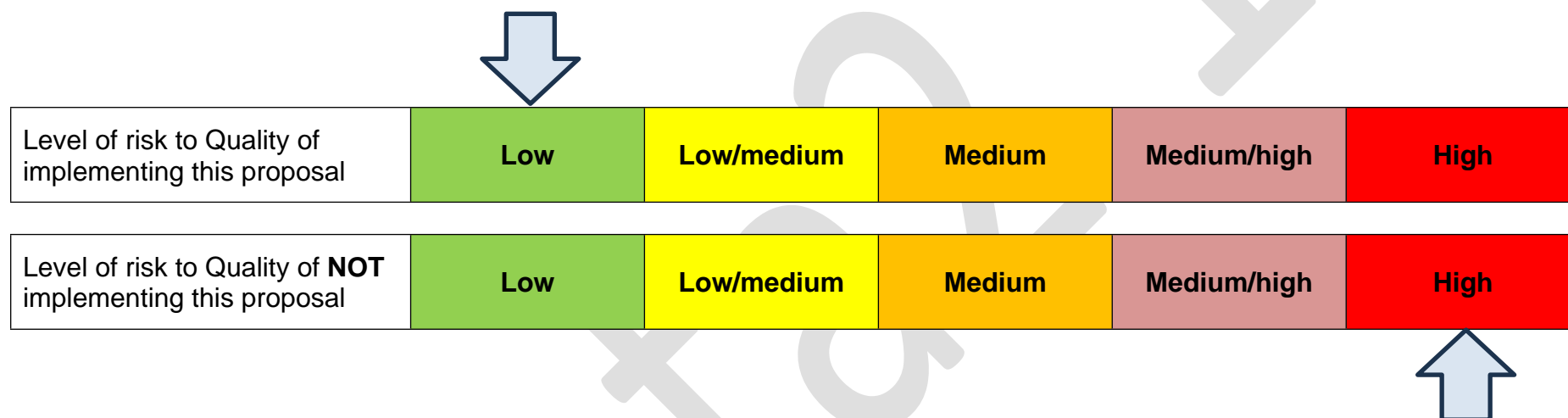
Quality Standard	Amount of activity required. High (3), Medium (2) or Low (1)	Key points and actions to achieve the changes required
<i>Click each icon for its definition</i>		
	Low (1)	The procurement has been subject to the usual leadership arrangements, facilitated by NWSSP, ensuring that the All Wales Drug Contracting Committee has been central to the assessment and selection of the contracted vaccine product. The Influenza Vaccination Programme has been overseen, managed and led by Vaccine Programme Wales Project Board.

	Low (1)	Procurement staff have been actively involved in establishing the national contract along with stakeholders as represented by the membership All Wales Drug Contracting Committee.
	Low (1)	In line with the cultural expectations of NHS Wales which is to deliver a Once for Wales approach that maximises value for NHS organisations and ultimately delivers a quality, cost effective product to the population.
	Low (1)	Regular reporting on the delivery pipeline from the manufacturer into Wales was a feature of the 2025/26 Programme and will be also be a feature of the 2026/27 Programme.
	Low (1)	A Lessons Learned Summit is being held on 30 th January 2026 to reflect on the 2025/26 Programme and identify “lessons learned” that may further improve the 2026/27 Programme. This Summit, organised by Vaccination Programme Wales, includes all representation from all Primary and Secondary Care stakeholders.
	Low (1)	The national procurement of vaccines was designed to ensure that a “whole of system” approach could be undertaken to the purchase and consolidation of requirements to achieve best value for all stakeholders.
Overall amount of activity required		The activity required is low as the paper proposes approval of expenditure to allow for the issue of Purchase Orders to the Contractor.

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)



Describe the main risks to Quality of implementing this proposal?
Describe the main risks to Quality of NOT implementing this proposal?

Level of Risk of Implementing = Low – the vaccine product is contracted and the 2025/26 deliveries were secured, following Purchase Order approval, in time for the 2025/26 Programme.

Level of Risk of Not Implementing = High – will derail the 2026/27 Influenza Vaccination Programme as vaccine product will be unable to be ordered.



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
Jonathan Irvine, Director of Procurement and Health Courier Services NWSSP, 15 January 2026	Jonathan Irvine, Director of Procurement and Health Courier Services NWSSP, 15 January 2026	N/A

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
N/A	N/A	N/A



TRUST BOARD	
e-Expenses System	
Commitment of Expenditure Exceeding Chief Executive's Limit	
DATE OF MEETING	29 January 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	NWSSP Corporate Services
PRESENTED BY	Alison Ramsey, NWSSP Director of Finance and Corporate Services
APPROVED BY	Alison Ramsey, NWSSP Director of Finance and Corporate Services
EXECUTIVE SUMMARY	<p>This paper seeks approval to renew the contract with RLDatix for the Selenity e-Expenses system for an initial period of two years from 05 August 2026 to 04 August 2028, with an additional option for a further two (2) years in 12-month increments, whilst the decision is made on the new Future Workforce Solution, the replacement for ESR.</p> <p>The system is critical to processing over 18,000 electronic expense claims per month across NHS Wales and facilitates statutory Duty of Care checks for 13 Health Organisations under existing Service Level Agreements. Failure to maintain system continuity would directly compromise reimbursement in line with pay cycles, disrupt clinical service delivery, and expose NWSSP and Health Organisations to reputational and compliance risks.</p>

	<p>Given the significant dependency on the current system and the recent award of the Future Workforce Solution (the ESR replacement) with scope and implementation timelines still unknown, introducing a new expenses platform at this stage presents unacceptable operational and financial risk.</p> <p>A direct award via the NHSSBS Digital Workplace Solutions 2 Framework, through Softcat PLC, provides the most efficient route to secure continuity of service while aligning contract duration with anticipated deployment of the Future Workforce Solution.</p> <p>RLDatix has agreed to hold the 2025/26 price for Year 1 at £250,779, with reduced annual uplifts of 6% in subsequent years, averaging 4.5% RPI-aligned inflation across the initial contract term. The total whole-life contract value (exc. VAT) is £1,097,062, which will be funded from existing budgets.</p>
<p>RECOMMENDATION / ACTIONS</p>	<p>The Trust Board is requested to APPROVE renewal of the contract for an initial period of two years from 05 August 2026 to 04 August 2028, with an additional option for a further two (2) years in 12-month increments, and in doing so to also authorise the Chief Executive to approve the purchase order.</p>
<p>GOVERNANCE ROUTE</p>	
<p>List the Name(s) of Committee / Group who have previously received and considered this report:</p>	<p>Date</p>
<p>Shared Services Partnership Committee</p>	<p>22/01/2026</p>
<p>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</p>	
<p>The Shared Services Partnership Committee are being requested to approve this contract renewal at the meeting on 22 January 2026.</p>	
<p>APPENDICES</p>	
<p>1</p>	<p>Commitment of Expenditure Form</p>

1. SITUATION

Trust Board approval is being sought for the expenditure commitment to renew the contract with RLDatix for the Selenity e-Expenses system for an initial period of two years, from 05 August 2026 to 04 August 2028, with an additional option for a further two (2) years in 12-month increments.

2. BACKGROUND

The Selenity e-Expenses system, supplied by RLDatix, has been used across NHS Wales since 2012 to process expenses and manage statutory Duty of Care checks for 13 Health Organisations. The current contract, procured in 2023, expires in August 2026. The system handles large national volumes, with over 18,000 monthly claims, and is essential to maintaining timely payments and compliance.

Given the significant dependency on the current system and the recent award of the Future Workforce Solution (the ESR replacement), introducing a new expenses platform at this stage would pose significant operational and financial risk.

3. ASSESSMENT

The assessment confirms that renewing the contract through a direct award is the safest and most proportionate option. Moving to another supplier now is not viable due to the unknown Future Workforce Solution requirements, the two-year minimum build, implementation period for any replacement, and the high dependency on system stability for service continuity.

The proposed direct award ensures uninterrupted operations, aligns with Integrated Medium Term Plan priorities, complies with Procurement Regulations and avoids duplication of cost or effort ahead of national workforce changes. Financially, the supplier has agreed to hold Year-1 pricing and apply reduced uplifts, making the proposal affordable within existing budgets.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The options considered are set out in the appended Commitment of Expenditure Form.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals:

Choose an item	
<p>If yes - please select all relevant goals:</p> <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
<p>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS</p>	<p>Choose an item</p>
<p>QUALITY AND SAFETY IMPLICATIONS / IMPACT</p>	<p>Select all relevant domains below</p> <ul style="list-style-type: none"> Safe <input checked="" type="checkbox"/> Timely <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>
	<p>See completed Quality Impact Assessment</p>
	<p>Yes - Fully completed and signed QIA Enclosed</p>
<p>QUALITY IMPACT ASSESSMENT</p>	<p>Yes - Fully completed and signed QIA Enclosed</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</p>	<p>Not required</p> <p>Click or tap here to enter text</p>
TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals:</p> <p style="text-align: center;">Choose an item</p>	
<p>If yes select the relevant goals:</p> <ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/> 	

<ul style="list-style-type: none"> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/> 	
FINANCIAL IMPLICATIONS / IMPACT	
	<p>Source of Funding: Existing budgets</p> <p>Please explain if 'other' source of funding selected: Click or tap here to enter text</p> <p>Type of Funding: Revenue</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: N/A</p> <p>Type of Change Choose an item Please explain if 'other' source of funding selected: No impact on Trust resources – expenditure is met by Welsh Government budget through NWSSP</p>
EQUALITY IMPACT ASSESSMENT	<p>Not required - please outline why this is not required Currently utilising this system – no change</p>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	<p>We will be unable to process expenses and duty of care for the 13 Health Organisations for which NWSSP has a Service Level Agreement to comply with.</p>

	All risks must be evidenced and consistent with those recorded in Datix
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6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	If the contract is not renewed, NHS Wales would face immediate disruption to the system that supports expense claims and statutory Duty of Care checks, risking delayed reimbursement for all NHS Wales employees, operational disruption, compliance and potential reputational impacts.
WHAT IS THE CURRENT RISK SCORE	There are no risks recorded on the NWSSP Corporate Risk Register. Therefore, the below sections are not applicable.
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	Not applicable
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Not applicable
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Choose an item
	Not applicable

COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION

SCHEME TITLE	e-Expenses System – Contract Renewal
DIVISION / HOST ORGANISATION	Employment Services
DATE PREPARED	15 January 2026
PREPARED BY	Stephen Withers, Deputy Director of Employment Services, Payroll, Pensions, Expenses and SAS
SCHEME SPONSOR	Gareth Hardarce, NWSSP Director of Workforce, Organisational Development and Employment Services

All Divisional proposals must be consistent with the strategic and operational plans of Velindre University NHS Trust.

1. DESCRIPTION OF GOODS / SERVICES / WORKS

To renew the contract with RLDatix for the current expenses system, for a two (2) year period with an additional option for a further two (2) years in 12-month increments, whilst the decision is made on the new Future Workforce Solution, the replacement for ESR.

The Selenity e-Expenses system (contracted from RLDatix, previously Allocate) has been in operation within NHS Wales since 2012 and has been developed significantly over the years in NHS Wales. The current arrangement was procured through Health Trust Europe (HTE) in July 2023 on a 3-year basis.

There is a large volume of activity processed through the Selenity system with over 18,000 claims processed electronically each month. The delivery of transactional activity is highly dependent upon proven system stability and failure to reimburse expenses in accordance with pay dates could compromise clinical service delivery and carries significant reputational risk.

The system also allows for NHS Wales Shared Services Partnership (NWSSP) to manage Duty of Care checks for Health Boards, Trusts and Special Health Authorities across Wales. This includes the ability to manage Vehicle Tax, MOT checks, vehicle business insurance and user driving licenses.

In 2022/2023 172,926 expense claims were processed and included a duty of care provision.

During this award, RLDatix agreed to make the enhancements that were needed in the system to remove more manual administration from the Employment Services Payroll Team at no cost to NHS Wales. Of the ten (10) features agreed to be developed, eight (8) have been fully completed



and released, and the other two (2) are currently in progress with the development team. These feature requests should be delivered across FY26 Q2 and Q3. These will be incorporated into the contract on a best endeavors basis and will be contract managed through the life of the new contract to ensure required enhancements are delivered.

It will take approximately, two (2) years to commission, build, and systematically control deployment of a new system and that is on the basis that there is a product on the market that will fully meet all of our requirements.

The Future Workforce solution (the ESR replacement) has recently been awarded by NHS England NHS Business Services Authority (NHSBSA), but key details of the scope including functionality, compatibility with expense systems, and implementation timelines are unknown. Introducing a new expenses system before the Future Workforce Solution detailed specifications are confirmed presents the risk of duplication, incompatibility, or unnecessary cost.

1.1 Nature of contract: Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>

1.2 Period of contract including extension options:

Expected Start Date of Contract	05/08/2026
Expected End Date of Contract	04/08/2028
Contract Extension Options	04/08/2030
(E.g. maximum term in months)	24 months (2 x 12 month increments)

2. STRATEGIC FIT (*Host organisations are not required to complete Section 2*)

2.1 OUR STRATEGIC PILLARS
 This scheme should relate to at least one of the Trust's five strategic pillars. Please mark with a (x) in the box the relevant pillars for this scheme.

Goal 1: Be recognised as a pioneer in blood and transplantations services across Europe.	<input type="checkbox"/>
Goal 2: Be a recognised leader in specialist cancer services in Europe.	<input type="checkbox"/>



Goal 3: Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
Goal 4: An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>
Goal 5: An exemplar of sustainability that supports global well-being and social value.	<input checked="" type="checkbox"/>

2.2 INTEGRATED MEDIUM TERM PLAN		
Is this scheme included in the Trust Integrated Medium Term Plan?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not, please explain the reason for this in the space provided.		
2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES		
This scheme should relate to at least one of the Trust's wellbeing objectives. Please mark with a (x) in the box the relevant objectives for this scheme.		
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.	<input type="checkbox"/>	
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	<input type="checkbox"/>	
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.	<input type="checkbox"/>	
Deliver bold solutions to the environmental challenges posed by our activities.	<input checked="" type="checkbox"/>	
Bring communities and generations together through involvement in the planning and delivery of our services.	<input type="checkbox"/>	
Demonstrate respect for the diverse cultural heritage of modern Wales.	<input type="checkbox"/>	
Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovations whilst also making a lasting contribution to global well-being.	<input type="checkbox"/>	
FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED		
Please mark with a (x) in the box the relevant principles for this scheme.		



Click [here](#) for more information

Prevention	<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input type="checkbox"/>
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3. OPTIONS CONSIDERED

Include 'business as usual' i.e. 'do nothing'

3.1 Please state alternative options considered and reasons for declining

The alternative options would be to go to market for a new supplier, however, given the timing of the new Future Workforce Solution deployment, the time it will take to go to market and the limitation on suppliers due to the complexities of having differing terms and conditions with Medical and A4C this option is not viable and we will be unable to pay expenses, training fees or provide legal duty of care to Health Boards

It will take approximately two (2) years to commission, build, and systematically control deployment of a new system and that is on the basis that there is a product on the market that will fully meet all our requirements.

The Future Workforce Solution has just been awarded by NHS England, NHS Services Business Authority (NHSSBA), however the scope and delivery dates are currently unknown. It is therefore necessary to make a direct award to provide continuity of service until the scope and delivery of the Future Workforce Solution is known.

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

To reduce risk a direct award to RLDatix is proposed to mitigate any risk to continuity of service until the scope of the Future Workforce Solution is known.

The Selenity e-Expenses system (contracted from RLDatix, previously Allocate) has been in operation within NHS Wales since 2012 and has been developed significantly over the years in NHS Wales. The current arrangement was procured through Health Trust Europe (HTE) in July 2023 on a 3-year basis to 4th August 2026.

There is a large volume of activity processed through the Selenity system with over 18,000 claims processed electronically each month. The delivery of transactional activity is highly dependent



upon proven system stability and failure to reimburse expenses in accordance with pay dates could compromise clinical service delivery and carries significant reputational risk.

The system also allows for NHS Wales Shared Services Partnership (NWSSP) to manage Duty of Care checks for Health Boards, Trusts and Special Health Authorities across Wales. This includes the ability to manage Vehicle Tax, MOT checks, vehicle business insurance and user driving licenses.

5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
We will be unable to process expenses and duty of care for the 13 Health Organisation for which we have an SLA to comply with	<i>None</i>

6. PROCUREMENT ROUTE

6.1 How is the contract being procured? Please mark with a (x) as relevant.



Competition	Single source
3 Quotes <input type="checkbox"/>	Single Quotation Action <input type="checkbox"/>
Formal Tender Exercise <input type="checkbox"/>	Single Tender Action <input type="checkbox"/>
Mini competition <input type="checkbox"/>	Direct call off Framework <input checked="" type="checkbox"/>
Find a Tender <input type="checkbox"/> <small>(replaces OJEU Public Contract regulations 2015 still apply)</small>	All Wales contract <input type="checkbox"/>

Click [here](#) for link to Procurement Manual for additional guidance

6.2 Please outline the procurement strategy

The Procurement Strategy considered a number of external factors that would affect all users of the system and the award of a new contract in NHS England for the replacement of ESR, and after consideration of all factors the consensus from stakeholders is to proceed with a direct award to RLDatix via Softcat PLC using the NHS Shared Business Services (NHSSBS) Digital Workplace Solutions 2 has been identified as the most efficient procurement route. Softcat PLC have an existing relationship with RLDatix who provide the Selenity product, and a direct award can be made on this basis that will allow for the continuity of service during a period of change

Stakeholders have agreed to award the contract for a duration of two (2) years with the opportunity to extend for two (2) further periods of one (1) year increments which will align with the launch of the Future Workforce Solution (FWS), the replacement for ESR.

The rationale for a Direct Award is that the risk of continuation of service plus increased costs and time to implement a new solution are too great to go out to competitive tender when a new solution has already been awarded and implementation will be commencing from 2026. The functionality of the new workforce solution expenses module is currently under review and migration timelines to the Future Workforce Solution are not yet finalized. NWSSP pay for this system on behalf of NHS Wales.

RLDatix have agreed to hold the 2025/26 price for the first year of the new agreement at £250,779.00. The supplier has also reduced the annual incremental increase to 6% from 7% on the current agreement for years 2 and 3. Over the three-year contract period the increase is averaged to 4.5% per annum that is in line with the current RPI index.

6.3 What is the approximate time line for procurement?



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

A Direct Award will be awarded via NHS Shared Business Services (NHSSBS) Digital Workplace Solutions 2 Framework to RLDatix via Softcat PLC by 5th August 2026.

6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route	
Head of Procurement Name:	Andy Smallwood Assistant Director of Procurement
Signature:	
Date:	14/01/2026

7. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£k) £1,097,062.00	Including VAT (£k) £1,316,474.40
The nature of spend	Capital <input type="checkbox"/>	Revenue <input checked="" type="checkbox"/>
How is the scheme to be funded? Please mark with a (x) as relevant.		
Existing budgets	<input checked="" type="checkbox"/>	
Additional Welsh Government funding	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
If you have selected 'Other' – please provide further details below:		

PROFILE OF EXPENDITURE



Description	Unit Price	Total Price
05/08/2026 – 04/08/2027 Year 1 – NHS Expenses (SAAS)	£250,779.00	£250,779.00
05/08/2027 – 04/08/2028 Year 2 – NHS Expenses (SAAS)	£265,826.00	£265,826.00
05/08/2028 – 04/08/2029 optional Year 3 – NHS Expenses (SAAS)	£281,775.00	£281,775.00
05/08/2029 – 04/08/2030 optional Year 4 – NHS Expenses (SAAS)	£298,682.00	£298,682.00
	Subtotal (GBP)	£1,097,062.00
	Total (GBP)	£1,097,062.00

8. PROJECT MANAGEMENT (if applicable)

What are the management arrangements associated with this scheme? E.g. PRINCE 2	The Contract will be jointly contract managed between the workforce and procurement teams.
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9. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

The Lead Director, by providing email confirmation, to seek Board approval is making a declaration that all procurement procedures, standing orders and standing financial instructions requirements have been appropriately discharged and observed and that where relevant, appropriate advice and confirmation has been obtained to that effect. Procurement Services retain this confirmation electronically in the tender file.	
Lead Director Name:	Gareth Hardacre
Signature:	
Service Area:	NWSSP Director of Workforce, Organisational Development and Employment Services
Date:	19 January 2026

10. APPROVALS RECEIVED

List and include date of approvals received in support of this scheme.

