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Trust Board Approved Submission to Welsh Government

**Velindre
University
NHS Trust**

**Integrated Medium Term Plan
2022/23 to 2024/25
(1st April 2022 to 31st March 2025)**

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Introduction

We are delighted to present the Velindre University NHS Trust Integrated Medium Term Plan (IMTP) for 2022 - 2025. The IMTP builds upon the excellent work undertaken by teams from across the Trust, working with our many partners, to develop a set of ambitious priorities, which build on our strengths and which will result in people who use our services receiving excellent care, service and support. This IMTP sets out our plans in three distinct areas.

Firstly, the plan sets out our commitment to delivering high quality, safe services which provide an excellent experience and outlines how we deliver this in context of the living with COVID-19. It describes what services we will provide, where they will be provided from and how we will meet the expected increase in demand for services over the coming years. The foundation of our services will be work we are progressing on our clinical and scientific plans and value-based healthcare.

Secondly, the plan identifies our priorities related to the implementation of enhanced models of care and services for blood and cancer services. This will see donors and patients being able to access services as close to home as possible, receive a wider range of information services digitally, and have access to a trials and other services provided by our partners which may add value for them. We will also seek to significantly develop our buildings and upgrade our equipment by 2025 and this, together with our clinical and sustainability plans, will provide us with the opportunity to deliver a carbon Net Zero organisation and a range of wider benefits to support the development of thriving and resilient communities across Wales.

The third area, and related priorities, signal the continued strategic development of the Trust and its transformation into new and potentially exciting areas of work in accordance with the challenge laid down by 'A Healthier Wales'. This will see us explore opportunities across the health and social care system to identify areas where we can further support our partners in achieving outcomes and benefits for the populations we serve.

The plan we have set out demonstrates the exciting times ahead of Velindre University NHS Trust. We look forward to working with our staff, patients, donors and partners to deliver the changes set out within the plan and continue our transformation into the future.

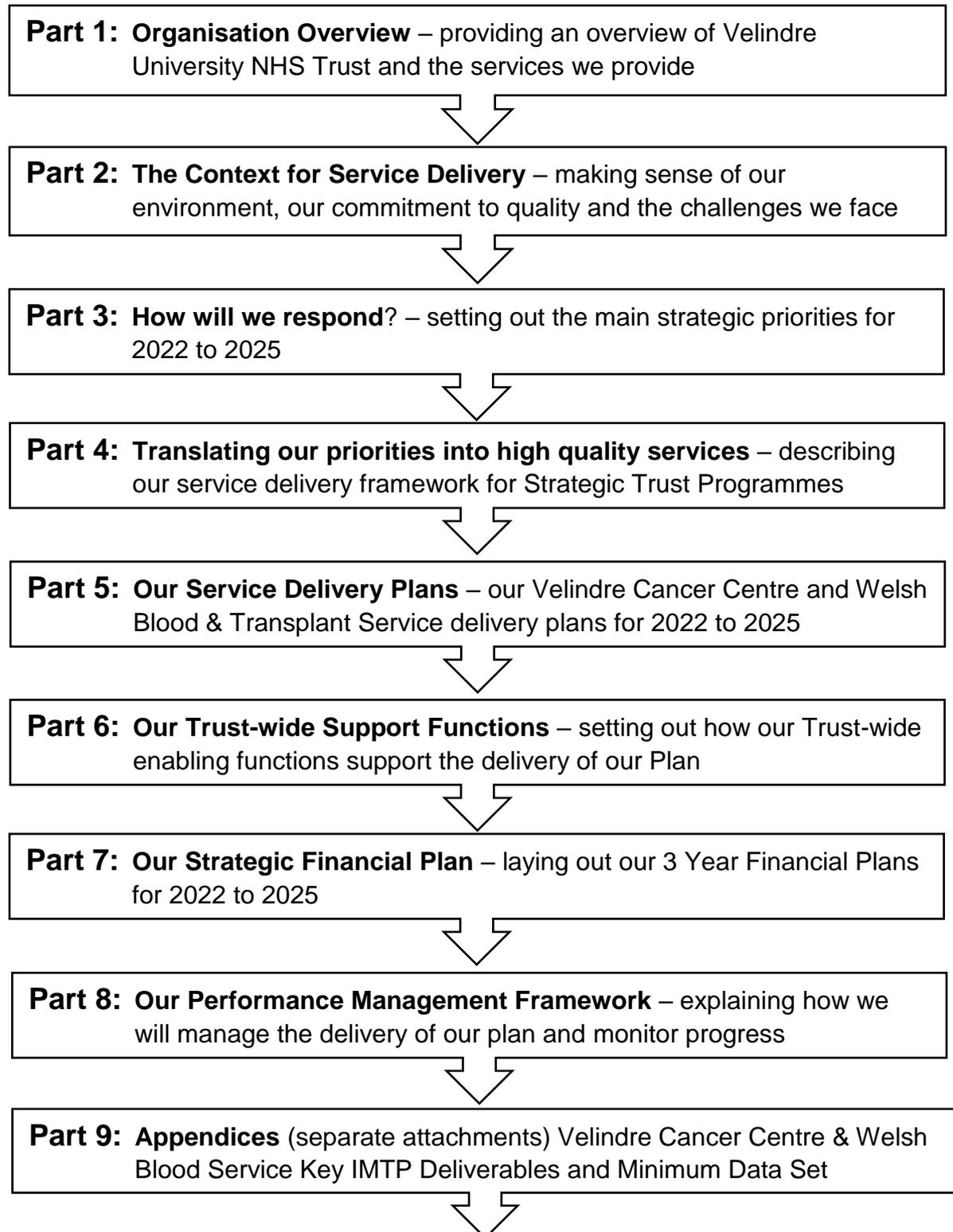


Professor Donna Mead OBE
Chair



Steve Ham
Chief Executive Officer

The Structure of Our Plan



Part 1

Organisation Overview

An overview of
**Velindre University
NHS Trust** and the
services we provide



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Overview of Our Services

The Trust was established in 1994 and is one of eleven statutory NHS organisations in Wales. We provide a range of specialist services at the national and regional level.

Non-surgical tertiary oncology services



Our Trust provides non-surgical tertiary oncology services to patients covering South East Wales, working closely with local partners in ensuring services are offered at appropriate locations, in line with best practice standards. An increasing number of services are delivered on an outreach basis. Our specialist treatment, teaching and research work serves a population of 1.7million.

Blood and Transplant Services



The Trust also delivers a range of essential and highly specialised services including the collection and production of blood and blood components to treat patients; and supporting the transplant programmes through our Welsh transplantation and immunogenetics laboratory services.

Hosted Services

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

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

Part 2

The Operating Environment

Making sense of our environment, our commitment to quality and the challenges we face



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Our commitment to Quality and Safety: our golden thread

Healthcare is changing rapidly, locally, nationally and globally and the pace of change will continue to intensify as we seek to respond to the challenges across the healthcare system and continue to respond to the Covid-19 pandemic. Our Trust strategy '*Destination 2032*' sets out our commitment to quality and safety:

Strategic Goal 1: Outstanding for quality, safety and experience

Strategic Goal 2: A leading provider of exceptional clinical services that always meet, and routinely exceed, expectations

In respect of these goals, we will ensure that putting our patients and donors at the centre of everything we do; working towards optimum quality, safety and experience; and continual learning and improving; is the '*golden thread*' throughout our organisation. Our strategic goals will be achieved by ensuring that all of our services are developed and delivered in collaboration with the patients and donors who use them, continually reviewing outcomes and experience and using these to learn and improve. The Trust is in the process of delivering a range of transformational changes across its cancer, blood and transplant services which will provide better care, enhanced clinical experiences and improved outcomes. We are committed to ensuring that quality, safety and experience is at the centre of all changes. This includes knowing '*what good looks like*' across all services and always striving to achieve this as well as pushing forwards these quality boundaries. We will also seek to continually obtain real time experience feedback as well as obtaining regular patient, donor and staff engagement to which will help to inform and influence decision-making. We are also committed to providing kindness and compassion when delivering care and services and to acting in an open and transparent manner at all times; this includes a willingness to learn when things don't go as planned.

Our Trust has a strong track record of patient safety and quality improvement in all services we deliver across the Trust. We will further build on this and embrace all opportunities for improvement across the organisation, which are strengthened by the clear requirements set out with the Health and Social Care (Quality and Engagement) (Wales) Act 2021; the Welsh Governments Quality Framework (2021); The National Clinical Plan (2021); The Healthcare Standards for Wales (2015); Wales Cancer Plan (2021); and Blood Health Plan (2017). We aspire to be leading the way in respect of Quality, Safety & experience and have a clear plan over the next three years which will help us make continued progress.

The scale and pace of change required will not be possible without the development of our multi-professional clinical, scientific, medical, and nursing professional leaders. We are developing a strong cadre of clinical leaders at all levels (service delivery level

to Board) who will help to drive the required clinical transformation and quality improvement forward.

This will need to be supported by high quality integrated digital, business intelligence and informatics systems to provide us with clinically driven, outcome and patient / donor focussed triangulated data and information to provide meaningful insight into our clinical decision-making, service delivery and how we are learning and improving. This will include significantly enhancing the Trusts Performance Management Framework ensuring it is focussing on the golden thread of quality, safety and experience. Our Chief Clinical Information Officer and Chief Nursing Information Officer will work with technical specialists to guide us.

The Trust will also further strengthen our quality improvement infrastructure through working with Improvement Cymru.

The Trusts Quality, Safety and experience infrastructure will be greatly enhanced through the development of '*Quality Hubs*' utilising an integrated governance approach from departmental level to Board.

Whilst we are proud of what we have achieved to date, we are excited by the future. This IMTP has been developed with quality, safety and experience at its centre and will work with all partners to secure the best possible outcomes over the coming three years.

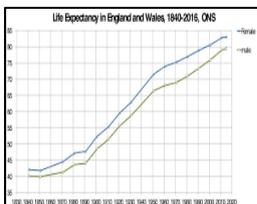
The main drivers facing the NHS its partners



Our Trust serves a growing and ageing population, with a range of local challenges relating to health, ill-health and inequalities, requiring us to better coordinate and join up care.



People's expectations are changing with the reasonable expectation that our services will be personalised to their needs. This is challenging us to think differently about how we can modernise and improve the way people access care and the quality and experience of it.



There are significant differences in healthy life expectancy and quality of life across different areas within Wales, with recent data suggesting that this gap is widening.



Attracting, training, supporting and retaining the right workforce is one of our biggest challenges and a key challenge across the NHS.



Digital technology, innovation and artificial intelligence are creating opportunities to transform the delivery of our services as well as opportunities to personalise our services so that we can make them more effective, efficient and valuable to people.



The Trust has been growing opportunities to collaborate across our regional health system and wider networks to join up care, share learning and improve outcomes.



The climate emergency and need to develop a sustainable approach to living on the planet; a global challenge we need to respond to.

Policy Context: responding to the drivers

Local Context

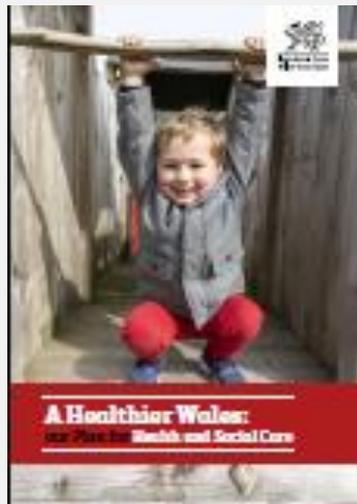
Current Performance:

- Waiting times
- Clinical outcomes (post COVID-19)
- Quality and safety
- Patient and donor experience
- SWOT analysis
- Financial delivery
- Workforce (post COVID-19 wellbeing)

Local Drivers:

- Patient and donor outcomes
- Health inequalities
- Population changes
- Surge recovery demand
- Increasing complexity
- Commissioner priorities
- Patient, donor and carer experience
- Addressing the 'five harms' & COVID-19 guidance

National Context



Statutory Duties and Key Policies:

- A Healthier Wales 2018
- Well Being of Future Generations Act (2015)
- Health and Social Care (Quality and Engagement (Wales) Act 2020
- Public Health Wales Act (2017)
- Social Services and Well-being Act (2014)
- Nurse Levels (Wales) Act (2016)
- Equalities Act 2010
- Welsh Language (Wales) Measure (2011)
- Equality Act (2010)
- Health & Safety at Work Act (1974)
- Socio-economic Duty 2021
- A Healthier Wales
- Prudent Health Care/Value Based Health Care
- Working Differently- Working Together
- De-carbonisation strategy
- WG Digital strategy
- National Clinical Plan (2021)

What do our Local Health Board partners require from us?

The Trust works with a wide range of partners including health, local authorities, emergency services and the voluntary/charity sector. Our primary health partners are set out below:

| Organisation | Relationship |
|--|-------------------------|
| Aneurin Bevan University Health Board | Commissioner |
| Betsi Cadwaladr University Health Board | Commissioner |
| Cardiff and Vale University Health Board | Commissioner |
| Cwm Taf Morgannwg University Health Board | Commissioner |
| Hywel Dda University Health Board | Commissioner |
| Powys University Health Board | Commissioner |
| Swansea Bay University Health Board | Commissioner |
| Welsh Ambulance Service NHS Trust | Provider |
| Public Health Wales NHS Trust | Provider |
| Health Education and Improvement Wales | Provider |
| NHS Wales Shared Services Partnership | Provider of services |
| Digital Healthcare Wales (DHCW) | Provider of services |
| Welsh Health Specialist Services Committee | Specialist Commissioner |

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

The Trust has worked in close partnership with our Local Health Board partners to ensure that our key strategies are aligned, that there are 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

Engagement with people who use our services to design them in partnership



Effective and ongoing engagement is vital in the development of our services and we strive to make it as easy as possible for patients and donors to share feedback following their care.



There are a number of ways used to listen, discuss and learn about our services.

Cancer Services - Non-surgical Tertiary Oncology

Our service plans respond to feedback from patients and donors, their families and carers, Velindre staff, Health Boards, third sector and other partners. A range of engagement events and workshops have been undertaken with key stakeholders over the last 12 months.

Social Media continues to offer a productive two-way conversation tool with our online cancer community. This helps us to listen and respond to compliments, queries and concerns. Our Patient Advice and Liaison Service is able to respond in a timely and efficient manner, capturing mini-stories and signposting to wider online surveys.

Blood and Transplant Services

The Blood Service also has daily interactions with members of its community of donors. We are committed to listening to our donors and we do this by circulating a comprehensive survey to every donor that enters a donation session each month.

The service operates a dedicated donor contact centre which exists to inform, educate and assist donors in contributing to the health of the nation by donating their blood, platelets or bone marrow. The service also engages existing and prospective donors through its donor engagement team. This team uses social media, the press, the website and face-to-face interactions to promote blood, platelet and bone marrow donations in Wales.

The engagement department is present in the communities of Wales, building close links and partnerships with community groups, sports teams, businesses, education providers and other socially engaged groups that have an influence in their localities. The engagement team is also committed to having a presence at the high profile national events that occur each year across Wales, such as the National Eisteddfod.

What are the challenges we face?

At an organisational level

Providing high quality services as we manage and transition out of COVID-19: returning to ‘business as usual’: In March 2020, COVID-19 arrived in the United Kingdom and fundamentally changed the lives of the population during the pandemic and as we seek to move to an endemic state; living with COVID-19. The impact on people’s health and well-being in Wales has, and will continue to be, profound in a range of ways. At the societal level, within healthcare and across the wider public services the current environment remains highly complex regarding the pandemic, as is the ability to plan and deliver services of the highest quality. The move towards re-establishing ‘business as usual’ during 2022/2023 will continue to be challenging as we learn to live with COVID-19 whilst also finding solutions to some of its direct impacts e.g. increased staff sickness.

Service delivery is complex: Our frontline services face a number of challenges with the blood and transplant service working to maintain a healthy donor base, meet the national demand for blood and maintaining regulatory compliance. The non-surgical tertiary oncology service faces increasing demand, accentuated by COVID-19; the challenge of providing capacity to see patients quickly; and the need to keep pace with new treatments and continuously improved levels of quality, safety and experience.

Maintaining a healthy workforce: The commitment, resilience and professionalism of our staff has been remarkable over the last two years. However, there are direct costs to this, with staff becoming unwell due to COVID-19 and the ongoing impact it’s having on their mental well-being. As we move to an endemic position, our staff will be required to continue to provide high quality care to more patients and donors as we work hard to reduce any backlogs and reduce any waits.

Developing a sustainable workforce: The NHS workforce across the UK is fragile with shortages in a number of areas/specialisms. These are particularly acute in a number of services provided by the Trust e.g. a shortage of oncologists, physicists and scientists.

Delivering key transformation programmes: The Trust is currently delivering a number of highly complex transformation programmes including the Transforming Cancer Services Programme and the Welsh Blood Service Lab Modernisation and Infrastructure Programmes. The level of change required is significant and the risk to delivery has increased as a result of the direct and indirect impact of COVID-19.

Working effectively as a partner across the system: The Trust is a provider of specialist services at a regional and national level which enables strategic step change in the quality and experience of services to be achieved by the healthcare system at scale. It also brings challenges, including the need to manage numerous relationships with commissioner organisations.

Decarbonisation and Net Zero: The NHS is committed to transitioning from an ill-health service to a well-being service. As the NHS is one of the largest carbon emitters in the UK, the delivery of carbon net zero is essential. It will require careful planning, huge cultural and behavioural change and capital investment; at a significant scale.

Sustainability and wider social value:

The Trust is fully committed to making a wider contribution to the communities it serves to deliver a thriving and prosperous Wales. The Welsh Governments policy requires the Trust to think innovatively about how it can maximise the social value it can generate as an Anchor Institution in accordance with key policies such as the Foundational Economy. This is a relatively new area to explore for the Trust with limited resources to apply outside of core service delivery.

Funding: The medium-term funding position for the NHS is a challenging one, both in revenue and capital terms. Redesigned models of care, using technology and different skills will see improved levels of productivity and efficiency. However, this may be insufficient to deliver the levels of service quality and change over the next three years.

So what does all this mean for the Trust, the services we provide and our 2022 – 2025 plan?

The next three years will undoubtedly provide both challenge and opportunity in equal measure. Our intention is to see the challenges as opportunities to support us in taking the learning from the pandemic to place quality, safety and experience at the heart of everything we do. We are committed to working with patients, donors and our health and public service partners to understand, design and deliver services which are truly person focused and deliver the experience and outcomes that people value most.

Whilst this plan sets out our initial view of the 2022 – 2025 period, its primary focus is on the 2022 -2023 period given the level of uncertainty across the globe regarding COVID-19 and its impact. Our focus during this period will be on:

Delivering the fundamental cornerstones of healthcare provision

These include:

- Implementing the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2021, the National Quality and Safety Framework

and the National Clinical Framework to provide services of the highest possible quality

- Delivering services that meet the national clinical quality and safety standards and provide an excellent experience
- Treating patients as quickly as possible
- Providing blood and blood products to our partner Health Boards to support the provision of treatment and care to people across Wales
- Delivering services which are 'COVID safe' and reducing / eliminating (as far as is possible) the 5 harms from COVID. This will see us:
 - Focusing on infection prevention control standards
 - Responding quickly and robustly to Public Health Wales/Welsh Government guidelines and translating it into safe operational service delivery
 - Continuing to manage the challenges presented by nosocomial transmission
- Developing agile and flexible capacity plans which allow us to respond quickly to the challenges presented by COVID-19 and its related impacts
- Supporting the health and well-being of our staff who have been working in extremely challenging circumstances for the past two years
- Workforce redesign – optimising multi-professional patient / donor centered care predicated on co-production and top of licence working

We have a number of important strategic areas of work. These include:

Improving population Outcomes and reducing inequalities

The Trust will work with our Local Health Board and wider partners to identify opportunities where we can support the improvement of public health and population outcomes through primary and primary and secondary prevention. This will focus on a number of areas:

- Improving access to our services to increase uptake and reduce inequalities and ill-health
- Strengthening our decision-making (systems/processes/culture) regarding the Equality Impact Assessment and Socio-Economic Duty to consciously address poor outcomes and inequalities in the communities we serve
- Working with our health partners where it is clear and compelling that we can add value and make a difference
- Developing a range of strategies and plans that enable us to help our staff to improve their health and well-being
- Secondary prevention: making the most of the opportunities of 'every contact counts' with patients, donors, partners to support them in improving their health and well-being.

