

Extraordinary Public Trust Board (Annual Accounts / Annual Report)

Thu 26 June 2025, 10:00 - 11:00

Trust Headquarters, Nantgarw / Microsoft Teams Webinar



Agenda

10:00 - 10:05 **1. STANDARD BUSINESS** 5 min

1.1. Apologies

Prof Donna Mead OBE, Chair

1.2. In Attendance

Prof Donna Mead OBE, Chair

1.3. Declarations of Interest

Prof Donna Mead OBE, Chair

10:05 - 10:35 **2. ACCOUNTABILITY REPORT AND ANNUAL ACCOUNTS 2024-2025** 30 min

2.1. Cover Paper for the Annual Report and Accounts 2024-2025

Lauren Fear, Interim Director of Transformation, Matthew Bunce, Executive Director of Finance and Non Gwilym, Interim Director of Corporate Governance

- Annual Performance Report
- Annual Accountability Report
- Annual Accounts

 2.1.0 ANNUAL REPORT 2024-25 COVER PAPER_TRUST BOARD June 2025 v1.pdf (5 pages)

 2.1.0a VUNHST Annual Report Final Draft Trust Board v.0.6.pdf (172 pages)

 2.1.0b VELINDRE Trust Template Annual Accounts 2024-25 FINAL_.pdf (89 pages)

2.2. Appendix 1 - Letter of Representation 2024-2025

Matthew Bunce, Executive Director of Finance


 2.2.0 Letter of Representation 24.25 DRAFT.pdf (5 pages)

10:35 - 10:45 **3. INTERNAL AUDIT & ASSURANCE SERVICES** 10 min

3.1. HEAD OF INTERNAL AUDIT OPINION

Stephen Chaney, Head of Internal Audit, NHS Wales Shared Services Partnership

 3.1.0 VEL 2425 Cover Paper - IA FINAL Opinion - Extraordinary Board June-25 v2.pdf (5 pages)

 3.1.0a Velindre FINAL HIA Opinion and Annual Report 2024-25.pdf (26 pages)

10:45 - 10:55 **4. AUDIT WALES AUDIT OF FINANCIAL STATEMENTS 2024-2025** 10 min

4.1. Audit Wales ISA 260 Report 2024-2025

10:55 - 10:55 5. ANY OTHER BUSINESS

0 min

Prof Donna Mead OBE, Chair

(Prior approval required by Chair)

10:55 - 10:55 6. ANY OTHER BUSINESS

0 min

Prof Donna Mead OBE, Chair

The next regular meeting of the Trust Board will take place on Thursday 31st July 2025.

10:55 - 10:55 7. DATE OF NEXT MEETING

0 min

The next regular meeting of the Trust Board will take place on Thursday 31st July 2025.

10:55 - 10:55 8. CLOSE

0 min

TRUST BOARD	
VELINDRE UNIVERSITY NHS TRUST ANNUAL REPORT 2024-2025	
DATE OF MEETING	26 June 2025
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	<ul style="list-style-type: none"> • Llinos Madeley, Interim Head of Governance • Kay Barrow, Corporate Governance Manager • Tracy Hughes, Head of Financial Operations
PRESENTED BY	<ul style="list-style-type: none"> • Non Gwilym, Interim Director of Corporate Governance • Tracy Hughes, Head of Financial Operations
APPROVED BY	<ul style="list-style-type: none"> • Non Gwilym, Interim Director of Corporate Governance • Matthew Bunce, Executive Director of Finance
EXECUTIVE SUMMARY	<p>NHS bodies are required to publish, as a single document, a three-part Annual Report and Accounts which includes:</p> <ul style="list-style-type: none"> • The Performance Report, which must include: <ul style="list-style-type: none"> ○ An overview ○ Delivery and Performance analysis • The Accountability Report, which must include: <ul style="list-style-type: none"> ○ A Corporate Governance Report. ○ A Directors Report ○ A Remuneration and Staff Report. ○ <i>Senedd Cymru/Welsh Parliament</i> Accountability and Audit Report. • The Financial Statements, including: <ul style="list-style-type: none"> ○ The Audited Annual Accounts 2024/25.

	The structure adopted in each of the reports is the one described in the Government Financial Reporting Manual 2024/25.	
RECOMMENDATION / ACTIONS	The Trust Board is asked to APPROVE the Velindre University NHS Trust Annual Report 2024-25.	
GOVERNANCE ROUTE		
List the Name(s) of Committee / Group who have previously received and considered this report:		Date
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS		
<p>In developing the Accountability Report this has also been discussed at various stages with Trust Officers. It has also been shared with Audit Wales and Welsh Government with any feedback incorporated as appropriate.</p> <p>The Trust has also continued to receive regular updates on the Monthly Financial Reporting Position throughout the year, at each meeting of the Executive Management Board, Quality, Safety & Performance Committee and Trust Board, forming the basis of the Trust Accounts for the reporting period.</p> <p>The draft Annual Report was presented and considered to the Trust Board as part of its deliberations on Board Effectiveness on 19 June 2025. Subsequently it was ENDORSED FOR APPROVAL by the Trust's Audit Committee on 24 June 2025.</p>		
7 LEVELS OF ASSURANCE – N/A		
APPENDICES		
Appendix A	Annual Report 2024-25	
Appendix B	Letter of Representation 2023/2024	

1. SITUATION

- 1.1 The Trust's Annual Report 2024/2025 is to be submitted by Audit Wales to the Finance Health and Social Service Group (HSSG), on **30 June 2025**, as a single unified PDF document.
- 1.2 The Trust Annual Report 2024/2025 will be presented at the Trust's Annual General Meeting on **25 September 2025**.

2. BACKGROUND

- 2.1 For the 2024/2025 reporting period the Trust's Draft Accounts were submitted to HSSG Finance and Audit Wales on the Friday 2nd May 2025. The draft Annual Performance Report was submitted on Wednesday 28th May 2025 and the draft Accountability Report (including the Governance Statement) was submitted to the HSSG Finance and Audit Wales on Tuesday 13th May 2025.

3. ASSESSMENT

- 3.1 The purpose of Part 1, **the Annual Performance Report** is to provide information about the performance of services provided by Velindre University NHS Trust. The report is based on data reported to the Trust Board through the Performance Management Framework during the reporting period.
- 3.2 The purpose of Part 2, **the Annual Accountability Report** is to report to the Senedd in respect of the Trust key accountability requirements as noted in the Manual of Accounts. These have been reviewed in draft form at various stages by the Trust, Audit Wales and Welsh Government during May–June 2025. Any comments or corrections from these reviews have been incorporated as appropriate.
- 3.3 Part 3, **the Final Audited Financial Accounts** outline the financial performance up to year end 31st March 2025. These have also been reviewed in draft form at various stages by the Trust, Audit Wales and Welsh Government. Any comments or corrections from these reviews have been incorporated as appropriate.
- 3.4 At its meeting on 24 June, the Trust's Audit Committee received an oral update from Audit Wales regarding the status of their draft ISA 260 report. The Report was subsequently finalised and is presented to the Board for its consideration.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The Trust Board is asked to **APPROVE** the contents of the Velindre University NHS Trust Annual Report 2024/2025

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 - TRUST ASSURANCE FRAMEWORK (TAF)	06 – Organisational and Clinical Governance 08 – Financial Sustainability and Long-Term Value
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below
	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>Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore, ensuring good governance within the Trust can support quality care.</p> <p>The Trust has a statutory requirement to ensure that proper arrangements are in place to secure economy, efficiency and effectiveness in the use of their resource.</p>



QUALITY IMPACT ASSESSMENT	Not required - not a strategic decision
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	<i>There are no socio-economic impacts linked directly to the activity outlined in this report.</i>
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	<i>There are no Trust Well-Being goal implications or impact linked directly to the activity outlined in this report.</i>
FINANCIAL IMPLICATIONS / IMPACT	<i>There is no direct impact on resources as a result of the activity outlined in this report.</i>
EQUALITY IMPACT ASSESSMENT	<i>There is no direct equality impact in respect of the activity outlined in this report.</i>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	<i>It is essential that the Trust complies with its statutory reporting requirements.</i>

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
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GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



Gwasanaeth Gwaed Cymru
Welsh Blood Service



Gwasanaeth Canser Felindre
Velindre Cancer Service



Advanced
Therapies
Wales

Therapiau
Datblygiedig
Cymru



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership



Technoleg Iechyd Cymru
Health Technology Wales

ANNUAL REPORT 2024/2025

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CHIEF EXECUTIVE'S INTRODUCTION

I am pleased to present the Annual Report for Velindre University NHS Trust, which reflects another year of unwavering commitment to providing outstanding care, advancing research, and supporting the health and wellbeing of our communities across Wales.

This year has seen both remarkable achievements and complex challenges and change. Through it all, the dedication, compassion, and professionalism of our staff have remained our greatest strength. Whether delivering specialist oncology services through the Velindre Cancer Service, supporting blood and transplant services across Wales, driving innovation in research and education, supporting our charity or working in one of our hosted services and programmes such as Health Technology Wales, Shared Services and Advanced Therapies Wales, our teams have consistently gone above and beyond to deliver excellence.

We continue to make significant progress in transforming our services, guided by our ambition to provide the best care possible for patients, donors, and their families and carers. From embracing new technologies and treatments to developing our workforce and infrastructure, we are laying strong foundations for the future. Notably, our work towards the development of a new Velindre Cancer Centre and a home for Velindre Cancer Service's radiotherapy services at Nevill Hall in Abergavenny is moving ahead with purpose, and we remain committed to engaging openly with our partners and communities as our services continue to improve and evolve.

Our role as a University Trust has enabled us to further our research partnerships and learning opportunities, ensuring we remain at the forefront of innovation in healthcare.

As we reflect on the year's accomplishments, I would like to express my heartfelt thanks to our staff, volunteers, partners, and supporters. Your contributions make a lasting difference, and your resilience and compassion continue to inspire us all. I am particularly grateful for the kindness and support you have offered to me as our Trust's new Chief Executive.

We move forward with determination and optimism, driven by our values and united by a shared purpose: to deliver exceptional care and improve lives. Thank you for your continued trust and support.

David Donegan
Chief Executive Officer
Velindre University NHS Trust

FOREWORD FROM THE CHAIR

It is my privilege to present the Trust's Annual Report. I do so with immense pride, deep gratitude, and a profound sense of reflection.

It has been an honour to serve as Chair of this exceptional organisation. Over the years, I have witnessed first-hand the extraordinary dedication, compassion, and resilience of our staff and volunteers. Their unwavering commitment to delivering high-quality, person-centred care has inspired me time and again. The Trust's work in cancer, blood and transplantation services, research, education, and innovation continues to touch countless lives across Wales — and beyond.

This past year has been one of continued progress and transformation. From our forward-thinking approach to digital innovation, to the strengthening of partnerships across health, academia, and the voluntary sector, Velindre has demonstrated its ability not only to adapt to change but to lead it. The advancement of the new Velindre Cancer Centre and the Radiotherapy Satellite Unit in Abergavenny mark particularly significant milestones in our journey to deliver world-class care in world-class facilities.

Our status as a University NHS Trust reflects the depth of our commitment to learning, discovery, and continuous improvement. I have taken great pride in seeing our research and academic partnerships flourish, helping to shape the future of healthcare for Wales and beyond whilst also creating opportunities for staff development and experience.

Velindre is in strong hands — shaped by clear values, visionary leadership, and a vibrant, compassionate workforce. I am confident that the Trust will continue to go from strength to strength in its mission to provide hope, dignity, and outstanding care to every person it serves.

I would like to extend my sincere gratitude to colleagues across the Trust, to our Board members past and present, to our partners and stakeholders, and most importantly, to our donors, and our patients and their families, all of whom remain at the heart of everything we do.

It has been one of the greatest privileges of my professional life to serve as your Chair.

With sincere appreciation and every good wish for the future,

Professor Donna Mead OBE

Chair

Velindre University NHS Trust

VELINDRE UNIVERSITY NHS TRUST SCOPE OF RESPONSIBILITY

About us

Velindre University NHS Trust was established in 1994 and is one of 12 statutory health organisations in Wales.

The Trust's core purpose is to provide specialist blood and cancer health services to the people of Wales. We also deliver a number of other services on behalf of the NHS in Wales as a host.

The Velindre Cancer Service delivers specialist cancer services for Wales (mostly in the south east) using a hub and spoke model and provides a specialist treatment, teaching, research and development centre for non-surgical oncology. We treat patients with chemotherapy, Systemic Anti-Cancer Treatments (SACTs), radiotherapy and related treatments, together with caring for patients with specialist, acute and palliative care needs.

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

The Trust also delivers services through its hosted services and programmes – Shared Services and Health Technology Wales (HTW) and Advanced Therapies Wales.

NHS Wales Shared Services (Shared Services)

The Trust was given the statutory responsibility to manage and provide Shared Services in 2012, supporting the 12 statutory bodies of NHS Wales through the provision of a comprehensive range of support functions, classed as technical, administrative and professional services. The team who deliver these are employed by the Trust, and the Velindre Trust Shared Services Committee (also known as the Shared Services Partnership Committee) brings together the partnership of statutory organisations that commission these services.

Health Technology Wales

Health Technology Wales (HTW) was established in 2017 by Welsh Government. As the host body, the Trust receives grant funding to deliver the HTW services under the 'Efficiency through Technology Programme'. HTW was established to facilitate the timely adoption of clinically and cost-effective health technologies in Wales, working with, but independently of, NHS Wales. Its remit covers all health technologies that are not medicines.

Advanced Therapies Wales

The Trust employs a team to deliver the Advanced Therapies Wales Programme which is funded by Welsh Government. Along with the Genomics, Pathology and Imaging programmes, it forms an integral part of the Welsh Precision Medicine portfolio.

Purpose and vision

Our purpose is to improve lives. Our vision is to do this through excellent care, inspirational learning and healthier people.

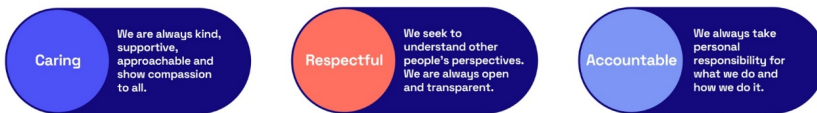
To achieve our vision, we have developed strategic objectives which reflect our commitment to the guiding principles set out in the Well-being of Future Generations Act. We are committed to working with a focus on the long-term, through integration, collaboration and partnership in our vital work.

Our aim is to be an employer of choice, developing a skilled, sustainable, healthy and engaged workforce. We will aspire to digital excellence, creating better services by connecting patients, donors and partners.

We will measure our progress through our care, our learning, our team, and our wider contribution to our communities and country, benchmarking with our peers.

Our values

Our Trust's shared values capture what is important to us. They were developed through a process of wide-ranging consultation with staff and members of the public and reflect our commitment to delivering and developing our services.



Our strategy

Our strategy, [Destination 2033](#), was approved by the Trust Board in 2023.

Our strategic objectives state that by 2033, we will be recognised as:

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

**PART 1:
PERFORMANCE
REPORT
2024-25**

PERFORMANCE OVERVIEW FOR 2024/25

Overview of Our Services

Our Trust has two main clinical divisions - the Velindre Cancer Service and Welsh Blood Service in addition to our corporate functions. Velindre is also responsible for hosting three further all-Wales services and programmes on behalf of Welsh Government and NHS Wales - NHS Wales Shared Services Partnership, Health Technology Wales and Advanced Therapies Wales. For the purposes of this report the performance of these hosted services are out of scope, as there are alternative arrangements in place for overseeing the performance of these services which are not currently a responsibility of the Trust as host.

There is also a charity entity of our Trust, which in 2024/25 raised in total £3.7m from events, fundraising, grants and donations and £0.5m from legacies. This supports vital research, staff development and important services to enrich the lives and experience of our patients.

Velindre University NHS Trust, not including the hosted services, has an operating revenue budget of £262m and a capital allocation of £36m. Including the revenue budget associated with hosted services, the Trust's overall budget is £1.159,152bn. We employ 7,224 staff (FTE) – 1,669 core, 2,236 for hosted services, excluding agency staff and 3,319 trainee staff employed by a hosted service but operational in other NHS Wales organisations (e.g. trainee Drs). Our staff work across a range of clinical, scientific, nursing, therapies, professional and administrative support services. Our services are commissioned via Local Health Boards across Wales and the NHS Wales Joint Commissioning Committee for certain specialisms.

Velindre Cancer Service

We are a treatment, teaching, research and development centre for oncology services to patients from across South-East Wales and nationally for some conditions.

We primarily serve a population of 1.7 million.

- During 2024 we:
 - Delivered Radiotherapy treatments to 4321 patients.
 - Delivered Systemic Anti-Cancer Treatment (SACT) treatments to 5282 patients.
 - Delivered 16,650 Outpatient consultations.

Welsh Blood Service

We are a national service which covers the Welsh population of 3.1 million providing a range of essential and specialised services including the collection and production of blood and blood components to treat patients, provision of scientific support for

transplantation within Wales and the global provision of stem cells for patients.

- During 2024 we:
 - Collected approximately 100,000 units of blood.
 - We have more than 75, 000 volunteers on our stem cell registry.
 - Provided scientific support for 132 organ transplants and 36 stem cell transplants.

Corporate Services

The Trust's core cancer and blood service delivery is supported by a number of Trust-wide corporate services, including People and Organisational Development, Digital Services, Planning and Performance Management, Estates and Sustainability and Finance

Delivering our Strategic Goals for 2024/25

Our currently approved organisational strategy is called Destination 2033¹. Destination 2033 sets out our Strategic Goals and Objectives.

The Trust's Integrated Medium Term Plan (IMTP) 2024/25 to 2026/27 was the vehicle for the delivery of our objectives during 2024/5 and is the output of the excellent work undertaken by teams from across the Trust and strong engagement with our many stakeholders.

We set ourselves ambitious priorities during 2024/25, which build upon our strengths, and which will result in the people who use our services receiving excellent and person-centred care.

We report progress against our objectives quarterly to our Quality Safety and Performance Committee and have received favourable internal audit reports on this process.

Our Strategic Goals:

- | |
|--|
| 1. Outstanding for quality, safety and experience |
| 2. An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations |

¹ <https://velindre.nhs.wales/about-us/publications/strategic-documentation/trust-strategy-destination-2033/>

3. A beacon for research, development and innovation in our stated areas of priority
4. An established University Trust which provides highly valued knowledge and training for all
5. A sustainable organisation that plays its part in creating a better future for people across the globe

Our plan will ensure that we put our patients and donors at the centre of everything we do; working towards optimum quality, safety and experience; and continual learning and improving.

The Trust has worked in close partnership with our Health Board partners to ensure that our key strategies are aligned, that there is a clear set of shared priorities and to ensure that we can provide sufficient capacity and capability to deliver commissioned services of the highest quality.

Our 2024/25 to 2026/27 Integrated Medium Term Plan included 171 actions. We report on progress against these actions quarterly, however for the most part these are actions which span over one year delivery and therefore are represented in this plan. There were no “red” overdue actions, which were due to be delivered in full during 2024/5, it is the multi-year nature of the actions included. 12 actions were delivered in full.

We are now developing this in two key ways for the 2025/26 – 2027/28 plan:

- We will include reporting against outcomes;
- We will report against our specific milestones to allow progress to be tracked clearly against longer-term activities.

Progress against our IMTP objectives will be again monitored quarterly and reported to the Trust Board and Welsh Government.

For further information please see link to the Trust’s Integrated Medium-Term Plan 2025/26 to 2027/28².

² Add imtp link here

Duty of Quality

The Duty of Quality came into legal force in April 2023, in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. During 2024/25 we have continued to drive quality improvements, quality assurance and oversight, ensuring that learning takes place when things do not go well, and in strengthening the organisational culture regarding quality.



For further information please see link to the Trust's Annual Quality Report³.

³ Add link Trust quality report

OVERVIEW OF OUR PERFORMANCE

This section provides a high-level summary of our performance for the financial year 2024/25.

The Annual Performance Report describes how the Trust manages its performance and management activities. The report also provides assurance on the Trust's performance for the financial year 2024/25. Individual performance metrics are measured against a range of national targets, best practice standards and locally identified outcome measures.

Velindre University NHS Trust accounts are prepared on a going concern basis as the continued provision of services in the future are anticipated, as evidenced by the inclusion of financial provisions for those services. For this reporting period, there are no known events or considerations that might cast doubt on this assessment.

The following section provides a high-level summary of the Trust's 2024/25 performance against a range of statutory, best practice and local stretch targets over a series of Key Performance Indicators for our cancer and blood services, corporate services, as well as incorporating measures of patient and donor satisfaction, staff wellbeing and sustainability.

Each Key Performance Indicator has a short description, a monthly or annual target and actual performance for 2024/25. A full set of the Trust's performance against key performance targets can be found in **Appendix 1**.

Summary of Velindre Cancer Service Performance 2024/25

Performance during 2024/25 improved across the year, which reflects the on-going improvement journey and our ambition to deliver the best possible services. Areas not meeting set levels have been and are subject to continued improvement initiatives and scrutiny to ensure benefits to patients are delivered.

- **Access to Cancer Services**

- **Radiotherapy**

As in previous years, 2024/25 experienced an increase in demand for radiotherapy services. However, our performance improved across the year and by March 2025:

82% of patients met the referral to treatment target (21-day target)

83% of patients met the referral to treatment target (7-day target)

- **Systemic Anti-Cancer Therapy (SACT)**

In 2024/25, we experienced an increase in demand (circa 10%) for SACT services. This resulted in a significant in-year challenges in being able to deliver sufficient capacity to meet demand. However, we successfully

achieved:

100% of emergency patients were treated within target (5 days)

91% of non-emergency patients treated within target (21 days)

- **Safe and Reliable Services**

- **Hospital Acquired Infections**

We have continued to maintain our low rates of hospital acquired infections.

We have zero tolerance with respect to hospital acquired infections, such as MRSA.

- **Pressure Ulcers**

We also have zero tolerance with respect to tissue damage and pressure ulcers as our inpatients can be particularly susceptible to this sort of damage.

- **National Early Warning Score (NEWS Sepsis)**

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

- **Patient Experience**

- **Would you recommend us? and Your Velindre Experience?**

Patients of the Velindre Cancer Service consistently rated their own experience as being very good, scoring an average in the 96% for 'would you recommend us?' to an 94% average for 'your Velindre experience'.

We examine our performance in 2024/25 in more detail in the next section of this report.

Summary of Welsh Blood Service Performance 2024/25

Performance during 2024/25 was comparable to overall trends across the European Blood Alliance (EBA) and reflected our ongoing ambition to deliver the best possible services. This was underpinned by the dedication of our staff and the effectiveness of our planning and operational processes, which enabled us to meet service demands consistently throughout the year.

- **Meeting Clinical Demand for Red Blood Cells and Platelets**

Throughout 2024/25, the Welsh Blood Service successfully met all clinical demand for Red Blood Cells (RBC) and Platelets for our customer hospitals across NHS Wales. This is the result of daily communications between Blood Donation Services and Transfusion Services enabling agile responses to variations of stock levels and service needs and working closely with our customer hospitals.

- **Growing our Bone Marrow Registry**

Our registry currently includes more than 75,000 volunteer donors. The target

recruitment of 4,000 per annum was exceeded in 2024-2025 with 5765 donors recruited during the year. This was mainly due to the initiation of a more proactive cheek swab drive at educational establishments and other events.

- **Meeting Transplant Services Requests**

We fell short of our annual target for the number of 80 stem cell collections in 2024/25. In response, the Welsh Bone Marrow Donor Registry has activated a series of actions events aimed at expanding the donor panel. The goal is to grow the committed donor base, helping to close the gap and improve future collection performance.

- **Blood and Blood Products Collection and Production**

- **Minimising Waste / Time Expired Products**

Aligning blood component supply with hospital demand is complex due to limited shelf life. In 2024/25, red cell expiry consistently stayed below the 1% target, and time expiry of platelets was largely within our target tolerance during the reporting year. This achievement positioned the service as one of the best performers compared to other European blood services.

- **Unsuccessful Venepuncture**

There are various reasons why blood does not enter the bag, typically this might be a result of inaccessible donor veins, poor venepuncture technique or equipment failure. Performance during 2024/25 was excellent and consistently within target tolerance levels.

- **Complete Whole Blood Donations**

Our current target is to ensure that we collect less than a maximum of 3%-part bag blood donations and during 2024/25 we are pleased to report that the percentage of part bags collected each month generally remained below the 3% threshold.

- **Blood Donor Experience**

During 2024/25, the Welsh Blood Service has continued to work hard to improve systems and processes relating to concerns management to ensure that donor and service user feedback is consistently managed in a timely and effective manner, whilst ensuring lessons are learnt and identified service improvements are introduced. This has resulted in excellent donor feedback which has consistently met our target

We examine our performance in 2024/25 in more detail in the next section of this report.

DETAILED SERVICE DELIVERY AND PERFORMANCE ANALYSIS

Introduction

This section provides more detail on our performance for the financial year 2024/25.

The Annual Performance Report describes how the Trust manages its performance and management activities. The report also provides assurance on the Trust's performance for the financial year 2024/25. Individual performance metrics are measured against a range of national targets, best practice standards and locally identified outcome measures.

Developing our Performance Management Framework – How we manage our performance

During 2024/25 our Performance Management Framework (PMF) has continued to evolve with an enhanced range of measures which are routinely used to monitor the quality and performance of our core services. In addition, work has been undertaken to automate our Performance Management Framework reporting and monitoring system which has received 'reasonable assurance' in a recent Internal Audit review. Importantly, we have considered social matters, respect for human rights, diversity, anticorruption and anti-bribery matters. As well as the Performance Management Framework, which includes Key Performance Indicators for specific aspects, assurance is provided via: the wider governance of the Trust across procurement; Equality and Quality Impact Assessments; and the Policy framework.

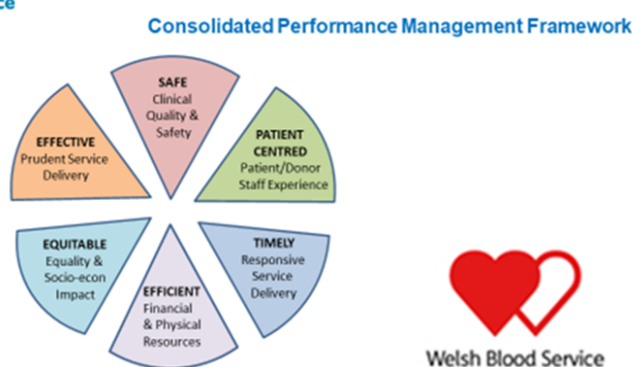
During the reporting period there have been a number of work packages to automate the Performance Management Framework processes and reporting arrangements. The continued process of enhancing the Performance Management Framework has involved extensive engagement and discussion with Independent Members, Executive Directors, patient and donor representatives plus detailed work with Divisional Leads and all staff.

Identifying relationships and linkages across Performance Areas

A Performance Management Framework Standard Operating Procedure for the reporting of our monthly performance to our Executive Management Board, the Quality Safety and Performance Committee and finally to Trust Board has been developed to highlight any key performance issues and cross-cutting linkages identified, using seven levels of assurance and escalated appropriately to ensure effective governance.

The Trust Board places reliance upon and takes assurance from the detailed Divisional and Executive leadership review and Quality Safety Performance Committee scrutiny to ensure that all key matters have been appropriately escalated and effective action plans developed to address them.

The performance report format adopts a 'balanced scorecard' approach which seeks to 'triangulate' the interplay between operational delivery, service quality and safety, our people and physical/finance resources, and is based on the six domains of the Quality Safety Framework (QSF), namely safe, effective, patient/donor centred, timely, efficient and equitable care.



Each Key Performance Indicator (KPI) is supported by analysis that explains the current performance, using wherever possible Statistical Process Control (SPC) Charts, to enable the distinction to be made between 'natural variations' in activity, and trends or performance requiring investigation.

The Performance Management Framework Standard Operating Procedure for the reporting of our monthly performance to our Executive Management Board, the Quality Safety and Performance Committee ensures that key issues are appropriately escalated and resolved.

Our Financial Performance

During the financial year 2024/25 the Trust met all its Statutory Duties, operating within our financial allocation.

Velindre University NHS Trust accounts are prepared on a going concern basis as the continued provision of services in the future are anticipated, as evidenced by the inclusion of financial provisions for those services. There are no known events or considerations that might cast doubt on this assessment.

Counter Fraud and Anti-Corruption Policy

The Trust takes its responsibilities to protect the public purse very seriously and is fully committed to the highest ethical standards, in order to ensure the proper use and protection of public funds and assets.

The Trust and will not tolerate fraud or corruption by its employees, suppliers, contractors, partners or service users and will take all necessary steps to investigate all allegations of fraud or corruption and pursue sanctions available in each case, including removal from office, disciplinary action, dismissal and/or prosecution.

The Trust uses the Counter Fraud Services provided by Cardiff and Vale University Health Board for the core Trust services.

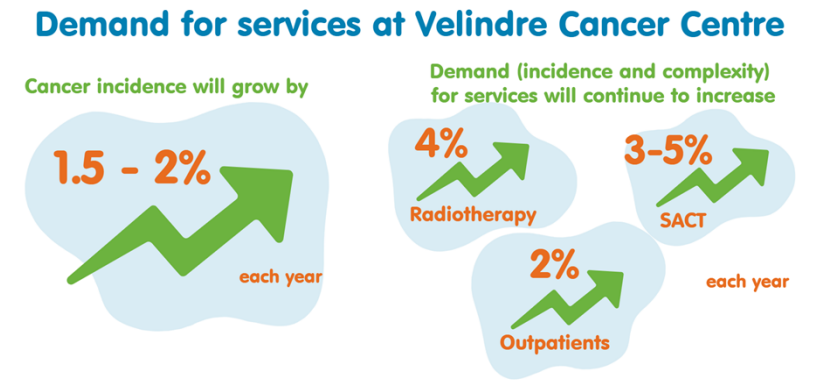
The following section provides more detailed analysis of our Trust's 2024/25 performance across our two key cancer and blood service areas against a range of Statutory, best practice and local stretch targets over the Six Quality Safety Framework (QSF).

VELINDRE CANCER SERVICES PERFORMANCE OVERVIEW

Performance during 2024/25 improved across the year, which reflects the on-going improvement journey and our ambition to deliver the best possible services. Areas not meeting set levels have been and are subject to continued improvement initiatives and scrutiny to ensure benefits to patients are delivered. Below, we examine our performance in 2024/25 in more detail.

ACCESS TO OUR SERVICES

During the year we saw high demand for the radiotherapy and drug therapy services provided by Velindre Cancer Service. Our staff worked hard to meet this demand, and we continue to explore new ways of working which will reduce waiting times and improve patient access to our services.



Demand for cancer services is driven by the need to deliver care for patients newly diagnosed with cancer but, also by the requirement to make available new cycles of treatment to existing patients, for instance, patients with metastatic disease who are prescribed further cycles of therapy. Additionally, demand is influenced by the availability of new treatment regimens, i.e. newly approved treatment agents, such as certain immunotherapies and targeted treatments, which are presenting entirely new treatment options or are influencing dramatic changes to treatment pathways.

Over recent years, the demand for non-surgical cancer services which are delivered by the Velindre Cancer Service, has been increasing. The demand forecast for 2024/25 was informed by data derived from a major exercise we have led in conjunction with our health board partners, the Wales Cancer Network, Improvement Cymru and the NHS Executive.

The demand modelling initially focused on historic flows of patients from primary care

to diagnosis and on to treatment. This approach was used to develop a predictive model which could forecast external demand driven by new patient referrals. We have used this model to quantify capacity requirements for 2024/25 and beyond. We will continue to use this model to review demand in the future.

The table below provides a summary of the planning assumptions that underpinned the capacity and delivery plan for 2024/25:

Forecast Growth in Demand for our Services in 2024/25:

Financial Performance Per Contract Currency Category	% Factor - Utilising Planning Assumptions
Radiotherapy	6%
Nuclear Medicine	2%
Radiology Imaging	10%
Preparation for Systematic Anti-Cancer Therapy	10%
Delivery of Systemic Anti-Cancer Therapy	10%
Ambulatory Care Services	2%
Outpatient Services	10%
Inpatient Admitted Care	2%

To address the increases in demand that occurred in 2024/25 there was a requirement to make changes to clinical practice and service delivery, ensuring patient safety. The increased utilisation of virtual outpatient attendances, the mix of oral and intravenous infusion Systemic Anti-Cancer Therapy delivery, the expanded use of hypofractionation in administering radiotherapy treatments to certain patient groups and the delivery of patient care in outreach settings will all need to be explored. This work is ongoing alongside activity to identify efficiencies and developments across all treatment pathways.

PROGRESS: RADIATION SERVICES

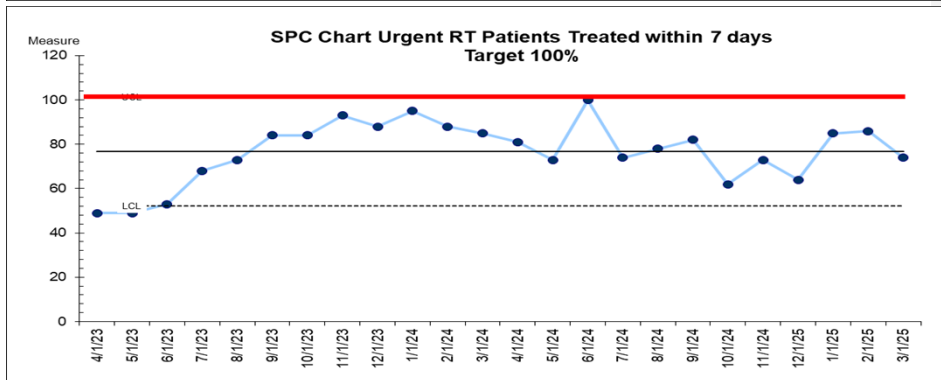
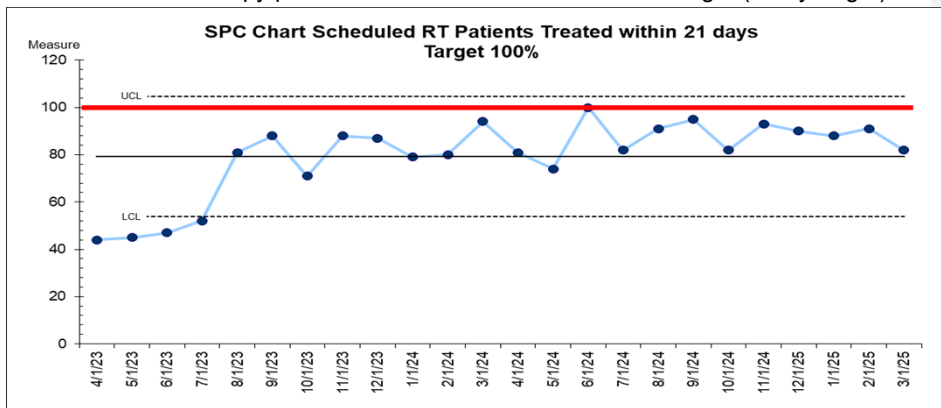
This section reviews the Radiotherapy performance throughout 2024/25. Over the course of 2024-25, the service has responded to growing demand for patient treatment. Additionally, we have continued the successful implementation of a major change programme.

As part of the Integrated Radiotherapy Solution (IRS) programme, new treatment machines have been commissioned and new, improved operating systems have been introduced. These developments, made possible by significant Welsh Government

investment, will allow us to rationalise patient pathways. This will help reduce treatment waits, improve access and help us to deploy the best, new therapies improving outcomes for our patients.

As in previous years, 2024/25 experienced an increase in demand for radiotherapy services. Our performance improved across the year and by March 2025:

- 82% of radiotherapy patients met the referral to treatment target (21-day target)
- 83% of radiotherapy patients met the referral to treatment target (7-day target)



- 100% of radiotherapy patients met the referral to treatment target (1 day target)
- 94% of radiotherapy patients met the elective day target (14-day target)

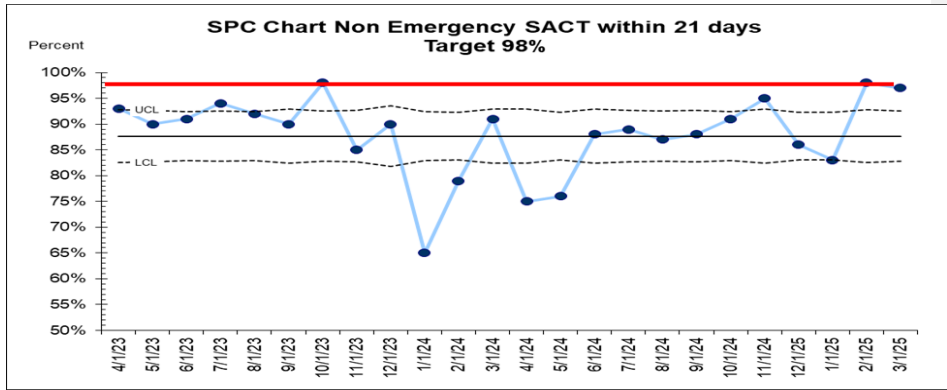
The Radiotherapy performance at VCS compares favourably with that at other Welsh Centres.

PROGRESS: SYSTEMIC ANTI-CANCER THERAPY (SACT)

In 2024/25, we experienced an increase in demand (circa 10%) for SACT services. This resulted in significant in-year challenge in being able to deliver sufficient capacity

to meet demand. As a result of a sustained executive led improvement initiative focused on the delivery of SACT the performance has significantly improved. This has been supported by a business case to increase capacity for pre-SACT assessment, pharmacy, SACT delivery and associated recruitment to transform the model of care from consultant delivered to consultant led.

- 100% of emergency patients were treated within target (5 days)



- 91% of non-emergency patients treated within target (21 days)

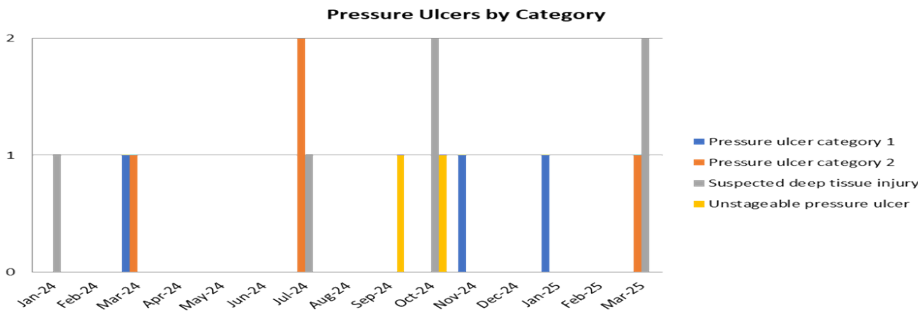
PROGRESS: SAFE AND RELIABLE SERVICES TARGET

Hospital Acquired Infections: We have continued to maintain our low rates of hospital acquired infections. We have zero tolerance with respect to hospital acquired infections, such as MRSA. This means that our aim is to see no such infections in our inpatients over the course of any year. However, we also recognise that our inpatients can be particularly susceptible to infection because of the nature of the treatments that they undergo and their physical condition.

VCC	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun e 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
C.diff	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

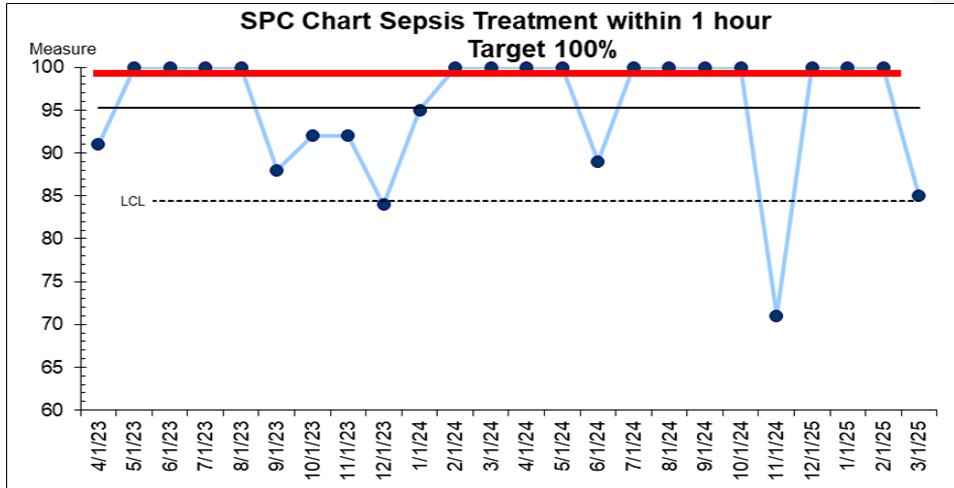
E.coli	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Klebsie lla	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Pseudo Aerugi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gram Neg	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0

Pressure Ulcers: We also have zero tolerance with respect to tissue damage and pressure ulcers. Again, our inpatients can be particularly susceptible to this sort of damage. Compliance with our Skin Care bundle, which has been developed to reduce the risk of skin and tissue damage for our inpatients, showed full compliance with the avoidable pressure ulcer target all year.



National Early Warning Score (NEWS): National Early Warning Score was originally developed by the Royal College of Physicians and is intended to help reduce the number of patients whose conditions deteriorate whilst they are in hospital. When a patient is assessed using NEWS, a score equal to, or greater than three, indicates that they may be at an increased risk of developing complications.

At the Velindre Cancer Service, we use the National Early Warning Score to determine whether our patients are at an increased risk of complications related to neutropenic sepsis. Those patients that are deemed to be at greater risk have the ‘Sepsis Six’ bundle (a combination of three different treatments and three tests) administered to them within a set time. The graph below shows that we consistently achieved or narrowly missed our target of treating 100% of Sepsis patients within one hour.



PROGRESS: PATIENT EXPERIENCE

Our patient feedback is largely positive. The Trust has worked to improve the way it collects and receives feedback from those who use our services. Work to understand how best to collate feedback, identify themes and to use this information to aid improvement is crucial. There are two surveys used in the Velindre Cancer Service – ‘Would you recommend us?’ and ‘Your Velindre Experience’ The Your Velindre experience uses 0-10 in the question about rating the Velindre Cancer Service, whereas ‘Would you recommend us?’ used Very good, good etc.

Patients of the Velindre Cancer Service consistently rated their own experience as being very good, scoring an average of 96% for ‘would you recommend us?’ to an 94% average for ‘your Velindre experience’. The importance of learning from patient feedback remains paramount in the development of our services.

VCC	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Would you recommend us? %	89	97	96	92	93	98	98	96	95	97	97	98	95	94	96
Your Velindre Experience	98	94	94	92	96	93	96	96	88	93	91	94	97	93	97

nce? %															
Target CIVICA 85%	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85

WELSH BLOOD SERVICE PERFORMANCE OVERVIEW

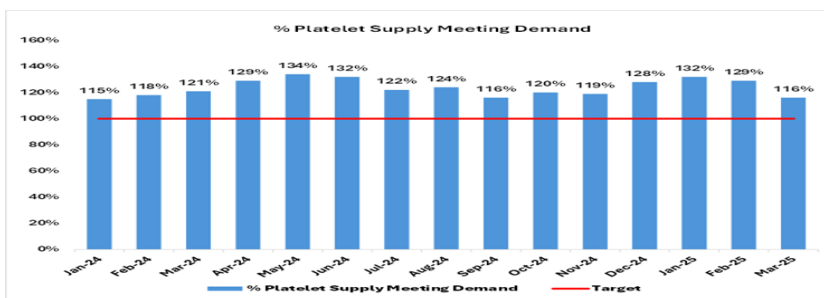
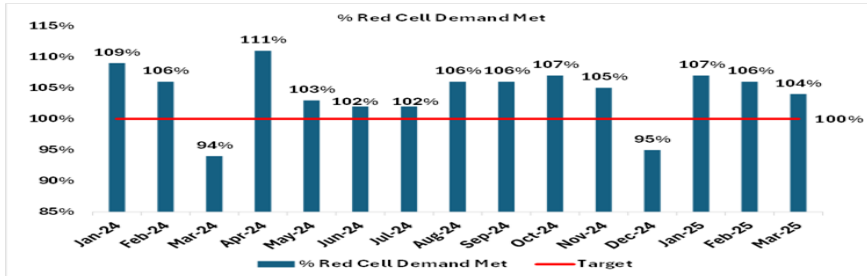
Performance during 2024/25 was comparable to overall trends across the European Blood Alliance (EBA) and reflected our ongoing ambition to deliver the best possible services. This was underpinned by the dedication of our staff and the effectiveness of our planning and operational processes, which enabled us to meet service demands consistently throughout the year.

We collected a total of 82,105 donations, including whole blood and platelets. From these, 73,259 red cell units and 9,326 platelet components - sourced from both whole blood and apheresis donations - were issued to hospitals across Wales. These figures highlight our ability to maintain a reliable and responsive supply chain to support patient care. Areas not meeting set levels have been and are subject to continued scrutiny, with actions being taken forward to improve. Below, we examine our performance in 2024/25 in more detail.

PROGRESS AGAINST: MEETING CLINICAL DEMAND FOR RED BLOOD CELLS AND PLATELETS

Throughout 2024/25, the Welsh Blood Service successfully met all clinical demand for Red Blood Cells (RBC) and Platelets for our customer hospitals across NHS Wales. This is the result of daily communications between Blood Donation Services and Transfusion Services enabling agile responses to variations of stock levels and service needs and working closely with our customer hospitals.

The graph illustrates the percentage of red cells manufactured relative to the number issued to hospitals between January 2024 and March 2025. Periods where the percentage exceeds 100% indicate that production outpaced demand, allowing for stock to be built up. This stock build is crucial, as it provides resilience during months when manufacturing dips below 100%. Notably, the two occasions where the percentage fell below the 100% target align with bank holiday periods - times when collection activity is typically reduced. The ability to draw on previously built stock during these periods demonstrates the effectiveness of our planning in maintaining supply continuity.



Donor performance during 2024/25 has shown encouraging progress, particularly in attracting and retaining new donors. A total of 7,265 donations were made by individuals giving blood for the first time - an increase of 710 donations compared to the previous year. These new donor contributions accounted for 8.85% of all collections, and new donors made up 14.68% of the overall blood donor base. These improvements reflect the success of ongoing engagement efforts and highlight the importance of new donor recruitment in sustaining a resilient and responsive blood supply for NHS Wales.

PROGRESS AGAINST: GROWING OUR BONE MARROW REGISTRY

The Welsh Bone Marrow Donor Registry (WBMDR) is part of the Welsh Blood Service under the Velindre University NHS Trust. The WBMDR provides a panel of volunteer donors recruited from the blood donor panel or via cheek swab at recruitment events who are willing to donate stem cells for use mainly in stem cell transplantation as a treatment for blood cancer. Eligible donors can join the stem cell volunteer panel from the age of 16 to 30 if they are of Caucasian ethnicity and from 16 to 45 for any other ethnicity. Donors stay on the panel until their 61st birthday.

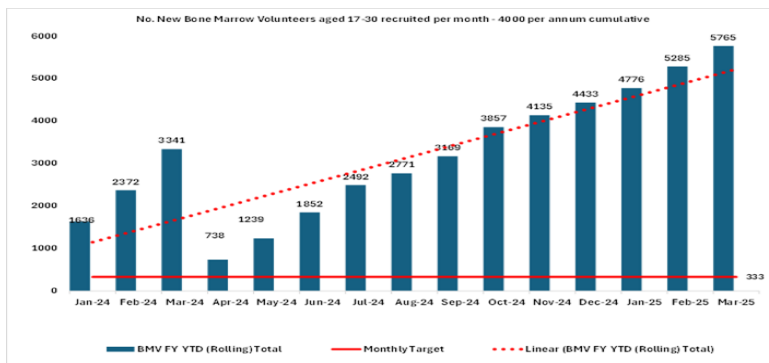
Our registry currently includes more than 75,000 volunteer donors. The target recruitment is 4,000 per annum which was not met in 2023/2024 (actual – 3,341) but exceeded target in 2024-2025 with 5,765 donors recruited during the year. This was

mainly due to the initiation of a more proactive cheek swab drive at educational establishments and other events.

The donor recruitment age ranges reflect the current data that indicated younger donors provide a more clinically effective transplant and superior patient outcome, however, to address the lack of ethnic diversity of the stem cell volunteer donor panel a wider age range was agreed for ethnic minority donors to join the panel to address this shortfall and un-met need in transplantation for these community groups.

The Welsh Bone Marrow Donor Registry has to date supplied over 1500 cell products for UK and international patient transplants and imported over 650 cell products from other UK or international registries for Welsh patient transplants at the University Hospital of Wales, Cardiff.

The Welsh Bone Marrow Donor Registry takes responsibility for the collection or import of cell products for patient transplant in Wales



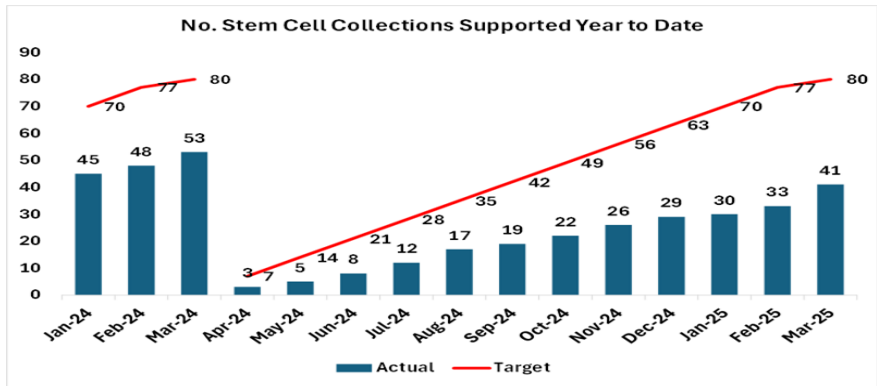
The Welsh Bone Marrow Donor Registry represents 3% of the UK's donor pool - over 2 million donors across four registries - and holds the highest collection index among them. It consistently ranks highly in international benchmarks such as the World Marrow Donor Association (WMDA) Global Trends Report and the National Marrow Donor Programme (NMDP)-USA Global Registry Report. Welsh Bone Marrow Donor Registry recently passed inspections by both the Human Tissue Authority (HTA) and the World Marrow Donor Association and remains an active donor centre for the National Marrow Donor Programme. It is also on track to achieve Joint Accreditation Committee International Society for Cell & Gene Therapy registry and the European Society for Blood and Marrow Transplantation (JACIE) accreditation in summer 2025, following a successful first inspection and completion of all required corrective actions.

PROGRESS AGAINST: MEETING TRANSPLANT SERVICES REQUESTS

Our annual target for the number of stem cell collections anticipated in any 12-month period is set at the beginning of the year; for 2024/25, this target was 80 collections.

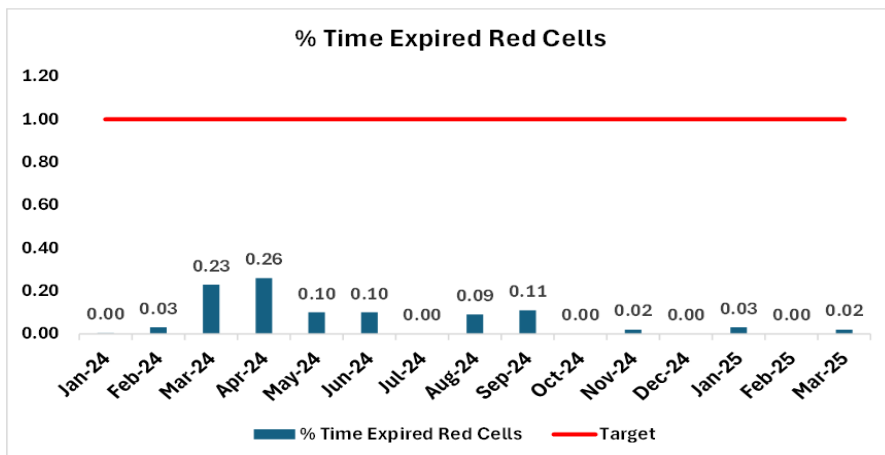
The number of stem cell collections each month is influenced by several variable factors. After an initial confirmatory test, the transplant centre decides whether to proceed with a donor based on genetic match, donor availability and willingness, and the recipient’s condition and treatment plan. These factors all impact the final number of collections. Currently, the UK average cancellation rate for stem cell collections is over 35%.

Stem cell collection performance during this period fell significantly below target, mainly due to high cancellation rates - often caused by patient health issues or donor availability - and a shortfall in the number of registered donors. To meet demand, a panel of 123,000 donors is needed, but the current panel stands at just 73,500. In response, the Welsh Bone Marrow Donor Registry has activated a series of actions through its Performance Management Framework. These include a new donor engagement strategy, and a series of buccal swab events aimed at expanding the donor panel. The goal is to grow the committed donor base, helping to close the gap and improve future collection performance.



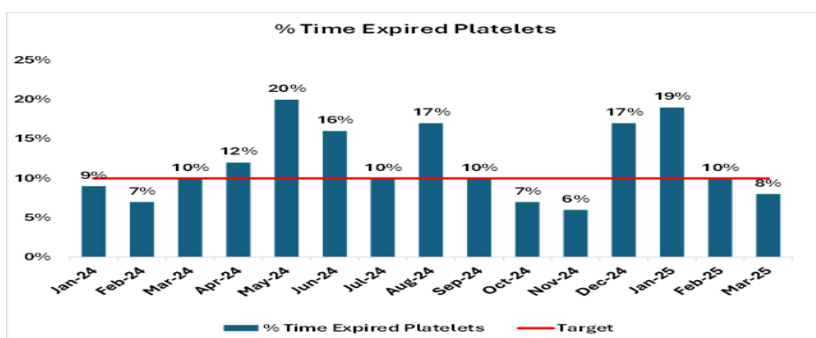
PROGRESS AGAINST: MINIMISING WASTE TIME EXPIRED RED CELLS AND PLATELETS

Aligning blood component supply with hospital demand is complex due to limited shelf life. The Welsh Blood Service sets monthly expiry targets of ≤1% for red cells (35-day shelf life) and ≤10% for platelets (7-day shelf life). In 2024/25, red cell expiry consistently stayed below the 1% target, reflecting strong supply chain management and excellent service performance. This achievement positioned the service as one of the best performers compared to other European blood services.



Time expiry of platelets was largely within our target tolerance during the reporting year. However, there were six months where we exceeded the target tolerance threshold with average performance 12.7% and the latter half of the year showing significant improvement. We continue to focus on service delivery and have developed the following actions to ensure that we continue to improve the service and reduce wastage.

- Daily monitoring of the age of stock during the daily meetings between Donor Services and Transfusion Services meetings.
- A Welsh Blood Service Platelet Strategy is being developed which includes recommendations to improve alignment of platelet production and demand.
- We are developing a forecasting tool to inform decisions around pooled platelet manufacture.



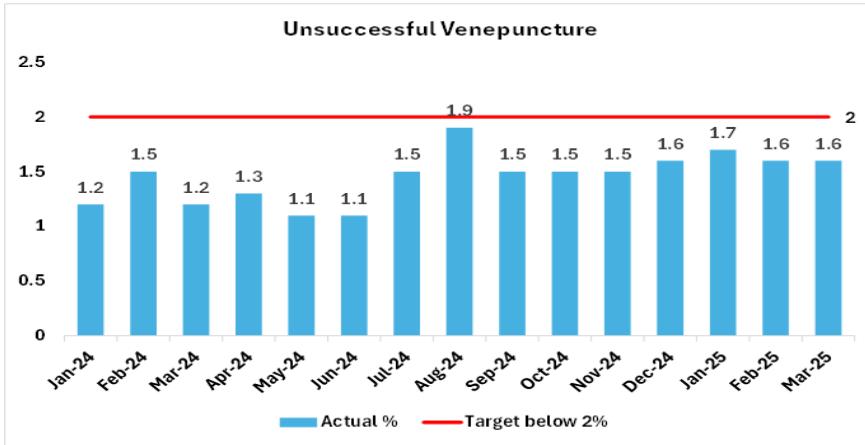
PROGRESS AGAINST: COMPLETE WHOLE BLOOD DONATIONS

Part bag is the term we use to describe a whole blood donation of less than 420ml of blood and which is therefore not viable for clinical use and disregarded. There are various reasons why a donation may need to be stopped before the required volume of blood has been collected. These reasons include venepuncture technique, donors feeling unwell or equipment failure. Our current target is to ensure that we collect less than a maximum of 3%-part bag blood donations and during 2024/25 we are pleased to report that the percentage of part bags collected each month generally remained below the 3% threshold. However, in March 2025, the percentage of part bags collected slightly exceeded the target, reaching 3.1%. Despite this excellent performance, the Welsh Blood Service will continue to modernise our service and strive to reduce the numbers of part bags wherever possible.