Divisions	Date of Approval:
Business Planning Group or local equivalent	
Divisional Senior Management Team	
Executive Management Board	



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Host Organisations	Date of Approval:
NWSSP / NHS Wales Shared Services Partnership Committee	
HTW – Senior Management Team	



Quality-driven decision-making





Quality Impact Assessment

Title of proposal this Quality Impact Assessment (QIA) is supporting:	(Assure) formerly Selenity e-Expenses (from RL Datix, previously Allocate) Expenses System – Contract Renewal
Reference of proposal:	
Details of Board / Committee the paper is being presented to and when:	Shared Services Partnership Committee & Velindre Trust Board


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	4	The RL Datix, Selenity provides a digital solution for expenses, its also deal with Duty of Care for ensuring employees claiming on behalf of NHS Organizations is compliant with the Law, they system is robust authoration pathway to minimise spend and accuracy
	1	3	4	The system allows for employees to claim mileage and expenses, in timely automated manner, whilst undertaking NHS Work

	1	3	4	It handles high volumes of claims on a monthly basis up to 14,000 claims, with 80,000 users having access to the system, it has been in place for a number of years, with no issues
	1	2	3	Due to the volume and automate it removes the need was mass administration interfacing directly into the Payroll system ESR for compliance with HMRC regulations
	1	3	4	It reduces the amount of time particularly community staff used to spend on completing manual submissions forms, this digital solutions allows them to concentrate on the patients
	1	3	3	The system is quick and efficient, provides Health Boards with details on claimants miles travel to support their team in more efficient routing and to ensure patients are dealt with quickly
Overall impact	<i>The system is required to deal with all expenses in high volume with approximately 14,000 claims per month it would not be possible to administer these manually, this system deals with minimising administration for both users and operators allow more time to focus on patient centred care.</i>			

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	Amount of activity required. High (3), Medium (2) or Low (1)	Key points and actions to achieve the changes required
<i>Click each icon for its definition</i>		
	1	N/A


	3	It handles high volumes of claims on a monthly basis up to 14,000 claims, with 80,000 users having access to the system, it has been in place for a number of years, with no issues
	2	The design and service improvement of the functionality has been considered under a person centric approach
	3	The RL Datix, Selenity provides a digital solution for expenses, its also deal with Duty of Care for ensuring employees claiming on behalf of NHS Organizations is compliant with the Law
	2	Following customer feedback that has been translated into changes in the current system, to enhance the customer journey and ensuring it is compliance with WG legislation.
	3	This is system is robust and audited regularly both internally and externally to ensure probity and compliant, any national decision are considered and implemented in the system.
Overall amount of activity required	Limited current system extension, limiting risk in not re procuring with an existing established system	


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





<p>Describe the main risks to Quality of implementing this proposal?</p> <p>Describe the main risks to Quality of NOT implementing this proposal?</p>
<p><i>Limited risks to quality in implementing this, extension to the current contract no current issues</i></p> <p><i>Risk to quality on not implementing this: No system to pay staff expenses or fees</i></p>

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
Stephen Withers Deputy Director of Employment Services 13 th January 2026	Stephen Withers Deputy Director of Employment Services 13 th January 2026	N/A

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
N/A	N/A	N/A

TRUST BOARD	
TRAC Recruitment Software Commitment of Expenditure Exceeding Chief Executive's Limit	
DATE OF MEETING	29 January 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	NWSSP Corporate Services
PRESENTED BY	Alison Ramsey, NWSSP Director of Finance and Corporate Services
APPROVED BY	Choose an item
EXECUTIVE SUMMARY	<p>This paper seeks approval to renew the TRAC recruitment software contract for a two-year period from 01 August 2026 to 31 July 2028, with the option to extend for a further two one-year periods to 31 July 2030.</p> <p>TRAC is the national e-recruitment system used across NHS Wales since 2016 and is integral to delivering consistent, bilingual, end-to-end recruitment processes, statutory pre-employment checks, high-volume vacancy management and interoperability with key systems such as ESR, NHS Jobs, TrustID and occupational health systems.</p> <p>Without renewal, NHS Wales would lose the ability to manage high-volume recruitment efficiently, compromising compliance, automation, data assurance and service resilience. A full market</p>

	<p>exercise is not viable due to high cost, market limitations and duplication of effort while the scope and integration of the Future Workforce Solution (the replacement for ESR) remains unknown.</p> <p>A direct award via the CCS Back Office Software 2 RM6285 Framework ensures continuity, provides value for money and maintains alignment with national workforce modernisation.</p>
RECOMMENDATION / ACTIONS	<p>The Trust Board is requested to APPROVE renewal of the contract for the TRAC recruitment system for two years from 01 August 2026 to 31 July 2028, with the option to extend for a further two years (1+1) from 01 August 2028 to 31 July 2030, and in doing so to also authorise the Chief Executive to approve the purchase order.</p>

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Shared Services Partnership Committee	22/01/2026
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
<p>The Shared Services Partnership Committee are being requested to approve this contract renewal at the meeting on 22 January 2026.</p>	
APPENDICES	
1	Commitment of Expenditure Form

1. SITUATION

Trust Board approval is being sought for the expenditure commitment to renew the contract for the TRAC recruitment system for an initial period of two years, from 01 August 2026 to 31 July 2028, with the option to extend for a further two years (1+1) from 01 August 2028 to 31 July 2030.

2. BACKGROUND

TRAC has been the national e-recruitment platform for NHS Wales since 2016, enabling full visibility and tracking of the end-to-end recruitment process for managers, applicants and NWSSP Recruitment teams. It supports statutory NHS Employment Check Standards, bilingual compliance, automated communication, dashboards and reporting, robotics-enabled efficiencies, and seamless links with NHS Jobs, ESR and TrustID. The system underpins delivery of high-volume recruitment and standardised processes nationally, with Civica UK Ltd as the incumbent supplier following acquisition of Trac Systems Ltd in 2018. Without an automated system, NHS Wales would incur higher staffing costs, reduced efficiency and loss of standardisation.

3. ASSESSMENT

A direct award to Civica UK Ltd is the preferred and most proportionate option. The “do nothing” option is not viable, as recruitment processing for NHS Wales would cease. A full procurement exercise would be costly, unlikely to identify an equivalent system, and would duplicate effort while the Future Workforce Solution is being developed. The proposed renewal ensures continuity of service, alignment with wider workforce transformation, ongoing delivery of statutory checks, improved reporting and automation, maintenance of Welsh Language Standards, and continued interoperability with other national systems. Costs have been negotiated, including a 7% uplift on licence fees and defined increases for DBS processing and TrustID integration, all of which are manageable through existing budgets.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The options considered are set out in the appended Commitment of Expenditure Form.

5. IMPACT ASSESSMENT

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

RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	Choose an item												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below												
	<table border="0"> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Timely</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input checked="" type="checkbox"/></td></tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
	Safe	<input checked="" type="checkbox"/>											
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
See completed Quality Impact Assessment													
QUALITY IMPACT ASSESSMENT	Yes - Fully completed and signed QIA Enclosed												
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	Not required												
	Click or tap here to enter text												
TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT													
The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: Choose an item													
If yes select the relevant goals: <ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/> 													

<ul style="list-style-type: none"> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/> 	
FINANCIAL IMPLICATIONS / IMPACT	
	<p>Source of Funding: Existing budgets</p> <p>Please explain if 'other' source of funding selected: Click or tap here to enter text</p> <p>Type of Funding: Revenue</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: N/A</p> <p>Type of Change Choose an item Please explain if 'other' source of funding selected: No impact on Trust resources – expenditure is met by Welsh Government budget through NWSSP</p>
EQUALITY IMPACT ASSESSMENT	<p>Not required - please outline why this is not required Currently utilising this system – no change</p>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	<p>Not proceeding would create legal and compliance risks, including reduced ability to meet statutory recruitment obligations, compromised data quality, and potential breaches of Welsh Language Standards. It would also introduce procurement-related risks due to the need for a separate DBS contract and weaken assurance frameworks through increased manual processing and loss of existing automated controls.</p> <p>All risks must be evidenced and consistent with those recorded in Datix</p>

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
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WHAT IS THE RISK?	If the contract is not renewed, NHS Wales face immediate disruption to the automated recruitment system required to manage high-volume national recruitment, resulting in an inability to effectively process and monitor recruitment activity, reduced data quality, loss of Welsh language compliance, fragmented DBS processing and significant operational inefficiency.
WHAT IS THE CURRENT RISK SCORE	Not applicable
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	Not applicable
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Not applicable
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Choose an item
	Not applicable

COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION	
SCHEME TITLE	TRAC RECRUITMENT SOFTWARE
DIVISION / HOST ORGANISATION	Velindre University Health Trust on behalf of NHS Wales Shared Services Partnership
DATE PREPARED	16 January 2026
PREPARED BY	Kelly Skene, Assistant Director of Employment Services, NWSSP
SCHEME SPONSOR	Gareth Hardarce, NWSSP Director of Workforce, Organisational Development and Employment Services

All Divisional proposals must be consistent with the strategic and operational plans of Velindre University NHS Trust.

1. DESCRIPTION OF GOODS / SERVICES / WORKS

The Once for Wales e-recruitment system (Trac) provides visibility of the full end-to-end recruitment process to all users allowing for the tracking of applicants, shortlisting, interview, and appointment stages. The flexibility of functionality provides use across Agenda for Change recruitment, medical recruitment, appointment to the temporary workforce, and more bespoke recruitment such as the Student Streamlining Process and Collaborative Bank with the ability to monitor and manage compliance with NHS Employment Check Standards. Built in e-functionality to process Disclosure and Barring Service (DBS) checks also enables Health Boards/Trusts the opportunity to process ad-hoc checks.

Since introducing Trac in 2016, applicants, appointing managers and NWSSP Recruitment teams are able to track the whole process through the activity dashboard. This enables monitoring and pro-active resolution of any delays in the process. Unique to Trac is the ability to monitor time taken from resignation to commencing a vacancy. Development work with the current supplier has enabled translation of the system to deliver a Welsh Language solution to ensure compliance with Welsh Language Measure Act 2011 & Welsh Language Standards 2018. This functionality is not currently available through other third-party providers. An API has also been implemented with NHS Jobs which allows seamless advertisement and management of NHS Wales vacancies.

The continuation of an automated system allows continued realisation of these benefits. Should an automated system not continue there would be an adverse impact on staffing budget, end users and delivery of recurrent savings to Health Boards and Trusts based upon having an accurate and consistent solution to manage the recruitment process.



TRAC is provided by Civica UK Limited who acquired the specialist e-recruitment software provider Trac Systems Limited in December 2018. NHS Wales introduced TRAC in 2016, so it is an embedded system which is intrinsically linked to NHS Wales recruitment processes including recent changes following implementation of the Recruitment Modernisation Programme. The system also interfaces with the Digital Identity Software used in NHS Wales, Trust ID and the currently occupational health system.

1.1 Nature of contract: Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>

1.2 Period of contract including extension options:	
Expected Start Date of Contract	01/08/2026
Expected End Date of Contract	31/07/2028
Contract Extension Options (E.g. maximum term in months)	Option to extend to 31/07/2030 in 2 x 12-month increments

2. STRATEGIC FIT (Host organisations are not required to complete Section 2) N/A

2.1 OUR STRATEGIC PILLARS	
This scheme should relate to at least one of the Trust's five strategic pillars. Please mark with a (x) in the box the relevant pillars for this scheme.	
Goal 1: Be recognised as a pioneer in blood and transplantations services across Europe.	<input type="checkbox"/>
Goal 2: Be a recognised leader in specialist cancer services in Europe.	<input type="checkbox"/>
Goal 3: Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
Goal 4: An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>



Goal 5: An exemplar of sustainability that supports global well-being and social value.	<input type="checkbox"/>
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2.2 INTEGRATED MEDIUM TERM PLAN

Is this scheme included in the Trust Integrated Medium Term Plan?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If not, please explain the reason for this in the space provided.

2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES
This scheme should relate to at least one of the Trust’s well-being objectives. Please mark with a (x) in the box the relevant objectives for this scheme.

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.	<input type="checkbox"/>
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	<input type="checkbox"/>
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.	<input type="checkbox"/>
Deliver bold solutions to the environmental challenges posed by our activities.	<input type="checkbox"/>
Bring communities and generations together through involvement in the planning and delivery of our services.	<input type="checkbox"/>
Demonstrate respect for the diverse cultural heritage of modern Wales.	<input type="checkbox"/>
Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovations whilst also making a lasting contribution to global well-being.	<input type="checkbox"/>

FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED
Please mark with a (x) in the box the relevant principles for this scheme.
Click [here](#) for more information

Prevention	<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>
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3. OPTIONS CONSIDERED

Include ‘business as usual’ i.e. ‘do nothing.’

3.1 Please state alternative options considered and reasons for declining



Option No:	Option Name:	Description:
1	Business As Usual 'Do Nothing'	No recruitment processing/monitoring system will be available for high volume recruitment in NHS Wales as this contract with Trac expires.
2	Undertake a full procurement exercise	Prohibitive increased costs and unlikely to find a comparable or improved system in the current marketplace that can provide at least the same service as is currently provided by Trac. Also, with the award of the NHS Business Services Authority (NHSBSA) Future Workforce Solution (FWS) that NHS Wales is participating in this would be a duplication of effort.
3	Award new contract to Trac for 2 yrs (+1+1) at competitive price.	Strategic fit, no price increase from 2019 to 2026. Slight price increase of 7% on license fees from 1/08/2026 onwards (should be 30%) and delivery of a continuity of service and continuing benefits to NHS Wales.

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

Continued delivery of legislative requirements around pre-employment checks (DBS, Professional Registration, Home Office). An additional 10% contingency has been included to allow for additional eDBS checks should staff numbers increase in NHS Wales over the contract period.

- Continued delivery of 24/7 recruitment tracking and visibility
- Integration and inter-operability across processes and systems within NWSSP and NHS Wales with consistent links to other, dependent services via systems such as ESR (single data entry reduces duplication)
- Continued reporting across all aspects of the process.
- Improved user experience with a focus on end user experience delivering automated and self-service, processes such as Robotic Process Automation (RPA).
- Improved user experience providing interactive dashboards for Recruitment Teams, managers, and applicants to inform planning and performance monitoring, through increased customer satisfaction measures.
- Improved staff efficiency through task management visibility, staff can prioritise workload and focus on added value tasks.

- Data usage can be controlled and managed via a single system (all GDPR requirements managed in one place)
- Continued communication with service users and strategic partners through built-in workflows
- Continued compliance with existing Key Performance Indicator's
- Employment services can forecast aspects of workload and appropriately redirect resources to meet service needs.
- API with other service systems automating combining of datasets e.g. Electronic Staff Record (ESR) and NHS Jobs (bilingually), Trust ID.
- Continued standardised recruitment system across Wales helping to maintain a resilient workforce.
- Ensures provision of an equitable, bilingual, transparent recruitment platform.
- Continued value for money.
- 90% of the NHS England also use Trac.
- Ensures consistency of recruitment processes for future ESR delivery (Future Workforce Solution)

5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme		5.2 Please state any mitigation to reduce the risk if the scheme is not approved
We won't be able to:	Implications:	Mitigation will take the form of using NHS Jobs only to manage the end-to-end recruitment process. NHS jobs is not currently set up to support high volume transactional recruitment for a whole country. Only small organisations have successfully managed their recruitment through NHS jobs. NHS Jobs has advised we do not use their system for a service as large as ours until they have completed significant development. This will not eliminate the risk;
Effectively monitor and process Recruitment for NHS Wales	Unable to meet service requirements	
Develop real time reporting information	Limited information provided to key stakeholders to inform service	

	change / service need or future workforce	however, it will mean there is a basic service provided which would be a significant backwards step to current service benefits.
Provide the same level of Data Quality Assurance	Risk to data capture resulting in limited quality assurance to key stakeholders	
Provide full compliance with Welsh Language standards	End users, NWSSP, reduced compliance with Welsh Language legislation	
Deliver DBS checks through one contract	A separate procurement exercise would need to be undertaken to enable electronic DBS checks to be processed. This would attract further costs.	
Generate NWSSP process efficiencies	Additional time and money would be required to implement manual processes. Would lose the current RPA processes in place.	



6. PROCUREMENT ROUTE

6.1 How is the contract being procured? Please mark with a (x) as relevant.	
<p>Competition</p> <p>3 Quotes <input type="checkbox"/></p> <p>Formal Tender Exercise <input type="checkbox"/></p> <p>Mini competition <input type="checkbox"/></p> <p>Find a Tender <input type="checkbox"/> <small>(replaces OJEU Public Contract regulations 2015 still apply)</small></p>	<p>Single source</p> <p>Single Quotation Action <input type="checkbox"/></p> <p>Single Tender Action <input type="checkbox"/></p> <p>Direct call off Framework <input checked="" type="checkbox"/></p> <p>All Wales contract <input type="checkbox"/></p>
<p>Click here for link to Procurement Manual for additional guidance</p>	
6.2 Please outline the procurement strategy	
<p>The Procurement Strategy considered a number of external factors that would affect both external users and internal NWSSP staff and the award of a new contract in NHS Eglad for the replacement of ESR, and after consideration of all factors the consensus from stakeholders is to proceed with a Direct Award to the incumbent supplier, Civica UK Limited via the Crown Commercial Services (CCS) Back Office Software 2 RM6285 Framework which is the updated Framework that was used to award the current contract where terms and conditions are aligned that will allow for the continuity of service during a period of change.</p> <p>Stakeholders have agreed to award the contract for a duration of two (2) years with the opportunity to extend for two (2) further periods of one (1) year increments which will align with the launch of the Future Workforce Solution (FWS), the replacement for ESR.</p> <p>The rationale for a Direct Award is that the risk of continuation of service plus increased costs and time to implement a new solution are too great to go out to competitive tender when a new solution has already been awarded and implementation will be commencing in 2026. The scope of FWS is currently still unknown and therefore it is not known if Recruitment Software is included in the new solution.</p> <p>Employment services have negotiated a 7% annual increase for year 1 which is then fixed for year 2 and optional year 3 with a further 7% increase for optional year 4.</p> <p>TrustID integration has been added to the contract effective of 1st December 2025 and costs 15% of the license fee per month, which has been approved by Directors.</p>	



DBS processing will increase from £3.90 per application to £4.20 in years 1-3 and rise to £4.50 in year 4.

The scope of ESR2 and whether recruitment is included is unknown and therefore to ensure continuation of service a Direct Award for 2 years plus the option to extend for 2 years in (1 + 1) increments is required. The Direct award via CCS Back Office Software 2 RM6285 to Civica UK Ltd.

6.3 What is the approximate timeline for procurement?

A direct Award will be awarded via CCS Back Office Software 2 RM6285 Framework to Civica UK Ltd. by 1st August 2026.

6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route

Head of Procurement Name: Andy Smallwood
Assistant Director of Procurement

Signature:

Date: 13/01/26

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£k)	Including VAT (£k)
The nature of spend	Capital <input type="checkbox"/>	Revenue <input checked="" type="checkbox"/>
How is the scheme to be funded? Please mark with a (x) as relevant.		
Existing budgets	<input checked="" type="checkbox"/>	
Additional Welsh Government funding	<input type="checkbox"/>	
Other	<input type="checkbox"/>	



If you have selected 'Other' – please provide further details below:

7. FINANCIAL ANALYSIS

PROFILE OF EXPENDITURE

		New Contract					
Description	Payable By	Qty	Year 1	Year 2	Optional Year 3	Optional Year 4	Total inc. Extension
Trac licence fee - NWSSP	NWSSP	90000 (Headcount)	£115,560	£115,560	£115,560	£123,649	£470,329
Trac licence fee - Llais	NWSSP	806 (Headcount)	£9,014	£9,014	£9,014	£9,645	£36,687
DBS- £4.20 per application (£4.50 yr4) + DBS charge. Charged/invoiced monthly based on actual use	Recharged to HB	17,555	£881,691	£881,691	£881,691	£887,272	£3,532,346
10 % contingency for DBS checks	Recharged to HB	10%	£88,169	£88,169	£88,169	£88,727	£353,235
TrustID integration-NWSSP	NWSSP	1	£17,334	£17,334	£17,334	£18,547	£70,549



TrustID integration - Llais	NWSSP	1	£1,352	£1,352	£1,352	£1,447	£5,503
Total			£1,113,121	£1,113,121	£1,113,121	£1,129,287	£4,468,649


Current Contract					
Description	Payable by	Qty	Annual Cost	Var %	Var £
Trac licence fee – NHS Wales	NWSSP	90,000 (Headcount)	£108,000.00	7.0%	£7,560.00
Trac licence fee - Llais	NWSSP	806 (Headcount)	£8,424.00	7.0%	£590.00
DBS- £4.20 per application + DBS charge. Charged/invoiced monthly based on actual use. Disclosure and Barring Service receive payment for DBS checks via Trac and £4.20 countersigning and processing fee per check to Trac.	Re-charged to NHS Organisations	17,555	£751,269.20	17.4%	£130,422.20
10 % contingency for DBS checks	Recharged to NHS organisations		£75,126.92	17.4%	£13,042.22
TrustID integration- NHS Wales			£0		£17,334.00
TrustID integration - Llais			£0		£1,352.00
Total			£942,820.12	18.1%	£170,300.42



8. PROJECT MANAGEMENT (if applicable)

What are the management arrangements associated with this scheme? E.g., PRINCE 2	The Contract will be jointly contract managed between the Employment Services and procurement teams.
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9. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

The Lead Director, by providing email confirmation, to seek Board approval is making a declaration that all procurement procedures, standing orders and standing financial instructions requirements have been appropriately discharged and observed and that where relevant, appropriate advice and confirmation has been obtained to that effect. Procurement Services retain this confirmation electronically in the tender file.	
Lead Director Name:	Gareth Hardacre
Signature:	
Service Area:	NWSSP Director of Workforce, Organisational Development and Employment Services
Date:	19 January 2026

10. APPROVALS RECEIVED

List and include date of approvals received in support of this scheme.

Divisions	Date of Approval:
Business Planning Group or local equivalent	
Divisional Senior Management Team	
Executive Management Board	

Host Organisations	Date of Approval:
NWSSP / NHS Wales Shared Services Partnership Committee	
HTW – Senior Management Team	



Quality-driven decision-making





Quality Impact Assessment

Title of proposal this Quality Impact Assessment (QIA) is supporting:	Trac Contract Renewal – Provision of Recruitment Services
Reference of proposal:	
Details of Board / Committee the paper is being presented to and when:	Shared Services Partnership Committee 22 January 2026 Velindre Trust Board 29 January 2026

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	Ensures pre-employment checks are requested and monitored to completion prior to an appointee starting in post – DBS, Right to Work, Qualifications & Registration, References, Identity, Occupational Health.
	+1	3	3	Bilingual applicant tracking system for end to end recruitment ensures timely delivery of safe recruitment which can be reported on to ensure KPIs are met.

	+1	3	3	Supports evidence-based Recruitment decisions and enables robust workload management and reporting.
	+1	3	3	Automated workflows built into the system and supports robotic process flows across Payroll and Recruitment Services.
	+1	2	2	Provides an equitable service across NHS Wales, ensuring workload is prioritised in line with KPIs regardless of organisation. Functionality ensures non-biased shortlisting.
	+1	2	2	Ensures personal identifiable data and documentation is held in line with Information Governance legislation and that the data is transferred into the ESR system via an interface for monitoring and reporting (i.e. Equality data).
Overall impact	<p><Using the key points and rationale and scores above, summarise in words whether the overall impact appears to be positive or negative, and the overall level of that impact (High, Medium, Low). Please note that numerical sums may cancel each other out></p> <p>The overall impact is positive with high impact.</p>			

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	Amount of activity required. High (3), Medium (2) or Low (1)	Key points and actions to achieve the changes required
<i>Click each icon for its definition</i>		



	1	Trac is currently in use across NHS Wales. The applicant tracking system is currently used by NWSSP Recruitment Services, Internal Health Board Teams such as Medical Recruitment and Single Lead employer teams.
	1	No further training or implementation will be required as the system has been in place since 2016. The Recruitment Service and organisational managers have the required skills and knowledge to use the system.
	1	The system supports transparent, accountable and timely culture where quality and safety of new recruits is essential to deliver safe patient care.
	1	The system delivers comprehensive, detailed data sets to enable performance and activity reporting to customers. This data is used to improve the service, process and monitor compliance with KPIs. The data is used to find hot spots where further support or change is required.
	1	System users are already trained in its use. The user interface also provides prompts for next steps and supports robust monitoring of performance.
	1	Enables SLA and KPIs to be monitored to inform service delivery and improvement. Ensures safe recruitment to deliver safe patient care.
Overall amount of activity required		<p><Using the key points and actions and scores above, summarise in words the overall amount of activity (High, Medium, Low) required to achieve the change set out in the proposal></p> <p>To implement the Trac contract renewal would require low levels of activity as the system is currently in place and does not need to be built or implemented. All staff and managers are trained.</p>

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?