Regional working, partnerships and collaboration to improve outcomes

The Trust will:

- Work with Local Health Board partners to strengthen the Cancer Collaborative Leadership Group and to lead on the delivery of improving cancer outcomes for patients in South East Wales
- Develop the Velindre@ research hub philosophy across all LHB partners in South East Wales
- Further develop the Blood Health Oversight Group work programme to improve the prudent use of blood and blood products across Wales

System leadership

The Trust will continue to develop our system leadership role in Wales in areas where we can add value. Our initial focus will be on developing the contribution we can make in:

- Working with Health Boards, the Cancer Collaborative Leadership Group and wider partners to improve cancer services
- Working with Health Boards to deliver the National Blood Health Plan
- Working with Health Boards, universities and commercial partners to deliver a range of cutting edge research, development and innovation

Delivery of Transformation Programmes

Non-surgical tertiary oncology Services

The Trust will progress a number of key areas of work within the Transforming Cancer Services Programme and Velindre Futures programmes:

- Implementation of the Nuffield Trust recommendations including:
 - Delivery of the Acute Oncology Service regional model
 - Implementation of revised pathways for unscheduled care
 - Development of a phased implementation plan for the Velindre@UHW research hub

Development of the infrastructure to support regional cancer services including:

- Award of the contract for the Integrated Radiotherapy Solution and implementation of 2 LINACS at the Velindre Cancer Centre
- Completion of the enabling works for the new Velindre Cancer Centre
- Completion of the competitive dialogue for the new Velindre Cancer Centre and identification of the preferred bidder
- Work in partnership with our Local Health Boards to secure approval of the final business case for the radiotherapy satellite centre in Nevill Hall, Abergavenny

Blood and Transplant Services

The Trust will progress a number of key areas of work within blood and transplant services including:

- Laboratory Modernisation programme
 - Scoping and planning of the future laboratory services plan
 - Refurbishment of the Talbot Green facility and carbon reduction
- Plasma for Fractionation: developing the case for change and delivery programme

Research, development and innovation

The Trust will continue to drive our research, development and innovation ambition for our patients and donors and focus on

- Implementing our Cancer R&D Ambitions Strategy 2021-2031
- Building on our Welsh Blood Service R&D Strategy
- Embedding our Innovation Plan
- Developing our national and international RD&I Partnerships

Mental Health and emotional well-being/supporting the workforce (WG)

The Trust will continue our programme of work to support the physical, mental and emotional well-being of our staff across a number of areas:

- Promoting healthier lifestyle choices including healthier food options, access to physical activities, and support to reduce and stop smoking
- Providing accessible information and resources on physical health and well-being for people who experience mental health problems
- Delivering staff training on mental health issues
- Increasing access to the Employee Assistance Programme and other support and counselling services
- Establishing a part-time dementia liaison nurse position within the Trust
- Providing a programme of mental health awareness training for all staff, with a proposal for Mental Health Awareness to become a mandated module in the Trust's core management training framework
- Providing a range of other initiatives and schemes to support well-being such as Menopause Café

Decarbonisation

The Trust will focus on delivering the first stages of our journey to Net Zero. This will include:

- Infrastructure: we will develop a range of green infrastructure including:
 - Submitting an outline business cases to refurbish/decarbonise the Welsh Blood Service, Llantrisant facility
 - A full business case for the radiotherapy satellite centre in Nevill Hall; and identifying a preferred partner for the new Velindre Cancer Centre (where we have an ambition to be the Greenest Hospital in the United Kingdom)

Part 3

How will The Trust respond?

In this chapter we set out the main strategic priorities for 2022 to 2025.



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Destination 2032: our view of the future

In response to the operating environment, the Trust has undertaken a strategic refresh to set out the future direction for the Trust over the next 5 -10 years. In January 2022, the Trust Board approved our 10 year strategy '*Destination 2032*' which sets out the framework for the Trusts' development.

Our purpose: To improve lives

Our vision: Excellent care, Inspirational Learning, Healthier People

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

Our strategy will support us in:

- Focusing on delivering excellence in our core clinical services
- Placing quality and safety at the centre of everything we do
- Developing our clinical, scientific and healthcare professional leadership
- Becoming world leaders in specific areas of research, development and innovation
- Expanding our culture of learning across staff, students and the communities we work with
- Delivering carbon net zero operations and wider benefits and social value for our communities
- Moving towards a future which will see us becoming a valued partner in the prevention, public health and wider social policy areas; helping to find solutions to deep-seated problems in Wales such as poverty and deprivation

To deliver our strategic goals by 2032, we have refreshed our key service strategies:

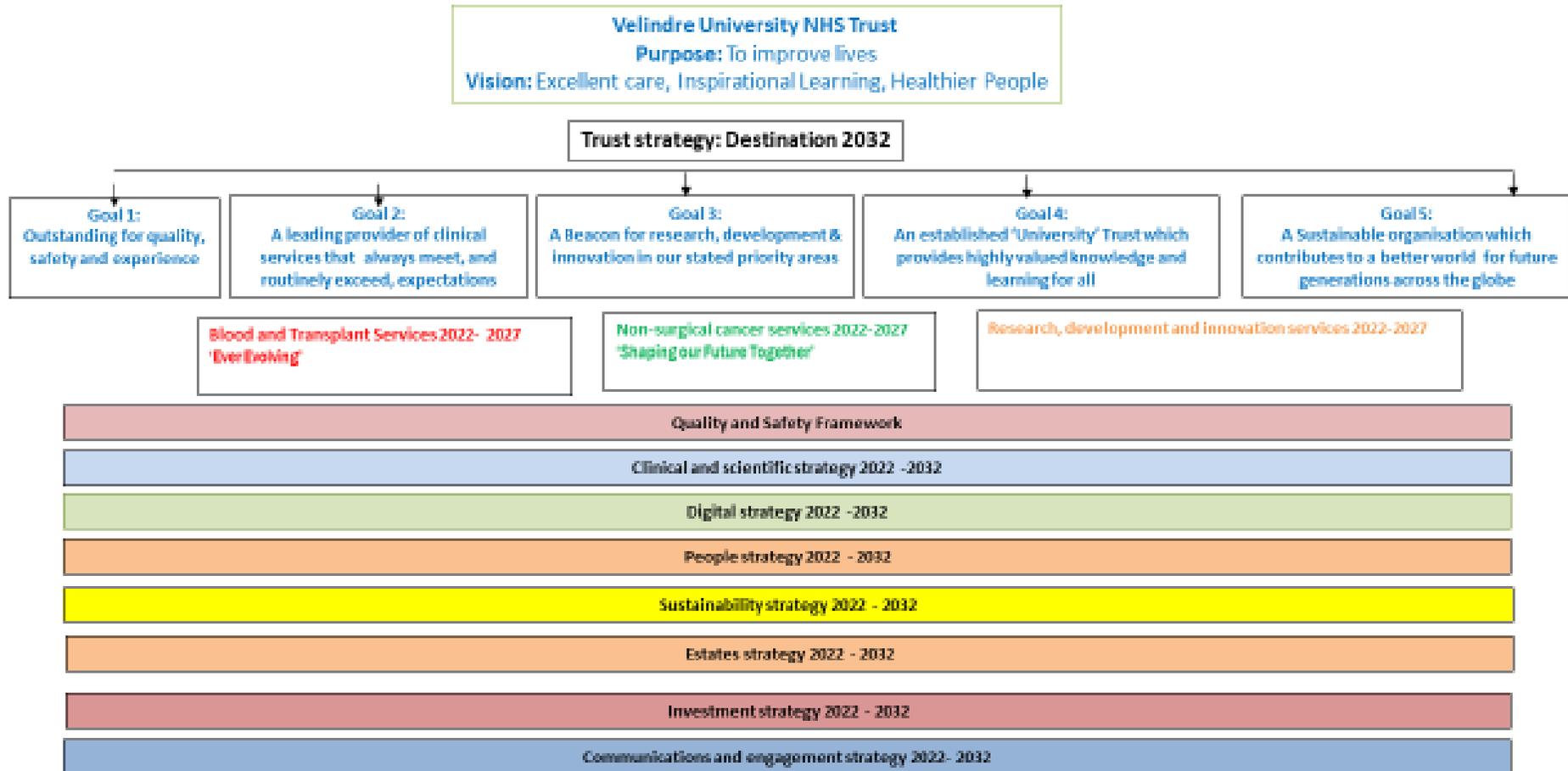
- Welsh Blood Service Strategy 2022 – 2027
- Velindre Cancer Strategy 2022 -2027

These are supported by a range of refreshed enabling strategies / frameworks including:

- Quality and Safety Framework
- Clinical and Scientific Strategy (being developed)
- Sustainability Strategy
- People Strategy
- Digital Strategy
- Estates Strategy

Our strategic refresh provides the Trust with a clear line of sight and the 'golden thread' between our Purpose, Vision, Strategic Goals and the priorities contained within our Integrated Medium Term Plan (**see Figure 1**). This will provide us with the ability to effectively prioritise our activities and resources over the coming years.

Figure 1 Our Purpose Vision and Destination to 2032



Trust priorities for 2022 – 2025

Our Trust strategy '*Destination 2032*' identifies a number of priorities which will support us in achieving our goals. In light of the current operating environment and the impact of COVID-19, our priorities are focused on 2022/2023.

Strategic Goal 1: Outstanding for quality, safety and experience

Key priorities:

- Implementing the requirements of the Health and Social Care Quality and Engagement Act
- Implementation of all infection, prevention and control requirements
- Implementing a quality and safety management framework which will drive every action we take and decision we make
- Implementing the National Clinical Framework for the services provided by the Trust
- Development of a targeted and innovative value based healthcare programme to drive quality, safety and experience of services

Strategic Goal 2: An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations

Key priorities:

- Recovery from COVID-19 with the recommencement of all core services and reduction of any patient backlog
- Developing clinical service models which support sustainability e.g. more care at home and locally Implementing our sustainability strategy
- Implementing the National Clinical Framework for the services provided by the Trust
- Improving our engagement processes with our donors and patients to support service design, delivery and improvement
- Development of a sustainable workforce plan to meet the needs of today and the future
- Supporting our staff in maintaining their health and well-being
- Reducing health inequalities in the services we provide

Strategic Goal 3: A beacon for research, development and innovation in our stated areas of priority

Key priorities:

- Implementation of our research strategies
- Implementation of our innovation plan
- Increasing the number of staff routinely involved in R, D & I
- Developing a culture of curiosity and supporting infrastructure and facilities to support research, development and innovation

Strategic Goal 4: An established 'University' Trust which provides highly valued knowledge and learning for all

Key priorities:

- Increasing the number of staff involved in formal learning
- Development of a programme for learners aligned to the needs of our business and that of our partners
- Improved facilities and digital resources to improve the learning experience
- Development of learning opportunities for learning in specialist areas with initial focus on developing the School of Oncology

Strategic Goal 5: A sustainable organization that plays its part in creating a better future for people across the globe

Key priorities:

- Decarbonisation of our business
- Implementation of our sustainability strategy
- Development of education and training programme to provide staff with the knowledge to make sustainable-based decisions in work and at home
- Implementation of all equalities and diversity requirements including the Welsh Language Act
- Development of our role as an anchor organization within the communities we serve to generate broader social value

The Trust priorities are delivered through a range of organisational and service plans for non-surgical oncology tertiary cancer services and blood and transplant services.

Part 4

Translating our priorities into high quality services

**We describe our
service delivery
framework for
Strategic Trust
Programmes**

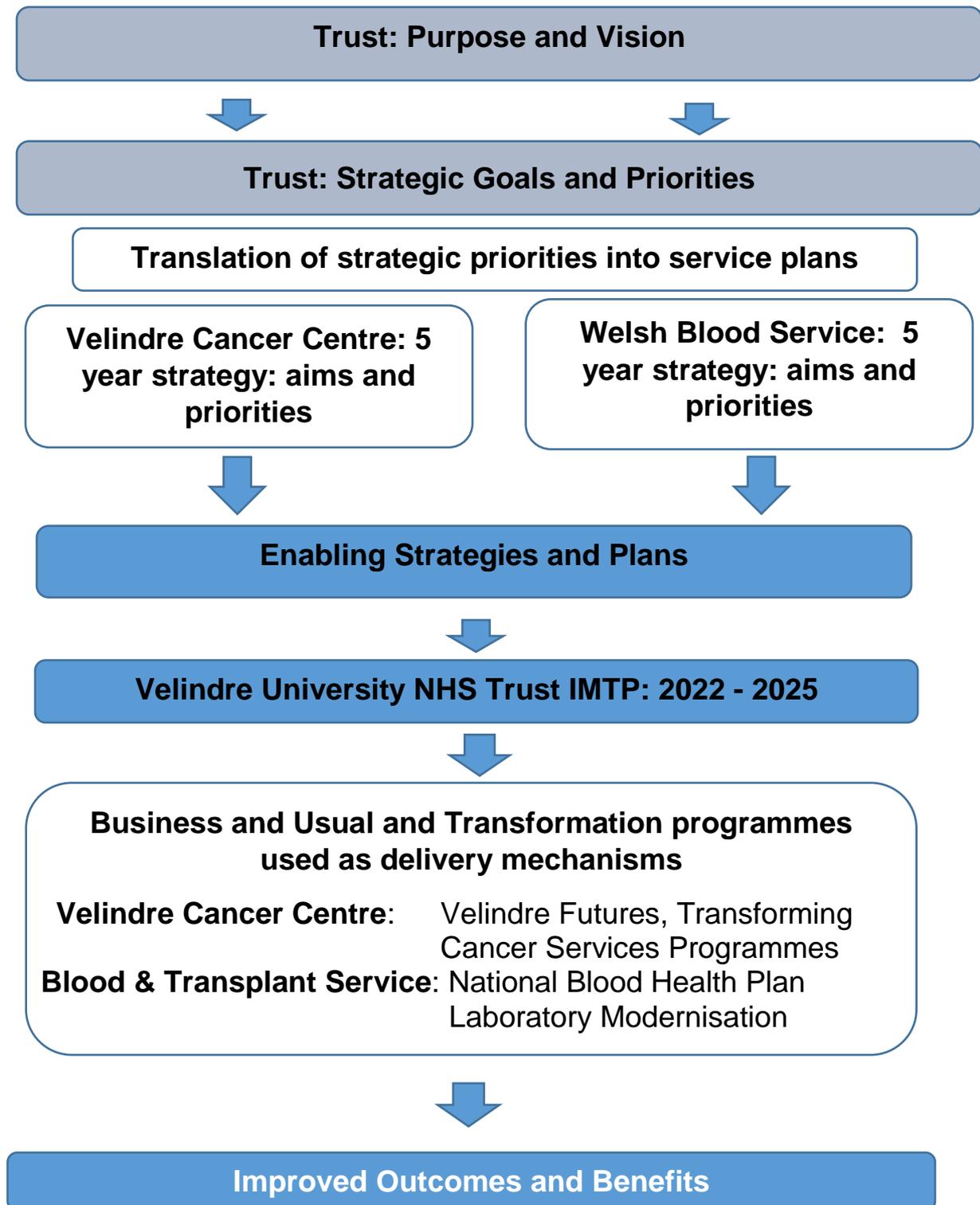


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Our Strategic Delivery Framework

Our strategic delivery framework provides us with a structured approach to the translation and delivery of our strategic goals and priorities within the organisation.



Trust Programmes

There are a range of programmes that we will progress at an organisational level, embedding them into the services that we deliver. These include:

Clinical Quality and Safety - delivery of the Health and Social Care (Quality and Engagement) (Wales) Act 2021 & National Quality Framework

Quality, safety and experience as our golden thread are fundamental in everything we do. The Trust will fully implement the Act and Framework requirements. This requires further strengthening our core foundations across all areas of the organisation. We will work with patients, donors, staff and partners to:

- Define what '*good looks like*' across all services - measure, assess and report against this in an open & transparent manner (Duty of Quality) – aligning this to the revised Trust Performance Management Framework
- Monitor patient / donor outcomes and experience '*en masse*' to continually improve what we do
- Be able to demonstrate publically the learning & improvement that has taken place (Duty of Quality)
- Further improve how we investigate and learn from '*things that go wrong*', incidents, concerns, inquests etc.
- Roll out investigation training to all involved in investigations
- Fully implement the duty of candour requirements
- Develop integrated Quality Hubs – Trust wide and within each Division to enhance governance oversight at all levels
- Implement the CIVICA system across WBS and VCC
- Further enhance our multi-professional clinical audit mechanisms including fully roll out '*Tenable*' Nurse Audit system
- Mainstream the 15 step challenge process into Independent members assurance mechanisms
- Fully implement the Medical Examiner process and revise mortality review processes
- Ensure full implementation of revised cleaning standards

Sustainability: Delivering value and decarbonisation

Our Sustainability Strategy '*Destination 2032*' sets out a clear ambition for the organization over the coming years with the following aims:

- Deliver sustainable services which add wider social value for the communities we serve
- To be recognised as an exemplar organisation in relation to the delivery of the Well-Being of Future Generations Act
- Deliver Biodiversity Net Gain and enjoyment of our green spaces to improve health and well-being
- To be Carbon Neutral by 2030
- Use resources efficiently: zero waste to landfill by 2025 and reduced consumption of energy and water

It provides a roadmap for us to maximize our contribution to our communities and to mitigate our impact on the planet whilst delivering high quality services for our donors, patients and carers. It is supported by a decarbonisation plan which will allow us to deliver Carbon Net Zero.

Value-Based Healthcare:

The Welsh Government and NHS Wales has set out on an ambitious and exciting journey which focuses on the delivery of high quality patient outcomes through improving patients involvement in decision-making using the best evidence available; avoiding unnecessary variation in care and by being innovative in determining who to best use resources in order to improve overall outcomes.

The financial strategy for Velindre University NHS Trust aims to be an enabler to the clinical, service, workforce, digital & estates plans, which set out how the Trust, in conjunction with National Public Health Service for Wales (NPHSW), its commissioners and Welsh Health Specialised Services Commissioner (WHSSC), will:

- Address cancer population healthcare needs and specialist cancer service delivery requirements
- Deliver the Laboratory modernisation programme & infrastructure improvements in the Welsh Blood Service, support implementation of the Blood Health Plan for Wales and continuous improvement in technology and practice in transplant services

The financial strategy is designed to support the Trust in meeting the aims of '*A Healthier Wales*' and '*Wellbeing of Future Generations Act*'. Our approach aims to meet the '*quadruple aims*' of improved population health and wellbeing; better

quality and more accessible health and social care services; higher value health and social care; and a motivated and sustainable health and social care workforce as well as sustainable development principles contained in the Act. Whilst the Trust is at an early stage in its Value-based Healthcare (VBHc) journey, as evidenced through our self-assessment, we are keen to move at pace to deliver on some of the key objectives with our 3 strategic priorities for VBHc:

- Culture, Socialisation and Education
- Measurement of Outcomes & Cost in a meaningful way
- Prudent Healthcare and Service Prioritisation

The Board has agreed:

- To adopt VBHc as a way of improving the outcomes for its patients and donors
- That the Trust Executive lead for delivering VBHc is the Director of Finance (DoF)
- That our approach to VBHc will not be the creation of a separate programme of work, but to embed value and prudent principles within the existing clinical & service delivery teams and business mechanisms

- In parallel the DoF has initiated the following approach to VBHc:
 - Leading a wider debate around what value is and what it means at the Board, Executive Management Board, Divisional SMTs, Innovation Forum and Clinical Improvement Group
 - Engaging with the National VBHc team and the Finance Delivery Unit (FDU) to provide advice & support on the Trust's approach

- Recognising the need for all staff within the Trust to consider value as part of their every-day work, we intend to:
 - Embed value and prudent healthcare principles at the centre of the work of the Trusts cancer SSTs, Velindre Futures, clinical audit, quality & safety and improvement / transformation teams.
 - Invest in a dedicated expert VBHc role, additional Digital and BI posts and a project management structure to support the embedding of value principles by building capacity & capability and changing behaviour. This resource requirement will form part of the Trust business Case submission to WG against the £5m VBHc fund.
 - Identify and deliver some quick wins where the application of value principles can improve services for patients and donors with better outcomes and / or experience

The Trust VBHc Strategic priorities, key objectives and specific actions are set out in the VBHc template at *Appendix A*.

VCC Components of Plans to Improve Value

- **Within VCC Tertiary services:** removing waste & variation and improving the technical efficiency of its services.
- **Across the South East Wales region:** working with partners through the Collaborative Commissioning Leadership Group, HB / Trust Cancer Partnership Boards and HB Cancer Boards to improve cancer pathways and focus around linking outcomes & cost, prehabilitation (supporting patients preparing in advance of treatment) , prevention and improving outcomes.
- **Optimise the clinical delivery model:** through workforce redesign that places duties with appropriate roles, for example, non-medical outlining and prescribing whilst maintaining the highest standards of clinical care and patient outcomes.
- **Patient PROMs (outcome measures) & PREMs (experience measures) rollout:** ensuring effective capture of data for the Trust tertiary services and across the wider cancer pathways through patient engagement work, PhD student work to collate the current PROM data collection by clinical teams and to digitise and store this data in the Trust data warehouse to feed into SST dashboards, together with clinical data, patient level cost data and clinical audit data.
- **Use of Digital to drive value:** by creating and connecting a digital cancer services community in South East Wales that will transcend organisations and form the digital environment to enable data collection for service improvement & transformation to be facilitated.

