Bundle Strategic Development Committee 8 December 2022

| 4.0.0 | PLANNING AND SERVICE DEVELOPMENT |
| 4.1.0 | Integrated Medium Term Plan |

a) Welsh Government Planning Framework 2023-2026
b) IMTP 2023-2026 Progress to Date
Led by Phil Hodson, Assistant Director of Performance & Planning
To note

    4.1.0 SDC - 8th December 2022- IMTP Update - master 2.docx

| 4.2.0 | Value Based Healthcare Programme of Work |

Led by Matthew Bunce, Director of Finance
To note

    4.2 VBHC Programme Update_SDC_Dec 2022.docx

    4.2 Appendix 1 Value Based Healthcare_Project Initiation Document_Nov 2022.pptx

    4.2 Appendix 2 VBHC Programme Update IMTP 2022_25.docx

| 5.0.0 | ASSURANCE |
| 5.1.0 | Trust Assurance Framework |

Led by Lauren Fear, Director of Corporate Governance & Chief of Staff
To note

    5.1.0 TAF Review Paper - NOV 2022 - sdc - Final.docx

    5.1.1TAF DASHBOARD - 2 dec 2022 cj.pdf

| 6.0.0 | ANY OTHER BUSINESS |

Prior Agreement by the Chair Required
Led by chair: Gareth Jones, Independent Member

| 7.0.0 | REVIEW OF THE MEETING |

Led by chair: Gareth Jones, Independent Member

| 8.0.0 | DATE & TIME OF NEXT MEETING |

Tuesday 7th February 2023
10am-12pm
Via Microsoft Teams

Agenda Strategic Development Committee

Date	08/12/2022
Time	14:00 - 16:00
Location	via Microsoft Teams
Chair	GJ Mr Jones

1.0.0   **STANDARD BUSINESS**

1.1.0   **Welcome & Introductions**
Led by chair: Gareth Jones, Independent Member

1.2.0   **Apologies for Absence**
Led by chair: Gareth Jones, Independent Member

1.3.0   **Declarations of Interest**
Led by chair: Gareth Jones, Independent Member

1.4.0 *2.00-2.05* **Minutes of the Committee Meeting held on 13th October 2022**
Led by chair: Gareth Jones, Independent Member
To approve

1.5.0 *2.05-2.10* **Action Log**
Led by chair: Gareth Jones, Independent Member
To approve

2.0.0   **CONSENT ITEMS**
Nil

3.0.0   **STRATEGIC DEVELOPMENT**

3.1.0 *2.10-2.15* **Destination 2032 Launch Plan**
Led by Lauren Fear, Director of Corporate Governance & Chief of Staff, Carl James, Director of Strategic Transformation, Planning & Digital and Jonathan Ellis, Interim Head of Communications
To endorse

3.2.0 *2.15-2.25* **Welsh Blood Service Five-Year Plan - Update**
Led by Alan Prosser, Director, WBS
To note

3.3.0 *2.25-2.45* **Developing the Strategic Digital Programme to Deliver the Digital Strategy**
Led by Carl Taylor, Chief Digital Officer
To note

3.4.0 *2.45-3.00* **Workforce Planning (Workforce Risks and Issues) *TO FOLLOW***
Led by Sarah Morley, Executive Director of OD & Workforce
To note

3.5.0 *3.00-3.10* **Building Our Future Together Programme**
Led by Lauren Fear, Director of Corporate Governance & Chief of Staff
To note

3.6.0 *3.10-3.20* **Performance Accountability and Delegation Framework**
Led by Lauren Fear, Director of Corporate Governance & Chief of Staff and
Carl James, Director of Strategic Transformation, Planning & Digital
To note

3.7.0 *3.20-3.25* **Talbot Green Infrastructure Programme Progress Update**
Led by Carl James, Director of Strategic Transformation, Planning & Digital
To note

4.0.0 **PLANNING AND SERVICE DEVELOPMENT**

4.1.0 *3.25-3.40* **Integrated Medium Term Plan**
a) Welsh Government Planning Framework 2023-2026
b) IMTP 2023-2026 Progress to Date

Led by Phil Hodson, Assistant Director of Performance & Planning
To note

4.2.0 *3.40-3.50* **Value Based Healthcare Programme of Work**
Led by Matthew Bunce, Director of Finance
To note

5.0.0 **ASSURANCE**

5.1.0 *3.50-4.00* **Trust Assurance Framework**
Led by Lauren Fear, Director of Corporate Governance & Chief of Staff
To note

6.0.0 **ANY OTHER BUSINESS**
Prior Agreement by the Chair Required
Led by chair: Gareth Jones, Independent Member

7.0.0 **REVIEW OF THE MEETING**
Led by chair: Gareth Jones, Independent Member

8.0.0   **DATE & TIME OF NEXT MEETING**
Tuesday 7th February 2023
10am-12pm
Via Microsoft Teams

Strategic Development Committee
Public Session

MINUTES OF THE MEETING
Held on 13th October 2022 @ 9.30-11.00am
Trust Headquarters, Nantgarw
(via Teams)

Chair:		
Stephen Harries	Vice-Chair, Independent Member	SHarries
Members:		
Gareth Jones	Independent Member	GJ
Attendees:		
Steve Ham	Chief Executive Officer	SHam
Carl James	Director of Strategic Transformation, Planning & Digital	CJ
Lauren Fear	Director of Corporate Governance & Chief of Staff	LF
Philip Hodson	Deputy Director of Planning & Performance	PH
Alan Prosser	Director of Welsh Blood Service	AP
Matthew Bunce	Executive Director of Finance	MB
Sarah Morley	Executive Director of OD and Workforce	SfM
Cath O'Brien	Chief Operating Officer	COB
Additional Attendees:		
Suzanne Rodgers	Head of Digital Programmes	SR
Hannah Moscrop	Project Manager	HM
Rhiannon Freshney	Environmental Development Officer	RF
Rhian Gard	Principal Auditor, NWSSP	RG
Heledd Thomas	Senior Auditor, Audit Wales	HT
Liane Webber	Business Support Officer/Secretariat	LW
Apologies:		
Professor Donna Mead	Chair	DM
Professor Andrew Westwell	Independent Member	AW
Dr Jacinta Abraham	Executive Medical Director	JA
Huw Llewellyn	Director of Commercial & Strategic Partnerships	HL
Nicola Williams	Executive Director of Nursing, AHPs & Health Science	NW
Susan Thomas	Deputy Director of Workforce	ST

1.0.0	STANDARD BUSINESS	ACTION

1.1.0 Welcome & Introductions

SHarries welcomed attendees to the meeting.

1.2.0 Apologies for Absence

Apologies were noted as above.

1.3.0 Declarations of Interest

There were no declarations of interest.

2.0.0	CONSENT ITEMS

Nil

3.0.0	ITEMS FOR APPROVAL

3.1.0 Minutes of the Committee Meeting held on 7th July 2022

The Committee **approved** the minutes of the meeting held on 7th July 2022.

3.2.0 Action Log of the Committee Meeting held on 7th July 2022

The action log was reviewed and discussed as follows:

- 4.1.0 – noted that to date, only one response to the request for information regarding the strategic programmes for each of the RPBs has been received. GJ suggested that, as the strategies would be publicly available, this may provide another means by which to obtain the required information. CJ to write again to the RPBs and discuss with PH regarding obtaining publicly available data. **CJ/PH**
- 3.1.0 – noted that strategies are in the final stage of QA and are expected to be circulated in line with the target date.

The Committee **approved** the updated action log and the updates provided.

4.0.0	ITEMS FOR ENDORSEMENT

4.1.0 Replacement Laboratory Information Management System (LIMS) for the Welsh Histocompatibility & Immunogenetics Service (WHAIS)

AP presented the Business Case and the following points were discussed:

- GJ raised concern re the current Foxpro platform, highlighting that Microsoft had ceased providing support in 2015. SHarries explained however that implementation of "Orpheus" as a replacement had been

planned, although this was unsuccessful due to the supplier's inability to deliver the project. GJ suggested that this explanation be included in the paper.

- GJ highlighted the statement "…an interface between the WHAIS and WBMDR solutions will be required to enable transfer of information between the two systems" and queried whether this was included in the business case and where the responsibility for this would lie. AP confirmed that it was included and believed it to be an in-house solution which would be supported by the planned implementation of Prometheus.

SHarries raised a concern earlier received from DM which highlighted that many of the papers state an Equality Impact Assessment (EqIA) is "not required". Although it was accepted that this may be the case, DM requested that the Committee give consideration to this for each paper received going forwards.

The Committee **endorsed** the Replacement Laboratory Information Management System (LIMS) for the Welsh Histocompatibility & Immunogenetics Service (WHAIS) for Trust Board approval.

5.0.0	**ITEMS FOR REVIEW/DISCUSSION**

5.1.0	**Integrated Medium Term Plan Accountability Conditions**

LF gave a brief outline of the paper. There were no comments or queries raised.

The Committee **noted** the Integrated Medium Term Plan Accountability Conditions.

5.2.0	**Integrated Medium Term Plan (IMTP) 2023-26**

It was noted that although an EqIA was not required for this paper, it has been undertaken as part of the wider process. SHarries suggested that this be acknowledged in future papers where appropriate.

PH outlined the IMTP, highlighting in particular para 2.13. Noted that the ministerial priorities are due to change, guidance for which is expected in November, and several other key challenges are also anticipated.

GJ highlighted that the scheduled date for Trust Board (31st January) is the last date for submission of the IMTP to Welsh Government and raised concern of potential pressure on IMs to approve the document given the limited timeframe. CJ noted that discussions are planned for Board Development sessions and consideration will be given regarding additional key attendees at Strategic Development Committee as appropriate. LF noted that this issue has already been raised outside of this meeting and several potential options are currently being explored.

The Committee **noted** the IMTP 2023-26.

5.3.0   **Trust Assurance Framework**

LF outlined the Trust Assurance Framework and the accompanying dashboard. SHarries raised an issue of quality assurance, highlighting a few arithmetic errors in what is otherwise an excellent piece of work. LF noted the errors but assured the Committee that the colour-coded scores for inherent, residual and target are correct, as confirmed with relevant executives. LF to amend the multiple figures to align with the scores as appropriate.

The Committee **reviewed and discussed** the Trust Assurance Framework.

5.4.0   **Welsh Blood Service Infrastructure – Business Case Update**

CJ briefly outlined the paper and explained the current position. Noted that initial plans for the refurbishment were centred around ensuring resilience of the building and support of the decarbonisation agenda. Subsequently, due to several changes to the overall programme (i.e. lab modernisation, strategic potential of plasma for fractionation), an opportunity to pause and review the scope of the Business Case has been created.

GJ queried the contingency should the Business Case not receive Welsh Government approval. CJ explained that the plan would continue as per the currently developed plan, although this would not be sufficient in the long-term interest of the organisation.

The Committee **noted** the Welsh Blood Service Infrastructure Business Case Update.

5.5.0   **Hefyd+ Community, Staff and Patient Engagement Programme**

The Committee received an update on the Hefyd+ programme and the forthcoming planned and proposed events, which was positively received.

The Committee noted the Hefyd+ Community, Staff and Patient Engagement Programme.

5.6.0   **Research, Development & Innovation Sub-Committee Highlight Report**

GJ reported to the Committee that a very positive internal audit report on RD&I had been presented to the recent Audit Committee which provided substantial reassurance.

LF gave an update on an extremely positive meeting with the University Status Panel on 30th September, as referenced in the paper, noting that the Government continue to place emphasis on embedding University status within the organisation, particularly in terms of the IMTP.

6.0.0   **ANY OTHER BUSINESS**

There we no additional items of business.

7.0.0	REVIEW OF THE MEETING

There were no additional comments or questions.

8.0.0	DATE AND TIME OF NEXT MEETING

Thursday 8th December @ 14.00pm

Via Microsoft Teams

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

**Strategic Development Committee
8TH December 2022**

Action Summary

Minute Ref.	Action	Assigned to	Meeting Date	Target Date	Progress to date	Status (Open / Closed)
4.1.0	Consideration of Trust role in the Regional Partnership Boards. In the May meeting, CJ suggested writing to the regional partnership boards as an organisation to understand what is on their individual agendas, to give a sense of where we can add the most value. UPDATE: 13/10/22 - noted that to date, only one response to the request for information regarding the strategic programmes for each of the RPBs has been received. GJ suggested that, as the strategies would be publicly available, this may provide another means by which to obtain the required information. CJ to write again to the RPBs and discuss with PH regarding obtaining publicly available data.	Carl James/ Phil Hodson	12/08/21	~~07/07/22~~ ~~13/10/22~~ 08/12/22	Publically available data has been obtained and follow up to be confirmed at time of paper publication – oral update to be provided to the Committee	**OPEN**
3.1.0	Include further case study examples in the Enabling Strategies.	Carl James	16/05/22	17/10/22	Will be included in final Strategy launch. Final versions will be circulated by week commencing 17th October	**OPEN**

STRATEGIC DEVELOPMENT COMMITTEE

DATE OF MEETING	8th December 2022

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	

PREPARED BY	JONATHAN ELLIS, HEAD OF COMMUNICATIONS
PRESENTED BY	JONATHAN ELLIS, HEAD OF COMMUNICATIONS & LAUREN FEAR, DIRECTOR CORPORATE GOVERANCE & CHIEF OF STAFF
EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERANCE & CHIEF OF STAFF

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	21/11/2022	NOTED

ACRONYMS	
VUNHST	Velindre University NHS Trust
WBS	Welsh Blood Service
VCC	Velindre Cancer Centre

1. SITUATION/BACKGROUND

Velindre University NHS Trust (VUNHST) is poised to launch five new strategic documents which will underpin the Trust's activity for the next ten years "Destination 2032".

The documents include an overarching 10-year strategy for VUNHST which sets out a new purpose and mission for the Trust, along with five strategic objectives to help it achieve its ambitions. The Trust strategy will inform activity across the divisions.

The implementation of the overarching Trust strategy and related divisional strategies are supported by four enabling strategies which set out the Trust's ambitions in terms of Digital, Sustainability, Workforce and Estates.

An extensive stakeholder engagement exercise was conducted with internal and external stakeholders to help inform the development of the strategies. The stakeholder engagement, which was conducted through a series of surveys and live MS Teams events, gathered views on the proposed direction of travel and helped to shape the final documents.

These strategies are important documents as they clearly set out where the Trust wants to be in ten years' time and how it intends to get there. The goal is for every member of staff across the Trust to be familiar with these strategies and recognise their individual and teams' role in their delivery to ensure that all activity undertaken during the next ten years aligns with the strategic objectives.

It is also important that donors, patients and all VUNHST service users and partners are made aware that the strategies have been published and are encouraged to access the documents.

The remainder of this document outlines a communications and engagement plan which aims to encourage stakeholders to engage with the new strategic documents. The plan sets out a timeline for launching the strategies and proposes activity to ensure the strategies remain visible and relevant to staff beyond the launch period.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

To encourage engagement with the strategies, a design agency was appointed to create highly visual versions of each document. The animation-led designs bring the documents to life by using Velindre-related imagery to support the written content.

The fully designed documents have all been created in the same visual style, but each individual strategy has been given its own unique colour palette. Visually, the strategies have been designed to form a suite of related documents that are stylistically aligned yet distinguishable by their colours.

The new designs will be applied to some routinely used corporate documents, such as the Trust PowerPoint template. The Welsh Blood Service five-year strategy is also likely to be designed in the same style.

A highly visual animation-led video has also been created to sit alongside the designed documents. The 3 minute 17 second video uses animated characters to introduce the overarching Trust strategy, under the title *Destination 2032*. The animation is intended to capture our stakeholders' attention and inspire viewers to engage with the strategy. It can be viewed [here](#).

Several interactive web and intranet pages have been created to host the new content, ensuring a colourful digital destination for anyone who is interested in learning more about the Trust's ambitions. The online pages include short interviews with members of the Executive Team discussing the significance of each of the five strategic goals.

The online content for staff can be viewed [here](#).

All content has been created bilingually to ensure Welsh language users are able to engage with the content in the same way as our English-speaking audience.

Fully designed versions of each of the strategies are expected to be finalised by 18 November upon which the documents will be translated to enable Welsh versions to be created.

Once final designed versions of each strategy have been approved, the plan to launch the strategies will commence.

As these strategies are intended to become embedded in the way we work across the Trust, it is recognised that ongoing communications activity will be required to maintain momentum beyond the launch week.

Launch – December 2022 (exact dates TBC pending approval of documents)		
Comms issued to all staff	An email distributed to all VUNSHT staff with a link to the strategy launch video and the	Dec 2022

	final approved *Destination 2032* strategy document	
Website and intranet pages go-live	Turn on *Destination 2032* intranet and website pages	Dec 2022
Live MS Teams event for staff with Executive Team	Opportunity for staff to speak to the Executive Team and find out more and have a discussion	Date TBC Dec 2022
Strategy graphic deployed on screensavers and video played on vis screens where possible	Ensure strategy launch video shared on every screen available across VUNHST premises	Dec 2022
Social media messages posted on Trust accounts	Social media messages posted on VUNHST and divisional social media accounts.	Dec 2022
Link to new strategy included in WBS donor survey	Donor survey sent to circa 5000 donors each month. Link to new strategy to be included within.	Dec 2022
Day 1 – all staff communications	Email sent each day of the week covering the five strategic goals. Day 1: *Outstanding for quality, safety and experience*	Dec 2022
Day 2 - all staff communications	Email sent each day of the week covering the five strategic goals. Day 2: *An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations*	Dec 2022
Day 3 - all staff communications	Email sent each day of the week covering the five strategic goals. Day 3: *A beacon for research, development and innovation in our stated areas of priority*	Dec 2022
Day 4 - all staff communications	Email sent each day of the week covering the five strategic goals. Day 4: *An established 'University' Trust which provides highly valued knowledge and learning for all*	Dec 2022
Day 5 - all staff communications	Email sent each day of the week covering the five strategic goals. Day 5: *A sustainable organisation that plays it part in creating a better future for people across the globe*	Dec 2022

To ensure momentum is maintained after the strategies launch, the following activity will be routinely delivered.

Maintaining momentum

Bringing the strategy to life: a monthly feature on a member of staff from VUNHST, WBS or VCC exploring how the strategic objectives are being considered in core activities. Story to include filmed interview to be included on intranet and shared in weekly communications and newsletters.

Assigning strategic objectives to all news stories: as part of the routine storytelling on VUNHST, VCC and WBS intranet sites, reference will be made to the strategic objective the activity supports.

Quarterly updates on delivery against strategy: a videoed interview with Carl James discussing Trust-wide delivery against the agreed strategy.

Bringing the strategy to life	Vox pop video and news item with WBS employee focusing on the strategic objectives in action	**Launch + 1 month**	Comms to film. Divisions to recommend and brief spokesperson
Bringing the strategy to life	Vox pop video and news item with VCC employee focusing on the strategic objectives in action	**Launch + 2 months**	Comms to film. Divisions to recommend and brief spokesperson
Bringing the strategy to life	Vox pop video and news item with VUNHST employee focusing on the strategic objectives in action	**Launch + 3 months**	Comms to film. Divisions to recommend and brief spokesperson
Quarterly Strategy update: Carl James	Video interview with Carl James updating on delivery against strategic objectives	**Launch + 3 months**	Comms and Carl James
Bringing the strategy to life	Vox pop video and news item with WBS employee focusing on the strategic objectives in action	**Launch + 4 months**	Comms to film. Divisions to recommend and brief spokesperson
Bringing the strategy to life	Vox pop video and news item with VCC employee focusing on the strategic objectives in action	**Launch + 5 months**	Comms to film. Divisions to recommend and brief spokesperson
Bringing the strategy to life	Vox pop video and news item with VUNHST employee focusing on the strategic objectives in action	**Launch + 6 months**	Comms to film. Divisions to recommend and brief spokesperson
Quarterly Strategy update: Carl James	Video interview with Carl James updating on	**Launch + 6 months**	Comms and Carl James

	delivery against strategic objectives		

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

The Committee is asked to **NOTE** the launch plan for the Trust Strategy. .

STRATEGIC DEVELOPMENT COMMITTEE

WBS 5 YEAR STRATEGY

DATE OF MEETING	08/12/2022

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Sarah Richards, Interim General Services Manager
PRESENTED BY	Carl James, Director of Strategic Transformation, Planning & Digital, Corporate Services
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning, & Digital

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	21/11/2022	NOTED

ACRONYMS	
WBS	Welsh Blood Service

1. SITUATION/BACKGROUND

1.1 The Welsh Blood Service (WBS) is currently developing its strategy – *The Welsh Blood Service Blood & Transplant Strategy* – that sets out the vision for the future of the Welsh Blood Service and how it will be achieved. It aligns with the Velindre University NHS Trust strategy 'Destination 2032' that sets out a clear direction for the organisation over the coming years.