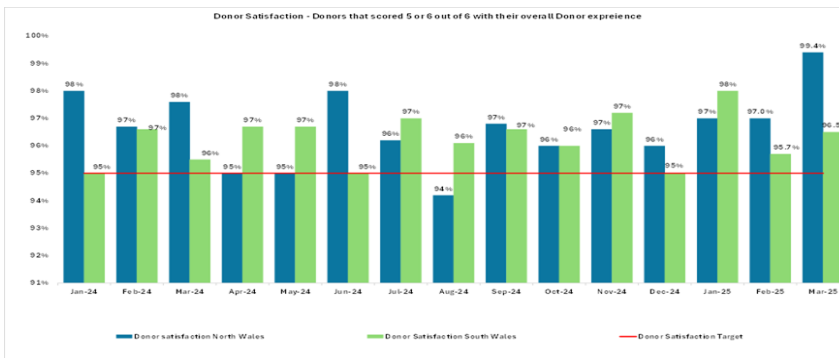
PROGRESS AGAINST: UNSUCCESSFUL VENEPUNCTURE

Unsuccessful venepuncture refers to donors who have reached the donation chair but despite an attempt to venepuncture the donor, no blood enters the bag. There are various reasons why this can happen, typically this might be a result of inaccessible donor veins, poor venepuncture technique or equipment failure. Our current tolerance threshold is no more than 2% of all donors where a blood donation is initiated to result in a failed venepuncture attempt. Performance during 2024/25 was excellent and consistently within target tolerance levels. Despite strong performance in this area the WBS will continue to modernise our service and strive to reduce the number of unsuccessful venepunctures wherever possible.



PROGRESS AGAINST: FIRST CLASS DONOR EXPERIENCE TARGET

The importance of learning from donor feedback remains paramount in the ongoing development of our services. During 2024/25, the Welsh Blood Service has continued to work hard to improve systems and processes relating to management concerns to ensure that donor and service user feedback is consistently managed in a timely and effective manner, whilst ensuring lessons are learnt and identified service improvements are introduced. This has resulted in excellent donor feedback which has consistently met our target.



FUTURE SERVICE CONTEXT, OPPORTUNITIES AND RISKS

VELINDRE CANCER SERVICE

Context

All Cancer registries in the UK and other research organisations such as Cancer Research Wales estimate that the incidences of cancer will continue to rise by 2% year on year which has been the case for some time. Some Cancers, especially age-related cancers will increase significantly above the broad 2% estimate. With these predicted increases and an aging population and more complex treatments being approved this is generating both risk and opportunities which will be explored below. Many of the solutions / mitigations are set out in the Trust's IMTP.

- **Demand Risk and Mitigation**

The number of cancer patients being referred to the Velindre Cancer Service is increasing, and this is translating into increases in departmental demand. It is expected that Radiotherapy activity will rise by 6%, SACT by 10% and Outpatients 10%

Trust Mitigations

The Trust has responded to these challenges by:

- (i) Ensuring its divisional management structure is fit for purpose with stronger medical, clinical and operational leadership.
- (ii) It is implementing a patient tracker and using data to drive efficiencies across the Cancer Pathway.
- (iii) For Radiotherapy the introduction of an Integrated Radiotherapy System has delivered new treatments and also treatment efficiencies and paperless working which has improved workflow and authorisation

- **More Complex Treatments**

The pace of innovation, clinical and technological change in cancer services is rapid. We know that on the immediate horizon there are new advances in personalised medicines (SACT Treatments). NICE have approved the use of Bio-specific treatments with more to come in the near future. Some of these modern treatments have the potential for greater adverse side effects and this will mean that the Trust will need to design its services to cater for the administration of these new treatments.

Trust Mitigations

The Trust has responded to these challenges by:

- (i) The Trust has a well-established Advanced Therapies group which is preparing for the implementation of these new drugs.
- (ii) The Trust's Clinical Trials department is involved in a number of trials that will hopefully become NICE approved. This provides the Trust with a good horizon scan and advanced notice.
- (iii) The Trust is working closely with Cardiff University and Cardiff & Vale Health Board in collaborative research endeavours and will be a member of Cardiff Health Partners (CHP).

- **Workforce Supply**

With the incidences of Cancer increasing and translating into demand the Trust will seek to maximise efficiency and develop its current workforce. It is imperative that the Trust maintains a resilient workforce especially in areas of specialism and is able to grow its workforce when expansion is necessary, a good example being the Velindre@ Nevill Hall.

Trust Mitigations

The Trust has responded to these challenges by:

- (i) The more effective use of workforce planning at a departmental level.
- (ii) The development of niche recruitment packages leveraging the new Cancer Hospital, Velindre@ Nevill Hall, the Integrated Radiotherapy Solution.
- (iii) Advertising in journals and working closely with Higher Educational Institutions.

WELSH BLOOD SERVICE

The challenge of ensuring we have enough donors of the right group to meet our demand is one that is being experienced by blood services globally with an aging population, increased travel to countries where donors may be susceptible to blood donor disease and people having busy lives.

- **Meeting Demand and Service Development**

Aligning varying hospital demand to the supply of blood components, especially those with limited shelf life, is a challenge.

The increasing use of immunotherapy and improved compliance with national

guidelines are raising the demand for specialised reference blood testing provided by WBS Red Cell Immunohaematology (RCI) laboratory. This service need is growing and may not be sustainable under the current commissioning arrangement. An active workforce review is underway to identify improvements in scientific capacity.

Demand for stem cell donation and transplant immunology services is also expected to increase through presumed consent legislation across the UK and increased use of stem cell treatments.

- **Continuing to meet Stringent Blood Selection Guidelines and Regulations**

Changes in science, technology and ways of working provide a continually evolving service and developing regulatory requirements for blood services.

In addition there are regular changes in Donor Selection Guidelines (DSGs) and the Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (JPAC) guidelines for the Blood Transfusion Services in the United Kingdom (Red Book).

The service received the outputs and recommendations from the Infected Blood inquiry (IBI) in May 2024, and WBS and Blood Health National Oversight Group (BHNOG) representatives are involved in various UK groups, including the Welsh Government IBI Oversight Group, which is leading on the response to the recommendations in Wales.

- **Changing Science and Technology**

Advances in both scientific and medical understanding of the origin and management of disease, as well as broader supporting technological developments, provide opportunities for step changes in operational workflows, efficiencies and services provided by WBS. This includes Next Generation Sequencing (NGS) and Advanced Therapy Medicinal Products (ATMPs).

During 2024/25, WBS continued to 'horizon scan' and support the Welsh Government and NHS Wales on developing strategies to facilitate the adoption of these new ATMP therapies. Through Advanced Therapies Wales, WBS worked closely with NHS Wales organisations, private and third sector to make recommendations on prioritised activities required for such a roll out.

Automated technology is rapidly evolving within the field of blood component manufacturing and testing and WBS are exploring the potential of these

technologies including red cell genotyping.

Advances, such as artificial intelligence driven data analysis and implementation of augmented reality enhanced routine procedures, that increase throughput and quality, eliminate errors and identify issues earlier in a cost-effective manner are emerging. Adoption of these techniques will enable further developments in efficiency and quality of our services.

- **Workforce Supply**

WBS has to respond to these advances in terms of its own workforce but also in the role it plays in the training of the current and future scientific workforce for NHS Wales through its support for undergraduate provision and its informal and formal outreach to support NHS colleagues.

Education strategies that support succession planning and develop a work force that is flexible and responsive to the transformation are being developed as well as those which support the new and emerging skills requirements.

THE WELLBEING OF FUTURE GENERATIONS ACT

The Trust, recognised under the Well-Being of Future Generations Act 2015 as a national body, was required to develop and publish a set of its own well-being objectives. These objectives were developed in 2015 and were designed to focus the Trust's contribution to the realisation of the national Well-Being Goals outlined in the Act.

The Trust's Well-Being Objectives have undergone a refresh in 2024 following extensive engagement both internally and externally, to better align them with the needs of our staff and patients, and our refreshed Trust Strategies. Following engagement and consultation, there is a greater focus on staff well-being and job creation in Wales, in our Well-Being Objectives.

Whilst recognising we have much more to do, it is important to acknowledge the achievements of the organisation to date and the strengths it can draw on as we grow together as a sustainable community.

- The Welsh Blood Service is currently developing an ambitious Business Case to reduce the carbon footprint of the Talbot Green site. A key and ambitious objective of this Programme is to transition to a carbon neutral footprint for the building. This will be achieved through an increased focus on the use of renewable technologies, solar photovoltaic arrays, ground source and air source heat pumps and biomass boilers.
- The new Velindre Cancer Hospital project is championing sustainable developments, such as integrating sustainable transport into the design of the new hospital in Whitchurch and encouraging the use of sustainable travel.
- We have worked in an integrated way to design and develop the Velindre and Welsh Blood Service Futures programmes to consider how these programmes can deliver wider benefits as the programme progresses to ensure it has a positive impact on social, economic, environmental and cultural well-being. We are also collaborating with partner organisations across South East Wales to develop and improve cancer services.

Our Equality Objectives

We have consulted and engaged with patients, staff, partners, equality organisations and other stakeholders in partnership with Wales' Public Body Equality Partnership and asked them what they thought the equality priorities should be for the Trust.

We have identified what research and information was already available to help in the development of the objectives, and also surveyed patients, staff, partners, equality and third sector organisations and other representative groups to develop the following key objectives.

Objective 1: Increase workforce diversity & inclusion, and eliminate Pay Gaps
Objective 2: Engage with the community
Objective 3: Communicate with people in ways that meet their needs
Objective 4: Ensure service delivery reflects individual need

Our Vulnerable Persons Work Plan 2024/25 to 2026/27 focuses on identifying and prioritising a range of actions to ensure that we continue to deliver appropriate support to patients and donors with particular challenges in accessing our cancer and blood services.

This means that we have a duty to consider the diverse needs of the individuals they serve, minimising disadvantage and ensuring the inclusion of under-represented groups. Undertaking Equality Impact Assessments (EQIA), where appropriate, is a vital step in our planning process for all our key service developments to ensure they are delivered in a way that no patient, donor or member of staff is unintentionally disadvantaged.

The Trust has established a range of protocols and procedures to support patients, donors and staff who have extra challenges, as defined by the nine protected characteristics, and to identify areas where we want to improve.

The 2010 Equality Act, under our Public Sector Equality Duty, means that we are required to publish a Strategic Equality Plan (SEP) which sets out and justifies equality plan objectives and explains how we will achieve them.

For further information please see the link to the Trust's Strategic Equality Plan (SEP) 2024 - 2028⁴.

Our Workforce Objectives and Trust Values

During 2024 / 2025 the Trust Values were embedded in all parts of working life for core staff, from recruitment, through professional development activities to underpinning

⁴ <https://velindre.nhs.wales/about-us/publications/strategic-documentation/strategic-equality-plan-and-objectives-2024-2028/>

how we relate with each other. In terms of staff development, they provide the framework for our 'Croeso' induction programme and our Inspire Leadership and Management Development Programme.

In relation to service delivery, they have been used as a point of reference in our work within the Trust's Integrated Medium Term Plan. These values are central to what we do.

<p>Caring We are always kind, supportive, approachable and show compassion to all.</p>	<p>Respectful We seek to understand other people's perspectives. We are always open and transparent.</p>	<p>Accountable We always take personal responsibility for what we do and how we do it.</p>
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We value our staff and recognise that they are a key priority to the successful delivery of high-quality services. Our aims, therefore, are to continue to develop our workforce by:

- Supporting career pathways
- Developing the leadership skills of our staff
- Providing our staff with the knowledge and skills that they need now and, in the future,
- Supporting the well-being of our staff
- Recognising and valuing the diversity of our staff as part of a bi-lingual culture and ensuring all staff are able to be themselves and work in an environment that supports and values difference.

Our strategic ambitions build upon our strong foundation as a good employer and are essential to the delivery of our service plans.

Counter Fraud and Anti-Corruption Policy

The Trust takes its responsibilities to protect the public purse very seriously and is fully committed to the highest ethical standards, in order to ensure the proper use and protection of public funds and assets.

The Trust will not tolerate fraud or corruption by its employees, suppliers, contractors, partners or service users and will take all necessary steps to investigate all allegations of fraud or corruption and pursue sanctions available in each case, including removal from office, disciplinary action, dismissal and/or prosecution.

The Trust uses the Counter Fraud Services provided by Cardiff and Vale University

Health Board.

Our Workforce Vision: To Become an Employer of Choice:

Skilled and Developed People: an employer of choice for staff already employed by us, starting their career in the NHS or looking for a role that will fulfil their professional ambitions and meet their personal aspirations.

Planned and Sustained People: having the right people with the right values, behaviours, knowledge, skills and confidence to deliver evidence-based care and support patient and donor wellbeing.

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.

Over the past 12 months, key deliverables include:

- Securing funding for a two-year Wellbeing Project, including the appointment of a Coordinator to work alongside the Clinical Psychologist for Staff
- Development and implementation of a new appraisal process for Agenda for Change staff.
- Publication of the Strategic Equality Plan 2024 to 2028, building on the previous plan and setting out a vision for equality in employment and service delivery.
- Building the findings of the Workforce Race Equality Standard first report into our plans for recruitment and management development.
- A review of our Education Strategy which has enabled us to monitor progress with development spanning the range of activities from statutory and mandatory training, leadership and management development.

With the successful implementation of the themes outlined within our Trust workforce strategy we will be able to facilitate the transition of people across all of our key deliverable areas. This will help us create and sustain a Healthy and Engaged, Skilled and Developed and a Planned and Sustained Workforce.

Our Sustainability Objectives

We have a commitment to transform the Trust and to create a sustainable organisation. The Trust Strategy: Destination 2033, together with associated strategies for specialist Cancer and Blood and Transplantation Services for 2023 – 2034 have been approved. These strategies have a strong focus on sustainability and set out the actions that we will take over the coming years to achieve the excellence

we are committed to.

The Act requires public-sector organisations in Wales to focus on delivering long-term well-being goals in a sustainable manner. Whilst we have made progress in embedding the Act across the organisation, we know that we have much more to do. This pioneering Act and the Environment (Wales) Act 2016 provides an exciting opportunity to lead the way internationally and outlines our sustainability aims enabling real action to create positive and significant change.

Therefore, we are excited to be able to set out our journey to sustainability and the benefits it will realise over the coming years. Our Sustainability Strategy outlines 10 Key Themes which we will focus on to deliver our ambitions:

Theme 1 – Creating Wider Value: Our organisation approach
Theme 2 – Sustainable Care Models
Theme 3 – Carbon Zero
Theme 4 – Sustainable Infrastructure
Theme 5 – Transition to a Future of Renewables
Theme 6 – Sustainable Use of Resources
Theme 7 – Connecting with Nature
Theme 8 – Greening Our Transport & Travel
Theme 9 – Adapting to Climate Change
Theme 10 – Our People as Agents for Change

Further detail on the above Key Themes is given in the following section.

As an anchor organisation in Wales, we are committed to embedding sustainability within our own organisation and become an exemplar for others to come and learn with, and from. We are committed to placing sustainability at the heart of everything we do and to maximise the benefits we can provide for people across Wales.

The Trust's Sustainability Strategy: Sustainability Excellence, has created a roadmap for us to contribute to our communities and mitigate our impact on the planet whilst continuing to deliver world class services for our donors, patients and carers. For further information please see link to the Trust's Sustainability Strategy 2023 - 2033⁵.

SUSTAINABILITY STRATEGY

Sustainability Performance Overview

The link between climate and health is more pressing than ever, and with the effects of the climate and nature emergencies increasingly evident, and with a clear call to action from COP28 and the Welsh Government, our Trust continues to lead by

⁵ <https://velindre.nhs.wales/destination-2033/how-we-will-achieve-our-vision/sub-strategies/sustainability-strategy1/>

integrating sustainability across all parts of our organisation. This report details our performance, achievements, and the direction of our sustainability work over the past year. Our work is guided by:

- **The Well-being of Future Generations (Wales) Act 2015** – requiring long-term, integrated, and preventative thinking
- **NHS Wales Decarbonisation Strategic Delivery Plan** – which sets a 2030 target for net zero emissions
- **ISO 14001:2015 Environmental Management System** – ensuring external assurance and continual improvement
- **The Trust's Sustainability Strategy and Destination 2033** – which informed the Sustainability Implementation Plan

We are committed to driving progress against our ten sustainability themes and contributing to the UN Sustainable Development Goals.

Key Achievements in 2024–25

- Maintained ISO 14001:2015 certification across all sites with zero non-conformities identified during external surveillance audit. This reflects a high level of operational control, legal compliance, and staff engagement.
- Sustainability Implementation Plans developed and rolled out for every site. These include locally driven targets across energy, waste, transport, and staff engagement, supporting both Trust-wide and departmental ownership.
- Three Sustainable Jamborees held across summer, autumn and spring—bringing together staff, patients and local communities through events that promote well-being, climate literacy, biodiversity awareness and creativity.
- The Walking Aid Recycling Scheme launched at VCC in partnership with Men's Sheds and Walters UK. Constructed using felled trees from the nVCC site, the scheme promotes circularity, reduces emissions and saves NHS resources. Work is underway to create an All-Wales scheme.
- A new Cycle to Work Scheme launched with greater accessibility—including electric bikes and multiple retail partners—responding directly to staff feedback from our travel surveys.
- Achieved and sustained Zero Waste to Landfill, reflecting a maturing waste management system that prioritises reduction, reuse and recycling.
- Staff environmental awareness training continued to grow, with a over 93% compliance rate, supported by targeted campaigns, e-learning, and in-person workshops.

Our Sustainability Strategy: 10 Themes

1. Creating Wider Value

We expanded our approach to delivering social and environmental value through procurement, planning, and capital projects. Our Community Benefits initiatives - embedded in both the new Velindre Cancer Centre (nVCC) and Talbot Green Infrastructure Upgrade ensure employment, skills, community grants and local economic growth are monitored and maximised. The Hefyd initiative enabled staff and patients to co-create habitat homes and contribute to local biodiversity improvement through engagement.

2. Sustainable Care Models

The Trust has made strides in clinical sustainability, alongside the mandatory Environmental Awareness training, dedicated radiotherapy sustainability training was rolled out to radiotherapy students in hybrid format, highlighting emissions hotspots in clinical practice and engaging staff in practical changes. Furthermore, a long-term in-depth energy consumption study of LINACs is underway, in collaboration with Swansea Bay UHB. Medical students undertook SSC projects focused on energy audits and procurement mapping. A Clinical Sustainability MDT has been planned in each division with an ambition to harness the ideas from staff and make tangible changes.

3. Eliminating Carbon (Decarbonisation)

The finalised Trust Decarbonisation Action Plan outlines priority projects to achieve net zero by 2030. It categorises emissions by scope and source, with emphasis on procurement (62%), building usage (21%), and travel (17%). Major capital projects like nVCC are forecast to significantly reduce operational emissions. Electricity has **reduced by 25.86%** across the Trust against our baseline figure of 2018/19, while gas consumption also **reduced by up to 11.33%** as against our baseline figure of 2018/19.

4. Sustainable Infrastructure

Our capital development approach for nVCC and the Talbot Green Infrastructure embeds carbon, biodiversity, and well-being metrics from design to construction. The Community Benefits Governance Board was formed and has successfully funded local community projects. The Board is comprised of partnerships with community groups and voluntary sector organisations which have enabled co-creation of site infrastructure using sustainable, locally sourced materials.

5. Transition to a Renewable Future

All electricity procured by the Trust comes from low-carbon sources. Additional work has explored the feasibility of on-site solar and battery storage. The Trust has integrated onsite renewables for nVCC and the Talbot Green Infrastructure Upgrade, ensuring the designs support future grid integration and resilience.

6. Sustainable Use of Resources

In response to the Single-Use Plastics (Wales) Bill, the Trust has been working to eliminate key non-clinical plastics from cafés and donor clinics. For example, removing

plastic cutlery and Food waste collections have been rolled out to staff kitchens, and new bin signage, training and communications have supported improved workplace segregation in line with Welsh legislation.

7. Connecting with Nature

The Trust took steps to enhance biodiversity, following our audit in 2022, completed across all sites - we continue to follow-up actions including wildflower planting, pollinator-friendly habitats, and invasive species removal. At Talbot Green, a beehive has been successfully maintained by trained staff volunteers, it has been a buzzing success. Our partnership with Ray of Light Cancer Support continues to support nature-based cancer support, green woodworking, and therapeutic activities. This year, the Trust supported more sessions, including a Social and Therapeutic Horticulture course, attended by patients.

8. Greening Our Travel & Transport

Following the Trust Travel survey, data shows reduced reliance on cars and increased cycling, walking, and public transport usage year on year. The Trust launched a new Cycle to Work Scheme in 2025, which provides staff the opportunity to purchase a bike through a salary sacrifice scheme. A new interactive Active Travel Map, for each site, has made active commuting easier to plan. The Trust successfully obtained grant funding from Welsh Government to install electric vehicle chargers across multiple sites, future proofing our infrastructure for an electrified fleet, and for staff travel.

9. Adapting to Climate Change

The Sustainability team has been developing climate risk assessments for each site; these are being cross referenced with the major capital schemes to ensure they embed climate adaption and resilience. The Talbot Green and nVCC projects have integrated reviewed to ensure climate-resilient building fabric, drainage, and heat management. Improved water safety regimes have reduced risk and resulted in Substantial Assurance in external audit.

10. Our People as Agents of Change

Our environmental training compliance has been consistently high and reached **93%** in 2024-2025. Staff-led projects have increased for example the Bike Bus created, with support from the sustainability team, supported by intranet campaigns, a growing network of Sustainability Champions, and the inclusion of environmental objectives in job roles and appraisals. Jamboree events also highlighted staff creativity and engagement.

Climate-Related Financial Disclosure Statement 2024/25

The Trust is committed to addressing climate change and building resilience across its services. In line with the Task Force on Climate-related Financial Disclosures (TCFD) and the Welsh Government requirement for 2024/25, this statement presents the Trust's disclosure aligned with:

- **Governance**, and

- **Metrics and Targets (b)** — where data is available from existing reporting processes.

The Trust has completed Phase Two and undertaken a comprehensive review of governance, strategy, risk management, and metrics and targets, as outlined in Appendix 2.

Governance

Board Oversight

- The Director of Transformation has senior responsibility for sustainability, including climate-related matters.
- In 2024/2025, Executive Management Team approved the new Sustainability governance structure, a Sustainability Management Board (SMB) – renamed the Climate Action Taskforce (CAT) - to meet quarterly and will report to the Executive Management Board and Trust Board.
- An Independent Member Sustainability Champion ensures additional Board-level advocacy and oversight.
- Climate and sustainability objectives are integrated into the Sustainability Strategy with ten key themes as a roadmap to 'Sustainability Excellence'. The Sustainability Strategy progress is reported to the Strategic Development Committee.

Climate Change Act and Adaptation Reporting Compliance Statement

- The Trust is actively progressing work to ensure compliance with its obligations under the Climate Change Act and the Adaptation Reporting requirements. While full compliance is expected to be achieved by the Welsh Government deadline of December 2025, the Trust is currently undertaking a structured programme of climate-related risk assessments.
- The Trust is working closely with departments to identify, assess, and plan for climate-related risks, both at an organisational and departmental level. This approach supports both high-level strategic risk understanding and operational autonomy for departments, enhancing staff awareness and preparedness.
- The Trust is also engaged in national coordination efforts through participation in the All-Wales Climate Adaptation Group. All identified risks and actions will be reported and monitored via the Trust's Climate Action Taskforce, which provides a clear governance route for escalation and assurance.
- The Trust is on track to meet its obligations and is embedding adaptation planning across services and infrastructure as part of its wider sustainability and risk management strategies.

Management Role

- Sustainability and climate change workstreams are coordinated through dedicated working groups which feed into the newly developed Climate Action Taskforce:
 - **Climate Action Taskforce** (overarching group which has oversight of the Sustainability Implementation Plans)
 - **ISO14001:2015 Management Group** (compliance with Environmental Management System)
 - **Trust Estates Management Group** (operational delivery)
 - **Clinical Sustainability MDT** (under development and will report clinical impacts to the Clinical and Scientific Board with updates presented to CAT)
 - **Sustainability Staff Networks** (ongoing events and communication for all staff, a mix of in person and online to gauge ideas, promote projects and educate staff).
- Sustainability is embedded into strategic governance processes, with Quarterly Highlight Reports which include updates on reporting on emissions, environmental management, and decarbonisation.
- The Performance Management Framework reports include an overview of utilities consumption, which are presented to the Executive Management Board monthly, and to both the Quality, Safety & Performance Committee and Trust Board on a quarterly basis.

Strategic Alignment

- Whilst the Trust has created an enabling Sustainability Strategy, it is also a Strategic Goal of the Trust Strategy.
- The strategy is aligned with the Well-being of Future Generations (Wales) Act and NHS Wales Net Zero ambitions, and aims to embed sustainability into clinical care, operations, estates, governance, and workforce
- The strategy is structured around 10 strategic themes to drive whole-system transformation, including Carbon Zero, Sustainable Use of Resource and Greening our Travel & Transport.
- The Trust is developing Climate Related risk assessments. High level risks, cross referenced with the Welsh Government risk register have been developed and bespoke departmental risk assessments (which will include impact on equipment) are underway.

- Within the Trust, we have two major capital programmes (nVCC and Talbot Green Infrastructure Upgrade) which incorporate climate resilience into design and delivery.

Emissions Reporting

The Trust reports carbon emissions annually using the Welsh Government Public Sector Emissions Tool, with oversight from the Estates Management Board (and going forward in 2025/2026 the Climate Action Taskforce).

Performance

The Trust reports Scope 1 & 2 emissions monthly through the Trust Performance Management Framework (PMF).

Scope	Description	Progress
Scope 1	Direct emissions (gas, fleet)	The Trust has reduced its gas consumption by 25% compared to baseline figures. Reduced through fleet electrification, energy efficiency
Scope 2	Indirect emissions (purchased electricity)	The Trust has reduced our electricity consumption by 11% compared to the baseline. Decrease due to emissions factor, and installation of LED lighting, enhance BMS monitoring.
Scope 3	Supply chain, staff commuting, business travel, waste	Largest impact area, ongoing work to develop and refine monitoring.

- **Total emissions** (Scopes 1–3) for 2023/24: 46,856,596 kgCO₂e
- In line with Welsh Government requirements, the 2024/25 data will be submitted in September 2025.

Key Targets

Target	Status
Zero waste to landfill by 2025	In 2024/2025 the Trust sent zero waste to landfill.
Phase out single-use plastics	Nearly complete in VCS canteen (replacements include compostable cutlery made from seaweed and compostable cups made from kelp).

	<p>WBS Laboratory staff attend the All Wales Laboratory Single Use Plastic Reduction Group.</p> <p>Best Use of Gloves campaign launched across the Trust with support of the Infection Prevention & Control team.</p>
<p>GHG Reduction 16% by 2025, 34% by 2030 (NHS Wales targets)</p>	<p>On track for Scope 1 & 2. Significant reduction on track following nVCC and Talbot Green Infrastructure Upgrade.</p>

FINANCIAL PERFORMANCE

The Trust has met all three of its financial targets for the year ended 31st March 2025. Access to our full set of Annual Accounts for the financial year 2024/25 [can be found here](#).

Treasury Public Expenditure System (PES) Notifications: The Trust is not aware of any PES notifications in the reporting period that require reporting on as part of its performance.

Commented [NG1]: Link to follow

WELSH LANGUAGE REGULATIONS AND COMPLIANCE

Welsh Language Annual Performance report 2024/25

Our annual report supports a strong cultural and Governmental aim to provide opportunity for current Welsh speakers but to also increase the number of Welsh speakers through the aims of the 2050 strategy.

As a Trust we have been charged with delivering the Welsh Language Standards since 2018 and we have increased our compliance with these requirements.

We are fully aware of the language challenges and the Standards that continue to prove difficult for us in light of the workforce struggles faced by the NHS, however we are committed to ensure all that we do considers the challenges of developing a Welsh Language workforce in order to increase our ability to provide a strong bilingual presence.

We continue to work with other Local Health Boards and are an active member of the All Wales group that has a focus on sharing best practice on a national level. We also participate in the Welsh Government group looking at delivering positive outcomes on the 'More than Just Words' framework. All of this work feeds positively into our initiatives in support of the Welsh Language Standards.

Since our last annual report we have developed a more focussed In-patient plan, a more targeted Clinical consultation plan and we continue to challenge our internal understanding of the needs for bilingual assessments as part of the requirement process.

Compliance

The Welsh Language Standards and the More than Just Words framework continue to drive our compliance work, giving us a focus and a stronger ability to embed our Welsh Language provision. As a Trust we have always been adamant that language support for our patients and donors and our staff is of utmost importance and is complimented by the legal frameworks across Wales. Legislation has raised an awareness of these needs and we will continue to drive forward with our compliance.

In-patients

Our plan provides focus for in-patients, being clear on what they have the right to receive whilst spending time at Velindre Cancer Service. In its simplicity it provides a pathway for patients giving them the support they need should they require bilingual information or communication. Our IT systems enable us to record their needs and this is then translated into action should a patient require to use the Welsh Language.

Clinical Consultations

Working with the Welsh Language commissioner and attending the open discussion events has enabled us to focus our plan (standard 110).

We have worked closely with the Welsh Language Commissioner and her aims for co-working and we are encouraged by the support and open approach to this aim. It is clear to see how regulatory co-working can improve understanding and performance, translating into greater support for our patients and donors bilingual needs. Focussing on what we can achieve and delivering on these aims whilst holding open discussions on areas of difficulty promotes a healthy relationship with the Commissioner's office.

Active offer training

Providing the Active offer to patients and donors is central to the Welsh Government framework and is intended to underpin all that the public sector provides. This year we have successfully worked with the donor collection teams to provide a deeper understanding of this aim, embedding simple yet effective ways to remind donors of our ability to support their Welsh Language needs.

The Welsh Blood Service have also worked with Menter Rhondda Cynon Taf to provide Welsh Language team specific training, working with the reception team at the headquarters to raise their confidence and understanding of the Language. This has been a huge success and gives the staff confidence to practice their Language in a safe and supported environment.

Complimentary to this has been the conversational group set up 'Coffi a Chlonc' also delivered by a professional tutor, opening the training to all members of staff to practice their skills and raise their confidence at work.

Welsh Language awareness training

We are pleased to note that currently the Trust is 89.48% compliant with the take up of the Welsh Language awareness training introduced by Welsh Government.

Our induction programme 'Croeso' continues to provide opportunity for new core staff to understand the needs of bilingual services. It also provides an opportunity to discuss the Welsh Language standards and the embedding of Welsh Language and culture across the Trust. This year we have provided Welsh Language awareness sessions to 193 new starters to core services.

All our training provided via the ESR system is available in Welsh and our staff have the choice to use their Language across the system Nationally.

Translation

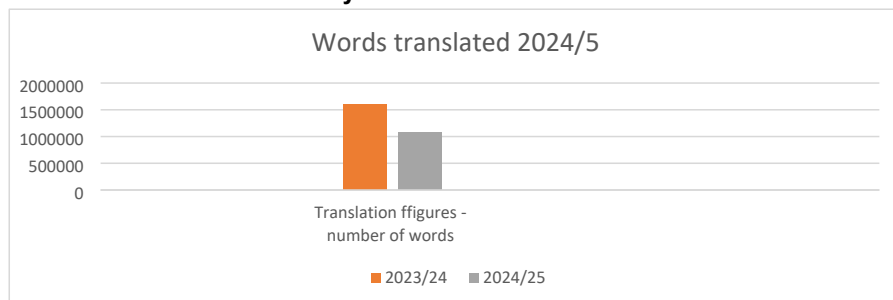
Our translation team continues to go from strength to strength, streamlining the

translation process and providing translations able to meet the service demands. We have access to a shared translation memory software giving us a greater insight into translated documents saving time in the translation process.

Document translation figures will drop as the process is now identifying past translations and therefore what needs to be translated is much less. It is a system we will continue into 2025/26.

Translation staff have also been able to tap into national translation training, ensuring they are up to date with modern translation methods. This investment is proving to be very positive to the translation process.

Statistics for translation this year:



Trust wide Language skills reporting (core services only)

Welsh Language (Listening/Speaking)
31-Mar-25

Welsh Language (Listening Speaking)	Count	Headcount	%
0 - No Skills / Dim Sgiliau	1320	1913	69.00%
1 - Entry/ Mynediad	250	1913	13.07%
2 - Foundation / Sylfaen	79	1913	4.13%
3 - Intermediate / Canolradd	52	1913	2.72%
4 - Higher / Uwch	60	1913	3.14%
5 - Proficiency / Hyfedredd	68	1913	3.55%
Capability Stated	1829	1913	95.61%
Not Stated	84	1913	4.39%
Grand Total	1913	1913	100%

Knowing our workforce skills enables us to plan accordingly for vacant posts. The

Trust, along with all other Health Boards, use the Electronic Staff record to record their Welsh Language skills. This year we have embedded the need to record these skills and are currently over 95% compliant. This will assist us with identifying areas for recruitment and Language needs across the Trust.

This year we have worked closely with the divisions to embed a deeper understanding of Language requirements, and we will continue to strengthen this understanding and process, providing guidance and support for recruitment managers and learning from our partners across the NHS.

Welsh Blood Service 2024-2025

Total number of vacancies advertised as:	
Welsh language skills are essential	0
Welsh Language skills are desirable	110
Welsh Language skills need to be learnt when appointed to the post	3
Welsh Language skills are not necessary	2
Total Number of vacancies advertised 01/04/2024 - 31/03/2025	115

Velindre Cancer Service 2024-2025

Total number of vacancies advertised as:	
Welsh language skills are essential	1
Welsh language skills are desirable	315
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	3
Total Number of vacancies advertised 01/04/2024 - 31/03/2025	319

Velindre University NHST 2024-2025

Total number of vacancies advertised as:	
Welsh language skills are essential	2
Welsh language skills are desirable	172
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	9
Total Number of vacancies advertised 01/04/2024 - 31/03/2025	183

Concerns and Complaints

Concerns regarding our bilingual services continue to be low, however, this year we have received two official complaints. Both were focussed on our social media presence and one focussing on the Trust's ability to provide bilingual telephony services. Following a rigorous process of identifying where the risk to services were greatest, the Welsh Language steering group set about developing an action plan to address the issues raised by the Welsh Language Commissioner. The Communication teams worked diligently to resolve the issues. We continue to vigorously monitor the concerns raised and conduct 'mystery shopper' exercises, feeding back results and ensuring an awareness is continuously raised with staff.

Our website views are:

Velindre University NHS Trust - 126,923 views on the English Language and 198 views the Welsh Language site.

Welsh Blood Services views are 316,771 and of those 2746 in Welsh which is 0.86% of the views. With the changes made to the site inclusivity we hope to receive more views in the future.

Strong internal partnership working meant the issues were resolved quickly enabling us to ensure information for patients and donors were available in both languages at the same time. We continue to monitor accessibility for patients and look forward to embedding telephony changes in 2025/26, remembering that lessons learned will be carried forward and fed into the development of the new Cancer Centre in 2029.

Currently the Welsh Blood service receive 4.2% of its donor calls in Welsh with an ability to provide a bilingual response to these calls. Trust wide, staff are aware of the need to respond bilingually, and a number of guidance documents have been issued to assist and support staff.

Promotion

We are proud of our promotional work here at the Trust and continue to ensure staff feel a sense of belonging to the Welsh Language and its culture. This year we have highlighted important dates such as 'Santes Dwynwen', Welsh music day and St David's Day holding an internal Eisteddfod



and promoting such events on our daily communications pages.

We have an exciting Arts in Health agenda

and the work around promotion and staff inclusion sits positively alongside our Health

and Wellbeing initiatives and is driven by our People Policy. We see this work as extremely important in promoting our Trust wide values of being Caring, Respectful and Accountable.

CONCLUSION AND FORWARD LOOK

This Annual Performance report sets out Velindre University NHS Trust's performance for 2024 - 25. It describes how the Trust places a strong emphasis on its performance management arrangements and how this provides assurance to the Trust Board.

Over the next three years with the support of Welsh Government and the Trusts' commissioners' there is unprecedented investment planned across the Trust. This ranges from a new Cancer Hospital @Whitchurch, Velindre @Nevill Hall Radiotherapy Unit, upgraded Radiotherapy equipment, and new modern facilities for our Blood Service. These infrastructure changes will assist in improving efficiency and the range of treatments available to our patients.

The Trust has also produced our Integrated Medium Term Plan for 2024/25 – 2026/27 [\[link\]](#) which sets out how we will deliver services from 1st April 2025 to 31st March 2028. It describes what services we will provide, where they will be provided from and how we will continue to ensure patient, donor and staff safety. It also outlines the arrangements we have in place for managing our capacity so that we can meet the expected increase in demand for our services.

Commented [NG2]: Link to follow

APPENDIX 1 TO PART 1

Velindre University NHS Trust Overview of Performance for 2024/25

QSF Domain	Trust-wide Performance Management Framework Scorecard			Average / Annual Performance for 2024/25		
	Key Performance Indicator (KPI)	Target	Reported	Baseline March 24	Target	Actual
Safety	% compliance for staff who have completed the Core Skills and Training Framework Level 1 competencies	National	Monthly Average	85%	85%	86%
	Number of VCC Inpatient (avoidable) falls	National	Monthly Average	4	0	2
	Number of Cancer Centre acquired (avoidable) patient pressure ulcers	National	Monthly Average	1	0	<1
	Number of Potentially (avoidable) Hospital Acquired Thromboses (HAT)	National	Annual Total	2	0	0
	Number of Velindre Acquired Infections (VAIs) MRSA bacteraemia (WHC 2024 (38) target)	National	Annual Total	0	<1 24/25	0
	Number of Velindre Acquired Infections (VAIs) MSSA bacteraemia (WHC 2024 (38) target)	National	Annual Total	0	<1 24/25	1
	Number of Velindre Acquired Infections (VAIs) P. aeruginosa bact. (WHC 2024 (38) target)	National	Annual Total	0	0 24/25	0
	Number Velindre Acquired Infections (VAIs) Klebsiella spp bact. (WHC 2024 (38) target)	National	Annual Total	0	4 24/25	1
	Number of Velindre Acquired Infections (VAIs) C Difficile. (WHC 2024 (38) target)	National	Annual Total	0	<3 24/25	3
	Number of Velindre Acquired Infections (VAIs) E Coli bacteraemia (WHC 2024 (38) target)	National	Annual Total	0	3 24/25	1
	Number of Velindre Acquired Infections (VAIs) Gram negative bacteraemia	National	Annual Total	0	<13 24/25	2
	% Compliance with World Health Organization 5 moments of Hand Hygiene standard	National	Monthly Average	100%	100%	98%
	Number of National VCS Reportable Incidents recorded with Welsh Government	National	Annual Total	0	0	2
	Number of WBS Incidents reported to Regulator / Licensing Authority	Local	Annual Total	0	0	12
	Number of Health and safety incidents recorded	Local	Annual Total	15	0	14

QSF Domain	Trust-wide Performance Management Framework Scorecard			Average / Annual Performance for 2024/25		
	Key Performance Indicator (KPI)	Target	Reported	Baseline March 24	Target	Actual
	Carbon Emissions – carbon parts per million by volume	National	Annual Total	2018/19 1900 kgCO2	-16% 18/19 kgCO2	1600 kgCO2
Effectiveness	Radiotherapy (RT) 30 Day Mortality Benchmark	Curative	Monthly Average	2.00%	2.00%	N/A
		Palliative	Monthly Average	2.00%	2.00%	N/A
	SACT 30 Day Mortality Benchmark	Curative	Monthly Average	2.00%	2.00%	0.14%
		Palliative	Monthly Average	2.00%	2.00%	1.25%
	% Demand for Red Blood Cells Met	Best practice	Monthly Average	104%	100%	105%
	% Time Expired Red Blood Cells (adult)	Local	Monthly Average	0.02%	Max 1%	0.06%
	% Demand for Platelet Supply Met	Best practice	Monthly Average	133%	100%	125%
	% Time Expired Platelets (adult)	Local	Monthly Average	20%	Max 10%	12%
	Number of Stem Cell Collections annual total	Local	Annual Total	53	80	41
	% Rolling average Staff sickness levels	National	Rolling Average	6.22%	3.54% 4.70%	5.20%
% Personal Appraisal Development Reviews (PADR) compliance staff appraisal carried out by managers	Prof. Std.	Monthly Average	73%	85%	78%	
Patient/Donor/ Staff Experience	% of Patients Who Rate Experience at VCC as very good or excellent	Prof. Std.	Monthly Average	95%	85%	97%
	% Donor Satisfaction	Local	Monthly Average	95%	95%	97%
	% of 'formal' VCC concerns responded within 30 working days	Local	Monthly Average	100%	85%	75%
	% Responses to Formal WBS Concerns within 30 Working Days	Local	Monthly Average	100%	100%	100%
Timeliness	Scheduled Radiotherapy Patients Treated 80% within 14 Days and 100% within 21 Days	National	Monthly Average	29% 47%	80% 100%	82%

QSF Domain	Trust-wide Performance Management Framework Scorecard			Average / Annual Performance for 2024/25		
	Key Performance Indicator (KPI)	Target	Reported	Baseline March 24	Target	Actual
	Urgent Symptom Control Radiotherapy Patients Treated 80% within 2 Days and 100% within 7 days	National	Monthly Average	6% 50%	80% 100%	83%
	Emergency Radiotherapy Patients Treated 80% within 1 Day and 100% within 2 days	National	Monthly Average	94% 100%	80% 100%	100%
	Elective delay Radiotherapy Patients Treated 80% within 7 Days and 100% within 14 Days	National	Monthly Average	27% 32%	80% 100%	94%
	% Patients Beginning Non-Emergency SACT within 21 days	National	Monthly Average	98%	98%	97%
	% Patients Beginning Emergency SACT within 5 days	National	Monthly Average	100%	98%	100%
	% Antenatal Turnaround Times (within 3 working days)	Best practice	Monthly	96%	90%	94%
	% Turnaround Times (Antenatal -D & -c quantitation) within 5 working days	Best practice	Quarterly	83%	90%	89%
Equitable	Mean Gender Pay Gap – Annual	Local	Annually	13.45%	5%	TBA
	Diversity of Workforce – % Black, Asian and Minority Ethnic people	Local	Quarterly	5.18%	6%	6.74%
	Diversity of Workforce – % People with a Disability within workforce	Local	Quarterly	4.63%	22%	6.85%
	% of Workforce who have declared Welsh Language Listening/Speaking capability	National	Quarterly	11.63%	0%	95.61%

APPENDIX 2 TO PART 1

Climate-Related Financial Disclosure Statement 2024/25

1. Governance

Governance disclosure recommendations		Status	Comments	Next steps	Resources required?
Recommended Disclosure a) Describe the board's oversight of climate-related risks and opportunities.	In describing the board's oversight of climate-related issues, organizations should consider including a discussion of the following:				
	– processes and frequency by which the board and/or board committees (e.g., audit, risk, or other committees) are informed about climate-related issues;		Regular reporting through DCR processes, and Net Zero Reporting to Welsh Government. Regular Highlight Report and Performance Management Framework Reports.	<ul style="list-style-type: none"> Departmental risk assessments based on climate change and adaptation. 	<ul style="list-style-type: none"> Sustainability Team
	– whether the board and/or board committees consider climate-related issues when reviewing and guiding strategy, major plans of action, risk management policies, annual budgets, and business plans as well as setting the organization's performance objectives, monitoring implementation and performance, and overseeing major capital expenditures, acquisitions, and divestitures; and		The Trust has a Trust Strategy, with a strategic objective dedicated to sustainability, and an Enabling Strategy dedicated to a detailed roadmap for Sustainability Strategy	<ul style="list-style-type: none"> Continue implementation of the Sustainability Implementation Plans (developed to achieve all ten themes in the Sustainability Strategy) Climate Action Taskforce included a breadth of colleagues, including Digital, Capital Planning, Finance and Procurement. Focus will be on Climate Adaptation Planning – mapping current programmes to identify gaps in adaptation and mitigation planning 	<ul style="list-style-type: none"> Sustainability Team Board Members
Recommended Disclosure b) Describe management's role in assessing and managing climate-related risks and	– how the board monitors and oversees progress against goals and targets for addressing climate-related issues.		Regular reporting through Highlight Reports, Performance Management Framework. Further to this, there is regular communication and events circulated. Independent Member for Sustainability identified. Published on the public facing webpage and an independent member champion from Board has been recruited.	<ul style="list-style-type: none"> Explore opportunities for Board Development Session Continue visibility through reporting Regular briefings for the IM for Sustainability to ensure they are appraised of all work 	<ul style="list-style-type: none"> Sustainability Team Board Members IM for Sustainability
	In describing management's role related to the assessment and management of climate-related issues, organizations should consider including the following information:				
– whether the organization has assigned climate-related responsibilities to management-level positions or committees; and, if so, whether such management positions or committees report to the board or a		In 2024/25 the Trust approved the Sustainability Management Board – renamed Climate Action Taskforce- to monitor the implementation of the Sustainability Implementation Plans. This	<ul style="list-style-type: none"> Implementation of Clinical Sustainability MDT Climate Action Taskforce reporting into divisions to provide more visibility 	<ul style="list-style-type: none"> Sustainability Team Director of Transformation 	

Governance disclosure recommendations		Status	Comments	Next steps	Resources required?
opportunities.	committee of the board and whether those responsibilities include assessing and/or managing climate-related issues;		governance restructure (previously monitored through the Estates Management Group) seeks to provide greater assurance and scrutiny of climate related impacts and projects. The Director of Transformation is the Executive lead for Sustainability. Regular papers received by Executive Management Board including Highlight Reports, Performance Management Reports and annual emissions reporting and other climate related reports.		
	– a description of the associated organizational structure(s);		Organograms have been developed for the Climate Action Taskforce and are supported by Terms of Reference	• Annual Review [or when required]	• Sustainability Team
	– processes by which management is informed about climate-related issues; and		Information received through papers and a communication and engagement events.	• Development and visibility of the Climate Change and Adaption Risk Assessments for departments.	•
	– how management (through specific positions and/or management committees) monitors climate-related issues.		Information received through papers and a communication and engagement events.	• Development and visibility of the Climate Change and Adaption Risk Assessments for departments.	•

2) Strategy

Strategy disclosure recommendations		Status	Comments	Next steps	Resources required?
Recommended Disclosure a)	Organizations should provide the following information:				
Describe the climate-related risks and opportunities the organization has identified over the short, medium, and long term.	– a description of what they consider to be the relevant short-, medium-, and long-term time horizons, taking into consideration the useful life of the organization's assets or infrastructure and the fact that climate-related issues often manifest themselves over the medium and longer terms		Not required in 2024/25 – Not currently developed.	• Will be incorporated into the Health and Social Care Climate Adaptation work (based on the toolkit) and the Climate Change and Adaption Risk Assessments	• Input by departments regard assets and infrastructure in local area • Estates Support • Sustainability Team
	– a description of the specific climate-related issues potentially arising in each time horizon (short, medium, and long term) that could have a material financial impact on the organization		Not required in 2024/25 – Not currently developed.	• Will be incorporated into the Health and Social Care Climate Adaptation work (based on the toolkit) and the Climate Change and Adaption Risk Assessments	• Input by departments regard assets and infrastructure in local area • Finance Support

Strategy disclosure recommendations	Status	Comments	Next steps	Resources required?	
				<ul style="list-style-type: none"> • Sustainability Team 	
		<p>– a description of the process(es) used to determine which risks and opportunities could have a material financial impact on the organization</p>	<p>Not required in 2024/25 – Not currently developed.</p>	<ul style="list-style-type: none"> • Will be incorporated into the Health and Social Care Climate Adaptation work (based on the toolkit) and the Climate Change and Adaption Risk Assessments 	<ul style="list-style-type: none"> • Input by departments regard assets and infrastructure in local area • Risk Support • Sustainability Team
		<p>Organizations should consider providing a description of their risks and opportunities by sector and/or geography, as appropriate. In describing climate-related issues, organizations should refer to Tables A1.1 and A1.2 (pp. 75–76).</p>	<p>Not required in 2024/25 – Not currently developed.</p>	<ul style="list-style-type: none"> • Will be incorporated into the Health and Social Care Climate Adaptation work (based on the toolkit) and the Climate Change and Adaption Risk Assessments 	<ul style="list-style-type: none"> • Input by departments regard assets and infrastructure in local area • Risk Support • Sustainability Team
Recommended Disclosure b) Describe the impact of climate-related risks and opportunities on the organization's businesses, strategy, and financial planning.		<p>Building on recommended disclosure (a), organizations should discuss how identified climate-related issues have affected their businesses, strategy, and financial planning.</p>	<p>Not required in 2024/25 – Not currently developed.</p>	<ul style="list-style-type: none"> • Will be incorporated into the Health and Social Care Climate Adaptation work (based on the toolkit) and the Climate Change and Adaption Risk Assessments 	<ul style="list-style-type: none"> • Input by departments regard assets and infrastructure in local area • Risk Support • Sustainability Team
		<p>Organizations should consider including the impact on their businesses, strategy, and financial planning in the following areas:</p> <ul style="list-style-type: none"> – Products and services – Supply chain and/or value chain – Adaptation and mitigation activities – Investment in research and development – Operations (including types of operations and location of facilities) – Acquisitions or divestments – Access to capital 	<p>Not required in 2024/25 – Not currently developed.</p>	<ul style="list-style-type: none"> • Multi disciplinary groups, such as the Climate Action Taskforce and Clinical Sustainability MDT will support review of areas outlined. • Addressed by the Health and Social Care Climate Adaptation Framework work ongoing during 2025/26 	<ul style="list-style-type: none"> • Input by staff from across the organisation
		<p>Organizations should describe how climate-related issues serve as an input to their financial planning process, the time period(s) used, and how these risks and opportunities are prioritized. Organizations' disclosures should reflect a holistic picture of the interdependencies among the factors that affect their ability to create value over time.</p>	<p>Not required in 2024/25 – Not currently developed.</p>	<ul style="list-style-type: none"> • Finance and Capital Planning colleagues to attend Climate Action Taskforce provide an insight into finance 	<ul style="list-style-type: none"> • Finance support
		<p>Organizations should describe the impact of climate-related issues on their financial performance (e.g.,</p>	<p>Not required in 2024/25 – Not currently developed.</p>	<ul style="list-style-type: none"> • Work with finance to understand impact on financial performance 	<ul style="list-style-type: none"> • Finance support

Strategy disclosure recommendations		Status	Comments	Next steps	Resources required?
	revenues, costs) and financial position (e.g., assets, liabilities). If climate-related scenarios were used to inform the organization's strategy and financial planning, such scenarios should be described.				
	Organizations that have made GHG emissions reduction commitments, operate in jurisdictions that have made such commitments, or have agreed to meet investor expectations regarding GHG emissions reductions should describe their plans for transitioning to a low-carbon economy, which could include GHG emissions targets and specific activities intended to reduce GHG emissions in their operations and value chain or to otherwise support the transition		Not required in 2024/25- Trust has an approved Decarbonisation Action Plan (DAP) (now integrated into the Sustainability Implementation Plans (SIP)) and Sustainability Strategy – a public document.	<ul style="list-style-type: none"> Requirements to be cross referenced against Sustainability Implementation Plans to ensure included 	<ul style="list-style-type: none"> Sustainability team
Recommended Disclosure c) Describe the resilience of the organization's strategy, taking into consideration different climate-related scenarios, including a 2°C or lower scenario.	Organizations should describe how resilient their strategies are to climate-related risks and opportunities, taking into consideration a transition to a low-carbon economy consistent with a 2°C or lower scenario and, where relevant to the organization, scenarios consistent with increased physical climate-related risks.		Not required in 2024/25 – Not currently developed.	<ul style="list-style-type: none"> Will be incorporated into the Health and Social Care Climate Adaptation work (based on the toolkit) and the Climate Change and Adaption Risk Assessments 	<ul style="list-style-type: none"> Input by staff from across different departments
	Organizations should consider discussing: – where they believe their strategies may be affected by climate-related risks and opportunities; – how their strategies might change to address such potential risks and opportunities; – the potential impact of climate-related issues on financial performance (e.g., revenues, costs) and financial position (e.g., assets, liabilities); ²⁷ and – the climate-related scenarios and associated time horizon(s) considered.		Not required in 2024/25 – Not currently developed.	<ul style="list-style-type: none"> Will be incorporated into the Health and Social Care Climate Adaptation work (based on the toolkit) and the Climate Change and Adaption Risk Assessments 	<ul style="list-style-type: none"> Input by staff from across different departments
	Refer to Section D in the Task Force's report for information on applying scenarios to forward-looking analysis				

3) Risk Management

Risk disclosure recommendations		Status	Comments	Next steps	Resources required?
Recommended Disclosure a) Describe the organization's	Organizations should describe their risk management processes for identifying and assessing climate-related risks. An important		Delayed due to publication of the following not occurring until October 2024: <ul style="list-style-type: none"> Adaptation Strategy for Wales 	<ul style="list-style-type: none"> incorporated into the Health and Social Care Climate Adaptation work (based on the 	<ul style="list-style-type: none"> Sustainability Team Risk Support

Risk disclosure recommendations	Status	Comments	Next steps	Resources required?
processes for identifying and assessing climate-related risks.	Yellow	<ul style="list-style-type: none"> Health and Social Care Climate Adaptation Toolkit 	<ul style="list-style-type: none"> toolkit) and the Climate Change and Adaption Risk Assessments High level risks to be completed by December 2025 as required by Welsh Government 	
	Green	Environmental Legislation monitored and managed through the ISO14001:2015 Management System.	<ul style="list-style-type: none"> incorporated into the Health and Social Care Climate Adaptation work (based on the toolkit) and the Climate Change and Adaption Risk Assessments High level risks to be completed by December 2025 as required by Welsh Government 	<ul style="list-style-type: none"> Sustainability Team Risk Support
	Yellow	Developing a high level risk assessment, cross referenced with the Welsh Government risk ratings. Following this, bespoke risk assessments undertaken by departments.	<ul style="list-style-type: none"> Incorporated into the Health and Social Care Climate Adaptation work (based on the toolkit) and the Climate Change and Adaption Risk Assessments High level risks to be completed by December 2025 as required by Welsh Government ISO14001:2015 Management System will have integration of Climate Change and Adaption, include life cycle assessments, which will support work 	<ul style="list-style-type: none"> Sustainability Team Risk Support
Recommended Disclosure b) Describe the organization's processes for managing climate-related risks.	Yellow	Developing a high level risk assessment, cross referenced with the Welsh Government risk ratings. Following this, bespoke risk assessments undertaken by departments.	<ul style="list-style-type: none"> Incorporated into the Health and Social Care Climate Adaptation work (based on the toolkit) and the Climate Change and Adaption Risk Assessments High level risks to be completed by December 2025 as required by Welsh Government Will be monitored and managed through Climate Action Taskforce ISO14001:2015 Management System will have integration of Climate Change and Adaption, include life cycle assessments, which will support work 	<ul style="list-style-type: none"> Sustainability Team Risk Support
Recommended Disclosure c) Describe how processes for identifying, assessing, and managing climate-related risks are integrated into their overall risk management.	Yellow	Developing a high level risk assessment, cross referenced with the Welsh Government risk ratings. Following this, bespoke risk assessments undertaken by departments.	<ul style="list-style-type: none"> Incorporated into the Health and Social Care Climate Adaptation work (based on the toolkit) and the Climate Change and Adaption Risk Assessments 	<ul style="list-style-type: none">

Risk disclosure recommendations	Status	Comments	Next steps	Resources required?
and managing climate-related risks are integrated into the organization's overall risk management.			<ul style="list-style-type: none"> • High level risks to be completed by December 2025 as required by Welsh Government • Will be monitored and managed through Climate Action Taskforce • ISO14001:2015 Management System will have integration of Climate Change and Adaption, include life cycle assessments, which will support work • Methodology will be incorporated into the CAT, updates and progress will be discussed in that meeting 	

4) Metrics and targets

Metrics and targets disclosure recommendations	Status	Comments	Next steps	Resources required?
Recommended Disclosure a) Disclose the metrics used by the organization to assess climate-related risks and opportunities in line with its strategy and risk management process.		Organizations should provide the key metrics used to measure and manage climate-related risks and opportunities, as described in Tables A1.1 and A1.2 (pp. 75–76), as well as metrics consistent with the cross-industry, climate-related metric categories described in Table A2.1 (p. 79). Organizations should consider including metrics on climate-related risks associated with water, energy, land use, and waste management where relevant and applicable.	<ul style="list-style-type: none"> • Monitored and scrutinised through Climate Action Taskforce 	<ul style="list-style-type: none"> • Sustainability Team
		Where climate-related issues are material, organizations should consider describing whether and how related performance metrics are incorporated into remuneration policies.	<ul style="list-style-type: none"> • Monitored and scrutinised through Climate Action Taskforce 	<ul style="list-style-type: none"> • Sustainability Team
		Where relevant, organizations should provide their internal carbon prices as well as climate-related opportunity metrics such as revenue from products and services designed for a low-carbon economy.	Not applicable	Not applicable
		Metrics should be provided for historical periods to allow for trend analysis. Where appropriate, organizations should consider providing forward-looking metrics for the cross-industry, climate-related metric categories described in Table A2.1 (p. 79), consistent with their business or strategic planning time horizons. In addition, where not apparent,	<ul style="list-style-type: none"> • Reviewed through the CAT to determine if alters Climate Change and Adaption Planning 	<ul style="list-style-type: none"> • Sustainability Team
		Further investigation required		

Metrics and targets disclosure recommendations	Status	Comments	Next steps	Resources required?
organizations should provide a description of the methodologies used to calculate or estimate climate-related metrics.				
Recommended Disclosure b) Disclose Scope 1, Scope 2, and, if appropriate, Scope 3 greenhouse gas (GHG) emissions, and the related risks		Organizations should provide their Scope 1 and Scope 2 GHG emissions independent of a materiality assessment, and, if appropriate, Scope 3 GHG emissions and the related risks. All organizations should consider disclosing Scope 3 GHG emissions.	Net Zero Report submitted to Welsh Government every September as required.	<ul style="list-style-type: none"> • Continue timely submissions • Sustainability Team
GHG emissions should be calculated in line with the GHG Protocol methodology to allow for aggregation and comparability across organizations and jurisdictions. As appropriate, organizations should consider providing related, generally accepted industry-specific GHG efficiency ratios		GHG emissions should be calculated in line with the GHG Protocol methodology to allow for aggregation and comparability across organizations and jurisdictions. As appropriate, organizations should consider providing related, generally accepted industry-specific GHG efficiency ratios	Net Zero Report submitted to Welsh Government every September as required.	<ul style="list-style-type: none"> • Utilisation of Net Zero Report • Sustainability Team
GHG emissions and associated metrics should be provided for historical periods to allow for trend analysis. In addition, where not apparent, organizations should provide a description of the methodologies used to calculate or estimate the metrics.		GHG emissions and associated metrics should be provided for historical periods to allow for trend analysis. In addition, where not apparent, organizations should provide a description of the methodologies used to calculate or estimate the metrics.	Net Zero Report submitted to Welsh Government every September as required.	<ul style="list-style-type: none"> • Utilisation of Net Zero Report • Sustainability Team
Recommended Disclosure c) Describe the targets used by the organization to manage climate-related risks and opportunities and performance against targets.		Organizations should describe their key climate-related targets such as those related to GHG emissions, water usage, energy usage, etc., in line with the cross-industry, climate-related metric categories in Table A2.1 (p. 79), where relevant, and in line with anticipated regulatory requirements or market constraints or other goals. Other goals may include efficiency or financial goals, financial loss tolerances, avoided GHG emissions through the entire product life cycle, or net revenue goals for products and services designed for a low-carbon economy.	<ul style="list-style-type: none"> • Investigate what is required to develop organisation specific targets • ISO14001:2015 Management System will have integration of Climate Change and Adaption, include life cycle assessments, which will support work 	<ul style="list-style-type: none"> • Sustainability Team
In describing their targets, organizations should consider including the following: – whether the target is absolute or intensity based; – time frames over which the target applies; – base year from which progress is measured; and		Ambitious targets outlined in the Sustainability Strategy, which are cross referenced against Welsh Government targets, for example GHG emissions targets: The targets of a 16% reduction by 2025 and 34% reduction by 2030 are governed by NHS Wales and Welsh Government, not Health Board specific	<ul style="list-style-type: none"> • ISO14001:2015 Management System will have integration of Climate Change 	<ul style="list-style-type: none"> • Sustainability Team

Metrics and targets disclosure recommendations	Status	Comments	Next steps	Resources required?
– key performance indicators used to assess progress against targets.		governed by NHS Wales and Welsh Government, not Health Board specific	and Adaption, include life cycle assessments, which will support work	
Organizations disclosing medium-term or long-term targets should also disclose associated interim targets in aggregate or by business line, where available.		Ambitious targets outlined in the Sustainability Strategy, which are cross referenced against Welsh Government targets, for example GHG emissions targets: The targets of a 16% reduction by 2025 and 34% reduction by 2030 are governed by NHS Wales and Welsh Government, not Health Board specific	<ul style="list-style-type: none"> Investigate what is required to develop organisation specific targets NOTE: Other environmental targets: Need to investigate as these would sit with Estates through ISO 14001	<ul style="list-style-type: none"> Sustainability Team
Where not apparent, organizations should provide a description of the methodologies used to calculate targets and measures		Ambitious targets outlined in the Sustainability Strategy, which are cross referenced against Welsh Government targets, for example GHG emissions targets: The targets of a 16% reduction by 2025 and 34% reduction by 2030 are governed by NHS Wales and Welsh Government, not Health Board specific	<ul style="list-style-type: none"> No action required NOTE: Other environmental targets: Need to investigate as these would sit with Estates through ISO 14001	<ul style="list-style-type: none"> Sustainability Team

APPENDIX 3 TO PART 1

Annex - Glossary of Terms

IMTP	Integrated Medium Term Plan
IQPD	Integrated Quality and Planning Delivery
IPC	Infection Prevention Control
Linac	Linear Accelerator
RT	Radiotherapy
SACT	Systemic Anti-Cancer Therapy
VCS	Velindre Cancer Service
WBS	Welsh Blood Service
nVCC	New Velindre Cancer Centre
WCP	Welsh Clinical Portal
WRP	Welsh Risk Pool
LfER	Learning from Events Report
EAP	Employee Assistance Programme
TCS	Transforming Cancer Services
CDPS	Centre for Digital Public Services
DCW	Digital Communities Wales
WPAS	Welsh Patient Administration System
DHCW	Digital Health and Care Wales
WTAIL	Welsh Transplantation & Immunogenetics Laboratory
BECS	Blood Establishment Computer System
WNCR	Welsh Nursing Care Record
NWSSP	NHS Wales Shared Services Partnership
HTW	Health Technology Wales
ESR	Electronic Staff Record

**PART 2:
ACCOUNTABILITY
REPORT
2024-25**

SCOPE OF THE ACCOUNTABILITY REPORT

In line with Welsh Government and HM Treasury Guidance, Velindre University NHS Trust has produced an Accountability Report for the financial reporting period 2024-2025.

