Archwilio Cymru
Audit Wales

Structured Assessment 2025

Velindre University NHS Trust

August 2026

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Audit snapshot

What we looked at

1 We looked at how well Velindre University NHS Trust (the Trust) is governed and whether it makes the best use of its resources. We looked at four areas in particular:

- how well its board works;
- how it keeps track of risks, performance, service quality, and recommendations;
- how it produces key plans and strategies; and
- how it manages its finances.

2 We also looked at the Trust's progress in implementing recommendations from previous structured assessment reports.

3 Our work considered the core Trust functions only. We did not consider the governance arrangements relating to the Trust's hosted bodies Healthcare Technology Wales and NHS Wales Shared Services Partnership (NWSSP).

Why this is important

4 NHS bodies continue to face a wide range of challenges associated with the need to modernise and transform services to deal with constrained finances, growing demand, treatment backlogs, workforce shortages, and an ageing estate. It is therefore more important than ever for the boards of NHS bodies to have strong corporate and financial governance arrangements in place. This helps provide assurance to themselves, the public, and key stakeholders that they are taking the right steps to deliver safe, high-quality services and to use public money wisely.

What we have found

5 We found that transparency is generally good for public Board business, but clearer justification is needed for items heard in private. There were delays to publishing committee papers and unconfirmed minutes in 2025. The Trust is restructuring its Board committee structure plans to implement and embed a revised structure in June 2026 with improved focus on key priorities. During 2025 and into early 2026, there has been significant changes to both executive and non-executive Board members. More changes are expected during 2026. The Trust is developing a Board Development Plan in response. The Trust strengthened its monitoring of Welsh Health Circulars after not receiving a 2024 update.

6 Assurance arrangements are improving. Reporting of strategic risks is stronger and scrutiny is effective, but corporate risk actions do not consistently include SMART[1] target dates, and the risk framework is being updated. Performance reporting has improved through exception-based reporting, but the quality of the narrative varies, and actions/timescales are not always clear enough to evidence trajectory and delivery. Tracking of audit recommendations is generally effective, but some actions slip beyond agreed dates. However, quality and safety recommendation progress reporting is currently too high-level and needs to set out actions and timescales for overdue items.

[1] Specific, measurable, achievable, relevant, and time-based.

7 The Trust continues to have a clear long-term strategic direction and an established planning approach, supported by enabling strategies and growing partnership working. However, to strengthen Board assurance, it still needs to improve how plans articulate and evidence intended impacts and outcomes (not just actions). It also needs to ensure timely publication of its Integrated Medium-Term Plan (IMTP).

8 Financial governance is a strength. The Trust has met key financial duties, produces high-quality finance reports, and the Board demonstrates effective scrutiny. Although the delivery of savings and funding assumptions will inherently carry risk in the current challenging financial climate.

What we recommend

9 We have made six recommendations, which focus on:

- improving Board transparency by keeping the website updated with committee papers, and developing a review mechanism to ensure discussions heard in private are appropriate;
- enhancing transparency of compliance with Welsh Health Circulars and important safety alerts;
- introducing a recorded and transparent mechanism for cross-referring matters between committees;
- ensuring that there is sufficient change and transformation support arrangements to support staff though change;
- ensuring all actions to address risks have clear target dates;
- improving quality and safety recommendation tracking; and
- ensuring timely publication of the IMTP on the Trust's website.

Key facts and figures

Under the Welsh Government's escalation and intervention arrangements, the Trust is at Level 1 – routine arrangements.

The Trust has an approved Integrated Medium-Term Plan (IMTP) for 2025-28.

The Trust met its financial duty to break even on its revenue spend over the three-year period 2022-25, reporting a cumulative surplus of £136,000 over the same period.

The Trust met its financial duty to break even on its revenue spend during 2024-25, reporting a small surplus of £42,000 at the end of the financial year.

The Trust achieved its planned savings of £2.875 million during 2024-25.

The Trust is forecasting to break even and achieve its planned savings of £2.280 million in 2025-26.

We have superseded two outstanding recommendations from previous structured assessment reports. Two recommendations remain in progress.

Our findings

Board effectiveness and openness

The Trust is committed to transparency and improvement, but sustained focus is needed to stabilise the Board, strengthen committees, improve reporting, and achieve full openness

Public openness of board business

10 The Board continues to show a commitment to transparency in the conduct of Board business by:

- publishing meeting dates on the Trust's website in advance;
- making papers available online typically five days before each meeting;
- livestreaming all public Board meetings;
- providing simultaneous English / Welsh translation; and
- uploading recordings shortly after each meeting.

In addition, the Trust is actively exploring options to provide translated cover reports for Board papers, which will enhance accessibility.

11 Administration relating to uploading committee papers to the website requires improvement. For example, our website review of 25 November 2025 found eleven missing sets of public committee papers.[2] However, our follow-up review on 17 December 2025 found that nine of the eleven missing papers had since been uploaded to the website. The Standing Orders require papers to be uploaded to the website five days in advance of meetings.

12 During 2023, we recommended that the Trust publish sense-checked (unconfirmed) public committee minutes shortly after each meeting, once sense checked for accuracy. However, our November 2025 review found that the Trust did not publish sense-checked minutes for meetings held in 2025. This, together with the late publication of committee papers, reduces transparency of Board business. By December 2025, most committees had published their latest unconfirmed minutes, though some were still outstanding. The Trust is considering live-streaming public committee meetings in 2026 to further improve transparency.

13 In recent years, the Trust has routinely listed items for discussion in private on its public Board and committee meeting agendas. However, our review found that the September and November 2025 public Board meeting agendas omitted this information. The Trust informed us that this was due to administrative error. The Trust has since corrected the September and November public Board meeting agendas. Positively, public committee meeting agendas continue to consistently list the items for discussion in private sessions. We have previously recommended that the Trust publish a short brief summary of private discussions. The Trust does not do this currently.

14 The Trust usually reserves private Board and committee sessions for confidential or sensitive matters. However, our review of the July 2025 private Board meeting noted four items that, in our view, the Board should have considered in the public session:

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[2] Including for the Strategic Development Committee, Audit Committee, Charitable Funds Committee, Charitable Funds Investment Performance Review Sub-Committee, the New Velindre Cancer Centre Project Sub-Committee, and the Research, Development, and Innovation Sub-Committee.