WBS plans to Improve Value

Strategic priorities for the Welsh Blood Service are aligned with the NHS Wales Blood Health Plan in '*supporting individuals to manage their health and wellbeing, avoiding unnecessary intervention, using evidence and transparent data to drive service planning and improvement to reduce unnecessary variation and to avoid harm, placing safety and quality at the core of patient care*'. The spirit and substance of these priorities support the delivery of value based prudent healthcare.

Specific objectives include changes in practice to meet service development needs, including the potential development of a new plasma for fractionation service, subject to Ministerial approval, establishment of an Occult Hep B testing service, a programme for Laboratory Modernisation, and a reduction of variation in the usage of intravenous immunoglobulins (IVIg), ensuring continuity of patient care in an efficient and effective way. Additionally, a key objective is in the development of an increasingly prudent & sustainable supply chain flexible to match patient demand in Wales, with the ambition to optimise supply chain efficiency whilst maintaining and

improving donor experience and care, alongside positive outcomes and the avoidance of harm for patients.

Trust wide Infrastructure for Value – Digital, Business Information & Project Management

Ensuring that there is insightful business intelligence to aid service planning and re-design is key to support the debate for alternative models of care or delivery platforms, to improve patient reported outcome measures and experience as well as securing sustainability, efficiency and value. Across the Trust there is a need for investment in Business Intelligence and other infrastructure. This is an investment priority that the Trust will progress through a Business Case to Welsh Government against the £5m VBHc fund.

The Financial Strategy will evolve over the term of the plan to support the Trust in its strategic ambitions for both cancer and blood services to be health sector leaders in these fields. A key aspect of the Financial Strategy will involve a review of how the Trust spends the total income that it receives annually. Initially this review will focus on traditional assessment of efficiency & effectiveness, but as we are able to link the cost of service delivery with appropriate outcome measures a more appropriate assessment of value will be undertaken to enable the Trust clinicians to make informed decisions around the prioritisation, allocation and distribution of its resources.

A key part of the Financial Strategy for Velindre Cancer Centre (VCC) is the application of the new contracting model following the 2022-23 interim national funding flow protection mechanism. There will need to be work undertaken with the Trust clinicians to review the currencies and costs and amend the model to reflect any permanent changes to clinical pathways that have been added as a result of the Covid pandemic. These changes will require agreement from HB clinicians and commissioners. The Trust financial plan assumes that this go live date will be agreed by HBs and will be operating within the agreed all Wales Funds Flow model whilst the impact of the pandemic continues to affect normal activity flows and levels.

The new costing and contracting model will also enable clinicians and managers to have a better understanding of the costs of their services and how those costs change with activity and case mix complexity. We have undertaken a major piece of work with the FDU to benchmark VCC services with the two other cancer centres in Wales. The next phase of this work will be to bring this cost information together with non-financial information to provide context and help explain cost differences. This benchmarking data will provide focus in identifying areas of inefficiency and waste.

The Trust plans to implement the Trust costing system in WBS to help the service understand in more detail the cost of each part of the blood supply chain and identify where there are inefficiencies. The Blood Supply Chain 2020 programme of work has already mapped processes in detail and identified key areas for change some of which have been implemented and others planned for implementation. WBS already participates in a European benchmarking club for blood services, which together with the new cost information will help the service identify areas of inefficiency and waste.

Research, Development and Innovation:

In line with the Trusts' Strategic goal to be "***A beacon for research, development and innovation***", we are committed to building on our excellent national and international reputation, based on successful delivery and management of a wide portfolio of research, development and innovation and a firm commitment to partnership working. The overarching prioritisation of research and innovation within the Trust is clear and embedded within the two divisions: Velindre Cancer Centre and the Welsh Blood Service, both of which are focused in their approach and have developed robust research strategies and plans for innovation. Patients and donors remain at the centre of this activity and through the 4 key priorities identified below, we seek to radically improve access to research and innovation whilst building a sustainable and capable clinical and scientific workforce for the future.

Velindre Cancer Centre has a key role to play in the cancer research network in South East Wales (SEW). It provides an important link between the 3 University Health Boards in the region (Cardiff & Vale, Aneurin Bevan and Cwm Taf Morgannwg UHBs) for collaborative clinical cancer research, offering opportunities for patients to access clinical trials and a range of other research studies, either at Velindre Cancer Centre (VCC) itself or in outreach facilities at the UHBs. Velindre is also in a prime position to provide the crucial connection between laboratory cancer researchers and patients, enabling research to '*bridge the translational gap*' and bring new discoveries from the laboratory to the clinic for patient benefit. The development of a new state of the art Velindre Cancer Centre brings with it opportunities for both clinical and non-clinical research and innovation, which are being explored and will contribute to the design and facilities of the new build.

The Welsh Blood Service is a unique organisation within the Welsh healthcare system, with the capacity to perform research and to implement and disseminate evidence-based innovations and new technologies on an all Wales basis, in order to advance donor care and our reputation for transfusion and transplantation medicine.

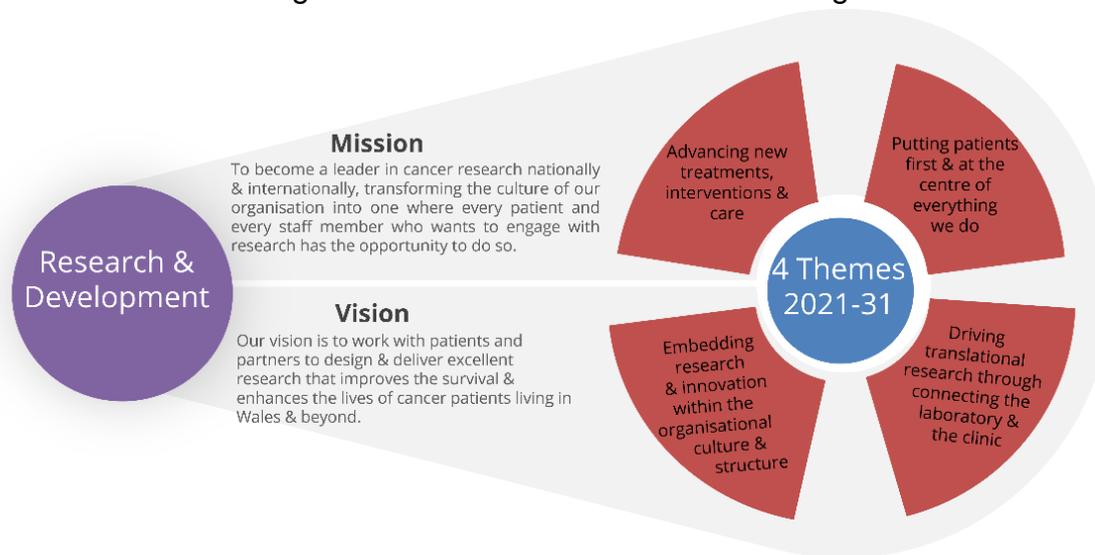
It is an exciting time for research and innovation at the Trust in 4 key Strategic Priority areas.

Our Priorities:

Strategic Priority 1: The Trust will drive forward the implementation of its Cancer Research and Development Ambitions 2021-2031

Overarching Cancer Research & Development Ambitions 2021-31 developed by multidisciplinary research leads from the Cancer Centre, University partners and Patient and Public representatives received approval from the Trust Board in March 2021.

These describe our vision, mission and aims for future Cancer Research at Velindre that will be delivered through research in 4 interconnected strategic themes.



Our vision is to work with patients and partners to design and deliver excellent research that improves the survival and enhances the lives of patients and their families.

Our mission is to become a leader in cancer research nationally and internationally, transforming the culture of our organisation into one where every patient, family and staff member who wants to engage with research has the opportunity to do so.

To enable this, we will work with our NHS and academic partners, with a shared strategic focus and collaborative ethos.

Our Aims are to:

- Enhance **patient experience** and care
- Improve **patient outcomes** and reduce variation
- Accelerate the **implementation** of new discoveries into the clinic
- Demonstrate the **impact** of our research on patients and the NHS
- Build research **capacity and capability** at Velindre & across SE Wales.

Our Research Themes:

- **Putting patients first and at the centre of everything we do:** patients will help set the research agenda and we aim to increase opportunities for patients and their families to take part in research, so that within 10 years most of our patients are offered research and innovation opportunities at some point in their cancer journey.
- **Advancing new treatments, interventions and care:** We will lead and take part in well-designed Clinical Trials and other research studies, providing the evidence base required to bring new, improved treatments and interventions into the clinic to enhance patient care. Research that is led from Wales will be prioritised and new infrastructure for research delivery will be developed, including a Tripartite Cardiff Cancer Research Hub for Early Phase and Translational research delivery on the University Hospital of Wales (UHW) site and a firm footprint for research at the new Velindre Cancer Centre, particularly to enable cutting-edge radiotherapy research.
- **Driving translational research** through connecting the laboratory and clinic: We will work closely with our academic (university) partners to enable translational (*'bench to bedside'*) research, bringing new discoveries (novel drugs, imaging techniques and/or technological advances) through from the laboratory to the clinic to benefit patients. We will also enable reverse translation (*'bedside to bench'*) research where patient samples/scans and/or data are taken back to the laboratory to generate new knowledge. Developing Clinical Academic posts that link across clinical-academic boundaries will be key to success in this theme.
- **Embedding research and innovation within the organisational culture:** We will establish an organisational culture that values research and build capacity and capability within the multi-disciplinary workforce, providing dedicated ring-fenced time and training opportunities for staff from all disciplines who wish to engage with research. The appointment in 2020 of a Velindre Professor of Nursing and Interdisciplinary Research is important in this endeavour.
- A newly appointed implementation team will map out and lead this work. Our research will be facilitated by a governance and enabling infrastructure, supported by a communication, engagement and funding strategy and delivered by an agile research workforce. Close collaboration with our regional NHS and Academic partners and engagement across different sectors will be key to success (see Strategic Priority 4).

Strategic Priority 2: The Trust will maximise the Research and Development ambitions of the Welsh Blood Service

The Welsh Blood Service has an established Research and Development (R&D) strategy, developed in collaboration with our staff, scientists, clinicians, academia and other UK blood services. Our aims are to drive improvement, increase our

research activity, be open to collaboration and build our reputation for research & development, in order to improve donor and patient health.

We will continue to develop our 4 Welsh Blood Service R&D themes which are:

- **Transplantation:** including solid organ and stem cell transplants
- **Donor Care and Public Health:** including donor recruitment and retention strategies, aiming to enhance their experience and continued engagement.
- **Products:** including blood components, immuno-haematology, manufacturing and quality management.
- **Therapies:** including preparation of cellular and blood therapies for research.
- We will also honour the expectation of our staff that R&D is an embedded function that is part of an evidence based, first class service, delivered with pride. We will also maximise opportunities to improve and expand the services at WBS, through feasible and evidence-based R&D.

The Welsh Blood Service R&D team will continue to grow commercial R&D opportunities and the significant potential of our Component Development Lab. We will continue to actively seek strong academic and professional R&D partners, nationally and internationally. These will include high quality networks such as the international BEST Collaborative and the European Blood Alliance. We will leverage these partnerships to further explore the potential of Advanced Therapies aligned to our unique Service. Finally, we will continue to build the capacity and capability of our workforce and to embed a positive culture around R&D activity.

Strategic Priority 3: The Trust will implement the Velindre Innovation Plan

In partnership with the Welsh Government Health and Care Innovation Team and the Velindre Charity, a new dedicated Velindre Innovation infrastructure is being established to develop a plan that will deliver a step change improvement in the quality and quantity of multi-disciplinary and multi-partner innovation to achieve our Trust's purpose to improve lives. In the '©Velindre 7P Value-Based Innovation Plan' we will set out a clear structure for delivering the Trust's innovation ambition.

In the plan we will have a clear **Purpose** and definition of innovation. We will have agreed innovation **Priorities** and themes that will include emerging technology and informatics, commercialisation, workforce, engagement, arts & creativity, new hospital design, sustainability and future generations and social innovation with community benefit. At the Velindre Cancer Service, these will also include patient outcomes and patient experience, primary & community oncology care, diagnostics, advanced cancer treatments and therapies, supportive care and palliative care. At the Welsh Blood Service these will include, plasma fractionation, donor engagement, experience and care, components and products, stem cell and transplant, along with advanced blood-based therapies and innovative logistics.

We will have a clear **Process** for triaging and accelerating innovation. We will have a strong **Platform** for delivering innovation that will include the right people and

culture, flexible and responsive innovation funding, toolkits, and a responsive IP protection procedure. To increase our capability and capacity we will have strong **Partnerships** that will include the Welsh Government and NHS Wales Innovation Leads and RIIC Networks, HTW, LSH, Bevan, academia, industry and the third sector. We will build an innovation premium through awards, targeted promotion, **Publication** and delivering value through a **Performance** framework, aligned to the Welsh Government's new Innovation Strategy and Programme.

Strategic Priority 4: The Trust will maximise collaborative opportunities locally, nationally and internationally

Across the Health Boards we will work with our colleagues to maximise research opportunities for our patients and donors. This will include the Velindre@ Programme which aims to evolve the research infrastructure across South-East Wales, enabling local access to clinical research. The specific tripartite partnership with C&V UHB and Cardiff University to develop the Cardiff Cancer Research Hub will provide a safe environment to provide cutting edge and complex advanced therapies for patients and enable translational research in collaboration with Advanced Therapies Wales and our Haematology and University colleagues.

We will also work with scientists within Cardiff and beyond to bring new therapies into the clinic for the very first time as well as generating reverse translation opportunities involving both systemic therapy and radiotherapy. Moreover, we will increase the number of Velindre Chief Investigators who can collaborate with the Centre for Trials Research (CTR) in Cardiff University. Through interactions with the Cardiff Experimental Cancer Research Centre (ECMC), the Wales Cancer Research Centre (WCRC), and Health and Care Research Wales (HCRW), we will maximise research opportunities across all fields of cancer research including early diagnosis, interventional therapies and palliative and supportive care.

In addition, with the All Wales Medical Genomics Service, we will become the only hub in the UK to offer a 500 gene panel to all new metastatic cancer diagnoses, providing outstanding potential for precision medicine research opportunities with all our patients.

Nationally we will continue to work with our colleagues across the UK, including the National Cancer Research Institute (NCRI). We will also develop our already healthy relationship with the third sector, industry partners and contract research organisations (CROs) to both deliver commercial research and to collaborate in the design and delivery of clinical trials with Velindre University NHS Trust acting as Sponsor.

We will strengthen our Academic Partnership Board with multiple HEI partners across Wales to help us to shape our Trust University Status whilst ensuring that

multi-professional development of research and innovation remains central to this agenda. Lastly, and most importantly, we will work with patients and the public through PPI to ensure that the research we develop and offer is relevant to their needs.

Conclusion

Healthcare research is vital for patients, donors and the NHS. It underpins the evidence needed to provide the best care and services for patients and donors, improves outcomes, underpins innovation and service improvements, improves efficiency and effectiveness and motivates, attracts and retains staff. The work in each of the 4 Strategic Priority areas detailed above will be coordinated and focused to enhance the Trusts' reputation for RD&I, maximise opportunities to collaborate with partners and ultimately to benefit our patients and donors.

System Leadership and Regional Partnership Working

The development of leadership roles, partnerships and collaboration are vital in NHS Wales achieving the best outcomes for the population we serve. The Trust is a partners in a number of exciting programmes of work which we will continue to pursue. These include:

Cancer Services

The development of the cancer system across South East Wales and the implementation of the Nuffield Trust recommendations.

Development of Acute Oncology Services Across South East Wales

Acute oncology (AO) ensures that cancer patients who develop an acute cancer-related or cancer treatment related problem receive the care they need quickly and in the most appropriate setting.

Development of a Cardiff Cancer Research Hub

Velindre University NHS Trust (VUNHST), Cardiff and Vale UHB (CVUHB) and Cardiff University (CU) have a shared ambition to work in partnership together and with other partners to develop a Cardiff Cancer Research Hub.

Blood and Transplantation

Advanced Therapies Wales (ATW)

The Programme was established in 2019 on behalf of the Welsh Government after the publication of their Advanced Therapies Statement of Intent (SOI). The Programme is part of the Precision Medicine initiative within the Health and Social Services Group. The SOI outlines the challenges, opportunities and actions necessary to develop a sustainable strategic approach to developing the Advanced Therapy Medicinal Products (ATMP) sector in Wales.

Funding for the Programme is through an annual non-recurring basis from Welsh Government, with ATMP treatment funded through specific Welsh Government funding allocated to Welsh Health Specialised Services Committee.

COVID-19 has had a significant impact on progressing the ATMP agenda across Wales and the UK with much of the work in relation to ATMPs and clinical trials being paused.

As we move into 2022/23, we have taken the opportunity to review the programme expectations, structure and work plan. The appointment of a clinical lead to the Programme will provide clinical leadership, specialist clinical knowledge and experience of regenerative medicine and ATMPs, support, advice and guidance to the Programme and the wider NHS Wales service.

Focus will continue to be on supporting the developing of Clinical trials in Wales and facilitating a collaborative approach to research and development with the Cardiff Cancer Research Hub, a tripartite partnership between Velindre University NHS Trust (VUNHST), Cardiff and Vale UHB (CVUHB) and Cardiff University (CU) is driving the development of a Cardiff Cancer Research Hub (CCRH) and the Clinical Research Hub, established by Cardiff and Vale UHB (the main tertiary services provider in Wales) to provide the opportunity for key stakeholders, including Health and Care Research Wales (HCRW), the Cell and Gene Catapult, health and academia to work together to implement new clinical studies for the population of Wales.

There will also be a focus on working with WHSSC and Health Boards in Wales to support the implementation of NICE approved ATMP treatments for the Welsh population. As ATMPs are classified as highly specialised because of the small number of patients diagnosed with these conditions, the delivery of these services is normally through a very small number of specialist centres, which may require specialist accreditation, equipment or highly trained and skilled workforce. Where possible the preference is to treat people in Wales. However, it is recognised that this is not always beneficial to the Patient or economically viable and accessing the best care for patient may mean some patient having to travel out of their local areas, and in some cases having to travel to England for treatment.

Plasma Derived Medicinal Products

Over the past 5+ years there have been sustained annual increases in the global demand for Plasma Derived Medicinal products (PDMP's), in particular Immunoglobulin (IG). As a result, all UK blood services have devoted resource to scoping out potential plasma collection programs to improve availability of IG. The Welsh Blood service will work in collaboration with other UK services to be able to

achieve sufficient volumes of plasma to be able to negotiate with the pharmaceutical industry.

WBS is working with the Welsh Government to determine these arrangements and what the implementation of any associated work programme would be over the next 3-5 years, including agreeing of the annual Welsh demand for plasma-derived Immunoglobulins that WBS would seek to contribute. The work will be delivered through a Wales Programme Board linking to the other UK nations as the work progresses and final agreements on a model are made. Through the early part of 2022/23 the ongoing UK discussions will take place with the implementation programme establishing later in the year.

The action plans for our Trust programmes are set out in *Appendix A*.

Part 5

Our Service Delivery Plans

**Our Velindre Cancer
Centre and Welsh
Blood & Transplant
Service delivery
plans for 2022 to 2025**



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Our clinical services

Cancer Services Non-surgical Tertiary Oncology

Our cancer services have inevitably been disrupted as a result of COVID-19. From a range of causes, from changes in public access to general practice for diagnosis, changes in screening services and onward referrals through secondary care to the impact on our VCC elements of patient pathways. The impact of social distancing and other infection prevention control interventions, as well as the centralisation of services from LHBs to the VCC site have all impacted on the patient flow, site use and how we provide the services our patients need. We adapted our '*Clinical Model*' based on professional guidance and established a set of clinical principles to inform patient treatment decisions and choices.

The introduction of virtual consultation methods, the extension of SACT delivery with additional service through the mobile unit with Tenovus, and the expansion of the SACT homecare service, as well as increasing radiotherapy capacity through a partnership agreement with the independent sector, are all adaptations that will need to be sustained in the medium term. This will enable us to meet the projected increase in demand and changes in patient need as we work with our Health Board partners to continue the recovery from the pandemic, alongside delivering our ambition for the further development of cancer services in South East Wales.

The cancer centre has an ambitious programme of change that was planned and underway prior to the pandemic and which has been maintained wherever possible alongside the service changes implemented to manage services through the pandemic. This includes major work programmes such as the CaNISC replacement Digital Healthcare Record (DHCR) and work to support the new Velindre Cancer Centre (nVCC) development as well as initiatives to deliver on our ambitions for individual services that make up our overall support for patients on the whole of their care pathway. This includes substantial changes in elements of service provision for Outpatients, SACT, and radiotherapy as well as plans to further develop our active engagement and support to primary care, palliative care and therapies. This list is not exhaustive.