The purpose of the Accountability Report, which sits within the Velindre University NHS Trust Annual Report, is to report to the Welsh Government in respect of the key accountability requirements.

The information relating to the Trust's Corporate Services, Welsh Blood Service and Velindre Cancer Service are covered in this Accountability Report and is signed and dated by the Velindre University NHS Trust's Accountable Officer, the Chief Executive. The Report is made up of the following three sections:

- The **Corporate Governance Report**: this report explains the composition and organisation of Velindre University NHS Trust and governance structures and how they support the achievement of the Velindre University NHS Trust's objectives. It has three main parts: the Directors' Report, the Statement of Accounting Officer's Responsibilities and the Governance Statement.
- The **Remuneration and Staff Report**: this report contains information about the remuneration of senior managers as defined by the current NHS Wales Manual for Accounts. This means that the salaries of the Executive and Independent Members of the Trust Board are included, but the salaries of the hosted services' senior management are not. We have raised the need for greater transparency on these matters with Welsh Government and Audit Wales in recent months and hope this will be addressed in a revision to policy and the Manual for Accounts. The report details salaries and other payments, Velindre University NHS Trust's policy on senior managers' remuneration, and whether there were any exit payments or other significant awards to current or former senior managers. It also sets out the membership of the Trust's Remuneration Committee, and information with regards to staff numbers, composition and sickness absence, together with expenditure on consultancy and off-payroll expenditure.
- The **Senedd Cymru/Welsh Parliament Accountability and Audit Report**: this report provides information on such matters as regularity of expenditure, fees and charges, and the Audit Report by the Auditor General for Wales's report on the examination of the financial statements.

Historically, to enable the Board to approve the Annual Report and Accounts (which include consolidated financial data for all hosted services), compliance statements are taken from Directors of hosted services to provide the Trust Board with the undertaking that hosted services are fully compliant with the Trust's governance and policies. The current hosting framework for Shared Services expressly states that the Trust is not 'accountable' for these services, however, this is being reviewed as part of a review commissioned by Welsh Government into these arrangements.

In Q4 2024/2025 the Trust escalated concerns to Audit Wales and Welsh Government about the current governance of Shared Services which hadn't been reviewed since 2012. Recent discussions with Welsh Government, Audit Wales and hosted services have highlighted the

Trust's view that they need to significantly strengthen the assurance process the Trust undertakes on an ongoing basis and to inform the completion of future Annual Reports.

On 9 April 2025 the Director General Health, Social Care & Early Years Group/NHS Wales Chief Executive wrote to the Chief Executive of the Trust and Managing Director of Shared Services to indicate her intention to commission a review of the governance arrangements for Shared Services. The Trust will engage fully with this review and explore with Audit Wales and Welsh Government over FY 25/26 whether hosted services are included in the Trust's future internal and external audit plans and that there is a robust assurance process in place.

For the 2024-25 reporting period, the Trust has received and has relied upon the following documentation from its hosted services to inform its Annual Report. These documents are available as appendices to the Accountability Report:

1. A Declaration of Compliance from the Managing Director of Shared Services – Appendix 1
2. A Declaration of Compliance from the Director of Health Technology Wales – Appendix 2
3. A Declaration of Compliance from the Programme Manager of the Advanced Therapies Wales Programme – Appendix 3.

2A – CORPORATE GOVERNANCE REPORT

The Corporate Governance Report provides an overview of the governance arrangements and structures that were in place across Velindre University NHS Trust during 2024-2025. It includes:

- The **Directors' Report**: this provides details of the Board and Executive Team who have authority or responsibility for directing and controlling the major activities of the Trust during the year. Some of the information which would normally be shown here is provided in other parts of the Annual Report and Accounts and this is highlighted where applicable.
- The **Statement of Accounting Officer's Responsibilities and Statement of Directors' Responsibilities**: this requires the Accountable Officer, Chair and Executive Director of Finance to confirm their responsibilities in preparing the financial statements and that the Annual Report and Accounts, as a whole, are fair, balanced and understandable; and
- The **Governance Statement**: this explains the governance arrangements and structures within Velindre University NHS Trust and brings together how the organisation manages governance, risk and control.

DIRECTORS' REPORT

This Directors' Report brings together information about the Velindre University NHS Trust Board members, the composition of the Trust Board and other elements of its governance and risk management structure. It also includes the disclosures and reporting required by Velindre University NHS Trust relating to the day-to-day execution of the Trust's business.

Velindre University NHS Trust Board is made up of **Executive Directors**, who are employees of the Trust, and **Independent Members**, who were appointed to the Trust Board by the Minister for Health and Social Services *via* an open and competitive public appointment process. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including setting the organisation's strategic direction; establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour, and ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the Trust's performance across all areas of activity.

1. CHAIR AND INDEPENDENT MEMBERS OF THE TRUST 2024-2025



**Professor Donna Mead, OBE
Chair**

Appointment:

Professor Mead was appointed Chair of Velindre University NHS Trust in May 2018

Areas of Expertise:

Higher Education, Research, the NHS and Education, Partnerships and Collaboration

Trust Board Committee, Advisory Group and Fora Membership:

Professor Mead Chairs the:

- Trust Board
- Remuneration Committee
- Advisory Consultant Appointment Committee
- Charitable Funds Committee
- Academic Partnership Board

Professor Mead is also a member of the:

- Quality, Safety and Performance Committee
- Strategic Development Committee
- Research, Development and Innovation Sub-Committee
- Transforming Cancer Services Programme Scrutiny Sub-Committee
- Advancing Radiotherapy Fund Programme Board

Champion Role:

Trust Champion for Armed Forces and Veterans, University Trust

Mr. Stephen Harries
Vice Chair and Independent Member

Appointment:

Mr. Harries was appointed as an Independent Member of Velindre University NHS Trust in April 2017

In November 2018, Mr. Harries was appointed as Interim Vice Chair of the Trust and was appointed on a permanent basis in April 2022

Areas of Expertise:

Finance, Information Governance, Information Management and Technology

Trust Board Committee, Advisory Group and Fora Membership:

Until December 2024, Mr. Harries was Chair of the:

- Strategic Development Committee
- Transforming Cancer Services Programme Scrutiny Sub-Committee

Mr. Harries is also a member of the:

- Remuneration Committee
- Quality, Safety and Performance Committee

Champion Role:

Trust Champion for Digital and Staff Wellbeing



Mr. Gareth Jones
Independent Member

Appointment:

Mr. Jones was appointed as an Independent Member of the Velindre University NHS Trust in December 2019

Area of Expertise:

Legal

Trust Board Committee, Advisory Group and Fora Membership

Mr. Jones Chairs the:

- Trust Audit Committee
- Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership

Mr. Jones is also a member of the:

- Remuneration Committee
- Strategic Development Committee
- Transforming Cancer Services Programme Scrutiny Sub-Committee

Champion Role:

Trust Champion for Patient / Donor Information and Welsh Language

Mrs. Hilary Jones
Independent Member

Appointment:

Mrs. Jones was appointed as an Independent Member of Velindre University NHS Trust in March 2020

Area of Expertise:

Estates and Planning

Trust Board Committee, Advisory Group and Fora Membership:

Mrs. Jones Chair's the Charitable Funds Investment Performance Review Sub-Committee and became Chair of the Transforming Cancer Services Programme Scrutiny Sub-Committee in January 2025

Mrs. Jones is a member of the:

- Quality, Safety and Performance Committee
- Charitable Funds Committee
- Advancing Radiotherapy Fund Programme Board

Champion Role:

Trust Champion for Patient / Donor Engagement & Experience, Sustainable Development and Design





Mrs. Vicky Morris
Independent Member

Appointment:

Mrs. Morris was appointed as an Independent Member of Velindre University NHS Trust in November 2021

Area of Expertise:

Quality and Safety

Trust Board Committee, Advisory Group and Fora Membership:

Mrs. Morris Chairs the:

- Quality, Safety and Performance Committee

Mrs. Morris is also a member of the:

- Trust Audit Committee
- Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership
- Research, Development and Innovation Sub-Committee

Champion Role:

Trust Champion for Infection Prevention, Vulnerability

Professor Andrew Westwell
Independent Member

Appointment:

Professor Westwell was appointed as an Independent Member of Velindre University NHS Trust in August 2021

Area of Expertise:

University Representative

Trust Board Committee, Advisory Group and Fora Membership:

Professor Westwell is Chair of the:

- Research, Development and Innovation Sub-Committee
- Advancing Radiotherapy Fund Programme Board

Professor Westwell is also a member of the:

- Strategic Development Committee
- Academic Partnership Board.

Champion Role:

Trust Champion for Research, Development and Innovation





Ms. Lindsay Foyster
Independent Member

Appointment:

Ms. Foyster was appointed as an Independent Member of the Velindre University NHS Trust in April 2024

Area of Expertise:

Diversity and Inclusion

Trust Board Committee Membership

Ms. Foyster became Chair of the Strategic Development Committee in January 2025

Ms. Foyster is also a member of the:

- Charitable Funds Committee
- Quality, Safety and Performance Committee

Champion Role:

Trust Champion for Diversity and Inclusion

2. EXECUTIVE DIRECTORS (BOARD MEMBERS)



Mr. David Donegan
Chief Executive and Accountable Officer
(since December 2024)

Trust Board Committee, Advisory Group and Fora Membership:

Mr. Donegan is a member of the:

- Charitable Funds Committee
- Charitable Funds Investment Performance Review Sub-Committee

Mr. Donegan attends the:

- Quality, Safety and Performance Committee
- Strategic Development Committee
- Audit Committee
- Local Partnership Forum
- Remuneration Committee
- Transforming Cancer Services Programme Scrutiny Sub-Committee
- Advisory Consultant Appointments Committee

Mr. Matthew Bunce
Executive Director of Finance

Trust Board Committee, Advisory Group and Fora Membership:

Mr. Bunce is a member of the:

- Charitable Funds Committee
- Charitable Funds Investment Performance Review Sub-Committee

Mr. Bunce attends the:

- Strategic Development Committee
- Quality, Safety and Performance Committee
- Research, Development and Innovation Sub-Committee
- Transforming Cancer Services Programme Scrutiny Sub-Committee
- Trust Audit Committee
- Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership
- Local Partnership Forum

Lead Function: Finance, Information Governance, Value Based Healthcare and Charitable Funds





Dr. Jacinta Abraham
Executive Medical Director

Trust Board Committee, Advisory Group and Fora Membership:

Dr. Abraham attends the:

- Quality, Safety and Performance Committee
- Strategic Development Committee
- Research, Development and Innovation Sub-Committee
- Charitable Funds Committee
- Advisory Consultant Appointments Committee

Lead Function: Medical Director and Research

Mr. Carl James
Executive Director of Strategic Transformation, Planning, & Digital / Deputy Chief Executive

Trust Board Committee, Advisory Group and Fora Membership:

Mr. James attends the:

- Strategic Development Committee
- Quality, Safety and Performance Committee
- Transforming Cancer Services Programme Scrutiny Sub-Committee

Lead Function: Strategic Transformation, Planning, Digital



Ms. Sarah Morley
Executive Director of Organisational Development and Workforce

Trust Board Committee, Advisory Group and Fora Membership:

Ms. Morley is Joint Chair of the:

- Local Partnership Forum

Ms. Morley attends the:

- Strategic Development Committee
- Quality, Safety and Performance Committee
- Remuneration Committee
- Transforming Cancer Services Programme Scrutiny Sub-Committee

Lead Function: Organisational Development and Workforce



Mrs. Nicola Williams
Executive Director of Nursing, Allied Health Professionals and Health Science

Trust Board Committee, Advisory Group and Fora Membership:

Mrs. Williams is lead Executive for the:

- Quality, Safety and Performance Committee

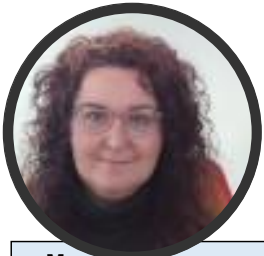
Mrs. Williams attends the:

- Strategic Development Committee
- Charitable Funds Committee
- Research, Development and Innovation Sub-Committee
- Transforming Cancer Services Programme Scrutiny Sub-Committee

Lead Functions: Quality and Safety, Safeguarding, Infection Prevention and Control, Professional Lead for Nursing, Allied Health Professionals and Healthcare Scientists



EXECUTIVE TEAM MEMBERS (OTHER DIRECTORS, NON-VOTING)



Ms. Anne Carey
Chief Operating Officer

Responsible for oversight and ensuring effective arrangements are in place for Trust wide:

- Operational Service Delivery
- Service Improvement
- Catering
- Managing/Improving Divisional Performance
- Business Intelligence
- Business Continuity
- Emergency Planning
- Medical Devices

Dr. Non Gwilym
Director of Corporate Governance (Interim)

Principal Advisor to the Trust Board and the organisation as a whole on all aspects of corporate governance and ensuring that the Trust meets the standards of good governance set for the NHS in Wales.



Mrs. Lauren Fear

Director of Transformation (Interim)

**Trust Board Committee, Advisory Group and
Fora Membership:**

Mrs. Fear attends the:

- Strategic Development Committee
- Quality, Safety and Performance Committee
- Transforming Cancer Services Programme
Scrutiny Sub-Committee

Lead Function: Strategic Transformation, Planning,
Performance & Estates.

3. HOSTED SERVICES (not members of the Trust Board)

HEALTH TECHNOLOGY WALES

Dr Peter Groves

Chair of Health Technology Wales Appraisal Panel



Dr Susan Myles

Director of Health Technology Wales

NHS WALES SHARED SERVICES PARTNERSHIP

Professor Tracy Myhill OBE

**Chair of Velindre University NHS Trust Shared
Services Partnership Committee**



Mr Neil Frow OBE

**Managing Director NHS Wales Shared Services
Partnership**

CHANGES TO BOARD MEMBERS AND THE EXECUTIVE TEAM DURING 2024-2025

Independent Members:

- Prof. Donna Mead OBE, Chair was reappointed on 1st May 2024.
- Mrs. Hilary Jones, Independent Member (Estates and Planning) was reappointed on 1st April 2024.
- Mrs. Vicky Morris, Independent Member (Quality and Safety) was reappointed on 12th November 2024.

Executive Team Members

- Mr. Steve Ham, Chief Executive and Accountable Officer left on 30th June 2024.
- Mr. David Donegan began his appointment as Chief Executive and Accountable Officer on 1st of December 2024.
- Mr. Carl James, Executive Director of Strategic Transformation, Planning & Digital was appointed Interim Chief Executive Officer on 1st July 2024 and subsequently returned to his substantive role as Executive Director of Strategic Transformation, Planning and Digital on 1st of December 2024.
- Dr Jacinta Abraham, Executive Medical Director was appointed as the Deputy Chief Executive on 1st July 2024 until 1st December 2024.
- Mrs. Lauren Fear, Director of Corporate Governance and Chief of Staff was appointed Interim Executive Director of Strategic Transformation, Planning and Digital on 1st July 2024 until 1st December 2024. On 2nd December 2024, Mrs. Lauren Fear was appointed as Interim Director of Transformation.
- Dr Non Gwilym, Assistant Director of Communications and Engagement was appointed as Interim Director of Corporate Governance on 1st August 2024.

In terms of Board composition, as highlighted above, during 2024-2025, Mr. Steve Ham, Chief Executive and Accountable Officer retired on 30th June 2024. Whilst the recruitment of a permanent replacement was completed, interim arrangements were put in place to ensure continuity of business and effective governance arrangements. Such arrangements continued to support the Trust in maintaining stability and ensure the Board's duties could be discharged during the period of absence of a substantive post holder.

Despite attempts to substantively recruit into the Finance Independent Member's role since February 2024, the position remained vacant. Lindsay Foyster agreed to become an interim member of the Audit Committee in May 2024. The Independent Member (Finance) will join the committee when appointed.

Interim arrangements for the role of Chief Operating Officer were put in place until the substantive appointment commenced. Ms. Anne Carey was appointed into the role of Chief Operating Officer on an interim basis from 29th July 2024 until 31st March 2025.

There has been no adverse impact on the balance of the Board and decision making during the reporting period. Further details on the Trust Board appointments are provided in the Trust Remuneration Report on [page 71](#).

During financial year 2025-2026, the tenure of both the Trust Chair and Vice Chair will come to an end. The appointment of a new Vice Chair concluded in March 2025 with the successful candidate, Lindsay Foyster, commencing in post on 1st May 2025. The recruitment of a Trust Chair is in progress and expected to conclude in early June. If successful, the Senedd Pre-Appointments Hearing and Appointment confirmation are expected to take place in July 2025.

The Trust will continue to ensure a stable Board is maintained and enable robust handover arrangements.

The tenure of the Chair of Health Technology Wales Appraisal Panel concluded on 31 March 2025.

PUBLIC INTEREST DECLARATION

Each Velindre University NHS Trust Board Member is required and has completed a public interest declaration which is reviewed every six months and presented to the Trust's Audit Committee.

All Trust Board Members and Senior Managers within the Trust, including the hosted services, have declared any interests in companies or matters which may result in a conflict with their managerial responsibilities. A [full register of interests](#) for 2024-2025 is available on the Trust's website.

DISCLOSURE STATEMENTS

INFORMATION GOVERNANCE:

The Trust operates an Information Governance (IG) Framework to meet its mandatory and statutory obligations and other standards in relation to applicable legislation. Applicable legislation includes but is not exclusive to legislation which supports the principles of the European Convention on Human Rights, Human Rights Act 1998, Protection of Freedoms Act 2012, the Data Protection Act 2018 (includes the retained EU General Data Protection Regulations 679/2016 (UK GDPR)), Freedom of information Act 2000, Environmental Information Regulations 2004, Common Law Duty of Confidence and the Access to Health Records Act 1990.

This legislation is supported by non-legislative guidance such as; the Surveillance Camera Code of Practice 2021, Caldicott Principles and the Records Management Code of Practice for Health and Social Care 2022 which is in itself based on the Freedom of Information Act's Section 46 Information Management Code of Practice.

The Trust's Executive Director of Finance is the designated Senior Information Risk Owner (SIRO) who holds responsibility for information risk to the Trust Board. The Trust also has in place a Caldicott Guardian, which is the Trust's Executive Medical Director. Velindre Cancer Service and the Welsh Blood Service have a Caldicott Guardian in place. Cyber security, an integral element of Information Security, rests within the portfolio of the Trust's Chief Digital Officer.

As a public authority, the Trust is required under UK GDPR [Article 37\(1\)\(a\)](#) to appoint a Data Protection Officer (DPO). The Head of Information Governance (HoIG) as the Trust's lead for Information Governance is the Trust's appointed DPO. The tasks of the DPO are contained in UK GDPR [Article 39](#) which are to ensure that there are effective controls and mechanisms in place to ensure that the Trust complies with its Mandatory and Statutory obligations as well as supporting staff ability via the delivery of training and awareness to comply with Information Governance fundamental principles and procedures.

The SIRO, Chief Digital Officer, DPO and Caldicott Guardians meet at regular intervals throughout the year so that a rounded approach to Information Governance is undertaken. During the reporting period, the Trust has continued to manage the overall risk which has continued to reduce. This assessment is supported by the continued completion of DPIAs to assess Information and Cyber risk, investigation of IG incidents with the identification of common themes and the implementation of activity addresses those themes via the provision of advice, guidance and targeted delivery of training to all new and current employees of the Trust, which includes where necessary conduct of specialist workshops to address and mitigate risk.

Information Governance training is provided within an induction package for all staff joining the Trust. The package includes legislation, records management, information security and cyber security. Reports are received monthly which enables the DPO to target groups and individuals where compliance is low.

The Trust continued to utilise the All-Wales Information Governance Toolkit (IG Toolkit) which provides evidence of areas of improvement achieved and identifies actions for the following year.

The Trust undertook two reviews under the Freedom of Information Act/Environmental Information Regulations in 2024/25 which were requested by members of the public.

Three data breaches were reported to the Information Commissioner during 2024-25. Two incidents were caused by release of personal data to the wrong address. The first was a

misdirected email from Velindre Cancer Service in May 2024 containing personal data including demographic and treatment information. Upon receipt, the email was deleted by the recipient. Following an internal investigation, recommendations focused on enhanced training, strengthening compliance were implemented. The second was a misdirected letter. The incidents took place in the same department. All Staff received a training package to remind them of their obligations during the latter half of 2024.

A third incident was reported in April 2024. Four Donor Adverse Event Records (DAER) were lost in a non-clinical blood collection site. Following investigation, procedures and protocols were reviewed and strengthened with complimentary training delivered.

The three incidents were reported to the Information Commissioner. In all cases, no further action was taken by the Information Commissioner against the Trust.

QUALITY OF DATA:

The Trust makes every attempt to ensure the quality and robustness of its data and has regular checks in place to assure the accuracy of information relied upon. However, it is recognised that the multiplicity of systems and data inputters across the organisation means that there is always the potential for variations in quality, and therefore always scope for improvement. We have an on-going data quality improvement approach which routinely assesses the quality of our data across key clinical systems. Good quality clinically coded data plays a fundamental role in the management of our services. Velindre University NHS Trust has the highest completion and quality rating for clinical coding in Wales. Coded data underpins much of the day to day management information used within the NHS and is used to support healthcare planning, resource allocation, cost analysis, assessments of treatment effectiveness and can be an invaluable starting point for many clinical audits.

As a Trust, we are committed to an ambitious [Digital Strategy](#) that includes evolving to be a data-driven organisation. We are improving the quality of our data by: Improving our digital technologies, making them easier and quicker to use; Democratising and increasing our use of the data for everyday decision making, so that our clinical teams and decision-makers gain greater benefit from its completeness and accuracy; and Improving the digital and data knowledge, skills and confidence of our teams in all areas of the Trust. This is a journey and so where there are currently any concerns regarding data quality, data provided to the Board are clearly marked accordingly with caveats for use.

ENVIRONMENTAL, SOCIAL AND COMMUNITY ISSUES:

The Trust's Strategy '[Destination 2033](#)' outlines a clear ambition for the organisation over the coming years; the delivery of high quality, sustainable health care services which reduce our impact on the environment and provides wider value to our communities. This is an exciting challenge for us which will require us to continue to pursue excellence in our clinical services whilst also making a contribution to the wealth, health and prosperity across the country. The Trust's [Sustainability Strategy](#) has created a roadmap for us to contribute to our communities and mitigate our impact on the planet whilst continuing to deliver world class services for our donors, patients and carers. The strategy has 10 themes, which were derived from the United Nations Sustainable Development Goals and the Well-Being of Future Generations Act and are designed to achieve our Trust Well-being Objectives.

The Trust recognises that its day-to-day operational activities have a direct impact upon the environment and is committed to meeting the legislative drivers set out by Welsh Government to

address this when possible. Welsh Government have an ambition for the public sector to be carbon neutral by 2030. This ambition sits alongside the Environment (Wales) Act 2016 and Well-being of Future Generations (Wales) Act 2015 as legislative drivers for decarbonisation and embracing the Sustainable Development Principle within the public sector in Wales. The Trust will continue its work on carbon footprint monitoring in line with the NHS Wales Decarbonisation Strategy. To realise this ambition, the Trust has created tangible actions in a detailed Decarbonisation Action Plan.

The Trust is taking ambitious action, both strategically through the Trust Sustainability Strategy and operationally to adapt to climate change and respond to climate risk through the development of the new Velindre Cancer Centre, the Radiotherapy Satellite Centre and the Talbot Green Infrastructure upgrade project. Capital schemes are designed using projected climate data to ensure the design caters for global warming assessed within the lifetime of the build. This approach ensures as far as is reasonably practicable that fabric and systems used to control internal comfort remain fit for purpose.

Alongside these major capital schemes, the Trust is actively educating its staff to instigate meaningful behavioural change, through events and raising awareness. The Trust is driven by its Sustainability Strategy and has continued to be ambitious with its strategic aims in this context and will continue to plan and risk assess its work to ensure that it remains compliant with the Climate Change Act and the Adaptation Reporting requirements. Further, progress against will continue to be reported using a risk-based approach via the Quality, Safety and Performance Committee. For 2024-25, the Trust complied with its obligations under the Act. The Trust's Fire, Risk, Sustainability and Health and Safety Annual Report for 2024/2025 is scheduled to be presented to the Quality, Safety and Performance Committee on 17 July 2025.

CORPORATE GOVERNANCE CODE FOR CENTRAL GOVERNMENT DEPARTMENTS: CODE OF GOOD PRACTICE 2017:

Whilst there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments, Velindre University NHS Trust has undertaken an assessment against the main principles as they relate to an NHS public sector organisation in Wales. The Trust Board is committed to the continuous review and pursuit of excellence in ensuring good governance. This includes the programme of work underway to review and strengthen the quality/detail of information provided to the Board for assurance. In addition, each of the Trust Board Committees conducts an Annual Review of its Effectiveness, actively seeking further opportunities for continuous development and improvement ensuring good governance is maintained. To support good governance and strengthen assurance to the Board, the Independent Members' Group meets on a bi-monthly basis.

The Trust is complying with the main principles of the Code where applicable and follows the spirit of the Code to good effect and is conducting its business openly and in a transparent manner in line with the Code. The Trust Board recognises that not all reporting elements of the Code are outlined in this Governance Statement but are reported more fully in the Trust wider Annual Report. There have been no reported/identified departures from the Corporate Governance Code during the year.

NHS PENSION SCHEME:

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension

Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

MINISTERIAL DIRECTIONS:

A list of Ministerial Directions issued by the Welsh Government during 1 April 2024 - 31 March 2025 is available [here](#). Whilst Ministerial Directions are received by Health Boards, these are not always applicable to Velindre University NHS Trust. The Trust has disseminated those of relevance to the Trust as appropriate during the reporting period and are detailed in **Appendix 3 on page 63**. In addition, Welsh Health Circulars issued by Welsh Government are logged by the Corporate Governance Function and assigned an Executive Lead(s) to assess the impact to the Trust and take forward any necessary actions as appropriate. A register and action log is maintained by the Corporate Governance Function. A list of Welsh Health Circulars issued by the Welsh Government during 1 April 2024 - 31 March 2025 considered of relevance to the Trust are also listed in **Appendix 3 on page 63**.

EQUALITY AND DIVERSITY:

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and inclusion are complied with.

The control measures include:

- Trust Strategic Equality Plan and Objectives.
- Trust Gender Pay Gap Report.
- Trust Annual Equality Monitoring Report.
- Equality reports to Quality, Safety & Performance Committee on the Trust's Equality Objectives and Actions.
- Reports to the Equality and Human Rights Commissions' enquiries.
- Report to the Welsh Government Equalities Team.
- Integrated Equality Impact Assessments.

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS ACCOUNTABLE OFFICER OF VELINDRE UNIVERSITY NHS TRUST

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer of Velindre University NHS Trust (VUNHST).

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

As far as I am aware there is no relevant audit information of which the VUNHST's auditors are unaware, and I have taken all the steps I ought to have taken to make myself aware of any relevant audit information and to establish that the VUNHST's auditors are aware of that information.

I am required to confirm that the annual report and accounts as a whole is fair, balanced and understandable and I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

I am responsible for authorising the issue of the financial statements on the date they were certified by the Auditor General for Wales.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed by:

Mr. David Donegan
Chief Executive

Dated:

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The Directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Velindre University NHS Trust and of the income and expenditure of Velindre University NHS Trust for that period.

In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury
- make judgements and estimates which are responsible and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The Directors confirm that they have complied with the above requirements in preparing the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with the requirements outlined in the above mentioned direction by the Welsh Ministers.

By Order of the Board Signed:

Professor Donna Mead OBE Dated:
Chair

Mr. David Donegan Dated:
Chief Executive

Mr. Matthew Bunce Dated:
Executive Director of Finance

GOVERNANCE STATEMENT

GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

This Governance Statement details the arrangements in place for discharging the Chief Executive's responsibility to manage and control Velindre University NHS Trust's resources during the financial year 2024-2025.

DISCHARGING RESPONSIBILITIES

The Trust Board has been constituted to comply with the National Health Service Wales, Velindre University NHS Trust (Establishment) Order 1993 No.2838 and subsequent Amendment Orders (1995 No. 2492, 1999 No.808, 1999 No 826, 2002 No.442 (W.57) and 2002 No.2199 (W.219 2009 No.2059, 2012 No.1261 (W.156),2015 No.22, 2017 No.912, 2018 No.887 (W176), 2021 No.232 (W.58). In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Trust Board members also fulfil a number of "Champion" roles where they act as ambassadors for these matters [\(detailed on pages 9-15\)](#).

The Trust Board is accountable for governance, risk management and internal control and focuses on strategy, performance and behaviour. Board Members have responsibility for the strategic direction and to provide leadership and direction to the organisation, ensuring sound governance arrangements are in place. The Trust Board is also responsible for encouraging an open culture with a view to ensuring high standards.

Board members share corporate responsibility for all decisions and play a key role in monitoring the performance of the organisation and for making sure it is responsive to the needs of its communities.

Independent Members are supported by an annual development appraisal discussion with the Chair.

The Chair's performance is assessed by the Cabinet Secretary for Health and Social Services whilst the Chief Executive's performance is assessed by the Chair with input from the Director General Health and Social Services/Chief Executive NHS Wales, Welsh Government.

ESCALATION AND INTERVENTION ARRANGEMENTS

Under the Joint Escalation and Intervention Arrangements, the Welsh Government meets with Audit Wales and Healthcare Inspectorate Wales (Tripartite Group) twice a year to discuss the overall assessment of each Health Board, Trust and Special Health Authority in relation to the arrangements. A wide range of information and intelligence is considered to identify any issues and inform the assessment. The framework has five escalation levels:

- Level 1 - Routine Arrangements
- Level 2 - Area of Concern
- Level 3 - Enhanced Monitoring
- Level 4 - Targeted Intervention
- Level 5 - Special Measures

The Trust continued in Level 1, routine arrangements, for 2024-25.

STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

The **Trust Standing Orders and Standing Financial Instructions** have been adapted from the Welsh Government's Model Standing Orders for NHS Trusts in Wales and are designed to translate the statutory requirements set out in the *National Health Service Trusts (Membership and Procedures) Regulations 1990 (1990/2024)* into day-to-day operating practice. Together with the adoption of a scheme of matters reserved to the Trust Board; a scheme of delegations to officers and others; and Standing Financial Instructions, provide the regulatory framework for business conduct. This is further supported by declarations of interest being sought before the start of all Board and Committee meetings.

These documents, together with the range of policies set by the Trust Board make up the Governance and Accountability Framework.

When there is a need to vary Standing Orders, or duties need to be discharged differently, these decisions require scrutiny by the Trust's Audit Committee and Trust Board and are logged in the respective meeting minutes and action logs as appropriate.

The Standing Orders have been periodically updated to account for alterations in year. The Trust approved a revised set of Standing Orders and Standing Financial Instructions for the regulation of proceedings and business to ensure the following issues were addressed:

- **May 2024:** Amendments to Trust Standing Orders Schedule 3.0, resulting from the Annual review of the Terms of Reference and Operating Arrangements in respect of the Research, Development and Innovation Sub-Committee, Strategic Development Committee and Charitable Funds Committee.
- **July 2024:** Amendments to the Trust Standing Orders as a result of the establishment of the new Joint Commissioning Committee the following amendments are required to the Model Standing Orders, Reservation and Delegation of Powers for NHS Trusts.
- **July 2024:** Amendments to Trust Standing Orders Schedule 3.0, resulting from the Annual review of the Terms of Reference and Operating Arrangements in respect of the Audit Committee.
- **July 2024:** Amendments to the Scheme of Delegation within the Standing Orders for the Operation of the Shared Services Partnership Committee.
- **September 2024:** Amendments to Trust Standing Orders Schedule 1 Model Scheme of Reservation and Delegation of Powers.
- **September 2024:** Amendments to Trust Standing Orders Schedule 2 Standing Financial Instructions.
- **September 2024:** Amendments to Trust Standing Orders Schedule 3.0, resulting from the Annual review of the Terms of Reference and Operating Arrangements in respect of the Quality, Safety and Performance Committee and Charitable Funds Investment Performance Review Sub-Committee.
- **November 2024:** Amendments to Trust Standing Orders Schedule 3.0, resulting from the Annual review of the Terms of Reference and Operating Arrangements in respect of the Transforming Cancer Services Programme Scrutiny Sub-Committee.

- **January 2025:** Amendments to the Scheme of Delegation Financial Limits.
- **March 2025:** Amendments to Trust Standing Orders following the Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024 coming into force on the 20 January 2025. These Regulations amended the publication deadline for the distribution of Board papers from 7 calendar days to 5 clear days.

All relevant papers are available on the Trust's website [here](#).

VELINDRE UNIVERSITY NHS TRUST BOARD AND COMMITTEE MEETINGS

The Trust Board discharges its responsibilities through its Committees, listed in the table below, and Scheme of Delegation, which is set out in its Standing Orders.

Throughout 2024-2025 the Trust Board met in person with meetings live-streamed via the Zoom platform from April 2024 to July 2024 and via Microsoft Teams Webinar from September 2024 to March 2025, to continue to enable inclusive access to the meetings by members of the public. The live broadcast of the meeting complies with the requirement to conduct such meetings in an open and transparent manner and is supported with agenda and meeting papers available in advance via the Velindre University NHS Trust website. Each Public Trust Board meeting also has simultaneous Welsh translation. The Public is invited to all Public Board meetings and public notices are published on the Trust's website and digital channels. Digital recordings of Board meetings are available on the Trust's website.

All public Committee papers are published on the Trust website. All public Committees provide their agendas and minutes to each meeting. Highlight reports are presented to the Board to contribute to its assessment of assurance and to provide scrutiny against the delivery of objectives. It is planned to reinstate invitations to the public to join its committees' meetings in person from Q3 2025.

There are eight Committees/Partnership Forums reporting directly to the Trust Board, which are supported by Sub-Committees/groups in the discharge of functions outlined below:

Committee, Advisory Group and Fora	Sub Committee
Audit Committee (Trust)	N/A
Charitable Funds Committee	Investment Performance Review Sub-Committee
Local Partnership Forum	N/A
Quality, Safety and Performance Committee	<ul style="list-style-type: none"> • Research, Development and Innovation Sub-Committee (for Research & Development activity) • Transforming Cancer Services Programme Scrutiny Sub-Committee (for programme delivery)

Committee, Advisory Group and Fora	Sub Committee
Remuneration Committee	N/A
Strategic Development Committee	<ul style="list-style-type: none"> • Research, Development and Innovation Sub-Committee (for Strategic / Innovation activity) • Transforming Cancer Services Programme Scrutiny Sub-Committee (for future direction setting)
Advisory Consultant Appointment Committee	N/A

The dates the Trust Board and Committees met during the period 2024-2025 are captured in [Appendix 4 on page 48](#).

COMMITTEE ACTIVITY

In line with the Trust's Standing Orders, each Committee formally reports annually to the Trust Board on its work during the year detailing the business, activities, attendance and main issues dealt with by the Committee in the reporting year. Copies of the Committee Annual Reports for 2024-2025, which outline the activity of each of the Committees are available on the Trust Website [here](#). In addition, each Trust Board meeting receives a highlight report outlining the issues and activity considered and addressed by each Committee at its last meeting. The Trust has a process where Committees schedule a pause at the end of each meeting to discuss the key issues they wish to raise with the Trust Board through the highlight report process under the following headings:

ALERT / ESCALATE
ADVISE
ASSURE
INFORM

Each Committee Highlight Report is presented to the Trust Board by the Committee Chair. Similarly, each Committee Highlight Report is available within the Trust Board papers on the Trust's Website [here](#).

The Committees' Terms of Reference are reviewed annually in line with the Trust's Standing Orders, or more frequently if deemed necessary by the Committee or Trust Board. The Terms of Reference for all Committees are available on the Trust's Website [here](#).

Key highlights and issues considered by the Trust Board and its Committees during 2024-2025 are included in [Appendix 4 of the Governance Statement on page 48](#).

Minutes and papers of all Public Trust Board and Committee meetings are also published on the Trust Website [here](#).

During 2024-2025, key aspects of Trust Board business and issues delegated to the Audit Committee for consideration and advice, including action taken, included but were not limited to

the following:

- Agreement of the Internal and External Audit Plans for the year.
- Receiving Internal and External Audit Reports and subsequently monitoring progress against Audit Action Plans. The Audit Action Recommendation Tracker, which tracks the implementation of the recommendations of Audits is regularly reviewed by the Executive Management Board and Audit Committee.
- Agreeing the Annual Counter Fraud Plan and monitoring counter fraud activities.
- Review of the Declaration of Interests and Gifts, Hospitality, Sponsorship and Honoraria Register and Legal and Compliance Register.
- Monitoring the development of the Trust's Accountability Report.
- Monitoring of Governance Arrangements across the organisation.
- Monitoring overall risk management process by reviewing the Trust Risk Register at each meeting.

Further details in respect of the activity of the Audit Committee during 2024-2025 is captured in full on the Trust website [here](#).

CHAIR'S URGENT ACTIONS

The Trust continues to operate a system of only using **Chair's Urgent Action** for exceptional circumstances outside the formal meeting cycle. Details of the decisions are reported to the next Trust Board meeting. The Trust also continues to use a 'Consent Agenda' for all Board and Committee meetings so that any items can, when appropriate, be processed without placing these on the main agenda which maximises the use of available meeting time. Any member of the Board can ask for items on the 'Consent Agenda' to be moved to the main meeting agenda for discussion.

ENGAGEMENT WITH THE LOCAL PARTNERSHIP FORUM

In support of the Trust Board, the Trust also has a Local Partnership Forum that met four times during 2024-2025, with Joint Chairs who are each nominated from the Trade Union representatives and Executive Directors. The role of the Local Partnership Forum is to ensure collaborative working, discussion and engagement between Trust's leadership and management and our trade union colleagues, with an emphasis on finding consensus in developing the Trust's plans in respect of workforce. This does not include Trust employees working in hosted services.

Examples of engagement with the Local Partnership Forum during 2024-2025 are:

- Ongoing review of the Performance Management Framework, including sickness absence, Statutory and Mandatory training and PADR compliance. Specific targeted intervention into Sickness Absence Improvements.
- Non-pay agreements and planning aligned to the 2023 – 2024 industrial action.
- Attraction and Resourcing Project and leadership requirements to ensure the Trust is resourced in the best way to deliver its objectives.
- Trust's Compassionate Leadership Pledge
- NHS Staff Survey Results and Action Plan 2023-2024
- Anti-racist Wales Action Plan
- Trust's Values and Behaviours Framework
- Annual Employee Relationship Reporting
- Avoidable Employee Harm Project
- Volunteer proposal and implementation plan

- Organisational Change Processes and updates
- Radiotherapy Satellite and new Velindre Cancer Centre (nVCC) building developments
- Review and development of Trust Workforce Policies and Procedures.

COMMAND AND CONTROL STRUCTURE

The Trust operates an incident Command and Control structure when required. During 2024 the Trust continued to use its Command and Control structure in response to the deteriorating performance for Systemic Anti-Cancer Therapy (SACT) performance. The frequency of Gold Command meetings during this period was continually assessed and flexed in line with the needs of the performance monitoring, and its interface with the Velindre Cancer Service Silver Command. However, in early 2025 Gold Command was stepped down due to the improving SACT performance and deescalated to an Executive Chaired Steering Group and Divisional Delivery Group.

PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The Trust Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

As Accountable Officer, the Chief Executive has responsibility for reviewing the effectiveness of the system of internal control. The annual Head of Internal Audit opinion contributes to the assurances available to the Accountable Officer and the Trust Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control. The review of the systems of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

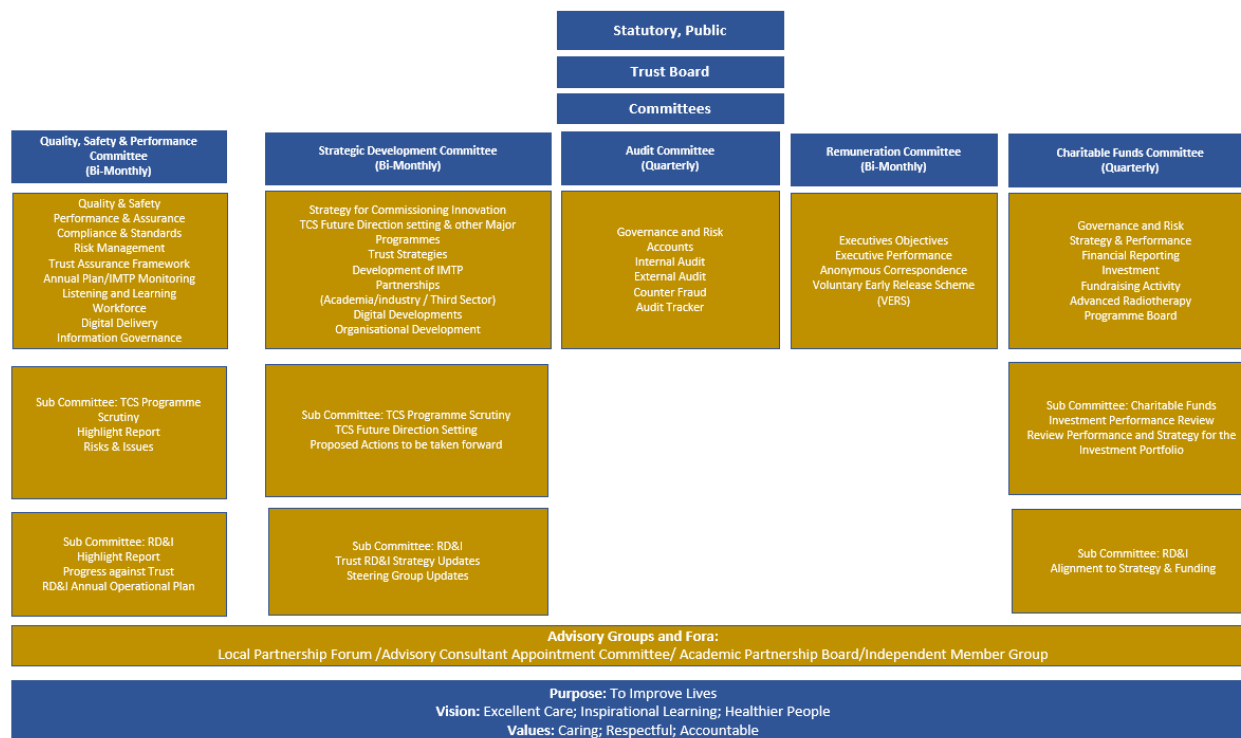
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks. It can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Welsh Government requires that the Trust operates within the wider governance framework set for the NHS in Wales and incorporating the standards of good governance set for the NHS in Wales (as defined within the Citizen Centred Governance principles and Standards for Health Services in Wales), together with its planning and performance management frameworks.

An overarching summary of the Trust's Governance and Accountability Framework is illustrated overleaf:

TRUST'S GOVERNANCE AND ACCOUNTABILITY FRAMEWORK



GOVERNANCE OF THE CHARITABLE FUNDS

The Velindre University NHS Trust was appointed as Corporate Trustee of the Charitable Funds by virtue of the Velindre National Health Service Trust (Establishment) Order No. 2838 that came into existence on 1st December 1993, and the Trust Board serves as its agent in the administration of the Charitable Funds held by the Trust.

The Trust, as Corporate Trustee, is ultimately accountable for Charitable Funds given to Velindre University NHS Trust Charity. In order to facilitate the administration and management of these funds the Trust Board has established a Charitable Funds Committee to provide advice and recommendations to the Board. The Committee assures itself that the financial governance and safety of all fundraising events run by the Charity are appropriate.

Committee meetings are held every three months and otherwise as the Committee Chair deems necessary. At least two members must be present to ensure the quorum of the Committee.

The Charitable Funds Committee is supported by the Charitable Funds Senior Leadership Group that meets on a monthly basis. It is also supported by an Investment Performance Review Sub-Committee, to oversee the investments made by the Charity.

From 2024/2025, the Trust has with the agreement of the Welsh Government adopted the IFRS10 exemption to consolidate the Charitable Accounts.

Further information in respect of the Charitable Funds is available in the Trustee's Annual Report which can be found on the Trust website [here](#).

HOSTED ORGANISATIONS' SYSTEMS OF INTERNAL CONTROL AND ASSURANCE

The Declarations of Compliance completed by the Trust's hosted services are available as Appendices 1, 2 and 3.

RISK MANAGEMENT

The Trust has an approved Risk and Assurance Framework and associated policies in place. The policies detail a robust risk assessment process to identify, assess and manage organisational risks, which are reported on a risk register to the Trust Board, in line with risk appetite levels set by the Trust Board. The overarching Trust Risk Management Policy, approved by the Trust Board provides an overarching and strategic level document for the framework of managing risk in Velindre University NHS Trust and is based on the three Lines of Defence risk governance model whereby management control is the first line of defence in owning and managing risk, the various specialist functions such as Finance, Workforce, Quality, etc. are the second line of defence, with the third line provided by independent assurance on effectiveness of the risk management framework.

Alongside the Risk Management Policy, there is a Trust Risk Management Procedure, which supports the application of the Risk Management Policy across the Trust.

The Trust Board has overall responsibility for risk management. It sets the 'tone at the top' for risk management culture by setting risk appetite and explicitly considering risk when developing or

updating the strategy, or when considering performance and/or major programmes of change. The Trust Board is also responsible for reviewing the framework's effectiveness as assured by the Audit Committee. It sets the 'tone at the top' for risk management culture by setting risk appetite and explicitly considering risk when developing or updating the strategy, or when considering performance and/or major programmes of change.

The Quality, Safety and Performance Committee provides assurance to the Trust Board that the risk register appropriately reflects the most significant risks facing the organisation. It considers risk through a Quality and Safety lens, the appropriateness of the control framework in place and the effectiveness of the actions to manage risk.

Other Committees provide assurance to the Trust Board, that the specific sections of the Trust Risk Register: appropriately reflects the most significant risks facing the organisation, in accordance to their scope.

Executive Management Board Directors support and promote risk management. They ensure that risk management is integrated into all activities.

The Director of Corporate Governance is the Executive Lead for the risk framework of the Trust.

In summary, the Trust's risk management framework:

- promotes consistency and transparency by articulating an overarching framework for managing risk and establishing a common risk language across Trust;
- explains how the three lines of defence operates;
- explains how risk management is aligned to the governance structures across the organisation;
- defines risk management roles and responsibilities for individuals and teams within VUNHST;
- ensures that risk management processes support and align with the overarching strategy for the Trust, in which the golden thread is our commitment to quality and safety, ensuring that we put our patients and donors at the centre of everything we do;
- recognises that timely and accurate monitoring, review, communication and reporting of risk are critical to providing:
 - early warning mechanisms for the effective management of risk occurrences
 - assurance to our patients and donors
 - assurance through governance structures to the Trust Board and to our partners/stakeholders such as Regulators and Inspection bodies
 - a sound platform for organisational resilience
 - supports decision-making through risk-based information; and
 - supports the continued development a culture where proactive risk management is integrated into all Trust business.

TRUST RISK REGISTERS

The organisation's risk profile is visible through the Trust Risk Registers. Risks are identified at the commencement of new or amended activities and through the ongoing review of existing risks. Risk assessments are undertaken to assess the impact upon the service and other stakeholders.

All risks are assessed and awarded a score, informed by potential impact and likelihood. Risks are escalated resulting in the highest level of risk being referred to the Trust's Executive Management Board for appraisal prior to inclusion on the Trust's risk register and reported to both the Audit Committee and Quality, Safety and Performance Committee prior to Trust Board.

New risks are assessed through the governance cycle; new risks are reviewed by divisional Senior Leadership/Senior Management Teams, when a risk will be accepted, declined or closed. Management from that point is led by the risk lead, in conjunction with the risk owner, and where the level is such (a risk rating over 15 or over 12 for safety risks) the risk is reported through the governance cycle detailed below.

The Trust has three levels of risk training:

Level 1 – This training is carried out by all staff in the Trust by means of e-learning. The training sets out how to identify risk and report risk, via the Datix system via the first input form.

Level 2 – Training is aimed at risk leads, providing information on management of risk, initially via second input form, including risk assessments, why and how we manage risk, descriptions of risk and rating of risks. The key objective of level two training is to manage risk and follow the cycle of a risk, mitigations, action plans and regular management.

Level 3 – The focus of this training is on governance and individual roles of Board Members and Directors in respect of risk.

The highest scored risks as at end of March 2025, governed through the March Committee and Trust Board cycle are summarised below, for access to fuller detail, including mitigating actions and controls, please review the March 2025 Trust Board Risk Paper [here](#). Risks relating to hosted services are not included in this list.

Risk Type	Division	Title	Rating (Current)
Performance, Quality and Safety	Velindre Cancer Service	There is a risk to performance and service sustainability as a result of increased demand for SACT starting to exceed capacity in all clinics leading to the burnout of the medical and supporting workforce due to excessive workloads.	16
Workforce	Velindre Cancer Service	There is a risk to staff wellbeing as a result of consultants having insufficient time to undertake direct patient administration including prescribing and completion of OONs (Outpatient Oncology note) due to increase in patient clinic numbers, leading to increased email traffic and potential treatment delays.	16
Workforce	Velindre Cancer Service	There is a risk to the Dietetic delivery as a result of reduced staffing due to vacancies, leading to a potential impact on patient care.	16
Performance, Quality and Safety	Velindre Cancer Service	There is a risk that the VCC Cancer Associated Thrombosis (CAT) service will not be able to continue as a result of 2 out of the 3 trained practitioners for VCC (medical and non-medical prescribers) having recently indicated that they may no longer be able to continue in	16

Risk Type	Division	Title	Rating (Current)
		the service. This will lead to a loss of the VCC CAT service which will result in a risk to patient safety and organisational reputation as the sustainability of the service is not secured. Patients diagnosed with CAT will not be able to access specialised services and therefore may be sub optimally treated, to include delays in their cancer treatments and longer term sequelae of VTE.	
Financial Sustainability	Velindre Cancer Service	There is a risk to financial sustainability as a result of service disruption due to number of posts funded by time limited funding leading to financial instability, recruitment difficulties.	16
Quality, Safety and Workforce	Velindre Cancer Service	There is a risk to patient safety due to inadequate staffing within the Radiotherapy Physics Department and the need to balance core duties with developmental tasks.	15
Quality, Safety, Performance and Sustainability	Velindre Cancer Service	There is a risk to performance and service sustainability as a result of national TrAMS project being delayed leading to insufficient capacity within pharmacy technical services to meet SACT production.	15
Performance and Sustainability	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.	15
Quality and Safety	Velindre Cancer Centre	There is a risk to patient safety, caused by the duplication of information, excessive use of email and a lack of alternative communication methods for the processing of clinical information.	12
Quality	Velindre Cancer Service	There is a risk to performance and service sustainability as a result of increased demand which has now outstripped capacity in the skin/melanoma SST.	12
Safety	Velindre Cancer Service	There is a risk to patient safety as a result of uncertainty around process and ownership of reviewing and actioning blood tests results which may lead to an omission or delay in undertaking a remedial clinical intervention	12
Quality and Safety	Welsh Blood Service	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

RISK APPETITE STATEMENT

The Trust faces a broad range of risks reflecting its responsibilities. The risks arising from its responsibilities can be significant. These risks are managed through detailed processes that emphasise the importance of integrity, intelligent inquiry, maintaining high quality staff and public accountability.

