Public Quality, Safety & Performance Committee

Tue 09 July 2024, 14:00 - 16:00

Hybrid meeting

Agenda

1. PRESENTATIONS

1.1. Staff Story - Welsh Blood Service

To be led by Sarah Richards, Head of Planning & Performance Services and Hannah Grainger, Service Improvement Manager

1.1.0 Staff Story - WBS.pdf (1 pages)

2. STANDARD BUSINESS

2.1. Apologies

To be led by Vicky Morris, Quality, Safety & Performance Committee Chair

2.2. In Attendance

To be led by Vicky Morris, Quality, Safety & Performance Committee Chair

2.3. Declarations of Interest

To be led by Vicky Morris, Quality, Safety & Performance Committee Chair

2.4. Minutes from the meeting of the Public Quality, Safety & Performance Committee held on 9th May 2024

To be led by Vicky Morris, Quality, Safety & Performance Committee Chair

2.4.0 DRAFT Minutes - Public Quality Safety and Performance Committee 9th May 2024 (VM approved).pdf (18 pages)

2.5. Review of Action Log

To be led by Nicola Williams, Executive Director of Nursing, Allied Health Professionals & Health Science

2.5.0 PUBLIC QSP Action Log May-July.pdf (7 pages)

2.6. Matters Arising

To be led by Vicky Morris, Quality, Safety & Performance Committee Chair

2.6.1. SACT Gold Paper

To be led by Nicola Williams, Executive Director of Nursing, Allied Health Professionals & Health Science

2.6.1 SACT Gold Report -June 24.pdf (10 pages)

2.6.2. Change in allocation of Noddfa Wellbeing Centre

To be led by Rachel Hennessy, Interim Director, VCS

3. MAIN AGENDA

This section supports the discussion of items for review, scrutiny and assurance.

3.1. Staff Survey 2023-2024

To be led by Sarah Morley, Executive Director of Organisational Development & Workforce

- 3.1.0 QSP - STAFF SURVEY RESULTS - 09.07.2024 - FINAL.pdf (34 pages)

3.2. Trust Risk Register

To be led by Non Gwilym, Acting Director of Corporate Governance

- 3.2.0 TRR Paper -QSP - July 24.pdf (8 pages)
- 3.2.0 Safety Risks 12 - June24.pdf (2 pages)
- 3.2.0 Risks over 15 - June 24.pdf (1 pages)

3.3. Trust Assurance Framework

To be led by Non Gwilym, Acting Director of Corporate Governance

- 3.3.0 TAF Paper - QSP July 24.pdf (7 pages)
- 3.3.0 V61 - TAF DASHBOARD - following June EMB.pdf (10 pages)

3.4. Finance Report for the period ended 31st May 2024 (M2)

To be led by Matthew Bunce, Executive Director of Finance

- 3.4.0a Month 2 Finance Report Cover Paper - QSP JULY 24.pdf (11 pages)
- 3.4.0b Appendix 1 - M2 VELINDRE NHS TRUST FINANCIAL POSITION TO MAY 2024 - QSP.pdf (23 pages)
- 3.4.0c Appendix 2 - TCS Programme Board Finance Report (May 2024) - Main Report.pdf (14 pages)
- 3.4.0d Appendix 3 - Velindre 24-25 Month 2 MMR Commentary - QSP July 24.pdf (12 pages)
- 3.4.0e Appendix 4 - Velindre Core 2024-25 MMR - M2- Table A Movement.pdf (1 pages)

4. 2023-2024 ANNUAL REPORTS

4.1. FOR APPROVAL

4.1.1. Sustainability Annual Report (including decarbonisation)

To be led by Jonathan Fear, Interim Assistant Director of Estates, Environment & Capital Development

- 4.1.1a Sustainability Annual Report 2023-24 Cover Paper QSP (1).pdf (5 pages)
- 4.1.1b SUSTAINABILITY & ENVIRONMENT ANNUAL REPORT 2023- 2024 V2 1.pdf (45 pages)

4.1.2. Wellbeing of Future Generations Act (2015) Annual Report

Deferred to September Committee

4.1.3. Digital Report

To be led by Carl Taylor, Chief Digital Officer

- 4.1.3a 20240709 QSP Cover Paper - Digital Services Quarterly Report.pdf (8 pages)
- 4.1.3b 20240709 QSP Appendix 1 Digital Services Quarterly Report.pdf (26 pages)

4.1.4. Freedom of Information Requests Annual Report

To be led by Non Gwilym, Acting Director of Corporate Governance

- 4.1.4 QSPC FOI Annual Report 2023-24 - July 2024.pdf (10 pages)

4.2. ENDORSE FOR TRUST BOARD APPROVAL

4.2.1. Local Partnership Forum Annual Report

To be led by Sarah Morley, Executive Director of Organisational Development & Workforce

4.2.1 QSP - LPF ANNUAL REPORT - 09.07.2024.pdf (12 pages)

4.2.2. Equality, Diversity & Inclusion Annual Report

To be led by Sarah Morley, Executive Director of Organisational Development & Workforce

4.2.2 QSP - ANNUAL EQAULITY REPORT.pdf (18 pages)

4.2.3. Gender Pay Gap Annual Report

To be led by Sarah Morley, Executive Director of Organisational Development & Workforce

4.2.3 QSP - GENDER PAY GAP - 09.07.2024.pdf (18 pages)

4.2.4. Welsh Language Annual Report

To be led by Sarah Morley, Executive Director of Organisational Development & Workforce

4.2.4 QSP - WELSH LANGUAGE ANNUAL REPORT - -9.07.2024 - FINAL.pdf (22 pages)

4.3. FOR NOTING

Nil items

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5. CONSENT ITEMS

The consent part of the agenda considers routine Committee business as a single agenda item. Members may ask for items to be moved to the main agenda if a fuller discussion is required.

5.1. FOR APPROVAL

Nil items

5.2. ENDORSE FOR TRUST BOARD APPROVAL

Nil items

5.3. FOR NOTING

Nil items

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6. HIGHLIGHT REPORT TO TRUST BOARD

Members to identify items to include in the Highlight Report to Trust Board:

- For Escalation/Alert
- For Assurance
- For Advising
- For Information

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7. ANY OTHER BUSINESS

Prior approval by the Chair required.

8. DATE AND TIME OF THE NEXT MEETING

The Quality, Safety & Performance Committee will next meet on Thursday 11th July, 10:00-13:00.

9. CLOSE

STAFF STORY – WELSH BLOOD SERVICE

Please visit the link below to view the Staff Story prior to the Quality, Safety & Performance Committee meeting on 9th July:

https://www.youtube.com/watch?v=crUXhJl4pSQ

Minutes

Public Quality, Safety & Performance Committee

Velindre University NHS Trust

Date: 9th May 2024
Time: 10:00-13:30
Location: Velindre University NHS Trust Headquarters, Nantgarw
Chair: Mrs Vicky Morris, Independent Member

ATTENDANCE		
Stephen Harries	Velindre University NHS Trust Vice Chair	SH
Hilary Jones	Independent Member	HJ
Steve Ham	Chief Executive Officer	SH
Carl James	Executive Director of Strategic Transformation, Planning & Digital	CJ
Lauren Fear	Director of Corporate Governance & Chief of Staff	LF
Jacinta Abraham	Executive Medical Director	JA
Sarah Morley	Executive Director of Organisational Development & Workforce	SfM
Alan Prosser	Director of Welsh Blood Service	AP
Rachel Hennessy	Interim Director of Velindre Cancer Service (VCS)	RH
Susan Thomas	Deputy Director of Workforce and Organisational	ST
Tina Jenkins	Interim Deputy Director Nursing, Quality & Patient Experience	TJ
Liane Webber	Business Support Officer (Secretariat)	LW

ADDITIONAL ATTENDEES		
Dr Helen Hughes	Velindre Cancer Service Patient	
Vivienne Cooper	Head of Nursing, VCS	VC
Matthew Walters	Advanced Nurse Practitioner	MW
Chris Moreton	Deputy Director of Finance [for Matthew Bunce]	CM
Gareth Tyrrell	Accountable Pharmacist, NWSSP	GT
Ruth Alcolado	Medical Director, NWSSP	RA
Emma Rees	Deputy Head of Internal Audit, NWSSP	ER

APOLOGIES		
Professor Donna Mead OBE	Velindre University NHS Trust Chair	DM
Nicola Williams	Executive Director of Nursing, Allied Health Professionals & Health Science	NW
Matthew Bunce	Executive Director of Finance	MB
Peter Richardson	Head of Quality Assurance and Regulatory Compliance, Welsh Blood Service	PR
Emma Stephens	Head of Corporate Governance	ES
Amy English	Deputy Regional Director, Llais Cymru	AE

		ACTION
1.0.0	**PRESENTATIONS**	
1.1.0	**Velindre Cancer Service – Patient Story** Provided in person by Dr Helen Hughes, Velindre Cancer Service Patient Supported by: Vivienne Cooper, Head of Nursing, VCS and Matthew Walters, Advanced Nurse Practitioner Following receipt of a presentation which had been circulated to members in advance of the meeting, VC gave a brief introduction to Dr Helen Hughes, a current Velindre Cancer Service patient who had shared her experiences in relation to the intravenous access service provision at Velindre Cancer Centre and how this differs to the standard of provision offered routinely to patients receiving SACT treatment in England. The Committee heard from Dr Hughes who explained how she first became aware of subcutaneous port implantation as an alternative to PICC line insertion for patients receiving medium to long-term intravenous therapy. Dr Hughes highlighted some of the challenges encountered with long-term PICC line use and explained how the insertion of a port had been of significant personal benefit. MW advised that, of the three Health Boards across South Wales served by Velindre - Aneurin Bevan (ABUHB), Cwm Taf Morgannwg (CTMUHB) and Cardiff & Vale (CAVUHB) - only patients of ABUHB and CTMUHB are eligible for port insertion, those in CAVUHB currently are not. Work is underway to develop a Service Level Agreement with CAVUHB to rectify this, and support is being provided by St Joseph's Private Hospital, Newport in the interim to ensure that port insertion can be offered to patients of CAVUHB. VM concluded that much work is to be done in order to explore the matter, to establish the level of required resource, capacity, etc. and that this would need to be brought back through the Committee for discussion as the situation progresses and to provide assurance to QSP that we can demonstrate improvements as a result of this patient story.	
2.0.0	**STANDARD BUSINESS**	
2.1.0	**Apologies** Apologies were as noted above.	
2.2.0	**In Attendance** Additional attendees were as noted above.	

2.3.0	**Declarations of Interest** There were no declarations of interest.	
2.4.0	**Minutes from the meeting of the Public Quality, Safety & Performance Committee held on the 14th March 2024** Led by Vicky Morris, Quality, Safety & Performance Committee Chair The minutes of the meeting held on 14th March 2024 were reviewed and the following point of accuracy was highlighted: The paragraph with reads *"…Most notably AP highlighted that 40% of the volunteer recruitment are from black, Asian and other minority ethnic groups"* should be amended to read *"…AP highlighted that 20-40% of the volunteer recruitment...".* Pending the amendment noted above, the Committee **APPROVED** the minutes from the 14th March 2024 Public Committee.	
2.5.0	**Minutes from the Extraordinary Public Joint Audit and Quality, Safety and Performance Committee, held on 21st March 2024** Led by Vicky Morris, Quality, Safety and Performance Committee Chair SH noted that his apologies had been omitted and requested that this be added to the minutes. Pending the amendment noted above, the Committee **APPROVED** the minutes from the 21st March 2024 Extraordinary Public Joint Audit and QSP Committee.	
2.6.0	**Review of Action Log** Led by Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience The action log was discussed in detail and Committee members confirmed that they were assured that all actions identified as closed had been fully instigated and could therefore be closed. Items not yet due for completion were not discussed and will remain open. The following was noted: ***9.1.0 (13/07/24) - Trust Annual Report template to be developed and Trust style determined to facilitate consistency for future annual reports*** - LF advised that the template is due to be finalised this week and would be shared with all report authors by 17th May 2024. VM requested that this also be shared with Committee members in order for the action to be closed. ***3.4.2 (16/01/24) - Serious Incident data and in-year targets in the Healthcare Acquired Infection to be added to the Performance Management Report*** - The Committee noted the update provided in	**LF**

	the action log and approved the revised target date of 9th July 2024. ***3.5.2 (14/03/24) - SACT update report to be presented at each meeting*** - This action was not updated due to its omission from the earlier action log. VM requested that the outcomes of the weekly Gold meetings be reported, in addition to the data provided within the Performance Management Framework report. ***3.9.0b (14/03/24) - Identify trends/themes in respect of the ten health and safety incidents reported in the Performance Management Framework*** - Whilst the action update was noted VM requested that basic data regarding and potential trends or themes in respect of the highlighted health & Safety incidents be circulated to the Committee in advance of the July meeting. ***3.11.0 (14/03/24) - Provide the Committee with clear plan, with timescales for reviewing and providing for assurance all out-of-date policies*** - The Committee noted the update provided in the action log and approved the revised target date of 7th June 2024. SfM advised that good progress is being made in terms of the 52 out-of-date workforce policies and is planned to be completed by September. ***5.1.2 (14/03/24) - PP10 (Medical Gas Piped Systems Policy) to be Trust-wide in order to ensure effective policy management -*** CJ advised that as the Medical Gas Committee is not due to meet again until October, that this matter be managed out of committee prior to this. CJ to circulate an update to this Committee accordingly. ***7.3.0 (14/03/24) - Provide to the Committee forward programme for future 15-step visits*** - The Committee noted the update provided in the action log and approved the revised target date of 11th July 2024. The Committee **REVIEWED** and **UPDATED** the actions from the 14th March 2024 Committee and Extraordinary Joint Audit/QSP Committee of 21st March 2024.	**CJ** **CJ**
2.7.0 **2.7.1**	**Matters Arising** Led by Vicky Morris, Quality, Safety & Performance Committee Chair **Change in Allocation of Noddfa Building Wellbeing Centre** Led by Susan Thomas, Organisational Development and Workforce The Committee noted the update provided in the action log and the recent recruitment of a Wellbeing Co-ordinator who will oversee the space from a staff wellbeing perspective. RH advised that a working group has been looking at requirements of the space, furniture has been ordered and the reconfiguration is underway. IMs to confirm whether DM is content with the update provided.	**SH/VM**

2.7.2	**Health and Safety Incidents Trends/Themes** Led by Jonathan Fear, Interim Assistant Director of Estates, Capital and Environment This item was addressed during the earlier Action Log discussions.	
3.0.0	**MAIN AGENDA** (This section supports the discussion of items for review, scrutiny and assurance).	
3.1.0	**Trust Risk Register** Led by Lauren Fear, Director of Corporate Governance and Chief of Staff LF presented the Trust Risk Register and outlined some of the amendments and additions since its previous submission to the Committee. The Committee were advised that RH had raised a concern that some of the new risks highlighted may not be new in this period and that this will be reviewed prior to submission to Trust Board. Referring to risk 3247, SH queried why this has now been identified as a new risk when the matter has been evident for a significant length of time. RH highlighted that this was one of the risks referred to in the raised concern (as noted above) and would be reviewed accordingly, but advised, however, that since the risk was identified a full accommodation review of the site has taken place and as a result, capacity has been released within outpatients and some additional clinical space created. Additionally, work is underway to develop a virtual hub to facilitate virtual consultations to take place where appropriate. In terms of the overbooking of appointments, RH confirmed that the team have been working through some of the issues but the situation has been exacerbated by an increased demand for the service. JA advised that a multi-professional clinical event is currently being arranged for a date in June, during which the issue will be looked at further. VM highlighted two risks which had been discussed in the March Committee - 2515 and 3277 - and were due to be reviewed by Executive Management Board who were to look at the rationale for the original score, noting that they do not feature in the 15 and above or 12 and above narrative. In terms of Risk 2515 (Brachytherapy) RH advised that significant improvement has been made in recruitment, resulting in a reduced risk score to 9. VM noted the progress made but highlighted that in order to allow effective triangulation updates of this nature should be included within the cover paper. Bringing the Committee's attention to risks 3094 and 3095, JA advised that, having been recently reviewed through the Radiation	

	Protection Strategic Committee, these risks have now significantly reduced to 12 but are still featuring in the paper with a score of 20. This will be amended and an update provided to the Committee prior to the next meeting. The Committee: • **NOTED** the risks of 15 and above as well as risks in the safety domain with a risk level of 12 reported in the Trust Risk Register and highlighted in this paper. • **NOTED** the on-going developments of the Trust's risk framework.	**CJ/JA**
3.1.1	**Trust Assurance Framework** Led by Lauren Fear, Director of Corporate Governance and Chief of Staff LF gave a brief overview of the paper and work undertaken since the March Committee, noting that good progress has been made in terms of migrating the template onto Power BI, this is expected to take place by the end of June. In respect of the Committee's intention to conduct a deep dive into particular areas of the Trust Assurance Framework (TAF), TAF03 (strategic workforce risk) and TAF08 (strategic financial stability risk) were brought for discussion. SfM advised that, as TAF03 triangulates with the Workforce Supply and Shape paper, this would be discussed in detail later in the meeting. However, in response to feedback provided by the Chair prior to the meeting, SfM acknowledged the various areas where amendments and additional data is required. With regards to TAF08, CM gave a brief overview of the work currently underway to address the gaps in controls and assurance, as highlighted in the dashboard. The Committee **DISCUSSED** and **NOTED** the Trust Assurance Framework.	
3.2.0 **3.2.1**	**Quality, Safety & Performance Reports** **Welsh Blood Service Quality & Safety Divisional Report** Led by Alan Prosser, Director, Welsh Blood Service AP presented the report which covers the period December 2023-March 2024. The following points were highlighted: • Difficulties with supply chain activity, in particular with raising alerts over protracted time periods - a review has identified that much of this is as a result of staffing and workforce-related issues. AP advised that a review of the nursing establishment and collection assistants has been conducted and reported positively on current recruitment and training activity.	

	• Four Serious Adverse Events were reported to the Medicines and Healthcare products Regulatory Agency (MHRA) under the Serious Adverse Blood-Related Events (SABRE) scheme. Concerns have been raised around the manual processes for selection of donors which, AP highlighted, is a difficult task and may be contributing to the challenges of nursing staff retention. • All quality markers are within range. • All complaints have been managed at local resolution and within the timeframe. • Buccal swab recruitment campaign for stem cell donors is demonstrating extremely encouraging results, particularly in terms of ethnic minority groups. VM highly commended the successful campaign to increase the number of stem cell donor recruits. Highlighting the level of assurance rating of 3 applied to the paper the Committee agreed that, given the demonstrated outcomes and stringent regulatory requirements, this should be raised to level 4. The Committee **NOTED** the information in the report.	
3.2.2	**Trust Performance Management Framework Report and Supporting Analysis for January 2023/24** Led by Rachel Hennessy, Interim Director, Velindre Cancer Centre, Alan Prosser, Director, Welsh Blood Service, Sarah Morley, Executive Director of Organisational Development & Workforce and Chris Moreton, Deputy Director of Finance The Committee received the report which provided an overview of Trust-wide performance against key national performance targets and best practice standards through to the end of March 2024. With regards to the **Velindre Cancer Service** RH highlighted the following key points: • Radiotherapy - continued sustained current performance level, with a scheduled target up from 93% to 94%. Slight drop from 88% to 85% in compliance with the 7-day time-to-treatment target for urgent symptom control radiotherapy. Emergency is retained at 100%. RH advised for assurance that patients are prioritised and offered the first available appointment in response to clinical urgency of their pathway and should demand exceed capacity all referrals are submitted to escalation and prioritised, a clinical harm assessment undertaken and the patient booked according to clinical priority. Implementation of new LINAC equipment continues and has had some impact on capacity, although this is being well managed through the service with staff running extended and weekend clinics. • SACT - due to the lengthy manual processes required for the	

validation of data and the pressures of the day-to-day management of patients the Committee noted that the report does not provide the March 2024 position. However, an increase from 79% to 90% is anticipated for non-emergency patients treated within the required time, leading to a reduction in breaches from 95 to 35. A daily review of patients and daily escalation meetings are held and harm reviews are undertaken where required.

- Pressure ulcers - there were no avoidable or unavoidable pressure ulcers reported for the second month running.
- Health & safety incidents - there were three reported incidents for the second consecutive month, the lowest since May 2023.
- Delayed pathways of care - one individual was delayed a period of 19 days due to the wait for a nursing home placement. RH reported on active engagement with the regional work around delayed pathways of care.
- Sickness rate - reduction in sickness for the month of March, due to the hard work by the teams in conjunction with Workforce and Organisational Development colleagues.

In terms of scheduled radiotherapy VM highlighted that no information had been provided in respect of the percentage of patients (6%) who did *not* begin treatment within 21 days. This level of detail was also absent in terms of the urgent symptom control patients that were not seen within the seven days. RH to look further into this and provide supporting commentary to the Committee outside of the meeting, and ensure this detail is added for future reports. **RH**

Referring to the percentage target for patient experience, SH highlighted that the scorecard shows a target of 95%, whereas the KPV.11 show an 85% target. It was clarified that the 95% was an enhanced local target although VM noted the importance of ensuring this detail is explicit in the report.

SfM gave a brief overview of the **Workforce and Wellbeing** performance data, highlighting in particular the following key points:

- Sickness - to 24th April the rolling absence level for the Trust as a whole shows a continuing improved trajectory of 5.11% and a positive move towards the 4.7% local target. Long term absence levels are reducing considerably. Some increases in short-term absences have been noted and are being monitored.
- Wellbeing - improvements around the management of employee investigations and specific employee-related issues are understood to be contributing to the improving figures in this area. It is anticipated that the recent appointment of a Wellbeing Co-ordinator will bring a focus to the outcomes of the interventions put in place.
- PADRs - staff appraisals are holding steady at around 72% (divisionally, WBS at 83%, VCC at 73%, Corporate at 62%). A review of the PADR process is planned and local discussions

	are taking place within the two main clinical divisions. RH cited the significant workforce pressures and large number of vacancies as the main challenge in improving these figures and whilst this was acknowledged, the link between the appraisal process and its potential impact on staff retention should be considered. HJ queried whether there was a continuing theme in terms of the teams not currently compliant in the PADR process. SfM advised that the divisions are provided with dashboards broken down by department, but that this information was not available at the time of the meeting. It was agreed that this detail, along with a high-level summary of the management actions taken to support and improve the position, would be a useful addition to future reports. An encouraging report for **Welsh Blood Service** was received. AP advised that the outcome of the task and finish group and details of the work undertaken to mitigate some of the risks will be brought to the Committee in due course. The Committee: • **NOTED** and **DISCUSSED** the March 2024 Performance Management Framework • **NOTED** the targeted work being undertake through business continuity arrangements in respect of the delivery of SACT.	**SfM**
3.3.0	**Workforce Supply and Shape & Associated Finance Risks** Led by Susan Thomas, Deputy Director of Organisational Development & Workforce and Chris Moreton, Deputy Director of Finance *[SH and SHam left the meeting]* ST presented the report which outlines the key priorities in the People Plan, highlights the actions undertaken in 2023-24 and the planned actions for the current financial year. It was noted that the recent period of industrial action has had a significant impact on the team, certainly from a workforce planning perspective and although no periods of strike action are currently underway, further action is anticipated in the coming months. *[SHam returned to the meeting]* ST highlighted an improving trend in terms of vacancy rates, and the related reduction in agency spend, along with the reduction in sickness rates. As a result, a level of assurance rating of 4 had been applied to the report. The Committee agreed that, although the overview provided suggests that a level 4 is appropriate, given the evidence provided within the report a level 3 rating would be more appropriate.	

	Moving to the finance element of the paper, CM highlighted the reduction in vacancies, leading to an underspend in the pay budget of just under £1M for the full year outturn. In terms of the pay award, a recurrent risk was noted as although a positive response is anticipated, Welsh Government are yet to confirm whether this will be funded on a recurrent basis. Reinforcing the earlier point with regards to agency spend, CM highlighted that the costs in this regard have dropped by just over £500K year-on-year. VM applauded the significant reduction in vacancies, from 138 in April 2023, down to 50 in March 2024, resulting not only in positive reporting in terms of finance, but also from a workforce wellbeing perspective. The Committee **NOTED** the workforce supply and shape updates and associated financial impacts as outlined within the contents of the report.	
3.4.0	**Finance Report for the Period Ended 31st March 2024** Led by Chris Moreton, Deputy Director of Finance *[SH returned to the meeting]* CM presented the report which provided an overall positive review of the financial position and performance for the period to the end of March 2024. The following points were highlighted: • A small underspend of £30K reported for the year. • Public Sector Payment Policy target achieved. • Capital Expenditure Limit met. • Long Term Agreement (LTA) income achieved through growth in activity levels. • Cost savings proposals of just over £2.5M identified to support the all-Wales financial position. CM advised that the Trust is on track to meet its statutory administrative duties for 2023-24 across all areas of finance. The Committee **NOTED** the contents of the March 2024 financial report (noting that the figures provided are unaudited at this stage).	
3.5.0	**Quarter 4 Quality & Safety Report** Led by Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience TJ gave a brief overview of the paper which covers the period 1st January to 31st March. The following key points were noted: • There was a slight drop in concerns compliance for responses within 30 days, from 100% to 81%, this is due to the particular complexity of the issue and all parties were kept fully informed	

	of the delays. • Increase in incidents closed within 30 days. • Two reportable incidents met the threshold for moderate harm or above - both have been managed within Duty of Candour and one within Nationally Reportable Incident procedures accordingly. • There is a continuing key theme across the divisions with regards to communication and appointment issues. More information has been requested by the Integrated Quality and Safety Group due to the continuation of this theme. • Four applications for Deprivation of Liberty Safeguards have been made. TJ alerted the Committee to an error on page 37 which states "2 incidents in Velindre Cancer Service triggered the Duty of Candour, having been assessed as having potentially caused moderate or above harm to patients..." - this was included in the Q3 report and is not relevant to Q4. VM highlighted the redress caseload, noting a 40% increase with eight new inquests opened, and queried whether there were any recurring themes or clear areas of concern. TJ advised that there were no identified themes and this appears to be a national issue, but noted the significant impact this is having on medical teams. The assurance rating of 4 was discussed and agreed by the Committee. The Committee **DISCUSSED** the Quarter 4 Quality & Safety Report and its findings.	
3.6.0	**Private Patient Service Improvement Group Highlight Report and Improvement Plan Update** Led by Rachel Hennessy, Interim Director, Velindre Cancer Service RH presented the report, highlighting the two actions listed for alert to the Committee: • Delays in establishing a Medical Advisory Committee - following recent discussions this is now due to be taken forward. • External support provider end of contract - the Committee understood that a request has been made for the contract to be extended. HJ queried the plan for management of these alerts. SHam advised that discussions had taken place - the details of which were not available at this time - and would update members by email outside of the meeting. The Committee **NOTED** the content of this report.	**SHam**

3.7.0	**Trust Clinical Audit Plan** Led by Jacinta Abraham, Executive Medical Director JA presented the Clinical Audit Plan, highlighting the three key developments, as follows: • Setup and use of the AMaT centralised clinical audit registration and management tool which has been rolled out across the Trust. • Improved triangulation of quality & safety and clinical audit through the divisional quality hubs and Integrated Quality & Safety Group to ensure identified themes influence potential audits. • Plans to broaden the scope of clinical audit within the Welsh Blood Service. SH queried whether there was a clinical audit requirement for Shared Services (NWSSP) and if so, how this would be undertaken. JA to look further into this query and advise the Committee accordingly. VM had recently sat on a judging panel for the 3rd year medical students' presentations of their clinical audits which were all of a fantastic standard. The panel concluded that a grand round would be a good way to share with the Board. QSP had requested a process to share these audits last year and asked the Medical Director to progress with clinical audit leads to ensure the Board can have an opportunity to review these. The Committee **APPROVED** the Clinical Audit Plan.	**JA**
3.8.0	**Trust-wide Policies and Procedures Compliance Report** Led by Lauren Fear, Director of Corporate Governance & Chief of Staff LF presented the report which provided an update to the committee on the continuing progress in policy compliance status between March-April 2024. In terms of the applied level of assurance of 3, the Committee was content to support this rating. The Committee: • **NOTED** the contents of the report and the progress that has been made in respect of Policy Compliance Status for those policies that fall within the remit of the Quality, Safety and Performance Committee. • **Received ASSURANCE** that progress is being managed via the Executive Management Board.	
	**The following item was drawn from the Consent agenda by the chair of the Committee in order to facilitate a full discussion.*	

7.1.0	**Medicines Management Group (including Medical Gases & CDs) Assurance Report** Led by Jacinta Abraham, Executive Medical Director VM had requested that this paper be brought for a full discussion due to the informative detail contained within, particularly in terms of the SACT and Pharmacy elements. JA gave a brief overview of the report which outlined the work of the Medicines Management Group over the period October 2023 to March 2024. Three key points of particular interest were noted: • Changing strategic context - following an independent review of clinical pharmacy services across NHS hospitals in Wales, an internal review has been carried out to sense check against the resulting recommendations. As a consequence of the associated work some external support has been secured to develop a strategy for the Pharmacy services which will be brought to the Committee in due course. • Implementation of the electronic Prescribing and Medicines Administration (ePMA) across Wales • Cancer and hospital acquired thrombosis - there were no potentially hospital acquired thrombosis events at VCC over the period, which is of particular significance given the nature of the service and type of patients treated. The Committee discussed and agreed the applied assurance level rating of 5. The Committee **NOTED the ASSURANCE** provided in relation to the ongoing work of the Medicines Management Group in line with its main functions.	
4.0.0	**NHS WALES SHARED SERVICE PARTNERSHIP**	
4.1.0	**Transforming Access to Medicine (TrAMs) Progress Update** Led by Gareth Tyrrell, Accountable Pharmacist, NWSSP GT gave a general overview of the report which had not been available prior to the meeting. Key points to note were as follows: • Overall status of the programme is currently at a red rating. The three separate scoring statuses for the programme are as follows: o Quality and scope - green o Project timelines - red o Cost status - currently amber but work currently underway to create both capital and revenue cases for the programme. • Programme Board are working on costing work for the Southeast hub and design work is underway for IP5. Funding	

	has been secured to complete a detailed design of Radiopharmacy and the team are currently developing a BJC submission case to Welsh Government for the Radiopharmacy unit expected in July 2024, then an OBC for the remainder of the hub expected in September 2024. The FBC for the programme is anticipated to be submitted in March 2025. • Space secured at IP5 for a TrAMs quality-controlled laboratory and office space which will come into use during 2024 to support bringing the facilities online as quickly as possible, as well as facilitating some work around product development that can support local delivery of medicines. • Work underway with Digital Health & Care Wales (DHCW) in respect of the TrAMs digital project. GT outlined some of the main risks and issues associated with the project and as noted within the report, which will be circulated to members for information immediately following the meeting. SH queried whether the delays in the project are impacting on the ability to manage the increasing SACT workload. RH advised that no impact has been identified at this stage. CJ queried whether any additional costs (e.g. double-running) are covered by the overall risk and contingency funds. GT to discuss with the programme manager and report back to the Committee. The Committee **NOTED** the report.	**LW** **GT**
4.2.0	**All-Wales Drug Contracting** Led by Gareth Tyrrell, Accountable Pharmacist, NWSSP The Committee **NOTED** the report.	
4.2.0	**Implementation of Duty of Quality Update** Led by Ruth Alcolado, Medical Director, Corporate Services, NWSSP RA presented a comprehensive report which gives an overview on progress of Duty of Quality implementation over the first year. Good progress has been made in terms of always on reporting, with four divisional videos now uploaded to the website, giving a clear view of how each division's quality management system works.	
5.0.0	**CONSENT ITEMS FOR APPROVAL** (The consent part of the agenda considers routine Committee business as a single agenda item. Members may ask for items to be moved to the main agenda if a fuller discussion is required).	
5.1.0 **5.1.1**	**Trust Policies for Approval** **Fire Safety Policy** Led by Carl James, Executive Director of Strategic Transformation, Planning & Digital	

	The Committee received the revised Fire Safety Policy which has been subject to some minor amendments in anticipation of the change in national legislation. HJ queried the lack of changes to the policy given the low uptake on fire safety training and felt that policy needs to be strengthened around training needs. It was agreed that the statement "develop and implement a programme of appropriate fire safety training for all relevant staff" - requires amendment as a programme is already in place, and to reinforce the mandatory element in respect of compliance to undertake the training. SH queried the statement around staff participating in evacuations every 12 months, noting the associated challenges around a full evacuation of the Trust sites. CJ assured that smaller evacuations are carried out in particular functional areas and that clear evacuation plans are in place and regularly tested. In terms of the Welsh Blood Service AP advised that the Talbot Green site does indeed carry out a full annual evacuation and that all donor community venues are fully risk and fire assessed in advance of utilising the site, although suggested that a review by the Trust's Fire Safety Advisor may be appropriate. CJ to amend the Policy as appropriate and recirculate to the Committee outside of the meeting. The Committee **APPROVED** the Fire Safety Policy subject to amendments discussed and pending circulation of the revised policy.	**CJ**
5.2.0	**Trust Learning Framework** Led by Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience The Committee **APPROVED** the Trust Learning Framework.	
5.3.0	**Trust Incident Management Framework** Led by Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience The Committee **APPROVED** the Trust Incident Management Framework.	
5.4.0	**Trust Updated Inquest Guidance and Protocol** Led by Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience The Committee **APPROVED** the Trust Updated Inquest Guidance and Protocol.	
6.0.0	**CONSENT ITEMS FOR ENDORSEMENT**	

6.1.0	**Quality & Safety Framework Refresh** Led by Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience The Committee **ENDORSED** the revised Trust Quality and Safety Framework for onward Board approval.	
6.2.0	**Three-Yearly Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act (2016)** Led by Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience VM queried whether there were any further details in respect of agreement of the Clinical Nurse Specialist budget. TJ advised that this is definitely in progress but that the information was not available at the time of this meeting. TJ to advise the Committee via the action log. The Committee **ENDORSED** the report for onward Trust Board approval prior to submission to Welsh Government.	**TJ**
6.3.0	**Quality, Safety & Performance Committee Chair's Urgent Action Report** To be led by Liane Webber, Business Support Officer The Committee **ENDORSED** the Chair's urgent action taken between 14/03/24-02/05/24.	
7.0.0	**CONSENT ITEMS FOR NOTING**	
	**(7.1.0 moved to consent agenda for full discussion)*	
7.2.0	**Radiation Protection & Medical Exposures Strategic Group Highlight Report** Led by Jacinta Abraham, Executive Medical Director The Committee **NOTED** the key deliberations and highlights from the Radiation Protection & Medical Exposures Strategic Group on 21st March 2024.	
7.3.0	**Standards for Competency Assurance of Non-Medical Prescribers in Wales March 2024** Led by Jacinta Abraham, Executive Medical Director The Committee **NOTED** the content of the report.	
7.4.0	**Pharmacy Review** Led by Rachel Hennessy, Acting Director VCS The Committee: • **NOTED** this report • **RECEIVED** the Welsh Government document and external	

	pharmacy review document • **NOTED** the establishment of pharmacy transformation workstream as part of Velindre Futures.	
7.5.0	**Infected Blood Inquiry Update** Led by Alan Prosser, Director, Welsh Blood Service The Committee **NOTED** the content of this report.	
7.6.0	**Education Strategy Audit Report** Led by Sarah Morley, Executive Director of Workforce & Organisational Development The Committee **NOTED** the content of this report.	
7.7.0	**Strategic Equality Plan (SEP) Action Plan** Led by Sarah Morley, Executive Director of Workforce & Organisational Development The Committee **NOTED** the action plan 2024-25.	
7.8.0	**Integrated Medium Term Plan (IMTP) Quarterly (Q4) Progress Report** Led by Phil Hodson, Deputy Director of Planning & Performance The Committee **NOTED** the progress made in the delivery of the agreed IMTP (2023 – 2026) actions as at Quarter 4 for both the Velindre Cancer Service, the Welsh Blood Service and Trust-wide initiatives.	
7.9.0	**Integrated Medium Term Plan (IMTP) Accountability Conditions (Q4) Yearend Report** Led by Carl James, Executive Director of Strategic Transformation, Planning & Digital The Committee **NOTED** the progress update against the Welsh Government accountabilities conditions in Appendix 1 and 2.	
7.10.0	**Transforming Cancer Services (TCS) Programme Scrutiny Sub Committee Highlight Reports 25th January 2024 and 18th April 2024** Led by Stephen Harries, Vice Chair and Chair of the TCS Programme Scrutiny Sub Committee **Papers not received**	
8.0.0	**INTEGRATED GOVERNANCE** (The integrated governance part of the agenda will capture and discuss the Trust's approach to mapping assurance against key strategic and operational risks).	
8.1.0	**May 2024 Analysis of triangulated meeting themes** Led by Vicky Morris, Quality, Safety & Performance Committee	

	Chair supported by all Committee members Triangulated meeting themes identified were: • SACT • Medicines Management linked to patient experience	
8.2.0	**Committee Effectiveness Survey Report** To be led by Liane Webber, Business Support Officer LW advised that, to date, only seven responses have been received for the Annual Effectiveness Survey. Committee members were strongly encouraged to provide their Committee effectiveness feedback prior to the revised closing date of 30th May 2024.	
9.0.0	**HIGHLIGHT REPORT TO TRUST BOARD**	
	Members to identify items to include in the Highlight Report to the Trust Board: • For Escalation • For Assurance • For Advising • For Information	
10.0.0	**ANY OTHER BUSINESS**	
	VM highlighted that this would be the last meeting attended by Steve Ham, Chief Executive Officer and wished to extend her thanks, as Chair of the Quality Safety and Performance Committee and a member of the Trust Board, for all of Steve's hard work and invaluable contributions across the Trust.	
11.0.0	**DATE AND TIME OF THE NEXT MEETING**	
	The Quality, Safety & Performance Committee will meet twice in July 2024 in order to consider its normal business which includes a significant number of Annual Reports. These meetings will be held on: **9th July 2024 at 14:00-16:00 and 11th July 2024 at 10:00-13:45.**	
CLOSE		
The Committee adopted the following resolution: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).		

QUALITY, SAFETY & PERFORMANCE COMMITTEE - PART A

ACTION LOG

Minute ref	Action	Action Owner	Progress to Date	Target Date	Status (Open/Closed)
Actions agreed at the 13th July 2023 Committee					
9.1.0	Trust Annual Report template to be developed and Trust style determined to facilitate consistency for future annual reports	Emma Stephens (Head of Corporate Governance) / Lauren Fear (Director of Corporate Governance & Chief of Staff)	**Update 02/07/24:** Templates in development. Communications and engagement with teams to support formatting in progress. Unfortunately due to delay in various parts of the process, this work has not been completed in time for this tranche of annual reports but will be for the next time and can be used as a word template for other reports also. The final draft, following engagement with teams will be shared with the Committee.	~~31/03/24~~ 12/09/24	OPEN
Actions agreed at the 16th November 2023 Committee					
3.5.1	Confirm that amber risks within the IMTP are sufficiently set out within the TAF	Carl James (Executive Director of Strategic Transformation, Planning & Digital)	**Update 14/06/2024:** The IMTP 2024/2025 Objectives have been mapped to the TAF Risks and the routine monitoring against them will be presented to the QSP Committee from July 2024.	31/03/24	CLOSED
Actions agreed at the 16th January 2024 Committee					

3.4.2	Serious Incident data and in-year targets in the Healthcare Acquired Infection to be added to the Performance Management Report	Carl James (Executive Director of Strategic Transformation, Planning & Digital)	**Update 22/04/2024:** National Reportable Incidents, Duty of Candour and Never Events are now included within the Velindre University NHS Trust Performance Management Framework. Annual targets for Health Care Acquired Infections will be included using data from April 2024 data. These will be reported to the QSP in July 2024.	~~09/05/24~~ 11/07/24	CLOSED
Actions agreed at the 14th March 2024 Committee					
3.5.2	SACT update report to be presented at each meeting	Rachel Hennessy (Interim Director, VCS)	Update 02/07/24Gold SACT report on agenda and regular report will be going to QSPC and subsequently issued as an update to Board as a Briefing		CLOSED
3.9.0b	Identify trends/themes in respect of the ten health and safety incidents reported in the Performance Management Framework	Jonathan Fear (Interim Assistant Director of Estates, Capital and Environment)	**Update 14/06/2024.** The work has been completed and there are 3 areas which are statistically significant in respect of trends of health and safety incidents. These for WBS are 1) Contact with object or animal. 2) Contact or exposure to hazardous substances. 3) Slip, Trip & Fall. For VCC the problematic areas are 1) Slip, Trip or Fall. 2) Contact with object or animal. 3) Manual Handling. These are set out in the Health and Safety Annual Report which will be received by the QSP Committee.	~~09/05/24~~ 11/07/24	CLOSED

3.11.0	Provide the Committee with clear plan, with timescales for reviewing and providing for assurance all out-of-date policies	Lauren Fear (Director of Corporate Governance & Chief of Staff)	**Update 02/07/24:** Update report was presented to June EMB with timelines for Trust policies to go through governance. Further amends were required and therefore an update will be provided to the September Committee which will include the all Wales policy position and an update on the Trust's document management system.	~~09/05/24~~ ~~07/06/24~~ 12/09/24	OPEN
4.1.0b	Provide TrAMs progress/key issues report to the Committee	Gareth Tyrrell (Accountable Pharmacist, NWSSP)	**Update 09/05/24:** Update provided at the meeting and paper circulated.	09/05/24	CLOSED
5.1.2	PP10 (Medical Gas Piped Systems Policy) to be Trust-wide in order to ensure effective policy management	Jonathan Fear (Interim Assistant Director of Estates, Capital and Environment)	**Update 14/06/24:** Feedback received from Chief Pharmacist, the Medical Gas Cylinder policy is only applicable to VCC. Therefore, the policy is not applicable to WBS and thus not a Trust policy. Previous understanding and advice received has been that, where a policy is applicable to VCC only, that it should be managed as a divisional policy as opposed to Trust wide.	09/05/24	CLOSED
7.3.0	Provide to the Committee forward programme for future 15-step visits	Lauren Fear (Director of Corporate Governance & Chief of Staff)	**Update 02/07/24:** The Executive Team are to review the approach to the future programme of visits to ensure appropriate priority given to scheduling. This to be highlighted in Executive Management Board on 8th July so that a fuller update on next steps can be relayed to the Committee on 11th July.	~~09/05/24~~ 11/07/24	OPEN
Actions agreed at the 21st March Extraordinary Joint QSP/Audit Committee					

2.1.0a	Trust Risk Register Gareth Jones highlighted risk 2187 has reduced 15-12 based on the progress of recruiting additional posts. Gareth Jones felt more narrative was needed to inform whether the post holders' employment has commenced or if they have been employed but not yet commenced employment. Lauren Fear agreed to investigate this and update the action.	Lauren Fear (Director of Corporate Governance & Chief of Staff)	**Update 02/07/24:** Addressed in Trust Risk Register paper.	09/05/24	CLOSED
2.1.0b	Trust Risk Register Executive Management Board, to look at how some of the risks could be combined and how the material total of the risk applies to the organisation and patients in terms of the root cause.	Lauren Fear (Director of Corporate Governance & Chief of Staff)	**Update 02/07/24:** Reflected in Trust Risk Register paper – work continuing for full reporting in next cycle.	~~11/07/24~~ 12/09/24	OPEN

2.1.0d	Trust Risk Register Hilary Jones raised the point that reviewing the new risks in the Risk Register and the current controls, some are very short and don't give much assurance that the risks are being managed effectively. For example, risk 3197 does not give details of when funding will be received and how the current system will be managed. Peter Richardson agreed to add more detail on what doing to secure funding and assured agreement has been made to extend the existing contract to November 2027.	Peter Richardson (Head of Quality, Safety & Regulatory Compliance, Deputy Director of WBS)	The Datix record has been updated with the following narrative: Update 24/06/2024: Contract with MAK systems has been extended to give support for existing system until November 2027. Active dialogue is taking place with the Welsh Government and Commissioners to agree funding route beyond 2027.	24/06/24	CLOSED
2.1.0f	Trust Risk Register Gareth Jones specified that the additional information in the columns is quite hard to follow and requested it be made more user friendly. Lauren Fear agreed to work on the format.	Lauren Fear (Director of Corporate Governance & Chief of Staff)	**Update 02/07/24:** Addressed in Trust Risk Register paper.	09/05/24	CLOSED
2.1.0g	Trust Risk Register Lauren Fear to map out a couple of options in terms of timings and what that would mean for the age if the Risk Register profile coming through. Lauren Fear will then share this with members of the Committee to agree a process.	Lauren Fear (Director of Corporate Governance & Chief of Staff)	**Update 02/07/24:** Addressed in Trust Risk Register paper.	23/05/24	CLOSED

2.2.0b	Trust Assurance Framework Lauren Fear will check if risk scores have changed and reduced over time and will follow up with Gareth.	Lauren Fear (Director of Corporate Governance & Chief of Staff)	**Update 02/07/24:** Confirmed that scores had not changed and this now included in Trust Assurance Framework paper.	11/07/24	CLOSED
Actions agreed at the 9th May 2024 Committee					
2.6.0	Basic data regarding potential trends or themes in respect of the highlighted health & safety incidents to be circulated to the Committee in advance of the July meeting.	Carl James (Executive Director of Strategic Transformation, Planning & Digital)	**Update 14/06/2024.** The work has been completed and there are 3 areas which are statistically significant in respect of trends of health and safety incidents. These are set out in the Health and Safety Annual Report which will be received by the QSP Committee.	11/07/24	CLOSED
3.1.0	Amend risk score for 3094 and 3095 and provide update to the Committee prior to the next meeting.	Jacinta Abraham (Executive Medical Director)	**Update 01/07/24:** The risk scores were updated and amended ahead of Trust Board on the 23/05/24.	11/07/24	CLOSED
3.2.2a	Provide data in respect of patients who did not begin treatment within 21 days and urgent symptom control patients that were not seen within seven days.	Rachel Hennessy (Interim Director, VCS)	**02/07/24:** No further update received.	11/07/24	OPEN
3.2.2b	Trends around teams not currently reaching PADR compliance and high-level summary of management actions taken to be added to future PMF reports.	Sarah Morley (Executive Director of Organisational Development & Workforce)		12/09/24	OPEN

3.6.0	Update members by email re plan for management of Private Patient Service Improvement Group alerts.	Steve Ham (Chief Executive Officer)	**02/07/24:** No further update received.	11/07/24	OPEN
3.7.0	Ascertain clinical audit requirement for Shared Services and advise the Committee accordingly.	Jacinta Abraham (Executive Medical Director)	**Update 01/07/24:** This action will be addressed with Ruth Alcolado and Colin Powell, NWSSP Director for Pharmacy Services at a meeting arranged on 04/07/24.	11/07/24	OPEN
4.1.0	Establish whether any additional costs (e.g. double-running) are covered by the overall risk and contingency funds.	Gareth Tyrrell (Accountable Pharmacist)	**Update 02/07/24:** At this stage of the programme this cannot be determined but once the business case is approved then transitional plans and financial impacts can be assessed	11/07/24	CLOSED

Quality, Safety and Performance Committee

SACT GOLD REPORT

DATE OF MEETING	9th July 2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
REPORT PURPOSE	ASSURANCE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	Nicola Williams, Executive Director of Nursing, AHP & Health Science and Tersa Humphreys, SACT Transformation Lead
PRESENTED BY	Nicola Williams, Executive Director of Nursing, AHP & Health Science
APPROVED BY	Nicola Williams, Executive Director of Nursing, AHP & Health Science

EXECUTIVE SUMMARY	Business Continuity arrangements were commenced in relation to SACT delivery in February 2024. There is a SACT Transformation lead in post who is supporting enhanced monitoring and capacity and demand modelling as well as delivering the required delivery improvements and efficiencies. There is currently a pharmacy capacity gap of 70 regimes a week. Performance against the 21-day non-emergency SACT target since January 2024 has been between 64% and 91%. As well as efficiencies a small pharmacy capacity increase was put in in April and May and capacity growth will gradually increase until November 2024 when it is predicted that pharmacy capacity will meet predicted demand. Work is underway to map the nursing capacity requirements against this. Daily prioritisation is taking place to reduce as far

	as possible patient harm. There has been no harm identified as yet.
RECOMMENDATION / ACTIONS	The Quality Safety & Performance Committee is asked ***NOTE*** the report and the actions being taken to address the SACT capacity issues.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
SACT Gold Command	April-June 2024
Executive Management Board (EMB)	25th June 2024
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS ***SACT Gold:*** Matters discussed, oversight provided and decisions made on matters escalated ***EMB:*** Report discussed and endorsed for onward submission.	
7 LEVELS OF ASSURANCE	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Level 2 - Symptomatic issues being addressed

1. BACKGROUND

In January 2024 the Velindre Cancer Services' ability to provide non-urgent SACT (Systemic Anti-Cancer Treatment) within the required 21 days significantly reduced due to increased demand for treatments. The overall demand for parenteral (intravenous) SACT had significantly increased. As a result, Business Continuity arrangements were instigated and SACT Gold Command established on the 2nd February 2024. Regular Gold Command meetings have been held (mainly weekly).

Gold Command is chaired by the Executive Director of Nursing, AHP & Health Science with the Executive Medical Director and Vice Chair. At this time the main capacity / demand gap was identified as being the provision of the required treatments (pharmaceuticals).

A significant increase in demand is reported across other cancer services within the UK.

2. SACT PERFORMANCE

2.1 Emergency Performance

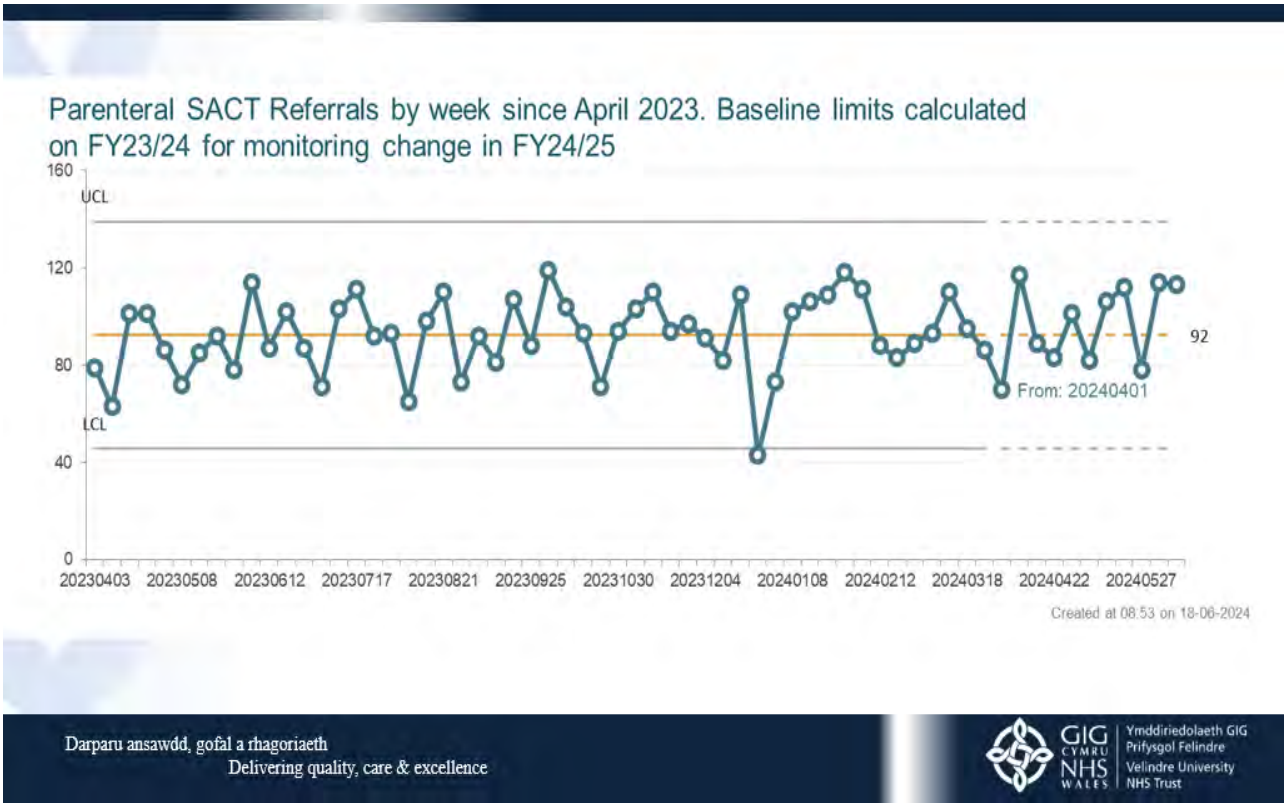
Emergency patients have all been prioritised and treated within the target of 5 days maintaining 100% performance over the last 12 months. This is not anticipated to change as will be prioritised.

2.2 Non-Emergency Performance

The table below provides an overview of the validated breach position in respect of non-emergency SACT:

	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24
Non-Emergency Compliance %	**90%**	**90%**	**94%**	**92%**	**90%**	**98%**	**85%**	**90%**	**64%**	**79%**	**91%**	**75%**
Compliance Target %	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Non-Emergency referrals	394	418	394	413	358	434	386	280	443	457	356	361
Total number of non-emergency referrals treated within 21 days	354	378	370	380	323	424	329	251	283	362	323	271
Total Number of breaches	39	40	25	32	35	10	57	29	160	95	33	90

The performance for non-emergency patients shows a deteriorating position for January 2024 (64%) and February 2024 (79%) and whilst the position improved in March 2024 (91%) the performance for April was expected to reduce (75%) and will be similar for May 2024 onwards, as there continues to be a gap between the capacity in place for SACT treatment to meet 2024/2025 demand and to deliver a reduction in the current access times for treatment.



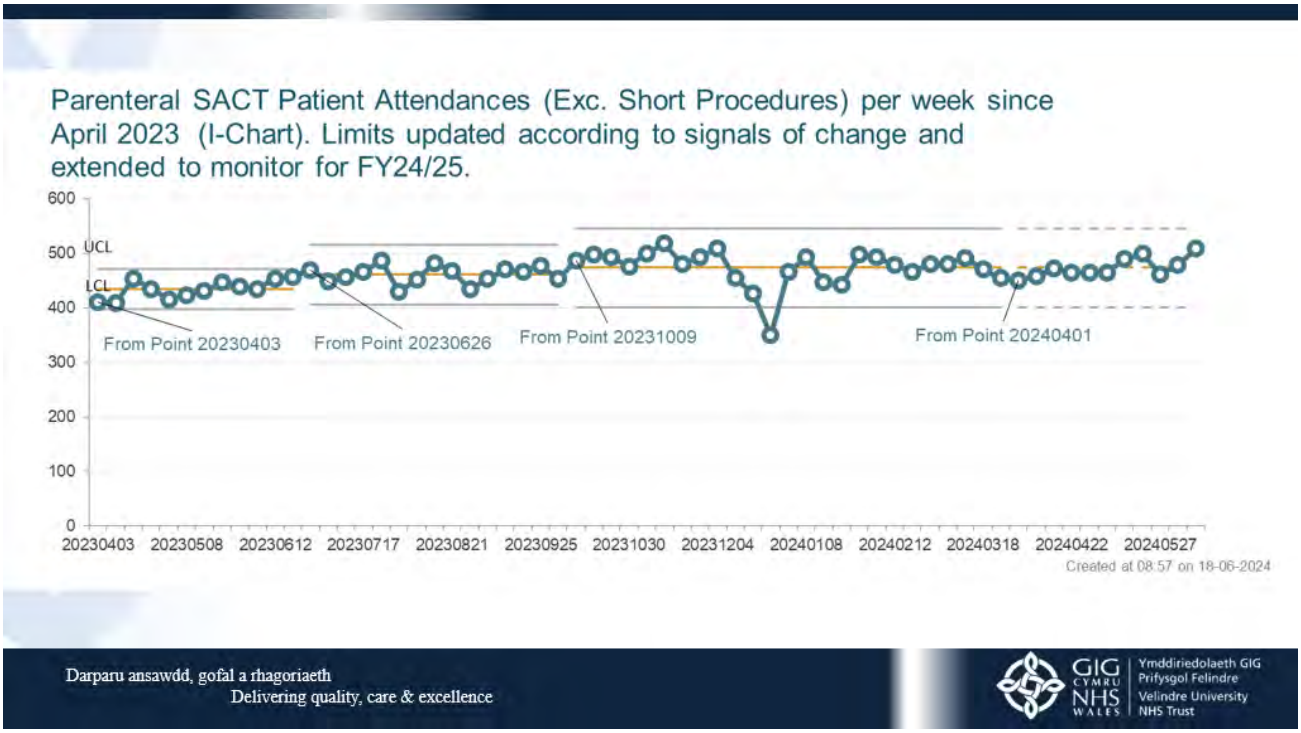
Parenteral SACT referrals increased by 11.4% in 23/24. For the first 6 months of the year the referral increase was 7.67%, which was in line with IMTP planning assumptions (8%), however for the last 6 months referrals increased by 14.5%.

Parenteral SACT activity increased by 8.7% in 2023/20234 in line with the IMTP growth assumption of 8%. For the first 6 months of 23/24 the increase in activity was 5.5%, with activity increasing by 11.4% for the last 6 months of the year.

It was at this point where the gap between capacity and demand emerged and the deterioration in access times for Parenteral SACT treatment for new patients started.

Additional Activity Demand

The table below demonstrates the impact across the whole patient pathway of the increasing SACT demand. There has been a 33% increase in calls to the SACT Telephone Helpline and 47% increase in chemo Pre-assessment demand. These are increased percentages to the new patient referrals as it represents the numerous treatment cycles patients require.



The delays in receiving treatment relate to new patients referred into Velindre Cancer Service rather than existing patients requiring repeated cycles of treatment are not experiencing any non-clinical / patient driven delay. Clinical delays are in the main unavoidable and are due to patients being unwell or having deranged blood results.

During May and June, the majority of patients who have experienced treatment delay longer than 21 days received their first treatment within 28 days.

3. ENSURING PATIENT SAFETY

Gold Command has maintained patient safety at the centre of all deliberations and requests of Silver Command. It is recognised by all that there is a risk of harm to patients (affecting disease progression) if SACT is not provided to patients within the clinically optimising time scales and therefore the Trust has to ensure it can provide treatment within these timescales. Whilst we are experiencing these challenging circumstances, revised escalation and clinical prioritisation processes have been put in place to ensure that any patients waiting longer than 21 days for their treatment have been clinically assessed as a reduced clinical impact of any delay.

- ***Consultant Led Clinical Prioritisation*** – Daily consultant led clinical prioritisation has commenced: Every patient with an anticipated booking delay discussed, and possible impact assessed, and appropriate re-prioritisation decisions are made.
- ***Harm Review*** – There is an approved harm review process. The patients' clinical teams are identifying any possible harm that may have occurred due to any delays. This is captured on Datix and a clinical harm review is then undertaken.

Two patients have been identified to date as having come to potential harm due to a SACT treatment delay due to capacity gaps. The harm review has been completed for both and it was identified that harm had not occurred.

Therefore, no harm has been caused to patients to date due to the SACT capacity deficits.

It is also important to identify the psychological distress to patients and their families of any delay in receiving treatment.

There has been an increase in the number of concerns (complaints) relating to Velindre Cancer Service since January 2024, many of which relate to SACT appointments, communications and delays.

4. STAFF IMPACT

It is important to recognise the impact the increase in demand for treatment and the treatment delays is having on the staff at Velindre Cancer Service. The pressures on the service are significant and staff are every day going over and above to deliver treatments to patients with significant patient management and escalation. In addition, staff have not experienced delays in providing patients with treatment to this extent previously and these delays are also having a negative psychological impact on our staff.

5. SACT IMPROVEMENTS

5.1 Overarching Improvement Plan

Gold Command recognised that although the availability of pharmaceuticals had been identified as being the main reason why the increased SACT demand could not be met, the whole patient pathway and aspect of treatment required review. In addition, it was identified that enhanced capacity and demand mapping and tracking was required to ensure there is a long as well as short term delivery plan that can be closely monitored. Therefore, due to the scale and complexity of the work required the need for a dedicated transformation resource was recognised. A very experienced NHS Manager has agreed to support the Trust and commenced a 6-month part time post of SACT Transformation lead on the 3rd May 2024. This is already having a significant positive impact in respect of robust capacity and demand predicated planning, prioritising improvement work and working with multi professional teams to oversee the required improvements.

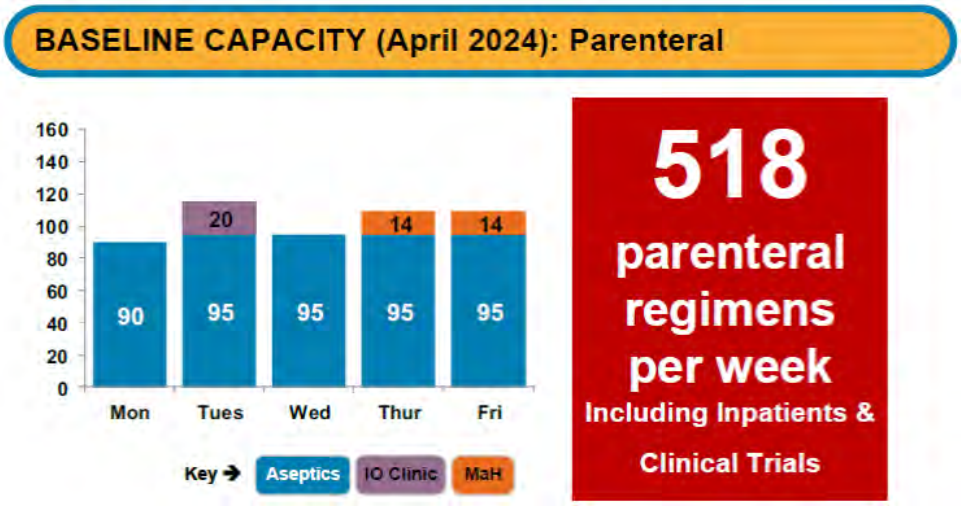
A comprehensive overarching Improvement Plan has been developed (provided in attachment to the Board briefing sent out on 27/6/24). It includes detailed sections on parenteral SACT service planning assumptions, service overview, capacity plans, new ways of working, Pre-assessment, oral SACT, short procedures, data and insight, clinical governance, and operational delivery and planning. The plan is predicated on an anticipated increase of 47% in overall capacity requirements compared to the current baseline to meet the Treatment Intent Targets and details actions across various service aspects, such as developing resource baselines, modernizing the workforce, expanding pharmacy capacity, and implementing new operational models. It also addresses the need for continuous improvement, learning, and sharing of good practice, as well as the evaluation of value for money in service agreements.

The document is structured to provide a comprehensive roadmap for enhancing the SACT service at Velindre Cancer Centre, ensuring quality, efficiency, and patient-centred care.

Benchmarking Meetings/visits – A number of benchmarking visits have been made to Cancer Services across the UK to understand how other centres are managing their SACT patient pathways to inform out improvement plans and prioritisation.

5.2 Pharmacy SACT Expansion Plan

In addition to the overarching improvement plan a detailed pharmacy delivery options appraisals paper has been developed and considered by SLT and Gold Command. An agreed option for pharmaceutical growth has been agreed by the Cancer Service Senior Leadership Team. This Pharmacy Expansion Plan will provide sufficient capacity to address both the current access time for treatments and address the predicated growth for 2024/2025.Pharmacy Efficiencies have been delivered as part of the baseline service.



The growth plan will increase to 650 regimens per week +132 (25.5%) on baseline = 120 patients against target of 70 for 2024/25, therefore also providing provision for 2025/2026 growth prediction.

5.3 Capacity Increases made to date

Additional SACT capacity was introduced in April and May 2024 delivered through the mobile unit, equating to an additional 4 parenteral SACT patients per week. There will be a further step-up during August and September which will deliver a further 36 Parenteral SACT per week.

5.4 SACT Nursing

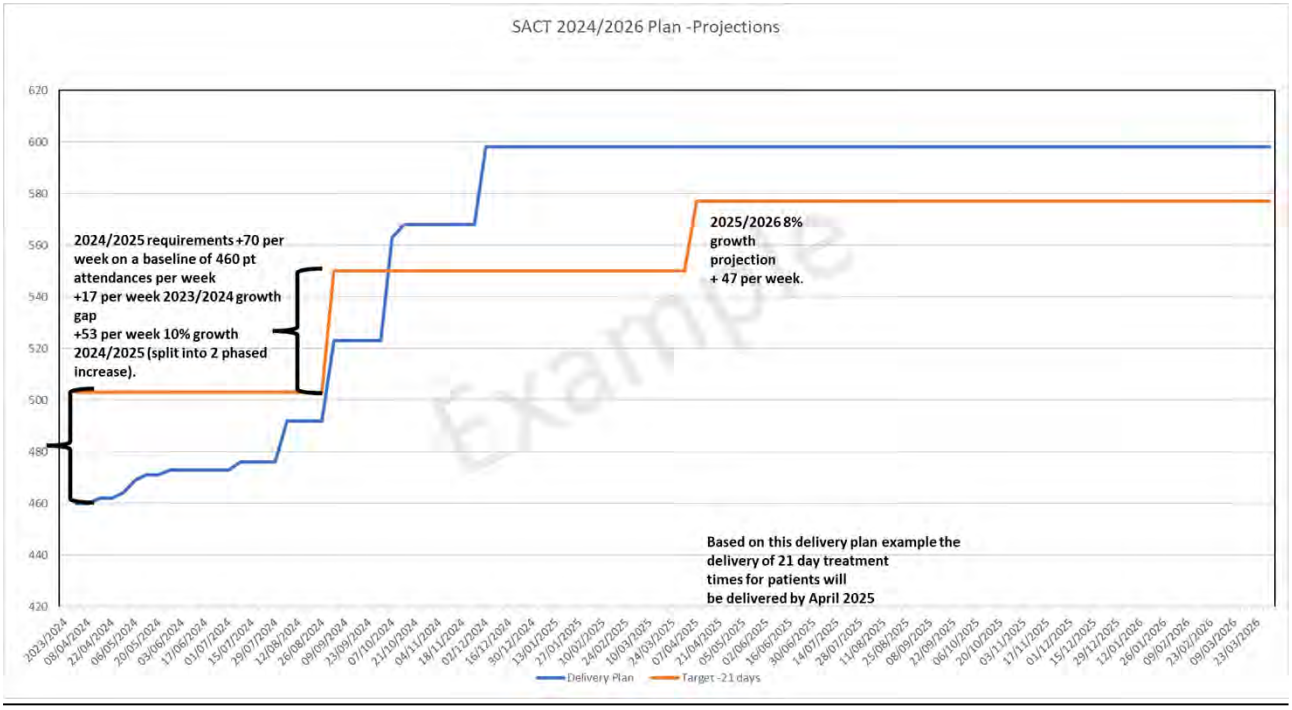
Efficiencies in nursing SACT delivery has been made over the last year this includes increasing the HCSW support within SACT Units to facilitate move of nurse-to-patient ratio from 1:6 to 1:8 a day. There are also plans to move from 10-hour SACT delivery days to 12 hours which creates nurse rostering efficiencies.