The leadership and co-ordination of this work through the Velindre Futures (VF) initiative continues. In addition, the delivery of the VCC elements of regional programmes such as the Acute Oncology Service, the recommendations of the Nuffield Report dovetail with the VF initiatives wider service modernisation and transformation projects.

The move to implementation phase of the Integrated Radiotherapy Solution, which is currently in procurement, also provides a further key work programme that is crucial for the continued delivery of radiotherapy service as well as enabling the new Radiotherapy Satellite Centre at Neville Hall. Together these changes form an agenda of unprecedented change for Velindre cancer services. They will be delivered alongside the repatriation of services back to Health Boards following the centralised delivery at VCC that was established during the pandemic as well as growing service capacity to meet the patient demand that has been suppressed in the past two years.

The delivery of our plan for 2022/23, and the subsequent years, will be dependent on the recovery plans of health board partners and the ongoing pandemic situation and associated population interventions. The development of outreach services to meet the Transforming Cancer Services model will also form a key element of our service plans as we move towards the transition to the move to the new Velindre Cancer Centre.

Our Priorities for 2022 -2025

The Cancer Strategy ‘Shaping our Future Together’ 2016-2026 sets out the strategic priorities.

| | |
|------------------------------|--|
| Strategic Priority 1: | Equitable and consistent care, no matter where; meeting increasing demand. |
| Strategic Priority 2: | Access to state-of-the-art, world-class, evidence-based treatments |
| Strategic Priority 3: | Improving care and support for patients to live well through and beyond cancer |
| Strategic Priority 4: | To be an international leader in research, development, innovation and education |
| Strategic Priority 5: | To work in partnership with stakeholders to improve prevention and early detection of cancer. |

The five strategic priorities and the key programmes of work that underpin these priorities continue in the main to be those commenced prior to the pandemic, including the Transforming Cancer Services projects such as the delivery of the Integrated Radiotherapy Solution, the Radiotherapy Satellite Centre and delivering the nVCC including planning transition to the new site. Wider ongoing service transformation delivered through the Velindre Futures initiative and the delivery of the replacement for CaNISC are also a priority.

Alongside this work, the sustainable delivery of our services for patients and providing sufficient capacity continues to be our primary focus. Our capacity challenge will not only be in the delivery of treatment by SACT or radiotherapy, but also in the other services that support patient care including radiology, therapies, pharmacy and palliative care.

This requires the delivery of outpatient and SACT services at local hospital sites in collaboration with LHBs as well as expanding capacity across our full range of services on site at the cancer centre. This will enable us to plan to meet expected levels of demand, following reduced numbers of patient entering cancer pathways during the pandemic. For radiotherapy services the capacity challenge is limited by our LINAC fleet and availability of third party capacity.

In addition to this, we will continue to deliver a number of key business critical initiatives. These all require fundamental changes in systems, processes and ways of working and have the potential to have significant operational impact.

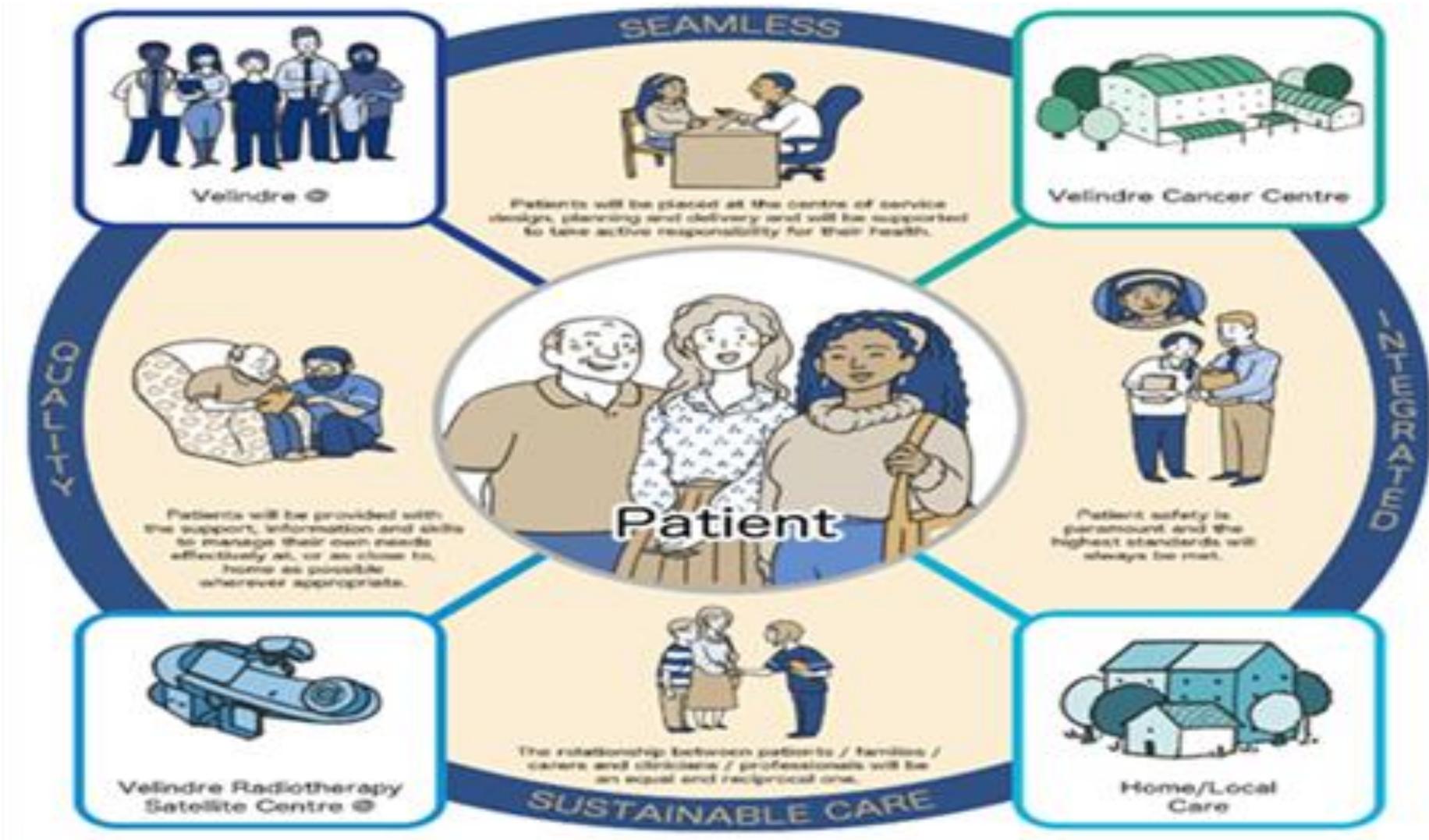
Velindre Futures will be the vehicle through which we will deliver the changes we need to meet service change aspirations including the VCC element of the regional work and the implementation phases of the TCS programme. Established in 2020, Velindre Futures is a clinically led initiative that directs the development of the clinical model and future service configuration, working in partnership and collaboration with staff, patients and carers and the public. It will ensure that the Cancer Centre systems and processes remain fit for purpose and patient centred, now and in the future. It will enable the VCC aspects of regional collaborative working.

It considers the Velindre System; a series of networked services for patients that ensures an integrated regional approach. Through this initiative we will both shape and deliver these aspirations and inform strategic discussions internally and across the region through a clear, planned and managed programme of service change to take us to where we want to be.

Through 2022 and beyond, the Velindre Futures work programme will ensure the delivery of the key recommendations identified alongside the existing service changes planned.

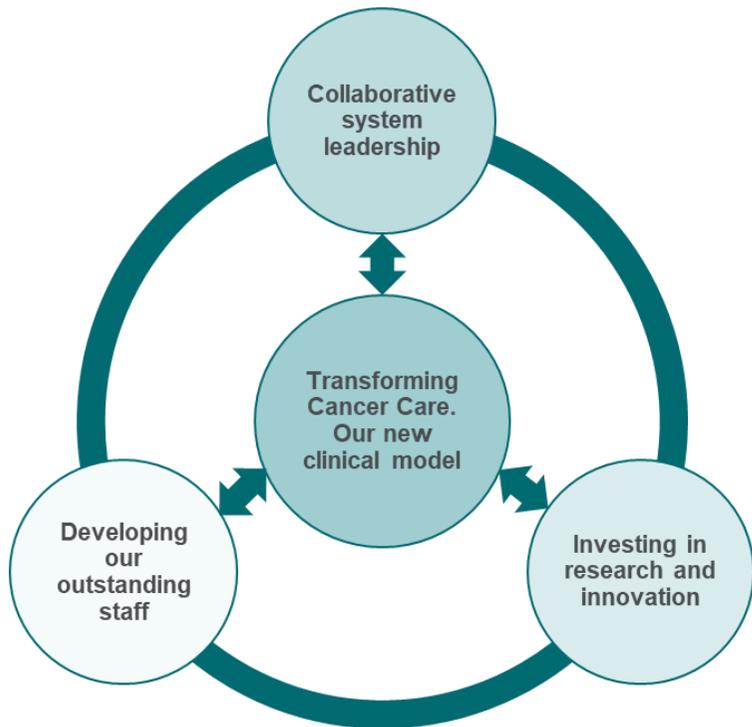
This is an ambitious programme of work that will be prioritised and delivered through 2022-25 as we continue to focus on increasing capacity to manage demand increases. Core to service change is ensuring that the voice of the patient, their carers, families and the public are involved in shaping what we do. To enable this, a new framework for engaging with patients and the public will be developed to draw on best practice and set our expectations and ideas (**see Figure 2**).

Figure 2 - Our Clinical Model



Our Approach

The four areas of focus within our Velindre Futures and Transforming Cancer Services programme will allow us to realise our vision. These are deliverable within an overall environment of maintaining our excellent quality, operational and financial performance, which also encourages us to be enterprising.



Responding to more people living longer with cancer: an improved model of care:

- An improved model of care: at home or local where possible, centralised where necessary, and based around delivering equitable access to high quality care and research.
- A new state-of-the-art cancer centre in Cardiff networked across south Wales delivering acute oncology services and research centres of excellence.
- A Radiotherapy Satellite Centre in Nevill Hall and chemotherapy in a variety of outreach locations across south-east Wales.
- Delivery of outreach services in V@ facilities in Local Health Boards.
- Complete digital transformation through our 'connecting for the future' programme.

Collaborative System Leadership:

- Play a lead role in the development of a system wide approach to cancer services in the region through the Cancer Collaborative Leadership Group.
- Continue to lead and contribute to key areas of care and research, including through embedding our new clinical model, both nationally and internationally.
- Support the development of the diagnostic network and single cancer pathway as key enablers of service transformation.
- Support the development of integrated health and social care and research models across south Wales/Wales.

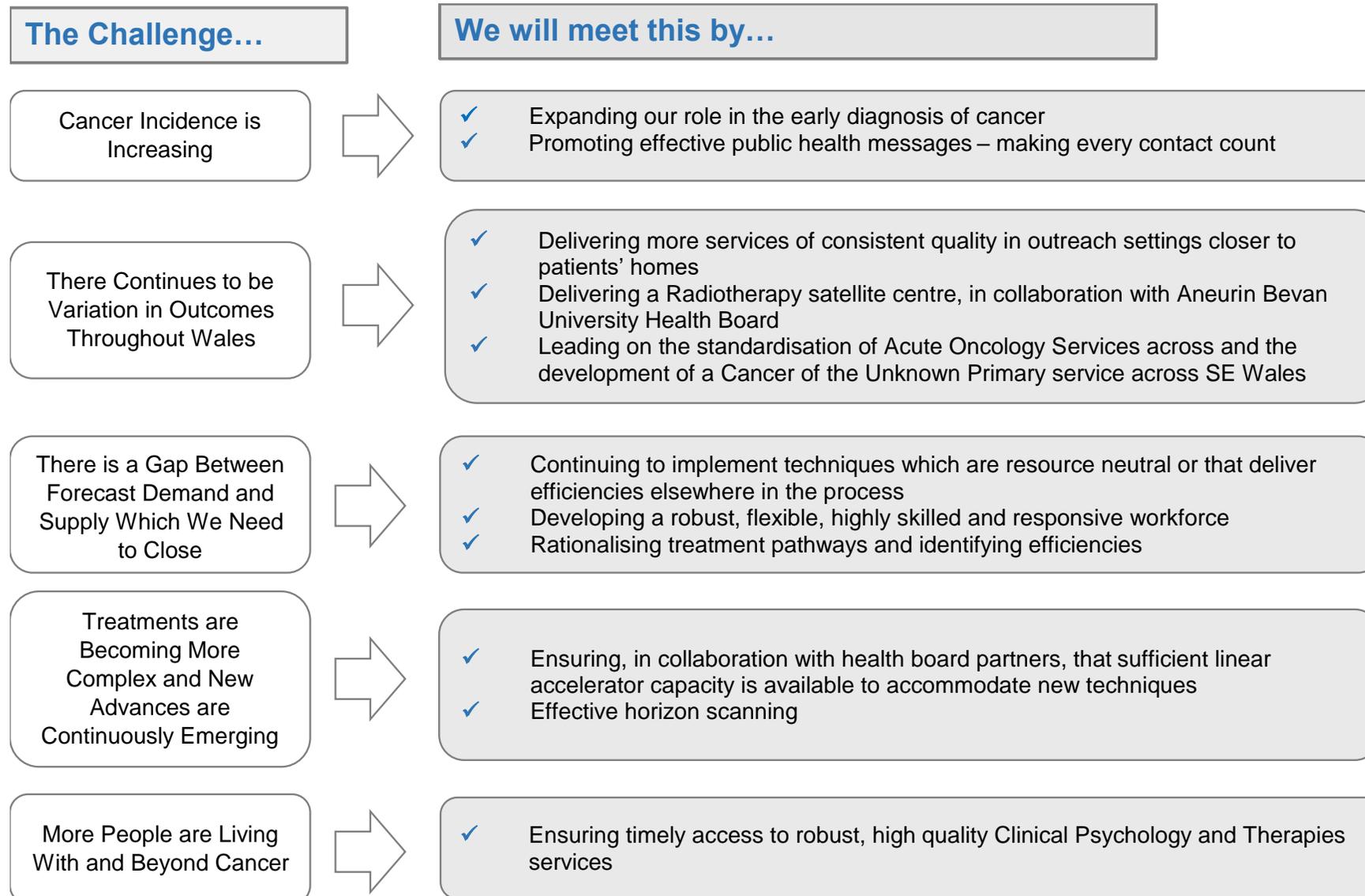
Investing in research and innovation:

- Increase participation in clinical trials, Velindre sponsored studies, and become renowned for qualitative research.
- Developing a research network across South East Wales with our LHB and University partners.
- Lead the research and innovation agenda through taking an active leadership role in partnership with universities, commercial partners and the Research Network.
- Increase our opportunities to be at the forefront of innovation.

Developing our outstanding staff:

- Developing our clinical, scientific, nursing and allied health professional leadership capability
- A consistent approach to quality improvement through the Quality and Safety Framework.
- Developing a comprehensive approach to Education and Training.
- A focus on engaging and empowering staff.
- New workforce skills and leadership development to meet our workforce challenges.

Velindre Cancer Centre: How we will Meet Our Challenges



Our priorities for 2022 – 2025

We have identified a range of key deliverables:

Strategic Priority 1: To meet increasing demand

- Reduce patient backlog and waiting times
- Provide safe services in a Covid environment:
 - Achieve Covid/flu vaccination requirements
- Implementation of the Single Cancer Pathway and transition to COSC standard
- Implementation of quality and safety framework, assurance and reporting tools
- Delivery of clinical audit programme
- Deliver quality improvements in Brachytherapy service
- Delivery of quality and safety requirements and Healthcare Associated Infections/Infection Prevention Control Requirements
- Delivery of next phase of Velindre Futures / TCS Programme:
 - Implementation of unscheduled care pathways
 - Implementation of regional acute oncology service model
 - Implementation of V@UHW Research hub: phase 1
 - Agreement of V@ CTM and AB service model and phased implementation
 - Complete competitive dialogue for the new Velindre Cancer Centre
- Development of sustainable workforce model and agreement for funding with LHB to support transition to improved clinical model and stepped change in capacity

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

- Identify and secure additional capacity to deliver radiotherapy and SACT requirements
- Deliver infrastructure phase of TCS Programme:
 - Award Integrated Radiotherapy Solution contract
 - Secure approval of full business case for the radiotherapy satellite centre in Nevill Hall
 - Implementation of 2 new linear accelerators in Velindre Cancer Centre
 - Identification of V@ outreach requirements in LHB models/facilities

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

- Enhance our self-assessment unit to improve access and support for patients with acute needs
- Increase the range of holistic therapies available to patients during/following their treatment
- Implementation of patient engagement strategy to strengthen our conversations with patients, families and wider partners
- Patient self-management programmes
- End of life/palliative care

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

- Implementation of Research and Development strategy (year 1)
- Implementation of V@UHW Research hub: phase 1
- Progress a range of strategic partnerships to take innovation to market

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

- Deliver our secondary prevention programme to support patients in improving their health and well-being
- Deliver our McMillan primary care programme to support improved detection and diagnosis of cancer

Forecasting Demand & Capacity to Deliver Services

The demand for cancer services is comprised of care for patients newly diagnosed with cancer as well as new cycles of treatment for existing patients e.g. patients with metastatic disease requiring further cycles of treatment over time and the availability of new treatment regimens.

Demand for non-surgical cancer services at VCC has been increasing steadily over recent years. Notwithstanding the COVID-19 pandemic, demand for our services was predicted to increase by between 2%-5% which was derived based upon growth, improved access and increasing treatment complexity.

The demand forecast for 2022/23 and beyond uses this pre pandemic baseline supplemented with additional data from a major exercise we have led in conjunction with our LHBs, the Wales Cancer Network, Improvement Cymru and the Welsh Government Delivery Unit to develop a model to guide to identify new patient demand.

The demand modelling initially focused on using historic flows of patients from primary care to diagnosis and to treatment to develop a predictive model that to determine external demand from new patient referrals. This informs tactical decisions on timing of implementation of capacity changes likely to be required, with forecasting of actual demand over the next 16 weeks and informing capacity plans for next 12 months. We have used this to quantify capacity requirements for 2022/23 and beyond. We will continue to use this model to review demand and going forward

We recognise the pattern with which patients that have not yet presented will come forward is unknown and will be dependent on actions taken by Health Boards to develop their service capacity including diagnostics. This is variable between geographic areas and by patient tumour site.

The table below provides a summary of the planning assumptions that underpin the capacity and delivery plan for 2022/23

Growth in service above the 2021 - 2022 baseline

| Service | 22/23 |
|---|--------------|
| Radiotherapy | 8% |
| Nuclear Medicine | 12% |
| Radiology Imaging | 12% |
| Preparation & Delivery for Systematic Anti-Cancer Therapy | 12% |
| Ambulatory Care Services | 8% |
| Outpatient Services | 8% |
| Inpatient Admitted Care | 2% |

The headline capacity enhancement requires consideration of the changes to clinical practice and service delivery in comparison to the 19/20 baseline. For example, the increased utilisation of virtual outpatient attendances, mix of oral and IV infusion SACT delivery, introduction of hypofractionation for Radiotherapy Services, outsourcing and outreach settings. This work is ongoing alongside activity to identify efficiencies and developments across all treatment pathways.

Systemic Anti-Cancer Therapy (SACT)

Pre-Covid, SACT day case activity was increasing by approximately 5-8% per annum. This is a nationally recognised figure, and not just at Velindre. However, new Outpatient referrals to Velindre over the last 12 months have been 12% below pre-Covid levels, although considerable variation exists across tumour sites. However, we are still experiencing the underlying growth of 5-8% in SACT demand that was being realised pre Covid in 2019/20 from new and combined treatments. By Quarter 4 2020/21, patient referrals into the SACT service recovered to pre Covid levels.

It is worth noting, that demand for SACT is not only from the new referrals in for SACT, but the ongoing patients are also driving demand. This is because of more treatment options, patients living longer and receiving intermittent SACT regimens, and the increasing use of 'maintenance' regimens.

There is a 'knock on' impact of the increasing demand on SACT which is seen in Outpatients, and on the Ambulatory Support Unit where treatment related toxicities are assessed and managed

External Beam Radiotherapy

Referrals are predicted to return to Pre Covid (2019-20) levels by March 2022 and predicted to grow to Pre Covid plus 8% by March 2023. This is a higher rate of growth than new outpatients which is indicative of internal increase due to repeat cycles of treatment and increases in combination therapies. The impact varies by tumour site.

The continuous improvement of the radiotherapy pathways to meet revised treatment start targets will continue, however investment will be required to make a step change. This has not been included in the plan for the current year.

Outpatient service

The demand position has identified the biggest challenge in 2022-23 will be in the outpatient volumes with an additional 9000 patient episodes required. This reiterates the need for a transformative approach to the patient pathway to reduce the need for patients to be seen in the outpatient setting, including the implementation of the 'supported self-management' initiative.