The Trust's Risk Appetite Statement was approved at Trust Board in January 2023 and is currently

under review as part of a wider review of the Trust's Risk Strategy, Policy and associated procedures. It considers the most significant risks to which the Trust is exposed. It provides an outline of the approach to managing these risks. All strategic and business plans for operational areas must be consistent with this Statement. Given the range of the Trust's activities and responsibilities, it is not appropriate to make a single overarching statement of the Trust's attitude to risk. Instead, a range of risk appetite statements arising from the different areas of our work has been developed and approved by the Trust Board, in the following areas. The Risk Appetite categorisation approach is based on the Good Governance Institute (GGI) Risk Appetite for NHS Organisations Matrix:

Domain / Risk Category	Risk Appetite Level	
Safety	1	Minimal
Quality	2	Cautious
Compliance	2	Cautious
Research & Development	2	Cautious
Reputation	2	Cautious
Performance & Service Sustainability	2	Cautious
Financial Sustainability	2	Cautious
Workforce & Organisational Development	3	Open
Partnerships & Innovation	4	Seek
Information Governance	2	Cautious
Environmental	3	Open

TRUST ASSURANCE FRAMEWORK

The Trust Assurance Framework (TAF) enables the Board to identify and understand the principal risks to achieving its strategic objectives; receive assurance that suitable controls are in place to manage these risks, and where improvements are needed suitable action plans are in place and being delivered; and to provide an assessment of the risk to achieving the related objective.

The TAF was originally approved and implemented in September 2020 together with the Risk Appetite and Tolerance levels. The latest iteration of the TAF was formally reviewed and approved by the Trust Board in January 2024.

The Audit Committee, Quality, Safety and Performance Committee and Strategic Development Committee, have oversight of the processes through which the Board gains assurance in relation to the management of the TAF.

Managers take a lead on risk management and are responsible for role modelling a risk aware culture within their area. Managers receive Level 2 Risk Training delivered by the Director of Corporate Governance and Level 1 risk management training via a mandatory module on ESR. Tools, procedures and guides are available on the staff Trust's intranet site.

Services are challenged on their risk management through the Executive Management Board and Service Review Meetings.

The TAF is the key source of information that links the Velindre University NHS Trust's Strategic Objectives to risk and assurance.

A review of the Trust's principal risks has been carried out and ten risks were approved by Trust Board in March 2025 as part of the Integrated Medium Term Plan. Work is now underway to develop a new TAF to be considered by Trust Board in July 2025.

Each of the principal risks has an Executive owner responsible for coordinating the actions required to improve the effectiveness of the key controls and assurance on an on-going basis. The Head of Corporate Governance works with each of the Executive owners to update the Trust Assurance Framework on a bi-monthly basis for reporting at Audit Committee, Strategic Development Committee, Quality, Safety and Performance Committee and Trust Board.

BUSINESS CONTINUITY AND EMERGENCY PREPAREDNESS

NHS organisations must ensure that they have in place emergency plans and business continuity arrangements that takes full account of their statutory duties under the Civil Contingencies Act 2004.

Velindre University NHS Trust (VUNHST) is required to submit a Health Emergency Planning Annual Report setting out broadly their level of compliance in meeting these requirements, activities that have occurred within both divisions (Welsh Blood Service and Velindre Cancer Services) and to submit a copy of their current major incident/emergency plan for review. The Health Emergency Planning Annual report for 2024 has been circulated by NHS Executive and is being completed in readiness for return to NHS Executive by 31st July.

Completion of the Business Continuity Audit Findings;

The VUNHST during 2023 was subject to a business continuity audit carried out by NHS Wales Shared Services Partnership (NWSSP) Audit & Assurance Services and achieved a reasonable assurance rating with the final report being received end of year 2023-2024. The findings from this audit and progress on the agreed management actions were reported monthly to Audit Committee from January to October 2024 with the final update reporting all management actions as completed.

Major Incident Response and identified learning;

The Welsh Blood Service responded to several Major Incident standbys / Declared during 2024 including the Powys Train derailment 21st October 2024. The WBS Major Incident Plan was activated, resulting in a rapid response of on call responders being onsite in readiness to provide urgent lifesaving blood should it have been required. Although there were a high number of casualties, none on this occasion required blood or blood components. The WBS completed its internal debrief 29th October, and contributed to a National NHS Wales debrief where challenges and learning recommendations were identified and shared to strengthen the health collaboration during these incidents.

Exercise & Testing Programme;

During the 2024 to 2025 period there has been a combined total of 28 exercises and tests run across the divisions (Velindre Cancer Service and Welsh Blood Service) with recently reviewed and approved exercise and test programmes for 2025 to 2026. Two of these exercises run in recent months include a live lockdown exercise of the WBS South Wales premises, and a Digital Services focused Cyber Attack desktop exercise run by the Trust's Cyber lead.

A joint UK Blood Services cyber exercise is under development by the UK Forum Business Continuity leads to focus on exercising business continuity arrangements across UK Blood Services. In addition to this a task and finish group has been meeting to develop a joint simulated Major Incident exercise

between Cardiff & Vale UHB and Welsh Blood Service with a proposal to run later in the year of 2025 – 2026.

VUNHST Business Continuity & Emergency Preparedness work programme;

The VUNHST Business Continuity & Emergency Preparedness group continues to meet every two months to oversee and report on progress of the VUNHST Business Continuity & Emergency Preparedness Programme.

During 2024 there has been an evident increase in the number of activities completed on this programme. The programme is subject to fluid review and reprioritisation, and includes maintaining a business continuity and emergency preparedness risk register. An initial review of the first single Wales Risk Register published 01/11/2024 has been completed and a VUNHST specific consequence management paper received by the group. One of the several priorities for the work programme is to map out internal risk assessments, plans and exercises based on these consequences from the Wales Risk Register.

HEALTH AND CARE QUALITY STANDARDS FOR WALES

On the 1st April 2023, in line with the implementation of the Duty of Quality under the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the health and care quality standards in the Duty replace the 2015 health and care standards issued under WHC (2015) 015.

The Trust is required to publish an annual Duty of Quality report, copies of which are available on the Trust website.

TRUST BOARD DEVELOPMENT AND EFFECTIVENESS

During 2024-2025 the Trust Board has undertaken six Board Development sessions covering a number of key areas including the following:

June 2024

- New Velindre Cancer Centre (nVCC) Capabilities and Governance Review
- Audit Wales Review of the Decision-Making Process of the Velindre University NHS Trust and Welsh Government relating to the nVCC Project
- Safe Care Collaborative:
 - Safe and Effective Ambulatory Care
 - Safe and Effective Community Care
 - Safe and Effective Acute Care
 - Leadership for Patient Safety Improvement
- Board Effectiveness Review

July 2024

- An update on the Cardiff Cancer Research Hub and the Heads of Terms (CCRH and HoT)
- Welsh Bone Marrow Donor Registry (WBMDR))
- Staff Engagement Survey

October 2024

- Board Effectiveness – Working Together as a Unitary Board

- Velindre Charity

December 2024

- Key Employment Law Updates
- Learning from Reviews and Inquiries
- Long Term Agreements / Contract Rebasing

February 2025

- CEO Reflections: priorities and governance
- Lessons Learnt:
 - Contract Management
 - new Velindre Cancer Centre Project
- Corporate Manslaughter Education
- Organisational Culture
- Proposed Changes to the NHS Wales Chairs Appraisal Process

Executive and Independent Member visits ('15 Step Visit Process') with our staff have continued during 2024-2025 to gain greater insight to the multi-faceted work undertaken by our staff across the Trust, and also better understand the different pressures faced on a daily basis. These visits have also incorporated Executive and Independent Member 'Champion' role aspects, which has been used to inform Board Champion Annual Reports presented at Trust Board meetings.

GOVERNANCE AND ACCOUNTABILITY ASSESSMENT / TRUST BOARD EFFECTIVENESS

The Trust Board is required to undertake an annual self-assessment of its effectiveness. In addition, the Trust Chair and Chair of Audit Committee commissioned a review of committee governance which was undertaken in Q4 by PWC.

REVIEW OF EFFECTIVENESS - ADDITIONAL SOURCES OF ASSURANCE

As Accountable Officer, the Chief Executive has responsibility for reviewing the effectiveness of the system of internal control. The Chief Executive's review of the effectiveness of the system of internal control is informed by the work of Internal and External Auditors, the Executive Directors and other assessment and assurance reports, including the work of Healthcare Inspectorate Wales. The Chief Executive has listened to the Board on their views of the strengths and opportunities in the system of internal control and been advised by the work of the Audit Committee and other Committees established by the Board. Matters that have emerged in relation to hosted services have been raised with Welsh Government and Audit Wales.

The Chief Executive's performance in the discharge of these personal responsibilities is assessed by the Trust Chair and Director General of the Department of Health & Social Services/Chief Executive of NHS Wales.

BOARD EFFECTIVENESS

The Trust Board is required to undertake an annual self-assessment of its effectiveness. The approach taken this year was to bring together various sources of assurance, both internal and external, to support the consideration of its overall Level of Maturity in respect of good governance and the Board's effectiveness.

The Board reviews its effectiveness on an ongoing basis throughout the year. It does this by considering:

- the triangulation of meeting themes,
- through the Independent Members group meetings
- the improvement programme relating to Governance, Assurance and Risk
- internal and external assurance through Internal Audit and Audit Wales, including an annual Structured Assessment of the Board's effectiveness.

In addition, in February 2025, the Trust commissioned an external review of the effectiveness of its Board and Governance. The report will be presented to the Trust Board in Q2 2025-26 and further inform its improvements programme.

The Board's Annual Board Governance and Effectiveness Assessment meeting was held on 19 June 2025 to consider its Level of Maturity rating. During their discussion of the documentation, members raised key areas of strength including:

- an appropriate level of support and challenge;
- genuine interest in external views and learning from elsewhere;
- cultivating constructive, productive working relationships;
- a strong sense that we are building on strong foundations
- appetite to take risk-based decisions.

The Board agreed that challenges persisted in the following areas and that actions to strengthen the position on them should be prioritised for 2025-26:

- the strengthening the Board's governance of our hosted arrangements
- increasing Board visibility on patient and donor stories and experiences
- strengthening our Board Development forward workplan and training schedule
- delivering needs analysis in relation to the Equality, Diversity and Inclusion agendas
- celebrating success.

The Board agreed that the overall level of maturity in respect of governance and Board effectiveness was "Level 4 – We have well developed plans and processes and can demonstrate sustainable improvement the service". During its consideration of the score, the Board reflected on the significant concerns it had discussed in relation to aspects of its hosting arrangements which it would score as two. Recognising that there was work underway to deliver sustainable progress, including the Welsh Government's commissioned review, the Board was confident that this would lead to a unified and improved score for 2025-26.

AUDIT - INTERNAL

AUDIT OPINION AND SCORES FOR 2024 – 2025

Internal Audit provides the Chief Executive as Accountable Officer and the Trust Board through the Audit Committee with a flow of assurance on the system of internal control. The Chief Executive and Internal Audit agreed a programme of audit work, which was approved by the Audit Committee, and delivered in accordance with Public Sector Internal Audit Standards by the NHS Wales Internal Audit Service. The programme of audit work has been deliberately focused on key strategic and

operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion. The areas used to frame the 2024/25 internal audit planning process were:

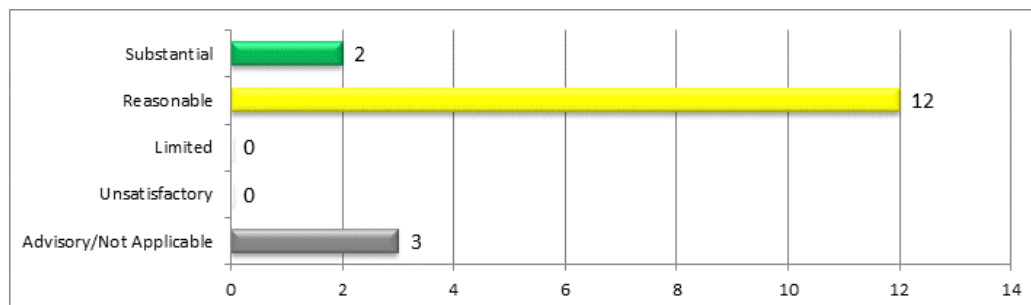
1. Corporate Governance, Risk Management and Regulatory Compliance
2. Strategic Planning, Performance Management and Reporting
3. Financial Governance and Management
4. Quality & Safety
5. Information Governance and Security
6. Operational Service and Functional Management
7. Workforce Management
8. Capital and Estates Management

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit Committee during the year. Audits that remain to be reported, but are reflected within this Annual Report, will be reported alongside audits from the 2024/25 operational audit plan.

The Audit Plan approved by the Committee in July 2024 contained 18 planned reviews. Changes have been made to the plan with 3 audits added and 1 deferred. All these changes were reported to, and approved by, the Audit Committee.

In total 17 audit reviews were reported during the year, with three further reviews in progress at the time of reporting in June 2025. Figure 1 below presents the assurance ratings, and the number of audits derived for each.

Summary of audit ratings



In addition, Internal Audit may respond to requests for advice and/or assistance across a variety of business areas across the Trust. This advisory work, undertaken in addition to the assurance plan, is permitted under the standards to assist management in improving governance, risk management and control. This activity is reported during the year within progress reports to the Audit Committee.

The overall opinion by the Head of Internal Audit provides the following assurances to the Trust that arrangements to secure governance, risk management and control are suitably designed and applied

effectively in the substantial and reasonable areas in the table below that summarises the audits undertaken in the year and the results.

Where Limited or Unsatisfactory Assurance has been provided, the Trust are aware of the specific issues identified and have agreed action plans to improve control in these areas.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the opinion, the Head of Internal Audit has considered the impact of the audits that have not been completed.

A summary of the audits undertaken in the year and their results is outlined in the table below. Improvement opportunities identified from the findings are actively being addressed by the Executive Management Board, and ongoing continued progress will be monitored via the Audit Committee by scrutiny of the Audit Action Tracker.

Summary of Audit 2024/25

Substantial Assurance	<ul style="list-style-type: none"> • Follow-up of Previous Recommendations • Duty of Candour
Reasonable Assurance	<ul style="list-style-type: none"> • Duty of Quality • Board Assurance and Risk Management • Key Financial Controls • Finance and Service Sustainability: Value Based Healthcare • Performance Management Framework • WBS Futures Governance • Acute Oncology Service • WBS – Infrastructure & Modernisation Programme • IRS Implementation (draft) • Estates Assurance – Energy Management • nVCC Governance Post Financial Close (draft) • nVCC Digital Project
Limited Assurance	N/A
Unsatisfactory	N/A
Advisory/Non-Opinion	<ul style="list-style-type: none"> • nVCC Validation of Management Action • Procurement and Contract Management • nVCC Appointment of Advisers (draft)
In progress	<ul style="list-style-type: none"> • nVCC Contract Compliance (WIP) • nVCC Contract Delivery (Construction) (WIP) • Digital Health and Care Record (WIP)

Please note that the overall Head of Internal Audit Opinion has also considered both the number and significance of any audits that have been deferred during the year and other information obtained during the year that was deemed to be relevant to the internal audit work.

THE HEAD OF INTERNAL AUDIT OPINION FOR 2024 – 2025

The Head of Internal Audit is satisfied that sufficient audit work has been undertaken during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards. Regular audit progress reports have been submitted to the Audit Committee during the year.

The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement.

The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management, and control is set out below. The overall opinion was classified as **Reasonable** Assurance.

Reasonable Assurance		<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively.</p> <p>Some matters require management attention in control design or compliance.</p> <p>Low to moderate impact on residual risk exposure until resolved.</p>
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In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming the overall opinion.

A summary of the findings is provided below using the eight areas of the Trust’s activities to structure the strategic and one-year operational plans.

Corporate Governance, Risk Management and Regulatory Compliance

Internal Audit have undertaken five reviews in this area.

- **Duty of Quality:** Internal Audit assessed whether the Trust has implemented the requirements of the Duty of Quality and overall concluded **reasonable** assurance on this area. There were no instances of non-compliance identified during the review and found a positive control framework that supports the Duty of Quality requirements. However, some matters

arising were identified that should continue to enhance the arrangements, strengthen existing processes, and mitigate future risks.

- **Duty of Candour:** Internal Audit assessed whether the Trust is compliant with the requirements of the Duty of Candour. The audit provided the Trust with **substantial** assurance that it is meeting the Duty of Candour requirements, against the audit scope areas tested. Key improvement areas include low training completion rates, limited information sharing with other healthcare organisations, insufficient data analysis from claims and complaints, and a lack of clear guidance for exceptional circumstances. Despite these points, the Trust has clearly defined policies and procedures, provides training and support to staff, and identifies actions to reduce the risk of incidents reoccurring. Enhancements in recording patient records and inter-organisational communication are recommended.
- **Board Assurance and Risk Management:** The focus of the review was to provide assurance on the implementation and application of the Trust's board assurance and corporate risk management processes. Internal Audit concluded **reasonable** assurance on this area. While the arrangements observed were robust in many instances, there were matters raised where the reporting should be fully challenged to ensure referencing between the Trust Assurance Framework (TAF), the Trust Risk Register (TRR) and the Integrated Medium Term Plan (IMTP) are correct prior to submission to relevant groups/committees; reporting of risks should be consistent and sufficiently frequent across the organisation; and opportunities to improve the template and ensure a consistent completion of the TAF/TRR.
-
- **Welsh Blood Service (WBS) Futures Governance:** Internal Audit reviewed the governance mechanisms of the delivery of the Welsh Blood Services (WBS) Futures programme. Overall, Internal Audit concluded **reasonable** assurance. The WBS Futures governance mechanisms evolved over the first year in operation, with key programme governance and accountability structures established, individual programmes were clearly aligned with the WBS Five-Year Strategy and IMTP. Furthermore, reporting and escalation processes have provided good control over programme delivery to date and key programme risks have been captured, reported, and escalated. Whilst the governance mechanisms have provided appropriate control to date, there is a need to further strengthen and enhance these mechanisms, to ensure continued robustness as the WBS Futures programmes enter the delivery phase. In particular, maintaining the alignment with the strategy if programme changes occur; ensuring dashboard reporting incorporates all relevant factors; establishing clear and measurable targets to assess benefits realisation; and seek Trust approval if there is any deviation from the Risk Management Policy and Procedure.
- **Follow-up of Internal Audit Recommendations:** This audit, where Internal Audit considered timely implementation of a sample of 2023/24 internal audit recommendations, received a **substantial** assurance opinion. No matters were identified for reporting.

Strategic Planning, Performance Management & Reporting

Internal Audit has undertaken one review in this area.

- **Performance Management Framework:** Internal Audit provided **reasonable** assurance over the implementation of the Performance Management Framework (PMF) due to recent work completed and the development of a new implementation plan. However, Internal Audit raised matters over the setting of SMART objectives and reviewing metrics for delivery;

resource assessment to support delivery; and the retention of decision-making documentation.

Financial Governance and Management

Internal Audit has undertaken two reviews in this area.

- **Key Financial Controls:** The audit provided the Trust with assurance that core financial systems are operating effectively, with a focus on the areas of prepayments / accruals and suspense accounts. Overall, Internal Audit concluded **reasonable** assurance and found that there are robust controls in place for the timeliness and accuracy of accruals and prepayments and suspense accounts are managed monthly.
- **Finance and Service Sustainability:** The audit provided assurance over the project governance arrangements for the Trust's Value Based Healthcare Programme. Internal Audit concluded with **reasonable** assurance and found that the programme has made strong progress, particularly in governance, reporting, and project coordination. This initiative, which reports to the Executive Management Board Shape, is overseen by the VBHC Steering Group, ensuring its objectives align with the broader goals of the healthcare system. However, areas needing improvement include refining objectives to be SMART, reducing reporting duplication, finalising the communications strategy, updating the risk log, and formalising lessons learned.

Quality & Safety

Internal Audit has undertaken one review in this area.

- **Acute Oncology Service (AOS):** Internal Audit provided **reasonable** assurance over the governance of the Trust's Acute Oncology Service (AOS), including alignment with national guidance and expectations. Overall, the AOS has robust governance mechanisms in place, including a suite of standard operating procedures, regular performance reporting and management of risk. Additionally, significant work was done through the May 2023 to March 2024 AOS Improvement Project¹ to identify improvement recommendations and a self-assessment against AO standards² was conducted in August 2024.

Information Governance & Security

Internal Audit has undertaken one review in this area.

- **nVCC Digital Project:** Internal Audit provided **reasonable** assurance on the progress of planning and development of digital systems and solutions for the new Velindre Cancer Centre, including understanding how services will use the new hospital from a digital design perspective. Key conclusions include the importance of ensuring sufficient digital resources are available at go-live, and the recommendation to prioritise the digitisation of records. However, Internal Audit found effective interfaces and engagement mechanisms are in place, and interfaces with other projects are well understood and integrated.

Operational Service and Functional Management

Internal Audit has undertaken one review in this area.

- **Procurement and Contract Management:** Internal Audit assessed whether the Trust has appropriate contract management arrangements in place. This **advisory** review assessed the Trust's contract management practices, identifying key gaps in policy, training, documentation, and oversight. The absence of a Trust-wide contract register, inconsistent assignment of contract responsibilities, and lack of formal training were noted. Performance monitoring varied, with limited linkage to contract terms. Internal Audit provided recommendations over developing standard operating procedures, a comprehensive contract register, formal training programs, and clearer governance structures.

Workforce Management

Internal Audit has not undertaken any reviews in this area during 2024/25.

Capital & Estates Management

Internal Audit has undertaken six reviews in this area.

- **WBS – Infrastructure & Modernisation Programme:** Internal Audit evaluated the progression and delivery of the Infrastructure Programme against the key business case objectives, to assess the adequacy of the systems and controls in place to support the successful delivery of the Infrastructure Programme. The audit provided a **reasonable assurance**. Good practice was demonstrated in several areas including communications and engagement with stakeholders and overall Programme governance via the Programme Board and Programme Progress meetings. Matters were raised over ensuring timely payment of suppliers; quoracy of meetings; adhering to delegated limits; and the management of key contractual documents.
- **IRS Implementation:** The audit reviewed the implementation phase of the Integrated Radiotherapy Solution (IRS) at Velindre University NHS Trust, awarding a **reasonable assurance** rating. Key strengths included robust financial oversight and proactive contract management. However, governance and change control processes required improvement, including costed risk registers, delayed approvals, and incomplete documentation. Delays in the nVCC project impacted timelines and scope, prompting adjustments in equipment deployment. Despite resource constraints, recent improvements in project management and reporting were noted.
- **Estates Assurance – Energy Management:** Internal Audit assessed the energy management arrangements and control within the Trust to ensure it is effective and provided **reasonable assurance**. The audit found that energy usage is monitored and reported into appropriate forums, with sharing of best practice across other NHS Wales organisations. However, the move to the new NHS Wales energy contract in 2023 had encountered some issues, including difficulties providing accurate energy forecasts to participating organisations. However, the impact of the national issues at the Trust had not been as significant as seen elsewhere. The reconciliation, payment and reporting processes have been labour intensive and accordingly, the Trust was in process of automating much of this processing. Whilst compliance was noted in most areas, there were some matters that required further management attention e.g. the need to review the cost / benefit of additional sub-metering and associated enhancements to information, notably in relation to Linear Accelerators;

- improve the robustness of invoice monitoring and authorisation utilising opportunities provided by increased automation (notably in relation to arrears and part payments, and timely payments);
 - review resource requirements for energy monitoring and control;
 - review and confirm the appropriate operation of the scheme of delegation for payments;
 - ensure that an interim costed plan is in place for any phasing out fossil fuels ahead of the new Velindre Cancer Centre (nVCC) (notably gas usage in favour of electricity); and
 - review the potential for increased efficiency in Linear Accelerator usage through specialist training.
- **nVCC Governance Post Financial Close:** Internal Audit provided **reasonable** assurance over the audit of the New Velindre Cancer Centre (nVCC) project post-Financial Close (March 2024). Significant governance improvements were noted, including a restructured Project Board, new leadership, and enhanced project management tools. However, many new processes remain unembedded, and key vacancies persist, especially in Digital and Equipment.
 - **nVCC Appointment of Advisers:** This was an **advisory** review of the New Velindre Cancer Centre project, focusing on the appointment of advisers and the management of contracts and performance. Over the past year, the Trust has made significant improvements in its contract management framework, including the appointment of a full-time Contracts Manager and the development of a bespoke Contract Management Handbook. With increased resources, and clearer guidance, the contract management environment was in a better position for embedding improvements. Recommendations have been made to further improve the contract register, contract/ procurement strategies, reporting and monitoring arrangements observed.
 - **nVCC Validation of Management Action:** Internal Audit assessed whether timely and appropriate management action has been applied to address the risks identified and reported at the nVCC audits from 2023/24. This **advisory** review identified that of the 35 actions assessed, 22 had been closed, 9 were outstanding and 4 were not yet possible to action.

Approach to Follow Up Recommendations

As part of the Internal Audit Follow-up of Previous Recommendations audit work (rated substantial assurance), Internal Audit considered the progress made in implementing the actions agreed from its previous reports for which only Limited Assurance was provided. In addition, where appropriate, Internal Audit considered progress made on high priority findings in reports where it was still able to give Reasonable Assurance.

Internal Audit also undertook some testing on the accuracy and effectiveness of the Audit Recommendation Tracker for which progress in implementing the recommendations is monitored by the Audit Committee. It is the role of Audit Committees to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by Management.

Internal Audit attend all Audit Committee meetings and observe the quality and rigour around these processes and, where appropriate, have adjusted their approach to follow-up work to reflect these challenges.

Internal Audit has considered the impact of both the follow-up work and where there have been delays to the implementation of recommendations, on both its ability to give an overall opinion (in compliance with the Public Sector Internal Audit Standards (PSIAS) and the level of overall assurance that Internal Audit can provide.

Internal Audit noted that the Trust's recommendation tracking process continued during 2024/25 although there is a need for management to continue with engagement throughout the process to address recommendations past the advised implementation date.

AUDIT – EXTERNAL

AUDIT WALES STRUCTURED ASSESSMENT 2024

The Trust's External Auditors, Audit Wales' Structured Assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness of their use of resources under section 61 of the Public Audit (Wales) Act 2004. This work is limited to the core Trust, and historically excludes hosted services and Trust employees working in those areas.

Audit Wales' 2024 Structured Assessment took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.

The key focus of the work was the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on:

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

The 2024 assessment also reviewed the Trust's progress in addressing outstanding recommendations identified in previous structured assessment reports. It has also been informed by:

- model Standing Orders, Reservation and Delegation of Powers;
- model Standing Financial Instructions;
- relevant Welsh Government health circulars and guidance;
- the Good Governance Guide for NHS Wales Boards (Second Edition); and
- other relevant good practice guides.

The assessment concluded that overall, the Trust continues to be generally well led and governed, with a clear strategic vision and priorities, improving systems of assurance, and effective arrangements for managing its finances. However, opportunities remain to ensure that Board and Committee papers, the Trust Assurance Framework, and the Corporate Risk Register contain the information needed to support effective scrutiny and decision making. Audit Wales commented that they observe good scrutiny and challenge around the organisation's financial position at both Board and Quality, Safety, and Performance Committee meetings.

All recommendations are in progress and monitored by the Trust's Governance, Assurance and Risk Group, which includes Independent Members, and Executive Directors, of the Board.

CONCLUSION

No significant internal control or governance issues have been identified during the financial year (ended 31 March 2025 and up to the date of approval of the 2024-2025 Annual Report and Accounts) in relation to the Trust's core services.

Governance concerns have however been raised by the Trust in relation to Shared Services. The concerns are wide ranging and have been escalated, however at the current time, do not give any cause for concern that the consolidated financial accounts are affected or in any way inaccurate. We look forward to discussing the outcomes of the review commissioned by Welsh Government into these matters and working with our auditors to explore whether future structured assessments and internal audit plans go beyond core services to support the Board in properly exercising its responsibilities in respect to the entity as a whole, including hosted services.

Signed by:

Mr. David Donegan
Chief Executive

Date:

APPENDIX 1 TO PART 2A

A DECLARATION OF COMPLIANCE FROM THE MANAGING DIRECTOR OF SHARED SERVICES

DECLARATION OF COMPLIANCE WITH VELINDRE UNIVERSITY NHS TRUST GOVERNANCE ARRANGEMENTS FROM THE ACCOUNTABLE OFFICE FOR NHS WALES SHARED SERVICES PARTNERSHIP TO THE ACCOUNTABLE OFFICER FOR VELINDRE UNIVERSITY NHS TRUST

NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP)

As the Accountable Officer for NHS Wales Shared Services Partnership, to which the Trust is providing host arrangements, I confirm for the period 1st April 2024 to the 31st March 2025 that I:

- a) Acted at all times within the corporate governance framework of the Trust;
- b) Ensured that proper financial procedures have been followed and that accounting records were maintained in a form suited to the requirements of management as well as in the form prescribed for published accounts;
- c) Ensured that the public funds for which I am responsible were properly and well managed and safeguarded, with independent and effective checks of cash balances in the hands of any official;
- d) Ensured that assets for which I am responsible such as land, buildings or other property, including stores and equipment, were controlled and safeguarded with similar care, and with checks as appropriate;
- e) Ensured that my responsibility as Accountable Office for the overall organisation, management and staffing of the NWSSP and its arrangements related to supporting the statutory bodies of NHS Wales through the provision of a comprehensive range of high quality, customer focussed functions and services, as well as matters of finance, together with any other aspect relevant to the conduct of the NWSSP business in pursuance of the strategic direction set by Welsh Government (WG) were discharged accordingly;
- f) Ensured that all items of expenditure, including payments to staff, fell within the legal powers of the Trust;
- g) Acted within the scheme of delegations and ensured that I complied with guidance on classes of payment that I should authorise personally;
- h) Ensured that in delegating functions to officers I was satisfied of their ongoing capacity and capability to deliver on those functions, facilitating access to the information they needed, ongoing training and development, as well as professional or specialist advice where appropriate;

- i) Ensured prudent and economical administration, for the avoidance of waste and extravagance, and for the efficient and effective use of all resources;
- j) Ensured that risks to the achievement of the NWSSP objectives and fulfilment of its responsibilities were identified, that their significance was assessed, and that a sound system of internal control was in place to manage them;
- k) Implemented an appropriate framework of assurance covering all aspects of NWSSP business, ensured that research and evaluation work was planned so that strategic objectives and spending programmes for which I have responsibility were routinely evaluated to assess their effectiveness and value for money;
- l) Ensured that, in the consideration of policy proposals relating to the expenditure or income for which I have responsibility, all relevant financial considerations, including any issues of propriety, regularity or value for money, were taken into account, and where appropriate brought to your attention, as Accountable Officer for the Velindre University NHS Trust;
- m) Agreed to attend any Board or sub-committee meeting of the Trust in relation to NWSSP performance or governance issues that may affect the operational, financial or reputational performance of the Trust; and
- n) Agreed to such reporting structure as was reasonably required by you or the Board in relation to the delivery of your obligations.
- o) Ensured that there were appropriate procedures established for Information Governance to ensure that all data/information was managed in accordance with all relevant legislation (i.e. Data Protection Act 1998, Freedom of Information Act 2000, and Access to Health Records 1990), NHS standards and guidance's issued by the Welsh Government, the Information Commissioner's Office and other professional bodies.
- p) Escalated where appropriate any incidents and/or risks that may impact the delivery of our service to the appropriate Trust Committee.

In relation to my responsibilities outlined above, I can confirm:

- i. I have discharged my responsibilities as laid down in this Statement and confirm that the financial information contained within the Trust accounts as they relate to the NWSSP represent a true and fair view of its position on an ongoing basis;

- That all losses and special payments cases have been properly managed in accordance to the instructions and procedures set out in the 'Losses and Special Payments Manual of Guidance' and also, in respect of handling clinical negligence and personal injury claims, the guidance issued under cover of Welsh Health Circulars WHC(97)7, Section 8 PTR Guidance – Clinical Negligence and Personal Injury Litigation: Claims Handling : Putting


Things Right – Guidance on dealing with concerns about the NHS from 1st

April 2012 (Version 2 – April 2012) which supersedes WHC(97)17 – Clinical Negligence and Personal Injury Litigation: Structured Settlements.

- The Civil Procedure Rules 1998
 - WHC(98)8 - NHS Indemnity – Arrangements for Handling Clinical Negligence Claims against NHS Staff
 - WHC(99)128 – Handling Clinical Negligence Claims: Pre-Action Protocol
- ii. This responsibility also includes ensuring that counter fraud measures were put in place and operated in accordance with WG Directions on countering fraud in the NHS in Wales;
 - iii. That the NWSSP's duty for internal control was fully embodied throughout the organisation that the Board Committees of the Trust were provided with regular reports on such matters and that appropriate action was taken on any issues that emerge from these reports;
 - iv. That appropriate action has been taken regarding recommendations made in any reports produced by the Public Accounts Committees of the Welsh Government (the PAC) and of the Westminster Parliament; or made in reports to WG or the Senedd Cymru / Welsh Parliament by the Auditor General for Wales or in reports to Parliament by the Comptroller and Auditor General;
 - v. I have provided information as requested by the Auditor General for Wales and the Wales Audit Office. I have co-operated with external auditors in any enquiries into the use NWSSP Service has made of public funds. I have provided, on your request, information on any points raised by external auditors which generate public, Welsh Government or Parliamentary interest. I will ensure prompt action is taken in response to concerns raised by both external and internal audit;
 - vi. I have provided any information requested by the Healthcare Inspectorate Wales, the Care and Social Services Inspectorate Wales, the Care Quality Commission and any other statutory inspectorate agency such as the Health and Safety Executive; and ensured appropriate action was taken regarding recommendations made in any reports produced by these organisations;
 - vii. As appropriate, I identified a senior official who, in any temporary period of unavailability due to illness or other cause, or during normal periods of annual leave, could act on my behalf if required;
 - viii. NWSSP has in place effective management systems that safeguard public funds and are appropriate for the achievement of the Trust's Governance objectives and as laid down in the Code of Conduct and Accountability. Managers at all levels;
 - a. Had a clear view of their objectives and the means to assess and, wherever possible, measure outputs or performance in relation to those objectives;
 - b. were assigned well-defined responsibilities for making the best use of resources;


- c. received the information, training and access to the expert advice they need to exercise their responsibilities effectively.
- ix. Management systems were in place, which covered the issue of relationships and responsibilities of the Trust Board Committees; and
- x. I complied with The Code of Conduct and Accountability issued to NHS Boards by WG in exercising my responsibilities as an Accountable Officer for regularity, propriety and value for money.

For the period 1st April 2024 to the 31st March 2025


Neil Frow **Date: 03/04/2025**
Managing Director & Accountable Officer – NHS Wales Shared Services Partnership

Looking forward - for the period 2025-2026

I confirm that I am aware of my on-going responsibilities and accountability, to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2025-2026.


Neil Frow **Date: 03/04/2025**
Managing Director & Accountable Officer – NHS Wales Shared Services Partnership

APPENDIX 2 TO PART 2A

A DECLARATION OF COMPLIANCE FROM THE DIRECTOR OF HEALTH TECHNOLOGY WALES

DECLARATION OF COMPLIANCE WITH VELINDRE UNIVERSITY NHS TRUST GOVERNANCE ARRANGEMENTS FROM THE DIRECTOR OF HEALTH TECHNOLOGY WALES TO THE ACCOUNTABLE OFFICER FOR VELINDRE UNIVERSITY NHS TRUST

HEALTH TECHNOLOGY WALES (HTW)

As the Director of Health Technology Wales, to which the Trust is providing host services, I confirm for the period 1st April 2024 to the 31st March 2025 that I:

- a) Acted at all times within the corporate governance framework of the Trust;
- b) Ensured that proper financial procedures have been followed and that accounting records were maintained in a form suited to the requirements of management as well as in the form prescribed for published accounts;
- c) Ensured that the public funds for which I am responsible were properly and well managed and safeguarded, with independent and effective checks of cash balances in the hands of any official;
- d) Ensured that assets for which I am responsible such as land, buildings or other property, including stores and equipment, were controlled and safeguarded with similar care, and with checks as appropriate;
- e) Ensured that my responsibility for the overall organisation, management and staffing of the HTW and its arrangements related to the timely adoption of clinically and cost effective health technologies in Wales as well as matters of finance, together with any other aspect relevant to the conduct of the HTW business in pursuance of the strategic direction set by Welsh Government (WG) were discharged accordingly;
- f) Ensured that all items of expenditure, including payments to staff, fell within the legal powers of the Trust;
- g) Acted within the scheme of delegations and ensured that I complied with guidance on classes of payment that I should authorise personally;
- h) Ensured that in delegating functions to officers I was satisfied of their ongoing capacity and capability to deliver on those functions, facilitating access to the information they needed, ongoing training and development, as well as professional or specialist advice where appropriate;
- i) Ensured prudent and economical administration, for the avoidance of waste and extravagance, and for the efficient and effective use of all resources;

- j) Ensured that risks to the achievement of the HTW objectives and fulfilment of its responsibilities were identified, that their significance was assessed, and that a sound system of internal control was in place to manage them;
- k) Implemented an appropriate framework of assurance covering all aspects of HTW business, ensured that research and evaluation work was planned so that strategic objectives and spending programmes for which I have responsibility were routinely evaluated to assess their effectiveness and value for money;
- l) Ensured that, in the consideration of policy proposals relating to the expenditure or income for which I have responsibility, all relevant financial considerations, including any issues of propriety, regularity or value for money, were taken into account, and where necessary brought to your attention, as Accountable Officer for the Velindre NHS Trust;
- m) Agreed to attend any Board or sub-committee meeting of the Trust in relation to HTW performance or governance issues that may affect the operational, financial or reputational performance of the Trust; and
- n) Agreed to such reporting structure as was reasonably required by you or the Board in relation to the delivery of your obligations.
- o) Ensured that there were appropriate procedures established for Information Governance to ensure that all data/information was managed in accordance with all relevant legislation (i.e. Data Protection Act 1998, Freedom of Information Act 2000, and Access to Health Records 1990), NHS standards and guidance's issued by the Welsh Government, the Information Commissioner's Office and other professional bodies.
- p) Escalated any incidents and/or risks that may impact the delivery of our service to the appropriate Trust Committee / Executive Lead.

In relation to my responsibilities outlined above, I can confirm:

- i. I have discharged my responsibilities as laid down in this Statement and confirm that the financial information contained within the Trust accounts as they relate to the HTW represent a true and fair view of its position on an ongoing basis;
 - That all losses and special payments cases have been properly managed in accordance to the instructions and procedures set out in the 'Losses and Special Payments Manual of Guidance' and also, in respect of handling clinical negligence and personal injury claims, the guidance issued under cover of Welsh Health Circulars WHC(97)7, Section 8 PTR Guidance – Clinical Negligence and Personal Injury Litigation: Claims Handling : Putting Things Right – Guidance on dealing with concerns about the NHS from 1st April 2012 (Version 2 – April 2012) which supersedes WHC(97)17 – Clinical Negligence and Personal Injury Litigation: Structured Settlements.

- The Civil Procedure Rules 1998
 - WHC(98)8 - NHS Indemnity – Arrangements for Handling Clinical Negligence Claims against NHS Staff
 - WHC(99)128 – Handling Clinical Negligence Claims: Pre-Action Protocol
- ii. This responsibility also includes ensuring that counter fraud measures were put in place and operated in accordance with WG Directions on countering fraud in the NHS in Wales;
 - iii. That the HTW's duty for internal control was fully embodied throughout the organisation that the Board Committees of the Trust were provided with regular reports on such matters and that appropriate action was taken on any issues that emerge from these reports;
 - iv. That appropriate action has been taken regarding recommendations made in any reports produced by the Public Accounts Committees of the Welsh Government (the PAC) and of the Westminster Parliament; or made in reports to WG or the National Assembly for Wales by the Auditor General for Wales or in reports to Parliament by the Comptroller and Auditor General;
 - v. I have provided information as requested by the Auditor General for Wales and the Wales Audit Office. I have co-operated with external auditors in any enquiries into the use HTW Service has made of public funds. I have provided, on your request, information on any points raised by external auditors which generate public, Welsh Government or Parliamentary interest. I will ensure prompt action is taken in response to concerns raised by both external and internal audit;
 - vi. I have provided any information requested by the Healthcare Inspectorate Wales, the Care and Social Services Inspectorate Wales, the Care Quality Commission and any other statutory inspectorate agency such as the Health and Safety Executive; and ensured appropriate action was taken regarding recommendations made in any reports produced by these organisations;
 - vii. As appropriate, I identified a senior official who, in any temporary period of unavailability due to illness or other cause, or during normal periods of annual leave, could act on my behalf if required;
 - viii. HTW has in place effective management systems that safeguard public funds and are appropriate for the achievement of the Trust's Governance objectives and as laid down in the Code of Conduct and Accountability. Managers at all levels;
 - a. Had a clear view of their objectives and the means to assess and, wherever possible, measure outputs or performance in relation to those objectives;
 - b. were assigned well-defined responsibilities for making the best use of resources;
 - c. received the information, training and access to the expert advice they need to exercise their responsibilities effectively.

- ix. Management systems were in place, which covered the issue of relationships and responsibilities of the Trust Board Committees; and
- x. I complied with The Code of Conduct and Accountability issued to NHS Boards by WG in exercising my responsibilities for regularity, propriety and value for money.

For the period 1st April 2024 to the 31st March 2025



27th March 2025

Susan Myles
Director – Health Technology Wales

Date:

Looking forward - for the period 2025-2026

I confirm that I am aware of my on-going responsibilities and accountability to you, to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2025-2026.



27th March 2025

Susan Myles
Director – Health Technology Wales

Date:

APPENDIX 3 TO PART 2A

A DECLARATION OF COMPLIANCE FROM THE PROGRAMME MANAGER OF THE ADVANCED THERAPIES WALES PROGRAMME

DECLARATION OF COMPLIANCE WITH VELINDRE UNIVERSITY NHS TRUST GOVERNANCE ARRANGEMENTS FROM THE HEAD OF PROGRAMME OF ADVANCED THERAPIES WALES TO THE ACCOUNTABLE OFFICER FOR VELINDRE UNIVERSITY NHS TRUST

ADVANCED THERAPIES WALES (ATW)

As the Head of Programme of Advanced Therapies Wales, to which the Trust is providing host services, I confirm for the period 1st April 2024 to the 31st March 2025 that I:

- q) Acted at all times within the corporate governance framework of the Trust;
- r) Ensured that proper financial procedures have been followed and that accounting records were maintained in a form suited to the requirements of management as well as in the form prescribed for published accounts;
- s) Ensured that the public funds for which I am responsible were properly and well managed and safeguarded, with independent and effective checks of cash balances in the hands of any official;
- t) Ensured that assets for which I am responsible such as land, buildings or other property, including stores and equipment, were controlled and safeguarded with similar care, and with checks as appropriate;
- u) Ensured that my responsibility for the overall organisation, management and staffing of the ATW and all arrangements related to the programme in Wales as well as matters of finance, together with any other aspect relevant to the conduct of the ATW business in pursuance of the strategic direction set by Welsh Government (WG) were discharged accordingly;
- v) Ensured that all items of expenditure, including payments to staff, fell within the legal powers of the Trust;
- w) Acted within the scheme of delegations and ensured that I complied with guidance on classes of payment that I should authorise personally;
- x) Ensured that in delegating functions to officers I was satisfied of their ongoing capacity and capability to deliver on those functions, facilitating access to the information they needed, ongoing training and development, as well as professional or specialist advice where appropriate;
- y) Ensured prudent and economical administration, for the avoidance of waste and extravagance, and for the efficient and effective use of all resources;

- z) Ensured that risks to the achievement of the ATW objectives and fulfilment of its responsibilities were identified, that their significance was assessed, and that a sound system of internal control was in place to manage them;
- aa) Implemented an appropriate framework of assurance covering all aspects of ATW business, ensured that research and evaluation work was planned so that strategic objectives and spending programmes for which I have responsibility were routinely evaluated to assess their effectiveness and value for money;
- bb) Ensured that, in the consideration of policy proposals relating to the expenditure or income for which I have responsibility, all relevant financial considerations, including any issues of propriety, regularity or value for money, were taken into account, and where necessary brought to your attention, as Accountable Officer for the Velindre NHS Trust;
- cc) Agreed to attend any Board or sub-committee meeting of the Trust in relation to ATW performance or governance issues that may affect the operational, financial or reputational performance of the Trust; and
- dd) Agreed to such reporting structure as was reasonably required by you or the Board in relation to the delivery of your obligations.
- ee) Ensured that there were appropriate procedures established for Information Governance to ensure that all data/information was managed in accordance with all relevant legislation (i.e. Data Protection Act 1998, Freedom of Information Act 2000, and Access to Health Records 1990), NHS standards and guidance's issued by the Welsh Government, the Information Commissioner's Office and other professional bodies.
- ff) Escalated any incidents and/or risks that may impact the delivery of our service to the appropriate Trust Committee / Executive Lead.

In relation to my responsibilities outlined above, I can confirm:

- xi. I have discharged my responsibilities as laid down in this Statement and confirm that the financial information contained within the Trust accounts as they relate to the ATW represent a true and fair view of its position on an ongoing basis;
- That all losses and special payments cases have been properly managed in accordance to the instructions and procedures set out in the 'Losses and Special Payments Manual of Guidance' and also, in respect of handling clinical negligence and personal injury claims, the guidance issued under cover of Welsh Health Circulars WHC(97)7, Section 8 PTR Guidance – Clinical Negligence and Personal Injury Litigation: Claims Handling : Putting Things Right – Guidance on dealing with concerns about the NHS from 1st April 2012 (Version 2 – April 2012) which supersedes WHC(97)17 – Clinical Negligence and Personal Injury Litigation: Structured Settlements.
 - The Civil Procedure Rules 1998

- WHC(98)8 - NHS Indemnity – Arrangements for Handling Clinical Negligence Claims against NHS Staff
 - WHC(99)128 – Handling Clinical Negligence Claims: Pre-Action Protocol
- xii. This responsibility also includes ensuring that counter fraud measures were put in place and operated in accordance with WG Directions on countering fraud in the NHS in Wales;
 - xiii. That the ATW's duty for internal control was fully embodied throughout the organisation that the Board Committees of the Trust were provided with regular reports on such matters and that appropriate action was taken on any issues that emerge from these reports;
 - xiv. That appropriate action has been taken regarding recommendations made in any reports produced by the Public Accounts Committees of the Welsh Government (the PAC) and of the Westminster Parliament; or made in reports to WG or the National Assembly for Wales by the Auditor General for Wales or in reports to Parliament by the Comptroller and Auditor General;
 - xv. I have provided information as requested by the Auditor General for Wales and the Wales Audit Office. I have co-operated with external auditors in any enquiries into the use ATW Service has made of public funds. I have provided, on your request, information on any points raised by external auditors which generate public, Welsh Government or Parliamentary interest. I will ensure prompt action is taken in response to concerns raised by both external and internal audit;
 - xvi. I have provided any information requested by the Healthcare Inspectorate Wales, the Care and Social Services Inspectorate Wales, the Care Quality Commission and any other statutory inspectorate agency such as the Health and Safety Executive; and ensured appropriate action was taken regarding recommendations made in any reports produced by these organisations;
 - xvii. As appropriate, I identified a senior official who, in any temporary period of unavailability due to illness or other cause, or during normal periods of annual leave, could act on my behalf if required;
 - xviii. ATW has in place effective management systems that safeguard public funds and are appropriate for the achievement of the Trust's Governance objectives and as laid down in the Code of Conduct and Accountability. Managers at all levels;
 - a. Had a clear view of their objectives and the means to assess and, wherever possible, measure outputs or performance in relation to those objectives;
 - b. were assigned well-defined responsibilities for making the best use of resources;
 - c. received the information, training and access to the expert advice they need to exercise their responsibilities effectively.

- xix. Management systems were in place, which covered the issue of relationships and responsibilities of the Trust Board Committees; and
- xx. I complied with The Code of Conduct and Accountability issued to NHS Boards by WG in exercising my responsibilities for regularity, propriety and value for money.

For the period 1st April 2024 to the 31st March 2025



Rachel Savery **Date: 12/06/2025**
Head of Programme – Advanced Therapies Wales

Looking forward - for the period 2025-2026

I confirm that I am aware of my on-going responsibilities and accountability to you, to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2025-2026.



Rachel Savery **Date: 12/06/2025**
Head of Programme – Advanced Therapies Wales

APPENDIX 4 TO PART 2A

GOVERNANCE STATEMENT TRUST BOARD, COMMITTEE, ADVISORY GROUP AND FORA ACTIVITY 2024-2025

The table below outlines the key highlights and activity considered by the Trust Board and its Committees during 2024-2025, please note this is not an exhaustive list.