5.5 SACT Pre-assessment

SACT Pre-assessment (ensuring patients are fit to receive their treatment) is also part of the improvement plan as there are known significant capacity and demand pressures in this part of the SACT pathway. The expansion of the Virtual Assessment Team is one of the ways this can be achieved which will also release some pressure currently on the medical and Clinical Nurse Specialist Teams.

6. FUTURE FORECASTING

The following are the draft forecasting plans. These require further work and refinement.



	01/04/2024	08/04/2024	15/04/2024	22/04/2024	29/04/2024	06/05/2024	13/05/2024	20/05/2024	27/05/2024	03/06/2024	10/06/2024	17/06/2024	24/06/2024	01/07/2024	08/07/2024	15/07/2024	22/07/2024	29/07/2024	05/08/2024	12/08/2024	19/08/2024	26/08/2024	02/09/2024	09/09/2024	16/09/2024	23/09/2024	30/09/2024	07/10/2024	14/10/2024	21/10/2024	28/10/2024	04/11/2024	11/11/2024	18/11/2024	25/11/2024	02/12/2024	09/12/2024	16/12/2024	23/12/2024	30/12/2024	06/01/2025	13/01/2025	20/01/2025	27/01/2025	03/02/2025	10/02/2025	17/02/2025	24/02/2025	03/03/2025	10/03/2025	17/03/2025	24/03/2025
2023/2024 baseline all parenteral SACT	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460	460
Improved utilisation of CTM contract						5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
OON completion and actioning improvements															3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Decoupling phase ii																							5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Decoupling phase ii																											5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
medicine at Home - extend exisitin days			2	2	4	4	6	6	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
Medicine at home - 3rd day																		16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Medicine at home 4th day																						16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
																						10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Outsourcing - Amber scheme (October 2024)																										40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
Cleaning - December 2024																																		30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
April to July requirements																																																				
2025/2026 requirements																																																			

7. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: Choose an item
If yes - please select all relevant goals: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☒

• A beacon for research, development and innovation in our stated areas of priority ☐ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe. ☐	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	06 - Quality and Safety
QUALITY AND SAFETY IMPLICATIONS / IMPACT	**Select all relevant domains below**
	Safe ☒ Timely ☒ Effective ☒ Equitable ☒ Efficient ☒ Patient Centred ☒
	The provision of timely cancer treatment will impact on all aspects of Quality & Safety and the Trusts requirements to meet the Duty of Quality.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information: https://www.gov.wales/socio-economic-duty-overview*	Not required
	Socio-economic disadvantage and inequality of outcome is not relevant to this paper
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
	Provision of timely cancer treatment directly impacts on Trust's Healthier Wales responsibilities.
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	There is a cost implication as additional front-line capacity is required to deliver the required increase in SACT provision over and above IMTP provision. This is within: pharmacy, nursing, Virtual Assessment Service (VAP). This is currently being quantified.
EQUALITY IMPACT ASSESSMENT *For more information: https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required for this type of report
	There is no evidence to suggest that the information in this paper could benefit or disadvantage any particular group of people.

ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	There is the potential for litigation as a result of harm that may occur if patients' SACT Treatment is delayed beyond clinical optimal timescales.

8. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	*There is a risk that patients are missed as a result of multiple lists being used to manage booking leading to clinical harm*
WHAT IS THE CURRENT RISK SCORE	20
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	It is anticipated that the SACT Improvement Plan & Pharmacy Plan will reduce the risk significantly
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Sustained improvement and risk reduction should commence in September 2024. Initial target risk score is 12.
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Finance, availability of the required trained personnel, leading time for staff from novice to competent practitioner.
WHAT IS THE RISK?	*There is a risk that unable to meet demand for SACT service provision as a result of lack of pharmacy capacity leading to delay in patient treatment*
All risks must be evidenced and consistent with those recorded in Datix	

QUALITY, SAFETY AND PERFORMANCE COMMITTEE

NHS Staff Survey 2023

DATE OF MEETING	9 July 2024

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE	INFORMATION / NOTING

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	CLAIRE BUDGEN, HEAD OF ORGANISATIONAL DEVELOPMENT
PRESENTED BY	Sarah Morley, Executive Director of Organisational Development and Workforce
APPROVED BY	Sarah Morley, Executive Director of Organisational Development & Workforce

EXECUTIVE SUMMARY	The NHS Staff Survey 2023 reflects the views of staff in VUNHST and NHS Wales. The Trust had a higher response rate than the last survey in 2020 and showed a higher level of staff engagement than the NHS Wales average. However, there was a decline in experience between 2023 and 2020 on the majority of questions where comparison was possible. This data will be fed into existing development programmes in order to improve the organisational culture and experience for staff.

RECOMMENDATION / ACTIONS	**The Quality, Safety and Performance Committee is asked to NOTE the report.**

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Executive Management Board	18/03/2024
	(DD/MM/YYYY)
	(DD/MM/YYYY)
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS Report noted.	

7 LEVELS OF ASSURANCE	
.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	

APPENDICES	
1	Staff Survey Dashboard - Velindre University NHS Trust

1. SITUATION

1.1 NHS Wales conducted a national staff survey in October 2023, the first since 2020. The Trust level results were received on 23 February 2024 with Divisional and demographic results due in April 2024. This paper highlights key points of note and outlines the next steps.

2. BACKGROUND

2.1 There has been an increased interest in measuring and understanding staff experience across NHS organisations in Wales over the past three years. This

led to the previous NHS Staff Survey being expanded to encompass 10 themes, broadly in line with the staff survey used by NHS England since 2003.

2.2 HEIW coordinated the development and delivery of the survey on behalf of health organisations. There is a commitment to run this annually in future to allow the aggregation of results in the Trust and nationally over time. This will offer a rich source of information about the experience of staff as a basis for making improvements.

2.3 The NHS Staff Survey has been positioned in Velindre University NHS Trust as a positive tool for engaging with staff and building dialogue, leading to trust and stronger working relationships. It is seen as part of the work on developing a positive organisational culture in support of delivering Destination 2033.

3. ASSESSMENT

3.1 Appendix 1 presents the Trust level results. Key points are drawn out in the commentary below.

- There are 10 themes covering 23 sub-themes.
- The Trust had a response rate of 34% compared with the NHS Wales response rate of 21%. This was also higher than the Trust response rate of 25% in 2020.
- The Trust Engagement Score of 76% was higher than the NHS Wales score of 73%. However, both these scores had decreased since 2020, when the Trust scored 78% and NHS Wales 75%.
- When looking at the percentage of staff who Agreed or Strongly Agreed, the themes can be ranked thus:

Theme	Ave Positive Value
Compassionate and Inclusive	74
Stronger Together	71
Staff Engagement	70
Able to speak up	70
Patient Safety	67
Nurture healthy working environments*	66

We are continuously learning and improving	65
Recognise everyone's contribution	64
Champion Flexible Working	63
Morale	57

**Includes sub-theme Negative Experiences 2 which measures incidences of violence, unwanted sexual behaviour, harassment and bullying. These questions accrued an average score of 92 as few people experience these things yet each occasion is of significance. At the same time, the theme includes Burnout where the average score was 32, the lowest scoring sub-theme.*

Key points:

Compassionate and Inclusive is registering positively with staff, with compassionate culture being stronger than compassionate leadership

Burnout is hidden in the figures yet Burnout and Health and Safety Climate are the joint worst scoring sub-themes overall.

Morale, which is the lowest theme, is a product of all the experiences at work and possibly outside of work. It measures work pressure and thinking of leaving. This category only improves through taking action in the other areas so that pressure is lower and staying with the Trust is a more appealing prospect.

- Out of the 10 Questions that could be numerically compared with 2020 results, 1 improved, 1 stayed the same and 8 declined.

	2023	2020	Diff	Better/ Worse in 2023
Team members take time out to reflect and learn	52	47	6	Better
I am involved in deciding on changes on changes introduced that affect my work area, team, department	61	61	0	Same
My immediate manager (line manager) takes a positive interest in my health and wellbeing	71	72	-1	Worse
I am able to make improvements in my area or work	64	66	-2	Worse
The people I work with are polite and treat each other with respect	78	81	-3	Worse
I am proud to tell people I work for my organisation	83	86	-3	Worse
If a friend or relative needed treatment I woiuld be happy with the standard of care provided by this organisation	82	89	-7	Worse
I would recommend my organisation as a place to work	65	72	-7	Worse
I look forward to going to work	53	60	-7	Worse
I am enthusiastic about my job	70	78	-8	Worse

Key points:

Having time to reflect and learn has been a positive change for the Trust.

There is a general worsening of experience being reported across the survey

- 46% of staff are considering leaving their role for a range of destinations and 34% are thinking their next move might be outside the Trust, including retirement.

Key points:

A Trust-wide focus on staff retention is essential in helping build a stable and motivated workforce, offering professional and career development where possible.

- 27% of staff work additional paid hours and 49% work additional unpaid hours including 5% of people working 11 hours or more a week unpaid.

  Key points:

  This reflects a degree of unplanned work in the organisation which is being picked up in a variety of ways. Moreover, it is virtually as common as not to stay on at work even with no pay, with risks of burnout and poor morale.

4. SUMMARY OF MATTERS FOR CONSIDERATION - TAKING THIS FORWARD

4.1 To effect positive change these results need to be used within our existing improvement and development programmes and as far as possible be seen as an additional data point and mirror to lend clarity to the issues we are addressing through our culture and organisational development work. The dataset opens up opportunities for evaluation, triangulation and tracking over time over the ten themes and individual questions. This will be coordinated through the Healthy and Engaged Steering Group with the goal of improving the overall experience for staff in all areas of the Trust.

4.2 In April 2024 we will be given access to the demographic breakdowns and Divisional/Departmental reports via the survey platform. This will offer further understanding of the experience of staff from different staff groups, by gender, age, race and other criteria, offering baseline data for measuring change following on from the Strategic Equality Plan. Furthermore, it will start a programme of work for Divisions and Departments to talk about what can be achieved at a local level to improve the experience of work utilising a range of initiatives, including the successful 5 Minute Improvement model.

4.3 It is noted that undertaking the survey has been hard work, for colleagues across Wales, VUNHST managers and everyone who participated and submitted their views. It is important that this initial investment of effort is not squandered and that we follow through with continued efforts for the 2024 survey and annual surveys thereafter. This is how we will build an informed understanding of what it is like to work here and track how changes we make impact on staff over time. Moreover, we need to consider our strategy for running pulse survey between the main surveys where we can ask specific questions to all staff or specific groups of staff.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: Choose an item	
If yes - please select all relevant goals: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☐ • A beacon for research, development and innovation in our stated areas of priority ☐ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe ☐	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	04 - Organisational Culture
QUALITY AND SAFETY IMPLICATIONS / IMPACT	
	Safe ☒ Timely ☐ Effective ☒ Equitable ☒ Efficient ☐ Patient Centred ☐
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not required
	This report sets out feedback from staff together with an outline plan of action. There is no difference in relation to Socio Economic status.

TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
	A More Equal Wales – a society that enables people to fulfil their potential no matter what their background or circumstances
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	This report sets out feedback from staff together with an outline plan of action. There is no difference in relation to protected characteristics.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	
WHAT IS THE RISK?	
WHAT IS THE CURRENT RISK SCORE	
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	

ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Choose an item
All risks must be evidenced and consistent with those recorded in Datix	

Microsoft | Power BI

Staff Survey Dashboard - Velindre University NHS Trust

View in Power BI

Last data refresh:
22/02/2024 16:32:48 UTC

Downloaded at:
23/02/2024 14:59:28 UTC

Dear Colleagues,

Thank you to everyone who participated in this year's NHS Wales Staff Survey. We heard from a total of 22,535 colleagues and we are working in the background to undertake thematic analysis of your feedback. The Staff Survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling NHS Wales to explore staff experience across different parts of the NHS and work to bring about the necessary improvements.

This dashboard has been created to share NHS Wales wide survey results. In April, your NHS organisation will be granted access to run more detailed directorate level reports (with no identifier information) for your organisation, please bear with us. If you have any questions, you can email the NHS Wales Staff Survey team at nhswalesstaffsurvey@wales.nhs.uk.

Reporting Design

The survey results have been grouped under the following headings for ease. The Staff Engagement score is located at the end.

1. Morale
2. Patient Safety
3. Staff Engagement
4. We are compassionate and inclusive.
5. We recognise everyone's contribution.
6. We are all able to speak up.
7. We are stronger together.
8. We nurture healthy working environments.
9. We champion flexible working.
10. We are continuously learning and improving.

Please note: A question may appear more than once, if the question relates to more than one category.

Response Rates

For response rate information, click the information icon at the top right.

NHS Wales Staff Survey Response Rates

GIG Cymru NHS Wales Arolwg Staff Mae eich llais yn bwysig | NHS Wales Staff Survey Your voice matters

The staff survey was launched on 16th October 2023 and closed after a period of 6 weeks, on 27th November 2023. The overall response rate was 20.7% with the following breakdown across NHS Wales:

Organisation	Sample Size	Paper	Online	Smartphone	Total Response	Response Rate
Aneurin Bevan UHB	15,108	43	2,299	396	2,738	18.1%
Betsi Cadwaladr UHB	19,891	257	3,267	497	4,021	20.2%
Cardiff and Vale UHB	17,096	101	2,938	623	3,662	21.4%
Cwm Taf Morgannwg UHB	12,685	113	1,116	1,071	2,300	18.1%
Digital and Health Care Wales	1,191	0	653	68	721	60.5%
Health Education and Improvement Wales	467	0	326	25	351	75.2%
Hywel Dda UHB	11,659	27	1,125	250	1,402	12.0%
NHS Wales Shared Services Partnership	5,823	24	992	172	1,188	20.4%
Powys Teaching HB	2,405	26	547	100	673	28.0%
Public Health Wales	2,351	16	1,119	143	1,278	54.4%
Swansea Bay UHB	13,932	156	2,083	386	2,625	18.8%
Velindre University NHS Trust	1,679	22	508	40	570	33.9%
Welsh Ambulances Services NHS Trust	4,344	22	785	199	1,006	23.2%
All Wales Total	**108,631**	**807**	**17,758**	**3,970**	**22,535**	**20.7%**

Select Theme

Stressors | Thinking about leaving | Work pressure

Morale

Stressors

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	6%	8%	55%	29%
I am involved in deciding on changes introduced that affect my work area/team/department.	7%	14%	19%	41%	20%
I have a choice in deciding how to do my work.	4%	10%	21%	43%	22%
My immediate manager (line manger) encourages me at work.	5%	7%	17%	40%	31%
Relationships at work are strained.	11%	38%	26%	19%	6%

Question	Always	Often	Sometimes	Rarely	Never
I have unrealistic time pressures.	9%	19%	40%	26%	6%

Select Theme

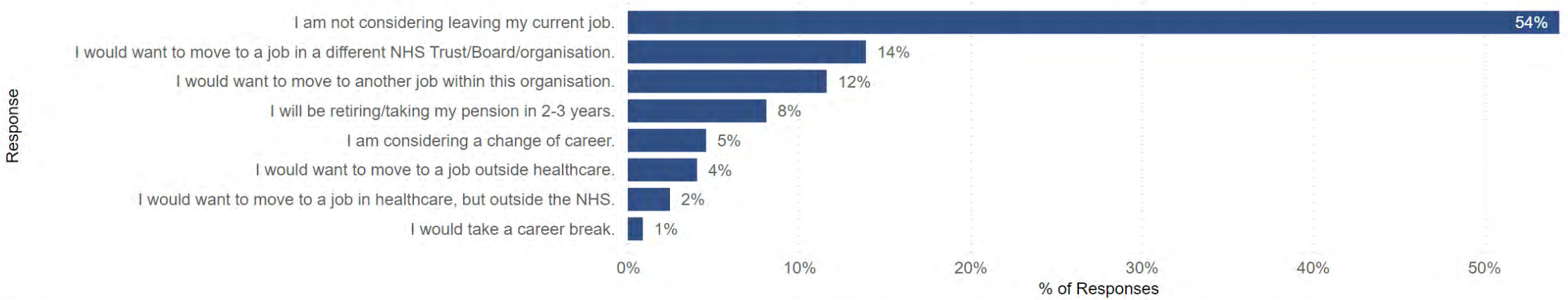
Stressors | **Thinking about leaving** | Work pressure

Morale
Thinking about leaving

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied in my current role and intend to remain in it for the foreseeable future.	6%	13%	24%	38%	20%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
As soon as I can find another job, I will leave this organisation.	32%	32%	23%	7%	5%
I often think about leaving this organisation.	19%	34%	21%	20%	7%
I will probably look for a job at a new organisation in the next 12 months.	25%	33%	22%	14%	7%

If you are considering leaving your current job, what would be your most likely destination?



Select Theme

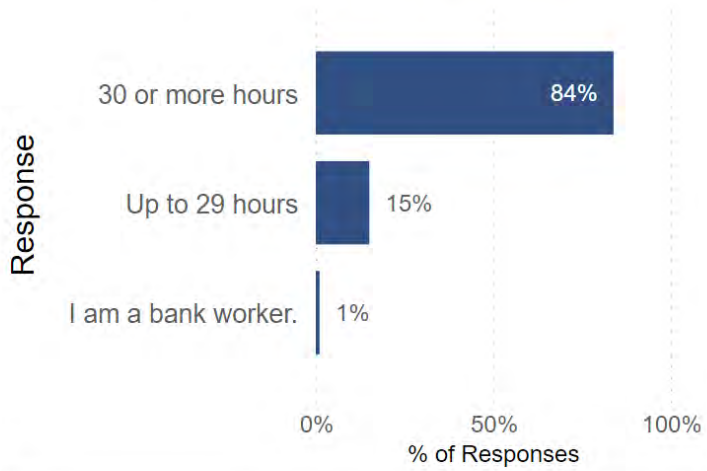
Stressors | Thinking about leaving | **Work pressure**

Morale

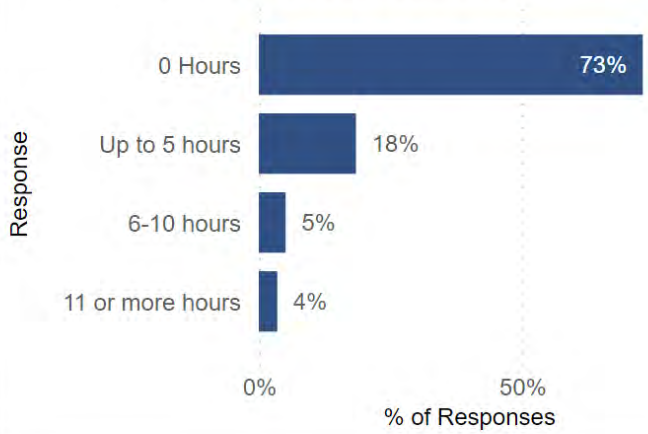
Work pressure

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	2%	13%	31%	44%	11%
I have adequate supplies, materials and equipment to do my work.	1%	6%	15%	41%	37%
There are enough staff at this organisation for me to do my job properly.	9%	15%	34%	32%	9%

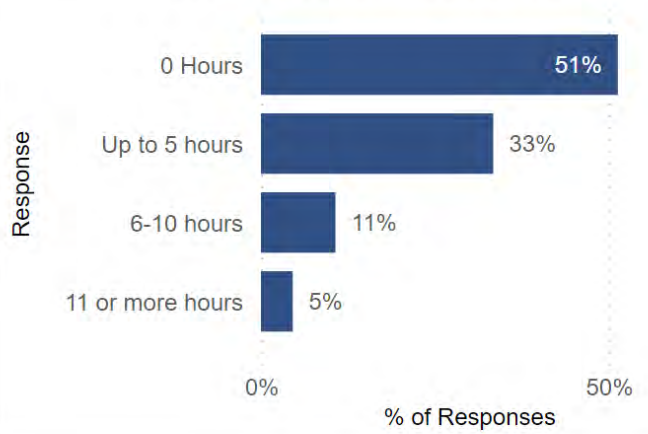
How many hours a week are you contracted to work?



On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



Patient Safety

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation encourages us to report errors, near misses or incidents.	2%	2%	12%	53%	31%
My organisation treats staff who are involved in an error, near miss or incident, fairly.	2%	6%	37%	41%	14%
We are given feedback about changes made in response to reported errors, near misses and incidents.	4%	10%	32%	42%	12%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	2%	5%	25%	51%	18%

Question	Yes	Prefer not to say	No
In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?	26%	2%	72%

Staff Engagement

Ability to contribute towards improvement at work

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to make improvements in my area of work	3%	10%	22%	48%	16%
I am involved in deciding on changes introduced that affect my work area/team/department.	7%	14%	19%	41%	20%

Intrinsic psychological engagement (Motivation)

Question	Never	Rarely	Sometimes	Often	Always
I am enthusiastic about my job.	1%	5%	25%	44%	26%
I am happy to go the extra mile at work when required.	1%	1%	15%	38%	44%
I look forward to going to work.	3%	9%	35%	42%	11%

Staff advocacy and recommendation (Advocacy)

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am proud to tell people I work for my organisation.	2%	1%	14%	47%	36%
I would recommend my organisation as a place to work.	5%	8%	21%	44%	21%

Select Theme

Compassionate culture | Compassionate leadership | Diversity and equality | Inclusion

We are compassionate and inclusive

Compassionate culture

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Care of patients/service users is my organisation's top priority.	1%	2%	14%	43%	39%
I feel safe to speak up about anything that concerns me in this organisation.	4%	11%	21%	46%	18%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	7%	14%	50%	25%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	1%	3%	13%	46%	36%
My organisation acts on concerns raised by patients/service users.	1%	3%	19%	48%	30%
People here are compassionate in the way they behave towards patients/service users.	0%	1%	12%	49%	37%
People here are compassionate towards colleagues when they face problems.	1%	4%	16%	61%	19%
People here give good support to colleagues who are distressed.	1%	5%	14%	58%	22%
People here take effective action to help patients/service users in distress.	0%	1%	13%	48%	38%

Select Theme

Compassionate culture | **Compassionate leadership** | Diversity and equality | Inclusion

We are compassionate and inclusive

Compassionate leadership

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	6%	8%	16%	41%	29%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	8%	18%	38%	29%
My immediate manager (line manger) works together with me to come to an understanding of problems.	6%	8%	17%	41%	28%

Select Theme

Compassionate culture | Compassionate leadership | **Diversity and equality** | Inclusion

We are compassionate and inclusive

Diversity and equality

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	2%	6%	24%	49%	19%

Question	No	Don't know	Prefer not to say	Yes
Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?	17%	29%	4%	50%
In the coming 12 months would you consider applying for a progression opportunity in your workplace?	31%	18%	4%	48%
In the last 12 months have you sought a progression opportunity in your workplace?	58%	2%	4%	35%

Question	Yes	Prefer not to say	No
In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?	5%	4%	91%
In the last 12 months have you personally experienced discrimination at work from other colleagues?	6%	4%	90%
In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?	3%	2%	95%

Select Theme

Compassionate culture | Compassionate leadership | Diversity and equality | **Inclusion**

We are compassionate and inclusive

Inclusion

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel valued by my team.	5%	8%	18%	43%	27%
The people I work with are polite and treat each other with respect.	2%	6%	14%	53%	25%
The people I work with are understanding and kind to one another.	2%	7%	15%	51%	25%

We recognise everyone's contribution

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I get recognition for good work.	5%	11%	25%	42%	16%
My immediate manager (line manger) values my work.	5%	6%	16%	41%	31%
The organisation values my work.	6%	12%	29%	39%	14%
The people I work with show appreciation to one another.	2%	7%	17%	52%	22%

Select Theme

Autonomy and control | Raising concerns

We are all able to speak up

Autonomy and control

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	6%	8%	55%	29%
I am involved in deciding on changes introduced that affect my work area/team/department.	7%	14%	19%	41%	20%
I am trusted to do my job.	2%	4%	8%	48%	38%
I have a choice in deciding how to do my work.	4%	10%	21%	43%	22%
There are frequent opportunities for me to show initiative in my role.	2%	8%	14%	48%	28%

Select Theme

Autonomy and control | **Raising concerns**

We are all able to speak up

Raising concerns

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident my organisation would address my concern.	4%	12%	25%	44%	15%
I feel safe to speak up about anything that concerns me in this organisation.	4%	11%	21%	46%	18%
I would feel secure raising concerns about unethical behaviour.	3%	7%	12%	52%	27%
I would feel secure raising concerns about unsafe clinical practice.	2%	4%	17%	48%	28%
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	6%	11%	30%	39%	13%

Select Theme

Line management | Team working

We are stronger together

Line management

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) asks for my opinion before making decisions that affect my work.	10%	11%	19%	37%	22%
My immediate manager (line manger) encourages me at work.	5%	7%	17%	40%	31%
My immediate manager (line manger) gives me clear feedback on my work.	6%	10%	19%	41%	24%
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	6%	8%	16%	41%	29%
My immediate manager (line manger) recognises the importance of staff emotional wellbeing.	8%	6%	17%	36%	33%
My immediate manager (line manger) takes a positive interest in my health and well-being.	7%	6%	16%	39%	32%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	8%	18%	38%	29%
My immediate manager (line manger) values my work.	5%	6%	16%	41%	31%
My immediate manager (line manger) works together with me to come to an understanding of problems.	6%	8%	17%	41%	28%

Select Theme

Line management | **Team working**

We are stronger together

Team working

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy working with the colleagues in my team.	2%	3%	11%	46%	38%
I feel able to ask other members of this team for help when I need it.	2%	3%	7%	49%	38%
I feel valued by my team.	5%	8%	18%	43%	27%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	7%	14%	50%	25%
Team members are able to communicate closely with each other to achieve the team's objectives.	2%	8%	15%	55%	20%
Team members take time out to reflect and learn.	5%	20%	24%	41%	11%
Team members trust each other.	4%	9%	15%	48%	24%
Team members understand each other's roles.	2%	11%	10%	55%	21%
Team members work well with other teams.	3%	6%	16%	55%	20%
The team I work in has a set of shared objectives.	2%	6%	11%	58%	22%
The team I work in often meets to discuss the team's effectiveness.	6%	12%	13%	47%	22%

We champion flexible working

Support for work-life balance

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I achieve a good balance between my work life and my home life.	8%	16%	18%	40%	18%
I am satisfied with the opportunity for flexible working patterns.	11%	9%	14%	39%	27%
I can approach my immediate manager (line manager) to talk openly about flexible working.	8%	7%	14%	39%	31%
My organisation is committed to helping me balance my work and home life.	11%	11%	18%	39%	19%

Select Theme

Burnout | Health and safety climate | Negative experiences

We nurture healthy working environments

Burnout

Question	Always	Often	Sometimes	Rarely	Never
How often, if at all, are you exhausted at the thought of another day/shift at work?	7%	22%	34%	26%	11%
How often, if at all, do you feel burnt out because of your work?	7%	26%	35%	24%	8%
How often, if at all, do you feel that every working hour is tiring for you?	5%	13%	31%	34%	17%
How often, if at all, do you feel worn out at the end of your working day/shift?	10%	33%	36%	17%	4%
How often, if at all, do you find your work emotionally exhausting?	7%	27%	38%	21%	7%
How often, if at all, do you not have enough energy for family and friends during leisure time?	6%	20%	37%	25%	11%
How often, if at all, does your work frustrate you?	7%	32%	42%	15%	4%

Select Theme

Burnout | **Health and safety climate** | Negative experiences

We nurture healthy working environments

Health and safety climate

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	2%	13%	31%	44%	11%
I have adequate supplies, materials and equipment to do my work.	1%	6%	15%	41%	37%
There are enough staff at this organisation for me to do my job properly.	9%	15%	34%	32%	9%

Question	Never	Rarely	Sometimes	Often	Always
I have unrealistic time pressures.	6%	26%	40%	19%	9%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation takes positive action on health and wellbeing.	5%	11%	32%	41%	10%

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced harassment or bullying at work, did you or a colleague report it?	20%	1%	58%	3%	17%
The last time you experienced physical violence at work, did you or a colleague report it?	3%	0%	86%		11%

Select Theme

Burnout | Health and safety climate | **Negative experiences (Part 1)** | Negative experiences (Part 2)

We nurture healthy working environments

Negative experiences (Part 1)

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced abuse at work (work from patients/service users, their relatives, or other members of the public) did you or a colleague report it?	10%	1%	73%	1%	15%

Question	Yes	No
During the last 12 months have you felt unwell as a result of work-related stress?	31%	69%
In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?	20%	80%
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	50%	50%

Question	Yes	No	Not applicable
Have you felt pressure from your manager to come to work?	11%	40%	48%

We nurture healthy working environments

Negative experiences (Part 2)

Question	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public?	92.98%	4.91%	0.88%	0.53%	0.35%	0.35%
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers/team leaders?	81.72%	8.44%	3.87%	0.88%	1.93%	3.16%
In the last 12 months how many times have you personally experienced harassment or bullying at work from other colleagues?	79.26%	10.37%	4.22%	1.05%	1.93%	3.16%
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public?	85.96%	8.25%	1.93%	1.40%	1.23%	1.23%
In the last 12 months how many times have you personally experienced physical violence at work from managers/team leaders?	99.12%	0.53%				0.35%
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	99.47%		0.18%			0.35%
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public?	98.60%	0.88%	0.18%			0.35%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from patients/service user	94.39%	3.68%	0.88%	0.18%	0.53%	0.35%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from	92.79%	4.22%	1.41%	0.53%	0.53%	0.53%

*their relatives or other members of the public.

Select Theme

Development | PDR/Appraisal

We are continuously learning and improving

Development

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to access the right learning and development opportunities when I need to.	4%	12%	22%	46%	16%
I feel supported to develop my potential.	5%	15%	21%	42%	17%
I have opportunities to improve my knowledge and skills.	4%	10%	15%	51%	20%
There are opportunities for me to develop my career in this organisation.	7%	16%	24%	39%	14%
This organisation offers me challenging work.	2%	6%	20%	52%	20%

Select Theme

Development | **PDR/Appraisal**

We are continuously learning and improving

PDR/Appraisal

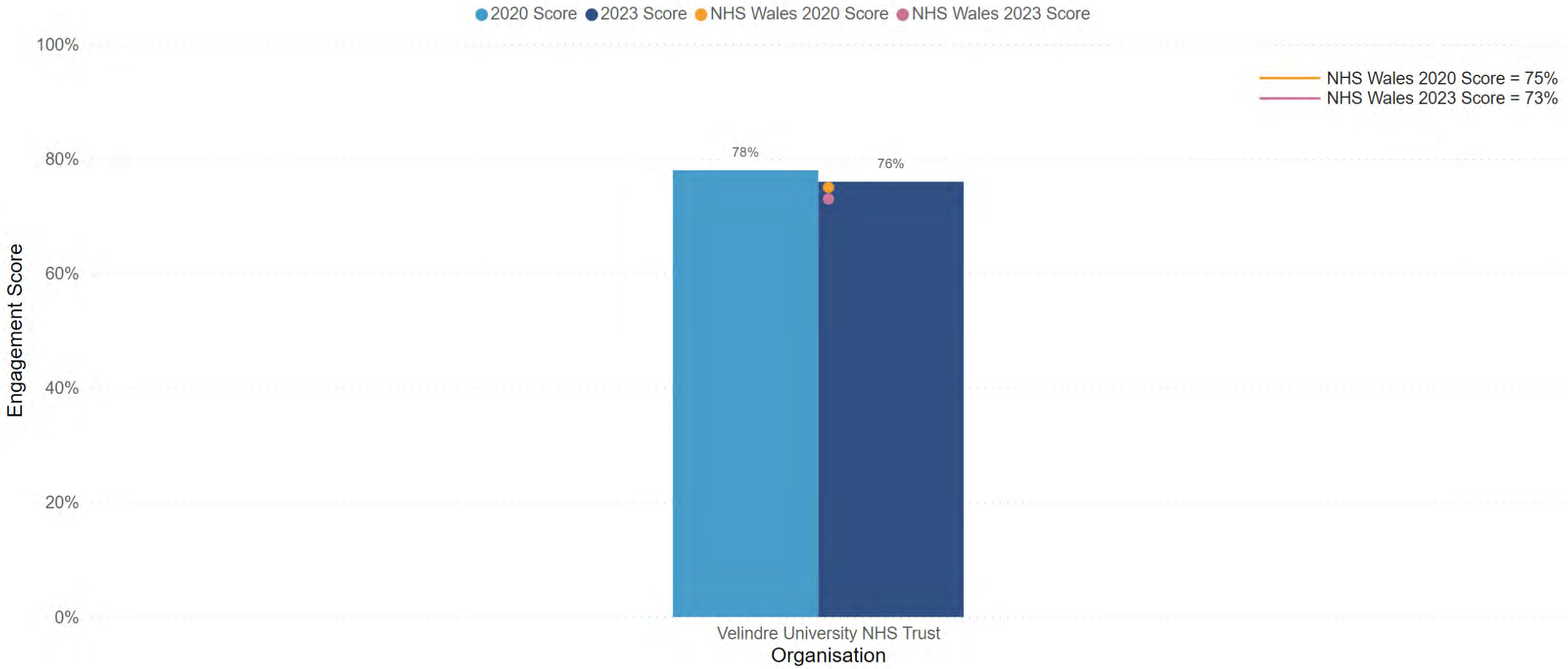
Question	No	Can't remember	Yes
In the last 12 months, have you had an appraisal, PADR, annual review or development review?	16%	2%	82%

Question	No	Not applicable	Yes, to some extent	Yes, definitely
It helped me agree clear objectives for my work.	15%	18%	43%	24%
It helped me to improve how I do my job.	28%	18%	42%	13%
It left me feeling that my work is valued by my organisation.	21%	18%	35%	26%

NHS Wales Staff Survey Staff Engagement Score

GIG Cymru NHS Wales Arolwg Staff Staff Survey
Mae eich llais yn bwysig | Your voice matters

NHS Wales and Organisation Engagement Score



Note: Digital and Health Care Wales 2020 score is the score for NHS Wales Informatics Services.

QUALITY, SAFETY & PERFORMANCE COMMITTEE

TRUST RISK REGISTER

DATE OF MEETING	9TH JULY 2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ASSURANCE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Mel Findlay, Business Support Officer
PRESENTED BY	Non Gwilym, Acting Director of Corporate Governance
APPROVED BY	Lauren Fear, previous Director of Corporate Governance & Chief of Staff (due to timing of governance cycle during paper production)
EXECUTIVE SUMMARY	The purpose of this report is to: • Share the current extract of risk registers to allow the Trust Board to have effective oversight and assurance of the way in which risks are currently being managed across the Trust. • Note the on-going development activity and status of these actions.
RECOMMENDATION / ACTIONS	The Committee is asked to: • **NOTE** the risks of 15 and above as well as

	risks in the safety domain with a risk level of 12 reported in the Trust Risk Register and highlighted in this paper. • **NOTE** the on-going developments of the Trust's risk framework.

COMMITTEE / GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING	
COMMITTEE OR GROUP	**DATE**
Executive Management Board	25TH JUNE
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	

Please complete this section if you have indicated that the report purpose is for ASSURANCE.

Level 7	**Level 6**	**Level 5**	**Level 4**	**Level 3**	**Level 2**	**Level 1**	**Level 0**
ASSURANCE RATING ASSESSED BY EXECUTIVE SPONSOR			2 – Comprehensive actions have been identified and addressed. The cause of the performance issue has been identified and is being actively managed.				

APPENDICES	
1-4	Current risk register data.

1. SITUATION

The report is to inform the Trust Board of the status of risks reportable at Board, in line with the Board approved risk appetite levels. In addition, the report will update on progress on the development of the risk framework.

2. ASSESSMENT

2.1 Trust Risk Register

There are a total of 12 risks to report in line with the Trust's risk appetite during this reporting period. This includes 7 risks with a current score over 15 and 6 risks with a current score of 12, reported in the 'Safety' domain. The information is an extract from Datix 14.

2.2 Changes since the previous reporting cycle

- There has been one closed risk for the period – ***3227***, previously score 15 - regarding new Velindre Cancer Centre financial risk in the lead up to Financial Close However, following Financial Close for the new Velindre Cancer Centre, all associated risks have been undergoing review in line with the Trust Board approved Full Business Case Management Case and then the new risk profile agreed through the governance cycle.

- There have been two new Safety risks at score 12 now reported for this period – 3362, "*There is a risk to quality as result of failure of the WBS External Nitrogen Storage Tank leading to complete loss of liquid nitrogen*;" and 3366, *"There is a risk to the safety of staff due to lack of storage and cleaning space in the Therapies department resulting in an increased trip, slip or falls risk within the shared therapies storage, kitchen and corridor area."* Comprehensive actions plans are in plan and in the oversight of the Senior Leadership Team

- All other risks have remained at consistent scoring for the period.

2.3 The timing and process for risk reporting has been reviewed and when working as it should, it provides the optimum reporting cycle, with only reporting one month in arrears and appropriate time between governance reviews through the cycle.

3. KEY MATTERS - Summary of Actions Taken/ In Plan from Recent Governance Cycle or Matters raised by Trust Risk Group

3.1 All Wales Datix module

Work is progressing and the Trust will need to make a decision on next steps over the summer. This is being coordinated at an All-Wales level and since March 2024 chaired by the Velindre Director of Corporate Governance & Chief of Staff.

3.2 Other development and improvement work tracker is below. The matters that were agreed as closed in the March Trust Board have been removed from the table.

	Matter raised through recent governance cycle	**Action Taken/ In plan**	**Timeframe/ Update**	**Status**
8	Review of risk domains – particular concern with respect to Clinical safety being clearly part of Quality domain on Datix	Review of Policy by Trust Risk Team, including this. Data pull for Quality and Safety domains during December – (to report on in January) – to review categorisation	September reporting cycle	Deep dive work underway for September cycle reporting.
11	Risk Register format	The format of the attached risk register has become difficult to read given the level of detail	May reporting cycle	Propose to close- improvements made for May Trust Board report.
12	Timing of the cycle of risk review	Review timing of the cycle of risk review and oversight between the Divisional Senior Leadership Teams, Executive Management	July reporting cycle	Propose to close – as per this paper.

		Board, Committees and Trust Board.		
13	Management of risk reviews in timely way	Review all risk review dates in a structured way through management and governance	July reporting cycle	Propose to close – as per this paper.

4. IMPACT ASSESSMENT

RELATED TRUST STRATEGIC GOAL(S)	Please indicate whether or not any of the matters outlined in this report impact the Trust's strategic goals. Please indicate here
Please tick all relevant goals: . Outstanding for quality, safety and experience ☒ . An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☐ . A beacon for research, development and innovation in our stated areas of priority ☐ . An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ . A sustainable organisation that plays its part in creating a better future for people across the globe ☐	
RELATED STRATEGIC TRUST ASSURANCE FRAMEWORK RISK	06 - QUALITY & SAFETY
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Tick all relevant domains. Safe ☒ Timely ☒ Effective ☒ Equitable ☒ Efficient ☒ Patient Cantered ☒

	The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021). The risk register and associated risk framework are imperative to quality and safety in the organisation.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED	Not required
	There are no socio economic impacts linked directly to the current risks in paper.
TRUST WELL-BEING GOAL IMPLICATIONS/IMPACT	Choose an item.
	There are no direct well-being goal implications or impact in the current risks in this paper.
	The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	This section should outline the financial resource requirements in terms of revenue and / or capital implications that will result from the Matters for Consideration and any associated Business Case. Narrative in this section should be clear on the following: **Source of Funding**: Choose an item. Please explain if 'other' source of funding selected:

	Click or tap here to enter text. **Type of Funding:** Choose an item. **Scale of Change** Please detail the value of revenue and/or capital impact: Click or tap here to enter text. **Type of Change** Choose an item. Please explain if 'other' source of funding selected: Click or tap here to enter text.
EQUALITY IMPACT ASSESSMENT	No - Include further detail below
	There is no direct equality impact in respect of this paper, however each risk will have an impact assessment where appropriate.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text.

5. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	The risk register is detailed in Appendix 1 and throughout the paper.
WHAT IS THE CURRENT RISK SCORE	NA
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	Actions plans for individual risk require further work.
BY WHEN?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No

All risks must be evidenced and consistent with those recorded in Datix	

SAFETY RISKS - 12

ID	Risk Title - New	Risk Type	Opened	Division	RR - Current Controls	Risk (in brief)	Likelihood (initial)	Impact (initial)	Rating (initial)	Likelihood (current)	Impact (current)	Rating (current)	Adequacy of Controls	RR - Direction of Travel	Likelihood (Target)	Impact (Target)	Rating (Target)	Description
3001	There is a risk to safety as a result of work related stress leading to harm to staff and to service delivery.	Safety	09/12/2022	Corporate Services	People Management Policies and Procedures Infrastructure and resources to support wellbeing Values, behaviours and culture work programmes Leadership development and management training Regular monitoring and analysis of feedback and data This risk is now a standing agenda item at the Healthy and Engaged Steering Group	There is a risk to safety as a result of work related stress leading to harm to staff and to service delivery. Work related stress is the adverse reaction people have to excessive pressure or other types of demand placed on them. Due to the wide range of factors that cause stress, within work and outside of work, no single action will address the issue. Moreover, progress towards stress reduction will take time as new ways of working come into effect. Trust sickness absence figures show mental health issues and stress to be the highest cause of absence from work.	4 - Probable	4 - Major	16	4 - Probable	3 - Moderate	12	Adequate	Stable/No Movement	Possible - May occur/reoccur at some time / occasionally.	3 - Moderate	9	Divisions/Departments should have proactive stress risk assessments Formal arrangements not in place for the Healthy and Engaged Steering Group to evaluate wellbeing interventions Steering Group to Systemic factors that impact on levels of workforce stress to be described and associated actions plans developed Develop management training in managing stress
3230	REFERRAL PROCESS - There is a risk to patient safety, cas a result of variation and multiple access routes for new referrals to Velindre Cancer Centre. The impact will be an inability and timeliness to ascertain accurate patient referral information which may impact/delay the delivery of patient care	Safety	19/10/2023	Velindre Cancer Centre	Monitoring the receipt of paper and electronic communications specific to new patient referrals to ensure timely actions to be taken.	Multiple methods for the communication of new patient referrals to Velindre Cancer Centre	Possible - May occur/reoccur at some time / occasionally.	4 - Major	12	Possible - May occur/reoccur at some time / occasionally.	4 - Major	12	Inadequate	Stable/No Movement	Rare - Would only occur/reoccur in very exceptional circumstances; considered a very remote probability that it could happen / happen again.	4 - Major	4	An Action Plan needs to be established Short term central management of new patient referrals Electronic Solution (Long Term) Escalation to the Chief Operating Officer and Chief Digital Officer New Patient Waiting List Referral Discussion with Health Board Colleagues Establish Workstream - Referrals and Referral Process Transformation Fund - Planned Care
3362	There is a risk to quality as result of failure of the WBS External Nitrogen Storage Tank leading to complete loss of liquid nitrogen	Safety	20/03/2024	Welsh Blood Service	Tank is located in the Service yard within a fresh air environment Internal rooms have oxygen sensors and ventilation. Estates staff training PPE Appointed / competent person that understands the features, hazards and controls of the Nitrogen tank. Regular monitoring as part of a PPM - daily check of the tank and pressure release Vent valves regular maintenance and inspection. Monitoring by BOC COSHH Assessment for Liquid Nitrogen	The current Nitrogen Storage tank is approaching 30 years old and at 10,000 Litres is currently too high a capacity for WBS requirements. WBS does not use this quantity. Due to the capacity issues and possibly the position of the tank, the nitrogen inside vaporises increasing the pressure approx. 1/2 a bar per day. There are pressure release valves on the tank along with other safety measures such as explosion / rupture discs. Estates check the tank daily and will release the pressure. The tank is also monitored by BOC who WBS has a service contract with. WBS owns the existing tank at present. The tank is serviced / checked every 6 months and yearly by our insurance company. The loss of liquid Nitrogen has a financial and a sustainability impact. This liquid nitrogen has	Probable - Will probably occur/reoccur but will not be a persistent issue.	4 - Major	16	Possible - May occur/reoccur at some time / occasionally.	4 - Major	12	Adequate	Stable/No Movement	Rare - Would only occur/reoccur in very exceptional circumstances; considered a very remote probability that it could happen / happen again.	4 - Major	4	Tank is located in the Service yard within a fresh air environment Internal rooms have oxygen sensors and ventilation. Estates staff training PPE Appointed / competent person that understands the features, hazards and controls of the Nitrogen tank. Regular monitoring as part of a PPM - daily check of the tank and pressure release Vent valves regular maintenance and inspection. Monitoring by BOC COSHH Assessment for Liquid Nitrogen

3366	There is a risk to the safety of staff due to lack of storage and cleaning space in the Therapies department resulting in an increased trip, slip or falls risk within the shared therapies storage, kitchen and corridor area.	Safety	04/04/2024	Velindre Cancer Centre	1.Use of tight stock control – utilising minimum and maximum numbers to prevent over-cluttering of limited storage space 2.Maximise shelving and off the floor storage options to limit floor space used for storage 3.Storage space well organised with equipment appropriately stacked and accessible, where suitable. 4.Ensure that stock type is scrutinised to ensure appropriate stock is being used. 5.Implement a maximum staff numbers for space to limit the number of staff using the space at any one time. 6.Where possible, encourage flexible break times to prevent over-crowding in a limited space. 7.Ensure that equipment such as fridge and kettle are in good working order and are pat tested. 8.Posters on the wall to highlight slips/trips and falls prevention	The therapies team have a dual use space which acts as both a storage area and kitchen. The space is used by both the Therapies team and staff working along the corridor to make hot drinks and store lunches within a fridge. The space is also used for the storage of clean patient equipment, such as walking aids, perching stools, specialist cushions etc. There are two walls of shelving within the room. The nature of the type of equipment stored within the space (walking aids and functional aids) means that they are bulky by design and due to the limited storage space, there isn't the current capacity to store these items in any other way. Hence, a large proportion of floor space is taken up on storage. When the storage space is at full capacity there is a pathway through the room for staff to access the sink / fridge and beverage area.	Probable - Will probably occur/reoccur but will not be a persistent issue.	2 - Minor	8	Probable - Will probably occur/reoccur but will not be a persistent issue.	3 - Moderate	12	Adequate		Unlikely - Not expected to occur/reoccur but there is some possibility.	2 - Minor	4	1.Use of tight stock control – utilising minimum and maximum numbers to prevent over-cluttering of limited storage space 2.Maximise shelving and off the floor storage options to limit floor space used for storage 3.Storage space well organised with equipment appropriately stacked and accessible, where suitable. 4.Ensure that stock type is scrutinised to ensure appropriate stock is being used. 5.Implement a maximum staff numbers for space to limit the number of staff using the space at any one time. 6.Where possible, encourage flexible break times to prevent over-crowding in a limited space. 7.Ensure that equipment such as fridge and kettle are in good working order and are pat tested. 8.Posters on the wall to highlight slips/trips and falls prevention
2187	There is a risk to patient safety due to inadequate staffing within the Radiotherapy Physics Department and the need to balance core duties with developmental tasks.	Safety	14/09/2020	Velindre Cancer Centre	Radiotherapy Physics workforce remains below recommended (IPEM) levels. Additional surge funding has been utilised alongside IRS funding to increase recruitment in the short term. The service head has developed an outline workforce plan, looking at roles and responsibilities and demands on the service, mapping out the	There is a risk to patient safety due to inadequate staffing within the Radiotherapy Physics Department and the need to balance core duties with developmental tasks. Inadequate staffing may result in: - Patient treatment delay and breaches - Key projects not keeping to time	Expected - Will occur/reoccur and likely to be frequent.	5 - Critical	25	Possible - May occur/reoccur at some time / occasionally.	4 - Major	12		Risk Increasing	Unlikely - Not expected to occur/reoccur but there is some possibility.	4 - Major	8	New actions added February 5th 2024 The service has had agreement to recruit additional posts for SRU and IRS implementation / nVCC. Recruitment processes have begun. Risk to remain at 15 until successful appointments. Risk reviewed by KI February 13th, RISK REASSESSED TO 12.
2465	There is a risk to patient safety, caused by the duplication of information, excessive use of email and a lack of alternative communication methods for the processing of clinical information.	Safety	05/11/2021	Velindre Cancer Centre	There is a lack of current controls that enable the mitigation of this risk. As a result a formal internal audit of the underlying causes of this risk is underway. Reporting to VCC SLT is required on a regular basis in order to provide assurance that the issue is being addressed.	There is a risk of severe harm due to the excessive use of email both internally and externally to the Trust. This is because processes and procedures are not carried out in a manner that is appropriate. in particular, emails containing time critical clinical information is being sent to and received by individuals who may not be in work. The impact is severe harm, which may result in National reportable incidents.	Probable - Will probably occur/reoccur but will not be a persistent issue.	4 - Major	16	Possible - May occur/reoccur at some time / occasionally.	4 - Major	12	Inadequate	Stable/No Movement	Unlikely - Not expected to occur/reoccur but there is some possibility.	2 - Minor	4	work progressed as a part of SACT management which includes co-location of SACT scheduling team with outpatient booking and location within outpatient setting which will minimise delays and unnecessary email traffic. training of medical teams on utilisation of outcome function on WPAS taken place in March, which should improve information available for booking whereby reducing email traffic Implementation of an interim electronic solution to deliver a standardised new patient referral template for submission in to a centralised, managed e-mail account – to be piloted in Lung in conjunction with CAVUHB recruitment of additional clinic coordinators to manage appointments with outpatients (booking, processing, cancellation, clinic amendments/blocking and telephone queries) reducing unnecessary email traffic

RISKS OVER 15

ID	Risk Title - New	Risk Type	Opened	RR - Current Controls	Risk (in brief)	Likelihood (initial)	Impact (initial)	Rating (initial)	Likelihood (current)	Impact (current)	Rating (current)	Rating (Target)	Due date	Description
3197	There is a risk to Quality as a result of failing to secure sufficient funding for the delivery of a new Blood Establishment Computer System (BECS) contract and software platform leading to degradation of critical WBS (NHS Wales) supply chain activities	Quality	08/09/2023	"Respond to change notifications Collaborate with other UK Services in groups such as The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). Ability to deliver configuration changes with current resources, implementation of software changes may not be possible without implementing a version change to the software FE - 11/03/24 - MAK support crucial to this activity. Discussions	Ability to maintain compliance to Blood Safety Quality Regulations (BSQR) whilst proceeding with implementation of BECS. Ability to maintain current BECS to comply to Blood Safety Quality Regulations (BSQR) if supported through configuration changes.	3 - Possible	5 - Critical	15	3 - Possible	5 - Critical	15	5	12/07/2024	UPDATED 13/06/24 - Requirements agreed for virtualisation - awaiting costs from MAK-SYSTEM. Maintenance patch content review to take place - Risk rating remains
3293	There is a risk to Quality, Performance and Service as a result of any delay in the new Velindre Cancer Centre (nVCC) leading to capacity at the current site not being sufficient to meet the demand, resulting in increased waiting time for radiotherapy, failure to meet All Wales time to radiotherapy metric and reduced patient experience.	Multiple Risk Domains	21/12/2023	Monitoring of capacity and demand. Development of breast escalation process to ensure patients are prioritised as per clinical need. Unlimited extended working hours on treatment machines and other areas of the department in response to demand. Limited extended working hours on treatment machines and other areas of the department in response to demand. Limited to safe staffing, skills mix and age and configuration of the fleet. Agency radiographers in place to support additional hours. Unlimited replacement of new linear accelerators on current site. Policies and procedures on how to manage Radiotherapy scheduling and delays. Development of detailed transition plan to be implemented through NVCC	Current provisions for Radiotherapy Services at VCC are based on the clinical service model of having 10 clinical linear accelerators, 3 CT simulators, orthovolage and Brachytherapy across the new Cancer Centre (nVCC) and associated Satellite Radiotherapy Unit (SRU). There is an assumption that the new Velindre Cancer Centre will be operational in 2027. Delays on this project will impact negatively on the Radiotherapy Department at VCC.	5 - Expected	4 - Major	20	4 - Probable	4 - Major	16	4		UPDATED 1/6/24 - Monitoring of capacity and demand. Development of breast escalation process to ensure patients are prioritised as per clinical need. Unlimited extended working hours on treatment machines and other areas of the department in response to demand. Limited extended working hours on treatment machines and other areas of the department in response to demand. Limited to safe staffing, skills mix and age and configuration of the fleet. Agency radiographers in place to support additional hours. Unlimited replacement of new linear accelerators on current site. Policies and procedures on how to manage Radiotherapy scheduling and delays. Development of detailed transition plan to be implemented through NVCC project. Once the plan is in place to assure operational service commence 2027, risk review may reduce current risk assessment.
3337	There is a risk that patients are missed as a result of multiple lists being used to manage booking leading to clinical harm	Safety	13/02/2024	daily escalation meetings take place to ensure that patients are identified and managed appropriately	review of booking systems within SACT services has indicated that the booking team are using multiple lists to manage patient. there is a risk that a patients name may be missed due to the need to coordinate these list when booking patient appointments	4 - Probable	4 - Major	16	4 - Probable	4 - Major	16	8		UPDATED 1/6/24 - Review of booking systems within SACT services has indicated that the booking team are using multiple lists to manage patient. There is a risk that a patients name may be missed due to the need to coordinate these list when booking patient appointments. Daily escalation meetings take place to ensure that patients are identified and managed appropriately.
3338	There is a risk that unable to meet demand for SACT service provision as a result of lack of pharmacy capacity leading to delay in patient treatment	Safety	13/02/2024	daily escalation meetings outsourcing more product to suppport capacity within pharmacy	Demand for SACT delivery (oral and parenteral) has exceeded forecast demand for 2023/2024. There is insufficient Pharmacy capacity at VCC to meet this increased demand at present.	5 - Expected	4 - Major	20	5 - Expected	4 - Major	20	12		UPDATED 1/6/24 - Demand for SACT delivery (oral and parenteral) has exceeded forecast demand for 2023/2024. There is insufficient Pharmacy capacity at VCC to meet this increased demand at present. daily escalation meetings outsourcing more product to support capacity within pharmacy
3350	There is a risk to performance and service sustainability due to the Welsh Blood Service transport function being unable to deliver services due to operating an ageing fleet of commercial vehicles	Performance and Service Sustainability	04/03/2024	Daily vehicle checks/Robust defect reporting system Annual service/MOT Resilience vehicles Rotation of vehicles to manage mileage and extend operating life of vehicle Transport office staff available to assist during normal working hours as well as on call cover	A risk assessment was undertaken to determine the risk associated with operating an ageing commercial fleet of vehicles and how this could impact on the ability of the transport function to deliver the required levels of service to both internal and external customers. The risk assessment took into account the impact of specific vehicle failures (minibuses, delivery vans, lorries and support vehicles and the MDC combination) and the overall risk of not replacing the vehicle fleet within the appropriate timeframe.	5 - Expected	3 - Moderate	15	5 - Expected	3 - Moderate	15	12	12/06/2024	Daily vehicle checks/Robust defect reporting system Annual service/MOT Resilience vehicles Rotation of vehicles to manage mileage and extend operating life of vehicle Transport office staff available to assist during normal working hours as well as on call cover
2200	There is a risk to the performance of the radiotherapy service as a result of insufficient capacity within the current linear accelerator fleet, leading to the radiotherapy service being unable to meet the current and anticipated demand. See Risk assessment attached for full details.	Multiple Risk Domains	01/05/2011	UPDATED 3/4/2024 - Ongoing monitoring of capacity and demand. - Ongoing monitoring of breaches of waiting times targets. - Extended working hours are in place on the treatment machines and in many other areas of the service. - Machine replacement program initiated, improving the age and capability of the linac fleet but not linac configuration.	There is a risk to Performance and Service as a result of insufficient capacity within the current linear accelerator fleet, leading to the radiotherapy service being unable to meet the current and anticipated demand. The lack of sufficient capacity within the Radiotherapy service has had the following consequences:- Compliance risk - An inability to maintain waiting times compliance. - Creation of waiting lists. - Inability to meet RCR clinical guidelines. Patient safety risk - Patients will wait longer to start treatments resulting in possible poorer clinical outcomes, lack of symptom control and poor patient experience. Reputational risk - Limited service developments	5 - Expected	4 - Major	20	5 - Expected	3 - Moderate	15	6		UPDATED 3/4/2024 - Ongoing monitoring of capacity and demand. - Ongoing monitoring of breaches of waiting times targets. - Extended working hours are in place on the treatment machines and in many other areas of the service. - Machine replacement program initiated, improving the age and capability of the linac fleet but not linac configuration

QUALITY, SAFETY & PERFORMANCE COMMITTEE

Trust Assurance Framework

DATE OF MEETING	9 JULY 2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ASSURANCE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Mel Findlay, Business Support Officer
PRESENTED BY	Non Gwilym, Acting Director of Corporate Governance
APPROVED BY	Lauren Fear, previous Director of Corporate Governance & Chief of Staff (due to timing of governance cycle during paper production)
EXECUTIVE SUMMARY	This paper summarises provides the latest view of the Trust Assurance Framework.
RECOMMENDATION / ACTIONS	The Committee are asked to **DISCUSS AND NOTE** the Trust Assurance Framework.
GOVERNANCE ROUTE	

List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Executive Management Board	10.6.24
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	

APPENDICES	
1	Trust Assurance Framework

1. SITUATION

An updated set of Strategic Risks were approved by the Trust Board in January 2024.

2. ASSESSMENT

2.1 At Trust Board on 23rd May 2024, there was an update on two developments:

2.2 Firstly which two risks were has been agreed by Executive Management Board for deep dive in the September Quality, Safety and Performance Committee. This has been delayed since July given the focus during this reporting period on the work on the linkage to the Integrated Medium Term Plan.

- TAF 06 Governance - *"There is a strategic risk that the organisational and clinical governance arrangements do not provide appropriate mechanisms and culture to achieve our medium to long term objectives."*

  The discussion in the Quality, Safety & Performance Committee can form an important part to the progression of the 'Governance, Assurance & Risk - Phase two' through the governance cycle in September/October also.

- TAF 05 Digital – *"There is a strategic risk that the Trust fails to sufficiently consider, optimise the opportunities and effectively manage the risks of new and existing technologies, including considerations of Artificial Intelligence and Information Security."*

An overview of Digital risks was considered in the January 2024 Quality, Safety & Performance Committee. A further discussion in the September Committee on TAF 05 would therefore provide an opportunity for the matters raised to be updated and further assurance provided.

2.3 Secondly, there has been further work on the approach of the integration of the Integrated Medium Term Plan with the Trust Assurance Framework.

Appendix 2 is the summary of the mapping between the IMTP and the Trust Assurance Framework. Then this work will be incorporated into one template for the next reporting cycle.

The longer term "Phase 2" approach will be to re-orientate the Trust Assurance Framework according to strategic objectives. The template and approach for this to be agreed by October, in order to allow the development of the 2025-2028 Integrated Medium Term Plan and Trust Assurance Framework to progress on this basis during Quarter 3 and 4.

This mapping has progressed well via a series of meetings are underway between the Executive Directors with the Executive Director of Strategic Transformation, Planning and Digital and Director of Corporate Governance.

This work has also included good progression towards phase two on a more fundamental join up between the Integrated Medium Term Plan with the Trust Assurance Framework. This includes that the respective action plans should be aligned going forwards and as an executive team we will work to achieve this by Phase 2 at the latest.

Summary of Actions Taken/ In Plan from Strategic Development Committee, Quality Safety & Performance and Audit Committee:

	Matter raised through recent governance cycle	**Action Taken/ In plan**	**Timeframe**
1	Populate refreshed TAF on Power BI template	Work completed in background on Power BI and refreshed information to be	Although issue with lack of risk/assurance resource continues, it has been possible to

		populated from September reporting cycle.	progress the development work is complete and there is a usable version of the dashboard on SharePoint. Next steps are to migrate the dashboard through the Power Automate Exporting Tool. Expect to be available to start migration by July in readiness for the September reporting cycle.
3	Alignment to Integrated Medium Term Plan goals and then tracking of progress as part of first line of defence assurance.	Full update in paper in section 2.2 above	Phase 1 – July reporting cycle. Then incorporated into the one template from the September cycle. Phase 2 – aligned to 2025/6 Integrated Medium Term Plan development
4	Deep dive of two risks at Quality, Safety & Performance Committee going forwards	Following reporting of refresh framework of strategic risks, this will recommence from the next reporting cycle.	Complete – included in May reporting cycle and on-going.
5	Tracked changes	Tracked changes will be highlighted more clearly to show recent updates. In addition, the cover paper will be developed to include clearer commentary of key changes.	September reporting cycle – This will be automated based on migration to Power BI template as per improvement action 1 above.

3. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: **Choose an item**	
If yes - please select all relevant goals: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☐ • A beacon for research, development and innovation in our stated areas of priority ☐ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe ☐	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	**Choose an item** All Strategic Risks are related.
QUALITY AND SAFETY IMPLICATIONS / IMPACT	**Select all relevant domains below** Safe ☒ Timely ☒ Effective ☒ Equitable ☒ Efficient ☒ Patient Centred ☒
	The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).

	All domains are relevant to this work, as the strategic risks span all areas of the Trust business and are imperative to quality and safety.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information: https://www.gov.wales/socio-economic-duty-overview*	Not required
	Click or tap here to enter text. There are no socio economic impacts linked directly to the current risks in paper.
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	**Choose an item**
	The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated
	If more than one wellbeing goal applies please list below: **Click or tap here to enter text**
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	Source of Funding: **Choose an item** Please explain if 'other' source of funding selected: **Click or tap here to enter text** **Type of Funding:** **Choose an item** **Scale of Change** Please detail the value of revenue and/or capital impact: **Click or tap here to enter text**

	Type of Change **Choose an item** Please explain if 'other' source of funding selected: **Click or tap here to enter text**
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	There is no direct equality impact in respect of this paper, however each risk will have an impact assessment where appropriate.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text
ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	The risks are detailed in the new Trust Assurance Framework dashboard.
WHAT IS THE CURRENT RISK SCORE	NA
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	Action plans for strategic risks are included in the Trust Assurance Framework Dashboard.
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	

SECTION 1

RISK ID		RISK TITLE		STRATEGIC GOAL		RISK SCORE TREND	
RISK LEADS				RISK THEME			

SECTION 2

RISK SCORE (see definitions tab)

INHERENT RISK	LIKELIHOOD	IMPACT	TOTAL		CURRENT RISK	LIKELIHOOD	IMPACT	TOTAL		TARGET RISK	LIKELIHOOD	IMPACT	TOTAL	

SECTION 3

Overall Level of Effectiveness: 7 Levels of Assurance(see definitions tab)	RATING		Overall Trend in Assurance	

KEY CONTROLS

ID	Key Control	Owner	Preventative	Mitigating	Detective	Control Effectiveness Rating
	Trust Risk Register associated risk on Datix. (see section 4)			x		

SOURCES OF ASSURANCE

1st Line of Defence	Assurance Rating	2nd Line of Defence	Assurance Rating	3rd Line of Defence	Assurance Rating

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.