- Welsh Government feedback on the 2025-28 IMTP;
- Highlight reports from the Joint Commissioning Committee;
- The NHS Wales Shared Services Audit Committee highlight report; and
- The NHS Wales Shared Services Partnership Committee highlight report.

Discussing non-confidential items in private detracts from the transparency of Board business.

15 The rationale for considering items in private is not always clearly or appropriately documented. For example, our review of the July 2025 private Board meeting papers found that:

- Four papers provided the rationale 'the meeting is held in private';
- Three papers omitted any rationale; and
- One paper provided the rationale 'not applicable – public paper'.

The Trust should ensure that all private agenda items clearly state a valid reason for why it is excluded from public discussion.

16 More broadly, we continue to see open and candid discussion in both public Board and committee meetings. The Trust uses Chairs Actions sparingly and reports them consistently in the next meeting.

Supporting effective board conduct

17 The Trust regularly reviews and maintains up-to-date and approved Standing Orders, Scheme of Delegation, and Standing Financial Instructions. The Audit Committee ensures that key governance controls are in place and followed. The Trust publishes current versions of the Standing Orders and Standing Financial Instructions on its website. However, all the committees Terms of Reference are out of date, and the Trust is waiting to complete the committee restructure before updating them (see **paragraph 31**).

18 The Audit Committee receives a biannual update on compliance with declarations of interest, and gifts and hospitality.[3] The Gifts and Hospitality Register is publicly available on the Trust's website, although the version on the website is not the latest version. Meeting chairs consistently take declarations of interest at the start of Board and committee meetings.

19 The Trust has an established policy and supporting procedures for managing Trust-wide policies and control documents. These arrangements are supported by a Control Register that tracks policy status and review dates. The Quality, Safety, and Performance Committee receives an annual report on the status of these policies. As of August 2025, 27 of 99 policies were out of date, of which:

- three policies were endorsed and progressing through the governance process for finalisation;
- nine policies had only just passed their review date; and
- six policies were all-Wales policies awaiting national updates.

The Welsh Government has confirmed that all out-of-date national policies are still valid. Our sample review of the Trust's website confirmed that the latest versions of policies are accessible.

[3] As noted in our Audit of Accounts Report Addendum 2024–25, the Senior Officer declaration of interests given with the accounts was incomplete. It covered a period that was four days short of the full year and omitted a senior officer who had left the Trust during the year.

20 The Trust has strengthened its arrangements for monitoring and responding to Welsh Health Circulars (WHC). This followed the discovery in 2025 that the Trust had not received the April 2024 WHC on revising Systemic Anti-Cancer Therapy (SACT) performance calculations.[4] After formally adopting the revised method in September 2025, the Trust began reporting SACT performance using both the new calculation and a shadow version of the old one. The Trust undertook a review of past Circulars to ensure no others had not been received and reinforced its monitoring processes. The Quality, Safety, and Performance Committee now receives updates on WHCs and Patient Safety Alerts, although the associated report should also provide assurance on compliance and outline actions where there is non-compliance.

Board and committee meeting effectiveness

21 There have been no major changes to the committee structure or their roles since our last structured assessment. However, changes in the Independent Member cohort (see **paragraph 42)** have resulted in new chairs for the Board and the Strategic Development Committee.

22 Committee meetings continue to be well chaired, with members demonstrating good meeting conduct. Independent Members continue to provide thorough scrutiny, striking the right balance between challenge and support.

23 Key matters for discussion continue to feature near the start of meetings, allowing time for scrutiny when energy levels are highest. Appropriate use of consent agendas also continues.

[4] The Welsh Health Circular aims to standardise rules for managing the 62-day suspected cancer pathway target in NHS Wales, emphasising consistent clock management. It standardises the clock start date as the point of suspicion of cancer and clarifies that clock stops are generally not allowed, apart from exceptional circumstances.

24 Effective arrangements are still in place to provide assurance and escalate risks to the Board. Committee highlight reports offer clear summaries of discussions and referrals. Although there is no transparent recorded mechanism in place to refer matters to other committees, Independent Members bi-monthly meetings help to triangulate information received across committees.

25 In previous structured assessments, we have highlighted the breadth of the remit of the Quality, Safety, and Performance Committee and the consequent impact on the time available to consider all agenda items. During 2025, it has become increasingly clear that managing the agenda within the allotted meeting time has been challenging, limiting the opportunity for sufficient scrutiny of all items.

26 There has also been a lack of clarity on the purpose of the Strategic Development Committee and the areas of the Trust's business that fall within its remit. The Strategic Development Committee scrutinises the development of plans and strategies, while monitoring delivery sits with the Quality, Safety and Performance Committee. This division of responsibilities has resulted in duplication of topic coverage, for example oversight by different committees of the development and delivery of the Digital Strategy. During 2025, the Trust made improvements to provide clarity on the committee's remit. However, there remains some uncertainty about the appropriateness of the remit amongst committee members.

27 Committee effectiveness reviews undertaken in 2025 and our interviews highlight a clear consensus that the current committee structure needs to change to provide the right focus on the Trust's priorities. The Trust is delivering major transformation programmes across the Velindre Cancer Service (VCS) and the Welsh Blood Service (WBS), while operating in an increasingly complex and rapidly changing environment. Ensuring continued focus on core business alongside ensuring sufficient focus on the delivery of these programmes is critical. Furthermore, financial sustainability is expected to become an increasing challenge from 2026–27. The Trust has acknowledged the need to enable the Board and its committees dedicate more time and attention to workforce, culture, digital transformation, finance, and service-user experience.

28 Committee effectiveness survey feedback on forward planning and agenda-setting also suggest there is a need for the Trust to more overtly share work plans with committee members to improve understanding. It would also increase understanding when committee chairs and executive leads agree agenda changes, such as when urgent matters arise, or where agenda items are postponed to a later meeting. The Trust is aware of the need for it to play a bigger role in the oversight of planning committee work plans and agenda setting.

29 Some Board members expressed frustration about the number of papers reviewed multiple times by the Board and one or more committees. While this is sometimes appropriate and necessary, it highlights the need for clearer distinction between matters reserved for Board decision-making and those delegated to committees for assurance. The Trust also needs to consider the sequencing of committee meetings relative to Board meetings, ensuring committees have sufficient time to prepare and submit their highlight reports to Board.