The Strategic Development Committee are asked to note the progress to date (appendix 1).

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 **Wider Engagement**

The document has been developed in conjunction with the WBS staff.

The draft version of the vision and strategic themes have been shared with the Community Health Councils (CHC) in November 2022.

An engagement exercise with WBS donors will commence in December 2022. Donors will be sent an email with a link to a short survey to enable them to provide feedback. The donor survey has been shared with the CHC and comments have been incorporated.

2.2 **Measures of Success**

Work continues to develop the measures for success and these will be shared with SDC shortly.

2.3 **Duty of Quality**

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 places a duty on WBS to consider the 6 domains of quality in everything it does. The strategic themes have been annotated to show how they support each of the six quality domains.

2.4 **Timelines**

The final document will be shared with SDC for sign off 'out of committee' in January 2023. It will then proceed to Trust Board on 29/01/2023.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Choose an item.
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

4.1 The Strategic Development Committee is asked to **NOTE** the draft WBS Strategy.

Welsh Blood Service Blood & Transplant

Ever Evolving

5 Year Strategy 2022/23 – 2026/27

Foreword

A very warm welcome to the *Welsh Blood Service Blood & Transplant Strategy*, the vision and strategy for the Welsh Blood Service, a division of Velindre University NHS Trust. We are extremely proud of the excellent care and services we provide to patients, donors, a wide range of partners and our track record of success. We care deeply about the communities we serve and see clearly the difference that a safe, high quality, accessible and sustainable blood service can make in supporting us to continually improve the quality, safety, experience and outcomes of the services we provide.

We are keen to build upon our past as we look to the future and our Trust strategy 'Destination 2032' sets out a clear direction for the organisation over the coming years, as we seek to achieve our purpose and vision.

Our purpose: To improve lives

Our vision: Excellent care, Inspirational Learning, Healthier People

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We have identified five strategic goals which we will focus on delivering over the coming years. We believe that the delivery of these goals will see the Trust provide services to patients, donors and our partners that are comparable with best in the UK and Europe.

Strategic Goal 1: Outstanding for quality, safety and experience

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

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

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

> **Strategic Goal 5: A sustainable organisation that plays it part in creating a better future for people across the globe**

These are exciting times for the Trust and with a wide range of opportunities ahead of us. The importance of the Welsh Blood Service delivering safe, high quality services and our long-term goals cannot be overstated.

The provision of a high quality blood service is integral in us achieving our ambitions as it needs to respond effectively to the needs of our patients, donors and staff, together with the services we provide and the broader needs of the communities we live and operate in.   The Welsh Blood Service is an important component of our future success and it is vital that we embrace opportunities to create social value in the communities we serve.

The *Welsh Blood Service Blood & Transplant Strategy* sets out our strategy for the next five years and will help us maximise the opportunities. It sets out what we require now, and in the future, and how we will work with our patients, donors, staff and communities to ensure they have a safe and enjoyable experience which helps to improve their overall health and well-being. It also sets out how we can use our Welsh Blood Service to make a wider contribution to communities and society.

Who we are and what we do

The Welsh Blood Service plays a vital role in giving thousands of people across Wales a lifeline in their time of greatest need. We strive to provide our donors with the best possible experience and provide safe, high quality, modern and efficient laboratory, diagnostic and transplant services.

The Welsh Blood Service provides the following specialist services:

- Collection of voluntary, non-remunerated blood, platelet and stem cell donations from the general public.
- Processing and testing of blood donations.
- Distribution of blood and blood components to our 20 customer hospitals across Wales.
- Provision of advice and guidance regarding appropriate blood component use to health boards across Wales.
- Provision of an antenatal screening service to hospitals.
- Specialist laboratory services, assisting the investigation of complex serological problems.
- The Welsh Transplantation & Immunogenetics Laboratory, providing direct support to local providers of Renal and Stem Cell Transplant Services.
- Operates a panel of unrelated potential blood stem cell donors in Wales – the Welsh Bone Marrow Donor Registry which exports and imports stem cells to patients across the world.
- Hosts the UK National External Quality Assessment Service (NEQAS) external quality assessment scheme
  for histocompatibility and immunogenetics and the Welsh Assessment of Serological Proficiency Scheme (WASPS), contribution to the maintenance of quality standards in the transfusion and transplantation community.
- Holds a wholesaling licence to supply blood-derived medicinal products (both NHS and commercial) for purchase by our customer hospitals.
- Supports NHS Wales in assuring appropriate and prudent use of blood by facilitating and advising the Blood Health National Oversight Group.
- Provides logistic support to the NHS including the storage and distribution of coronavirus vaccine during the pandemic.

Blood and transplantation is an evolving area of healthcare which encompasses a broad and transferable set of skills. WBS has demonstrated this by supporting the national response to Covid-19 through the collection of convalescent plasma and by managing the distribution of frozen vaccines across Wales, as well as developing an all-Wales approach to the management of immunoglobulin supply.

Looking to the future, WBS will build on these services and its core expertise as we expand into the collection of plasma for medicines and support national resilience in the supply of plasma-derived products.

The *Welsh Blood Service Blood & Transplant Strategy* that follows, sets out our vision for the future of the Welsh Blood Service and how we will achieve it.

This aligns with the Velindre University NHS Trust strategy 'Destination 2032' (detailed on pages 2 & 3) that sets out a clear direction for the organisation over the coming years.

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 places a duty on WBS to consider the 6 domains of quality in everything we do. Quality means safe, timely, effective, efficient, equitable and person-centred health care which is embedded within a culture of continuous learning and improvement. We have highlighted how are strategic themes are helping us to achieve this.

Our Vision

Our vision is to be a leader in blood, transplant and transfusion services, continually evolving to meet changing health requirements and technology opportunities.

Our Strategic Themes

Strategic Theme 1	Build a sustainable donor base to meet clinical need and be representative of the diverse communities we serve
Strategic Theme 2	Deliver the best possible experience for our donors
Strategic Theme 3	Drive the prudent use of blood across Wales
Strategic Theme 4	Modernise our operations to improve safety, productivity and value
Strategic Theme 5	Develop new and innovative services through research, development and innovation to improve outcomes for our donors and our patients
Strategic Theme 6	Sustainable services that deliver the greatest value to our communities
Strategic Theme 7	Develop great people and a great place to work

Strategic Theme 1

Build a sustainable donor base to meet clinical need and be representative of the diverse communities we serve

Quality Domains
Use Pie chart highlighting:
Equitable, Effective, Efficient

Our Objectives are to ..

- Empower people in Wales to repeatedly donate, advocate and inform service delivery.

- Improve our donor experience to reduce the barriers to donation and to increase donor retention, loyalty and advocacy.

- Have the right type and number of donors, in the right place at the right time, collecting only what hospitals need.

We will ..

- Expand and explore partnership opportunities to sustain our donor base and improve diversity working in collaboration with our partners.

- Introduce new technology to target, engage and motivate donors more effectively.

- Use behavioural insights to better understand and motivate our donors and tailor our engagement.

Strategic Theme 2

Deliver the best possible experience for our donors

Quality Domains
Use Pie chart highlighting:
Person-centred

Our Objectives are to ..

- Put our donors at the heart of our decision-making ensuring service development is informed by the donor voice.

- Use innovative solutions to provide the best donor experience before, during and after donating.

- Deliver a more person centred service and experience for our donors.

- Provide our donors with the information they need to make informed choices.

We will..

- Develop a Donor Engagement Strategy that will enable us to firmly embed the voice of our donors.

- Develop a Digital Development Plan that to ensure we make best use of new technology.

- Develop a donor app to empower donors to self-serve.

- Introduce an updated and improved website.

Strategic Theme 3

Drive the prudent use of blood across Wales

Quality Domains
Use Pie chart highlighting:
Effective, Safe

Our Objectives are to ..

- Provide system leadership in prudent use of blood.

- Support the maintenance of good blood health and the appropriate use of blood components in a clinical setting.

We will..

- Work collaboratively with health boards, via the Blood Health National Oversight Group to implement the Blood Health Plan.

- Support effective planning and management of the blood supply chain, identifying best practice principles for stock management and blood usage.

- Use evidence and data to reduce inappropriate variation across hospitals in Wales.

- Standardise education, procedures, guidelines and policies to promote a safe, best practice, and consistent approach across Wales.

Strategic Theme 4

Modernise our operations to improve safety, productivity and value

Quality Domains
Use Pie chart highlighting:
Effective, Efficient, Safe

Our Objectives are to ..

- Implement innovative service enhancement opportunities within our service.

- Maximise the use of technology to ensure efficiency and minimise waste.

- Minimise potential harm to our donors, patients and staff.

- Drive a culture of continuous improvement.

We will..

- Streamline, digitise and automate our processes to improve efficiency and minimise waste.

- Optimise our operational footprint and staffing models.

- Adopt an integrated approach to gain efficiencies from scale and our collective expertise.

Strategic Theme 5

Develop new and innovative services through research, development and innovation (RD&I) to improve outcomes for our donors and our patients

Quality Domains
Use Pie chart highlighting:
Safe, Timely, Equitable, Effective, Efficient, person-centred

- Drive continuous improvement using service improvement methodology, benchmarking, data and analytics, as well as international best practice.

Our Objectives are to ..

- Utilise RD&I to support the evolution of existing services, the development of new services and increase our knowledge in the sector.

- Develop our RD&I capacity and capability.

We will ..

- Align our processes and systems with major developments in science, infrastructure, technology and informatics.

- Establish systematic approaches to horizon scanning and integrate them into our research programme.

- Integrate system wide data sets to develop insights.

- Actively identify and partner a range of NHS, commercial and academic institutions to develop an exciting programme for RD&I which supports transformational service change and improved outcomes.

Strategic Theme 6

Sustainable services that deliver the greatest value to our communities

Quality Domains
Use Pie chart highlighting:
Equitable, Efficient

Our Objectives

- Be an exemplar within Blood and Transplant Services for energy efficiency.

- Protect, preserve and restore the natural resources that exist within the WBS estate.

- Enhance the bio-diversity of our estate.

- Be carbon neutral by 2030.

- Provide a wide range of benefits and value to the communities we serve.

We will..

- Implement our energy plan and transition to renewables.

- Work collaboratively with the local community and our partners to implement our bio-diversity plan.

- Work with local community organisations to deliver environmental sustainability initiatives.

- Implement our carbon reduction plan.

- Utilise digital technology to improve efficiency and minimise waste.

- Work with the community to implement our sustainability strategy to develop wide benefits.

Strategic Theme 7

Develop great people and a great place to work

Quality Domains
Use Pie chart highlighting:
Equitable, Effective, Person-centred

Our Objectives are to ..

- Create an environment which enables our staff to feel motivated and able to achieve their potential.

- Create a culture where staff feel valued, their opinion matters and their well-being is paramount to our shared success.

- Promote transparent and collaborative decision making.

- Create high quality places to work from and more flexible ways of working that attract and retain the best talent.

We will..

- Develop our strategic workforce planning to ensure we have the people, with the right skills, in the right place at the right time

- Provide excellent learning and development opportunities and flexible career pathways.

- Deliver more integrated and collaborative working with health, academia and industry ensuring the development of high quality, technology enabled learning environments.

- Support increased academic and vocational training and development to maximise opportunities for all entry pathways and ensure inclusivity.

- Improve our approach to succession planning through implementation of our talent management plan.

- Refurbish our buildings and facilities to provide a better working experience.

- Implement a flexible approach to working (remote & office based) which supports staff well-being and meets business need.

STRATEGIC DEVELOPMENT COMMITTEE

DIGITAL PROGRAMME

DATE OF MEETING	08/12/2022

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Draft Status - Final Version will be Published in Public Domain

PREPARED BY	Carl Taylor, Chief Digital Officer
PRESENTED BY	Carl Taylor, Chief Digital Officer
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning, & Digital

REPORT PURPOSE	FOR DISCUSSION / REVIEW

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	21/11/2022	
Strategic Development Committee		
Trust Board		

ACRONYMS

Digital	"Applying the culture, processes, business models and technologies of the internet era to respond to people's raised expectations"

1. SITUATION/BACKGROUND

1.1 Over a number of years, the Trust has undertaken a number of significant developments in Digital Services which have made a difference to the quality, safety and experience for the users of the services that we provide.

1.2 Alongside this the Digital team have been developing its capabilities and structures to support the future plans for the Trust.

1.3 This has been articulated in a new Board approved digital strategy for the Trust, "Digital Excellence: Our Strategy 2022-2032". Setting out the new Trust strategy means that the way that digital services are delivered needs to be updated in line with the strategy.

1.4 This paper sets out for discussion the delivery model that should be adopted for successful execution of the strategy. This is still in its "shaping" phase, and with significant initiatives such as nVCC coming online needs to be agreed in Q4.

1.5 The Strategic Development Committee are asked to **DISCUSS/REVIEW** the status update and next steps.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 The Digital Strategy is based on six key themes around: Ensuring our Foundations, Digital Inclusion, Safe and Secure Services, Working in Partnership, becoming a Digital Organisation, and being Insight Driven. To meet the needs of these key themes a new digital operating model will be required.

2.2 The establishment of a Digital Programme is proposed as the operating model. This would work as part of the overall revised governance arrangements being adopted by the Trust and have four key workstreams:

2.2.1 Digital Service Design – this would provide an agile capability to create new clinically led digital services for our patients, donors and colleagues, such as Apps. This would follow

the national model for digital service design and use "Digital Squads" that achieve value through early and frequent delivery.

2.2.2   Digital Integrated Platform – the Digital Strategy has platform themes on Digital Inclusion, Safe and Secure Services, Ensuring our Foundations and being Insight Driven that require technology modernisation of the Trust core digital platforms. This modernisation will be delivered through an integrated platform including local and national systems built to a reference architecture that supports digital services.

2.2.3   Digital Organisation – Through the Digital Strategy we will work with patients, donors, colleagues and partners to create a Digital Service culture that embraces the use of digital technology and data to get the best quality services from it.

2.2.4   Digital Ecosystem – To successfully deliver the Digital Strategy and digitally connect our donors, patients and colleagues to our services 24/7 we will need to work collaboratively and in partnership with external organisations and communities. This includes a new approach to work on Digital Inclusion.

2.3   The four workstreams would come together to form a Trust Digital Programme that works to the new EMB governance arrangements being proposed for the Trust including the Futures programmes, the Strategic Capital Board and the Clinical and Scientific Board. In effect the Digital Programme would provide a cross-cutting theme to deliver the prioritised digital services identified by the Futures programmes and the IMTP plan.

2.4   It will take time to establish the new Digital Operating model and the culture change needed to support the Digital Strategy and so a phased approach to establishing the programme over the next 12-18 months is proposed.

2.5   The next steps proposed are to iterate the Digital Operating Model with SLT/SMT, Exec and Strategic Development Committee feedback which would allow for the creation of the Digital Programme's Terms of Reference, membership and scope in quarter 4 2022.

3.   IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined in this report.
	• Summary of ways of working
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Review of programme costs will need to be established

4.   RECOMMENDATION

4.1   The Strategic Development Committee are asked to **DISCUSS/REVIEW** the update on the shaping of the Digital Programme as a new operating model to deliver the Digital Strategy in preparation of its establishment in Q4 2022.

Developing the Strategic Digital Programme to Deliver the Digital Strategy

Discussion Paper

Strategic Development Committee

December 8th 2022

Digital Journey So Far

System Upgrades

Infrastructure Cycle Refresh

Implementing Commercial Solutions

New Skills & Capabilities

Understanding Data & Intelligence

Adopting National Systems

Adopting a Digital First Approach

New Digital Leadership

Digital Services Restructure

New Digital Services
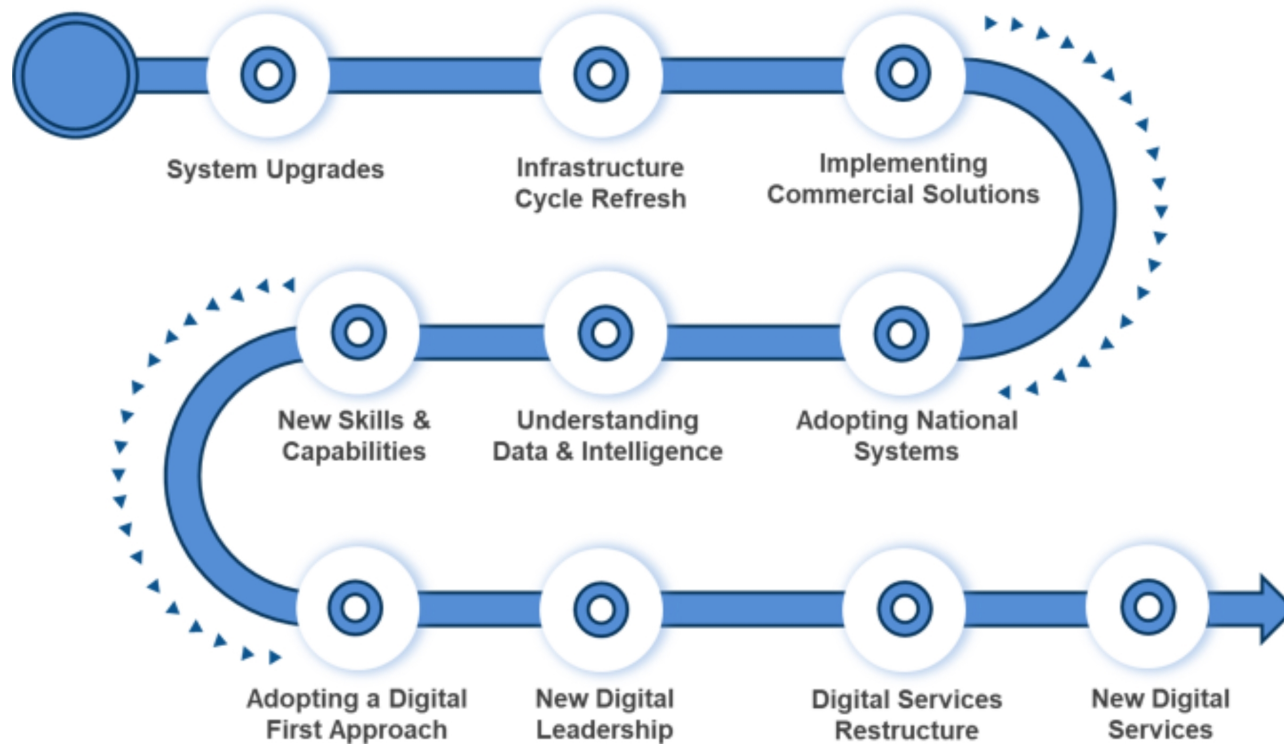
- Delivery of national & bespoke digital solutions:
  - e.g. BECS, RADIS, WellSky, WCP
  - CANISC → DHCR
  - Prometheus (WTAIL LIMS)
- Pan-Trust Digital Services team established
  - Reduce variation in service delivery
  - Remove technical debt (ongoing)
  - Digital Service Desk
- Delivery of Microsoft / Office 365 – building blocks for future 'digital first'
- Tentative steps into more 'digital first' ways of working (e.g. AttendAnywhere, process automation)

Where are we today…?
- New Digital Strategy now established
- Digital Inclusion (O365 Project)
- Various strategic digital programmes:
  - e.g. IRS, RISP, ePMA, WHAIS IT, BECS
- Need to align roadmap to national plans – e.g. patient portal / app

Digital Excellence: Our Strategy 2022- 2032

Ensuring our Foundations

Connected & Inclusive Services

Insight Driven

Safe & Secure Services

A Digital Organisation

Working in Partnership

By Digital we mean

"Applying the culture, processes, business models and technologies of the internet era to respond to people's raised expectations"

Tom Loosemore, Public Digital (2017) - https://public.digital/definition-of-digital

Patient
- It gives me information about my health and care and supports me to make more informed decisions over what I need from the services you provide
- It gives me more choice about where/how I access the services I need
- It signposts me to other services I may find useful
- It provides information for families/carers who support patients receiving care

Blood donor........
- I can manage my donation appointments on the move
- I can view my donation history and understand where my donation has gone
- It allows me to keep my details up to date
- It helps me identify donation sessions close to my current location
- It signposts me to other services I may find useful
- It lets me see what difference my donation is making

Member of staff and other healthcare partners.....
- It makes my role easier and more efficient
- It connects me to my team and my organisation
- It gives me flexibility in how and where I work
- It allows me to innovate and explore better ways of doing my job. It gives me the right information at the right time
- It allows me to share information across organisations to improve care

Digital Workstreams
What's the operating model to deliver the strategy?