SECTION 4

ASSOCIATED OPERATIONAL RISKS - According to risk appetite

DATIX RISK REF		RISK TITLE		CURRENT RISK LEVEL		RISK TREND	

SECTION 5

SMART ACTION PLAN

Action Ref	Action Plan	Owner	Assurance Level	Due Date	Progress Update	Date of Update	Impact of Changes on Risk	When the action is complete, detail the impact on assurance level/control

SECTION 1

RISK ID	01	RISK TITLE	There is a strategic risk of failure to deliver timely, safe, effective and efficient services for the local population leading to deterioration in service quality, performance or financial control as a result insufficient capacity and resources.	STRATEGIC GOAL	1 - Outstanding for quality, safety and experience	RISK SCORE TREND	Risk score stable
RISK LEADS	Steve Ham	Rachel Hennessey	Alan Prosser	RISK THEME	Service Capacity		

SECTION 2

RISK SCORE (see definitions tab)

INHERENT RISK	LIKELIHOOD	IMPACT	TOTAL	16	CURRENT RISK	LIKELIHOOD	IMPACT	TOTAL	12	TARGET RISK	LIKELIHOOD	IMPACT	TOTAL	8
	4	4				3	4				2	4		

SECTION 3

Overall Level of Effectiveness: RATING: PE — **Overall Trend in Assurance:** THIS WILL INCLUDE A

KEY CONTROLS — **SOURCES OF ASSURANCE**

ID	Key Control	Owner	Preventative	Mitigating	Detective	Control Effectiveness Rating	1st Line of Defence	Assurance Rating	2nd Line of Defence	Assurance Rating	3rd Line of Defence	Assurance Rating
	Trust Risk Register associated risk on Datix. (see section 4)			X								
C1	Blood stock planning and management function between WBS and Health Boards. This includes active engagement with Health Boards in Service Planning including the established annual Service Level agreement,. The overall annual collection plan based on this demand and the active delivery of blood stocks management through the Blood Health Plan for NHS Wales and monthly laboratory manager meetings.	Director WBS	X			E	Annual Service Level Agreement meetings with Health Boards to review supply. Benchmarking against National and International standards. Annual Blood Health Team review of Health Board supply and prudent use of blood Annual Integrated Medium Term Plan (IMTP) review of previous 3 year demand trend to build resilience to inform and predict any surge demand.	Not Assessed	Senior Leadership Team, COO and EMB Review, QSP committee and Board.	Not Assessed	Welsh Government Quality, Planning and Delivery Review.	Not Assessed
C2	Operational Blood stock planning and management function in WBS. Delivered through annual, monthly and daily resilience planning meetings. Underpinned by the UK Forum Mutual Aid arrangements. Regular meetings with UK Blood Services on position of Blood Supply.	Director WBS	X			E	System pressures can be flagged at an early stage and appropriate action taken through Department Head review with escalation to Senior Leadership Team and Director.	PA	Performance Report to Senior Leadership Team and EMB Review, QSP committee and Board. National Red Cell and Platelet shortage plans	PA	Welsh Government Quality, Planning and Delivery Review Internal Audit, Wales Audit Office, regulator audits.	PA
C3	Continuity of core service delivery functions supporting Transfusion, Transplantation and Welsh Bone Marrow Donor Registry (WBMDR).	Director WBS	X			E	Business Impact Assessments across service functions identifying Maximum Tolerable Period of Disruption. Contingency equipment, Managed service contracts for critical suppliers, Planned Preventative Maintenance, Additional inventory for contingency of critical supply items. Business Continuity Plans for response. On call provision for Senior Leadership Team and core service functions.	PA	Escalation through VUNHST Business Continuity command structure if system pressures not resolved, invoke Service Level Agreements if appropriate or Technical Agreement with other UK Services.	PA	Invoke UK Blood Services Memorandum of Understanding (MoU) Escalation to Welsh Government Emergency Preparedness, Resilience and Response (EPRR) for Health, Local Resilience Forum - Strategic Coordinating Group. Internal Audit, Wales Audit Office, regulator audits.	PA
C4	Delivery of business as usual core services and capacity to support strategic programmes of work.	Director WBS, VCS	X			E	Implementation group for programmes mapping the interdependencies and pressures. Regular touch point meetings with Senior Leadership Team to review capacity to deliver key programmes of work.	PA	Highlight and performance reports to Senior Leadership Team and EMB to review.	PA	QSP committee and Board and external stakeholders if required. Internal Audit, Wales Audit Office, regulator audits.	PA
C5	National Policy decisions/ Directives that are introduced including Regulatory requirements to ensure the safety of services. (Advancements in medicines to improve patient safety).	Director WBS, VCS	X			E	Horizon scanning and representation at key forums including UK Forum, Joint Professional Advisory Committee (JPAC) for UK blood services, The UK advisory committee on the Safety of Blood, Tissues and Organs (SaBTO). Regular liaison with Blood Policy and Tissue, Cells and Organs Policy team in Welsh Government	Not Assessed	Trust wide clinical and scientific board. Senior Leadership Team and EMB Review.	Not Assessed	QSP, SDC	Not Assessed
C6	SEW- VUNHST cancer demand modelling programme with HBs and WGDU in place, continues to provide high level assurance on demand projections.	Director VCS	X	X		PE	SE Wales Group	Not Assessed	Performance Report - SLT, EMB, QSP and Board	Not Assessed	Welsh Government Quality, Planning and Delivery Review	Not Assessed
C7	Demand and Capacity Plan for each service area of VCS	Director VCS	X	X		PE	Service area operational planning meeting	Not Assessed	Performance Report - SLT, EMB, QSP and Board	Not Assessed	Welsh Government Quality, Planning and Delivery Review	Not Assessed

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/
Lack of real time data on fating of blood to allow business intelligence data set that links Health Board and activity changes to demand. Addressing this gap would require digital systems to be in place which are out of WBS control. Projects are progressing externally.		A1.1
The demand management for blood still varies across Health Boards and within clinical teams. The Blood Health National Oversight Group work programme continues to address inappropriate use of blood, which impacts demand.		A1.1

SECTION 4

ASSOCIATED OPERATIONAL RISKS - According to risk appetite

DATIX RISK REF	RISK TITLE	CURRENT RISK	RISK TREND
2515	There is a risk to performance and service sustainability as a result of the staffing levels within Brachytherapy services being below those required for a safe resilient service leading to the quality of care and single points of failure within the service.	15	Risk Decreasing

SECTION 5

SMART ACTION PLAN

Action Ref	Action Plan	Owner	Assurance Level	Due Date	Progress Update	Date of Update	Impact of Changes on Risk	When the action is complete, detail the impact on assurance level/control
A1	Exploratory pilot project with Cardiff and Vale Health Board to scope real time digital solution to develop blood fate data set.	Lee Wong	IA	Jul-25	National oversight group is currently discussing with C&V in light of new supplier for All Wales LIMS solution.	14.5.24	No current funding route identified within LIMS and may need o be considered when the Infected Blood Inquiry (IBI) reports in May 24.	
A1.1	Working with DCHW to support the Blood Transfution Module of the new All Wales LIMS 2.0 , Track Care Lab Enterprise (TCLE).	Lee Wong	IA		Discussions ongoing about funding solutions for blood tracking/fating to patient,	14.5.24	No current funding route identified within LIMS and may need o be considered when the Infected Blood Inquiry (IBI) reports in May 24.	
A2	Blood Health National Oversight Group key work streams are underway identifying inappropriate use of blood.	Lee Wong	PA		Ongoing work under the remit of the BHNOG to support patient blood management initiatives, including	14.5.24	All Wales programmes which will ensure equity of care for patients.	
	review of outpatient activity to determine what could be repatriated back to Health Boards relasing capacity within the outpatient facility and providing care closer to home for the patient	Head of Medical Services			report to be received			
	formal demand and capacity operational group to be established to provide oversight of current and future plans, manage D&C plans and identify areas of concern with mitigations for escalation as appropraite	Head of Medical Services			Key objective for Head of Service onow commenced in role - as at Dec 2023			

SECTION 1

RISK ID	02	**RISK TITLE**	There is a strategic risk of failure to align our strategic objectives and intent with system partners, including within the health and social care system, third sector and industry partners which could result in an inability to deliver required change to achieve our medium to long term objectives.	**STRATEGIC GOAL**	2 - An internationally renowned provider of exceptional clinical services that always meet and routinely exceed expectations	**RISK SCORE TREND**	Risk score stable
RISK LEADS	**Carl James**	**Jacinta Abraham**	**Nicola Williams**	**RISK THEME**	Partnership Alignment		

SECTION 2

RISK SCORE (see definitions tab)

INHERENT RISK	LIKELIHOOD	IMPACT	TOTAL	12	CURRENT RISK	LIKELIHOOD	IMPACT	TOTAL	8	TARGET RISK	LIKELIHOOD	IMPACT	TOTAL	6
	3	4				2	4				2	3		

SECTION 3

Overall Level of Effectiveness: RATING **PE**

Overall Trend in Assurance THIS WILL HAVE A GRAPH

KEY CONTROLS

ID	Key Control	Owner	Preventative	Mitigating	Detective	Control Effectiveness Rating
	Trust Risk Register associated risk on Datix. (see section 4)			X		
1.3	Performance data and measures to clearly track progress against objectives				X	PE
2.1	Blood - core blood services commissioning arrangements			X		E
3.1	Local Partnership Forum		X	X		E
4.1	South Wales Collaborative Cancer Leadership Group system model to provide leadership across region			X		PE
5.1	Partnership Board arrangements with partner Health Boards model;			X		E
5.2	Partnerhsip with other stakeholders e.g. WAST, HEIW and University partnerships.		X			E
5.3	Effective regional /national commissioning of Trust services		x			PE

SOURCES OF ASSURANCE

1st Line of Defence	Assurance Rating	2nd Line of Defence	Assurance Rating	3rd Line of Defence	Assurance Rating
Linked through performance framework insight; new performance management	E	Strategic Development Committee/ Quality Safety and	PA	Wales Audit Office/Welsh Government	PA
Commissioning contracting reporting in place with LB partners; regional/national	E	Strategic Development Committee/ Quality Safety and	PA	Regulatory scope re MHRA tbc; clear stanadards for services understood and	E
Feedback from LPF; proven to be effective	E	Strategic Development Committee/ Quality Safety and	PA	Wales Audit Office	E
Agreed to model for next phase	NE	Strategic Development Committee/ Quality Safety and	PA	Wales Audit Office/Welsh Government	PA
Agreed to model for each organisation	PA	Strategic Development Committee/ Quality Safety and	PA	Wales Audit Office/Welsh Government	E
Good working relationships with regular communication	E	HIW	E	QSP	E
Regional commissioning groups in place and effective	PA	EMB; Strategic Development Committee; Quality, Safety		Wales Audit Office/Welsh Government	

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE
Across the models of working in strategic partnerships, there are common themes of control effectiveness – with the models largely in place, further development required on the ways of working/work programmes and even further development required on the reporting mechanisms	First line and second lines of defence assurance are in place to a certain extent	1.9; 1.7; 1.8
Establishment of new commissioning national commissioning function (WHSSC/EASC) regarding blood service commssissioning and specialsit cancer commissioning	Replace of CCLG not in place yet so no regioanl assurance regarding strategic alignment etc	1.9
Agreement of need for improved regionsal cancer commissiong (core services)		1.6; 1.8
Need for improved data/quality metrics to track perforamance	Provision of improved metrics to EMB; QSP and Trust Board	1.3; 1.4

SECTION 4

ASSOCIATED OPERATIONAL RISKS - According to risk appetite

DATIX RISK REF	RISK TITLE	CURRENT RISK	RISK TREND
	There are currently no associated operational risks according to the risk appetite to include		

SECTION 5

SMART ACTION PLAN

Action Ref	Action Plan	Owner	Due Date	Progress Update	Date of Update	Impact of Changes on Risk	When the action is complete, detail the impact on assurance level/control
1.4	Phase 1 complete. Development of Phase 2 of PMF with additionalperfromance measures/quality metrics commenced - delivery dates require firming up. Phase 2 elements commenced with a range of new quality indicators proposed for WBS and wider quality dimensions - approved by EMB in May 2024 - for consideration by SDC in May 2024. Progress made on provision of outcome measures/resource utilisation dashboard for all Site Specific Teams in VCS and resource	Carl James	Mar-24	Design stage commenced and a revised programme has been developed to support the delivery of phase 2.	14/05/2024	Anticipated it will reduce level of risk by providing additional insight on quality of services	The level of assurance should increase
1.5	Development of Value Based Healthcare programme to provide a range of outcome measures to support view on quality of care	Matt Bunce	Programme outputs to be confirmed	Programme established and staff on-boarded. Progress being made on a number of projects (Food mission; cancer dashboards etc. Progress made on provision of outcome measures/resource utilisation dashboard for all Site Specific Teams in VCS and resource utilisation (may 2024)	14/05/2024	Anticipated it will reduce level of risk by providing additional insight on quality of services	The level of assurance should increase
1.6	CCLG: formation of SE Wales Cancer Programme to evolve from CCLG	Carl James (will act as liason)	tbc	1. CEO agreement to Cancer programme sept 23 2. CEO lead identiifed 3. Programme Manager and resources partially identied 4. Commencement of programme (tbc). Still no commencement date. Further regional discussions at the regional summit on 6 june 2024	14/05/2024	Anticipated it will reduce level of risk by providing strengthening regional partnership arrangments and the quality of cancer services	The level of assurance should increase
1.7	WG review of NHS Wales strategic management / accountability arrangements will potentially identify how strategic alignment across the healthcare system can be stregthened. When completed the Trust will review and identify any actions which strengthen alignement	Carl James	April/May 2024	Trust received request to feed into the review process. Review in progress - NHS organisations have not received any further information at this stage. No further update received on the findings of the national review	14/05/2024	Unknown at this state	The level of assurance should increase
1.8	Trust included in SE Wales regional strategic planning programme (for wide range of services i.e. not only cancer (e.g. diagnostics etc)	Carl James	tbc subject to the programme dates	Chief Executive/Executive Director of Transformation/Executive Medical Director attended regional workshop to discuss shape of programme/strategic aligment on 6th December 2023. Regional programme working through implementation phase. Regional clinical summit on 6 June 2024 to discuss future regional plans	14/05/2024	Anticpated it will reduce the level of risk regarding strategic mis-alignment between the Trust/partners and the wider healthcare system.	The level of assurance should increase
1.9	Establishment of new national commissioning body (bringing WHSSC/EASC together)	Welsh Government	#####	Implementation of new commissioing body well progressed. New Commissioning Body established and LIVE	14/05/2024	Anticipated it will reduce level of risk by providing strengthening regional partnership arrangments	Action complete: increased level of assurance increased as national body with clear commissioning scope and powers

SECTION 1

RISK ID	03	**RISK TITLE**	There is a strategic risk of an optimised workforce supply and shape in order to effectively deliver quality services and achieve our medium to long term objectives.	**STRATEGIC GOAL**	1 -Outstanding for quality, safety and experience	**RISK SCORE TREND**	Risk score stable
RISK LEADS	Sarah Morley			**RISK THEME**	Workforce Supply and Shape		

SECTION 2

RISK SCORE (see definitions tab)

INHERENT RISK	LIKELIHOOD	IMPACT	TOTAL	16	CURRENT RISK	LIKELIHOOD	IMPACT	TOTAL	12	TARGET RISK	LIKELIHOOD	IMPACT	TOTAL	6
	4	4				4	3				2	3		

SECTION 3

Overall Level of Effectiveness:	**7 Levels of Assurance(see definitions tab)**	**RATING**	**PE**	**Overall Trend in Assurance**	THIS WILL INCLUDE A GRAPH

KEY CONTROLS / **SOURCES OF ASSURANCE**

ID	Key Control	Owner	Preventative	Mitigating	Detective	Control Effectiveness Rating	1st Line of Defence	Assurance Rating	2nd Line of Defence	Assurance Rating	3rd Line of Defence	Assurance Rating
	Trust Risk Register associated risk on Datix. (see section 4)			X		PE						
C1	Trust People Strategy, approved in May 2022, clearly noting the strategic intent of Workforce Planning - 'Planned and Sustained Workforce'	Sarah Morley	X			E	Tracking key outcomes and benefits map – aligned to Trust People Strategy	PA	Performance reporting to Executives and Trust Board	PA	Internal Audit Reports	PA
C2	Workforce Planning Methodology approved by Executive Management Board	Susan Thomas	X			E	Staff Feedback	PA	Trust Board reporting against Trust People Strategy	PA	To be completed as per compliance/reg tracker update	IA
C3	Workforce planning - skills development	Susan Thomas	X			PE	Provide operational managers with skills and capabilities to undertake effective	IA	Supply and Shape paper to EMB then QSP	PA	Wales Audit Workforce Planning National Review	IA
C4	Workforce Planning embedded into our Inspire Programme to develop Mangers and leaders in WP skills	Susan Thomas	X			PE	Evaluation sheets	IA	Supply and Shape paper to EMB then QSP	PA	Wales Audit Workforce Planning National Review	IA
C5	Additional workforce planning resources recruitment to support development of workforce planning approach and facilitate the utilisation of workforce planning methodology	Susan Thomas	X			PE	Staff Meeting to feedback on implementation plan	IA	Supply and Shape paper to EMB then QSP	PA	Wales Audit Workforce Planning National Review	IA
C6	Educational pathways in place for hard to fill roles in the Trust to support the recruitment of new skills and development of new roles	Susan Thomas	X			PE	Education and Training Steering Group	PA	Supply and Shape paper to EMB then QSP	PA	Internal Audit Reports	IA
C7	Widening access Programme in train to support development of new skills and roles	Susan Thomas	X			PE	Education and Training Steering Group	PA	Supply and Shape paper to EMB then QSP	PA	Internal Audit Reports - Education Strategy Audit	IA
C8	Workforce analysis available via ESR and Business Intelligence support	Susan Thomas	X			PE	Performance reports monthly to operational managers with improvemnt plans/actions set out.	PA	Performance reporting to Executives and Trust Board	PA	Internal Audit Reports - Education Strategy Audit	IA
C9	Hybrid Workforce Programme established to assess implications for planning a workforce following COVID and learning lessons will include technology impact assessments.	Sarah Morley			X	E	Agile Project and Programme Board - see comments below - programme now closed - updates on any future work progammes via EMB	PA	Policies and proceedures to be imbedded with Hybrid Working Principles	PA	Internal Audit	PA
C9	Monthly dashboard reports are provided to divisional SLTs to monitor performance, identify and manage any issues. Hotspot areas are identified and managead accordingly, such as establishment of Task and Finish Groups.	Susan Thomas	X	X	X	E	Regular monitoring at SLTs, where workforce dashboards monitor performance, identify and manage issues.	PA	Regular performance reports and Suply and Shape paper are submitted to EMB and QSP	PA	External Audit Reports - Managing Attendance at Work, Recruitment and Retention and Edication Strategy Audit (ongoing)	PA

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.
Gaps are evident in understanding agreed service models – both internally and regionally		
Each of the controls requires further development and progression, the plans for which are at varying levels of maturity		

SECTION 4

ASSOCIATED OPERATIONAL RISKS - According to risk appetite

DATIX RISK REF	RISK TITLE	INTIAL RISK RATING	CURRENT RISK RATING	TARGET RISK RATING	RISK TREND
3247	There is a risk to health and wellbeing of the medical workforce caused by the lack of consultation rooms and the overbooking of clinics due to high demand the impact will be increased workload and increased patient waiting times.	16	16	9	No shift in risk rating
3001	There is a risk to safety as a result of work related stress leading to harm to staff and to service delivery.	16	12	9	Risk has decreased from initial rating.

SECTION 5

SMART ACTION PLAN

Action Ref	Action Plan	Owner	Assurance Level	Due Date	Progress Update	Date of Update	Impact of Changes on Risk	When the action is complete, detail the impact on assurance level/control
1.1	The Healthy and engaged workplan to be implemented to support worforce capacity within the Trust	Sarah Morley	PA	COMPLETE	The Healthy and Engaged workplan 2024-25 was agreed at the Healthy and Engaged Steering Group on 09.03.2024. The Healthy and Engaged Workforce Steering Group reports quarterly to EMB.	14.05.2024		Impact on assurance level was updated in the Supply and Shape paper presented to QSP on 09.05.2024.
1.2	Establish Hybrid working arrangements as a core way in which the Trust undertakes some of its work.	Sarah Morley	PA	COMPLETE	The Hybrid Working project is presenting the details of a desk top booking approach to EMB in January 2023. This business case will then be further developed following EMB feedback. The Hybrid Working Toolkit has been developed in draft and will be finalised and published in February 2023.	21/12/2023	This programme of work is now completed - a close down report was taken to EMB in August 2023. An review of our infrastructure to support Hybrid Working is now being discussed, led by Estates	
1.3	Participate in the NWSSP International nurse recruitment Project	Sarah Morley	IA	COMPLETE	International nurse recruitment has commenced to recruit 17 WTE nurses by December to commence in March 2024. Progress is monitored via EMB. International nurses take up post on 25.03.2024	21/12/2023	13 overseas nurses have been recruited and onboarded and will start in March 2024.	
1.4	Develop and Implementation Plan for the People Strategy	Susan Thomas	PA	COMPLETE	A plan to implement the People Strategy will be presented to EMB in December.	21/12/2023	Presented to EMB Shape	
1.5	Development of a Strategic workforce plan	Susan Thomas	IA	Sep-24	Development of a Strategic workforce plan aligned to the Clinical Services Strategy is ongoing - a draft version of the plan will be presented following agreement of the clinical service strategy. Workforce models will be developed inline with the Clinical and Scientific Strategy	14/05/2024	The Clinical & Scietific Strategy is still under dvelopment. Work underway in the interim is described in the Workforce Supply & Shape Paper was presented to QSP Committee in May 2024	
1.6	Development of a Trust Retention Plan	Susan Thomas	IA	Jun-24	Retention plan is bening developed by the newly appointed Retention Lead. Retention plan updated to EMB monthly. Paper on the plan to be presented to EMB in May	14.05.2024		
1.7	Review Exit Interview Process	Susan Thomas	IA	COMPLETE	The Exit interview process has been rewritten. There is a new dashboard and automated process and engagement sessions have been delivered. A new procedure will be submitted to EMB	20.03.2024		

SECTION 1

RISK ID	04	**RISK TITLE**	There is a risk of failure to meet or exceed service expectations without the prevelance of a positive working environment, which is characterised by effective values and bahaviours, systems and processes	**STRATEGIC GOAL**	2 -An internationally renowned provider of exceptional clinical services that always meet and routinely exceed expectations	**RISK SCORE TREND**	Risk score stable
RISK LEADS	Sarah Morley			**RISK THEME**	Organisational Culture		

SECTION 2

RISK SCORE (see definitions tab)

	LIKELIHOOD	IMPACT	TOTAL			LIKELIHOOD	IMPACT	TOTAL			LIKELIHOOD	IMPACT	TOTAL	
INHERENT RISK	3	**4**	**TOTAL**	**12**	**CURRENT RISK**	3	**3**	**TOTAL**	**9**	**TARGET RISK**	2	**2**	**TOTAL**	**4**

SECTION 3

Overall Level of Effectiveness:	**7 Levels of Assurance(see definitions tab)**	**RATING**	**PE**	**Overall Trend in Assurance**	THIS WILL INCLUDE A GRAPH

KEY CONTROLS							**SOURCES OF ASSURANCE**					
ID	**Key Control**	**Owner**	**Preventative**	**Mitigating**	**Detective**	**Control Effectiveness Rating**	**1st Line of Defence**	**Assurance Rating**	**2nd Line of Defence**	**Assurance Rating**	**3rd Line of Defence**	**Assurance Rating**
	Trust Risk Register associated risk on Datix. (see section 4)			X								
C1	Trust Strategies and enabling strategies (including people, RD&I and Digital) launched November 2023 to provide clarity and alignment on strategic intent of the Organisation	Carl James	X			E	Working group led by CJ	PA	Trust Board reporting on strategy and controls via cycles of business	PA	To be completed as per compliance/ reg tracker updates	PA
C2	Developed Capacity of the Organisation – set out in the Education Strategy and implementation plan to support the educational development of the Organisation to support the Trust direction	Susan Thomas	X			PE	Education and training steering group	IA	Trust Board reporting on strategy and controls via cycles of business	IA	To be completed as per compliance/ reg tracker updates	IA
C3	Management and Leadership development in place to provide a infrastructure to develop compassionate leadership and managers established via the creation of the Inspire Programme with development from foundations stages in management to Board development	Susan Thomas	X			PE	Education and training steering group	PA	Highlight Report to EMB from Education and Training Steering Group on a quarterly basis	PA	Internal Audit Reports	IA
C4	Values to be reviewed and Behaviour framework to be considered	Susan Thomas	X			PE	Healthy and Engaged Steering Group and Education and Training Steering Group	PA	Reported through EMB Shape to Strategic Development Committee	IA	Internal Audit Reports	IA
C5	Communication infrastructure in place to support the communication of leadership messages and engagement of staff	Lauren Fear	X			PE	Healthy and Engaged Steering Group	IA	Reported through EMB to QSP	IA	Internal Audit Reports	IA
C6	Health and Wellbeing of the Organisation to be managed –with a clear plan to support the physical and psychological wellbeing of staff	Susan Thomas	X			PE	Health and Wellbeing Steering Group	PA	Supply and Shape paper to EMB then QSP	IA	Internal Audit Reports	IA
C7	Governance arrangements in place to monitor and evaluate the implementation of plans	Lauren Fear	X			PE	Workforce and OD steering groups and internal governance	PA	Steering Groups' highlight reports to Executive Management Board	PA	Internal Audit Reports	IA
C8	Performance Management Framework in place to monitor the finance, workforce and performance of the Organisation	Carl James	X			PE	PMF Workling Group	PA	Exucutive Management Board	PA	Internal Audit Reports	IA
C9	Service models in place to provide clarity of service expectations moving forward	Susan Thomas	X			PE	SLT Meetings	IA	Supply and Shape paper to EMB then QSP	IA	Internal Audit Reports	IA
C10	Aligned workforce plans to service model to ensure the right workforce is in place	Cath O'Brien	X			PE	SLT Meetings and Educationa and Training Steering Group	IA	Supply and Shape paper to EMB then QSP	IA	Internal Audit Reports	IA

GAPS IN CONTROLS	**GAPS IN ASSURANCE**	**ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.**
Each of the controls requires further development and progression, the plans for which are at varying levels of maturity		
Requires a cohesive and holistic Organisation alignment between performance management, service improvement, leadership behaviours and people practices to deliver the desired culture		

SECTION 4

ASSOCIATED OPERATIONAL RISKS - According to risk appetite

DATIX RISK REF	**RISK TITLE**	**INTIAL RISK RATING**	**CURRENT RISK RATING**	**TARGET RISK RATING**	**RISK TREND**
3001	There is a risk to safety as a result of work related stress leading to harm to staff and to service delivery.	16	12	9	Risk has decreased from initial rating.

SMART ACTION PLAN

Action Ref	**Action Plan**	**Owner**	**Assurance Level**	**Due Date**	**Progress Update**	**Date of Update**	**Impact of Changes on Risk**	**When the action is complete, detail the impact on assurance level/control**
1.1	Implement a routine of conversations with staff and members of the Executive Team, Divisional Senior Leadership Teams and Extended Leadership Team.	Sarah Morley	PA	Jun-24	The four leadership teams have a established a working group to implement the 'Working Together to Build our Future' ongoing series of discussions across the organisation. These bagan in September 2023 and will act as a temperature check on how staff are feeling on the ground about the organisation both in routine arrangements and also the changes that are taking place around them. These conversations will also provide the opportunity to talk about the Trust Strategy. Themes from the first eight weeks of conversations have been fed back via a video message. A summary of the themes and proposed actions will be presented to EMB in May 2024. This paper also proposes that the conversations continue as routine in person and virtually.	14/05/2024	The outputs from the WT Sessions are being mapped into the Refresh of the Building Our Future Together Organisational Development Approach. New Sessions are now being scheduled which will cover staff across the bases in Wales	
1.2	Consider fedback from Trust data on the culture of the organisation in a holistic overview in order that the Executive Team and Board can evaluate interventions in place and the forward plan to ensure a positive and effective culture.	Sarah Morley	PA	Jul-24	Data is being triangulated to understand the current climate within the organisation. A plan is being developed to ensure that appropriate interventions are in place or being introduced to support a positive and supportive cultre within the organidation. Many elements of employee voice are being considered as part of this work. results of the NHS Staff survey have begun to be distilled to further develop our work programme	14/05/2024	We received the Trust level data from the 2023 staff survey with the more detailed dahsboards following in May. This data will be used to over lay with other feedback. The areas of data have been mapped onto the current workstreams and management groups to ensure that this will enusre action is taken under the appropriate workstream.	
1.3	A staff engagement project to understand levels of staff engement and also review the Trust Values	Sarah Morley	PA	COMPLETE	A first report against the review of the Trust values was presented to EMB in December 2022. It was decided at that meeting that a broader piece of work was needed to ensure that Trust values were bulit on the culture the organisation was striving to achieve to deliver its ambitions under the Destination 2033 strategy. a 2nd Phase of engagement activity has been underway with staff, patients and donors. Further opportunities will be provided for Executive management Board and Trust Board to shape this work in November and December 2023.	21/12/2023		
1.4	Promotion of the Speaking Up Safely Framework	Sarah Morley	PA	COMPLETE	The initial task and finish group to establishe the Speaking up Safely Framework in Velindre has been completed. Communication and governance processes are in place.	14/05/2024	Initial programme completed - ongoing work to trianguate with wider cultural work	

SECTION 1

RISK ID	05	**RISK TITLE**	There is a strategic risk that the Trust fails to sufficiently consider, optimise the opportunities and effectively manage the risks of new and existing technologies, including considerations of Artificial Intelligence and Information Security	**STRATEGIC GOAL**	125	**RISK SCORE TREND**	Risk score stable
RISK LEADS	Carl James			**RISK THEME**	Digital Transformation		

SECTION 2

RISK SCORE (see definitions tab)

INHERENT RISK	LIKELIHOOD	IMPACT	TOTAL		CURRENT RISK	LIKELIHOOD	IMPACT	TOTAL		TARGET RISK	LIKELIHOOD	IMPACT	TOTAL	
	4	4		16		3	4		12		2	4		8

SECTION 3

Overall Level of Effectiveness: **RATING** **PE** **Overall Trend in Assurance** THIS WILL BE A GRAPH

KEY CONTROLS **SOURCES OF ASSURANCE**

ID	Key Control	Owner	Preventative	Mitigating	Detective	Control Effectiveness Rating	1st Line of Defence	Assurance Rating	2nd Line of Defence	Assurance Rating	3rd Line of Defence	Assurance Rating
	Trust Risk Register associated risk on Datix. (see section 4)			X		E						
C1	Trust Digital Strategy - Published Oct '23	Carl James	X			E	Tracking key outcomes and benefits map – aligned to Trust Digital Strategy - Digital Programme Board	PA	EMB Shape	PA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA
C2	Active work ongoing to leverage existing and deliver on new technologies – e.g. LIMS, IRS, BECS, EPMA	Chief Digital Officer		X		E	Trust Digital governance reporting - WBS Futures - Velindre Futures - Digital Programme Board	PA	EMB Shape	PA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA
C3	Training & Education packages to develop internal capabilities – including for exec and Board	Chief Digital Officer	X			PE	Staff feedback - KLAS Survey	IA	EMB Shape	IA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA
C4	Training & Education packages for donors, patients	Chief Digital Officer	X			PE	Patient and Donor feedback	IA	EMB Shape	IA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal	Not Assessed
C5	Ring-fencing digital advancement in Trust budget – benchmark 4%	Chief Digital Officer	X			E	Review of proposals via EMB/Board Digital IMTP	IA	EMB Shape / EMB Run	IA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	IA
C6	Specifically development of digital resources capacity and capability	Chief Digital Officer	X			PE	Review of proposals via EMB/Board Digital Programme Board	PA	EMB Shape	PA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit/ Centre for Digital Public Services	PA
C7	Digital inclusion in wider community	Chief Digital Officer	X			E	Tracking key outcomes and benefits map – aligned to Trust Digital Strategy Joint plan with Digital Communities Wales	PA	EMB Shape	PA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit / Digital Communities Wales	PA
C9	Prioritisation and change framework to manage service requests	Chief Digital Officer	X			PE	Trust Digital governance reporting - WBS Futures - Velindre Futures - Digital Programme Board IMTP	PA	EMB Shape	IA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA
C10	Levels of unsupported applications/ legacy systems	Chief Digital Officer			X	PE	Trust Digital governance reporting Digital Programme Board	PA	EMB Shape / EMB Run / Cyber Action Plan	PA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA
C11	Trust digital Governance	Carl James		X		E	Trust Digital governance reporting - WBS Futures - Velindre Futures - Digital Programme Board IMTP	PA	EMB Shape	IA	Wales Audit OfficeSIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA
C12	Framework of lead and lag indicator reporting into Trust digital governance structure, integrated into wider performance framework	Chief Digital Officer			X	PE	Review via Divisional SMT/SLT	PA	EMB Run	PA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA
C13	Cyber Assurance Controls in place	Chief Digital Officer		X		E	Review via Divisional SMT / SLT/ Cyber Security eLearning (Stat. & Mand)/ Board Development Sessions.	PA	EMB Shape / EMB Run	PA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit/WG/CRU as competent authority for NIS	PA
C14	Digital transformation is guided by an agreed digtial architecture.	Chief Digital Officer	X	X		PE	Digital Programme Board Digital Design Authority being established	IA	EMB Shape	IA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	Not Assessed

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE
Agreed Digital Inclusion plan - C4,C7 - This has now been agreed by EMB/SDC and is no longer a gap in control	Assurance Arrangements for Digital Architecture will need to be established - intent	
Digital architecture needs to be developed to guide digital transformation activities - Digital Design Authority is in the process of being set up	Data and Insight prioritisation as this becomes part of the Digital Services team -	
C9 - Change Advisory Board needed		

SECTION 4

ASSOCIATED OPERATIONAL RISKS - According to risk appetite

DATIX RISK REF	RISK TITLE	CURRENT RISK	RISK TREND
92	There is a risk to COMPLIANCE as a result of the inadequate oversight of supplier contracts, procurement governance etc., leading to difficulties in complying with internal governance for contract management, renewals and procurement activity.	12	Risk trend is increasing with capacity constraints in the procurement teams supporting the Trust
R022 (EPMA)	There is a risk that there will not be a resource available from the Pharmacy team to both lead and support the evaluation panel activities (before and during) from a clinical perspective, caused by staff shortages, resulting in slippage of timescales in publishing and awarding the supplier	16	Lead Digital Pharmacist in place - risk closed from TAF
3193/3197 (BECS)	There is a risk to QUALITY as a result of failing to secure sufficient funding for the delivery of a new Blood Establishment Computer System (BECS) contract and software platform leading to degredation of critical WBS (NHS Wales) supply chain activities	15	Outline Business Case at EMB/SDC in April '24
R008 (WHAIS)	There is a risk that the LIMS solution will not support the required interactions between WHAIS and WBMDR because commercial H&I solutions are not designed to support an integrated donor registry. If no workaround is identified this would prevent WHAIS from being able to maintain its current HSCT clinical services.	20	Part of the remit of the WHAISIT project group is to carefully plan the implementation activities to minimise impact and disruption. This includes identifying the future relationship between WHAIS and WBMDR. Appropriate requirements will be stimulated in the URS.
2651	There is a risk to Financial Sustainability as a result of the introduction of a new interfacing policy by MAK-System for devices connected to ePROGESA, leading to organisational cost pressures, reputational damage and/or delays in realising IMTP and other strategic benefits.	12	Additional funding needs to be made available for a Blood Establishment Computer System re-procurement through to 2027

SMART ACTION PLAN

Action Ref	Action Plan	Owner	Assurance Level	Due Date	Progress Update	Date of Update	Impact of Changes on Risk	When the action is complete, detail the impact on assurance level/control
1.1	Establishment of a Digital Programme, including key controls for digital inclusion and digital architecture	Chief Digital Officer	PA	Complete	Digital Programme has now been established from Oct '23 Now meets on a bi-monthly basis	May-24	As the Programme continues to develop the overall level of risk should reduce by reducing the likelihood scores	The level of asurance should increase.
1.2	Create the Trust Digital Reference Architecture to support C14 and others	Chief Digital Officer	IA	Feb-23	Digital Programme has now been established from Oct '23. This includes a Digital Design Authority to oversee the reference architecture. The Digital Strategy has now been published and a draft insfrastructure strategy (reference architecture) is available.	May-24	Terms of reference for the Digitial Programme include the creation of Digital Design Authority which is in the process of being stood up in Q4 23/24. Digital Design Authority is still to formally meet.	The level of asurance should increase.
1.3	Approve the Digital Inclusion plan so that it can be used as the control point	Chief Digital Officer	IA	Complete	Plan approved at EMB/SDC Quality Impact Assessment Completed and Approved	May-24	improvement in the position on C7	The level of asurance should increase.
1.4	C13 - Embed new Head of Cyber Security	Chief Digital Officer	IA	Complete	Head of Cyber Security has been appointed from Dec '23	May-24	Dedicated post now in place to lead on cyber - will still be a single point of failure - Request into Trust reserves for a	C13 to move to Effective
1.5	C9 - Prioritisation framework needs to be established for the Data and Insight Service	Chief Digital Officer	IA	Complete	Data and Insight formative paper presented at April EMB Shape / Strategic Development Committee	May-24	Will contribute to reduction in likelihood of risk	C9 would move to Effective
1.6	Identify external benchmark / standards for the Digital Services (e.g. ISO27001 ./ ITIL)	Chief Digital Officer	IA	Jun-24	Will start with identification of standards for Digital Service (through new ITSM tool) and Cyber Security IT Infrastructure Library (ITIL) will form the basis of standards for Digital Service Cyber Essentials will be used for Cyber plan alongside Cyber Resilience Unit review	May-24	Will contribute to reduction likelihood of risk	Assurance controls should better represent best practice
1.7	Develop an implementation plan for the Digital Strategy to sit between the strategy and IMTP, including investment	Chief Digital Officer	IA	Jun-24	To be reviewed at May EMB	May-24	Will contribute to reduction likelihood of risk	Assurance controls should better represent best practice
1.7	Introduce a Change Advisory Board (CAB) to manage digital changes to service.	Chief Digital Officer	IA	Jun-24	Scope fror CAB has been established and will meet for the first time in May	May-24	Will contribute to reduction likelihood of risk	Assurance controls should better represent best practice, around C9

SECTION 1

RISK ID	06	**RISK TITLE**	There is a strategic risk that the organisational and clinical governance arrangements do not provide appropriate mechanisms and culture to achieve our medium to long term objectives.	**STRATEGIC GOAL**	1 - Outstanding for quality, safety and experience	**RISK SCORE TREND**	Risk score stable
RISK LEADS	Lauren Fear			**RISK THEME**	Organisational and Clinical Governance		

SECTION 2

RISK SCORE (see definitions tab)

INHERENT RISK	LIKELIHOOD	IMPACT	TOTAL		CURRENT RISK	LIKELIHOOD	IMPACT	TOTAL		TARGET RISK	LIKELIHOOD	IMPACT	TOTAL	
	4	4		16		3	4		12		2	4		8

SECTION 3

Overall Level of Effectiveness: Refer to 7 Levels of Assurance (see definitions tab)	**RATING**	E	**Overall Trend in Assurance** Refer to 7 Levels of Assurance (see definitions tab)	THIS WILL INCLUDE A TREND GRAPH

KEY CONTROLS

ID	Key Control	Owner	Preventative	Mitigating	Detective	Control Effectiveness Rating
C1	Trust Risk Register associated risk on Datix. (see section 4)	Lauren Fear		X		E
C2	Annual Assessment of Board Effectiveness	Emma Stephens			X	E
C3	Board Committee Effectiveness Arrangements	Lauren Fear	X			E
C4	Board Development Programme	Lauren Fear	X			PE
C5	Quality of assurance provided to the Board	Lauren Fear	X			PE
C6	External benchmarking of Governance, Assurance & Risk best practice as part of the Governance, Assurance & Risk programme of work	Lauren Fear	X			PE
C7	Cross-reference of Integrated Medium Term Plan objectives to strategic objectives in the Trust Assurance Framework	Lauren Fear	X			NE

SOURCES OF ASSURANCE

1st Line of Defence	Assurance Rating	2nd Line of Defence	Assurance Rating	3rd Line of Defence	Assurance Rating
Annual Board Effectiveness Survey	6	Audit Committee	6	Internal Audit Reports	6
Annual Self- Assessment against the Corporate Governance in Central Governance Departments: Code of Good Practice 2017		Trust Board		Audit Wales Structured Assessment Programme / Reports	
				Joint Escalation & Intervention Arrangements	
Internal Audit Review	4	Audit Committee	4	Internal Audit of Board Committee Effectiveness	4
		Trust Board		Audit Wales Structured Assessment	
				Audit Wales Review of Quality Governance Arrangements	
Programme established	4	Trust Board in Board Development	4	Specialist external input as required, for instance on Socio-economic Duty	4
Quality of Board papers and supporting information effectively enabling the Board to fulfil its assurance role.	4	Trust Board assessment via formal annual and additional effectiveness review exercises	4	Internal Audit Reports. Audit Wales Structured Assessment Programme/Reports	4
Full cross-reference of Governance, Assurance and Risk work into TAF 06 in this respect	4	Governance, Assurance & Risk Steering Group and Trust Board in Board Development input	4	Benchmarking input	4
Exercise to be completed	1	Trust Board in Board Development	1		

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.
None	Third line of defence in respect of C4 - Board Development Programme	Refreshed programme to be discussed and agreed in February 2024 Board Development session

SECTION 4

ASSOCIATED OPERATIONAL RISKS - According to risk appetite

DATIX RISK REF	RISK TITLE	CURRENT RISK RATING	RISK TREND
	There are currently no associated operational risks according to the risk appetite to include		

SMART ACTION PLAN

Action Ref	Action Plan	Owner	Assurance Level	Due Date	Progress Update	Date of Update	Impact of Changes on Risk	When the action is complete, detail the impact on assurance level/control
1.0	Develop and implement formal Governance, Assurance and Risk Programme as part of Trust wide Organisational Development programme of work.	Lauren Fear	4	Complete	Governance, Assurance and Risk (GAR) Programme of work consisting of 20 projects across the spectrum of work progressing well through 2023/24, final analysis of progress to be confirmed and agreed in February 2024 Board Development session	14.5.24	Impact to be asseessed when programme delviered	
2.0	Refresh of Trust Assurance Framework risks	Lauren Fear	6	Complete	Project TAF 2.0 within the GAR Programme is due to complete in January 2024 Trust Board, risks then to be reviewed on a monthly basis and reported through governance routes accordingly	14.5.24	Requirement for C7 to be put in place	
3.0	Revised reporting mechanism to be developed	Lauren Fear	4	Complete	Project TAF 3.0 within the GAR Programme is undertaking a review of the reporting mechanism and aligning with appropriate committees, currently EMB Shape, Strategic Development Committee, Audit Committee and Trust Board. Work has taken place to initiate regular review and process within senior teams. Good progress made however further embedding required with Senior Leadership Teams.	14.5.24	Impact to be asseessed when delviered	
4.0	Trust Assurance Framework will be mapped through Governance Cycle	Lauren Fear	6	Complete	Work is complete to map Trust Assurance Framework through governance cycles, at present the TAF is received at appropriate committees, EMB Shape, Strategic Development Committee, Audit Committee and Trust Board	14.5.24	Requirement for C7 to be put in place	
5.0	External benchmarking of Governance, Assurance & Risk best practice as part of the Governance, Assurance & Risk programme of work	Lauren Fear	4	Jul-24	Full cross-reference of Governance, Assurance and Risk work into TAF 06 in this respect	14.5.24	Impact to be asseessed when programme delviered	
6.0	Cross-reference of Integrated Medium Term Plan objectives to strategic objectives in the Trust Assurance Framework to be completed and agreed with Trust Board	Lauren Fear	1	Jul-24	To be discussed in February 2024 Trust Board development session to then incorporate into reporting from April onwards	14.5.24	Impact to be asseessed when delviered	

SECTION 1

RISK ID	07	**RISK TITLE**	There is a strategic risk that Velindre Cancer Service patient outcomes / experience may be adversely affected due increasing service demands, the need for significant service delivery transformation to meet the rapidly changing and complex treatment regimes, staffing challenges, and lack of consistent quality, outcome and mortality metrics.	**STRATEGIC GOAL**	1 -Outstanding for quality, safety and experience	**RISK SCORE TREND**	Risk score stable
RISK LEADS	Jacinta Abraham	Nicola Williams	Chief Operating Officer	**RISK THEME**	Patient Outcomes		

SECTION 2

RISK SCORE (see definitions tab)

	LIKELIHOOD	IMPACT	TOTAL		LIKELIHOOD	IMPACT	TOTAL		LIKELIHOOD	IMPACT	TOTAL	
INHERENT RISK	4	4		16								
CURRENT RISK					4	4		16				
TARGET RISK									2	4		8

SECTION 3

Overall Level of Effectiveness: **7 Levels of Assurance(see definitions tab)**	**RATING**	**NE**	**Overall Trend in Assurance**	

KEY CONTROLS | **SOURCES OF ASSURANCE**

ID	Key Control	Owner	Preventative	Mitigating	Detective	Control Effectiveness Rating	1st Line of Defence	Assurance Rating	2nd Line of Defence	Assurance Rating	3rd Line of Defence	Assurance Rating
C1	Trust Risk Register associated risk on Datix. (see section 4)			X								
C2	Capacity and demand planning and forecasting	Interim Director VCS / COO	As per TAF 01 C12									
C3	Multiprofessional Workforce Planning	Interim Director VCS / Director OD & Workforce	X	X		NE	Velindre Cancer Service Senior Leadership Team	IA	Executive Management Board	IA	Quality, Safety and Perfromance Committee	IA
C4	Quality and safety monitoring (Via PMF)	Interim Director VCS / Exec Director Strategic Tranformation, Planning and Digital / Exec Director Nurisng, AHP & HCS			X	NE	VCS Quality & Safety Group / VCC SLT / Intergrated Quality and Safety Group	NE	Executive Management Board	NE	Quality, Safety and Perfromance Committee	NE
C5	Pathway delivery programme/Service Improvement Programmes: focus on delivery against national optimum pathways, reduction in variation, quality & safety priorities (via the Safe Care Collaborative), realignment of roles and responsibilities ensuring patients remain at centre of service delivery (also see TAF 01)	Interim Director VCS / COO	X			PE	Pathways Programme VCS/ VCS Quality & Safety Group / VCS Senior Leadership Team	IA	Executive Management Board	NA	Quality, Safety and Perfromance Committee	NA
C6	Effective processes in place to capture patient experience, ensuring effective listening and learning	Interim Director VCS / Exec Director Nursing, AHP & HCS			X	PE	Velindre Cancer Service Senior Leadership Team/Intergrated Quality and Safety Group	IA	Executive Management Board	IA	Quality, Safety and Perfromance Committee	IA
C7	Mortality review process and monitoring	Interim Director VCS / Exec Medical Director			X	NE	Velindre Cancer Service Senior Leadership Team/Intergrated Quality and Safety Group	NA	Executive Management Board	NA	Quality, Safety and Perfromance Committee	NA
C8	Patient reported outcome monitoring (SST level to Board)	Interim Director VCS / Exec Medical Director / Exec Director Finance			X	NE	Velindre Cancer Service Senior Leadership Team/Intergrated Quality and Safety Group	NA	Executive Management Board	NA	Quality, Safety and Perfromance Committee	NA
C9	Velindre Oncology Acadamy establishment	Exec Director Nursing, AHP & HCS	X	X		NE	VOA Implementation Group	IA	Executive Management Board	NA	Quality, Safety and Perfromance Committee	NA
C10	Clinical audit process and systems in place	Head of Nursing / CD VCS / Exec Medical Director	X	X	X	PE	Velindre Cancer Service Senior Leadership Team/Intergrated Quality and Safety Group	IA	Executive Management Board	IA	Quality, Safety and Perfromance Committee	IA
C11	Quality & Safety Tracker (improvement monotoring)	Interim Director VCS / Exec Director Nursing, AHP & HCS		X	X	PE	VCS Quality & Safety Group / VCS SLT	PE	Integrated Quality & Saefty Group / Executive Management Board	PE	Quality, Safety and Perfromance Committee	PE

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.
Service level to Board monitoring of national standards delivery eg. NICE	Quality & Safety Tracker continues to be refined - not at its optimum	A1
Service level to Board intergrated dashboards	Quality Metrics under development	A2
Patient reported outcome measures across all SSTs, with service level to Board reporting	PROMa not in place	A3
Robust and consistent administrative processes for referrals and bookings		A4, A5, A6,A7

SECTION 4

ASSOCIATED OPERATIONAL RISKS - According to risk appetite

DATIX RISK REF	RISK TITLE	CURRENT RISK RATING	RISK TREND
2187	Radiotherapy Physics Staffing There is a risk of the radiotherapy physics team being unable to complete core and developmental tasks due to inadequate staffing. This staff group is key in ensuring quality and safety of radiotherapy treatments. This may result in - patient treatment delay - Radiotherapy treatment errors.- key projects not keeping to time e.g. commissioning of essential systems - suboptimal treatment - either due to lack of planning time or lack of developmental time	15	Risk Stable
2465	Number of emails medics are receiving, especially those related to clinical tasks.	16	Risk Stable
2579	There is a risk to performance and service sustainability as a result of training curriculum changing to include acute oncology leading to inability to secure the required number of Palliative Care Trainees	15	Risk Stable
2515	There is a risk that staffing levels within Brachytherapy services are below those required for a safe resilient service. This may result in a lack of resource to develop the service, investigate incidents and cover for absences. This may impact on the quality of care due to a reduction in resilience and development of the service	15	Risk Stable
2612	Acute Oncology Service (AOS) Workforce Gaps	15	Risk Stable

SECTION 5

SMART ACTION PLAN

Action Ref	Action Plan	Owner	Assurance Level	Due Date	Progress Update	Date of Update	Impact of Changes on Risk	When the action is complete, detail the impact on assurance level/control
Actions also aligned with TAF 01 re capacity and demand mapping and service reconfiguration								
A1	An electronic mechanism to be introdcued to monitor compliance with relevant national standards and guidance, including NICE, delivery plans and national frameworks.	Interim Director VCC	0	Sep-24	Q-pulse being procured. Options appraisal to be undertaken to consider Blue light, Q-Pulse and AmAT systems and agree on which system would be the most effective and efficient	14.5.24	Change will reduce risk through having enhanced mechanisms to implement new clinical changes in a timely manner	Enhanced control and assurance
A2	AmAT Quality & Safety Tracker to be fully embedded as the tracker across VCS	Interim Director VCC	2	Mar-24	AmAT rolled out and all open improvement plans moved across onto the system. Some teams require ongoing support to keep tracker live and up to date.	22.3.24	Change will reduce risk by having effective mechanisms to ensure that identified quality and safty improvements have been implemented and had the desired impact	Enhanced control and assurance
A3	Intergrated Quality and Safety dashboards to be developed that align with PMF	Exec Director Transofrmation, planning, performance and digital	2	Aug-24	Initial quality, safety and outcome metrics& implementation plan agreed	14.5.24	Should reduce risk	Enhanced control and assurance
A4	Value Based Healthcare patient reported outcome plan to be fully delivered (PROM measures across all SSTs agreed and electronic system implemented)	Exec Medical Director / Exec Finance Director	2	Mar-26	Working Group established within VCS, Lead by the VBHC Team & external company PCS	14.5.24	Should long term reduce risk	Enhanced assurance
A5	Single electronic patient referral system into the Cancer Service to be developed and implemented	Interim Director VCS / Head of Operations VCS	1	Mar-25	Work commenced	14.5.24	Reduce risk	Enhanced control
A6	Overall review of booking systems (including SACT) to be undertaken and revised processes implemented	Interim Director VCS / Head of Operations VCS / Head of Nursing	1	Sep-24		14.5.24	Reduce risk	Enhanced control
A7	Recommendations from SACT treatment helpline peer review to be fully implimented	Interim Director VCS	1	Sep-24	SACT telephone helpline report received and action plan developed	14.5.24	Change will reduce risk by further enhancing safety of the SACT Telephone helpline	Enhanced control
A8	Transformational multi professional workforce plans across all areas of the cancer service	Director OD & Workforce	1	Mar-26	Opportunities for mult-professional consultant posts being considered	14.5.24	Reduce risk	Enhanced control
A9	Finalise the delivery of BI solution to ensure robust service level to board mortality data monitoring in line with legislative and best practice standards	Exec Director Transofrmation, planning, performance and digital	1	Jun-24	Data tool in development, system validation issues identified	14.5.24	Change will reduce risk by having robust mortality monitoring leading to further reviews and identification of further areas for improvement	Enhanced control and assurance
A10	Implement a robust mortality review and reporting infrastructure that includes reviewing how and for what cases mortality reviews are undertaken and outcomes reporting	Exec Medical Director / Exec Finance Director	1	Aug-24	Benchmarking undertaken and Trust process have been reviewed based on benchmarking outcomes and review of national standards	14.5.24	Change will reduce risk by having robust mortality monitoring leading to further reviews and identification of further areas for improvement	Enhanced assurance
A11	Fully roll out the Q-Pulse system across all services at VCS and Trust	Interim Director VCS & Director Corportae Governance	1	Mar-25	Project group being established, project leads identified. Trust wide Q-Pulse system procured	14.5.24	This enhanced document management system will reduce risk by having far greater governance in respect of SOP's, policies procedures, guidelines etc	Enhanced control and assurance
A12	Implementation of the patient engagement framework	Director Corporate Governance e	2	Mar-25	Complete	14.5.24	Reduce risk	Enhanced control and assurance
A13	Fully embed a robust Clinical & Scientific infrastructure including establishment of a robust multi-professional Clinical & Scientific Board	Director / Exec Director Nursing, AHP & HCS	2	Aug-24	Clinical & Scientific Board established. Terms of Reference endorsed by EMB. Long Term Management Support to be secured.	15.05.2024	Risk will reduce by having enhanced strategic clinical and scientific direction supporting effectve prioritisation and decision making.	Enhanced control
A14	Develop the Clinical & Scientific Strategy with a clear deliverable implementation plan	Exec Medical Director / Exec Director Nursing, AHP & HCS	1	31/06/2024	Strategy under development following extensive engagement. Draft strategy will be developed to commence consultation in may 2024. Long Term Management Support to be secured to drive forward delivery of the startegy (same post as one described above)	15.05.2024	Risk will be reduced by having clear clinical and scientific direction informed by research, national standards and patient / donor requirements	Enhanced control
A15	Undertake a review of the manaement of inpatients with altered airways - including a regional working group and commissioning of an external peer review	Head of Nursing / CD VCS	0	Aug-24	Regional working group established and proposals due to VCC SLT & EMB in May 2024.	15.05.2024	Risk will reduced by ensuring robust safety wrap in respect of patients with altered airways	Enhanced control

SECTION 1

RISK ID	08	RISK TITLE	There is a strategic risk that the Trust becomes financially unsustainable if it does not secure sufficient funding for the provision of services and does not maximise its use of resources. Unwarranted variation could impact the value and effectiveness of the care our patients and donors receive.	STRATEGIC GOAL	1 -Outstanding for quality, safety and experience 5 - A sustainable organisation that plays it part in creating a better future for people across the globe	RISK SCORE TREND	Risk score stable
RISK LEADS	Matthew Bunce			RISK THEME	Financial Sustainability and Long-Term Value		

RISK SCORE (see definitions tab)

INHERENT RISK	LIKELIHOOD	IMPACT	TOTAL	16	CURRENT RISK	LIKELIHOOD	IMPACT	TOTAL	12	TARGET RISK	LIKELIHOOD	IMPACT	TOTAL	8
	4	4				3	4				2	4		

SECTION 3

Overall Level of Effectiveness: 7 Levels of Assurance(see definitions tab)	RATING	E	Overall Trend in Assurance	THIS WILL INCLUDE A TREND GRAPH

KEY CONTROLS | **SOURCES OF ASSURANCE**

ID	Key Control	Owner	Preventative	Mitigating	Detective	Control Effectiveness Rating	1st Line of Defence	Assurance Rating	2nd Line of Defence	Assurance Rating	3rd Line of Defence	Assurance Rating
FSLTV1	Divisional Financial Outturn	Head of Financial Planning & Reporting and Head of Finance Business Partner / Budget Holders			x	E	Budget holders, reports and training	not assessed	Divisional Finance Reports and Performance; Finance Business Partners	PA	Internal Audit / External Audit	PA
FSLTV2	Quarterly Finance Reviews	Deputy Director of Finance / Head of Finance Business Partnering			x	PE	Directorate Level Budget holders, reports and training	not assessed	Divisional Finance Reports and Performance; Finance Business Partners	PA	Internal Audit / External Audit	PA
FSLTV3	Divisional Performance Review	Executive Director of Finance / Deputy Director of Finance			x	PE	Divisional Senior Leadership Teams, reports	not assessed	Executive Finance Reports; Senior Finance Team	PA	Internal Audit / External Audit	PA
FSLTV4	Executive and Trust Board Reporting	Executive Director of Finance			x	E	Executive Budget Holders / Programme SROs	not assessed	Trust Board Finance Reporting; Senior Finance Team; QSP Committee; Trust Board	PA	Internal Audit / External Audit	PA
FSLTV5	Statutory and Mandatory Financial Reporting (inc. Annual Accounts)	Executive Director of Finance			x	E	Executive Budget Holders / Programme SROs	not assessed	Trust Board Finance Reporting; Senior Finance Team; MMRs; Welsh Costing Returns; Audit Committee; Trust Board	PA	Welsh Government / NHS Executive (FP&D) / External Audit	PA
FSLTV6	Finance and Investment: Enhanced Monitoring	Executive Director of Finance			x	PE	Executive Budget Holders / Programme SROs	not assessed	Trust Board Finance Reporting; Senior Finance Team	PA	Internal Audit / External Audit	PA
FSLTV7	Collective Commissioners Review	Deputy Director of Finance		x		PE	Directorate Level Budget holders, reports and training	not assessed	Collective Commissioning Group LTA reporting	IA	LHB Commissioners	IA
FSLTV8	Investment Appraisal	Executive Director of Finance / Executive Director of Strategic Transformation, Planing & Digital	x			PE	Executive Budget Holders / Programme SROs	not assessed	Capital Planning and Delivery Group; Strategic Capital Board; Executive Management Board; Strategic Development Committee; Trust Board; WG Better Business Cases; HM Treasury Greenbook	not assessed	LHB Commissioners / Welsh Government / Internal Audit / External Audit	IA
FSLTV9	Financial Strategy / Medium Term Financial Plan / Budget Setting	Executive Director of Finance	x			E	Executive Budget Holders / Programme SROs	not assessed	Trust Board and Committees	PA	LHB Commissioners / Welsh Government / Internal Audit / External Audit	PA
FSLTV10	Scheme of Delegation and Delegated Financial Authority	Executive Director of Finance	x			PE	Oracle Financial System Controls; Budget holders; Executive budget holders; Programme SROs	not assessed	Trust Board and Committees; Delegated Financial Limits	PA	Internal Audit / External Audit	IA
FSLTV11	Value Based Healthcare programme	Executive Director of Finance / Executive Medical Director	x			PE	Value Based Healthcare project leads; VBH programme SROs	not assessed	Value Based Healthcare steering committee / Executive Management Board	PA	LHB Commissioners / Welsh Government / Internal Audit / External Audit	PA
FSLTV12	Procure to Pay monitoring	Deputy Director of Finance / Head of Financial Operations			x	E	Requisitioners / Budget Holders	not assessed	Finance P2P reporting; Expense reporting; Expenses and Purchasing / Credit Card policy; Losses and Special Payments reporting	PA	Internal Audit / External Audit	PA
FSLTV13	Debtors / Cash monitoring	Deputy Director of Finance / Head of Financial Operations			x	E	Budget Holders; Private Patients lead; reports	not assessed	Debtors Reporting; Senior Finance Team;	PA	LHB Commissioners / Welsh Government (External Financing Limit) / Internal Audit / External Audit	PA
FSLTV14	Discretionary Capital Financial Planning and Reporting	Deputy Director of Finance / Head of Financial Planning and Reporting			x	E	Budget Holders; Heads of Division; Divisional Directors	not assessed	Capital Planning and Delivery Group; Strategic Capital Board; Executive Management Board; Fixed Assets Register Reporting	PA	Internal Audit / External Audit	PA
FSLTV15	Major Capital Programmes monitoring	Chief Executive			x	PE	Executive Budget Holders / Programme SROs; Scheme of Delegation and Governance Framework	not assessed	Capital Planning and Delivery Group; Strategic Capital Board; Executive Management Board	IA	Internal Audit / External Audit	IA
FSLTV16	Counter Fraud	Deputy Director of Finance / Head of Financial Operations		x		E	Budget Holders, reports and training	not assessed	Counter Fraud Reports; Audit Committee	PA	Internal Audit / External Audit	PA
FSLTV17	Tax management	Deputy Director of Finance / Head of Financial Operations			x	E	Budget holders, requisitioners, reports and training	not assessed	Financial Operations Team; VAT working group	PA	External Advisory (EY) / Internal Audit / External Audit / HMRC	PA
FSLTV18	Procurement	Executive Director of Finance / Deputy Director of Finance / Head of Procurement	x			PE	Exec Directors, Divisional Directors, Budget Holders, reporting and training	not assessed	Procurement Compliance reporting; Audit Committee	PA	Internal Audit / External Audit	IA

GAPS IN CONTROLS	GAPS IN ASSURANCE	ASSOCIATED ACTION REFERENCE/ RATIONALE DETAILING WHY THERE IS NO ASSOCIATED ACTION.
Scheme of Delegation and Governance Framework for the nVCC to prepare for post financial close	Investment Appraisal assurance process improvement to ensure high quality of business case submissions and education of organisation with regards to appropriate funding routes for service developments and initiatives	F6 (Controls); F4 (Assurance)
	Medicines management requires more clarity on governance, decision making processes and financial implications including links between NWSSP, National forums and impact on local decision making in VCS.	F2

SECTION 4

ASSOCIATED OPERATIONAL RISKS - According to risk appetite

DATIX RISK REF	RISK TITLE	CURRENT RISK RATING	RISK TREND
3227	There is a risk to financial sustainability as a result of changes during the design development process leading to a design which costs more overall, increasing project costs. [Note added here outside of Datix that this relates to nVCC]	16	Risk Increasing

SECTION 5

SMART ACTION PLAN

Action Ref	Action Plan	Owner	Assurance Level	Due Date	Progress Update	Date of Update	Impact of Changes on Risk	When the action is complete, detail the impact on assurance level/control
F1	Development of VBH programme of work to identify areas of unwarranted variation and actions to improve	EDoF / EMD / COO	4	Ongoing	VBH Programme of work under way overseen by the VBH Steering Group. Opportunity Pipeline presented at April 2024 EMB Shape identified 4 potential initiatives to take forward. These require further development including identification of Senior Responsible Officers to take accountability at Exec level to oversee the development and delivery.	22.04.24	Identification of opportunities to reduce unwarranted variation and improved allocation and utilisation of resources will support financial sustainability	tbc
F2	Continuous improvement of Finance and Investment Enhanced Monitoring reporting including identification of Savings Opportunities; Disinvestments and Choices and clear line of sight with Welsh Government Value and Sustainability Board agenda	EDoF / DDoF	4	Ongoing	Pharmacy review has been conducted and will be presented to Exec Management Board early in 2024. Following this a review of medicines management governance (including financial aspects), will be conducted by September 2024. Finance and Investment Enhanced Monitoring reporting continues with key risks highlighted regarding Long Term Agreements.	22.04.24	Identification of opportunities for new savings initiatives and disinvestments / choices will support financial sustainability	tbc
F3	Development and review of Financial Control Procedures	EDoF / DDoF	6	Ongoing	Capital financial control procedure approved by Audit Committee. Financial Control Procedure update plan and pipeline for review in development.	22.04.24	Strengthened control procedures will support risk mitigation	tbc
F4	Development of Investment Appraisal process and prioritisation framework	EDoF / EDoSTP&D / DDoF / DDoP	4	Sep-24	Presentation made to April 2024 EMB Shape for the development of criteria for assessing investment opportunities. This included Strategic Fit, Deliverability and Value and Sustainability. Next steps are to develop criteria aligned to the 3 areas identified.	22.04.24	Alignment of investment with strategic priorities will demonstrate goal congruence and increase the likelihood of securing funding for projects / initiatives	tbc
F5	Identification of business development and external funding opportunities	EDoF / EDoSTP&D / EMD / DDoF	4	Sep-24	Cardiff Cancer Research Hub market engagement exercise completed. Programme plan drafted and in the process of being reviewed. Private patient cash collection and pricing continues to be developed and progress being made in the backlog of cash collection.	22.04.24	Attracting external / alternative sources of income will decrease pressure on WG allocation of funds	tbc
F6	Develop Scheme of Delegation and Governance Framework for the nVCC	EDoF / DDoF	4	Sep-24	Scheme of Delegation and Governance Framework was approved in June-23 by the Trust Board. A Scheme of Delegation and Governance Framework is being developed for nVCC, which will integrate findings from DLA Piper and PwC reviews. Progress to be taken forward through the nVCC Taskforce established in April 2024.	22.04.24	Mitigate the risks of non compliant procurement and improve budgetary control procedures by ensuring clear accountability for spend.	tbc

RISK DESCRIPTORS

RISK NUMBER	RISK THEME/TITLE	DRAFT RISK DESCRIPTION	RISK OWNER
01	Service Capacity	There is a strategic risk of failure to deliver timely, safe, effective and efficient services for the local population leading to deterioration in service quality, performance or financial control as a result insufficient capacity and resources.	Cath O'Brien Rachel Hennessey Alan Prosser
02	Partnership Alignment	There is a strategic risk of failure to align our strategic objectives and intent with system partners, including within the health and social care system, third sector and industry partners which could result in an inability to deliver required change to achieve our medium to long term objectives.	Carl James Nicola Williams Jacinta Abraham
03	Workforce Supply and Shape	There is a strategic risk of an optimised workforce supply and shape in order to effectively deliver quality services and achieve our medium to long term objectives.	Sarah Morley
04	Organisational Culture	There is a strategic risk of failure to have a positive working environment and high levels of staff engagement through the embedding of appropriate values and behaviours in effective systems and processes.	Sarah Morley
05	Digital Transformation	There is a strategic risk that the Trust fails to sufficiently consider, optimise the opportunities and effectively manage the risks of new and existing technologies, including considerations of Artificial Intelligence and Information Security	Carl James
06	Organisational and Clinical Governance	There is a strategic risk that the organisational and clinical governance arrangements do not provide appropriate mechanisms and culture to achieve our medium to long term objectives.	Lauren Fear
07	Patient Outcomes	There is a strategic risk that Velindre Cancer Service patient outcomes / experience may be adversely affected due increasing service demands, the need for significant service delivery transformation to meet the rapidly changing and complex treatment regimes, staffing challenges, and lack of consistent quality, outcome and mortality metrics.	Nicola Williams Jacinta Abraham Cath O'Brien
08	Financial Sustainability	There is a strategic risk that the Trust becomes financially unsustainable if it does not secure sufficient funding for the provision of services and does not maximise its use of resources. Unwarranted variation could impact the value and effectiveness of the care our patients and donors receive.	Matt Bunce

DEFINITIONS

CONTROL EFFECTIVENESS

Effective	Control in implemented/ embedded; working as designed; with associated sources of assurance	E
Partially Effective	Some aspects of control to be implemented/ embedded; some aspects therefore not yet operating as designed; and may be gaps in associated sources of assurance	PE
Not yet Effective	Significant aspects of control be implemented/ embedded; significant aspects therefore not yet operating as designed; and gaps in associated sources of assurance	NE

ASSURANCE RATING

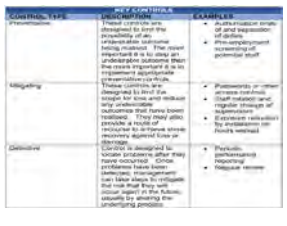
Positive assurance	the assuring committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity	PA
Inconclusive assurance	the assuring committee has not received sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy	IA
Negative assurance	the assuring committee has received reliable evidence that the current risk treatment strategy is not appropriate to the nature and / or scale of the threat or opportunity	NA
Not Assessed	Assessment of the assurance arrangements is pending.	Not Assessed

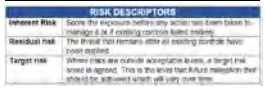
LEVELS OF ASSURANCE DESCRIPTORS

First Line of Defence functions that own and manage risk	Second Line of Defence functions that oversee or specialise in risk management	Third Line of Defence functions that provide independent assurance
Self-Assurance	**Internal oversight**/specialist control teams, such as:	**Internal Audit** (provides assurance to the Board and senior management. This assurance covers how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of defence); and **external oversight**, such as:
Risk and control management as part of day-to-day business management Staff training and compliance with policy guidance Teams take responsibility for their own risk identification and mitigation	Quality & Safety IT Governance (corporate/Clinical)	External Audit Regulators & Commissioners Wales Audit Office reviews Stakeholder reviews Scrutiny from public, Parliament, and the media
Examples of assurance	**Examples of assurance**	**Examples of assurance**
Management Controls / Internal Control Measures *Local management information / departmental management reporting* *Divisional / Departmental performance reviews, mandates, outcomes frameworks, objectives (Clinical and Nonclinical services)* *Operational planning / Business Plans - Delivery Plans and Action Plans* *Governance statements / self-certification* *Local procedures* *Exceptions reporting* *Targets, Standards and KPIs* *Incident Reporting* *Staff Training Programmes*	*Board, Committee and Management Structures which receive evidence from* *Finance reports* *KPI's and management information* *Quality, Safety and Risk reports* *Training records and statistics* *Performance reports* *BAF, VUNHS risk register* *Policies and Procedures including Risk Management Policy* *Compliance against Policies*	*Recent internal audit reviews and levels of assurance* *External Audit coverage* *Inspection reports / external assessment e.g. HIW / NHS Wales other regulator and Commissioner compliance reviews* *Patient Feedback / Patient experience feedback* *Staff surveys / feedback* *Comparative data, statistics, benchmarking*

STRATEGIC GOALS

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





RISK SCORE

LIKELIHOOD MATRIX

LIKELIHOOD (*)					
LIKELIHOOD SCORE	1	2	3	4	5
DESCRIPTOR	RARE	UNLIKELY	POSSIBLE	PROBABLE	EXPECTED
Frequency: How often might it/does it happen	Not expected to occur for 10 years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Probability: Will it happen or not?	Less than 0.1% chance	01.-1% chance	1-10% chance	10-50% chance	Greater than 50% chance

RISK RATING MATRIX - IMPACT X LIKELIHOOD

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

DETAILED DEFINITIONS OF 7 LEVELS OF EVALUATION TO DETERMINE RAG RATING / OPERATIONAL A

SUMMARY STATEMENTS OF 7 LEVELS

QUALITY, SAFETY & PERFORMANCE COMMITTEE

FINANCE REPORT FOR THE PERIOD ENDED 31ST MAY (M2)

DATE OF MEETING	09/07/2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Choose an item
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Steve Coliandris – Head of Financial Planning & Reporting / Chris Moreton Deputy Director of Finance
PRESENTED BY	Matthew Bunce, Executive Director of Finance
APPROVED BY	Matthew Bunce, Executive Director of Finance

EXECUTIVE SUMMARY	The attached report outlines the financial position and performance for the period to the end of May 2024. The three main issues are highlighted below: **1. IMTP – Financial Plan / Forecast** • The Trust submitted a balanced three year IMTP, covering the period 2024-25 to 2026-27 to Welsh Government on the 30 March 2024. However, a significant risk is currently associated with the income that the Trust is expected to receive from its commissioners in

	relation to the 3.67% discretionary funding uplift, which if not passed through to fund the Trust identified cost and service pressures will impact on the plan and require mitigating actions to reduce cost, assess the impact on quality and performance and the ability to achieve a balanced financial position. • In order to achieve a balanced financial position, the savings target set for 2024-25 must be achieved, all anticipated income is received, and any new emerging costs pressures are either mitigated at Divisional level or manged through the Trust reserves. **2. LTA Contract Rebase** • The Trust received agreed commitment from HBs to proceed with the contract rebasing at the collective commissioner's group which was reflected in the LTAs issued by the Trust in March, however in April the Trust received letters from 2 Health Boards (HBs) which outlined their disagreement with the rebasing proposal. The other 4 HBs and Joint Commissioning Committee (JCC) are in agreement to proceed but subject to all HBs agreement the contract rebase. • The Trust is urgently working with HBs to resolve the issue through respective DoFs, with escalation to CEO level, before potentially taking an arbitration case to Welsh Government (WG) if a resolution is not found. **3. Key Financial targets / KPIs / Savin**gs • The Trust is currently reporting a small underspend on revenue and is forecasting to achieve an outturn position of Breakeven, however this is subject to the Trust receiving the full 3.67% discretionary funding uplift from commissioners and achieving the savings target for 2024-25.