Key Programmes of Work 2022 - 2023

The initiatives listed below include a wide range of projects to deliver our ambition, however alongside these there is also an extensive programme of ongoing "business as usual" replacement of equipment, digital systems upgrades and projects that are ongoing.

Meeting Demand

Sustaining and building capacity in all areas of the service to meet the patient demand and the demand pattern to enable us to consult with and treat people in accordance with the appropriate professional standards for care and time to treatment.

Velindre Futures

- Continue to deliver service change each of the directorate service areas; Medical, SACT and Medicines Management, Radiation Services, Integrated Care, Operational Services including Outpatients.
- Primary Care Oncology – exploring where we can provide additional support for primary care, and working in partnership with Primary Care colleagues to strengthen patient pathways and Care Closer to Home.
- Working to meet the Single Cancer Pathway and the delivery of COSC waiting times for Radiotherapy.
- Palliative care – reviewing the service requirements and ongoing service developments aligned with the End of Life Care Board programme, ensuring the ability to meet the internal demand for specialist palliative care services, implementing and embedding Advance Care Planning at the Cancer Centre. For instance, embed electronic Advance & Future Care Planning patient records into healthcare records in patients with palliative care needs.
- Delivery of the pharmacy TrAMMS programme
- Patient support services development including: Strengthening the 24/7 Helpline.
- Increase the range of therapies available to patients during/following their treatment – including pre-hab.

- Outpatient transformation programme – working to modernise the outpatient model of care delivery, including implementing ‘supported self-management’ for cancer patients with a Values Based Health Care approach (rather than the traditional outpatient model of ‘*follow up*’).
- Disease ‘Site Specific Team’ (SST) Transformation programme – working with the SSTs and regional partners to ensure that patient pathways are effective, efficient and smooth, and that clinical outcomes and the patients experience of their care are optimised.
- Supporting specific treatment developments identified by SSTs as priorities. These will be delivered through external negotiations e.g. commissioning, and internal programmes of work to tackle gaps in service, access to trials, pathway reviews etc.

Specific major projects

- Digital Healthcare Record (DHCR) (the CANISC replacement) - delivery of the Welsh Patient Administration System (WPAS) and the Welsh Clinical Portal (WCP) into all areas within the Trust.
- The Radiotherapy satellite Centre (RSC). Further development of the operating model for the centre including workforce planning
- The Integrated Radiotherapy Solution (IRS)- establish the implementation programme board and work programme with particular focus on requirements for phase 1 replacement of 2 LiNAC at VCC and the RSC.
- The new cancer centre replacing Velindre Hospital (nVCC) - provide the subject matter expertise to inform the next stages of the development.

Supporting projects

- Digital enablement of all VF projects.
- Patient Engagement: Establishing the new ways of working to enable delivery of the aspirations in the new framework.
- Workforce for the Future - further modernise our workforce model to ensure we have all staff operating at the top of their licence, and make the most of advanced practice and consultant roles.
- Working with HEIW and the Cancer Network to ensure that Velindre has a workforce ‘fit for the future’ with new roles, succession planning and the upskilling staff through development programmes.

Velindre Cancer Centre Service Plan 2022 - 2025

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|--|-----------------------------|--|--|--|----------------------------------|--|---|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables/Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| Strategic Priority 1: Access to equitable and consistent care, no matter where; To meet increasing demand | 1. SACT Capacity Plan | Maintain high level of chair utilisation at VCC to support capacity growth. (see 2023/24) Supported by Task and Finish group proposals. Finalise interim facility plan at Neville Hall Hospital. Commence contract with third party provider to deliver SACT chair capacity while Neville Hall is progressing. Commence the SACT Improvement / Transformation programme to develop a robust service which is 'fit for the future' to | Implement programme to attract and retain SACT trained staff, and increase nurse led 'protocol' clinics to shift to a greater nurse led model of care delivery for SACT Implement staffing review agreed actions. | Implement Neville Hall interim facility return. Develop business case for SACT Consultant Nurse/ Consultant Pharmacist. | Commence booking service review. | Re- establish full service at Neville Hall Hospital in new cancer facility. In line with plans for reduced chair capacity at new cancer centre, begin transition planning with Health Boards. | Agree model and finalise chair capacity plans at Velindre and outreach centres. |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|-------------------------------------|--|---|---|-----------------------------------|--|--|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables/Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | | include review staffing model and assess workforce options. | | | | | |
| | 2. Radiation Services Capacity Plan | <p>Maximise Rutherford contract – revised service</p> <p>Begin project to increase Linac capacity to 80 hours (73 currently)</p> <p>Complete Brachytherapy Peer Review and submit Business Case for additional planned capacity to meet demand.</p> <p>Review demand and capacity for clinical trials requiring capacity</p> <p>Review the Linac transition capacity for IRS implementation.</p> | <p>MRI refurbishment in radiology</p> <p>Brachytherapy action plan delivery</p> <p>Explore dose and fractionation schedules and alternative treatment approaches</p> <p>Agree the position on temporary/mobile/ fully commissioned leased bunkers while IRS process takes down fleet.</p> | <p>Streamline plan complexity for certain palliative scenarios.</p> <p>Finalise proposals for capacity increase to 80 hours</p> | Implement 80 hours Linac capacity | Ongoing review of capacity for IRS implementation plan | Implement Radiotherapy satellite unit in Neville Hall. |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|--|--|--|--|--|--|---|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables/Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | 3. Radiotherapy Pathway/COSC target achievement and radiotherapy clinical treatment developments | <p>Programme to review efficiency of existing pathways continues including reduction in variation in ways of working /action plan developed.</p> <p>Engage with WHSSC on PRRT service to deliver patient benefit (awaiting WHSSC decision)</p> <p>Review proposed RT treatment developments including IMRT to establish capacity and commissioning approach</p> | <p>Develop standard operating procedures for pathway management, building on those developed in Lung Pathways and emerging themes/challenges with SST leads.</p> <p>Engage with WHSSC on PRRT service to deliver patient benefit</p> <p>Active engagement with commissioners with priority treatment development plan and delivery</p> | <p>Evaluate roles for advanced practice particularly Non-Medical Outliners in optimal pathways with SST leads.</p> <p>PRRT business case if able to progress</p> <p>Active engagement with commissioners with priority treatment development plan and delivery</p> | <p>Implement agreed pathway and workforce models developed to meet COSC target requirements.</p> <p>Finalise business case and Delivery of PRRT plan</p> <p>Active engagement with commissioners with priority treatment development plan and delivery</p> | <p>IRS implementation to drive pathway improvements through improved visibility of patients on pathways.</p> <p>PPRT established</p> <p>Annual cycle of new treatments to be established</p> | <p>IRS implementation</p> <p>Annual cycle of new treatments to be established</p> |
| | 4 Outpatient Services / Medical Directorate | SST and Outpatient Transformation programmes to commence building on pre Pandemic | The transformation objectives for the SSTs and Outpatient workforce will continue as | Deliver transformation programmes-estate, pathways and workforce | Deliver transformation programmes-estate, pathways and workforce | Engagement on service model for nVCC | Transition to nVCC |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|-----------------------------|---|---|----|----|---------|---------|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables/Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | | <p>work.(interdependent with Radiotherapy projects)</p> <p>Rolling programme of SST 'supportive reviews' to commence to work to ensure that pathways are effective, efficient and smooth, and to inform modernisation of the multidisciplinary workforce model.</p> <p>Commence workforce modelling and planning within the SSTs and Outpatient teams (and link to radiotherapy); maximising opportunities for enhancing skill mix and embracing</p> | <p>previously described in quarter 1. This is a fundamental change and improvement programme which will run over 18 months.</p> | | | | |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|-----------------------------|---|----|----|----|---------|---------|
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| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | | <p>more efficient ways of working</p> <p>Maximise use of virtual consultations and embed into 'business as usual'. (50% at present). Establish optimum levels of Phlebotomy provision and notify HBs of changes in access.</p> <p>Provide increased capacity incl. at evenings/weekends to meet demand initially while the more fundamental pathway changes and ways of working are introduced pending service improvement efficiency delivery.</p> <p>Work to reduce demand within the Outpatient setting, including: review</p> | | | | | |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|---|---|---|---|--|--|---|
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| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | | and streamlining of patient pathways and the implementation of the 'supported self-management' model Re-commence the pre Covid Outreach Clinics | | | | | |
| Strategic Priority 2: Access to state-of-the-art, world-class, evidence-based treatments | 5 Digital Health Care Record (CANISC Replacement) | Finalise development Functional testing User Acceptance Testing Data Migration Operational service change planning Training sign off | Testing and training Operational Go Live planning Go Live readiness assessment Go Live run through SOP development | Commence Go Live Phases– dry run Complete Go Live | Review impact of implementation on operational delivery plan phase 2 | Phase 2 | |
| | 6 Integrated Radiotherapy Solution | Complete Tender Evaluation and Identify Winning Bidder, issue standstill letter. Appoint Radiation Services Programme Manager to lead implementation and | Complete hybrid OBC/FBC and submit to WG and await approval. Prepare recruitment of IRS implementation posts. Award IRS contract once approval of | Commence formal IRS implementation – shadow implementation board stands up as a formal board. Recruit to IRS implementation posts. | LA6 Bunker Refurb complete. Service plans for second machine replacement confirmed. Initial scoping works on TPS/OIS replacement and | 1 st VCC Linac replacement live. Decommissioning and Refurb of 2 nd bunker commences and completes. 2 nd VCC Machine live | Installation of 2 standard Linacs and a CT Sim at the Satellite Centre TPS/OIS readiness for cloud confirmed |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|--|---|--|--|---|---|---------------------------------------|
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| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | | commence design of 1 st bunker. Establish Shadow Implementation Board | capital and revenue funding. Receive vendors detailed implementation plans | LA6 Bunker Decommissioning commences | Phase 1 additional functionality. Plans for Satellite and nVCC confirmed | Work continues to develop TPS / OIS and prepare for cloud services when nVCC goes live. Plans firmed up for Satellite Installation | Plans firmed up for nVCC Installation |
| | 7 Acute Oncology Service- local delivery | Recruit ANPs and other staff | Pathway design with region | Pathway implementation | Pathway implementation | Service embedding and review Engagement on service model for nVCC | Transition to nVCC |
| | 8 Integrated care | Scope bed plans/model for assessment unit aligned to the VCC element of AOS. Develop plans for delivering national projects e.g. Immuno Oncology (SDEC) Immuno-hematology Service – Recruit staff | Immuno-hematology Service Increase capacity Ambulatory Care-increase weekday opening Continue to review the unscheduled care | Immuno-hematology Service-further pathway work with HBs Ambulatory Care-weekend opening | Immuno-hematology Service-grow service delivery | Engagement on service model for nVCC | Transition to nVCC |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|---|--|---|--|--|---|--------------------|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables/Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | | (SDEC) Ambulatory Care – finalise staff recruitment | patient pathway aligned to the VCC element of AOS. Deliver requirements of national projects e.g. Immuno Oncology | | | | |
| | 9 Palliative Care | Review Cancer Associated Thrombosis clinic service : establish working SLA with Oncology | Undertake Peer Review as planned | Review of Chronic pain service. | Preparing the move from CANISC (No solution yet identified) | Review of service delivery and future planning. | Transition to nVCC |
| | 10 Key Treatment Developments – IMN SABR Lutetium PSMA HDR Brachy etc. Clinical team priorities – Gaps in service, e.g. CNS/Therapies. Access to Trials/Research. | Finalise the priority of implementation of key treatments where external funding is required and agree timescales. Commence business case developments for agreed treatments in phased approach according to priority and timetable agreed. | Take forward agreed business cases in a phased approach as agreed. Apply 'Just do it' criteria where appropriate for clinical team Begin development of implementation plans for clinical team priorities requiring | Take forward agreed business cases in a phased approach as agreed. Apply 'Just do it' criteria where Continue the development of implementation plans for clinical team priorities requiring | Take forward agreed business cases in a phased approach as agreed. | Develop enhanced commissioning frameworks/models to support future treatment developments. Engagement on treatment models for nVCC | Transition to nVCC |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|--------------------------------------|--|---|--|---|--|--|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables/Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | MDT attendance / cover arrangements. | Finalise the priority of clinical team priorities. | support/wider discussions. | support/wider discussions. | | | |
| | 11 Radiotherapy Satellite Centre | Support Strategic case development & review of FBC. Workforce Plan. Finance case. IRS alignment & FBC. FBC scrutiny and approval by service lead & through Boards | FBC approval- WG Implement Arts strategy for RSC Operational model development aligned to IRS | Ongoing liaison with ABUHB regarding build, IRS alignment Project Board, Project Team Meetings Operational Model delivery plan preparation | Operational Model delivery plan preparation | Recruitment of additional posts for RSC Review SLA's Review operational model Workforce Training Communications | Linac installation Feb 2024. Acceptance testing March 2024 External commissioning April -2024 Internal commissioning April- June 2024 Staff training June- July 2024 RSC opens-beam on date July 2024 |
| | 12 Radiology | Commission reconditioned MRI scanner. | Review Radiology demand and align to capacity plan | | Full additional capacity plan is delivered | Engagement on service model for nVCC | Transition to nVCC |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|---|--|---|---|---|---|---|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables/Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | | Phase 1 capacity delivery | | | | | |
| Strategic Priority 3: Improving care and support for patients to live well through and beyond cancer | 13 Patient treatment helpline | <p>Implement new handover arrangement into SACT service.</p> <p>Commence review of service functionality and fitness for purpose.</p> <p>Engage with digital team to explore system capability and options for future.</p> | <p>Develop action plan to address issues identified and changes required.</p> <p>Engage with stakeholders at VCC and externally in developing plans to ensure all calls are appropriately directed from 1st contact.</p> | <p>Implement actions identified.</p> <p>Implement any identified telephony systems to allow signposting to all areas.</p> | <p>Implement associated workforce or training plans</p> <p>Roll out new system and ways of working.</p> | Review Helpline developments from 22/23 | Ongoing adaptation and development in line with other service changes |
| | 14 Implementation of patient engagement strategy to strengthen our conversations with patients, families and wider partners | <p>Commence Patient panel</p> <p>Implement patient panel management software programme.</p> | <p>Commence establishment of Patient Engagement Hub and Patient Leadership Group</p> <p>Establish initial Patient Engagement activity for Velindre Futures projects</p> | Patient Leadership Group recruitment and training | Continue to develop Group, staff team and patient engagement delivery. Includes underpinning nVCC. | Engagement on service model for nVCC | Transition to nVCC |
| | 15 Establish Primary Care | | | | | | |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|---|--|---|---|---|---|---|
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| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | project under Velindre Futures | | | | | | |
| Strategic Priority 4: To be an international leader in research, development, innovation and education | 16 R & D Hub (Development at UHW) | Progress the clinical scientist and clinical academic business cases. | Progress the clinical scientist and clinical academic business cases. | Business case Cost(ing and funding agreements in place. | Establish Governance Arrangements for the Hub. | Engagement on service model for R&D for nVCC | Transition to nVCC |
| | 17 TrAMS | Establish VCC programme board and supporting sub groups: 1) Clinical Service Model 2) Clinical Trials via TrAMS 3) Workforce and staff impact. 4) Finance, incl. private patient impact. | Progress programme aims and objectives through full engagement externally and internally. | Progress programme aims and objectives through full engagement externally and internally. | Progress programme aims and objectives through full engagement externally and internally. | Develop detailed implementation plan addressing all areas of risk | Implementation of new service from Spring 2024. |
| | 18 Therapies incl. collaborative work across region | Participate in regional Prehabilitation programme and | Review funding streams and commissioning models to facilitate | Continue participation in regional service | Bring forward proposals for therapies development | Engagement on Therapies service model for nVCC | Transition to nVCC |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|-----------------------------|--|--|--|---|---------|---------|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables/Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | | scope development plan. | prehabilitation service development. | | | | |
| | 19 Workforce Modernisation: | <p>Establish a workforce modernisation programme – with a 2 phased approach -‘Stabilise and Modernise’</p> <p>Finalise proposals for revised clinical leadership arrangements.</p> | <p>Align workforce plans for regional developments e.g. AOS, RSC.</p> <p>Advanced practice plan the potential for ‘pump priming’ advanced practice roles to ‘kick start’ the workforce Advanced Practice Radiographers and Therapeutic Radiographers</p> | <p>Implement Physicians Associate posts.</p> <p>Prepare plan for advanced practice – Non Medical Consultant roles.</p> | Workforce modernisation programme continues | | |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|-----------------------------|--|---|---|--------------------------------------|--|---------|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables/Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | 20 Single Cancer Pathway | <p>Focus on front end of the pathway for all tumour sites: Aims to Standardise patient referrals to VCC. Timely receipt of all diagnostic test results and treatment pre-requisites prior to MDT.</p> <p>Improve patient outcomes by early genomic testing where indicated. Develop action plan.</p> | Develop dashboards and pathway data to make all patients' pathway points visible. | <p>Focus on whole Breast Pathway: Mapping of Breast Pathway from patient referral to service to treatment commenced. Identify touch points along pathway and potential bottlenecks Measure how currently delivering against the National Optimal Pathways (NOP) Develop action plan.</p> | Commence Action plan implementation. | Roll out Pathway mapping process for Urology, then other tumour sites. | |

| IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|-----------------------------|--|--|----|----|--|---|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables/Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| Strategic Priority 5: To work in partnership with stakeholders to improve prevention and early detection of cancer | 21 Engagement with HB's | Agree terms of reference and priorities for joint working with each HB. Commence meetings to deliver on these priorities. | Share patient pathway challenges in developing improvement plans. Agree outreach plans for outpatients and SACT with all HBs. | | | Take lead from partnership board on development of local implementation of clinical models | Implement agreed clinical models in readiness for nVCC. |

Blood and Transplant Services

The Welsh Blood Service collects voluntary, non-remunerated blood and blood product donations from the general public and provides advice and guidance regarding appropriate blood product use in Health Boards. Donations are processed and tested at the laboratories based in WBS Head Quarters in Talbot Green, Llantrisant, before distribution to hospitals. We have a Stock Holding Unit (SHU) in Wrexham, North Wales and also have sites in Bangor, North Wales and Dafen, West Wales. The WBS laboratory services also include antenatal patient testing and a reference centre for complex immunohaematology investigations.

It supports the solid organ and stem cell transplant programmes that run out of Cardiff and Vale University NHS Trust and manages the Welsh Bone Marrow Donor Registry, which provides haematopoietic stem cell products nationally and internationally and the UK National External Quality Assurance Scheme for Histocompatibility and Immuno-genetics (NEQAS) (global quality assessment service)

In addition, we hold a wholesaling licence to supply blood-derived medicinal products (both NHS and Commercial for purchase by our customer hospitals).

The service models are supported by strong Research, Development and Innovation (RD&I) derived from within WBS and working closely with other Blood Services across the Home Nation and further afield. Investing our time in supporting and facilitating RD&I is fundamental in ensuring we remain a leading service within the fields of blood component, transplant and transfusion services.

The Trust is committed to ensuring the services we provide meet the high expectations required by patients, donors, staff and partner organisations across health, academia and industry. Our services must be high quality, clinically safe, effective and underpinned by a strong evidence-base.