Speed to Value

Multiple discrete "Squads" per area may be required depending on demand

Platform Workstream

Digital Service Design

Discovery / Alpha / Beta / Live

Delivery Squads	Delivery Squads	Delivery Squads
Digital Services For Patients	Digital Services For Donors	Digital Services For Colleagues
Backlog	Backlog	Backlog

Digital Integrated Platform

Tailored Services	Data/AI/Insight Services
Essential & Core Services	
Digital Reference Architecture	

Digital Organisation Skills Development

Ecosystem

Digital Inclusion

Digital Communities

Universities

Technology Partners

The Digital Programme would have four workstreams:

- **Digital Service Design**
- **Digital Integrated Platform**
- **Digital Organisation**
- **Digital Ecosystem**

Digital Service Design

Requires an Agile approach

When considering the services we deliver, agile means we will...

- Achieve value through early and frequent delivery

- Design clinically led services around patients, donors and colleagues needs

- Measure progress by delivering working services to patients, donors and colleagues that they value

- Be responsive to changing demands

- Create long term ownership of services and products in multi-disciplinary teams that stay together and improve

- Learn quickly what works and what doesn't

https://agilemanifesto.org/
https://service-manual.nhs.uk/standards-and-technology/service-standard#3-points-specific-to-health-and-social-care
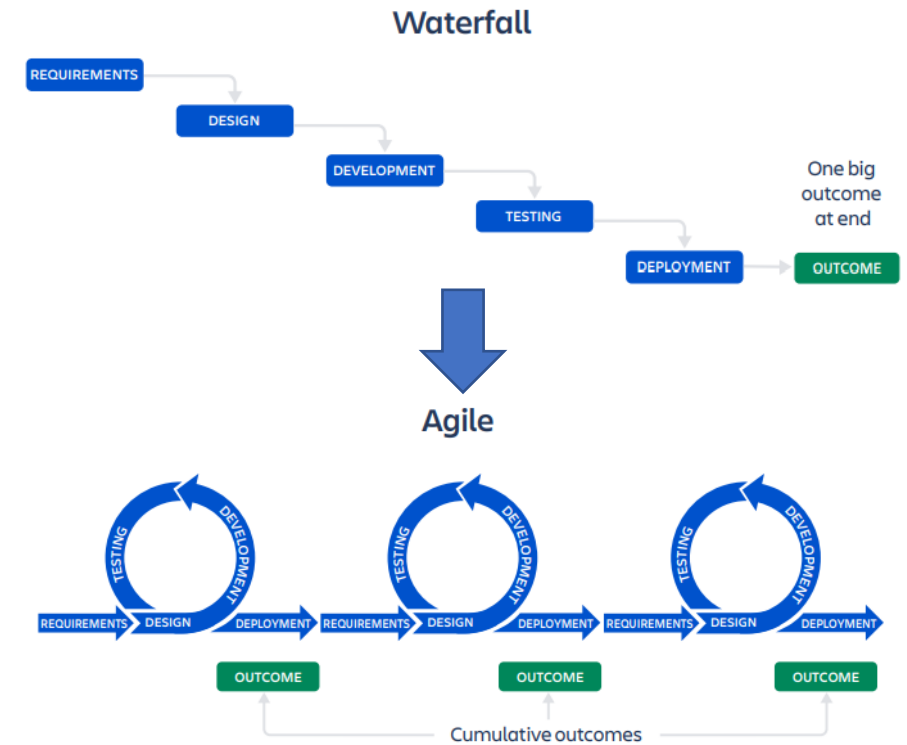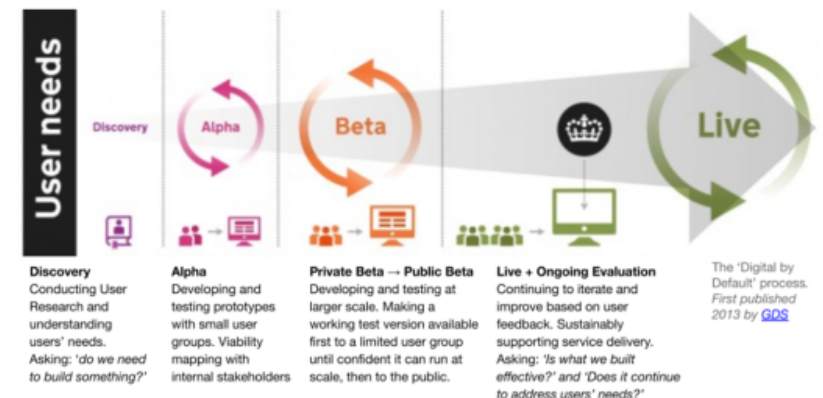
Digital Integrated Platform

Our Digital Strategy has platform themes on Digital Inclusion, Safe and Secure Services, Ensuring our Foundations and being Insight Driven that require technology modernisation of the Core Trust platforms.

- The themes will be delivered as components of an overall Digital Integrated Platform

- Platform delivers common Trust wide services (e.g. Office 365, Cloud first, business applications) as part of the Essential and Core Services

- Data and Insight Services will be available as part of the integrated platform, with local and national data repositories (NDR) available to all digital services

- Where Divisions need specific platforms (e.g. BECS, WPAS) these will be delivered as tailored services on top of the Essential and Core Services and built to the Digital Reference Architecture

- The Platform will be designed against a Trust wide Digital Reference Architecture to ensure it is fit for purpose to support the Digital Strategy (e.g. cloud first, interoperable)

- Capabilities from the National programmes will be available through the platform (e.g. DSPP, WPAS etc)

- It is expected that delivery of the Digital Integrated Platform will largely continue to follow a project (waterfall) methodology

Platform Workstream

Digital Integrated Platform

Tailored Services	Data and Insight Services
Essential & Core Services	
Digital Reference Architecture	
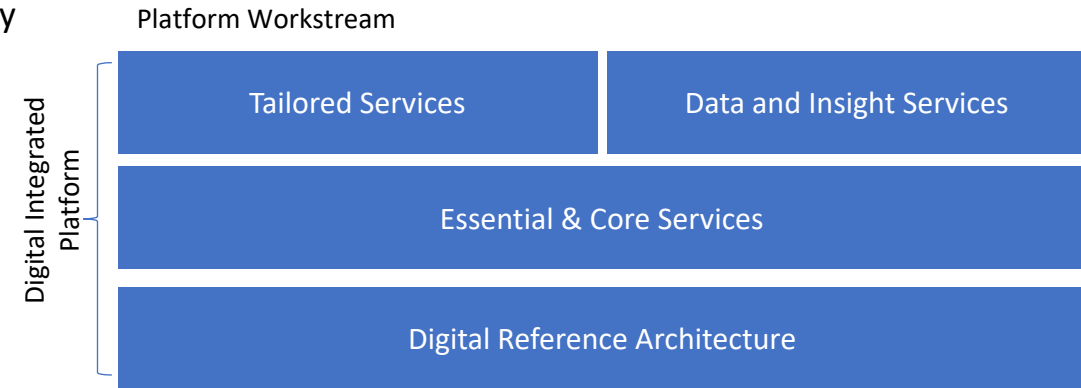
Digital Organisation

Through the Digital Strategy we will work with patients, donors, staff and partners to create a Digital Service culture that embraces the use of digital technology to get the best quality services from it.

Digital Organisation Development

- For the Digital Programme to be successful we will need to strengthen the Digital Capabilities of the Trust

- Combining appropriately skilled, empowered people into Delivery Squads is an important step we can take towards a successful digital transformation.

- It's essential we ensure our Delivery Squads are diverse and reflective of the people we are trying to reach and serve

- Establish and work with a Digital Champions network across the Trust

- A Digital education and training programme will need to be put in place across the Trust at all levels to increase capability and confidence in using Digital technologies

- New capabilities (e.g. User Centred Design) will need to be developed

- Governance will need to be reviewed:

  - For Delivery Squads we need to "Fund Teams not Projects" and keep the teams together so they continually improve with prioritisation through the Futures Programmes
  - Manage Digital priorities and make sure all digital demand comes through the team

Digital Ecosystem

To successfully deliver the Digital Strategy and digitally connect our donors, patients and carers and colleagues to our services 24/7 we will need to work collaboratively and in partnership with external organisations and communities

Ecosystem

Digital Inclusion

Digital Communities

- Communicate the needs for Digital Communities and Digital Inclusion through the Digital Programme

- Continue to actively engage with Digital Communities Wales and the Digital Inclusion Charter

- Select and work in partnership with Universities and Higher Education establishments

- Be active in our work with our communities to improve Digital skills and access to services

- Use the Digital Champions network established across the Trust to be active in our communities alongside volunteers

- Through our service design approach we will include patients and donors in the creation of our services

Charter Pledges

1. We ensure that all our staff and volunteers have an opportunity to develop basic digital skills, and that they take advantage of this opportunity.

2. We ensure that digital inclusion principles are embedded into our day-to-day activities and we support the role digital tools have in managing health and wellbeing.

3. We encourage and support our staff and volunteers to help other people to get online and have the confidence to develop basic digital skills, and help other organisations to embrace digital tools.

4. We commit support and resources for digital inclusion activities and initiatives in Wales in whatever ways we can, to ensure every citizen can engage digitally (if they choose).

5. We share best practice and activity around digital inclusion with the *Digital Communities Wales – Digital Confidence, Health and Well-being* programme so that our activities are co-ordinated for maximum impact and measured consistently.

6. We look to build local partnerships amongst organisations which want to share ideas and co-ordinate activities with others in their area.

Digital Inclusion Charter

Digital Programme Governance Structure

				Executive Decision Making

Executive Management Board

Change Team

Clinical and Scientific Board

Alignment, co-ordination and support

Strategic Capital Board

Velindre Futures (Delivery / Planning)

Welsh Blood Service Futures

Digital Programme

Programme Decision-Making aligned with delegated authority

Digital Service Design delivers into "Futures" as a working group for service implementation and drive user centred design. Digital Integrated Platform cross cutting initiatives e.g. Office365 tenant would be delivered directly as Digital Programme deliverables.

IMTP Workplan – What Do We Need To Deliver?

Trust

- Telephony strategic delivery Plan & implementation
- Review of printer estate / management
- Establishment of IT infrastructure for NDR
- Office 365 / Digital Inclusion
- RPA / automation (O365)
- Cyber Security – NIS Directive / Cyber Assurance Framework
- Establish Digital Programme
- Digital platform / apps (incl. DSPP)
- Value Based Healthcare

Velindre Cancer Centre

- nVCC – design & transition
- Integrated Radiotherapy Solution (IRS)
- Radiotherapy Satellite Centre (RSC)
- DHCR Phases 2 & 3
- AttendAnywhere - adoption
- Radiology e-Requesting
- ePMA
- OPD Transformation – self-check in, virtual clinics etc.
- AOS – digital enablement
- E-Referrals (hospital 2 hospital)

Welsh Blood Service

- BECS – procurement & implementation
- WHAIS IT – procurement & implementation
- WBMDR IT system (replacement)
- ePROGESA Delta Releases
- Talbot Green Infrastructure Upgrade
- Collection Teams Live Connectivity
- Appts. System Re-Platform

Digital Programme: WBS

Speed to Value ↑

Digital Service Design

Discovery / Alpha / Beta / Live

Delivery Squads

Digital Services For Donors

Backlog

Delivery Squads

Digital Services For Colleagues

Backlog

EProgesa Delta Releases

Digital Appointments

Digital Integrated Platform

Tailored Services

Data and Insight Services

eProgesa Platform

Essential & Core Services

Digital Reference Architecture
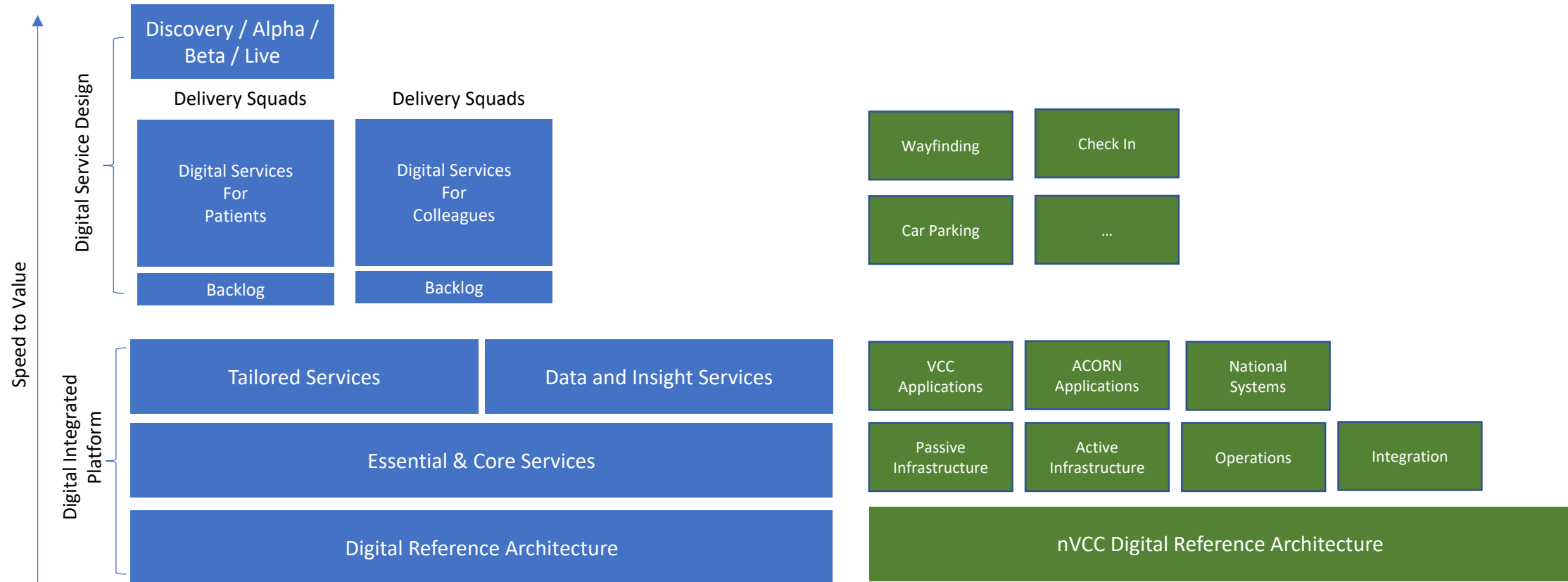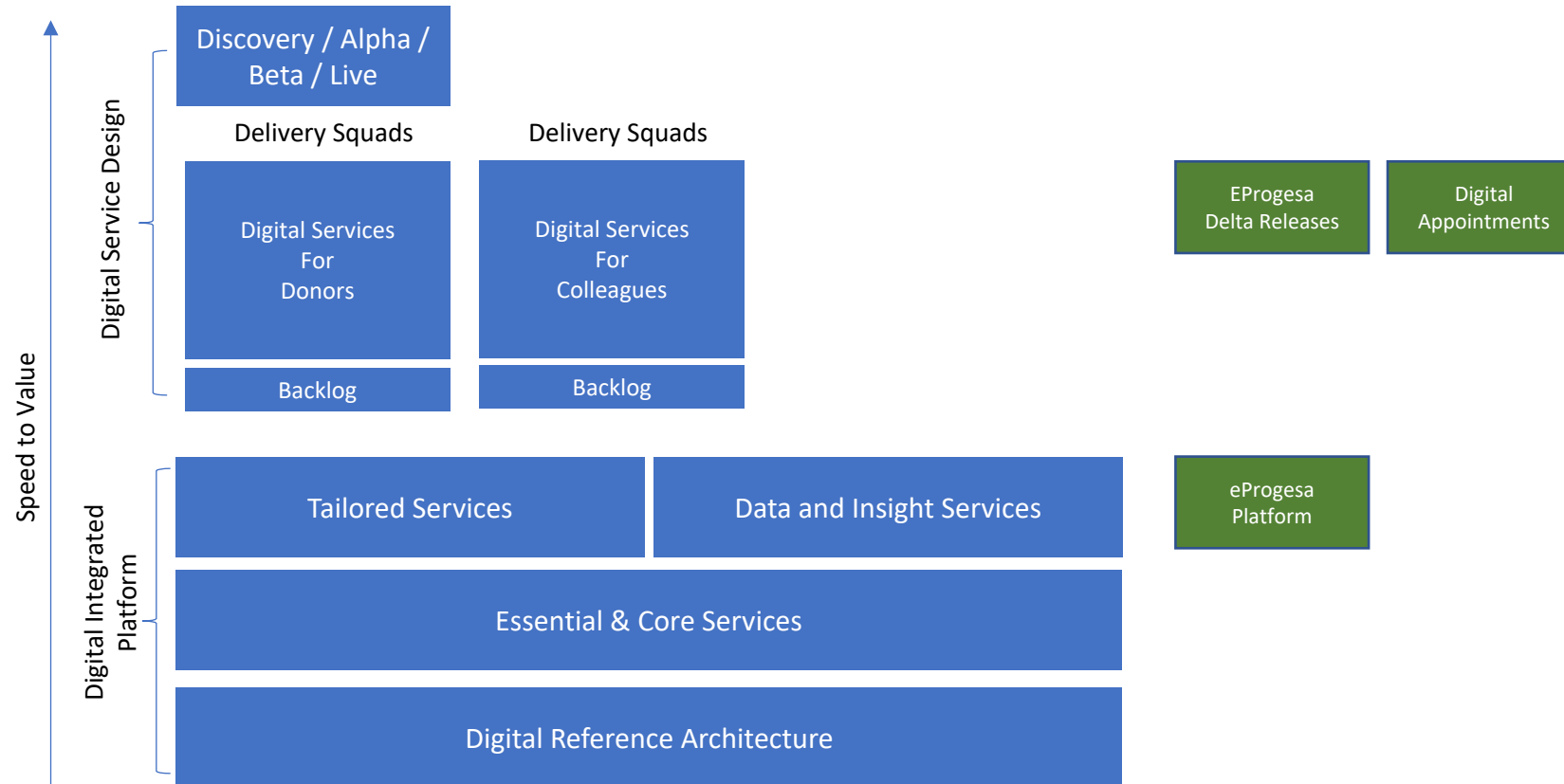
The eProgresa Delta releases are being re-established and should be a key demonstrator of the new approach.
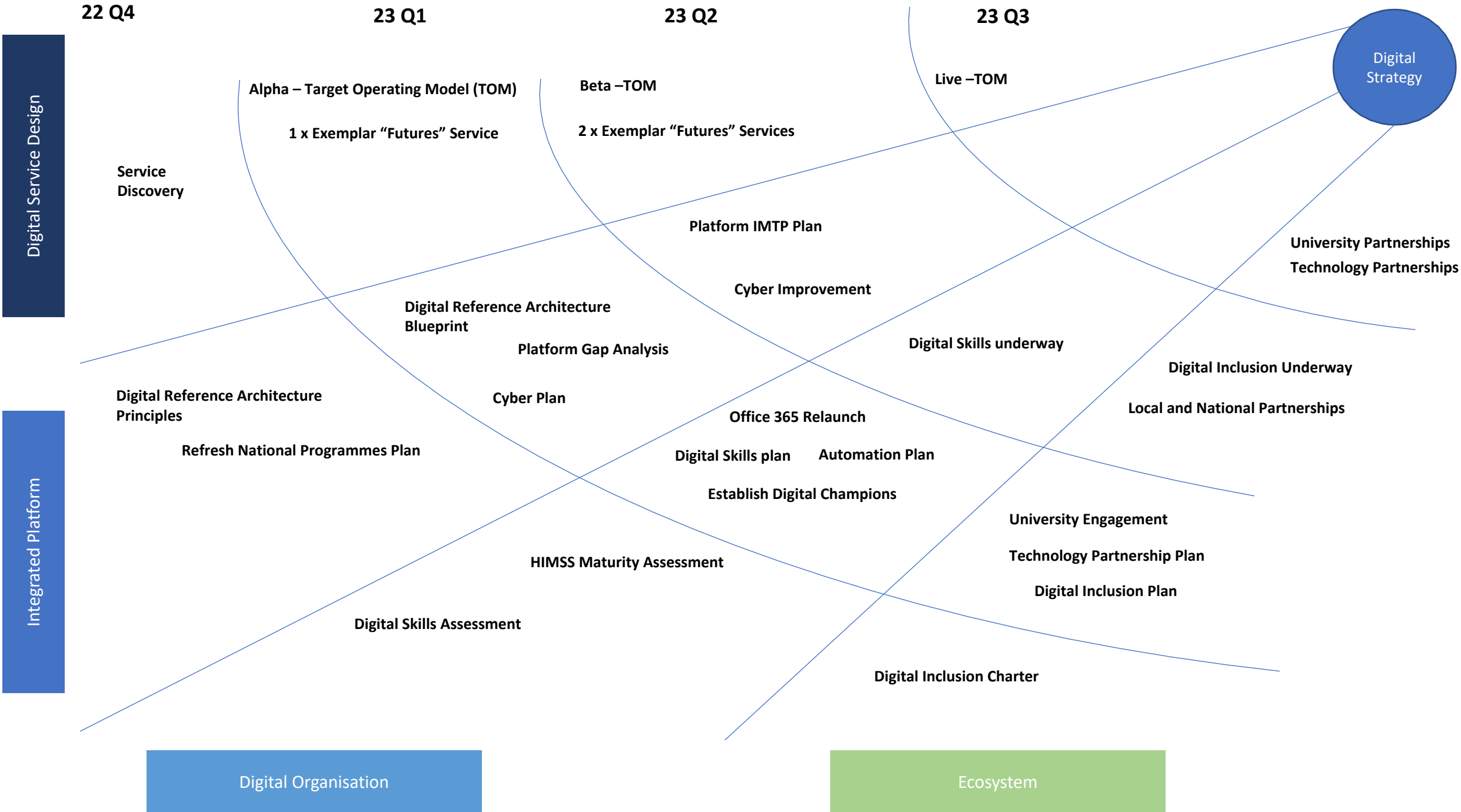
Next Steps

- Discuss at December Strategic Development Committee
- Complete the governance structure review
- Agree Programme Terms of Reference, membership and scope
- Create delivery plan alongside IMTP and identify Digital Service Design exemplars
- Prepare for Q4 launch

Workforce Planning Update- Supply and Shape of the Workforce

Strategic Development Committee

Workforce Priorities

Our strategic priorities reflect our organisational objectives for workforce and the focus of Velindre University's Sustainability and Digital plans. Realising our priorities will ensure we achieve constantly well-led teams, staffed with the right staff, maximising skill sets and learning, where individuals' wellbeing and identity is nurtured, enhancing our great care.