	• The Trust is currently overachieving and expected at this stage to meet the Public Sector Payment Performance (PSPP) target of paying 95% of Non-NHS invoices within 30 days for 2024-25. • The Trust is expecting to achieve the Capital Expenditure Limit (CEL), however a small risk remains around securing funding from WG for several schemes including nVCC project and enabling costs. • Currently several savings schemes are still RAG rated either red and amber which poses a considerable risk to the delivery of the overall savings target, whilst current expectation is that these schemes will have agreed delivery plans and turn RAG rated green during quarter two, there remain challenges in achieving this.

RECOMMENDATION / ACTIONS	**QSP** is asked **NOTE** the contents of the May 2024 financial report and in particular: • The year to date and forecast out turn position. • The risks associated with the income that the Trust is expected to receive from our Commissioners. • The current position with commissioners on the contract rebase agreement. • The latest position of the Trust savings schemes, and urgent action required from Divisional and Executive Directors to ensure that schemes RAG rated as amber or red have identified responsible officers tasked with confirming by 28.6.24 action plans are in place to deliver the savings or proposals for alternative savings schemes.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Executive Management Board	25/06/2024
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS The paper was noted at EMB on the 25th June 24.	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed. N/A	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	**Select Current Level of Assurance** *Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the* ***"How to Guide for Reporting to Trust Board and Committees"*** N/A

APPENDICES	
Appendix 1	Trust Finance Report – May 2024
Appendix 2	TCS Finance Report – May 2024
Appendix 3	Velindre Monthly Monitoring Return Commentary – May 2024
Appendix 4	Velindre Core MMR Tables – (Tables A – Movement and C – Savings)

1. SITUATION/ BACKGROUND

1.1 The attached report outlines the financial position and performance for the period to the end of May 2024.

1.2 The financial information included within this report relates to the Core Trust (Including HTW). The financial position reported does not include NWSSP as it is directly accountable to WG for its financial performance. The balance sheet (SoFP) and cash flow provide the full Trust position as this is reported in line with the WG Monthly Monitoring Returns (MMR).

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Performance against Key Financial Targets:

	Unit	Current Month £m	Year to date £m	Year End Forecast £m
Revenue	Variance	0.002	0.007	0.000
Capital (To ensure that costs do not exceed the Capital Expenditure limit)	Actual Spend	1.706	2.113	26.023
Public Sector Payment Performance (Administrative Target – To pay 95% of non NHS invoices within 30 days measured against number of invoices paid).	%	98.0%	97.2%	95.0%

2.2 Revenue Budget

At this stage of the financial year the overall revenue budget remains broadly in line with expectations as planned within the IMTP, with a projected forecast outturn position of breakeven however there are risks associated in achieving this.

The overall position against the profiled revenue budget to the end of May 24 is an underspend of **£0.007m.**

A significant risk is currently associated with the income that the Trust is expected to receive from its commissioners in relation to the 3.67% discretionary uplift, which could impact on the plan require mitigating actions to reduce cost, assess the impact on quality and performance and the ability to achieve a balanced financial position.

Several saving schemes currently remain RAG rated either Red or Amber which may impact on the ability to deliver a balanced position, and therefore it is extremely important that those schemes that have not yet gone live are reviewed at Divisional and Corporate Directors to ensure that the schemes have identified responsible officers tasked with confirming by 28.6.24 action plans are in place to deliver the savings to enable RAG rating to turn green or identified proposals for replacement schemes.

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

LTA Contract Position

The Trust received agreed commitment from HBs to proceed with the contract rebasing at the collective commissioner's group which was reflected in the LTAs issued by the Trust in March, however in April the Trust received letters from 2 HBs which outlined their disagreement with the rebasing proposal. The other 4HBs and JCC are in agreement to proceed but subject to all HBs agreement the contract rebase.

The Trust is urgently working with HBs to resolve both the contract rebase, and 3.67% discretionary uplift issues, currently through respective DoFs, CEO (if required), before potentially taking an arbitration case to WG if a resolution is not found.

The Trust is reporting a year end forecast revenue breakeven position, however this is based on the assumption that all planned additional income is received, the revised planned savings targets are achieved, and that all current and potential future financial risks are mitigated during 2024-25.

2.3 Savings

Currently several savings schemes are still RAG rated either Red or Amber and poses a significant risk to the delivery of the overall savings target, whilst current expectation is that these schemes will be turned to a Green rating during quarter two, there remain challenges in achieving this.

Delivery of service re-design and supportive structures continues to be a challenge due to the high level of vacancies and sickness with the Trust.

The procurement supply chain saving schemes are again expected to be affected by procurement team capacity constraints and current market conditions during 2024-25.

Red rated schemes in relation to workforce and productivity efficiencies have been discussed at Divisional Senior Leadership Teams with an expectation that respective leads identify implementation plans and commencement dates or alternative savings are identified with leads, commencement dates and detailed implementation plans.

2.4 PSPP Performance

During May'24 the Trust (core) achieved a compliance level of **98%** of Non-NHS supplier invoices paid within the 30-day target, which gives a cumulative core Trust compliance figure of **97.15%** at the end of month 2, and a Trust position (including hosted) of **97.33%** compared to the target of 95%.

2.5 Covid Expenditure

The Trust is currently not expected to draw down any covid funding support during 2024-25.

2.6 Reserves

The financial strategy for 2024-25 has enabled the establishment of a recurrent and non-recurrent reserve to support the Trust investment, transformation and delivery programmes. These reserves were accommodated on the assumption that all expected income is received, planned savings schemes are delivered and new emerging cost pressures managed. In addition, the Trust holds an emergency reserve of £0.500m.

The use of investment reserves has been on hold while the Trust reaches an agreement with our commissioners around the 3.67% discretionary uplift. However, following a review of the overall Trust position some funding will be made available to support investment decisions / choices which will be brought to EMB for discussion and agreement.

2.7 Financial Risks

There are several financial risks that could impact on the successful delivery of a balanced position for 2024-25, the material risks which have been flagged to WG and considered to be either high or medium risk include uncertainty around the 3.67% discretionary uplift from commissioners (£0.750m to £2.000m), Non Delivery of Savings (Red and Amber schemes £0.660m), not receiving the full Pay Award Funding relating to 2023-24, (£0.300m), and the costs associated with the Whitchurch Hospital Site (Revenue £0.768m Inc VAT and Capital £2.010m - £3.09m Inc VAT), however the Deputy Chief Executive NHS Wales confirmed in a letter that the Health Strategy Board is aware of the on-going

revenue costs which will initially be covered by the Welsh Government but will be offset against any future disposal receipts for the site.

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

2.8 Capital

All Wales Programme

Capital funding has not yet been allocated to several capital schemes including the nVCC Project and enabling costs. Support for the nVCC costs was discussed at the WG Capital Review meeting on the 21st May with the Trust submitting a funding request to WG for the nVCC projects costs and the EW funding request forming part of the EW FBC Addendum.

All other schemes without agreed funding are under discussion with WG colleagues with confidence at this stage that Capital funding will be provided to support the schemes.

Other Major Schemes in development that are detailed in the finance report will be considered during 2024-25 or beyond in conjunction with WG.

Discretionary Programme

At this stage the discretionary funding is fully allocated to schemes other than a £0.100m contingency held for emergencies, however funds have been ringfenced for WHAIS and WBS electrical resilience, with expectation that the Trust will be able to secure WG funding to support these schemes which in turn would replenish the discretionary funding by £0.672m to be used on other priority schemes.

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

3. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals:

	Choose an item
If yes - please select all relevant goals: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☐ • A beacon for research, development and innovation in our stated areas of priority ☐ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe ☐	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	Choose an item
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply Safe ☐ Timely ☐ Effective ☐ Equitable ☐ Efficient ☐ Patient Centred ☐
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	Choose an item

For more information: *https://www.gov.wales/socio-economic-duty-overview*	N/A. **Click or tap here to enter text**
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	**Choose an item**
	If more than one Well-being Goal applies please list below:
	N/A
	If more than one wellbeing goal applies please list below: **Click or tap here to enter text**
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	The Trust reported a financial position of **£0.007m** for May'24, whilst currently in line with the IMTP there are risks associated as outlined in the paper.
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	There is no requirement for this report.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	N/A

4. RISKS

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

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	N/A

WHAT IS THE CURRENT RISK SCORE	N/A
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	N/A
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	N/A
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Choose an item
	N/A
All risks must be evidenced and consistent with those recorded in Datix	

Canolfan Ganser Felindre
Velindre Cancer Centre

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

Welsh Blood Service
Gwasanaeth Gwaed Cymru

FINANCIAL PERFORMANCE REPORT

FOR THE PERIOD ENDED MAY 2024/25

QUALITY, SAFETY& PERFORMANCE COMMTTEE 09/07/2024

1. Introduction

The purpose of this report is to outline the financial position and performance for the year to date, performance against financial savings targets, highlights the financial risks, and forecast for the financial year, outlining the actions required to deliver the IMTP Financial Plan for 2024-25

2. Background / Context

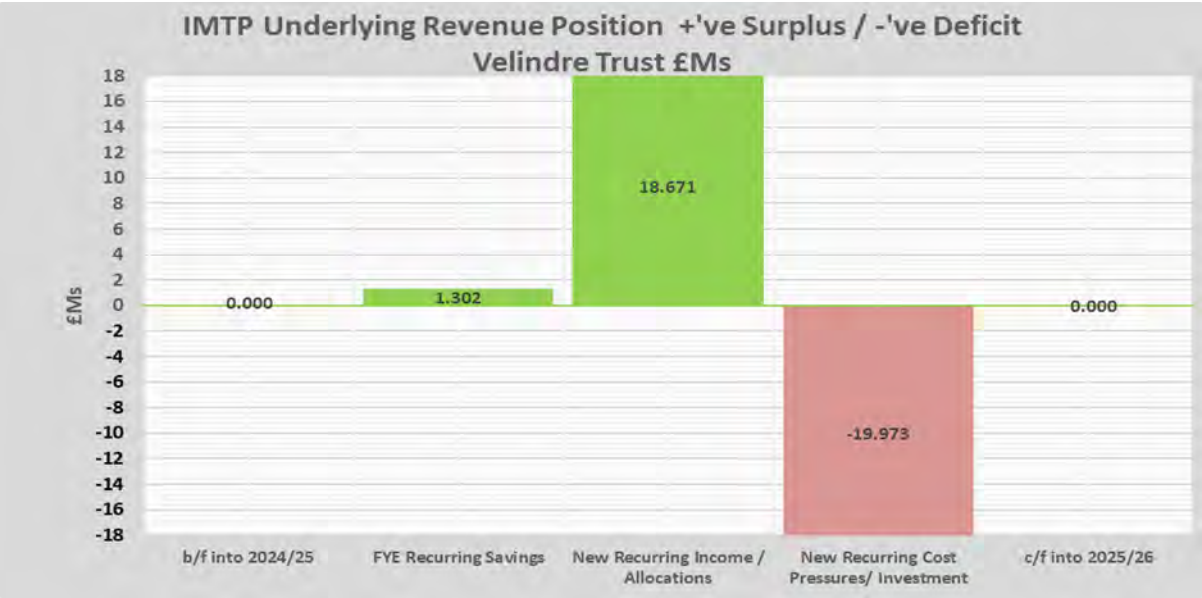
The draft Trust IMTP Financial Plan for the period 2024-2027 was set within the following context.

- The Trust submitted a balanced three year IMTP, covering the period 2024-25 to 2026-27 to Welsh Government on the 30 March 2024.

- For 2024-25 the Plan included;
  - A balanced position brought forward from 2023-24,
  - FYE **of new cost pressures / Investment** of -**£19.973m,**
  - offset by **new recurring Income** of **£18.671m,**
  - and Recurring FYE **savings schemes** of **£1.302m,**
  - Allowing **a balanced position** to be carried into 2025-26.

- **A significant risk is currently associated with the income that the Trust is expected to receive from its commissioners in relation to the 3.67% discretionary uplift, which could impact on the plan and the ability to achieve a balanced financial position.**

- **In order to achieve a balanced financial position the savings target set for 2024-25 must be achieved, all anticipated income is received, and any new emerging costs pressures are either mitigated at Divisional level or manged through the Trust reserves.**



Underlying Position +Deficit/(-Surplus) £Ms	b/f into 2024/25	Recurring Savings	New Recurring Income / Allocations	FYE New Cost Pressures/ Investment	c/f into 2024/25
Velindre NHS Trust	0.000	1302	18.671	-19.973	0

3. Executive Summary

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

(Figures in parenthesis signify an adverse variance against plan)

Table 1 - Key Targets

	Unit	Current Month £m	Year to date £m	Year End Forecast £m
Revenue	Variance	0.002	0.007	0.000
Capital (To ensure that costs do not exceed the Capital Expenditure limit)	Actual Spend	1.706	2.113	26.023
Public Sector Payment Performance (Administrative Target – To pay 95% of non NHS invoices within 30 days measured against number of invoices paid).	%	98.0%	97.2%	95.0%

Performance against Planned Savings Target

	Unit	Current Month £m	Year to date £m	Year End Forecast £m
Efficiency / Savings	Variance	0.000	0.000	(0.660)

Revenue

The core Trust has reported a £0.002m in-month underspend position for May'24, which give a cumulative year to date position of **£0.007m** underspent and an outturn forecast of **Breakeven,** however there are risks associated with achieving this.

A significant risk is currently associated with the income that the Trust is expected to receive from its commissioners in relation to the 3.67% discretionary uplift, which could impact on the ability to achieve a balanced financial position.

Capital

The approved Capital Expenditure Limit (CEL) as of May 2024 is **£18.341m**. This represents all Wales Capital funding of **£16.429m**, and Discretionary funding of **£1.911m.** The Trust reported Capital spend to May'24 of £2.113m and is forecasting to remain within the CEL of £18.341m, subject to the Trust receiving support from WG for the schemes identified at this stage without agreed funding but are in discussion with WG such as the nVCC project and enabling costs.

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

	£m
Discretionary Capital	**1.911**
All Wales Capital:	
IRS	5.164
IRS RSC	11.265
Total All Wales Capital	**16.429**
Total CEL	**18.341**

PSPP

During May'24 the Trust (core) achieved a compliance level of **98%** of Non-NHS supplier invoices paid within the 30-day target, which gives a cumulative core Trust compliance figure of **97.15%** at the end of month 2, and a Trust position (including hosted) of **97.33%** compared to the target of 95%.

Efficiency / Savings

Currently several savings schemes are still RAG rated either red and amber and poses a significant risk to the delivery of the overall savings target, whilst current expectation is that these schemes will turn green during quarter two, there remain challenges in achieving this.

Revenue Position

Cumulative				Forecast		
£0.007m Underspent				Breakeven		
Type	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Full Year Budget (£m)	Full Year Forecast (£m)	Forecast Variance (£m)
Income	(35.142)	(35.069)	(0.073)	(213.631)	(213.631)	0.000
Pay	14.547	14.448	0.099	84.840	84.840	0.000
Non Pay	20.595	20.614	(0.019)	128.792	128.792	0.000
Total	**0.000**	**(0.007)**	**0.007**	**0.000**	**0.000**	**0.000**

The overall position against the profiled revenue budget to the end of May 2024 is an underspend of **£0.007m** and is currently expecting to achieve an outturn forecast of **Breakeven,** however there are risks associated with this**.**

The Trust is reporting a year end forecast breakeven position, however this is based on the assumption that all planned additional income is received, the planned savings targets are achieved, and that all financial risks are mitigated during 2024-25.

4.1 Revenue Position Highlights / Key Issues

Underlying Position

The ability to carry forward a balanced position into 2025-26 will be largely depended on the Trust receiving its income due from commissioners in relation to the 3.67% uplift, and also the ability for the Trust to deliver on its recurrent savings target.

Negotiations on the 3.67% uplift are currently ongoing between Directors of Finance, with escalation to CEO level (if required), and last resort being an arbitration case taken to WG.

Whilst the Trust does not wish to resort to arbitration, it has sought a collaborative solution with Commissioners through early engagement and transparent communication. However, during April 2024 the Trust received Commissioning Intentions with variation in approaches away from extant LTA agreements which now need to be reconciled. Further, given that the Collective Commissioning Group has not been able to find consensus it is unlikely at this stage that a common view will be reached by all Commissioners in time for the LTA deadline at the end of June 2024. Consequently, the Trust is preparing arbitration cases to submit to Welsh Government whilst also exploring alternatives in response to LHB positions.

Other factors which will determine the carry forward position into 2024-25 will be the Trusts capacity to either fund or mitigate both current and potential new cost pressures which may emerge over the course of the year.

Other Income

The Trust continues to benefit from receiving high levels of bank interest as a result of interest rate rises, however a significant amount £0.662m has been set against the Trust savings target for 2024-25.

WBS overachievement from Plasma sales, partly offset by underperformance in HPC (bone marrow) target.

VCS Long Term Agreement (LTA) Contract Performance

The Trust received agreed commitment from HBs to proceed with the contract rebasing at the collective Commissioner's group which was reflected in the LTAs issued by the Trust in March, however in April the Trust received letters from 2 HBs which outlined their disagreement with the rebasing proposal. The other 4HBs and JCC are in agreement to proceed but subject to all HBs agreement the contract rebase.

The Trust is urgently working with HBs to resolve the issue through respective DoFs, with escalation to CEO level, before potentially taking an arbitration case to WG if a resolution is not found.

Pay Highlights / Key Issues

The Trust received full funding from WG during 2023-24 for the recurrent impact of the 1.5% (c£1.200m), 5% (c£3.500m) AFC consolidated pay award which was processed in July, and the Medical Pay award paid in October (c£0.700m). However, whilst the Trust received full funding to support the pay award during 2023-24 WG are yet to confirm whether the allocation was provided on a recurrent basis, which if not confirmed during 2024-25 could lead to an underlying shortfall in the Trust financial position.

A number of posts in VCS and WBS were recruited at risk to create additional capacity required to respond to the Covid activity backlog and service developments without certainty around LTA income pending activity undertaken or FBC funding approval by WG and Commissioners. Work will continue during 2024/25 to update the likely cancer activity demand forecasts and associated income to help mitigate the financial risk exposure.

On top of the savings plans VCS (£0.450m), WBS (£0.450m) and Corporate (£0.150m) hold a recurrent vacancy factor target, which will need to be achieved in order to balance the financial plan for 2024-25.

Non Pay Key Issues

Per the allocation letter the Trust has received £0.563m of recurrent funding from WG to support the increase in energy prices during 2024-25. The latest forecast schedule from NWSSP suggests that the full year energy costs will be c£1.745m this will leave a shortfall of £0.142m against the budget of £1.603m (£1.040m underlying budget plus £0.563m funding provide by WG) which is held by the Trust.

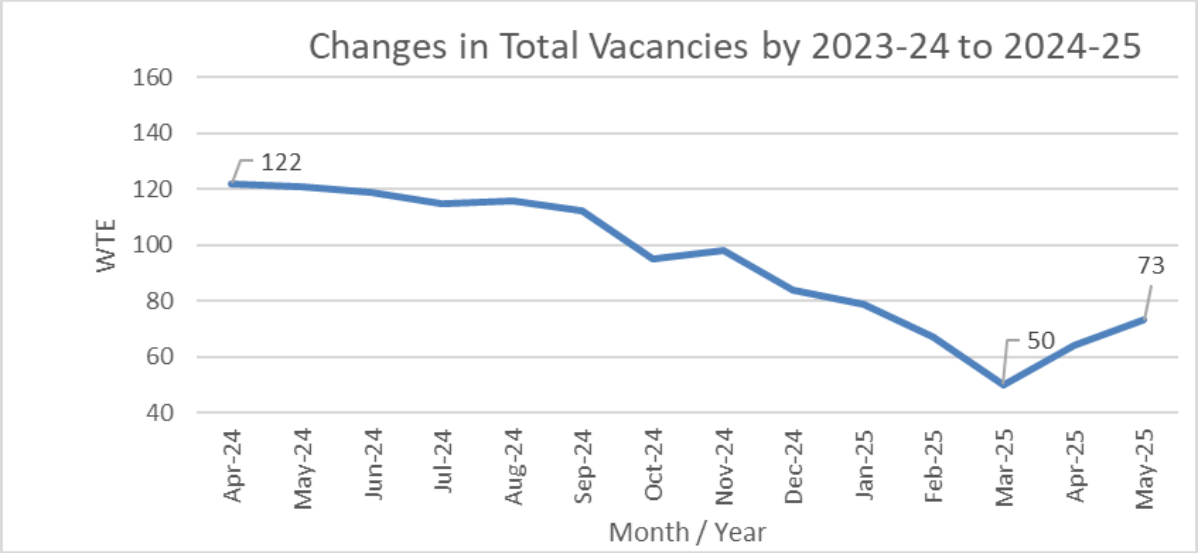
Each Division holds both a general reserve to meet unforeseen costs and a savings target / Cost improvement Plan (CIP). The Trust IMTP savings target for each division was set as VCS £0.939m, WBS £0.650m, RD&I £0.230m and Corporate £0.787m for 2024-25.

The Trust reserves and previously agreed unallocated investment funding is held in month 12 and will be released into the position to match spend as it occurs throughout the year.

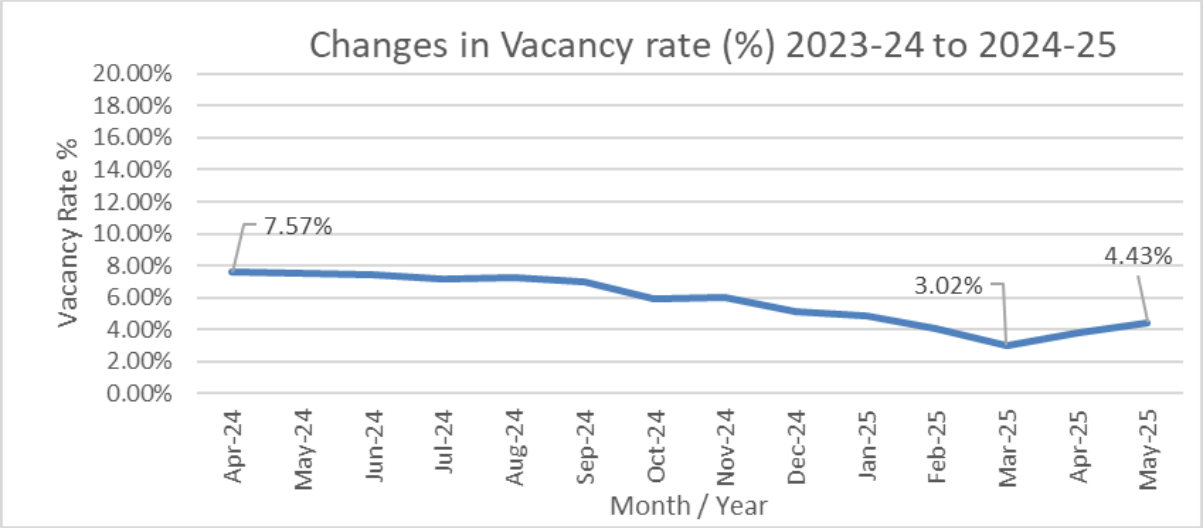
4.2 Pay Spend Trends (Run Rate)

As of May 2024, the current staff in post is 1,583 WTE. The number of vacancies is 73 WTE, which represents a vacancy rate of 4.4% (3.8% April) against the budget of 1,657 WTE. The vacancy gap is largely being met by the use of agency staff or overtime and is also supporting each of the division's vacancy factor savings target.

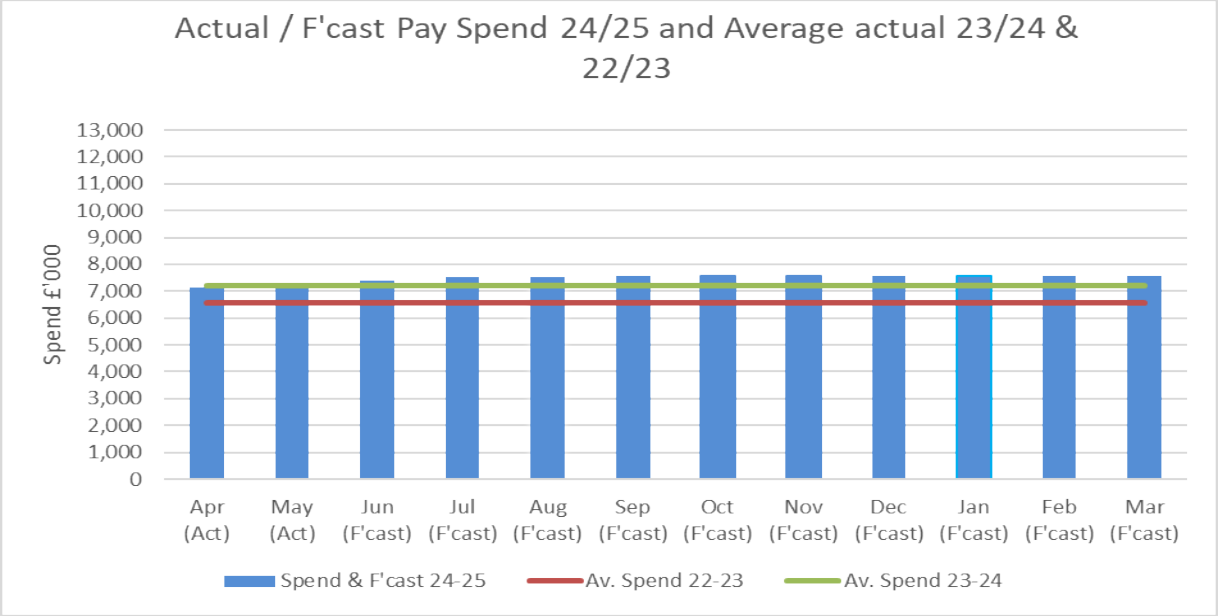
The level vacancies fell over the course of 2023-24 across several services areas, in particular due to the recruitment of 17wte Nurses via the international recruitment scheme, which is demonstrated in the chart below and the historic trend line. As of May 24 vacancies have risen slightly which is largely due to vacancies materialising from approved projects.



The total Trust vacancies as of May 2024 is 73wte (April 64wte), VCS (38wte), WBS (9wte), Corporate (8wte), R&D (15wte), TCS (1wte) and HTW (2wte).



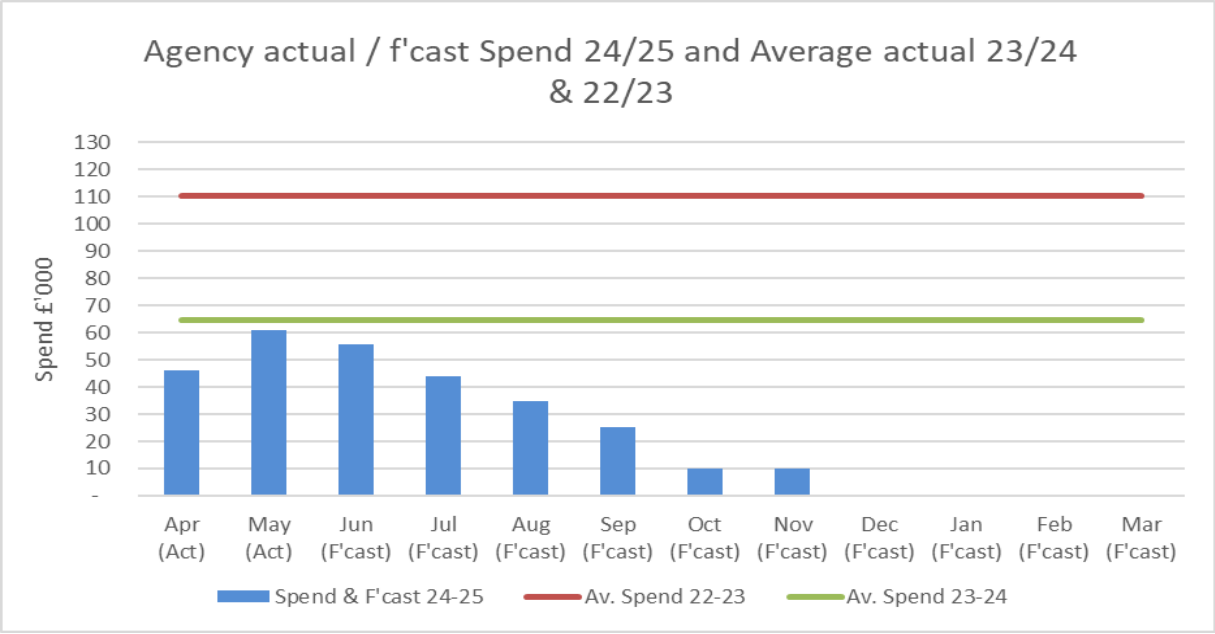
The pay award for 2024-25 is yet to be agreed so these costs are not yet reflected in the pay spend.



The Trust has been transitioning the Radiotherapy, Medical Physics, and some of the Estates staff into substantive positions following investment decisions in these areas, with expectation that some agency costs will remain in the short term to support where there continues to be vacancies. Agency within Admin and Clerical is supporting vacancies with the ambition that agency support in this area will cease shortly as posts continue to be filled.

In line with the Value & Sustainability agenda and Finance &Investment Enhanced monitoring arrangements the Trust is aiming to move away from the reliance on agency by the end of quarter 2 as was reflected in the IMTP. Whilst this is still the ambition there are some challenges with recruitment in areas such as Medical Physics and Radiotherapy as we establish the Integrated Radiotherapy Solution (IRS) and Radiotherapy Satellite Centre (RSC). In addition, an AHP in Radiotherapy cannot be released until the end of November when core staff training is complete. There has also since been an additional ask of facilities for cleaning support within the septic unit which will require short term agency support.

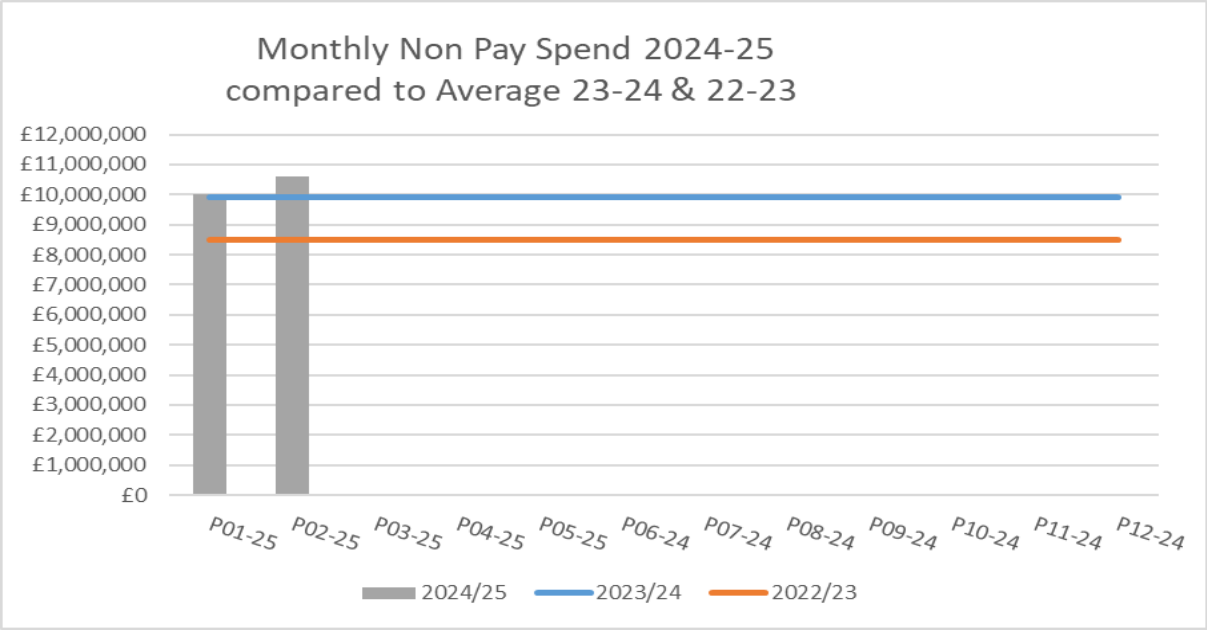
The spend on agency for May'24 was **£0.061m** (April £0.046m) with a current forecast outturn spend of circa **£0.286m** (£0.775m 2023/24).



4.3 Non Pay

Average non-pay spend for 2023/24 was £9.9m per month which is a £1.4m increase from the previous whole year average. Largest movement was in drug spend which has increased by £10m in total or £0.9m average per month when compared with the previous year's spend for the same period. Other notable increases year on year include WBS Wholesaling £3.3m or £0.3m average per month and depreciation charges of £1.2m or £0.100m per month.

Non- Pay average so far for 2024/25 is currently £10.3m which is currently £0.4m higher than the average for last year. NICE and HCD drugs costs have seen a significant increase averaging £0.5m higher for April and May when compared to last year's average.



4.4 Covid-19

The Trust is currently not expected to draw down any covid funding support during 2024-25. However, if at any point in the future the Trust is required to support the LHBs with any further vaccination programme then it is assumed that funding will be provided by WG to support any incurred costs.

4. Savings

The Trust established as part of the IMTP Financial Plan a savings target requirement of £2.606m for 2024-25 which equates to 3.1% of the Trusts core LTA income and is required to support the level of investment plans and cost pressures within the system.

Of the £2.606m total savings target £1.302m is recurrent and £1.304m non-recurrent, with £1.179m being categorised as actual saving schemes and the balance of £1.427m being via income generation.

The Divisional share of the overall Trust savings target has been allocated to VCS £0.939m (36%), WBS £0.650m (25%), RD&I £0.230m (9%) and Corporate £0.787m (30%).

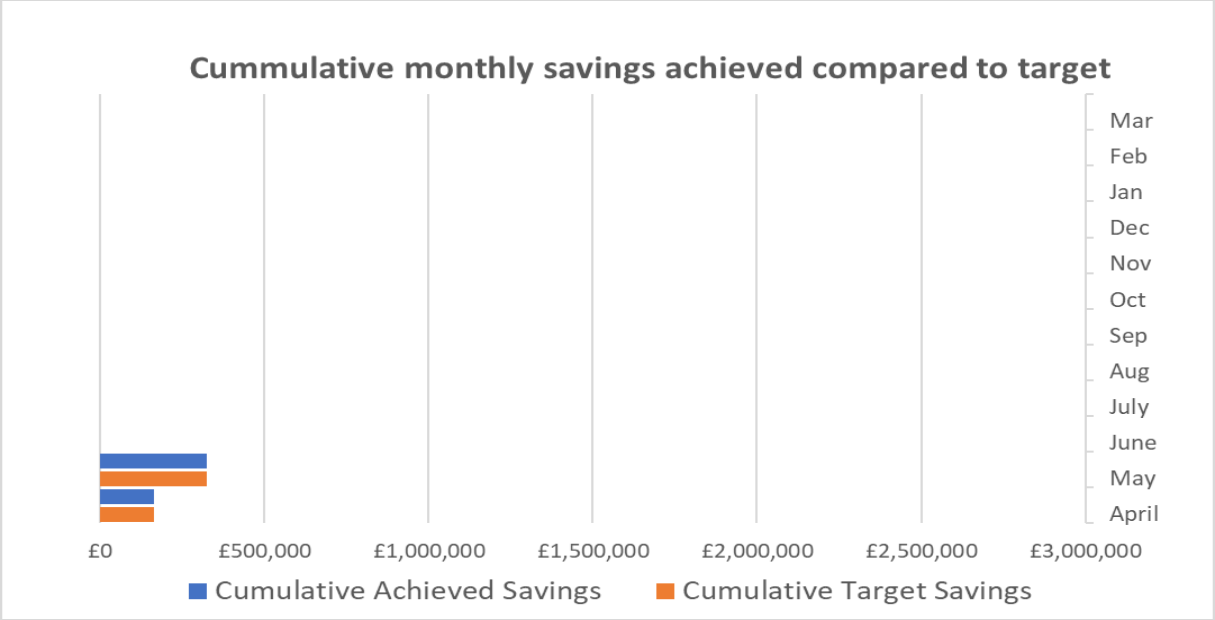
Currently several of the schemes are still RAG rated either Red or Amber and poses a significant risk to the delivery of the overall savings target, whilst current expectation is that these schemes will be turned to a Green rating during quarter two, there remain challenges in achieving this. Those schemes that are still in Red or Amber are either workforce related or impacted as a result of current market conditions.

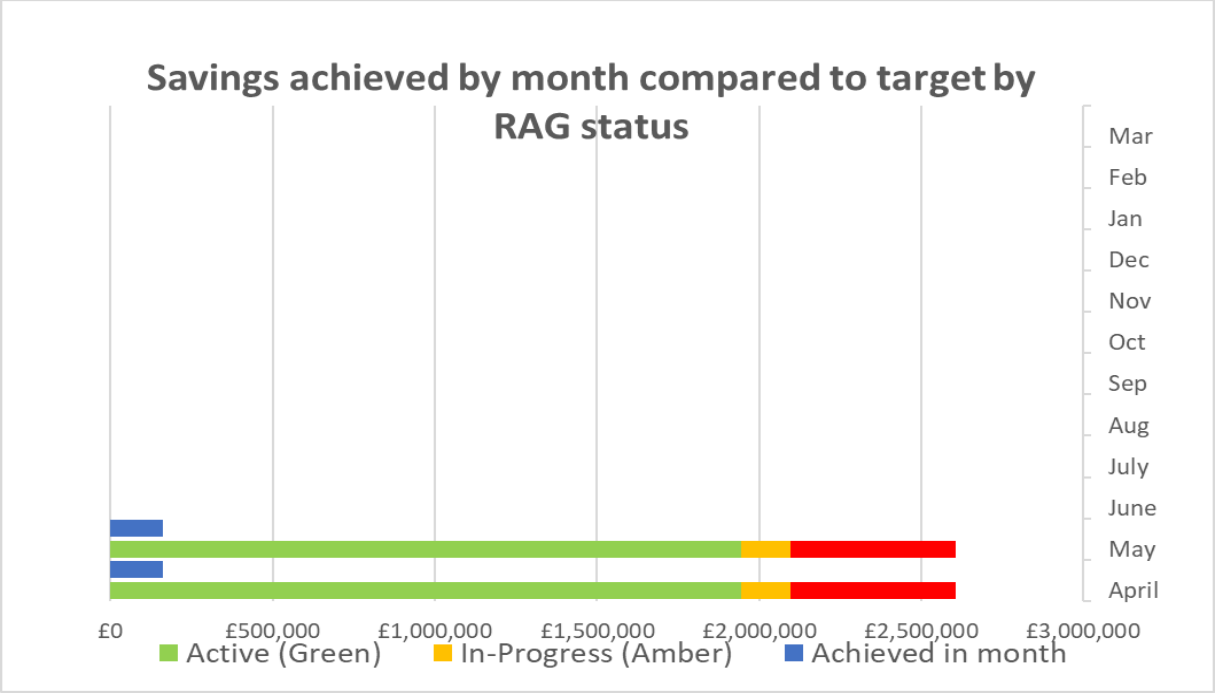
Service redesign and supportive structures continues to be a key area of transformation for the Trust which is about focusing on finding efficiencies in the ways that we are working. Whilst this remains a high priority the ability to enact change has been challenging due to both the high level of vacancies and sickness.

The procurement supply chain saving schemes is again expected to be affected by both procurement constraints and current market conditions during 2024-25, where we have seen a significant increase in costs for both materials and services. The procurement target is in escalation with finance / operational leads to identify tangible delivery.

Red schemes in relation to workforce and productivity efficiencies are being discussed at Divisional Senior Leadership Teams with an expectation that respective leads identify implementation plans and commencement dates or alternative savings are identified with leads, commencement dates and detailed implementation plans.

It is extremely important that divisions review their current savings schemes, and where delivery may not be achieved, alternative schemes are implemented to ensure that the Savings target is met for 2024-25.


Cummulative monthly savings achieved compared to target
Mar
Feb
Jan
Dec
Nov
Oct
Sep
Aug
July
June
May
April
£0
£500,000
£1,000,000
£1,500,000
£2,000,000
£2,500,000
£3,000,000
Cumulative Achieved Savings
Cumulative Target Savings


Savings achieved by month compared to target by RAG status
Mar
Feb
Jan
Dec
Nov
Oct
Sep
Aug
July
June
May
April
£0
£500,000
£1,000,000
£1,500,000
£2,000,000
£2,500,000
£3,000,000
Active (Green)
In-Progress (Amber)
Achieved in month

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ORIGINAL PLAN	TOTAL £000	Planned YTD £000	Actual YTD £000	Variance YTD £000	F'cast Full Year £000	F'cast Variance Full Year £000
VCS TOTAL SAVINGS	**939**	**69**	**69**	**0**	**414**	**(525)**
			100%		**44%**	
WBS TOTAL SAVINGS	**650**	**86**	**86**	**0**	**515**	**(135)**
			100%		**79%**	
CORPORATE TOTAL SAVINGS	**787**	**131**	**131**	**0**	**787**	**0**
			100%		**100%**	
RD&I TOTAL SAVINGS	230	**38**	**38**	**0**	**230**	**0**
					100%	
TRUST TOTAL SAVINGS	**2,606**	**324**	**324**	**0**	**1,946**	**(660)**
			100%		**75%**	

Scheme Type	Division	Recrrent / Non-Recurrent	RAG Rating	TOTAL £000	Planned YTD £000	Actual YTD £000	Variance YTD £000	F'cast Full Year £000	F'cast Variance Full Year £000
Savings Schemes									
Radiation Services - Agency Reduction	VCS	NR	Green	50	8	8	0	50	0
Establishment Control	VCS	R & N/R	Green	214	36	36	0	214	0
Service Workforce Redesign	VCS	R & N/R	Red	175			0		(175)
Procurement - Supply Chain	VCS	R	Red	50			0		(50)
Establishment Control	WBS	R	Green	100	17	17	0	100	0
Stock Control - Scan for Safety Enabled	WBS	NR	Green	150	25	25	0	150	0
WBS Demand Planning	WBS	R & N/R	Green	100	17	17	0	100	0
WBS Productivity Efficiencies	WBS	NR	Red	15			0		(15)
Procurement - Supply Chain	WBS	R	Red	50			0		(50)
Service Workforce Redesign	WBS	R	Red	70			0		(70)
Departmental CIP	Corporate	R	Green	50	8	8	0	50	0
Establishment Control	Corporate	R & N/R	Green	75	13	13	0	75	0
R&D Establishment Control	RD&I	R & N/R	Green	80	13	13	0	80	0
Total Saving Schemes				**1,179**	137	137	0	819	(360)
Income Generation									
Private Patients - Recovery of Debt	VCS	NR	Green	150	25	25	0	150	0
Private Patients - Contract Renewal	VCS	R	Amber	150	0	0	0		(150)
Productivity Efficiencies	VCS	R	Red	150			0		(150)
Sales of Plasma	WBS	R	Green	125	21	21	0	125	0
WBS Productivity Efficiencies	WBS	R	Green	40	7	7	0	40	0
Bank Interest	Corporate	R & N/R	Green	662	110	110	0	662	0
R&D Commercial Income	RD&I	R	Green	150	25	25	0	150	0
Total Income Generation				**1,427**	188	188	0	1,127	(300)
TRUST TOTAL SAVINGS				**2,606**	**324**	**324**	**0**	**1,946**	**(660)**
						100%		**75%**	

5. Reserves

The financial strategy for 2024-25 enabled the establishment of a recurrent and non-recurrent reserve to support the Trust investment, transformation, and delivery programmes. These reserves were accommodated on the assumption that all expected income was received, planned savings schemes were delivered and new emerging cost pressures managed. In addition, the Trust holds an emergency reserve of £0.500m.

The use of investment reserves has been on hold while the Trust reaches an agreement with our commissioners around the 3.67% discretionary uplift. However, following a review of the overall Trust position some funding will be made available to support investment decisions / choices which will be brought to EMB for discussion and agreement.

6. End of Year Forecast / Risk & Opportunity Assessment

The Trust is currently reporting a year end breakeven position against its revenue budget, however there are a number of risks which are being managed and closely monitored. The key financial risks & opportunities which have been highlighted to Welsh Government are provided below.

Risks

LTA – *(£0.750m to £2.000m) Likelihood - High*

LTA Process / Timelines
The WHC (2023) 048 "2024-25 Health Board revenue allocation" (dated 21st December 2023) set the deadline for signing off LTA / SLA documents as the last working day in June 2024, which is 28th June 2024. However, the Trust noted that organisations are reminded of the expectation of reaching agreements that are reflected in submitted plans and are therefore strongly encouraged to reach agreement at the earliest possible opportunity.

The Trust's Planning Assumptions for Commissioners 2024/25 were issued formally to all LHB Commissioners by Velindre Executive Director of Finance in a letter dated 23rd January 2024, which aligned with Welsh Government's planning assumptions. Further, at the Collective Commissioner Meeting held on 26th January 2024, the Trust shared at the earliest opportunity the Velindre Medium-Term Financial Plan 2024-27, including key assumptions and Contracting Principles, for incorporation within LHB Commissioner financial plans. These were shared again at the meeting of 21st February 2024 and 20th March 2024. These documents clearly articulated the recurrent financial cost pressures faced by the Trust regarding core service delivery in 2024/25 as a result of both core cost inflation and unavoidable demand pressures as detailed in the Contract Volume Growth Assumptions. The Trust also articulated that it would meet the minimum savings target of 2% of total baseline expenditure in line with guidelines. In order to produce a financially balanced plan, the Trust has had to exceed this minimum threshold to deliver 3.1% savings in order to reach financial balance in 2024/25.

Guidance from the NHS Executive Financial Planning and Delivery directorate issued in December 2023 reinforced WG policy guidelines that the funding settlement is intended to support sustainability, unavoidable demand and core cost inflationary pressures. Further to this, the correspondence entitled "Long Term Agreement (LTA) Funding Flows 2024/25" from Director of Finance, Health and Social Services Group, Welsh Government dated 1st March 2024, outlined

that WG will not be able to accept plans for consideration by the Minister for Health and Social Services if any funding agreements have not been finalised and agreed between commissioners and providers. Following this guidance, the Trust issued LTAs on 15th March 2024 and requested for LTAs to be signed by LHB Commissioners by the 28th March 2024 in line with submission to the Trust Board and Welsh Government.

The Trust submitted a financially balanced plan to Welsh Government on 28th March 2024 following Trust Board approval. In April 2024, the Trust has subsequently received proposals by LHB Commissioners to reallocate use of the 3.67% uplift to invest in cost and service pressures different to those identified in the Trust IMTP and Financial Plan and thereby reduce the anticipated funding to Cancer services. Such proposals would create a shortfall in the Trust's financial plan for 2024/25. The Trust notes that it has not received any Quality Impact Assessment or demand planning data from LHB Commissioners proposing reductions to recurrent funding allocations as part of their issuance of "Commissioning Intentions".

Arbitration

The Trust does not wish to resort to arbitration and has sought a collaborative solution with Commissioners through early engagement and transparent communication. However, the Trust has received Commissioning responses to the Trust IMTP Financial Plan in April 2024 with variation in approaches which moves us away from extant LTA agreements and agreed principles which needs to be resolved. Further, given that the Collective Commissioning Group has not been able to find consensus it is unlikely at this stage that a common view will be reached by all Commissioners in time for the LTA deadline at the end of June 2024. Consequently, the Trust is preparing arbitration cases to submit to Welsh Government whilst also exploring alternatives for mitigation in response to LHB positions.

Non-Delivery of Savings – (*£0.600m) Likelihood - Medium*

The Trust identified £2.606m of Savings and Income Generation to be achieved during 2024-25 as part of the IMTP. This savings target was set to ensure that the Trust had the ability to mitigate against the significant cost pressures with the service.

Several schemes are currently still RAG rated Red or Amber due to the stretch target set by the Trust to mitigate against the cost pressures. Red and amber schemes are currently being reviewed by the Trust's divisions in order to improve their likelihood of delivery and move the schemes to a green or amber RAG rating. The Trust will continue to review the savings schemes with the aim of assuring there is a realistic plan for delivery or identifying replacement schemes.

Pay Award funding – *(£0.300m) Likelihood - Medium*

The Trust received full funding from WG during 2023-24 for the recurrent impact of the 1.5% (c£1.2m), 5% (c£3.5m) AFC consolidated pay award which was processed in July and the Medical Pay award paid in October (c£0.7m). However, whilst full funding was received to support the pay award during 2023-24, the Trust is yet to receive confirmation on whether the allocation was on a recurrent basis, which if not forthcoming could lead to an underlying shortfall in the Trust Funding.

Whitchurch Hospital Site Transfer – Financial Consequences – *(£0.768m revenue / £2.010m - £3.09m Capital) Likelihood - high*

The Trust submitted a paper to the WG Health Strategy Board (HSB) held on 8th March setting out all the cost implications of the land & hospital transfer and future disposal / development. WG HSB approved in principle the proposed approach and funding of the costs. The annual revenue costs are expected to crystallise as a cost pressure when the land is legally transferred to Velindre UNHST from C&VUHB. The official transfer will be dependent on completion of the WG formal process for transfer which will now take place in 2024-25. Once the land is transferred to the Trust, the annual revenue cost pressure would remain on a recurrent basis, until the residual Whitchurch estate can be disposed of or developed, and the Trust will need to incur future capital cost to make good and dispose of the site.

The annual revenue costs include site security, utilities and maintenance/upkeep of the Whitchurch hospital and site based on information provided by C&VUHB. These are forecast to be £0.640m (Exc VAT / £0.768m Inc VAT). The Trust doesn't have a formal funding letter yet, however the Deputy Chief Executive NHS Wales confirmed in a letter to VUNHST CEO and Cardiff and Vale LHB CEO on 26 March 2024 that the Health Strategy Board is aware of the on-going revenue costs that are linked to the site which will initially be covered by the Welsh Government but will be offset against any future disposal receipts for the site. The proposed funding model for this arrangement will need to be agreed between WG and VUNHST as the Trust will require revenue funding to cover the annual costs, whereas the proposed funding source is a future capital receipt on disposal. At the Trust CRM in May Ian Gunney confirmed the Trust should invoice the Capital Finance team for the revenue costs incurred.

The site surveys, transaction and disposal capital costs are estimated at £0.300m (Exc VAT / £0.360m Inc VAT) and the make safe capital cost for the Whitchurch Hospital is estimated at between £1.65m - £2.73m (Exc VAT / £2.010m - £3.09m Inc VAT). These costs require agreed capital funding as part of the All Wales Capital Funding Programme.

Rise in Energy Prices above forecast MTP plans - *(£0.142m) Likelihood – High*

Latest forecast schedule from NWSSP suggests that the Trust energy costs for 2024-25 will be c£1.745m this will leave a shortfall of £0.142m against the budget of £1.603m (£1.040m underlying budget plus £0.563m funding provide by WG) which is held by the Trust.

Management of Operational Cost Pressures - *(£0.500m) Likelihood - Low*

There are several cost pressures that are already within the service which are expected to be managed in line with normal budgetary control procedures or through utilisation of the Trust reserve. However, due to the current demands on the service there is a small risk that these current pressures may be beyond divisional control which is being recognised within the table.

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

Opportunities

Vacancy Turnover – (Low)

Further vacancy turnover savings above the vacancy factor held in divisions.

Emergency Reserve – (Medium)

It is important that the Trust keeps a reserve for emergency cost pressures which may arise over the course of the year, however, if this reserve is not required during 2024-25 then like in 2023-24 the Trust may be in a position later in the year to release this funding on a non-recurrent basis.

Reduction in Energy Prices – (Low)

At this stage the funding received to support the increase in energy prices is expected to be required by the Trust, however whilst unlikely given the latest forecast position from NWSSP if costs were to reduce then an opportunity may crystalise.

Interest Benefit above Savings Target (Low)

Potential for further non-recurrent income opportunity from the recent rise in interest rates. Predicted outlook for 2024/25 is that interest rates will start decreasing now that inflation has been controlled.

Savings Opportunities Pipeline

The Trust has identified some initial opportunities that could be explored but these require further development but are highlighted below:

Pre-Operative Anaemia Pathway Project (Health Board savings)

Value Based Healthcare project led by WBS where all patients undergoing elective major surgery in Wales will be screened pre-operatively and offered treatment with intravenous Iron as required prior to surgery. Savings to be established and delivered via Health Boards and represents WBS / VUNHST contribution to system wide financial performance.

Medicine Unit Supply

Identify opportunities to increase use of NWSSP Medicines unit to identify further potential cost savings for high cost drugs. Note that any cost savings are passed through to LHB Commissioners

Workforce Re-design

Review of workforce models and pathways to identify opportunities to deliver services more efficiently in addition to the schemes outlined in the savings tracker.

Procurement

Procurement working with divisions on a regular basis to review non pay spend and ensure delivery of savings target and identify other cost improvement opportunities above the savings target.

7. CAPITAL EXPENDITURE

Administrative Target

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

	Approved CEL 2024/25 £m	YTD Spend £m	Budget Remaining @ M2 £m	F'cast Spend 2024/25 £m	Year End Variance 2024/25 £m
All Wales Capital Programme					
IRS - Integrated Radiotherapy Solution	5.164	0.150	5.014	5.164	0.000
IRS RSC - Radiotherapy Satellite Centre	11.265	0.000	11.265	11.265	0.000
nVCC Project and Enabling Costs	0.000	1.680	0.000	6.726	(6.726)
WBS TGI	0.000	0.033	0.000	0.303	(0.303)
Digital - WHAIS	0.000	0.000	0.000	0.494	(0.494)
Digital - RISP	0.000	0.000	0.000	0.160	(0.160)
WBS Electrical Resilience	0.000	0.000	0.000	0.150	0.000
WBS Liquid Nitrogen	0.000	0.000	0.000	0.500	0.000
Total All Wales Capital Programme	16.429	1.863	16.279	24.762	(7.683)
Discretionary Capital	1.911	0.250	1.661	1.911	0.000
Total	18.340	2.113	17.940	26.673	(7.683)

The approved 2024-25 Capital Expenditure Limit (CEL) as of May 2024 was £18.340m. This includes All Wales Capital funding of £16.249m, and discretionary funding of £1.911m.

A total of £6.726m will be required to support the nVCC project and enabling costs during 2024-25. A funding request of £2.632m has been submitted to WG for the nVCC project costs with the balance of £4.094m forming part of the EW FBC Addendum.

The Trust has received a funding award letter from DHCW in support of RISP, and WG colleagues are aware of the funding requirement in relation to WHAIS and the costs associated with the WBS TGI OBC having supported these projects up to this date.

In addition, the Trust has received support in principle from WG towards the WBS electrical resilience and liquid nitrogen schemes which were submitted as part of the Trust IMTP.

The finance team are in conversation with WG colleagues to ensure that the funding for the above Capital Schemes form part of the CEL for 2024-25.

The discretionary allocation of £1.911m represents an increase of 12% on the £1.683m provided during 2023-24.

At present the discretionary programme is fully allocated from previous decisions other than a £0.100m contingency, however WHAIS (£0.494m) and WBS Electrical Resilience (originally £0.230m) are ringfenced from discretionary with the expectation being that these two schemes will be supported from All Wales Capital funding, and therefore reimbursing the discretionary pot by (£0.672m)

Performance to date

The actual expenditure to May 2024 on the All-Wales Capital Programme schemes was £1.863m, this is broken down between spend on the nVCC project and enabling works of £1.680m, the IRS £0.150m and WBS TGI of £0.033m.

The current spend on the Discretionary Capital programme as of May 2024-25 is £0.250m.

Year-end Forecast Spend

The year-end forecast outturn is currently expected to be managed to a breakeven position subject to the Trust securing funds for the nVCC.

Major Schemes in Development

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

The Trust has a process through which to prioritise competing capital cases, both in terms of submissions to WG for All Wales funding and the allocation of Trust discretionary Programme funding.

The capital investment required over the period of the IMTP are schemes that have or will be submitted to Welsh Government as cases for consideration against the All-Wales Capital Fund.

The latest position of schemes that was included in the IMTP for 2024-25 is provided in the table below:

All Wales Approved and Unapproved Capital Schemes	2024-25 £m	2025-26 £m	2026-27 £m	2027/28 £m	Further Years £m	Total All Wales Schemes £m
All Wales Approved Schemes						
TCS nVCC enabling works		1.547				1.547
Integrated Radiotherapy Solution (IRS)	5.164	2.040	15.800	0.839		23.843
Radiotherapy Satellite Unit	11.265					11.265
Total Approved Capital Schemes	**16.429**	**3.587**	**15.800**	**0.839**	**0.000**	**36.655**
All Wales Unapproved Schemes						
TCS nVCC	15.791	11.000	36.962	1.741		65.494
TCS nVCC Enabling works	2.900		0.600			3.500
Digital - IT Infrastructure	1.086	0.688	0.680	0.400		2.854
WHAIS	0.494	0.092				0.586
WBS Electrical Resilience	0.320					0.320
Liquid Nitrogen Vessel	0.500					0.500
Welsh Plasma - Medicine	0.970	0.064	0.064	0.203		1.301
Talbot Green - Infrastructure	0.303	1.346	10.633	10.640	19.707	42.629
WBS Fleet Replacement		0.373	1.112	1.285		2.770
WBS Asset Replacement	0.100	0.494	0.121		1.560	2.275
First Floor Ward Ventilation	0.370					0.370
Condition Survey Recommendations	0.250	0.200	0.150			0.600
BECS Blood Mangagement System	0.100	0.200	0.200	1.000		1.500
Total Unapproved Capital Schemes	**23.184**	**14.457**	**50.522**	**15.269**	**21.267**	**124.699**
Total All Wales Capital Plans	**39.613**	**18.044**	**66.322**	**16.108**	**21.267**	**161.354**

8. BALANCE SHEET (Including Hosted Organisations)

The balance sheet will be reported from Month 3.

9. CASH FLOW (Includes Hosted Organisations)

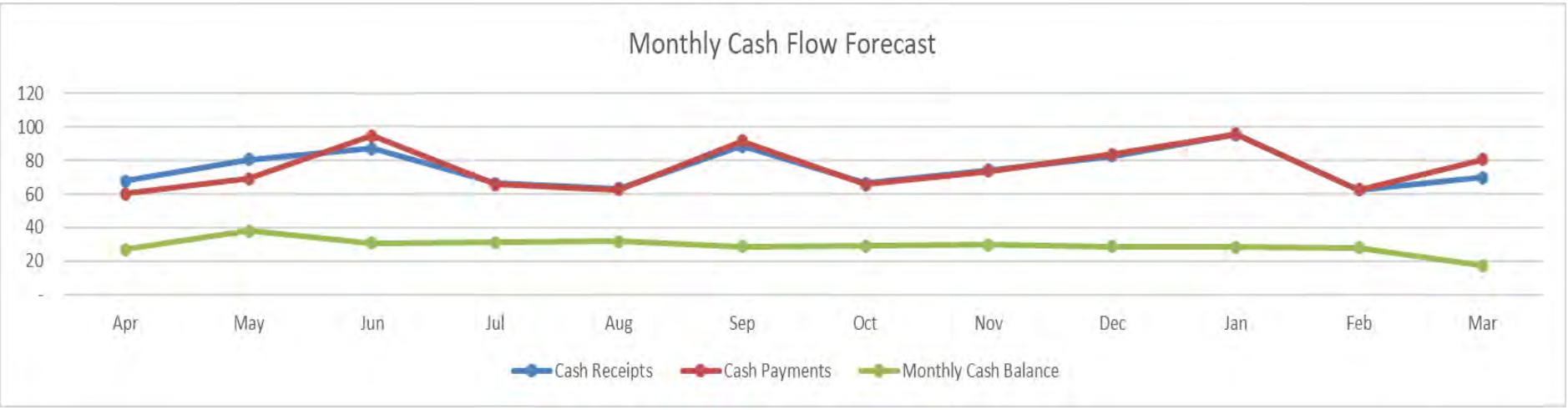
The cash-flow forecast is important to enable the Trust to plan for sufficient cash availability throughout the financial year to pay its debts, such as payroll, services provided by other health bodies and private companies. The cash-flow forecast ensures that the Trust has an early understanding of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

As part of the Brexit emergency planning an additional £4.5m of stock had been purchased by NWSSP and an additional £2.5m of commercial blood products were purchased by WBS, to provide resilience for NHS Wales due to the uncertainty around supply chain reliability because of Brexit.

To aid the Trust's cash flow while the additional stock was being held for Brexit, Welsh Government provided the Trust with additional cash of £7m during 2019-20. WBS did intend to run down the commercial blood stock, however given the ongoing uncertain situation and potential impact on supply chains the Trust continues to hold this stock with assessments ongoing. NWSSP however issued the additional stock and the £4.5m was repaid to WG during February '23.