30 Members of the Audit Committee, Quality, Safety and Performance Committee, and Strategic Development Committee have also raised concerns about the length of time it takes for the Trust to respond to actions arising from committee meetings.

31 During autumn 2025, the Board agreed to review and change the committee structure and instigated an external review, to support the work. Key areas to address include:

- increasing the number of committees to provide more time for scrutiny;
- clarifying the remit of all new committees to ensure that collectively they are comprehensive;
- aligning committee scopes to strategic priorities and risks;
- enabling earlier influence over strategic programmes and decision making;
- applying equality, diversity, and inclusion considerations more explicitly in decision-making;
- receiving stronger assurance on progress delivering the Trust's long-term strategic intent; and

- more consistent proactive forward planning of committee work programmes, with scheduled opportunities for deep-dives.

32 The review concluded in February 2026. The Board approved the new committee structure in March 2026. The Trust is preparing new committee terms of reference, and the new structure will go live in June 2026. Effectiveness reviews are scheduled for 6 and 12 months after launch.

Quality and timeliness of Board information

33 The Trust circulates Board and committee papers in advance of meetings. However, occasionally papers are issued or updated one or two days before meetings. Although this practice still occurs, meeting chairs are increasingly deferring late papers to later meetings.

34 Our review found consistent use of the standard Board and committee cover report. Where appropriate, positively, the Board has asked that cover papers include an assessment of the level of assurance provided. This enables authors to evaluate whether the paper sets out adequate assurance or if further action is needed. Board members find the assurance scoring system helps focus scrutiny on lower-scored agenda items. Board and committee cover reports say whether papers have been previously scrutinised by other committees or by the Executive Management Board. Summaries typically provide a reasonable outline of prior discussions and resulting actions planned/or completed.

35 Previous structured assessments have found that committee papers need to better focus on key matters and provide clarity on the actions the Trust plans to take or whether the Trust has achieved desired outcomes or impacts. Committee effectiveness survey feedback suggests that Board members still feel that committee papers are too long and detailed. During 2025, five out of six sets of Quality, Safety, and Performance Committee agenda papers exceeded 600 pages.[5] However, agenda length is also a consequence of the large remit (see **paragraph 25**). Board members indicate a need for papers to be more succinct, distil key risks, and focus on actions and improvement pathways. Some progress is clear, for example the Performance Management Framework (see **paragraph 55**).

36 The Corporate Governance Team is undertaking a benchmarking review of Board and committee cover reports and agenda papers to identify improvements for the Trust's templates and minutes. The team is also developing training for Board and committee report writers, to ensure authors understand the Board's requirement for clear, concise and focused papers. There is a need to ensure that quality control of papers ensures that going forward papers meet requirements prior to consideration by the Board or its committees.

Hearing from staff and service users

37 The Trust continues to engage regularly with patient advocates through Llais.[6] Quality, Safety, and Performance Committee meetings routinely begin with a patient, donor, or staff story, reflecting both positive and negative experiences. This practice effectively sets the tone for discussion and supports a continued focus on quality and safety. The committee also receives regular service user feedback. Our observations found that Independent Members consistently consider how service delivery decisions could affect the experiences of patients and donors.

[5] On one occasion more than 750 pages, and another more than 950 pages.
[6] Llais is a patient representative body.

38 The Trust introduced the 15-Steps Challenge Visits[7] in 2021 to enable Board members to view services from the perspective of patients and their relatives and/or carers. The Trust's intention is for each Board member to take part in at least two visits per year. While the Board shares an ambition to achieve a minimum of two per month, it has not yet realised this. Recently appointed Independent Members have undertaken visits across the Trust to support their understanding of its services. The Trust records the findings from visits and identified areas for improvement.

39 The Trust has also set up the Velindre Voices group to support engagement with patients, carers, and the wider community in the development of services. In addition, a Patient and Carer Partnership Board provides input from people with lived experience of cancer into service design. The Trust intends to set up an equivalent arrangement for WBS. The Trust has also undertaken work to develop patient and donor engagement strategies and delivery plans for both divisions.

40 Previously, Board meetings did not include any service user or staff stories. Committee effectiveness survey feedback and our interviews found a shared desire among Board members to give more time at both Board and committee meetings to patient, donor, and staff stories.

[7] 15-Steps Challenge Visits explore healthcare settings through the eyes of patients and relatives.

41 In 2025, the Trust began a programme of work to understand and improve staff experience, using staff survey and workforce data to target actions that strengthen psychological safety and reflective practice. The Trust has committed to understanding the root causes of staff concerns and use learning to support positive cultural change; however, the impact of these actions is still emerging. A 2025 management-structure reorganisation in VCS[8] led to concerns among some affected staff, prompting an independent listening exercise and an action plan to address the issues raised. Our 2025 Improving Quality Governance report outlines in more detail the Trust and Board arrangements to hear directly from staff and use this feedback to inform governance and culture.

42 There is a need for the Trust to ensure that there is sufficient change and transformation support arrangements to support staff though structural and leadership changes and significant transformation programmes underway in the two divisions.

[8] The Trust restructured the leadership arrangements within VCS. The Trust set up a new Divisional Triumvirate consisting of the Divisional Director, Divisional Director of Nursing, Allied Health Professionals and Healthcare Scientists, and the Divisional Medical Director. The Trust also created four directorates within VCS; Acute, Inpatient and Palliative Medicine, Radiation Services, Systemic Therapies and Specialist Supportive Therapies.

Board cohesion and continuous improvement

43 The Trust's Board has experienced multiple changes during 2025 and early 2026:

- Both the Chair and Vice Chair completed their terms of office in 2025. A new Chair was appointed in September 2025, and an existing Independent Member transitioned into the Vice Chair role.
- Two new Independent Members joined late in 2025, allowing the Trust to fill the long-standing Finance Independent Member vacancy.
- The Chief Executive left the Trust in November 2025, with an executive team member acting as interim Chief Executive. Subsequent backfill arrangements were completed in early 2026.
- The Executive Director of Workforce and Organisation Design retired in autumn 2025; the role is currently filled on an interim basis pending permanent recruitment.
- The Trust also needs to recruit a permanent Director of Corporate Governance, a new Executive Director of Nursing, Allied Health Professionals and Health Science, and a permanent Chief Executive, with recruitment due to begin in spring 2026.