The risks of not implementing this proposal are that the new ESR system is currently being developed (the future workforce solution (FWS)) which is expected to have Recruitment Functionality. To change the Recruitment System now when a new system is likely to be implemented in the short to medium term would cause significant upheaval for the Recruitment Service and the organisations. The need to develop and learn a new system whilst implementing another new system for Recruitment is prohibitive. It could significantly negatively impact the time to hire across NHS Wales and the safety of recruiting staff to deliver safe patient care.

There are no perceived risks to renewing the Trac contract.

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>Kelly Skene, Assistant Director of Employment Services, 12/01/2026</i>	<i>Kelly Skene, Assistant Director of Employment Services, 12/01/2026</i>	N/A

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
N/A	N/A	N/A

TRUST BOARD	
EXPENDITURE APPROVAL FOR HEALTH COURIER SERVICES FLEET INSURANCE	
DATE OF MEETING	29 January 2026
PUBLIC OR PRIVATE REPORT	Private
IF PRIVATE PLEASE INDICATE REASON	COMMERCIALY SENSITIVE
REPORT PURPOSE	APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Jonathan Irvine, Director of Procurement and Health Courier Services, NWSSP
PRESENTED BY	Jonathan Irvine, Director of Procurement and Health Courier Services, NWSSP
APPROVED BY	Jonathan Irvine, Director of Procurement and Health Courier Services, NWSSP
EXECUTIVE SUMMARY	<p>Health Courier Services fleet insurance is provided under an existing all-Wales contracting arrangement which is now in its third year.</p> <p>The expenditure to be incurred for the third year premium has been provided by the broker and it exceeds the delegated revenue expenditure limit of the NWSSP Managing Director and Chair.</p> <p>Trust Board approval is being sought to authorise the Chief Executive to sign the purchase order. The amount of the premium is £354,105.30.</p>
RECOMMENDATION / ACTIONS	To AUTHORISE the Chief Executive to sign the purchase order for Health Courier Services Fleet Insurance for the period 1 December 2025 to 30 November 2026.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
The contract in place is an all-Wales contract approved by Welsh Government – following receipt of annual insurance premium quotation from the broker during December 2023 (based on extract taken from Motor Insurance Database as close as possible to the renewal date)	15/03/2024
	(DD/MM/YYYY)
	(DD/MM/YYYY)
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
This contract for insurance brokerage, although relatively low value in respect of brokerage costs, has been approved by Welsh Government under an all-Wales framework.	
7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as ' ASSURANCE ', this section must be completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance
	<i>Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the "How to Guide for Reporting to Trust Board and Committees"</i>
APPENDICES	
[Insert Appendix Number]	List the title of any appendices

1. SITUATION

Motor fleet insurance is managed operationally as an annualised transaction, with premiums calculated and confirmed late in the year based on up-to-date fleet size, risk profile and prevailing market conditions. As a result, the full cumulative contract value only becomes apparent very close to the forthcoming year.

The premium for Year 3 of the National Motor Fleet Insurance contract (NMD-MIN-53871), covering the period 1st December 2025 to 30th November 2026 is now due and is **£354,105.30**. It is important to note that whilst this approval is being sought after the commencement of the period in order to facilitate payment, uninterrupted and legally compliant operation of the Health Courier Service fleet across NHS Wales continues under the insurance cover being provided.

The value of the premium exceeds the delegated revenue limit of the NWSSP Managing Director and Chair and therefore the Trust Board is requested to authorise the Chief Executive to sign the purchase order in order to allow payment of the Year 3 premium and ensure continuity of insurance cover for this critical NHS Wales service.

2. BACKGROUND

NWSSP Health Courier Service provides a critical Wales-wide logistics function, supporting NHS Wales through the safe and timely transportation of blood products, specimens, pharmaceuticals, medical records, equipment and other essential clinical and operational materials. The service operates across multiple Health Boards and Trusts and underpins frontline clinical services and patient care. Fully compliant motor fleet insurance is a statutory requirement for the lawful operation of this service.

In 2023, NWSSP Procurement Services undertook a fully compliant All-Wales procurement exercise for Motor Fleet Insurance via a mini-competition under the Yorkshire Purchasing Organisation Dynamic Purchasing System for Insurance Placement. This route was selected to maximise competition and to provide access to insurers with proven experience of NHS and specialist vehicle fleets, including blue light operations.

The contract was awarded following a competitive evaluation process, with Arthur J. Gallagher appointed as insurance broker. Under this arrangement, the contractual relationship is held with the broker rather than individual insurers, the cost of which is approximately £6,000. The broker is appointed for a brokerage fee and is responsible for sourcing, evaluating and managing insurance quotations from the market on an annual basis. This reflects standard practice for complex fleet insurance portfolios where vehicle numbers, asset values and risk exposure fluctuate year on year.

Insurance premiums are recalculated annually and are typically confirmed very late in the year once fleet data and risk information are finalised. This includes vehicle records held on the Motor Insurance Database (MID), for which the Trust is responsible for maintaining accurate and up-to-date information. As a result, expenditure is managed and approved on an annual basis rather than against a fixed total contract value at the outset.

3. ASSESSMENT

AUTHORISATION for the Chief Executive to sign the Purchase Orders is necessary to ensure uninterrupted insurance cover for the Health Courier Service. Without valid motor fleet insurance in place, the service would be unable to operate lawfully, creating immediate and unacceptable operational, clinical and reputational risks for NHS Wales.

The procurement process underpinning the contract was compliant, competitive and transparent, providing assurance that the appointment of the broker and the resulting insurance arrangements represent value for money and appropriate risk management. The use of a specialist broker enables access to a broader insurance market, specialist claims handling support and market-responsive pricing in an ever-changing insurance environment.

Variability in premium values is driven by external market conditions, claims experience and changes in fleet size associated with capital replacement and operational requirements, as reflected in the vehicle data maintained on the Motor Insurance Database (MID).

Funding for the Year 3 premium is confirmed within the Health Courier Service operational budget.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The Health Courier Service delivers an essential Wales-wide logistics function for NHS Wales and must maintain fully compliant motor fleet insurance to operate lawfully and safely.

A compliant All-Wales procurement exercise was undertaken in 2023 using the Yorkshire Purchasing Organisation Dynamic Purchasing System, resulting in the appointment of a specialist insurance broker to manage annual insurance placements on behalf of participating organisations. Insurance premiums are recalculated annually and confirmed late in the year, reflecting changes in fleet composition, risk exposure and market conditions.

Authorising the signing of the purchase order will enable uninterrupted insurance cover, continued statutory compliance and the ongoing delivery of critical courier services across NHS Wales.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: Choose an item	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	Choose an item
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below
	Safe <input type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input type="checkbox"/>
	The contract for Insurance Brokerage has been established through formal competition under a Dynamic Purchasing Agreement. The assessment of bids received included a robust technical Evaluation that scored Insurance Added Value Contributions, Insurance Policy Wording and Cover Clauses and Claims Reporting and Process Requirements. A commercial evaluation was also undertaken and scored in respect of the brokerage costs. This evaluation underpinned the award of a high quality, effective and financially prudent contract.
QUALITY IMPACT ASSESSMENT	Yes - Fully completed and signed QIA Enclosed

<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview</p>	<p>Yes</p> <p>The contract awarded provides for “Risk Management Days” offered by the insurer with the intention of reducing claims and should complement initiatives already undertaken by NHS Wales organisations to improve the safety of both NHS Wales staff and members of the public where motor vehicles are in use. All documentation exchanges are conducted electronically and the national approach to the procurement has reduced variability of policy terms and excess levels.</p>
<p>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</p>	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust’s Wellbeing goals: Choose an item</p>	
<p>If yes select the relevant goals:</p> <ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input checked="" type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input checked="" type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/> 	
<p>FINANCIAL IMPLICATIONS / IMPACT</p>	<p>Yes - please Include further detail below, including funding stream</p>
	<p>Source of Funding: Other (please explain)</p>

	<p>Please explain if 'other' source of funding selected: The payment for insurance costs is an item of revenue expenditure from the NWSSP budget</p> <p>Type of Funding: Revenue</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: £ 354,105.30 for year 3 insurance cover</p> <p>Type of Change Other (please explain) Please explain if 'other' source of funding selected: Revenue funding from NWSSP budget</p>
<p>EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</p>	<p>Yes - please outline what, if any, actions were taken as a result</p>
<p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p>Click or tap here to enter text</p>

6. RISKS

<p>ARE THERE RELATED RISK(S) FOR THIS MATTER</p>	<p>Yes - please complete sections below</p>
<p>WHAT IS THE RISK?</p>	<p>Risk of insurance coverage being revoked if the Purchase Order is not issued.</p>
<p>WHAT IS THE CURRENT RISK SCORE</p>	
<p>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</p>	<p>Timely approval will mitigate the risk</p>
<p>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</p>	
<p>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</p>	<p>No</p>

All risks must be evidenced and consistent with those recorded in Datix	



Quality-driven decision-making





Quality Impact Assessment

Title of proposal this Quality Impact Assessment (QIA) is supporting:	Expenditure Approval for Fleet Insurance
Reference of proposal:	
Details of Board / Committee the paper is being presented to and when:	Velindre Trust Board – 29 January 2026


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)	
	Positive (+1)	High (3)	4	The contract for Fleet Insurance provides insurance coverage for all HCS fleet vehicles thereby ensuring that the safety of employees and the public is maintained in respect of the appropriate, legal insurance requirements.
	Neutral	High (3)	3	Insurance coverage is determined on an annual basis. This paper requests approval for Year 3 of the existing contract based on the premiums quoted to the broker.

	Positive (+1)	High (3)	4	The broker contracted to obtain the insurance quotations from the market has wide experience in this area of operation and obtains the optimum cover and arrangements for HCS fleet based on the profile, history and replacement requirements for the vehicles.
	Positive (+1)	High (3)	4	Efficiency has been assured through the appointment of a single broker contracted on behalf of all NHS Wales organisations. This leads to standardisation of terms and aggregate pricing/premium opportunities.
	Positive (+1)	High (3)	4	Single broker providing a nationally agreed brokerage service for NHS Wales brings equity to the process of negotiating and agreeing insurance premiums.
	Positive (+1)	High (3)	4	Provides cover for the vehicles, drivers and other road users in the event of any incident/accident.
Overall impact	The proposal delivers a positive, high-level impact on healthcare service delivery. It ensures legal compliance and public safety through comprehensive fleet insurance, while driving efficiency and equity via a single broker arrangement for NHS Wales. This approach standardises terms, secures cost benefits and leverages broker expertise to optimise coverage, supporting operational continuity and effective risk management.			

1b: Briefly outline the amount of activity required to ensure successful implementation of the proposal or strategic decision (in line with enabling Quality Standards)

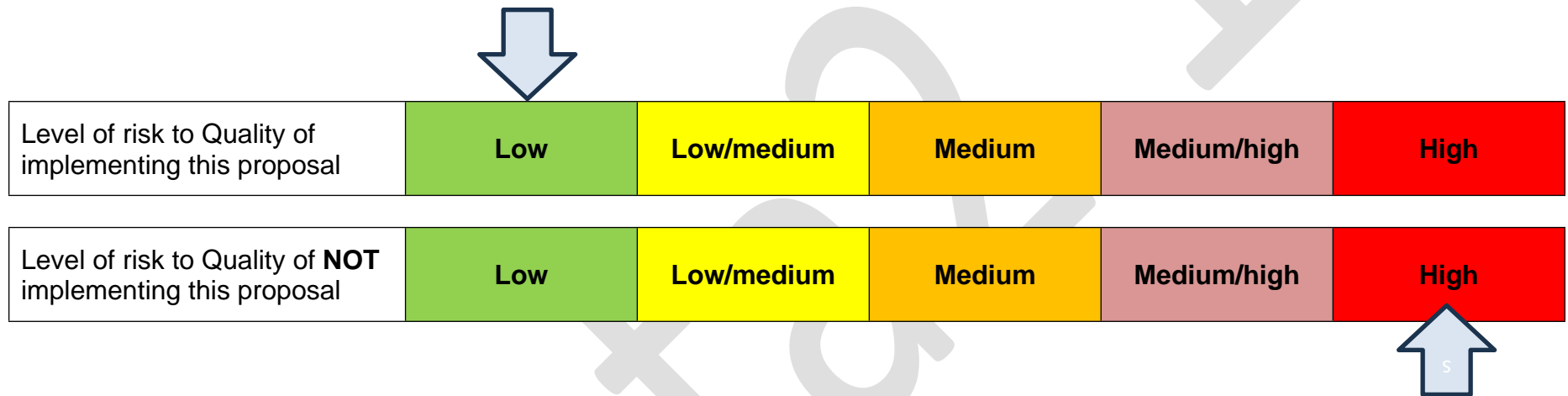
Quality Standard	Amount of activity required. High (3), Medium (2) or Low (1)	Key points and actions to achieve the changes required
<i>Click each icon for its definition</i>		
	Low (1)	This is a national procurement and has been led as such by the national stakeholder group including fleet managers from across the country.

	Low (1)	Ensures all vehicles are appropriately insured on behalf of NWSSP and their employees.
	Low (1)	Ensures that the fleet is legally compliant in respect of insurance providers and drivers are protected while undertaking their driving duties for NWSSP.
	Low (1)	Regular review of the contract and associated claims is undertaken in conjunction with the broker to include claims management activities.
	Low (1)	Review of all claims and vehicle and driver developments during the year that impact premiums e.g. road safety training, dashcams, driver behaviour software onboarded within the vehicles.
	Low (1)	All vehicles within the HCS fleet are subject to this insurance provision.
Overall amount of activity required	The activity required is low as the paper proposes approval of expenditure to allow for the issue of Purchase Orders to the Contractor.	

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)



Describe the main risks to Quality of implementing this proposal?
Describe the main risks to Quality of NOT implementing this proposal?

Implementing = Low – no change and fleet remains operational

Not Implementing = High – fleet will not be covered by insurance and will not therefore be operational



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
Jonathan Irvine, Director of Procurement and Health Courier Services, NWSSP 12 January 2026	Jonathan Irvine, Director of Procurement and Health Courier Services, NWSSP 12 January 2026	N/A

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
N/A	N/A	N/A



TRUST BOARD	
PROCUREMENT OF FORENSIC & STATEMENT RECONCILIATION SOFTWARE; COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT	
DATE OF MEETING	29 January 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Russell Ward, NWSSP Head of Accounts Payable
PRESENTED BY	Alison Ramsey, NWSSP Director of Finance & Corporate Services
APPROVED BY	Choose an item
EXECUTIVE SUMMARY	<p>NHS Wales Shared Services Partnership (NWSSP) - Accounts Payable (AP) has contracted the services of Fiscal Technologies since 2016, with the current contract ending on the 17th March 2026. Fiscal Technologies provide Forensic (Duplicate Payment) and Statement Reconciliation software for NHS Wales.</p> <p>The current contract was let as a Direct Award utilising the North Yorkshire County Council single supplier framework call off contract, and is due to expire on the 17th March 2026, with no option to extend.</p> <p>Over the last three (3) years, the use of the software has helped to prevent 4,955 erroneous</p>

	<p>transactions being paid, with a total value of £30,500,000.00 in preventions.</p> <p>It is proposed to let the new contract via the Crown Commercial Services (CCS) G-Cloud 14 Direct Award Framework, for a period of three (3) years with an option to extend for a further 12 months.</p> <p>Only 2 suppliers were able to be shortlisted from the framework and Fiscal Technologies were significantly cheaper than the other potential supplier and did not require additional implementation costs as demonstrated in the procurement outcome report.</p>
<p>RECOMMENDATION / ACTIONS</p>	<p>The NWSSP Scheme of Delegation set out in the Trust Standing Orders requires Trust Board approval for NWSSP revenue expenditure > £250k.</p> <p>The Trust Board is requested to approve this contract for £497,146.01 excluding VAT (£596,575.21 including VAT) and in doing so to also authorise the Chief Executive to approve the purchase order.</p>


<p>1.1 Nature of contract: Please indicate with a (x) in the relevant box</p>	<p>First time <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>Contract Extension <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>Contract Renewal <input checked="" type="checkbox"/></p>	<p><input type="checkbox"/></p>
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1.2 Period of contract including extension options:

<p>Expected Start Date of Contract</p>	<p>18/03/2026</p>
<p>Expected End Date of Contract</p>	<p>17/03/2029</p>
<p>Contract Extension Options (E.g. maximum term in months)</p>	<p>12 months to 17/03/2030</p>

GOVERNANCE ROUTE

<p>List the Name(s) of Committee / Group who have previously received and considered this report:</p>	<p>Date</p>
<p>Shared Services Partnership Committee</p>	<p>22/01/2026</p>
<p></p>	<p></p>

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
The approach is included in a paper for approval by the Shared Services Partnership Committee on 22 nd January 2026	
APPENDICES	
1	Procurement Outcome Report  Procurement%20Outcome%20Report_Fc

1. SITUATION

The Fiscal Technologies forensic software has been used by the NWSSP Accounts Payable team to prevent erroneous transactions being paid over the last nine (9) years and for the last two (2) years has also worked with the supplier to implement new statement reconciliation software to reclaim credits appearing on supplier statements but which are not on the Oracle Financial Management System. The Trust Board is requested to approve the commitment to renew the contract with a maximum commitment over four years of £596,575.21 including VAT.

2. BACKGROUND

NWSSP-Accounts Payable have worked with Fiscal Technologies for the past nine (9) years on preventing erroneous payments and more recently Statement Reconciliation software.

3. ASSESSMENT

The current five (5) year contract with Fiscal Technologies, comes to an end on the 17th March 2026, with no option to extend. The new contract with Fiscal Technologies will be awarded via the CCS G-Cloud 14 Framework.

4. SUMMARY OF MATTERS FOR CONSIDERATION

Over the last three (3) year period, the use of the software has helped to prevent 4,955 erroneous transactions being paid, with a total value of £30,500,000 in preventions.

The current forensic software contract was awarded to Fiscal Technologies via a direct call-off contract under the North Yorkshire County Council single supplier framework for an Accounts Payable Audit Solution (APAS) for a five (5) year period, which expires on 23rd of April 2026.

In addition to this software, Fiscal Technologies also provides Accounts Payable with Statement Reconciliation software, which replaced an in-house Robotics solution which was developed and implemented to manage Supplier Statements for the top

200 suppliers. Due to ongoing operational issues and problems encountered trying to expand the volume of transactions being processed, it was decided to approach the market and implement specialist third party Statement Reconciliation software. This contract was awarded to Fiscal Technologies following an Open OJEU tender process and expires on 17th of March 2026.

The approach was agreed to procure a single all Wales Forensic and Statement Reconciliation Software solution, to replace the two current contracts.

Under the G-Cloud 14 Framework terms, shortlisted suppliers can be evaluated in the following two ways:

1. Most Economically Advantageous Tender (MEAT) criteria
2. Direct Award on lowest price only if they are comparable services

During working group meetings with stakeholders, it was noted that the time period to implement new software would be approximately six (6) months, meaning that it would not be possible to undertake a full tender exercise by the current contracts' expiry dates. A new supplier would also likely incur additional implementation costs.

Two (2) suppliers were able to be shortlisted on this framework and Fiscal Technologies represented the cheapest annual cost and avoided £50,000 of one-off implementation costs that were quoted by the other supplier.

As the suppliers' offerings are comparable services, Fiscal Technologies were identified as the proposed bidder under option two – Direct award on lowest price only if they are comparable services. A compliant direct award to the incumbent supplier, Fiscal Technologies, is therefore proposed via the CCS G-Cloud 14 Framework.

It is anticipated that on the expiry of this new proposed contract in 2029 that the market is tested at that time with an updated single specification.

The new contract costs are summarised below in comparison to the current contract costs:

	£including VAT	£including VAT	Increase in costs
Current contracts	122,522.00		
Year 1		141,196.81	18,674.81
Year 2		151,792.80	29,270.80
Year 3		151,792.80	29,270.80
Year 4 (optional extension)		151,792.80	29,270.80
TOTAL		596,575.21	106,487.21

The previous contract for the forensic software was a fixed price contract for five (5) years so inflationary uplifts during that period have been recognised in the contract renewal price. This cost pressure is included in the NWSSP 2026-29 IMTP and has

been offset by additional savings and income generation opportunities identified within Accounts Payable

The year 1 costs are cheaper due to the recognition of credit for the previous forensic software contract which does not expire until 23rd April 2026 and enables alignment of the new contract award under a single contract.

1. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: NO	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	08 - Financial Sustainability and Long Term Value
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below
	Safe <input type="checkbox"/> Timely <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input type="checkbox"/>
	Click or tap here to enter text
QUALITY IMPACT ASSESSMENT	Yes - Fully completed and signed QIA Enclosed
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	Not required

	Click or tap here to enter text
TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: NO</p>	
<p>If yes select the relevant goals:</p> <ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/> 	
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	<p>Source of Funding: Divisional Budget Allocation Please explain if 'other' source of funding selected: NWSSP Revenue Budget</p> <p>Type of Funding: Revenue</p> <p>Scale of Change Please detail the value of revenue and/or capital impact £596,575.21 including VAT over 3 year period and 12-month contract extension.</p> <p>Type of Change Business as Usual Improvement</p>

	Please explain if 'other' source of funding selected: Click or tap here to enter text
EQUALITY IMPACT ASSESSMENT	Not required - please outline why this is not required
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report. Click or tap here to enter text

2. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	
WHAT IS THE CURRENT RISK SCORE	
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	

**COMMITMENT OF EXPENDITURE EXCEEDING
CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION**

SCHEME TITLE	Procurement of Forensic & Statement Reconciliation Software
DIVISION / HOST ORGANISATION	NWSSP
DATE PREPARED	14 th January 2026
PREPARED BY	Russell Ward – NWSSP Head of Accounts Payable
SCHEME SPONSOR	Alison Ramsey, NWSSP Director of Finance & Corporate Services

**All Divisional proposals must be consistent with the strategic and operational plans of
Velindre University NHS Trust.**

1. DESCRIPTION OF GOODS / SERVICES / WORKS

RECOMMENDATION

The Trust Board is requested to approve the commitment to renew the contract with a maximum commitment over four (4) years of £596,575.21 including VAT and in doing so to also authorise the Chief Executive to approve the purchase order.