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

		Apr £'m	May £'m	Jun £'m	Jul £'m	Aug £'m	Sep £'m	Oct £'m	Nov £'m	Dec £'m	Jan £'m	Feb £'m	Mar £'m	Totals £'m
	RECEIPTS													
1	Income from other Welsh NHS C	50.519	42.117	69.129	47.299	46.099	46.099	47.299	46.099	45.499	46.699	45.499	42.499	574.853
2	WG Revenue Funding	10.504	31.147	12.385	12.789	11.529	36.529	12.789	22.529	31.399	42.659	11.399	21.529	257.183
3	Short Term Loans													0.000
4	PDC							0.000					0.000	0.000
5	Interest Receivable	0.179	0.143	0.130	0.130	0.130	0.130	0.130	0.130	0.130	0.130	0.130	0.130	1.622
6	Sale of Assets													0.000
7	Other	6.657	7.151	5.423	5.975	5.625	5.625	5.975	5.625	5.450	5.800	5.450	5.625	70.381
8	TOTAL RECEIPTS	**67.860**	**80.558**	**87.066**	**66.192**	**63.382**	**88.382**	**66.192**	**74.382**	**82.477**	**95.287**	**62.477**	**69.782**	**904.039**
	PAYMENTS													
9	Salaries and Wages	25.845	35.256	34.545	35.618	35.639	35.618	35.632	35.625	35.604	35.639	35.618	35.618	416.258
10	Non pay items	31.288	30.780	56.706	28.903	25.542	54.602	28.741	36.042	46.537	58.059	25.339	36.537	459.072
11	Short Term Loan Repayment											0.000		0.000
12	PDC Repayment		0.000											0.000
14	Capital Payment	2.880	3.178	3.259	1.202	1.513	1.403	1.364	2.013	1.468	1.996	1.666	8.468	30.411
15	Other items													0.000
16	TOTAL PAYMENTS	**60.013**	**69.214**	**94.511**	**65.723**	**62.694**	**91.623**	**65.737**	**73.680**	**83.609**	**95.694**	**62.623**	**80.623**	**905.741**
17	Net cash inflow/outflow	7.846	11.344	(7.445)	0.470	0.689	(3.240)	0.456	0.703	(1.131)	(0.406)	(0.145)	(10.840)	
18	Balance b/f	18.997	26.843	38.187	30.743	31.212	31.901	28.661	29.117	29.819	28.688	28.281	28.136	
19	Balance c/f	26.843	38.187	30.743	31.212	31.901	28.661	29.117	29.819	28.688	28.281	28.136	17.296	



DIVISIONAL ANALYSIS

(Figures in parenthesis signify an adverse variance against plan)

Core Trust

	YTD Budget £m	YTD Actual £m	YTD Variance £m	Full Year Budget £m	Full Year Forecast £m	Year End Projected Variance £m
VCC	(7.686)	(7.686)	0.000	(41.771)	(41.771)	0.000
RD&I	0.040	0.039	(0.000)	0.394	0.394	0.000
WBS	(3.548)	(3.545)	0.003	(20.954)	(20.954)	0.000
Sub-Total Divisions	**(11.195)**	**(11.192)**	**0.003**	**(62.331)**	**(62.331)**	**0.000**
Corporate Services Directorates	(2.103)	(2.102)	0.001	(12.621)	(12.621)	0.000
Delegated Budget Position	**(13.297)**	**(13.294)**	**0.004**	**(74.952)**	**(74.952)**	**0.000**
TCS	(0.099)	(0.095)	0.003	(0.663)	(0.663)	0.000
Health Technology Wales	(0.015)	(0.015)	(0.000)	(0.092)	(0.092)	0.000
Trust Income / Reserves	13.411	13.411	(0.000)	75.706	75.706	0.000
Trust Position	(0.000)	0.007	0.007	0.000	0.000	0.000

VCS

	YTD Budget £m	YTD Actual £m	YTD Variance £m	Full Year Budget £m	Full Year Forecast £m	Year End Projected Variance £m
Income	**13.238**	**13.033**	**(0.205)**	**81.623**	**81.623**	**0.000**
Expenditure						
Staff	8.431	8.365	0.066	48.543	48.543	0.000
Non Staff	12.493	12.353	0.140	74.851	74.851	0.000
Sub Total	**20.924**	**20.719**	**0.205**	**123.394**	**123.394**	**0.000**
Total	**(7.686)**	**(7.686)**	0.000	**(41.771)**	**(41.771)**	**0.000**

VCS Key Highlights/ Issues:

The reported financial position for Velindre Cancer Services as at the end of May 2024 was **breakeven**, and an expected outturn position expected at this stage of **breakeven**.

Income at Month 2 represents an underachievement of **£(0.205)m**. Part release of a legal provision from last year which directly correlates with a reduction in non-pay expenditure is offsetting the surplus in private patient activity income.

VCS have reported a year to date underspend of **£0.066m** against staff. Vacancies remain across several services despite the recruitment push during 2023-24. The vacancies being carried is above both the vacancy factor and savings target.

Non-Staff Expenditure at Month 2 was **£(0.140)m** underspent which is largely due to release of the legal provision offset with income partly offset by an increase in facilities management expenses and the divisional management savings target.

WBS

	YTD Budget £m	YTD Actual £m	YTD Variance £m	Full Year Budget £m	Full Year Forecast £m	Year End Projected Variance £m
Income	**5.713**	**5.863**	**0.150**	**29.576**	**29.576**	**0.000**
Expenditure						
Staff	2.911	3.004	(0.093)	16.958	16.958	0.000
Non Staff	6.349	6.404	(0.054)	33.572	33.572	0.000
Sub Total	**9.261**	**9.408**	**(0.147)**	**50.531**	**50.531**	**0.000**
Total	**(3.548)**	**(3.545)**	0.003	**(20.954)**	**(20.954)**	**0.000**

Key Highlights/ Issues:

The reported financial position for the Welsh Blood Service at the end of May 2024 was a small underspend of **£0.003m** with an outturn forecast position of **breakeven** currently expected.

Income overachievement of **£0.150m** due to increased activity on plasma sales, partly offset by underachievement on bone marrow.

There has been a lack of growth in the bone marrow registry, which was largely impacted during the pandemic, however, is starting to show signs of recovery with significantly more swab tests taking place over the last quarter. The payback from the additional swabs should start to be realised later in this financial year. WBS continue to run campaigns in order to try and grow the panel in sites such as schools and universities, and also raise awareness through advertising on platforms such as social media.

Staff overspend is due to an increased CIP (savings target), along with advance recruitment and appointments made at risk without identified funding source. Work continues to be underway within WBS SLT to either secure additional funding to support these posts or continue to look into options of migrating staff into vacancies to help mitigate the current risk exposure.

Non-Staff reported a small overspend of **£(0.054)m** as at month 2. The overspend is a combination of room hire costs no longer funded by WHSSC, temporary additional security costs at the rear of the building and additional spend within molecular genetics for test kits.

Corporate

	YTD Budget £m	YTD Actual £m	YTD Variance £m	Full Year Budget £m	Full Year Forecast £m	Year End Projected £m
Income	**0.661**	**0.721**	**0.060**	**4.271**	**4.271**	**0.000**
Expenditure						
Staff	2.257	2.203	0.054	13.749	13.749	0.000
Non Staff	0.507	0.620	(0.113)	3.143	3.143	0.000
Sub Total	**2.764**	**2.823**	**(0.059)**	**16.892**	**16.892**	**0.000**
Total	**(2.103)**	**(2.102)**	0.001	**(12.621)**	**(12.621)**	**0.000**

Corporate Key Highlights / Issues:

The reported financial position for the Corporate Services division at the end of May 2024 was an underspend of **£0.001m**. The Corporate division is currently expecting to achieve an outturn position of **breakeven**.

The Trust continues to benefit from receiving greater returns on cash being held in the bank due to the rise in interest rates which has provided a surplus above the agreed support towards the Trust savings target.

Staff expectation is that vacancies within the division, will help offset use of agency and the divisional savings target.

A non pay overspend is again expected and relates to the increased running costs associated with the hospital estate.

RD&I

	YTD Budget £m	YTD Actual £m	YTD Variance £m	Full Year Budget £m	Full Year Forecast £m	Year End Projected Variance £m
Income	**0.697**	**0.633**	**(0.064)**	**4.439**	**4.439**	**0.000**
Expenditure						
Staff	0.588	0.526	0.062	3.598	3.598	0.000
Non Staff	0.069	0.067	0.002	0.447	0.447	0.000
Sub Total	**0.657**	**0.593**	**0.064**	**4.045**	**4.045**	**0.000**
Total	**0.040**	**0.039**	(0.000)	**0.394**	**0.394**	**0.000**

RD&I Key Highlights / Issues

The reported financial position for the RD&I Division at the end of May 2024 was **breakeven** with a current forecast outturn position of **breakeven**.

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

TCS – (Revenue)

	YTD Budget £m	YTD Actual £m	YTD Variance £m	Full Year Budget £m	Full Year Forecast £m	Year End Projected Variance £m
Income	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**
Expenditure						
Staff	0.091	0.091	(0.000)	0.621	0.621	0.000
Non Staff	0.008	0.005	0.003	0.042	0.042	0.000
Sub Total	**0.099**	**0.095**	**0.003**	**0.663**	**0.663**	**0.000**
Total	**(0.099)**	**(0.095)**	0.003	**(0.663)**	**(0.663)**	**0.000**

TCS Key Highlights / Issues

The reported financial position for the TCS Programme at the end of May 2024 is **a £0.003m** underspend with a forecasted outturn position of **Breakeven.**

HTW (Hosted Other)

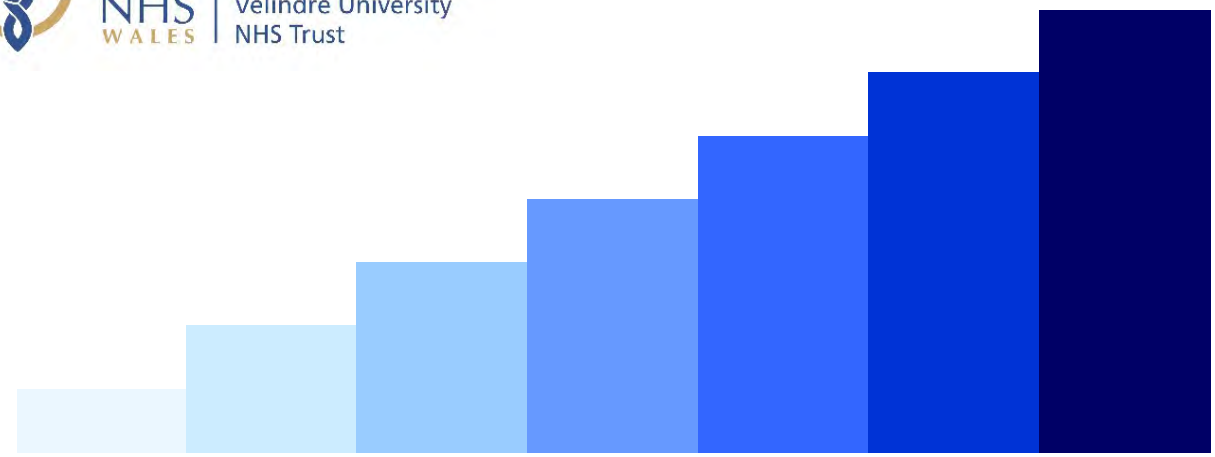
	YTD Budget £m	YTD Actual £m	YTD Variance £m	Full Year Budget £m	Full Year Forecast £m	Year End Projected Variance £m
Income	**0.275**	**0.262**	**(0.013)**	**1.649**	**1.649**	**0.000**
Expenditure						
Staff	0.269	0.260	0.009	1.614	1.614	0.000
Non Staff	0.021	0.017	0.004	0.127	0.127	0.000
Sub Total	**0.290**	**0.277**	**0.013**	**1.741**	**1.741**	**0.000**
Total	**(0.015)**	**(0.015)**	0.000	**(0.092)**	**(0.092)**	**0.000**

HTW Key Highlights / Issues

The reported financial position for Health Technology Wales at the end of May 2024 was **breakeven,** with a forecasted outturn position which will be managed to a **breakeven** position.

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

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



TCS PROGRAMME
FINANCE REPORT 2024-25

Period Ending 31st May 2024

Contents

1. INTRODUCTION

1.1 The purpose of this report is to provide a financial update for the Transforming Cancer Services (TCS) Programme for the financial year 2024-25, outlining spend against budget as at 31st May 2024 and the current year-end forecast.

1.2 The TCS Programme financial position is continually monitored and updated, with an update provided regularly to both the TCS Programme Delivery Board and Trust Board.

2. EXECUTIVE SUMMARY

2.1 The summary financial position for the TCS Programme for the year 2024-25 as at 31st May 2024 is provided below. A detailed table of budget, spend and variance for the capital and revenue expenditure is provided in Appendix 1.

Expenditure Type	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Capital	£1.681m	£0	£6.726m	-£6.726m
Revenue	£0.095m	£0.663m	£0.668m	-£0.005m
Total	**£1.776m**	**£0.663m**	**£7.395m**	**-£6.731m**

2.2 The overall forecast outturn for the Programme is an overspend of £6.731m for the financial year 2024-25 against a budget of £0.663m.

2.3 No capital funding has been allocated yet for the projects for financial year, resulting in the aforementioned overspend. A funding request for the nVCC Project has been submitted to WG for c£2.632m and the EW Project funding request will be as part of the EW FBC Addendum.

2.4 The main financial risk to the TCS Programme at present is the lack of funding for the capital projects, which is being mitigated by the aforementioned funding request.

3. BACKGROUND

3.1 In January 2015 the Minister for Health and Social Services approved the initial version of the Strategic Outline Programme 'Transforming Cancer Services in South East Wales'. Following completion of the Key Stage Review in June/July 2015, approval was received from the Minister to proceed to the next stage of the Programme.

3.2 By 31st March 2024, the Welsh Government (WG) had provided a total of £63.295m funding (£60.246m capital, £3.049m revenue) to support the TCS Programme. In addition, the Trust had provided £0.264m from its discretionary capital allocation and £0.512m non-recurrent revenue funding.

3.3 NHS Commissioners agreed in December 2018 to provide annual revenue funding to the Trust to support TCS Programme, with £0.400m provided in 2018/19, increased to £0.420m thereafter.

3.4 The current funding provided to support the TCS Programme in 2024-25 is £0.663m revenue, with no capital funding allocated as yet. This is outlined in Appendix 2. The sources of funding are summarised below.

Sources of Capital Funding

Initial Allocation (as at 1st April 2024)

Project	WG Capital	Total Funding
Enabling Works Project	£0	£0
nVCC Project	£0	£0
Whitchurch Hospital Site	£0	£0
Total	**£0**	**£0**

Overall Change to Allocation

Project	WG Capital	Total Funding
Enabling Works Project	£0	£0
nVCC Project	£0	£0
Whitchurch Hospital Site	£0	£0
Total	**£0**	**£0**

Current Allocation (as at 31st May 2024)

Project	WG Capital	Total Funding
Enabling Works Project	£0	£0
nVCC Project	£0	£0
Whitchurch Hospital Site	£0	£0
Total	**£0**	**£0**

Sources of Revenue Funding

Initial Allocation (as at 1st April 2024)

Project	LHB Commissioners	Trust Reserves	Escrow Interest	Total Funding
PMO	£0.240m	£0.078m	£0	£0.318m
EW Project	£0	£0	£0	£0
nVCC Project	£0	£0	£0	£0
SDT Project	£0.180m	£0.140m	£0	£0.320m
Total	**£0.420m**	**£0.218m**	**£0**	**£0.638m**

Overall Change to Allocation

Project	LHB Commissioners	Trust Reserves	Escrow Interest	Total Funding
PMO	£0	£0	£0	£0
EW Project	£0	£0	£0.025m	£0.025m
nVCC Project	£0	£0	£0	£0
SDT Project	£0	£0	£0	£0
Total	**£0**	**£0**	**£0.025m**	**£0.025m**

Current Allocation (as at 31st May 2024)

Project	LHB Commissioners	Trust Reserves	Escrow Interest	Total Funding
PMO	£0.240m	£0.078m	£0	£0.318m
EW Project	£0	£0	£0.025m	£0.025m
nVCC Project	£0	£0	£0	£0
SDT Project	£0.180m	£0.140m	£0	£0.320m
Total	**£0.420m**	**£0.218m**	**£0.025m**	**£0.663m**

4. CAPITAL POSITION

4.1 The current capital funding for 2024-25 is outlined below:

- Enabling Works Project £0m
- nVCC Project £0m
- Whitchurch Hospital Site £0m

Total **£0m**

4.2 The capital position as at 31st May 2024 is outlined below, with a forecast overspend of £6.726m for 2024-25. This is due to the lack of capital funding being allocated to the projects to date this financial year.

Capital Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Enabling Works Project	£1.206m	£0	£4.015m	-£4.015m
nVCC Project	£0.474m	£0	£2.710m	-£2.710m
Whitchurch Hospital Site	£0.002m	£0	£0.002m	-£0.002m
Total	**£1.681m**	**£0**	**£6.726m**	**-£6.726m**

4.3 A funding request for the nVCC Project has been submitted to WG for c£2.632m and the EW Project funding request will be as part of the EW FBC Addendum.

5. REVENUE POSITION

5.1 The revenue funding for 2024-25 is outlined below:

- PMO £0.318m
- Enabling Works Project £0.025m
- nVCC Project £0m
- SDT Project £0.320m

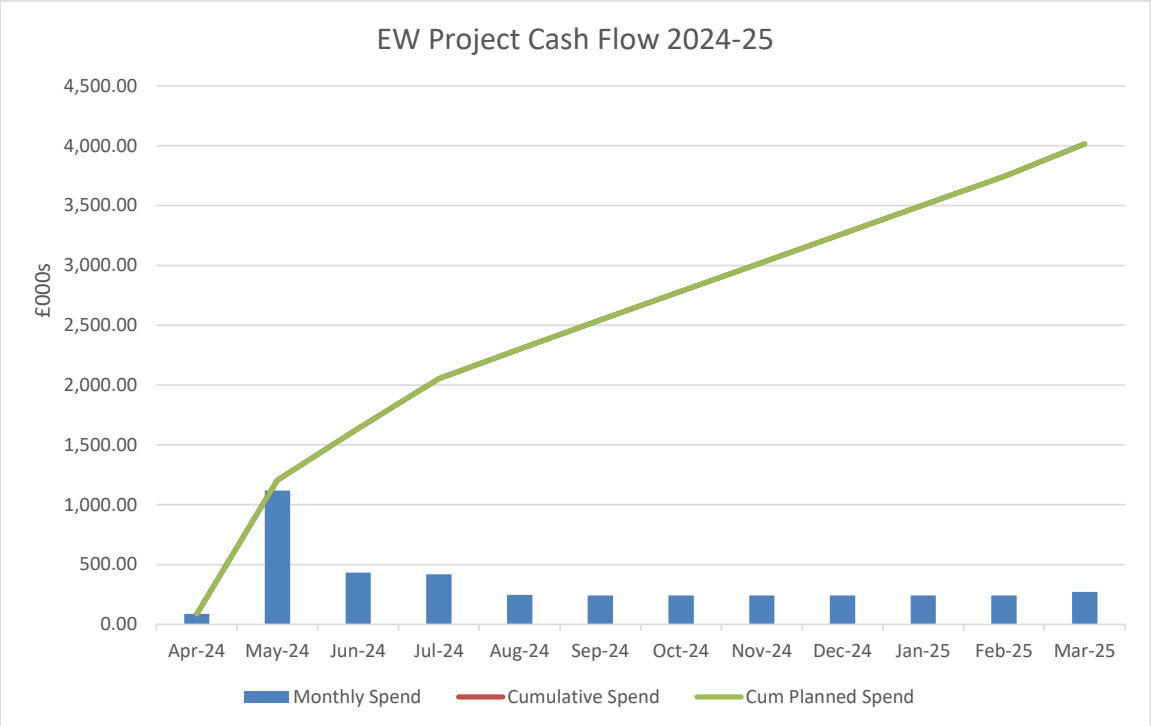
Total £0.663m

5.2 The revenue position as at 31st May 2024 is outlined below, with a forecast overspend of £0.005m for 2024-25 against a budget of £0.663m.

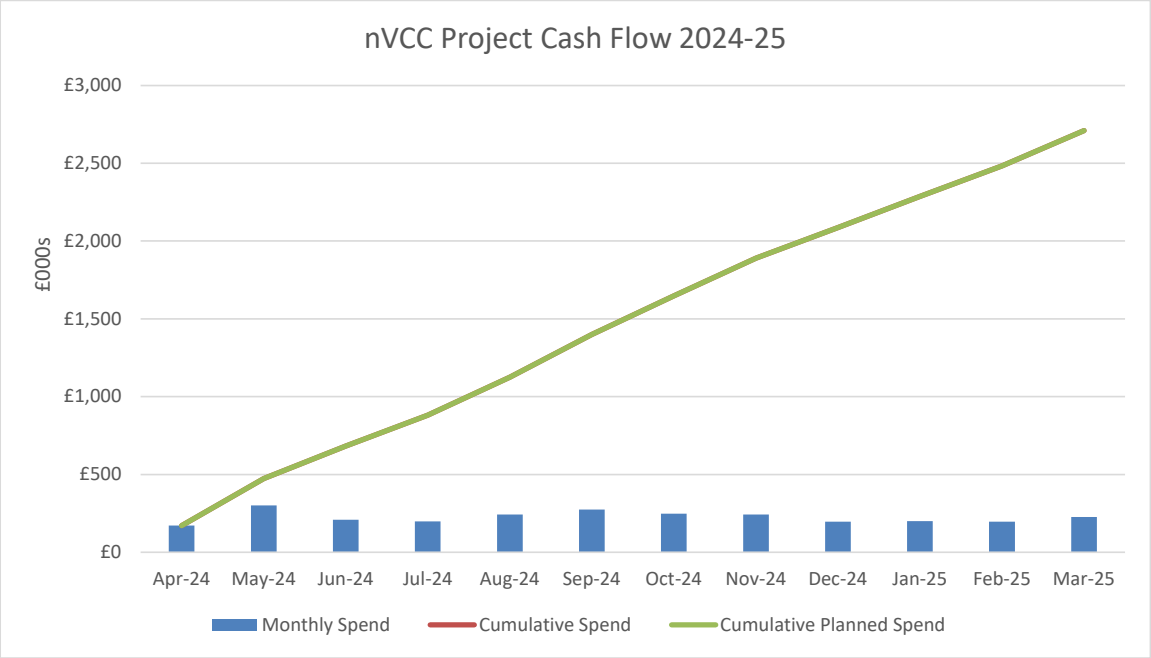
Revenue Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
PMO	£0.048m	£0.318m	£0.318m	£0
EW Project	£0	£0.025m	£0	£0.025m
nVCC Project	£0.004m	£0	£0.030m	-£0.030m
SDT Project	£0.043m	£0.320m	£0.320m	£0
Total	**£0.095m**	**£0.663m**	**£0.668m**	**-£0.005m**

6. CASH FLOW

6.1 The capital cash flow for the **Enabling Works Project** is outlined below. The run rate indicates an even distribution of costs for this financial year.



6.2 The capital cash flow for the **nVCC Project** is outlined below. The run rate indicates an even distribution of costs for this financial year.



6.3 The cash flow for the remainder of the Programme is not reported as it is not of a material nature.

7. PROJECT FINANCE UPDATES

7.1 A detailed table of budget, spend and variance is provided in Appendix 1.

Programme Management Office

7.2 The current revenue funding for the PMO for 2024-25 is £0.328m, with £0.240m of this provide from NHS Commissioners' funding and £0.078m from the Trust Reserves.

7.3 There is no capital funding requirement for the PMO in 2024-25.

7.4 The revenue position for the PMO as at 31st May 2024 is shown below, with a forecast breakeven positon for the year against a budget of £0.318m.

PMO Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Pay	£0.048m	£0.315m	£0.315m	£0
Non Pay	£0	£0.003m	£0.003m	£0
Total	**£0.048m**	**£0.318m**	**£0.318m**	**£0**

7.5 There are currently no financial risks associated with the PMO for 2024-25.

Enabling Works Project

Capital

7.6 There is currently no capital funding for the Enabling Works Project for 2024-25. A funding request of £4.015m has been submitted to WG for this financial year.

7.7 The Project's financial position for 31st May 2024 is shown below. The forecast position reflects an expected overspend of £4.015m for this financial year.

Enabling Works Capital Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Pay	£0.039m	£0	£0.238m	-£0.238m
Non-Pay	£1.166m	£0	£3.777m	-£3.777m
Total	**£1.206m**	**£0**	**£4.015m**	**-£4.015m**

7.8 The Project spend relates to the following activities:

Enabling Works FBC Project Capital Budget & Spend Summary 2024-25

Description		Year to Date Budget May-24 £	Year to Date Spend May-24 £	Year to Date Variance May-24 £	Financial Year Annual Budget £	Financial Year Annual Forecast £	Financial Year Annual Variance £
PAY							
Project 1b - Enabling Works FBC		0	39,434	-39,434	0	238,273	-238,273
Pay Capital Total		**0**	**39,434**	**-39,434**	**0**	**238,273**	**-238,273**
NON-PAY							
EF02	Utility Costs	0	400,000	-400,000	0	400,000	-400,000
EF03	Supply Chain Fees	0	61,352	-61,352	0	410,352	-410,352
EF04	Non Works Costs	0	4,434	-4,434	0	16,434	-16,434
EF05	ASDA Works	0	562,185	-562,185	0	1,025,685	-1,025,685
EF06	Walters Design & Build	0	128,956	-128,956	0	608,956	-608,956
EF08	Section 278	0	0	0	0	1,158,750	-1,158,750
EF09	Off Site Habitat	0	-211	211	0	-211	211
EFQR	Quantified Risk	0	0	0	0	147,300	-147,300
EFQS	QRA - SCP	0	0	0	0	0	0
EFRS	Enabling Works FBC Reserves	0	9,393	-9,393	0	9,393	-9,393
Enabling Works FBC Project Capital Total		**0**	**1,166,108**	**-1,166,108**	**0**	**3,776,658**	**-3,776,658**
TOTAL ENABLING WORKS FBC CAPITAL EXPENDITURE		**0**	**1,205,543**	**-1,205,543**	**0**	**4,014,931**	**-4,014,931**

7.9 To date this financial year no capital funding has been provided by WG for the Enabling Works Project. The EW Project funding request will be as part of the EW FBC Addendum.

Revenue

7.10 There is currently revenue funding of £0.025m for the Enabling Works nVCC Project for 2024-25. This is provided from the interest earned from the Enabling Works Escrow bank Account for the ASDA works.

7.11 The revenue financial position for the Enabling Works Project for 31st May 2024 is shown below, reflecting a current underspend of £0.025m for the year.

Enabling Works Revenue Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Non-Pay	£0	£0.025m	£0	£0.025m
Total	**£0**	**£0.025m**	**£0**	**£0.025m**

7.12 There is a risk of an underspend of £0.025m for the revenue element of the Enabling Works Project this financial year. However this will be used to offset the expected revenue overspend in the nVCC Project.

New Velindre Cancer Centre Project

Capital

7.13 There is currently no capital funding for the nVCC Project for 2024-25. A funding request of £2.710m has been submitted to WG for this financial year.

7.14 The Project's financial position for 31st May 2024 is shown below. The forecast position reflects an expected overspend of £2.710m for this financial year.

Enabling Works Capital Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Pay	£0.215m	£0	£1.313m	-£1.313m
Non-Pay	£0.259m	£0	£1.396m	-£1.396m
Total	**£0.474m**	**£0**	**£2.710m**	**-£2.710m**

7.15 The Project spend relates to the following activities:

nVCC FBC Project Capital Budget & Spend Summary 2024-25

Description	Year to Date Budget May-24 £	Year to Date Spend May-24 £	Year to Date Variance May-24 £	Financial Year Annual Budget £	Financial Year Annual Forecast £	Financial Year Annual Variance £
PAY						
Project Leadership nVCC	0	55,941	-55,941	0	335,647	-335,647
Project 2d - New Velindre Cancer Centre FBC	0	159,064	-159,064	0	977,754	-977,754
Pay Capital Total	**0**	**215,005**	**-215,005**	**0**	**1,313,401**	**-1,313,401**
NON-PAY						
nVCC Project Delivery	**0**	**6,221**	**-6,221**	**0**	**34,696**	**-34,696**
Work Packages						
VF01 RDD Process	0	18,538	-18,538	0	602,638	-602,638
VF02 Construction Phase	0	6,105	-6,105	0	446,105	-446,105
VF03 Professional Advisors (Call-off Basis)	0	0	0	0	60,000	-60,000
VF04 Reviews	0	160,000	-160,000	0	185,000	-185,000
VFRS nVCC FBC Reserves	0	67,770	-67,770	0	67,770	-67,770
nVCC Project Capital Total	**0**	**252,413**	**-252,413**	**0**	**1,361,513**	**-1,361,513**
TOTAL nVCC OBC CAPITAL EXPENDITURE	**0**	**473,638**	**-473,638**	**0**	**2,709,609**	**-2,709,609**

7.16 To date this financial year no capital funding has been provided by WG for the nVCC Project. An interim funding request for the nVCC Project has been submitted to WG for c£2.632m. The nVCC FBC will update the funding request as costs are finalised.

Revenue

7.17 There is currently no revenue funding for the nVCC Project for 2024-25.

7.18 The revenue financial position for the nVCC Project for 31st May 2024 is shown below, reflecting a current overspend of £0.030m for the year.

nVCC Revenue Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Non-Pay	£0.004m	£0	£0.030m	-£0.030m
Total	**£0.004m**	**£0**	**£0.030m**	**-£0.030m**

7.19 There is a risk of an underspend of £0.030m for the revenue element of the nVCC Project this financial year. However this will be used to offset the expected revenue underspend in the Enabling Works Project.

Whitchurch Hospital Site

7.20 There is currently no capital funding for the nVCC Project for 2024-25.

7.21 The Project's financial position for 31st May 2024 is shown below. This spend relates to legal fees associated with the Whitchurch Hospital Site. The forecast position reflects an expected overspend of £0.002m for this financial year.

Whitchurch Hospital Site Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Non-Pay	£0.002m	£0	£0.002m	-£0.002m
Total	**£0.002m**	**£0**	**£0.002m**	**-£0.002m**

7.22 To date there is no funding provided by WG for the Whitchurch Hospital Site, however at present the risk to the Programme is low. The associated costs will be reimbursed by WG.

Service Delivery and Transformation Project

7.23 The revenue funding for the Project for 2024-25 is £0.180m from NHS Commissioners' funding and £0.140m from Trust reserves. The resulting budget is £0.320m for this financial year.

7.24 There is no capital funding requirement for the Project in 2024-25.

7.25 The SDT Project revenue position for 2024-25 is shown below, with a forecast breakeven positon for the year against a budget of £0.320m.

SDT Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Pay	£0.150m	£0.306m	£0.306m	£0
Non-Pay	£0.007m	£0.013m	£0.013m	£0
Total	**£0.156m**	**£0.320m**	**£0.320m**	**£0**

7.26 There are currently no financial risks associated with the Project for 2024-25.

8. KEY RISKS AND MITIGATING ACTIONS

8.1 The main financial risk to the TCS Programme at present is the lack of funding for the capital projects. A funding request for a total of £6.725m has been submitted to WG for to fund these projects.

9. TCS SPEND REPORT SUMMARY

9.1 At the end of 2019, a financial model was developed by the TCS Finance Team to provide a spend profile for the TCS Programme. The model allocates reported spend by year to defined deliverables and outputs within each project within the Programme. It also allocates spend to the various resources need to deliver the Programme, such as pay, advisors, suppliers, etc. The output for the model itself is an in-year report providing spend details on a quarterly basis. A cumulative report is also produced for the Programme for its inception to the end of the latest quarter.

9.2 Appendix 3 provides cumulative report to 31st March 2022. The report for the financial year 2022-23 is currently being produced.

9.3 The cumulative report shows a total spend for the TCS Programme of £30.352m (£26.481m Capital, £3.871m Revenue). The total pay costs for this period were £11.303m.

9.4 The spend to 31st March 2022 for each Project within the Programme is summarised below.

Programme Management Office	£1.656m
Project 1 Enabling Works	£10.559m
Project 2 nVCC	£13.234m
Project 3a Integrated Radiotherapy Solution	£0.1.049m
Project 3b Digital Strategy	£0.200m
Project 4 Radiotherapy Satellite	£0.385m
Project 5 SACT and Outreach	£0.002m
Project 6 Service Delivery and Transformation	£3.266m
Project 7 Decommissioning	£0m

9.5 The five deliverables with the highest spend during this period are:

Project Control	£4.390m
Feasibility Studies	£2.734m
Planning and Design	£2.669m
Outline Business Case (inc revision and approval)	£2.456m
Project Agreement	£1.838m

APPENDIX 1: TCS Programme Budget and Spend as at 31st May 2024

TCS Programme Budget & Spend 2024-25

CAPITAL	Year to Date Budget May-24	Year to Date Spend May-24	Year to Date Variance May-24	Financial Year Annual Budget	Financial Year Annual Forecast	Financial Year Annual Variance
	£	£	£	£	£	£
PAY						
Project Leadership nVCC	0	55,941	-55,941	0	335,647	-335,647
Project 1b - Enabling Works FBC	0	39,434	-39,434	0	238,273	-238,273
Project 2d - New Velindre Cancer Centre FBC	0	159,064	-159,064	0	977,754	-977,754
Capital Pay Total	**0**	**254,439**	**-254,439**	**0**	**1,551,673**	**-1,551,673**
NON-PAY						
nVCC Project Delivery	0	6,221	-6,221	0	34,696	-34,696
Project 1b - Enabling Works FBC	0	1,166,108	-1,166,108	0	3,776,658	-3,776,658
Project 2c - Whitchurch Hospital Site	0	1,763	-1,763	0	1,763	-1,763
Project 2d - New Velindre Cancer Centre FBC	0	252,413	-252,413	0	1,361,513	-1,361,513
Capital Non-Pay Total	**0**	**1,426,504**	**-1,426,504**	**0**	**5,174,630**	**-5,174,630**
CAPITAL TOTAL	**0**	**1,680,944**	**-1,680,944**	**0**	**6,726,303**	**-6,726,303**

REVENUE	Year to Date Budget May-24	Year to Date Spend May-24	Year to Date Variance May-24	Financial Year Annual Budget	Financial Year Annual Forecast	Financial Year Annual Variance
	£	£	£	£	£	£
PAY						
Programme Management Office	47,765	47,776	-11	315,194	315,194	0
Project 6 - Service Change Team	42,766	42,920	-154	306,246	306,246	0
Revenue Pay Total	**90,532**	**90,697**	**-165**	**621,441**	**621,441**	**0**
NON-PAY						
Enabling Works FBC	0	0	0	25,060	0	25,060
nVCC FBC	0	4,319	-4,319	0	30,000	-30,000
Programme Management Office	0	0	0	3,228	3,228	0
Project 6 - Service Change Team	1,000	259	741	13,670	13,670	0
Revenue Non-Pay Total	**1,000**	**4,578**	**-3,578**	**41,957**	**46,897**	**-4,940**
REVENUE TOTAL	**91,532**	**95,275**	**-3,743**	**663,398**	**668,338**	**-4,940**

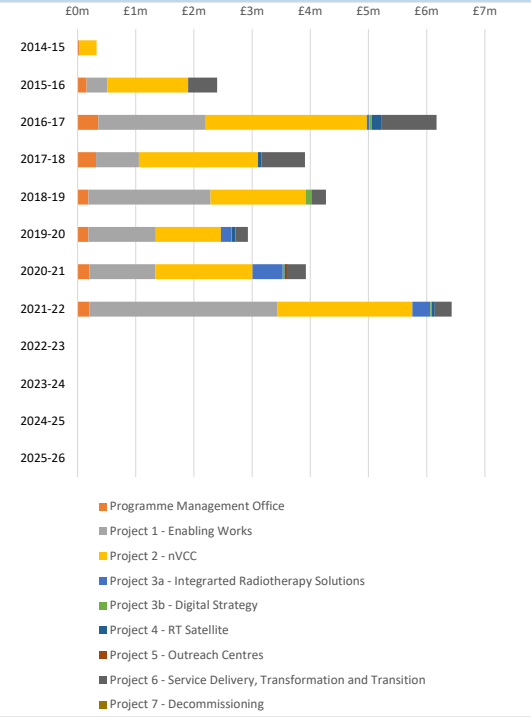
APPENDIX 2: TCS Programme Funding for 2024-25

Description	Date	Funding Type	
		Capital	Revenue
Programme Management Office		**£0**	**£0.318m**
Commissioner's Funding	01 April 2024	£0	£0.240m
Trust Revenue Funding	01 April 2024	£0	£0.078m
Enabling Works FBC		**£0**	**£0.025m**
WG Funding - tbc	-	£0	£0
Escrow Bank Account Interest	04 June 2024	£0	£0.025m
New Velindre Cancer Centre FBC		**£0**	**£0**
WG Funding - tbc	-	£0	£0
Whitchurch Hospital Site		**£0**	**£0**
WG Funding - tbc	-	£0	£0
Radiotherapy Satellite Centre	**-**	**£0**	**£0**
No funding requested or provided for this project to date	-	£0	£0
SACT and Outreach		**£0**	**£0**
No funding requested or provided for this project to date	-	£0	£0
Service Delivery, Transformation and Transition		**£0**	**£0.320m**
Commissioner's Funding	01 April 2024	£0	£0.180m
Trust Revenue Funding	01 April 2024	£0	£0.140m
VCC Decommissioning		**£0**	**£0**
No funding requested or provided for this project to date	-	£0	£0
Total		**£0**	**£0.663m**

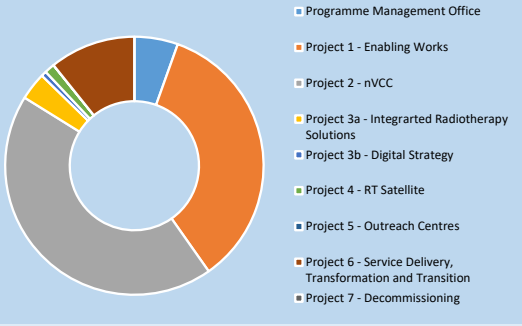
APPENDIX 3: TCS Cumulative Spend Report to 31st March 2022

SUMMARY OF CUMULATIVE TCS SPEND
TO 31 MARCH 2022

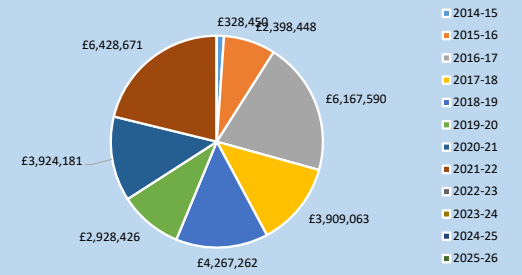
SPEND PER PROJECT PER YEAR



SPEND FOR EACH PROJECT ACROSS ALL YEARS



SPEND FOR EACH YEAR ACROSS ALL PROJECTS

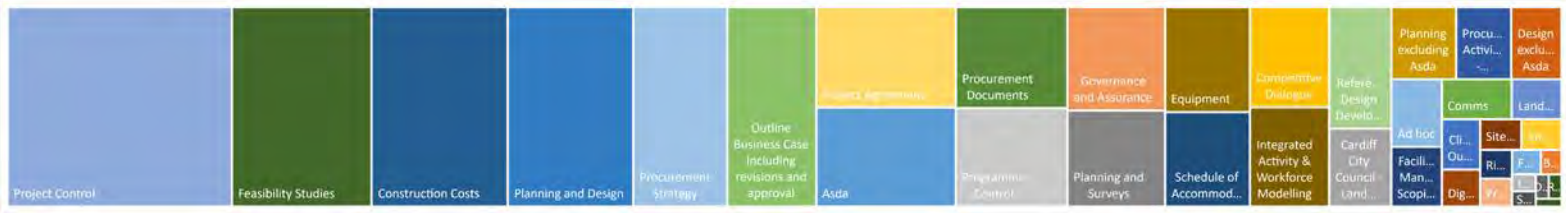


TOTAL SPEND BY PROJECT TO DATE	£30,352,092
Programme Management Office	£1,655,897
Project 1 - Enabling Works	£10,559,242
Project 2 - nVCC	£13,234,264
Project 3a - Integrarted Radiotherapy Solutions	£1,049,380
Project 3b - Digital Strategy	£199,786
Project 4 - RT Satellite	£385,490
Project 5 - Outreach Centres	£1,909
Project 6 - Service Delivery, Transformation and Transition	£3,266,123
Project 7 - Decommissioning	-

SUPPLIERS WITH HIGHEST EXPENDTITURE TO DATE

1	Payroll	£11,048,740
2	Mott MacDonald	£5,614,021
3	DLA Piper	£3,398,669
4	Non Pay Costs	£1,043,962
5	Price Waterhouse Coopers	£848,084

PROPORATIONAL SPEND FOR EACH DELIVERABLE ACROSS ALL YEARS



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13 June 2024

Matthew Denham-Jones
Deputy Director of Finance
Health & Social Services Group
Welsh Government

Dear Matt,

Velindre Month 2 (May 2024) Monitoring Return

In line with the guidance issued, please find attached the tables required for Month 2 2024-25.

1. Table A – Movement of Opening Financial Plan to Forecast Outturn

The Velindre core table has been completed in line with the Trust draft IMTP, NWSSP has then been combined to give the overall Trust Position.

As included in the 2024-25 to 2026-27 IMTP the Core Trust has a balanced opening financial plan and is currently expected to deliver an outturn position of breakeven.

Whilst the Trust is forecasting a balanced position there is significant financial risks and challenges due to the uncertainties around the income it will receive from its commissioners in relation to the 3.67% uplift, and the Trusts ability to mitigate this financial risk either through delivery of an increased savings target or reduction in investments as detailed further in this letter.

The 3.67% Recurrent Discretionary Allocation uplift (sustainability) funding is required in full to fund the significant underlying cost pressures, investment in capacity beyond marginal cost and investments in relation to the revenue impacts of the Trust's major infrastructure and equipment projects.

Divisional cost pressures above those recognised in the IMTP Financial Plan at this stage will either need to be mitigated, funded from existing budgets in service

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divisions or require additional savings above the £2.6m (3.1%) target already identified.

Whilst several saving schemes remain unfinalised, we are at this stage still anticipating that the service will enact plans to achieve the full savings target for 2024-25. However, if this is not the case then the emergency reserve will be considered alongside the other identified Trust opportunities, including a review of investment decisions. It is important that the Trust keeps an emergency reserve to support unforeseen costs that may materialise over the year which may be above divisional control. (**Action Point 1.1).**

The £0.510m shortfall identified in the annual plan against the savings target includes £0.150m of income generation schemes, therefore the targeted shortfall against the overall Trust savings plan currently remains at £0.510m **(Action Point 1.2).**

2. Table A1 – Underlying Position

As per the IMTP Financial Plan the Trust brought a balanced position into 2023-24 and is expected to maintain this position over the course of the 3-year planning period.

In order to retain a balanced position, the Trust will be required to manage all current and new financial risks, deliver the agreed savings target i.e. turn green those schemes that are currently RAG rated red or amber, and the ability to mitigate or remove any cost pressures that may emerge over the course of the period.

3. Table A2 – Risks & Opportunities

Risks

There are several financial risks that could impact on the successful delivery of a balanced position for 2024-25. The Trust is continuing to take appropriate actions to ensure risks are appropriately managed and mitigated against. All areas of delivery are risk assessed and where necessary identified risks are included within the Trust Assurance Framework and Trust wide Risk Register

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LTA – (High)

LTA Process / Timelines
The WHC (2023) 048 "2024-25 Health Board revenue allocation" (dated 21st December 2023) set the deadline for signing off LTA / SLA documents as the last working day in June 2024, which is 28th June 2024. However, the Trust noted that organisations are reminded of the expectation of reaching agreements that are reflected in submitted plans and are therefore strongly encouraged to reach agreement at the earliest possible opportunity.

The latest position remains whereby the Trust's Planning Assumptions for Commissioners 2024/25 were issued formally to all LHB Commissioners by Velindre Executive Director of Finance in a letter dated 23rd January 2024, which aligned with Welsh Government's planning assumptions. Further, at the Collective Commissioner Meeting held on 26th January 2024, the Trust shared at the earliest opportunity the Velindre Medium-Term Financial Plan 2024-27, including key assumptions and Contracting Principles, for incorporation within LHB Commissioner financial plans. These were shared again at the meeting of 21st February 2024 and 20th March 2024. These documents clearly articulated the recurrent financial cost pressures faced by the Trust regarding core service delivery in 2024/25 as a result of both core cost inflation and unavoidable demand pressures as detailed in the Contract Volume Growth Assumptions. The Trust also articulated that it would meet the minimum savings target of 2% of total baseline expenditure in line with guidelines. In order to produce a financially balanced plan, the Trust has had to exceed this minimum threshold to deliver 3.1% savings in order to reach financial balance in 2024/25 to 2026/27.

Guidance from the NHS Executive Financial Planning and Delivery directorate issued in December 2023 reinforced WG policy guidelines that the funding settlement is intended to support sustainability, unavoidable demand and core cost inflationary pressures. Further to this, the correspondence entitled "Long Term Agreement (LTA) Funding Flows 2024/25" from Director of Finance, Health and Social Services Group, Welsh Government dated 1st March 2024, outlined that WG will not be able to accept plans for consideration by the Minister for Health and Social Services if any funding agreements have not been finalised and agreed between commissioners and providers. Following this guidance, the Trust issued LTAs on 15th March 2024 and requested for LTAs to be signed by LHB Commissioners by the 28th March 2024 in line with submission to the Trust Board and Welsh Government.

As you are aware the Trust submitted a financially balanced plan to Welsh Government on 28th March 2024 following Trust Board approval. In April 2024, the

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Trust has subsequently received proposals by LHB Commissioners to reallocate use of the 3.67% uplift to invest in cost and service pressures different to those identified in the Trust IMTP and Financial Plan and thereby reduce the anticipated funding to Cancer services. Such proposals would create a shortfall in the Trust's financial plan for 2024/25 and going forward. The Trust notes that it has not received any Quality Impact Assessment or demand planning data from LHB Commissioners proposing reductions to recurrent funding allocations as part of their issued "Commissioning Intentions".

Arbitration
The Trust does not wish to resort to arbitration and has sought a collaborative solution with Commissioners through early engagement and transparent communication. However, the Trust has received Commissioning responses to the Trust IMTP Financial Plan in April 2024 with variation in approaches which moves us away from extant LTA agreements and agreed principles which now need to be reconciled. Further, given that the Collective Commissioning Group has not been able to find consensus it is unlikely at this stage that a common view will be reached by all Commissioners in time for the LTA deadline at the end of June 2024. Consequently, the Trust is preparing arbitration cases to submit to Welsh Government whilst also exploring alternatives for mitigation in response to LHB positions.

At this stage negotiations are still ongoing between DoFs with the hope that a resolution can be found before being escalated to CEO level, and finally the last resort being arbitration **(Action Point 1.3)**.

Non-Delivery of Savings - (Medium)

The Trust identified £2.606m of Savings and Income Generation to be achieved during 2024-25 as part of the IMTP. This savings target was set to ensure that the Trust had the ability to mitigate against the significant cost pressures with the service.

Several schemes are currently still RAG rated red or amber due to the stretch target set by the Trust to fund cost pressures. Red and amber schemes are currently being reviewed by the Trust's divisions in order to improve the likelihood of delivery and move the schemes to a green or amber RAG rating. The Trust continues to review the savings schemes with the aim of assuring there is a realistic plan for delivery or identifying replacement schemes. Further detail is provided below under section 7.

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Pay Award funding – (Medium)

The Trust received full funding from WG during 2023-24 for the recurrent impact of the 1.5% (c£1.2m), 5% (c£3.5m) AFC consolidated pay award which was processed in July and the Medical Pay award paid in October (c£0.7m). However, whilst full funding was received to support the pay award during 2023-24, the Trust is yet to receive confirmation on whether the allocation was on a recurrent basis, which if not forthcoming could lead to an underlying shortfall in the Trust funding.

Whitchurch Hospital Site Transfer – Financial Consequences – (High)

The Trust submitted a paper to the WG Health Strategy Board (HSB) held on 8th March setting out all the cost implications of the land & hospital transfer and future disposal / development. WG HSB approved in principle the proposed approach and funding of the costs. The annual revenue costs are expected to crystallise as a cost pressure when the land is legally transferred to Velindre UNHST from C&VUHB. The official transfer will be dependent on completion of the WG formal process for transfer which will take place in 2024-25. Once the land is transferred to the Trust, the annual revenue cost pressure would remain on a recurrent basis, until the residual Whitchurch estate can be disposed of or developed, and the Trust will need to incur future capital cost to make good and dispose of the site.

The annual costs include site security, utilities and maintenance/upkeep of the Whitchurch hospital and site based on information provided by C&VUHB. These are forecast to be £0.640m (Exc VAT). The Trust doesn't have a formal funding letter yet, however the Deputy Chief Executive NHS Wales confirmed in a letter to VUNHST CEO and Cardiff and Vale LHB CEO on 26 March 2024 that the Health Strategy Board is aware of the on-going revenue costs that are linked to the site which will initially be covered by the Welsh Government but will be offset against any future disposal receipts for the site. The proposed funding model for this arrangement will need to be agreed between WG and VUNHST as the Trust will require revenue funding to cover the annual costs, whereas the proposed funding source is a future capital receipt on disposal. At the Trust CRM in May Ian Gunney confirmed the Trust should invoice the Capital Finance team for the revenue costs incurred.

The site surveys, transaction and disposal costs are estimated at £0.300m (Exc VAT) and the make safe cost for the Whitchurch Hospital is estimated at between £1.65m - £2.73m (Exc VAT). These costs require agreed capital funding as part of the All Wales Capital Funding Programme.

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Rise in Energy Prices above forecast MTP plans- (High)

Latest forecast schedule from NWSSP suggests that the Trust energy costs for 2024-25 will be c£1.745m this will leave a shortfall of £0.142m against the budget of £1.603m (£1.040m underlying budget plus £0.563m funding provide by WG) which is held by the Trust.

Management of Operational Cost Pressures – (Low)

There are several cost pressures that are already within the service which are expected to be managed in line with normal budgetary control procedures or through utilisation of the Trust reserve. However, due to the current demands on the service there is a small risk that these current pressures may be beyond divisional control which is being recognised within the table.

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

Opportunities

Vacancy Turnover – (Low)

Further vacancy turnover savings above the vacancy factor held in divisions.

Emergency Reserve – (Medium)

It is important that the Trust keeps a reserve for emergency cost pressures which may arise over the course of the year, however, if this reserve is not required during 2024-25 then like in 2023-24 the Trust may be in a position later in the year to release this funding on a non-recurrent basis.

Reduction in Energy Prices – (Low)

At this stage the funding received to support the increase in energy prices is expected to be required by the Trust, however whilst unlikely given the latest forecast position from NWSSP if costs were to reduce then an opportunity may crystalise.

Bank Interest Income above Savings Target (Low)

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Potential for further non-recurrent income opportunity from the recent rise in interest rates. Predicted outlook for 2024/25 appears to be that interest rates may start decreasing now that inflation has been controlled.

Opportunities Pipeline

The Trust has identified some initial opportunities that could be explored but these require further development but are highlighted in the table below:

Pre-Operative Anaemia Pathway Project

Value Based Healthcare project led by WBS where all patients undergoing elective major surgery in Wales will be screened pre-operatively and offered treatment with intravenous Iron as required prior to surgery. Savings to be established and delivered via Health Boards and represents WBS / VUNHST contribution to system wide financial performance.

Medicine Unit Supply

Identify opportunities to increase use of NWSSP Medicines unit to identify further potential cost savings for high cost drugs. Note that any cost savings are passed through to LHB Commissioners

Workforce Re-design

Review of workforce models and pathways to identify opportunities to deliver services more efficiently in addition to the schemes outlined in the savings tracker.

Procurement

Procurement working with divisions on a regular basis to review non pay spend and ensure delivery of savings target and identify other cost improvement opportunities above the savings target.

Table B – Monthly Positions

The Trust position for the period ended May 2024 as reported in table B is a £0.007m underspend, and an outturn forecast position expected of breakdown for 2024-25. However, the risk regarding the reduced income being proposed by

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Commissioners in relation to the 3.67% without mitigation will impact on this position going forward.

The combined table is produced by adding NWSSP to the Trust Core return.

Per last year the DEL and AME depreciation has been set at the baseline for month one, with the first non-cash submission due at the end of June. The accelerated depreciation associated with the current VCC site and the impairment as a result of the nVCC Asda works is therefore excluded, however expected to be charged in year in line with the IMTP planning assumptions.

Monthly position Variance Analysis

The month 2 position better reflects the expected monthly run rate of the non-pay position which aligns with the forecast costs for 2024-25**. (Action 1.4)**

Pay & Agency (Table B2)

Of the £0.210m agency spend reported at the end of May, £0.107m relates to Velindre core divisions, with the remaining balance being related to NWSSP.

The largest area of agency spend continues to relate to Radiotherapy and Medical Physics to cover vacancies and for the provision of additional capacity.

The Trust has been transitioning the Radiotherapy, Medical Physics, and some of the Estates staff into substantive positions following investment decisions in these areas, with expectation that some agency costs will remain in the short term to support where there continues to be vacancies. Agency within Admin and Clerical is supporting vacancies with the ambition that agency support in this area will cease shortly as posts continue to be filled.

In line with the Value & Sustainability agenda and Finance &Investment Enhanced monitoring arrangements the Trust is aiming to move away from the reliance on agency by the end of quarter 2 as reflected in the IMTP. Whilst this is still the ambition there are some challenges with recruitment in areas such as Medical Physics and Radiotherapy as we establish the Integrated Radiotherapy Solution (IRS) and Radiotherapy Satellite Centre (RSC). In addition, an AHP in Radiotherapy cannot be released until the end of November when core staff training is complete. There has also since been an additional ask of facilities for cleaning support within the septic unit which will require short term agency support.

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Prifysgol Felindre
Velindre University NHS Trust Headquarters

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CF15 7QZ

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www.velindre-tr.wales.nhs.uk

Variable Pay

Medical staff continue to work extra hours to support additional activity and cover both vacancies and sickness. A review continues to be underway within medical to triangulate activity to additional sessions being worked.

Where possible the Trust will utilise bank staff in order to reduce reliance on agency and the premium costs associated.

4. Covid-19 (Table B3)

The Trust is currently not expected to draw down any covid funding support during 2024-25. However, if at any point in the future the Trust is required to support the LHBs with any further vaccination programme then it is assumed that funding will be provided by WG to support any incurred costs.

5. Savings (Table C – C4)

As highlighted earlier one savings scheme remains amber and several schemes identified at the IMTP planning stage remain RAG rated red, with current expectation that all these schemes will become green RAG status during quarter two following action by divisions, but there remain challenges in achieving this.

Those schemes that are still in red or amber are largely workforce related or impacted as a result of current market conditions.

Service redesign and support services continue to be key areas where the Trust is focusing on to find efficiencies through improvements to ways of working. Whilst this remains a high priority the ability to enact change has been challenging over the past three years due to both the high level of vacancies and sickness.

The procurement supply chain saving schemes is again expected to be affected by both procurement constraints and current market conditions during 2024-25, where we have seen a significant increase in costs for both materials and services. However, the procurement target is in escalation with finance / operational leads and the schemes identified by procurement and the associated savings being reported are being validated by finance and service colleagues before recognition in the Trust financial position.

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Red schemes in relation to workforce and productivity efficiencies are the focus of discussion at Divisional senior leadership teams with an expectation that respective leads either confirm the level of savings that can be delivered together with the associated implementation plans or identify alternative savings schemes and plans to achieve them.

The Trust Executives continue to urgently work with the service in order to review current savings plans with a view to deliver or find replacement schemes if required.

6. Welsh NHS Assumptions (Table D)

Following discussions with the HB's and other NHS Trusts the I&E position should be in agreement for month 2.

7. Invoiced Income (Table E1)

The Total income for the year is shown within Table E.

As requested, the ring fenced funds have ben individually categorised for this return. **(Action Point 1.5)**

8. SoFP (Table F)

Not required until Month 3.

9. Cash Flow (Table G)

The cash flow has been completed in line with the guidance for month 3

10. PSPP (Table H)

Not required until Month 3.

We are however pleased to report that the Trust continues to achieve the 95% target of Non-NHS invoices being paid within 30 days with a performance of 97.4% during May (96.8% April).

The Trust will continue to work with NWSSP colleagues with the aim of achieving the 95% NHS invoice target during 2024-25.

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11. Capital Tables (Table I-K)

There are several schemes that are included within the table that are not currently on the Trust CEL, however, are under discussion with WG Capital colleagues with the Trust anticipating that funding will be approved to support these schemes during 2024-25.

12. EFL (Table L)

Not required until Month 3.

13. Aged Debtors (Table M)

There are currently no invoices that are older than 17 weeks for Velindre Core Trust.

14. Ringfenced (Table P)

Not required until M3, however planned income has been included.

15. IFRS 16 (Table Q)

Not required until M3.

16. Other

This letter and relevant tables from the MMR will be presented to the Trust Quality, Safety and Performance Committee in July 2024.

The latest MMR template circulated with the MMR WHC (2024) 026 on 22/05/2024 has been used for this return. **(Action Point 1.5)**

Conclusion

I confirm that the financial information reported in the Trust monitoring return is in line with the financial strategy information reported to the Velindre Trust Board.

Should you have any queries please do not hesitate to contact Steve Coliandris in the first instance.

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Matthew Bunce
Executive Director of Finance
Velindre UNHS Trust

Steve Ham
Chief Executive
Velindre UNHS Trust

Velindre Trust **Period : May 24**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 14 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2	Cost Pressures (Non Covid-19) (Negative Value)	-40 241	-20 268	-19 973	-19 973
3	Planned Expenditure For Covid-19 (Negative Value)	0	0		
4	Allocation Letter Revenue Funding Uplift / (Reduction)/ WG RRL / WG Income Uplift / (Reduction/ Non-Covid)	19 598	18 964	634	634
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	0	0		
6	Other Income Uplift / (Reduction)	18 037	0	18 037	18 037
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Green and Amber Savings Plan	819	439	380	380
9	Planned (Finalised) Net Income Generation	1 277	750	527	527
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12		0	0		
13	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	510	115	395	395
14	**Opening IMTP / Annual Operating Plan**	**0**	**0**	**0**	**0**
15	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-510	-115	-395	-395
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18	Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
20	Additional In Year Identified Savings - Forecast	0	0	0	0
21	Variance to Planned RRL & Other Income	0	0		
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0		
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	0	0		
25	In Year Accountancy Gains (Positive Value)	0	0	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27	Savings delivery / Opportunities Pipeline	510	115	395	395
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35		0	0		
36		0	0		
37		0	0		
38		0	0		
39		0	0		
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**0**	**0**	**0**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**0**			
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**0**			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	-3 353	-3 353	-3 353	-3 353	-3 353	-3 353	-3 353	-3 353	-3 353	-3 353	-3 353	-3 353	-6 707	-40 241
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	1 633	1 633	1 633	1 633	1 633	1 633	1 633	1 633	1 633	1 633	1 633	1 633	3 266	19 598
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	1 503	1 503	1 503	1 503	1 503	1 503	1 503	1 503	1 503	1 503	1 503	1 503	3 006	18 037
7												0	0	0
8	68	68	68	68	68	68	68	68	68	68	68	68	137	819
9	94	94	94	111	111	111	111	111	111	111	111	111	188	1 277
10													0	0
11													0	0
12													0	0
13				57	57	57	57	57	57	57	57	57	0	510
14	**-55**	**-55**	**-55**	**18**	**18**	**18**	**18**	**18**	**18**	**18**	**18**	**18**	**-110**	**0**
15	0	0	0	-57	-57	-57	-57	-57	-57	-57	-57	-57	0	-510
16	55	55	55	-18	-18	-18	-18	-18	-18	-18	-18	-18	110	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21													0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23													0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	5	2	-7	0	0	0	0	0	0	0	0	0	7	0
27				57	57	57	57	57	57	57	57	57	0	510
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	**5**	**2**	**-7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**7**	**0**
41	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
42	**5**	**2**	**-7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**7**	**0**

QUALITY, SAFETY AND PERFORMANCE COMMITTEE

Sustainability Annual Report 2023-24

DATE OF MEETING	09/07/2024

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE	APPROVAL

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	Owen Barnett, Trust Environment Officer
PRESENTED BY	Jonathan Fear, Interim Assistant Director Estates Capital & Environment
APPROVED BY	Lauren Fear, Interim Executive Director of Strategic Transformation, Planning and Digital

EXECUTIVE SUMMARY	The attached report outlines the latest position regarding the Trust's Sustainability plans, initiatives and targets. Reporting period April 1st, 2023 to March 31st, 2024. The report covers the following areas: • Trust Well-Being Objectives • Audits • Decarbonisation, Waste, Water & Energy • Biodiversity

	• Sustainable Travel & Transport • Communications, Engagement & Events • Education & Development • Arts in Health • Priorities for the next period

RECOMMENDATION / ACTIONS	No actions required – this report is presented to the QSP Committee for **APPROVAL** in respect of the current & ongoing delivery of the Trust's Sustainability Strategy.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
ISO14001 Management Group	21.05.2024
Estates Management Group	14.06.2024
EMB RUN	25.06.2024
Quality, Safety & Performance Committee	
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS Endorsed	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	N/A

APPENDICES	
Appendix 1	Sustainability Annual Report 2023-24

1. SITUATION

The Sustainability Annual Report, attached as Appendix 1, sets out progress against the 2023/24 sustainability objectives set out in the Trust Integration Medium Term Plan and Trust Sustainability Strategy.

It is presented to the QSP Committee for **APPROVAL.**

2. BACKGROUND

Appendix 1 provides an update on the Trust's progress in delivering the Trust's Sustainability Strategy over the financial year of 2023-24.

3. ASSESSMENT

Good progress continues to be made against the wide range Sustainability targets and objectives.

For full details please refer to the full report in Appendix 1.

4. SUMMARY OF MATTERS FOR CONSIDERATION

No immediate matters for consideration / action.

The report is presented to the Quality, Safety & Performance Committee to provide assurance for the delivery of the Trust's Sustainability Strategy across the Trust.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☒ • A beacon for research, development and innovation in our stated areas of priority ☒ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☒ • A sustainable organisation that plays its part in creating a better future for people across the globe ☒	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	06 - Quality and Safety
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe ☒ Timely ☒ Effective ☒ Equitable ☐ Efficient ☒ Patient Centred ☒
	High performing Estates services are key to maintain the safe, effective and efficient delivery of all Trust clinical and operational services.

SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not required
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
	A Resilient Wales A Globally Responsible Wales
	The Trust Well-being goals being impacted by the matters outlined in Annual Report
	A Globally Responsible Wales
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	N/A
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	This paper provides and update last years progress in terms of the delivery of the Trust Estates programme and associated objectives - themes. There are no aspects of the update that change or introduce changes that impact upon equality.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No

GIG CYMRU NHS WALES

Ymddiriedolaeth GIG
Prifysgol Felindre

Velindre University
NHS Trust

SUSTAINABILITY ANNUAL REPORT

2023 - 24

TABLE OF CONTENTS

INTRODUCTION

Human activity has caused rapid and widespread changes to Earth's systems, driven by increased concentrations of greenhouse gases.

At COP28, it was agreed we, as global citizens, must now move forward together and deliver on the expectations set out in the Glasgow Climate Pact. In particular, the summit was marked by a call on governments globally to accelerate their transition away from fossil fuels towards renewables, such as wind and solar power.

The NHS in Wales is responsible for ~2.6% of the total carbon emissions of Wales. The NHS has fallen behind other sectors when it comes to reducing its environmental impact.

Whilst the consumption of resources is necessary for the provision of healthcare services and to provide a comfortable environment for patients, donors, staff and visitors, we also have a responsibility to transition to a new, sustainable operating model. Key to this is responsible use of resources.

Driven by our Sustainability Strategy, the Trust has continued to be ambitious with our sustainability aims. We have developed strategic and operational goals and initiatives to ensure we are mitigating our impact and consumption to ensure we act today, for a more sustainable tomorrow.

SUSTAINABILITY STRATEGY

The Trust has created a suite of Enabling Strategies to outline the future of the organisation. This includes a Sustainability Strategy, which embeds the Well-being of Future Generations Act at its core. The Strategy outlines our sustainability aims and enables real action to create positive and significant change.

To align with the NHS Wales Decarbonisation Plan, we have used 2018/2019 as our baseline data which we will monitor our progress against.

To develop the Trust Sustainability Strategy we have engaged with our staff, aligned with key legislation, and benchmarked against other NHS and private organisations. The strategy creates a roadmap for us to contribute to our communities and mitigate our impact on the planet whilst continuing to deliver world class services for our donors, patien ts and carers. This will only be possible if we enhance our existing infrastructure, and educate and empower our workforce. Every individual and team should have the ability to act sustainably and have the knowledge and confidence to make environmentally conscious decisions.

In addition, our wider Trust Strategy 'Destination 2032' outlines a clear ambition for the organisation over the coming years; the delivery of high quality, sustainable health care services which reduce our impact on the environment and provides wider value to our communities. This is an exciting challenge for us which will require us to continue to pursue excellence in our clinical services whilst also making a contribution to the wealth, health and prosperity of across the country.

SUSTAINABILITY STRATEGY

To achieve our vision, we set out what we want to achieve together with 10 Themes which we will focus on to deliver our objectives. These are driven by the United Nations Sustainable Development Goals and the Well-Being of Future Generations Act, which together ensure we achieve the our Trust Well-being Objectives.

Theme 1: Creating Wider Value: Our Organisational Approach

Theme 2: Sustainable Care Models

Theme 3: Eliminating Carbon

Theme 4: Sustainable Infrastructure

Theme 5: Transition to a Future of Renewables

Theme 6: Sustainable Use of Resources

Theme 7: Connecting with Nature

Theme 8: Greening our Travel and Transport

Theme 9: Adapting to Climate Change

Theme 10: Our People as Agents of Change

AL7

Throughout this document, different areas of work have been given an assurance level as indicated by this logo and assurance level number

Throughout this document, different areas of work have been driven by different themes, to signify which, this logo & relevant theme number will be displayed

T10

KEY ACHIEVEMENTS

Throughout the year there has been significant progress in sustainability, both operationally and strategically. A few key achievements have been highlighted below -

ISO14001:2015 - Surveillance Audit

Following a five day surveillance audit in November 2023, the Trust successfully maintained the ISO14001:2015 Environmental Management System certificate, with no non-conformities identified.

Sustainable Jamborees

The Sustainable Jamborees launched last Summer, and have since held events in Autumn and Spring. The events programme was welcome to staff, patient and community engagement events over the summer. There was a breadth of different activities, linking themes of sustainability, well-being and art.

Sustainability Awards

As part of the Trust's Staff Awards, the Trust was proud to present the Staff Sustainability Award to UK NEQAS for H& I, a department based in WBS, for their work to promote sustainability - congratulations team!

Sustainability Implementation Plans

As part of the Trust's plan to implement the Sustainability Strategy, site-based Sustainability Implementation Plans have been developed which collate specific and stretch targets for each of our sites in relation to key sustainable objectives. These include waste, energy and transport targets.

TRUST WELL-BEING OBJECTIVES

Trust Well-being Objectives

Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways

Improve the health and well-being of families across Wales by striving to care for the needs of the whole person

Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery

Deliver bold solutions to the environmental challenges posed by our activities

Demonstrate respect for the diverse cultural heritage of modern Wales

Bring communities and generations together through involvement in the planning and delivery of our services

Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovation whilst also making a lasting contribution to global well-being

TRUST WELL-BEING OBJECTIVES

The Well-being of Future Generations (Wales) Act 2015 is legislation that requires public bodies in Wales to put long-term sustainability at the forefront of their thinking. The act aims to improve the social, economic, environmental and cultural well-being of Wales

The Act requires organisations named to set and publish objectives ("well-being objectives"), that are designed to maximise the organisations contribution to achieving each of the well-being goals. We now have the opportunity to refresh Velindre's Objectives - are they effective?