Meeting:	Meeting Dates:	Activity:
<p>Velindre University NHS Trust - Public Trust Board meeting.</p> <p>Meeting Agendas, Minutes and Papers are available on the Trust Website here: https://velindre.nhs.wales/about-us/trust-board/public-trust-board-meetings/</p>	<ul style="list-style-type: none"> • 23.05.2024 • 30.07.2024 • 26.09.2024 • 28.11.2024 • 30.01.2025 • 27.03.2025 <p>All meetings were quorate.</p>	<p>High level summary/headlines of key topics received by the Trust Board during 2024-2025:</p> <ul style="list-style-type: none"> • Chair, Vice Chair and CEO Update Reports • Chair's Urgent Actions Reports • Commitment of Expenditure Exceeding Chief Executive's Limit • Policy Approvals and Trust wide Policy Update Reports • Documents 'Sealed' Reports • Board Committee / Sub-Committee Highlight & Annual Reports • NHS Wales Joint Commissioning Committee Briefings • Shared Services Partnership Committee Assurance Report • Performance Reports • Financial Reporting • Annual Report and Accounts 2023/2024 • Trust Risk Register and Trust Assurance Framework • Integrated Medium Term Plan (IMTP) • IMTP and Accountability Conditions Progress Delivery Reports • Revisions / Variations to the Trust's Standing Orders, Scheme of Delegation and Standing Financial Instructions • Trust Quality & Safety Framework and Quality Priorities • Nurse Staffing Levels (Wales) Act 2016 • Digital Inclusion Plan • Llais Cymru Reports • Gender Pay Gap Report 2023-24 • Equality, Diversity & Inclusion Annual Report 2023-24 • Welsh Language Annual Report 2023-24

Meeting:	Meeting Dates:	Activity:
		<ul style="list-style-type: none"> • Duty of Quality Annual Report 2023-24 • Professional Registration / Revalidation Annual Report 2023-24 • Patient & Donor Experience Annual Report 2024-24 • Clinical Audit Annual Report 2023-24 • Communication & Engagement Annual Report 2023-24 • Putting Things Right Annual Report 2023-24 • Board Champion Annual Reports 2023-24 • Health Technology Wales (HTW) Annual Report 2023-24 • nVCC Project Board Terms of Reference • Trust Wellbeing of Future Generations Act Objectives • Staff Engagement Survey • Trust Values Culture Report • Clinical & Scientific Strategy • Welsh Blood Service Research, Development & Innovation Strategy • Compassionate Leadership Pledge • Strategic Planning Update • Welsh Blood Service Fleet Replacement Business Justification Case • NWSSP Approvals: <ul style="list-style-type: none"> ○ Surrender of Leases within Companies House (NWSSP) ○ Alder House Increase of Rent (NWSSP) ○ Extension of Charnwood Court Lease (NWSSP) ○ NWSSP Proposed Amendments to Financial Delegation

Meeting:	Meeting Dates:	Activity:
Advisory Consultant Appointments Committee	Panels held: <ul style="list-style-type: none"> • 02.04.2024 • 02.05.2024 • 11.10.2024 • 07.01.2025 	The following panels were held: <ul style="list-style-type: none"> • General Radiologist with an interest in Breast • Consultant in Clinical Oncology (Head & Neck) • Consultant Clinical Oncologist (Lung and Lymphoma) • Consultant Clinical Oncologist – Oesophagogastric and colorectal cancers
Trust Audit Committee Meeting Agendas, Minutes and Papers are available on the Trust Website here: https://velindre.nhs.wales/about-us/audit-committee/	<ul style="list-style-type: none"> • 10.07.2024 • 24.09.2024 • 12.12.2024 • 25.03.2025 All meetings were quorate.	High level summary/headlines of key topics received by the Audit Committee during 2024-2025: <ul style="list-style-type: none"> • Annual Accountability Report • Annual Accounts • Internal Audit Reports and Audits • Audit Wales Reports and Audits • Workforce & Organisational Development Implementation Plans • Contract Management • Declarations of Interest; Gifts, Hospitality, Sponsorship and Honoraria Reports • Trust Risk Register • Trust Assurance Framework • Review of the Audit Recommendations Action Tracker • Counter Fraud Reports • Losses & Special Payments Reports • Finance Technical Updates • Finance Reports • Private Patient Service Plan • Review of Committee Terms of Reference • Amendments / Variations to the Trust Standing Orders, Scheme of Delegation and Standing Financial Instructions • Review of Research, Development & Innovation Sub-Committee Terms of Reference • Review of Committee Cycle of Business • Procurement Compliance Report • Clinical Audit Annual Plan and Annual Report • Governance, Assurance and Risk Programme of Work • Consolidation of the Charitable Funds

Meeting:	Meeting Dates:	Activity:
		Accounts <ul style="list-style-type: none"> • Legislative and Compliance Register • Chair's Urgent Action Report • NHS Wales No PO No Pay Policy • Audit Committee Annual Report
Charitable Funds Committee Meeting Agendas, Minutes and Papers are available on the Trust Website here :	<ul style="list-style-type: none"> • 21.05.2024 • 05.09.2024 • 23.01.2024 • 19.03.2024 All meetings were quorate.	High level summary/headlines of key topics received by the Charitable Funds Committee during 2024-2025: <ul style="list-style-type: none"> • Internal Audit Reports and Audits • Counter Fraud Reports • Governance Matters Reports • Corporate Risk Register • Tracking of Audit Recommendations • Forward Work Plan • Managing Director Reports • Audit Wales Reports and Audits • TrAMS Updates • Annual Declarations of Interest and Gifts, Hospitality & Sponsorship • Audit Committee Annual Report • Audit Committee Terms of Reference Review • Welsh Language Annual Report • NWSSP Annual Review • Audit Committee Effectiveness Review
Local Partnership Forum (LPF)	<ul style="list-style-type: none"> • 04.06.2024 • 17.09.2024 • 12.12.2024 All meetings were quorate.	High level summary/headlines of key topics received by the Local Partnership Forum during 2024-2025: <ul style="list-style-type: none"> • Workforce Supply and Shape Report • Staff Survey Results • LPF Annual Report • Infected Blood Inquiry Report • Social Partnership Lead Role Profile • Compassionate Leadership Pledge 2024 • Anti-Racist Wales Action Plan Reports • Trust Values and Behaviours Framework • Employee Relations Report 2024 • Trust Additional Volunteers Roles • Radiotherapy Satellite Centre Update • Organisational Change Processes • Sexual Safety Briefing • Sexual Harassment Update • Attraction Resourcing Project • People & OD Policies and Procedures

Meeting:	Meeting Dates:	Activity:
		<ul style="list-style-type: none"> • Escalation from WBS Divisional Partnership Forum • Workplace Related Sickness being tracked on ESR / Sickness Deep Dive • Progress on Non-Pay Elements of Pay Awards • Senior Leadership VCC Consultation • Attraction, Resourcing Project • People Strategy Update • Education Strategy Update • Anti-Violence Collaboration
<p>Quality, Safety & Performance Committee</p> <p>Meeting Agendas, Minutes and Papers are available on the Trust Website here:</p>	<ul style="list-style-type: none"> • 09.05.2024 • 09.07.2024 • 11.07.2024 • 12.09.2024 • 14.11.2024 • 16.01.2025 • 13.03.2025 <p>All meetings were quorate.</p>	<p>High level summary/headlines of key topics received by the Quality, Safety & Performance Committee during 2024-2025:</p> <ul style="list-style-type: none"> • Change in Allocation of Noddfa Building Wellbeing Centre • Health & Safety Incidents Trends / Themes • Trust Risk Register • Trust Assurance Framework • Performance Management Framework Report and Supporting Analysis • Divisional Quality & Safety Reports • Workforce Supply and Shape & Associated Finance Risks • Finance Reports • Quality & Safety Quarterly Reports • Private Patients Service Improvement Group Highlight Report and Improvement Plan • Trust Clinical Audit Plan • Trust wide Policies and Procedures Compliance Report • TrAMS Progress Update • All Wales Drug Contracting • Implementation of Duty of Quality Update • Trust Policies for Approval • Trust Learning Framework • Trust Incident Management Framework • Trust Update Inquest Guidance and Protocol • Quality & Safety Framework Refresh • Three yearly Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act (2016)

Meeting:	Meeting Dates:	Activity:
		<ul style="list-style-type: none"> • Medicines Management Group Assurance Reports • Radiation Protection & Medical Exposures Strategic Group Highlight Report • Standards for Competency Assurance of Non-Medical Prescribers in Wales • Pharmacy Review • Infected Blood Inquiry Update • Education Strategy Audit Report • Strategic Equality Plan Action Plan • Integrated Medium Term Plan Quarterly Progress Report • TCS Programme Scrutiny Sub-Committee Highlight Reports • Analysis of Triangulated Meeting Themes • Staff Survey 2023-2024 • Sustainability Annual Report • Wellbeing of Future Generations Act Annual Report • Digital Services Annual Report • Freedom of Information Act Annual Report • LFP Annual Report • Equality, Diversity & Inclusion Annual Report • Gender Pay Gap Report • Welsh Language Annual Report • Infection Prevention & Control Annual Report • Safeguarding & Vulnerable Adults Management Group Annual Report • Patient & Donor Experience Annual Report • Nursing Strategy Annual Report • Information Governance Annual Report • Health & Safety Annual Report • Communications & Engagement Annual Report • Trust Clinical Audit Annual Report • Putting Things Right Annual Report • Duty of Quality Annual Report • Annual Performance Report • Quality, Safety & Performance Annual Report

Meeting:	Meeting Dates:	Activity:
		<ul style="list-style-type: none"> • Surgical Materials Testing Laboratory Annual Report • Medical Examiners Service Annual Report • Medical Devices Annual Report • Estates Annual Report • Business Continuity & Emergency Planning Annual Report • Professional Registration / Revalidation Report • People Strategy Annual Report • Quality, Safety & Performance Committee Effectiveness Review • SACT Gold Report • Trust Values & Behaviours Framework • Compassionate Leadership Pledge • People & OD Policies and Processes • Welsh Infected Blood Support Scheme • Committee Terms of Reference Review • Professional Nursing Forum Update • NHS Regulation 28 Annual Report • Workforce & Organisational Development Implementation Plans • Value Based Healthcare Report • Trust Estates Assurance Group Highlight Report • 15 Step Visits Update • Llais Cymru Report • Absence Levels Data Analysis • Health & Safety Highlight Reports • Building Backlog Maintenance – VCC • Annual Medical Education Governance Report • Health Technology Wales Annual Report • TrAMS / Clinical Pathway Technical Services Update • Research, Development & Innovation Sub-Committee Highlight Reports • Research, Development & Innovation Sub-Committee Annual Effectiveness Report • Research, Development & Innovation Sub-Committee Annual Report • Fire Safety Highlight Report • Sustainability Update

Meeting:	Meeting Dates:	Activity:
		<ul style="list-style-type: none"> • Anti-Racist Wales Action Plan • NHS Staff Survey 2023 Action Plan • NWSSP Implementation of Duty of Quality Update • Bullying Data Analysis • SACT Gold Close Down Report • Non Pay Elements Update • FOI / EIR quarterly reporting • Medicines Management Group Highlight Report • Radiation Protection and Medical Exposures Strategic Group Highlight Report • Culture & Inclusion Report • MRHA Improvement Plan • Committee Cycle of Business Review
<p>Strategic Development Committee</p> <p>Meeting Agendas, Minutes and Papers are available on the Trust Website here:</p>	<ul style="list-style-type: none"> • 15.05.2024 • 18.06.2024 • 22.10.2024 • 05.12.2024 • 20.03.2025 <p>All meetings were quorate.</p>	<p>High level summary/headlines of key topics received by the Strategic Development Committee during 2024-2025:</p> <ul style="list-style-type: none"> • Trust Well-being Objectives • Integrated Medium Term Plan (IMTP) Development Process • IMTP 2025-2028 Framework • Quality Impact Assessment • Capital Prioritisation Process • Trust Assurance Framework • Committee Effectiveness Review • Committee Annual Report • Clinical & Scientific Strategy Highlight Report • Velindre Oncology Academy Highlight Report • Welsh Blood Futures Highlight Report • Velindre Futures Highlight Report • Digital Programme Highlight Report • Welsh Blood Services Research, Development and Innovation Strategy • Sustainability Strategy • ChemoCare Contract Extension • Data and Insight Priority Areas • Major Programme Reporting • Value Based Health Care Programme Update • WBS Fleet Replacement Business Justification Case • Funding Request for Integrated

Meeting:	Meeting Dates:	Activity:
		Business Case for Talbot Green Infrastructure Programme <ul style="list-style-type: none"> • Urgent Chair's Action Report • Capital Planning Group Terms of Reference • Research, Development & Innovation Sub-Committee Highlight Reports • Digital Strategy Update • Arrangements for Public Switched Telephone Network Switch Off • People and Education Strategy Annual Update • Strategic Equality Action Plan – Progress Update on 2024-25 Plans and Upcoming Plan for 2025-26 • SDC Reviewing our Activities
Remuneration Committee	<ul style="list-style-type: none"> • 06.06.2024 • 05.09.2024 • 20.11.2024 All meetings were quorate.	High level summary/headlines of key topics received by the Remuneration Committee during 2024-2025: <ul style="list-style-type: none"> • Various Pay Band Re-Evaluations • Interim CEO Appointment • Interim COO Appointment • Interim Executive Director of Strategic Transformation, Planning & Digital • Deputy CEO Appointment • Interim Director of Corporate Governance Appointment • Pay Arrangements for Staff on Medical & Dental T&Cs • Actions following Special Payment • JESP Salary Change within NWSSP • Appointment of CEO • Pay Arrangements for Staff on Agenda for Change and Executive and Senior Management Pay Scales
Research, Development & Innovation (RDI) Sub-Committee Meeting Agendas, Minutes and Papers are available on the Trust Website here :	<ul style="list-style-type: none"> • 14.05.2024 • 17.09.2024 • 10.12.2024 • 12.03.2025 All meetings were quorate.	High level summary/headlines of key topics received by the RDI Sub-Committee during 2024-2025: <ul style="list-style-type: none"> • Executive Medical Director Briefing • Committee Risk Register Extract and Summary of RDI Risk Profile • H&CRW Faculty & Research Careers Pathway Programme • WBS RDI Strategy Update • Trust RDI Annual Performance Report 2023-24 • Committee Cycle of Business Review

Meeting:	Meeting Dates:	Activity:
		<ul style="list-style-type: none"> • Committee Terms of Reference Review • Committee Annual Report and Effectiveness Review • Advancing Radiotherapy Fund Highlight / Close Out Report • BioNTech Cancer Vaccine Programme • RDI Quarterly Performance Report • Developments within the Component Development and Research Laboratory • Cardiff Cancer Research Hub Ambitions Update
<p>Transforming Cancer Services Programme Scrutiny Sub-Committee</p> <p>Meeting Agendas, Minutes and Papers are available on the Trust Website here:</p>	<ul style="list-style-type: none"> • 18.04.2024 • 16.05.2024 • 20.06.2024 • 23.07.2024 • 25.09.2024 • 17.10.2024 • 21.11.2024 • 19.12.2024 • 23.01.2025 • 20.02.2025 • 20.03.2025 <p>All meetings were quorate.</p>	<p>High level summary/headlines of key topics received by the TCS Programme Scrutiny Sub-Committee during 2024-2025:</p> <ul style="list-style-type: none"> • TCS Programme Finance Report • Communications & Engagement Update • Mobilisation Post Financial Close • Programme Directors Report – Shaping Next Stages • Future Shape of TCS Programme • Committee Effectiveness Report • Committee Annual Report • Radiotherapy Satellite Centre Project: Plan and Progress Update • nVCC Project Board Terms of Reference • Project Directors Report and Interdependencies Report • nVCC Project Highlight Report • Enabling Works Finance Report • nVCC Finance Report • Outreach Update

APPENDIX 5 TO PART 2A
BOARD MEMBER ATTENDANCE
TRUST BOARD, COMMITTEE, ADVISORY GROUP AND FORA MEETINGS 2024-2025

NAME	POSITION & AREA OF REPRESENTATION	BOARD, COMMITTEE, ADVISORY GROUP AND FORA MEMBERSHIP & RECORD OF ATTENDANCE	CHAMPION ROLE	AREAS OF EXPERTISE
Professor Donna Mead, OBE	Trust Chair	<ul style="list-style-type: none"> Trust Board (Chair) 4/6 Charitable Funds Committee (Chair) 4/4 Remuneration Committee (Chair) 3/3 Quality, Safety & Performance Committee 5/7 Strategic Development Committee 5/5 Research, Development & Innovation Sub-Committee 2/4 TCS Programme Scrutiny Sub-Committee 10/11 	Trust Champion for Armed Forces and Veterans, University Trust	Higher Education, Research, the NHS and Education, Partnerships and Collaboration.
Stephen Harries	Vice-Chair	<ul style="list-style-type: none"> Trust Board 6/6 Strategic Development Committee 5/5 (Chair until October 2024) TCS Programme Scrutiny Sub-Committee (Chair until February 2025) 10/11 Quality, Safety & Performance Committee 5/7 Remuneration Committee 3/3 	Digital and Staff Wellbeing	Information Governance, Information Management and Technology.
Gareth Jones	Independent Member	<ul style="list-style-type: none"> Trust Board 6/6 Strategic Development Committee 5/5 Audit Committee (Chair) 4/4 Velindre University NHS Trust Shared Services Audit Committee (Chair) 4/4 TCS Programme Scrutiny Sub-Committee 9/11 	Patient Information and Welsh Language.	Legal

NAME	POSITION & AREA OF REPRESENTATION	BOARD, COMMITTEE, ADVISORY GROUP AND FORA MEMBERSHIP & RECORD OF ATTENDANCE	CHAMPION ROLE	AREAS OF EXPERTISE
		<ul style="list-style-type: none"> • Remuneration Committee 3/3 		
Hilary Jones	Independent Member	<ul style="list-style-type: none"> • Trust Board 5/6 • Quality, Safety & Performance Committee 5/7 • Charitable Funds Committee 4/4 • Charitable Funds Investment Performance Review Sub-Committee (Chair) 2/2 • TCS Programme Scrutiny Sub-Committee 10/11 (Chair from March 2025) 	Patient Engagement & Experience, Sustainable Development and Design.	Estates and Planning
Vicky Morris	Independent Member	<ul style="list-style-type: none"> • Trust Board 5/6 • Quality, Safety & Performance Committee (Chair) 7/7 • Audit Committee 3/4 • Velindre University NHS Trust Shared Services Audit Committee Audit Committee 4/4 • Research, Development & Innovation Sub-Committee 4/4 	Infection Prevention, Vulnerability and Violence & Aggression.	Quality and Safety
Professor Andrew Westwell	Independent Member	<ul style="list-style-type: none"> • Trust Board 6/6 • Research, Development & Innovation Sub-Committee (Chair) 4/4 • Strategic Development Committee 5/5 	Research, Development & Innovation.	University Representative
Lindsay Foyster	Independent Member	<ul style="list-style-type: none"> • Trust Board 6/6 • Quality, Safety & Performance Committee 6/7 		Diversity and Inclusion

NAME	POSITION & AREA OF REPRESENTATION	BOARD, COMMITTEE, ADVISORY GROUP AND FORA MEMBERSHIP & RECORD OF ATTENDANCE	CHAMPION ROLE	AREAS OF EXPERTISE
		<ul style="list-style-type: none"> • Strategic Development Committee 2/5 (Chair from December 2024) • Charitable Funds Committee 3/4 		

NAME	POSITION & AREA OF REPRESENTATION	BOARD & COMMITTEE MEMBERSHIP & RECORD OF ATTENDANCE	LEAD FUNCTION
Steve Ham	Chief Executive (until 30 June 2024)	<ul style="list-style-type: none"> • Trust Board 1/1 • Quality, Safety & Performance Committee 1/1 • Strategic Development Committee 0/2 • Charitable Funds Committee 1/1 • Charitable Funds Investment Performance Review Sub-Committee 0/1 • Remuneration Committee 1/1 • Research, Development & Innovation Sub-Committee 1/1 • TCS Programme Scrutiny Sub-Committee 3/3 • Local Partnership Forum 1/3 	Chief Executive Accountable Officer
David Donegan	Chief Executive (from 1st December 2024)	<ul style="list-style-type: none"> • Trust Board 2/2 • Quality, Safety & Performance Committee 0/2 • Strategic Development Committee 0/2 • Charitable Funds Committee 0/2 • Charitable Funds Investment Performance Review Sub-Committee 0/1 • Remuneration Committee 0/0 • Research, Development & Innovation Sub-Committee 0/2 • TCS Programme Scrutiny Sub-Committee 0/4 • Audit Committee 0/2 • Local Partnership Forum 0/1 	Chief Executive Accountable Officer

NAME	POSITION & AREA OF REPRESENTATION	BOARD & COMMITTEE MEMBERSHIP & RECORD OF ATTENDANCE	LEAD FUNCTION
Carl James	Interim CEO (1 July 2024 to 30 November 2024) Executive Director of Strategic Transformation, Planning, and Digital (from 1 December)	<ul style="list-style-type: none"> Trust Board 6/6 Quality, Safety & Performance Committee 4/7 Strategic Development Committee 4/5 TCS Programme Scrutiny Sub-Committee 10/11 Audit Committee (Interim CEO) 1/2 Remuneration Committee (Interim CEO) 1/3 Local Partnership Forum 0/2 (Interim CEO) 	Strategic Transformation, Planning, Digital & Estates.
Lauren Fear	Interim Executive Director of Strategic Transformation, Planning and Digital (1 July 2024 – 30 November 2024) Director of Transformation (Interim) (1 December 2024)	<ul style="list-style-type: none"> Trust Board 3/3 Quality, Safety & Performance Committee 4/4 Strategic Development Committee 2/3 TCS Programme Scrutiny Sub-Committee 8/8 	Strategic Transformation, Planning, Digital & Estates.
Jacinta Abraham	Executive Medical Director	<ul style="list-style-type: none"> Trust Board 5/6 Research, Development & Innovation Sub-Committee 3/4 Quality, Safety & Performance Committee 5/7 TCS Programme Scrutiny Sub-Committee 5/11 Strategic Development Committee 2/5 Charitable Funds Committee 1/4 Audit Committee 1/4 	Medical Director and Research
Matthew Bunce	Executive Director of Finance	<ul style="list-style-type: none"> Trust Board 5/6 Audit Committee 4/4 Velindre University NHS Trust Shared Services Audit Committee 4/4 Quality, Safety & Performance Committee 6/7 Strategic Development Committee 4/5 Charitable Funds Committee 4/4 TCS Programme Scrutiny Sub-Committee 7/11 	Finance, Information Governance, Value Based Healthcare and Charitable Funds

NAME	POSITION & AREA OF REPRESENTATION	BOARD & COMMITTEE MEMBERSHIP & RECORD OF ATTENDANCE	LEAD FUNCTION
		<ul style="list-style-type: none"> • Charitable Funds Investment Performance Review Sub-Committee 2/2 • Research, Development & Innovation Sub-Committee 4/4 • Local Partnership Forum 1/3 • Remuneration Committee 3/3 	
Sarah Morley	Executive Director of Organisational Development & Workforce	<ul style="list-style-type: none"> • Trust Board 4/6 • Quality, Safety & Performance Committee 7/7 • Strategic Development Committee 1/5 • Remuneration Committee 4/4 • TCS Programme Scrutiny Sub-Committee 4/11 • Local Partnership Forum (Chair) 3/3 	Organisational Development and Workforce
Nicola Williams	Executive Director of Nursing, Allied Health Professionals and Health Science	<ul style="list-style-type: none"> • Trust Board 5/6 • Quality, Safety & Performance Committee 6/7 • Strategic Development Committee 4/5 • TCS Programme Scrutiny Sub-Committee 10/11 • Research, Development & Innovation Sub-Committee 3/4 • Charitable Funds Committee 2/4 • Local Partnership Forum 1/3 	Quality & Safety, Safeguarding, Infection Prevention & Control, professional lead for nursing, Allied Health Professionals and Healthcare Scientists.

APPENDIX 6 TO PART 2A

MINISTERIAL DIRECTIONS AND WELSH HEALTH CIRCULARS

MINISTERIAL DIRECTIONS

Ministerial Directions	Date/Year of Adoption	Executive Lead(s)	Status
WG 24-42 The National Health Services (Wales) Act 2006 The Pharmaceutical Services (Clinical Services) (Wales) (Amendment) 2024	1 October 2024	Chief Operating Officer	This Ministerial Direction has been enacted.
WG24-39 The National Health Services (Wales) Act 2006 The Directions to Local Health Boards and NHS Trusts in Wales on the National Framework for Commissioning Care and Support 2024	1 September 2024	Executive Director of Finance	This Ministerial Direction has been enacted.
WG24-17 The Directions to Local Health Boards and NHS Trusts in Wales 2003 and the Managed Introduction of New Medicines into the National Health Service in Wales Directions 2009 (Amendment) (Wales) Directions 2024	1 May 2024	Chief Operating Officer	This Ministerial Direction has been enacted.
WG25-12 The Wales Infected Blood Support Scheme (amendment) Directions 2025	1 April 2025	Chief Operating Officer	This Ministerial Direction is to be enacted.

WELSH HEALTH CIRCULARS

Welsh Health Circulars	Date/Year of Adoption	Executive Lead(s)	Status
WHC/2025/005: Climate Emergency Leadership Day and Adaptation	12 March 2025	Executive Director of Strategic Transformation, Planning and Digital	This Welsh Health Circular has been enacted
WHC/2025/001: NHS Wales Sustainability Conference and Awards	6 March 2025	Executive Director of Strategic Transformation, Planning and Digital	This Welsh Health Circular has been enacted
WHC/2025/002: Timelines and Responsibilities for Early Warning Scores (EWS)	4 March 2025	Executive Director of Nursing, Allied Health Professions and Health Scientists / Executive Medical Director	This Welsh Health Circular has been enacted
WHC/2024/022: Disputed Debts Between NHS Organisations	3 February 2025	Chief Executive / Executive Director of Finance	This Welsh Health Circular has been enacted
WHC/2024/051: Health Board Allocations: 2025 to 2026	27 January 2025	Chief Executive / Executive Director of Finance	This Welsh Health Circular has been enacted
WHC/2024/021: Integration Framework for Internationally Educated Nurses	25 November 2024	Executive Director of Organisational Development and Workforce	This Welsh Health Circular has been enacted
WHC/2024/044: Anti-Racism e-Learning Module	5 November 2024	Executive Director of Organisational Development and Workforce	This Welsh Health Circular has been enacted
WHC/2024/040: Adopting a Patient and Family-Initiated Escalation Approach	3 October 2024	Executive Director of Nursing, Allied Health Professions and Health Scientists / Executive Medical Director	This Welsh Health Circular has been enacted
WHC/2024/039: Pre-Transfusion Sample taking Compliance with the Confirmatory Sample Rule	3 October 2024	Executive Director of Nursing, Allied Health Professions and Health Scientists / Executive Medical Director	This Welsh Health Circular has been enacted
WHC/2024/038: Healthcare Associated Infections and Antimicrobial Resistance	20 September 2024	Executive Director of Nursing, Allied Health Professions and Health	This Welsh Health Circular has been enacted

Welsh Health Circulars	Date/Year of Adoption	Executive Lead(s)	Status
Goals 2024 To 2025		Scientists / Executive Medical Director	
WHC/2024/037: Winter Respiratory Framework 2024 to 2025	20 September 2024	Executive Director of Nursing, Allied Health Professions and Health Scientists / Executive Medical Director	This Welsh Health Circular has been enacted
WHC/2024/035: Standardising the Management of Acute Deterioration	17 September 2024	Executive Director of Nursing, Allied Health Professions and Health Scientists / Executive Medical Director	This Welsh Health Circular has been enacted
WHC/2024/033: Winter Respiratory Vaccination Programme 2024 to 2025	12 September 2024	Executive Director of Nursing, Allied Health Professions and Health Scientists	This Welsh Health Circular has been enacted
WHC/2024/036: Oxygen Cylinders: Regulation 28 Report and Patient Safety Notice 041 Reminder	30 August 2024	Executive Director of Nursing, Allied Health Professions and Health Scientists / Executive Medical Director	This Welsh Health Circular has been enacted
WHC/2024/0234: National Framework for Commissioning Care and Support	28 August 2024	Executive Director of Finance	This Welsh Health Circular has been enacted
WHC/2024/013: Governance on Interim Appointments to Executive and Senior Positions	22 August 2024	Executive Director of Organisational Development and Workforce	This Welsh Health Circular has been enacted
WHC/2024/031: Agency Workforce Reduction Programme and Control Framework 2024 to 2025	17 June 2024	Executive Director of Organisational Development and Workforce	This Welsh Health Circular has been enacted
WHC/2024/028: The National Influenza Immunisation Programme 2024 to 2025	12 June 2024	Executive Director of Nursing, Allied Health Professions and Health Scientists	This Welsh Health Circular has been enacted
WHC/2024/026: NHS Wales Financial Monitoring Guidance 2024 to 2025	11 June 2024	Executive Director of Finance	This Welsh Health Circular has been enacted

Welsh Health Circulars	Date/Year of Adoption	Executive Lead(s)	Status
WHC/025/24: NHS Wales National Clinical Audit and Outcome Review Plan 2024 to 2025	4 June 2024	Executive Medical Director	This Welsh Health Circular has been enacted
WHC/2024/024: Anti-violence Collaborative Obligatory Responses Document	17 May 2024	Executive Director of Organisational Development and Workforce	This Welsh Health Circular has been enacted
WHC/2024/020: New Treatment Fund: Directions on the Exemptions for Health Board and Trusts	29 April 2024	Chief Operating Officer	This Welsh Health Circular has been enacted
WHC/2024/019: Changes to Standing Orders in Health Board and Trusts After the Start of the NHS Wales Joint Commissioning Committee and the end of Two Health Committees	23 April 2024	Director of Corporate Governance and Chief of Staff	This Welsh Health Circular has been enacted
WHC/2024/014: Introducing ONS Geographic Codes for Use as Standard in NHS Wales	7 May 2024	Executive Director of Strategic Transformation, Planning and Digital	This Welsh Health Circular has been enacted
WHC/2024/017: Implementation of the Non-Pay Parts of the 2022 to 2024 Collective Agreement	5 April 2024	Executive Director of Organisational Development and Workforce	This Welsh Health Circular has been enacted
WHC/2024/007: Guidelines for Managing Patients on the Suspected Cancer Pathway	10 April 2024	Chief Operating Officer / Chief Digital Officer	This Welsh Health Circular has been enacted

FINANCIAL ACCOUNTABILITY REPORT

The Trust continues to operate in a challenging financial environment, like all organisations in NHS Wales. During 2024/2025, the Trust continued to meet the growing demand for its services whilst dealing with significant financial challenges due to a number of major strategic developments as part of the Trust's transformation programme. In addition, there were other significant cost and service pressures as well as the cost of implementing additional capacity to deal with rising demand. Despite these challenges, the Trust was able to achieve all three financial targets set by Welsh Government in 2024/2025 and implement improved levels of efficiency and productivity alongside sustained delivery against national targets and / or professional performance standards.

The Trust remains committed to providing high value, quality, and safe care with the best possible outcomes for its patients, while striving to deliver this through efficient and effective services. Therefore, seeking opportunities to make efficiency savings and identify recurring reductions in costs while maintaining or improving will continue to be a priority focus for the Trust.

FINANCIAL TARGETS

The Trust has met all three of its financial targets for the year ended 31st March 2025:

Breakeven Duty: The Trust achieved a revenue surplus of £0.057m in 2024/2025 (2023/2024: surplus of £0.042m; 2022/2023 surplus of £0.076m), resulting in a surplus of £0.175m over a three-year period. The Trust has therefore achieved its statutory financial duty to achieve financial breakeven over a rolling three-year period.

Duty to prepare a three-year Integrated Plan: The Trust submitted an Integrated Medium-Term Plan for the period 2024-2027 in accordance with the NHS Wales Planning Framework which was approved by the Minister for Health & Social Services on the 9th August 2024. The Trust has therefore met its statutory duty to have an approved financial plan.

Creditor Payments: The Trust is required to pay 95% of the number of non- NHS bills within 30 days of the receipt of goods or a valid invoice (whichever is the later). The Trust has met this target, paying 97.9% (2023/2024: 96.8%) within the required time.

The Trust ordinarily would have four financial targets to meet: the fourth being the External Finance Limit (EFL). The Welsh Government has temporarily suspended this target.

MATERIAL REMOTE CONTINGENT LIABILITIES

The Trust hosts the Welsh Risk Pool (WRP) as part of Shared Services. The WRP returns from Welsh Health Organisations estimate that in 2024/2025 the Trust has remote contingent liabilities of £43m (2023/2024: £84m) which relate to potential litigation claims against NHS Wales that could arise in the future due to known incidents. Due to the nature and uncertainty of these potential claims, no provision has been made for them within the accounts.

LONG TERM EXPENDITURE TRENDS

	2020/2021	2021/2022	2022/2020	2023/2024	2024/2025
	£000	£000	£000	£000	£000
Total Revenue	848,405	1,044,074	961,179	1,075,091	1,153,627
Pay	242,072	294,020	404,977	437,084	534,562
Non Pay	587,320	738,544	551,840	636,051	599,186
Depreciation	17,554	10,222	11,860	13,494	25,592
Total Expenditure	846,946	1,042,786	968,677	1,086,629	1,159,340
Non-operating revenue and costs	(207)	(953)	10,324	13,891	5,770
Total consolidated surplus / (deficit)	1,222	(203)	76	259	57

The table above includes the income and expenditure of the Trust's charitable fund and assets that have been donated to the Trust up to and including 2023/2024. From 2024/2025, the Trust has with the agreement of the Welsh Government adopted the IFRS10 exemption to consolidate the Charitable Accounts. The Trust's annual surplus / (deficit) excluding the charitable fund and donated assets is shown below:

	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
	£000	£000	£000	£000	£000
Surplus / (deficit) excluding charitable fund and donated assets	38	41	76	42	57

Notes

- During 2020/2021, a new All-Wales service was established within the Trust (Shared Services – the Collaborative Bank Partnership; and two existing services commenced expansion – the Single Lead Employer (SLE) Scheme and the General Medical Practice Indemnity Scheme to include the first phased intake to the Existing Liability Scheme.
- 2021/2022 saw the NHS Wales Informatics Service (NWIS), transition out of the Trust on 1st April 2021 to the newly established Special Health Authority, Digital Health & Care Wales (DHCW). The Trust (Shared Services) continued expansion of the SLE Scheme and established a new service – the All-Wales Laundry Service.
- During 2022/2023, the Trust (Shared Services) completed a phased rollout of all core and specialty medical trainees in NHS Wales via the SLE Scheme.
- The five-year increase trend in pay costs that have been reported in the accountability report relate mainly to the SLE staff increases year on year. These are offset by an income received from Health boards. The increase in costs from 2020/2021 to 2024/2025 are £292m with around £259m relating to the SLE increase.
- During 2024/2025, the depreciation charged during the year includes £10.6m accelerated depreciation linked to the reduction in value of the existing Velindre Cancer Centre as a result of commencing the construction of the new Velindre Cancer Centre.

- 2024/2025 saw a reduction in finance costs (non-operating costs) due to the unwinding of discount on the WRP provisions. The unwind values were lower, primarily due to the movement in the Financial Instrument discount rate, compared to 2023/2024.

MODERN SLAVERY ACT 2015 TRANSPARENCY IN SUPPLY CHAINS STATEMENT 2023/2024

This statement is made to comply with Section 54 of the Modern Slavery Act 2015 and the Welsh Government's Code of Practice: Ethical Employment in Supply Chains. The Statement sets out the steps that Velindre University NHS Trust has taken and is continuing to take, to make sure that modern slavery and / or human trafficking is not taking place within the Trust or its supply chains during the year ending 31st March 2024.

Modern slavery encompasses slavery, servitude, human trafficking and forced labour. The Trust has a zero-tolerance approach to any form of modern slavery (slavery, servitude, human trafficking and forced labour). We are committed to acting ethically and with integrity and transparency in all business activity and to establish effective systems and controls, to safeguard against any form of modern slavery occurring within the Trust's supply chains.

The Trust is also fully committed to complying with its legal obligations. In doing so, it is committed as an NHS employer, to eradicate modern slavery and human trafficking, by combating unlawful and unethical employment practices and to support those affected.

The Trust will not undertake any employment practices that;

- Support modern slavery and human rights abuses;
- Support or abet the operation of blacklist / prohibited lists;
- Facilitate false self-employment;
- Permits the use of unfair umbrella schemes;
- Provide employees or workers with zero hours contracts; and
- Facilitate the payment of salaries which are lower than the National Living Wage.

Current Policies and Initiatives

The Trust is fully aware of its responsibilities towards patients, donors, service users, employees and the local community, and expects all employees and suppliers to act ethically and with integrity, in all our business relationships.

The Trust takes the following steps, to ensure that there is no modern slavery or human trafficking in our supply chains or in any part of our business:

People (Core Trust)

- The Trust is fully compliant with the six NHS pre-employment check requirements, to verify that applicants meet the preconditions of the role they are applying for. This includes a right to work in the UK check;

- The Trust has a robust IR35 policy and processes in place, which ensures that there is no unfair use of false self-employed workers or workers being engaged under umbrella schemes. This process ensures the fair and appropriate engagement of all workers and prevents individuals from avoiding paying Tax and National Insurance contributions.
- The Trust has a robust Terms of Engagement supporting individuals who are resourced to support the Trust temporarily through the staff bank, local resourcing of staff bank follows the same principles as the NHS pre-employment check requirements. The Trust pays our lowest paid employees on Pay Band 2 (the lowest NHS Wales pay band). This salary is compliant with the National Living Wage, and as part of the NHS Wales Procurement process there is a requirement of third party suppliers to ensure national minimum wage is paid.
- The Trust has an Equality and Diversity Policy and a range of processes and procedures which ensures that no potential applicant, employee or worker engaged by the Trust is in any way unduly disadvantaged in terms of pay, employment rights, employment, training and development and career opportunities;
- The Trust has in place a range of workforce policies e.g. Respect and Resolution Policy, Grievance Policy, Dignity at Work Procedure, Violence, Domestic Abuse and Sexual Violence in the Workplace; etc. Our policies enable our employees to raise concerns about poor working practices.
- The Trust complies fully with the Transfer of Undertaking (Protection of Employment) Regulations ensuring that Trust employees that may be required to transfer to a new organisation, will retain their current NHS Terms and Conditions of Service; and
- The Trust does not make use of blacklist / prohibited list information.

Training

Senior People and OD colleagues attended Welsh Government's training on modern slavery in recruitment, as part of the Social Partnership and Public Procurement Act, 2023 implementation conference in June 2024.

Advice and training about modern slavery and human trafficking is provided to employees through our mandatory safeguarding children and adults training programmes, our safeguarding policies and procedures and our safeguarding lead. The Trust is exploring new ways to continuously increase awareness within our organisation and to ensure a high level of understanding of the risks involved with modern slavery and human trafficking, in our supply chains and in our business.

Anti-Terrorism

In the last reporting period, the Board undertook anti-terrorism training under the PREVENT scheme. With the addition of new Board members during 2024 onwards the training will be repeated.

2B – REMUNERATION AND STAFF REPORT

The information contained in this report relates to the remuneration of the senior managers employed by Velindre University NHS Trust. However, current guidance excludes the Trust from including the remuneration of the Trust employees who are senior managers of our hosted services.

The definition of “Senior Manager” is: ‘those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.’ As the organisation as a whole does not have a unified accountability structure at present, the Board does not have control over the entity as a whole. For the core Trust, the senior management team consists of the Chief Executive, the Executive Directors and the Independent Members (Non-Executive Directors), the Chief Operating Officer, the Director of Transformation and the Director of Corporate Governance. Full details of senior managers’ remuneration of the core Trust i.e. Executive and non-Executive members of the Trust Board are shown in the table that starts on [page 75](#). For Shared Services, the senior management team consists of the Managing Director, the Shared Services Partnership Committee Chair, plus the Directors. For HTW, the senior management team consists of the Director and Appraisal Panel Chair.

The totals in some of the following tables may differ from those in the Annual Accounts as they represent staff in post as at 31st March 2025 whilst the Annual Accounts (note 10.2) shows the average number of operational employees during the year.

The details of the Remuneration Relationship are reported on [page 75](#) of the Accountability Report and [note 10.6](#) of the Annual Accounts.

The pay and terms and conditions of employment for the Executive Team and senior managers of the core Trust have been and will be determined by the Velindre University NHS Trust Remuneration and Terms of Service Committee, within the framework set by the Welsh Government. The Remuneration Committee does not historically set the pay (or pay increases for existing staff) for Trust employees working in hosted services. Hosted services have historically had their pay determined by Welsh Government directly, without prior involvement of the Trust. The Remuneration and Terms of Service Committee also considered and approved applications relating to the voluntary early release scheme. The Trust Remuneration Committee members are Independent Members of the Board. The Committee is chaired by the Trust Chair. Details of the membership of the Remuneration and Terms of Service Committee are captured on [pages 9-15](#) of the Directors’ Report section of this report.

Existing public sector pay arrangements apply to all staff including members of the Executive Team. All members of the Executive Team are on pay points and not pay scales. The performance of members of the Executive Team is assessed against personal objectives and against the overall performance of the Trust. The Trust does not operate a performance related pay scheme.

All Executive Directors have the option to have a lease car, under the terms of the Trust’s lease car agreement.

The Chief Executive and Executive Directors are employed on permanent contracts, which can be terminated by giving due notice unless for reasons of misconduct.

STAFF COMPOSITION BY SEX

A breakdown of the workforce by sex is set out in the table below. This figure represents the composition as at 31st March 2025. To note it includes Trust employees working in Trust Corporate Services, Welsh Blood Service, Velindre Cancer Service, Shared Services, Health Technology Wales, and Advanced Therapies Wales, and excludes those in Bank, Locum and Honorary positions. However, it does not include the data in relation to the Single Lead Employer where an additional circa 3000 staff are employed.

Sex	Headcount	FTE*	% of Headcount
Female	2,791	2,457.99	62.78%
Male	1,655	1,540.08	37.22%
Grand Total	4,446	3,998.07	100%

A breakdown of the Trust Executive Directors and core Senior Managers by sex is set out in the table below. This figure represents the composition as at 31st March 2025.

Job Title	Sex	Headcount	FTE*	% of Headcount
Chief Executive Officer	Male	1	1.00	8.33%
Executive Director of Finance	Male	1	1.00	8.33%
Executive Medical Director	Female	1	1.00	8.33%
Executive Director of Nursing, AHP and Healthcare Science	Female	1	1.00	8.33%
Executive Director of Organisational Development & Workforce	Female	1	1.00	8.33%
Executive Director of Strategic Transformation, Planning & Digital	Male	1	1.00	8.33%
Chief Operating Officer	Female	1	1.00	8.33%
Director of Corporate Governance & Chief of Staff	Female	1	1.00	8.33%
Director of Transformation	Female	1	1.00	8.33%
nVCC Project Director	Male	1	1.00	8.33%
Director of Welsh Blood Service	Male	1	1.00	8.33%
Director of Velindre Cancer Service	Female	1	1.00	8.33%
Grand Total		12	12.00	100%
	Male	5	5.00	41.67%

	Female	7	7.00	58.33%
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STAFF COMPOSITION BY STAFF GROUP

During 2024/2025 the average full time equivalent (FTE) number of operational staff permanently employed by the Trust was 3870. The average number of employees is calculated as the full-time equivalent number of employees in each week of the financial year divided by the number of weeks in the financial year. The table below provides a breakdown of the workforce by staff grouping and in addition to permanently employed staff, shows staff on inward Secondment, agency staff, specialist trainees (SLE) and other staff.

Average FTE Number of Operational Employees

Staff Group	Permanently Employed	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	2024/2025 Total	2023/2024 Total
Administrative, Clerical and Board Members	2,220	6	9	0	25	2,260	2,166
Medical and Dental	105	1	0	34	2	142	126
Nursing and Midwifery Registered	250	0	0	0	0	250	206
Professional, Scientific and Technical Staff	93	0	2	0	0	95	88
Additional Clinical Services	260	0	3	0	1	264	254
Allied Health Professionals	156	0	3	0	0	159	155
Healthcare Scientists	173	0	1	0	0	174	157
Estates and Ancillary	610	0	4	0	38	652	597
Students	3	0	0	0	0	3	3
Total	3,870	7	22	34	66	3,999	3,752

SICKNESS ABSENCE DATA 2024/2025 – CORE STAFF AND HOSTED SERVICES (not including Single Lead Employer staff working in other Health Bodies)

Report	2024/25	2023/24	Variance
Total Days Lost FTE (Long Term):	50856.29	45079.31	5,776.98
Total Days Lost FTE (Short Term):	20824.19	18453.37	2,370.82
Total Days Lost:	71680.48	63532.68	8147.0
Average Staff Employed in the Period – FTE (excluded staff seconded in, agency, bank)	3905	3602.07	302.93
Average Working Days Lost (FTE):	18.36	17.64	0.7183
Total Staff Employed in Period: (Headcount)	4456	4086	370
Total Staff Employed in Period with No Sickness Absence (Headcount):	1779	1751	28
Percentage Staff with No Sick Leave (%):	39.92	42.85	-2.93

For core Trust, the workforce team works with employees to manage the wellbeing of staff and sickness absence. Monthly performance reports are developed for services and Executive colleagues to monitor sickness. Interventions to support managers are aligned to reasons for sickness to ensure effective interventions that support staff.

The top reason for sickness absence across the core Trust continues to be psychological ill health. To provide staff with appropriate and additional support, the Trust has focused on interventions to support the psychological wellbeing of our staff. This has included drop-in sessions with our wellbeing team, on-site support from our EAP service, training mental health first aid champions, and running a number of staff networks to support staff.

STAFF POLICIES

All Trust policies and procedures are equality impact assessed against the nine protected characteristics, to ensure that they do not discriminate against people who apply to work in the Trust or are employed by the Trust. All Trust policies and procedures are available to access via the Trust website.

SALARY AND PENSION DISCLOSURE TABLES (AUDITED) – SINGLE TOTAL FIGURE OF REMUNERATION

This Remuneration Report includes a single total figure of remuneration. The amount of pension benefits for the year which contributes to the single total figure is calculated based on guidance provided by the NHS Business Services Authority Pensions Agency.

The amount included in the table for pension benefit is based on the increase in accrued pension adjusted for inflation. This will generally take into account an additional year of service together with any changes in pensionable pay. This is not an amount which has been paid to an individual by the Trust during the year; it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a person's salary, whether or not they choose to make additional contributions to the pension scheme from their pay, and other valuation factors affecting the pension scheme as a whole.

The salary and pension disclosures reflect the senior managers' information. As indicated on [pages 9-15](#) the Trust's senior management team consists of the Chief Executive, the Executive Directors, and the Independent Members (Non-Executive Directors), the Chief Operating Officer, the Director of Transformation, and the Director of Corporate Governance.

SALARY AND PENSION DISCLOSURE TABLES (AUDITED) – SINGLE TOTAL FIGURE OF REMUNERATION

Name and Title	2024/2025					2023/2024				
	Salary £000 (bands of £5,000)	Other Remuneration £000 (bands of £5,000)	Benefits in Kind £ (to the nearest £100)	Pension benefits £000 (to the nearest £1,000)	Total £000 (bands of £5,000)	Salary £000 (bands of £5,000)	Other Remuneration £000 (bands of £5,000)	Benefits in Kind £ (to the nearest £100)	Pension benefits £000 (to the nearest £1,000)	Total £000 (bands of £5,000)
Trust - Executive Directors and Senior Managers										
David Donegan Chief Executive ¹	60-65	0	0	0	60-65	0	0	0	0	0
Steve Ham Chief Executive ^{2, 6, 10}	55-60	0	0	0	55-60	160-165	0	0	0	160-165
Anne Carey Chief Operating Officer ³	120-125	0	0	0	120-125	0	0	0	0	0
Matthew Bunce Executive Director of Finance ^{6, 10}	130-135	0	0	57	185-190	115-120	0	0	0	115-120
Jacinta Abraham Executive Medical Director ^{4, 10}	130-135	30-35	0	67	230-235	125-130	30-35	0	0	160-165
Nicola Williams Executive Director of Nursing, AHP and Healthcare Scientists ^{10, 11}	130-135	0	0	0	130-135	135-140	0	0	0	135-140
Sarah Morley Executive Director of Organisational Development and Workforce ^{6, 10, 12}	115-120	0	0	0	115-120	110-115	0	0	0	110-115
Carl James Executive Director of Strategic Transformation, Planning, and Digital ^{5, 7, 10}	155-160	0	6	131	285-290	130-135	0	6	0	130-135

Name and Title	2024/2025					2023/2024				
	Salary £000 (bands of £5,000)	Other Remuneration £000 (bands of £5,000)	Benefits in Kind £ (to the nearest £100)	Pension benefits £000 (to the nearest £1,000)	Total £000 (bands of £5,000)	Salary £000 (bands of £5,000)	Other Remuneration £000 (bands of £5,000)	Benefits in Kind £ (to the nearest £100)	Pension benefits £000 (to the nearest £1,000)	Total £000 (bands of £5,000)
Lauren Fear Interim Director of Transformation ⁸	125-130	0	0	30	155-160	95-100	0	0	25	120-125
Non Gwilym Interim Director of Corporate Governance ^{5, 9}	65-70	0	7	0	65-70	0	0	0	0	0

Notes:

- David Donegan was appointed as Chief Executive Officer on the 1st December 2024. The full-year equivalent salary is in the range £180k - £185k.
- Steve Ham retired as Chief Executive Officer on the 30th June 2024. The full-year equivalent salary is in the range £180k - £185k.
- Anne Carey was seconded from Ashford & St Peters Hospitals NHSFT during the period 29/07/2024 - 31/03/2025. The salary reflects the salary recharge invoices paid.
- Other remuneration for Jacinta Abraham relates to clinical responsibilities. Jacinta was appointed Deputy Chief Executive Officer 01/07/2024 - 02/12/2024.
- Benefits in kind for Carl James and Non Gwilym relate to the use of a Trust lease car.
- Two officers received payments during the year for annual leave arrears. These include Steve Ham £9.3k and Sarah Morley £0.1k. In addition, Matthew Bunce has an annual leave arrears accrual for £6k, to be paid in 2025/2026.
- Carl James was appointed Interim Chief Executive Officer on the 1st July 2024 and subsequently returned to his substantive role as Executive Director of Strategic Transformation, Planning and Digital and Deputy Chief Executive Officer on the 2nd December 2024. The full-year equivalent salary is in the range £140k - £145k.
- Lauren Fear was Director of Corporate Governance & Chief of Staff 01/04/2024 – 1/7/2024 (full-year equivalent salary is in the range £95k - £100k). She was appointed interim Executive Director of Strategic Transformation, Planning and Digital 01/07/2024 – 02/12/2024 (full-year equivalent salary is in the range £130k - £135k). On the 02/12/2024 she was appointed as Interim Director of Transformation (full-year equivalent salary is in the range £120k - £125k). LF identified that her current salary banding was incorrect and the 2024/2025 salary includes an overpayment of £4.8k which is being recovered
- Non Gwilym was appointed as Interim Director of Corporate Governance & Chief of Staff on the 1st July 2024. The full-year equivalent salary is in the range £85k - £90k. The Pensions Agency are unable to provide comparator information for 2023/2024 so no pension figures are reported.

10. S Ham, M Bunce, J Abraham, N Williams, C James and S Morley are affected by the Public Service Pensions Remedy and their membership between 1st April 2015 – 31st March 2022 was moved back into the 1995/2008 Scheme on the 1st October 2023. Negative values were not disclosed in this table in 2023/2024 but were substituted with a zero.
11. Nicola Williams retired and returned to work on the 02/04/2024 and therefore no pension figures are reported.
12. Sarah Morley retired and returned to work on the 01/02/2024 and therefore no pension figures are reported.

SALARY AND PENSION DISCLOSURE TABLES (AUDITED) – SINGLE TOTAL FIGURE OF REMUNERATION (CONTINUED)

Name and Title	2024/2025					2023/20 24				
	Salary £000 (bands of £5,000)	Other Remuneration £000 (bands of £5,000)	Benefits in Kind £0 (to the nearest £100)	Pension benefits £000 (to the nearest £1,000)	Total £000 (bands of £5,000)	Salary £000 (bands of £5,000)	Other Remuneration £000 (bands of £5,000)	Benefits in Kind £ (to the nearest £100)	Pension benefits £000 (to the nearest £1,000)	Total £000 (bands of £5,000)
Independent Members/Non-Executive Directors										
Donna Mead, Chair ¹	40-45	0	0	0	40-45	40-45	0	0	0	40-45
Stephen Harries, Vice Chair ⁵	35-40	0	0	0	35-40	35-40	0	0	0	35-40
Gareth Jones, Independent Member	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Hilary Jones, Independent Member ²	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Andrew Westwell, Independent Member	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Vicky Morris, Independent Member ³	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Lindsay Foyster, Independent Member ⁴	5-10	0	0	0	5-10	0	0	0	0	0

Notes:

1. Donna Mead was reappointed into a third term on the 1st May 2024
2. Hilary Jones was reappointed into a second term on the 1st April 2024
3. Vicky Morris was reappointed into a second term on the 12th November 2024
4. Lindsay Foyster was appointed on the 1st April 2024
5. The 2023/2024 salary for Stephen Harries has been updated to include travel expenses.

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SALARY AND PENSION DISCLOSURE

CASH EQUIVALENT TRANSFER VALUES

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or an arrangement to secure pension benefits in another pension scheme or an arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

REAL INCREASE IN CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

SALARY AND PENSION DISCLOSURE TABLES (AUDITED) – BOARD MEMBER AND VERY SENIOR MANAGER PENSIONS

Name and Title	Accrued pension at pension age as at 31 March 2025 and related lump sum (bands of £5,000)	Real increase in pension and related lump sum at pension age (bands of £2,500)	Cash Equivalent Transfer Value at 31 March 2025	Cash Equivalent Transfer Value at 31 March 2024	Real increase in Cash Equivalent Transfer Value	Employer contribution to partnership pension account
	£000	£000	£000	£000	£000	£000
David Donegan Chief Executive ¹	25-30	0	328	0	0	0
Steve Ham Chief Executive	0	0	0	117	0	0
Anne Carey Chief Operating Officer ³	0	0	0	0	0	0
Matthew Bunce Executive Director of Finance	205-210	7.5-10	1,355	1,183	69	0
Jacinta Abraham Executive Medical Director	215-220	5-7.5	1,522	1,332	80	0
Nicola Williams Executive Director Nursing, AHP and Healthcare Scientists ⁴	5-10	0	115	1,382	0	0
Sarah Morley Executive Director of Organisational Development and Workforce ^{5, 6}	110-115	0	43	5	23	0
Carl James Executive Director of Strategic Transformation, Planning & Digital	70-75	7.5-10	1,178	947	149	0
Lauren Fear Interim Director of Transformation	10-15	0-2.5	131	96	12	0
Non Gwilym Director of Corporate	5-10	0	133	0	0	0

Governance & Chief of Staff						
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Notes:

1. David Donegan was appointed as Chief Executive on 1st December 2024. The Pensions Agency are unable to provide comparator information for 2023/2024 so the real increase in pension, lump sum and CETV cannot be calculated.
2. Steve Ham retired on the 30th June 2024. He was over the Normal Pension Age (NPA) in the existing scheme, therefore a CETV calculation is not applicable. The CETV relates to the 2015 Scheme only.
3. Anne Carey was seconded from Ashford & St Peters Hospital NHSFT during the period 29/07/2024 - 31/03/2025 and therefore no pension figures are reported.
4. Nicola Williams retired and returned to work on the 02/04/2024 and therefore the real increase in pension and lump sum is not reported.
5. Sarah Morley retired and returned to work on the 01/02/2024 and therefore the real increase in pension and lump sum is not reported.
6. Sarah Morley is over the NPA in the existing scheme, therefore a CETV calculation is not applicable. The CETV relates to the 2015 Scheme only.
7. Non Gwilym was appointed as Interim Director of Corporate Governance on 1st July 2024. The Pensions Agency are unable to provide comparator information for 2023/2024 so the real increase in pension, lump sum and CETV cannot be calculated.
8. As Independent Members do not receive pensionable remuneration, there are no entries in respect of pensions for Independent Members.
9. CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2025. HM Treasury published updated guidance on 27 April 2023; this guidance has been used in the calculation of 2024-25 CETV figures.

REPORTING OF OTHER COMPENSATION SCHEMES – EXIT PACKAGES

During 2024/2025, no exit packages were approved (2023-2024, 7 staff with a value of £266,641). Exit costs of £170,525 were agreed in 2023/2024 but paid out in 2024/2025, the year of departure (2023/2024, £69,039). These packages were paid in accordance with recognised NHS terms and conditions of service/Trust Policy. None of the exit packages reported related to a senior officer. There were no special payments in relation to exit packages agreed in 2024/2025 (2023/2024, 4).

REMUNERATION RELATIONSHIP

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director/employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

The banded remuneration of the highest paid board director in Velindre University NHS Trust in the financial year 2024/2025 was £180,000 - £185,000 (2023/2024, £155,000 - £160,000). This was: 5.5 times (2023/2024, 4.9) the median remuneration of the workforce, which was £33,216 (2023/2024, £31,765); 6.8 times (2023/2024, 6.0) the 25th percentile remuneration of the workforce, which was £26,647 (2023/2024, £25,780); and 3.5 times (2023/2024, 3.4) the 75th percentile remuneration of the workforce, which was £51,807 (2023/2024, £46,200).

The percentage change from the previous financial year in the remuneration of the Chief Executive was 15.9%, and 8.5% in respect of employees taken as a whole.

In 2024/2025, 16 (2023/2024, 22) employees received remuneration in excess of the highest paid Director. The majority of these employees are medical consultants, with two non-clinical roles being the nVCC Project Director (a fixed term appointment) a Director in Shared Services (as a result of a pay award in year agreed between Shared Services and Welsh Government).

Remuneration for all staff ranged from £24,000 to £226,800 (2023/2024, £22,700 to £245,900).

Total remuneration includes salary and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Overtime payments are included in the calculation of both elements of the relationship.

EXPENDITURE ON CONSULTANCY

During 2024/2025 the Trust spent £2.643m of its revenue funding on external consultancy fees (£2.m related to Shared Services); and £2.227m of its capital funding on external consultancy fees, (including £1.491m related to the new hospital project and £0.168m related to Shared Services).

Examples include:

- Accountancy fees
- Legal fees
- Design fees

- Project management fees & support costs
- IT consultancy and advice
- Fees relating to building management, including surveyor & electrical costs.

EXPENDITURE ON TEMPORARY STAFF

During 2024/2025 the Trust spent £1.019m of its revenue funding on temporary staff (£0.240m related to Shared Services). This includes Temporary (agency) workers, Interim managers and Specialist Contractors.

TAX ASSURANCE FOR OFF-PAYROLL ENGAGEMENTS

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23rd May 2012, departments must publish information on their highly paid and/or senior off-payroll engagements. The information, contained in the three tables below, includes all off-payroll engagements as at 31st March 2025 for those earning more than £245 per day for the core Trust and its hosted services.

Table 1: Highly paid off-payroll worker engagements as at 31st March 2025, earning £245 per day or greater:

Number of existing engagements as of 31st March 2025	16
Of which, the number that have existed:	
• less than 1 year	11
• for between 1 and 2 years	3
• for between 2 and 3 years	0
• for between 3 & 4 years	1
• for 4 or more years	1

Within the total number of off-payroll engagements disclosed, 8 engagements related to staff seconded from other NHS Wales organisations.

All the off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax, and where necessary, that assurance has been sought.

Table 2: All highly paid off-payroll workers engaged at any point during the year ended 31st March 2025, earning £245 per day or greater:

Number of temporary off-payroll workers engaged during the year ended 31st March 2025	29
Of which:	
• Not subject to off-payroll legislation	2
• Subject to off-payroll legislation and determined in-scope of IR35	17

• Subject to off-payroll legislation and determined as out-of-scope of IR35	8
Number of engagements reassessed for compliance or assurance purposes during the year	2
Of which, number of engagements that saw a change to IR35 status following review	0

Within the total number of new off-payroll engagements disclosed, 11 engagements related to staff seconded from other NHS Wales organisations.

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2024 and 31st March 2025

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both off-payroll and on-payroll engagements.	18

2C – SENEDD CYMRU / WELSH PARLIAMENT ACCOUNTABILITY AND AUDIT REPORT

Regularity of Expenditure is the requirement for all items of expenditure and receipts to be dealt with in accordance with the legislation authorising them, any applicable delegated authority and the rules of Government Accounting.

The Trust ensures public funds are used appropriately and to deliver the intended objectives. Expenditure this year was regular and compliant with the relevant legislation. Fees and charges for services provided by public sector organisations pass on the full cost of providing those services and are in accord with Welsh Government requirements.

The Trust confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

Where the Trust undertakes activities that are not funded by the Welsh Government the Trust receives income to cover its costs. Further detail of income received is published in the Trust's annual accounts; within note 4 headed 'other operating revenue'.

The Trust hosts the Welsh Risk Pool (WRP) as part of NHS Wales Shared Services Partnership (NWSSP) and therefore its accounts include the estimates of remote contingent liabilities from Welsh Health Organisations for potential litigation claims that could arise in the future due to known incidents. In 2024/2025, the financial statements of the Trust are reporting total remote contingent liabilities of £43m.

AUDIT CERTIFICATE AND AUDITOR GENERAL FOR WALES REPORT

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

The Certificate and report of the Auditor General for Wales to the Senedd

Opinion on financial statements

Opinion on regularity

Basis for Qualified Opinion on regularity

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Conclusions relating to going concern

Other Information

Opinion on other matters

Matters on which I report by exception

Responsibilities of Directors and the Chief Executive for the financial statements

Auditor's responsibilities for the audit of the financial statements

Other auditor's responsibilities

Report

**Adrian Crompton
Auditor General for Wales**

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

SUBSTANTIVE REPORT

Report of the Auditor General to the Senedd

**Adrian Crompton
Auditor General for Wales**

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The maintenance and integrity of Velindre University NHS Trust's website is the responsibility of the Trust; the work carried out by auditors does not involve consideration of these matters and accordingly auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

**PART 3: FINAL AUDITED
FINANCIAL ACCOUNTS**

Velindre University NHS Trust

Foreword

These accounts for the period ended 31 March 2025 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's Financial Reporting Manual (FRM) by Velindre University NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

These accounts show the accounts of the Trust including those organisations hosted by it (see 'Statutory background' below).

Statutory background

The Trust was established by Statutory Instrument on 1 December 1993 with an operational date of 1 April 1994. At that time, the Trust was a single specialty Trust providing only Cancer Services. Over the last 31 years, the Trust has significantly evolved and expanded. The main function of the Trust is to provide all-Wales and regional clinical health services to the NHS and the people of Wales. The Trust consists of two clinical divisions: the Welsh Blood Service and Velindre Cancer Service.

In addition to the above services, the Trust is host to two organisations. At period ended 31 March 2025, these were:

- NHS Wales Shared Services Partnership (NWSSP) which was set up on 1 April 2011; following which the functions of a number of separate services were transferred into NWSSP. NWSSP became a hosted body within Velindre University NHS Trust on 1 June 2012.