1. BACKGROUND

The Fiscal Technologies forensic software has been used by the NWSSP Accounts Payable team to prevent erroneous transactions being paid over the last nine (9) years and for the last two (2) years has also worked with the supplier to implement new statement reconciliation software to reclaim credits appearing on supplier statements, but which are not on the Oracle Financial Management System

2. ASSESSMENT

The current five (5) year contract with Fiscal Technologies, comes to an end on the 17th March 2026, with no option to extend. The new contract with Fiscal Technologies will be awarded via the CCS G-Cloud 14 Framework.

3. SUMMARY OF MATTERS FOR CONSIDERATION

Over the last three (3) year period, the use of the software has helped to prevent 4,955 erroneous transactions being paid, with a total value of £30,500,000 in preventions.

The current forensic software contract was awarded to Fiscal Technologies via a direct call-off contract under the North Yorkshire County Council single supplier framework for

an Accounts Payable Audit Solution (APAS) for a five (5) year period, which expires on 23rd of April 2026.

In addition to this software, Fiscal Technologies also provides Accounts Payable with Statement Reconciliation software, which replaced an in-house Robotics solution which was developed and implemented to manage Supplier Statements for the top 200 suppliers. Due to ongoing operational issues and problems encountered trying to expand the volume of transactions being processed, it was decided to approach the market and implement specialist third party Statement Reconciliation software. This contract was awarded to Fiscal Technologies following an Open OJEU tender process and expires on 17th of March 2026.

The approach was agreed to procure a single all Wales Forensic and Statement Reconciliation Software solution, to replace the two current contracts.

Under the G-Cloud 14 Framework terms, shortlisted suppliers can be evaluated in the following two ways:

1. Most Economically Advantageous Tender (MEAT) criteria
2. Direct Award on lowest price only if they are comparable services

During working group meetings with stakeholders, it was noted that the time period to implement new software would be approximately six (6) months, meaning that it would not be possible to undertake a full tender exercise by the current contracts' expiry dates. A new supplier would also likely incur additional implementation costs.

Two (2) suppliers were able to be shortlisted on this framework and Fiscal Technologies represented the cheapest annual cost and avoided £50,000 of one-off implementation costs that were quoted by the other supplier.

As the suppliers' offerings are comparable services, Fiscal Technologies were identified as the proposed bidder under option two – Direct award on lowest price only if they are comparable services. A compliant direct award to the incumbent supplier, Fiscal Technologies, is therefore proposed via the CCS G-Cloud 14 Framework.

It is anticipated that on the expiry of this new proposed contract in 2029 that the Market is tested at that time with an updated single specification.

The new contract costs are summarised below in comparison to the current contract costs:



	£ including VAT	£ including VAT	Increase in costs
Current contracts	122,522.00		
Year 1		141,196.81	18,674.81
Year 2		151,792.80	29,270.80
Year 3		151,792.80	29,270.80
Year 4 (optional extension)		151,792.80	29,270.80
TOTAL		596,575.21	106,487.21

NWSSP Accounts Payable services have identified the additional cost pressures in the 2026-29 IMTP and have identified cost savings and additional income generation to offset these within the financial plan.

1.1 Nature of contract: Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>
	1.2 Period of contract including extension options:					
Expected Start Date of Contract		18/03/2026				
Expected End Date of Contract		17/03/2029				
Contract Extension Options (E.g. maximum term in months)		12 Months to 17/03/2030				

2. STRATEGIC FIT (Host organisations are not required to complete Section 2)

2.1 OUR STRATEGIC PILLARS This scheme should relate to at least one of the Trust's five strategic pillars. Please mark with a (x) in the box the relevant pillars for this scheme.	
Goal 1: Be recognised as a pioneer in blood and transplantations services across Europe.	<input type="checkbox"/>



Goal 2: Be a recognised leader in specialist cancer services in Europe.	<input type="checkbox"/>
Goal 3: Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
Goal 4: An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>
Goal 5: An exemplar of sustainability that supports global well-being and social value.	<input type="checkbox"/>

2.2 INTEGRATED MEDIUM TERM PLAN		
Is this scheme included in the Trust Integrated Medium Term Plan?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If not, please explain the reason for this in the space provided.		
It is included within the NWSSP IMTP		
2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES		
This scheme should relate to at least one of the Trust's wellbeing objectives. Please mark with a (x) in the box the relevant objectives for this scheme.		
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.	<input type="checkbox"/>	
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	<input type="checkbox"/>	
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.	<input type="checkbox"/>	
Deliver bold solutions to the environmental challenges posed by our activities.	<input type="checkbox"/>	
Bring communities and generations together through involvement in the planning and delivery of our services.	<input type="checkbox"/>	
Demonstrate respect for the diverse cultural heritage of modern Wales.	<input type="checkbox"/>	
Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovations whilst also making a lasting contribution to global well-being.	<input type="checkbox"/>	



FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED

Please mark with a (x) in the box the relevant principles for this scheme.

Click [here](#) for more information

Prevention	<input checked="" type="checkbox"/>	Long Term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>
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3. OPTIONS CONSIDERED

Include 'business as usual' i.e. 'do nothing'

3.1 Please state alternative options considered and reasons for declining

If the decision was made to not procure and commission the software, NHS Wales will be exposed to duplicate payments being processed with the only alternative option for the recovery of these payments being undertaken by specialist recovery audit suppliers who charge a percentage fee of any duplicate payments recovered.

Over the last three (3) year period, the use of the software has helped to prevent 4,955 erroneous transactions being paid, with a total value of £30,500,000 in preventions. The percentage fee for an external recovery service would exceed the current contract costs being proposed for the prevention software.

With regard to the statement reconciliation software, NWSSP developed an in-house reconciliation solution however it incurred repeated operational issues and was limited to the number of supplier statements that could be reconciled. During the current two (2) year contract we have worked with the supplier to refine the software to meet NHS Wales reporting requirements and the renewal of the contract with the current supplier will enable further realization of these benefits.

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option
<p>The forensic software identifies potential duplicate payments before they are processed. Over the last three (3) year period, the use of the software has helped to prevent 4,955 erroneous transactions being paid, with a total value of £30,500,000 in preventions. The percentage fee for an alternative external post-payment recovery service would exceed the current contract costs being proposed for the prevention software.</p> <p>The statement reconciliation software enables statements for unlimited supplier numbers to be reconciled against outstanding creditors in the Oracle Financial Management System. Use of the software will highlight instances where invoices have been credited by suppliers, but which may remain as outstanding for payment. It will also identify where credit notes have been raised by suppliers but have not been received or accounted for by NHS Wales. The identification of such invoices/credit notes will enable credits to be taken by NHS Wales and ensure outstanding invoices are correctly reconciled to statements.</p>

5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
<p>There are no known risks for this approach identified– use of the system is already embedded within NHS Wales and there are no potential risks regarding implementation or usage.</p> <p>If this scheme does not proceed, it exposes the NHS to duplicate payments being made. Over the past three (3) years the software has prevented £30,500,000 duplicate transactions being made. The scheme prevents a duplicate payment being made prior to a payment run.</p>	<p>If the software is not utilized, NHS Wales would have to commission a specialist recovery audit supplier who would recover any duplicate payments made from NHS suppliers. This would be on a % recovery basis so could potentially cost NHS Wales in excess of £6m</p>



6. PROCUREMENT ROUTE

6.1 How is the contract being procured? Please mark with a (x) as relevant.	
Competition 3 Quotes <input type="checkbox"/> Formal Tender Exercise <input type="checkbox"/> Mini competition <input type="checkbox"/> Find a Tender <input type="checkbox"/> (replaces OJEU Public Contract regulations 2015 still apply)	Single source Single Quotation Action <input type="checkbox"/> Single Tender Action <input type="checkbox"/> Direct call off Framework <input checked="" type="checkbox"/> All Wales contract <input type="checkbox"/>
Click here for link to Procurement Manual for additional guidance	
6.2 Please outline the procurement strategy	
The procurement strategy is to follow a Direct Award. The new contract with Fiscal Technologies will be awarded via the CCS G-Cloud 14 Framework. This is to ensure the continuity of the service for service users and offers the overall best value for money based on market analysis testing.	
6.3 What is the approximate time line for procurement?	
Direct Award - The contract will be let for a 18 th March 2026 to ensure the continuity of the service subject to approval.	

6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route	
Head of Procurement Name:	Andrew Smallwood – Assistant Director of Procurement



Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Signature:	
Date:	16/01/2026

7. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£) £497,146.01	Including VAT (£) £596,575.21
The nature of spend	Capital <input type="checkbox"/>	Revenue <input checked="" type="checkbox"/>
How is the scheme to be funded? Please mark with a (x) as relevant.		
Existing budgets	<input checked="" type="checkbox"/>	
Additional Welsh Government funding	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
If you have selected 'Other' – please provide further details below: Savings and additional income generation has been identified within NWSSP Accounts Payable team to offset the increased contract renewal costs		

PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £	Year 2 (exc. VAT) £	Year 3 (exc. VAT) £	Total Future Years (exc. VAT) £	Total (exc.VAT) £	Total (inc. VAT) £
Annual charge	117,664.01	126,494.00	126,494.00	126,494.00	497,146.01	596,575.21
Overall Total	117,664.01	126,494.00	126,494.00	126,494.00	497,146.01	596,575.21


8. PROJECT MANAGEMENT (if applicable)

What are the management arrangements associated with this scheme? E.g. PRINCE 2	The Contract will be contract managed via the Finance and Procurement teams to
--	--



	ensure all deliverables are met in line with the contract.
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9. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

The Lead Director, by providing email confirmation, to seek Board approval is making a declaration that all procurement procedures, standing orders and standing financial instructions requirements have been appropriately discharged and observed and that where relevant, appropriate advice and confirmation has been obtained to that effect. Procurement Services retain this confirmation electronically in the tender file.	
Lead Director Name:	Alison Ramsey
Signature:	
Service Area:	NWSSP – Director of Finance & Corporate Services
Date:	16 th January 2026

10. APPROVALS RECEIVED

List and include date of approvals received in support of this scheme.

Divisions	Date of Approval:
Business Planning Group or local equivalent	
Divisional Senior Management Team	
Executive Management Board	

Host Organisations	Date of Approval:
NWSSP / NHS Wales Shared Services Partnership Committee	22 nd January 2026
HTW – Senior Management Team	



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Caffael

Shared Services
Partnership
Procurement Services

PROCUREMENT OUTCOME REPORT

FORENSIC & STATEMENT RECONCILIATION
SOFTWARE
ICT-DCO-59858

Agreement Type <i>Framework/Contract</i>	Contract
Brief Agreement Description	Direct award via the G-Cloud 14 Framework for the continued use of forensic software capturing invoice errors and preventing payment duplications, combined with a statement reconciliation application.
Agreement Duration Initial Term and Extension Option	Three (3) years plus optional one (1) year extension.
Contract Dates <i>Initial Term & Extension Option</i>	Initial Term 18/03/2026 – 17/03/2029 Extension 18/03/2029 – 17/03/2030
Planned / Unplanned	Planned
No. of Tenders Issued	N/A
No. of Tenders Received	N/A
Annual Value of Current Agreement	£102,101.67 (Ex VAT) £122,522.00 (Inc VAT)
Annual Value of New Agreement	Year 1: £117,664.01 (Ex VAT) £141,196.81 (Inc VAT) Year 2,3 & 4: £126,494.00 (Ex VAT) £151,792.80 (Inc VAT)
Total Value of New Agreement <i>Including Extensions</i>	£497,146.01 (Ex VAT) £596,575.21 (Inc VAT)
Savings / Increase <i>Cash Releasing Cost Avoidance Cost Pressure</i>	Cost Pressure: Year 1: £15,562.34 Year 2,3 &4: £24,392.33 Total: £88,739.33 (Ex. VAT)
Lead Body LHB or Trust	NWSSP
Impact of Change	Risk Identified - Medium

1. Product / Market Overview

One of the key objectives for NHS Wales Shared Services Partnership (NWSSP) Accounts Payable (AP) team is to identify the baseline of all the financial controls established for the AP processes, in order to provide assurance to all NHS Wales Health Boards, Trusts and Special Health Authority customers and to improve processes wherever possible.

Two ongoing areas of concern are:

- Scrutiny around duplicate payments.
- Erroneous payments prior to payment runs.

Both areas are seen as vital for financial control, especially when using electronic processes as this can exacerbate issues.

The AP service for managing these issues is provided via a managed service arrangement for a Forensic Software Service currently provided by Fiscal Technologies.

The latest product, NXG Forensics, was adopted in 2021 and is a cloud-based solution that securely connects with NWSSP's Procure to Pay (P2P) system. This existing software has successfully delivered a comprehensive and accurate analysis of payment information to highlight and prevent potential duplicate and erroneous payments prior to payment runs over the previous four (4) years.

Over the last three (3) year period, the use of the software has helped to prevent 4,955 erroneous transactions being paid, with a total value of £30,500,000.00 in preventions.

The current contract was awarded to Fiscal Technologies via a direct call-off contract under the North Yorkshire County Council single supplier framework for an Accounts Payable Audit Solution (APAS) for a five (5) year period, which expires on 23rd of April 2026.

In addition to this software, Fiscal Technologies also provides AP with Statement Reconciliation software, which replaced an in-house Robotics solution which was been developed and implemented to manage Supplier Statements for the top 200 suppliers. Due to operational issues and numerous issues trying to expand the volume of transactions being processed, it was decided to approach the market and implement specialist third party Statement Reconciliation software. This contract was awarded to Fiscal Technologies following an Open OJEU tender process and expires on 17th of March 2026.

The agreed overall project scope is to procure a single all Wales Forensic and Statement Reconciliation Software solution, to replace the two (2) current contracts. Further to this, a compliant direct award to the incumbent supplier, Fiscal Technologies, is proposed via the G-Cloud 14 Framework.

During working group meetings with stakeholders, it was noted that the time period to implement new software would be approximately six (6) months, meaning that it would not be possible to undertake a full tender exercise by the current contracts' expiry dates. This was partly due to service capability to produce a robust specification, and insufficient notice regarding the requirement to combine the two contracts, as Statement Reconciliation had been implemented and managed by another team. It is envisaged on this renewal we merge the two (2) existing contracts into one single contract and on expiry in 2029 test the market at that time with an updated single specification.

The strategy was influenced by a pre-market engagement exercise, which identified that there are three (3) suppliers who can provide the full requirement. These suppliers were involved in a demonstration day and provided indicative quotations which showed that Fiscal Technologies were £103,850.00 to £118,850.00 per annum less expensive than the two (2) suppliers involved.

2. Procurement Process

It is proposed that the contract be let via the G-Cloud 14 Framework as a direct award following the completion of the longlisting/shortlisting procedure applicable to the framework.

The G-Cloud 14 Framework outlines that a long list of suppliers should be compiled using key words and the filter function, which then should be further refined to create a short list. Following this process, Fiscal Technologies and Basware were the only two (2) shortlisted suppliers.

Under the Framework terms, shortlisted suppliers can be evaluated in the following two ways:

1. Most Economically Advantageous Tender (MEAT) criteria
2. Direct Award on lowest price only if they are comparable services

Subsequently, a desktop evaluation was carried out, which included reviewing the suppliers' service definition and pricing documents. The annual costs for each supplier were as follows

Fiscal Technologies: £126,150.00

Basware: £209,298.00

Basware pricing would also include an initial one-off implementation cost of approximately £50,000.00.

As the suppliers' offerings are comparable services, Fiscal Technologies were identified as the proposed bidder under option two – Direct award on lowest price only if they are comparable services.

3. Evaluation

Qualification	As per Framework shortlisting process.
Evaluation Panel(s)	The working group members noted below provided the stakeholder representation and are fully supportive of Fiscal's offering.
Technical & Commercial Scores	N/A – Desktop evaluation.

4. Price Benchmarking Information

The aforementioned benchmarking activity showed that the incumbent supplier, Fiscal Technologies, could provide the software at a significantly lower cost than the other two (2) suppliers who can provide the solutions. The indicative annual costings (excluding VAT) provided by all three were as follows.

- Fiscal Technologies: £126,150.00
- Xelix: £245,000.00
- Basware: £230,000.00*

As well as this, Xelix and Basware's prices would be subject to one-off implementation costs of approx. £50,000.00.

*To note, the figure provided by Basware for the initial benchmarking exercise varied from the prices discovered later, as set out in their G-Cloud 14 offering.

5. Financial Implications

As the two (2) current contracts have different expiry dates, it is proposed to align these so that the new contract starts following the date on which Statement Reconciliation, the first contract to expire, ends on the 17th of March 2026. As the Forensic Software contract would not expire until the 23rd of April 2026, a credit of £8,829.99 will be provided to reimburse for the remainder of the contract payment and will be deducted from the Year one (1) payment.

Therefore, the financial implications will be as follows

Cost Year 1:	£117,664.01 (Ex VAT)
	£141,196.81 (Inc VAT)
Cost Year 2, 3 & 4:	£126,494.00 (Ex VAT)
	£151,792.80 (Inc VAT)

Total: £497,146.01 (Ex. VAT)
£596,575.21 (Inc. VAT)

Cost Pressure:

Year 1: £15,562.34 (Ex. VAT)
Year 2, 3 & 4: £24,392.33 (Ex. VAT)

Total: £88,739.33 (Ex. VAT)

The pricing does represent an increase compared to the current contract pricing. Fiscal have stated that this is due to an increase in costs since the current contract began, improvements made to the system (including an increase to transaction and business unit capacity) as well as inflation exceeding 20% from contract start to present.

As the previous contracts had fixed pricing for the duration of the agreements, pricing has been held at a fixed price since 2021 for the Forensic Software contract, which represents the majority of the contract value. Therefore, the 15.24% increase on renewal is in line with RPI inflation over the last four years of the contract as the Bank of England Inflation Calculator shows that a 24.5% inflationary increase from 2021 to September 2025 would be expected.

Both the pre-tender benchmarking exercise and the Framework output has shown that this contract award still offers the best value for money.

Furthermore, Fiscal Technologies have confirmed that the G-Cloud 14 pricing is consistent with their offering through any market route.

6. Sustainable Procurement

Sustainability elements including ethical employment in supply chain and the Modern Slavery Act and Decarbonisation were evaluated within the framework criteria. In addition, Fiscal Technologies will be requested to share their Modern Slavery Statement and Carbon Reduction Plan for information.

Well-being of Future Generations Goals are addressed below.

Well-Being Goals	Impact of Contract Includes
A Prosperous Wales	Preventing duplication of payments and ensuring accuracy, capturing errors and therefore saving money.

A Resilient Wales	Increases accuracy of payments to suppliers, preventing erroneous payments and ensuring that public funds are effectively utilised and suppliers are paid efficiently.	
A Healthier Wales	Ensuring suppliers are paid on time by capturing missing invoice details contributing to continuity of supply and health outcomes.	
A More Equal Wales	A "Once for Wales" approach to processing payments.	
A Globally Responsible Wales	Continuation of digital ways of working.	

7. Risks and Mitigations

No risks were noted at briefing stage or subsequently, as both systems are currently in use and working well. Furthermore, the proposed approach means that implementation of a new system will not be required, so there will be no risk of a disruption to the service.

8. Recommendations

A direct award to Fiscal Technologies via the G-Cloud 14 Framework is recommended, under the following criteria;

Direct award on lowest price only if they are comparable services.

A three (3) year initial contract term is proposed, with an additional optional twelve-month extension period.

9. Contract Management

The effective and efficient use of the agreement will require ongoing Contract Management procedures.

10. Contract Delivery

No goods delivery applicable or implementation required.

11. Approvals Process & Next Steps

Internal approval process required as well as Velindre Board approval.

Contracting Stage	Timeframes	
	Anticipated Date / Timescales	Responsibility
Ratification Out/ Return	13/11/2025 – 27/11/2025	Procurement Services
Trust Governance Procedures	27/11/2025 – 31/01/2026	Accounts Payable
Contract Start Date	18/03/2026	Procurement Services

12. Working Group Members

Name	Title	Organisation
Russell Ward	Head of Accounts Payable, eEnablement & Salary Sacrifice	NWSSP

Alison Ruckley	Regional Accounts Payable Manager	NWSSP
Rowena Bines	Regional Accounts Payable Manager	NWSSP

13. Attachments

N/A


14. Contact Information

If you have any issues you wish to discuss, please do not hesitate to contact:


Prepared by

Name:	Georgina Walmsley
Contact Details:	Georgina.walmsley@wales.nhs.uk
Date:	28/10/2025

Reviewed by

Signed:	
Name:	Katharine Fletcher
Role:	Deputy Head of Sourcing
Date:	13 th November 2025

Procurement Approval

Signed:	
Name:	Russell Ward

Role:	Head of Accounts Payable, eEnablement & Salary Sacrifice
Date:	18 th November 2025

15. Acceptance

Please confirm your acceptance to participate in this procurement and your agreement to the proposal either by signing and returning this Procurement Outcome Report. NB. Your prompt response to this document is critical to maintain agreed timelines.

Agreement to participate:

I confirm acceptance of the outcome detailed in this report, and that the expenditure has an identified budget and will not cause any financial pressure which could result in the Organisation not delivering its financial breakeven duty.

Velindre University NHS Trust	Signed:	
	Name:	
	Role:	
	Date:	

CONFIDENTIAL

Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar
Dirprwy Brif Weithredwr, GIG Cymru

Health, Social Care and Early Years Group
Deputy Chief Executive, NHS Wales



Llywodraeth Cymru
Welsh Government

To Andrew Sallows
Director Planned Care Programme
NHS P&I

Our Ref: NW/LL

05 January 2026

Dear Andrew

Subject: Confirmation of Funding Decisions – Consultant Connect and Community Health Pathways (2026/27)

Following my confirmation letter to the NHS 5th December confirming the ministerial approval for to extend the contracts for both Consultant Connect and Community Health Pathways (CHP) for the financial year 2026/27, I can now confirm the proposed funding allocation as requested:

For Community Health Pathways the value of **£1,770,699.00** will be allocated
For Consultant Connect the value of **£762,000.00** will be allocated

As I confirmed in my original letter this central funding arrangements comes with a set of health board expectations, which I expect NHS P&I will track and report progress against:

For Community Health Pathways:

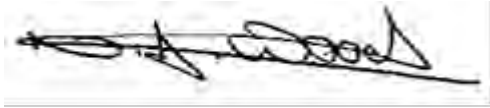
- Fund the Clinical Editor function locally for 2026/27 to ensure continued clinical relevance and engagement.
- Provide usage and outcome data to support ongoing evaluation and improvement.
- Integrate CHP into operational and clinical workstreams, including referral triage standards.