Ein gwerthoedd: BYDD Atebol | Feiddgar | Caredig | Ddynamig
Our values: BE Accountable | Bold | Caring | Dynamic

Wellbeing

Supply and shape

Education and Learning

Attraction and Retention
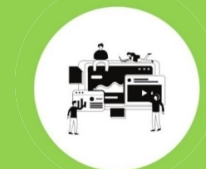
Digital Ready Workforce

Leadership and Succession

HEALTHY AND ENGAGED | SKILLED AND DEVELOPED | PLANNED AND SUSTATINED

Wellbeing	Supply And Shape	Education And learning	Attraction And Retention	Digitally Ready	Leadership and succession

Supply and Shape

Our service will have the right people in the right place at the right time

This will be achieved by:

➢ **Reviewing our work plans to have the right skill mix of staff**, maximising opportunities for new roles. This will include the implementation delegation frameworks

➢ Further **embed our workforce planning process** and develop our workforce information to maximise the opportunities for new ways of working

➢ Aligning to our Education Strategy, developing a Talent management process that supports **career pathways so staff have opportunities to grow professionally** and internal and external pathways are visible to current and new staff

➢ **Maximise opportunities for all entry pathways** including Apprenticeship, Graduate entry as well as Supported Recruitment to ensure an inclusivity in our supply routes

Workforce Planning steps
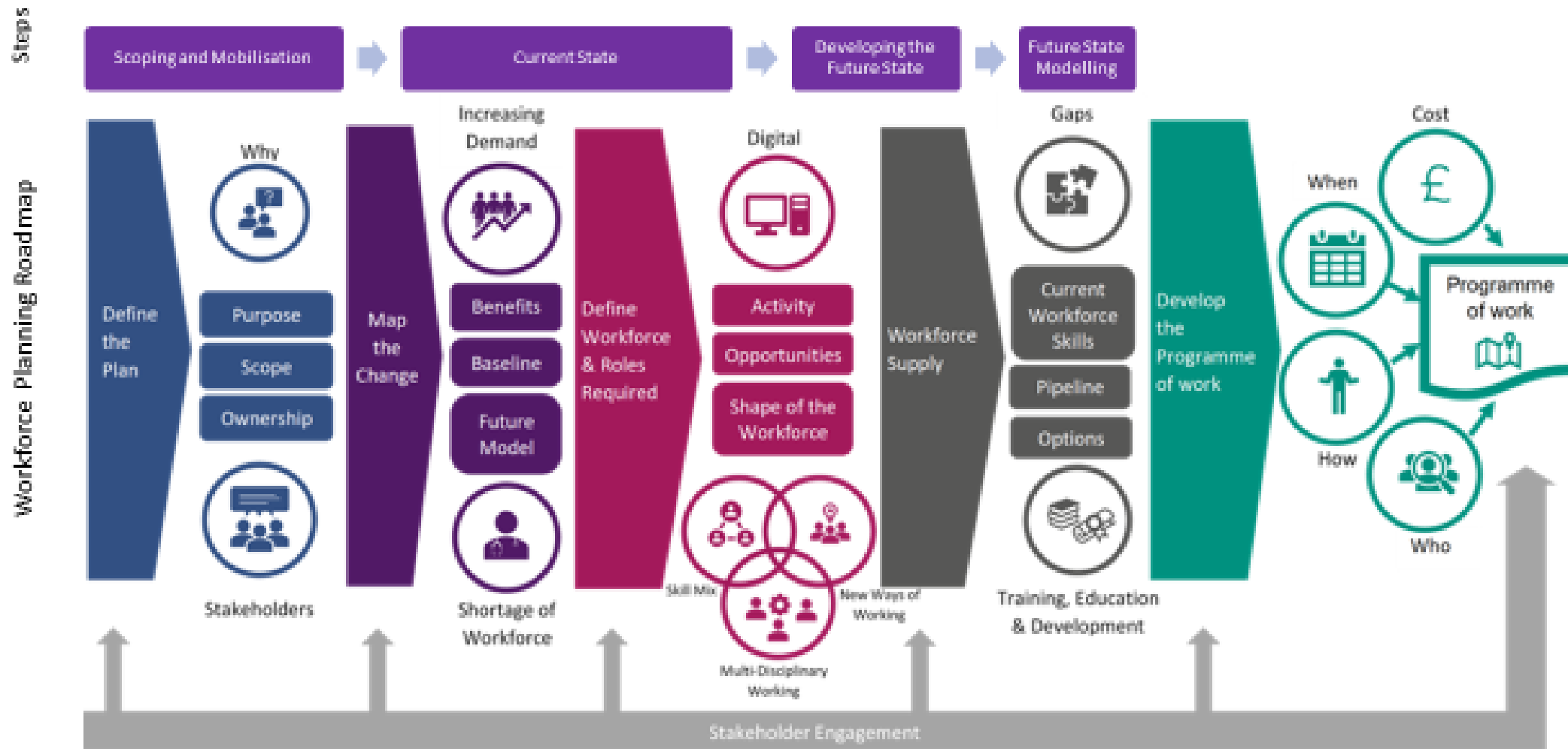
Workforce Planning Update – Embedding the process

Capability and Resources

SharePoint Page

- The 'Supply and Shape' SharePoint page has been developed to provide colleagues with access to tools and resources that aim to support and enable the development and implementation of workforce plans.
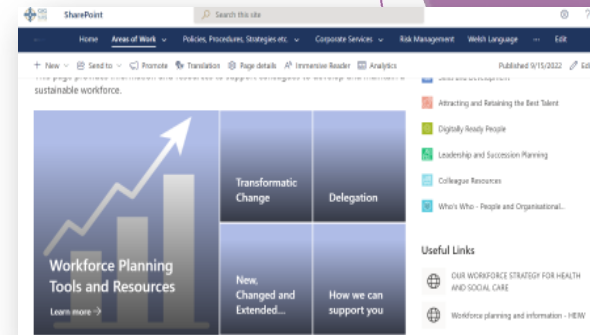
Workforce Modelling Tool – WRaPT

- Tool to be piloted in the WOD function initially, then used as part of the workforce planning process with service leads.
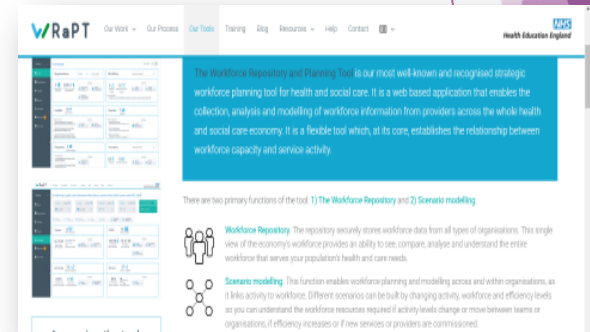
Introduction to Workforce Planning Training

- 6 cohorts completed, with 1 cohort due to complete on 26th Oct.
- Winter/Spring cohorts to be confirmed with co-facilitators – currently there is a waiting list of 32 colleagues who have expressed an interest in the training.
- Feedback from attendees has been positive to date.

Live Projects and Programmes of Work – Reviewing our Work plans

➤ **SST Deep Dives**

Rudimentary analysis of the data gathered (undertaken by the service with support from PMO) has identified workforce as a key theme to the challenges faced by SST's.
Further analysis of the findings is currently being undertaken with the aim of developing a programme of work focussing on the short term, medium term and long term workforce planning and modernisation activity.

➤ **Community and Primary Care Oncology**

Second meeting has been held to determine the scope of the Primary Care Project(s), develop the objectives and benefits, and review the potential risks involved with the programme. Outputs of the programme, including workforce planning and modernisation needs to be identified through the initial scoping phase.

➤ **Technical Services Workforce Planning**

Principle Pharmacist has commenced work to develop plan for service area.

➤ **CNS Service Development, and the Development of Advanced Practice Framework**

Initial project scoping meeting held with professional leads to identify next steps.

➤ **Pharmacy Framework Development**

Initial informal scoping meeting held with professional leads.

➤ **Development of a Trust 'Supply and Shape' working document**

Work has commenced to develop a Trust wide 'Supply and Shape' working document that aims to provide an overview of the current shape of the organisation.

Projects on the Horizon

Project	Division	Delivery Timelines
Clinical Model Review	WBS	22-23
Laboratory Modernisation Programme	WBS	23-24
Collaborative Centre for Learning	VCC	24-25
Radiation Services Treatment Model	VCC	TBC
Conclusion of CSMO redesign	VCC	22-23
Re-design of pre-SACT medical model	VCC	24-25
Urgent and Emergency Care *(to include current AOS project)*	VCC	23-24
Integrated Radiotherapy Solution		

OVERVIEW EDUCATION DIRECTION—VELINDRE UNIVERSITY NHS TRUST
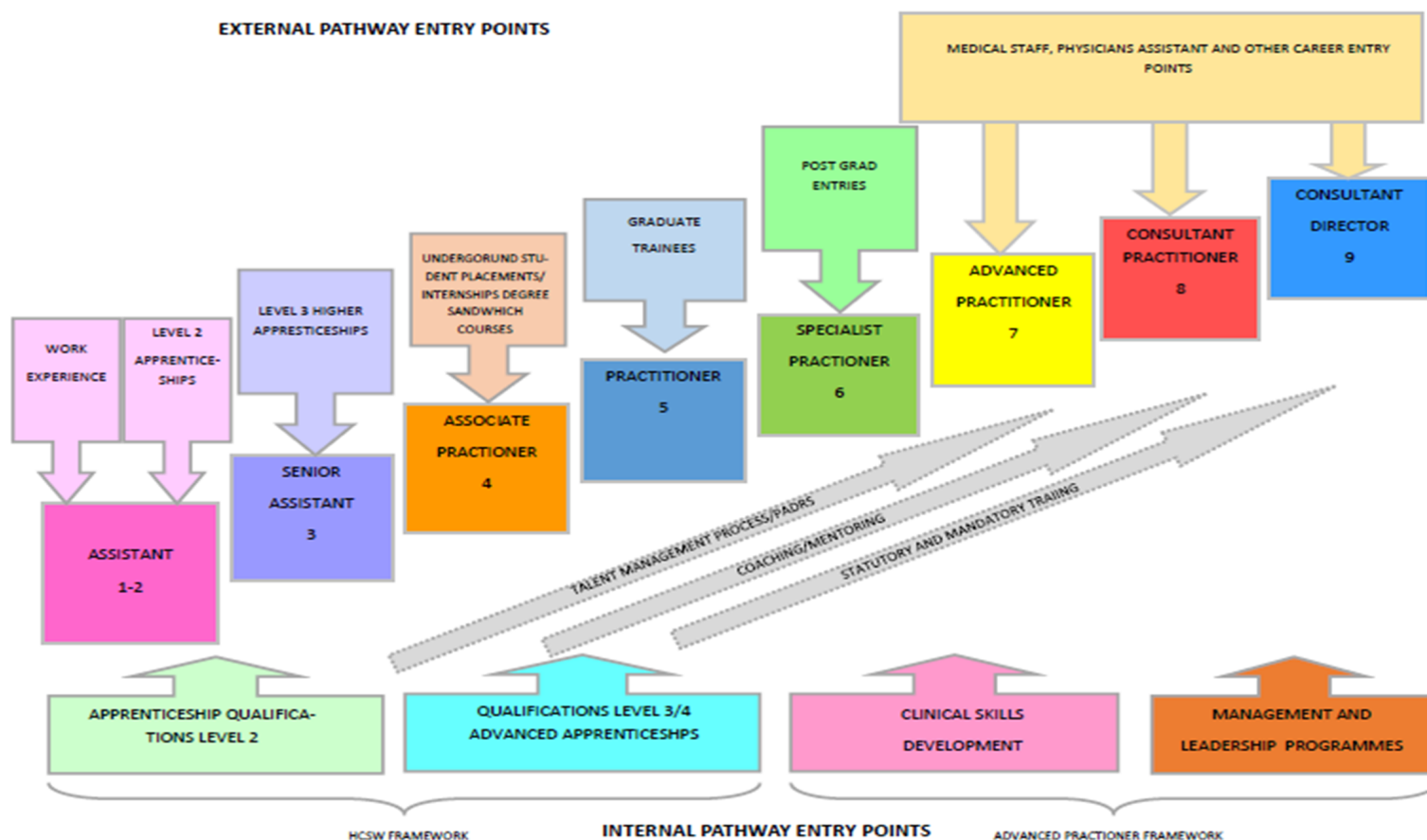
Pathways

➢ The Trust has draft Career Pathways for:

• Radiotherapy Medical Physics

• Nursing

• Pharmacy (Oncology)

• Radiography

• Therapy

➢ Management Trainee from the NHS Graduate Management Training Scheme 2021-23 and bidding for 2023-25

➢ Internships for students at University of South Wales

➢ Apprenticeship posts are included in Organisational Change Process leading to appointments across the Trust

Direction of Travel

WORKFORCE CHANGE IN VELINDRE
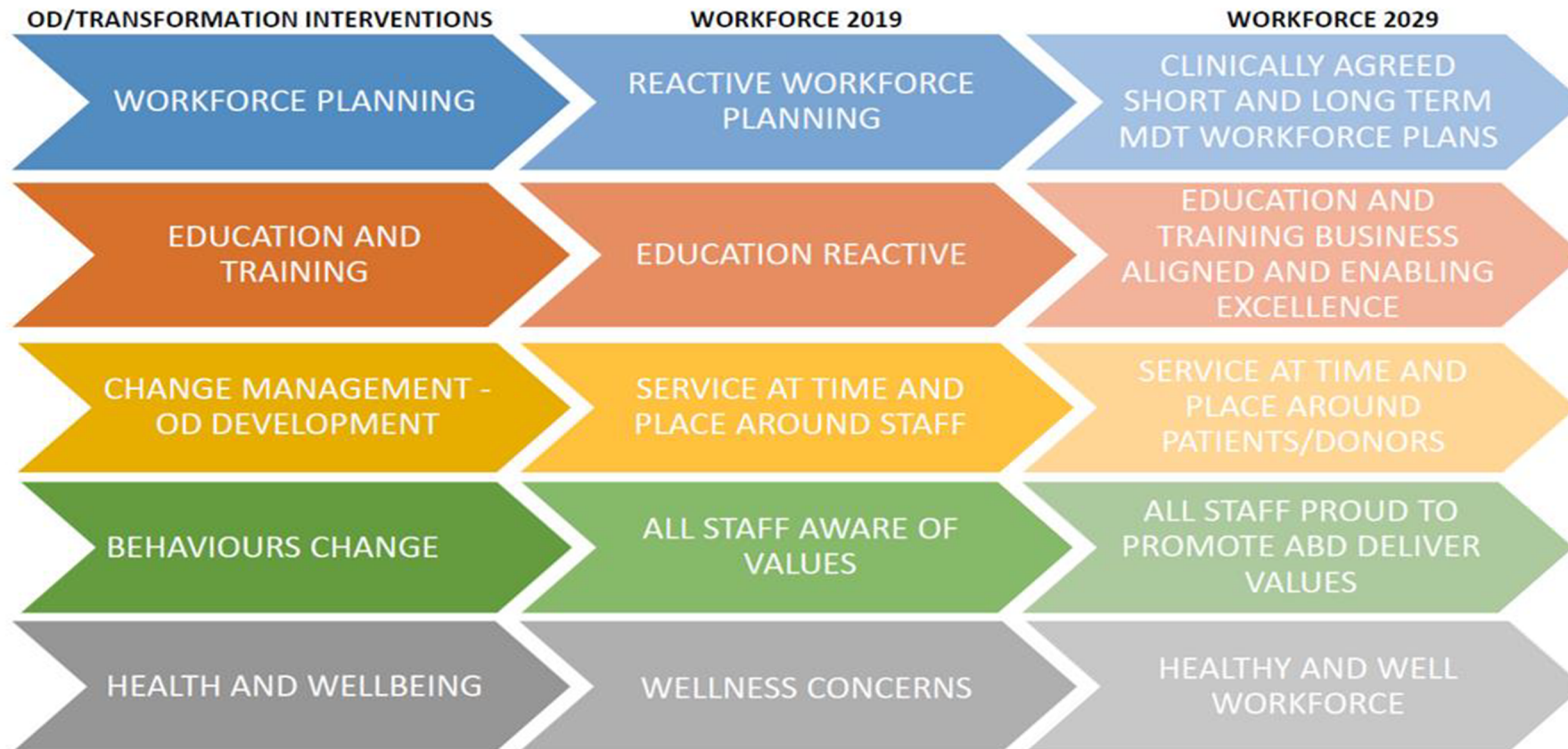
OD/TRANSFORMATION INTERVENTIONS	WORKFORCE 2019	WORKFORCE 2029
WORKFORCE PLANNING	REACTIVE WORKFORCE PLANNING	CLINICALLY AGREED SHORT AND LONG TERM MDT WORKFORCE PLANS
EDUCATION AND TRAINING	EDUCATION REACTIVE	EDUCATION AND TRAINING BUSINESS ALIGNED AND ENABLING EXCELLENCE
CHANGE MANAGEMENT - OD DEVELOPMENT	SERVICE AT TIME AND PLACE AROUND STAFF	SERVICE AT TIME AND PLACE AROUND PATIENTS/DONORS
BEHAVIOURS CHANGE	ALL STAFF AWARE OF VALUES	ALL STAFF PROUD TO PROMOTE ABD DELIVER VALUES
HEALTH AND WELLBEING	WELLNESS CONCERNS	HEALTHY AND WELL WORKFORCE

Purpose

The purpose of this presentation is to outline the scope, objectives, deliverables and governance structure of Building our Future Together.

Presentation Summary

Contents:

1	**2**	**3**	**4**
Part 1	Part 2	Part 3	Part 4
Context	**Aims**	**Portfolios of Work**	**Next steps, including governance & engagement**

3

Context

➢ The Trust driving hard on quality, safety, experience and value in terms of our primary focus in delivering cancer services and blood products.

➢ Delivering a number of strategic changes programmes, which have local, regional and national significance.

➢ Working across the health system to recover from the covid pandemic with enhanced partnership and collaboration, including strengthening across our University status pillars of research, learning and innovation.

➢ To look forward to put in place and deliver our strategic ambitions, set out within Destination 2032.

➢ Commitment to achieving excellence in service delivery and blood and cancer services being recognised across the UK and wider as exemplar.

What role does Building our Future Together Play?

➢ To enable us to move forward within the current context, deliver our ambitions and take account of what our people say about working in our Trust we recognise that we need to make changes across our systems in a way that takes account of how people work and interact with each other.

➢ To achieve this we must take a considered and planned approach to effect change across a number of inter-related elements and therefore are applying an organisational design approach.