  Stabilising the Board will need to remain a clear priority for the Trust.

44 The new Independent Members have received induction training and opportunities to visit and get to understand the organisation and the services it delivers. Collectively, the Independent Member cohort has a diverse portfolio of skills and experiences. Terms of office for Independent Members are staggered, which helps reduce the risk of losing knowledge and experience when terms end.

45 There is a strong focus on strengthening the Board as a cohesive, transparent, and unified team. The Trust is setting up a Board development programme to improve Board effectiveness, focus and ways of working. We have identified the following areas of key matters for the Board to consider:

- the committee restructure (see **paragraph 31**);

- agreement on matters delegated to committees (see **paragraph 29**);
- shaping the information and assurance needs for committees; and
- ensuring there is sustainable capacity and capability within the central Corporate Governance Team to support Board and committee effectiveness.

46 Board members are committed to annually reviewing the effectiveness of Board and committee meetings and make necessary improvements, with committees undertaking annual reviews and identifying improvements to address findings.

Providing board assurance

While the Trust is strengthening its systems of assurance, improvements are still needed in risk management and recommendation tracking

Managing strategic risks

47 The Trust has made positive progress in strengthening its strategic risk reporting. However, the Board Assurance Framework (BAF) should be viewed as more than a compliance exercise and used more clearly to show how the Trust proactively manages its strategic risks to support the delivery of its objectives.

48 During the first half of 2025, the Trust reviewed its strategic risks, the BAF template, and the information contained within the BAF. The revised BAF template was shared with the Board in July 2025.

49 Since July 2025, the Trust has undertaken further work to revise its strategic risks to ensure they more clearly reflect the Trust's strategic objectives. However, further work is needed to ensure full alignment with the IMTP objectives and to clearly map the associated risks. Going forward, the Trust will review strategic risks annually alongside the development of the IMTPs.

50 BAF reporting now includes narrative commentary from Executive Leads on their assigned strategic risks, together with an individual assessment of the level of assurance for each risk. Our review found improved consistency in the use of SMART actions to address gaps in controls and assurance, including clearer articulation of intended impact and progress against actions. However, some Board members have raised concerns about the complexity and level of detail within the BAF. The Trust acknowledges that further improvement is needed, including ensuring that actions comprehensively address gaps in controls and assurance and demonstrably contribute to reducing risk scores.

51 The Board, the Audit Committee, the Quality, Safety, and Performance Committee, and the Strategic Development Committee received the full BAF at each of their meetings during 2024 and 2025. We saw effective challenge and scrutiny of strategic risks at both Board and committee level, with appropriate responses from Trust Officers. Looking ahead, once the new committee structure is agreed, there is an opportunity to formally allocate specific strategic risks to individual committees for review and revisit the frequency of reporting.

Managing corporate risks

52 Work began late in 2024 to review and improve the content and format of the Corporate Risk Register (CRR). Our recent review of the updated CRR has found continuing improvements to the articulation of risks, as previously there was a tendency to focus more on the cause of the risks. The CRR consistently includes opening, current and target risk scores, and the mitigating actions either underway or planned. However, our review of the three most recent CRRs found that most actions did not have target dates.

53 The Executive Management Board actively monitors the CRR, and it is included in the Cycle of Business for Board, Quality, Safety, and Performance Committee, and Audit Committee meetings. The committees have committed to undertake deep dives to better understand risks with static scores. This will help provide more assurance on the impact of actions to reduce scores and decide whether the Trust needs to take further action. The Audit Committee plans to undertake a six-monthly review of sub-threshold risks.

54 The Trust is currently updating the Risk Management Framework and related policies and procedures.

Managing performance

55 The accountability arrangements and frequency of performance reviews at Board and committee level continue to be appropriate. The development of the Performance Management Framework Report (PMFR) during 2025 has led to enhancements, with further improvements in progress.

56 The Trust piloted and implemented an exception-based reporting approach for the Executive Management Board, the Quality, Safety, and Performance Committee, and the Board. As a result, the PMFR and cover report now focus on the areas requiring the greatest attention. The PMFR continues to provide a high-level overview of all key performance indicators, structured around the quality domains (safe, timely, effective, efficient, equitable and person-centred). However, detailed assessment is exception-based where performance falls below agreed thresholds. For exception reported performance, the report explains:

- current and recent trend performance;
- the mitigating actions underway or planned (often, but not always with target dates);
- the key risks that could affect future performance; and
- the expected trajectory for improvement.

This is still some variation in the quality of this narrative, and relevant teams need to continue improving the clarity of actions and timescales to reach target performance.

57 There are defined targets for all key performance indicators, with an established process in place to ensure targets stay relevant and effective for performance management purposes. The Trust has committed to increasing the use of comparative and benchmarking data within the Performance Management Framework. In addition, the Trust has developed more quality indicators to strengthen its 'always on' quality reporting[9] and to evidence ongoing quality improvement.

58 Board and Committee meetings continue to demonstrate effective scrutiny, constructive challenge, and open discussion where performance is off track. Clear, appropriate, and transparent responses from executives and senior managers support scrutiny.

[9] 'Always on' means that the organisation collates, monitors, and makes information about the quality of services readily available to the population and stakeholders.

Monitoring quality and safety

59 We considered the Trust's corporate approach to overseeing and scrutinising the quality and safety of services in 2025 as part of our separate follow-up review of the Trust's progress in addressing the recommendations we made in our 2022 Review of Quality Governance Arrangements.

Tracking and monitoring recommendations

60 The Trust continues to have an effective system for tracking external and internal audit recommendations. In the summer of 2025, the audit tracker transitioned from an excel spreadsheet to the Audit Management and Tracking system (AMaT). This means that real-time data and automated action tracking is now available.

61 The Executive Management Team reviews the full audit recommendations tracker each month, and the Audit Committee reviews overdue and closed recommendations at each of its meetings. The Audit Committee approves closed recommendations once assured that the required actions are complete. Twice a year, the Audit Committee receives the full tracker, which also includes recommendations that are not overdue. Whilst there have been improvements, there is still issues for non-delivery of some actions by agreed target dates. However, the Audit Committee is taking action to escalate this. There were four outstanding recommendations from our previous structured assessment reports. We have superseded two of the outstanding recommendations with new ones, and the two other recommendations are in progress.