For Consultant Connect:

- Review their use of the National Consultant Network (NCN) and consider local funding arrangements where NCN usage is necessary due to service gaps.
- Engage with NHS Wales Performance & Improvement to support future governance and funding discussions, particularly in relation to transitioning the service to an urgent and emergency care funding stream

We appreciate your continued collaboration and commitment to delivering high-quality, patient-centred care. Further updates will be shared via NHS P&I leads in the new year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nick Wood', enclosed in a thin black rectangular border.

Nick Wood
Deputy Chief Executive, NHS Wales



Quality-driven decision-making





Quality Impact Assessment

Title of proposal this Quality Impact Assessment (QIA) is supporting:	Forensic and Statement Reconciliation Software Contract
Reference of proposal:	
Details of Board / Committee the paper is being presented to and when:	Shared Services Partnership Committee – 22 January 2026 Velindre Trust Board – 29 January 2026

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)	
	Neutral	1	1	
	Neutral	1	1	

	Positive	1	2	Over the last three (3) year period, the use of the software has helped to prevent 4,955 erroneous transactions being paid, with a total value of £30,500,000 in preventions.
	Positive	1	2	The software 'flags' a potential transaction as being a duplicate in order that the NWSSP Accounts Payable Team can investigate. Prior to commissioning the software, recovery of duplicate payments would be undertaken by a specialist recovery supplier, typically charging 18% of recovered monies. Based on the last three (3) year period, this cost would be circa £5,500,000
	Neutral	1	1	
	Neutral	1	1	
Overall impact	<p><Using the key points and rationale and scores above, summarise in words whether the overall impact appears to be positive or negative, and the overall level of that impact (High, Medium, Low). Please note that numerical sums may cancel each other out></p> <p>The overall impact of commissioning the software is positive, in prevention of duplicate transactions with NWSSP having over nine (9) years experience of using the software</p>			

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	Amount of activity required. High (3), Medium (2) or Low (1)	Key points and actions to achieve the changes required
Click each icon for its definition		

	1	
	1	
	1	
	1	
	1	
	1	
Overall amount of activity required		<p><Using the key points and actions and scores above, summarise in words the overall amount of activity (High, Medium, Low) required to achieve the change set out in the proposal></p> <p>There is no input required from any NHS Wales Organisations in the setting up of the software will be funded and commissioned by NWSSP. NWSSP have over nine (9) years experience of using the software</p>

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	
<p>Describe the main risks to Quality of implementing this proposal? Describe the main risks to Quality of NOT implementing this proposal?</p>						

<Bullet points with level of detail proportionate to the significance of risk. Include details of existing risks that this proposal will help to mitigate>

No risks have been identified by implementing this proposal.

If however the proposal is not implemented, there would be an increased risk of duplicate payments being made which would result in an increased financial cost for all NHS Organisations. Based on the last three (3) years, this could be as much as £5,500,000

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
Russell Ward NWSSP Head of Accounts Payable 14 January 2026	Russell Ward NWSSP Head of Accounts Payable 14 January 2026	N/A

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
N/A	N/A	N/A

TRUST BOARD	
REMOTE ADVICE AND GUIDANCE COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT	
DATE OF MEETING	29 January 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Jonathan Sullivan – Assistant Head of National Sourcing
PRESENTED BY	Alison Ramsey – NWSSP Director of Finance and Corporate Services
APPROVED BY	Alison Ramsey – NWSSP Director of Finance and Corporate Services
EXECUTIVE SUMMARY	<p>The Remote Advice and Guidance system provided by Consultant Connect provides a tool that can link care providers to expert clinical advice within and across organisational boundaries. The service provides synchronous and asynchronous communication channels in line with current and future UK privacy legislation.</p> <p>Approval for the first three (3) years of the contract was approved by Velindre Board in September 2022, but approval for the optional two (2) years wasn't sought at that time. Welsh Government agreed to fund the initial three (3) years and has after the review period agreed to fund the first optional 12-month extension, with a decision on the second extension funding still to be confirmed.</p>
RECOMMENDATION / ACTIONS	The Trust Board is requested to APPROVE the 12-month contract extension from 01/04/2026 – 31/03/2027 with a value of £761,935 (excluding

	VAT) and in doing so to also authorise the Chief Executive to approve the purchase order.
GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Shared Services Partnership Committee	22/01/2026
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
The Shared Services Partnership Committee are being requested to approve this contract extension at the 22nd January 2026 meeting.	
APPENDICES	
1	Commitment of Expenditure Form

1. SITUATION

An extension is required to the Remote Advice and Guidance provided by Consultant Connect contract. Trust Board approval is being sought for the additional expenditure commitment.

2. BACKGROUND

The Remote Advice and Guidance digital platform provided by Consultant Connect is a digital platform enabling real-time communication between health and social care professionals across NHS Wales. It supports urgent and emergency care (UEC), planned care, and diagnostics, with proven benefits in admission avoidance, cost savings, and improved patient pathways. The service has seen continuous growth, now handling over 11,000 calls and 1,500 messages monthly.

The current contract was tendered through an open procedure and was awarded to Consultant Connect with a start date of 01/04/2023 for three (3) years until 31/03/2026 with the option to extend by a further 24 months in 12-month increments. Welsh Government fully funded the initial three (3) years and have agreed to fully fund a further 12 months to 31st March 2027. The final year funding has not yet been agreed by Welsh Government or Health Boards.

3. ASSESSMENT

The Remote Advice and Guidance service provided by Consultant Connect, commissioned by Welsh Government and managed by the Planned Care Programme.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The options considered are set out in the appended Commitment of Expenditure Form.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: Choose an item
If yes - please select all relevant goals: <ul style="list-style-type: none">• Outstanding for quality, safety and experience <input type="checkbox"/>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/>

<ul style="list-style-type: none"> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 													
<p>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS</p>	<p>Choose an item</p>												
<p>QUALITY AND SAFETY IMPLICATIONS / IMPACT</p>	<p>Select all relevant domains below</p> <table border="0"> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Timely</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input checked="" type="checkbox"/></td></tr> </table> <p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p>Click or tap here to enter text</p>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
Safe	<input checked="" type="checkbox"/>												
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
<p>QUALITY IMPACT ASSESSMENT</p> <p><i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i></p>	<p>Yes - Fully completed and signed QIA Enclosed</p> <p>The QIA tool should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it.</p> <p>As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making</p>												

	should also permeate the organisation to more broadly promote good decision-making practice.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i>	Not required
	Click or tap here to enter text
TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT	
The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: Choose an item	
If yes select the relevant goals:	
<ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/> 	
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	Source of Funding: Welsh Government

	<p>Please explain if 'other' source of funding selected: N/A</p> <p>Type of Funding: Revenue</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: N/A</p> <p>Type of Change Choose an item Please explain if 'other' source of funding selected: No impact on Trust resources – expenditure is met by WG budget through NWSSP</p>
EQUALITY IMPACT ASSESSMENT	Not required - please outline why this is not required
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	Risks relating to the procurement are set out in the appended Commitment of Expenditure form
WHAT IS THE CURRENT RISK SCORE	0
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	If approved the risk will stay at this level. If not approved the risk score would rise significantly.
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	N/A
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	

COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION

SCHEME TITLE	REMOTE ADVICE AND GUIDANCE AND SOFTWARE COMMUNICATION SYSTEM
DIVISION / HOST ORGANISATION	NHS Wales Shared Services Partnership on behalf of NHS Performance & Improvement
DATE PREPARED	02/01/2026
PREPARED BY	Brett Denning – Assistant Director of Planned Care, NHS P&I
SCHEME SPONSOR	Nick Wood – Deputy Chief Executive, NHS Wales

All Divisional proposals must be consistent with the strategic and operational plans of Velindre University NHS Trust.

1. DESCRIPTION OF GOODS / SERVICES / WORKS

The Remote Advice and Guidance and Software Communication System was first introduced as an emergency response to COVID across all of Wales in 2020 under pandemic protocols. This was implemented to provide a way for Primary Care services to gain consistent and immediate access to expert clinical advice at a time when access to Secondary Care services was limited.

This system provides a tool that can link care providers to expert clinical advice within and across organisational boundaries. The service provides synchronous and asynchronous communication channels in line with current and future UK privacy legislation.

The existing solution that was implemented in April 2023 is a flexible system that can be adapted according to user needs and support whole system transformation by building on learning from the COVID pandemic. It supports the restoration of elective care services and provides access to urgent care resources to ensure timely access to care for the population of Wales in line with Prudent Healthcare, A Healthier Wales and The National Clinical Framework.

The current system facilitates the delivery of Remote Advice and Guidance from Clinical Experts by:

- Providing a bespoke directory of services based upon location and professional group.
- Ability to configure services to support pan-Wales national services.
- Providing a link with social services and local authority services to support whole system communications.
- Enable live reporting of activity including usage, missed calls and outcomes.

Provide a digital record of Advice and Guidance provided to users for use in clinical audit, service evaluation, education and appraisal in line with Health Board Information Governance agreements.



The service provided by Consultant Connect has seen continuous growth, now handling over 11,000 calls and 1,500 messages per month.

1.1 Nature of contract: Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input checked="" type="checkbox"/>	Contract Renewal	<input type="checkbox"/>
	1.2 Period of contract including extension options:					
Expected Start Date of Contract		01/04/26				
Expected End Date of Contract		31/03/28				
Contract Extension Options (E.g. maximum term in months)		24 months (in multiples of 12 months)				

2. STRATEGIC FIT (*Host organisations are not required to complete Section 2*)

2.1 OUR STRATEGIC PILLARS This scheme should relate to at least one of the Trust's five strategic pillars. Please mark with a (x) in the box the relevant pillars for this scheme.	
Goal 1: Be recognised as a pioneer in blood and transplantations services across Europe.	<input type="checkbox"/>
Goal 2: Be a recognised leader in specialist cancer services in Europe.	<input type="checkbox"/>
Goal 3: Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
Goal 4: An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>
Goal 5: An exemplar of sustainability that supports global well-being and social value.	<input type="checkbox"/>



2.2 INTEGRATED MEDIUM TERM PLAN										
Is this scheme included in the Trust Integrated Medium Term Plan?							Yes	No		
							<input type="checkbox"/>	<input type="checkbox"/>		
This is a Welsh Government sponsored procurement with funding flowing from Welsh Government to NWSSP. Delivery of the project will be managed by a NHS Wales Clinical Lead and supported by National Clinical Networks and National Implementation Boards. Funding for the optional 12-month extension has been approved by Welsh Government.										
2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES										
This scheme should relate to at least one of the Trust's wellbeing objectives. Please mark with a (x) in the box the relevant objectives for this scheme.										
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.							<input type="checkbox"/>			
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.							<input type="checkbox"/>			
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.							<input type="checkbox"/>			
Deliver bold solutions to the environmental challenges posed by our activities.							<input type="checkbox"/>			
Bring communities and generations together through involvement in the planning and delivery of our services.							<input type="checkbox"/>			
Demonstrate respect for the diverse cultural heritage of modern Wales.							<input type="checkbox"/>			
Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovations whilst also making a lasting contribution to global well-being.							<input type="checkbox"/>			
FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED										
Please mark with a (x) in the box the relevant principles for this scheme. Click here for more information										
Prevention	<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>	



3. OPTIONS CONSIDERED

Include 'business as usual' i.e. 'do nothing'

3.1 Please state alternative options considered and reasons for declining

Allowing the existing contract to cease without using the available extension options and the Welsh Government confirmed funding would be prohibitive and not support the continued need and continued growth of the system across NHS Wales and will have a significant impact on a wide range of services across Wales but particularly Urgent and Emergency Care

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

NHS Wales staff and patients will continue to benefit from the increasing usage of the Remote Advice and Guidance and Software Communication System service provided by Consultant Connect.

5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme

At this stage it will not be possible to secure another provider; the loss of service would lead to a significant disruption to front line services particularly in Urgent and Emergency Care.

5.2 Please state any mitigation to reduce the risk if the scheme is not approved

Loss of service and disadvantaged patient care.

6. PROCUREMENT ROUTE

6.1 How is the contract being procured? Please mark with a (x) as relevant.



Competition	Single source
3 Quotes <input type="checkbox"/>	Single Quotation Action <input type="checkbox"/>
Formal Tender Exercise <input type="checkbox"/>	Single Tender Action <input type="checkbox"/>
Mini competition <input type="checkbox"/>	Direct call off Framework <input type="checkbox"/>
Find a Tender <input checked="" type="checkbox"/> <small>(replaces OJEU Public Contract regulations 2015 still apply)</small>	All Wales contract <input type="checkbox"/>

Click [here](#) for link to Procurement Manual for additional guidance

6.2 Please outline the procurement strategy

The procurement strategy was to conduct an Open procedure competition. The contract was awarded based on the Most Economically Advantageous Tender for a period of three (3) years from 01/04/2023 to 31/03/2026 with an option to extend for two (2) years (1+1) to a single supplier. The winning supplier was Consultant Connect. The review periods prior to any extension options being executed enabled NHS Wales to assess future direction and whether the solution will continue to meet requirements and for Welsh Government to consider the funding of the extension period.

Approval for the first three (3) years of the contract was approved by Velindre Board in September 2022, but approval for the optional two (2) years wasn't sought at that time. Welsh Government agreed to fund the initial three (3) years and has after the review period agreed to fund the first optional 12-month extension, with a decision on the second extension funding still to be confirmed.



Planned Care -
Transformation func



AW097_ Trust
Board V2 CT Final Si



Planned Care -
Transformation func

6.3 What is the approximate timeline for procurement?

- Welsh Government Funding Approval – 5th December 2026
- SSPC Approval – 22nd January 2026
- Velindre Board Approval – 29th January 2026
- Extension Start Date – 1st April 2026



6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route	
Head of Procurement Name:	Andy Smallwood Assistant Director of Procurement
Signature:	
Date:	09/01/2026

7. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£k)	Including VAT (£k)
The nature of spend	Capital <input type="checkbox"/>	Revenue <input checked="" type="checkbox"/>
How is the scheme to be funded? Please mark with a (x) as relevant.		
Existing budgets	<input type="checkbox"/>	
Additional Welsh Government funding	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	
If you have selected 'Other' – please provide further details below:		

PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £k	Year 2 (exc. VAT) £k	Year 3 (exc. VAT) £k	Year 4 (exc. VAT) £k	Year 5 (Optional) (exc. VAT) £k	Total (exc.VAT) £k	Total (inc. VAT) £k
Service	£1,000,000*	£1,000,000*	£1,000,000*	£761,935	£778,457	£4,540,392	£5,448,470



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Overall Total	£1,000,000*	£1,000,000*	£1,000,000*	£761,935	£778,457	£4,540,392	£5,448,470
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*Approved previously by Velindre Board for up to £1m per annum

8. PROJECT MANAGEMENT (if applicable)

What are the management arrangements associated with this scheme? E.g. PRINCE 2	S
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9. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

The Lead Director, by providing email confirmation, to seek Board approval is making a declaration that all procurement procedures, standing orders and standing financial instructions requirements have been appropriately discharged and observed and that where relevant, appropriate advice and confirmation has been obtained to that effect. Procurement Services retain this confirmation electronically in the tender file.

Lead Director Name:	Andrew Sallows
Signature:	
Service Area:	Strategic Programme for Planned Care
Date:	16/01/2026

10. APPROVALS RECEIVED

List and include date of approvals received in support of this scheme.

Divisions	Date of Approval:
Business Planning Group or local equivalent	
Divisional Senior Management Team	
Executive Management Board	

Host Organisations	Date of Approval:
NWSSP / NHS Wales Shared Services Partnership Committee	
HTW – Senior Management Team	

Planned Care Board

Consultant Connect Contract Extension

Authors: Brett Denning, Assistant Director, Strategic Programme for Planned Care

Dr Evan Sun, Planned Care Lead for Primary Care, Strategic Programme for Planned Care

Date: 15/08/2025

Version: 3

Purpose and Summary of Document:

The contract extension for Consultant Connect to cover the years 2026/27 and 2027/28 is required by 30th September

The Group is asked to endorse the recommendations on the future of Consultant Connect:

1. **Contract Extension:** The Consultant Connect service should be extended beyond March 2026 due to the efficiencies and cost avoidance delivered.
2. **National Funding should continue;** as recommended by the Ministerial Advisory Group
3. **Local Optimisation:** Health Boards should actively identify and implement opportunities to further utilise Consultant Connect, leveraging successful outcomes and use cases from other Health Boards. There needs to be greater accountability at health board level for maintaining and increasing lines to deliver the benefits with a focus on UEC delivery.
4. **Review the national arrangement for the management of Consultant Connect:** The national management of the Consultant Connect service should be reviewed. The primary use case for Wales is within Urgent and Emergency Care. For planned care we recommend advice and guidance is delivered through WCCG with some exceptions e.g. dental specialties as dentists do not access WCCG.
5. **National Consultant Network (NCN):** Each Health Board should undertake a review of NCN use on a specialty-by-specialty basis. Where Health Boards decide to continue to give access to the NCN the cost should be met by the health board.

1. Summary

A decision on the extension of the Consultant Connect contract is required. The MAG recommendation for continuation national funding of the service was accepted by Welsh Government although there is no national funding stream available for this service in 2026/27 and 2027/28.

The contract with Consultant Connect requires notification of the extension of the contract by 30th September 2025, although as there is also the option to terminate the contact at any point with 3 months' notice it may be possible to make a decision on the future of the contract up until the 31st December 2025.

This report provides a comprehensive analysis of the Consultant Connect service across NHS Wales, assessing its current and potential benefits based on activity data, user feedback, and case studies.

The service, commissioned by Welsh Government in April 2023 for a three-year term with a two-year extension option, facilitates vital communication between health and social care professionals via telephone, photo-message, and direct messaging to optimize patient management. It has demonstrated continuous growth in usage, with over 11,000 calls and 1,500 messages monthly.

Consultant Connect offers several advantages over traditional communication systems such as phone lines, switchboard, bleep system including:

- Callers avoid switchboards
- Callers do not have to store and maintain a list of numbers to use
- The rotas and hierarchy systems increase the answer rate as there are often several clinicians available to provide specialist advice, if one cannot answer the system automatically tries the next number
- Data is available on call numbers, times, staff involved, call length
- As calls are stored these can be accessed for training, audits, and to review incidents

The primary use of Consultant Connect is within Urgent and Emergency Care (UE&C), accounting for 79% of all calls. Analysis indicates that 45% of calls and 66% of messages avoided an admission or referral. Financially, the service demonstrates significant cost avoidance, with an estimated net saving of £8.5 million (full cost) and £2.5 million (marginal cost) for FY 2024/25, after accounting for the current annual core license cost of £534,694.

2. Background

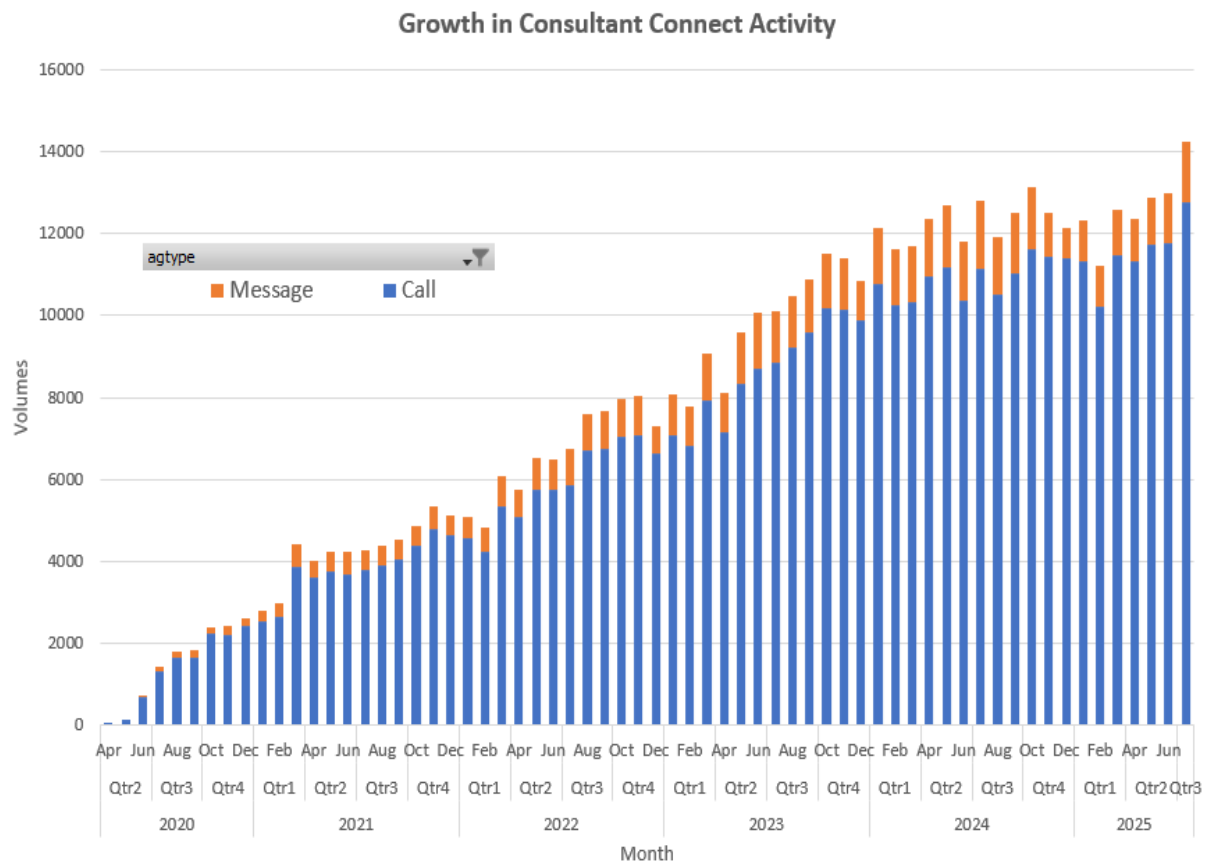
The Consultant Connect service is a digital platform designed to facilitate real-time communication between healthcare professionals. It enables conversations via telephone, photo-message, and direct messages, ensuring patients receive the right care in the appropriate setting at the correct time.