Building our Future Together Aims to…

➢ ensure that we are organised appropriately to support delivery of strategy, which has the safety and quality of care for our patients and donors as its golden thread

➢ provide a way of working and shape to the organisation which enables us to maintain focus

➢ ensuring accountability and ownership is in the right place, supported by effective structures, and is empowering for those delivering and those leading the delivery of high quality services today and shaping our services for the future

➢ draw together our organisational developments with a common sense of purpose

➢ improve our effectiveness, efficiency and value based approach

➢ develop the mechanisms which enable us to prioritise where and when we focus our efforts

➢ provide continued confidence and clarity to our staff that we are set up in a way in which ensures we can collectively deliver on the organisation's ambition

➢ support realistic, authentic and compassionate leadership

Programmes of Work

These aims will be realised under the following inter-related areas of work which have been currently identified, with the anticipation that this will develop in order to achieve our aims

Ref	Programme of Work	Senior Owner
P1	Quality as an Organisational Strategy	Executive Director of OD & Workforce
P2	Prioritisation & Co-ordination Arrangements (Q5 Work)	Chief Executive Officer
P3	Values & Culture	Executive Director of OD & Workforce
P4	Internal Staff Communication & Staff Engagement	Director of Corporate Governance & Chief of Staff
P5	Governance, Risk & Assurance	Director of Corporate Governance & Chief of Staff
P6	Performance Management	Director of Transformation, Planning & Digital
P7	Leadership Development	Executive Director of OD & Workforce
P8	Value Based Healthcare	Executive Director of Finance
P9	Quality Framework	Executive Director of Nursing, AHP's and Healthcare Science
P10	Ways of Working	Chief Executive Officer
P11	Clinical & Scientific Arrangements	Executive Medical Director

Next Steps

➢ Portfolio Initiation Document (PID) currently being finalised through Executive Management Board – final version in December Executive Management Board Shape meeting. Alongside which the first a first view of progress reporting and a deep-dive on the Governance, Assurance & Risk Programme of Works.

➢ The PID will contain articulation of scope of each programme of work, deliverables, benefits, constraints and dependencies and also a mapping to the Trust Assurance Framework.

➢ The 11 programme of works are all included in the 35 organisational priorities and therefore embedded in the Integrated Medium Term Plan (IMTP) guidance and approach for 2022-25.

➢ Establishment of the governance and engagement mechanisms fully by March 2023, phased start from December 2022 – (next page).

➢ To note, the governance mechanisms will be in addition to the BAU transparent tracking of delivery against the phased approach agreed for all organisational priorities in the final 2022-25 IMTP.

Governance & Engagement Mechanisms

Executive Management Board (Shape)

Provide oversight and guidance to the Portfolio and light touch governance of the Programmes and Projects that sit within it. A highlight report will be received from each Programme of work with detailed updates by exception.

Strategic Development Committee

Receive updates on progress from the Programmes and achievement against the objectives and deliverables.

BOFT Steering Group

Takes a high level overview of the Portfolio and Programmes within it. The Steering Group will act in the capacity of a critical friend to the work and encompass membership from both inside and outside the organisation to bring additional view points to bear. This will form part of the Executive Management Board on a quarterly basis beginning in March 2023. Initial Membership (in addition to Executive Management Board) to include: Initial Membership: BOFT Lead Independent Member; HEIW Representative; Director Improvement Cymru.

Leadership Summits

Quarterly Building our Future Together Leadership Summits to bring together the members of VCS Senior Leadership Team, WBS Senior Management Team and the Trust Extended Leadership Team to discuss, develop and enhance the work under the BOFT Portfolio.

STRATEGIC DEVELOPMENT COMMITTEE

Performance Accountability and Delegation Frameworks

DATE OF MEETING	8th December 2022

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Phil Hodson, Deputy Director of Planning and Performance / Lauren Fear, Director of Corporate Governance and Chief of Staff
PRESENTED BY	Carl James, Director of Strategic Transformation, Planning and Digital and by Lauren Fear, Director of Corporate Governance and Chief of Staff
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning and Digital / Lauren Fear, Director of Corporate Governance and Chief of Staff

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
VUNHST Performance Management Framework Group	8th November 2022	DISCUSSED
VUNHST Executive Management Group	21st November 2022	DISCUSSED

ACRONYMS

VUNHST	Velindre University NHS Trust
WG	Welsh Government
PMF	Performance Management Framework

1. SITUATION/BACKGROUND

1.1 A significant amount of work and engagement has been undertaken in reviewing and enhancing the current Performance Management and governance arrangement's across the Trust.

1.2 In response, and to support the successful implementation of the Performance Management Framework, and to support wider Performance Management across the organisation, it is recommended that a Trust-wide Performance and Accountability Framework should be developed. This would then be implemented in 2023 / 2024.

1.3 It has also been agreed that the Governance Delegation framework required review and development. This work is being led by the Director of Corporate Governance and Chief of Staff and forms part of the Governance, Assurance and Risk programme of work under Building our Future Together.

1.4 Developing both pieces of work as one is important to ensuring clarity and consistency of outcome.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

Performance and Accountability Framework

2.1 The Trust Performance Management Framework Group, chaired by the Director of Strategic Transformation, Planning and Digital, will be responsible for the development and implementation of the Performance and Accountability Framework and will report directly to the Trust Executive Management Board *(Note – The membership of the Trust Performance Management Framework Group will be reviewed and additional service representatives will be invited as appropriate)*. Regular progress updates, and escalation reports if and when required, will also be provided to the:

- Divisional Leadership Teams
- VUNHST Executive Management Board
- VUNHST Strategic Development Committee
- VUNHST Quality, Safety and Performance Committee
- VUNHST Board

Velindre University NHS Trust Performance and Accountability Framework – Aims and Objective:

2.2   The aims of the Performance and Accountability Framework will be to:

- Support the Trust in escalating areas where additional support may be required
- Set out the means by which the Trust can easily identify areas of excellence.
- Support the delivery of high quality and safe services
- Support the delivery and implementation of leadership and governance arrangements across the organisation.

What do we mean by Accountability?

2.3   To ensure that accountable officers who are making performance decisions and delivering services are accountable for them.

Accountability for Performance:

2.4   The Performance and Accountability Framework will ensure that accountability is held at the following levels:

- Service department managers will be accountable to the Divisional Senior Leadership Teams (Divisional Directors)
- Divisional Senior Leadership Teams will be accountable to the Executive Management Board (Executive Directors)
- Executive Management Board (Executive Directors) will be accountable, via the Chief Executive and Board Assurance Committees, to the Trust Board
- The Trust Board will be accountable to the Welsh Government

Accountable Managers - Responsibilities:

2.5   Accountable Managers will be required to have formal performance management arrangements in place across the individual services that they are responsible for, to ensure delivery against performance expectations and targets and to escalate where this is not possible.

What will Accountable Managers be Accountable for?

2.6   It will be the responsibility of Accountable Managers to identify issues of underperformance and to act upon them promptly and, to the greatest extent possible, to avoid the necessity for escalation within the organisation.

- Accountable Managers and teams will have responsibility and accountability for all aspects of service delivery
- Accountable Managers and teams will have responsibility and accountability for the performance within their allocated budget
- Accountable Managers will have responsibility and accountability to report on their team's performance, areas of excellence, development of Service Improvement Plans or the nature of support or interventions to achieve targets.

Governance Delegation Framework

The Trust's scheme of delegation is set out in it's Standing Orders and Standard Financial Instructions. This clearly sets out the delegated authorities and governance of those, between: Welsh Government and the Trust; the Trust Board and it's Committees; and the Trust Board and the Executive.

The areas of initial proposed development for this workstream, although the full scope is to be further shaped and agreed by the Executive team:

- Ensuring there is clarity of delegated authority between Executive Management Board and the Divisional Leadership Teams and Corporate Functions' Leadership Teams.

- Ensuring there is a clear framework and guidelines of how delegation should operate throughout the organisation.

- Assurance and feedback mechanisms that any changes are achieving the outcomes agreed on a sustained basis.

Timelines:

2.7   To support the successful implementation of the Performance Management Framework it is recommended that the development of the Trust-wide Performance, Accountability and Governance Framework should be completed by 31st March 2023. This will enable implementation of the Framework in 2023 / 2024.

2.8　Throughout the development of the Performance, Accountability and Governance Framework regular engagement and feedback sessions will be held with divisional Senior Leadership Teams, the Executive Management Board, relevant Committees and the Trust Board.

3.　**IMPACT ASSESSMENT**

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required Note: If the recommendation outlined within this paper is approved then an Equality Impact Assessment will be completed as part of the process for developing the Framework.
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4.　**RECOMMENDATION**

4.1　The Strategic Development Committee is asked to **NOTE** the development and implementation of a Trust-wide Performance, Accountability and Governance Framework.

STRATEGIC DEVELOPMENT COMMITTEE

Talbot Green Infrastructure Programme Update

DATE OF MEETING	08/12/2022

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Sarah Richards, Interim General Services Manager
PRESENTED BY	Carl James, Director of Strategic Transformation, Planning & Digital, Corporate Services
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning, & Digital

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	21/11/2022	NOTED

ACRONYMS	
OBC	Outline Business Case
PBC	Programme Business Case
WBS	Welsh Blood Service

1. SITUATION/BACKGROUND

1.1 A Programme Business Case (PBC) setting out a programme of strategic developments in relation to improvements in the infrastructure at Welsh Blood Service (WBS) Head Quarters (HQ) in Talbot Green was approved by Welsh Government in March 2021. The PBC outlined the Phases of the programme as follows:

Phase 1 Sustainable Infrastructure

- Upgrade and replacement of electrical infrastructure including mains electrical distribution systems.

- Upgrade and replacement of mechanical infrastructure including main heating, cooling and ventilation plant.

- Developing a new Energy Centre to centralise main plant.

- Seize the opportunity to move towards a carbon neutral service (renewables).

Phase 2 Laboratory Modernisation (*separate project yet to be defined*)

- Modernisation of laboratories, in line with best practice, that will support improved efficiency and innovation.

Based upon the original scope, the Welsh Government allocated £150,000 to support development of the Outline Business Case, which is nearing completion.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 The development of the OBC, in line with the Trust Board approved scope, has been developed in partnership with key stakeholders and is nearing completion.

However, since the original scope was agreed, further challenges and opportunities have emerged and it was therefore recommended that the Programme Board should consider the following:

- ***Laboratory Services Modernisation*** – the scope of this work has been agreed and a high level brief has been prepared (attached as Appendix 1).

- ***Decant Costs*** – clarity around the laboratory decant costs for the duration of the works has been estimated at around £3M to ensure continued service provision whilst the work is completed.

- *Plasma for Medicines* – further clarity has been provided around this programme of work (however, still in infancy with no level of detail currently available). If additional efficiencies are obtained through laboratory modernisation, these will be explored for development of Plasma for Medicines.

In light of this, several options were considered by the Programme Board.

OPTIONS CONSIDERED

Option	Reason for accepting/declining option
Option 1: Do Nothing	*Benefits:* • No capital funding required from Welsh Government. *Risks:* • No electrical or mechanical work completed at WBS HQ, resulting in huge risk to business continuity and resilience. • No ability to future proof existing site and facilities.
Option 2: Do Minimum Proceed with Phase 1 as outlined within the PBC i.e. mechanical, electrical and decarbonisation elements.	*Benefits:* • Submission of the OBC to Welsh Government as planned (January / February 2023). • Capital funding request within this financial year (uncertainty around capital funding if delayed to next financial year). • Allows the mechanical, electrical and decarbonisation work to proceed ensuring HQ building is future proofed and resilient. *Risks:* • Potential for abortive works.

	- Requirement for a second decant for Phase 2. - Capital uncertainty for Laboratory Modernisation Programme if completely disaggregated.
Option 3: Bridging option between Phases 1 & 2 (emerging preferred way forward) Proceed with Phase 1 as outlined in the PBC i.e. mechanical, electrical and decarbonisation elements whilst a high level feasibility study is carried out to understand the laboratory utilisation elements of the Laboratory Modernisation Programme. The feasibility study would scope laboratory utilisation within Phase 2 and provide indicative costs and benefits. In addition, it would outline the relationship between Phase 1 and Phase 2 providing clarity around which elements of the Laboratory utilisation could be completed as part of Phase 1, enabling WBS to future proof the facility without any abortive works. The cost of the feasibility study would be approx. £127K (excl. VAT) and would take 3-4 months.	*Benefits:* - Provides clarity around scope of laboratory utilisation work and allow elements to be included within Phase 1, where feasible. - Unlikely to be abortive costs or the requirement for a second decant. - Allows the mechanical, electrical and decarbonisation work to proceed ensuring building is future proofed and resilient. - Provides decision point on completion of feasibility study on whether to progress with integrated or separate OBCs for Phases 1 & 2. - Provides indicative cost/time envelope required to update PBC. - Provides initial work which is required for any future OBC – with further detail developed at 1:50 and cost certainty. *Risks:* - Delay to submission of OBC to Welsh Government approx. 3-4 months. - Uncertainty around capital funding if delayed to next financial year.

Option 4: Change scope of Phase 1 to include Laboratory Modernisation Programme (more ambitious option) Delay submission of the OBC whilst the high level feasibility study is carried out. Update the OBC to include both Phase 1 and Phase 2 before submission to Welsh Government. The cost of the feasibility study would cost approx. £127K (excl. VAT) and would take 3-4 months. Second stage OBC would cost approx. £150K (excl. VAT) although this would be confirmed at a later date. It would increase timeline by approx. 12 months.	*Benefits:* • Aligns Phases 1 & 2 – no abortive costs • Avoids potential need for service disruption i.e. second decant. • Greater certainty of costs/time on overall Phase 1 and 2. *Risks:* • Considerable delay to submission of the OBC to the Welsh Government (approx. 12 months). • Elongates/potentially Increases the current risk e.g. resilience of the building (for an unknown period of time e.g. at least 1 further 12 – 15 months above the current timelines for submission of OBC1 • Uncertainty around capital funding if delayed to next financial year.

2.2 At its meeting on 1st November 2022, the Programme Board agreed to take forward option 3 - **Bridging option between Phases 1 & 2.**

This option requires completion of a feasibility study that would scope laboratory utilisation and define the relationship between phase 1 and phase 2, providing clarity around which elements of the laboratory utilisation could be completed as part of phase 1 enabling WBS to future proof the facility without incurring any abortive works.

This feasibility study will cost £127,000 (excl VAT). It will include additional design and costing work to develop Laboratory Modernisation (Phase 2) to deliver:
• Service design/functional use of the laboratories
• 1:500 design
• Outline costings for Phase 2

- Set out what can be delivered in Phase 1, i.e. avoid any abortive costs; and to enable the efficient and effective delivery of Phase 2 if approval is secured from WG in future.

Development of the feasibility study will extend the programme by approx. 3 – 4 months.

It was agreed that the request for additional capital funding for the feasibility study would be sought from either the Welsh Government or the Trust Discretionary Capital Programme. Both options are now being explored, and additional capital funding for the scheme was included in the request sent to Welsh Government as part of year end slippage. Informal discussions have been positive.

Following the feasibility study, further costs would be expected to either integrate Laboratory Modernisation within the original OBC or develop a separate OBC for Laboratory Modernisaiton. Second stage OBC would cost approx. £150K (excl. VAT) although this will be confirmed at a later date depending on route taken.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	In development
RELATED HEALTHCARE STANDARD	Safe Care
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	£127,000 (excl. VAT) for feasibility study (Riba stage 1)

4. RECOMMENDATION

4.1   The Strategic Development Board is asked to **NOTE** the contents of this paper.

STRATEGIC DEVELOPMENT COMMITTEE

Integrated Medium Term Plan - Progress Update

DATE OF MEETING	8th December 2022

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Phil Hodson, Deputy Director of Planning and Performance
PRESENTED BY	Phil Hodson, Deputy Director of Planning and Performance
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning and Digital

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
VUNHST Executive Management Group	21st November 2022	NOTED

ACRONYMS	
VUNHST	Velindre University NHS Trust
NHS	National Health Service

WG	Welsh Government
IMTP	Integrated Medium Term Plan

1. SITUATION/BACKGROUND

1.1 The Trust, on 22nd July 2022, received confirmation from the Welsh Government that its IMTP for 2022 – 2025 had been approved in accordance with the requirements of the NHS Wales Planning Framework and the duties set out by section 175 of the National Health Service (Wales) Act 2006. This means that the Trust has had a Welsh Government approved plan for the last nine years and since the introduction of the IMTP planning process. However, there is a requirement to update and refine our approved plan for the period 2023 – 2026.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

Trust (Draft) Planning Guidance:

2.1 The Trust planning team has produced draft planning guidance, approved by the Executive Management Board, which is intended to provide all services, including support functions, with a framework for developing the IMTP for 2023 - 2026.

2.2 The guidance was developed in accordance with the most recent NHS Wales IMTP Planning Framework (2022 – 2025) and recent verbal updates provided at professional groups. This will now be reviewed and updated following the recent receipt of updated NHS Wales planning guidance – see below.

NHS Wales Planning Guidance:

2.3 The NHS Planning Framework was issued on 28th November 2022 and the Trust IMTP will be developed in line with the requirements of the Framework.

The Requirement:

2.4 Velindre University NHS Trust is required to submit a financially balanced and Trust Board approved IMTP to the Welsh Government by **31st March 2023** (Note: confirmed in the NHS Planning Framework). Prior to approval by the Trust Board the IMTP, or relevant sections, must be approved by the following:
- Velindre University NHS Trust Executive Management Board
- Velindre University NHS Trust Strategic Development Committee
- Velindre University NHS Trust Board

2.5   In parallel to the above approvals process it is imperative that there is regular and effective engagement with key stakeholders. These will include, but not exclusively, staff, service users, the Welsh Government and the Community Health Council.

2.6   In addition there will be a requirement to undertake an IMTP Equality Impact Assessment.

Programme and Process

2.7   The programme and process for developing for developing the Velindre University NHS Trust IMTP has been approved by the Trust Executive Management Board and the Velindre University NHS Trust Strategic Development Committee.

2.8   Key aims of the process are:
- To work with the Trust Board, Executive Management Board, VCC / WBS Senior Leadership Teams and key support functions in the development of a clear set of strategic priorities and areas of opportunity
- To work with the Trust Board, Executive Management Board, VCC / WBS Senior Leadership Teams and key support functions to develop a prioritised programme for investment
- To agree our financial bassline position, benchmarked against our pre-COVID baseline, and to agree required levels of investment from commissioners and anticipated levels of activity
- To work with key partners to explore potential solutions for transformation and new models of health and care
- For VCC and WBS to review and update their service plans for 2023 – 2025 and to develop a plan for 2026
- For all enabling functions to review and update their plans for 2023 – 2025 and to develop a plan for 2026
- To work in collaboration with our commissioners, and other NHS partners, in the development and implementation of our regional programmes of work.

Velindre University NHS Trust IMTP (2023 – 2026) – Core Principle(s):

2.9   The core principle in developing our IMTP is our commitment to quality and safety. Our plan will ensure that we put our patients and donors at the centre of everything we do; working towards optimum quality, safety and experience; and continual learning and improving.

2.10   Our strategic priorities will be achieved by ensuring that all of our services are developed and delivered in collaboration with the patients and donors who use

them, continually reviewing outcomes and experience and using these to learn and improve.

2.11 These include:
- Implementing the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2021, the National Quality and Safety Framework and the National Clinical Framework to provide services of the highest possible quality
- Implementation of the Cancer Standards (those which are applicable)
- Delivering services that meet the national clinical quality and safety standards and requirements which ensure that patients and donors receive an excellent experience
- Treating patients as quickly as possible
- Delivering services which are efficient, effective and productive – Value Based Healthcare
- Providing blood and blood products to our partner Health Boards to support the provision of treatment and care to people across Wales
- Supporting the health and well-being of our staff who have been working in extremely challenging circumstances for the past two years
- Workforce and Organisational Development

2.12 In addition we have identified a number of important strategic areas of work. These include:
- Improving population outcomes and reducing inequalities
- Regional working, partnerships and collaboration to improve outcomes
- Developing our system leadership role in areas where we can add value
- Delivery of our Transformation Programmes
- Delivery of our Organisational Development Programmes
- Delivery of our research, development and innovation Programmes
- Delivery of our decarbonisation strategy

2.13 The IMTP plan must incorporate, and in the development of service / support function plans, consider the following elements:

Ministerial priorities - (*Note: Please see Annex 1 for additional detail*)**:**
- Delayed transfers of care
- Primary care access to services
- Urgent & Emergency care
- Planned Care, Recovery, Diagnostics and Pathways of Care
- Cancer recovery
  - Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.

- o   Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026.
- Mental health and CAMHS

Trust Vision:

- Excellent care, Inspirational Learning, Healthier people.

Trust Purpose:

- To improve lives.