62 There is a separate improvement tracker for tracking the progress of quality and safety recommendations. The Integrated Quality and Safety Group maintains operational oversight, with executive oversight provided by the Executive Management Team. The Quality, Safety, and Performance Committee receives information from the tracker each quarter for assurance as part of the Quality and Safety Update report. However, the report is quantitative, reporting only on the numbers of actions in progress, the number overdue, and for those that are overdue the number that have had the target date extended. The report excludes the actions needed to address the recommendation and the associated timescale.

Preparing strategies and plans

The Trust must strengthen how it develops, approves, and reports its IMTP going forward

Board assurance on partnership working

63 The Trust and the three health boards have created a Southeast Wales Regional Cancer Programme Board. This Programme Board works to strengthen co-ordination between local approaches and workplans, and to improve performance and productivity in planned care, diagnostics, and cancer services. The Board receives updates on the programme's work in a planning update, although we note it has not received an update since May 2025. However, recent papers to Board in November 2025 provided assurance of work being undertaken by the Trust to ensure timely treatment start dates reflecting work with regional health boards:

- Revised reported performance data for patients requiring SACT, providing more transparency that the patients in most need are prioritised[10]; and
- Analysis of the timeliness of patient referrals from the point of suspicion of cancer, to enable the Trust to identify the day in the 62-day pathway by which it needs to be informed of the intention to treat at the Trust.

[10] Previously, the Trust reported waiting time for urgent (5 days) and routine (21 days). It now includes a new category, emergency patients (14 days), these are patients where there is an urgent need to start care - such as those patients who receive chemotherapy as their first or potentially only line of treatment.

Producing key strategies and plans

64 The Trust's long-term strategy, 'Destination 2033', continues to be supported by enabling strategies (digital, estates, people, and sustainability) and separate strategies for VCS, and the WBS. A separate Clinical and Scientific Strategy spans both divisions. The Trust plans to review the VCS Strategy in 2026. It also plans to refresh 'Destination 2033' to better integrate its well-being objectives. This will support clearer and more consistent embedding of well-being objectives across all Trust activities and decision-making.

65 The Strategic Planning Team coordinates the Trust's planning process. Planning Managers in each division and the Finance Team support this work, and the Executive Management Board oversees it. The Trust involves internal and external stakeholders when it develops corporate strategies and plans. Central planning guidance supports plan development, including the 2025-28 IMTP.

66 The Trust has a strong understanding of demand for blood and cancer services. It recognises the need to improve efficiency and productivity and to adopt medical, scientific, and technological advances to remain sustainable. The 2025–28 IMTP sets out the actions needed to transform services, reduce inequalities, improve digital services, expand outreach cancer services, develop sustainable services, and deliver key infrastructure programmes. However, the Trust recognises and understands the many risks involved in delivering the 2025–28 IMTP. These risks include balancing demand and capacity, recruiting the required workforce, supporting staff wellbeing, and securing enough funding. The Board Assurance Framework clearly sets out these risks.

67 The Board and the Strategic Development Committee reviewed, challenged, and scrutinised the draft plan. The Board formally approved the 2025–28 IMTP in March 2025, prior to it being sent to the Welsh Government within the required timeframe. The Welsh Government's initial review of the 2025-28 IMTP noted incomplete draft text, some minor errors and some points of clarity' needed. The Welsh Government asked the Trust to resubmit the plan.

68 The Trust re-submitted the plan after addressing the required points. Although the Welsh Government remained concerned about the structure of the plan, it approved the Trust's 2025-28 IMTP, subject to accountability conditions. The Trust must monitor and address the accountability conditions set by the Welsh Government throughout the lifetime of the plan. The Cabinet Secretary has also set a number of national priorities for NHS Wales bodies to meet in the form of enabling actions.

69 The Trust did not upload the revised and final 2025-28 IMTP to its website until January 2026. It was, therefore, unavailable to the public until 10 months into its lifecycle.

70 Work to develop the 2026-29 IMTP is underway, and the timeframe for Board scrutiny agreed. Independent Members want to ensure that there is appropriate time for scrutiny in the earlier stages of development this year.

Monitoring delivery of strategies/plans

71 The IMTP 2025-28 has approximately 150 actions, supported by timescales for delivery. Just over 100 actions are scheduled for delivery in 2025-26, with the rest phased over the following two years. The Trust has included intended outcomes in the IMTP 2025-28; however, whilst some are measurable, many are not.

72 The Welsh Government requires quarterly reports to provide assurance on delivery of the IMTP 2025-28, accountability conditions, and the enabling actions. In previous years, the Trust shared IMTP quarterly progress reports at Quality, Safety, and Performance Committee and Board meetings. This year, we note that reports for quarter three of the 2024-27 IMTP and quarters one, two, and three of the 2025-28 IMTP were received only by the Quality, Safety, and Performance Committee. The report for quarter four of the 2024-27 IMTP did not receive committee oversight.

73 2025-28 IMTP quarterly progress reports include progress on the actions due to be delivered in the quarter and an update on actions overdue from previous quarters. The report uses Blue, Red, Amber, Green (BRAG) ratings to highlight whether action progress is on track:

- Blue – quarterly action fully completed;
- Green – although the action is not fully completed, sufficient progress has been made for the relevant Executive Lead to rate it as green, and set a revised ‘fully complete’ date during the following quarter;
- Amber – action not completed and issues arisen on delivery and/or a revised ‘fully complete’ date not set during the following quarter; and
- Red – action not completed and significant issues arisen on delivery and/or a revised ‘fully complete’ milestone date not set during the following quarter.

74 Using green to colour code actions that are incomplete and overdue is potentially misleading, even if the Trust considers that they will be delivered in the next quarter. Also, there have been instances of the rating being applied inconsistently. For example, the quarter two 2025-28 IMTP progress report included twelve green rated actions, however:

- Only two were expected to be completed in the next quarter;
- Two were expected for completion in the next but one quarter; and
- The remaining eight actions did not provide a completion date.

75 The Trust still needs to consider how it provides clarity on whether the intended impacts have been achieved or not.

Managing finances

The Trust continues to have good arrangements for financial planning, and managing and monitoring its financial position

Meeting financial objectives and duties

76 The Trust met its statutory financial duties[11] in 2024-25:

- to achieve break even in 2024-25: reporting a small surplus of £42,000 at the end of the financial year; and
- to achieve break even over the three-year rolling period 2022-25: reporting an overall three-year surplus of £136,000.