Initially commissioned in April 2020 in response to the COVID-19 pandemic, Consultant Connect has supported health and social care professionals across Wales for five years. Its initial success led to its re-commissioning across NHS Wales by Welsh Government in April 2023, providing an Advice & Guidance service for a three-year period, with an option for a further two-year extension.

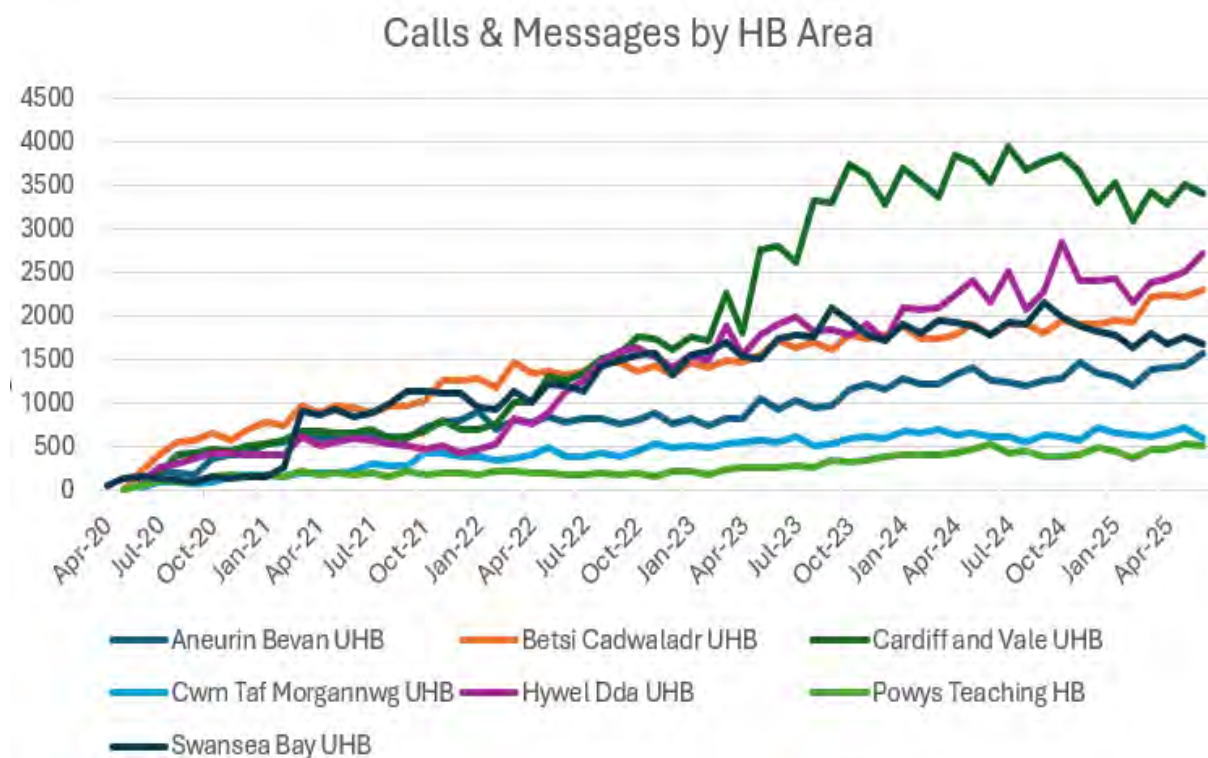
The current core licence cost for the entire service across Wales is £534,694 per annum. This fee covers all lines, calls, and messages, regardless of volume, for interactions where NHS Wales staff respond. The existing three-year contract concludes in March 2026, necessitating a decision on its extension by 30th September 2025.

Usage of the service, including telephone Advice & Guidance, photo messages, and standard messages, has consistently increased across Wales, reaching 12,772 calls and 1,454 messages in July

2025. This growth highlights the service's value; for calls where outcomes were recorded, 45% avoided an admission, and 66% of messages avoided a referral.



Despite this overall growth, significant discrepancies exist in the adoption and integration of Consultant Connect across different health boards.



This report leverages available data, case studies, and user surveys to evaluate the current and potential benefits of Consultant Connect for NHS Wales. The analysis is structured into Urgent and

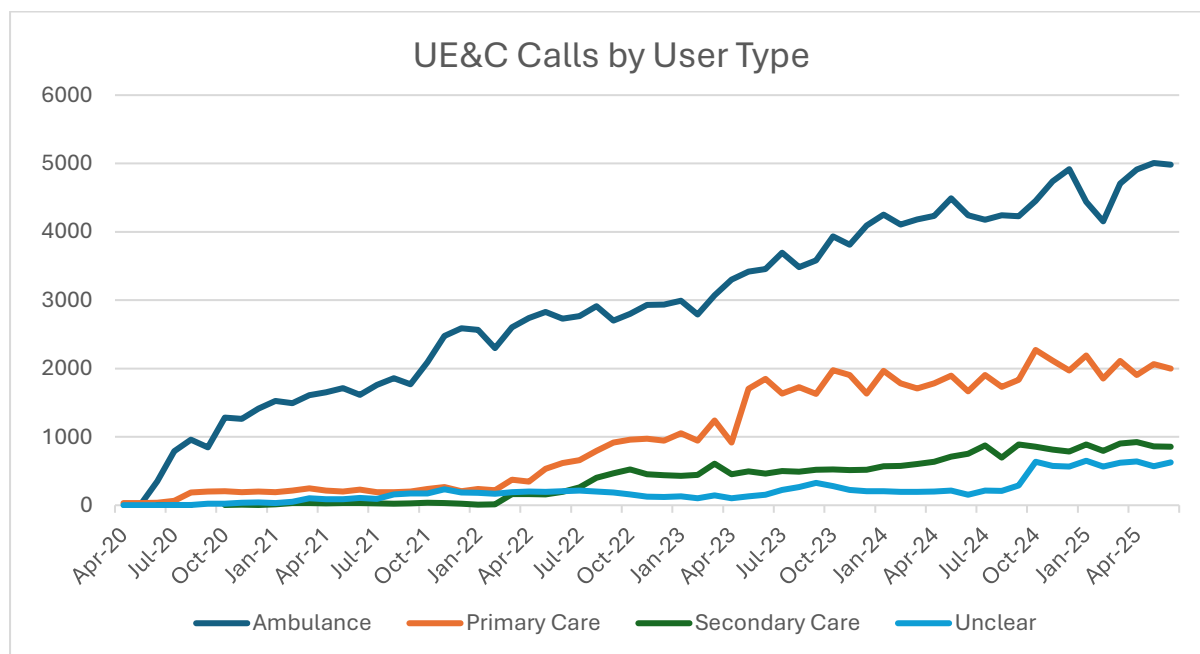
Emergency Care, Planned Care, and Mental Health categories. Consultant Connect "lines" have been allocated to these categories based on their designation and user groups (e.g., lines with high WAST staff utilisation are classified as UE&C lines).

Additionally, some services utilise Consultant Connect’s National Consultant Network (NCN), a premium service which directs messages to out-of-area NHS consultants for pre-referral advice, guidance, and review of photo/message requests. NCN consultants provide backup for local teams and offer access to otherwise unavailable specialties. The cost for NCN access is £24 per message. All subsequent analysis in this report excludes NCN activity, except for the dedicated NCN section.

3. Urgent and Emergency Care (UE&C)

3.1 UE&C Overview

Urgent and Emergency Care represents the primary use case for Consultant Connect, where immediate advice and guidance play a crucial role in altering patient pathways. In UE&C lines, the answer rate is high at 86%. The analysis in this section focuses solely on answered calls.



3.2 Call Outcomes 2024/25

For UE&C calls, outcomes were recorded in 14% of cases. The following table summarises the admission avoidance rates by caller type:

Caller Type	% of Admissions Avoided
Ambulance	23%
Primary Care	65%
Secondary Care	70%
Unclear	52%
Total	35%

Case Study: Avoiding a Re-admission

'An elderly patient had recently been discharged following ten days in hospital due to a cerebrovascular accident. Given their history, mobility, gait issues, and the fact they lived at home with their elderly spouse, who was also frail, the carer was uncomfortable managing the situation. The incident could not be escalated without an occupational therapist (OT) assessment.

'I arrived at the patient's house and used the Consultant Connect App to call the Stay Well@Home Team rapidly. Following a discussion, we received amazing support from an OT who arrived at the patient's home an hour after contact. They carried out a full assessment at home, and, at the same time, we liaised with the care services, which resulted in continued care at home for the patient. This was very helpful and a fantastic response from the Stay Well@Home Team.

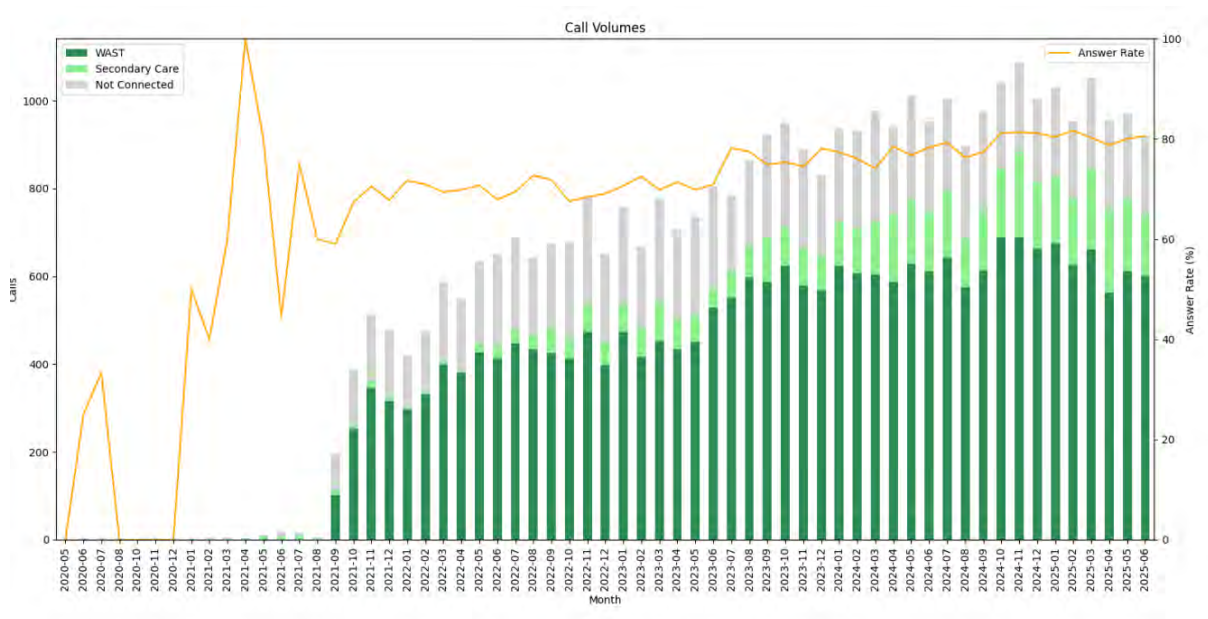
Steven Evans, Paramedic, WAST

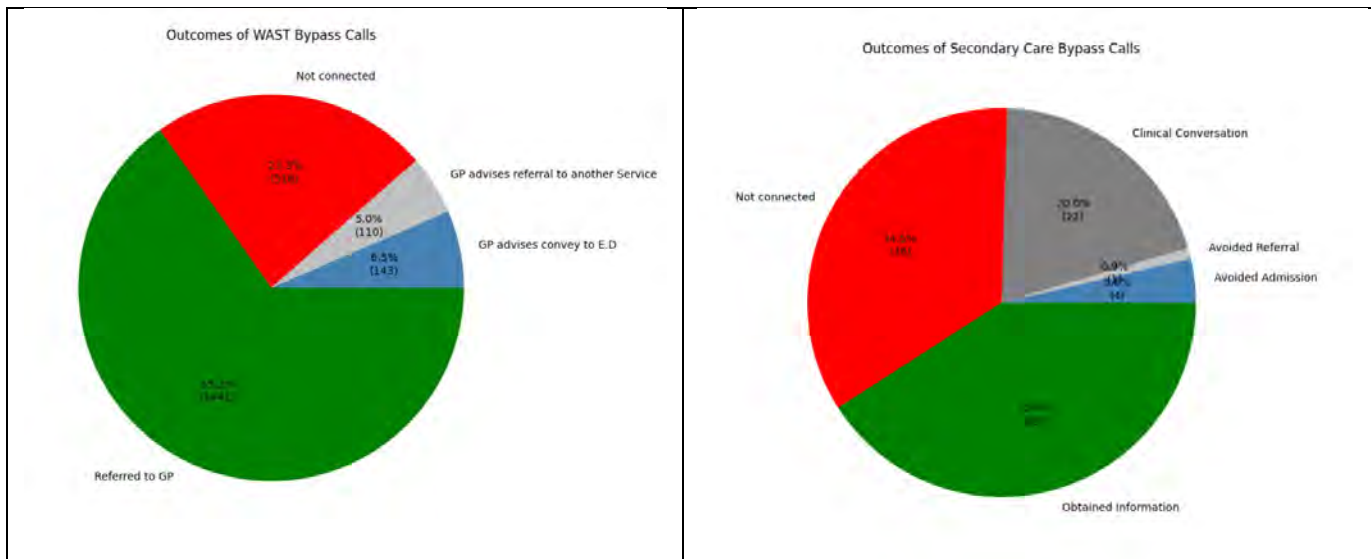
3.3 GP Bypass Numbers

The Consultant Connect App provides "GP Bypass Numbers," allowing clinicians to access pre-programmed contact numbers for GP surgeries. This feature enables them to bypass public switchboard queues and connect directly with practice staff for same-day emergency communications, thereby accelerating patient care and frequently avoiding hospital admissions.

The chart below illustrates the number of bypass calls by caller type and the answer rate over time.

A significant proportion of bypass calls contribute to avoiding hospital conveyances.





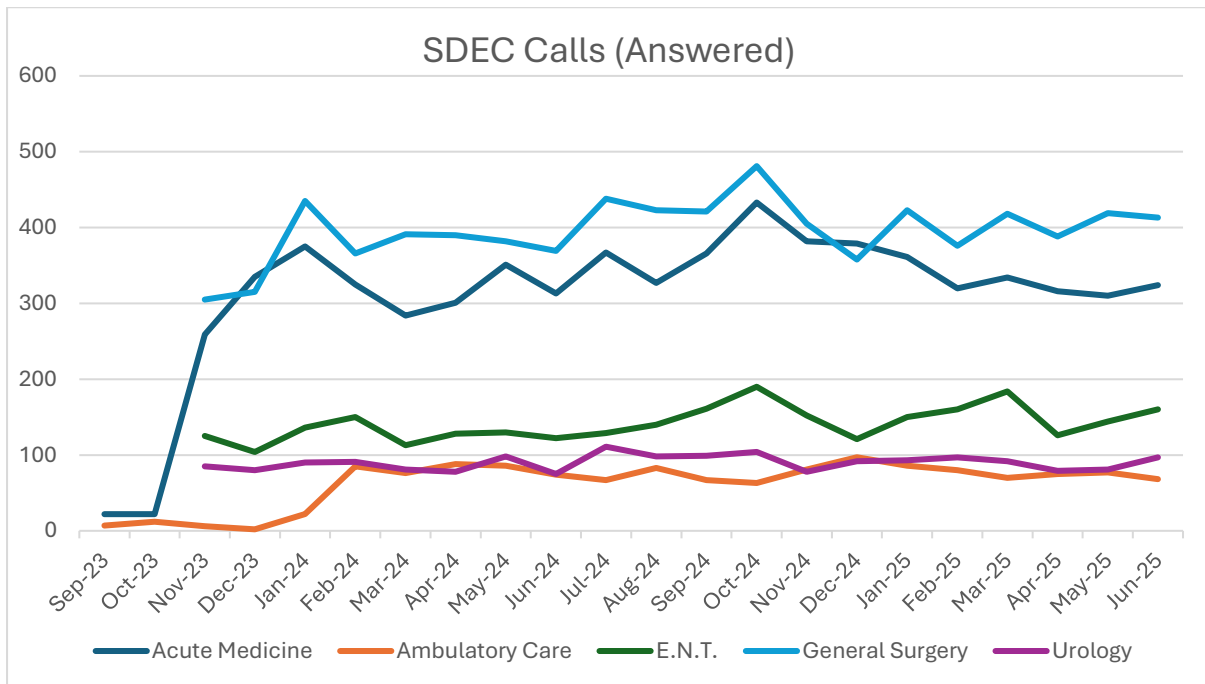
Case Study: Avoiding an Unnecessary Admission

'I often use Consultant Connect and I have a lot of examples where using the service has expedited my patients' care. One involved an elderly patient with complex needs; she had multiple comorbidities, and her daughter was essentially looking after her, there was no real care package in place. I used the app to speak initially with her GP, then again to speak with one of the consultants in the local hospital. These conversations enabled us to decide that, given the patient's history, it was best that she remained at home and was looked after from there. Being able to access multiple points of care ensured a safe referral. We were able to improve care provision within the patient's home and avoided an unnecessary admission. An admission would have been disruptive and distressing for both the patient's daughter and the patient.'

Marcus Viggers has worked as a Paramedic for the Welsh Ambulance Services NHS Trust (WAST) for nearly 20 years.

3.5 SDEC Lines

Several Same-Day Emergency Care (SDEC) lines have been established in Wales, notably within Cardiff and Vale University Health Board (CAVUHB). These lines cover various specialties and support the delivery of SDEC services.



Case Study: Patient with vague symptoms sees specialist and undergoes relevant tests within 48h of rapid advice call to Medical SDEC

*‘A patient had been back and forth to see me with very vague symptoms: a fever, rash, pain and feeling unwell. I called the Medical SDEC line via Consultant Connect and the consultant suggested I take some swabs, repeat the patient’s bloods, prescribe another course of antibiotics, and, in the meantime, send an urgent referral to infectious diseases. **Within 20 minutes of that call, the consultant had phoned back saying they’d spoken with a colleague and thought it could be stills disease. They had also booked the patient for an urgent appointment the following day. The patient had an Echocardiogram, CT, blood cultures and an appointment, all within 48 hours.**’*

Dr Jonathon Campbell, GP Partner, North Cardiff Medical Centre

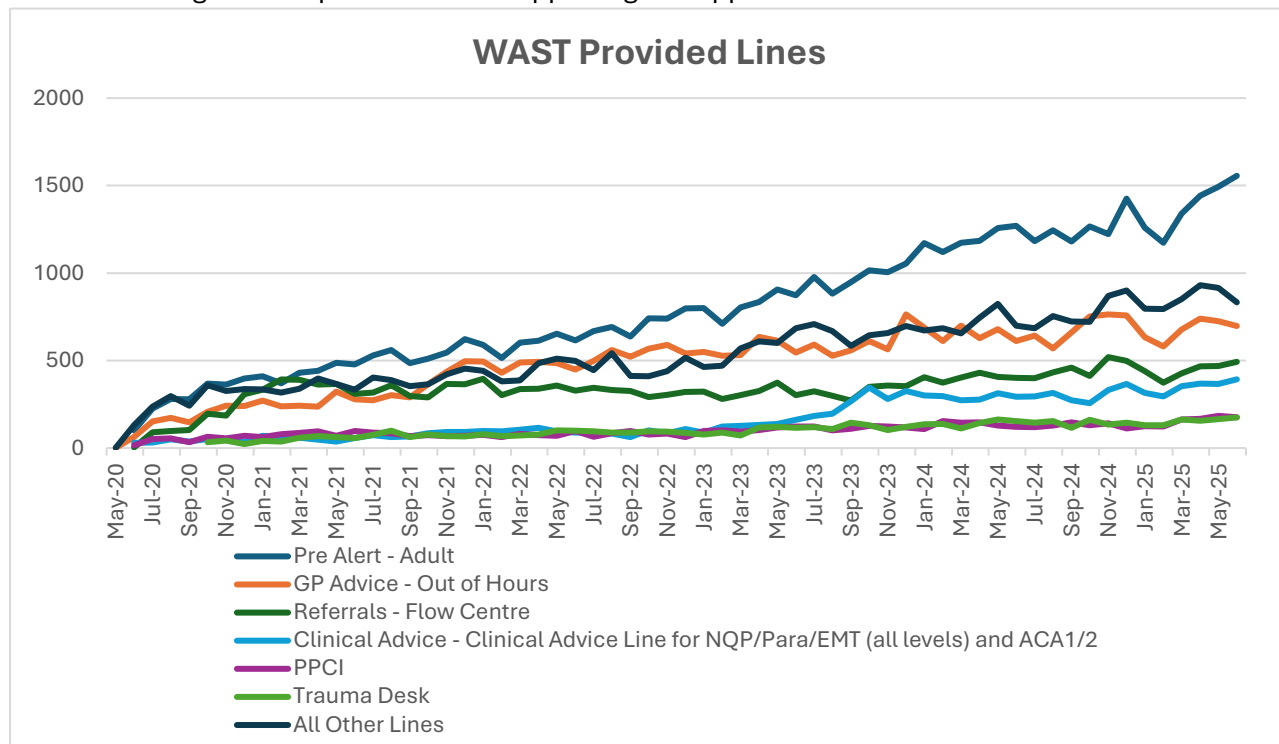
3.7 WAST Provided Lines

Within WAST, there has been a year-on-year increase in the use of Consultant Connect. The contact lines provided to staff include a mix of internal resources and partner agency contacts.

WAST’s service delivery model is currently undergoing significant transformation, as the previous approach has become unsustainable. The new model places a strong emphasis on remotely triaging patients who contact 999 and 111, enabling accurate assessment of clinical needs and, where appropriate, signposting to the most suitable care provider. This approach aims to reduce unnecessary conveyances to Emergency Departments, increase the availability of frontline ambulances, and ease pressure on hospital capacity.

Operating across a national footprint often presents communication challenges with healthcare and third sector partners. CC plays a key role in addressing this by facilitating streamlined communication between these services and both remote and responding ambulance clinicians. Improved communication is essential in supporting appropriate decision-making, reducing avoidable ED attendances, and ensuring patients receive care in the most suitable setting, often outside of hospital.

WAST views this model as beneficial to patients, the ambulance service, and the wider NHS system, with CC serving as an important tool in supporting this approach.