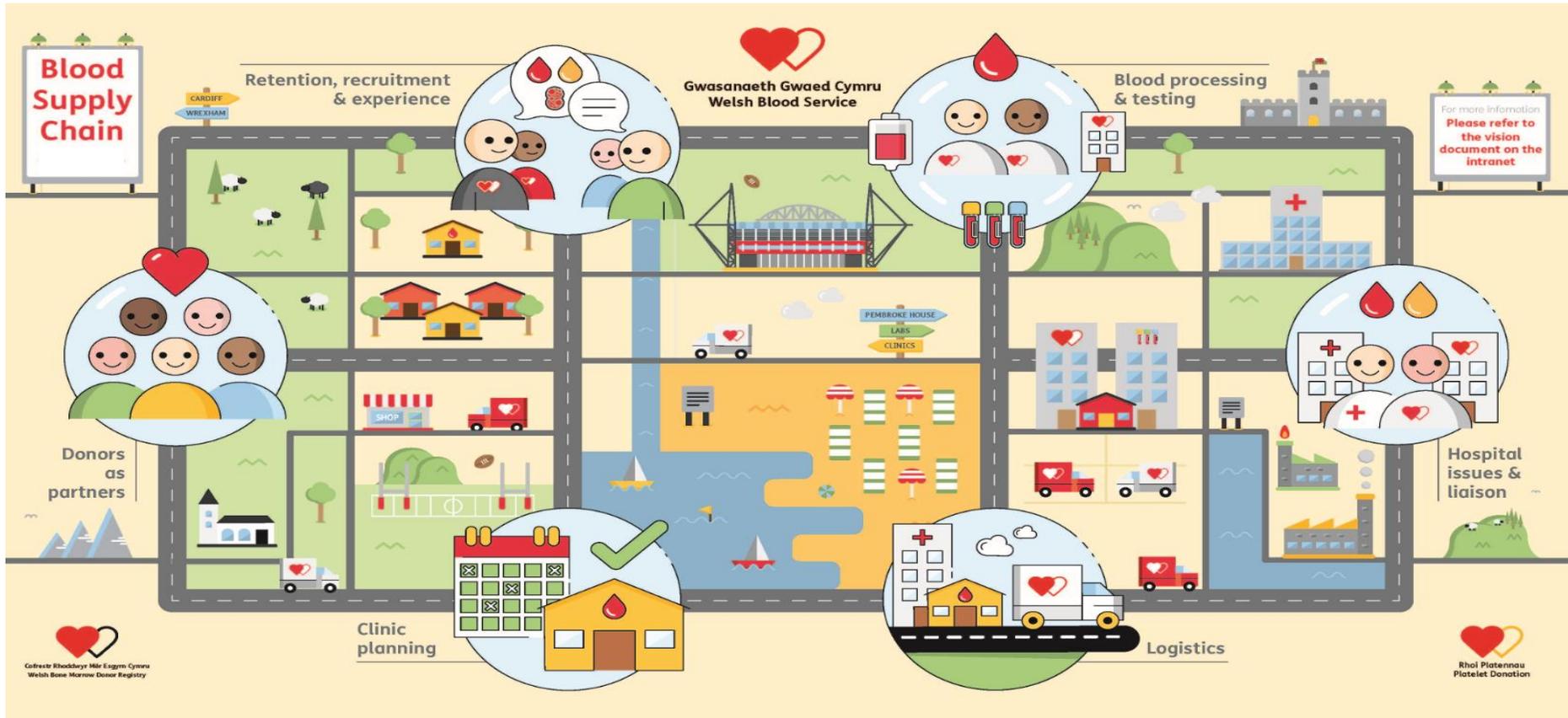
Strong clinical and scientific leadership and governance helps to ensure that the quality of our service remains at the forefront of our decision-making. This assurance is maintained through our commitment to ensuring the services we provide meet the high standards of our regulators and auditors, such as the Medicines and Healthcare Regulatory Agency (MHRA), Human Tissue Authority (HTA), UK Accreditation Services (UKAS) and the Health and Safety Executive (HSE).

The delivery of our blood, transplant and transfusion services requires working in partnership and collaboration with colleagues within our corporate and support functions:

- Digital support is fundamental to the provision of modern services that minimise unnecessary work, maximise efficiency and support clinical safety.
- Data from our Business Intelligence Service is used to support planning of our service delivery and development and provide a means of monitoring performance and measuring our success.
- Strong corporate governance and project structures, provided by our Innovations Hub and business support team, are important in ensuring the successful delivery and continuous improvement.
- Maintaining a safe, sustainable and efficient estates infrastructure from which to run our services and look after our staff, is an essential requirement of WBS and is managed in partnership between our corporate estates team and local facilities team.
- Working with our Workforce and Organisational Development team helps ensure that the well-being of our staff remains an important part of service.
- Strong financial support helps to ensure service are delivered within our agreed financial envelop and we meet our Standing Financial Instructions (SIFs) obligations.

Our clinical model is illustrated by **Figure 3**.

Figure 3 - Our Clinical Model



Our Strategic Priorities

| | |
|------------------------------|--|
| Strategic Priority 1: | Provide an efficient and effective collection Service, facilitating the best experience for the donor, and ensuring blood products and stem cells are safe and high quality |
| Strategic Priority 2: | Meet the patient demand for blood and blood products through facilitating the most appropriate use across Health organisations |
| Strategic Priority 3: | Provide safe, high quality and the most advanced manufacturing, distribution and testing laboratory services |
| Strategic Priority 4: | Provide safe, high quality and the most advanced diagnostic, transplant and transfusion services |
| Strategic Priority 5: | Provide, services that are environmentally sustainable and benefit our local communities and Wales |
| Strategic Priority 6: | Be a great organisation with great people dedicated to improving outcomes for patients and donors |

Forecasting Demand for Blood Components and for Blood Products and Platelets

Meeting Demand - Planning assumptions

The following assumptions have been made when forecasting the demand for blood components, blood products and platelets:

- COVID-19 social distancing and IPC measures will remain in place for the length of 2022/23
- No 'surge' has been applied, but an uplift of 1% has been applied to the pre-COVID-19 data (this is reflective of the uplift modelled and applied by NHS Blood and Transfusion Service in England)
- Uptake rate is based on 2 years data April 2020 to March 2022 to reflect the 'booking only' model in place at this time. There is an assumption only booked appointments will be available i.e. no walk-in appointments
- DNA rates are based on pre-COVID-19 data
- There is an expected post collection loss rate of 4%, which will include losses due to donor screening results, laboratory process and quality monitoring purposes

Figures are subject to external changes which may have a significant impact on how much whole blood and blood components and products are demanded from Hospitals (our customers) throughout the year.

WBS will continue to monitor actual issuing against forecasted issuing throughout the year and will adjust the planned whole blood and platelet collection and the corresponding product manufacturing accordingly, to meet demand.

Meeting Demand for Blood (Red Cells) and components

The Collection Clinic Planning department will aim to schedule clinic sessions to collect enough whole blood to meet the estimated demand during the year.

Based upon our planning assumptions above, we have modelled how much blood we will need to collect from our donors compared to issuing to Health Boards. There is always a challenge in the interpretation of Health Board activity planning and impact on blood demand due to the myriad of factors that influence demand.

The assumptions upon which the forecast data is based, reflects similar modelling to other Blood Services and assumes Health Boards will increase their activity over 'business as usual' at a rate of 1%, attributable to 'surge' activity as a demand projection.

In planning the clinic capacity, as the COVID-19 restrictions are lifting, we have seen donor behaviour revert to closer to pre-pandemic levels, with lower uptake in appointments and higher DNA rates. This is in contrast to donor behaviour at the height of lockdown, which saw a significant rise in uptake and a reduction in DNAs.

Meeting demand for Platelets

Based upon our planning assumptions, we have modelled how many platelets we expect to manufacture, compared to issuing to Health Boards, in order to support safe and effective patient care.

Platelet demand has returned to pre-COVID-19 '*business as usual*' levels and will be met through a combination of apheresis derived and the pooling of whole blood platelets. The amount of whole blood required for pooled platelets is accounted for in the above assumptions and is complimented by the production of platelets from apheresis.

The service will flex our production of pooled platelets appropriately to ensure supply chain integrity. However, it is important to note that platelet demand can be volatile due to the nature of the component, the short shelf life (7 days), the blood group complexities as well as the two different manufacturing methods (apheresis and pooled), which in turn can lead to higher wastage levels.

Based upon the above assumptions the plan for 2022/2023 will ensure that we meet demand for blood components and for blood products and platelets.

Key Programmes of Work during 2022 - 2023

Within the IMTP, there are a number of high priority programmes of work, which will require capital investment.

| Programme | Deliverable |
|--|--|
| Talbot Green Infrastructure | Develop and implement an energy efficient, sustainable, SMART estate at Talbot Green site that will facilitate a future service delivery model |
| WTAIL LIMS | Implement WHAIS LIMS Deliver WLIMS modules for Blood Transfusion (BT) |
| Laboratory Services Modernisation | Establish a laboratory modernisation programme to review and develop service processes, practices and workforce requirements which support an efficient and effective service model across all laboratories in WBS |
| Plasma for Fractionation – medicines | Develop and introduce Plasma For Fractionation - medicine service model for Wales |
| Occult Hepatitis B Infection in UK Blood Donors | Assess and implement SaBTO recommendations on blood donor testing to reduce the risk of transmission of Hepatitis B infection as required |
| Donor attraction and retention | Develop and implement Donor strategy Use digital operating systems to enhance and support more effective service provision |
| Service Development and regulation | Develop and implement WBMDR strategy Review blood collection clinic model in light of COVID changes to ensure the service model moving forward remains fit for purpose Assess and implement SaBTO (guidelines 2021 release date) recommendations on blood donor testing to reduce the risk of transmission of Hepatitis B infection as required. Deliver WLIMS modules for Blood Transfusion (BT) Implementation of Foetal DNA typing Develop an estate and supporting infrastructure service model which delivers improved energy efficiency and reduction of carbon emissions |

| | |
|-------------------------------|--|
| | Establish a quality assurance modernisation programme to develop and implement strategy which support more efficient and effective management of regulatory compliance and maximising digital technology |
| Workforce | <ul style="list-style-type: none"> • Develop a sustainable workforce model for WBS which provides leadership, resilience and succession planning |
| Infected Blood Inquiry | <ul style="list-style-type: none"> • The Support UK Infected Blood Inquiry and delivery of its Terms of Reference |

Contingency Planning

Work is ongoing through the Blood Health Team and Collections Team to align the collection profile with demand for specific blood groups, but this remains difficult to determine as identified above. We are continuing to work closely with the hospital blood banks and service leads for blood transfusion to understand and help manage appropriate demand and meet the required capacity. In further support of effective stock use, the Blood Health National Oversight Group is continuing to provide leadership across Wales.

Contingency plans are being reviewed within the service to enable capacity to be '*flexed*' across the supply chain to support the anticipated increased (surge) demand from Health Boards as they move towards implementing their recovery plans. A risk assessment has been completed modelling additional capacity available with a reduction of social distancing from the current 2meters to 1.5 meters and 1 meter respectively.

For business continuity purposes, and if required, the WBS can call on mutual aid support with the other UK Blood Services or in extreme circumstances would instigate the National Blood Shortage Plan which provides a structured approach to addressing the shortfall in supply.

Welsh Blood Service Plan 2022 - 2025

| IMTP Strategic Priorities WBS Service Delivery Framework 2022 to 2025 | | | | | | | |
|--|---|--|-----------------------------------|-------------------------------|---|--|---|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables / Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| SP1: Provide an efficient and effective collection Service, facilitating the best experience for the donor, and ensuring blood products and stem cells are safe and high quality and modern | Develop and introduce Plasma For Fractionation - medicine service model for Wales | Scope service need project group established | Business case to Welsh Government | Develop draft service model | Service model approved | SOURCE PLASMA: Service model approved workforce plan developed collection model agreed Proof of Concept Open | SOURCE PLASMA: Sites procured equipment procured workforce recruited |
| | Develop and implement Donor strategy | Scope service need project structure established draft strategy produced | Consultation on strategy | Implementation plan developed | implementation of eDRM phase 1 to support delivery of implementation plan | Extend eDRM Scope opportunities for digital to support real-time engagement with donors and develop bespoke donor journeys to maximise opportunities for whole | scope processes required to targeted specific donors in line with meeting service needs |

IMTP Strategic Priorities WBS Service Delivery Framework 2022 to 2025

| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables / Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
|---|---|--|--|---|---|---|--|
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | | | | | | blood and stem cell collection | |
| | Use digital operating systems to enhance and support more effective service provision | Scope opportunities for digital technology to support sharing real time data and transfer of goods between WBS and customers | Establish technology solutions | Identify resources to support implementation | Implementation commence | Continue phased implementation of solution with concurrent process review and re-design as required. Upgrade systems | Continue phased implementation of solution with concurrent process review and re-design as required. |
| | Develop and implement WBMDR strategy | Scope service need project structure established draft strategy produced | Consultation on strategy | Implementation plan developed | implementation commence | Continued phased implementation | Continued phased implementation review and embed |
| | Review blood collection clinic model in light of COVID changes to ensure the service model moving forward remains fit for purpose | Establish project structure review service models to meet need & | Undertake service/data review in light of COVID and proposed | Complete OCP process in relation to service model | Complete OCP process in relation to service model | | |

| IMTP Strategic Priorities WBS Service Delivery Framework 2022 to 2025 | | | | | | | |
|--|---|---|--|---------------------------|----------------|---|----------------------------|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables / Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | | undertake service/data review in light of COVID and proposed contract variation | contract variation | | | | |
| SP2: Meet the patient demand for blood and blood products through facilitating the most appropriate use across Health organisations | | | | | | | |
| SP3: Provide safe, high quality and the most advanced manufacturing, distribution and testing laboratory services | Assess and implement SaBTO (guidelines 2021 release date) recommendations on blood donor testing to reduce the risk of transmission of Hepatitis B infection as required. | Confirm role of WBS with Welsh Government establish project structure | Complete OCP process in relation to service mode | Establish workforce model | Implementation | Input data from pilot into SaBTO review | Implement revised strategy |

| IMTP Strategic Priorities WBS Service Delivery Framework 2022 to 2025 | | | | | | | |
|--|--|---|-----------------------------|-----------------------------|-----------------------------|---|--|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables / Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| SP4: Provide safe, high quality and the most advanced diagnostic, transplant and transfusion services | Deliver WLIMS modules for Blood Transfusion (BT) | Scope service specification | Undertake procurement | Undertake procurement | Complete USR procurement | Commence phased implementation of solution with concurrent process review and re-design as required. | Continue phased implementation of solution with concurrent process review and re-design as required. |
| | Implementation of Foetal DNA typing | Engage with Antenatal Screening services to develop implementation plan | Agree implementation plan | Take forward implementation | Take forward implementation | Introduce a new test to the laboratory service, plus additional digital development Deliver service for Foetal D | Embed service |
| SP5: Provide, services that are environmentally sustainable and benefit our local communities and Wales | Establish a quality assurance modernisation programme to develop and implement strategy which support more efficient and effective management of regulatory compliance and maximising digital technology | Project to be scoped project structure established phased work plan | Develop implementation plan | Take forward implementation | | Continue phased implementation of solution with concurrent process review and re-design as required. | Continue phased implementation of solution with concurrent process review and re-design as required. |

| IMTP Strategic Priorities WBS Service Delivery Framework 2022 to 2025 | | | | | | | |
|---|---|---|--|---|-----------------------------------|--|--|
| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables / Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | Develop an estate and supporting infrastructure service model which delivers improved energy efficiency and reduction of carbon emissions | Submit OBC for Talbot Green infrastructure Project further implementation of fleet strategy | Procure support to develop FBC further implementation of fleet strategy | Appoint health care planner to develop FBC | FBC submitted to Welsh Government | Phase 1 implementation Capital funding secured phase 2 procurement | Capital funding secured phase 2 procurement |
| SP6: Be a great organisation with great people dedicated to improving outcomes for patients and donors | Develop a sustainable workforce model for WBS which provides leadership, resilience and succession planning | Engagement with teams in relation to Review of clinical services Review of Facilities model Review of BI | Development of service Model paper to be developed for approval | Development of service Model paper to be developed for approval | Implementation plan developed | Realign structure based on review outcome. Developing succession planning and resilience for specialist posts | Implementation of review outcomes, ongoing succession planning and resilience for specialist posts |

IMTP Strategic Priorities WBS Service Delivery Framework 2022 to 2025

| Strategic Priorities 2022/23 to 2024/25 | Key Deliverables / Objectives | Key Specific Actions and 2022/25 Timescales | | | | | |
|---|--|---|---|---|-----------------------------|--|--|
| | | 2022/23 | | | | 2023/24 | 2024/25 |
| | | Q1 | Q2 | Q3 | Q4 | | |
| | Establish a laboratory modernisation programme to review and develop service processes, practices and workforce requirements which support an efficient and effective service model across all laboratories in WBS | Scope programme of work Establish project structure | Develop implementation plan | Business case submitted to WHSSC to support implementation of new standards and guidance in component development lab | Funding secured | Continue phased implementation of solution with concurrent process review and re-design as required. | Continue phased implementation of solution with concurrent process review and re-design as required. |
| | Lead the all Wales approach to implementation of Welsh Government Statement of Intent for Advanced therapies | secure funding review structure and develop work plan 2022/23 | clinical lead appointed implementation of work plan | implementation of work plan | implementation of work plan | implementation of work plan | implementation of work plan |
| | Support UK Infected Blood Inquiry and delivery of its Terms of Reference | IBI continues | IBI continues | IBI continues | IBI continues | IBI continues | IBI continues |

Part 6

Our Trust-wide Support Functions

**We set out how our
Trust-wide enabling
functions support the
delivery of our Plan.**



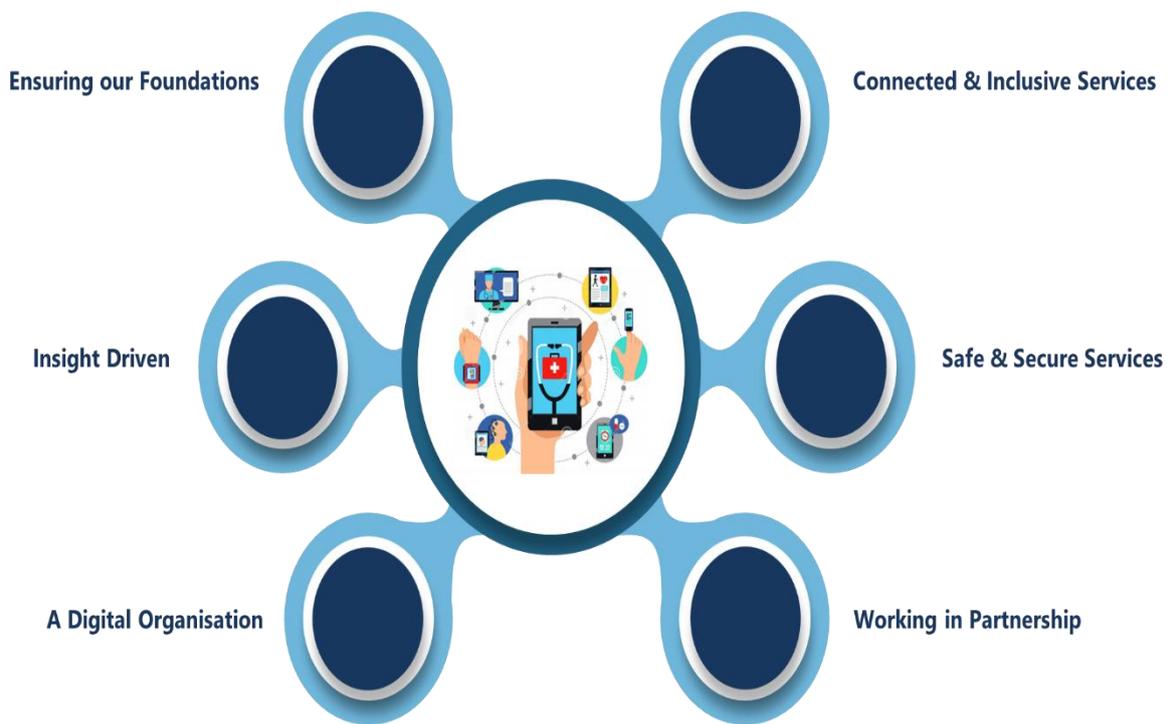
Digital Innovation

These are exciting times when you consider the opportunities ahead for Blood and Cancer Services in Wales. By taking full advantage of digital to support our transformation we have an opportunity to accelerate progress toward our ambitious long-term strategic goals.



One of the most important components of our future success will be how well we embrace the challenge of digital. A new Digital Strategy – *“Enhancing our Future through Digital & Data... Enabling Services of Tomorrow ... Today”* – describes our approach to digital in response to the Trust mission to *“Improve Lives”*, and its vision to deliver *‘Excellent Care, Inspirational Learning, Healthier People’*.

Our Digital Strategy sets out a number of themes which we will progress to enable high quality and accessible services.



Our digital plan is set out in **Appendix B**

Workforce and Organisational Development

Our workforce and the needs of our patients and donors are changing and so is the way we deliver care. Shortages of clinical staff nationally, an older workforce and population and changes to education pathways means our people profile is evolving.

As a Trust we value our staff and recognize they are all core to the success of our organization. We have developed a People Strategy for 2032 and our overall aim is to develop our staff to be able to provide the care our patients and donors need now and in the future, support their wellbeing and to recognize and value their diversity as part of a bi-lingual culture.

Our vision is to have:

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.

Our workforce and organisational development priorities are set out in **Appendix B**

Trust Estate and Infrastructure Programmes

The Trust has developed an Estates Strategy for 2032 which sets out a number of strategic aims:

Strategic aim 1: Provide a safe and high quality estate which provides a great experience

Strategic aim 2: Provide healthy buildings and healthier people

Strategic aim 3: Minimise our impact

Strategic aim 4: Use our estate to deliver the maximum benefit and social value to the community

Our estates plan is set out in **Appendix B**

It is supported by an ambitious capital programme which includes:-

- **Development of a New Velindre Cancer Centre in Whitchurch, Cardiff: the replacement of the existing VCC** has been identified as a key commitment within the Welsh Government's '*Programme for Government*'. The Project is one of three pathfinder Projects for the Welsh Governments innovative Mutual Investment Model (MIM) Programme.
- **Development of a Velindre Radiotherapy Satellite Centre at Nevill Hall Hospital:** the provision of a Radiotherapy Satellite Centre (RSC) has been identified as a key regional development to facilitate timely and effective Radiotherapy services to the South East Wales population. The ambition is to deliver a world-class facility that will provide specialist care for cancer patients from that locality.
- **Programme to re-develop the Welsh Blood and Transplantation Services Facility:** this Programme sets out a number of strategic developments which will support the provision of high quality, safe, sustainable, efficient services and support the decarbonisation of our estate. It will also provide the foundation for the Laboratory Modernisation programme which will look at a range of new services to support NHS Wales.