77 The Trust's 2024-25 spending on capital programmes was in line with the capital allocation. The Trust also delivered its savings target of £2.875 million. Whilst some savings schemes overachieved against the target, some schemes within WBS and VCS underperformed against the original plan.

78 As of Month 10, 2026-26 (end of January 2026), the Trust was forecasting a year-end breakeven position. However, this assumes that the Trust receives all planned income, achieves its savings plan targets, and mitigates all financial risks.

Financial planning arrangements

79 The Board approved the 2025-26 Financial Plan in March 2025 as part of the 2025-28 IMTP approval process. The plan acknowledges the financial challenge within the Trust's internal and external operating environment.

[11] The figures provided relate to the Trust and its hosted body, Health Technology Wales, but they exclude the hosted body NHS Wales Shared Services Partnership.

80 The Financial Plan sets out a break-even position for 2025-26 and noted several key risks and pressures the Trust needs to manage. The plan aims to provide services with sufficient capacity to meet demand, whilst targeting improved levels of efficiency and productivity alongside sustained delivery against national targets and / or professional performance standards.

81 The Financial Plan is based on a series of assumptions, that were in place at the time, regarding the Trust's expected income from commissioners and Welsh Government, the likely cost pressures facing the Trust, both pay and non-pay inflation, and a realistic, but challenging view of the cost saving potential. However, the Financial Plan sets out a significant financial risk and challenge to delivering a breakeven position in 2025-26 due to the uncertainties around the income it will receive to cover the committed capacity investment in VCS. The Trust discussed and agreed the financial assumptions with commissioners and the Board through the IMTP engagement process.

82 The Trust continues to seek agreement from health boards to rebase commissioning fees to reflect the current activity levels of VCS and up-to-date cost rates. Despite sustained discussion, commissioners did not agree to the Trust’s proposed rebasing, instead approving only a 1.77% uplift to Long Term Agreement values for 2025-26 (£1.548 million), partly offset by a recurrent £0.825m income reduction from one health board. The Trust has not secured any additional funding beyond the general uplift.

83 The Trust is managing significant unfunded cost pressures arising from increased capacity in outpatients, ambulatory care, SACT and imaging services introduced over 2023-25 to meet rising demand and cancer waiting time targets. Although commissioners initially agreed to undertake a detailed review of the SACT business case, they have since confirmed that no commitment will be made in 2025-26, and the proposal will instead be reconsidered as part of the 2026-27 IMTP process. Discussions with health boards on moving commissioning principles from historic 2004-05 activity and medicines consumption to current activity levels for 2026-27 remain ongoing.

84 For 2025-26, the Trust set a savings requirement of £2.280 million – £1.185 million is recurrent and £1.095 million is non recurrent. Of the £2.280 million savings target, £1.560 million is categorised as savings schemes and the remaining £0.720 million are income generating schemes. All savings schemes are RAG rated green, but there are still risks in achieving the full value across all schemes. As of Month 10, 2025-26 the Trust had achieved £1.670 million savings against a year-to-date plan of £1.854 million.

Financial management arrangements

85 The Trust's financial management arrangements are effective. The Trust has set clear budgets and savings targets for each of the divisions and corporate cross-cutting functions. The Trust has a good understanding of its cost pressures which are clearly set out in its Financial Plan. These include issues with ensuring that activity data is fully captured and reimbursed, and operational cost pressures exceeding those managed through budgetary control pressures or utilisation of the Trust's reserve.

86 The Trust sent draft 2024-25 financial statements for audit by the Welsh Government deadline. The Audit Committee considered these in June 2025. We issued an unqualified audit opinion on the Trust's accounts. However, we did draw attention to several matters arising from our accounts work, which have resulted in recommendations:

- There was some non-compliance with the Welsh Government guidance on interim senior office appointments;
- There were an excessive number of misstatements included in the Draft Remuneration Report presented for audit;
- Senior officers' declaration of interests did not cover the full year;
- Officers managing capital projects do not appear to have a full understanding of the disclosure requirements for capital commitments; and
- Several control weaknesses were found from our review of IT controls to support our audit of the accounts.

Monitoring financial performance

87 The Trust continues to report regularly to the Audit Committee on procurement, losses, special payments, and counter-fraud matters to support effective oversight, scrutiny, and challenge. Procurement reports continue to clearly set out the number of Single Tender Actions and Single Quotation Authorisations and the reasons why standard procurement procedures have not been followed.

88 The Trust continues to report financial performance at every public Board meeting and Quality, Safety, and Performance Committee meeting. The Trust publishes this information on its website alongside its Board and committee papers. Finance reports provide timely and high-quality information and have a good mixture of text and exhibits to convey key messages. The reports set out the revenue, capital, and savings position of the Trust, and clearly highlight key financial risks with associated mitigating actions and cost implications.

89 We continue to see good scrutiny and challenge around the Trust's financial position at both Board and Quality, Safety, and Performance Committee meetings.

Recommendations

90 The following table details the recommendations arising from our work.

Recommendations

R1 The Trust should improve Board and committee business transparency by:

1.1 ensuring there are appropriate arrangements to consistently publish committee papers on the public Trust website five days in advance of meetings (**paragraph 11**).

1.2 ensuring there are appropriate arrangements to consistently publish sense checked (unconfirmed minutes) as soon as reasonably possible after committee meetings (**paragraph 12**).

1.3 publishing brief summaries of private Board and committee discussions (**paragraph 13**).

1.4 establishing guidelines and a review mechanism to ensure that there is appropriate justification underpinning decisions to hear items in private meetings recorded on cover papers (**paragraph 14**).

R2 The Trust should ensure transparency of compliance with Welsh Health Circulars and all types of safety alerts by:

2.1 ensuring the quarterly Quality and Safety Report:

- confirms whether the Trust is fully compliant with new Circulars and alerts (**paragraph 20**);

- highlights any areas of non-compliance and the associated impact (**paragraph 20**); and
- outlines actions being taken and timelines to achieve compliance (**paragraph 20**).

2.2 introducing a mechanism for tracking progress to complete outstanding actions (**paragraph 20**).

R3 The Trust should introduce a recorded and transparent mechanism for cross-referring matters between committees in the new committee structure (**paragraph 24**).