Case Study:

Patient example: accessing specialist support to aid the delivery of footling breech baby

“Approximately a year ago, when I was operating out of the rapid response vehicle, a colleague and I attended a patient’s address at 3am after she phoned 999 in labour with her first child. Upon arrival on scene, the baby was footling breech, and guidelines state that with a footling presentation, the patient should be transferred to the nearest obstetrics department as quickly as possible. I was working solo out of a car, the patient lived in a rural location 40 minutes from the obstetrics department, it was the dead of night, and access and egress to the property were treacherous. We were considering what actions to take because this type of presentation is associated with complications during delivery due to the associated risks of navigating the birth canal.

‘We decided that the safest thing to do for the mother and baby was to proceed with delivery. **I used the Consultant Connect App to speak with a midwife who talked us through the delivery.** When the baby was born, it was in cardiac arrest but was fortunately resuscitated and conveyed to hospital in the ambulance that had arrived. We stayed with the mother until we could get a second ambulance to transport her to hospital.

‘Not long after, I spoke with the consultant and learned that both the mother and baby had recovered well. **If I hadn’t been able to contact the midwife for delivery support via Consultant Connect, we would’ve been looking at a very different outcome.** Ultimately, the scenario was extremely difficult and emotional, but we certainly saved two lives that day. **Without the midwife’s assistance via Consultant Connect, it would’ve been a total disaster.**’

Chris Ferris, Paramedic, WAST

4. Planned Care and Diagnostics

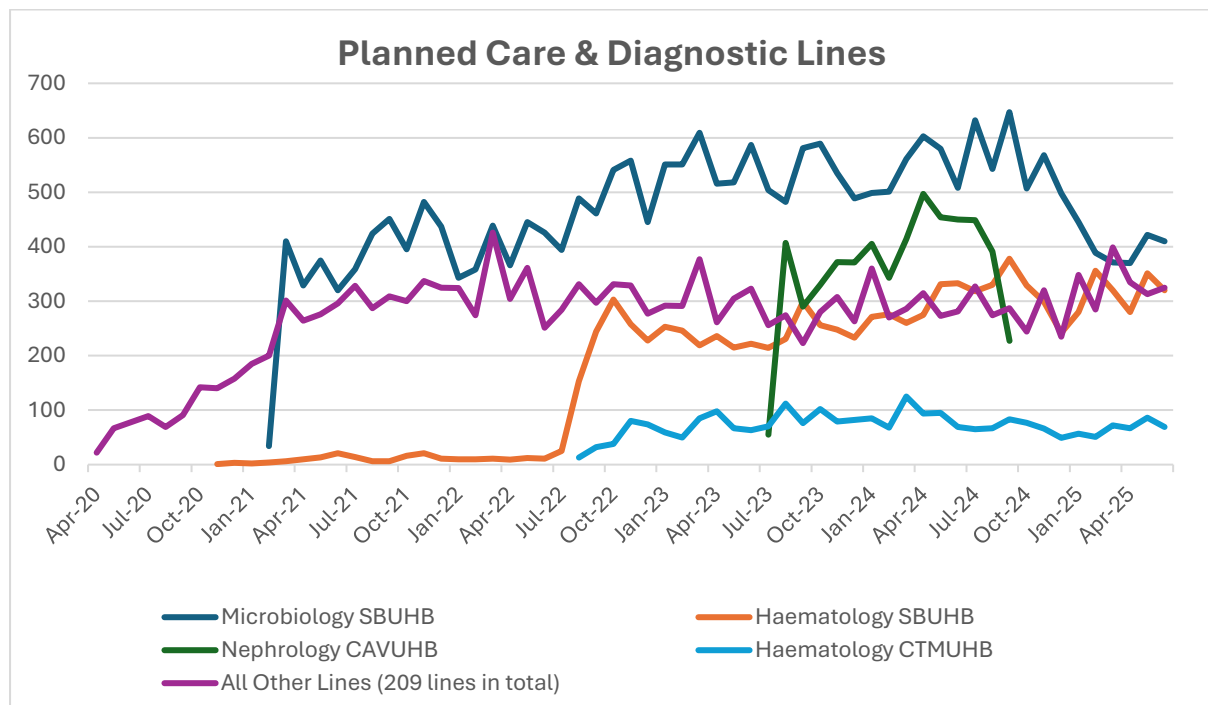
The Welsh Clinical Communications Gateway (WCCG) is the preferred system for Advice and Guidance in Wales for planned care, particularly for electronic referrals from GPs with 91,000 A&G messages going through WCCG in 2024 and rapid expansion expected of WCCG in 2025 with further rollout of electric triage in secondary care across BCUHB and CTMUHB.

It is the Planned Care Programmes recommendation that WCCG is the preferred system for A&G as this is already part of primary and secondary care workflows, referrals can be converted to A&G, and this automatically becomes part of the patients clinical record on Welsh clinical portal.

There is still a limited role for Consultant Connect in planned care for distinct use cases. This includes communication with optometrists or dentists who do not have WCCG access, and use of the NCN to support services under pressure.

4.1 Planned Care and Diagnostic Call Lines

Across Wales, there are 213 planned care and diagnostic call lines. Notably, two lines in Swansea, Haematology and Microbiology, account for 58% of all calls in this category.



Case Study: Haematology advice in Swansea Bay

Since November 2020, Haematology [Advice & Guidance](#) queries have been routed through Consultant Connect, providing a single point of access for clinicians in Swansea Bay University Health Board in Wales to speak to local specialists at Singleton Hospital.

Before calls were made via Consultant Connect, how did your team receive queries?

'Our team had five landlines, so queries would sporadically go to any of those. Any clinician could ring any of those five telephone numbers or any of the admin team, so there was no continuity or structure for Primary Care nor the on-call consultants or specialist registrars (SPRs). Now, any calls made to the Haematology team are mandated to go via Consultant Connect, allowing for a quicker connection and an all-around smoother process.'

What are the benefits of Consultant Connect for the Haematology team?

'Consultant Connect provides one direct number and consequently one point of access, rather than five. We now have one phone for the on-call consultant and one phone for the on-call SPR, and they are held all day every day by the nominated specialists, which provides a much more robust structure.'

The calls go through a rota of consultants and SPRs, which gives more organisation to the system. Prior to this, a lot of calls went unanswered as often the landline phones were switched off, and those seeking advice wouldn't know where to call next.'

'This has reduced the consultants' and SPRs' workloads as all calls come through to those designated phones, so the specialist doesn't receive any queries unless they're on call. It is reassuring to know that advice-seekers will be able to get hold of the most appropriate person via Consultant Connect.'

How does having access to call data and outcomes help your workload?

'We have recently sampled a few call recordings for training purposes for a new set of SPRs. The team will listen to the recording, discuss the patient's case and what advice was given. It's a great learning technique, but also a great way to monitor what advice was given, and we found that if any non-urgent queries come through, they can quickly be redirected to the most appropriate team or place.'

Case Study: Paediatric Line ABUHB

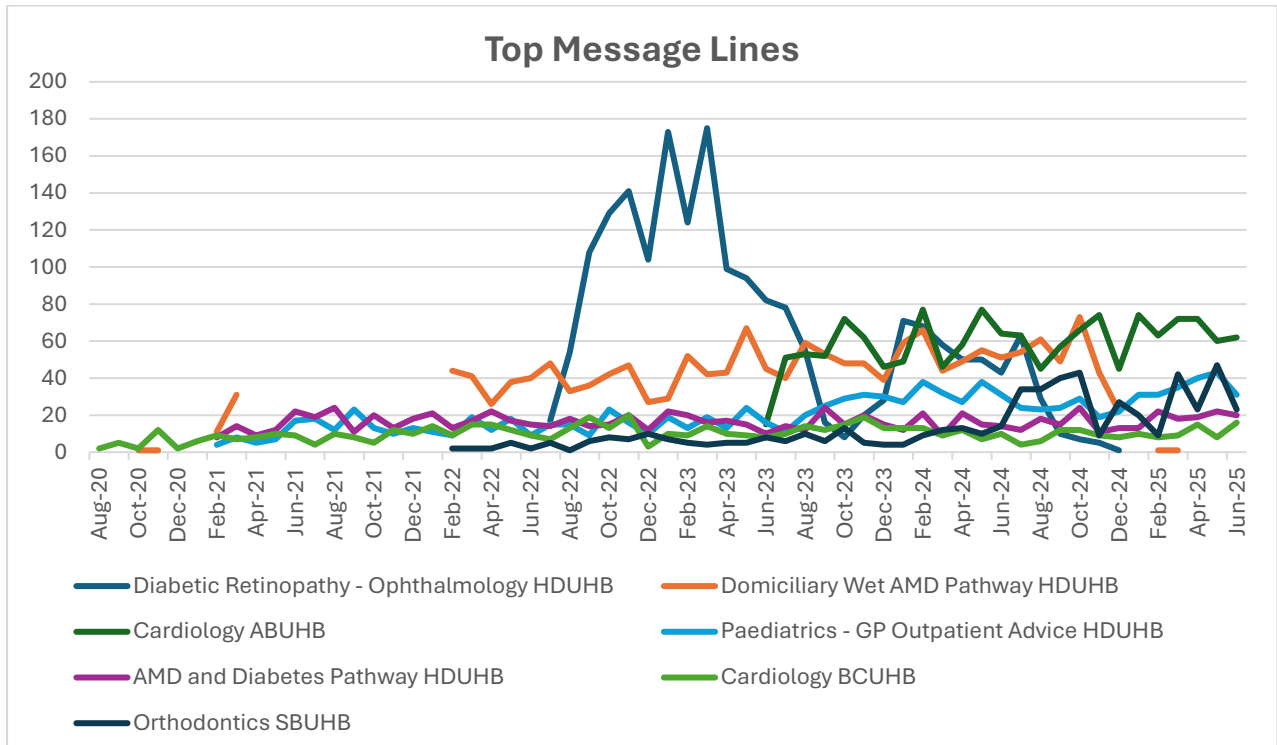
'I recently answered a call on the outpatient advice line. The patient was a young child who had recently moved here from a different country and had a rare metabolic disease. The child had been under follow-up in their country of origin, and the GP was wondering how best to get them a follow-up within our services. I pointed the GP and child to the relevant specialists within our Health Board who have experience dealing with rare metabolic conditions. This enabled the GP to refer the child immediately to the right place, avoiding a referral to a general paediatrician who may not have experience with this rare condition.'

'We use Consultant Connect to offer an Acute Referrals Telephone Advice & Guidance line, which can be used when clinicians need advice on whether the paediatric patient needs to be seen in outpatients, within the urgent assessment unit, or if they can remain at home. We also provide a non-urgent Telephone Advice & Guidance line with optional messaging. This is for occasions where clinicians might be considering a referral to outpatients or require advice on what they can do in the community and avoid a referral.' – Dr Gupta.

Dr Nakul Gupta, Dr Nakul Gupta, a Paediatric Consultant at Grange University Hospital in Aneurin Bevan University Health Board

4.3 Message Lines

Consultant Connect allows clinicians to send and receive messages, with the added benefit of attaching photos and files to support pre-referral advice and guidance. There are 55 message lines established across Wales, supporting 169 messages per month.



Case Study: WGOS 4 and Consultant Connect: Transforming Optometry Pathways in HDUHB

In April 2024, Wales introduced the WGOS 4 national guidance, redefining referral and monitoring processes in optometry. This framework enables patients with lower-risk conditions to remain under primary care, reducing unnecessary secondary care appointments. It harnesses the expertise of optometrists with enhanced qualifications to manage conditions like glaucoma and medical retina disorders.

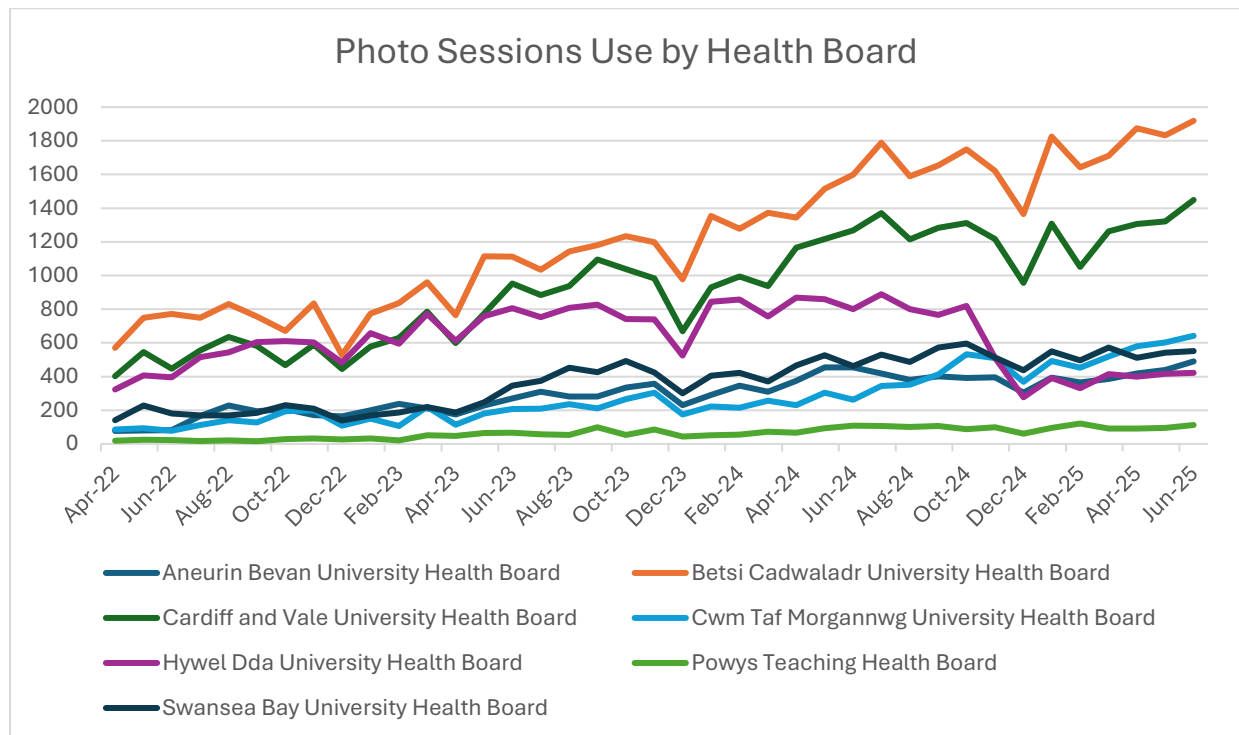
Sally Hodson, Optometric Advisor at Hywel Dda University Health Board (HDUHB), highlighted that “before the implementation of WGOS 4 there wasn’t a defined pathway, and clinicians didn’t need a higher qualification to monitor patients.” Now, under WGOS 4, a tiered qualification system clearly delineates which optometrists can filter or monitor glaucoma and medical retina patients.

Consultant Connect has played a vital role in supporting this transition. Originally used to securely share images and reports, it now facilitates the transmission of detailed clinical data including OCT and fundus images. Hodson explained, “Consultant Connect is also helpful in supporting optometrists in their decision-making... it’s an educational tool that optometrists can use to help develop their experience.”

Looking ahead, HDUHB is developing further WGOS 4 pathways such as hydroxychloroquine screening and broader remote review services. As Sally Hodson noted, this ensures that “secondary care can determine whether they need to expedite a patient’s appointment and can prioritise the right patients.”

4.4 Photo Sessions

The Consultant Connect phone app enables secure capture and transfer of patient photos to NHS systems like EMIS, without storing images on the GP's device. While other applications exist for this purpose Consultant Connect is widely used due to its presence on GP devices and ease of use and integration. There is no cost to the NHS for using this function of the app.



A separate workstream looking at the storage and transfer of images in primary care would be worth exploring as all GPs are moving onto the EMIS system. Whilst consultant connect is a popular option it is still relatively time consuming, clinicians capture photos on Consultant Connect, store them on its secure cloud, download them via email, and manually upload them to WCCG—a lengthy process that EMIS integration could streamline.

5. National Consultant Network (NCN)

Beyond the core service, the Consultant Connect "National Consultant Network (NCN)" provides access to a network of out-of-area NHS consultants contracted by Consultant Connect. These consultants can answer pre-referral advice and guidance calls and review photo and message requests, acting as a backup for local teams and providing expertise in locally unavailable specialties.

Access to the NCN costs £24 per message. The NCN boasts a high answer rate of 95%, with outcomes captured in 95% of cases.

There are a number of use cases for the NCN

1. To support cover of a line, the NCN can be the last contact after local team have not been able to answer the call
2. To support during a service gap, e.g. workforce issue NCN can cover
3. To test demand for a line before local teams take over

The following table details NCN activity by Health Board and total activity from July 2024 to June 2025:

Health Board	specialism_name	Activity	% of Referral / Admission Avoided
Betsi Cadwaladr University Health Board	Teledermatology*	4425	68%
	Cardiology ECG/Echo - Adults	317	98%
	Teledermatology*	229	54%
	Neurology	159	23%
	Diabetes and Endocrinology	158	34%
	All Other Lines	953	58%
	Total	6821	65%
Cardiff and Vale University Health Board	Cardiology	196	23%
	Diabetes and Endocrinology	190	24%
	Rheumatology	158	17%
	Gastroenterology	113	45%
	Respiratory Medicine	18	22%
	Total	675	26%
Cwm Taf Morgannwg University Health Board	Diabetes and Endocrinology	38	29%
	Rheumatology	27	37%
	Haematology	26	42%
	Neurology	22	32%
	Gynaecology	11	9%
	All Other Lines	21	14%
	Total	145	30%
Hywel Dda University Health Board**	Cardiology ECG/Echo - Adults	217	96%
	Cardiology	54	33%
	Haematology	49	45%
	Neurology	48	29%
	Diabetes and Endocrinology	27	33%
	Gynaecology	145	36%
	Total	540	60%
Powys Teaching Health Board	Teledermatology	559	69%
	Gynaecology - Messaging	70	57%
	Diabetes and Endocrinology	64	41%
	Haematology	42	36%
	Cardiology ECG/Echo - Adults	42	90%
	all Other Lines	466	55%
	Total	1243	61%
Swansea Bay University Health Board	Cardiology	80	23%
	Cardiology ECG/Echo - Adults	71	94%
	Diabetes and Endocrinology	48	19%
	E.N.T.	33	15%
	Urology	26	8%
	all Other Lines	44	30%
	Total	302	38%
Grand Total		11714	56%

* BCU tele dermatology is funded directly by BCUHB

** HDUHB dermatology NCN activity is excluded as the line was switched off in October 2024

6. Mental Health

Currently, there are a limited number of mental health lines established within Consultant Connect.

The table below shows the monthly call volumes for mental health lines from July 2024 to June 2025:

Health Board	Line	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
HDUHB	Perinatal Mental Health	54	36	42	48	46	28	48	41	45	39	32	49
PTHB	111 Press 2 Professional Line	1				2	1	1					1
PTHB	Mental Health - Medication Advice					1			1	1		1	
SBUHB	Mental Health Single Point of Access		1			1				2		1	1
Grand Total	-	55	37	42	49	49	29	50	42	47	40	33	51

7. User Feedback

A user feedback survey was conducted in June 2025. There were 126 responses. The survey analysis has been divided into Primary and Secondary Care and WAST.

7.1 Primary and Secondary Care

There were 100 responses from primary and secondary care users. 80% of respondents would recommend Consultant Connect to a colleague

Percent of respondents have used Consultant Connect (CC) :

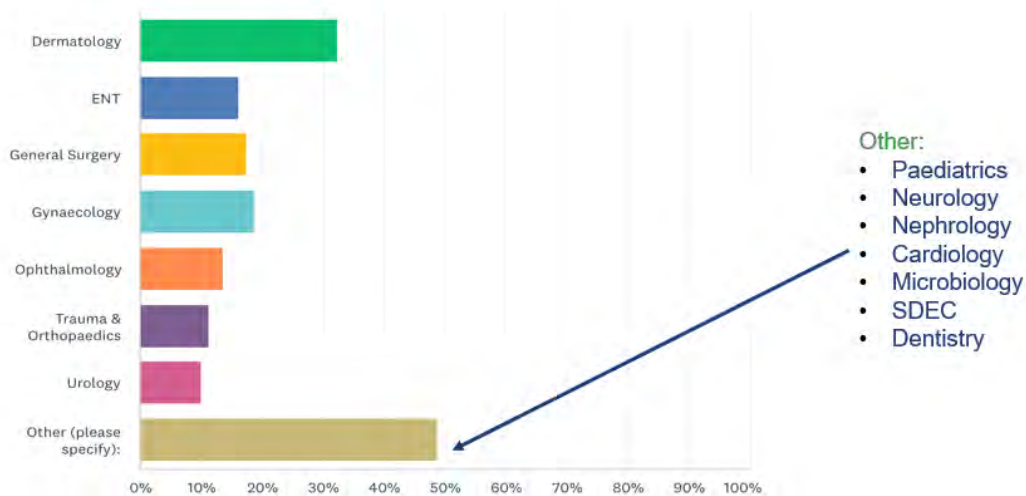
- 53% Telephone Advice & Guidance
- 40% IG compliant photos
- 35% Messaging A&G
- 7% PIFU
- 7% Bypass Numbers
- 25% Not yet used

Percent of respondents have accessed CC via the following:

- 78% The Consultant Connect app
- 19% Dial in number
- 27% In the browser (Desk-top)

Top utilised specialties

Primary and Secondary care users



Free Text Feedback on Benefits:

- ❖ Fast and effective- avoids unnecessary referrals & enhances patient care
- ❖ IG compliant photography that complies with GDPR enables users to complete their jobs in a compliant way
- ❖ Requests to increase access to local specialties
- ❖ Dedicated Account Management team at Consultant Connect
- ❖ Access to the National Consultant Network (NCN) is very beneficial when a local provision is not available
- ❖ Very helpful- supports work knowledge

Free Text Feedback on Areas for Improvement

- ❖ Reinstate the Dermatology service in Hywel Dda.
- ❖ Extension of hours to match GPs
- ❖ Connectivity- calls aren't answered
- ❖ An increase in local specialities.
- ❖ Integration with the patient record
- ❖ Awareness- requests for Consultant Connect to present at primary care meetings e.g., PT4L sessions

7.2 WAST Users:

There were 26 WAST respondents to the survey who used Consultant Connect as follows:

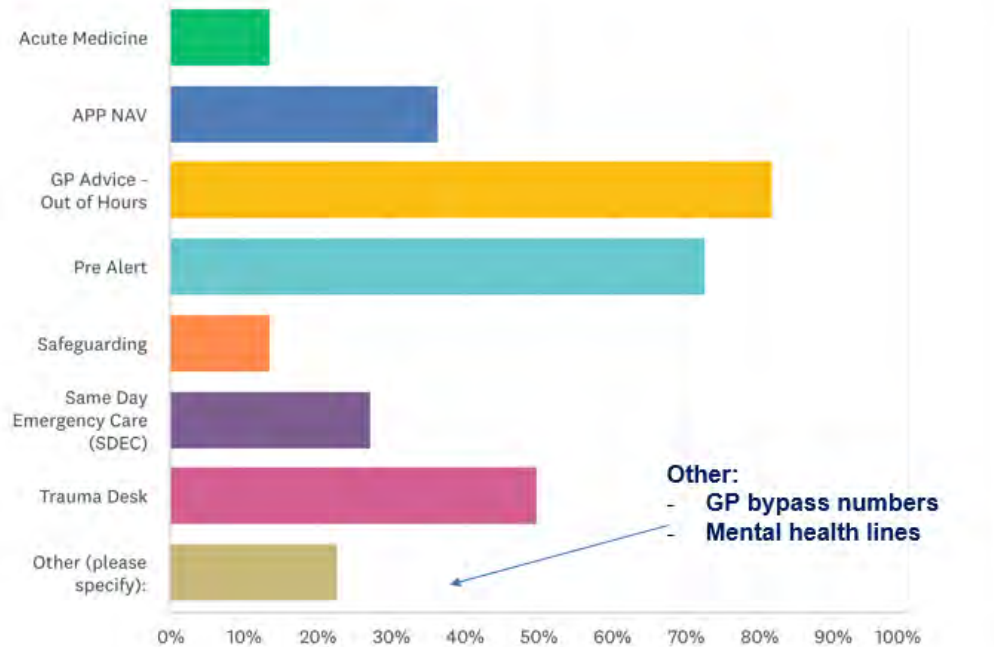
- 78% Telephone Advice & Guidance
- 78% Bypass numbers
- 9% Not yet used

Percent of respondents have accessed CC via the following:

- 100% The Consultant Connect app
- 5% Dial in number
- 0% In the browser

Top utilised specialties

WAST users



Free Text Feedback from WAST:

- **Easy and Efficient:** Users of the app find it streamlines communication and is user-friendly.
- **Provides Reassurance** - extremely useful when practicing in the community, especially across multiple health boards
- **Access to IG Compliant Photography:** Nearly 90% of respondents want secure, compliant access to patient photography to improve care and communication.
- **Connectivity/Signal Issues:** Although calls generally connect, poor signal quality in different areas causes many to struggle staying on GP bypass lines.
- **Service Availability:** There is strong demand for expanding 24-hour services, especially for mental health and addiction support.
- **Access to Mental Health:** Better integration of mental and physical health services is needed to provide more comprehensive patient care.
- **GP Bypass Numbers:** While general access is good, many GP bypass numbers are outdated, causing avoidable delays for patients.