- Health Technology Wales (HTW) which was established on 1 April 2016 and continued to receive grant funding from Welsh Government under the Efficiency through Technology Programme.

Performance Management and Financial Results

Under the National Health Service (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4 2(2). These duties were amended for Local Health Boards by the National Health Services Finance (Wales) Act 2014 and a Ministerial direction placed the same statutory duties on NHS Trusts through the Welsh Health Circular WHC/2016/054, which sets out the duty to break even over a three year period.

The NHS Finance (Wales) Act 2014 came into effect from 1 April 2014 and the first assessment of the 3 year rolling financial duty took place at the end of 2016-2017.

The second duty arises as a result of the Welsh Ministers' powers to set financial objectives for the Trust under paragraph 2(2) of Schedule 4 of the National Health Service (Wales) 2006 Act. The planning requirement, which by virtue of being set as a financial objective becomes a statutory financial duty, was previously set by the Welsh Ministers and has been retained by WHC/2016/054.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2025

	Note	2024-25 £000	2023-24 £000
Revenue from patient care activities	3	626,038	607,915
Other operating revenue	4	527,402	453,301
Operating expenses	5.1	(1,159,152)	(1,074,599)
Operating (deficit)/surplus		(5,712)	(13,383)
Investment revenue	6	1,879	1,676
Other gains and losses	7	11	(17)
Finance costs	8	3,879	11,983
Retained surplus	2.1.1	57	259
Other Comprehensive Income			
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant and equipment		614	1,344
Net gain / (loss) on revaluation of right of use assets		0	0
Net gain/(loss) on revaluation of intangible assets		0	0
Movements in other reserves		200	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0
Net gain/(loss) on revaluation of financial assets		0	0
Impairments and reversals		0	0
Transfers between reserves		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
Sub total		814	1,344
Items that may be reclassified subsequently to net operating costs			
Net gain/(loss) on revaluation of financial assets held for sale		0	0
Sub total		0	0
Total other comprehensive income for the year		814	1,344
Total comprehensive income for the year		871	1,603

The notes on pages 6 to 77 form part of these accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2025

	Note	31 March 2025	31 March 2024
		£000	£000
Non-current assets			
Property, plant and equipment	13	292,791	210,325
Right of Use Assets	13.3	19,002	15,810
Intangible assets	14	11,160	10,893
Trade and other receivables	17.1	1,350,042	1,316,876
Other financial assets	18	0	0
Total non-current assets		1,672,995	1,553,904
Current assets			
Inventories	16.1	31,666	31,227
Trade and other receivables	17.1	592,821	530,547
Other financial assets	18	0	0
Cash and cash equivalents	19	15,206	20,956
		639,693	582,730
Non-current assets held for sale	13.2	0	0
Total current assets		639,693	582,730
Total assets		2,312,688	2,136,634
Current liabilities			
Trade and other payables	20	(253,207)	(229,886)
Borrowings	21	(1,530)	(1,020)
Other financial liabilities	22	0	0
Provisions	23	(364,179)	(338,517)
Total current liabilities		(618,916)	(569,423)
Net current assets/(liabilities)		20,777	13,307
Total assets less current liabilities		1,693,772	1,567,211
Non-current liabilities			
Trade and other payables	20	(3,555)	(3,330)
Borrowings	21	(108,810)	(31,785)
Other financial liabilities	22	0	0
Provisions	23	(1,362,437)	(1,320,849)
Total non-current liabilities		(1,474,802)	(1,355,964)
Total assets employed		218,970	211,247
Financed by Taxpayers' equity:			
Public dividend capital		162,684	155,832
Retained earnings		19,817	19,459
Revaluation reserve		36,469	35,956
Other reserves		0	0
Total taxpayers' equity		218,970	211,247

The financial statements were approved by the Board on 26th June 2025 and signed on behalf of the Board by:

David Donegan, Chief Executive and Accountable Officer

Date: 26th June 2025

The notes on pages 6 to 77 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2024-25	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Changes in taxpayers' equity for 2024-25				
Balance as at 31 March 2024	155,832	19,459	35,956	211,247
NHS Wales Transfer	0	0	0	0
RoU Asset Transitioning Adjustment	0	0	0	0
Impact of IFRS 16 on PPP/PFI/MIM Liability	0	0	0	0
Balance at 1 April 2024	155,832	19,459	35,956	211,247
Retained surplus/(deficit) for the year		57		57
Net gain/(loss) on revaluation of property, plant and equipment		0	614	614
Net gain/(loss) on revaluation of right of use assets		0	0	0
Net gain/(loss) on revaluation of intangible assets		0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0
Net gain/(loss) on revaluation of assets held for sale		0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0
Impairments and reversals		0	0	0
Other reserve movement		200	0	200
Transfers between reserves		101	(101)	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0
Reserves eliminated on dissolution	0			0
Total in year movement	0	358	513	871
New Public Dividend Capital received	7,905			7,905
Public Dividend Capital repaid in year	(1,053)			(1,053)
Public Dividend Capital extinguished/written off	0			0
PDC Cash Due but not issued	0			0
Other movements in PDC in year	0			0
Balance at 31 March 2025	162,684	19,817	36,469	218,970

The notes on pages 6 to 77 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2023-24	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Changes in taxpayers' equity for 2023-24				
Balance at 31 March 2023	131,461	19,104	34,708	185,273
NHS Wales Transfer	0	0	0	0
RoU Asset Transitioning Adjustment	0	0	0	0
Impact of IFRS 16 on PPP/PFI/MIM Liability	0	0	0	0
Balance at 1 April 2023	131,461	19,104	34,708	185,273
Retained surplus/(deficit) for the year		259		259
Net gain/(loss) on revaluation of property, plant and equipment		0	1,344	1,344
Net gain/(loss) on revaluation of right of use assets		0	0	0
Net gain/(loss) on revaluation of intangible assets		0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0
Net gain/(loss) on revaluation of assets held for sale		0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0
Impairments and reversals		0	0	0
Other reserve movement		0	0	0
Transfers between reserves		96	(96)	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0
Reserves eliminated on dissolution	0			0
Total in year movement	0	355	1,248	1,603
New Public Dividend Capital received	24,462			24,462
Public Dividend Capital repaid in year	0			0
Public Dividend Capital extinguished/written off	0			0
PDC Cash Due but not issued	0			0
Other movements in PDC in year	(91)			(91)
Balance at 31 March 2024	155,832	19,459	35,956	211,247

The notes on pages 6 to 77 form part of these accounts.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2025

	Note	2024-25 £000	2023-24 £000
Operating surplus/(deficit)	SOCI	(5,712)	(13,383)
Movements in working capital	30	(69,848)	(153,094)
Other cash flow adjustments	31	228,231	281,473
Provisions utilised		(125,083)	(110,257)
Interest paid		(233)	(90)
Net cash inflow (outflow) from operating activities		27,355	4,649
Cash flows from investing activities			
Interest received		1,879	1,676
(Payments) for property, plant and equipment		(29,651)	(37,582)
Proceeds from disposal of property, plant and equipment		(11)	17
(Payments) for intangible assets		(2,860)	(1,871)
Proceeds from disposal of intangible assets		0	0
Payments for investments with Welsh Government		0	0
Proceeds from disposals with Welsh Government		0	0
(Payments) for financial assets.		0	0
Proceeds from disposal of financial assets.		0	0
Net cash inflow (outflow) from investing activities		(30,643)	(37,760)
Net cash inflow (outflow) before financing		(3,288)	(33,111)
Cash flows from financing activities			
Public Dividend Capital received		7,905	24,462
Public Dividend Capital repaid		(1,053)	0
Loans received from Welsh Government		0	0
Loans repaid to Welsh Government		0	0
Other loans received		0	0
Other loans repaid		0	0
Other capital receipts		0	0
Capital elements of finance leases and on-SOFP PFI/MIM		0	0
Capital element of payments in respect of on-SoFP PFI/MIM		0	0
Capital element of payments in respect of Right of Use Assets		(1,514)	(1,531)
Cash transferred (to)/from other NHS Wales bodies		(7,800)	0
Net cash inflow (outflow) from financing activities		(2,462)	22,931
Net increase (decrease) in cash and cash equivalents		(5,750)	(10,180)
Cash [and] cash equivalents at the beginning of the financial year	19	20,956	31,136
Cash [and] cash equivalents at the end of the financial year	19	15,206	20,956

The notes on pages 6 to 77 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of NHS Trusts (NHST) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2024-25 Manual for Accounts. The accounting policies contained in that manual follow the 2024-25 Financial Reporting Manual (FReM), in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006 to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the NHST Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the NHST for the purpose of giving a true and fair view has been selected. The particular policies adopted by the NHST are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

From 2018-2019, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FReM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income is received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency) from 6.3% to 9.4%.

However, NHS Wales organisations are required to account for **their staff** employer contributions of 23.78% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single

managerial control; or

- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Income (SoCI).

From 2015-2016, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCI. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This ensures that asset carrying values are not materially overstated.

For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs identified are then charged to operating expenses.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8 Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCI. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCI. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings. Right of use (ROU) asset impairments are reflected in ROU liability.

1.9 Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCI on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCI. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The Trust has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application the Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16. Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by the Trust in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

The Trust will not apply IFRS 16 to any new leases of in tangible assets applying the treatment described in section 1.14 instead.

List any other expedients employed by the entity (such as low value 5(b) or 15 on componentisation HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 the Trust has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 The Trust as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The entity employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset the Trust applies a revised rate to the remaining lease liability.

Where existing leases are modified the Trust must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by the Trust.

1.11.2 The Trust as lessor (where relevant)

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where the Trust is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition the Trust has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12 Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Where inventories are not subject to high turnover levels, stocks are valued at current purchase price as an approximation to net realisable value and fair value.

Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14 Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1 Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operate a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participating NHS Wales bodies. The risk sharing option was implemented in both 2024-25 and 2023-24. The WRPS is hosted by the Trust.

1.14.2 Future Liability Scheme (FLS)

General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GP services in Wales.

In March 2019, the Minister issued a Direction to Velindre University NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

1.15 Financial Instruments

From 2018-2019 IFRS 9 Financial Instruments is applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales organisations is a change to the calculation basis for bad debt provisions: changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

1.16 Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses.

All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1 Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value' through SoCI; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2 Financial assets at fair value through SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCI. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4 Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCI on de-recognition.

1.16.5 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the expenditure and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.16.6 Other financial assets

Listed investments are stated at market value. Unlisted investments are included at cost as an approximation to market value. Quoted stocks are included in the balance sheet at mid-market price, and where holdings are subject to bid / offer pricing their valuations are shown on a bid price. The shares are not held for trading and accordingly are classified as available for sale. Other financial assets are classified as available for sale investments carried at fair value within the financial statements.

1.17 Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired. Loans from Welsh Government are recognised at historical cost.

1.17.1 Financial liabilities are initially recognised at fair value through SoCI

Financial liabilities are classified as either financial liabilities at fair value through the SoCI or other financial liabilities.

1.17.2 Financial liabilities at fair value through the SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18 Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output VAT does not apply and input VAT on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCI. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21 Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCI on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRPS).

The NHS Wales organisation accrues or provides for the best estimate of future payouts for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5-50%, the liability is disclosed as a contingent liability.

1.22 Pooled budget

The NHS Wales organisation has not entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23 Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the WRPS.

1.25 Provisions for legal or constructive obligations for clinical negligence, personal injury & defence costs

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the WRPS which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisations, the lump sum element (total damages less the value of any PPO arrangement for annual payments over the life of the claimant) is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement:

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision* Contingent Liability for all other estimated expenditure
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

* Personal injury cases - Defence fee costs are provided for at 100%.

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of 0.50%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%-94% respectively are held as a provision on the Trust's balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

Discounting provisions

The WRPS discounts estimated future lump sums within the provisions which are assumed to settle over a 3 year period.

A proportion of the lump sum estimates are assumed to settle with RPI indexed annual payments and the remainder as Annual Survey of Hours and Earnings (ASHE) indexed annual payments.

The HM Treasury short term nominal discount rate of 4.03%(2023/2024: 4.26%) is applied to the RPI proportion of the lump sum estimate using the retail price index (RPI) inflation rates of 3.60% for Year 1, 3.30% for Year 2 and 3.00% for Year 3.

The RPI rates have been calculated by reference to CPI for general provisions, with a 1.00% margin added to CPI indices to the period to 31st January 2030 and 0.1% thereafter. These are the rates recommended by the Government's Actuary's Department in lieu of published RPI rates which were omitted from the December 2024 HMT Public Expenditure System (PES) paper. The remainder is discounted by applying the Annual Survey of Hours and Earnings (ASHE) nominal discount rate of 2.15% (2.05% 2023) with the underlying RPI rates for Years 1 – 3 as above.

PPO Provisions

The majority of high value (>£1M) claims settle with a Periodical Payment Order (PPO) where part or all of the final settlement value is paid over the life time of the claimant. When cases settle with a PPO arrangement, an individual provision is created by multiplying the claimants' index linked annual payment value by the number of years' life expectancy. Future cashflows are modelled based on individual claim data and include any agreed future steps in payment value.

The number of years' life expectancy is discounted according to the Ogden table multipliers using HM Treasury's nominal discount rate for general provisions issued annually in the Public Expenditure System (PES) paper and an inflation factor.

For 2024-2025, the nominal short, medium, long and very long term rates are: 4.03%, (0-5 years), 4.07%, (+5-10 years) 4.81%(+10-40 years) and 4.55% (over 40 years) respectively. The inflation factor applied is dependent upon the rate agreed as part of the settlement of the claimant's case.

Where annual payments are required to be uplifted by the RPI, the RPI rate of 3.60% has been used for Year 1, 3.30% for Year 2, 3.00% for the period up to and including 31st January 2030 and 2.10% thereafter.

Where annual payments are required to be uplifted based on market data for carers' wages, the annual survey of hours and earnings (ASHE) discount rate of -1.45% for Year 1 has been applied, -1.15% for Year 2, -0.85% for the period up to and including 31st January 2030 and 0.05% thereafter. The probabilities of survival for each claimant are based on estimated life expectancy, agreed by medical

1.26 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities will be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined will be included.

1.27 Private Finance Initiative (PFI) transactions and Other Service Concession Arrangements

1.27.1 Private Finance Initiative

The Trust has no PFI arrangements.

1.27.2 Other Service Concession Arrangement

On 28 March 2024, Velindre University NHS Trust entered into a service concession contract relating to the new Velindre Cancer Centre (nVCC) under the Mutual Investment Model with Acorn Velindre Limited ('Project Co') who will be responsible for building (and financing) the new hospital and then maintaining it over a 25 year concession period. This contractual arrangement meets the definition of a service concession arrangement and is to be accounted for on-balance sheet.

It has been determined that the nVCC should be accounted for as an infrastructure service concession scheme as Velindre UNHST will control the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement in accordance with the principles of the requirements of IFRIC 12 Service Concession Arrangements.

The service concession asset is recognised as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses. The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the service concession asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

The fair value of services received in the year is recorded under the relevant expenditure headings. Service concession assets are recognised as property, plant and equipment when:

- a) it is probable that future economic benefits associated with the asset will flow to the organisation; and
- b) the cost of the asset can be measured reliably.

The above asset recognition criteria, together with the specific terms and conditions of the binding agreement, were considered when determining whether to recognise the service concession asset during the period in which the asset is constructed or developed. Service concession assets under construction are recognised and valued in the same way as other non-current assets of the same generic type.

Completed service concession assets are measured initially at fair value when they come into use in accordance with the principles of IFRS 16. Subsequently the assets are measured at fair value, which is kept up to date in accordance with the principles of IAS 16. The service concession liability is recognised at the same time as the service concession asset. This is measured at the same amount as the fair value of the service concession asset and is subsequently measured as a lease in accordance with IFRS 16.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period and is charged to the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

1.28 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.29 Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting, dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

For transfers of functions involving NHS Wales Trusts in receipt of PDC the double entry for the fixed asset NBV value and the net movement in assets is PDC.

1.30 Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM:

IFRS14 Regulatory Deferral Accounts - Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2023, Standard is UK endorsed and adopted by the FReM. *The date of initial application is the beginning of the annual reporting period in which IFRS 17 is first applied. In central government the date of initial application is 1 April 2025.*

IFRS 18 Presentation and Disclosure in Financial Statements - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

1.31 Accounting standards issued that have been adopted early

During 2024-25 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.32 Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established that it is the corporate trustee of the Velindre University NHS Trust Charitable Fund, it is therefore considered for accounting standards compliance to have control of Velindre University NHS Trust Charitable Fund as a subsidiary. The determination of control is an accounting standards test of control and there has been no change to the operation of Velindre University NHS Trust Charitable Fund or its independence in its management of charitable funds.

Whilst there is a requirement to consolidate the results of Velindre University NHS Trust Charitable Fund within the statutory accounts of the Trust, the Trust has with the agreement of the Welsh Government adopted the IFRS 10 exemption to consolidate.

Welsh Government as the ultimate parent will disclose the Charitable Accounts of the NHS Wales Organisations in the Welsh Government Consolidated Accounts.

Details of the transactions with the Charity are included in the related parties' notes.

1.33 Subsidiaries

Material entities over which the NHS Wales organisation has the power to exercise control so as to obtain economic or other benefits are classified as subsidiaries and are consolidated. Their income and expenses; gains and losses; assets, liabilities and reserves; and cash flows are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the NHS Wales organisation or where the subsidiary's accounting date is before 1 January or after 30 June.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.34 Borrowing costs

Borrowing costs are recognised as expenses as they are incurred.

1.35 Public Dividend Capital (PDC) and PDC dividend

PDC represents taxpayers' equity in the NHS Wales organisation. At any time the Minister for Health and Social Services with the approval of HM Treasury can issue new PDC to, and require repayments of, PDC from the NHS Wales organisation. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

From 1 April 2010 the requirement to pay a public dividend over to the Welsh Government ceased.

2. Financial Performance

2.1 STATUTORY FINANCIAL DUTIES

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4(2).

The Trust is required to achieve financial breakeven over a rolling 3 year period.

Welsh Health Circular WHC/2016/054 replaced WHC/2015/014 'Statutory and Financial Duties of Local Health Boards and NHS Trusts' and further clarifies the statutory financial duties of NHS Wales bodies.

2.1.1 Financial Duty

	Annual financial performance			2022-23 to 2024-25 Financial duty £000
	2022-23 £000	2023-24 £000	2024-25 £000	
Retained surplus	76	259	57	392
Less Donated asset / grant funded revenue adjustment	0	(217)	0	(217)
Adjusted surplus/ (Deficit)	<u>76</u>	<u>42</u>	<u>57</u>	<u>175</u>

Velindre University NHS Trust has met its financial duty to break even over the 3 years 2022-2023 to 2024-2025.

2.1.2 Integrated Medium Term Plan (IMTP)

The NHS Wales Planning Framework for the period 2024-2027 issued to Trusts placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The Trust submitted an Integrated Medium Term Plan for the period 2024-2027 in accordance with the NHS Wales Planning Framework.

The Minister for Health and Social Services approval status.

Status	Approved
Date	09/08/2024

The Trust has therefore met its statutory duty to have an approved financial plan.

2. Financial Performance (cont)

2.2 ADMINISTRATIVE REQUIREMENTS

2.2.1. External financing

The Trust is given an external financing limit which it is permitted to undershoot

The EFL target has been suspended by the Welsh Government for 2024-25.

2.3. Creditor payment

The Trust is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The Trust has achieved the following results:

	2024-25	2023-24
Total number of non-NHS bills paid	85,665	83,927
Total number of non-NHS bills paid within target	83,834	81,278
Percentage of non-NHS bills paid within target	97.9%	96.8%

The Trust has met the target.

3. Revenue from patient care activities	2024-25	2023-24
	£000	£000
Local health boards	154,323	107,331
NWJCC/WHSSC and EASC	38,171	59,825
Welsh NHS Trusts	1,893	1,548
Welsh Special Health Authorities	2,445	2,326
Foundation Trusts	0	0
Other NHS England bodies	14	35
Other NHS Bodies	10	10
Local Authorities	0	0
Welsh Government	42,082	17,780
Welsh Government Welsh Risk Pool Reimbursements		
NHS Wales Secondary Health Sector	203,714	288,662
NHS Wales Primary Sector Future Liability Scheme Reimbursement	975	479
NHS Wales Redress	2,300	1,699
Other	338	73
Welsh Government - Hosted Bodies	176,142	126,101
Non NHS:		
Private patient income	3,631	2,012
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	0	0
Other revenue from activities	0	34
Total	626,038	607,915

Injury Cost Recovery (ICR) Scheme income:

2024-25	2023-24
%	%

To reflect expected rates of collection ICR income is subject to a provision for impairment of:

24.45	23.76
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4. Other operating revenue

2024-25	2023-24
£000	£000

Income generation	1,022	1,029
Patient transport services	0	0
Education, training and research	2,816	3,305
Charitable and other contributions to expenditure	3,550	9,955
Receipt of Covid Items free of charge from other NHS Wales Organisations	0	0
Receipt of Covid Items free of charge from other organisations	0	0
Receipt of donations for capital acquisitions	0	217
Receipt of government grants for capital acquisitions	0	0
Right of Use Grant (Peppercorn Lease)	0	0
Non-patient care services to other bodies	1,139	1,005
Right of Use Asset Sub-leasing rental income	0	0
Rental revenue from finance leases	0	0
Rental revenue from operating leases	87	113
Other revenue:		
Provision of pathology/microbiology services	0	0
Accommodation and catering charges	385	326
Mortuary fees	0	0
Staff payments for use of cars	783	250
Business unit	0	0
Scheme Pays Reimbursement Notional	28	0
Other	517,592	437,101
Total	527,402	453,301
Total Patient Care and Operating Revenue	1,153,440	1,061,216

Other revenue comprises:

NHS Wales Shared Services Partnership	511,350	430,812
Other	6,242	6289

Total	517,592	437,101
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5. Operating expenses	2024-25	2023-24
5.1 Operating expenses	£000	£000
Local Health Boards	15,608	15,758
Welsh NHS Trusts	26	15
Welsh Special Health Authorities	2,340	2,345
Goods and services from other NHS bodies	0	0
NWJCC/ WHSSC and EASC	0	0
Local Authorities	0	2
Purchase of healthcare from non-NHS bodies	0	0
Welsh Government	0	0
Other NHS Trusts	406	436
Directors' costs	2,102	1,510
Operational Staff costs	211,054	187,599
Non operational trainee staff costs	317,195	244,313
Non operational collaborative bank staff costs	340	537
Single lead employer Staff Trainee Cost	3,871	3,125
Collaborative Bank Staff Cost	0	0
Supplies and services - clinical	170,416	152,500
Supplies and services - general	67,964	66,162
Consultancy Services	2,643	4,481
Establishment	16,927	14,598
Transport	3,074	3,089
Premises	33,428	34,591
Impairments and Reversals of Receivables	0	0
Depreciation	20,989	9,405
Depreciation (RoU Asset)	2,027	1,769
Amortisation	2,576	2,321
Impairments and reversals of property, plant and equipment	10,304	0
Fixed asset impairments and reversals (RoU Assets)	0	0
Impairments and reversals of intangible assets	0	0
Impairments and reversals of financial assets	0	0
Impairments and reversals of non current assets held for sale	0	0
Audit fees	244	259
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	214,128	300,581
Research and development	0	0
Expense related to short-term leases	189	263
Expense related to low-value asset leases (excluding short-term leases)	29	16
Other operating expenses	61,272	28,924
Total	<u>1,159,152</u>	<u>1,074,599</u>

Included within Operational Staff costs above is the value of £2,202,242 (2023/2024 £2,058,335) for Directors / Senior Officials with responsibility for the leadership of the Trust's hosted organisations, split as follows:

NHS Wales Shared Services Partnership £1,991,800 (2023/2024 £1,864,580)
Health Technology Wales £210,442 (2023/2024 £193,756)

5. Operating expenses (continued)

5.2 Losses, special payments and irrecoverable debts:

Charges to operating expenses	2024-25	2023-24
Increase/(decrease) in provision for future payments:	£000	£000
Clinical negligence;-		
Secondary care	182,053	286,581
Primary care	6,171	4,483
Redress Secondary Care	2,518	1,257
Redress Primary Care	0	0
Personal injury	(64)	2,954
All other losses and special payments	4,538	(1,308)
Defence legal fees and other administrative costs	3,639	1,731
Structured Settlements Welsh Risk Pool	15,273	4,883
Gross increase/(decrease) in provision for future payments	214,128	300,581
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	0	0
Less: income received/ due from Welsh Risk Pool	0	0
Total charge	214,128	300,581

The Clinical Negligence figure includes £1,469,099 (2023/2024 £1,476,917) in respect of payments made under Redress during 2024/2025. The Redress creditor has increased by £831,000 in 2024/2025 compared to a an increase of £222,000 in 2023/2024.

	2024-25	2023-24
	£	£
Permanent injury included within personal injury:	0	0

6. Investment revenue	2024-25	2023-24
Rental revenue :	£000	£000
PFI/MIM finance lease revenue:		
Planned	0	0
Contingent	0	0
Other finance lease revenue	0	0
Interest revenue:		
Bank accounts	1,879	1,676
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	1,879	1,676

7. Other gains and losses	2024-25	2023-24
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	21	(17)
Gain/(loss) on disposal other than by sale of right of use assets	(10)	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Gains/(loss) on foreign exchange	0	0
Change in fair value of financial assets at fair value through income statement	0	0
Change in fair value of financial liabilities at fair value through income statement	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	11	(17)

8. Finance costs	2024-25	2023-24
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	233	90
Interest on obligations under PFI/MIM contracts:		
Main finance cost	0	0
Contingent finance cost	0	0
Impact of IFRS 16 on PPP/PFI/ MIM contracts	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	233	90
Provisions unwinding of discount	(3,590)	(9,431)
Periodical Payment Order unwinding of discount	(522)	(2,642)
Other finance costs	0	0
Total	(3,879)	(11,983)

9. Future change to SoCI/Operating Leases

9.1 Trust as lessee

Operating lease payments represent rentals payable by the Trust.

	2024-25 Low Value & Short Term	2024-25 Other	2024-25 Total	2023-24 Total
Payments recognised as an expense	£000	£000	£000	£000
Minimum lease payments	218	0	218	279
Contingent rents	0	0	0	0
Sub-lease payments	0	0	0	0
Total	218	0	218	279

	2024-25 £000	2024-25 £000	2024-25 £000	2023-24 £000
Total future minimum lease payments				
Payable:				
Not later than one year	21	0	21	52
Between one and five years	24	0	24	48
After 5 years	1	0	1	0
Total	46	0	46	100

Total future sublease payments expected to be received	0	0	0	0
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The current year operating lease figures relate to low value and short term leases only.

9. Future change to SoCI/Operating Leases (continued)

9.2 Trust as lessor

During 2024/25, the Trust leased an area of the Whitchurch Hospital in Cardiff to Cardiff & Vale University Local Health Board for zero consideration.

Velindre Cancer Centre continued to receive rental income in respect of the staff residence in Whitchurch.

The Trust (NWSSP) continued to lease:

An area of Matrix House to a commercial entity and areas of Matrix House to the Welsh Ambulance Services NHS Trust and Public Health Wales NHS Trust for zero consideration.

A laboratory area of the IP5 warehouse to Public Health Wales NHS Trust for zero consideration.

Areas of Cwmbran House to Digital Health Care Wales, Public Health Wales NHS Trust and to the Gwent Local Medical Committee.

Rental Revenue

Receipts recognised as income

	2024-25	2023-24
	£000	£000
Rent	87	113
Contingent rent	0	0
Other	0	0
Total rental revenue	87	113

Total future minimum lease payments

	2024-25	2023-24
	£000	£000
Receivable:		
Not later than one year	61	66
Between one and five years	142	199
After 5 years	0	0
Total	203	265

10. Employee costs and numbers

10.1 Employee costs Operational Staff	Permanently	Staff on	Agency	Specialist	Other	2024-25	2023-24
	employed	Inward	Staff	Trainee	Staff	£000	£000
	staff	Secondment		(SLE)			
	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	162,530	655	1,019	3,158	2,539	169,901	152,329
Social security costs	16,391	0	0	385	141	16,917	15,083
Employer contributions to NHS Pensions Scheme	34,072	0	0	329	341	34,742	27,929
Other pension costs	28	0	0	0	0	28	43
Other post-employment benefits	0	0	0	0	23	23	(12)
Termination benefits	0	0	0	0	0	0	267
Total	213,021	655	1,019	3,872	3,044	221,611	195,639

Of the total above:

Charged to capital	4,719	3,537
Charged to revenue	216,892	192,102
Total	221,611	195,639

Net movement in accrued employee benefits (untaken staff leave) 556 133

Staff reported as 'other' includes individuals working under NWSSP bank arrangements (£2.326m).

10.2 Average number of employees

	Permanently	Staff on	Agency	Specialist	Other	2024-25	2023-24
	Employed	Inward	Staff	Trainee	Staff	Total	Total
	Number	Number	Number	(SLE)	Number	Number	Number
Administrative, clerical and board members	2,220	6	9	0	25	2,260	2,166
Medical and dental	105	1	0	34	2	142	126
Nursing, midwifery registered	250	0	0	0	0	250	206
Professional, scientific and technical staff	93	0	2	0	0	95	88
Additional Clinical Services	260	0	3	0	1	264	254
Allied Health Professions	156	0	3	0	0	159	155
Healthcare scientists	173	0	1	0	0	174	157
Estates and Ancillary	610	0	4	0	38	652	597
Students	3	0	0	0	0	3	3
Total	3,870	7	22	34	66	3,999	3,752

The average number is calculated using the full time equivalent (FTE) of employees.

10.3. Retirements due to ill-health

2024-25 2023-24

Number

Estimated additional pension costs £

The estimated additional pension costs of ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme. Note 10.9 provides information relating to both operational and non-operational staff. The information is supplied by the NHS Pensions Agency and is not split at source.

10.4 Employee benefits

The Trust operates four salary sacrifice schemes (childcare vouchers, cycle to work, home electronics and lease cars) for the financial benefit of its employees. In addition, staff have access to a non contributory Employee Assistance Programme which provides financial wellbeing support; a financial wellbeing scheme to provide staff with access to simple financial education; salary deducted loans, and a range of savings and investment products. In 2022-2023, the Trust launched a health cash plan where staff can claim money back on everyday healthcare costs, this plan continues to be available to staff throughout 2024-2025. The Trust continue to offer a childcare subsidy scheme and a purchase of annual leave scheme.

10.5 Reporting of other compensation schemes - exit packages

10.5.1 Exit Packages Costs and Numbers

	2024-25	2024-25	2024-25	2024-25	2023-24
Exit packages cost band (including any special payment element)	Number of compulsory redundancies Whole numbers only	Number of other departures Whole numbers only	Total number of exit packages Whole numbers only	Number of departures where special payments have been made Whole numbers only	Total number of exit packages Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	3
£25,000 to £50,000	0	0	0	0	3
£50,000 to £100,000	0	0	0	0	1
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	7

	2024-25	2024-25	2024-25	2024-25	2023-24
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies £	Cost of other departures £	Total cost of exit packages £	Cost of special element included in exit packages £	Total cost of exit packages £
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	55,506
£25,000 to £50,000	0	0	0	0	121,555
£50,000 to £100,000	0	0	0	0	89,580
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	266,641

Total Exit Costs Paid in Year	Total paid in year	Total paid in year
	2024-25	2023-24
	£	£
Exit costs paid in year	170,525	69,039
Total	170,525	69,039

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

There were no exit packages agreed in 2024/2025. The figure of £170,525 relates to exit packages agreed in 2023/2024 but paid out in 2024/2025. Within this figure, the maximum payment made was £82,355, the lowest payment made was £15,643, with the median payment being £36,263.

There were no special payments in relation to exit packages agreed in 2024/2025 (2023/2024, 4).

10.5 Reporting of other compensation schemes - exit packages continued

10.5.2 Analysis of other departures

	2024-25	2024-25
	Agreements	Total value of
Type of other departures	Number	agreements
		£
Voluntary redundancies including early retirement contractual costs	0	0
Contractual payments in lieu of notice*	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring Welsh Government Approval**	0	0
Other please specify	0	0
Other please specify	0	0
Total	0	0

This disclosure provides detail for the number and value of exit packages agreed in the year.

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 10.5.1 which will be the number of individuals.

There were no exit packages agreed in 2024/2025.

10.6 Fair Pay disclosures

10.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

	2024-25			2023-24		
	£000	£000	£000	£000	£000	£000
	Chief	Employee	Ratio	Chief	Employee	Ratio
Total pay and benefits	Executive	Employee	Ratio	Executive	Employee	Ratio
25th percentile pay ratio	183	27	6.8	157	26	6
Median pay	183	33	5.5	157	32	4.9
75th percentile pay ratio	183	52	3.5	157	46	3.4
Salary component of total pay and benefits						
25th percentile pay ratio	183	26		157	25	
Median pay	183	30		157	29	
75th percentile pay ratio	183	49		157	44	

In 2024-25, 16 (2023-24, 22) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £24,000 to £226,800 (2023-24, £22,700 to £245,900).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

Financial year summary

Between 2023/24 and 2024/25, the ratio of the median remuneration of the workforce and the Chief Executive increased from 4.9:1 to 5.5:1. This is attributable to the increase in the Chief Executive salary being more than the increase in the employee median salary, as a result of a banding review.

The median for total pay and benefits for the year was £33,216 (£31,765 2023/24), which equates to the intermediate step point of the Band 5 Agenda for Change payscale.

10.6.2 Percentage Changes	2023-24	2022-23
	to	to
	2024-25	2023-24
	%	%
% Change from previous financial year in respect of Chief Executive		
Salary and allowances	15.9	3.3
Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	8.5	6.5
Performance pay and bonuses	0	0

The percentage increase for the Chief Executive salary is as a result of a banding review in line with other NHS bodies across Wales.

The average percentage increase in respect of employees taken as a whole is consistent with the pay, reward and progression policies of the Trust. In addition, the introduction of the intermediate step point of the Band 8 Agenda for Change payscale has contributed to the overall increase this financial year.

The employees of the Trust do not receive any performance pay or bonuses.

10.7 Operational and Non Operational Employee costs

	Non operational staff			Total 2024-25	2023-24
	Operational Staff Total	SLE Trainee Staff	Collaborative Bank Staff		
	£000	£000	£000	£000	£000
Salaries and wages	169,901	248,884	278	419,063	347,218
Social security costs	16,917	29,745	27	46,689	38,282
Employer contributions to NHS Pension Scheme	34,742	38,565	36	73,343	54,691
Other pension costs	28	0	0	28	43
Other employment benefits	23	0	0	23	(12)
Termination benefits	0	0	0	0	267
Total	221,611	317,194	341	539,146	440,489
Charged to capital	4,719	0	0	4,719	3,537
Charged to revenue	216,693	317,604	130	534,427	436,952
	221,412	317,604	130	539,146	440,489
Net movement in accrued employee benefits (untaken staff leave)	556	0	0	556	133

10.8 Average number of operational and non operational employees

	Non operational staff			Total 2024-25	2023-24
	Operational Staff Total Number	SLE Trainee Staff Number	Collaborative Bank Staff Number		
Administrative, clerical and board members	2,260	3	3	2,265	2,167
Medical and dental	142	3,215	0	3,357	3,222
Nursing, midwifery registered	250	0	0	250	217
Professional, Scientific, and technical staff	95	0	0	95	88
Additional Clinical Services	264	101	0	365	366
Allied Health Professions	159	0	0	159	155
Healthcare Scientists	174	0	0	174	157
Estates and Ancillary	652	0	0	652	597
Students	3	0	0	3	3
Total	3,999	3,319	3	7,320	6,972

10.9. Retirements due to ill-health

	2024-25	2023-24
Number	6	5
Estimated additional pension costs £	605,404	463,217

Information received from the NHS Pensions Agency does not provide detail on whether the retirements related to operational or non-operational staff.

10.10 Employee benefits

The Single Lead Employer Trainees are entitled to the same employee benefits as the Trust's operational staff.

Operational and Non Operational Employee costs continued

10.11 Reporting of other compensation schemes - exit packages continued

Total Exit Costs Paid in Year	Total paid in year	
	2024-25	2023-24
	£	£
Exit costs paid in year	170,525	0
Total	170,525	0

There have been no exit package payments for the Single Lead Employer Trainee staff, therefore the figures reported in Note 10.5.1 remain unchanged.

10.11.2 Analysis of other departures

Type of other departures	2024-25	2024-25
	Agreements Number	Total value of agreements £
Voluntary redundancies including early retirement contractual costs	0	0
Contractual payments in lieu of notice*	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring Welsh Government Approval**	0	0
Other please specify	0	0
Other please specify	0	0
Total	0	0

This disclosure provides detail for the number and value of exit packages agreed in the year.

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 10.5.1 which will be the number of individuals.

There were no exit packages agreed in 2024/2025.

11. Pensions

PENSION COSTS

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2024-25 tax year (2023-24 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

12. Public Sector Payment Policy

12.1 Prompt payment code - measure of compliance

The Welsh Government requires that trusts pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the trust financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery or receipt of a valid invoice, whichever is the later.

	2024-25	2024-25	2023-24	2023-24
	Number	£000	Number	£000
NHS				
Total bills paid in year	3,084	92,679	3,045	86,055
Total bills paid within target	2,807	88,969	2,780	76,114
Percentage of bills paid within target	91.0%	96.0%	91.3%	88.4%
Non-NHS				
Total bills paid in year	85,665	327,159	83,927	416,668
Total bills paid within target	83,834	316,468	81,278	406,978
Percentage of bills paid within target	97.9%	96.7%	96.8%	97.7%
Total				
Total bills paid in year	88,749	419,838	86,972	502,723
Total bills paid within target	86,641	405,437	84,058	483,092
Percentage of bills paid within target	97.6%	96.6%	96.6%	96.1%

12.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2024-25	2023-24
	£	£
Amounts included within finance costs from claims made under legislation	321	0
Compensation paid to cover debt recovery costs under legislation	0	0
Total	321	0

13. Property, plant and equipment :

2024-25

	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2024	20,477	70,830	289	97,165	51,138	9,003	22,869	2,362	274,133
Indexation	218	498	5	0	0	0	0	0	721
Additions - purchased	0	1,490	0	10,026	15,016	1,235	3,217	370	31,354
Additions - donated	0	0	0	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0	0	0	0
Additions - Initial recognition of MIMs funded asset	0	0	0	74,036	0	0	0	0	74,036
Transfers from/(into) other NHS bodies	6,860	940	0	0	0	0	0	0	7,800
Reclassifications	0	1,930	0	(3,350)	1,420	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	(2,675)	0	0	(7,629)	0	0	0	0	(10,304)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(1,173)	0	0	(1,669)	(209)	(196)	(225)	(3,472)
At 31 March 2025	24,880	74,515	294	170,248	65,905	10,029	25,890	2,507	374,268
Depreciation									
At 1 April 2024	0	10,563	22	0	29,710	5,642	16,512	1,359	63,808
Indexation	0	107	0	0	0	0	0	0	107
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	45	0	0	0	45
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(1,173)	0	0	(1,669)	(209)	(196)	(225)	(3,472)
Charged during the year	0	13,341	11	0	4,270	905	2,296	166	20,989
At 31 March 2025	0	22,838	33	0	32,356	6,338	18,612	1,300	81,477
Net book value									
At 1 April 2024	20,477	60,267	267	97,165	21,428	3,361	6,357	1,003	210,325
Net book value									
At 31 March 2025	24,880	51,677	261	170,248	33,549	3,691	7,278	1,207	292,791
Net book value at 31 March 2025 comprises :									
Purchased	24,880	48,058	261	170,248	33,373	3,691	7,278	1,207	288,996
Donated	0	3,619	0	0	176	0	0	0	3,795
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2025	24,880	51,677	261	170,248	33,549	3,691	7,278	1,207	292,791
Asset Financing:									
Owned	24,880	51,677	261	68,208	33,549	3,691	7,278	1,207	190,751
On-SoFP MIMS Funded PPP contracts	0	0	0	102,040	0	0	0	0	102,040
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2025	24,880	51,677	261	170,248	33,549	3,691	7,278	1,207	292,791

The net book value of land, buildings and dwellings at 31 March 2025 comprises :

	£000
Freehold	67,934
Long Leasehold	8,884
Short Leasehold	0
Total	76,818

Valuers 'material uncertainty', in valuation.

0

The disclosure relates to the materiality in the valuation report not that of the underlying account.

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. The Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

Assets Under Construction includes £102m relating to the new Velindre Cancer Centre service concenssion contract under the Mutual Investment Model with Project Co.

The depreciation charged during the year includes £10.6m accelerated depreciation linked to the reduction in value of the existing Cancer Centre as a result of commencing the construction of the new Velindre Cancer Centre.

13. Property, plant and equipment :

2023-24

	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost at 31 March bf	21,458	66,272	272	47,487	46,775	8,504	21,438	2,159	214,365
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
At 1 April 2023	21,458	66,272	272	47,487	46,775	8,504	21,438	2,159	214,365
Indexation	(981)	2,812	17	0	0	0	0	0	1,848
Additions - purchased	0	1,250	0	23,740	6,804	584	2,003	203	34,584
Additions - donated	0	0	0	0	217	0	0	0	217
Additions - government granted	0	0	0	0	0	0	0	0	0
Additions - Initial recognition of MIMs funded ass	0	0	0	28,004	0	0	0	0	28,004
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	190	0	(1,071)	881	0	0	0	0
Revaluation	0	(689)	0	0	0	0	0	0	(689)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	995	0	(995)	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(3,539)	(85)	(572)	0	(4,196)
At 31 March 2024	20,477	70,830	289	97,165	51,138	9,003	22,869	2,362	274,133
Depreciation									
Depreciation at 31 March bf	0	7,782	10	0	30,130	4,763	14,852	1,213	58,750
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
At 1 April 2023	0	7,782	10	0	30,130	4,763	14,852	1,213	58,750
Indexation	0	(17)	1	0	0	0	0	0	(16)
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	(169)	0	0	0	0	0	0	(169)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(3,515)	(75)	(572)	0	(4,162)
Charged during the year	0	2,967	11	0	3,095	954	2,232	146	9,405
At 31 March 2024	0	10,563	22	0	29,710	5,642	16,512	1,359	63,808
Net book value									
At 1 April 2023	21,458	58,490	262	47,487	16,645	3,741	6,586	946	155,615
Net book value									
At 31 March 2024	20,477	60,267	267	97,165	21,428	3,361	6,357	1,003	210,325
Net book value at 31 March 2024 comprises :									
Purchased	20,477	55,150	267	97,165	21,196	3,361	6,357	1,003	204,976
Donated	0	5,117	0	0	232	0	0	0	5,349
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2024	20,477	60,267	267	97,165	21,428	3,361	6,357	1,003	210,325
Asset Financing:									
Owned	20,477	60,267	267	69,161	21,428	3,361	6,357	1,003	182,321
On-SoFP MIMS Funded PPP contracts	0	0	0	28,004	0	0	0	0	28,004
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2024	20,477	60,267	267	97,165	21,428	3,361	6,357	1,003	210,325

The net book value of land, buildings and dwellings at 31 March 2024 comprises :

	£000
Freehold	72,030
Long Leasehold	8,981
Short Leasehold	0
Total	81,011

Valuers 'material uncertainty', in valuation.

0

The disclosure relates to the materiality in the valuation report not that of the underlying account.

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. The Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

13. Property, plant and equipment :

Disclosures:

i) Donated Assets

The Trust has not received any donated assets during the year:

ii) Valuations

The NHS Trust land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The NHS Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

In 2024/2025, a separate valuation was required for part of the land at Whitchurch Hospital that now forms part of a habitat licence. An impairment of £2.675m is included.

iii) Asset Lives

Depreciated as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

iv) Compensation

There has been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

v) Write Downs

There have been no write downs.

vi) The Trust does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period.

The Trust does not hold any assets for sale at the end of the financial year.

Assets relating to Laundry Management (NWSSP) were sold in the period, with a net gain of £21k.

viii) IFRS 13 Fair value measurement

There are no assets requiring Fair Value measurement under IFRS 13.

ix) Consultancy Services

The Trust capitalised a total of £2.227m of consultancy services during the financial year (including £1.491m relating to the new hospital project and £168k relating to NWSSP).

13.2 Non-current assets held for sale

	Land	Buildings, including dwellings	Other property plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance b/f 1 April 2024	0	0	0	0	0	0
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
Balance c/f 31 March 2025	0	0	0	0	0	0
Balance b/f 1 April 2023	0	0	0	0	0	0
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
Balance c/f 31 March 2024	0	0	0	0	0	0

13.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings within the note. Most are individually insignificant, however, £12.4m (within NWSSP) are significant in their own right:

Imperial Park Unit 5, Newport	NBV @ 31/3/2025
Units 4a & 4b Dupont Building, Mamhilad Park Estate	£7.8m
Greenvale Laundry, Anuerin Bevan UHB (peppercorn)	£2.4m
	£2.2m

2024-25	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	0	17,907	0	0	836	30	0	0	18,773
Additions	0	3,012	0	0	38	1,979	502	0	5,531
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(1,412)	0	0	(89)	0	0	0	(1,501)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
At 31 March 2025	0	19,507	0	0	785	2,009	502	0	22,803
Depreciation at 1 April 2024	0	2,631	0	0	321	11	0	0	2,963
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(1,125)	0	0	(64)	0	0	0	(1,189)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	1,534	0	0	221	222	50	0	2,027
At 31 March 2025	0	3,040	0	0	478	233	50	0	3,801
Net book value at 1 April 2024	0	15,276	0	0	515	19	0	0	15,810
Net book value at 31 March 2025	0	16,467	0	0	307	1,776	452	0	19,002
RoU Asset Total Value Split by Lessor		Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	2,805	0	0	0	0	0	0	2,805
NHS Wales Market Value Leases	0	434	0	0	0	0	0	0	434
Other Public Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Market Value Leases	0	0	0	0	0	0	0	0	0
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	13,228	0	0	307	1,776	452	0	15,763
Total	0	16,467	0	0	307	1,776	452	0	19,002

13.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings within the note.

2023-24	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 31 March 2023	0	15,854	0	0	603	24	0	0	16,481
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Cost or valuation at 1 April 2023	0	15,854	0	0	603	24	0	0	16,481
Additions	0	2,485	0	0	271	20	0	0	2,776
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(432)	0	0	(38)	(14)	0	0	(484)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
At 31 March 2024	0	17,907	0	0	836	30	0	0	18,773
Depreciation at 31 March 2023	0	1,497	0	0	169	12	0	0	1,678
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Depreciation at 1 April 2023	0	1,497	0	0	169	12	0	0	1,678
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(432)	0	0	(38)	(14)	0	0	(484)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	1,566	0	0	190	13	0	0	1,769
At 31 March 2024	0	2,631	0	0	321	11	0	0	2,963
Net book value at 1 April 2023	0	14,357	0	0	434	12	0	0	14,803
Net book value at 31 March 2024	0	15,276	0	0	515	19	0	0	15,810
RoU Asset Total Value Split by Lessor		Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	3,044	0	0	0	0	0	0	3,044
NHS Wales Market Value Leases	0	458	0	0	0	0	0	0	458
Other Public Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Market Value Leases	0	111	0	0	0	0	0	0	111
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	11,663	0	0	515	19	0	0	12,197
Total	0	15,276	0	0	515	19	0	0	15,810

13.3 Right of Use Assets continued
Quantitative disclosures

	2024-25			2024-25 TOTAL	2023-24	
	LAND £000	BUILDINGS £000	OTHER £000		Total	£000
Maturity analysis						
Contractual undiscounted cash flows relating to lease liabilities						
Less than 1 year	0	977	787		1,764	1,103
2-5 years	0	2,999	1,980		4,979	2,679
> 5 years	0	2,698	0		2,698	1,456
Less finance charges allocated to future periods	0	-896	-246		-1,142	-437
Total	0	5,778	2,521		8,299	4,801
Lease Liabilities (net of irrecoverable VAT)					£000	£000
Current					1,530	1,020
Non-Current					6,769	3,781
Total					8,299	4,801
Amounts Recognised in Statement of Comprehensive Net Expenditure					£000	£000
Depreciation					2,027	1,769
Impairment					0	0
Variable lease payments not included in lease liabilities - Interest expense					233	90
Sub-leasing income					0	0
Expense related to short-term leases					189	263
Expense related to low-value asset leases (excluding short-term leases)					29	16
Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)					£000	£000
Interest expense					(233)	(90)
Repayments of principal on leases					(1,514)	(1,531)
Total					(1,747)	(1,621)

14. Intangible assets

2024-25	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
At 1 April 2024	9,903	4,668	3,385	0	0	0	17,956
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions							
- purchased	2,224	0	574	0	0	0	2,798
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(11)	0	(172)	0	0	0	(183)
At 31 March 2025	12,116	4,668	3,787	0	0	0	20,571
Amortisation							
At 1 April 2024	4,759	1,025	1,279	0	0	0	7,063
Revaluation		0			0	0	0
Reclassifications	(45)	0	0	0	0	0	(45)
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	1,403	668	505	0	0	0	2,576
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(11)	0	(172)	0	0	0	(183)
Accumulated amortisation at 31 March 2025	6,106	1,693	1,612	0	0	0	9,411
Net book value							
At 1 April 2024	5,144	3,643	2,106	0	0	0	10,893
Net book value							
At 31 March 2025	6,010	2,975	2,175	0	0	0	11,160
Net book value							
Purchased	6,010	2,975	2,175	0	0	0	11,160
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
At 31 March 2025	6,010	2,975	2,175	0	0	0	11,160

14. Intangible assets

2023-24	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
At 1 April 2023	9,026	4,902	2,932	0	0	0	16,860
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions							
- purchased	1,455	0	565	0	0	0	2,020
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(578)	(234)	(112)	0	0	0	(924)
At 31 March 2024	9,903	4,668	3,385	0	0	0	17,956
Amortisation							
At 1 April 2023	3,948	592	1,126	0	0	0	5,666
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	1,389	667	265	0	0	0	2,321
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(578)	(234)	(112)	0	0	0	(924)
Accumulated amortisation at 31 March 2024	4,759	1,025	1,279	0	0	0	7,063
Net book value							
At 1 April 2023	5,078	4,310	1,806	0	0	0	11,194
Net book value At 31 March 2024	5,144	3,643	2,106	0	0	0	10,893
Net book value							
Purchased	5,144	3,643	2,106	0	0	0	10,893
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
At 31 March 2024	5,144	3,643	2,106	0	0	0	10,893

14. Intangible assets

Disclosures:

i) Donated Assets

The Trust has not received any donated intangible assets during the year.

ii) Recognition

Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

iii) Asset Lives

The useful economic life of intangible non-current assets are assigned on an individual asset basis. Software is generally assigned a 5 year UEL and the UEL of internally generated software is based on the professional judgement of Trust professionals and Finance staff.

iv) Additions during the period

Intangible additions were acquired from All Wales & Discretionary funding during the year, and have been analysed into the relevant categories.

v) Disposals during the period

The Trust disposed of some software and licences during the year, all of which had net book values of nil.

vi) Transfers into other NHS Bodies

There were no transfers of intangible assets in 2024/25

15. Impairments

Impairments in the period arose from:	2024-25	2024-25	2024-25	2024-25	2024-25	2024-25
	Property, plant	Right of	Intangible	Held for sale	Financial	Total Asset
	& equipment	Use Assets	assets	assets	Assets	Impairment
	£000	£000	£000	£000	£000	£000
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment of assets in the course of construction	7,629	0	0	0	0	7,629
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	2,675	0	0	0	0	2,675
Other	0	0	0	0	0	0
Reversal of impairment	0	0	0	0	0	0
Total of all impairments	10,304	0	0	0	0	10,304

Analysis of impairments :

Impairments charged to the Statement of Comprehensive Net Expenditure	10,304	0	0	0	0	10,304
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	0	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	10,304	0	0	0	0	10,304

Impairments in the period arose from:	2023-24	2023-24	2023-24	2023-24	2023-24	2023-24
	Property, plant	Right of	Intangible	Held for sale	Financial	Total Asset
	& equipment	Use Assets	assets	assets	Assets	Impairment
	£000	£000	£000	£000	£000	£000
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment of assets in the course of construction	0	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Other	0	0	0	0	0	0
Reversal of impairment	0	0	0	0	0	0
Total of all impairments	0	0	0	0	0	0

Analysis of impairments :

Impairments charged to the Statement of Comprehensive Net Expenditure	0	0	0	0	0	0
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	0	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	0	0	0	0	0	0

The impairments include:

£7.629m - asset under construction enablement works relating to the new hospital site development.

£2.675m - part of the land at Whitchurch Hospital that now forms part of a habitat licence.

16. Inventories

16.1 Inventories

	31 March 2025 £000	31 March 2024 £000
Drugs	2,715	3,172
Consumables	24,403	24,566
Energy	0	0
Work in progress	0	0
Other	4,548	3,489
Total	31,666	31,227
Of which held at net realisable value:	0	0

DH Assets within other covered under	31 March 2025		31 March 2024	
	Capital £000	Revenue £000	Capital £000	Revenue £000
Memorandum of Understanding 1	0	0	0	0
Memorandum of Understanding 2	0	0	0	0
Memorandum of Understanding 3	0	0	0	0
	0	0	0	0

Department of Health and Social Care and National Health Commissioning Board Donated Assets

	31 March 2025		31 March 2024	
	Capital £000	Revenue £000	Capital £000	Revenue £000
At 1 April	227	0	227	0
Transferred under Memorandum of Understanding 1	0	0	0	0
Transferred under Memorandum of Understanding 2	0	0	0	0
Transferred under Memorandum of Understanding 3	0	0	0	0
Issued to NHS Wales bodies	0	0	0	0
Other Issues	(227)	0	0	0
AME Impairment	0	0	0	0
Returned to DH	0	0	0	0
Replacement from DH	0	0	0	0
As at 31 March	0	0	227	0

16.2 Inventories recognised in expenses

	31 March 2025 £000	31 March 2024 £000
Inventories recognised as an expense in the period	153,827	140,335
Write-down of inventories (including losses)	7,049	5,752
Reversal of write-downs that reduced the expense	(1,593)	(3,403)
Total	159,283	142,684

Of the stock balance at 31st March 2025, £17.765m relates to PPE stock which we hold as requested by Welsh Government. A new PPE stockholding policy was approved on 6th March 2025 and we are in the process of transitioning to the new stockholding requirements.

The value of inventories recognised as an expense in the period is reported due to (a) the quantities of PPE and other stock that have been issued from NWSSP stores during 2024/2025 which now reflect business as usual activity and (b) NICE and high cost drug purchases made by VCS in 2024/2025.

There was a total of £7.049m inventory write downs/losses.

£6.822m of this relates to new provisions for stock losses in future years where we anticipate we will be unable to issue the current volumes of stock prior to the expiry dates.

£0.227m of Covid equipment stock, donated from DHSC in 2020/2021 was impaired during the 2024/2025 financial year and is reported within this figure.

£1.593m of reversals are included within 2024/2025 where we had previously made provisions for write offs which were not required within the financial year.

17. Trade and other receivables

17.1 Trade and other receivables

	31 March 2025 £000	31 March 2024 £000
Current		
Welsh Government	534,467	480,262
NWJCC/WHSSC and EASC	265	785
Welsh Health Boards	26,364	22,467
Welsh NHS Trusts	2,378	1,566
Welsh Special Health Authorities	2,641	2,129
Non - Welsh Trusts	91	48
Other NHS	558	5,624
2019-20 Scheme Pays - Welsh Government Reimbursement	198	170
Welsh Risk Pool Claim reimbursement:-		
NHS Wales Secondary Health Sector	22	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	3	5
Capital receivables- Tangible	0	0
Capital receivables- Intangible	0	0
Other receivables	16,802	8,539
Provision for impairment of trade receivables	(4,901)	(5,509)
Pension Prepayments		
NHS Pensions Agency	0	0
NEST	0	0
Other prepayments	5,775	6,975
Accrued income	8,158	7,486
Sub-total	<u>592,821</u>	<u>530,547</u>
Non-current		
Welsh Government	1,349,958	1,316,580
NWJCC/WHSSC and EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	129
Capital receivables- Tangible	0	0
Capital receivables- Intangible	0	0
Other receivables	0	0
Provision for impairment of trade receivables	0	0
Pension Prepayments		
NHS Pensions Agency	0	0
NEST	0	0
Other prepayments	84	167
Accrued income	0	0
Sub-total	<u>1,350,042</u>	<u>1,316,876</u>
Total trade and other receivables	<u><u>1,942,863</u></u>	<u><u>1,847,423</u></u>

The great majority of trade is with other NHS bodies. As NHS bodies are funded by Welsh Government, no credit scoring of them is considered necessary.