R4 The Trust should review and ensure that there is sufficient change and transformation support arrangements to support staff though structural and leadership changes and significant transformation programmes in the two divisions (**paragraph 42**).

R5 The Trust should improve risk management tracking by ensuring that all actions in the Corporate Risk Register have a SMART target date (**paragraph 52**).

R6 The Trust should improve quality and safety recommendation tracking by ensuring that reporting includes the action needed to address overdue recommendations and the original and revised timescale (**paragraph 62**).

R7 The Trust should establish arrangements to ensure the most recent version of plans, such as IMTPs, are uploaded on its website shortly after they are approved and final (**paragraph 69**).

Appendices

1 About our work

Scope of the audit

We looked at the following areas for the period November 2025 to January 2026:

- How well the Board works.
- How well the Board oversees risks, performance, and the quality and safety of services and tracks recommendations.
- How well the body prepares key strategies and plans.
- How well the body manages its finances.

We did not look at the body's operational arrangements.

In April 2025, the Welsh Government commissioned an independent review of the current NWSSP accountability and governance arrangements. The findings and recommendations of the review were published in December 2025. We will continue to monitor the actions taken to address these recommendations and assess if there are any issues that require examination by the Auditor General as part of a separate piece of work.

Audit questions and criteria

Questions

Our audit addressed the following questions:

- Does the Board conduct its business appropriately, effectively, and transparently?
- Is there a sound corporate approach to managing risks, performance, and the quality and safety of services?
- Is there a sound corporate approach to producing strategic plans and overseeing their delivery?

- Is there a sound corporate approach to financial planning, management, and performance?

Criteria

Our audit questions were shaped 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).

Methods

We reviewed a range of documents, including:

- Board and committee papers and minutes.
- Key governance documents, including Standing Orders and Standing Financial Instructions.
- Key strategies and plans, including the IMTP.
- Key risk management documents, including the Board Assurance Framework.
- Annual Report, including the Annual Governance Statement.
- Relevant policies and procedures.
- Reports prepared by other relevant external bodies.

We interviewed the following key stakeholders:

- Chair (both the former and current);
- Chief Executive (interim);
- Chair of Audit Committee;
- Director of Corporate Governance (interim); and
- Vice Chair and Chair of Strategic Development committee.

We observed Board meetings as well as meetings of the following committees:

- Audit Committee;
- Quality, Safety and Performance Committee; and
- Strategic Development Committee.

2 Previous audit recommendations

Outstanding recommendations from previous structured assessment reports

The table below sets out the progress made by the Trust in implementing outstanding recommendations from previous structured assessment reports.

2023 Recommendations

R2.1 The Trust does not publicise what is to be discussed in private Board or committee meetings or publish summaries of what is discussed. The Trust should provide (and publish) brief summaries of private Board and committee discussions (**superseded, recommendation 1.3**).

R3 Committee minutes are published on the Trust's website when included in papers for the next meeting, usually two months later. The Trust should publish unconfirmed minutes as soon as possible after committee meetings, following accuracy checking, whilst still retaining full confirmation of accuracy by committee members in the following meeting (**superseded, recommendation 1.2**).

2022 Recommendations

R4 The Trust's arrangements for reporting delivery of the IMTP are reasonable, but it needs to better describe the impact the actions are making. The Trust should report on the impact of actions delivered to date to allow the Board to better understand the extent that delivery of the IMTP is making a difference and determine any actions that need to be rolled forward to the next IMTP (**in progress, paragraph 75**).

R5c The Quality and Safety Committee should assure itself that clinical audit findings are addressed (**in progress**).

Clinical audit reporting is included in the annual public Quality and Safety Report. The report sets out the success impacts and concerns arising from audits undertaken in the year. There are robust processes in place to escalate issues, although more work is needed to ensure learning is widely shared, and that identified improvements are embedded.

3 Key terms in this report

Term	Description
Board Assurance Framework	A Board Assurance Framework sets out the risks linked to the organisation's strategic objectives, and the controls and assurances in place to manage those risks.
Clinical Strategy	A Clinical Strategy is a long-term plan that helps shape how healthcare services are designed and delivered to meet the needs of patients and communities.
Corporate Risk Register	A Corporate Risk Register sets out the organisation's significant risks (either those with high scores or organisation-wide impact) and the actions in place to manage them.
Counter Fraud	Counter fraud refers to the activity undertaken by the organisation to prevent, detect, and investigate fraud, bribery, and corruption. This work is led by the NHS Counter Fraud Service (CFS) Wales, which operates under the NHS Wales Shared Services Partnership.

Term	Description
Integrated Medium-Term Plan	An Integrated Medium-Term Plan is a three-year plan that sets out how the organisation will deliver its services, manage its workforce, and meet its financial duties to break even. The organisation submits its plan to the Welsh Government for approval.
Losses	Losses include things like theft, fraud, overpayments, or damage to property.
Quality Governance	Quality governance is the combination of structures, processes, and behaviours used by an organisation, particularly its board, to lead on and ensure high-quality performance, including safety, effectiveness, and patient experience.
Register of Interests	The Register of Interests helps ensure transparency by recording any personal or business interests of Board members and staff that could influence decisions.
Systemic Anti-Cancer Therapy (SACT)	A type of treatment that uses drugs to affect the entire body, such as chemotherapy.

Term	Description
Scheme of Reservation and Delegation	The Scheme of Reservation and Delegation sets out which responsibilities stay with the Board, and which are passed to committees and executives, along with reporting arrangements to ensure proper oversight.
Single Tender Action	A Single Tender Action is when an organisation buys goods or services from one supplier without going through a competitive process, usually because there is only one suitable option or urgent need.
Special Payments	Special payments are one-off payments made in unusual situations – like compensation or goodwill gestures – that fall outside of the organisation's normal business activity.
Standing Financial Instructions	Standing Financial Instructions set out the financial responsibilities, policies, and procedures adopted by the organisation.
Standing Orders	Standing orders set out the rules and procedures by which the organisation operates and make decisions.

Term	Description
Velindre Cancer Service (VCS)	A division with the Trust, responsible for delivering specialist (non-surgical) cancer services for a population of 1.5 million people in Southeast Wales and beyond.
Well-being of Future Generations Act (2015)	This Act requires public bodies in Wales to work sustainably and collaboratively to improve well-being across social, economic, environmental, and cultural areas, by setting long-term goals (called well-being objectives), involving citizens, and making decisions that consider the impact on future generations.
Welsh Blood Service (WBS)	A division within the Trust that provides blood and transplant services across Wales.