Part 7

Our Financial Plan

**We set out our 3 Year
Financial Plan for
2022 to 2025**



Strategic Financial Plan for 2022/23 - 2024/25

Overview of the Financial Plan 1st April 2022 to 31st March 2025

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

Our Integrated Medium Term Plan (IMTP) for 2022-2025 sets out our Financial Strategy from 1st April 2022 to 31st March 2025, in the context of the COVID-19 pandemic. During this period the Financial Strategy aims to enable the Trust to meet the anticipated demand for services in Covid recovery returning to normalised activity and delivering additionality within the ongoing constraints of COVID-19 response and the inherent unpredictable nature of the pandemic. Recovery from the pandemic is compounded by significant financial challenges due to system wide exceptional cost pressures, which include energy & fuel cost increases, Employers National Insurance uplift (1.25%), living wage and other extraordinary levels of cost inflation. The balanced financial plan assumes Welsh Government income will be provided for these system wide exceptional cost pressures and the ongoing transitional costs of responding to COVID-19 that cannot yet be removed in addition to Commissioner income.

The financial plan for 2022-23 consists of three distinct parts:

Core Plan: Balanced

Brought Forward Deficit:

- Despite the constraints, the Trust aims to continue its Programme of service transformation and improvement, whilst working towards a key financial objective of removing the underlying deficit of £500k carried forward from 2021-22 restoring the Trust to a core financially recurrent balanced position.
- The recurrent carry forward underlying deficit of £500k, which is a consequence of unachieved 2020-21 savings delivery as a result of the pandemic. The deficit mainly relates to radiotherapy and medical staff, as well as increased estates and maintenance costs. This deficit will be removed through use of the 2.8% core uplift (sustainability) funding.

Growth pressures:

- The balance of 2.8% core uplift (sustainability) funding has been used to fund local core service growth and cost pressures of £1,298k and £170k towards the normal National cost pressures of £390k.

Savings Plans:

- The following table summarizes the level of savings we are planning to deliver in 2022-23

- These savings will fund the service growth investment requirements of £934k that commissioners have not agreed to fund and the balance of the savings will fund £366k of the normal National cost pressures of £578k

| | 2022-23 £000 |
|--|-----------------|
| CIP Planned Savings | 750 |
| Income Generation | 550 |
| Total Savings / Income Generation | 1,300 |
| CIP % (of Core LTA) | 2% |

- The core financial plan is balanced excluding exceptional national cost pressures and the ongoing impact of Covid response.

Exceptional National Cost Pressures

- Following the letter from the Director General of H&SS dated 14th March 2022 the Trust is assuming WG funding cover will be provided for the system wide cost pressures which for Velindre includes energy / fuel, and Employers NI

COVID-19

- Currently the Trust has agreed with its commissioners a planning assumption around income to fund the cost of additional capacity the Trust has put in place to deal with the impact of COVID-19 delayed activity, and any further capacity beyond this estimate will require further agreement of income from commissioners or Welsh Government. There remains a risk around the income given the uncertainty around the level and timing of activity that will flow from LHBS, but there are significant costs in place having already invested in additional capacity.
- The LTA activity based Income and associated costs are modelled on the following growth in demand assumptions:

| Forecast Demand Growth from Prior Year Activity Out-turn | | | |
|---|-------|-------|-------|
| Service | 22/23 | 23/24 | 24/25 |
| Radiotherapy | 8% | 2% | 2% |
| Nuclear Medicine | 12% | 9% | 9% |
| Radiology Imaging | 12% | 9% | 9% |
| Preparation & Delivery for Systematic Anti-Cancer Therapy | 12% | 8% | 8% |
| Ambulatory Care Services | 8% | 2% | 2% |
| Outpatient Services | 8% | 2% | 2% |
| Inpatient Admitted Care | 2% | 2% | 2% |

- The weekly internal service capacity for 19-20 pre pandemic baseline and 22-23 based on Covid recovery funding are set out in table below:

| Weekly Internal Service Capacity | | |
|----------------------------------|---|---|
| Service | 19-20 Baseline Capacity | 22-23 Capacity Based on Covid Recovery Investment |
| Outpatients | 1,128 attendances | 1,353 attendances |
| SACT | 460 cycles of treatment | 580 cycles of treatment |
| Radiotherapy | 75 planned patients and 78 hours LINAC daily capacity | 77 planned patients and 80 hours LINAC daily capacity |

- The headline capacity enhancement requires consideration of the changes to clinical practice and service delivery in comparison to the 19-20 baseline. For example, the increased utilization of virtual outpatient attendances, mix of oral and IV infusion SACT delivery, introduction of hypofractionation for Radiotherapy Services, outsourcing and outreach settings.
- There remain significant Covid response costs relating to covering higher sickness levels, enhanced IPC, social distancing and other income lost. The plan currently assumes WG will provide funding cover for these costs as confirmed by the Director General of H&SS letter of 14.03.22.

The plan aims to provide services with sufficient capacity to meet demand in support of recovery from the COVID-19 pandemic, whilst targeting improved levels of efficiency and productivity alongside sustained delivery against national and / or professional performance standards. In terms of efficiency the Trust will be setting a 2% savings target of £1,300k in 2022-23.

The Trust had been working with Commissioners prior to the pandemic to agree a new contracting model that better reflects the complexity of the services the Trust provides, the resources they consume, and which appropriately funds the Trust for the marginal costs of any over activity. There was agreement that this new model would be implemented in 2020-21.

An important development during the plan period will be the introduction of the new LTA contracting model (subject to commissioner support), suspended in 2020-21 and 2021-22 under the nationally agreed “block contract” arrangement to maintain financial stability during given reduced activity during the pandemic.

National discussions are near finalisation as to the way in which funding will flow through to providers for activity to meet the demand which arises. The Trust took the decision during 2021-22 to make upfront investment in permanent staffing and infrastructure to create additional internal capacity sufficient to meet forecast demand growth in 2021-22 and into 2022-23.

Latest demand modelling indicates that the internal capacity will meet circa 90% of the demand, requiring the use of externally outsourced capacity to meet the shortfall and avoid waiting times breaches. Whilst commissioners have recognised and supported this decision to ensure cancer patients referred to Velindre receive timely care and blood supply across Wales meets demand, this presents a financial risk to the Trust as income remains uncertain dependent on Health Boards ability to create additional capacity for diagnostics, endoscopy and surgery to generate onward referrals to Velindre for specialist cancer treatment.

The financial plan assumes income levels will be commensurate with the Covid internal capacity costs already in place and the additional costs to procure further capacity from Rutherford Cancer Centre (external private provider) that modelling undertaken with HB's and the WG Delivery Unit has forecast will be required. National funding flow principles have recently been firmed up, but not completely finalised. They are anticipated to be in place for the financial year 2022-23, however the Trust has written to HB Chief Executives setting out a proposal for a strategic funding approach to the additional internal capacity the Trust has established to meet their patient demand, irrespective of the activity driven national funding flow principles.

The Trust will progress discussion with commissioners to agree changes required to the contract currencies and prices to reflect the new service models and clinical pathways that are now permanent.

Whilst the Trust is submitting a balanced financial plan there is financial risk and challenges to deliver this plan due to the uncertainties around the income it will receive to cover the committed Covid costs and additional Covid commitments required during 2022-23.

The proposed financial plan has been developed using the latest assumptions regarding the Trust's expected income from Commissioners and Welsh Government funding in recovery from the COVID-19 pandemic, the likely cost pressures facing the Trust, both pay and non-pay inflation, and realistic, but challenging view of the cost saving potential of services.

These assumptions have been discussed and agreed with Commissioners and Trust Board through the IMTP engagement process. WG Director General for H&SS is sighted on the income gap relating to local Covid response costs and exceptional national cost pressures and her letter of the 14.03.22 provides income cover for these costs.

The formal agreement of the Trust income planning assumptions are summarized within respective Commissioner Long Term Agreements for 2022-23 which are to be signed by the 30th June. A summary financial plan for period 2022-23 to 2024-25 is presented in the following table:

| Summary of Financial Plan 2022-25 | 2022/23 | | 2023/24 | | 2024/25 | |
|---|------------------------|--------------------------|---------------------------|-----------------------------|---------------------------|-----------------------------|
| | In Year Effect £000 | FYE of Recurring £000 | In Year Effect £000 | FYE of Recurring £000 | In Year Effect £000 | FYE of Recurring £000 |
| Non Achieved Savings 2022-23 | (500) | 0 | 0 | 0 | 0 | 0 |
| b/fwd underlying deficit | (500) | 0 | 0 | 0 | 0 | 0 |
| Revenue | | | | | | |
| WG Pay Award & DDRB | 2,371 | 2,371 | 1,689 | 1,689 | 1,787 | 1,787 |
| WG Pay Award Commissioner funding (per WG Matrix) | 81 | 81 | 81 | 81 | 81 | 81 |
| WG Increase in Employer Pension Contribution | 2,743 | 2,743 | 2,798 | 2,798 | 2,854 | 2,854 |
| WG Funding for Extra Ordinary Cost Pressures | 1,150 | 550 | 600 | 0 | 0 | 0 |
| WG Covid Programme Funding (Mass Vacc and PPE) | 710 | 0 | 0 | 0 | 0 | 0 |
| WG Assumed Covid Response Funding (Not in Commissioner plans) | 1,394 | 697 | 0 | 0 | 0 | 0 |
| Covid Funding Via Commissioners | 10,206 | 6,056 | 0 | 0 | 0 | 0 |
| 2.8% Recurrent LTA Core Uplift (1.5% 23/24 & 0.75% 24/25) | 1,968 | 1,968 | 1,104 | 1,104 | 591 | 591 |
| Assumed LTA Income Growth (Inc Pay Award Pass through) | 12,371 | 12,371 | 10,843 | 10,843 | 12,027 | 12,027 |
| LTA Service Growth Investment | 1,772 | 1,772 | 511 | 511 | 1,696 | 983 |
| Total Revenue | 34,766 | 28,609 | 17,626 | 17,026 | 19,036 | 18,323 |
| In year Changes to Operation Cost Base | | | | | | |
| Pay Award/ Pension/ Increments | (5,341) | (5,341) | (4,704) | (4,704) | (4,858) | (4,858) |
| LTA Service Growth Investment | (2,706) | (2,706) | (1,219) | (1,219) | (1,696) | (983) |
| VV NICE Drug Growth | (10,695) | (10,695) | (9,000) | (9,000) | (10,000) | (10,000) |
| WBS Contract Price/ Inflation | (1,676) | (1,676) | (1,843) | (1,843) | (2,027) | (2,027) |
| Exceptional National Cost Pressures | (1,150) | (550) | (600) | 0 | 0 | 0 |
| General Cost Pressures | (578) | (578) | (206) | (206) | (200) | (200) |
| Local Cost Pressures | (1,110) | (1,110) | (1,254) | (854) | (1,455) | (1,055) |
| Covid Impact 2022-23 | (12,310) | (6,753) | 0 | 0 | 0 | 0 |
| Total In Year Changes to Cost Base | (35,566) | (29,409) | (18,826) | (17,826) | (20,236) | (19,123) |
| Net Opening Balance before Savings | (1,300) | (800) | (1,200) | (800) | (1,200) | (800) |
| Savings Plan | 750 | 600 | 700 | 500 | 700 | 450 |
| Net Income Generation | 550 | 200 | 500 | 300 | 500 | 350 |
| Net Opening Balance | 0 | 0 | 0 | 0 | 0 | 0 |

Income Assumptions

Income Assumptions and extent of alignment with commissioner & WG plans

The following are the income growth assumptions the Trust has made to meet the COVID-19 recovery and response costs, new inflationary and cost growth pressures in 2022-23:

- Commissioners will uplift LTA values by 2.8% which amounts to £1,968k core uplift in 2022-23, 1.5% (£1,104k) 2023-24 and 0.75% (£591k) in 2024-25 in line with the HB Allocation Letter.
- WG will fund the Trust directly the 2022-23 pay award costs for Agenda for Change (AfC) and Doctor & Dentist Review Body (DDRB), once nationally agreed.
- Commissioners will pass through as additional income to the LTA the 2021-22 Agenda for Change (AfC) and Doctor & Dentist Review Body (DDRB) costs as per the WG Pay award matrix.
- The Trust has applied a planning assumption for the new pay deal of 3% uplift in 2022-23 and 2% in both 2023-24 and 2024-25, but it is assumed WG will fund the actual costs once future pay deals are agreed.
- The Trust will continue to receive pay award funding for being a provider per the pay matrix which is currently assumed at £81k for each year.

- The cost increase in employer's pension contributions from 14.3% to 20.6% will continue to be paid by WG for the period of the plan.
- Following the issue of the Director General of H&SS letter on 14.03.22 the Trust is assuming that funding cover will be provided by WG for the Exceptional National Pressures estimated cost of £1,150k, which includes the forecast increase in energy / fuel currently estimated at £600k although there is a risk this could increase due to the conflict between Russia and Ukraine and additional employers NI contributions (1.25%) c£550k. The Trust is assuming WG will provide funding cover for the actual 2022-23 Exceptional National costs outturn, given the uncertainty around the energy / fuel cost forecast.
- If WG identifies additional funding to HBs above the 2.8% core uplift, the Trust will receive a % uplift of the same to its LTA values.
- The Trust anticipates that the full amount of identified income requirement in relation to COVID-19 response and recovery costs will be provided by commissioners and WG.
 - Following the issue of Director General of H&SS letter of 14.03.22 the Trust is assuming WG will provide financial cover for the Covid response costs it incurs in 2022-23. However, whilst commissioners have confirmed they have identified funding in their financial plans for Velindre Covid Recovery internal capacity, which the Trust has put in place with a cost of £4,400k for staffing & infrastructure, it is essential that this funding is passed to the Trust irrespective of the activity HBs refer to the Trust.
 - Beyond the existing internal capacity already in place, as this internal capacity only meets circa 90% of forecast activity, it is anticipated that external outsourced capacity will be required to meet the remaining 10% projected demand. The maximum anticipated utilisation cost is forecast at £4,150k for a full year of service delivery, however income will be recovered from commissioners commensurate with the cost of actual activity outsourced. The Trust is assuming that Commissioner's financial plans will provide income cover up to the forecast cost in order that the Trust can meet cancer treatment times for their patients and avoid breaches. It is not clear if commissioners have identified funding in their financial plans for this external capacity.
- The Trust will receive pass through income from commissioners to cover the cost of NICE / High-Cost drugs VCC uses in delivering cancer care. The forecast annual cost growth has been estimated using historic trends and the latest horizon scanning, this amounts to £10,695k increase in 2022-23, £9,000k increase in 2023-24 and £10,000k increase in 2024-25.
- The Trust will receive pass through income from LHBs to cover the cost of wholesale blood derived products WBS supplies to them. The forecast annual cost growth for 2022-23 has been calculated based an estimated 10% volume growth and general price inflation totalling (£1,676k).
- The Trust will be submitting a business case to seek funding from the WG Value Based Healthcare (VBHC) fund and will be discussing with HEIW proposals around its needs in relation to the additional funding for Workforce, Education and Training, although no income is currently reflected within the IMTP as the Trust is still developing its plans.

- WG has confirmed funding of the WBS business case costs for Occult Hep B Core Testing.
- WG will fund the WBS Plasma for Medicines (Fractionation) business case costs should WG decide to progress with this service development
- The Trust will receive additional income from commissioners to cover any new service developments they agree to invest in, should funding not be agreed, developments and infrastructure will not be implemented, and costs will need to be mitigated or removed. These key service infrastructure, quality improvement, activity growth and cost pressures have been shared with Commissioners including:

| LTA Service Growth Investment | 2022/23 | | | Incremental Income | | | |
|---|--------------|---------------|---------------|--|---|----------------------------------|----------------------------------|
| | LHB £000 | WHSCC £000 | TOTAL £000 | IMTP Total 2023/24 £000 | IMTP Total 2024/25 £000 | IMTP Total 2025/26 £000 | IMTP Total 2026/27 £000 |
| TCS Service Development Acute Oncology Services | 714 | | 714 | 260 | 34 | 0 | 0 |
| TCS Service Development Integrated Radiotherapy Solution | 287 | | 287 | 347 | 0 | 619 | 0 |
| SACT Medicine Infrastructure Financial impacts (MIFs) 2021-22 | 100 | | 100 | 100 | 100 | 100 | 100 |
| Radiotherapy Service Implementation | 361 | | 361 | 361 | 0 | 0 | 0 |
| Stereotactic Ablative Body Radiotherapy (SABR) for Oligometastatic Disease and Hepatocellular Carcinoma (HCC) | | 208 | 208 | 0 | 0 | 0 | 0 |
| High Dose Brachytherapy for Prostate Cancer | | 286 | 286 | 0 | 0 | 0 | 0 |
| EU Directive on In Vitro Diagnostic Device (IVDD/IVDR) Regulation | | 750 | 750 | 0 | 0 | 0 | 0 |
| TCS Radiotherapy Satellite Centre - Transition Cost | | | | 79 | 634 | 0 | 0 |
| TCS Radiotherapy Satellite Centre - Fixed Cost Fee | | | | 72 | 928 | 0 | 0 |
| TCS Radiotherapy Satellite Centre - Predicted Marginal Activity Growth | | | | | Marginal Income for activity growth via LTA | | |
| TCS nVCC OBC Planned Recurrent Funding Requirement | | | | | | 2,709 | 903 |
| TCS nVCC OBC Planned Transition Funding Requirement | | | | | | 1,558 | 519 |
| TCS Outreach Programme | | | | Planning work ongoing with LHBs to identify requirements | | | |
| Total Service Improvement & Growth | 1,462 | 1,244 | 2,706 | 1,219 | 1,696 | 4,986 | 1,522 |
| Commissioner Funding in IMTP | 814 | 958 | 1,772 | 511 | 1,696 | 4,367 | 1,522 |
| Trust Funding from 2.8% Core LTA Uplift income | 648 | 286 | 934 | 708 | 0 | 619 | 0 |
| Total | 1,462 | 1,244 | 2,706 | 1,219 | 1,696 | 4,986 | 1,522 |

Pay Related Cost Assumptions:

- Pay Inflation funding received will cover the cost growth:
 - For staff on **Agenda for Change** Terms & Conditions Trust planning assumed **3%** pay cost increase for 2022-23, 2% for both 2023-24 and 2024-25.
 - For staff on **Doctors & Dentists** Review Body Terms & Conditions assumed an average **3%** pay cost increase for 2022-23, and 2% for 2023-24 and 2024-25.

- The increase in NI rates (1.25%) will be funded by WG, current planning assumptions assume the cost for 2022-23 will be c£550k.
- The employers pension contributions cost increase 14.38% to 20.6% will continue to be paid directly by Welsh Government. The 2022-23 cost estimate for Velindre Trust Core (Excluding NWSSP & NWIS) is £2,743k, 2023-24 £2,798k and 2024-25 £2,854k.

Non Pay Related Cost Assumptions

- The average % growth in spend on NICE/HCD and latest Velindre Horizon Scanning Group has been used to estimate a c£10,695k growth in cost for 2022-23 and £9,000k growth in 2023-24 and £10,000k in 2024-25 as agreed with our Commissioners.
- Wholesale blood products cost and volume growth has been included as £1,676k for 2022-23 which is 10% increase. Price and volume growth figures are very uncertain due to the difficulties in forecasting the recovery from the COVID-19 pandemic but assumed income will match expenditure incurred.
- The exceptional National Cost Pressures of £1,150k have been categorised as a forecasted increase in energy / fuel price currently estimated at £600k although a risk this may rise further, and additional employers NI contributions c£550k.
- The normal national cost pressures have been estimated at £578k, which includes WRP contribution, Microsoft 365, national IT system projects costs. However, this also includes £180k for Brexit / Covid price inflation and £89k for living wage which the Trust does not consider are normal national cost pressures, but which are not included in the Director General for HSS letter providing funding cover.
- Non-pay inflationary pressures and local cost & growth pressures have been specifically identified for 2022-23.
- Non-pay Inflationary uplifts on Welsh NHS SLAs of 2.8% (£90k) have been assumed for 2022-23 on the basis of that a 2.8% core funding uplift to LTA values is passed through to the Trust.