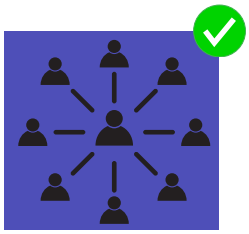
The first step in reviewing our Well-Being Objectives was to engage with Directors and Executives to establish a baseline of the work that is currently being undertaken across the Trust to achieve the Trust Well-Being Objectives - by extension, the Well-Being of Future Generations Act.

Extensive engagement with internal and external partners was undertaken which included staff, donors, patients & the Well-Being of Future Generations Office. To ensure compliance with the Local Partnership & Public Procurement (Wales) Act, the Trust's Local Partnership Forum was consulted - a body made up of Trust and Union representatives.

Executives & Directors

VCC & WBS Staff

Patients & Donors



Stakeholders & Partners

Interested Parties

Local Partnership and Public Procurement (Wales) Act

Unions and staff representatives

Trust Staff and wider public

Well-Being of Future Generations Office

TRUST WELL-BEING OBJECTIVES

Feedback was received from a variety of staff across the Trust and specific changes were suggested to our Well-Being Objectives*. Following this, a series of indices will be developed to aid the Trust is tracking progress towards meeting our Well-Being Objectives.

T1

Overall, the Trust Well-Being Objectives were scored strongly by respondents ('highly important', 'very important', or 'important'.

Respondents felt that the Trust Well-Being Objectives are sufficiently broad with **no major themes or topics omitted.**

Respondents felt that **greater focus on staff well-being & local, Welsh job creation** was necessary in the Trust's Well-Being Objectives.

Respondents were asked to 'rate' each Objective based on how relevant they believed each Objective to be to the work of Velindre. They were also asked whether any topics/themes were missing from the Objectives and what three words they would use to describe each Well-Being Objective

Very few respondents felt that any of the Trust Well-Being Objectives were unimportant.

Respondents felt that Objective 4 - relating to **reducing the Trust's environmental impact, was 'highly important',** with an average score of 7.00 / 7.00

All Objectives recevied an average score above 5.00 / 7.00 - meaning that **all Objectives on average were rated 'important', 'very important', or 'highly important'.**

Objective 2

Improve the health and well-being of families across Wales by striving to care for the needs of the whole person

↓

Improve the health and well-being of **our staff and people across Wales** by striving to care for the needs of the whole person

Objective 3

Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of deliver

↓

Create new, highly skilled, **jobs in Wales** and attract investment by increasing our focus on research, innovation and new models of delivery

*Suggested changes are undergoing internal governance approval at the time of writing

ISO14001:2015, INTERNAL & EXTERNAL AUDITS

AUDITS

AL7 T2

ISO14001:2015

Welsh Government sets a requirement for all NHS bodies to be accredited by the ISO14001:2015 standard; an Environmental Management System (EMS). The Trust has successfully obtained the ISO 14001:2015 standard for the last seven years for all sites.

In November 2023, the Trust underwent a surveillance audit facilitated by BM Trada. Each year, a different selection of sites are chosen to be reviewed. The following sites were under review -

- Velindre NHS Trust Headquarters (1 day)
- Velindre Cancer Centre (2 days)
- Welsh Blood Service, Talbot Green (1 days)
- Welsh Blood Service, Pembroke House & Bangor (1/2 day)

The Trust successfully obtained recertification and received zero non conformities. The External Auditor noted:
'The EMS showcased a dedication to environmental stewardship in service delivery, highlighted by measures to reduce environmental hazards and ongoing efforts to prevent pollution. This demonstrated compliance with the audit Standard's requirements and provided a robust framework to support the implementation and maintenance of the Management System.'

INTERNAL AUDITS

The ISO14001:2015 Management Group continues to to oversee all elements of the Environment Management System (EMS) across the Trust. The group consists of key divisional colleagues who input into the Trust EMS. The purpose of the group is to ensure sufficient and effective monitoring of the EMS. Members meet once a month and the agenda aligning with the Management Review timetable. All members are trained internal auditors, and undertook several internal audits over the previous year to ensure compliance and continued improvement of the standard. The following audits were undertaken;

- Velindre University NHS Trust Headquarters
- Velindre Cancer Centre - Operational Services
- Velindre Cancer Centre - Estates
- Welsh Blood Service, Talbot Green
- Welsh Blood Service, Unit 4 Llanelli Gate
- Trust-wide Legal Register

DECARBONISATION, WASTE, WATER & ENERGY

DECARBONISATION

AL7

An in depth decarbonisation action plan as been developed which covers all aspects of our carbon footprint, ranging from transport to procurement. Aligning with the NHS Wales Decarbonisation Strategy, the detailed plan is an ambitious document which provides the Trust with a roadmap to be Net Zero by 2030.

Throughout the Trust, major capital programmes are being undertaken which will contribute significantly to our decarbonisation agenda. The Talbot Green Infrastructure upgrade project & new Velindre Cancer Centre will be large contributors. Throughout the year, the Sustainability Team have provide sustainability advise & were directly involved in the Community Benefit workstreams to these capital programmes.

T2 T3 T4 T5 T6 T9

100% **of our purchased electricity is from nuclear energy sources!**

"This is an exciting time for the Trust as we progress with the development of our estate through delivery of the Trust's major capital programme. It's refreshing to have such a large focus on sustainability within each project underpinning the Trusts ambition to meet Welsh Government Targets. It really is fantastic opportunity to be involved with the delivery of such ambitious targets, in support of carbon reduction, enhancement of biodiversity, and the integration of arts in novel and innovative ways. I'm looking forward to the next stage of each project to see how we can push our ambitions even further"

Jason Hoskins,
Assistant Director of Estates, Environment and Capital Development.

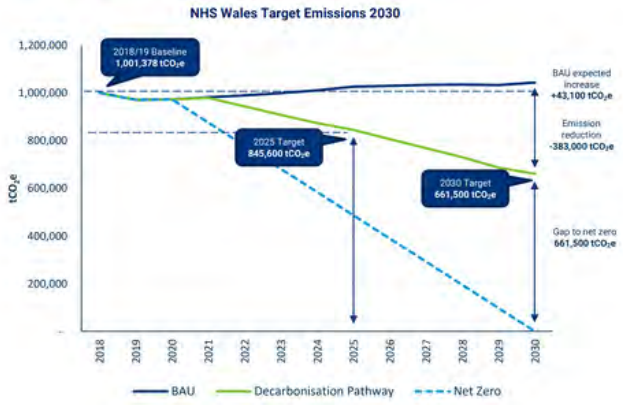
Our consumption reduction through projects and initiatives contributes to the Trust Well-being Objective, ***"Deliver bold solutions to the environmental challenges posed by our activities"***

AL7

DECARBONISATION ACTION PLAN

The prioritised action plan has been produced and is based on the Trust Decarbonisation Action Plan, using the principles and targets of the NHS Wales Decarbonisation Strategy to identify a list of actions to help achieve the NHS Wales' target of net zero public sector by 2030. NHS Wales has measured existing carbon footprint using baseline years 2018/2019, this has been calculated as approx. 1 million tonnes of CO2e (2.6% of Wales's total greenhouse gas emissions (Wales, 2021)) and identified a decarbonisation pathway which sets 2025 and 2030 emissions reductions targets.

The decarbonisation targets have been set at 16% (845,600 tCO2e) from baseline year by 2025, 34% (661,500 tCO2e) reduction by 2030.



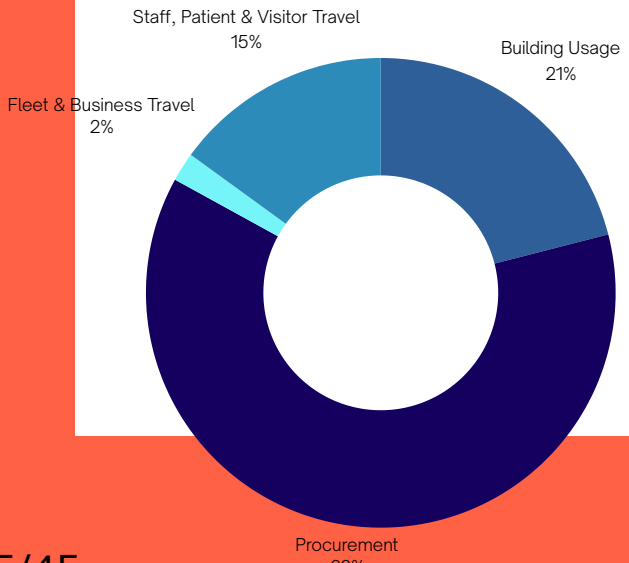
T2 T3 T4 T5 T6 T9

The Decarbonisation Action Plan proposed and identify key actions for prioritising by the Trust. These have been grouped into the following relevant categories:

- People – Training and communications
- Digital – Working strategy and equipment
- Hard FM – Equipment and feasibility
- Soft FM – Metering and controls
- Policy and Best Practice

"It has been really interesting to be involved in developing the Trust's Prioritised Decarbonisation Action Plan. I have been working with the Trust's Sustainability & Estates Teams to forecast how each project will reduce the Trust's overall carbon footprint and weighed up each projects potential cost vs carbon saving. It has been really fascinating to be part of this process and has been a fantastic learning opportunity!"

Owen Barnett
Trust Environment Officer



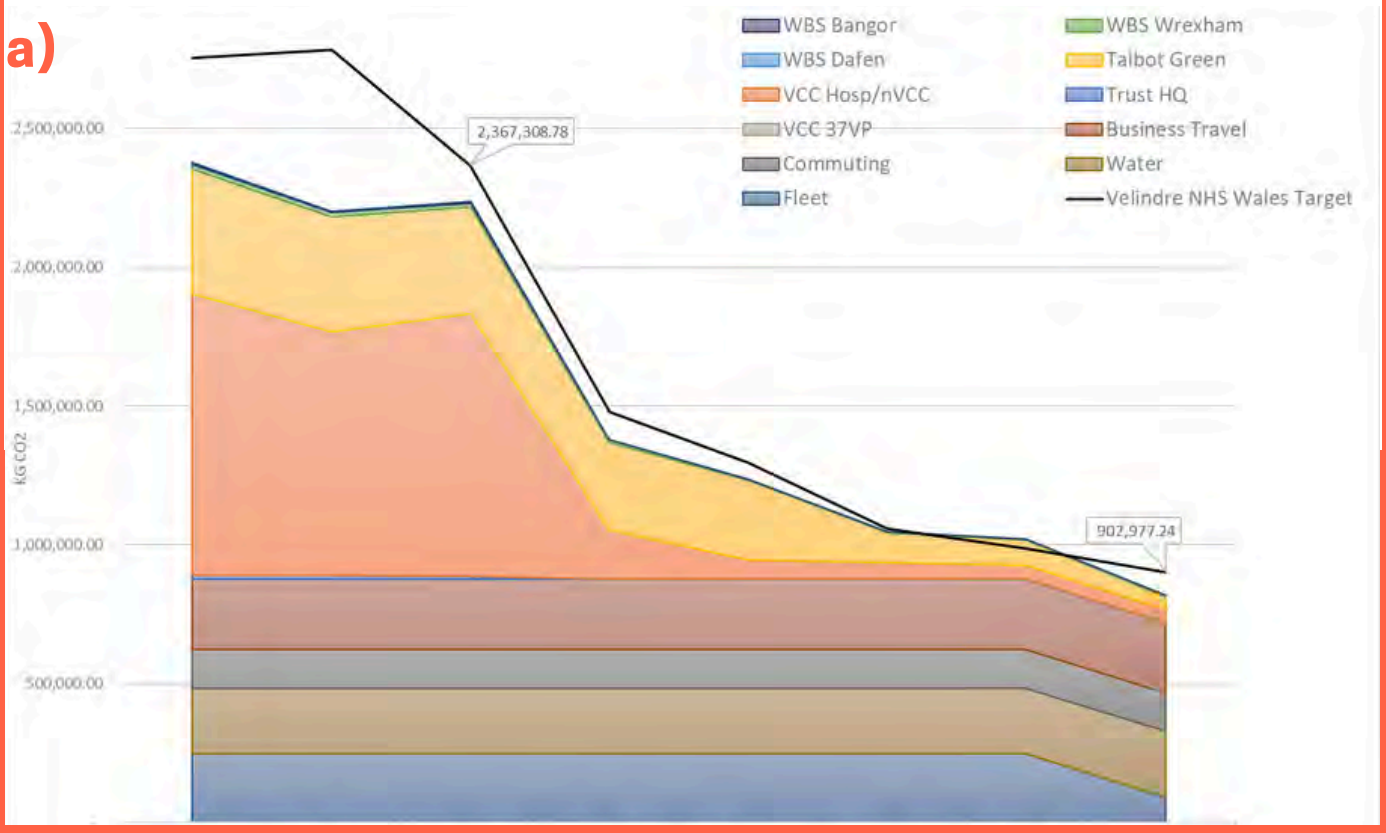
The categories within the Decarbonisation Action plan have been mapped against the NHS Wales NHS Wales Carbon Footprint categories (graph pictured is the category breakdown in 2018/19).

DECARBONISATION ACTION PLAN

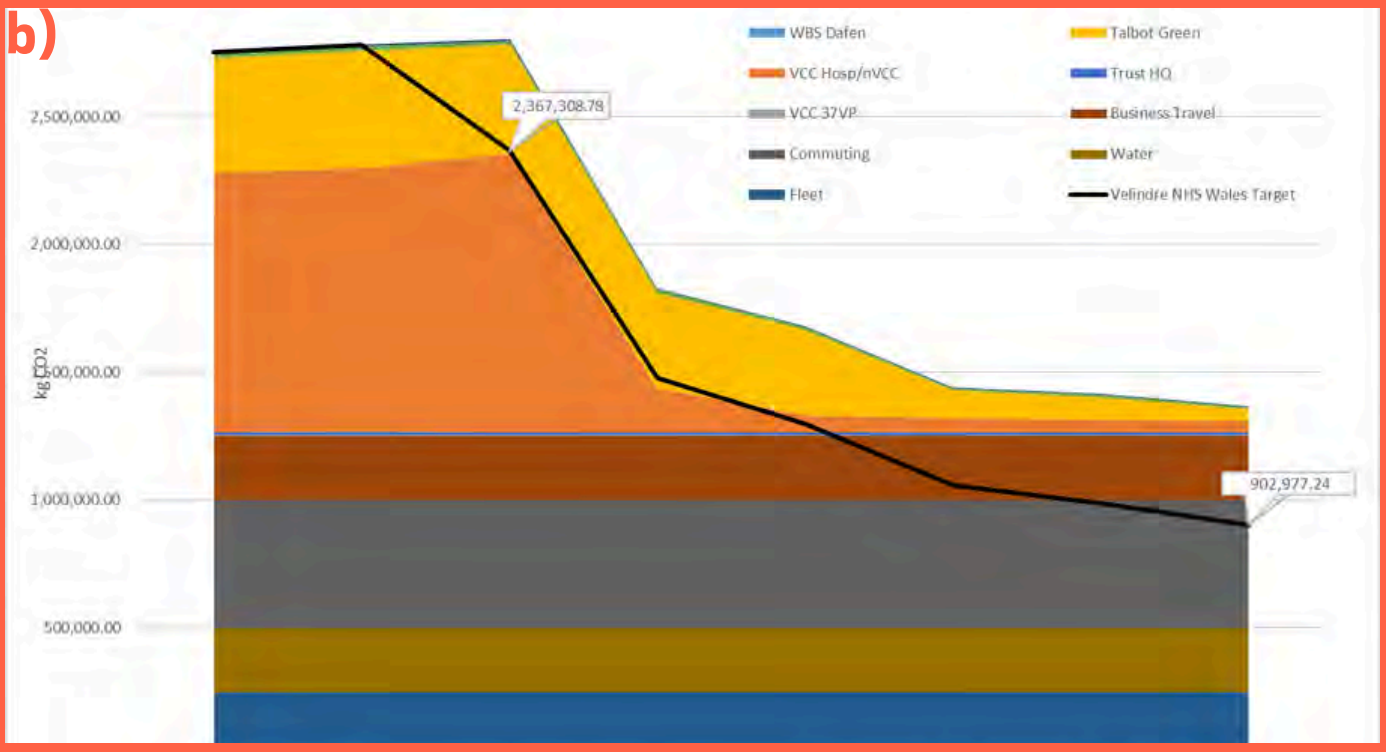
The graph below depicts the Trust's decarbonisation pathway - the cumulative result of the actions outlined in the Trust's Decarbonisation Action Plan.

The graph is broken down by Trust site and highlights the emissions of each alongside decarbonisation targets reductions (kg CO2e), as set out by Welsh Government. Graph B illustrates the Trust's decarbonisation pathway without the Decarbonisation Action Plan alongside the same Welsh Government targets.

a)



b)



WALKING AID RECYCLING

Velindre University NHS Trust has officially launched a Walking Aid Recycling Scheme.

Our Therapies Department at Velindre Cancer Centre issue hundreds of walking aids each year, including walking sticks and crutches, to support patient mobility, independence and recovery. Most of these walking aids can be safely refurbished and recycled back into use.

This project at Velindre Cancer Centre aims to:

- Reduce waste by preventing walking aids being disposed of in landfill
- Save costs by reusing walking aids that can be safely recycled
- Prevent carbon emission by stopping landfill disposal and supply chain emissions
- This project is important because it will help Velindre University NHS Trust's contribution towards national decarbonisation and service sustainability, all whilst saving money

To deliver this project, a shed needed to be constructed so that patients could drop-off their used walking aids without the need to enter the clinical environment.

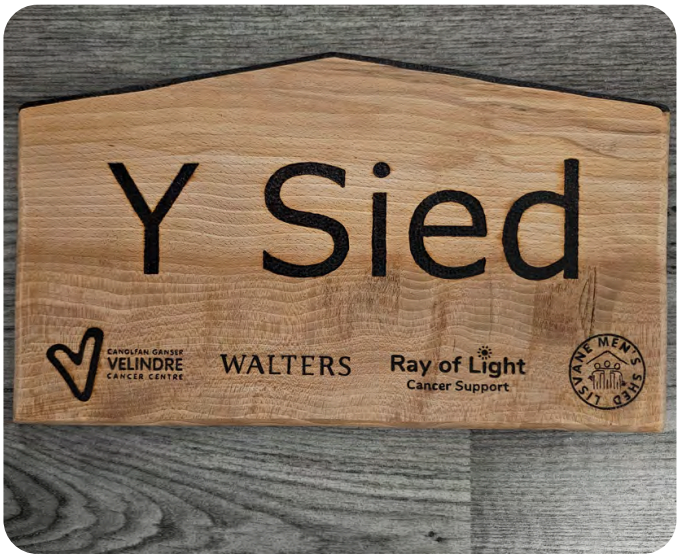
To achieve this, we brought together Walters U.K – our new Velindre Cancer Centre Enabling Works partners and Men's Shed, to construct a shelter.

Using materials recycled from the new Velindre Cancer Centre site and with support from Walters U.K, Men's Shed built a shed to the unique specifications outlined by our Therapies Department.

T1 T7 T10 AL6

nVCC & Community Benefits

We are delighted with the results of this partnership and we hope that this scheme will reduce waste, save costs and prevent carbon emissions for Velindre University NHS Trust.



To access this service, our walking aids recycling shed, named 'Y Sied', is located in the rear radiotherapy car park.

As the service progresses and develops, the number of items, the cost and - in future, the total carbon emissions avoided, will be tracked.

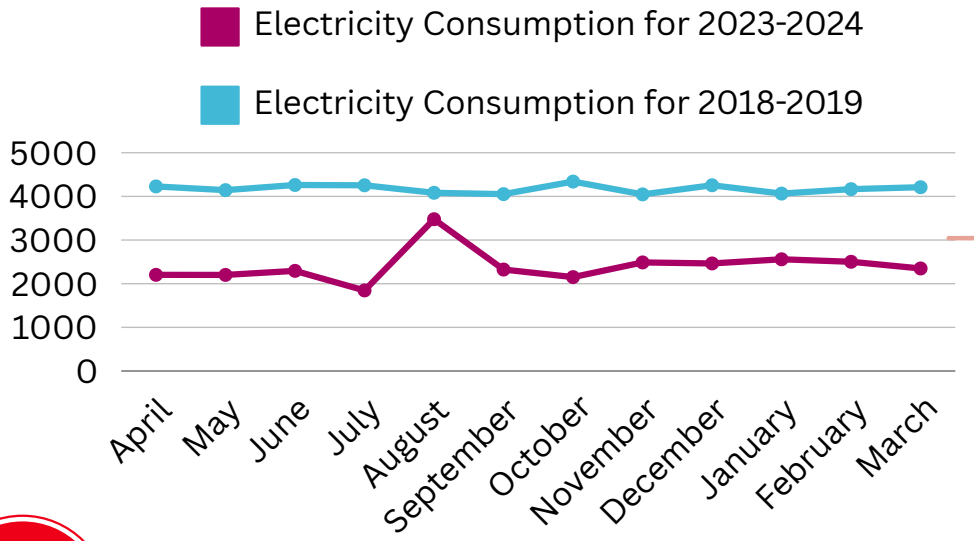
We're very thankful for the help and support Walters U.K, Ray of Light and Men's Shed have provided us to get this initiative up and running!

This Project has been nominated as part of the NHS Wales Sustainability Awards (at the time of writing).

ELECTRICITY CONSUMPTION (kWh)

T6

TRUST HEADQUARTERS



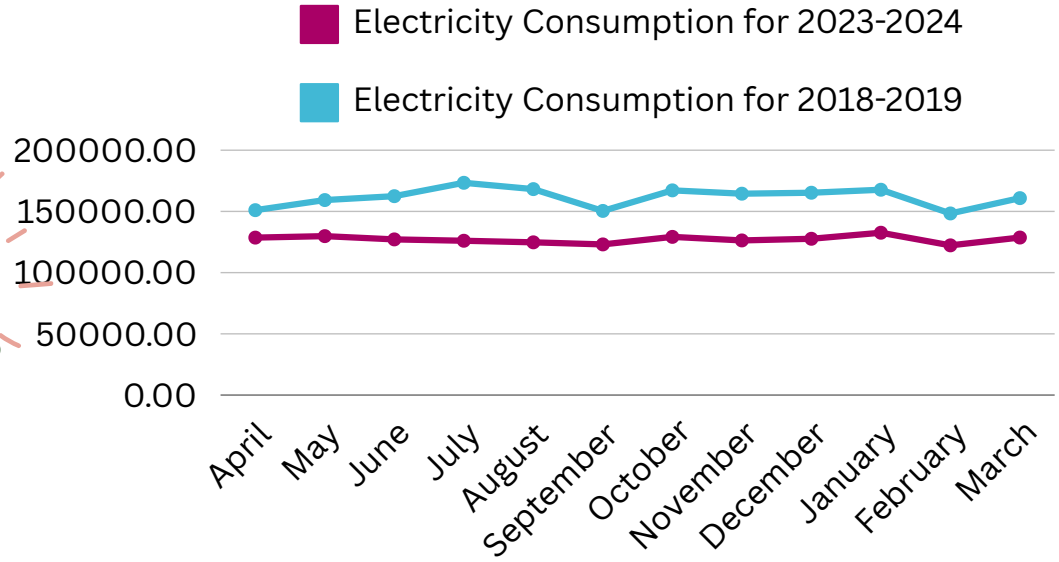
OUR ELECTRICITY CONSUMPTION HAS REDUCED BY

42.40%

AGAINST BASELINE OF 2018/19

AL7

WELSH BLOOD SERVICE

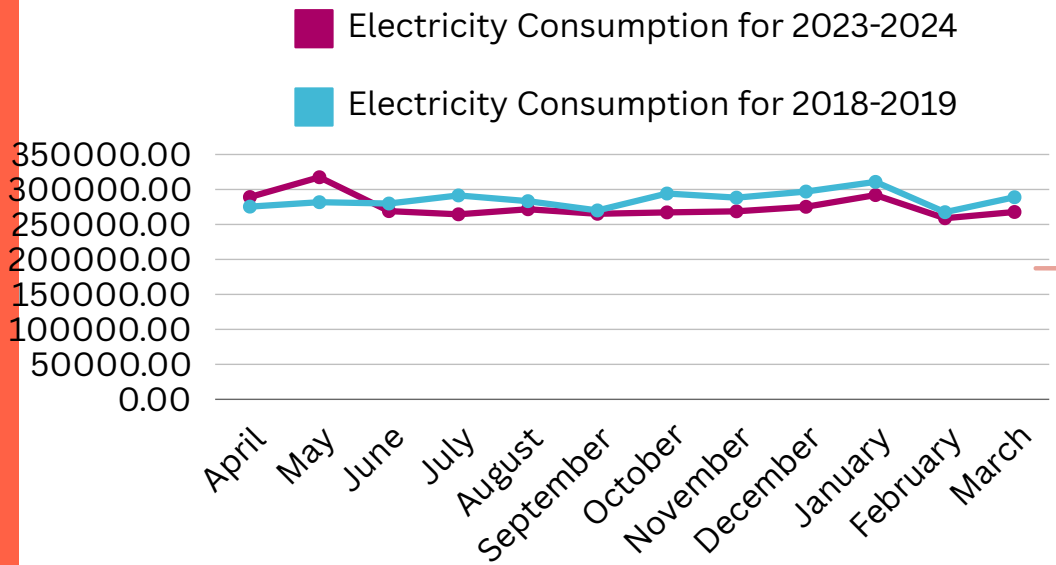


OUR ELECTRICITY CONSUMPTION HAS REDUCED BY

21.28%

AGAINST BASELINE OF 2018/19

VELINDRE CANCER CENTRE



OUR ELECTRICITY CONSUMPTION HAS REDUCED BY

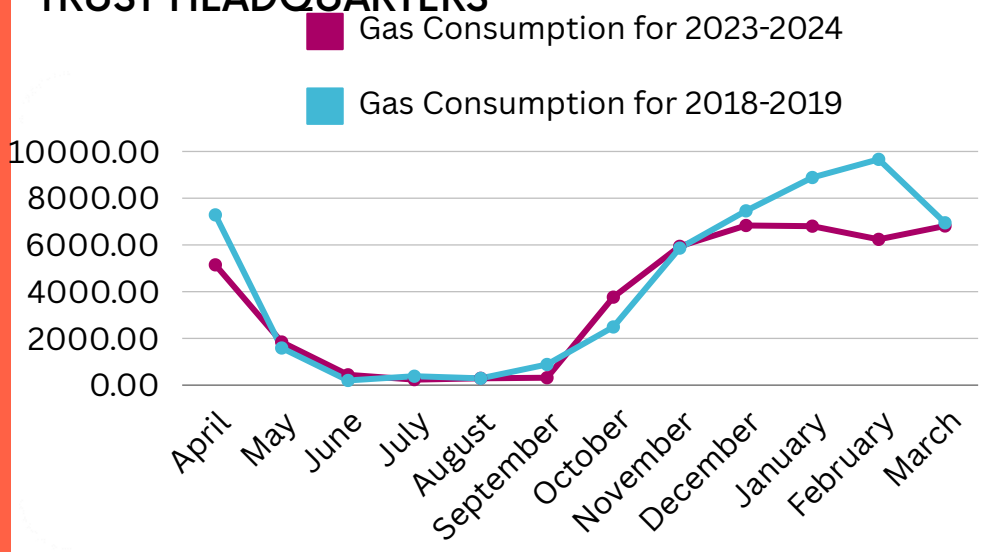
3.30%

AGAINST BASELINE OF 2018/19

GAS CONSUMPTION (kWh)

AL7 T6

TRUST HEADQUARTERS

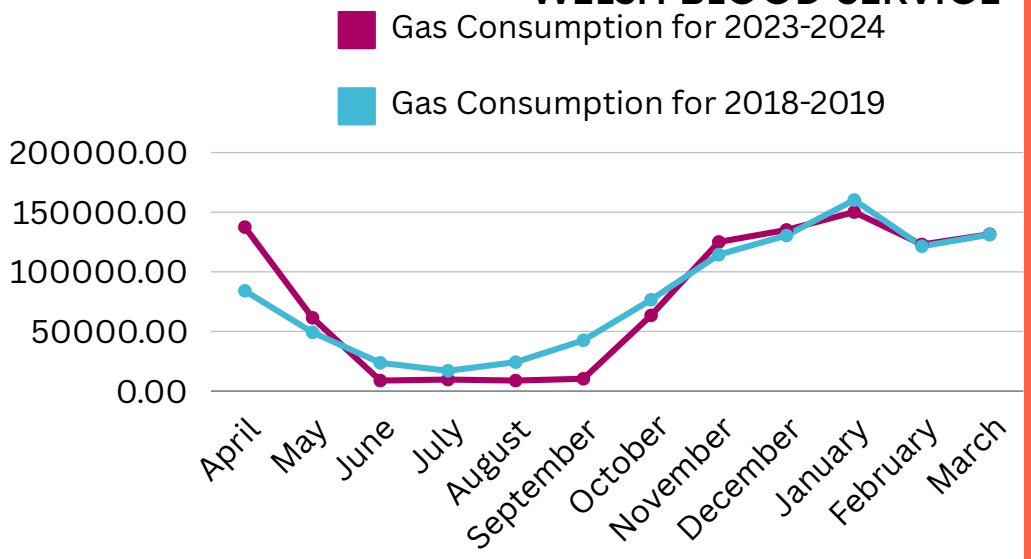


OUR GAS CONSUMPTION HAS REDUCED BY

10%

COMPARED TO OUR BASELINE FROM2018/19

WELSH BLOOD SERVICE

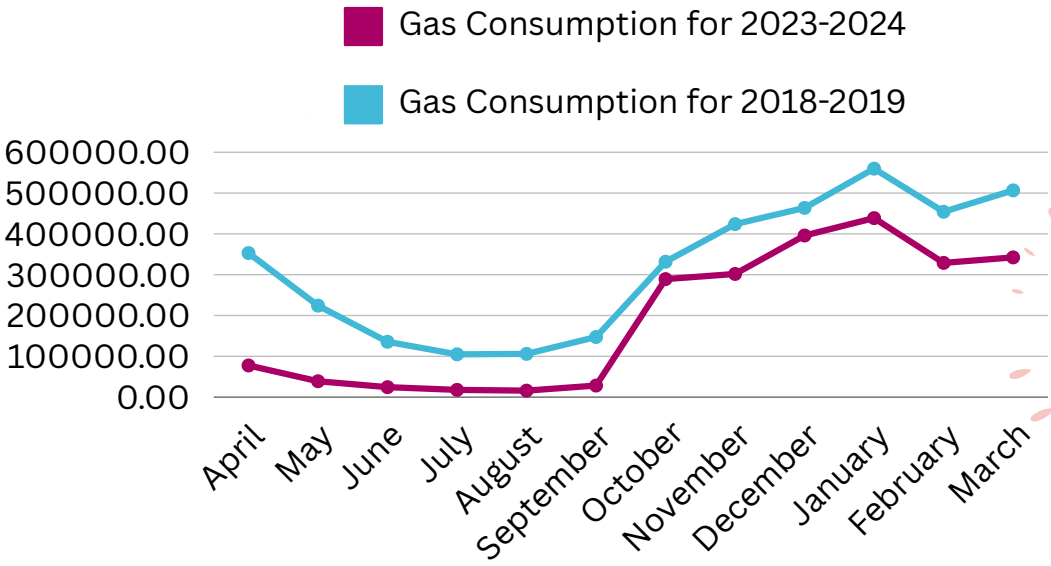


OUR GAS CONSUMPTION HAS DECREASED BY

19%

COMPARED TO OUR BASELINE 2018/19

VELINDRE CANCER CENTRE



OUR GAS CONSUMPTION HAS REDUCED BY

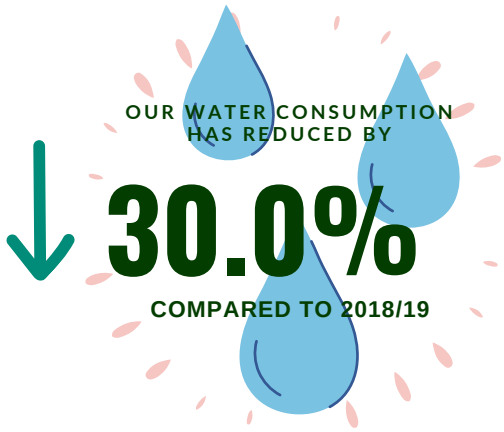
16%

COMPARED TO BASELINE FIGURE OF 2018/19

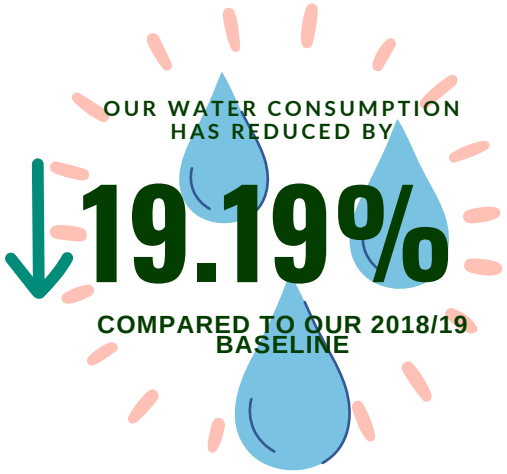
WATER CONSUMPTION (m3)

AL7 T6

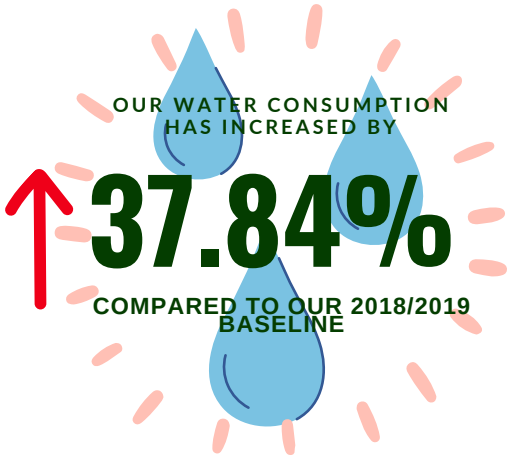
WELSH BLOOD SERVICE



TRUST HEADQUARTERS



VELINDRE CANCER CENTRE



There has been a reduction of water consumption against the baseline 2018/19 across WBS and Trust Headquarters.

The water consumption increase against the baseline at VCC is due is due to an enhanced flushing regime in line with Water Safety guidelines & Infection, Prevention & Control measures.

There is a robust flushing regimes are now agreed with building users and agile working is still taking place in various departments, however flushing will still be required in these parts of the building to maintain safe water practices.

Departmental flushing regimes are now undertaken which has reflected excellent water sampling results. In has resulted in an external audit which resulted in "Substantial Assurance" for water safety, for the first time on site.

WASTE (tonnes)

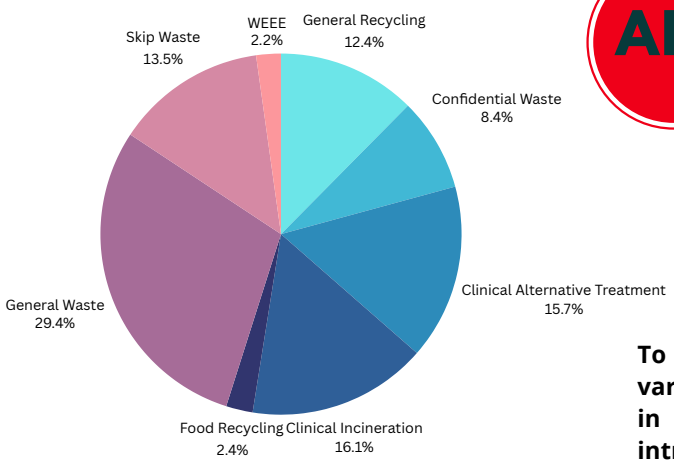
T6

Did you know?
The Trust sends zero waste to landfill!

ZERO WASTE to landfill

VELINDRE CANCER CENTRE

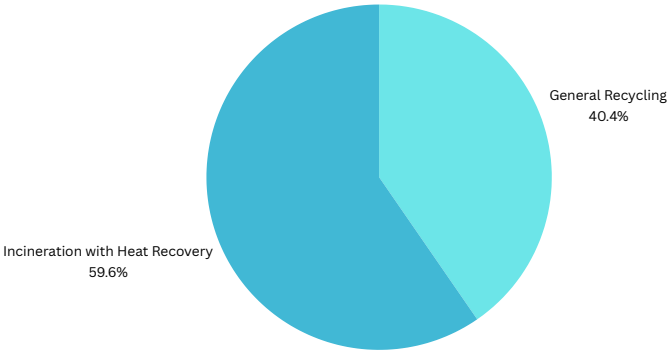
AL7



NEW waste streams are being regularly monitored including WEEE & Skip Waste

To address the increase in general waste, various initiatives have been have been trialled in the past year. A successful campaign was introducing food waste bins to staff kitchens. This is being rolled out to all staff kitchens and break areas in 2023 - 2024.

WELSH BLOOD SERVICE



OUR GENERAL WASTE WEIGHT HAS DECREASED BY
6.4%
COMPARED TO 2021/22

OUR RECYCLING BY WEIGHT HAS INCREASED BY
6.8%
COMPARED TO 2021/22

Across the Trust, proactive measures have been undertaken to combat waste.

Significant work has been undertaken across the Trust, including;

- **Waste engagement events**
- **New bins purchased**
- **New signage**
- **Bin shelters built by volunteers with 'living' roof**
- **Biodegradable aprons**
- **Waste communications**
- **Removing non clinical single use plastic from donor clinics**
- **Preparatory and implementation work regarding the new workplace segregation regulations**

More on this on the next page!

SINGLE USE PLASTIC

What does the legislation say?

The Environmental Protection Bill will make it an offence to littered & unnecessary single-use plastic products in Wales:

- plates, cutlery & drink stirrers
- drinking straws (including attached straws)*
- cups made of polystyrene
- takeaway food containers made of polystyrene
- cup & takeaway food container lids made of polystyrene
- plastic-stemmed cotton buds
- sticks for balloons
- oxo-degradable products
- plastic single-use carrier bags

*medical exemptions apply

In October 2023 the Environmental Protection (Single-use Plastic Products) (Wales) Bill ('the Bill') came into force.

This Bill is a key step in halting the flow of plastic pollution into our environment and forms part of Wales' response to the climate and nature emergency. The Bill makes it an offence for a person to supply or offer to supply (including for free), the following commonly littered and unnecessary single-use plastic products to a consumer in Wales.

The Trust has been working hard to reduce our non - clinical single use plastic ahead of the legislation implementation. The Bill aligns with the Trust ambitions set out within the Sustainability Strategy, particularly Theme 6: Sustainable Use of Resources.

In readiness for implementation of the Bill, discussions have been held with key departments, and information regarding the Bill is included on the staff intranet and via the digital screens on sites, and forms part of the Waste Engagement Sessions.

In the past year we have been working hard to remove single use plastic, where possible across the Trust.

The following has been removed;

- plastic stirrers
- plastic cups
- straws (on donor clinics)
- baguette wrappers
- aprons
- cutlery
- takeaway containers
- coffee cup lids

"Following our successful pilot of biodegradable cups on donor clinics, I am pleased to say we have now rolled this out across all of our clinics, removing nearly 150,000 plastic cups from landlfill! Not only this, but we have removed plastic straws and stirrers. This means we have removed all non-clinical single use plastic on our donor clinics!"

Matthew Bellamy
Environmental and Health & Safety Manager, Welsh Blood Service

"Working with the Velindre Café staff, we have been working really hard to reduce the amount of single use plastic in the Café. As the restrictions began to ease from the pandemic, we were able to reintroduce reusable cutlery and crockery, and any single use alternatives are now compostable. We have replaced the packaging for baguettes to paper, and the takeaway containers are now all VegeWare!"

David Harding
Operational Services Compliance Manager

SEPARATED WASTE COLLECTIONS FOR WORKPLACES

What does the legislation say?

The legal requirements to separate their waste affects:

- all workplaces (businesses, the public and third sector)
- those who collect waste, or arrange for waste to be collected
- those who collect receive, keep, treat or transport waste who will need to keep the waste separate from other types of waste or substances

These changes are not only focussed on improving the quality and quantity of recycling but are vital to delivering Wales's commitments to reach zero waste and reduce our carbon emissions by 2050.

In April 2024, the Separated Waste Collections for Workplaces ('regulations'), came into force in Wales.

The Welsh Government introduced a law that requires all workplaces to separate recyclable materials in the same way that most householders do now.

The following materials need to be separated for collection, and collected separately:

1. Food - for premises that produce more than 5 kg of food waste a week
2. Paper and card
3. Glass
4. Metal, plastic and cartons and other fibre-based plastic composite packaging of a similar composition
5. Unsold small waste electrical and electronic equipment (sWEEE)
6. Unsold textiles
7. Ban on sending food waste to sewers
8. Ban on separately collected waste going to incineration plants and landfills and ban all wood waste going to landfill

"The aim is to keep materials in use for as long as possible, which brings with it significant economic opportunities. With the cost of materials rising, more effectively keeping high quality materials that can then go back into the economy and support our supply chains will bring savings. For example by avoiding landfill tax and creating job opportunities.

The law implements a number of actions to increase the quality and quantity of recycling which are included in the Welsh Government's Circular Economy Strategy for Wales, 'Beyond Recycling, A strategy to make the circular economy in Wales a reality'"

Welsh Government, 2024

BIODIVERSITY

BIODIVERSITY

As part of our compliance to the Environment (Wales) Act & specifically Section 6, we are enhancing biodiversity across all of our estate. To date we have had an external biodiversity audit undertaken and received recommendations which we are working towards, to enhance ecosystems & local flora and fauna. There has been huge progress in this area over the past year and a few highlights are listed below!

Alongside enhancing biodiversity, we aim to educate our staff, patients, donors and community about its importance. Within the Environmental Awareness training a new biodiversity section has been introduced and infographics have been developed which are now included in the staff induction. Furthermore, the Trust has formed a partnership with Ray of Light, a South Wales-based charity who deliver weekly green social prescribing sessions.

In addition, as part of no-mow may signs have been placed around site to indicate the importance of biodiversity.

Biodiversity Enhancement Plans

Across the site we have reduced mowing grass areas, allowing the natural habitats to thrive. We have mown in pathways to ensure these areas are still walkable!

At VCC, we planted seasonal shrubberies and flowers and over 50 different species of daffodils were planted, and wildflower seeds were sewn.

At our Talbot Green site, we have removed invasive species to allow local flora to thrive.

Our Enabling Works partners created bug hotels from trees fallen in storms and created bug hotels, which have been strategically placed around sites.

T1 T7 T10

Beehive Installation

We have installed a beehive at our Talbot Green Welsh Blood Service site and we have a group of dedicated staff volunteers, who have all been trained to look after the hive. All of the volunteers are passionate and thriving in their role as beekeepers.

To design the logo for our honey jars, we ran an all Wales competition (for staff and donors!). On the entry sheets was a some information about the importance of bees and biodiversity, working as an educational tool.

Staff were invited to pick from the shortlisted designs, and the winning design will be printed on all jars once the honey is ready to be collected.

"I am still buzzing about installing a beehive at Talbot Green. Our staff volunteers are so passionate and are actively enhancing the surroundings to support the bees by sewing wildflowers around the area. It has been great for their well-being as well, but also we are seeing the impact on our wider staff by encouraging them to visit the hives and seeing the new flowers bloom along the nature walk!"

Sarah Richards, General Services Manager

T1 T7 T10

Improve the health and well-being of families across Wales by striving to care for the needs of the whole person

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways

Bring communities and generations together through involvement in the planning and delivery of our services

GREEN SOCIAL PRESCRIBING

Down to Earth - Green Woodworking

The Trust has continued to work with Down to Earth to deliver green woodworking skills workshops.

Volunteers comprising of Velindre patients, family, staff and local community members worked together to build the roundhouse and binhouses with green, living roofs, in addition to groups from a wide variety of organisations across south Wales, with the support of the Down to Earth Project team.

Ray of Light Cancer Support

The Trust began the partnership with Ray of Light Cancer Support in March 2022, and the work has gone from strength to strength.

Ray of Light Cancer Suppport host free green social prescribing sessions designed for those affected by cancer. The sessions are always based around the therapeutic properties of nature, and are centred around the core principles of finding a use for everything, with nothing being wasted.

Following review of patient and service user feedback, which noted the desire to continue the events throughout the Winter, the Sustainability and Estates team worked together to convert an unused shipping container, adding electricity and heating. This allows the sessions to continue regardless of the weather!

Ray of Light work so hard to connect people with nature and each other, and we're delighted that our partnership with them is going from strength to strength! Improving well-being is so important and we're excited to develop our relationship further with Ray of Light!

Rhiannon Freshney, Trust Sustainability Manager

SUSTAINABLE TRAVEL & TRANSPORT

TRAVEL & TRANSPORT

Trust Travel Plan 2022- 2027

T8 T10

Travel Plans are the Government's recommended method to widen travel choice, to promote more sustainable travel choices and to reduce single-occupancy car travel. The newly published Travel Plan aims to inform, and enact change in the everyday lives of our staff, in and outside of the workplace.

With all staff engaged in the plan, and publicising your behavioural changes with friends and family, we can enact cultural changes towards decarbonisation of the public sector by 2030 in Wales. An imperative in the context of the climate emergency. Following extensive engagement, the Travel Plan was drafted in 2021, to run from 2022 - 2027.

The Travel Plan aligns with the following Trust Well-being Objectives:

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.

Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.

Deliver bold solutions to the environmental challenges posed by our activities.

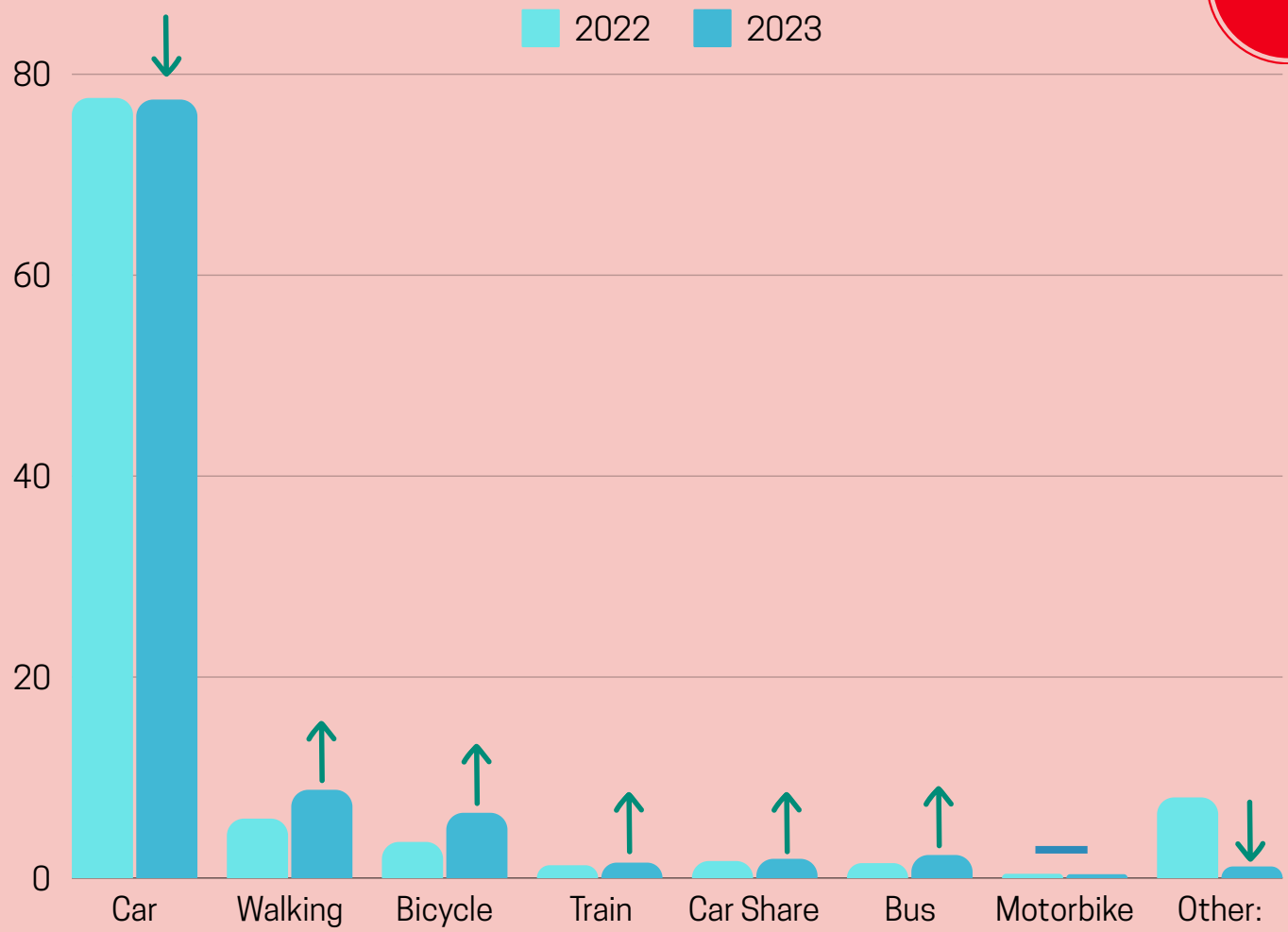
Bring communities and generations together through involvement in the planning and delivery of our services.

TRAVEL & TRANSPORT

Trust Travel Plan Progress 2022 - 2023

Travel Plans are the Government's recommended method to widen travel choice, to promote more sustainable travel choices and to reduce single-occupancy car travel. The newly published Travel Plan aims to inform, and enact change in the everyday lives of our staff, in and outside of the workplace. The graph below shows the most common way for our staff to travel in 2022 compared to 2023. Use of the car went down as a percentage of respondents in 2023 compared to 2022. Contrastingly, walking, cycling, train, bus and care share use went up as a percentage of respondents in 2023 compare to 2022:

AL5



Interactive Active Travel Map

An interactive Active Travel & Sustainability Map has been developed for ease of access to active and sustainable transport options for staff. This includes signposting to: the OVO Bikes cycle hires; cycling storage; local bus routes; local train stations; and disabled parking. Pop-ups on the map provide additional information to staff, including how to access the Active Travel Hub and OVO Bike availability. Specifically for VCC, the map will include information about staff and patient support sessions, including Ray of Light and Noddfa Staff Well-Being Gardens. At Talbot Green, it highlights the nature walk and the location of the beehives. It provides an engagement tool to staff to highlight upgrades, for example the installation of bike repair unit in the Active Travel hub is signposted.

Cycle 2 Work Scheme

The Trusts new Cycle to Work scheme was launched at the end of summer 2024. Trust staff can now purchase a bike which is worth up to £3,000 (an increase on the previous contract) through the scheme. Within the Trust Travel Survey results staff requested access to electric bikes and more providers within the scheme. The new contract with Halfords has access electric and hybrid bikes, as well as an increase of funding available.

Furthermore, the survey results highlighted staff wanted more choice from different providers in the previous Cycle to Work scheme. The new scheme has local, independent providers, as well as Halfords and Tredz.

Cycle Maintenance Facility

We have installed a bike repair station & pump. Durable, attractive, practical design. The stands have a Track style pump with pressure gauge fully integrated with workstation unit, and includes all the tools and a stable public bike stand for tuning bikes and making repairs.

"They will not only make a difference to riding to and from work but give the sense that the Trust cares about cyclists wellbeing and adopts the active travel ethos."

Dr Nikki Pease, Consultant in Palliative Medicine

COMMUNICATION, ENGAGEMENT & EVENTS

COMMUNICATION & ENGAGEMENT

T10

To keep staff informed and engaged about sustainability, there are continuous communications via global email, divisional newsletters and events! The below highlights the most successful communication campaigns over the past year! The sustainability email address acts as the focus for staff with questions, to propose ideas or feedback on initiatives. This has been a successful method for staff to provide sustainability proposals for their area of work.

Communications Campaigns included -

- **Plastic Free July**
- **Let it Bloom June**
- **NHS Sustainability Day for Action**
- **Sustainable September**
- **I'm Dreaming of a Sustainable Christmas**
- **Energy Saving Tips**
- **Waste Less Wednesdays**
- **Wales Climate Week 2023**

WORKSHOPS & EVENTS

T10

Sustainable Jamboris

Throughout August, a 'Sustainable Summer Jambori' was held in the Cancer Centre for staff, patients, families and the local community. The Trust Sustainability Team together with the new Velindre Cancer Centre project team held a month-long event programme featuring staff, patient and community engagement events over the summer. There was a breadth of different activities, linking themes of sustainability, well-being and art.

Due to the success of the events, an Autumn Jamboree was held, along with a Sustainable Spring Jamboree organised for VCC and WBS staff, with themes of biodiversity and active travel. The Jamborees take the form of mini festivals - engaging with patients, families, staff and communities through arts and crafts to demonstrate the benefits of undertaking creative activities in a green space and educate on sustainability and biodiversity matters.

The breadth of variety in the Jambori programme required a strong multi-channel approach to communications in order to ensure a high level of interest and attendance for each of the sessions.

Recognising that not all staff are digitally connected, floor walks and well-placed signage, posters and leaflets proved to be effective in raising awareness Alongside digital posts in the staff newsletter, intranet news updates and via staff word of mouth.

Our community were kept informed via our social media channels, local radio interview and ITV news coverage, supported by posters and leaflets on display in the Whitchurch area.

"Over the past year it has been really exciting developing our Hefyd programme – our goals are connecting with our communities and enhancing local biodiversity. It has given us an opportunity to make ecological improvements to our nVCC site, and to work with staff, patients and local residents. We have been able to teach them more about sustainability and to make a real different to the biodiversity in the area through decorating bug hotels, making bat boxes and painting birdhouses. Everyone has been excited to get involved and take them home and we know that they are sharing our passion for environmentally-positive actions far and wide!"

Hannah Moscrop
RD & I Project Manager, new Velindre Cancer Centre

COMPLAINTS AND FOI

We have received 2 Trust-wide FOI request; both regarding energy usage and monitoring in the financial year 23/24.

EDUCATION & DEVELOPMENT

EDUCATION & DEVELOPMENT

AL7 T10

SSC STUDENTS

A number of Student Selected Component (SSC) medical students have worked with the Sustainability Team and Transforming Cancer Services Project Management Office Team to review & analyse different areas of the Trust. The SSC projects ranged from interior design to energy usage and carbon emissions. One student has opted to apply for the INSPIRE Leadership Programme, building on her SSC Project to examine equipment energy usage and wider energy data availability/access across NHS Wales.

Trust Environment Officer

In November 2022, Trust employed a recent graduate of the University of Exeter, who studied Geography with GIS. The placement student was based in the Sustainability Team and the Transforming Cancer Services Team. The Graduate was offered and accepted a permanent, development position as Trust Environmental Officer. This has allowed the student to hone their skills and understanding of sustainability in practice across the NHS.

ENVIRONMENTAL AWARENESS COMPLIANCE

90.7%

TRUSTWIDE ENVIRONMENTAL COMPLIANCE

The overall compliance Environmental Awareness compliance is at 90.7% at the end of the financial year. This figure is similar to compliance percentage compliance measured for 22/23 financial year. The target for compliance is 85% Trustwide.

The flexibility of training offered at departmental meetings or via Microsoft Team alongside e-learning contribute to the increased compliance. To further support this area, infographics on the KPIs have been developed are included within the Trust staff induction.

ARTS IN HEALTH

ARTS IN HEALTH

T1 T10

The Arts in Health programme aims to deliver regular, visible, high quality art provision that improves the well-being of staff and patients.

The next 3 years will allow us to test, explore and embed Arts in Health across VCC & WBS. The programme can be developed and expanded as we move to nVCC.

PRIORITIES:

PATIENT EXPERIENCE

Using art as a therapeutic tool to support patient well-being and provide opportunities for self expression.

Engagement - bringing patients together.

Welcome - making the hospital a welcoming space.

HEALTH INEQUALITIES

Socio-economics - working in the community to challenge health inequalities.

Representation - working with more diverse artists and artforms to be more representative of the multi-cultural city where we are located.

STAFF WELL-BEING

Engagement - bringing staff from all over the organisation together.

Using art as a therapeutic tool to support staff well-being.

Care - creating a caring and kind workplace

Development of Partnerships with Arts Organisations

BBC NATIONAL ORCHESTRA OF WALES

Monthly performances by world class musicians in SACT department

LITERATURE WALES

Successful funding application to run creative writing pilot with palliative patients and Clinical Psychology.

WELSH NATIONAL OPERA

Singing workshops which use traditional vocal coaching techniques to improve the recovery of people with lung cancer.

ROYAL WELSH COLLEGE OF MUSIC AND DRAMA

A musician in residence position for a student, starting in September 2024.

THE BODY HOTEL

We have been successful as a partner on bid to the Arts Council Wales to deliver movement workshops to support staff well-being. Led by The Body Hotel. these workshops will target the therapies and palliative care team.

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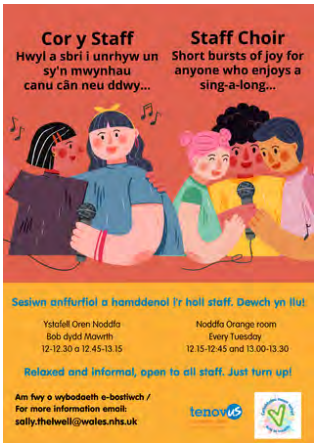
NATIONAL MUSEUM WALES, ST FAGANS

A 5 week social prescribing project which supports breast patients as they transition back to normal life following cancer treatment.

TENOVUS

Weekly staff singing workshops at VCC.

Monthly sessions at WBS



Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.

Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.

Strengthen the international reputation of the Trust as acentre of excellence for teaching, research and technicalinnovation whilst also making a lasting contribution toglobal well-being

Bring communities and generations together through involvement in the planning and delivery of our services.

Demonstrate respect for the diverse cultural heritage of modern Wales

PRIORITIES FOR THE NEXT PERIOD:

Approval of the Trust Decarbonisation Action Plan

Implementation of the Trust Sustainability Implementation Plan

Approval and embedding of the Trust Well-Being Objectives

Approval of the Trust Sustainability Implementation Plan

The delivery of the Arts in Health Programme at VUNHST

Explore Options for a new Sustainability governance structure

Undertake an external ISO14001:2015 Recertification with BM Trada

Team development and upskilling

CONCLUSION

The Trust has made significant improvements which we will continue to build on. Our Trust Strategy 'Destination 2032' outlines a clear ambition for the organisation over the coming years; the delivery of high quality, sustainable health care services which reduce our impact on the environment and provides wider value to our communities. This is an exciting challenge for us which will require us to continue to pursue excellence in our clinical services whilst also making a contribution to the wealth, health and prosperity of across the country.

The importance of environmental interventions, sustainable solutions and working with our communities to deliver safe, high quality services and our long-term goals cannot be overstated.

ENSURING WE CONTRIBUTE TO A BETTER WORLD FOR FUTURE GENERATIONS IN OUR COMMUNITY AND ACROSS THE GLOBE…

…acting today, for a more sustainable tomorrow

Questions? Contact us...

Sustainability

Sustainability.Velindre@wales.nhs.uk

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

QUALITY, SAFETY AND PERFORMANCE COMMITTEE

Digital Services Quarterly Report

DATE OF MEETING	09/07/2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ASSURANCE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	David Mason-Hawes, Head of Digital Delivery
PRESENTED BY	David Mason-Hawes, Head of Digital Delivery
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
EXECUTIVE SUMMARY	The attached report sets out the latest position in respect of Digital Services delivery, for the period February 2024 – May 2024.
RECOMMENDATION / ACTIONS	No actions required – this report is presented to the Quality, Safety & Performance Committee to provide **ASSURANCE** in respect of the ongoing delivery of the Digital Services work programme across Velindre University NHS Trust.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
WBS Senior Leadership Team	12/06/2024
VCC Senior Leadership Team	19/06/2024
Executive Management Board – Run	25/06/2024
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS Reported noted / for information at both WBS and VCC SLT and EMB Run – no comments / changes requested.	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Level 4 - Increased extent of impact from actions

APPENDICES	
Appendix 1	Digital Services Quarterly Report (February 2024 – July 2024)

1. SITUATION

The Digital Services quarterly Report, attached as Appendix 1, sets out progress against the 2024/25 digital objectives set out in the Trust Integration Medium Term Plan, key risks and a summary update of recent Significant IT Business Continuity incidents at the Trust for the period February 2024 to May 2024 inclusive.

It is presented to the Quality, Safety & Performance Committee for **ASSURANCE**.

2. BACKGROUND

Appendix 1 shows an updated view of the Digital IMTP for 2024/25. A 'RAG' rating is shown to provide a high level view on progress against each of the deliverables.

3. ASSESSMENT

Good progress continues to be made against the wide range of digital IMTP objectives. Digital Services and service-side resources / capacity continues to be the primary challenge in respect of some objectives.

Of the 43 objectives set out in the 2023/24 IMTP, 23 have been flagged as 'completed'. A number have been rolled over into the 2024/25 plan, to reflect the ongoing nature of those projects / programmes.

A number of 2024/25 IMTP objectives are flagged as 'amber', recognising a range of internal and external factors that are constraining progress (funding, resources, national (DHCW) and supplier delays etc.)

There were 3 significant IT business continuity incidents in the period February 2024 to May 2024 inclusive.

For full details please refer to the full report in Appendix 1.

'Level 4' has been selected in respect of compliance with the '7 Levels of Assurance' framework. This rating has been selected on the basis that actions /

plans are in place to deliver the digital elements of the Trust IMTP, with some objectives already achieved. However, it is recognised that there remain some aspects where the delivery approach is yet to be agreed or where projects / programmes carry ongoing risks where full mitigation(s) are yet to be established.

4. SUMMARY OF MATTERS FOR CONSIDERATION

No immediate matters for consideration / action.

The report is presented to the Quality, Safety & Performance Committee to provide assurance in respect of the delivery of the Digital IMTP and risk and incident management.

5. IMPACT ASSESSMENT

<table>
<tr><td colspan="2">TRUST STRATEGIC GOAL(S)</td></tr>
<tr><td colspan="2">Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals:
YES - Select Relevant Goals below</td></tr>
<tr><td colspan="2">If yes - please select all relevant goals:
• Outstanding for quality, safety and experience ☒
• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☒
• A beacon for research, development and innovation in our stated areas of priority ☒
• An established 'University' Trust which provides highly valued knowledge for learning for all. ☒
• A sustainable organisation that plays its part in creating a better future for people across the globe ☒</td></tr>
<tr><td>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)
For more information: STRATEGIC RISK DESCRIPTIONS</td><td>05 – Digital Transformation | Failure to Embrace New Technology</td></tr>
<tr><td rowspan="3">QUALITY AND SAFETY IMPLICATIONS / IMPACT</td><td>Yes -select the relevant domain/domains from the list below. Please select all that apply</td></tr>
<tr><td>Safe ☒
Timely ☐
Effective ☒
Equitable ☐
Efficient ☒
Patient Centred ☐</td></tr>
<tr><td>High performing and resilient digital services are key to maintain the safe, effective and efficient delivery of all Trust clinical and operational services.</td></tr>
<tr><td></td><td></td></tr>
</table>

SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not required
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
	If more than one Well-being Goal applies please list below:
	The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated
	If more than one wellbeing goal applies please list below: n/a
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	The Digital Services team continue to manage risks relating to “digital inflation” and the increasing move towards the provision of commercial digital services via a revenue model. The digital services IMTP includes objectives to set a clear plan for recruitment of staff into the team and the enhancement of Trust IT infrastructure and networking services. The financial implications for these are yet to be fully assessed and it is recognised the current financial climate makes the challenge of creating the required capacity to deliver across all objectives more difficult.
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	This paper provides and update on progress in terms of the delivery of the Trust digital programme and associated objectives. There

	are no aspects of the update that change or introduce changes that impact upon equality and/or patient identifiable information.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	All digital risks are actively managed and recorded in DATIX and/or Project RAID logs as required.
WHAT IS THE CURRENT RISK SCORE	n/a
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	n/a
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	n/a
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	n/a
All risks must be evidenced and consistent with those recorded in Datix	

Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Digital Services Operational Report

(February 2024 – May 2024)

1. Introduction

1.1 The update covers the period February 2024 to May 2024.

1.2 The paper provides a summary update on the following key areas:

1.2.1 Digital Programme Update

- An 'end of year' summary of progress against the digital services objectives in the 2023/24 Trust Integrated Medium Term Plan (IMTP) **(Appendix A)**
- An update on progress against the digital services objectives in the 2024/25 Trust Integrated Medium Term Plan (IMTP).

1.2.2 A summary of key digital risks within the organisation.

1.2.3 Summary descriptions of any significant IT business continuity incidents during the period February 2024 to May 2024.

2. Digital Programme Update

Alongside the establishment of the governance for the WBS and VCC 'Futures' programmes, the Digital Programme Board is now established, to provide strategic oversight of the digital programmes and projects being delivered across Velindre University NHS Trust (VUNHST). Work has commenced to establish supporting governance and processes to receive and consider 'new demand' requests and to develop an assurance process for the design and deployment of new digital services.

2023/24 Digital IMTP – End of Year Position

A table showing the 'end of year' position in respect of the digital objectives within the Trust 2023/24 Integrated Medium Term Plan (IMTP) is included as **Appendix A**.

2024/25 Digital IMTP – Progress Update

The table below summarises progress against the digital objectives within the Trust 2024/25 Integrated Medium Term Plan (IMTP), as of 31st May 2024:

Objective	Target Completion Date	Benefits	RAG Status	Update
Ensuring Our Foundations (Digital Strategy – Theme 1)				
Radiotherapy Satellite Centre - Digital enablement to support go-live	Q4	Improved patient experience. Delivery of SACT and radiotherapy treatment closer to home.		Service design for IT infrastructure ongoing. No issues to escalate at this stage. Trust-wide network design work has completed –first suite of new networking equipment completed will be deployed in first half of 2024/25. The RSC will be the first Trust site to have this network equipment installed.

Objective	Target Completion Date	Benefits	RAG Status	Update
Integrated Radiotherapy Solution (IRS) - Go-Live Phases 1 & 2	Q4	Improved patient experience. Improved operational and clinical efficiency.		Work broadly progressing to plan; however, timelines to design and implement integration of VCC services with national (DHCW-managed) solutions remain a concern – work ongoing to identify and test. Digital Services supporting wider IRS work programme as required.
Blood Establishment Computer System (BECS) - Procure - Commence implementation - Hardware refresh	Q4	Improved efficiency. Improved donor experience. Improved customer (hospital) experience.		OBC approved in Trust Board and Prior Information Notice (PIN) issued (May 24). Supplier engagement sessions scheduled for late-June / early-May. Formal procurement due to commence in September 2024. Aim to award contract and commence implementation in Q4. Hardware refresh due to be completed in Q2.
Radiology Information System Programme (RISP) - User Acceptance Testing - Validation - Go-Live	Q4	Improved patient experience. Improved operational and clinical efficiency.		Programme in national 'build' phase. Local implementation planning underway. Go-live timelines under review, following supplier delays, associated with national 'build' phase.