Trust Strategic 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 and learning for all
- A sustainable organisation that plays it part in creating a better future for people across the globe

Focus of Our Plan:

2.14   The IMTP will set out our plans in six areas.
1. Our strategic ambition and our strategic goals
2. Our commitment to delivering high quality, safe services which provide an excellent experience
3. Our priorities related to the implementation of enhanced models of care and services for blood and cancer services
4. Our continued strategic development of the Trust and its transformation into new and potentially exciting areas of work in accordance with the challenge laid down by '*A Healthier Wales*'
5. Our support function / enabling plans which will help to ensure that WBS / VCC are able to deliver against their key service priorities
6. Our financial plan which will :
- Provide assurance that we will achieve a financially balanced revenue position
- Outline how we will target investment where it will have the greatest impact (*Value Based Healthcare*)
- Clearly articulate the investment required from our commissioners and of the Welsh Government
- Detail robust Cost Improvement / Savings plans

Organisational Priorities:

2.15 A set of organisational priorities have been developed during 2022 and these must feature in all plans. These are listed below.

#	Programme of Work	#	Programme of Work	#	Programme of Work	#	Programme of Work	#	Programme of Work	#	Programme of Work	#	Programme of Work	#	Programme of Work
1	**Staff Wellbeing Programme –** *Work programme overseen by Health & Well-being Group*	6	**Research Hub @UHW** *Deliver multi-phased clinical research1 in partnership with CAV and CU*	11	**BOFT: Quality Framework**	16	**Workforce Redesign** *To be specific as to purpose and proposed outcomes – e.g. a workforce plan fit for 2027*	21	**SACT Service Transformation** *VF Defined Scope*	26	**BOFT: Value Based Healthcare**	31	**HEP B Testing** *Delivery of retrospective testing programme and changes to collection model going forwards*	36	**Transforming Access to Medicines Programme** *VCS responsibilities for implementation of national model*
2	**Enabling Works & nVCC** *Delivery of Projects 1 and 2*	7	**BOFT: Clinical & Scientific Arrangements**	12	**BOFT: Leadership Development**	17	**BOFT: Management Quality System**	22	**Outpatient Transformation Programme** *VF Defined Scope*	27	**Digital Health & Care Record** *Implementation of first phase by Nov 22, further phases tbd subject to funding*	32	**BOFT: Internal Staff communication & staff engagement**	37	Private Patients Strategic Development *Work to develop strategic options, decisions made, implementation programme of change as required*
3	**TCS Digital and Equipment** *Delivery of Project 3*	8	Implementation of Patient Engagement strategy *As agreed at Trust Board (& Including Civica implementation and embedding)*	13	**Implementation of Duty of Quality**	18	**Sustainability Implementation of Sustainability Enabling Strategy** *Priority of Wales Decarbonisation target*	23	**Acute Oncology Service Development** *VCS responsibilities for implementation of regional model funded by business cases (by 24/25)*	28	**BOFT: Values & Culture**	33	**BOFT: Ways of Working**		
4	**Talbot Green Infrastructure** *Refurbish the Talbot Green building to deliver operational resilience and reduce carbon by up to 70%*	9	**Quality Hub Implementation** *Implement new approach, framework, ways of working and function*	14	**Plasma Derived Medical Products** *Develop a new service offering Plasma products for NHS and other use*	19	**Implementation of Duty of Candour**	24	**Service Delivery & Transition** *Projects 6a,b and c – a. and b are VF design and delivery of Clinical model, c is Transition Project*	29	**Outreach services development** *Delivery of Project 5*	34	**BOFT: Performance Management**		
5	Delivery of University Status Strategic Pillar, including various linked programmes of work: - Collation of Research, Innovation, Education, Leadership & Partnerships • *Delivery of VCS/WBS the Cancer and Blood Research Strategies* • *Implementation of 7-P Innovation Framework* • *Embedding of relationship with Faculty Medical Leadership & Management* • School of Oncology • Collaborative Centre for Learning, Technology and Innovation model • University Partnership Work	10	**Radiotherapy Satellite Centre** *Delivery of Project 4*	15	Digital Programme Scope to be developed, including both platforms and ways of working: • SMART Tech & Internet of Things • Integrated Platform Development • National Data Resource Programme • Digital Literacy Programme • SMART Tech partnerships • Digital Inclusion & Communities development • National Systems Implementation • Digital Cloud Infrastructure	20	Welsh Bone Marrow Donor Registry Development *Implementation of Donor Registry Module and strategic direction of model*	25	**BOFT: Governance, Risk & Assurance**	30	**Integrated Radiotherapy Solution Implementation** *Project 3a implementation*	35	Advanced Welsh Medical Genetics *Trust role in Advanced Therapies to be clarified*		

Service Plans and Key Areas of Work:

2.16   Service plans are currently being developed and are due for completion in December 2022. The primary aim of these plans will be to ensure that both VCC and WBS are able to meet forecast demand for cancer services and for blood and blood products respectively.

2.17   These plans will also outline key service developments which support the continued improvement of performance and patient / donor quality and safety across both services and which align with the strategic ambition of the organisation.

2.18   Finally, there will be a need for these plans to demonstrate productivity and efficiency gains to support the Trust in achieving a financially balanced position.

2.19   **Trust IMTP 2023 – 2026 – Key milestones:**

2.20   Service and support function plans are currently being developed and will be available in draft in December 2022. There will then be a series of meetings between Senior Leadership Teams, Executive Management Board, Strategic Development Committee and the Trust Board to finalise these plans and the wider document (IMTP).

2.21   Key milestones are summarised below:

Milestone	Date
Service Plans completed	December 2022
Support Plans completed	January 2023
Draft IMTP completed	February 2023
IMTP approved by the Executive Management Board	March 2023
IMTP approved by the Strategic Development Committee	March 2023
IMTP approved by the Trust Board	March 2023
IMTP submitted to the Welsh Government	No later than 31st March 2023

Note: A more detailed delivery programme is currently being developed following the publication of the NHS Wales Planning Framework and confirmation of a IMTP submission date of March 31st 2023.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	No (Include further detail below)
	Note: An Equality Impact Assessment will be required and completed as part of the process for developing the IMTP.
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

4.1 The Executive Management Group is asked to **NOTE** the process, and progress to date and the next steps in the development of the Trust IMTP (2023 – 2026).

NHS WALES PLANNING FRAMEWORK - MINISTERIAL PRIORITIES –

NHS organisations are expected to focus on the following Ministerial priorities. These priorities will feature prominently in the narrative plan and the Ministerial templates below.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

The templates below should provide your planned actions/ milestones etc. for 23/24.

Ministerial priorities:

- **Delayed transfers of care**

Regular monthly reporting of 'Pathways of Care' (DTOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

- **Primary care access to services**

Improved access to GP and Community Services
Increased access to dental services
Improved use of community pharmacy
Improved use of optometry services

- **Urgent & Emergency care**

Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability
Implementation of Same Day Emergency Care services that complies with the following: • Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2 • Is accessible at key times evidenced by the emergency care demand profile in of each hospital site • Is direct access and bypasses Emergency depts • Delivers a service for at least medical and surgical same day care

• Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.   • Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme
Health boards must honour commitments that have been made to reduce handover waits

- **Planned Care, Recovery, Diagnostics and Pathways of Care**

52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024
Address the capacity gaps within specific specialties to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025   (This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)
Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024
Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary

- **Cancer recovery**

Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.
Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026,

- **Mental health and CAMHS**

Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.
Implement 111 press 2 on a 24/7 basis for urgent mental health issue

MINISTERIAL TEMPLATE BLANK

This blank template shown below needs to be replicated and completed for each of the rows shown as priorities above. E.g., Cancer care: one x template for *Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion* and one template for *Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026*

The completed templates must be collated and submitted alongside the organisation's plan and completed Minimum Data Set by 31 March 2023.

	Priority area(s)
Key focus should be on delivering	*Replicate each specific priority area featured above.*
Baseline	*Describe the baseline as of April 2023 from which you will be working*
Quarter 1:	
- **Milestones**	
- **Actions**	
Quarter 2:	
- **Milestones**	
- **Actions**	
Quarter 3:	
- **Milestones**	
- **Actions**	
Quarter4:	
- **Milestones**	

	Priority area(s)
- Actions	
Risks	
Outcomes	
Alignment with workforce plans	
Alignment with Financial plans	

STRATEGIC DEVELOPMENT COMMITTEE

Value-Based Healthcare Programme Update

DATE OF MEETING	08/12/2022

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Chris Moreton, Deputy Director of Finance
PRESENTED BY	Matthew Bunce, Director of Finance
EXECUTIVE SPONSOR APPROVED	Matthew Bunce, Director of Finance

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
EMB Shape	21/11/2022	NOTED

ACRONYMS	
VBH	Value-Based Healthcare
VCS	Velindre Cancer Services
WBS	Welsh Blood Service
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Commissioner

1. SITUATION/BACKGROUND

The Trust is at an early stage in its Value-Based Healthcare journey having secured funding from Welsh Government in July 2022 to progress with this programme of work.

The outcome of Velindre's VBH bid to WG was reported to EMB in August 2022.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

To support the development of the Building Our Future Together programme, a Value-Based Healthcare Project Initiation Document has been drafted and is attached as Appendix 1 to this paper. A summary of key points from this document are provided below:

Purpose
The purpose of the Value-Based Healthcare programme is:

"To provide leadership, expertise and support, which helps clinical services to create value and improve patient outcomes in a sustainable way over the short, medium and long-term."

Scope and Approach

We will accelerate our development to deliver our 3 strategic priorities for VBH:
1. Culture, Socialisation and Education
2. Measurement of Outcomes & Cost in a meaningful way
3. Deliver Prudent Healthcare and Service Prioritisation

In support of these priority areas, the financial strategy for Velindre will be an enabler to the clinical, service, workforce, digital and estates plans, which set out how we, in collaboration with our commissioners, Welsh Health Specialised Services Commissioner (WHSSC) and Public Health Wales will:
- Address cancer population healthcare needs and specialist cancer service delivery requirements
- Deliver the Welsh Blood Service modernisation programme

Our approach to VBH will be **integrated across the Trust** as we evaluate how our services create value for donors and patients, whilst applying prudent principles within the existing clinical and service delivery teams and business mechanisms. Recognising the need for all staff within the Trust to consider value as part of their every-day work, we will:

- o **Embed value and prudent healthcare principles** at the heart of the Trust's cancer Site Specific Teams, Velindre Futures, clinical audit, quality and safety and improvement / transformation teams.
- o **Support implementation of the Blood Health Plan for Wales** and continuous improvement in technology and practice in transplant services.
- o **Invest in a Value Intelligence Centre** to develop a common approach to the delivery of Value-Based Healthcare across the Trust, which will support the embedding of value principles by building capacity and capability and changing behaviour. This will include:
  - o Dedicated VBHC expertise and capability
  - o Additional Digital and Business Intelligence capability
  - o Consistent project management methods
  - o Identification and delivery of some quick wins where the application of value principles can improve services for patients and donors with better outcomes and / or experience.

Programme Priorities

The immediate programme priorities are as follows:

- WBS
  - o Initiation of WBS Pre-operative Anaemia Pathway project
- Value Intelligence Centre:
  - o Finalise Job Description for Head of VBH and agree resourcing for Value Intelligence Centre (see Appendix 1, pg. 19), which has been tested and validated with the National Value in Health Centre.
  - o Begin market engagement and pre procurement discussions with professional services firms re: Data analytics support, which will enable:
    - Baseline assessment of current PROMs data collection in Velindre Cancer Services
    - Identification of priority pathways for review and improvement in VCS
    - Identification of support provision requirements for WBS.
  - o Engage with national procurement exercise regarding specification and selection of PROMs collection system
  - o Continue to engage with National Value in Health team
  - o Agree ToR for VBH Delivery Group
- Governance – align VBH governance structures with Velindre Futures and the Strategic Clinical and Scientific Board as key programme dependencies.

Further to these immediate priorities, a high-level delivery plan has been drafted and can be found on page 13 of Appendix 1. A more detailed version of the programme of work and updates is available in Appendix 2.

3.   IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	All resource requirements are included within the programme budget allocated by Welsh Government.

4. RECOMMENDATION

4.1   Strategic Development Board should **NOTE** the progress of the Value-Based Healthcare Programme.

Value Based Healthcare at Velindre Project Initiation Document

Matt Bunce, Executive Director of Finance
SRO, Value-Based Healthcare
November 2022

Project Initiation Document

1. Purpose

2. Scope and Approach

3. Delivery Plan, Benefits, Constraints and Dependencies

4. Resources

5. Governance [Draft]

1. PURPOSE

Value Based Health Care
Purpose

To provide leadership, expertise and support, which helps clinical services to create value and improve patient outcomes in a sustainable way over the short, medium and long-term.

2. SCOPE AND APPROACH

Scope and Approach

The Trust is at an early stage in its Value-Based Healthcare journey. We will accelerate our development to deliver our 3 strategic priorities for VBHC:

1. Culture, Socialisation and Education

2. Measurement of Outcomes & Cost in a meaningful way

3. Deliver Prudent Healthcare and Service Prioritisation

- In support of these priority areas, the financial strategy for Velindre will be an enabler to the clinical, service, workforce, digital and estates plans, which set out how we, in collaboration with our commissioners, Welsh Health Specialised Services Commissioner (WHSSC) and Public Health Wales will:

  - Address cancer population healthcare needs and specialist cancer service delivery requirements

  - Deliver the Welsh Blood Service modernisation programme

Culture, socialisation and education

Measurement of outcomes and costs

Prudent Healthcare and Service Prioritisation
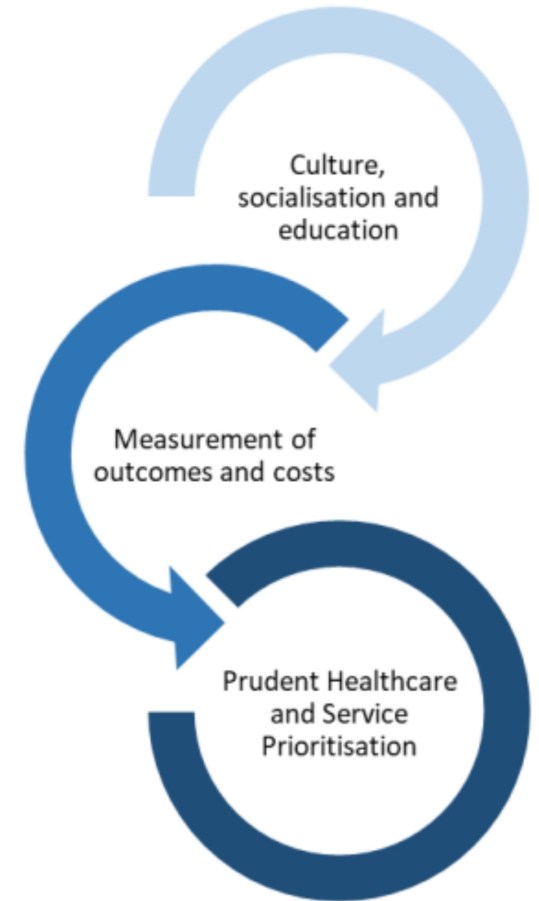
Scope and Approach

o Our approach to VBHC will be **integrated across the Trust** as we evaluate how our services create value for donors and patients, whilst applying prudent principles within the existing clinical and service delivery teams and business mechanisms. Recognising the need for all staff within the Trust to consider value as part of their every-day work, we will:

o **Embed value and prudent healthcare principles** at the heart of the Trust's cancer Site Specific Teams, Velindre Futures, clinical audit, quality and safety and improvement / transformation teams.

o **Support implementation of the Blood Health Plan for Wales** and continuous improvement in technology and practice in transplant services.

o **Invest in a Value Intelligence Centre** to develop a common approach to the delivery of Value-Based Healthcare across the Trust, which will support the embedding of value principles by building capacity and capability and changing behaviour. This will include:

    o Dedicated VBHC expertise and capability

    o Additional Digital and Business Intelligence capability

    o Consistent project management methods

    o Identification and delivery of some quick wins where the application of value principles can improve services for patients and donors with better outcomes and / or experience.

From VBHC Programme to BAU

As outlined in our Business Case to Welsh Government, we will kick off our Value Based Healthcare work across the Trust through a defined Programme to establish the infrastructure and ways of working with the ambition of transitioning this in time to an integrated BAU approach.

- Kick off VBHC Programme through WBS and Value Intelligence Centre
- Support targeted Non-Recurrent initiatives to accelerate development

Velindre Value Based Healthcare Programme

(2022-23)

Service Development and Evaluation

(2023-25)

- VBHC recurrent funding required to support service developments in the short term
- Conduct evaluation of service developments

- Transition VBHC funded service developments to BAU Commissioned Services in the medium to long term
- Spread and scale learnings

Transition to sustainable Commissioned Services

(2025 onwards)

The Value Equation

The Value Equation

$$Value = \frac{Health\ outcomes}{Resources\ utilised\ to\ deliver\ health\ outcomes}$$

- Value*: The health outcomes achieved that matter to patients and donors relative to the resources utilised in achieving those outcomes.
- Outcomes are the full set of patient health outcomes across the pathway.
- Resources utilised are the full resources used to care for a patient's condition across the pathway.

*Based on definition from "Redefining Health Care: Creating Value-Based Competition on Results", Michael Porter and Elizabeth Teisberg, 2006, Harvard Business School Press

Service Delivery through a Value-Based lens

Value-Based Service Delivery Model

Strategic Priorities

Value Based Utilisation of Resources
Optimising the use of resources to achieve the intended outcomes

External Environment

Resources → Inputs → Activities → Outputs → **Outcomes**

Economy

Optimising resource availability whilst ensuring quality

Efficiency

Relationship between resources used and services produced

Effectiveness
The impacts of the service on citizens and the extent to which strategic priorities are achieved with funding available

Darparu ansawdd, gofal a rhagoriaeth
Delivering quality, care & excellence

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

3. DELIVERY PLAN, BENEFITS, CONSTRAINTS AND DEPENDENCIES

Delivery and Development:
Value Based Healthcare Priorities

Delivery of the following initiatives, which have been approved and funded by Welsh Government:

1. Pre-operative anaemia screening and IV iron
2. Value Intelligence Centre

Development of capacity and maturity across Velindre through 10 key themes:

1. Culture
2. Leadership
3. Engagement
4. Strategic Priorities
5. Governance
6. PROMs Collection
7. Using Data
8. Project Management
9. Digital
10. Measuring and Reporting Value

High Level Delivery Plan

Objectives	2022/23	2023/24	2025/26

Programme Resourcing and Governance

- VBHC Terms of Reference (Nov 2022)
- Resourcing and Recruitment (Mar 2023)
- Integrate VBHC principles into existing governance structures internally & externally (ongoing)

Culture, socialisation and education

- Develop Strategy & Implementation Framework (Jun 2023)
- People development: baseline assessment capability & expertise (Jun 2023)
- People development: communication, engagement & training / education plan (ongoing)
- Active membership of the Value in Health Strategy Group and implementation of key learning from National Programme (ongoing)

Measurement of Outcomes & Cost in a meaningful way

- Cancer SSTs Dashboard Development (timing to be phased by SST based on priorities)
- PROMs, clinical outcome & Patient Level Cost development (timing tbc based on demand)
- PROMs collection digital solution (Procurement timelines tbc)
- Create and connect a digital cancer services community in SE Wales
- Allocation and distribution of resources in order to maximise outcomes
- Commissioning for outcomes (link to National Funding Flows group)

Deliver Prudent Healthcare & Prioritise Service Interventions

- VCC: USC / Acute oncology, Radiotherapy, SACT & outpatient service improvements (ongoing)
- WBS: Lab modernisation Programme (ongoing)
- Review Effective & Efficient Cancer Pathways - ICHOMs Standards for non-surgical oncology: Lung, Breast, Advanced & Localised Prostate, and Colorectal (Ongoing – specific timings tbc)
- Embed Prudent healthcare principles & process improvement techniques
- Implement a process which helps to prioritise clinical intervention areas.

Benefits and Outcomes

TAF08: TRUST FINANCIAL INVESTMENT RISK: There is a risk that the contracting arrangements between Velindre and its Commissioners do not adequately acknowledge future service developments and changes in clinical & scientific practices and thus ensure appropriate funding mechanisms are in place and agreed.