Local core service growth and cost pressures

The Trust has undertaken a robust review of its local core service growth and cost pressures, which has resulted in a number being removed or costs reduced. The remaining pressures are key to delivering against a number of key service improvement objectives or are unavoidable cost pressures:

| Local Cost Pressures | Rec / Non-Rec | IMTP Total 2022/23 £000 | Rationale for Investment | Benefits / Impact |
|--|---------------|-------------------------|--|--|
| Enhanced Medical On-call on-Site Clinical Care | Rec | 200 | Nuffield Report recommendation to stabilise USC | Improved service quality, safety and outcomes |
| Radiology capacity & enhanced model investment -to achieve Single Cancer Pathway | Rec | 200 | Nuffield Report recommendation to enhance diagnostic capacity / SCP delivery | Increased capacity & Improved service quality, safety and outcomes |

| Local Cost Pressures | Rec / Non-Rec | IMTP Total 2022/23 £000 | Rationale for Investment | Benefits / Impact |
|--|---------------|-------------------------|---|--|
| Contract Maintenance & Support and license Costs (above Inflation) | Rec | 100 | Unavoidable maintenance contract (Medical Physics & Pharmacy) cost pressures and Software for Clinical Coding 3m medicore license | Maintain core clinical systems required for service delivery |
| Palliative Care | Rec | 106 | Nuffield Report recommendation to further streamline specialist palliative care into acute oncological | Improved service quality, safety and outcomes |
| NHS SLA Inflation | Rec | 110 | Required pass through 2.8% core uplift | Maintain essential support services |
| NWSSP ESR Recharge | Rec | 18 | National System upgrade | Maintain essential workforce management system |
| Loss of Rutherford Proton Beam Therapy SLA income | Rec | 140 | Unavoidable service reduction due to limited activity referred by WHSSC | Services funded through Rutherford income lost have either required new funding from 2.8% uplift or savings delivery replace |
| Allocate - E - Rostering & E-Job Planning Services | Rec | 55 | Improved workforce management & Job Planning | Improved workforce management & Job Planning |
| Navigator Roles | Rec | 96 | Nuffield Report recommendation | Improved patient experience, service quality, safety and outcomes |
| Regulatory Compliance - Blood sample archiving | Rec | 28 | Regulatory compliance | Reduced risk of clinical negligence / claims |
| NDR Vx Rail revenue licensing | Rec | 60 | Required for National Data Resource | Better integrated information to improve clinical care and business management |
| Employment Law Advice LR Block Charging | Rec | 10 | NWSSP Legal services cost increase | Improved legal services - reduced risks and associated costs |
| Premises Related Costs (e.g Rates, Rents) | Rec | 75 | Unavoidable cost pressures | Maintains current estate requirement whilst review undertaken to assess requirement |
| Apheresis Contract - introduce hardware costs | Rec | 40 | Unavoidable cost pressures | Ensure maintenance of blood & plasma supply |
| Other | Rec | 60 | Unavoidable cost pressures | |
| Total Local Cost Pressures | | 1,298 | | |

Normal National Cost Pressures

These normal national cost pressures are funded in part by the 2.8% core uplift (sustainability) funding and in part from savings delivery:

| Normal National Cost Pressures | Recurrent / Non-Recurrent | 2022/23 £000 |
|--------------------------------------|---------------------------|-----------------|
| Microsoft 365 new contract licenses | Rec | 74 |
| RISP - All Wales Business Case | Non Rec (22-23 to 24-25) | 21 |
| LINC - All Wales Business Case | Non Rec (22-23 to 24-25) | 115 |
| WRP Additional Contribution | Rec | 99 |
| Brexit/ Covid Price Inflation | Rec | 180 |
| Living Wage Increase (Non CHC) | Rec | 89 |
| Total National Cost Pressures | | 578 |

Exceptional National Cost Pressures

The financial plan assumes that additional funding will be provided by WG to cover these exceptional unavoidable system wide cost pressures:

| Exceptional National Cost Pressures | Recurrent / Non-Recurrent | 2022/23 £000 |
|--|---------------------------|-----------------|
| Energy / Fuel Increases | Non Rec (22/23 & 24/25) | 600 |
| Employers NI (Health & Social Care Levy) | Rec | 550 |
| Total National Cost Pressures | | 1,150 |

Other Assumptions

- Prioritised service developments will be submitted to commissioners as a business case for funding consideration.
- Expectation is other cost pressures are avoided/mitigated as far as possible. Where costs are unavoidable additional savings will be delivered to fund them.

Planned Savings

The following table summarizes the level of savings the Trust is planning to deliver in 2022-23:

| | 2022-23 £000 |
|-----------------------------------|-----------------|
| CIP Planned Savings | 750 |
| Income Generation | 550 |
| Total Savings / Income Generation | 1,300 |
| CIP % (of Core LTA) | 2% |

| Saving Theme | Saving Description | Division | Recurrent | Non Recurrent | TOTAL | Scheme Type |
|--|---|----------|------------|---------------|--------------|-------------|
| | | | £'000s | £'000s | £'000s | |
| Laboratory and Collection Model Efficiencies - efficiencies generated via optimised operating models | Reduced establishment resultant from model enhancement | WBS | 50 | - | 50 | Pay |
| Laboratory and Collection Model Efficiencies - efficiencies generated via optimised operating models | Reduced service delivery costs resultant from model enhancement | WBS | 50 | - | 50 | Non Pay |
| Maximising Income Opportunities - attracting additional non NHS income | Sales of expertise and bi-products into Research | WBS | 50 | 50 | 100 | Income |
| Stock Management - Non Recurrent Benefits of Stock Management | Reduced stock holding and waste via optimised stock management | WBS | 100 | 150 | 250 | Non Pay |
| Procurement - Supply Chain cost reductions | Contracting cost reductions | WBS | 50 | - | 50 | Non Pay |
| Service Redesign – efficiencies generated via optimised operating models, options for consideration of cessation of services and their respective consequences. | Reduced establishment resultant from model enhancement | VCC | 100 | - | 100 | Pay |
| Supportive Structures - efficiencies generated via optimised support services, enabled by rationalisation/centralisation/digitisation | Reduced establishment resultant from model enhancement | VCC | 100 | - | 100 | Pay |
| Maximising Income Opportunities - Private Patient Services | Increased volumes of private patients, fee restructure and enhanced debt recovery | VCC | 150 | 100 | 250 | Income |
| Maximising Income Opportunities - attracting additional non NHS income | Utilisation of new external funding. Enhanced cost recovery | VCC | - | 200 | 200 | Income |
| Procurement - Supply Chain cost reductions | Contracting cost reductions | VCC | 50 | - | 50 | Non Pay |
| Establishment Control | Reduced establishment resultant from model enhancement | CORP | 100 | - | 100 | Pay |
| Total | | | 800 | 500 | 1,300 | |

| | | | | | | |
|--------------------------------|--|--|------------|------------|--------------|--|
| Green RAG Rated Schemes | | | 100 | 350 | 450 | |
| Amber RAG Rated Schemes | | | 500 | 150 | 650 | |
| Red RAG Rated Schemes | | | 200 | - | 200 | |
| Total | | | 800 | 500 | 1,300 | |

Covid

The total Trust Covid funding requirement for 2022-23 as presented in the tables below is £12,310k. The Trust has received confirmation that the £710k National response programme costs relating to both Mass Vaccination (£375k) and PPE (£335k) will be funded directly by WG, whilst our Commissioners have included £6,056k within their financial plans for Covid Recovery capacity costs. The Director General for HSS letter of 14.03.22 has provided funding cover for the estimated costs for 2022-23 of £1,394k, which is in relation to local Covid response (enhanced Infection Prevention Control (IPC) measures, Covid related sickness and social distancing measures). The Trust is also including £4,150k for additional capacity outsourcing requirement in relation to both SACT and Radiotherapy which is based on the anticipated maximum cost, with the current expectation that this will be funded via our Commissioners.

| Covid Funding Requirement 2022-23 | WG £000 | LHB £000 | WHSSC £000 | Total £000 |
|--|--------------------|---------------------|-----------------------|-----------------------|
| Mass Vaccination | 375 | - | - | 375 |
| PPE | 335 | - | - | 335 |
| Subtotal Covid Programme Funding | 710 | - | - | 710 |
| Covid Recovery & Response Funding | 1,394 | 2,880 | 3,176 | 7,450 |
| Covid Additional Outsourcing for SACT & Radiotherapy | | 4,150 | | 4,150 |
| Subtotal Covid Recovery and Response Funding | 1,394 | 7,030 | 3,176 | 11,600 |
| Total Covid Funding Requirement 2022-23 | 2,104 | 7,030 | 3,176 | 12,310 |

In addition to the COVID funding requirements described, the following tables highlight the potential utilisation of outsourced capacity required to meet demand, above investments made for enhanced internal capacity via COVID Recovery.

| 2022-23 Annual Forecast Activity Demand and Internal / External Capacity Requirement | | | | | |
|--|---|---|--|---|---|
| Service | Forecast Demand (Patient Nos.) | Internal Capacity (Patients Nos.) | Capacity Shortfall (Patient Nos.) | External Capacity (Patients Nos.) | Remaining Capacity Gap (+’ve shortfall / -’ve headroom) (Patients Nos.) |
| Radiotherapy (With Enhanced IPC Measures) | 4212 | 3692 | 520 | 520 | 0 |
| Radiotherapy (No Enhanced IPC Measures) | 4212 | 4004 | 208 | 520 | -312 |
| Service | Forecast Demand (Annual Patient Cycles) | Internal Capacity (Annual Patient Cycles) | Capacity Shortfall (Annual Patient Cycles) | External Capacity (Annual Patient Cycles) | Remaining Capacity Gap (+’ve shortfall / -’ve headroom) (Annual Patient Cycles) |
| SACT Delivery | 32240 | 30160 | 2080 | 2496 | -416 |
| Total | 40664 | 37856 | 2808 | 3536 | -728 |

It should be noted that this highlights that the annual forecast additional outsourced capacity may not fully be required, however this is dependent on demand and internal capacity assumptions being fulfilled.

| 2022-23 Annual Forecast Investment for Internal / External Capacity at Maximum Utilisation | | | |
|--|---------------------------|---------------------------|------------------------|
| Service | Internal Capacity (£’000) | External Capacity (£’000) | Total Capacity (£’000) |
| Radiotherapy | 1,592 | 2,900 | 4,492 |
| SACT Prep & Delivery | 1,207 | 1,250 | 2,222 |
| Outpatients | 698 | 0 | 698 |
| Total | 3,497 | *4,150 | 7,647 |

It should be noted that a proportion of Outpatient activity are SACT treatment appointments contributing to internal capacity.

Contracting Model

The National Funding Flows discussion will determine the contracting arrangements for 2022-23, it is assumed that these temporary measures will be sufficient to meet the costs of delivery.

The Trust will continue to work with Commissioners to agree the process and timing of when the new model will go live. Consequences of the post COVID-19 “new normal” service delivery models and clinical pathways will require a review of the contract currencies and associated cost pools to ensure their appropriateness, monitoring of contract performance during 2022-23 will inform the prioritization of areas for review.

Financial Risks and Opportunities

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

| Key Financial Risks | Worst Case £'000 | Best Case £'000 | Risk Mitigation |
|---|---------------------|--------------------|--|
| Financial Plan Outturn | 0 | 0 | |
| Full Covid funding not flowing from Commissioners | TBC | 0 | Trust still in discussion with commissioners around strategic principles for funding Covid recovery capacity already in place instead of national funds flow mechanism |
| Costs of service delivery for outsourced activity beyond internal planned volumes | (4,150) | 0 | Based on modelling of demand the additional COVID recovery internal capacity established at Velindre and reinstated via HB outreach will be exhausted, outsourcing of activity to the Rutherford Cancer Centre will be required incurring a premium cost. This is the maximum cost exposure. There is a risk that Commissioners will not fund this cost. |
| Non-delivery of amber / red saving schemes | (850) | 0 | Service to urgently review savings schemes that are classified as red or amber with a view to turn green or find replacement schemes |
| Further rise in energy prices | (600) | 0 | Will form part of all Wales approach, reviewed and mitigated by EPRMG group. |
| Delayed implementation of Integrated Radiotherapy Solution (IRS) | (250) | 0 | Review Divisional budgets to absorb costs for up to 6 months prior to implementation. |
| Management of operational Pressures | (250) | 0 | Further Operational cost pressures to be mitigated at divisional level |
| Microsoft Agreement (Increase above figure included within Plan) | (126) | | Inflated figures recently provided by DHCW with challenge from Trust on rationale for increase. |
| Total Risks | (6,226) | 0 | |

| Key Financial Risks | Worst Case £'000 | Best Case £'000 | Risk Mitigation |
|---|---------------------|--------------------|--|
| Key Financial Opportunities | Worst Case £'000 | Best Case £'000 | Opportunity application and action |
| Covid Cost Reduction | TBC | TBC | Mitigation from plan by reducing Covid related expenditure |
| Further vacancy turnover savings above the vacancy factor held in divisions | 200 | 400 | Used to provide non-rec savings against savings schemes that are either amber or red. |
| Emergency Reserve | 500 | 500 | Reserve held for emergency expenditure but could be released to support position if no unforeseen costs materialize. |
| Total Opportunities | 700 | 0 | |
| Net Financial Risk | (5,526) | 900 | |

Capital Plans for the Trust

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

£103.6m of the capital investment required over the period of the IMTP are schemes that have or will be submitted to Welsh Government as cases for consideration against the All Wales Capital Fund. £24.981m has been submitted and agreed to date in relation to TCS (£23.902m), Fire Safety (£0.500m), and the Digital Cancer project (£0.579m). Further schemes to be considered for approval include additional TCS requirement of (£3.795m), Integrated Radiotherapy Solution (IRS) (£46.921m), WBS HQ infrastructure (£22.500m), Ventilation (£2.491m), VCC Outpatients (£1.2500m), WBS Hemoflows (£0.224m), WBS Fleet Replacement over the next four years totaling (£1.236m). Scalp Cooler Upgrade (£0.250n) and Plasma Fractionation with costs to be confirmed.

The Trust has a process through which to prioritize competing capital cases, both in terms of submissions to All Wales and the Discretionary Programme.

| Summary of Capital Plans & Approved Funding | 2022-23 £m | 2023-24 £m | 2024-25 £m | 2025-26 £m | 2026-27 £m | Total All Wales Schemes £m |
|---|---------------|---------------|---------------|---------------|---------------|-------------------------------|
| Proposed All Wales Schemes | 10.602 | 23.301 | 31.015 | 10.246 | 3.503 | 78.667 |
| Proposed Discretionary Schemes | 1.454 | 1.454 | 1.454 | 1.454 | 1.454 | |
| Total Capital Schemes Proposed | 12.056 | 24.755 | 32.469 | 11.700 | 4.957 | |
| All Wales Schemes Funding Approved | 24.981 | 0.000 | 0.000 | 0.000 | 0.000 | 24.981 |
| Total Capital Plans | 37.037 | 24.755 | 32.469 | 11.700 | 4.957 | 103.648 |

Part 8

Our Performance Management Framework

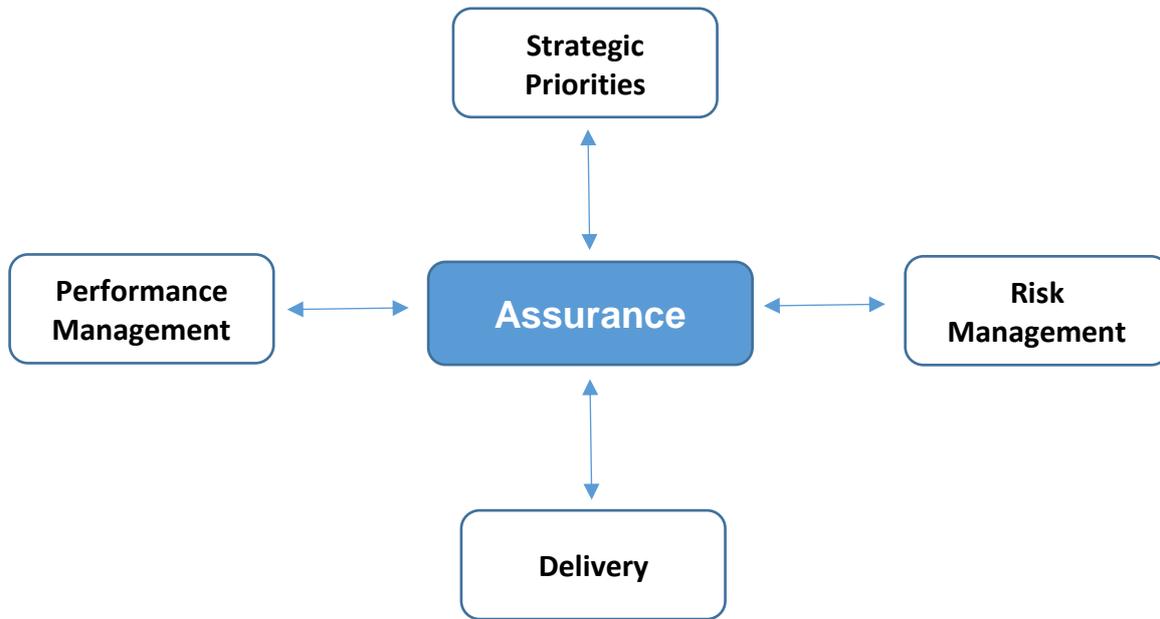
We set out how we will manage the delivery of our plan and monitor progress in delivering the changes we wish to see.



Managing the Delivery of our Plan

We utilise an Integrated Framework to manage the delivery of service and strategic plans. This ensures that there is a 'golden thread' that links all organisational plans and priorities, risk, delivery and measurement into an overall system of assurance.

Integrated Performance, Risk and Assurance Framework



Plans and priorities - Our strategic aims and priorities are set out within our strategies and translated into specific objectives and actions within this plan.

Delivery - The focus of delivery are the divisional service plans which set out the actions we will take to deliver the identified priorities and objectives.

Performance Measures - We use a range of quantitative and qualitative information to allow us to monitor our progress. These are a combination of Welsh Government statutory targets and self-imposed stretch targets.

Risk Management - We assess the risk of achievement against each of our strategic aims, priorities and objectives as part of the planning process. We keep these under regular review throughout the year.

Performance Management Framework

We use a robust framework to support our staff in achieving the improvements required and in delivering our plan. The system is based upon four main elements:

- A clear set of aims, objectives, plans and supporting actions to improve quality
- A range of performance measures
- A regular process of monitoring and review
- A process of escalation/action if we are not on track to achieve our aims.

However, and despite the robust existing arrangements, a key priority for us during 2022 – 2023 will be further enhance our Performance Management Framework (PMF).

This is in line with the Welsh Governments introduction of quality statements in ‘*A Healthier Future for Wales*’ (2018 to 2030), and has been described in the National Clinical Framework, as the next level of national planning for specific clinical services. It forms part of the enhanced focus on quality in healthcare delivery that was put forward in A Healthier Wales and the Quality and Safety Framework (QSF).

Governance Arrangements

The Board is accountable for governance and internal control of those services directly managed and for services delivered via hosting arrangements. The Board discharges its responsibilities through its Committees and scheme of delegation.

Delivering our Plan

Our plan sets out a clear set of milestones and trajectories that are owned by the Board who will receive a regular assessment of progress against the plan. Responsibility for delivering the plan is discharged to the divisional Senior Management teams who manage the detailed progress of service objectives and their associated performance and risks. Regular meetings between the divisions and the Executive Directors will take a more strategic overview of progress.

Whilst the plan objectives and related performance will be scrutinised by the most appropriate committee, the Quality Safety and Performance Committee will assume overall responsibility for challenging plan progress and providing assurance to the Board.

Commissioning Arrangements

Health Boards are responsible for commissioning cancer and blood services from the Trust. However, there is a common view that the current arrangements are not sufficient to meet the future needs of the Trust in delivering services on behalf of our commissioners and the patients and donors who use them. We are therefore committed to working with our Health Board partners and the Welsh Government to develop a planning, commissioning and funding framework that provides us with the greatest opportunity to achieve our ambitions and achieve the levels of excellence that people can be proud of.

Implementation: How will we measure success?

We will track implementation of our plan through a small number of key metrics and strategic markers, which will be underpinned by more detailed reporting. The following metrics will be used to monitor and track implementation as they:

- **Provide a headline picture against our strategies and plans as a whole.** Identifying a small number of headline metrics allows for a simple mechanism to track progress and report to our patients, donors, staff and partners.
- **Includes a mixture of process, output and outcome measures.** This allows us to track specific actions in the short-term (process and output measures) and ensure they are translating into real change in the longer-term (outcomes and benefits).

Part 9

Appendices

**Trust Programmes
and Trust Support
Functions Key
Deliverables and
the Welsh
Government
Minimum Data Set**



APPENDIX A

Trust Programmes – Key Deliverables 2022 to 2025

[Attached separately]

APPENDIX B

Trust-wide Support Functions – Key Deliverables 2022 to 2025

[Attached separately]

APPENDIX C

**Velindre University NHS Trust Minimum Data Sets (MDS) Welsh
Government Return**

[Attached separately]