Case Study: How has Consultant Connect supported you in the return to clinical practice?

*'The greatest challenge clinicians within ambulance services face nowadays is the need to be a jack of all trades and master them too. **The ambulance service has changed so dramatically over the last 10 years** that we need to be familiar with numerous specialties within medicine, all within one clinical role. There are new procedures, drugs, and responsibilities, and that can be especially difficult for newly qualified paramedics straight out of university. Many paramedics struggle with finishing their studies, immediately commencing a high-pressure job like this, and committing to it for many years. As a manager, I noticed that sick levels were increasing, and we had to question how much it was due to stress. Were clinicians becoming worried and panicked because they couldn't cope with the last few jobs they had attended?'*

*'These days, we find that junior clinicians are not happy to admit that they're struggling in front of their peers. It can be embarrassing, and they might not be confident enough to ask for help. This is where Consultant Connect comes in. I used it on my last shift just a couple of days ago, and **to be able to press a button to receive immediate help from a number of specialists is fantastic**. Whether it's a trauma specialist, midwife, or paediatrician, the service is amazing. **I definitely wouldn't have returned to clinical work if WAST didn't have access to it.***

*'I've had crews tell me of terrible scenes they've attended, and how they weren't sure if it went well. **I always advise them to use Consultant Connect in those instances because it gives them the safety net of having access to experienced colleagues**. It's joint decision-making that can be evidenced, and it means you leave jobs feeling much more relaxed. It's brilliant, **I wish we had Consultant Connect 20 years ago.**'*

Chris Ferris, a retired clinical lead manager for 40 years with WAST, who has since returned part-time as a paramedic.

8. Financial Analysis

The current funding source for the Consultant Connect contract, the Planned Care recovery fund, is set to conclude in 2025/26. As there is no confirmed central funding beyond this period, it is prudent for Health Boards to plan for local funding from 2026/27 onwards.

The core annual licence cost for the entire Welsh service is £519,120. This covers all lines, calls, and messages, irrespective of volume, where NHS Wales staff answer.

To assess the financial benefits, the cost of avoided A&E attendances for FY 2024/25 activity has been calculated using both full cost and releasable (marginal) cost bases. This analysis demonstrates a significant net cost avoidance of approximately £8.5 million at full cost and £2.5 million at marginal cost.

The following table provides a summary of the cost avoidance:

Category	Total Cost Avoidance (Full Cost)	Cost Avoidance (Releasable Rate)
GP Bypass Numbers	£2,231,264	£839,789
Top 5 SDEC Specialties	£1,608,708	£564,264
Top 5 U&EC Services (excluding GP Bypass and SDEC)	£4,463,347	£1,626,273

Category	Total Cost Avoidance (Full Cost)	Cost Avoidance (Releasable Rate)
Top Planned Care Phone Lines Specialties	£156,918	£4,868
Top 5 Planned Care Message Lines	£599,598	£19,142
Subtotal Cost Avoidance	£8,015,391	£4,098,780
Cost of Contract	£534,694	£534,694
Net Cost Avoidance	£8,540,715	£2,535,216

Full costing tables are available in Appendix 1. Several considerations should be noted regarding this costing exercise:

- Due to the size and complexity of the Consultant Connect dataset, only high-volume lines have been assessed and costed for impact.
- Potential WAST savings from reduced ambulance transfers have not been included.
- The costings assume that recorded outcomes are accurate and representative of all calls and messages for their respective types.
- Savings from certain high-volume lines, such as microbiology lines, have been excluded as they are not "admitting services".
- The cost of alternative services has not been included due to the complexity of the exercise e.g. if a U&EC ambulance transfer to ED is re-directed to a GP appointment or a hot clinic then the cost of the alternative service has not been factored into the costing.

Allocation of Licence Cost

There is no obvious way to split costs between health boards due to the number of national lines and cross health board calls and messages, therefore national commissioning of the service would be preferential.

The contract is not currently split by Health Boards in any way, therefore if we move away from a national contract then a re-tender exercise may be required.

It is of note that NHS Scotland has moved to national commissioning of consultant connect for this reason.

Some options for splitting costs are below:

	Equal Costs for all Organisations	Health Board Population Weighted	CC Calls & messages by health board area of call made	CC Calls & messages by caller organisation
Aneurin Bevan UHB	£66,837	£100,608	£71,801	£11,045
Betsi Cadwaladr UHB	£66,837	£116,927	£72,339	£2,253
Cardiff and Vale UHB	£66,837	£87,573	£166,594	£130,709
Cwm Taf Morgannwg UHB	£66,837	£75,448	£31,868	£5,770
Hywel Dda UHB	£66,837	£65,584	£92,482	£66,206
Powys THB	£66,837	£22,716	£17,626	£448

Swansea Bay UHB	£66,837	£65,838	£81,984	£58,828
WAST	£66,837	£-	-	£259,434
Total	£534,694	£534,694	£534,694	£534,694

9. Summary of Recommendations

1. **Contract Extension:** The Consultant Connect service should be extended beyond March 2026 due to the efficiencies and cost avoidance delivered.
2. **National Funding should continue;** as recommended by the Ministerial Advisory Group
3. **Local Optimisation:** Health Boards should actively identify and implement opportunities to further utilise Consultant Connect, leveraging successful outcomes and use cases from other Health Boards. There needs to be greater accountability at health board level for maintaining and increasing lines to deliver the benefits with a focus on UEC delivery. We would recommend that if National funding is extended, each Health Board nominate a clear visible team to take 'ownership' of Consultant Connect, and present a clear strategy, plan and commitment of implementation to NHS performance and improvement.
4. **Review the national arrangement for the management of Consultant Connect:** The national management of the Consultant Connect service should be reviewed. The primary use case for Wales is within Urgent and Emergency Care. For planned care we recommend advice and guidance is delivered through WCCG with some exceptions e.g. dental specialties as dentists do not access WCCG.
5. **National Consultant Network (NCN):** Each Health Board should undertake a review of NCN use on a specialty-by-specialty basis. Where Health Boards decide to continue to give access to the NCN the cost should be met by the health board.

Appendix 1 costing tables

FY 2025/26

GP Bypass Numbers

org_type	Total Calls	% of Calls with outcome	Proportion of Outcomes reporting visit avoided	Potential Number of Transfers avoided (assuming outcomes representative of all calls)	Cost of A&E attendance (full cost)	Total Cost avoidance	releasable cost estimate per attendance	Total Cost avoidance @ releasable rate
Ambulance	8598	14%	70%	6036	£ 364	£ 2,197,030	£ 137	£ 826,904
Secondary Care	2090	12%	5%	94	£ 364	£ 34,234	£ 137	£ 12,885
Grand Total						£ 2,231,264		£ 839,789

Top 5 SDEC Specialties:

coded_specialism_name	Total Calls	% of Calls with outcome	Proportion of Outcomes reporting visit avoided	Potential Number of Transfers avoided (assuming outcomes representative of all calls)	Cost of A&E attendance (full cost)	Total Cost avoidance	releasable cost estimate per attendance	Total Cost avoidance @ releasable rate
General Surgery	4884	12%	98%	4763	£ 376	£ 1,790,881	£ 137	£ 652,528
Acute Medicine	4234	11%	90%	3791	£ 376	£ 1,425,502	£ 137	£ 519,398
E.N.T.	1767	11%	96%	1687	£ 376	£ 634,494	£ 137	£ 231,185
Urology	1115	14%	94%	1049	£ 376	£ 394,252	£ 137	£ 143,650
Ambulatory Care	942	13%	48%	452	£ 376	£ 170,012	£ 137	£ 61,946
						£ 564,264		£ 1,608,708

Top 5 U&EC Specialties (excluding GP Bypass and SDEC):

coded_specialism_name	Total Calls	% of Calls with outcome	Proportion of Outcomes reporting visit avoided	Potential Number of Transfers avoided (assuming outcomes representative of all calls)	Cost of A&E attendance (full cost)	Total Cost avoidance	releasable cost estimate per attendance	Total Cost avoidance @ releasable rate
Admissions/Referrals Liaison	31090	19%	19%	5789	£ 376	£ 2,176,649	£ 137	£ 793,088
Acute Medicine	7302	13%	34%	2456	£ 376	£ 923,555	£ 137	£ 336,508
General Surgery	4952	16%	46%	2299	£ 376	£ 864,561	£ 137	£ 315,013
Site Manager / Bed Bureau	2457	9%	16%	391	£ 376	£ 146,973	£ 137	£ 53,551
						£ 4,463,347		£ 128,113

Top Planned Care Phone Lines Specialties:

coded_specialism_name	Total Calls	% of Calls with outcome	Proportion of Outcomes reporting visit avoided	Potential Number of Transfers avoided (assuming outcomes representative of all calls)	Cost of OPD attendance (full cost)	Total Cost avoidance	releasable cost estimate per attendance	Total Cost avoidance @ releasable rate
Microbiology*	11034	3%	69%	7623	n/a	n/a	n/a	
Haematology*	4639	3%	62%	2885	n/a	n/a	n/a	

Renal Medicine*	2609	3%	65%	1708	n/a	n/a	n/a	
Vascular	704	17%	28%	198	£ 295	£ 58,356	£ 15	£ 3,007
Paediatrics	330	24%	70%	230	£ 429	£ 98,561	£ 8	£ 1,861
*these are not admitting specialties, so excluded						£ 156,918		£ 4,868

Top 5 Planned Care Message Lines:

coded_specialism_name	Total Calls	% of Calls with outcome left	Proportion of Outcomes reporting visit avoided	Potential Number of Transfers avoided (assuming outcomes representative of all calls)	Cost of OPD attendance (full cost)	Total Cost avoidance	releasable cost estimate per attendance	Total Cost avoidance @ releasable rate
Ophthalmology	1550	98%	22%	337	£ 295	£ 99,363	£ 15	£ 5,052
Cardiology	895	87%	86%	766	£ 364	£ 279,001	£ 13	£ 9,964
Paediatrics	334	49%	73%	245	£ 429	£ 105,253	£ 8	£ 1,963
Orthodontics	331	97%	82%	270	£ 429	£ 115,981	£ 8	£ 2,163
Microbiology*	260	40%	74%	192	n/a			
*these are not admitting specialties, so excluded						£ 599,598		£ 19,142
						£ 8,015,391		£ 4,098,780

Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar
Dirprwy Brif Weithredwr, GIG Cymru

Health, Social Care and Early Years Group
Deputy Chief Executive, NHS Wales



Llywodraeth Cymru
Welsh Government

To Andrew Sallows
Director Planned Care Programme
NHS P&I

Our Ref: NW/LL

05 January 2026

Dear Andrew

Subject: Confirmation of Funding Decisions – Consultant Connect and Community Health Pathways (2026/27)

Following my confirmation letter to the NHS 5th December confirming the ministerial approval for to extend the contracts for both Consultant Connect and Community Health Pathways (CHP) for the financial year 2026/27, I can now confirm the proposed funding allocation as requested:

For Community Health Pathways the value of **£1,770,699.00** will be allocated
For Consultant Connect the value of **£762,000.00** will be allocated

As I confirmed in my original letter this central funding arrangements comes with a set of health board expectations, which I expect NHS P&I will track and report progress against:

For Community Health Pathways:

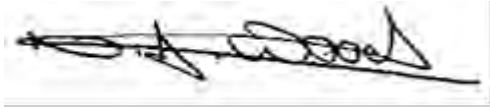
- Fund the Clinical Editor function locally for 2026/27 to ensure continued clinical relevance and engagement.
- Provide usage and outcome data to support ongoing evaluation and improvement.
- Integrate CHP into operational and clinical workstreams, including referral triage standards.

For Consultant Connect:

- Review their use of the National Consultant Network (NCN) and consider local funding arrangements where NCN usage is necessary due to service gaps.
- Engage with NHS Wales Performance & Improvement to support future governance and funding discussions, particularly in relation to transitioning the service to an urgent and emergency care funding stream

We appreciate your continued collaboration and commitment to delivering high-quality, patient-centred care. Further updates will be shared via NHS P&I leads in the new year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nick Wood', enclosed in a thin black rectangular border.

Nick Wood
Deputy Chief Executive, NHS Wales

Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar
Dirprwy Brif Weithredwr, GIG Cymru

Health, Social Care and Early Years Group
Deputy Chief Executive, NHS Wales



Llywodraeth Cymru
Welsh Government

Chief Executive
Local Health Boards

Our Ref: NW/LL

05 December 2025

Dear Colleague

Subject: Confirmation of Funding Decisions – Consultant Connect and Community Health Pathways (2026/27)

Following my letter 8 October when I confirmed the Strategic Planned Care Board decision to extend the contracts for both Consultant Connect and Community Health Pathways (CHP) for the financial year 2026/27, I can now confirm we have received ministerial approval of the associated funding.

The Board recognised the significant clinical and operational value of both programmes and endorsed their continuation under central funding arrangements for the upcoming year.

As I confirmed in my original letter this central funding arrangements comes with a set of health board expectations:

For Community Health Pathways:

- Fund the Clinical Editor function locally for 2026/27 to ensure continued clinical relevance and engagement.
- Provide usage and outcome data to support ongoing evaluation and improvement.
- Integrate CHP into operational and clinical workstreams, including referral triage standards.

For Consultant Connect:

- Review their use of the National Consultant Network (NCN) and consider local funding arrangements where NCN usage is necessary due to service gaps.
- Engage with NHS Wales Performance & Improvement to support future governance and funding discussions, particularly in relation to transitioning the service to an urgent and emergency care funding stream

We appreciate your continued collaboration and commitment to delivering high-quality, patient-centred care. Further updates will be shared via NHS P&I leads in the new year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nick Wood', enclosed in a thin black rectangular border.

Nick Wood
Deputy Chief Executive, NHS Wales




Quality-driven decision-making






Quality Impact Assessment

Title of proposal this Quality Impact Assessment (QIA) is supporting:	Remote Advice and Guidance – Consultant Connect extension
Reference of proposal:	
Details of Board / Committee the paper is being presented to and when:	Shared Services Partnership Committee – 22 January 2026 Velindre Trust Board – 29 January 2026







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	4	The Consultant Connect platform supports the restoration of elective care services and provides access to urgent care resources to ensure timely access to care for the population of Wales in line with Prudent Healthcare, A Healthier Wales and The National Clinical Framework.

	1	3	4	The system provides a tool that can link care providers to expert clinical advice within and across organisational boundaries. The service provides synchronous and asynchronous communication channels in line with current and future UK privacy legislation.
	1	3	4	The service provided by Consultant Connect has seen continuous growth, now handling over 11,000 calls and 1,500 messages per month.
	1	2	3	The contract extension maintains a familiar, embedded system, avoiding the inefficiencies of switching platforms and ensuring continued streamlined processes and increased usage across teams.
	1	3	4	The system facilitates the delivery of Remote Advice and Guidance by Clinical Experts. It supports the restoration of elective care services and provides access to urgent care resources to ensure timely access to care for the population of Wales in line with Prudent Healthcare, A Healthier Wales and The National Clinical Framework.
	1	3	4	Provides a digital record of Advice and Guidance provided to users for use in clinical audit, service evaluation, education and appraisal in line with Health Board Information Governance agreements.
Overall impact	Consultant Connect is a digital platform enabling real-time communication between health and social care professionals across NHS Wales. It supports urgent and emergency care (UEC), planned care, and diagnostics, with proven benefits in admission avoidance, cost savings, and improved patient pathways. The service has seen continuous growth, now handling over 11,000 calls and 1,500 messages monthly. Failure to extend the current contract will result in the current system provision being removed and undermining patient care.			

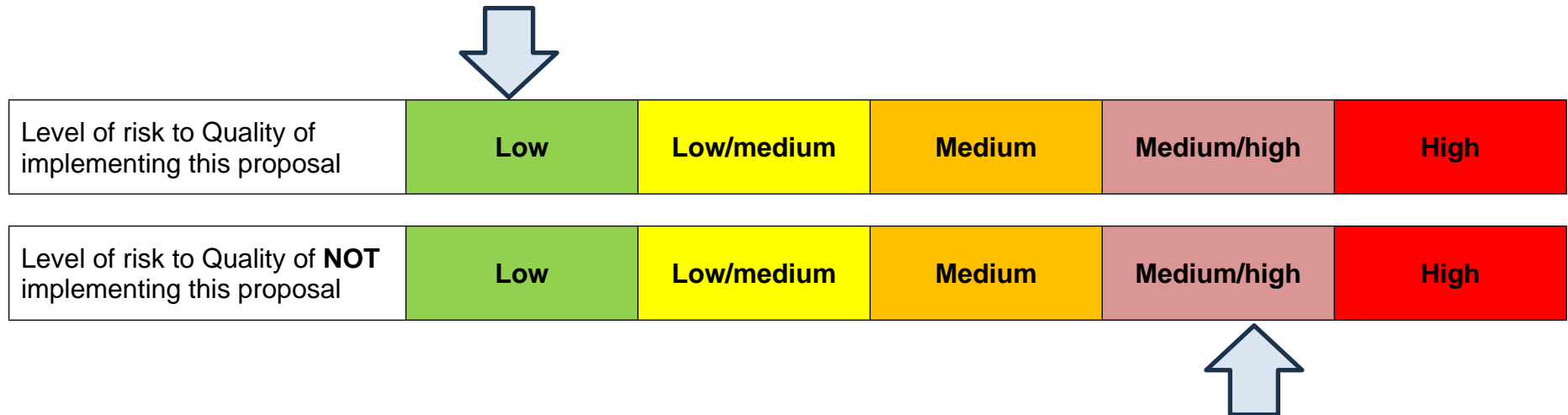
1b: Briefly outline the amount of activity required to ensure successful implementation of the proposal or strategic decision (in line with enabling Quality Standards)

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
	2	The project demonstrates strong leadership through Welsh Government sponsorship and managed by a NHS Wales Clinical lead and supported by National Clinical Networks and National Implementation Boards.
	2	The platform empowers Clinical Experts with the tools and data needed to deliver enhanced patient remote care, and improve performance, supporting workforce capability and engagement.
	1	Continued use of the platform reflects a culture of data-driven improvement, collaboration, and innovation for providing patient care within NHS Wales.
	1	Providing a bespoke directory of services based upon location and professional group. Ability to configure services to support pan-Wales national services. Providing a link with social services and local authority services to support whole system communications. Enables live reporting of activity including usage, missed calls and outcomes.
	1	Provides a digital record of Advice and Guidance provided to users for use in clinical audit, service evaluation, education and appraisal in line with Health Board Information Governance agreements.
	1	The platform is used across NHS Wales and provides a system that can link care providers to expert clinical advice within and across organisational boundaries. The service provides synchronous and asynchronous communication channels in line with current and future UK privacy legislation.
Overall amount of activity required		The system supports the restoration of elective care services and provides access to urgent care resources to ensure timely access to care for the population of Wales in line with Prudent Healthcare, A Healthier Wales, and The National Clinical Framework.

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)





Describe the main risks to Quality of implementing this proposal?
Describe the main risks to Quality of NOT implementing this proposal?

- Risks if Not Approved: Loss of an embedded and proven system. Allowing the existing contract to cease without using the available extension options and the Welsh Government confirmed funding would be prohibitive and not support the continued need and continued growth of the system across NHS Wales and will have a significant impact on a wide range of services across Wales but particularly Urgent and Emergency Care.
- Wellbeing Objectives: The scheme supports reducing health inequalities and improving access to care, aligning with the wellbeing objectives, and wellbeing goals such as a Healthier Wales.

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
Jonathan Sullivan – Assistant Head of National Sourcing 12/01/2026	<i>Andrew Sallows – National Director, Strategic Programme for Planned Care 16/01/2026</i>	<i>Andrew Sallows – National Director, Strategic Programme for Planned Care 16/01/2026</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
<i>Andrew Sallows – National Director, Strategic Programme for Planned Care 16/01/2026</i>	<i>N/A</i>	<i>N/A</i>