Objective	Target Completion Date	Benefits	RAG Status	Update
WPAS / WCP Development (DH&CR)	TBC	Improved patient experience. Improved operational and clinical efficiency. Improved patient safety.		Work to scope next phase of development due to be completed in Q1 2024/25. Current DHCW plans do not cover some VCC requirements de-scoped from original DH&CR Minimum Viable Product (MVP).
ePMA - Procure & implement	TBC	Improved patient experience. Improved clinical and operational efficiency.		Preferred supplier identified following procurement. Discussions ongoing as to timing of VCC implementation of ePMA and awaiting confirmation re: national funding arrangements.
SACT e-Prescribing - incl. Chemocare Worksheets & Labels	Q3	Service continuity		Plan to extend existing contract for further 6 months, until March 2025. Separate procurement being established to secure new long-term contract for Chemocare. Scheduling of deployment of 'worksheets and labels' functionality TBC.
PSA Tracker – Phase 2	TBC	Improved patient experience. Improved operational and clinical efficiency.		Plans for phase 2 TBC.
LIMS 2.0 - Build, Test, Validate	Q4	Service continuity. Improved user (staff) experience. Improved customer (hospital) experience. Removal of manual, paper-based workflows.		Currently in 'build' phase of national programme. WBS staff supporting design work as required. Implementation into WBS due June 2025; however, national 'build' phase delayed – awaiting confirmation of any material impact on overall programme timelines.

Objective	Target Completion Date	Benefits	RAG Status	Update
Prometheus - Migrate from DHCW	Q3	Service continuity. Reduced costs (TBC). Improved resilience / performance.		New, direct contract to be established with supplier. Work to migrate service into WBS, from DHCW, provisionally planned for Q3 2024/25.
Welsh Histocompatibility & Immunogenetics Service IT System - Build → Test → Validate → Go-Live	Q4	Improved efficiency. Improved patient safety.		Implementation of VH Bio 'LIMS' platform commenced. Go-live planned for 2025.
NEQAS - Procure → Test → Validate → Go-Live	Q4	Service continuity		C&V (WEQAS) team unable to deliver NEQAS solution for WBS. Scoping of commercial solution re-started.
Live Connectivity - Complete rollout for non-clinical systems	Q3	Improved staff experience. Removal of paper-based, manual processes. Improved data quality.		Successful pilot in 'West' Collections Team – service to be extended across other Collection Teams through 2024 – current aim is to complete rollout by end of July 2024, subject to procurement of suitable protective cases for live connectivity hardware. (An alternative approach to facilitate digital completion of DAERs is available if delivery of cases is delayed)
Telephony - Procure and implement new / replacement Trust-wide telephony solution	Q4	Reduced operational costs. Increased IT support / infrastructure resilience. Improved support for hybrid working.		Full rollout of new telephony platform to be delivered in 2024/25.

Objective	Target Completion Date	Benefits	RAG Status	Update
Mobile Phone Management - Merge divisional contracts onto single supplier and establish central management	Q2	Improved user experience. Reduced costs. Improved traceability / asset management.		New contract established with EE – all WBS phones (formerly Vodafone) to be migrated across. New shared data contract for all Trust mobiles – significantly reducing mobile phone costs.
Printer Management - Establish new managed print service	Q3	Reduced costs. Improved operational efficiency. Improved data quality. Improved sustainability.		Plans in place to establish contract for a new managed print service in July 2024.
Digital Inclusion (Digital Strategy – Theme 2)				
Take forward Digital Inclusion workplan	Ongoing	Improved user experience.		Digital Inclusion plan agreed in Trust Board (May 2024). Detailed workplan being finalised.
Insight Driven Services (Digital Strategy – Theme 3)				
Value Based Healthcare - Procure & Implement PROMS platform	Q4	Improved patient experience.		Business case approved at Strategic Development Committee, procurement commenced
Customer Relationship Management (CRM) Solution - Procure CRM solution for Velindre Fundraising - Scope approach for WBS Donor Contact Centre	Ongoing	Improved operational efficiency. Improved patient / donor safety. Regulatory compliance / data security. Improved data quality. Removal of manual, paper-based workflows.		Scoping of Velindre Fundraising platform underway – procurement / implementation timelines TBC.

Objective	Target Completion Date	Benefits	RAG Status	Update
Safe & Secure Services (Digital Strategy – Theme 4)				
Cyber Security Enhance network infrastructure and end user monitoring capabilities.	Ongoing	Increased protection for Trust digital systems and services. Increased cyber security resilience.		Cyber Security Manager now in post. Actions against Cyber Security Strategic Delivery Plan now being taken forward, significant progress anticipated in 2024/25.
Cyber Security Review data backup and recovery arrangements.	Q4	Increased protection for Trust digital systems and services. Increased cyber security resilience.		Work ongoing to scope independent (external) assessment of Trust backup arrangements. Aim to commence delivery of new backup platform in late-2024/25.
Microsoft Windows - Migrate from Windows 10 → 11	Q4	Service continuity. Improved user (staff) experience.		Work already commenced, rolling deployment of Win11 through 2024/25.
New Trust-wide network	Q4	Improved network performance and resilience.		Plans to deploy HPE Aruba network agreed. Plans in place to commence first deployment into RSC (Q4). Planning underway to scope for future deployments across WBS (TGI), VCC and nVCC.
IT Infrastructure - Refresh / Virtualise 'end of life' on-premise server infrastructure	Ongoing	Improved network performance and resilience. Reduction in significant IT business continuity incidents.		Work ongoing to remove end of life IT infrastructure and, where required, replace with modern, virtualised and/or cloud services.
IT Infrastructure - Single Sign On	Q4	Improved user experience. Increased cyber security resilience		Procurement of "Imprivata" SSO solution completed – for deployment as part of ePMA rollout in 2024/25.

Objective	Target Completion Date	Benefits	RAG Status	Update
A Digital Organisation (Digital Strategy – Theme 5)				
Software Development - Re-platform WBS Appointments System	Q2	Improved stability of IT service. Ability to integrate Appts. System into national IT services (e.g. NHS Wales app) via API.		Work ongoing, go-live scheduled for July 2024.
Software Development Foetal DNA Testing - Build → Test → Validate → Go-live	Q1	Improved patient safety. Regulatory compliance.	COMPLETED	New service deployed 31/05/2024.
Video Consultations - Extend contact for current service - Procure new VC contract	Q4	Improved patient experience. Delivery of care closer to home.		Existing contract for AttendAnywhere solution being extended to ensure service continuity until March 2025. Planning underway for procurement activity, to deliver a new contract for video consultation solutions in VCC – to be taken forward in 2024/25.
Digitisation of Medical Records - Scope	Q4	Improved operational and clinical efficiency. Reduction in manual, paper-based activities.		Work yet to commence – plan for 20242/5 is to agree scope of VUNHST requirement. Procurement / implementation provisionally set for 2025/26.
Robotic Process Automation - Establishment of PoCs / pilots. - Establish RPA service (non-clinical workflows only).	Q4	Increased operational efficiency. Significant staff time savings through automation of routine / high volume tasks. Potential cost (financial) savings.		RPA Developer in post. Automations already being delivered in non-clinical service areas (e.g. WBS DCC, SACT) using Microsoft tools. Procurement of Blue Prism Cloud RPA platform delayed into Q1 2024/25 following queries raised by Finance.

Objective	Target Completion Date	Benefits	RAG Status	Update
Agile Delivery - Pilot Agile Delivery 'Squads'	Q4	Faster-paced delivery of digital change. More customer-centric digital service design.		Scoping / planning ongoing – target establishment of squads in Q2/Q3 2024/25.
Digital Training Platform - Redesign LMS365 and establish as 'enterprise' digital training platform for VUNHST staff	Q4	Improved customer (staff) experience.		Work already underway to further improve access to LMS365 and update training content. Use of LMS365 to be expanded through 2024/25.
IT Service Management - Deploy new 'Halo' IT Service Management Tool	Q2	Improved efficiency through increased automation. Improved customer (staff) experience – Digital Service Desk.		Implementation commenced; first deployment scheduled for Q2 2024/25.
Working In Partnership (Digital Strategy – Theme 6)				
Grow Digital Apprenticeship capacity in Digital Services.	Q1	Improved resilience. Staff motivation / recruitment & retention.		Two IT Undergraduate Trainees already in the team. Financial constraints have limited opportunity to introduce digital apprenticeships in time for 2023 undergraduate intake. Options for 2024 being explored.

3. Digital Services Risks

The Trust remains in a positive position in respect of its management of the strategic risks set out on the Trust Assurance Framework (TAF – risk 5). The overall level of effectiveness is rated as 'partial effectiveness', with actions / plans in place to improve the effectiveness rating over coming months. Of the controls in place for the 14 individual risks captured within the risk assessment, 5 are rated as 'effective'; the remaining 9 risks are rated as 'partial effectiveness'.

There are four open actions captured within the assessment – one is overdue, relating to the intention to create a digital reference architecture so that new digital projects conform to recognised local and national data/information, technical and interoperability standards. This work will be completed in Q2 2024/25 and is linked to the establishment of the Digital Design Authority.

The Digital Delivery team manage a range of operational risks pertaining the day-to-day operations and the use of Trust digital systems. These are managed by the Digital Delivery team. There are currently 23 active (open) risks on the operational digital services risk register – up 2 from 21 in the February 2024 report. The current breakdown of risks based on 'current' risk rating/score is:

Risk Rating	***No. of Risks***
Significant	15
Moderate	5
Low	3
Grand Total	**23**

All of the above risks have a score of 12 or less. Many relate to individual cyber security risks associated with ongoing use of legacy infrastructure and other IT services across the Trust. Work is underway to remediate these risks – for example, via the removal of the last Windows 7 devices in use across the VCC Radiotherapy Department – this work was completed Q4 2023/24, closing the risk reported in the last report. Other risks cover areas such as digital staffing / capacity, digital contractual arrangements and operational issues with Trust digital systems.

The Digital Programmes team are currently accountable for the delivery and/or management of digital risks within the following major digital transformation projects:

- Welsh Blood Service (WBS) – Futures – Digital Modernisation
    - Blood Establishment Computer System (BECS)
    - Welsh Histocompatibility & Immunogenetics Service IT (WHAIS IT) system
    - Laboratory Information Management System 2.0 (LIMS2.0)
- Velindre Cancer Service (VCS) – Futures

- Radiology Information System Programme (RISP)
- Electronic Prescribing and Medicines Administration (ePMA)
- Integrated Radiotherapy Solution (IRS)
- Radiotherapy Satellite Centre (RSC)

4. Significant IT Business Continuity Incidents

There were 3 significant IT business continuity incidents in the period February 2024 to May 2024 inclusive.

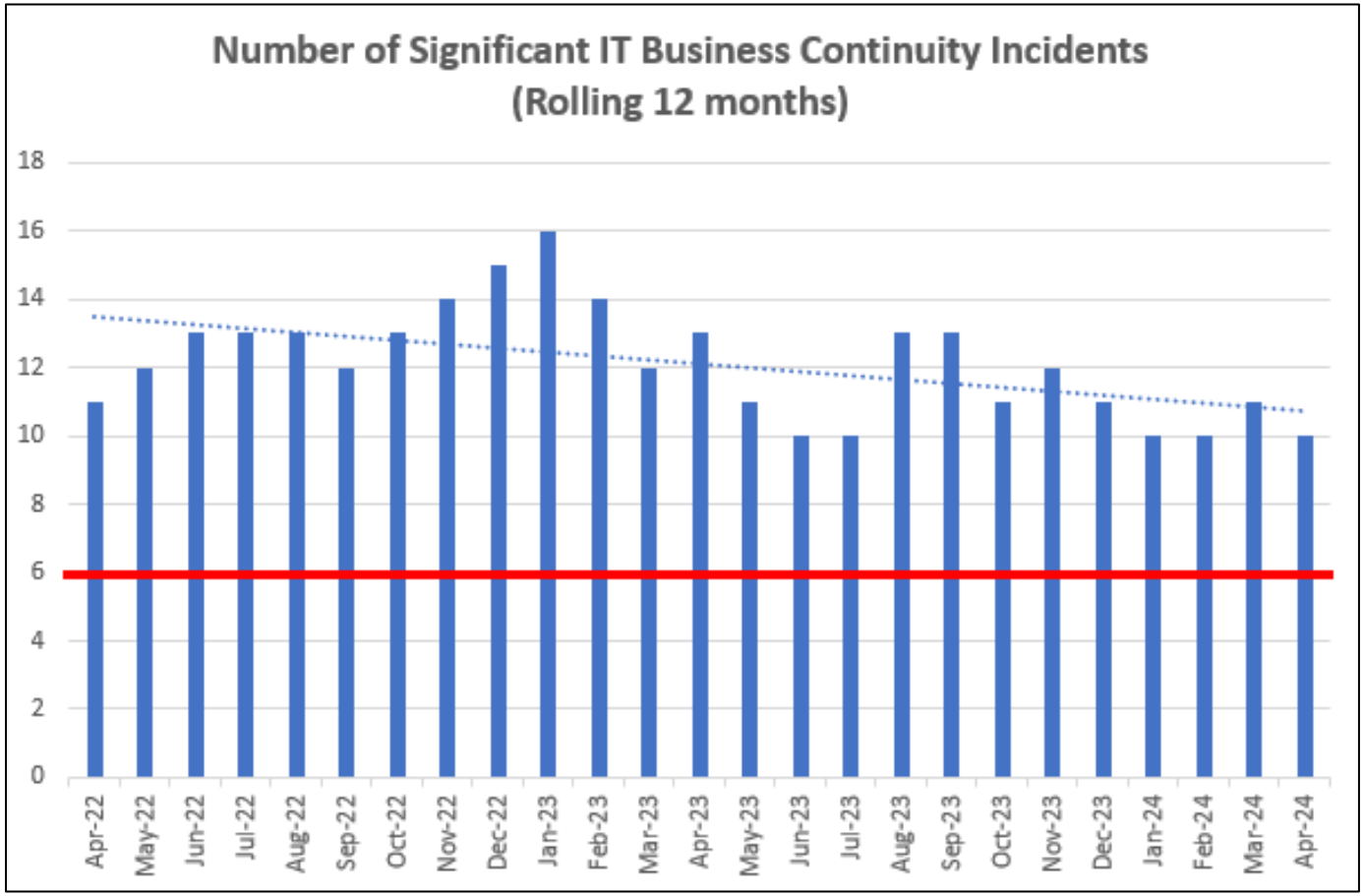
In the last report, 3 incidents were reported - all related to the expiration of digital certificates within VUNHST software and IT infrastructure. Work to establish a register of all digital certificates for business-critical systems, to enable proactive renewal of relevant certificates, has now been completed through the deployment of dedicated software to aid with the management of these certificates.

A summary of the incidents is set out below.

Date	Description	Harm	Notes	Preventative Action(s)
02/03/2024	Welsh Clinical Portal unavailable (DATIX 16254)	None – however, significant disruption to operational services (business continuity invoked). Cancellation of some patient activity (e.g. radiotherapy).	Users unable to log in – reported at around 5.15pm. DHCW confirmed it was a national issue – a problem with a specific endpoint within the WCP IT infrastructure . Service fully restored at approx. 9.30pm.	n/a – permanent fix deployed by DHCW
25/04/2024	Bacteriology Monitoring interface (ePROGESA) down (Q-Pulse IR-1119)	None – operational disruption only.	BACTI interface feeds data from the WBS bacteriology monitoring platform into its BECS – ePROGESA. This is a business-critical activity, which helps ensure the safety of platelets issued by WBS into NHS Wales. A file had become “stuck” whilst being interfaced into ePROGESA at approx. 9.50pm on 25/04/2024. Routine business continuity arrangements were invoked (manual monitoring by Labs staff). Digital on-call was unable to resolve the issue. Problem fixed by member of Digital Services at approx. 9am on 26/05/2024.	Knowledge Base used by on-call updated (completed).

Date	Description	Harm	Notes	Preventative Action(s)
28/05/2024 To 31/05/2024	Various WCP performance issues (DATIX 17578)	None – significant operational disruption (e.g. to VCC OPD clinics).	A number of different, unrelated issues caused significant disruption to the use of WCP in VCC over a number of days, w/c 27th May 2024. Underlying root causes varied. Escalation call held with DHCW on 31/05/2024. Issues causing performance issues w/c 27/05/2024 permanently resolved the same day.	n/a – permanent fix deployed by DHCW

There continues to be a steady improvement in respect of the PMF-reported score for the rolling 12-month trend in significant IT business continuity incidents. Work to remove Windows 7 devices from VCC was completed in Q4 2023/24 – remaining devices cannot be removed due to lack of alternative deployment options. Significant legacy IT infrastructure removed from the Radiation Physics service in Q4 2023/24 and Q1 2024/25 – this is largely a consequence of (i) in-house work to virtualise the server infrastructure and (ii) the establishment of the off-site data centre for the Integrated Radiotherapy Solution. Work remains ongoing to remove other legacy IT infrastructure in use across the Welsh Blood Service and the Velindre Cancer Centre. This work is ongoing, but alongside other measures, it is hoped this will contribute to further improvements in performance.


Number of Significant IT Business Continuity Incidents
(Rolling 12 months)
18
16
14
12
10
8
6
4
2
0
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24

Appendix A – Digital IMTP 2023/24 | End of Year Position

Objective	Target Completion Date	Benefits	RAG Status	Update
Ensuring Our Foundations (Digital Strategy – Theme 1)				
VCC Digital Health & Care Record Phases 1b & 2	Q1 – Q4	Improved patient experience. Increased clinical and operational efficiency.	DELAYED (2024/25)	DHCR Phase 1 still yet to be formally closed. Work ongoing to remediate data quality / operational challenges from initial deployment – being managed under 'business as usual'. Scoping workshop to be held in Q1/Q2 2024/25 to explore ongoing development requirements.
Blood Establishment Computer System (BECS). - Procure new contract & commence implementation	Q1 – Q4	Improved donor experience. Increased operational efficiency.	DELAYED (2024/25)	OBC approved in Trust Board and Prior Information Notice (PIN) issued (May 24). Supplier engagement sessions scheduled for late-June / early-May. Formal procurement due to commence in September 2024.
Electronic Prescribing (ePMA) - Procurement / Contract Award (Q3) - Commence Go-Live (Q4)	Q1 – Q4	Improved patient experience. Improved clinical and operational efficiency.	DELAYED (2024/25)	Preferred supplier identified following procurement. Discussions ongoing as to timing of VCC implementation of ePMA.
WHAIS IT System for WTAIL. - Procure new contract & commence implementation	Q1 – Q4	Increased WBMDR activity & income. Improved operational efficiency. Improved staff recruitment & retention.	**COMPLETED**	Successful bidder (VH Bio) confirmed in Q3 2023/24. Implementation commenced in March 2024. Implementation anticipated to run until Q2 2025/26.

Objective	Target Completion Date	Benefits	RAG Status	Update
Radiotherapy Satellite Centre - Procurement / Readiness	Q1 – Q4	Improved patient experience. Delivery of SACT and radiotherapy treatment closer to home.	**COMPLETED**	Service design for IT infrastructure ongoing. No issues to escalate at this stage. Trust-wide network design work has completed – purchase of first suite of new networking equipment completed in Q4 2023/24, for deployment in 2024/25. The RSC is anticipated to be the first major deliverable in respect of the digital enablement of the new facility.
Integrated Radiotherapy Solution (IRS). - Offside Data Centre - Workflow Redesign	Q1 – Q4	Improved patient experience. Improved operational and clinical efficiency.	DELAYED (2024/25)	Offsite data centre established. Work broadly progressing to plan; however, complex requirements for integration of VCC services with national (DHCW-managed) solutions remain a concern – work ongoing to identify and test. This work will extend into 2024/25. Digital Services supporting wider IRS work programme as required.
Radiology Informatics System Procurement (RISP) – local implementation. - Pre-Implementation Planning	Q1 – Q4	Improved patient experience. Improved operational and clinical efficiency.	**COMPLETED**	Programme in national 'build' phase – local implementation planning underway. Go-live timelines under review, following supplier delays, associated with national 'build' phase.

Objective	Target Completion Date	Benefits	RAG Status	Update
Replace digital solution for the Welsh Bone Marrow Donor Registry (WBMDR). - User research (Q2) - Commence implementation (Q3)	Q1 – Q4	Increased operational efficiency.	DELAYED (2024/25)	Prior Information Notice (PIN) issued to market – initial supplier engagement days held in September 2023. Supplier engagement ongoing to determine implementation approach. Timelines for commencement of procurement / implementation yet to be finalised.
Chemocare v6 Upgrade			**COMPLETED**	Upgrade delivered in March 2023, v5 switched off April 2023.
Printer Management Establish new management arrangement and governance for VUNHST printer estate	Q1 2023/24	Improved operational efficiency. Reduced costs.	DELAYED (2024/25)	Legacy invoicing issue now improved. Plans in place to establish contract for a new managed print service in July 2024.
Telephony Procure and implement new / replacement Trust-wide telephony solution	Q1 – Q4	Reduced operational costs. Increased IT support / infrastructure resilience. Improved support for hybrid working.	DELAYED (2024/25)	Migration of VCC to new SIP platform completed in Q3 2023/24 – significant cost avoidance (approx. £100k per annum) and improved service performance / resilience anticipated. Full rollout of new telephony platform to be delivered in 2024/25.
IT Infrastructure Establish Digital Infrastructure Strategy and delivery programme, including 'cloud first' strategy	Q3	Fully costed IT infrastructure roadmap and delivery plan.	**COMPLETED**	IT Infrastructure Strategy completed – revised by Digital Programme Board in Q3 2023/24. Work ongoing to communicate strategy to wider organisation and update IT infrastructure roadmap / workplan.

Objective	Target Completion Date	Benefits	RAG Status	Update
IT Service Management Tool Implement new IT Service Management (ITSM) / Digital Service Desk management tool.	Q3	Reduced response timelines through Increased automation. Improved operational efficiency. Improved staff satisfaction with Digital Service Desk (PMF)	DELAYED (2024/25)	Procurement of new ITSM tool completed in January 2024 – rollout commenced March 2024. Initial go-live scheduled for Aug/Sep 2024.
Pilot new end user device performance monitoring tool → full implementation subject to business case	Q3	Improved IT infrastructure resilience. Quicker remediation of IT support issues through early identification & automation.	**COMPLETED**	Pilot completed in Q2 2023/24. Development of business case placed on hold due to cost pressures and desire to explore opportunities available via new IT Service Management (ITSM) tool in the first instance.
Digital Inclusion (Digital Strategy – Theme 2)				
Digital Platform Establish technical capability and baseline current capabilities.	Q3	Identification of opportunities and challenges in respect of delivery of Trust digital programme.	**COMPLETED**	External consultancy – Perago – brought in to review current arrangements, landscape review and roadmap reported back to VUNHST. Work completed in Q2.
Increase rates of virtual consultations (VCC). - Pilot new service delivery model (Q2) - Implement new service delivery model (Q4)	Q4	Improved patient experience – choice of appointment types. Improved operational efficiency.	**DEFFERED**	Service mapping workshop undertaken to explore opportunities to improve 'AA' platform and increase adoption in VCC. Engagement session held with consultant team in 2023 to review opportunities for engagement with SSTs. However, an assessment of Microsoft Office 365 virtual appointments platform to be undertaken by national programme team. As such, further work to grow adoption placed on hold until review reports back.

Objective	Target Completion Date	Benefits	RAG Status	Update
Insight Driven Services (Digital Strategy – Theme 3)				
Transfer of Business Intelligence teams into Digital Services.	Q4	Improved operational efficiency. Improved resilience, reduced turnaround time for BI request. Ability to fully utilise BI toolset, development of self-service portals etc.	**COMPLETED**	New Assistant Director of Data & Insight due to commence work January 2024, with plans for immediate transfer of VCC and WBS Business Intelligence functions into their line management. Wider Organisational Change Process (OCP) due to commence in late-2023/24 / early 2024/25 following review of current services.
Implement PSA Tracker	Q3	Improved patient experience. Reduction in volume of in-person follow-up attendances in Urology.	**COMPLETED**	Pilot deployment went live in March 2023. Scoping work ongoing to plan for implementation of the national (fully integrated) version of the platform.
PROMS / PREMS – scoping / implementation.	Q3	Improved patient experience.	DELAYED (2024/25)	Consultancy support established; initial proof of concept / pilot complete in VCC. Business Analyst appointed, to support scale-up of Value Based Healthcare work – to work alongside and advise new Head of Value Based Healthcare. Full work plan in development.
Safe & Secure Services (Digital Strategy – Theme 4)				

Objective	Target Completion Date	Benefits	RAG Status	Update
Cyber Security Recruit additional cyber technical expertise	Q1	Increased protection for Trust digital systems and services. Increased cyber security resilience.	**COMPLETED**	New Cyber Security Manager commenced work in December 2023. Work programme to improve cyber security posture re-commenced. Risk on Trust risk register closed. Option of sharing resources / services with other NHS Wales organisations also being explored.
Cyber Security Enhance network infrastructure and end user monitoring capabilities.	Q2	Increased protection for Trust digital systems and services. Increased cyber security resilience.	DELAYED (2024/25)	Some progress continues to be made. However, significant improvements delayed whilst Cyber Security Manager role has remained unfilled. Work has recommenced following successful recruitment of new Cyber Security Manager in December 2023. Actions against Cyber Security Strategic Delivery Plan now being taken forward, significant progress anticipated in 2024/25.
Cyber Security Review data backup and recovery arrangements.	Q2	Increased protection for Trust digital systems and services. Increased cyber security resilience.	DELAYED (2024/25)	Progress made to standardise arrangements across WBS and VCC in 2023/24. A further review of the overall backup strategy is planned for late-2023/24.
Cyber Security Pilot new tools to support monitoring capability.	Q3	Increased protection for Trust digital systems and services. Increased cyber security resilience.	**COMPLETED**	Pilot completed.
A Digital Organisation (Digital Strategy – Theme 5)				

Objective	Target Completion Date	Benefits	RAG Status	Update
Digital Programme Establish Digital Programme.	Q1 – Q4	Clear delivery roadmap and delivery programme for VUNHST digital services. Clearly established governance arrangements for delivery of VUNHST digital transformation programme.	**COMPLETED**	Digital Programme Board met in early October 2023. Supporting governance / processes being developed.
Digital Services Capacity & Capability Build the capacity and capability of Digital Services team. - Take forward Phase 2 of the Digital Services Recruitment Strategy. - Develop and implement new Target Operating Model	Q1	Increased capacity to deliver Digital Programme to agreed timescales. Clear delivery model for execution of digital projects, delivery of industry-standard approach for digital transformation.	DEFERRED	Review of Digital Services structures and Target Operating Model commenced, due to report back in Q1/Q2 2024/25.
Implement Electronic Radiology Test Requesting	Q2	Reduced errors. Increased operational and clinical efficiency.	**COMPLETED**	Implemented in August 2023
Digitising Medical Records – develop business case.	Q1 – Q4	nVCC readiness. Increased operational and clinical efficiency.	DEFERRED (2024/25)	Discussion re: pre-nVCC digital priorities due to be held with VCC SLT in Q4 2023/24. 2024/25 VCC / Digital IMTP to include intention to scope digitisation of medical records project, with aim to implement solution(s) in 2025/26.

Objective	Target Completion Date	Benefits	RAG Status	Update
Robotic Process Automation Scoping Establish funding route to support RPA Recruit RPA Lead	Q1 – Q4	Increased operational efficiency. Significant staff time savings through automation of routine / high volume tasks. Potential cost (financial) savings.	**COMPLETED**	Initial scoping completed. RPA Developer appointed – due to commence work early November 2023.
Robotic Process Automation Establishment of PoCs / pilots. Establish RPA service (non-clinical workflows only).	Q1 – Q4	Increased operational efficiency. Significant staff time savings through automation of routine / high volume tasks. Potential cost (financial) savings.	DELAYED (2024/25)	RPA Developer in post. Automations already being delivered in non-clinical service areas (e.g. WBS DCC, SACT) using Microsoft tools. Procurement of Blue Prism Cloud RPA platform delayed into Q1 2024/25.
Office 365 Re-establish Office 365 project.	Q1	Increased staff productivity and operational efficiency.	DELAYED (2024/25)	Delayed due to capacity and competing work priorities.
Implement Digital Inclusion Charter.	Q3	Strategic intent to ensure digital inclusion at heart of Trust digital initiatives.	COMPLETED	Digital Inclusion Charter signed. Digital Inclusion plan signed off in May 2024. Workplan to embed charter into BAU and project / programme development ongoing.
Initiate 'Digital Enabled Workforce' Programme (Induction/Access/ Skills), including establishment of Digital Champions.	Q2	Establish capacity to further develop and improve Trust digital maturity.	DELAYED (2024/25)	KLAS digital usability survey completed – feedback provided to Trust in September 2023. Work yet to commence to scope wider programme and enablement of digital champions.

Objective	Target Completion Date	Benefits	RAG Status	Update
Baseline assessment of current digital workforce capability.	Q2	Identification of opportunities and challenges in respect of delivery of Trust digital programme.	COMPLETED	Perago baseline review completed. KLAS digital usability survey completed – feedback provided to Trust in September 2023. HIMSS digital maturity assessment completed. Both explored elements of current workforce capabilities. Outputs to be used to inform wider digital literacy programme for staff.
Deliver Desk / Room booking IT platform, to support delivery of VUNHST Hybrid Working.	Q4	Improved operational efficiency. Improved estate management. Improved staff morale.	**WITHDRAWN**	Pre-procurement activity completed; business case developed. Placed on hold due to financial constraints. Alternative options being considered – e.g. utilise Office 365.
Establish 'Live' connectivity for WBS Collection Teams – PoC → Full Implementation.	Q3	Reduction in manual / paper-based processes. Improved compliance with risk / incident reporting. Live view of WBS donation activity for reporting, demand management etc.	**COMPLETED**	Pilot commenced with 'West' Collections Team – positive feedback. Pilot to be extended across all Collection Teams in 2024/25.
WBS Laboratory Device Integration / Automation. - Agree interface development strategy & delivery plan (Q4)	Q4	Improved operational efficiency. Reduction in data quality errors.	DELAYED (2024/25)	Work ongoing.
Software Development Re-platform WBS Appts. System.	Q3	Improved stability of IT service. Ability to integrate Appts. System into national IT services (e.g. NHS Wales app) via API.	DELAYED (2024/25)	Work ongoing, go-live scheduled for July 2024.

Objective	Target Completion Date	Benefits	RAG Status	Update
Software Development Re-platform VCC Treatment Helpline.	Q1	Increased stability of IT service. Improved usability of VCC Treatment Helpline software. Future proofing.	**COMPLETED**	Implemented in August 2023
Working In Partnership (Digital Strategy – Theme 6)				
BAU support for externally deployed solutions (Welsh Infected Blood Support Scheme (WIBSS), Appts. System – Healthcare Research Wales etc.)	Q1 – Q4	Reputational management. Income streams.	**COMPLETED**	
Explore commercial opportunities for in-house developed systems	Q3	Potential income streams.	**COMPLETED**	No commercialisation activity planned for 2023/24. Two in-house developed systems currently deployed outside VUNHST under SLA.
Digital Services staff to join Intensive Learning Academy (USW).	Q2	Staff recruitment & retention. Access to emerging digital talent.	**COMPLETED (ONGOING)**	Two VUNHST members of staff undertaking MSc. Leading Digital Transformation @ USW. Other graduate and undergraduate placement opportunities being explored.
Grow Digital Apprenticeship capacity in Digital Services.	Q1	Improved resilience. Staff motivation / recruitment & retention.	DEFERRED (2024/25)	Two IT Undergraduate Trainees already in the team. Financial constraints have limited opportunity to introduce digital apprenticeships in time for 2023 undergraduate intake.

Objective	Target Completion Date	Benefits	RAG Status	Update
HIMSS EMRAM Digital Maturity Assessment.	Q2	Identification of digital priorities for improvement / investment. National assessment of Trust digital services.	**COMPLETED**	Assessment completed in March 2023. Final report presented to VUNHST by HIMSS in Q1 2023/24. VUNHST assessed as HIMSS Level 1. Implementation of ePMA and establishment of a Clinical Data Repository required to step up to higher maturity levels.

QUALITY, SAFETY AND PERFORMANCE COMMITTEE

FREEDOM OF INFORMATION ACT / ENVIRONMENTAL INFORMATION REGULATIONS ANNUAL REPORT 2023/24

DATE OF MEETING	09/07/2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ASSURANCE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Fay Sparrow, Freedom of Information & Compliance Officer
PRESENTED BY	Lauren Fear, Director of Corporate Governance & Chief of Staff
APPROVED BY	Lauren Fear, Director of Corporate Governance & Chief of Staff
EXECUTIVE SUMMARY	The purpose of this report is to provide Quality, Safety and Performance Committee with assurance on the compliance with the Freedom of Information Act and Environmental Information Regulations requests for the financial year 2023/24. For the financial year 2023/24 the overall compliance response rate was **74.89%** which, whilst below target of 80%, has been achieved despite an increase in requests and capacity challenges up to November 2023.

RECOMMENDATION / ACTIONS	The Quality, Safety and Performance Committee is asked to: • **REVIEW** the level of compliance during the financial year 2023/24 and the improvement in compliance since the appointment of a new, permanent Freedom of Information Officer. • **NOTE** the level of assurance in relation to the Trust's compliance with the Freedom of Information Act and Environmental Information Regulations requests. • **APPROVE** the **Freedom of Information Act / Environment Information Regulations Annual Report 2023/24**.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Executive Management Board	25/06/2024
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS The Executive Management Board **ENDORSED** the Freedom of Information Act / Environment Information Regulations Annual Report 2023/24 for submission to the Quality, Safety and Performance Committee.	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Level 3 - Actions for symptomatic, contributory and root causes. Impact from actions and emerging outcomes

ACRONYMS	
EIR	Environmental Information Regulations 2005
FCO	Freedom of Information and Compliance Officer
FOIA	Freedom of Information Act 2000
GDPR	General Data Protection Regulation
HOIG	Head of Information Governance

1. SITUATION

1.1. The purpose of this report is to provide **ASSURANCE** about the way Velindre University NHS Trust (Trust) manages requests made to it under the Freedom of Information Act (FOIA) and Environmental Information Regulations (EIR), and the continuing progress that has been made in regard to compliance with the Act and Regulations.

1.2. The Annual Report outlines key **ASSURANCE** activity for the reporting period 1st April 2023 to 31st March 2024.

1.3. The Quality, Safety and Performance Committee is asked to:

a) **REVIEW** the level of compliance during the financial year 2023/24, along with the improvement in compliance since the appointment of a new permanent Freedom of Information Officer.

b) **NOTE** the level of assurance in relation to the Trust's compliance with the Freedom of Information Act and Environmental Information Regulations requests.

c) **APPROVE** the **Freedom of Information Act / Environment Information Regulations Annual Report 2023/24**.

2. BACKGROUND

2.1. All NHS Bodies in Wales must ensure organisational compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Data Protection Act (2018), General Data Protection Regulation (GDPR), Freedom of Information Act (2000) and Environmental Information Regulations (2004).

2.2. Velindre University NHS Trust is committed to ensuring that it meets its statutory obligations and other standards. Meeting the obligations and standards means that incidents are appropriately investigated, and that learning takes place in order that the Trust can improve the quality and safety of its services, and the patient and donor experience.

3. ASSESSMENT

3.1. FOI / EIR Responses

3.1.1. For the reporting period 1st April 2023 to 31st March 2024, the Trust received **231** requests of which **229** were FOIA requests and **2** EIR requests. **173** (74.89%) were responded to compliantly and **58** (25.11%) were in breach of FOIA timescales.

3.1.2. In relation to the provision of **ASSURANCE**, the FOIA/EIR data and analysis from 1st April 2023 to 31st March 2024 is shown in full below:

Month	Total	Compliant	Breached	% Compliant
April	14	12	2	85.71%
May	19	11	8	57.89%
June	14	11	3	78.57%
July	23	19	4	82.61%
August	15	13	2	86.67%
September	13	5	8	38.46%
October	20	9	11	45.00%
November	21	17	4	80.95%
December	22	18	4	81.82%
January	25	19	6	76.00%
February	22	19	3	86.36%
March	23	20	3	86.96%
TOTAL	**231**	**173**	**58**	**74.89%**

3.2. **Source of Requests**

3.2.1 Between 1st April 2023 and 31st March 2023, **231** FOI/EIR requests were received, and the source of these requests is as follows:

Campaigner	78
Individual/Unknown	68
Marketing	44
Group, Association, Chartered Society	15
Media	8
Recruitment	7
Education	6
NHS	3
MP	1
Pharmaceutical Company	1

3.2.2 **Subjects of Requests**

Velindre Cancer Service - Medical/Drugs/Stats	61
Not Applicable to the Trust	54
IT & Digital	31
Workforce	27
Corporate	24
Finance	20
WIBSS	6
Review	5
Welsh Blood Service	3

3.2.2.1 In relation to the subject category 'Not Applicable to the Trust', the Trust receives a significant number of requests that relate to services and areas of healthcare that the Trust does not provide.

3.3. Exemptions Applied

3.3.1. The Freedom of Information Act contains a number of exemptions that allow organisations to withhold information from a requester. In some cases, these will also allow the Trust to refuse to confirm or deny whether the information is held by the organisation.

3.3.2. A link has been added to the Trusts website, within the "Disclosure Logs" section, to signpost the public to details about the exemptions within the Act (https://ico.org.uk/for-organisations/foi/guide-to-managing-an-foi-request/exemptions/list-of-exemptions/).

3.3.3. **73** exemptions were applied to a number of responses during this period, with some responses having more than one exemption applied. These exemptions may have been applied to the request as a whole or just to specific parts of the request with the remainder of the request being answered.

Exemption	**Number of times applied**
Section 8 (request not formulated correctly)	2
Section 12 (exceeds cost limit)	22
Section 14 (vexatious or repeated request)	5
Section 21 (information accessible by other means)	3
Section 31 (prevention/detection of crime)	3
Section 40 (personal information)	37
Section 43 (protection of commercial interests)	1

3.3.4. In order to provide assurance to the EMB that exemptions are being utilised appropriately, the main reasoning for the high exemptions is as follows:

a) ***Section 40 (personal information)***: The Trust receives a high number of FOI requests from individuals and marketing companies requesting personal information of those responsible for contracts, procurement and other decisions. The Trust has a legal obligation to comply with the Data Protection Act 2018 and the retained EU GDPR 679/2016 (known as UK GDPR) and can utilise this exemption to not disclose personal information. It also allows the Trust to protect the rights of its employees to

have privacy in the workplace and reduce any risk of non-compliant procurement activity.

b) ***Section 12 (exceeds the cost limit)***: The Velindre Cancer Service receives the largest volume of FOI requests, many of which relate to drug volumes. The requests are for information that is not easily accessible or for large volumes of data, therefore Section 12 is utilised as it would take the division over the prescribed limit to manually review the patient files.

c) ***Section 14 (vexatious or repeated requests)***: The requests to the Velindre Cancer Service for drug volumes are often repeats every 3-6 months. To minimise the impact on Trust resources, Section 14 has been utilised where the requests have been deemed excessively repetitive over a 12–18-month period.

3.4. **Reason for Breach**

3.4.1. It is the Trust's policy to respond to all FOI/EIR requests promptly, regardless of their complexity. Where there is likely to be a delay in providing a response to requests, the FCO liaises with the requester to ensure they are aware of the possibility of a delay and to agree a revised timescale for response. Where there are complex requests, and where the information is required from multiple disciplines, it is not always possible to provide the information within the 20-day timescale.

3.4.2. The periods where FOIA compliance were the lowest in September and October 2023, coincided with imminent deadlines for the COVID Inquiry, which took precedent. This in turn impacted the quarterly compliance and overall yearly compliance percentage.

3.4.3. The reduction in compliance for January 2024 was due to the FCO being on planned sick leave recovering from surgery and the long term sickness absence of the Head of Corporate Governance.

3.5. **Complaints received from the Information Commissioner's Office and Reviews from Requesters**

3.5.1. There were 5 requests for review in 2023, all of which were completed.

1) A review was requested in response to a S.12 exemption (cost of compliance exceeds the limit). The HOIG liaised with other Health Boards for a unified response.

2) A review was requested as other public bodies were providing the information. Whilst the request for review was outside of the deadline, the Trust did investigate and respond, upholding the majority of its original response; S.31(1) (prevention and detection of crime), S.14(2) (repeated request), S.40(2) (personal data). However, the Trust did provide some data, which was the same as a previous response now over 12 months prior.

3) A review was requested following a Section 43 exemption being applied (protecting commercial interests), however it was found that the information was already publicly available in a report and therefore the information was disclosed.

4) The request was originally refused as the requestor did not formulate the request correctly (under Section 8). The review was undertaken despite being out of the time limit, and upheld this decision as well as applying Section 14 (vexatious request)

5) A requestor was advised in the original response that the Trust would not be responding as this was being reviewed by Welsh Government. The request to review was withdrawn 7 days later.

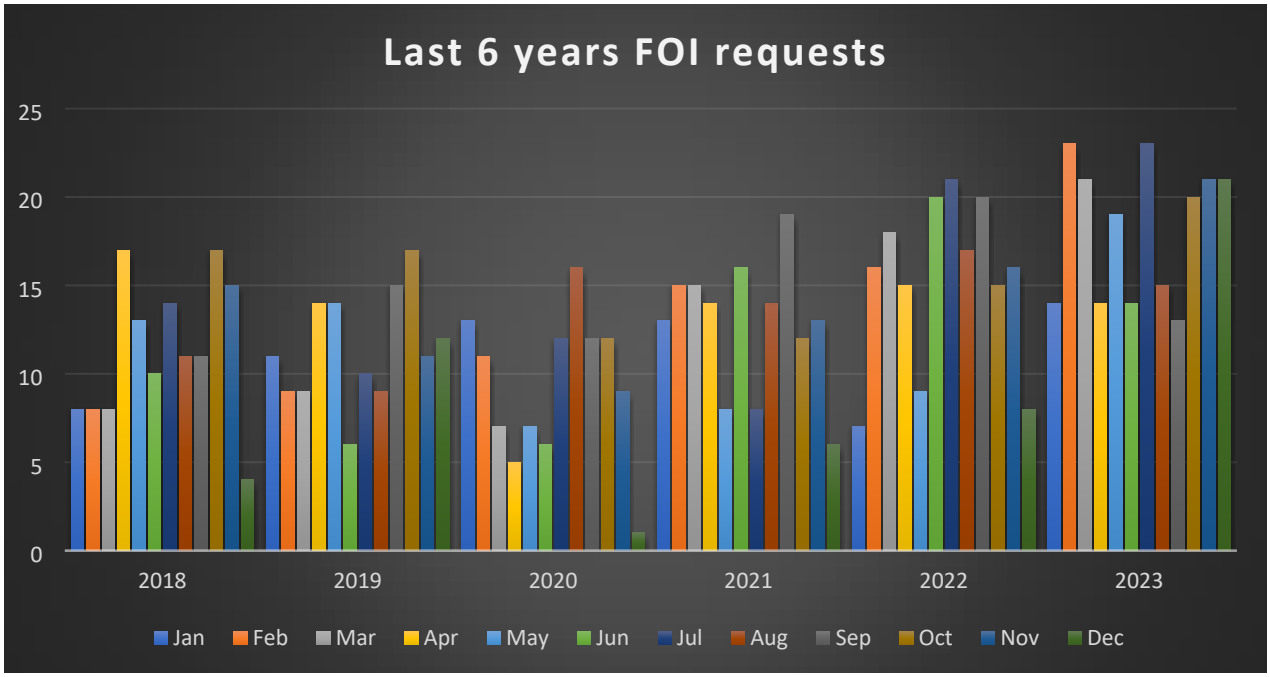
4. SUMMARY OF MATTERS FOR CONSIDERATION

4.1. Following the departure of the Trust's FOI Officer in Mid-December 2022, the FOI/EIR requests were temporarily undertaken by the Trust's Archivist alongside their other work with the COVID-19 Inquiry. This was overseen by the Head of Information Governance (HOIG) in order to maintain legislative compliance.

4.2. A permanent Freedom of Information and Compliance Officer (FCO) was appointed at the end of September 2023, with the handover from Information Governance back to Corporate Governance completed at the end of October 2023.

4.3. The volume of FOI/EIR requests to the Trust is rising. In the financial year 2023/24 **231** requests were received, compared to **198** in 2022/23 and **151** in 2021/22.

4.4. The table overleaf highlights the increasing number of requests received by month, per calendar year from 2018 to 2023.



4.5. The financial year 2023/24 had an overall compliance rate of **74.89%**, despite the increase in requests and capacity challenges up to November 2023.

4.6. Following the recruitment of the permanent FCO, who came into post at the end of September 2023, handover of FOI/EIR requests from Information Governance back to Corporate Governance was completed at the end of October 2023. Since that time, monthly compliance has been consistently over the 80% target, with the exception of January 2024, due to sick leave and the reduced FOI capacity within the Corporate Governance Team.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
• Outstanding for quality, safety and experience	☒
• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations	☐
• A beacon for research, development and innovation in our stated areas of priority	☐
• An established 'University' Trust which provides highly valued knowledge for learning for all.	☒
• A sustainable organisation that plays its part in creating a better future for people across the globe	☐

RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	10 - Governance
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe ☒ Timely ☒ Effective ☒ Equitable ☒ Efficient ☒ Patient Centred ☒
	A thorough and clear framework for the management of FOIA and EIR requests is essential to ensuring Trust wide compliance. The Trust has recently revised and strengthened the FOI/EIR Standard Operating Procedure (SOP).
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information: https://www.gov.wales/socio-economic-duty-overview*	Yes
	Through better decision making, the duty will improve the outcomes for those who suffer socio-economic disadvantage. The Duty will contribute towards a fairer and more prosperous Wales.
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT *For more information: https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	IG08 Freedom of Information Act Policy has an associated EIA
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.

6. RISKS

6.1. A Freedom of Information Stewards' Network has been established within the Trust which comprises key members of staff who are able to identify within divisions or directorates information to support FOI/EIR responses.

6.2. The dedicated resource for FOI in the Trust will ensure that the Trust's Publication Scheme can be a 'live document'.

6.3. The FCO will play an active role in training and awareness raising of FOI across the organisation. Linked to this work is the liaison with the Communications Team to expand and promote the routine publication of appropriate information across the Trust. The Trust also maintains a Disclosure Log of all previous FOI requests which also assists in directing requesters to previously published information.

ARE THERE RELATED RISK(S) FOR THIS MATTER	**No**
All risks must be evidenced and consistent with those recorded in Datix	

QUALITY, SAFETY AND PERFORMANCE COMMITTEE

Local Partnership Forum Annual Report

DATE OF MEETING	09.07.2024

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE	ENDORSE

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	Mel Findlay, Business Support Officer
PRESENTED BY	Susan Thomas, Deputy Director of OD and Workforce.
APPROVED BY	Sarah Morley, Executive Director of Organisational Development & Workforce

EXECUTIVE SUMMARY	This report reflects the Local Partnership Forum's (LPF) role and functions and summarises the key areas of trade union partnership activity, undertaken by Velindre University NHS Trust between April 2023 and March 2024. .

RECOMMENDATION / ACTIONS	The Quality, Safety and Performance Committee is asked to **ENDORSE** the annual report.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Local Partnership Forum	04.06.2024
Executive Management Board – Run	25.06.2024
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS The annual report was endorsed by LPF for forward submission through the governance cycle.	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	

APPENDICES	
1	LPF Annual Report – 2023-2024

1. SITUATION

The LPF provides a formal mechanism where the Trust and Trade Unions colleagues, representing Trust employees, work together as the collective representative's views and interests of staff with the objective of improving health services provided by the Trust. The broad term used to describe this is "partnership working".

All members of the LPF are full and equal members and collectively share responsibility for the decisions made by the forum. The Chair is responsible for ensuring key and appropriate issues are discussed by the forum with all the necessary information and advice being made available to members to inform the debate and ultimate decisions.

In taking forward their responsibilities the LPF acts in accordance with the six principles of partnership working set out by the Trade Union Congress (TUC) and the working arrangements under the Department of Health's Partnership Agreement.

2. BACKGROUND

The LPF provides the formal mechanism for consultation, negotiation and communication between the recognised trade unions, their members and management of the Trust.

The scope of the LPF is limited to staff and service issues, under the scope of the Trust.

3. ASSESSMENT

The purpose of the LPF is to provide advice to the Board in aspects of Trust business that impact upon or people, specifically by:

- engaging with our people, through their representatives, on key discussions and decisions taking place within the Trust
- providing Trade Union colleagues with an opportunity to contribute to decisions of the Trust
- enabling management and Trade Union colleagues the opportunity to propose and discuss issues which affect the Trust's people
- providing opportunities for Trade Union colleagues to contribute to the Trust's service delivery plans at an early stage and to consider implications for our people in service reviews and/or organisational change
- reviewing and discussing the Trust's activities against performance targets and providing the opportunity to jointly consider interventions
- appraising Trade Union colleagues of the financial performance of the Trust
- informing Trade Union colleagues of any intention by the Trust to begin formal consultation on any issue affecting individual departments or services

4. SUMMARY OF MATTERS FOR CONSIDERATION

The Executive Management Board and the Senior Leadership Teams are very grateful for the engagement and participation of trade union representatives, in the activities of the LPF and other Trust meetings and activities. The positive and constructive way in which they have contributed has enabled the Trust to meet and deliver on its organisational objectives.

The next 12 months yet again provides an opportunity for the LPF to continue to build on this year's successes, in addressing new and emerging workforce and service priorities.

5. IMPACT ASSESSMENT

<table>
<tr><td colspan="2">TRUST STRATEGIC GOAL(S)</td></tr>
<tr><td colspan="2">Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals:
NO</td></tr>
<tr><td colspan="2">If yes - please select all relevant goals:
• Outstanding for quality, safety and experience ☐
• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☐
• A beacon for research, development and innovation in our stated areas of priority ☐
• An established 'University' Trust which provides highly valued knowledge for learning for all. ☐
• A sustainable organisation that plays its part in creating a better future for people across the globe ☐</td></tr>
<tr><td>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)
For more information: STRATEGIC RISK DESCRIPTIONS</td><td></td></tr>
<tr><td rowspan="3">QUALITY AND SAFETY IMPLICATIONS / IMPACT</td><td>There are no specific quality and safety implications related to the activity outined in this report.</td></tr>
<tr><td>Safe ☐
Timely ☐
Effective ☐
Equitable ☐
Efficient ☐
Patient Centred ☐</td></tr>
<tr><td></td></tr>
</table>

SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not required
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	
	If more than one Well-being Goal applies please list below:
	If more than one wellbeing goal applies please list below:
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	Source of Funding: Please explain if 'other' source of funding selected: **Type of Funding:** **Scale of Change** Please detail the value of revenue and/or capital impact: **Type of Change** Please explain if 'other' source of funding selected:
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required

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

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	
WHAT IS THE CURRENT RISK SCORE	
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	
All risks must be evidenced and consistent with those recorded in Datix	

LOCAL PARTNERSHIP FORUM

ANNUAL REPORT

APRIL 2023 – MARCH 2024

1. Introduction

This report reflects the Local Partnership Forum's (LPF) role and functions and summarises the key areas of trade union partnership activity, undertaken by Velindre University NHS Trust between April 2023 and March 2024. The LPF works closely with Divisional LPF to deliver a holistic programme across the Trust. This report highlights some of the key issues which the Local Partnership Forum intends to give further consideration to over the next 12 months.

2. Role and Responsibilities of the Local Partnership Forum

The LPF is the formal mechanism within the Trust where the trade unions work together with management, to engage, inform, debate and agree local priorities, in respect of workforce and Trust related issues. The broad term used to describe this is "partnership working". All members of the LPF are full and equal members and collectively share responsibility for the decisions made by the forum.

The LPF provides the formal mechanism for consultation, negotiation and communication between the staff representatives and management. The Trust involves staff representatives in policy formulation, implementation and evaluation at a strategic and operational level and in service decisions, problem solving, service planning, local management meetings and communications. At the earliest opportunity, the organisation engages with staff representatives in all key discussions and decision making processes. The LPF adheres to the principles and best practice of partnership working, as derived from '*Partnership Agreement. An agreement between Department of Health, NHS Employers and NHS Trades Unions*'.

3. Purpose of the Local Partnership Forum

The purpose of the LPF is to:

- engage staff, through their representatives, in the key discussions and decisions taking place at senior levels and to provide Trade Union representatives with an opportunity to contribute to decisions of the Trust;
- enable management and staff representatives to propose and discuss issues which affect the workforce;
- provide opportunities for unions to contribute to the Trust's service delivery plans at an early stage and to consider implications for staff of service reviews and/or organisational change;
- discuss and to appraise in partnership, the Trust's services and activities against performance targets and to discuss proposals to address resultant issues;
- appraise the trade unions of the financial performance of the Trust;
- inform of any intention by the Trust to begin formal consultation on any issue affecting individual departments or services.

4. Duties of the Local Partnership Forum

The LPF provides the formal mechanism for consultation, negotiation and communication between the recognised trade unions, their members and management of the Trust.

The scope of the LPF is limited to staff and service issues, under the scope of the Trust.

5. Local Partnership Forum Agenda Planning Process

The LPF Management Chair (in the absence of a Joint Chair) draws up the final agenda, in partnership. The venues, locations and other administrative arrangements are organised a year in advance by the Workforce and OD Department.

The secretariat for the meeting is provided by the Business Support Officer to the Executive Director of OD and Workforce.

The agenda and papers are disseminated to LPF members at least seven days before the date of the meeting. Where appropriate all papers are accompanied by a cover sheet, which provides an executive summary and guidance to the LPF on the action(s) required.

6. Local Partnership Forum Operating Arrangements

The LPF has in place agreed terms of reference and operating arrangements. These were reviewed and approved in December 2023. In accordance with Trust governance arrangements the terms of reference and operating arrangements for the LPF will be reviewed on an annual basis.

7. Local Partnership Forum Membership, Frequency and Attendance

All members of the LPF are full and equal members and share responsibility for decisions made by the forum. Unions represented at the Local Partnership Forum are; Unison, Unite, RCN, GMB, SOR and MIP, acting as the coordinators of representative views within the Trust.

Trade union representation at the LPF allows for representatives from each recognised trade union, from each division of the Trust, to represent the interests of their members. Representation should reflect the distribution and staff groups employed within the Trust's workforce. None of the Trust's hosted organisation's trade union representatives attend the Velindre University NHS Trust LPF. It should be noted that NHS Wales Shared Services Partnership and NHS Wales Informatics Service have active and engaged local LPFs. In accordance with the terms of reference for the Velindre University NHS Trust LPF, both of these hosted organisations submit an Annual LPF Report to the Trust's LPF for noting.

All Trust trade union representatives are nominated via their trade union, from the membership in their Division. Union representatives must be employed by Velindre University NHS Trust, and be accredited by their respective trade union organisation. If a representative ceases to be employed by the Trust, then they automatically cease to be a member of the LPF. Full time officers of trade unions may attend Local Partnership Forum meetings.

The management representatives are drawn from members of the Executive Management Board, Velindre Cancer Centre and Welsh Blood Service Senior Management Teams and the Workforce & OD function.

Meetings are held on a quarterly basis or as and when the group determines necessary. Every effort is made by all parties to maintain a stable membership of the LPF. There should

be at least three management and three staff side representatives for the meeting to be quorate. If the meeting is not quorate, information may be exchanged but decisions cannot be made.

This report covers the period of April 2023 to March 2024. During this time period the LPF met on the following 4 occasions.

- 26th July 2023
- 7th September 2023
- 19th December 2023
- 8th March 2024

8. Review of Local Partnership Forum Activity

The LPF fulfilled its work plan for the reporting period 2023/2024, covering a wide range of activity and focussing on Trust Strategic and Operational issues. The work of the LPF is informed by very active and engaged Divisional LPFs to assist in delivering a holistic work programme across the Trust. Examples of partnership working between the LPF and divisional LPFs are summarised below:

- The Nursing Strategy
  The Nursing Strategy draft was discussed at LPF ahead of approval at Trust Board.

- Staff Benefits
  New proposed staff benefits were discussed with LPF, the Trust Health and Wellbeing Plan was progressed via LPF.

- Employee Relations
  The LPF were given an overview of employee relations activity, providing assurance of the appropriate management of the employment relationship.

- International Recruitment
  LPF received updates on International Recruitment and the successful recruitment of 15 whole time equivalent nursing staff who joined the Trust in February 2024.

- Clinical and Scientific Strategy
  LPF received updates on the development of the Clinical and Scientific Strategy and the establishment of the Board.

- Partnership Working and Social Partnership and Procurement Act

There was discussion at LPF in respect of partnership working taking into account the Social Partnership and Procurement Act resulting in the decision to move forward with recruitment of a Lead Trade Union Representative. In addition, LPF discussed and endorsed the proposed recruitment process for a Social Partnership Role

- Speaking Up Safely

The Forum received an update in respect of Speaking Up Safely as a key strategic driver to a healthy and engaged workforce, where staff can speak up whilst ensuring psychological safety.

- Trust Values

LPF were embedded in the conversations regarding the development of the Trust Values, which were reviewed, consulted on, renewed and approved by Trust Board.

- Development and Retention Plan

The development of the Trust Retention plan was shared with LPF, including the Nurse Retention Plan, was shared with LPF, as was the information regarding a Trust nurse taking on the lead role for retention.

9. Engagement with LPF members

LPF has provided the opportunity to inform, discuss and appraise trade union representatives on the following issues over the past 12 months:

- progress being made against the nVCC Transforming Cancer Services Programme;
- progress being made against the WBS Blood Supply Chain 2020 Project Implementation Plan;
- updates and briefings on the Trust's IMTP and the Workforce and OD element of the IMTP;
- updates and briefings on the development of the OD Behavioural Framework;
- updates on Welsh Language implementations;
- discussions on Trust's Workforce Metrics, in relation to sickness absence, PADR and statutory and mandatory training compliance;
- updates on the Trust's financial performance.

10. Reporting and Communication

The LPF's papers, including the minutes from all the meetings are routinely available for LPF members to view. A highlight report from the LPF is submitted to the Trust Board for information / noting etc. as appropriate.

11. Conclusions and Way Forward

The Executive Management Board and the Senior Leadership Teams are very grateful for the engagement and participation of trade union representatives, in the activities of the LPF and other Trust meetings and activities. The positive and constructive way in which they have contributed has enabled the Trust to meet and deliver on its organisational objectives.

The next 12 months again provides an opportunity for the LPF to continue to build on this year's successes, in addressing new and emerging workforce and service priorities.

12. Future Proposed Activity

The LPF has agreed to undertake the following key actions, as identified in the Working in Partnership Action Plan, over the course of the next 12 months:

- To work to the agreed cycle of business work plan in year. This approach will ensure that the LPF monitors progress against the identified work areas. It will also ensure that there is clarity for LPF members in respect of who is required to contribute to the agenda and what is expected of them and when

- To collaborate with Velindre University NHS Trust management and local and national trade union representatives and officers, to organise recruitment days (with management support), to attract new representatives on a regular basis;

- To collaborate with Velindre University NHS Trust Workforce and OD function on the Trust's Health and Wellbeing Plan

- To actively encourage Trade Union representatives to provide regular updates during the LPF meetings and actively engage them to participate in the agenda discussions, to ensure that their member's voice is heard in this fora.

QUALITY, SAFETY AND PERFORMANCE COMMITTEE

Annual Equality Report 2024

DATE OF MEETING	9 July 2024

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	

REPORT PURPOSE	ENDORSE FOR APPROVAL

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

prepared BY	Claire Budgen: Head of Organisational Development,
PRESENTED BY	Sarah Morley, Executive Organisational Development & Workforce
APPROVED BY	Sarah Morley, Executive Director of Organisational Development & Workforce

EXECUTIVE SUMMARY	There is a legal requirement to publish an equality report annually. This report presents the picture of the workforce as at 31 March 2024 and shows that whilst the workforce has grown the relative spread of different characteristics has largely remained steady in comparison with 2023.

RECOMMENDATION / ACTIONS	**Endorse the report for QSP approval**

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Executive Management Board	23/06/2024
	(DD/MM/YYYY)
	(DD/MM/YYYY)
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS Approved at EMB 23.6.24	

7 LEVELS OF ASSURANCE	
.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	

APPENDICES	
1	Velindre University NHS Trust Equality Monitoring Report 2024

1. SITUATION

1.1 The Public Sector Equality Duty (PSED) requires that all public authorities covered under the specific duties in Wales produce an equality report by 31st March each year. The report for the Trust for 2024 is attached at Appendix 1. The Trust is required to publish this report by March 2025.

2. BACKGROUND

2.1 The report focuses on the workforce aspects of equality in the organisation and links to the Trust's People Strategy, which sets out the vision of a *'Healthy and Engaged Workforce: 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'*. The analysis of the data within the report will support our progress towards this vision.

2.2 There has been an increase in the Trust workforce of 130 people during the year. When looking at the findings for each of the protected characteristics it is important to note that whilst the percentages may not have moved significantly, the actual number of people within the workforce in that particular category may have risen.

3. ASSESSMENT

3.1 The report sets out our data against the nine protected characteristics under the Equality Act 2010.

3.2 Due to the structure of the Trust, the data is presented in two ways within the report: firstly for the combined organisation of 7,520 people (including NWSSP) and secondly for 1,772 people at Velindre only (including Health Technology Wales but excluding NWSSP).

3.3 The Trust has a new Strategic Equality Plan and Action Plan covering the period 2024 – 2028. The issues highlighted from the analysis of our Equality Monitoring data will be addressed through those action plans. Detail is offered within the report.

4. SUMMARY OF MATTERS FOR CONSIDERATION

4.1 Four key findings arise from the data relating to gender, gender pay gaps, age and disability. These are discussed within the report and linked to actions under the Strategic Equality Plan.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: **Choose an item**	
If yes - please select all relevant goals: • Outstanding for quality, safety and experience ☐ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☐ • A beacon for research, development and innovation in our stated areas of priority ☐ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe ☒	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Safe ☐ Timely ☐ Effective ☐ Equitable ☒ Efficient ☐

	Patient Centred ☐
	This report highlights the Trust's workforce characteristics as at 31 March 2024. By understanding the starting point the Trust will be able to progress the Strategic Equality Plan objectives regarding making the workforce representative of the community.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information: https://www.gov.wales/socio-economic-duty-overview*	Not required
	[In this section, explain in no more than 3 succinct points why an assessment is not considered applicable or has not been completed]. This report sets out information rather than making recommendations.

TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	This report sets out information rather than making recommendations.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Click or tap here to enter text
	See Section 1.

6. RISKS

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

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	

WHAT IS THE CURRENT RISK SCORE	
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	
	[In this section, explain in no more than 3 succinct points what the barriers to implementation are].
All risks must be evidenced and consistent with those recorded in Datix	

Velindre University NHS Trust

Annual Equalities Report 2024

1. Introduction

1.1 This report provides the equality monitoring data in line with the Equality Act 2010 and the Public Sector Equality Duty (2011). The equality duty was created under the Equality Act 2010. The equality duty replaced the race, disability and gender equality duties. The workforce statistics relating to protected characteristics as at 31 March 2024 can be seen in appendices 1 and 2. The data presented at Appendix 1 covers the full legal entity, including Health Technology Wales and NHS Wales Shared Services, and the data presented at Appendix 2 is Velindre only, covering Velindre Cancer Centre, Welsh Blood Service and Trust Wide Services and including Health Technology Wales.

1.2 The Public Sector Equality Duty (PSED) requires that all public authorities covered under the specific duties in Wales should produce an annual equality report by 31st March each year. The Trust is required to publish this report by March 2025.

1.3 The essential purpose of the specific duties under the Equality Act, in relation to monitoring, is to help authorities to have better due regard to the need to achieve the three aims of the general duty, which are to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it;
- foster good relations between people who share a protected characteristic and people who do not share it.

1.4 Therefore, as a specific duty itself, the role of annual reporting is to support the Trust in meeting the general duty. It also has a role in setting out achievements and progress towards meeting the other specific duties. In particular, the annual report supports the Trust to have a better due regard to the duties by providing an opportunity to;

- Monitor and review progress;
- Monitor and review the effectiveness and appropriateness of arrangements;
- Review objectives and processes in light of new legislation and other new developments;
- Engage with stakeholders around these issues, providing partners and the public with transparency.

1.5 The report also includes the Trust's Strategic Equality Plan objectives, which run from 2024 to 2028 and describes arrangements in place for ensuring action.

1.6 The Census 2021 results were published in 2022 and key statistics from this have been included to offer a measure of the Trust's demographic alignment in relation to that of the population of Wales.

2. Background

2.1 This report focuses on the workforce aspects of equality in the organisation and links to the Trust's People Strategy, which sets out the vision of a *'Healthy and Engaged Workforce: within a culture of true inclusivity, fairness and equity across the workforce. A workforce that is reflective of the Welsh population's diversity, Welsh language and cultural identity'*. This analysis will support our progress towards this vision.

2.2 The data in this report should be viewed against the backdrop of an increase in the Trust workforce of 130 people during the year. When looking at the findings for each of the protected characteristics it is important to note that whilst the percentages may not have moved significantly, the actual number of people within the workforce in that particular category may have risen.