The value of trade receivables that are past their payment date but not impaired is £13.256m (£11.603m in 2023/2024).

17.2 Receivables past their due date but not impaired

	31 March 2025 £000	31 March 2024 £000
By up to 3 months	8,089	5,743
By 3 to 6 months	682	608
By more than 6 months	4,485	5,252
Balance at end of financial year	<u>13,256</u>	<u>11,603</u>

17.3 Expected Credit Losses (ECL) Allowance for bad and doubtful debts

	31 March 2025 £000	31 March 2024 £000
Balance at 1 April	(5,508)	(5,448)
Transfer to other NHS Wales body	0	0
Provision utilised (Amount written off during the year)	18	32
Provision written back during the year no longer required	0	0
(Increase)/Decrease in provision during year	(49)	(183)
ECL/Bad debts recovered during year	638	91
Balance at end of financial year	<u>(4,901)</u>	<u>(5,508)</u>

The value of the provision remains high as an NWSSP doubtful debt raised in March 2022 of £3.248m remains unpaid.

17.4 Receivables VAT

	31 March 2025 £000	31 March 2024 £000
Trade receivables	76	90
Other	0	0
Total	<u>76</u>	<u>90</u>

18. Other financial assets

	31 March	31 March
	2025	2024
	£000	£000
Current		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Right of Use Asset Finance Sublease	0	0
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Total	<u>0</u>	<u>0</u>
RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure	2024-25	2023-24
RoU Sub-leasing income	0	0
Non-Current		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Right of Use Asset Finance Sublease	0	0
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Total	<u>0</u>	<u>0</u>

19. Cash and cash equivalents

	31 March	31 March
	2025	2024
	£000	£000
Opening Balance	20,956	31,136
Net change in year	(5,750)	(10,180)
Closing Balance	15,206	20,956
Made up of:		
Cash with Government Banking Service (GBS)	15,183	20,938
Cash with Commercial banks	0	0
Cash in hand	23	18
Total cash	15,206	20,956
Current investments	0	0
Cash and cash equivalents as in SoFP	15,206	20,956
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
Cash & cash equivalents as in Statement of Cash Flows	15,206	20,956

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities (ROUA) £0m
 Lease Liabilities (short-term and low value leases) £0m
 PFI liabilities: £0m

The movement relates to cash, no comparative information is required by IAS 7 in 2024-25.

20. Trade and other payables at the SoFP Date	31 March	31 March
	2025	2024
Current	£000	£000
Welsh Government	10,019	3,379
NWJCC/WHSSC and EASC	139	217
Welsh Health Boards	188,822	168,028
Welsh NHS Trusts	7,825	6,116
Welsh Special Health Authorities	100	61
Other NHS	3,827	890
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	107	17
National Insurance contributions payable to HMRC	68	111
Non-NHS trade payables - revenue	17,331	26,067
Local Authorities	107	82
Capital payables-Tangible	9,283	7,580
Capital payables- Intangible	731	793
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	0	0
Obligations due under finance leases and HP contracts	0	0
Imputed finance lease element of on SoFP PFI/MIM contracts	0	0
Impact of IFRS 16 on SoFP PFI/MIM contracts	0	0
Pensions: staff	6,289	5,172
Non NHS Accruals	8,257	9,423
Deferred Income:		
Deferred income brought forward	1,950	1,998
Deferred income additions	162	1,713
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	(1,815)	(1,761)
Other liabilities - all other payables	5	0
PFI/MIM assets – deferred credits	0	0
PFI/MIM - Payments on account	0	0
Sub-total	253,207	229,886

The Trust aims to pay all invoices within the 30 day period directed by the Welsh Government.

20. Trade and other payables at the SoFP Date (cont)

	31 March 2025 £000	31 March 2024 £000
Non-current		
Welsh Government	2,500	2,500
NWJCC/ WHSSC and EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
National Insurance contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	0	0
Obligations due under finance leases and HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Impact of IFRS 16 on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income:		
Deferred income brought forward	830	592
Deferred income additions	225	238
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	0	0
Other liabilities - all other payables	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub-total	<u>3,555</u>	<u>3,330</u>
Total	<u>256,762</u>	<u>233,216</u>

20. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled :	31 March 2025 £000	31 March 2024 £000
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	<u>0</u>	<u>0</u>

21. Borrowings	31 March	31 March
Current	2025	2024
	£000	£000
Bank overdraft - Government Banking Service (GBS)	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI/Other service concession arrangements liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities	0	0
RoU Lease Liability	1,530	1,020
Other	0	0
Total	1,530	1,020
Non-current		
Bank overdraft - GBS	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI/Other service concession arrangements liabilities:		
Main liability	102,041	28,004
Lifecycle replacement received in advance	0	0
Finance lease liabilities	0	0
RoU Lease Liability	6,769	3,781
Other	0	0
Total	108,810	31,785

21.2 Loan advance/strategic assistance funding

	31 March	31 March
	2025	2024
	£000	£000
Amounts falling due:		
In one year or less	0	0
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	<u>0</u>	<u>0</u>
Wholly repayable within five years	0	0
Wholly repayable after five years, not by instalments	0	0
Wholly or partially repayable after five years by instalments	<u>0</u>	<u>0</u>
Sub-total	<u>0</u>	<u>0</u>
Total repayable after five years by instalments	0	0

The Trust has not received a loan advance or strategic funding from the Welsh Government.

22. Other financial liabilities

	31 March 2025 £000	31 March 2024 £000
Current		
Financial Guarantees		
At amortised cost	0	0
At fair value through SoCI	0	0
Derivatives at fair value through SoCI	0	0
Other		
At amortised cost	0	0
At fair value through SoCI	0	0
Total	<u>0</u>	<u>0</u>

	31 March 2025 £000	31 March 2024 £000
Non-current		
Financial Guarantees		
At amortised cost	0	0
At fair value through SoCI	0	0
Derivatives at fair value through SoCI	0	0
Other		
At amortised cost	0	0
At fair value through SoCI	0	0
Total	<u>0</u>	<u>0</u>

23. Provisions
2024-25

	At 1 April 2024	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2025
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	296,606	(52,729)	(6,880)	75,252	0	122,679	(72,116)	(44,926)	(3,590)	314,296
Primary Care	4,718	0	0	3	0	6,707	(849)	(553)	0	10,026
Redress Secondary Care	2,971	0	(562)	0	0	3,529	(1,475)	(1,019)	0	3,444
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	3,931	0	(29)	58	0	3,033	(766)	(3,136)	0	3,091
All other losses and special payments	0	0	0	0	0	4,538	(4,538)	0	0	0
Defence legal fees and other administration	4,278	0	0	712	0	4,277	(2,115)	(1,577)	0	5,575
Structured Settlements - WRPS	22,415	1,544	0	0	0	28,423	(24,125)	(2,148)	(522)	25,587
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	14		(2)	15	(13)	2	(7)	0	0	9
2019-20 Scheme Pays - Reimbursement	2		0	(22)	0	198	0	(170)	0	8
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	3,582		0	(6,824)	0	8,140	(977)	(1,778)		2,143
Total	338,517	(51,185)	(7,473)	69,194	(13)	181,526	(106,968)	(55,307)	(4,112)	364,179

Non Current

Clinical negligence:-										
Secondary Care	648,452	0	(16,788)	(75,252)	0	205,569	(17,791)	(101,269)	0	642,921
Primary Care	13	0	0	(3)	0	17	(1)	0	0	26
Redress Secondary Care	0	0	0	0	0	8	0	0	0	8
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	168	0	0	(58)	0	39	0	0	0	149
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	5,642	0	0	(712)	0	2,180	(323)	(1,241)	0	5,546
Structured Settlements - WRPS	662,147	51,185	0	0	0	270	0	(11,272)	0	702,330
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	16		0	(15)	0	0	0	(1)	0	0
2019-20 Scheme Pays - Reimbursement	168		0	22	0	0	0	0	0	190
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	200	0	0		200
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	4,243		0	6,824	0	0	0	0		11,067
Total	1,320,849	51,185	(16,788)	(69,194)	0	208,283	(18,115)	(113,783)	0	1,362,437

TOTAL

Clinical negligence:-										
Secondary Care	945,058	(52,729)	(23,668)	0	0	328,248	(89,907)	(146,195)	(3,590)	957,217
Primary Care	4,731	0	0	0	0	6,724	(850)	(553)	0	10,052
Redress Secondary Care	2,971	0	(562)	0	0	3,537	(1,475)	(1,019)	0	3,452
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	4,099	0	(29)	0	0	3,072	(766)	(3,136)	0	3,240
All other losses and special payments	0	0	0	0	0	4,538	(4,538)	0	0	0
Defence legal fees and other administration	9,920	0	0	0	0	6,457	(2,438)	(2,818)	0	11,121
Structured Settlements - WRPS	684,562	52,729	0	0	0	28,693	(24,125)	(13,420)	(522)	727,917
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	30		(2)	0	(13)	2	(7)	(1)	0	9
2019-20 Scheme Pays - Reimbursement	170		0	0	0	198	0	(170)	0	198
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	200	0	0		200
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	7,825		0	0	0	8,140	(977)	(1,778)		13,210
Total	1,659,366	0	(24,261)	0	(13)	389,809	(125,083)	(169,090)	(4,112)	1,726,616

Expected timing of cash flows:

	In year to 31 March 2026	Between 01-Apr-26 to 31 March 2030	Thereafter	Totals
	£000	£000	£000	£000
Clinical negligence:-				
Secondary Care	314,296	465,008	177,913	957,217
Primary Care	10,026	26	0	10,052
Redress Secondary Care	3,444	8	0	3,452
Redress Primary Care	0	0	0	0
Personal injury	3,091	149	0	3,240
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	5,575	5,546	0	11,121
Structured Settlements - WRPS	25,587	110,523	591,807	727,917
Pensions - former directors	0	0	0	0
Pensions - other staff	9	0	0	9
2019-20 Scheme Pays - Reimbursement	8	11	179	198
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	200	200
Other Capital Provisions	0	0	0	0
Other	2,143	10,819	248	13,210
Total	364,179	592,090	770,347	1,726,616

**23. Provisions NHS Trust
2024-25**

	At 1 April 2024	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2025
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	1,860	0	0	(1,025)	0	880	(666)	(821)	0	228
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	21	0	0	0	0	0	0	(21)	0	0
All other losses and special payments	0	0	0	0	0	4,538	(4,538)	0	0	0
Defence legal fees and other administration	57	0	0	0	0	3	0	(32)	0	28
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	14		(2)	15	(13)	2	(7)	0	0	9
2019-20 Scheme Pays - Reimbursement	2		0	(22)	0	198	0	(170)	0	8
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	3,585		0	(6,824)	0	8,140	(977)	(1,778)		2,146
Total	5,539	0	(2)	(7,856)	(13)	13,761	(6,188)	(2,822)	0	2,419

Non Current										
Clinical negligence:-										
Secondary Care	0	0	0	1,025	0	0	0	0	0	1,025
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0	0	0	0
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	16		0	(15)	0	0	0	(1)	0	0
2019-20 Scheme Pays - Reimbursement	168		0	22	0	0	0	0	0	190
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	200	0	0		200
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	4,243		0	6,824	0	0	0	0		11,067
Total	4,427	0	0	7,856	0	200	0	(1)	0	12,482

TOTAL										
Clinical negligence:-										
Secondary Care	1,860	0	0	0	0	880	(666)	(821)	0	1,253
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	21	0	0	0	0	0	0	(21)	0	0
All other losses and special payments	0	0	0	0	0	4,538	(4,538)	0	0	0
Defence legal fees and other administration	57	0	0	0	0	3	0	(32)	0	28
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	30		(2)	0	(13)	2	(7)	(1)	0	9
2019-20 Scheme Pays - Reimbursement	170		0	0	0	198	0	(170)	0	198
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	200	0	0		200
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	7,828		0	0	0	8,140	(977)	(1,778)		13,213
Total	9,966	0	(2)	0	(13)	13,961	(6,188)	(2,823)	0	14,901

Expected timing of cash flows:

	In year to 31 March 2023	Between 01-Apr-23 to 31 March 2027	Thereafter	Totals
	£000	£000	£000	£000
Clinical negligence:-				
Secondary Care	228	1,025	0	1,253
Primary Care	0	0	0	0
Redress Secondary Care	0	0	0	0
Redress Primary Care	0	0	0	0
Personal injury	0	0	0	0
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	28	0	0	28
Structured Settlements - WRPS	0	0	0	0
Pensions - former directors	0	0	0	0
Pensions - other staff	9	0	0	9
2019-20 Scheme Pays - Reimbursement	8	11	179	198
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	200	200
Other Capital Provisions	0	0	0	0
Other	2,146	10,819	248	13,213
Total	2,419	11,855	627	14,901

23. Provisions WRP
2024-25

	At 1 April 2024	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2025
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	294,708	(52,729)	(6,880)	76,434	0	121,799	(71,450)	(44,105)	(3,590)	314,187
Primary Care	4,718	0	0	3	0	6,707	(849)	(553)	0	10,026
Redress Secondary Care	2,972	0	(562)	0	0	3,529	(1,475)	(1,019)	0	3,445
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	3,910	0	(29)	58	0	3,033	(766)	(3,115)	0	3,091
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	4,098	0	0	712	0	4,274	(2,115)	(1,545)	0	5,424
Structured Settlements - WRPS	22,415	1,544	0	0	0	28,423	(24,125)	(2,148)	(522)	25,587
Pensions relating to: former directors	0	0	0	0	0	0	0	0	0	0
Pensions relating to: other staff	0	0	0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0	0	0	0	0	0	0	0	0	0
Restructurings	0	0	0	0	0	0	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0	0	0	0	0	0	0
Other Capital Provisions	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	332,821	(51,185)	(7,471)	77,207	0	167,765	(100,780)	(52,485)	(4,112)	361,760
Non Current										
Clinical negligence:-										
Secondary Care	648,612	0	(16,788)	(76,434)	0	205,569	(17,791)	(101,269)	0	641,899
Primary Care	13	0	0	(3)	0	17	(1)	0	0	26
Redress Secondary Care	0	0	0	0	0	8	0	0	0	8
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	168	0	0	(58)	0	39	0	0	0	149
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	5,640	0	0	(712)	0	2,180	(323)	(1,239)	0	5,546
Structured Settlements - WRPS	662,148	51,185	0	0	0	270	0	(11,273)	0	702,330
Pensions relating to: former directors	0	0	0	0	0	0	0	0	0	0
Pensions relating to: other staff	0	0	0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0	0	0	0	0	0	0	0	0	0
Restructurings	0	0	0	0	0	0	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0	0	0	0	0	0	0
Other Capital Provisions	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	1,316,581	51,185	(16,788)	(77,207)	0	208,083	(18,115)	(113,781)	0	1,349,958
TOTAL										
Clinical negligence:-										
Secondary Care	943,320	(52,729)	(23,668)	0	0	327,368	(89,241)	(145,374)	(3,590)	956,086
Primary Care	4,731	0	0	0	0	6,724	(850)	(553)	0	10,052
Redress Secondary Care	2,972	0	(562)	0	0	3,537	(1,475)	(1,019)	0	3,453
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	4,078	0	(29)	0	0	3,072	(766)	(3,115)	0	3,240
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	9,738	0	0	0	0	6,454	(2,438)	(2,784)	0	10,970
Structured Settlements - WRPS	684,563	52,729	0	0	0	28,693	(24,125)	(13,421)	(522)	727,917
Pensions relating to: former directors	0	0	0	0	0	0	0	0	0	0
Pensions relating to: other staff	0	0	0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0	0	0	0	0	0	0	0	0	0
Restructurings	0	0	0	0	0	0	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0	0	0	0	0	0	0
Other Capital Provisions	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	1,649,402	0	(24,259)	0	0	375,848	(118,895)	(166,266)	(4,112)	1,711,718

Expected timing of cash flows:

	In year to 31 March 2023 £000	Between 01-Apr-23 to 31 March 2027 £000	Thereafter £000	Totals £000
Clinical negligence:-				
Secondary Care	314,187	463,986	177,913	956,086
Primary Care	10,026	26	0	10,052
Redress Secondary Care	3,445	8	0	3,453
Redress Primary Care	0	0	0	0
Personal injury	3,091	149	0	3,240
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	5,424	5,546	0	10,970
Structured Settlements - WRPS	25,587	110,523	591,807	727,917
Pensions - former directors	0	0	0	0
Pensions - other staff	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0	0	0	0
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0
Other Capital Provisions	0	0	0	0
Other	0	0	0	0
Total	361,760	580,238	769,720	1,711,718

The provisions relate to amounts over £25,000 in respect of ongoing claims against the NHS in Wales, the outcome of which will not be determined until the case has been finalised.

Timings of cashflow have been profiled to match total current liabilities. However, the total will include cases which may settle with a structured settlement, so the underlying cashflows will be over a number of years. Also, there can be delays in settlement dates anticipated for next year which will further impact the cash flow timings.

23. Provisions (continued)

2023-24

NHS Trust and Welsh Risk Pool

	At 1 April 2023	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2024
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	356,872	(62,730)	(10,559)	45,186	0	125,134	(74,891)	(72,975)	(9,431)	296,606
Primary Care	631	0	0	0	0	4,625	(383)	(155)	0	4,718
Redress Secondary Care	3,121	0	(440)	1	0	2,561	(970)	(1,302)	0	2,971
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	3,640	0	(167)	94	0	4,030	(1,541)	(2,125)	0	3,931
All other losses and special payments	0	0	0	0	0	(1,308)	1,308	0	0	0
Defence legal fees and other administration	5,728	0	0	899	0	3,701	(1,568)	(4,482)	0	4,278
Structured Settlements - WRPS	19,418	1,792	0	0	0	26,161	(20,984)	(1,330)	(2,642)	22,415
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	13		(5)	37	0	0	(16)	(15)	0	14
2019-20 Scheme Pays - Reimbursement	1		0	0	0	2	0	(1)	0	2
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	3,101		0	753	0	2,564	(1,374)	(1,462)		3,582
Total	392,525	(60,938)	(11,171)	46,970	0	167,470	(100,419)	(83,847)	(12,073)	338,517
Non Current										
Clinical negligence:-										
Secondary Care	481,152	0	(13,346)	(45,202)	0	258,235	(8,574)	(23,813)	0	648,452
Primary Care	0	0	0	0	0	13	0	0	0	13
Redress Secondary Care	3	0	0	(1)	0	0	0	(2)	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	212	0	0	(107)	0	1,145	(986)	(96)	0	168
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	4,277	0	0	(869)	0	3,537	(278)	(1,025)	0	5,642
Structured Settlements - WRPS	621,157	60,938	0	0	0	4,639	0	(24,587)	0	662,147
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	42		0	(37)	0	11	0	0	0	16
2019-20 Scheme Pays - Reimbursement	169		0	0	0	168	0	(169)	0	168
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	1,907		0	(753)	0	3,150	0	(61)		4,243
Total	1,108,919	60,938	(13,346)	(46,969)	0	270,898	(9,838)	(49,753)	0	1,320,849
TOTAL										
Clinical negligence:-										
Secondary Care	838,024	(62,730)	(23,905)	(16)	0	383,369	(83,465)	(96,788)	(9,431)	945,058
Primary Care	631	0	0	0	0	4,638	(383)	(155)	0	4,731
Redress Secondary Care	3,124	0	(440)	0	0	2,561	(970)	(1,304)	0	2,971
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	3,852	0	(167)	(13)	0	5,175	(2,527)	(2,221)	0	4,099
All other losses and special payments	0	0	0	0	0	(1,308)	1,308	0	0	0
Defence legal fees and other administration	10,005	0	0	30	0	7,238	(1,846)	(5,507)	0	9,920
Structured Settlements - WRPS	640,575	62,730	0	0	0	30,800	(20,984)	(25,917)	(2,642)	684,562
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	55		(5)	0	0	11	(16)	(15)	0	30
2019-20 Scheme Pays - Reimbursement	170		0	0	0	170	0	(170)	0	170
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	5,008		0	0	0	5,714	(1,374)	(1,523)		7,825
Total	1,501,444	0	(24,517)	1	0	438,368	(110,257)	(133,600)	(12,073)	1,659,366

24 Contingencies

24.1 Contingent liabilities

Provision has not been made in these accounts for the following amounts:

	31 March 2025 £000	31 March 2024 £000
Legal claims for alleged medical or employer negligence;		
Secondary care	1,063,349	1,135,345
Primary Care	12,759	9,539
Secondary care - Redress	2,283	2,211
Primary Care - Redress	0	0
Doubtful debts	0	0
Equal pay cases	0	0
Defence costs	0	0
Other	0	0
Total value of disputed claims	1,078,391	1,147,095
Amount recovered under insurance arrangements in the event of these claims being successful	(1,078,340)	(1,146,918)
Net contingent liability	51	177

Contingent liabilities includes claims relating to alleged clinical negligence, personal injury and permanent injury benefits under the NHS Injury Benefits Scheme. The above figures include contingent liabilities for all Health Bodies in Wales. Other litigation claims could arise in the future due to known incidents. The expenditure which may arise from such claims cannot be determined and no provision has been made for them. Liability for Permanent Injury Benefit under the NHS Injury Benefit Scheme lies with the employer. Individual claims to the NHS Pensions Agency could arise due to known incidents. In addition, the Trust has received notification of a potential procurement claim from an unsuccessful supplier.

24.2. Remote contingent liabilities

	31 March 2025 £000	31 March 2024 £000
Guarantees	0	0
Indemnities	42,822	83,647
Letters of comfort	0	0
Total	42,822	83,647

24.3 Contingent assets

	31 March 2025 £000	31 March 2024 £000
	0	0
	0	0
	0	0
	0	0

The Trust has no contingent assets.

25. Capital commitments and Other Service Concession Arrangements

25.1 Capital commitments

Future commitments under capital expenditure contracts not already disclosed as liabilities in the accounts at the statement of financial position sheet date :

	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	21,873	32,454
Right of Use Assets	0	0
Intangible assets	0	684
Total	21,873	33,138

The capital commitments include contract obligations of £2m for the enabling works at the new hospital site development plus £18m in respect of the Integrated Radiotherapy Solution & Satellite Radiotherapy unit projects.

There are no ROU or Intangible commitments for the financial year.

25.2 Other Service Concession Arrangements

Future commitments under other service concession arrangement expenditure contracts not already disclosed as liabilities at the statement of financial position sheet date :

	31 March 2025 £000	31 March 2024 £000
MIMs Funded Property Plant and Equipment	0	0
nVCC Service Component	937,639	937,639
Total	937,639	937,639

Minimum lease payments due in future periods

Not later than one year	0	0
Later than one year and not later than five years	0	0
Later than five years	0	0
Less interest	0	0
Total	0	0

Annual service payments due in future periods

Not later than one year	0	0
Later than one year and not later than five years	72,126	36,063
Later than five years	865,513	901,576
Total	937,639	937,639

On the 28th March 2024, the Trust entered into a service concession contract relating to the new Velindre Cancer Centre (nVCC) under the Mutual Investment Model with Acorn Velindre Limited ("Project Co") who will be responsible for building (and financing) the new hospital and then maintaining it over a 25 year concession period. During the concession period, an Annual Service Payment (ASP) will be made on a monthly basis by the Trust to Project Co. to cover the cost of delivering the project.

From the commencement of the concession period on the 16th March 2027, the ASP plus recurring revenue costs (including payments related to insurance and utilities) will be c.£36.1m per annum and will be proportionate to the work completed, increasing as subsequent phases of construction are completed, until the construction phase is complete, when the full ASP is payable. 10.15% of the ASP is indexed to the Retail Price Index (all items excluding mortgage interest).

The total ASP and recurring revenue commitment is £938m and reflects the initial prices as set out in the Project Agreement and Full Business Case.

26. Losses and special payments

Losses and special payments are charged to the Income Statement in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note for settlement and claimant costs are prepared on a cash basis.

Gross loss to the Exchequer

26.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during year to 31 March 2025	
	Number of cases	£
Clinical negligence:-		
Secondary Care	320	89,524,420
Primary Care	0	0
Redress Secondary Care	8	30,023
Redress Primary Care	0	0
Personal injury	35	5,165,408
All other losses and special payments	352	4,538,433
Structured Settlements managed by WRP	234	24,135,575
Total	949	123,393,859

26.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000		Cumulative amount £
	Number of cases	£	
Cases in excess of £300,000:			
L&R Case reference number			
SEE TAB 64(a) FOR CASE DETAILS			
Sub-total	56	77,001,010	93,003,438
All other cases paid in year	871	38,412,182	205,052,061
Structured Settlements managed by WRP	22	7,980,667	40,389,082
Total cases paid in year	949	123,393,859	338,444,581

26.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number of cases	£
Cumulative amount up to £300k	0	0
Cumulative amount greater than £300k	0	0
Total	0	0

The Welsh Risk Pool (WRP) reimburses Trusts, Local Health Boards and Special Health Authorities for payments made in year. The WRP also manages annual payments directly to WRP claimants. They arise when a case settles with a Structured Settlement arrangement. The comparative figure of annual payments for 2023/2024 is £22,513,205 for 12 transactions. Structured settlements relate to cases which have settled with a lower lump sum element within the total settlement value, plus annual payments over the lifetime of the claimant (the Periodical Payment Order). They typically relate to high value cases over £1M and are primarily used to meet the future care costs of the claimant as they fall due.

All other losses and special payments includes £952,718 relating to NWSSP stock losses.

26. Losses and special payments CONTINUED

26.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000		Cumulative amount
	Number of cases	£	£
Cases in excess of £300,000:			
NWSSP write-off	1	511,214	511,214
Clinical Negligence	1	661,238	675,786
Secondary Care			
Aneurin Bevan UHB	7	7,258,954	11,349,022
Betsi Cadwaladr UHB	7	10,632,618	11,874,377
Cardiff and Vale UHB	12	30,021,466	33,957,779
Cwm Taf Morgannwg UHB	5	2,502,154	7,796,820
Hywel Dda UHB	10	15,768,200	16,858,348
Powys Teaching HB	0	0	0
Swansea Bay UHB	10	7,640,093	7,975,019
Public Health Wales	1	462,625	462,625
Velindre University NHS Trust	1	649,573	649,573
Welsh Ambulance Services NHS Trust	1	892,875	892,875
Digital Health & Care Wales	0	0	0
Health Education & Improvement Wales	0	0	0
Primary Care			
Aneurin Bevan UHB	0	0	0
Betsi Cadwaladr UHB	0	0	0
Cardiff and Vale UHB	0	0	0
Cwm Taf Morgannwg UHB	0	0	0
Hywel Dda UHB	0	0	0
Powys Teaching HB	0	0	0
Swansea Bay UHB	0	0	0
TOTAL	56	77,001,010	93,003,438
All other cases paid in year	871	38,412,182	204,246,249
Structured Settlements managed by WRP	22	7,980,667	40,389,082
Total cases paid in year	949	123,393,859	337,638,769

26.2 Velindre NHS Trust excluding WRP Losses and special payments

Losses and special payments are charged to the Income Statement in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note for settlement and claimant costs are prepared on a cash basis.

Gross loss to the Exchequer

26.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during year to 31 March 2025	
	Number of cases	£
Clinical negligence:-		
Secondary Care	4	667,272
Primary Care	0	0
Redress Secondary Care	8	30,023
Redress Primary Care	0	0
Personal injury	4	3,625
All other losses and special payments	10	984,658
Structured Settlements managed by WRP	0	0
Total	26	1,685,578

26.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000		Cumulative amount
	Number of cases	£	£
Cases in excess of £300,000:			
L&R Case reference number			
 SEE TAB 64(b) FOR CASE DETAILS			
	2	1,172,452	1,187,000
Sub-total	2	1,172,452	1,187,000
All other cases paid in year	24	513,126	805,812
Structured Settlements managed by WRP	0	0	0
Total cases paid in year	26	1,685,578	1,992,812

26.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number of cases	£
Cumulative amount up to £300k	0	0
Cumulative amount greater than £300k	0	0
Total	0	0

26.2 Velindre NHS Trust excluding WRP Losses and special payments CONTINUED

26.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000		Cumulative amount
	Number of cases	£	
Cases in excess of £300,000:			
Clinical Negligence	1	661,238	675,786
NWSSP stores slow-moving / obsolescent stock losses	1	511,214	511,214
Sub-total	2	1,172,452	1,187,000
All other cases paid in year	24	513,126	805,812
Structured Settlements managed by WRP	0	0	0
Total cases paid in year	26	1,685,578	1,992,812

26.3 WRP Losses and special payments

Losses and special payments are charged to the Income Statement in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note for settlement and claimant costs are prepared on a cash basis.

Gross loss to the Exchequer

26.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during year to 31 March 2025	
	Number of cases	£
Clinical negligence:-		
Secondary Care	316	88,857,149
Primary Care	0	0
Redress Secondary Care	0	0
Redress Primary Care	0	0
Personal injury	31	5,161,783
All other losses and special payments	342	3,553,775
Structured Settlements managed by WRP	234	24,135,575
Total	923	121,708,282

26.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000		Cumulative amount £
	Number of cases	£	
Cases in excess of £300,000:			
DETAILS			
Sub-total	54	75,828,558	91,816,438
All other cases paid in year	847	37,899,056	204,246,249
Structured Settlements managed by WRP	22	7,980,667	40,389,082
Total cases paid in year	923	121,708,281	336,451,769

26.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number of cases	£
Cumulative amount up to £300k	0	0
Cumulative amount greater than £300k	0	0
Total	0	0

26.3 WRP Losses and special payments CONTINUED

26.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000		Cumulative amount
	Number of cases	£	£
Cases in excess of £300,000:			
L&R Case reference number			
Secondary Care			
Aneurin Bevan UHB	7	7,258,954	11,349,022
Betsi Cadwaladr UHB	7	10,632,618	11,874,377
Cardiff and Vale UHB	12	30,021,466	33,957,779
Cwm Taf Morgannwg UHB	5	2,502,154	7,796,820
Hywel Dda UHB	10	15,768,200	16,858,348
Powys Teaching HB	0	0	0
Swansea Bay UHB	10	7,640,093	7,975,019
Public Health Wales	1	462,625	462,625
Velindre University NHS Trust	1	649,573	649,573
Welsh Ambulance Services NHS Trust	1	892,875	892,875
Digital Health & Care Wales	0	0	0
Health Education & Improvement Wales	0	0	0
Primary Care			
Aneurin Bevan UHB	0	0	0
Betsi Cadwaladr UHB	0	0	0
Cardiff and Vale UHB	0	0	0
Cwm Taf Morgannwg UHB	0	0	0
Hywel Dda UHB	0	0	0
Powys Teaching HB	0	0	0
Swansea Bay UHB	0	0	0
Sub-total	54	75,828,558	91,816,438
All other cases paid in year	847	37,899,056	204,246,249
Structured Settlements managed by WRP	22	7,980,667	40,389,082
Total cases paid in year	923	121,708,281	336,451,769

27. Right of Use / Finance leases obligations

27.1 Obligations (as lessee)

Amounts payable under right of use asset leases:

2024-25

	LAND	BUILDINGS	OTHER	TOTAL
	31 March	31 March	31 March	31 March
	2025	2025	2025	2025
	£000	£000	£000	£000
Minimum lease payments				
Within one year	0	977	787	1,764
Between one and five years	0	2,999	1,980	4,979
After five years	0	2,698	0	2,698
Less finance charges allocated to future periods	0	(896)	(246)	(1,142)
Minimum lease payments	0	5,778	2,521	8,299
Included in:				
Current borrowings	0	840	690	1,530
Non-current borrowings	0	4,938	1,831	6,769
	0	5,778	2,521	8,299
Present value of minimum lease payments				
Within one year	0	840	690	1,530
Between one and five years	0	2,480	1,831	4,311
After five years	0	2,458	0	2,458
Present value of minimum lease payments	0	5,778	2,521	8,299
Included in:				
Current borrowings	0	840	690	1,530
Non-current borrowings	0	4,938	1,831	6,769
	0	5,778	2,521	8,299

2023-24

	LAND	BUILDINGS	OTHER	TOTAL
	31 March	31 March	31 March	31 March
	2024	2024	2024	2024
	£000	£000	£000	£000
Minimum lease payments				
Within one year	0	859	244	1,103
Between one and five years	0	2,367	312	2,679
After five years	0	1,456	0	1,456
Less finance charges allocated to future periods	0	(417)	(20)	(437)
Minimum lease payments	0	4,265	536	4,801
Included in:				
Current borrowings	0	787	233	1,020
Non-current borrowings	0	3,478	303	3,781
	0	4,265	536	4,801
Present value of minimum lease payments				
Within one year	0	787	233	1,020
Between one and five years	0	2,142	303	2,445
After five years	0	1,336	0	1,336
Present value of minimum lease payments	0	4,265	536	4,801
Included in:				
Current borrowings	0	787	233	1,020
Non-current borrowings	0	3,478	303	3,781
	0	4,265	536	4,801

27.2 Right of Use Assets receivables (as lessor)

The Trust has no amounts receivable under right of use asset or finance leases as lessor.

Amounts receivable under right of use assets:

	31 March 2025 £000	31 March 2024 £000
Gross investment in leases		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	0	0
Included in:		
Current financial assets	0	0
Non-current financial assets	0	0
Total	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Total present value of minimum lease payments	0	0
Included in:		
Current financial assets	0	0
Non-current financial assets	0	0
Total	0	0

27.3 Finance Lease Commitment

The Trust does not have any commitments becoming operational in a future period.

28. Private Finance Initiative and Other Service Concession Arrangements

28.1 Private Finance Initiatives (PFI) / Public Private Partnerships (PPP)

The Trust has no PFI/PPP schemes deemed to be on or off balance sheet.

28.2 Other Service Concession Arrangements - Mutual Investment Model (MIM) schemes

New Velindre Cancer Centre (nVCC)

On 28 March 2024, Velindre University NHS Trust entered into a service concession contract relating to the new Velindre Cancer Centre (nVCC) under the Mutual Investment Model with Acorn Velindre Limited ('Project Co') who will be responsible for building (and financing) the new hospital and then maintaining it over a 25 year concession period.

The capital value of £102m reflects the asset under construction and not the concession arrangement which will commence on the 16/03/2027.

	£000
Capital value of scheme included in Fixed Assets Note 13	102,041
Contract start date:	28/03/2024
Contract end date:	15/03/2027

Total obligations for on-Statement of Financial Position MIM contracts due:

	On SoFP MIM Capital element	On SoFP MIM IFRS 16 impact Finance Charge	On SoFP MIM Imputed interest	On SoFP MIM Service charges
	31 March 2025 £000	31 March 2025 £000	31 March 2025 £000	31 March 2025 £000
Total payments due within one year	0	0	0	0
Total payments due between 1 and 5 years	0	0	0	0
Total payments due thereafter	0	0	0	0
Total future payments in relation to MIM contract	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

	On SoFP MIM Capital element	On SoFP MIM IFRS 16 impact Finance Charge	On SoFP MIM Imputed interest	On SoFP MIM Service charges
	31 March 2024 £000	31 March 2024 £000	31 March 2024 £000	31 March 2024 £000
Total payments due within one year	0	0	0	0
Total payments due between 1 and 5 years	0	0	0	0
Total payments due thereafter	0	0	0	0
Total future payments in relation to PFI/MIM contracts	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Total present value of obligations for on-SoFP MIM contract 0

28.3 Charges to expenditure

	2024-25	2023-24
	£000	£000
Service charges for On Balance sheet MIM contracts (excl interest costs)	0	0
Total expense for Off Balance sheet MIM contracts	0	0
The total charged in the year to expenditure in respect of MIM contracts	0	0

The Trust is committed to the following annual charges for the MIM scheme to expiry date:

	31 March	31 March
	2025	2024
	£000	£000
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	0	0
Total	0	0

The estimated annual payments in future years will vary from those which the Trust is committed to make during the next year by the impact of movement in the Retail Prices Index.

28.4 Number of MIM contracts

	Number of on SoFP MIM contracts	Number of off SoFP MIM contracts
Number of MIM contracts	0	0
Number of MIM contracts which individually have a total commitment > £500m	0	0

29. Financial Risk Management

IFRS 7, Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

NHS Trusts are not exposed to the degree of financial risk faced by business entities. Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. NHS Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing NHS Trusts in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust treasury activity is subject to review by the Trust's internal auditors.

Liquidity risk

The Trust's net operating costs are incurred under annual service agreements with various Health bodies, which are financed from resources voted annually by parliament. NHS Trusts also largely finance their capital expenditure from funds made available from the Welsh Government under agreed borrowing limits. NHS Trusts are not, therefore, exposed to significant liquidity risks.

Interest-rate risks

The great majority of NHS Trust's financial assets and financial liabilities carry nil or fixed rates of interest. NHS Trusts are not, therefore, exposed to significant interest-rate risk.

Foreign currency risk

NHS Trusts have no significant foreign currency income or expenditure and any such risk for the Trust is underwritten by Welsh Government.

Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures are in receivables from customers as disclosed in the trade and other receivables note.

General

The powers of the Trust to invest and borrow are limited. The Board has determined that in order to maximise income from cash balances held, any balance of cash which is not required will be invested. The Trust does not borrow from the private sector. All other financial instruments are held for the sole purpose of managing the cash flow of the Trust on a day to day basis or arise from the operating activities of the Trust. The management of risks around these financial instruments therefore relates primarily to the Trust's overall arrangements for managing risks to their financial position, rather than the Trust's treasury management procedures.

30. Movements in working capital	31 March	31 March
	2025	2024
	£000	£000
(Increase) / decrease in inventories	(439)	2,843
(Increase) / decrease in trade and other receivables - non-current	(33,166)	(209,829)
(Increase) / decrease in trade and other receivables - current	(62,274)	35,195
Increase / (decrease) in trade and other payables - non-current	77,250	29,602
Increase / (decrease) in trade and other payables - current	23,831	3,529
Total	5,202	(138,660)
Adjustment for accrual movements in fixed assets - creditors	(75,678)	(26,782)
Adjustment for accrual movements in fixed assets - debtors	0	0
Adjustment for accrual movements in right of use assets - creditors	(3,498)	(1,257)
Adjustment for accrual movements in right of use assets - debtors	0	0
Other adjustments	4,126	13,605
Total	(69,848)	(153,094)

Other adjustments includes £3.88m relating to finance costs, as detailed in Note 8. This primarily relates to the unwinding of discount for future cash flows relating to clinical negligence provisions and periodic payment orders managed by the Welsh Risk Pool.

31. Other cash flow adjustments	31 March	31 March
	2025	2024
	£000	£000
Other cash flow adjustments		
Depreciation	23,016	11,174
Amortisation	2,576	2,321
(Gains)/Loss on Disposal	(11)	17
Impairments and reversals	10,304	0
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
NWSSP Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	0	(217)
Government Grant assets received credited to revenue but non-cash	0	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	0	0
Non-cash movements in right of use assets	0	0
Non-cash movements in provisions	192,346	268,178
Total	228,231	281,473

32. Events after reporting period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on the 01/07/2025; post the date the financial statements were certified by the Auditor General for Wales.

33. Related Party Transactions

The Welsh Government is regarded as a related party. During the year, the Trust has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely:

	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	38,249	306,326	12,519	(3,399)
NHS Wales Joint Commissioning Committee	0	38,249	139	265
Aneurin Bevan UHB	11,913	113,640	5,802	3,537
Betsi Cadwaladr UHB	8,221	71,830	3,671	4,416
Cardiff and Vale UHB	6,342	131,385	2,005	7,076
Cwm Taf Morgannwg UHB	9,314	90,300	3,261	4,607
Hywel Dda UHB	4,833	35,768	1,369	2,333
Powys THB	1,212	4,791	572	1,012
Swansea Bay UHB	6,908	67,846	1,485	3,382
Public Health Wales NHS Trust	384	9,637	92	1,915
Welsh Ambulance Service NHS Trust	1,337	2,137	136	463
Health Education & Improvement Wales	55	74,613	54	2,374
Digital Health & Care Wales	3,375	1,651	46	267
Welsh Risk Pool	0	0	0	22
Welsh Local Authorities (excluding those listed below where declarations of interest have been received):	1,593	(122)	107	3
Velindre University NHS Trust Charitable Funds	0	3,151	22	375
Parties where specific interests have been declared	Name of individual declaring interest	Nature of the relationship		
St John Cymru (Wales)	Professor Donna Mead	President	9	0
City Hospice	Stephen Harries	Member of the Company	1	255
Healthcare People Management Association	Sarah Morley	Joint President and Trustee	13	0
Royal College of Nursing (RCN)	Professor Donna Mead	Fellow (8 years) & member (47 years) (Non-remunerated)	33	0
Sciensus Pharma Services Ltd	Dr Jacinta Abraham	Personal / Departmental Sponsorship: Attends a Medical Governance Advisory Board Committee	1,724	0
The NHS Confederation	Professor Donna Mead	Confederation Policy sub group	36	0
The NHS Confederation (Services) Company Lt	Professor Donna Mead	Confederation Policy sub group	4	0
Vale of Glamorgan Council	Steve Ham	Spouse was Director of Education (Steve Ham retired June 2024)	89	0
			95,645	951,457
			31,352	28,687

Welsh Government expenditure excludes £6,852,000 that relates to Public Dividend Capital (PDC) received during 2024/2025 (2023/2024, £24,371,000 was received).

Transactions with St John Cymru, City Hospice, Healthcare People Management Association, Royal College of Nursing, Sciensus Pharma Services, The NHS Confederation and Vale of Glamorgan Council have been disclosed due to senior Trust managers declaring an interest in these parties and as the transactions could be of material value to these companies.

34. Third party assets

The Trust held £0 cash at bank and in hand at 31 March 2025 (31 March 2024, £0) which relates to monies held by the Trust on behalf of patients. Cash held in Patient's Investment Accounts amounted to £0 at 31 March 2025 (31 March 2024, £0).

35. Pooled budgets

Velindre University NHS Trust has no pooled budgets.

36. Operating Segments

IFRS 8 requires organisations to report information about each of its operating segments.

36. Operating Segments

	VELINDRE		NWSSP		WRP		TOTAL	
	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24
	£000	£000	£000	£000	£000	£000	£000	£000
Operating Revenue								
Segmental Income	260,049	214,857	686,064	555,446	207,327	290,913	1,153,440	1,061,216
	260,049	214,857	686,064	555,446	207,327	290,913	1,153,440	1,061,216
Operating Expenses	£000	£000	£000	£000	£000	£000	£000	£000
Local Health Boards	464	261	15,144	15,497	0	0	15,608	15,758
Welsh NHS Trusts	0	0	26	15	0	0	26	15
Welsh Special Health Authorities	417	573	1,923	1,772	0	0	2,340	2,345
Goods and services from other NHS bodies	0	0	0	0	0	0	0	0
WHSSC & EASC	0	0	0	0	0	0	0	0
Local Authorities	0	2	0	0	0	0	0	2
Purchase of healthcare from non-NHS bodies	0	0	0	0	0	0	0	0
Welsh Government	0	0	0	0	0	0	0	0
Other NHS Trusts	0	0	406	436	0	0	406	436
Directors' costs	1,331	1,510	771	0	0	0	2,102	1,510
Operational staff costs	102,128	88,077	108,926	99,522	0	0	211,054	187,599
Non operational trainee staff costs	0	0	317,195	244,313	0	0	317,195	244,313
Non operational collaborative bank staff costs	0	0	340	537	0	0	340	537
Single lead employer staff trainee costs	0	0	3,871	3,125	0	0	3,871	3,125
Collaborative bank staff costs	0	0	0	0	0	0	0	0
Supplies and services - clinical	107,439	91,984	62,977	60,516	0	0	170,416	152,500
Supplies and services - general	1,118	834	66,846	65,328	0	0	67,964	66,162
Consultancy Services	567	1,722	2,076	2,759	0	0	2,643	4,481
Establishment	3,890	2,814	13,037	11,784	0	0	16,927	14,598
Transport	1,207	1,135	1,867	1,954	0	0	3,074	3,089
Premises	9,840	8,914	23,588	25,677	0	0	33,428	34,591
FHOT Resources expended:	0	0	0	0	0	0	0	0
Costs of generating funds	0	0	0	0	0	0	0	0
Charitable activities	0	0	0	0	0	0	0	0
Governance Costs	0	0	0	0	0	0	0	0
Impairments and Reversals of Receivables	0	0	0	0	0	0	0	0
Depreciation	17,466	5,911	3,524	3,494	0	0	20,990	9,405
Depreciation (RoU Asset)	278	222	1,748	1,547	0	0	2,026	1,769
Amortisation	1,787	1,481	789	840	0	0	2,576	2,321
Impairments and reversals of property, plant and equipment	10,304	0	0	0	0	0	10,304	0
Fixed asset impairments and reversals (RoU Assets)	0	0	0	0	0	0	0	0
Impairments and reversals of intangible assets	0	0	0	0	0	0	0	0
Impairments and reversals of financial assets	0	0	0	0	0	0	0	0
Impairments and reversals of non current assets held	0	0	0	0	0	0	0	0
Audit fees	244	259	0	0	0	0	244	259
Other auditors' remuneration	0	0	0	0	0	0	0	0
Losses, special payments and irrecoverable debts	1,059	1,636	1,630	(4,041)	211,439	302,986	214,128	300,581
Research and development	0	0	0	0	0	0	0	0
NWSSP centrally purchased and donated COVID items	0	0	0	0	0	0	0	0
NWSSP centrally purchased COVID items issued free	0	0	0	0	0	0	0	0
Expense related to short-term leases	35	107	154	156	0	0	189	263
Expense related to low-value asset leases (excluding	7	0	23	16	0	0	30	16
Other operating expenses	2,282	8,836	58,989	20,088	0	0	61,271	28,924
Total	261,863	216,278	685,850	555,335	211,439	302,986	1,159,152	1,074,599
Investment Revenue	1,879	1,676	0	0	0	0	1,879	1,676
Other Gains and Losses	0	6	11	(23)	0	0	11	(17)
Finance Costs	(23)	(14)	(210)	(76)	4,112	12,073	3,879	11,983
SURPLUS / (DEFICIT)	42	247	15	12	0	0	57	259

(excluding donated assets received or issued)

Included within the Velindre operating segment are transactions relating to Health Technology Wales, which is hosted by Velindre University NHS Trust and grant funded by Welsh Government. For the 2024/2025 financial year, income of £1.902m (£1.742m 2023/2024), expenditure of £1.902m (£1.742m 2023/2024) and net position £breakeven (£breakeven 2023/2024) are included.

37. Other Information

Staff

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2024 to 31 March 2025. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2024 and February 2025 alongside Trust data for March 2025.

Transactions include notional expenditure in relation to the 9.4% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	2024-25	2023-24
STATEMENT OF COMPREHENSIVE INCOME		
FOR THE YEAR ENDED 31 MARCH 2025	£000	£000
Revenue from patient care activities	28,992	16,474
Operating expenses	28,992	16,474
3. Analysis of gross operating costs		
3. Revenue from patient care activities		
Welsh Government	6,512	3,875
Welsh Government - Hosted Bodies	7,100	4,338
4. Other Operating Revenue		
Other	15,380	8,261
5.1 Operating expenses		
Directors' costs	91	72
Operational staff costs	13,329	8,141
Non operational trainee staff costs	15,375	8,142
Non operational collaborative bank staff costs	5	11
Single lead employer staff trainee cost	192	108
Collaborative bank staff cost	0	0

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

Other

37.2 IFRS 17 - Insurance Contract Disclosures

The outcome of the contract review for a range of income contract types applicable to the organisation, did not identify any insurance contracts that fall within the scope of IFRS 17.

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

NHS TRUSTS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2010 and subsequent financial years in respect of the NHS Wales Trusts in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the NHS Wales Trusts shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year for which the accounts are being prepared, as detailed in the NHS Wales Trust Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the Trust for the year ended 31 March 2010 and subsequent years shall comprise a foreword, an income statement, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied to the NHS Wales Manual for Accounts, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2010 and subsequent years, the account of the Trust shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated : 17.06.2010

1 Please see regulation 3 of the 2009 No 1558(W.153); NATIONAL HEALTH SERVICE, WALES; The National Health Service Trusts (Transfer of Staff, Property Rights and Liabilities) (Wales)

Auditor General for Wales
Wales Audit Office
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Date

Representations regarding the 2024-25 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Velindre University NHS Trust for the year ended 31st March 2025 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

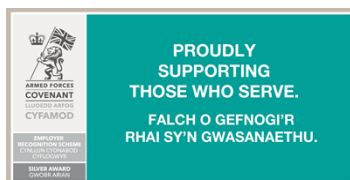
Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- Preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers/HM Treasury, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;
 - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn y Gymraeg neu'r Saesneg.
Velindre University NHS Trust is happy to receive communication in Welsh or English.





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Prifysgol Felindre
Velindre University
NHS Trust

Pencadlys Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust Headquarters
2 Cwrt Charnwood
Heol Billingsley
Parc Nantgarw
Caerdydd/Cardiff
CF15 7QZ

Ffôn/Phone : (029) 20196161

<https://velindre.nhs.wales>

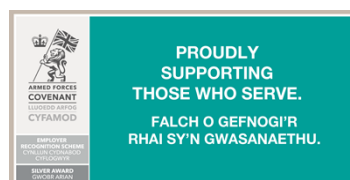
- prepare them on a going concern basis on the presumption that the services of Velindre University NHS Trust will continue in operation.
- Ensuring the regularity of any expenditure and other transactions incurred.
- The design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- Full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Velindre University NHS Trust and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.
- Our knowledge of all possible and actual instances of irregular transactions.

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Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

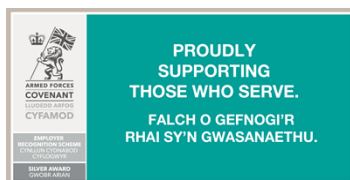
Representations by the Board of Velindre University NHS Trust

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 26th June 2025.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn y Gymraeg neu'r Saesneg.
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Signed by:

Signed by:

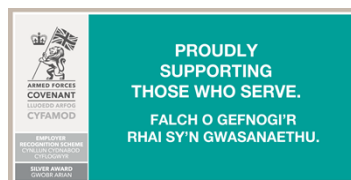
Chief Executive

Chair of the Trust

Date:

Date:

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn y Gymraeg neu'r Saesneg.
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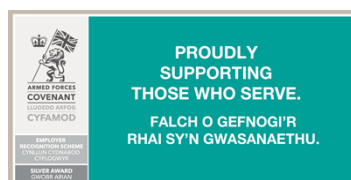
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TRUST BOARD	
Internal Audit 2024/25 Head of Internal Audit Opinion & Annual Report	
DATE OF MEETING	26/06/2025
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ASSURANCE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Eifion Jones, Deputy Head of Internal Audit
PRESENTED BY	Stephen Chaney, Head of Internal Audit
APPROVED BY	Stephen Chaney, Head of Internal Audit
EXECUTIVE SUMMARY	<p>The purpose of this report is to present the 2024/25 Head of Internal Audit Opinion and Annual Report. The 2024/25 Annual Opinion is Reasonable assurance.</p> <p>The 2024/25 Head of Internal Audit Opinion is based on 17 audits completed against the Velindre University NHS Trust 2024/25 Internal Audit Plan (audits of core Trust activities, excluding NWSSP and other hosted services / programmes), of which two were provided substantial assurance, 12 reasonable assurance and three were advisory / non-opinion reviews. We also considered the output from other internal audit work completed by Audit and Assurance. At the point of finalising the Opinion, three audits were still in progress, due to the timing of the reviews.</p>

RECOMMENDATION / ACTIONS	We ask the Board to receive for ASSURANCE and note the contents of the 2024/25 Head of Internal Audit Opinion and Annual Report.
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GOVERNANCE ROUTE – N/A	
7 LEVELS OF ASSURANCE – N/A	
APPENDICES	
1	2024/25 Head of Internal Audit Opinion and Annual Report

1. SITUATION / BACKGROUND

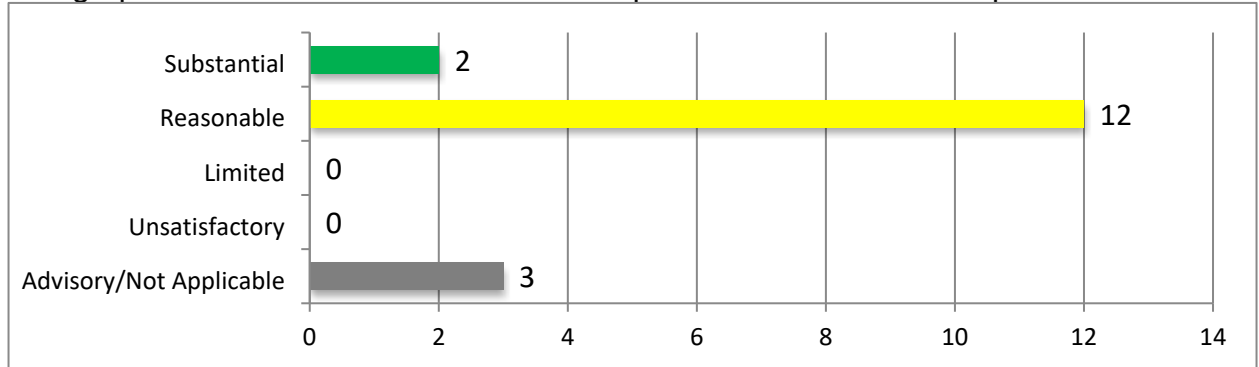
As Audit and Assurance Services, we present the 2024/25 Head of Internal Audit Opinion and Annual Report. We have delivered 17 audits from the 2024/25 Internal Audit Plan (the Plan excludes NWSSP audit work). Three audits remain in progress, although two are substantially complete, with draft reports issued. As the overall assurance rating is still being determined for each of them, with additional follow-up work underway for one audit, these will be reported upon conclusion. The remaining audit is aligned to the delivery of the nVCC and will progress in line with this schedule. We also factor in conclusions raised from other relevant internal audit work undertaken by Audit and Assurance.

2. ASSESSMENT

Head of Internal Audit Opinion 2024/25

Reasonable assurance		<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively.</p> <p>Some matters require management attention in control design or compliance.</p> <p>Low to moderate impact on residual risk exposure until resolved.</p>
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The graph below shows the final assurance position of the 17 audit reports.



3. SUMMARY OF MATTERS FOR CONSIDERATION

We ask the Board to receive for **ASSURANCE** and note the **REASONABLE** assurance rating provided by the Head of Internal Audit Opinion.

Management Actions

Specific actions and issues identified within individual audit reports have agreed actions in place to improve control in these areas.

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	
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 checked="" 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)	06 - Organisational and Clinical Governance
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply

	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>Individual Internal Audit reports may provide assurance over the Quality Domains and Enablers.</p> <p>Internal Audit reports are linked to the Quality Domains and Enablers in the individual audit briefs and through the cover paper for each individual report, where applicable.</p>
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	Not required
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	Individual Internal Audit reports may provide assurance over the Wellbeing Goals.
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 - please outline why this is not required
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>

5. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	<p>Internal Audit reports are linked to the Trust Risk Register in the Annual Internal Audit Plan and through the cover paper for each individual report, where applicable.</p> <p>There are no separate risks linked to the Head of Internal Audit Opinion and Annual Report.</p>



GIG
CYMRU
NHS
WALES

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NHS Trust

WHAT IS THE CURRENT RISK SCORE	N/a
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	N/a
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	

Head of Internal Audit Opinion & Annual Report 2024/25

Velindre University NHS Trust



Reasonable Assurance

Contents

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2. Head of Internal Audit Opinion	3
3. Other work relevant to the Trust	13
4. Delivery of the Internal Audit Plan	15
5. Risk based audit assignments	16
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Appendix A	22
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Report status:	Final
Draft report issued:	April 2025
Final report issued:	11 th June 2025
Author:	Stephen Chaney
Audit Committee:	June 2025



Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



1. Executive Summary

1.1 Purpose of this Report

Velindre University NHS Trust (the Trust) Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is also responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element in that flow of assurance is the overall assurance opinion from the Head of Internal Audit.

This report sets out the Head of Internal Audit Opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance and an assessment of conformance with the Public Sector Internal Audit Standards.

1.2 Head of Internal Audit Opinion 2024/25

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is focused on risk and therefore the Board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement. The overall opinion for 2024/25 is:

Reasonable assurance		<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively.</p> <p>Some matters require management attention in control design or compliance.</p> <p>Low to moderate impact on residual risk exposure until resolved.</p>
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1.3 Delivery of the Audit Plan

The plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee (the 'Committee'). In addition, regular audit progress reports have been submitted to the Committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

The Internal Audit Plan for 2024/25 year, was presented to the Committee in July 2024. Changes to the plan have been made during the year and these changes have been reported to the Audit Committee as part of our regular progress reporting.