4 Management Response Form

Recommendation		Commentary on planned actions	Completion date	Responsible officer
R1.1	The Trust should improve Board and committee business transparency by ensuring there are appropriate arrangements to consistently publish committee papers on the public Trust website five days in advance of meetings.	New KPIs: publication standard of a minimum of five clear working days in advance will be implemented and tracked to support tracking of committee papers publications and exceptions in place from September 2026 to coincide with implementation of new committee structure.	From September 2026	Interim Director of Corporate Governance
R1.2	The Trust should improve Board and committee business transparency by ensuring there are appropriate arrangements to consistently publish sense checked (unconfirmed minutes) as soon as reasonably possible after committee meetings.	All unconfirmed minutes i.e. considered and endorsed by the Chair for approval, will be published on the website in line with agreed publication timetable, and to coincide with implementation of new committee structure.	From September 2026	Interim Director of Corporate Governance
R1.3	The Trust should improve Board and committee business transparency by	To be delivered from September 2026 to coincide with implementation of new committee structure.	From September 2026	Interim Director of Corporate Governance

Recommendation		Commentary on planned actions	Completion date	Responsible officer
	publishing brief summaries of private Board and committee discussions.			
R1.4	The Trust should improve Board and committee business transparency by establishing guidelines and a review mechanism to ensure that there is appropriate justification underpinning decisions to hear items in private meetings recorded on cover papers.	Criteria for defining private items to be reviewed and by July 2026.	July 2026	Interim Director of Corporate Governance
R2.1	The Trust should ensure transparency of compliance with Welsh Health Circulars and all types of safety alerts by ensuring the quarterly Quality and Safety Report: • confirms whether the Trust is fully compliant with new Circulars and alerts; • highlights any areas of non-compliance and the associated impact; and • outlines actions being taken and timelines to achieve compliance.	Six monthly reviews of compliance with Welsh Health Circulars to be reported to Quality, Safety and Performance Committee. Annual return included in organisational Annual Report. Reporting through the Quality and Safety reporting framework will explicitly confirm compliance with Welsh Health Circulars and safety alerts, identify any areas of non-compliance, describe associated risks and impact, and set out actions with defined timescales to achieve compliance. This will be reported quarterly to the Quality, Safety and	From July 2026	Executive Director of Nursing, Allied Health Professionals and Health Science

Recommendation		Commentary on planned actions	Completion date	Responsible officer
		Performance Committee with exception reporting as required.		
R2.2	The Trust should ensure transparency of compliance with Welsh Health Circulars and all types of safety alerts by introducing a mechanism for tracking progress to complete outstanding actions.	The Trust has an approved safety alert procedure, and the management of safety alerts is managed on the once for Wales Datix system. The Trust will utilise the Once for Wales Datix system to track safety alert actions, supported by strengthened reporting arrangements to ensure visibility of progress, including overdue actions. Exception reporting will be provided to the relevant Committee under the new governance structure to be confirmed by July 2026. Reports will confirm compliance status, identify any areas of non-compliance, describe associated risks/impact, and set out remedial actions with timescales.	Residual action re: reporting into Board Committee structure from September 2026	Executive Director of Nursing, Allied Health Professionals and Health Science
R3	The Trust should introduce a recorded and transparent mechanism for cross-referring matters between committees in the new committee structure.	This commitment is being considered by the Board as part of its Board Development and Governance Improvement programme. A formal and recorded mechanism for cross-referring	September 2026	Interim Director of Corporate Governance

Recommendation		Commentary on planned actions	Completion date	Responsible officer
		matters between committees will be implemented as part of the new committee structure.		
R4	The Trust should review and ensure that there is sufficient change and transformation support arrangements to support staff though structural and leadership changes and significant transformation programmes in the two divisions.	Change and transformation support integrated into the Trust's agreed priority areas in relation to culture and leadership. Priorities as listed below: 1. Our Governance and Leadership work with Line of Sight 2. Executive team recruitment 3. Supporting Velindre Cancer Service to move 4. Building on actions already taken, such as Speaking Up Safely, embedding these and assessing their impact. 5. Staff Survey engagement and action planning (include learning from other sources, for example WRES/WES, with psychological safety at the core); and 6. Wider leadership development.	Progress to be monitored annually and reported to the relevant committees from September 2026	Executive Director of Workforce, Organisational Development

Recommendation		Commentary on planned actions	Completion date	Responsible officer
R5	The Trust should improve risk management tracking by ensuring that all actions in the Corporate Risk Register have a SMART target date.	Guidance for SMART actions to be included in refreshed Risk Policy and Procedures. Training to support understanding of guidance to be delivered from September 2026. Risk Manager supporting staff in the meantime. Compliance will be monitored through the Corporate Risk Register and reported via the relevant Board committee.	September 2026	Interim Director of Corporate Governance
R6	The Trust should improve quality and safety recommendation tracking by ensuring that reporting includes the action needed to address overdue recommendations and the original and revised timescale.	This issue has been addressed at a focused Quality Safety and Performance session and is planned to be delivered by the Trust's divisions. Compliance and performance will be reported via QSP with exception reporting.	Completed	Executive Director of Nursing, Allied Health Professionals and Health Science
R7	The Trust should establish arrangements to ensure the most recent version of plans, such as IMTPs, are uploaded on its website shortly after they are approved and final.	The current IMTP will be published on the Trust website as soon as it is approved by Welsh Government. The landing page for the IMTP archive is under review and all relevant changes will be implemented from July 2026.	From July 2026	Executive Director of Strategy, Planning and Performance

About us

The Auditor General for Wales is independent of the Welsh Government and the Senedd. The Auditor General's role is to examine and report on the accounts of the Welsh Government, the NHS in Wales and other related public bodies, together with those of councils and other local government bodies. The Auditor General also reports on these organisations' use of resources and suggests ways they can improve.

The Auditor General carries out his work with the help of staff and other resources from the Wales Audit Office, which is a body set up to support, advise and monitor the Auditor General's work.

Audit Wales is the umbrella term used for both the Auditor General for Wales and the Wales Audit Office. These are separate legal entities with the distinct roles outlined above. Audit Wales itself is not a legal entity.

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.