Obj	Benefit Ref	Benefit / Outcome	Stakeholder	How is the benefit measured?
P8	TBC	Perioperative Blood Management Benefits / Outcomes: • Prudent use of donated blood and reduced demand for blood • Improved clinical outcomes post operatively, especially after major surgery, such as cardiac surgery • Reduced length of stay post surgery which will support the NHS Wales Planned Care Recovery programme • Ensuring equity of care and outcomes across Wales in pre-operative anaemia management • Providing evidence for a potential further roll out of the All Wales Anaemia Pathway to benefit others in particular pregnant people.	WBS,	Details provided in supporting Project Charter
		Value Intelligence Centre Benefits / Outcomes: • Transform growing volume of data into measurable service value • Support service improvement by leveraging our data assets • Improve the speed and quality of decision making • Drive insight at all levels of the organisation • Deliver more forward-looking insight rather than historical insight • Evolve the culture of the organisation to be more data driven and insight based • Develop analytics capability across the Trust • Harness national digital capabilities and PROMS infrastructure	Trust wide	Details provided in supporting Project Charter

Constraints and Dependencies

Constraints

- Budget available to deliver VBHC / programme
- Availability of workforce

Dependencies

- Velindre Governance structures / arrangements / ways of working
- Continued WG funding

4. RESOURCING

Resourcing: Key Conditions of WG Allocation

- Both the in-year and recurrent allocation is contingent on demonstrating progress in implementation in 2022/23 which will be assessed by the Finance Delivery Unit.

- Proposals need to align with national clinical leads, programme boards, and infrastructure.

- In line with the WHC, <u>all data</u> captured as part of these programmes of work will need to be shared on a national basis inc. PROMs and other outcome data.

- Value Intelligence Centre funding is allocated on the condition that the Trust works closely with Welsh Value in Health Centre to align with national approach and architecture.

- To monitor outcomes and impact of this funding, WG require a brief project initiation update and end-of year delivery update, addressing:
  - Progress against the deliverables set out in your business case;
  - An assessment of the impact to population health outcomes of introducing this Value-Based intervention; and
  - Any risks which might impact delivery (mid-year report).

Resourcing: Pre-operative Anaemia Pathway (WBS)

Post Title	Band	WTE	Role Function
Clinical Lead	Cons	0.2	This is a Consultant post to assume the clinical / medical leadership of the project across Wales. This role has already been identified from within the current medical leadership structure of WBS
Programme Lead	8A	0.2	This role will provide the national leadership of the project, and the line management of the Regional Co-ordinators
Regional Anaemia Clinical Co-ordinator	7	3.0 WTE	These roles will lead and co-ordinate the project at a Health Board level in the 3 key regions of Wales.
Project Manager	7	0.2	This role will support the Clinical Lead, the Programme Lead and the Regional Co-ordinators in the delivery of the project across Wales.
Clinical Insight Analyst	5	0.2	This role will be responsible for data gathering, including baseline data, and in working with the Health Boards to understand the data during the project set up phase, and to commence an analysis of the impact of the project.
Project Administrative Support	3	0.5	This role will provide administrative support to the project team, including the set up and minuting of national meetings, support for recruitment etc
Speciality Consultant (Obstetrics and paeds)	Cons	0.2 each for 3 months in year 2	This role will be required to support the scoping of the potential expansion of the pathway into obstetrics and paediatrics
Scoping Project Manager	7	0.2 in year 2` only	This role will lead on the co-ordination of the scoping exercise regarding potential pathway expansion in year 2
Health Economist	N/A	Defined period	The Health Economist role is required to undertake defined modelling work in year 2 regarding the pathway expansion – this is because there is limited data on the benefits of the pathway in obstetrics at present
IV Iron Infusion Clinic nurse	6	0.2 per HB (x 6)	These roles are required recurrently within each local Health Board in order to support the delivery of IV Iron. These roles are intended to support the existing nursing establishment within the Health Board Day Case Units, and not necessarily to establish separate Iron Infusion clinics.

Resourcing: Value Intelligence Centre

Velindre Trust

Core VIC Team

- VBHC Programme Lead Band 8C
- Pathway and Process Improvement Lead Band 8A
- VBHC Project Manager Band 7

Finance

- Finance Analyst Band 6

BI Team

- Principal Analyst / Data Engineer Band 7
- Senior Information Analyst Band 6
- Data Quality Analyst Band 5

Digital

- Technical Support Band 7
- PROMS / PREMS Licence £100k

WOD

- Workforce Analytics B
- TBC – check with VF Programme

Clinical

- Clinical Leadership and Management sessions £110k

Key

- Hosted Role
- Specialist Function Role

- Finance to host "core" Value Intelligence Centre team under DoF as SRO
- Specialist functions to recruit staff in line with capability
- Budget held at Trust level and allocated to specialist functions based on resource utilisation
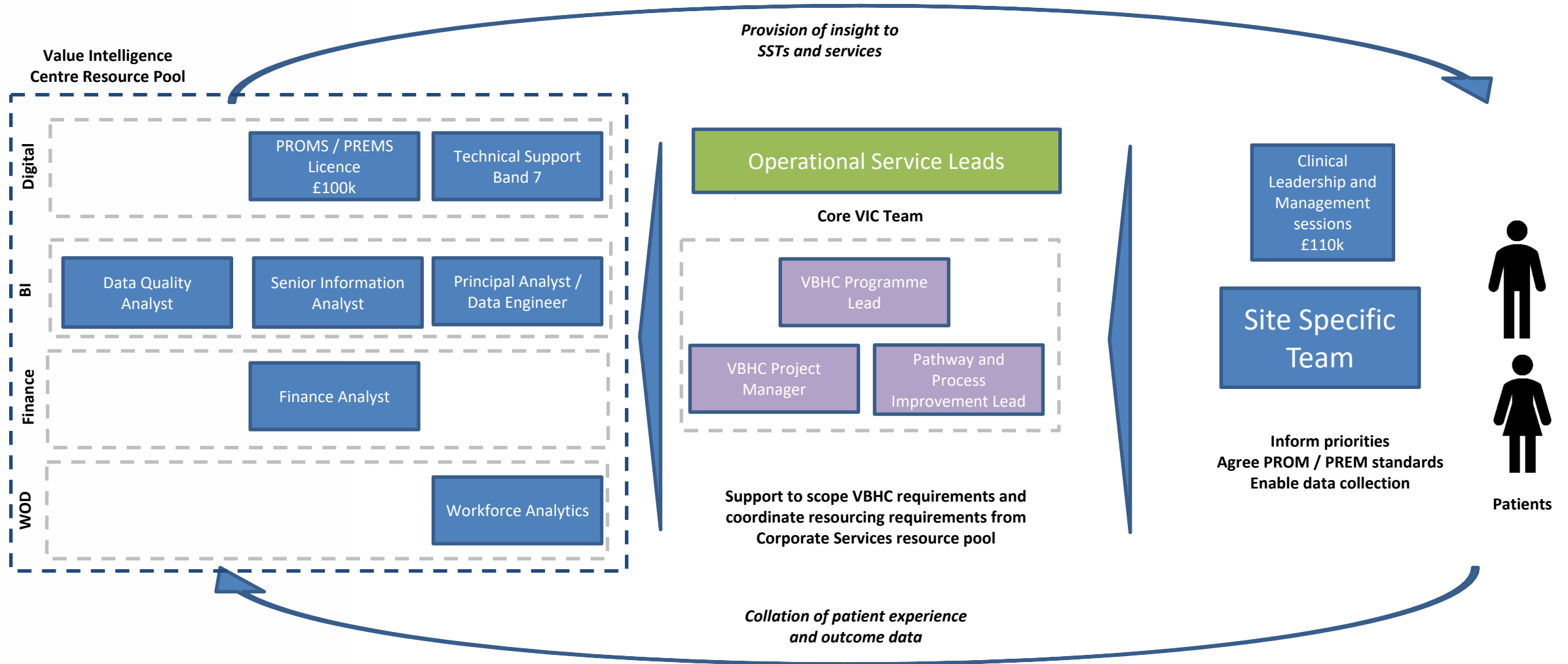
VIC in Practice: WBS Example

Value Intelligence Centre Resource Pool

Provision of insight to services

Digital
- PROMS / PREMS Licence £100k
- Technical Support Band 7

BI
- Data Quality Analyst
- Senior Information Analyst
- Principal Analyst / Data Engineer

Finance
- Finance Analyst

WOD
- Workforce Analytics

WBS Pre-operative Blood Management Project team

Core VIC Team
- VBHC Programme Lead
- VBHC Project Manager
- Pathway and Process Improvement Lead

Support to scope VBHC requirements and coordinate resourcing requirements from Corporate Services VIC resource pool

- Pre-operative Blood Management budget
- LHBs

LHB Data from DHCW to evidence use of pathway

Measurable outcomes would need to include the impact on the following:
- Perioperative red cell transfusion rates
- Length of stay
- Deferral rates of operations due to anaemia
- Wound infection rates
- Re-admittance rates

Patients

Collation of patient experience and outcome data

5. GOVERNANCE [DRAFT]

Proposed Governance Structure

Draft outline of governance structure for VBHC at Velindre

Work in progress – details to work through as part of Trust governance

Strategic Oversight

SRO: EDOF
Lead Clinical Exec: EMD

VBHC Programme Oversight and Assurance and wider Trust context

VBHC Project Delivery

*Value Intelligence Centre:
Integrated Corporate Support Function including Clinical leadership and management, Project Management, Digital, BI and Finance resource.

EMB Shape

Advises

Strategic Clinical and Scientific Board

EMB Governs VF
VF reports to EMB

External relationships

WG

Welsh Value in Health Centre

Finance Delivery Unit

Velindre Futures Delivery Board

WBS Futures

SMT Blood and Transplant

Informs

Velindre Futures Planning Board

VBHC Delivery Group

SSTs Meeting / Clinical Advisory

Value Intelligence Centre

Pre-operative Blood Management

VBHC Delivery Group Responsibilities:
- Programme Funding and Allocation
- Portfolio Risk management
- WG Monitoring Returns
- Alignment with VBHC National programmes of work
- Link to Finance Delivery Unit

Trust-wide Programmes IMTP Quarterly Progress Report 2022/23 for Quarters 1 and 2 as at 21/10/2022

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverable/Objectives**	**Key Specific Actions and 2022/25 Timescales**				**Quarterly Progress Update for Q1 &2**	**Progress Rating**
		2022/23					
		Q1	**Q2**	**Q3**	**Q4**		
Strategic Priority 1: Culture, socialisation and education	1. Develop Strategy & Implementation Framework	• Complete Capacity & Maturity Self-Assessment process & evaluate to inform Strategic priorities & objectives • Engage with staff to understand what value means for them • Develop Communication engagement & training education plan (Velindre Futures & WBS Modernisation) • Patient Engagement policy	• Engage with staff to understand what value means for them • Use maturity self-assessment and engagement with staff to develop and agree Trust VBHC Strategy & Plans and integrate into Velindre Futures (VF) & WBS service modernisation • Agree strategic priorities & objectives			Actions completed: • VBHC Strategic priorities and implementation plan developed • Exec Directors have completed Capacity & Maturity Self- Assessment process which has been used to identify the strategic priorities & objectives • Initial engagement with Executive Management Board (EMB) and Velindre Futures Board around value • VBHC strategic priorities and objectives agreed by EMB and Board as part of IMTP Actions outstanding: • Wider staff engagement around value as part of the Building Our Future Together Programme • Development and roll out of a value communication and training & education plan	

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverable/Objectives**	**Key Specific Actions and 2022/25 Timescales**				**Quarterly Progress Update for Q1 &2**	**Progress Rating**
		2022/23					
		Q1	**Q2**	**Q3**	**Q4**		
		implemented, for a co-design approach with future work streams					
	2. Implement Resources & Governance	• Develop & submit bid to WG VBHC fund identifying infrastructure (Project Management, Digital, BI etc) and key areas of value driven service improvement resource requirements				Actions completed: • Successful bid to WG VBHC Fund to establish a Value Intelligence Centre which will include implementation of a PROM collection system (using the National Framework) • Value Intelligence Centre resource to support provision of infrastructure across all SST's to provide a systematic trust wide approach to reviewing Trust clinical pathways against best practice to identify areas of improvement, provide clinical leadership time, provide data to identify unwarranted variation and waste, develop dashboards bringing together activity, clinical audit, resources, PLICS, PROMs data to support value improvement	

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23

Strategic Priorities 2022/23 to 2024/25	Key Deliverable/Objectives	Key Specific Actions and 2022/25 Timescales				Quarterly Progress Update for Q1 &2	Progress Rating
		2022/23					
		Q1	Q2	Q3	Q4		
	3. People development	• Baseline assessment of capability & expertise and key posts identified to support work programme • Develop Communication engagement & training education plan (Velindre Futures & WBS Modernisation)	• Key staff to attend VBHC courses, e.g. Executive education, masterclasses or the Mid Wales Bringing Value to Life education course	• Principles of VBHC to be communicated well and clearly across the Trust		Actions completed: • Initial assessment of capability & expertise identified that the Trust had no VBHC capability & expertise. A key aspect of the VBHC bid to WG Value Fund was to enable the Trust to recruit the capability & expertise • A number of Trust staff attended the Hywel Dda VBHC course • Executives have been informed of the availability of the Bringing Value to Life education courses. Two Executives have attended this course Actions outstanding: • Key posts identified to support work programme were included in the successful VBHC funding bid to WG. Recruitment to these posts will be progressed over Q3 & Q4	

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23

Strategic Priorities 2022/23 to 2024/25	Key Deliverable/Objectives	Key Specific Actions and 2022/25 Timescales				Quarterly Progress Update for Q1 &2	Progress Rating
		2022/23					
		Q1	Q2	Q3	Q4		
						• A communication engagement & training education plan has not yet been developed. This will be one of the roles of the Head of VBHC post to be recruited from WG funding for infrastructure. JD developed and recruitment process to commence in Q3	
	4. Active membership of the Value in Health Strategy Group and implementation of key learning from National Programme	• Meet with National Team to discuss and agree Trust priorities and support required • Seek learning from HBs on their VBHC implementation to avoid mistakes / pitfalls how they have overcome data/info gaps • Continue partnership working				Actions completed: • DoF attends the Value in Health Strategy Group and shares learning within Trust to facilitate implementation where relevant • DDoF attends the Value in Health operational group for areas of learning and seek support from HBs / Trusts that have been implementing VBHC for many years • Trust Directors met with Value in Health Team in August to share its planned approach to VBHC, understand the National Value in Health Strategy around VBHC and agree	

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverable/Objectives**	**Key Specific Actions and 2022/25 Timescales**				**Quarterly Progress Update for Q1 &2**	**Progress Rating**
		2022/23					
		Q1	**Q2**	**Q3**	**Q4**		
		across SE Wales region to develop whole system pathways, e.g. AOS, prehab • Linking in with the Mid/North Wales Network to learn from them				approach to joint working and priorities for Velindre Trust • Trust has had further meetings and communication with National team seeking support to progress a number of objectives / actions in this plan	(blue)
	5. Integrate VBHC principles into existing governance structures internally & externally	• Build culture of Value in way Trust works • Raise awareness of VBHC / Prudent principles through Divisions e.g. Velindre Futures, TCS Programme, Clinical Advisory Group, WBS	• Seek views on and agree strategic priorities & objectives • Through CCLG & HB Cancer Boards reinforce added value of AOS and explore further opportunities to add value across cancer pathways			Actions completed: • VBHC is included as one of the projects with the Trust "Building our Future Together" Programme led by the Chief Executive • The AOS service development agreed with HB's in SE Wales has been used as an example of delivering Value in practice across the cancer pathway • Initial awareness of VBHC / Prudent principles undertaken with EMB & Velindre Futures, but further work required to spread more widely	(orange)

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23

Strategic Priorities 2022/23 to 2024/25	Key Deliverable/Objectives	Key Specific Actions and 2022/25 Timescales				Quarterly Progress Update for Q1 &2	Progress Rating
		2022/23					
		Q1	Q2	Q3	Q4		
		Lab Modernisation • Highlight VBHC central to recovery plan & National Clinical Framework				• VBHC principles have been embedded in the ToR of the recently establish Trust Integrated Quality & Safety Group Actions outstanding: • Recruitment to the Head of VBHC and other infrastructure posts will commence in Q3 & Q4 enabling work to commence to build a culture of Value in way Trust works and carry out further work required to raise awareness of VBHC and prudent healthcare across the Trust to spread more widely	
Strategic Priority 2: Measurement of Outcomes & Cost in a meaningful way	6. VBHC Cancer SST Dashboard Development	• Commencement of the SST transformation programme, with an introduction to the VBHC approach to the SSTs (including 'supported	• Review how the National Lung Dashboard can be used with the Trust	• Commence development of a Trust Lung dashboard bringing together clinical audit data, PROs / PREMs data and patient level cost data	• Commence development of Breast Dashboard	• All the actions to develop Cancer SST Dashboards to provide teams with data to highlight unwarranted clinical variation, waste, pathway inefficiencies etc have been delayed pending the establishment of the VBHC Intelligence Centre team. Recruitment to posts within this team has commenced with the Head	

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23							
Strategic Priorities 2022/23 to 2024/25	Key Deliverable/Objectives	Key Specific Actions and 2022/25 Timescales				Quarterly Progress Update for Q1 &2	Progress Rating
		2022/23					
		Q1	Q2	Q3	Q4		
		self-management' and scrutiny around patient follow up pathways and review of data requirements,				of VBHC being a key role to provide the focussed leadership and management necessary to drive forward the VBHC objectives. Alongside recruitment of the posts that the WG VBHC funding will provide, support is being sought from HB VBHC teams and the National Team as well as consideration of procuring expert support to provide Business Intelligence input in the interim	
	7. Create and connect a digital cancer services community in South East Wales	• Baseline assessment: Survey staff who have direct patient contact to identify PROM & PREM data collection and assess the proportion of data that is patient identifiable • Ensure patient	• Develop plan to digitise existing data collection into data Warehouse • Urology SST PROMs data which will be expanded and included in data Warehouse to enable use across the Trust on value assessment	• Implement pilot for patient portal included in IRS procurement (PROMs & PREMs data collection)	• Collection of PROMs & PREMs for Radiotherapy patients via IRS patient portal	Actions completed: • Shared specification for PROM software procured as part of the IRS with the Nation Value in Health Digital lead for assessment against National specification • PhD Student currently producing baseline of PROM collection across the Trust and assessment of proportion of patient identifiable data. Main area of collection is using My Health Record software in	

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverable/Objectives**	**Key Specific Actions and 2022/25 Timescales**				**Quarterly Progress Update for Q1 &2**	**Progress Rating**
		2022/23					
		Q1	**Q2**	**Q3**	**Q4**		
		engagement plans include improving digital literacy, access and engagement on PROMs • Engaged in national procurement for Prom Collection				Urology SST for prostate patients as a pilot Actions outstanding: • Once the additional VBHC infrastructure staff are recruited into BI & Digital work to digitise existing PROM collection into the Trust data warehouse can commence as well as roll out of the use of My Health Online into other SST's • Need to liaise with patient engagement leads to ensure plans include improving digital literacy, access and engagement on PROMs • The implementation of the patient portal pilot procured as part of the IRS are identified for Q3 & Q4, but this will be dependent on the available resources from Varian the IRS supplier according to the detailed implementation plan for the IRS and recruitment by the Trust into the VBHC infrastructure posts	
	8. Allocation and	Scope work required to map	• Engage with clinical teams on			• All the actions to review and realign the allocation and	

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverable/Objectives**	**Key Specific Actions and 2022/25 Timescales**				**Quarterly Progress Update for Q1 &2**	**Progress Rating**
		2022/23					
		Q1	**Q2**	**Q3**	**Q4**		
distribution of resources in order to maximise outcomes	costs to pathways for each cancer area / SST	cost - share patient level costing data with each SST • Develop a plan for integration of PLCS/New warehouse costing system to automate costing of pathways against outcomes. • Develop plan for PROMS/PREMS to the whole costed pathway • Engagement with clinical teams where costs of pathways and treatments are not already available or require updating				distribution of resources to maximise outcomes have been delayed pending the establishment of the VBHC Intelligence Centre team. Recruitment to posts within this team has commenced with the Head of VBHC being a key role to provide the focussed leadership and management necessary to drive forward the VBHC objectives.	
	10. Commissioning for outcomes	• Benchmark against the NHS England specialist commissioning outcomes	Working with National VBHC Programme Scope out project for planning and	Start work with clinicians & commissioners to develop a contracting framework that		Actions completed: • Fed into the National Funds Flow group about undertaking an assessment of approaches to inclusion	