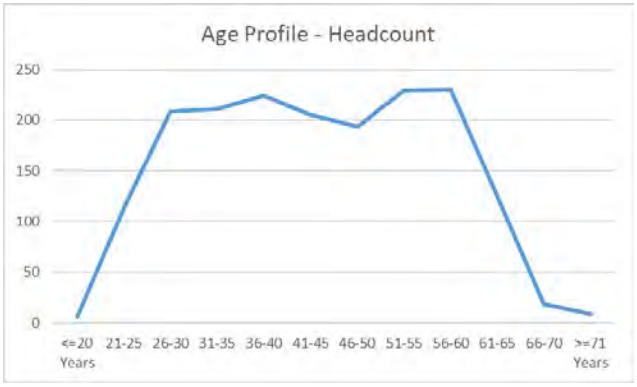
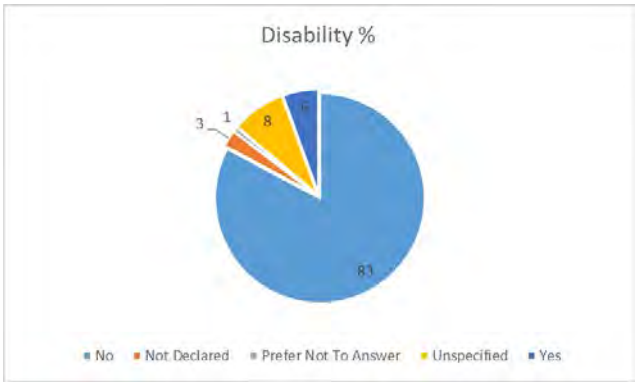
2.3 An analysis of the 130 additional staff shows that numerically the biggest increases are in Administrative and Clerical, Additional Clinical Services, Allied Health Professionals and Estates and Ancillary. However, when you consider this as a change within the staff group, the biggest percentage growth is in Estates and Ancillary followed by Allied Health Professionals, Additional Clinical Services and Medical and Dental.

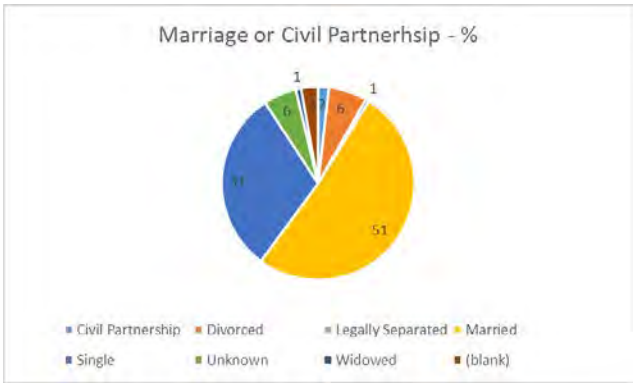
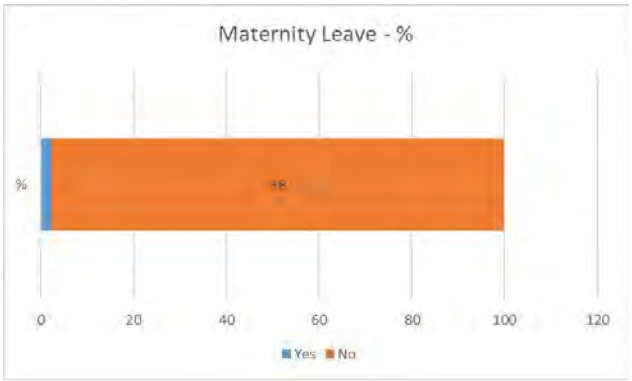
Staff Group	Headcount March 2023	Headcount March 2024	Difference	% change	Direction
Add Prof Scientific and Technic	61	54	-7	-11	Down
Additional Clinical Services	271	300	29	11	Up
Administrative and Clerical	575	623	48	8	Up
Allied Health Professionals	153	172	19	12	Up
Estates and Ancillary	70	88	18	26	Up
Healthcare Scientists	178	180	2	1	Up
Medical and Dental	88	98	10	11	Up
Nursing and Midwifery Registered	244	254	10	4	Up
Students	2	3	1	50	Up
Grand Total	**1642**	**1772**	**130**		

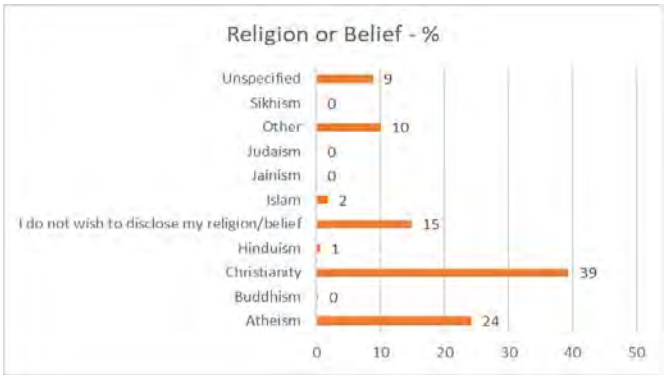
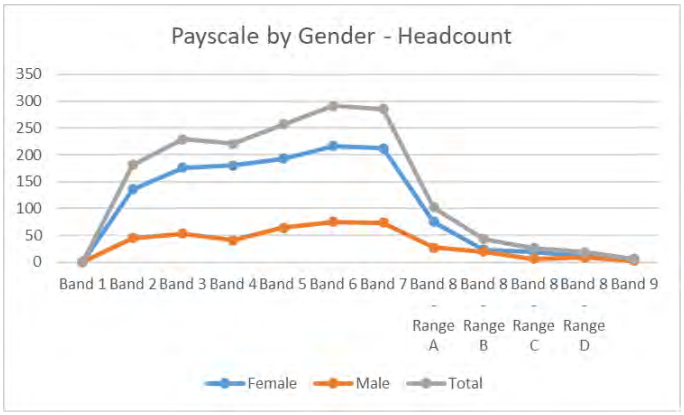
3. Our organisational profile

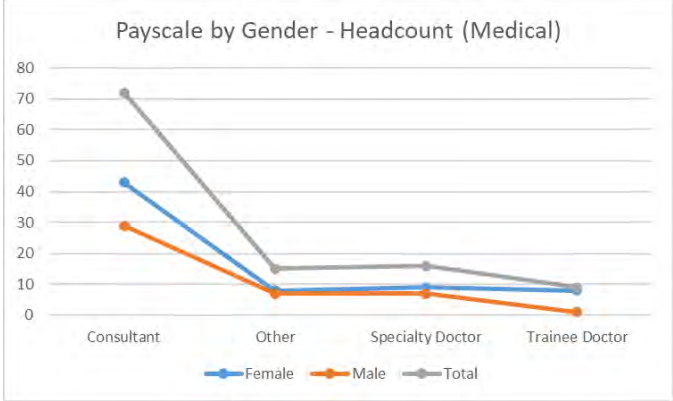
3.1 There are nine protected characteristics under the Equality Act 2010 which all public sector organisations report on annually. Statistics are neutral; it is the picture they paint that can help us understand potential difference in experience of employees from different backgrounds.

The data for the combined organisation of 7,520 people is available at Appendix 1. The analysis below focuses on the 1,772 people at Velindre (including Health Technology Wales but excluding NWSSP) only, shown at Appendix 2.

	Comments 2024	2024
1	**Age** One-fifth of the workforce (382 people) is over 55 and eligible to take their pension. 130 of those are over 60. There is a dip in the preceding age band which suggests we have to work to recruit at all levels of experience, not just young or people early in their career.	
2	**Disability** Over the past three years the proportion of staff declaring a disability has increased from 3% in 2022 to 5% in 2023 and now to 6%. At the same time, the proportion reporting as Not Disabled has risen from 76% to 81% and to 83%. Steady increases in these two categories reflects the decrease in unspecified, which shows our data is becoming more representative. In real terms, 98 people declared a disability in 2024 compared with 76 people last year (22 more). However, the Census reports 78% of the population as Not Disabled, 22% Disabled. This shows that the Trust is underrepresenting this group by between 5% and 16%.	

3	**Gender Reassignment** ESR does not record Gender Reassignment and therefore we do not hold statistics on this characteristic. The Census reports 93% of the population age 16+ as identifying as the same gender as registered at birth, with 6% not answered and 1% combined of trans men, trans women, non-binary, different or not specified gender identity. Whilst we cannot present statistics on Gender Reassignment the Trust has a Supporting Transgender Staff Policy which provides a framework for staff who have transitioned or who are in the process of transitioning their gender.	
4	**Marriage or Civil Partnership** Half the workforce is married and almost a third are single. Other categories make up the remaining 20%. This pattern was very similar in the last two years.	
5	**Pregnancy or Maternity** 2.89% of the workforce were on maternity leave as at 31 March 2024. The figure has been between 2% and 3% since 2022.	
6	**Race** Against the backdrop of a growing workforce, all Ethnic Groups increased in numbers over the year. However, the spread remained the same.	

	88% of staff are recorded as White, the same as last year and up from 86% in 2022 with the second largest group being Asian at 3%. These results compare to the Census showing 94% of the population of Wales as White and the second largest group being Asian, at 3%. The percentage of staff records showing Not Stated is the same as last year at 6%.	<table><tr><th>Ethnic Origin</th><th>Headcount</th><th>%</th></tr><tr><td>Asian</td><td>55</td><td>3.10</td></tr><tr><td>Black</td><td>21</td><td>1.19</td></tr><tr><td>Chinese</td><td>12</td><td>0.68</td></tr><tr><td>Mixed</td><td>16</td><td>0.90</td></tr><tr><td>Other</td><td>10</td><td>0.56</td></tr><tr><td>White</td><td>1557</td><td>87.87</td></tr><tr><td>Unspecified</td><td>71</td><td>4.01</td></tr><tr><td>Not Stated</td><td>30</td><td>1.69</td></tr><tr><td>Grand Total</td><td>1772</td><td>100</td></tr></table>
7	**Religion or Belief** Slight drop from 41% to 39% of the workforce reporting as Christian. 21% Atheist rose from 21% to 24%. The Census showed 43% as Christian and 46% No Religion, which may not correlate exactly with Atheist.	
8	**Sex (Gender)** Despite the population of Wales being 51% female, 49% male, the Trust has a 74:26 gender split (marginally more equal than in 2023 which was 75:25 split). Part-time work is, as last year, far more common for women than for men with 42% of women in part-time roles compared with 15% of men. When considering the spread of bands by gender there are different patterns for men and women. Women's salaries are clustered around Band 5, 6 and 7 and taper off markedly from Band 8a onwards. In contrast, men have a more gradually tapering off from band 8a. This is reflected in the Gender Pay Gap of 14%.	

	For Medical Staff, the gender split is much less pronounced and there are more women than men at senior and junior levels.	
9	**Sexual Orientation** Over past three years the proportion of staff reporting as Straight has risen from 75% to 80% and now 82%. There has been a corresponding drop in Unspecified from 15% to 11% and to 9% this year. 5% of people chose not to state their sexual orientation and 2% were Bisexual, 3% Gay or Lesbian and less than 1% reported Other Sexual Orientation or Undecided.	

Sexuality	Headcount	%
Bisexual	29	1.64
Gay or Lesbian	50	2.82
Heterosexual or Straight	1445	81.55
Not stated (person asked but	86	4.85
Other sexual orientation not list	4	0.23
Undecided	4	0.23
Unspecified	154	8.69
Grand Total	**1772**	**100**

4. Discussion

4.1 The Trust follows the national gender pattern of healthcare being female dominated, with the split of 74:26 in favour of women. This links to engrained social patterns with Nursing being traditionally a women's job.

4.2 In addition, we see men being disproportionately represented in Band 8 and 9 which causes a Gender Pay Gap of 14%. Objective 1 of our Strategic Equality Plan seeks to address this over the next four years.

4.3 There is a reminder within the tables of the impact of retirements over the next 10 years, particularly in clinical professions. Whilst retention of staff has to be prioritised, there is also an imperative to maintain the production of new registrants who can enter the NHS workforce and gain experience whilst other colleagues reach the end of their careers.

4.4 There is a clear increase in the number of people declaring a Disability. On the one hand this may reflect improvements in our recruitment and consideration of reasonable adjustments. At the same time, it increases the urgency for creating supportive and inclusive workplaces where people can contribute and any physical or mental disabilities are mitigated through good work design. Nevertheless, the Trust workforce is still underrepresented by Disabled people when compared to the population as a whole.

5. Our actions

5.1 During the second half of 2023-24, the Trust consulted on and renewed its Strategic Equality Plan. The objectives for 2024 to 2028 are:

1. **Increase workforce diversity and inclusion and eliminate Pay Gaps.** We would like the workforce to better reflect the diverse nature of the communities that we serve and also to ensure that there is no systemic pay disparity between people of different genders, races or disabilities.

2. **Engage with the community.** In order to ensure that we are providing services that our patients and donors want and need, it is important that we understand them and ask about what things they want from us and how we might be able to do that in better ways.

3. **Communicate with people in ways that meet their requirements.** We have a variety of ways that we stay in contact with the people of Wales: letters, phone calls, social media: it is important that we are doing this in ways that people can easily understand and in their first, or preferred, language.

4. **Ensure service delivery reflects individual requirements.** We provide specialist cancer services to the population of south east Wales at a time when people are

particularly vulnerable. We are also indebted to our donors who volunteer to give blood or tissues for the benefit of others. We want all these individuals to be able to access what they require as simply as possible.

5.2 These objectives are being implemented through a Strategic Equality Plan Action Plan for 2024-25 which sets out specific actions that will address issues raised in this report. Actions of particular relevance to the workforce are:

- Developing a Widening Access Engagement Programme to direct our engagement with schools, colleges and the wider community. This is intended to broaden the age profile of people joining the Trust and thereby smoothing the Age Profile and bringing in people from different backgrounds with different ideas and talents.

- Training in completing effective EQIAs, in Equality, Diversity and Inclusion and working with values is planned for 2024-25 which will improve knowledge and understanding of how to create inclusive workplaces. This will assist in increasing diversity and closing pay gaps.

- Specifically regarding Disability, the action plan includes achieving Disability Confident Level 3, which sets us up a Leader in employment of people with disabilities. This will be accompanied by developing case studies demonstrating the application of reasonable adjustments for staff which will build a more receptive climate to people with different requirements in the workplace.

- In terms of Gender, it is planned to run a pilot programme looking at what helps women in STEM professions.

Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Appendix 1

Equality Monitoring Data Velindre University NHS Trust including NWSSP 31.3.24

Employment Category	Headcount	%
Full Time	5595	74.40
Part Time	1925	25.60
Grand Total	**7520**	**100.00**

Age Band	Headcount	%
<=20 Years	21	0.28
21-25	759	10.09
26-30	1506	20.03
31-35	1555	20.68
36-40	960	12.77
41-45	618	8.22
46-50	505	6.72
51-55	592	7.87
56-60	590	7.85
61-65	314	4.18
66-70	71	0.94
>=71 Years	29	0.39
Grand Total	**7520**	**100.00**

Staff Group	Headcount	%
Add Prof Scientific and Technic	92	1.22
Additional Clinical Services	415	5.52
Administrative and Clerical	2327	30.94
Allied Health Professionals	174	2.31
Estates and Ancillary	603	8.02
Healthcare Scientists	180	2.39
Medical and Dental	3468	46.12
Nursing and Midwifery Registered	258	3.43
Students	3	0.04
Grand Total	**7520**	**100.00**

Employment Category By Gender	Headcount Female	Headcount Male	Grand Total
Full Time	2953	2642	5595
Part Time	1492	433	1925
Grand Total	**4445**	**3075**	**7520**

Pay Grade By Gender	Female	Male	Total
Band 1	1	0	1
Band 2	255	421	676
Band 3	528	246	774
Band 4	420	152	572
Band 5	388	170	558
Band 6	339	163	502
Band 7	337	151	488
Band 8 - Range A	141	58	199
Band 8 - Range B	75	50	125
Band 8 - Range C	42	38	80
Band 8 - Range D	17	21	38
Band 9	5	9	14
Consultant	70	46	116
Other	15	11	26
Specialty Doctor	9	7	16
Trainee Doctor	1803	1532	3335
Grand Total	**4445**	**3075**	**7520**

Profession by Gender	Female	Male	Total
Add Prof Scientific and Technic	60	32	92
Additional Clinical Services	293	122	415
Administrative and Clerical	1578	749	2327
Allied Health Professionals	144	30	174
Estates and Ancillary	141	462	603
Healthcare Scientists	106	74	180
Medical and Dental	1883	1585	3468
Nursing and Midwifery Registered	237	21	258
Students	3	0	3
Grand Total	**4445**	**3075.00**	**7520**

Contract Type by Gender	Female	Male	Total
Fixed Term Temp	1988	1628	3616
Permanent	2457	1447	3904
Grand Total	**4445**	**3075.00**	**7520**

Gender	Headcount	%
Female	4445	59.11
Male	3075	40.89
Grand Total	**7520**	**100.00**

Sexuality	Headcount	%
Bisexual	133	1.77
Gay or Lesbian	139	1.85
Heterosexual or Straight	4450	59.18
Not stated (person asked but declined to provide a response)	340	4.52
Other sexual orientation not listed	8	0.11
Undecided	6	0.08
Unspecified	2444	32.50
Grand Total	**7520**	**100.00**

Religious Belief	Headcount	%
Atheism	1595	21.21
Buddhism	69	0.92
Christianity	2356	31.33
Hinduism	128	1.70
I do not wish to disclose my religion/belief	749	9.96
Islam	472	6.28
Jainism	1	0.01
Judaism	7	0.09
Other	473	6.29
Sikhism	14	0.19
Unspecified	1656	22.02
Grand Total	**7520**	**100**

Ethnic Origin	Headcount	%
Asian	797	10.60
Black	276	3.67
Chinese	60	0.80
Mixed	109	1.45
Other	201	2.67
White	5017	66.72
Unspecified	915	12.17
Not Stated	145	1.93
Grand Total	**7520**	**100**

Disability	Headcount	%
No	5474	72.79
Not Declared	198	2.63
Prefer Not To Answer	27	0.36
Unspecified	1547	20.57
Yes	274	3.64
Grand Total	**7520**	**100.00**

Marital Status	Headcount	%
Civil Partnership	101	1.34
Divorced	249	3.31
Legally Separated	22	0.29
Married	2680	35.64
Single	2238	29.76
Unknown	1074	14.28
Widowed	39	0.52
(blank)	1117	14.85
Grand Total	**7520**	**100.00**

On Maternity	Headcount	%
Yes	217	2.89
No	7303	97.11
Grand Total	**7520**	**100.00**

Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Appendix 2

Equality Monitoring Data Velindre University NHS Trust excluding NWSSP 31.3.24

Employment Category	Headcount	%
Full Time	1147	64.73
Part Time	625	35.27
Grand Total	**1772**	**100**

Age Band	Headcount	%
<=20 Years	6	0.34
21-25	112	6.32
26-30	209	11.79
31-35	211	11.91
36-40	224	12.64
41-45	205	11.57
46-50	194	10.95
51-55	229	12.92
56-60	230	12.98
61-65	124	7.00
66-70	19	1.07
>=71 Years	9	0.51
Grand Total	**1772**	**100**

Staff Group	Headcount	%
Add Prof Scientific and Technic	54	3.05
Additional Clinical Services	300	16.93
Administrative and Clerical	623	35.16
Allied Health Professionals	172	9.71
Estates and Ancillary	88	4.97
Healthcare Scientists	180	10.16
Medical and Dental	98	5.53
Nursing and Midwifery Registered	254	14.33
Students	3	0.17
Grand Total	**1772**	**100**

Employment Category By Gender	Headcount Female	Headcount Male	Grand Total
Full Time	756	391	1147
Part Time	556	69	625
Grand Total	**1312**	**460**	**1772**

Pay Grade By Gender	Female	Male	Total
Band 1	0	0	0
Band 2	136	45	181
Band 3	176	53	229
Band 4	180	41	221
Band 5	193	64	257
Band 6	216	75	291
Band 7	212	73	285
Band 8 - Range A	75	27	102
Band 8 - Range B	23	20	43
Band 8 - Range C	20	6	26
Band 8 - Range D	10	9	19
Band 9	3	3	6
Consultant	43	29	72
Other	8	7	15
Specialty Doctor	9	7	16
Trainee Doctor	8	1	9
Grand Total	**1312**	**460**	**1772**

Profession by Gender	Female	Male	Total
Add Prof Scientific and Technic	38	16	54
Additional Clinical Services	220	80	300
Administrative and Clerical	463	160	623
Allied Health Professionals	142	30	172
Estates and Ancillary	43	45	88
Healthcare Scientists	106	74	180
Medical and Dental	61	37	98
Nursing and Midwifery Registered	236	18	254
Students	3		3
Grand Total	**1312**	**460**	**1772**

Contract Type by Gender	Female	Male	Total
Fixed Term Temp	98	44	142
Permanent	1214	416	1630
Grand Total	**1312**	**460**	**1772**

Gender	Headcount	%
Female	1312	74.04
Male	460	25.96
Grand Total	**1772**	**100**

Sexuality	Headcount	%
Bisexual	29	1.64
Gay or Lesbian	50	2.82
Heterosexual or Straight	1445	81.55
Not stated (person asked but declined to provide a response)	86	4.85
Other sexual orientation not listed	4	0.23
Undecided	4	0.23
Unspecified	154	8.69
Grand Total	**1772**	**100**

Religious Belief	Headcount	%
Atheism	430	24.27
Buddhism	4	0.23
Christianity	698	39.39
Hinduism	10	0.56
I do not wish to disclose my religion/belief	263	14.84
Islam	32	1.81
Jainism	0	0.00
Judaism	1	0.06
Other	178	10.05
Sikhism	0	0.00
Unspecified	156	8.80
Grand Total	**1772**	**100**

Ethnic Origin	Headcount	%
Asian	55	3.10
Black	21	1.19
Chinese	12	0.68
Mixed	16	0.90
Other	10	0.56
White	1557	87.87
Unspecified	71	4.01
Not Stated	30	1.69
Grand Total	**1772**	**100**

Disability	Headcount	%
No	1467	82.79
Not Declared	46	2.60
Prefer Not To Answer	13	0.73
Unspecified	148	8.35
Yes	98	5.53
Grand Total	**1772**	**100**

Marital Status	Headcount	%
Civil Partnership	32	1.81
Divorced	114	6.43
Legally Separated	11	0.62
Married	908	51.24
Single	543	30.64
Unknown	98	5.53
Widowed	16	0.90
(blank)	50	2.82
Grand Total	**1772**	**100**

On Maternity	Headcount	%
Yes	39	2.20
No	1733	97.80
Grand Total	**1772**	**100**

QUALITY, SAFETY AND PERFORMANCE COMMITTEE

Gender Pay Gap Report 2024

DATE OF MEETING	9 July 2024

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	THE MEETING IS HELD IN PRIVATE

REPORT PURPOSE	ENDORSE FOR APPROVAL

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	Claire Budgen, Head of Organisational Development
PRESENTED BY	Sarah Morley, Executive Director of Organisational Development and Workforce
APPROVED BY	Sarah Morley, Executive Director of Organisational Development & Workforce

EXECUTIVE SUMMARY	The Trust is required to report its Gender Pay Gap annually. In 2024, the mean Gender Pay Gap was 14%. Improvements in recruitment and staff development will help redress this gap, however some of the changes need to be focussed on women in their early careers to

	ensure they develop into the most senior roles at the same rate as men.

RECOMMENDATION / ACTIONS	To endorse the report for QSP.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Executive Management Board	**23/06/2024**
	(DD/MM/YYYY)
	(DD/MM/YYYY)
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS Approved by EMB on 23 June 2024.	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	*Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the* ***"How to Guide for Reporting to Trust Board and Committees"***

APPENDICES	
1	VUNHST Gender Pay Gap Report 2024

1. SITUATION

1.1 Public authorities are required to publish their gender pay gap by 30 March each year. This includes the mean and median gender pay gaps; the mean and median gender bonus gaps; the proportion of men and women who received bonuses; and the proportions of male and female employees in each pay quartile.

1.2 It is important for the Trust to analyse its pay data, to gain an understanding of any gaps, what this means for its workforce and as appropriate, use this information and data to develop an action plan that will respond to bridging any identified gender pay gaps.

1.3 The analysis of pay data as of 31 March 2024 is presented in this report. The deadline for reporting these figures is 30 March 2025.

1.4 The report attached therefore provides the Quality, Safety and Performance Committee with the information to endorse for Board Approval the publication of the Trust Annual Gender Pay Gap Report.

2. BACKGROUND

2.1 A Gender Pay Gap report provides data for the mean and median gender pay gaps; the mean and median gender bonus gaps; the proportion of men and women who received bonuses; and the proportions of male and female employees in each pay quartile.

2.2 This data can be used to understand any difference in experience between men and women in the workplace and highlight areas for improvement.

2.3 In previous years this report has analysed pay for the wider organisation, including NWSSP figures. This year the narrative covers just Velindre University NHS Trust, excluding NWSSP.

3. ASSESSMENT

3.1 Key findings:

- The Mean Pay Gap is 14%. This means that the average hourly rate for men in Velindre is 14% higher than the average for women. In financial terms this is a difference of £3.27 an hour.
- The Median Pay Gap shows a gap of 6% in favour of men's salaries. This equates to £1.75 an hour.
- Percentage-wise, there has been little change from 2023 when the Mean gap was 13% and the Median gap was the same at 6%.
- The financial implication is greater this year with the Mean Gender Pay Gap increasing by 28p and the Median Gender Pay Gap increasing by 66p.
- Women occupy between 69% and 78% of each pay quartile. To reflect an even distribution of salaries, this would show as 74% in each quartile because our workforce has the ratio of 74:26 for women to men.
- Relative to their presence in the workforce, women are overrepresented in the two lower pay quartiles and underrepresented in the higher pay quartiles. Men's pay correspondingly is disproportionately lower in the lower pay quartiles and higher in the higher quartiles.
- The pattern is slightly less pronounced as in 2023 the Quartile 4 split was 32:68 for men to women and it is now 31:29 (to be equal it would be 26:74).
- 17 women and 15 men received an additional payment which was coded as a bonus. This is the same number of people as last year however slightly lower as a percentage due to the increase in the workforce. All of these payments were to Medical Staff.
- There is a Bonus Pay Gap of 41%, compared with 47% last year. Men's average bonus income was £6,265 more than women's average bonus income.

4. SUMMARY OF MATTERS FOR CONSIDERATION

4.1 The headline figure of a Gender Pay Gap of 14% shows that work needs to be done to recruit, develop and promote women into the higher quartile roles in the organisation. For comparison, in 2023-24 one local Health Board reported a

gender pay gap of 17% and one specialist NHS organisation reported a gender pay gap of 21%.

4.2 This work is captured in Objective 1 of the Strategic Equality Plan 2024 – 2028:

Increase workforce diversity and inclusion and eliminate Pay Gaps. *We would like the workforce to better reflect the diverse nature of the communities that we serve and also to ensure that there is no systemic pay disparity between people of different genders, races or disabilities.*

4.3 An integrated packaged of workforce practices and cultural development is required to reduce this gap. In the short term, fair recruitment and equal access to development will help level the playing field. In the longer term, existing staff in early career stages need to be supported to develop into more senior roles so that representation is consistent for men and for women in each pay quartile.

4.4 Specific actions for 2024-25 to reduce the gender pay gap are:

- Assessing job application outcomes in relation to candidate gender
- Establishing Widening Access engagement programme contacts with schools, colleges and the wider community.
- Developing a pilot programme with one STEM department to identify what support will help women within their profession.
- Concluding the Values and Behaviour project.
- Terms of Reference for staff Diversity Groups, including Gender, are in place.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: **Choose an item**

<table>
<tr><td colspan="2">If yes - please select all relevant goals:
• Outstanding for quality, safety and experience ☐
• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☐
• A beacon for research, development and innovation in our stated areas of priority ☐
• An established ‘University’ Trust which provides highly valued knowledge for learning for all. ☐
• A sustainable organisation that plays its part in creating a better future for people across the globe ☒</td></tr>
<tr><td>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)
For more information: STRATEGIC RISK DESCRIPTIONS</td><td>03 - Workforce Planning</td></tr>
<tr><td rowspan="3">QUALITY AND SAFETY IMPLICATIONS / IMPACT</td><td></td></tr>
<tr><td>Safe ☐
Timely ☐
Effective ☐
Equitable ☒
Efficient ☐
Patient Centred ☐</td></tr>
<tr><td>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government’s Quality and Safety Framework: Learning and Improving (2021).

[Please include narrative to explain the selected domain in no more than 3 succinct points].</td></tr>
</table>

	Click or tap here to enter text
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information: https://www.gov.wales/socio-economic-duty-overview*	Not required
	This report sets out information rather than making recommendations.

TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	This report sets out information rather than making recommendations.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	See Section 1.

6. RISKS

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

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	

WHAT IS THE CURRENT RISK SCORE	
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	
All risks must be evidenced and consistent with those recorded in Datix	

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Appendix 1

Gender Pay Gap data 31.3.24

Average & Median Hourly Rates

Velindre	Gender	Avg. Hourly Rate	Median Hourly Rate	Quartile	Female	Male	Female %	Male %
	Male	23.5959	19.1257	1	336.00	96.00	77.78	22.22
	Female	20.3269	17.9499	2	329.00	100.00	76.69	23.31
	Difference	3.2690	1.1758	3	285.00	118.00	70.72	29.28
	Pay Gap %	13.8543	6.1478	4	322.00	143.00	69.25	30.75

NWSSP	Gender	Avg. Hourly Rate	Median Hourly Rate	Quartile	Female	Male	Female %	Male %
	Male	25.0554	25.3975	1	704.00	699.00	50.18	49.82
	Female	24.2440	23.7046	2	829.00	574.00	59.09	40.91
	Difference	0.8114	1.6930	3	784.00	619.00	55.88	44.12
	Pay Gap %	3.2384	6.6658	4	650.00	754.00	46.30	53.70

Combined	Gender	Avg. Hourly Rate	Median Hourly Rate	Quartile	Female	Male	Female %	Male %
	Male	48.6513	44.5232	1	1040.00	795.00	56.68%	43.32%
	Female	44.5708	41.6544	2	1158.00	674.00	63.21%	36.79%
	Difference	4.0804	2.8688	3	1069.00	737.00	59.19%	40.81%
	Pay Gap %	17.0927	12.8136	4	972.00	897.00	52.01%	47.99%

Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Appendix 1

Continued

		Bonus Data						
Velindre		**Gender**	**Avg. Pay**	**Median Pay**		**Gender**	**Employees Paid Bonus**	**Total Relevant Employees**	**%**
		Male	15,107.67	8,335.02		**Female**	17.00	1359.00	1.25
		Female	8,842.50	8,335.02		**Male**	15.00	479.00	3.13
		Difference	6,265.17	0.00					
		Pay Gap %	41.47	0.00					
NWSSP		**Gender**	**Avg. Pay**	**Median Pay**		**Gender**	**Employees Paid Bonus**	**Total Relevant Employees**	**%**
		Male	3,674.72	4,214.07		**Female**	32.00	3373.00	0.95
		Female	3,807.99	3,523.73		**Male**	24.00	2811.00	0.85
		Difference	-133.27	690.34					
		Pay Gap %	-3.63	16.38					
Combined		**Gender**	**Avg. Pay**	**Median Pay**		**Gender**	**Employees Paid Bonus**	**Total Relevant Employees**	**%**
		Male	18,782.39	12,549.09		**Female**	49.00	4732.00	1.04
		Female	12,650.49	11,858.75		**Male**	39.00	3290.00	1.19
		Difference	6,131.90	690.34					
		Pay Gap %	32.65	5.50					

Velindre University NHS Trust

Gender Pay Gap Report 2024

1. Introduction

1.1 The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 apply to a list of 'specified public authorities' in relation to the publication of their gender pay gap data, which came into force on 31 March 2017. These regulations underpin the Public-Sector Equality Duty and require relevant organisations to publish their gender pay gap by 30 March each year. This includes the mean and median gender pay gaps; the mean and median gender bonus gaps; the proportion of men and women who received bonuses; and the proportions of male and female employees in each pay quartile.

1.2 It is important for the Trust to analyse its pay data, to gain an understanding of any gaps, what this means for its workforce and as appropriate, use this information and data to develop an action plan that will respond to bridging any identified gender pay gaps.

1.3 The analysis of pay data as of 31 March 2024 is presented in this report. The deadline for reporting these figures is 30 March 2025.

2. Background

2.1 A Gender Pay Gap report provides data for the mean and median gender pay gaps; the mean and median gender bonus gaps; the proportion of men and women who received bonuses; and the proportions of male and female employees in each pay quartile.

2.2 This data can be used to understand any difference in experience between men and women in the workplace and highlight areas for improvement.

2.3 In previous years this report has analysed pay for the wider organisation, including NWSSP figures. This year, whilst the data for the wider organisation is captured within Appendix 1, the narrative covers just Velindre University NHS

Trust, including Health Technology Wales but excluding NWSSP.

3. Our organisational pay gap

3.1 Key findings

Mean and Median Pay Gap

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	23.5959	19.1257
Female	20.3269	17.9499
Difference	3.2690	1.1758
Pay Gap %	13.8543	6.1478

The Mean Pay Gap, which is the key indicator, is 14%. This means that the average hourly rate for men in Velindre is 14% higher than the average for women. In financial terms this is a difference of £3.27 an hour.

The Median Pay Gap shows a gap of 6% in favour of men's salaries. This equates to £1.75 an hour.

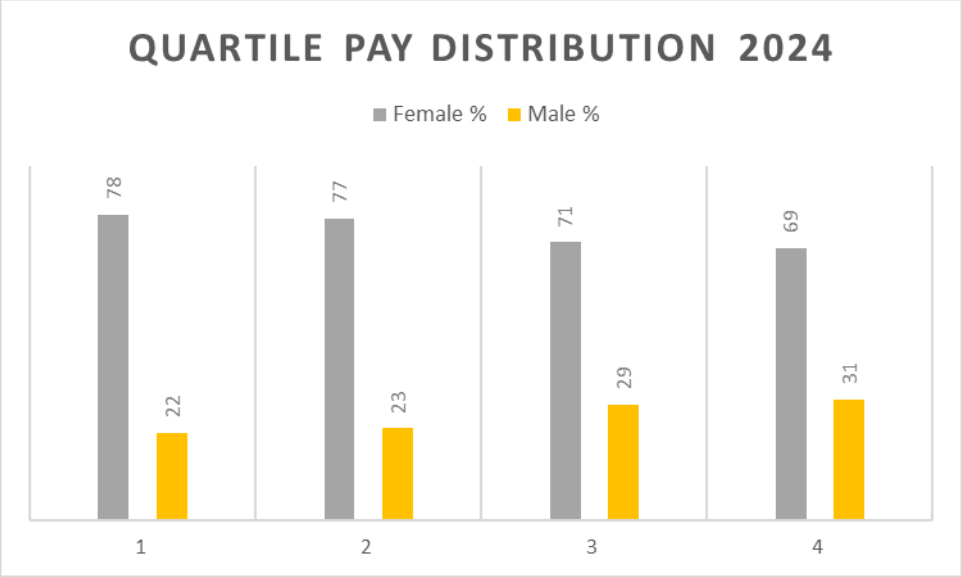
Percentage-wise, there has been little change from 2023 when the Mean gap was 13% and the Median gap was the same at 6%.

However, the financial implication is greater this year with the Mean Gender Pay Gap increasing by 28p and the Median Gender Pay Gap increasing by 66p. This is most likely a result of pay awards that have come through during the year however that might hide some other issues underlying the change. It is important to note the pounds and pence as well as the percentages as it has a direct impact on the buying power of individuals.

Quartile Pay Distribution

Quartile	Female	Male	Female %	Male %
1	336.00	96.00	77.78	22.22
2	329.00	100.00	76.69	23.31
3	285.00	118.00	70.72	29.28
4	322.00	143.00	69.25	30.75

As can be seen in the table, women occupy between 69% and 78% of each pay quartile. To reflect an even distribution of salaries, this would show as 74% in each quartile because our workforce has the ratio of 74:26 for women to men.



The graph shows a steady decline in the representation of women across the Pay Quartiles. Relative to their presence in the workforce, women are overrepresented in the two lower pay quartiles and underrepresented in the higher pay quartiles. Men's pay correspondingly is disproportionately lower in the lower pay quartiles and higher in the higher quartiles.

Compared with last year, the pattern is slightly less pronounced as in 2023 the Quartile 4 split was 32:68 for men to women and it is now 31:29 (to be equal it would be 26:74).

Bonuses

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	17.00	1359.00	1.25
Male	15.00	479.00	3.13

There are 17 women and 15 men who received an additional payment which was coded as a bonus. This is the same number of people as last year however slightly lower as a percentage due to the increase in the workforce. All of these payments were to Medical Staff.

Gender	Avg. Pay	Median Pay
Male	15,107.67	8,335.02
Female	8,842.50	8,335.02
Difference	6,265.17	0.00
Pay Gap %	41.47	0.00

When looking at the difference due to gender, there is a Bonus Pay Gap of 41%, compared with 47% last year. Men's average bonus income was £6,265 more than women's average bonus income.

4. Discussion

4.1 The headline figure of a Gender Pay Gap of 14% shows that work needs to be done to recruit, develop and promote women into the higher quartile roles in the organisation.

4.2 This work is captured in Objective 1 of the Strategic Equality Plan 2024 – 2028:

Increase workforce diversity and inclusion and eliminate Pay Gaps. *We would like the workforce to better reflect the diverse nature of the communities*

that we serve and also to ensure that there is no systemic pay disparity between people of different genders, races or disabilities.

4.3 An integrated packaged of workforce practices and cultural development is required to reduce this gap. In the short term, fair recruitment and equal access to development will help level the playing field. In the longer term, existing staff in early career stage need to be supported to develop into more senior roles so that representation is consistent for men and for women in each pay quartile.

5. Our actions

5.1 Specific actions for 2024-25 to reduce the gender pay gap are:

- Assessing job application outcomes in relation to candidate gender
- Establishing a Widening Access engagement programme contacts with schools, colleges and the wider community.
- Developing a pilot programme with one STEM department to identify what support will help women within their profession.
- Concluding the Values and Behaviour project is concluded.
- Terms of Reference for staff Diversity Groups, including, Gender, are in place.

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Appendix 1

Gender Pay Gap data 31.3.24

Average & Median Hourly Rates

Velindre	Gender	Avg. Hourly Rate	Median Hourly Rate	Quartile	Female	Male	Female %	Male %
	Male	23.5959	19.1257	1	336.00	96.00	77.78	22.22
	Female	20.3269	17.9499	2	329.00	100.00	76.69	23.31
	Difference	3.2690	1.1758	3	285.00	118.00	70.72	29.28
	Pay Gap %	13.8543	6.1478	4	322.00	143.00	69.25	30.75

NWSSP	Gender	Avg. Hourly Rate	Median Hourly Rate	Quartile	Female	Male	Female %	Male %
	Male	25.0554	25.3975	1	704.00	699.00	50.18	49.82
	Female	24.2440	23.7046	2	829.00	574.00	59.09	40.91
	Difference	0.8114	1.6930	3	784.00	619.00	55.88	44.12
	Pay Gap %	3.2384	6.6658	4	650.00	754.00	46.30	53.70

Combined	Gender	Avg. Hourly Rate	Median Hourly Rate	Quartile	Female	Male	Female %	Male %
	Male	48.6513	44.5232	1	1040.00	795.00	56.68%	43.32%
	Female	44.5708	41.6544	2	1158.00	674.00	63.21%	36.79%
	Difference	4.0804	2.8688	3	1069.00	737.00	59.19%	40.81%
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Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Appendix 1

Continued

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QUALITY, SAFETY AND PERFORMANCE COMMITTEE

WELSH LANGUAGE ANNUAL REPORT 2024

DATE OF MEETING	9 July 2024

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not applicable - public report

REPORT PURPOSE	ENDORSE

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	Jo Williams Welsh Language Manager
PRESENTED BY	Sarah Morley, Executive Director of Organisational Development and Workforce
APPROVED BY	Sarah Morley, Executive Director of Organisational Development & Workforce

EXECUTIVE SUMMARY	The Trust is required to report its annual compliance against the Welsh Language Standards. This report will then be placed on the Trust website and available for the Welsh Language Commissioner.

RECOMMENDATION / ACTIONS	To endorse for Trust Board approval.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Welsh Language Development Group	(8/5/2024)
Executive Management Board	23/6/2024))
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS *ACCEPTED*	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	*Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the **"How to Guide for Reporting to Trust Board and Committees"***

APPENDICES	
1	Welsh Language Annual Report 2024

1. SITUATION

1.1 All Local Health Boards and Trusts are required to provide a Welsh Language Annual Report. This report has a set structure and is provided for assurance and compliance against a set of Welsh Language Standards to the Welsh Language Commissioner.

1.2 The hosted organisations have also provided information as they are not required to provide a separate account, however, NWSSP always develop their own report and this sits on their Website and is also available to the Welsh Language Commissioner.

2. BACKGROUND

2.1 The Trust received its Welsh Language Standards compliance notice in 2018 and has since then been working proactively to provide bilingual services for patients and donors. This report gives and overview of the 2023/24 successes along with ambition to continue to strengthen this provision.

2.2 We continue to work proactively with our hosted Organisations and with Welsh Government and the Welsh Language Commissioner.

3. IMPACT ASSESSMENT

N/A

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: **Choose an item**	
If yes - please select all relevant goals: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☐ • A beacon for research, development and innovation in our stated areas of priority ☐ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe ☒	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	03 - Workforce Planning
QUALITY AND SAFETY IMPLICATIONS / IMPACT	
	Safe ☐ Timely ☐ Effective ☐ Equitable ☒

	Efficient ☐ Patient Centred ☒
	The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021). *[Please include narrative to explain the selected domain in no more than 3 succinct points].* **Click or tap here to enter text**
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information: https://www.gov.wales/socio-economic-duty-overview*	Not required
	This report sets out information rather than making recommendations.

TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	This report sets out information rather than making recommendations.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Each breach of a compliance could come with a financial penalty. This penalty is set at up to £5,000 should the Trust fail to comply with a Welsh Language Standard.

4. RISKS

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

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	
WHAT IS THE CURRENT RISK SCORE	

HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	
All risks must be evidenced and consistent with those recorded in Datix	

Welsh Language Annual Report

2023/24

Introduction

This report outlines the Trust's key successes this year in moving closer to a seamless bilingual provision for our patients and donors. We have continued to work in line with the Welsh Language Standards and it has been a positive year, managing to integrate the needs of Welsh speakers further into the Trust's aims and objectives. The NHS continues to face difficult times, however, we continue to strive for excellence in everything that we do.

Our divisional governance structures are well embedded and hold their own action plans relevant to the needs of the service, monitored and supported by the structure of the Welsh Language Standards and a central reporting network.

We continue to work in partnership with other Local Health Boards and Trusts to drive bilingual services forward and although we recognise that full compliance is not yet within our grasp, our commitment together continues. Partnership working and the sharing of best practice will ultimately support us to demonstrate that both the Welsh Language Standards and the More Than Just Words framework is at the forefront of our strategic planning.

As we plan for our new cancer centre and continue to improve our blood services we do so with the needs of a bilingual organisation and services in mind. Our workforce planning initiatives continue to support this agenda enabling us to pin point where the language gaps are in our teams.

This year we have increased the number of job descriptions being assessed for language needs and we are now assessing and discussing all positions as this opens up a dialogue with colleagues and strengthens an understanding as to why this provision is important to our patients and donors.

Our OD People Strategy aims to achieve 'A workforce that is reflective of the Welsh population's diversity, Welsh language and cultural identity'. We use this as a springboard for improvements in the cultural expression of Welshness and use of the language.

Steve Ham

Cheif Executive

Velindre University NHS Trust

Service Delivery Standards

Green – High level of assurance

Yellow – Medium to high

Orange – low to medium level of assurance

Standards	Assurance rating
Correspondence (1,4,5,6,7)	
Telephone services main numbers (8,9,10,11,12,13,14,15,16)	
Telephone services direct numbers (16,17,18, 19)	
Telephone automated systems (20)	
Meetings (21,22, 22A, 22CH)	
Public Meetings (26,27,28,29)	
Displaying written material at public meetings (30)	
Public Event (31,32,33,34)	
Forms to be completed by individuals (36	
Documents available to individuals (37)	
Documents and Forms (38)	
Websites (39,40,,41,42,43)	
Apps (used on electronic devices) (44)	
Social media (45,46	
Signage in publicly accessible areas (47,48,49)	
Reception services (50, 52, 53	
Applications and documents for grants (54,55,56)	
Invitations to Tender (57,58,59)	
Promote Welsh language services (60-61)	
Corporate Identity (62)	
Public Address Systems (64)	

A new Trust wide telephone Standard Operating Proceedure was compiled this year, adding to the general guidance set out for staff assisting them with providing a bilingual service.

Telephone communication continues to be monitored and we have once again ensured current staff are fully aware of their responsibilities towards answering the phone bilingually. The Trust Welsh Langauge Manager has provided awareness raising sessions and managers have provided refresher training at the cancer centre to ensure compliance with the service delivery standards.

Continued improvement measures have been implemented and new, accessible telephony systems are high on the agenda for the new cancer centre.

We have worked closely with Cymraeg Gwaith to ensure confidence raising courses were offered to staff specifically responsible for communicating directly with patients and donors. We also ran an internal awareness raising class for relevant staff and provided one to one discussion opportunities for staff to ask questions relating to Welsh language correspondence.

We continue to promote our readiness to recieve bilingual correspondence on our communication tools such as headed paper, the internet and social media. We welcome bilingual correspondence and will always reply to such correspondence in Welsh.

Our public board meetings are delivered using simultaneous translation and our Welsh speakers on the Board take advantage of this facility. The public are encouraged to observe the meetings and questions from the public are welcomed in both languages.

Our Trust website is fully bilingual and has been updated this year to ensure compliance with the Welsh Language Standards. The process of ensuring bilingual information is available to the public has evolved and now the functionality of the website platform enables us to recognise when and if information has been uploaded in one language only. This is a positive step forward as it allows us to monitor more proactively and provide training as and when needed to staff responsible for patient and donor information.

Over the last 12 months at the Welsh Blood Service the website has seen 236,462 total users, 233,447 (98.7%) English users, 2,727 (1.2%) Welsh users.

The Velindre University NHS Trust website has seen 103,000 visitors to the English side of the website and 1,500 (1.43%) visitors to the Welsh side of the website.

Signage continues to be updated at the cancer centre and the Welsh Blood Service. A recent audit of signage confirmed the need to advise on the process for providing time limited signage, such as daily events, and the operations teams worked closesly with the Welsh language team to ensure compliance. This process is being monitored via the divisional groups.

Our social media posts are delivered bilingually and all videos are provided with Welsh and English subtitles.

The tender process to identify a contractor to build the new cancer centre empahsised the requirement to comply with the Welsh language requirements. Communication with the Trust and the responsible teams have provided a clear understanding of bilingual processess. An Equality Impact Assessment which included an assessment of the impact on the Welsh language was agreed by our Executive team and is helping shape the new provision.

Welsh Blood Donor Awards

The Welsh Blood Service hold Donor Awards celebrating specific donor achievements or blood giving milestones. The Active Offer is provided here and an opportunity to say which language the donor would prefer prior to the event. Welsh subtitles are provided for the videos that are shown and introductions to the event are given bilingually.

To date, no one has requested the Welsh language however, the service is keen to continue with this as it demonstrates a commitment to the language needs of the donors.

Employee ExcellenceAwards

We held our Employee Excellence Awardsawards virtually and in person in September 2023., promoting the event across the two divisional sites. The concept was developed bilingually from the outset and nominations were welcomed in Welsh and English. The Welsh language award for going the extra mile and using simple methods to promote the Active Offer at the cancer centre was given to the Radiology department.

The Welsh Language Board Champion congratulates the winner.

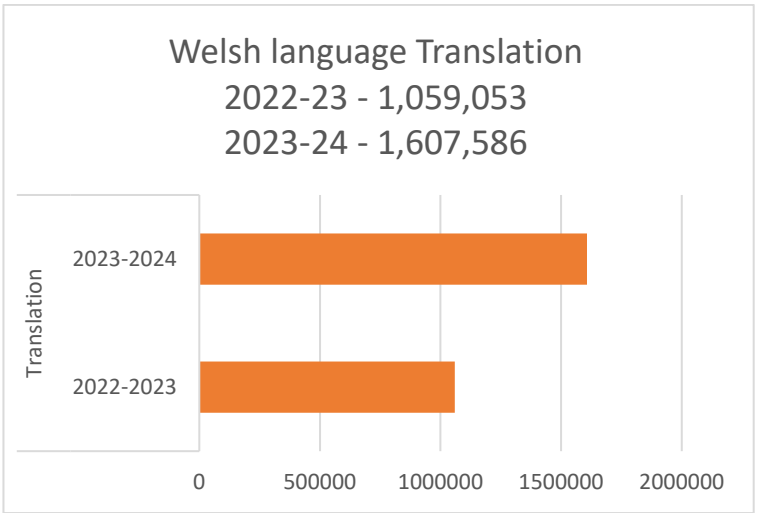
Again this year the Trust has promoted and celebrated a number of Welsh language events. Providing staff with an opportunity to celebrate Welsh culture is extremely important to us. Events such as 'Santes Dwynwen' and 'St David's Day' are well represented and the staff are extremely proactive.

We had a special St David's Day menu in the staff resturant at the cancer centre which generated a feeling of celebration. We also held a Trust-wide quiz giving staff the opportunity to test their Welsh knowledge of current and historical questions.

Translation

Again this year we have invested heavily in translation. We have two in-house translators and we have an extremely successful translation service level agreement with NHS Wales Shared Services Partnership.

Our transaltion figures continue to grow, which is a positive sign, meaning staff are becoming even more aware of the need to provide bilingual services.



Complaints and Official Investigations relevant to Operational Standards

Two complaints were recieved from the public this year, both relating to the accuracy of the Trust website.

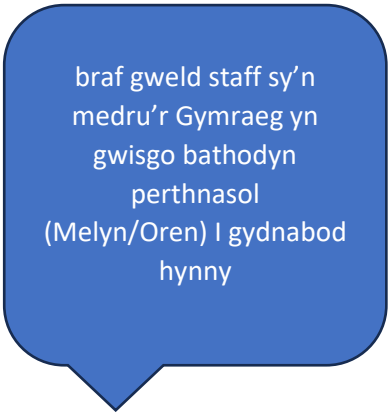
This year we recieved our first two official Investigations against compliance with the Welsh Language sSandards. As with all complaints to the Trust, we take this very seriously and view it as an opportunity to learn.

Both complaints were specific to the Operational Standards, recieving telephone calls and being able to respond to them in Welsh and the Trust website. We have worked diligently to recifiy internal processess.

An action plan has been developed as reqested by the Welsh Language Commissioner and the actions within it monitored by the Welsh Language Development Group. Divisional Welsh Language Groups feed into this process regularly.

Patient and donor feedback

We communicate regularly with patients and donors as part of our continuous improvement and this year, using our CIVICA system it has been encouraging to note how many positive responses we've secured delivering our services.



Policy Making Standards

Green – High level of assurance

Yellow – Medium to high

Orange – low to medium level of assurance

Standards	Assurance rating
Formulating a new policy – opportunities and threats to the language (69)	
New or revised policy – positive effects on the language (70)	
New or revised policy – opportunites to use the language (71)	
Publishing a policy or related document (72)	
Publishing a consultation document and seeking views on the formulation of a policy (73)	
Seeking views on a published consultation document (74)	
Undertaking research to assist a policy decision and cosidering the effects on the Welsh language (75)	
Commisioning of research to assist in a policy decision (76)	
Commisioning of research to ensure no adverse effects or opportunities for the Welsh language (77)	

Welsh Language Policy

Our internal Trust Welsh Language Policy was updated this year to reflect current expectations for continued compliance with the Welsh Language Standards.

Operational Standards

Green – High level of assurance

Yellow – Medium to high

Orange – low to medium level of assurance

Standards	Assurance rating
Welsh Language Policy – Using Welsh internally (79)	
Contract of Employment (80)	
Documents relating to employment of employees (81)	
Policies relating to employment & workplace (82)	
Complaints made by staff & disciplinary matters (83 – 88)	
Computer software for spelling and grammar & interfaces (89)	
Intranet pages (90 – 95)	
Assessing Welsh language skills of employees (96)	
Training for staff in key areas (97 & 98)	
Opportunities to learn Welsh (99 – 103)	
Email signatures, wording and Welsh language logo (104)	
Welsh badges and branding for staff (105	
Assessing skills, advertising, recruiting (106 – 109)	
Development and Publishing of a Clinical Consultation plan (110)	
Signage & notices (113	
Recorded announcements (114)	

Job descriptions

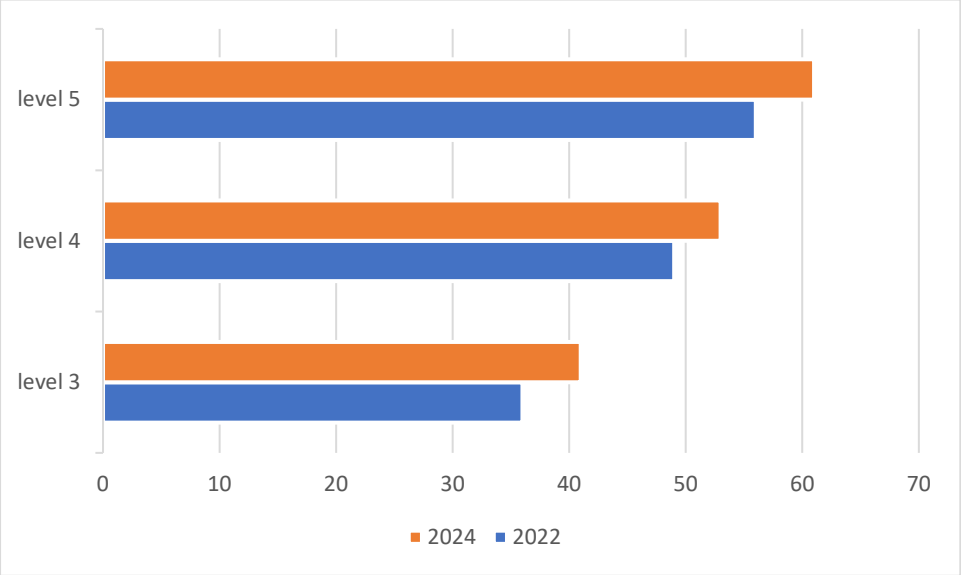
This year the Trust has worked diligently to ensure the process relating to bilingual job descriptions is strengthened.

The process begins with an assessment of language needs as part of the post and the wider departmental needs. This then provides the recruiting manager with a Welsh language 'Essential', 'Desirable' or 'Willing to learn' and the paperwork is then published bilingually.

It has been a long process however it has provided the Trust with a process that is now understood by recruiting managers and will be a continued focus for us as we plan our workforce for the year to come.

From March 2024, we are advertising any post that is directly responsible for 'Reception' as Welsh language 'Essential'. As a Trust, we are aware that the language skills in these areas need to be strengthened and we are confident that this decision will suppport our future planning for these roles.

Since 2022 we have recruited more Welsh speaking staff into the Trust. Note – this data does not include hosted organisations.



Levels 3-5 Welsh language competencies have increased:

Level 3: 36 members of staff to 41

Level 4: 49 to 53 members

Level 5: 56 to 61

ESR

Recording the Trust's language skills is again another way of supporting the needs of our workforce planning initiatives.

We have once again communicated the importance of this internally and have provided staff with the relevant inforamtion to do so. To date 88% of staff have recorded their Welsh language skills which is higher than last year.

As of March 2024 the Trust has 463 members of staff able to communicate on a level 1-5 in Welsh, that is 26% of the workforce

The Welsh Language Awareness package within ESR has been completed by 84.31% of the Trust. This figure was noted at the end of March 2024.

Croeso

Our new staff corporate induction programme was developed this year. Developing an initiative with a bilingual voice from the outset has been the success of this initiative and it continues to provide staff with opportunities to question and learn as they first enter the Trust.

Along with other imporant discussions such as Trust structures and Values, the Welsh language has a specific section and provides a platform for real discussion. It gives new staff a basic understanding of why bilingual services are valued and why the Active Offer is a concept to be exploited at every opportunity. Staff feedback has been positive and Welsh learning opportunities have been encouraged.

The programme has been running since July 2023 and 115 members of staff have completed the course.

Opportunities to learn Welsh

We are continuously looking at opportunities to support our staff in their continued professional development.

This year we were happy to hear of the additional funding available for the NHS to work in partnership with 'Y Ganolfan Dysgu Cymraeg'. Our training provision has began with a confidence raising course specifically tailored for the front line and reception staff. This is a pilot course and is being repeated in 2024 for other interested staff members.

Twenty-nine members of staff gave expressions of interest to follow the initial courses and discussions are underway regarding a Foundation level course for the end of 2024 onwards. The Chair of the Trust has also registered for a Foundation level course.

Intranet

A new Welsh language intranet page has been created this year, giving staff a one stop shop to all things relevant to supporting a bilingual service.

Our recruitment figures below highlight our focus on reception posts. We acknowledge that more work needs to be done to foster a greater understanding of bilingual language assessments, however the process has now been embedded and our proactive work continues.

Velindre UNHST (Corporate function) 2023-2024

Total number of vacancies advertised as:	
Welsh language skills are essential	1
Welsh language skills are desirable	114
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	5
Total Number of vacancies advertised 01/04/2023 - 31/03/2024	**120**

Velindre Cancer Centre (VCC) 2023-2024

Total number of vacancies advertised as:	
Welsh language skills are essential	2
Welsh language skills are desirable	280
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	7
Total Number of vacancies advertised 01/04/2023 - 31/03/2024	**289**

Welsh Blood Service (WBS) 2023-2024

Total number of vacancies advertised as:	
Welsh language skills are essential	2
Welsh language skills are desirable	95
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	1
Total Number of vacancies advertised 01/04/2023 - 31/03/2024	**98**

Trust Values

This year the Trust has undergone an indepth review of their current Trust values. The values have been with us since 2015 and the review and renew of the values have been conducted bilingually from the outset. Providing staff with opportunities to respond in Welsh to surveys and developing language accessible in both languages.

Translation was not left tothe end of process, rather it was a part of theoverall development and this has significantly increased the positive outcome and the wording of the values. Involving Welsh speaking staff from the outset meant that both languages were treated equally.

The final values were accepted in January 2024.

Gofalgar *Rydym yn garedig, yn gefnogol, yn agos*	**Proffesiynol** *Rydym yn cyflawni ein hymrwymiadau ac yn*	**Parchus** *Rydym yn ceisio deall safbwyntiau pobl eraill,*

atoch ac yn dangos tosturi tuag at bawb	*ysu am welliant a rhagoriaeth, ac yn gwrando er mwyn dysgu*	*rydym yn meithrin perthnasoedd â phartneriaid, ac rydym yn rhannu gwybodaeth yn agored ac yn dryloyw*.
Caring *We are kind, supportive, approachable and show compassion to all*	**Professional** *We deliver on our commitments and drive for improvement and excellence, listening in order to learn*	**Respectful** *We seek to understand other people's perspectives, we build relationships with partners and we share information openly and transparently*

We continiously imporve our record keeping and evidence base for Welsh language services. It is clear that the Welsh Language Standards continue to be the driving force for provision. Externally we are recieving more demand for our services, however it is still very low and this year we have highlighted the need for a greater understanding of the Active Offer in order to support this demand. Small initiatives can make a difference.

Radiology and Radiotherapy at the cancer centre this year have highlighted their ability to provide a bilingual service by providing visual aids to patients idenfiying the Welsh speakers in the department and providing notice boards with current Welsh language information on them.

Record Keeping / Supplementary

We work proactively with other Trusts and Local Health Boards and this gives us a national vision of bilingual provision and offers a more meaningful discussion with the Welsh Language Commissioner through our reporting processess.

This year we have recieved two complaints relating to our Trust website. Both complaints were dealt with correctly and the issues were resolved.

Two formal investigations were recieved and both are on going with the process for reporting on progress via an action plan, being agreed by the Commissioner. Final submission of the action plan will be in January 2025 although the Trust is currently making the relevant changes to processes and the actions will be delivered prior to this submission date.

'More than just words' – Welsh Government framework

The reporting process for this framework sits outside of the Welsh Language Standards. Performance reports on progress are recieved by the Welsh Government and discussed at the Welsh language partnership board, charged with the monitoring of national progress.

Quarterly meetings with Welsh Government continue and best practice is shared. The Welsh Language Managers, working with Digital Helth adn Care Wales, have agreed an IT platform that will enable us to share national progress under this agenda. The platform is under development and will be accessible in the later part of 2024.

The Active Offer continues to be a focus for this framework and the Trust has provided training opportunites for staff to highlight this. Welsh Blood and its collection teams are currently looking at this and working with colleagues to highlight the needs as part of the blood collection process.

Hosted Organisations

Health Technology Wales

Health Technology Wales (HTW) are hosted by VUNHST and therefore work in line with the VUHST and Welsh Language Commissioner's Office policy/standards. HTW currently receive Welsh Language translation support from VUNHST's Translation Team, LfB Cymru, NWSSP and Trosol.

HTW, with support from VUNHST, maintain a WL policy action log which is reviewed with the necessary actions taken to ensure it meets with VUHST WL compliance.

HTW have, published five new Standard Operating Procedures (SOP) in relation to:

1. Welsh Language Staff compliance
2. Roles and responsibilities for Welsh Language Standards
3. Guidance on WLS for Welsh speaking members of HTW
4. WLS within recruitment processes
5. Identification of language preference

In collaboration with the VUNHST WL Manager, HTW continue to ensure that its Standard Operating Procedures remain complaint with Welsh Language Standards

Staff members within HTW are encouraged to develop their WL skills by undertaking LearnWelsh Cymru training. In addition, Welsh Language themed virtual coffee breaks are being introduced to encourage staff to develop their WL awareness.

Having recently updated its website, HTW have ensured web content is accessible in both English and Welsh and provided access to justification papers where necessary.

NWSSP

The organisations Annual report can be found on their Website but highlights can be found below:

Opportunities to learn Welsh:

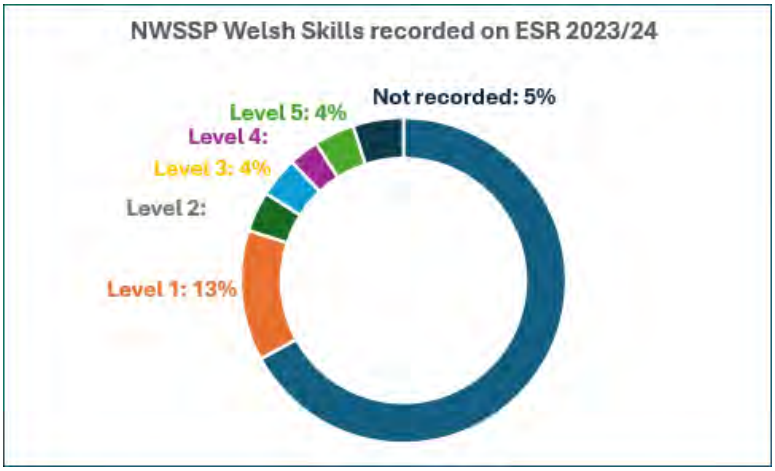
NWSSP currently have a provider to host Welsh language courses to our staff.

The courses that were hosted in 2023/24 were as follows:

Course Level	Number of staff enrolled onto the courses
Entry Level 1	45
Entry Level 2	10
Foundation Level 1	4
Intermediate Level 1	3
Higher Level 1 part 2	5
Work Welsh Welcome part 1	12
Work Welsh Welcome back part 2	10

All courses are hosted during work time. The cost of the courses and coursebooks are covered by NWSSP as the employing organisation. As an employer, NWSSP actively promotes opportunities to learn Welsh to all NWSSP employees. NWSSP takes the good will approach to support staff to learn Welsh. NWSSP also promote other applications to support staff to Learn Welsh, such as Duolingo and Say Something in Welsh.

Record Keeping Standards - Recording Welsh Language Skills on ESR - Standard 116:



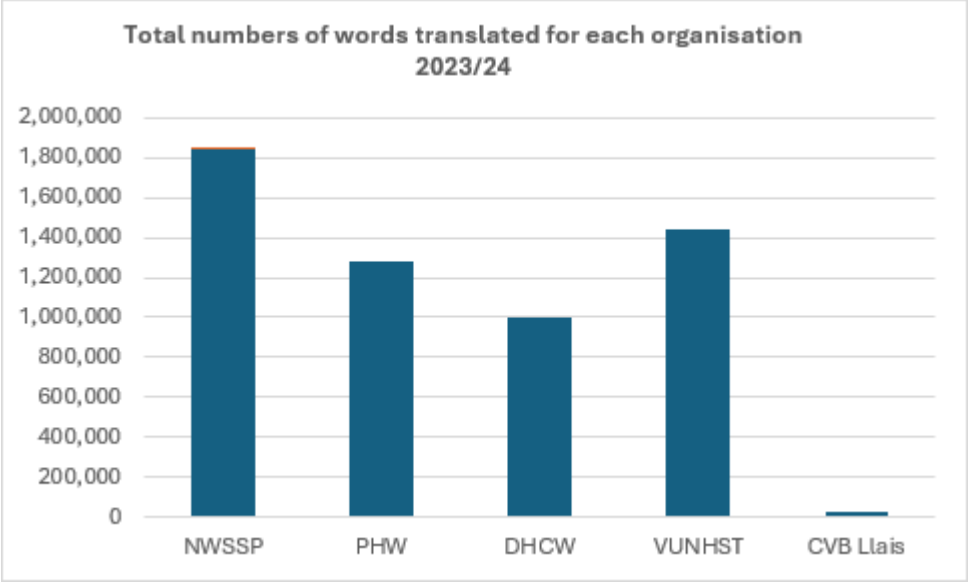
Record Keeping Standards - Advertising vacancies – Standard 117:

Total number of vacancies advertised as:	
Welsh language skills are essential	6
Welsh language skills are desirable	445
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	0
Total Number of vacancies advertised 01/04/2022 - 31/03/2023	451

Translation services:

The demand for translation services continues to grow, in this financial year NWSSP translated over 5.5million words and have processed in excess of 8.5million words for the following organisations in 2023/24:

- NHS Wales Shared Services Partnership
- Velindre University NHS Trust
- Public Health Wales NHS Trust
- Digital Health Care Wales
- CVB - Llais



Moving forward

Processes are in place for a number of actions, however we are keen to ensure these processes provide us with outcomes that support our work and support our patients and donors. This will be our focus moving forward.

Ensuring we have a robust process in place to assess and recruit the need for Welsh language skills is crucial. The process has began but will take some time to embed. As a Trust we are aware that new systems are being developed nationally to look at this in a more robust way and we will be monitoring the developments of this system proactively.

We know that in order to provide bilingual services we need confident Welsh speakers. Training and IT systems are extremely important in order to make this a reality.

Standard 110, our Clinical Consultation plan, will also be revisisted as this has been highlighted as a national priority. Giving this greater scrutiny, and working with the network of Welsh Language Managers and the Welsh Language Commissioner, we will consider a more achievable standard around this area. We look forward to the achievments of the year ahead.