There are, as in previous years, audits undertaken at NWSSP, DHCW, and the new NHS Wales Joint Commissioning Committee (JCC) that support the overall opinion for NHS Wales health bodies (see section 3).

Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023, stated we 'Fully Conform', and our own annual Quality Assurance and Improvement Programme (QAIP) confirmed that our internal audit work continues to 'generally conform' to the

requirements of the Public Sector Internal Audit Standards for 2024/25. We can state that our service 'conforms to the IIA's professional standards and to PSIAS.'

1.4 Summary of Audit Assignments

This report summarises the outcomes from our work undertaken in the year. In some cases, audit work from previous years may also be included and where this is the case, details are given. This report also references assurances received through the internal audit of control systems operated by other NHS Wales organisations (again, see section 3).

The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

Overall, we can provide the following assurances to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the substantial and reasonable areas in the table below.

Where we have given Limited or Unsatisfactory Assurance, management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Annual Governance Statement where it is appropriate to do so.

In addition, we also undertook advisory and non-opinion reviews to support our overall opinion. A summary of the audits undertaken in the year and the results are summarised in table 1 below.

Table 1 – Summary of Audits 2024/25

Substantial Assurance	<ul style="list-style-type: none"> • Follow-up of Previous Audit Recommendations • Duty of Candour
Reasonable Assurance	<ul style="list-style-type: none"> • Duty of Quality • Board Assurance and Risk Management • Key Financial Controls • Finance and Service Sustainability: Value Based Healthcare • Performance Management Framework • WBS Futures Governance • Acute Oncology Service • WBS – Infrastructure & Modernisation Programme • Estates Assurance – Energy Management • nVCC Governance Post Financial Close (draft report) • nVCC Digital Project • IRS Implementation (draft report)
Limited Assurance	N/A
Unsatisfactory	N/A
Advisory/Non-Opinion	<ul style="list-style-type: none"> • nVCC Validation of Management Action • Procurement and Contract Management • nVCC Appointment of Advisers (draft report)

Please note that our overall opinion has also considered both the number and significance of any audits that have been deferred during the year (see section 5.8) and other information obtained during the year that we deem to be relevant to our work.

2. Head of Internal Audit Opinion

2.1 Roles and Responsibilities

The Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is a statement made by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control, as evidenced by a description of the risk management and review processes, including compliance with the Health & Care Quality Standards; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising.

The Trust's risk management process and system of assurance should bring together all the evidence required to support the Annual Governance Statement.

In accordance with the Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through an audit plan that has been focussed on key strategic and operational risk areas and known improvement opportunities, agreed with executive management and approved by the Audit Committee, which should provide an appropriate level of assurance.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the Trust. The opinion is substantially derived from the conduct of risk-based audit work formulated around a selection of key organisational systems and risks. As such, it is a key component that the Board considers but is not intended to provide a comprehensive view.

The Board, through the Audit Committee, will need to consider the Head of Internal Audit opinion together with assurances from other sources including reports issued by other review bodies, assurances given by management and other relevant information when forming a rounded picture on governance, risk management and control for completing its Governance Statement.

2.2 Purpose of the Head of Internal Audit Opinion

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board of Velindre University NHS Trust which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

This opinion will in turn assist the Board in the completion of its Annual Governance Statement and may also be considered by regulators, including Healthcare Inspectorate Wales, in assessing compliance with the Health and Care Quality Standards in Wales, and by Audit Wales in the context of both their external audit and performance reviews.

The overall opinion by the Head of Internal Audit on governance, risk management and control results from the risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

2.3 Assurance Rating System for the Head of Internal Audit Opinion

The overall opinion is based primarily on the outcome of the work undertaken during the 2024/25 audit year. We also consider other information available to us such as our overall knowledge of the organisation, the findings of other assurance providers and inspectors, and the work we undertake at other NHS Wales organisations. The Head of Internal Audit considers the outcomes of the audit work undertaken and exercises professional judgement to arrive at the most appropriate opinion for each organisation.

A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

We take this approach into account when considering our assessment of our compliance with the requirements of PSIAS.

The assurance rating system based upon the colour-coded barometer and applied to individual audit reports remains unchanged. The descriptive narrative used in these definitions has proven effective in giving an objective and consistent measure of assurance in the context of assessed risk and associated control in those areas examined.


This same assurance rating system is applied to the overall Head of Internal Audit opinion on governance, risk management and control as to individual assignment audit reviews. The assurance rating system together with definitions is included at **Appendix B**.

The individual conclusions arising from detailed audits undertaken during the year have been summarised by the assurance ratings received. The aggregation of audit results gives a better picture of assurance to the Board and also provides a rational basis for drawing an overall audit opinion. However, please note that for presentational purposes we have shown the results using the eight areas that were previously used to frame the audit plan at its outset (see section 2.4).

2.4 Head of Internal Audit Opinion

Scope of opinion

As noted already, the scope of my opinion covers both those areas examined in the risk-based audit plan which has been agreed with senior management and approved by the Audit Committee, and other information obtained during the year that we deem to be relevant to our work. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

Reasonable assurance		<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively.</p> <p>Some matters require management attention in control design or compliance.</p> <p>Low to moderate impact on residual risk exposure until resolved.</p>
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This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised from reviews.

Focus should be placed on the agreed response to any Unsatisfactory and Limited Assurance opinions issued during the year and the significance of the recommendations made (of which there were fourteen audits and three advisory reviews in 2024/25) as well as addressing implementation of recommendations from previous year reviews.

Basis for Forming the Opinion

The audit work undertaken during 2024/25, and reported to the Audit Committee, has been aggregated at Section 5.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. In addition, and where appropriate, work at either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements.
- The results of any audit work related to the Health & Care Quality Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the leadership standard.

Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3).

- Other knowledge and information that the Head of Internal Audit has obtained during the year including cumulative information and knowledge over time; observation of Board and other key Committee meetings; meetings with Executive Directors, senior managers and Independent Members; the results of *ad hoc* work and support provided; liaison with other assurance providers and Inspectors;

research; and cumulative audit knowledge of the organisation that the Head of Internal Audit considers relevant to the Opinion for this year.

As stated above, these detailed results have been aggregated to build a picture of assurance across the Trust.

In reaching this opinion we have identified some reviews during the year that concluded positively with effective control arrangements operating in some areas.

From the opinions issued during the year, two were allocated Substantial Assurance, twelve were allocated Reasonable Assurance, with none allocated a Limited or an Unsatisfactory assurance opinion. Three advisory or non-opinion reports were also issued.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming the overall opinion.

A summary of the findings is shown below. We have reported the findings using the eight areas of the Trust's activities that we had previously used to structure our strategic and one-year operational plans.

Corporate Governance, Risk Management and Regulatory Compliance

We have undertaken five reviews in this area.

- **Duty of Quality:** We assessed whether the Trust has implemented the requirements of the Duty of Quality. Overall, we concluded **reasonable** assurance on this area. There were no instances of non-compliance identified during the review, and we found a positive control framework that supports the Duty of Quality requirements. However, we identified some matters arising that should continue to enhance the arrangements, strengthen existing processes, and mitigate future risks.
- **Duty of Candour:** We assessed whether the Trust is compliant with the requirements of the Duty of Candour. The audit provided the Trust with **substantial** assurance that it is meeting the Duty of Candour requirements, against the audit scope areas tested. Key improvement areas include low training completion rates, limited information sharing with other healthcare organisations, insufficient data analysis from claims and complaints, and a lack of clear guidance for exceptional circumstances. Despite these points, the Trust has clearly defined policies and procedures, provides training and support to staff, and identifies actions to reduce the risk of incidents reoccurring. Enhancements in recording patient records and inter-organisational communication are recommended.
- **Board Assurance and Risk Management:** The focus of the review was to provide assurance on the implementation and application of the Trust's board assurance and corporate risk management processes. We concluded **reasonable** assurance on this area. While the arrangements observed were robust in many instances, there were matters raised where the reporting should be fully challenged to ensure referencing between TAF, TRR and IMTP are correct prior to submission to relevant groups/

committees; reporting of risks should be consistent and sufficiently frequent across the organisation; and opportunities to improve the template and ensure a consistent completion of the TAF/TRR.

- **WBS Futures Governance:** We reviewed the governance mechanisms of the delivery of the Welsh Blood Services (WBS) Futures programme. Overall, we concluded **reasonable** assurance. The WBS Futures governance mechanisms evolved over the first year in operation, with key programme governance and accountability structures established, individual programmes were clearly aligned with the WBS Five-Year Strategy and IMTP. Furthermore, reporting and escalation processes have provided good control over programme delivery to date and key programme risks have been captured, reported, and escalated. Whilst the governance mechanisms have provided appropriate control to date, there is a need to further strengthen and enhance these mechanisms, to ensure continued robustness as the WBS Futures programmes enter the delivery phase. In particular, maintaining the alignment with the strategy if programme changes occur; ensuring dashboard reporting incorporates all relevant factors; establishing clear and measurable targets to assess benefits realisation; and seek Trust approval if there is any deviation from the Risk Management Policy and Procedure.
- **Follow-up of Internal Audit Recommendations** - this audit, where we considered timely implementation of a sample of 2023/24 internal audit recommendations, received a **substantial** assurance opinion. No matters were identified for reporting.

Strategic Planning, Performance Management & Reporting

We have undertaken one review in this area.

- **Performance Management Framework:** We provided **reasonable** assurance over the implementation of the Performance Management Framework (PMF) due to recent work completed and the development of a new implementation plan. However, we raised matters over the setting of SMART objectives and reviewing metrics for delivery; resource assessment to support delivery; and the retention of decision-making documentation.

Financial Governance and Management

We have undertaken two reviews in this area.

- **Key Financial Controls:** The audit provided the Trust with assurance that core financial systems are operating effectively, with a focus on the areas of prepayments / accruals and suspense accounts. We concluded **reasonable** assurance overall. Overall, we found that there are robust controls in place for the timeliness and accuracy of accruals and prepayments and suspense accounts are managed monthly. We identified the following areas to further strengthen and enhance financial governance, including evidencing segregation of duties over the review and posting of prepayments and accruals; and identifying and adhering to a time frame for writing off items from the suspense accounts.
- **Finance and Service Sustainability:** The audit provided assurance over the project governance arrangements for the Trust's Value Based Healthcare

Programme. We concluded with **reasonable** assurance and found that the programme has made strong progress, particularly in governance, reporting, and project coordination. This initiative, which reports to the Executive Management Board Shape, is overseen by the VBHC Steering Group, ensuring its objectives align with the broader goals of the healthcare system. However, areas needing improvement include refining objectives to be SMART, reducing reporting duplication, finalising the communications strategy, updating the risk log, and formalising lessons learned.

Quality & Safety

We have undertaken one review in this area.

- **Acute Oncology Service:** we provided **reasonable** assurance over the governance of the Trust's Acute Oncology Service, including alignment with national guidance and expectations. Overall, the AOS has robust governance mechanisms in place, including a suite of standard operating procedures, regular performance reporting and management of risk. Additionally, significant work was done through the May 2023 to March 2024 AOS Improvement Project¹ to identify improvement recommendations and a self-assessment against AO standards² was conducted in August 2024.

Information Governance & Security

We have undertaken one review in this area.

- **nVCC Digital Project:** We provided **reasonable** assurance on the progress of planning and development of digital systems and solutions for the new Velindre Cancer Centre, including understanding how services will use the new hospital from a digital design perspective. Key conclusions include the importance of ensuring sufficient digital resources are available at go-live, and the recommendation to prioritise the digitisation of records. However, we found effective interfaces and engagement mechanisms are in place, and interfaces with other projects are well understood and integrated.

Operational Service and Functional Management

We have undertaken one review in this area.

- **Procurement and Contract Management:** We assessed whether the Trust has appropriate contract management arrangements in place. This **advisory** review assessed the Trust's contract management practices, identifying key gaps in policy, training, documentation, and oversight. The absence of a Trust-wide contract register, inconsistent assignment of contract responsibilities, and lack of formal training were noted. Performance monitoring varied, with limited linkage to contract terms. We provided recommendations over developing standard operating procedures, a comprehensive contract register, formal training programs, and clearer governance structures.

Workforce Management

We have not undertaken any reviews in this area during 2024/25.

Capital & Estates Management

We have undertaken six reviews in this area.

- **WBS – Infrastructure & Modernisation Programme:** We evaluated the progression and delivery of the Infrastructure Programme against the key business case objectives, to assess the adequacy of the systems and controls in place to support the successful delivery of the Infrastructure Programme. Overall, we provided **reasonable** assurance. Good practice was demonstrated in several areas including communications and engagement with stakeholders and overall Programme governance via the Programme Board and Programme Progress meetings. However, we raised matters arising over ensuring timely payment of suppliers; quoracy of meetings; adhering to delegated limits; and the management of key contractual documents.
- **IRS Implementation:** The audit reviewed the implementation phase of the Integrated Radiotherapy Solution (IRS) at Velindre University NHS Trust, awarding a **reasonable** assurance rating. Key strengths included robust financial oversight and proactive contract management. However, governance and change control processes required improvement, including costed risk registers, delayed approvals, and incomplete documentation. Delays in the nVCC project impacted timelines and scope, prompting adjustments in equipment deployment. Despite resource constraints, recent improvements in project management and reporting were noted.
- **Estates Assurance – Energy Management:** We assessed the energy management arrangements and control within the Trust to ensure it is effective and provided **reasonable** assurance. We found that energy usage is monitored and reported into appropriate forums, with sharing of best practice across other NHS Wales organisations. However, the move to the new NHS Wales energy contract in 2023 had encountered some issues, including difficulties providing accurate energy forecasts to participating organisations. However, the impact of the national issues at the Trust had not been as significant as seen elsewhere. The reconciliation, payment and reporting processes have been labour intensive and accordingly, the Trust was in process of automating much of this processing.

Whilst compliance was noted in most areas, there were some matters that required further management attention e.g. the need to:

- review the cost / benefit of additional sub-metering and associated enhancements to information, notably in relation to Linear Accelerators;
- improve the robustness of invoice monitoring and authorisation utilising opportunities provided by increased automation (notably in relation to arrears and part payments, and timely payments);
- review resource requirements for energy monitoring and control;
- review and confirm the appropriate operation of the scheme of delegation for payments;

- ensure that an interim costed plan is in place for any phasing out fossil fuels ahead of the new Velindre Cancer Centre (nVCC) (notably gas usage in favour of electricity); and
- review the potential for increased efficiency in Linear Accelerator usage through specialist training.
- **nVCC Governance Post Financial Close:** We provided **reasonable** assurance over the audit of the New Velindre Cancer Centre (nVCC) project post-Financial Close (March 2024). Significant governance improvements were noted, including a restructured Project Board, new leadership, and enhanced project management tools. However, many new processes remain unembedded, and key vacancies persist, especially in Digital and Equipment.
- **nVCC Appointment of Advisers:** This was an **advisory** review of the New Velindre Cancer Centre project, focusing on the appointment of advisers and the management of contracts and performance. Over the past year, the Trust has made significant improvements in its contract management framework, including the appointment of a full-time Contracts Manager and the development of a bespoke Contract Management Handbook. With increased resources, and clearer guidance, the contract management environment was in a better position for embedding improvements. Recommendations have been made to further improve the contract register, contract/ procurement strategies, reporting and monitoring arrangements observed.
- **nVCC Validation of Management Action:** We assessed whether timely and appropriate management action has been applied to address the risks identified and reported at the nVCC audits from 2023/24. This **advisory** review identified that of the 35 actions assessed, 22 had been closed, 9 were outstanding and 4 were not yet possible to action.

2.5 Approach to Follow Up of Recommendations

As part of our Follow-up of Previous Recommendations audit work (rated substantial assurance), we consider the progress made in implementing the actions agreed from our previous reports for which we were able to give only Limited Assurance. In addition, where appropriate, we also consider progress made on high priority findings in reports where we were still able to give Reasonable Assurance. We also undertake some testing on the accuracy and effectiveness of the audit recommendation tracker.

In addition, Audit Committees monitor the progress in implementing recommendations (this is wider than just Internal Audit recommendations) through their own recommendation tracker processes. We attend all audit committee meetings and observe the quality and rigour around these processes.

However, it remains the role of Audit Committees to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by Management. Where appropriate, we have adjusted our approach to follow-up work to reflect these challenges.

We have considered the impact of both our follow-up work and where there have been delays to the implementation of recommendations, on both our ability to give an overall opinion (in compliance with the PSIAS) and the level of overall assurance that we can give.

The Trust's recommendation tracking process continued during 2024/25 although there is a need for management to continue with engagement throughout the process to address recommendations past the advised implementation date.

2.6 Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

As mentioned above the scope of the audit opinion is restricted to those areas which were the subject of audit review through the performance of the risk-based Internal Audit plan. In accordance with auditing standards, and with the agreement of senior management and the Board, Internal Audit work is deliberately prioritised according to risk and materiality. Accordingly, the Internal Audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in the Annual Governance Statement.

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and cyclical coverage on key control systems.

2.7 Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to the Board and, subject to the key financials and other mandated items being completed in-year, the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

By previous agreement with the Trust, audit work reported to draft stage has been included in the overall assessment, with all other work in progress rolled-forward and reported within the overall opinion for next year.

Most audit reviews will relate to the systems and processes in operation during 2024/25 unless otherwise stated and reflect the condition of internal controls pertaining at the point of audit assessment.

Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide a limited scope update on the current condition of control and a measure of direction of travel.

There are some specific assurance reviews which remain relevant to the reporting of the organisation's Annual Report required to be published after the year end. Where required, any specified assurance work would be aligned with the timeline for production of the Trust's Annual Report and accordingly will be completed and reported to management and the Audit Committee after this Head of Internal Audit Opinion. However, the Head of Internal Audit's assessment of arrangements in these areas would be legitimately informed by drawing on the assurance work completed as part of this current year's plan.

2.8 Required Work

Please note that following discussions with Welsh Government we were not mandated to audit any areas in 2024/25.

2.9 Statement of Conformance

The Welsh Government determined that the Public Sector Internal Audit Standards (PSIAS) would apply across the NHS in Wales from 2013/14.

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with PSIAS is central to our audit approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023 stated who concluded we 'Fully Conform' with the Standards.

The NWSSP Audit and Assurance Services can assure the Audit Committee that it has conducted its audit at the Trust in conformance with the Public Sector Internal Audit Standards for 2024/25.

Our conformance statement for 2024/25 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2024/25 which will be reported formally in the Summer of 2025; and
- The results of the External Quality Assessment.

We have set out, in **Appendix A**, the key requirements of the Public Sector Internal Audit Standards and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2024/25 QAIP report. There are no significant matters arising that need to be reported in this document.

We also note that there have been no impairments to the independence of the Head of Internal Audit or to any other members of NWSSP's Audit & Assurance Service who undertook work on the Trust's audit programme for 2024/25.

The Head of Internal Audit has unfettered access to the Chief Executive, Chair of the Audit Committee and Chair of the Trust.

2.10 Completion of the Annual Governance Statement

While the overall Internal Audit opinion will inform the review of effectiveness for the Annual Governance Statement, the Accountable Officer and the Board need to consider other assurances and risks when preparing their Statement. These sources of assurances will have been identified within the Board's own performance management and assurance framework and will include, but are not limited to:

- direct assurances from management on the operation of internal controls through the upward chain of accountability;
- internally assessed performance against the Health & Care Quality Standards;
- results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management;

- reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
- reviews completed by external regulation and inspection bodies including Audit Wales, Healthcare Inspectorate Wales and Health and Safety Executive.

3. Other work relevant to the Trust

As our internal audit work covers all NHS Wales organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health body’s audit programme, will cover activities relating to other health bodies. These are set about below, with relevant comments and opinions attached, and relate to work at:

- NHS Wales Shared Services Partnership;
- Digital Health & Care Wales; and
- NHS Wales Joint Commissioning Committee.

NHS Wales Shared Services Partnership (NWSSP)

As part of the internal audit programme at NHS Wales Shared Services Partnership (NWSSP), a hosted body of Velindre University NHS Trust, a number of audits were undertaken which are relevant to the Trust. These audits of the financial systems operated by NWSSP, processing transactions on behalf of the Trust, derived the following opinion ratings:

Audit	Opinion	Outline scope
Accounts Payable	Reasonable	To review the adequacy of the systems and controls in place for key risk areas in the accounts payable process, including progress in implementing the actions agreed with management to address the issues identified in the previous audit report.
PCS Pharmacy	Substantial	To provide assurance that Primary Care Services is maintaining a robust system to facilitate timely and accurate payments to pharmacy contractors.
Payroll	Substantial	To evaluate the design and operation of the systems and controls in place within payroll services.
Recruitment Services	Substantial	To review the adequacy of systems and controls in place for Recruitment Services.

Please note that other audits of NWSSP activities are undertaken as part of the overall NWSSP internal audit programme. All audits in this programme are reported to the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership. The overall Head of Internal Audit Opinion for NWSSP is Reasonable Assurance.

Digital Health & Care Wales (DHCW)

As part of the internal audit programme at DHCW, a Special Health Authority that started operating from 1 April 2021, a number of audits were undertaken which are relevant to the Trust. These audits derived the following opinion ratings:

Audit	Opinion	Outline scope
Financial Sustainability	Substantial	To review the financial management arrangements in place to ensure the ongoing sustainability of services and project delivery, with a particular focus on sustainable funding requirements for projects (e.g. DPIF, WASPI).
Programme Management	Reasonable	To establish the effectiveness of the portfolio management model used by DHCW and the controls that are in place to ensure it operates across the range of active projects.
Mission One – National Data Resource	Reasonable	To provide assurance over the National Data Resource (NDR) Platform programme of work, including progress towards implementing local datastores, and reference, demographics and medicines data.
Mission One – Cloud Services	Substantial	To provide assurance over the programme of work to move live services from datacentres into the cloud.

Please note that other audits of DHCW activities are undertaken as part of the overall DHCW internal audit programme. The overall Head of Internal Audit Opinion for DHCW is Reasonable Assurance.

NHS Wales Joint Commissioning Committee (JCC)

The work at the JCC is undertaken as part of the Cwm Taf Morgannwg internal audit plan. These audits are listed below and derived the following opinion ratings:

Audit	Opinion	Outline scope
Mental Health Quality Commissioning arrangements	Reasonable	The purpose of the review was to assess the effectiveness of the arrangements in the JCC to oversee the quality and safety aspects of the commissioning of mental health and learning disability placements.
Governance	Advisory	To assess the arrangements that have been put in place at the JCC for embedding the statutory governance framework and the establishment of operational governance arrangements to provide effective oversight in the new organisation.

Audit	Opinion	Outline scope
Financial arrangements (Draft Report)	Reasonable	To consider the financial arrangements in relation to financial management and budgetary control, procurement and income.
Review of Traumatic Stress Wales (Draft Report)	Limited	The purpose of the review was to provide information to assist the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups within the JCC to determine the optimum delivery mechanism for the national objective of Traumatic Stress Wales (TSW), by review of the adequacy of the systems and controls in place within TSW and the JCC in relation to its management of TSW. The review sought to provide assurance to the Chief Commissioner via the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups, that TSW is operating effectively, systems are being managed appropriately, and there is clarity on the purpose and objectives of TSW within the new arrangements for the JCC.

While these audits do not form part of the annual plan for the Trust, they are listed here for completeness as they do impact on the organisation's activities. The Head of Internal Audit has considered if any issues raised in the audits could impact on the content of our annual report and concluded that there are no matters of this nature.

Full details of the NWSSP audits are included in the NWSSP Head of Internal Audit Opinion and Annual Report. DHCW audits are summarised in the DHCW Head of Internal Audit Opinion and Annual Report, and the JCC audits are summarised in the Cwm Taf Morgannwg University Health Board Head of Internal Audit Opinion and Annual Report.

4. Delivery of the Internal Audit Plan

4.1 Performance against the Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit Committee during the year. Audits that remain to be reported, but are reflected within this Annual Report, will be reported alongside audits from the 2024/25 operational audit plan.

The audit plan approved by the Committee in July 2024 contained 18 planned reviews. Changes have been made to the plan with 3 audits added and 1 deferred. All these changes have been reported to, and approved by, the Audit Committee.

The assignment status summary is reported at section 5.

In addition, we may respond to requests for advice and/or assistance across a variety of business areas across the Trust. This advisory work, undertaken in addition to the assurance plan, is permitted under the standards to assist management in improving

governance, risk management and control. This activity is reported during the year within our progress reports to the Audit Committee.

4.2 Service Performance Indicators

In order to monitor aspects of the service delivered by Internal Audit, a range of service performance indicators have been developed.

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2024/25	G	July 2024	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported against adjusted plan for 2024/25	G	100%	100%	v>20%	10%<v<20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	95%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to discussion & draft report [20 working days]	A	64%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100%	80%	v>20%	10%<v<20%	v<10%

Key: v = percentage variance from target performance

5. Risk based audit assignments

The overall opinion provided in Section 1 and our conclusions on individual reviews is limited to the scope and objectives of the reviews we have undertaken, detailed information on which has been provided within the individual audit reports.

5.1 Overall summary of results

In total 17 audit reviews were reported during the year, with three further reviews in progress at the time of reporting. Figure 1 below presents the assurance ratings, and the number of audits derived for each.

Figure 1 Summary of audit ratings

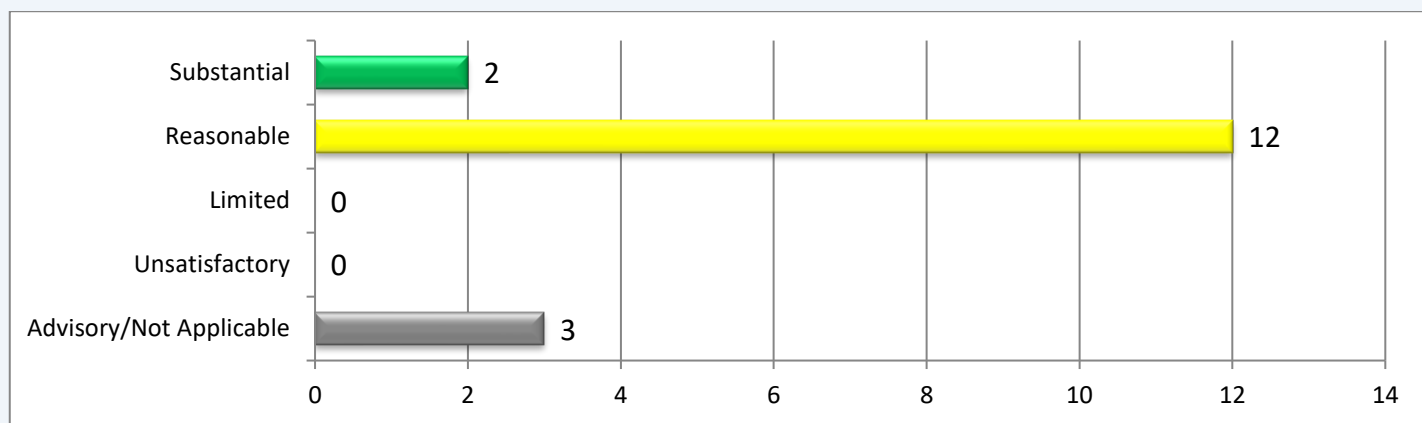


Figure 1 above does not include the audit ratings for the reviews undertaken at NWSSP, DHCW or the NHS Wales Joint Commissioning Committee.

The assurance ratings and definitions used for reporting audit assignments are included in **Appendix B**.

The following sections provide a summary of the scope and objective for each assignment undertaken within the year along with the assurance rating.

5.2 Substantial Assurance (Dark Green)



In the following review areas, the Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Those few matters that may require attention are compliance or advisory in nature with low impact on residual risk exposure.

Review Title	Objective
Follow-up of Previous Recommendations	To provide the Trust with assurance that recommendations are implemented appropriately and in a timely manner.
Duty of Candour	To provide assurance that the Trust is compliant with the requirements of the Duty of Candour.

5.3 Reasonable Assurance (Light Green)



In the following review areas, the Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
Duty of Quality	To provide assurance that the Trust is implementing the requirements of the Duty of Quality.
Board Assurance and Risk Management	The focus of the review was to provide assurance on the implementation and application of the Trust's board assurance and corporate risk management processes.
Key Financial Controls	To provide the Trust with assurance that core financial systems are operating effectively. For 2024/25, our focus was on the areas of prepayments / accruals and suspense accounts.
Finance and Service Sustainability	To provide assurance over the project governance arrangements for the Trust's Value Based Healthcare Programme.
Performance Management Framework	To provide assurance over the implementation of the Performance Management Framework (PMF).
WBS Futures Governance	To provide assurance over the governance mechanisms of the delivery of the Welsh Blood Services (WBS) Futures programme.
Acute Oncology Service	To provide assurance over the governance of the Trust's Acute Oncology Service, including alignment with national guidance and expectations.
WBS Infrastructure & Modernisation Programme	The overall objective of the audit was to evaluate the progression and delivery of the Infrastructure Programme against the key business case objectives and to assess the adequacy of the systems and controls in place to support the successful delivery of the Infrastructure Programme.
Estates Assurance – Energy Management	To assess the energy management arrangements and control within the Trust to ensure it is effective
nVCC Governance Post Financial Close	To evaluate the systems and controls in place within the Trust, to determine whether appropriate governance arrangements are in place at the project.
nVCC Digital Project	To provide assurance on the progress of planning and development of digital systems and solutions for the new Velindre Cancer Centre, including understanding how services will use the new hospital from a digital design perspective.

Review Title	Objective
IRS Implementation	The overall objective of this audit was to evaluate the progression and delivery of the project's Implementation Phase against the key business case objectives and to assess the adequacy of the systems and controls in place to support the successful delivery of the project.

5.4 Limited Assurance (Amber)



No reviews were assigned an 'unsatisfactory' opinion.

5.5 Unsatisfactory (Red)



No reviews were assigned an 'unsatisfactory' opinion.

5.6 Advisory/Assurance Not Applied (Grey)



The following reviews were undertaken as part of the audit plan and reported without the standard assurance rating indicator, owing to the nature of the audit approach. The level of assurance given for these reviews is deemed not applicable – these are reviews and other assistance to management, provided as part of the audit plan, to which the assurance definitions are not appropriate, but which are relevant to the evidence base upon which the overall opinion is formed.

Review Title	Objective
nVCC Validation of Management Action	The overall objective of this audit is to deliver assurance to that timely and appropriate management action has been applied to address the risks identified and reported at the nVCC audits from 2023/24.
Procurement and Contract Management	To assess whether the Trust has appropriate contract management arrangements in place.

Review Title	Objective
nVCC Appointment of Advisers	To determine whether appropriate arrangements are in place at the New Velindre Cancer Centre (nVCC) project in respect of appointment of advisers, and the associated management of contracts and performance.

5.7 Draft Audit Reports

The following audits have been substantially completed, with the draft reports issued. Therefore, the conclusions of our audit work have been taken into account for the 2024/25 Head of Internal Audit Opinion.

Review Title
nVCC Governance Post Financial Close
IRS Implementation
nVCC Appointment of Advisers

5.8 Audits not undertaken

Additionally, the following audits were deferred for the reasons outlined below. We have considered these reviews and the reason for their deferment when compiling the Head of Internal Audit Opinion.

Review Title	Objective
Medical Job Planning	To evaluate and determine the adequacy of the systems and controls in place for the management of medical job planning. <i>Deferred into Q1 of 2025/26 due to the introduction of the new electronic system and national guidance.</i>

5.9 Work in Progress

At the time of producing the Annual Report, the following audits were still work in progress and the assurance ratings had not been determined. The outcomes of these audits will therefore feed into the Head of Internal Audit Opinion for 2025/26.

Review Title	Objective
Digital Health and Care Record	To provide assurance over the implementation of the Digital Health and Care Record.
nVCC Contract Compliance	To ensure that appropriate management and control arrangements were in place at the New Velindre

Review Title	Objective
	Cancer Centre project to ensure compliance with, and delivery of, the Trust's responsibilities and obligations defined within the Project Agreement.
nVCC Contract Delivery (Construction):	An evaluation of the systems and controls in place within the Trust to determine whether appropriate arrangements are in place at the project.

6. Acknowledgement

In closing I would like to acknowledge the time and co-operation given by Directors and staff of the Trust to support delivery of the Internal Audit assignments undertaken within the 2024/25 plan.

Stephen Chaney

Pennaeth yr Archwiliad Mewnol/Head of Internal Audit

Gwasanaethau Archwilio a Sicrwydd/Audit and Assurance Services

Partneriaeth Cydwasanaethau GIG Cymru/NHS Wales Shared Services Partnership

Mehefin 2025/ June 2025

Appendix A

ATTRIBUTE STANDARDS	
1000 Purpose, authority and responsibility	Internal Audit arrangements are derived ultimately from the NHS organisation's Standing Orders and Financial Instructions. These arrangements are embodied in the Internal Audit Charter adopted by the Audit Committee on an annual basis.
1100 Independence and objectivity	Appropriate structures and reporting arrangements are in place. Internal Audit does not have any management responsibilities. Internal audit staff are required to declare any conflicts of interests. The Head of Internal Audit has direct access to the Chief Executive and Audit Committee chair. There have been no impairments to our independence during 2024/25.
1200 Proficiency and due professional care	Staff are aware of the Public Sector Internal Audit Standards and code of ethics. Appropriate staff are allocated to assignments based on knowledge and experience. Training and Development exist for all staff. The Head of Internal Audit is professionally qualified.
1300 Quality assurance and improvement programme	Head of Internal Audit undertakes quality reviews of assignments and reports as set out in internal procedures. Internal quality monitoring against standards is performed by the Head of Internal Audit and Director of Audit & Assurance. An EQA was undertaken in 2023.
PERFORMANCE STANDARDS	
2000 Managing the internal audit activity	<p>The Internal Audit activity is managed through the NHS Wales Shared Services Partnership. The audit service delivery plan forms part of the NWSSP integrated medium term plan. A risk based strategic and annual operational plan is developed for the organisation. The operational plan gives detail of specific assignments and sets out overall resource requirement. The audit strategy and annual plan is approved by Audit Committee.</p> <p>Policies and procedures which guide the Internal Audit activity are set out in an Audit</p>

	Quality Manual. There is structured liaison with Audit Wales, HIW and LCFS.
2100 Nature of work	The risk-based plan is developed and assignments performed in a way that allows for evaluation and improvement of governance, risk management and control processes, using a systematic and disciplined approach.
2200 Engagement planning	The Audit Quality Manual guides the planning of audit assignments which include the agreement of an audit brief with management covering scope, objectives, timing and resource allocation.
2300 Performing the engagement	The Audit Quality Manual guides the performance of each audit assignment and report is quality reviewed before issue.
2400 Communicating results	<p>Assignment reports are issued at draft and final stages. The report includes the assignment scope, objectives, conclusions and improvement actions agreed with management. An audit progress report is presented at each meeting of the Audit Committee.</p> <p>An annual report and opinion is produced for the Audit Committee giving assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.</p>
2500 Monitoring progress	An internal follow-up process is maintained by management to monitor progress with implementation of agreed management actions. This is reported to the Audit Committee. In addition, audit reports are followed up by Internal Audit on a selective basis as part of the operational plan.
2600 Communicating the acceptance of risks	If Internal Audit considers that a level of inappropriate risk is being accepted by management, it would be discussed and will be escalated to Board level for resolution.

Appendix B

Assurance Opinion

	<p>Substantial</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.</p>
	<p>Reasonable</p>	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.</p>
	<p>Limited</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved.</p>
	<p>Unsatisfactory</p>	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.</p>
	<p>Advisory</p>	<p>Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.</p>

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Velindre University NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Velindre University NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)



Audit of Accounts Report – Velindre University NHS Trust

Audit year: 2024-25

Date issued: June 2025

Document reference: 4977A2025

This document is a draft version pending further discussions with the audited body. Information may not yet have been fully verified and should not be widely distributed.



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For further information, or if you require any of our publications in an alternative format and/or language, please contact us by telephone on 029 2032 0500, or email info@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Introduction



Adrian Crompton

Auditor General for
Wales

I am pleased to share my Audit of Accounts Report. The Report summarises the main findings from my audit of your 2024-25 annual report and accounts. My team have already discussed these findings with the Chief Executive and the Director of Finance.

My team have substantially completed the audit work as set out in my Audit Plan dated June 2025. The remaining areas of our work relate to:

- The completion of our internal file review; and
- A final review of the revised Annual Accounts (including the final Accountability

report).

Since my Audit Plan, I have updated materiality to reflect the 2024-25 accounts. I have not identified any new audit risks. My response to previously identified risks is set out in **Appendix 1**.

I am required to provide an opinion on whether the accounts have been properly prepared, and give a true and fair view, in all material aspects, and whether income and expenditure have been applied to the purposes intended. My proposed audit opinion and basis for it is outlined on page 22.

It is the responsibility of the those charged with governance (the Board) to address any matters raised in my report and provide me with a Letter of Representation.

I would like to extend my gratitude to the officers and staff of the Trust for their cooperation throughout the audit process which has been invaluable in completing this audit effectively.

Your audit at a glance



We intend to issue an **unqualified opinion** on the accounts.

See [Appendix 4](#)



There are three **other significant matters** to report. We are also proposing to issue a **substantive report** to the Senedd to refer to the governance concerns raised by the Trust in regard to the hosted bodies arrangements and the ongoing Welsh Government review.

See [Audit findings](#)



There is **one uncorrected misstatement** in the accounts but given the nature and value of the misstatement this does not impact on the audit opinion

See [Audit findings](#)



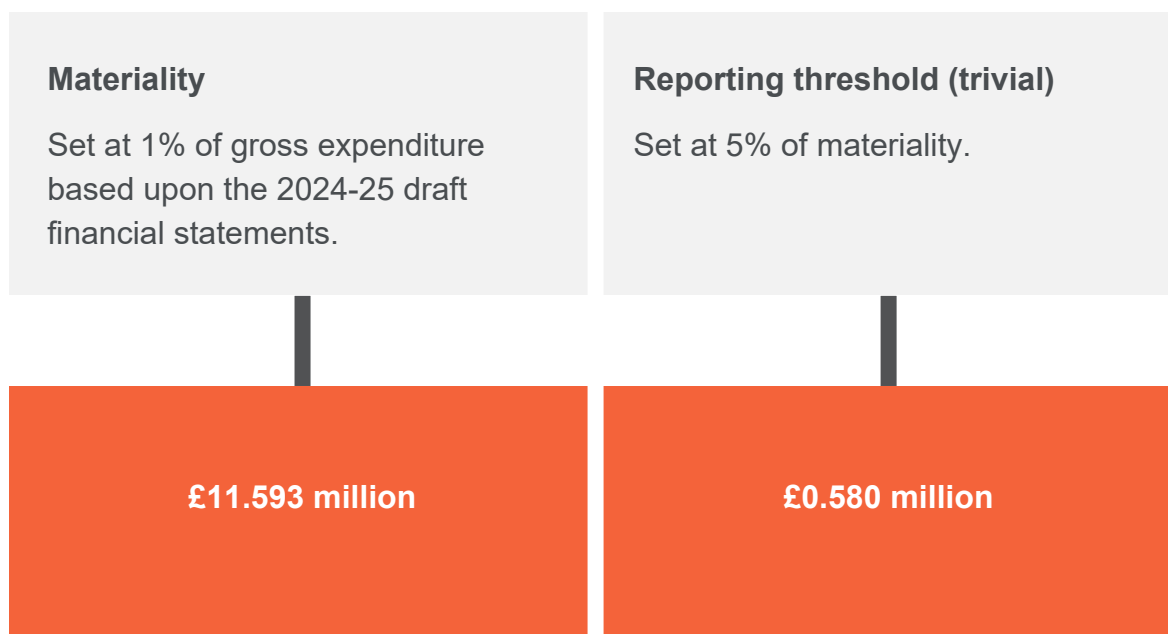
We have not raised any **recommendations** within this report. The recommendations arising from our work will be set out in an Accounts Addendum report which will be communicated to the Trust in due course.



We are aiming to certify your accounts on **27 June 2025.**

Materiality

I use professional judgement to set a materiality threshold to identify and correct misstatements that could affect users' decisions, considering both financial errors and disclosure requirements according to the applicable accounting framework and laws. My team updates materiality throughout the audit and I include in this report matters that exceed my reporting threshold, as set out below:



There are some areas of the accounts that may be of more importance to the user of the accounts. We confirm lower materiality levels for these:



Audit Findings

Misstatements

A misstatement arises where information in the accounts is not in accordance with accounting standards.

Uncorrected misstatements

There is one no uncorrected misstatement within the final accounts but given the nature and value of the misstatement this does not impact on the audit opinion.

During our final review of the audit work, a misclassification between long- and short-term provisions was identified to the value of £0.93 million. This was an isolated issue and had no impact on the Trust's bottom line. Given the timing of the finding, together with the value, and nature of the misstatement, this has not been corrected in the Trust's Final Annual Accounts. Although we are required to notify those charged with governance regarding this issue, we are satisfied that the accounts are not adjusted for this.

Corrected misstatements

During our audit, we identified misstatements that have been corrected by management, but which we consider should be drawn to your attention.

These are set out in **Appendix 2**.

Other significant issues

International Standard on Auditing 260 requires us to communicate with those charged with governance. We must tell you significant findings from the audit and other matters if they are significant to your oversight of the Trust's financial reporting process.

The following significant issues were identified during the audit.

Delays were experienced in the Trust's submission of its Accountability Report

As noted in our Audit Plan, we were aware of concerns raised by the Trust regarding the hosting, and governance arrangements around Shared Services. The Welsh Government has also recently commenced a review of these arrangements, which is expected to report by the end of July 2025.

As a result of these issues, we understand that the Trust was in dialogue with the Welsh Government in the months leading up to submission, about what format this year's documents would take, as well as whether the Trust Board and CEO would be able to sign off the reports and accounts. As a result, the Trust's first draft Accountability and Performance Reports were submitted to us later than the Welsh Government deadline of Friday 9 May. An initial draft Accountability Report was submitted on Tuesday 13 May and the Performance Report on Thursday 29 May. This first draft limited the accountable officer's scope of responsibility to the core trust in line with their understanding at the time whilst also included the remuneration of senior staff from Shared Services.

Subsequently, Welsh Government and Audit Wales clarified that the Accounts should cover the whole entity, including shared services. As such, the first draft was non-compliant with that position, as the Accountability Report either omitted significant content or included information that was not in line with the current version of Welsh Government's Manual for Accounts (MFA) which directs that 'directors of hosted functions must not be included' for example.

As a result and having considered how they wanted to address their concerns regarding the hosting arrangements in the documents, a substantially revised Accountability Report was provided by the Trust to us on 16 June with a final version provided on the 20 June. This has resulted in a delay to the completion of the audit process and the finalisation of the audit opinion and report.

Our concerns regarding the Accountability Report were addressed within the revised Report and so we intend to issue an unqualified opinion on the Trust's financial statements. However, as a result of the governance concerns and the related, and ongoing, review being undertaken by the Welsh Government, which is referred to in the Trust's Annual Governance Statement, we intend to issue a Substantive Report to the Senedd. This report is set out in **Appendix 3**.

Compliance with Interim Appointment Guidance

Welsh NHS bodies are required to comply with Welsh Government guidance when appointing senior officers. In August 2024, NHS Wales issued additional requirements via a Welsh Health Circular (WHC/2024/013), mandating that all interim senior appointments must receive formal approval from the Welsh Government.

There are some senior officer interim appointments disclosed within the Trust's Remuneration and Accountability Report and our audit work identified that in some cases there was insufficient audit evidence that Welsh Government had formally approved these cases.

This is a widespread issue this year across most NHS audits, given the clarity and timeliness of the WG guidance, that we will also be raising with Welsh Government.

Delays were experienced when addressing some audit queries

As described in our audit plan, for this 2024-25 audit year there was a reduction in the audit period, compared to 2023-24, of two weeks. As a result it was important that all audit queries and requests for information were resolved quickly by the Trust. In the majority of cases the Trust did provide timely responses, but we did experience some considerable delays in regard to our audit of Property, Plant and Equipment (PPE). For instance:

- we requested a breakdown of the PPE impairments regarding the nVCC enabling works of £7.3 million on 12 May and this was received on 2 June, we then raised subsequent queries on 3 June which were not fully responded upon until 17 June; and
- we requested backing information upon the Assets under Construction addition value of £74 million on 13 May and we had a partial response on 3 June, followed by a complete response on 9 June.

As we continue to seek to bring forward our audit deadlines it is critical that audited bodies, including the Trust, work with us to complete our audit procedures on a timely basis.

Proposed audit opinion

Audit opinion

We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation (see below).

However, as referred to above we intend to issue a substantive report to the Senedd setting out the governance concerns raised by the Trust regarding its hosted bodies and the related, and ongoing, review being undertaken by the Welsh Government into this, as referred to in the Trust's Annual Governance Statement.

Our proposed audit report and substantive report is set out in **Appendix 3**.

Letter of representation

A Letter of Representation is a formal letter in which you confirm to us the accuracy and completeness of information provided to us during the audit. Some of this information is required by auditing standards; other information may relate specifically to your audit.

The letter we are requesting you to sign is included in **Appendix 4**. The contents of which are in line with our standard request for representations.

Recommendations

There will be some recommendations arising from our audit and these will be reported to the Trust within our Accounts Addendum Report.

Audit team and ethical compliance

The main members of my team who carried out the audit work, together with their contact details, are summarised in **Exhibit 1**.

Exhibit 1: my local audit team

Engagement Lead	Richard Harries Richard.harries@audit.wales
------------------------	---

Audit Manager	Steve Wyndham Steve.wyndham@audit.wales
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Audit Lead	David Burridge David.burridge@audit.wales
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Compliance with ethical standards

We confirm that:

- we have complied with the ethical standards we are required to follow in carrying out our work;
- we have remained independent of yourselves;
- our objectivity has not been comprised; and
- we have no relationships that could undermine our independence or objectivity.

Appendix 1 – Audit risks and outcomes

My Audit Plan set out the risks of material misstatement for the audit of the Trust's accounts, together with a number of other areas of audit focus.

Exhibits 2 & 3 summarises these and sets out how they were addressed as part of the audit.

No additional audit risks have been identified since that need to be brought to your attention.

Exhibit 2: audit risks reported previously, work done and outcome

Audit risk	Work done	Outcome
<p>Risk of management override</p> <p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].</p>	<p>The audit team:</p> <ul style="list-style-type: none">• tested the appropriateness of journal entries and other adjustments made in preparing the financial statements;• reviewed accounting estimates for bias; and• evaluated the rationale for any significant transactions outside the normal course of business.	<p>My audit work did not identify any instances of management override of controls.</p>

Exhibit 3: other areas of focus reported previously, work done and outcome

Audit risk	Work done	Outcome
<p>Remuneration disclosures</p> <p>There have been several new permanent and interim appointments to senior officer and board member posts during 2024-25 which need to be captured in the remuneration report.</p> <p>There is a risk that these are not appropriately disclosed in the remuneration report.</p> <p>As remuneration paid to senior officers and board members continues to be of high interest it is considered material by nature, therefore, there is a risk that even low value errors in the disclosure could result in a material misstatement.</p>	<p>My audit team will:</p> <ul style="list-style-type: none">• understand the movements in the senior management team during 2024-25;• ensure that remuneration disclosed is consistent with supporting evidence;• ensure that amounts paid are consistent with those approved by the Board and are in accordance with Welsh Government pay rates; and• ensure that disclosures are complete based on the team’s knowledge and are prepared in accordance with requirements.	<p>My audit work identified some errors within the Remuneration disclosures. See appendix 2.</p>

Valuation of property assets

The value of property assets reflected in the balance sheet and notes to the accounts are material estimates.

Property assets are required to be held on a valuation basis which is dependent on the nature and use of the assets. This estimate is subject to a high degree of subjectivity, depending on the specialist and management assumptions, and changes in these can result in material changes to valuations.

Assets are required to be formally revalued every five years as a minimum, with indexation applied in interim years, but values may also change year on year, particularly where there are ongoing refurbishment projects resulting in subsequent expenditure being capitalised.

There is a risk that the carrying value of assets recognised in the accounts could be materially different to the current value of assets as at 31 March 2025.

My audit team will:

- review the indices used by management for reasonableness;
- evaluate the competence, capabilities and objectivity of the professional valuer [who provide indices to management and undertake valuations as necessary];
- test a sample of any assets revalued in the year to ensure the valuation basis, key data and assumptions used in the valuation process are reasonable, and the revaluations have been correctly reflected in the financial statements;
- confirm that indexation has been appropriately applied and has been correctly reflected in the financial statements; and
- test the reconciliation between the financial ledger and the asset register.

No issues were identified concerning this area of the audit.

Related Party disclosures

The financial statements must disclose any related party relationships along with the transactions and balances between the Trust and the other body/party.

The Trust has many relationships that could be considered a related party. Many are well known, for example, Welsh Government who fund the Trust.

However, where related party relationships arise via individual officer or member relationships, there is likely to be less transparency regarding these

relationships. These transactions are of high interest and are considered to be material by their nature

There is a risk of material misstatement due to incomplete or inaccurate disclosures, even where these are of relatively low value.

My audit team will:

- review management's process for identifying related party relationships and associated transactions and balances;
- undertake procedures to confirm the completeness of related party relationships; and
- ensure disclosures are complete, accurate, consistent with evidence and are in accordance with requirements.

My audit work identified some errors within the Related Party note and these have been corrected in the revised financial statements.

Welsh Risk Pool

The Trust hosts the Welsh Risk Pool Services on behalf of NHS Wales bodies in respect of costs associated settling clinical negligence claims, including structured settlement cases. As a result of the typically high value of these claims the aggregate value within the Trust's accounts far exceeds our materiality level. As a result, there is an inherent risk that any errors in presenting and disclosing these liabilities within the annual accounts could be material.

This risk of error is also heightened this year as the Personal Injury Discount Rate (PIDR) - one of a number of variables used to calculate the provision value - was amended in January 2025.

My audit team will:

- Review management's estimation process for the valuation of provisions;
- Consider the competence, capability and objectivity of the management experts who are prepare the estimates; and
- Obtain assurances from the work completed by other NHS Wales auditors in order to obtain assurance that the liabilities are materially correct.

My audit work, and that of other audit external teams, identified some amendments in regard to the Welsh Risk Pool. See appendix 2.

Welsh Infected Blood Support Scheme

The Trust is responsible for paying compensation payments, on behalf of the UK Government, to eligible beneficiaries in regard to the infected blood tragedy.

The total value of the payments due are significant and will exceed our materiality level. Whilst it is expected that most of the eligible payments will be made during 2024-25, it is possible that there are some payments due in future years that the Trust may need to provide for.

Given the significant values concerned there is a risk of incorrect presentation and/or disclosure within the financial statements.

We will obtain a detailed understanding of the planned accounting entries and undertake audit testing to ensure their accuracy, completeness, presentation and disclosure.

My planned audit work was completed and no issues were identified.

New Velindre Cancer Hospital

During 2023-24 the Trust completed the procurement process with the Consortia who are designing, building and maintaining the new Velindre Cancer Centre. Significant capital expenditure upon enabling works has been completed to support the project and as much of this capital expenditure is not directly associated with the new hospital contract and relates to non-Trust assets the Trust intend to write out this expenditure within the 2024-25 financial statements as an impairment.

In addition, the Trust have set revised asset lives for a number of existing capital assets that will no longer have an operational use when the new hospital is completed. As a result, the depreciation charges associated with these assets will be accelerated to reflect these changes and align with the date of the new hospital coming into operation. We understand that the Trust are intending to start including this accelerated depreciation

We will obtain a detailed understanding of the planned accounting entries and undertake audit testing to ensure their accuracy, completeness, presentation and disclosure. Relevant intelligence from this financial audit work will be shared with Audit Wales colleagues undertaking our separate value for money review of the decision-making processes for the new Velindre Cancer Centre.

My audit work did not identify any issues.

expenditure within the 2024-25 financial statements.

Given the significant values concerned there is a risk of incorrect presentation and/or disclosure of both the impairment charges and the accelerated depreciation within the financial statements.

Appendix 2 – Summary of corrections made

During our audit, we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention.

None of the adjustments had an impact on the Trust's closing position.

Value of correction	Accounts area	Explanation
Various	Remuneration Report	A number of adjustments have been made to the remuneration disclosures. These relate to the correction of some remuneration bandings, appointment dates, a benefit in kind adjustment and the disclosure of a salary overpayment of £4.8k to a senior staff member that we identified during our audit work.
£17,357,000	Notes 17.1 (Receivables) and Note 19 (Payables)	Receivables and Payables were both overstated by £17,357,000.
£7,800,000	Cashflow Statement	Note 30 (Other adjustments) was overstated by £7.8m and the 'Cash transferred to other NHS Wales bodies' line in the Cash Flow Statement was understated by £7.8m.
£188,000	Welsh Risk Pool (Note 23)	There has been a £188,000 adjustment to the Welsh Risk Pool provision.

£2,543,000	Capital Commitments (Note 25.1)	Our audit testing identified that the capital commitments disclosure note was overstated by £2.5m
Various	Related Parties (Note 33)	Amendments were made to add one additional transaction excluded from the draft and remove several which are not required by the Manual for Accounts and Accounting Standard IAS24
Narrative, presentational & minor amendments	Various	A number of other narrative and presentational amendments were made to supporting notes throughout the final financial statements and the Accountability Report to ensure that all disclosures are accurately presented.
Discloure	Contingent liabilities	A potential procurement claim from an unsuccessful supplier was received during the final stages of the audit window which the Trust disputes. An additional disclosure was added to the contingent liabilities note.

Appendix 3 – Proposed audit report and substantive report

The Certificate and report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Velindre University NHS Trust for the year ended 31 March 2025 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement and the Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Velindre University NHS Trust as at 31 March 2025 and of its surplus for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of financial statements and regularity of public sector bodies in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Velindre University NHS Trust is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material

inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard although I have attached a substantive report to this audit opinion.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the

- Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities [set out on pages ... and ...], the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records;
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities,

outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Velindre University NHS Trust's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following area: posting of unusual journals.
- Obtaining an understanding of Velindre University NHS Trust's framework of authority as well as other legal and regulatory frameworks that the Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Trust; and
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management and Audit Committee about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Velindre University NHS Trust's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

Please see my report on page **XXX**.

Adrian Crompton
Auditor General for Wales
27 June 2025

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Report of the Auditor General to the Senedd

Introduction

Under Section 61 of the Public Audit (Wales) Act 2004, I am responsible for examining and certifying the accounts of Velindre University NHS Trust.

Governance issue

The Governance Statement highlights concerns regarding the governance and accountability arrangements for the NHS Wales Shared Service Partnership (NWSSP) hosted by the Trust (page 117). The Statement indicates that the concerns are wide ranging but do not give any cause for concern that the financial accounts are impacted by the issues. The Welsh Government has commissioned an independent review of the NWSSP's governance and accountability arrangements. The Terms of Reference of that review indicate that it will consider the arrangements currently in place and 'make recommendations on a preferred way forward'. The Review is due to report at the end of July 2025.

Although I am satisfied that the issues raised in the Governance Statement do not affect my ability to give unqualified audit opinions on the Trust's 2024-25 accounts, the issues reported are concerning and they need to be addressed in a timely manner. The NWSSP is responsible for spending in excess of £500 million of public funds, it is therefore essential that the overarching governance arrangements are transparent and support clear accountabilities.

I will be considering the conclusions of the Welsh Government review carefully and will determine whether I need to take further action. I will comment further on the progress made by all parties in resolving these issues as part of my audit of the Trust's 2025-26 accounts.

Adrian Crompton

Auditor General for Wales

Appendix 4 – Letter of representation

Auditor General for Wales
Wales Audit Office
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Representations regarding the 2024-25 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Velindre University NHS Trust for the year ended 31st March 2025 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure. We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- Preparing the financial statements in accordance with legislative requirements and the Treasury’s Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers/HM Treasury, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;
 - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and

- prepare them on a going concern basis on the presumption that the services of Velindre University NHS Trust will continue in operation.
- Ensuring the regularity of any expenditure and other transactions incurred.
- The design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- Full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Velindre University NHS Trust and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.
- Our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by the Board of Velindre University NHS Trust

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 26th June 2025.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Signed by:

Chief Executive

Chair of the Trust

Date:

Date:

Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2024](#).



Our People

- Selection of right team
- Use of specialists
- Supervisions and review



Arrangements for achieving audit quality

Selection of right team

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support



Independent assurance

- EQRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

Supporting you

Audit Wales has a range of resources to support the scrutiny of Welsh public bodies, and to support them in continuing to improve the services they provide to the people of Wales.

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Our [newsletter](#) which provides you with regular updates on our public service audit work, good practice, and events.



Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