Strategic Priorities 2022/23 to 2024/25	Key Deliverable/Objectives	Key Specific Actions and 2022/25 Timescales				Quarterly Progress Update for Q1 &2	Progress Rating
		2022/23					
		Q1	Q2	Q3	Q4		
		for cancer for a baseline assessment and to identify early opportunities. • Participate in procurement of an All Wales benchmarking tool to ensure it includes cancer services.	commissioning for cancer outcomes	funds based on outcomes		of outcomes as part of the payments mechanism in LTAs between commissioners and providers. The National Group will consider commissioning for outcomes as part of their overall remit • Trust Cancer services are included in the benchmarking tool procured by the FDU from KPMG . Actions outstanding: • Work with clinicians to agree outcome measures for a contracting framework will commence once the VBHC infrastructure team is recruited and the work form the National Funds Flow Group has been shared	
Strategic Priority 3: Prudent Healthcare & Service Prioritisation	11. VCC: USC / Acute oncology service & outpatient improvement	• Commence On-site & virtual oncology support to HBs • Commence MUP/CUP clinic	• Develop plans to establish a 24/7 critical care outreach service at VCC to improve pathways and reduce need for urgent transfer of patients to HBs			Actions completed: • Enhanced AOS commenced with on-site & virtual oncology in HBs • MUP/CIP clinic commenced • Toxicity Clinic commenced • Integration, enhancement and expansion of the Ambulatory Care services has been commenced	

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23

Strategic Priorities 2022/23 to 2024/25	Key Deliverable/Objectives	Key Specific Actions and 2022/25 Timescales				Quarterly Progress Update for Q1 &2	Progress Rating
		2022/23					
		Q1	Q2	Q3	Q4		
		• Commence Toxicity Clinic (SDEC bid) • Finalise the Unscheduled Care pathways with the 3 LHB • Commence phase 2 of the 24/7 Helpline Transformation – triaging of patients to the 'right place. First time. • Continue with the Outpatient modernisation / Transformation programme, review of SST pathways, maximising digital opportunities	• Integration, enhancement & expansion of access to Ambulatory care services (SDEC bid)			Actions outstanding: • USC pathway work with three main HBs remains ongoing • Phase 2 of helpline transformation not yet commenced as will require support from the VBHC team wants recruited • Review of SST clinical pathways has commenced as part of the SST Deep Dive reviews, however detailed work will commence once the VBHC Infrastructure team are recruited to support the work	
	12. VCC: Radiotherapy service improvement	• Submit business cases to Commissione	• Commence Implementation of new radiotherapy	• Increase proportions of IMRT/VMAT (3D Plans)	Consider options for introduction of further accelerated pathways:	Actions completed: • Cases for RT priorities submitted to commissioners and are being discussed	

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverable/Objectives**	**Key Specific Actions and 2022/25 Timescales**				**Quarterly Progress Update for Q1 &2**	**Progress Rating**
		2022/23					
		Q1	**Q2**	**Q3**	**Q4**		
		rs for investment in prioritised list of new RT techniques • Commence Radiotherapy workforce modernisation and 'fit for the future' planning	techniques as per prioritisation list (if funded)	• implementation of new IRS – equipment upgrades and new Software for existing fleet @ VCC • Working with IRS supplier commence changes to workflow, automated planning	▪ trials with reduced fractionation ▪ treat patients with best practice waiting times	through commissioners group • Proportion of 3D planning has increased and implementation of the IRS will enable further opportunity for 3D planning • Hyperfractionation (reduced fractions at higher dose) has been implemented for breast and some prostate treatment Actions outstanding: • IRS implantation has been delayed since the actions within the IMTP were developed so the RT workflow work with the IRS supplier is now anticipated to commence in 23-24 •	
	13. VCC:SACT service improvement	• Review 3year capacity plans for best value options between internal & outsourced are maximised	• Review SACT treatment algorithms / pathways to ensure standardised approach audited against NICE recommendations &	• Review of the impact of immunotherapy agents on activity and patient flow and recommend pathways changes for improvement	• Develop a plan to produce a Genomics dataset to aid review of SACT NICE drug use and assist in clinical trial matching	Actions completed: • Work undertaken within SACT service to map out processes and available capacity based on staff time and skills to meet workload demand. This work has identified areas of	

Strategic Priorities 2022/23 to 2024/25	Key Deliverable/Objectives	Key Specific Actions and 2022/25 Timescales				Quarterly Progress Update for Q1 &2	Progress Rating
		2022/23					
		Q1	Q2	Q3	Q4		
		• Resource work to progress agreement on TCS outreach service model infrastructure • Evaluate options of a 'Velindre Medicines at Home' service model • Commence workforce planning and modernisation – includes links Cancer SST	benchmarked with other cancer centres • Review how work Trust is involved in on Genomics can be used for new drugs.			improvement that will add value. • Outsourced capacity through the Rutherford Cancer Centre not an option since the company went into liquidation. Additional internal capacity has been created in Prince Charles Hospital outreach facility at significantly better value • Discussions ongoing with AB UHB around the re-establishment of outreach SACT capacity at Nevill Hall • Discussions with HB's around longer term approach to TCS SACT outreach service model has recommenced Actions outstanding: • All the other actions identified are on hold pending the recruitment of the VBHC infrastructure team which will review and reset realistic timescales and prioritise areas of greatest value	

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23

Strategic Priorities 2022/23 to 2024/25	Key Deliverable/Objectives	Key Specific Actions and 2022/25 Timescales				Quarterly Progress Update for Q1 &2	Progress Rating
		2022/23					
		Q1	Q2	Q3	Q4		
	14. WBS: Lab modernisation Programme	• Commence work to agree value adding outcomes of Lab Modernisation				• Laboratory Services Modernisation Programme established within WBS that has been established to review and develop service processes, practices, and workforce requirements to support an efficient and effective service model across all laboratories in WBS. • OBC for capital investment to improve the WBS estates infrastructure as an enabler to the service modernisation is being finalised for submission to WG.	
	15. Implement prudent healthcare principles	• Engage with clinical teams around prudent healthcare to reduce unwarranted variation, activity of limited value, and prioritise standardisation of best practice	Seek clinical agreement to adopt ICHOMs Standards for non-surgical oncology: Lung, Breast, Advanced & Localised Prostate, and Colorectal	• SSTs review & and formally adopt • SST develop plans for implementation of standard	SSTs commence implementation of standards	• This work has been delayed pending recruitment of the Head of VBHC and other posts that will create a Value Intelligence Centre to provide the information to clinical teams around unwarranted variation, activity of limited value and potential clinical pathway improvement to best practice	

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23							
Strategic Priorities 2022/23 to 2024/25	Key Deliverable/Objectives	Key Specific Actions and 2022/25 Timescales				Quarterly Progress Update for Q1 &2	Progress Rating
		2022/23					
		Q1	Q2	Q3	Q4		
		• Include this within the Cancer SST Transformation 'deep dives and opportunities for pathway refinement e.g. ceasing any follow up					
	16. Implement a prioritisation process	• This will be included as part of the Cancer SST transformation programme and the 'deep-dives'.	• Agree a robust, transparent and data driven prioritisation process to make it clear why choices are made across all levels in VUNHST			• Initial work commenced to shape an invest / dis-investment prioritisation process based on data demonstrating value i.e. resources consumed relative to outcomes	
Ministerial Priority - Report detailing evidence of NHS Wales embedding Value Based Health and Care within	17.Evidence of activity undertaken to embed a Value Based Health Care approach				Monitoring return	• Separate return provided on 20th Sep 2022 covering 1 Apr '22 – 31 Aug '22	

Value-based Healthcare IMTP Strategic Priorities Service Delivery Framework 2022/23

Strategic Priorities 2022/23 to 2024/25	Key Deliverable/Objectives	Key Specific Actions and 2022/25 Timescales				Quarterly Progress Update for Q1 &2	Progress Rating
		2022/23					
		Q1	Q2	Q3	Q4		
organisational strategic plans and decision making processes							

KEY:

BLUE	Action successfully completed with benefits being realised
GREEN	Satisfactory progress being made against action in line with agreed timescale
YELLOW	Issues with delivery identified and being resolved with remedial actions in place
AMBER	Delays in implementation / action paused due to external issues beyond our control
RED	Challenges causing problems requiring recovery actions to be identified

STRATEGIC DEVELOPMENT COMMITTEE

TRUST ASSURANCE FRAMEWORK

DATE OF MEETING	8/12/2022

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	

PREPARED BY	Emma Stephens, Head of Corporate Governance and Mel Findlay, Business Support Officer
PRESENTED BY	Lauren Fear, Director of Corporate Governance & Chief of Staff
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Director of Corporate Governance & Chief of Staff

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
EXECUTIVE MANAGEMENT BOARD	26/9/22	Discussed
STRATEGIC DEVELOPMENT COMMITTEE	13/10/22	Discussed
QUALITY, SAFETY AND PERFORMANCE COMMITTEE	10/11/22	Discussed – Specific risks within scope
TRUST BOARD	8/12/22	Discussed

1. SITUATION / BACKGROUND

1.1   The purpose of this paper is to ensure that there is on-going visibility of the strategic risks and current assessment on assurance to inform the Committee's consideration of the Trust's strategic direction.

1.2   There was a discussion on this version of the Trust Assurance Framework in the Trust Board meeting on 2th November. The key points discussed were:

- Ensuring that where the residual risk score had not yet reached the target score, that there were clear actions documented to have this expected impact
- Ensuring that where there were gaps in assurance, that again, there were clear actions in place to address. For Risk 05, which was an example given in Trust Board, updates have been made on this version of the risk.

1.3   Provide an update on the on-going development of the framework for visibility of this Committee.

2.   ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1   Updated on key developments previously noted to the Committee:

2.1.1   Link to Risk Register, Performance Framework and Quality & Safety Framework

It was agreed through the July governance reporting cycle that the first step change in the triangulation and linking of the Trust Assurance Framework with the Trust's other key frameworks will be to develop the link between the Trust Risk Management Framework.   A preliminary exercise has been undertaken to link the Trust Assurance Framework Strategic Risks to the agreed risk domains on Datix, the outcomes of which are recorded on the Trust Assurance Framework Dashboard in *Appendix 1.*

In addition, following the development of the Trust Performance Management and Quality & Safety Management Frameworks, key metrics relating to the strategic risks will also be linked during Q3.

2.1.2   Reverse Stress Testing

Reverse stress testing is the identification of a pre-defined adverse outcome, for instance the point at which an organisation may be considered as failing, and severe, but plausible, risks materialising that might result in this outcome are then explored. This is an important development in the organisation's risk maturity and capability.

Following a targeted Trust Board Development session on 8th November 2022, it has been agreed that two reverse stress testing exercises be undertaken utillising a tailored approach aligned to each of the core service divisions, i.e. Welsh Blood

Service and Velindre Cancer Service. These will be planned for December 2022 and the outcomes reported through the January governance reporting cycle.

2.1.3   Link to Strategy Development

In reviewing the risk profile, in addition to the reserve stress testing exercise described above, there are two further key suggested inputs:
- Using research and insight on global organisational and health care trends to challenge and support our thinking on macro strategic risks.
- Frame the review in the Trust approved Strategy and Enabling Strategies.

Within this context, alignment to the agreed Trust Destination 2032 Strategy and Enabling Strategies was discussed as part of the Trust Board Risk Board Development session on 8th November 2022.

2.1.4   Trust Assurance Framework Strategic Risks – Next Steps

The November Board Development Session agreed the following next steps:
Already underway:
- Links to Risk Register, Performance Framework and Quality Framework
- Revised reporting mechanism - Integration of Trust Assurance Framework into Datix.
- Mapping Trust Assurance Framework to governance cycle – Committee oversight - plus mechanisms of cycles of business and agenda setting
- Link to Audit tracker – also regarding monitoring assurance levels

Strategic Risk Refresh
- Further work as EMB, SLT/SMT and ELT to develop articulation of strategic risks – aligned to IMTP process – for Trust Board approval, following endorsement by Strategic Development Committee.

2.1.5   Revised reporting mechanism - Integration of Trust Assurance Framework into Datix.

Collaborative work continues with the Datix Team at Hywel Dda Health Board to support increased automation of the Trust Assurance Framework regarding the development of Principal risks within Datix Version 14. We now have baseline reference information, which is under review and in the process of being cross referenced with the principle risk information for the Trust Assurance Framework for the Trust.   Progress to date in taking forward the cross referencing has been limited due capacity constraints contained within the Datix Team.

Discussions took place in the Audit Committee regarding Power Business Intelligence for reporting against the Trust Assurance Framework and the benefits this can deliver. Options to explore availability of external resource and support across NHS Wales was discussed. It was agreed that colleagues in Audit Wales will assist in exploring any opportunities that may be available for the Trust to

access and tap into the Data Analytics Team within Audit Wales.

Preliminary discussions have taken place with Audit Wales detailing the Trust requirements on this basis. Scoping work has been initiated by Audit Wales to identify what resource is available to support this programme of work.

In addition, there is a further possibility of limited Power Business Intelligence resource to be made available within the Trust to support the development and automation of the Trust Assurance Framework in early December 2022.

2.2   Further developments discussed and agreed through September to November 2022:

2.2.1   Mapping Trust Assurance Framework to governance cycle

In line with the Board development discussions with Internal Audit and Audit Wales it has been agreed that there should be a clearer link between the Trust Assurance Framework and the governance cycle. This work has commenced and will continue to be progressed during the next reporting period and includes:
- Ensuring that cycles of business provide appropriate consideration of each of the TAF controls and sources of assurance.
- Mapping the relevant actions into governance cycles.
- Ensure each committee scrutinise progress to address gaps in controls and Assurances within its scope – from November Committees onwards.
- EMB agreed the following Committee oversight:

01	Demand and Capacity	QSPC
02	Partnership Working / Stakeholder Engagement	SDC
03	Workforce Planning	QSPC
04	Organisational Culture	SDC
05	Organisational Change / 'strategic execution risk'	SDC
06	Quality & Safety	QSPC
07	Digital Transformation – failure to embrace new technology	SDC
08	Trust Financial Investment Risk	QSPC
09	Future Direction of Travel	SDC
10	Governance	AC

During the reporting cycle of October and November embedding the Trust Assurance Framework into the Governance cycle has commenced; the Trust Assurance Framework has been submitted to Audit Committee (full Trust Assurance Framework dashboard), Strategic Development Committee (full Trust Assurance Framework dashboard) and Quality, Safety and Performance

Committee (cut of Trust Assurance Framework dashboard for risks 01, 03, 06 and 08) for discussion.

2.2.2   Link to Audit tracker

Executive Management Board also agreed to map the Audit tracker to the third line of defence mapping in the Trust Assurance Framework in order to provide assurance that all current insight, including the impact of open actions on the effectiveness of the control framework, are taken into account. In the September meeting, Executive Management Board agreed to complete this for the January reporting period..

2.3   Trust Assurance Framework Dashboard

2.3.1 The updated Trust Assurance Framework Dashboard Report is included at ***Appendix 1.***

2.3.2   Overall the Trust Assurance Framework Dashboard is showing that progress updates have been received since the September 2022 Trust Board in respect of the following Principal Risks.

2.3.3   To also note that in the November Strategic Development Committee and Audit Committee, the summary of each strategic risk was discussed and reviewed, in line with the scope of that Committee to ensure that the Principal Risks are being managed in an effective way in order to enable the realisation of the Trust's strategic objectives.

			NO REVIEW TAKEN PLACE						
			REVIEWED NO CHANGES						
			REVIEWED AND UPDATED						
			APR	**MAY**	**JUN**	**JUL**	**SEP**	**NOV**	
01	Demand and Capacity	COB	🟩	🟩	🟩	🟩	🟩	🟩	
02	Partnership Working / Stakeholder Engagement	CJ	🟩	🟩	🟩	🟩	🟩	🟩	
03	Workforce Planning	SFM	🟩	🟩	🟩	🟩	🟩	🟩	
04	Organisational Culture	SFM	🟩	🟩	🟩	🟩	🟩	🟩	
05	Organisational Change / 'strategic execution risk'	CJ	🟩	🟩	🟩	🟩	🟩	🟩	
06	Quality & Safety	NW	🟩	🟩	🟩	🟩	🟩	🟩	
07	Digital Transformation – failure to embrace new technology	CJ	🟩	🟩	🟩	🟩	🟩	🟩	
08	Trust Financial Investment Risk	MB	🟧	🟩	🟩	🟩	🟩	🟩	
09	Future Direction of Travel	CJ	🟩	🟩	🟩	🟩	🟩	🟩	
10	Governance	LF	🟧	🟩	🟩	🟩	🟩	🟩	

2.3.4 Actions on specific strategic risks

- **TAF 01: Demand and Capacity**
  - **Residual Risk Score –** 12. This remains unchanged since the previous review.
  - **Overall Level of Control Effectiveness –** This remains as Partially Met (PE)
  - **Sources of Assurance –** There have been no changes to the sources of assurance.
  - **Action Plan for Gaps Identified –** The action plan has been updated is largely progressing on target.

- **TAF 02: Partnership Working and Stakeholder Engagement**
  - **At present Residual Risk Score –** 8.This remains unchanged since the previous review.
  - **Overall Level of Control Effectiveness -** This remains as Partially Met (PE)
  - **Sources of Assurance –** There have been no changes to the sources of assurance.
  - **Action Plan for Gaps Identified –** There have been additional actions included since the last review.

- **TAF 03: Workforce Planning**
  - **At present Residual Risk Score –** 12. This remains unchanged since the previous review.
  - **Overall Level of Control Effectiveness –** This remains as Partially Met (PE)
  - **Sources of Assurance –** There have been no changes or additions to the sources of assurance since the previous review
  - **Action Plan for Gaps Identified –** The action plan has been updated to provide a further level of detail and assurance on the planned timetable for delivery of the associated programme of work to mitigate this risk.

- **TAF 04: Organisational Design**
  - **At present Residual Risk Score –** 9. This remains unchanged since the previous review.
  - **Overall Level of Control Effectiveness -** This remains as Partially Met (PE)
  - **Sources of Assurance –** There have been no changes or additions to the sources of assurance since the previous review
  - **Action Plan for Gaps Identified –** The action plan has been further developed to include the Trust Values Project, which will fulfil a wider brief under the Organisation Design Approach, this work has included engagement work with Board members in the first round of engagement. Additionally, work continues with further programmes being added to the portfolio to ensure this work meets objectives.

- **TAF 05: Organisational Culture**
  - **At present Residual Risk Score –** 12. This remains unchanged since the

previous review.
- **Overall Level of Control Effectiveness** – A thorough review of the levels of control effectiveness has been carried out resulting in an overall Control Effectiveness rate of Partially Met (PE)
- **Sources of Assurance** – There have been no changes or additions to the sources of assurance since the previous review
- **Action Plan for Gaps Identified** – The action plan is progressing on target.

- **TAF 06: Quality and Safety**
  The description of the risk has been amended during this review, now detailed as:
  'Trust has just approved (July 2022) its integrated Quality & Safety Framework and is in the process of setting up the required mechanisms, systems, processes and datasets. This includes the ability to on mass learn from patient feedback i.e. patient / donor feedback / outcomes / complaints / claims, incidents and ability to gain insight from robust triangulated datasets and to systematically demonstrate the learning, improvement and that preventative action has taken place to prevent future donor / patient harm. These are not currently in place and could result in the Trust not meeting its national and legislative responsibilities (Quality & Engagement Bill (2020)) and a reduction in public/patient/donor, external agency, regulator and commissioner confidence in the quality of care the Trust provides.'

  - **At present Residual Risk Score** – 15. This remains unchanged since the previous review.
  - **Overall Level of Control Effectiveness** – This remains as Partially Effective (PE), unchanged since the last review.
  - **Sources of Assurance** – Gaps in controls and assurance have been amended following review;
    - Following approval of the Quality and Safety Framework approved in July 2022, implementation commenced.
    - Quality and Safety Operational Group Planning meeting held, inaugural meeting arranged in October 2022.
    An additional gap in assurance has been identified:
    - The current mapped meeting reporting structure does not cover floor to board at divisional level.
  - **Action Plan for Gaps Identified** – Amendments have been made to the action plan to address the gaps identified and target dates reviewed.

- **TAF 07: Digital Transformation**
  - **At present Residual Risk Score** – 12. This remains unchanged since the previous review.
  - **Overall Level of Control Effectiveness** – This remains as Partially Effective (PE) despite a shift in some key control ratings individually.

  - **Sources of Assurance** – Amendments and additions to the lines of defence have taken place as part of the review; specifically cyber assurance controls being in place and digital transformation guided by an agreed

digital architecture have been added. Gaps in controls have also been highlighted around the development of a digital architecture, appropriate external standards for benchmarking being agreed and the establishment of a digital programme.

- **Action Plan for Gaps Identified –** Three additional actions have been added to the action plan:
    1. Create the Trust Digital Reference Architecture
    2. Review the scope/scale/need for a Digital Programme
    3. Confirmation on the SIRO/Cyber Security roles and responsibilities

- **TAF 08: Trust Financial Investment**
  - **At present Residual Risk Score –** 12. This remains unchanged since the previous review.
  - **Overall Level of Control Effectiveness -** This remains as Partially Met (PE)
  - **Sources of Assurance –** The reviewed sources of assurance have resulted in some additions:
    1. Key objectives of investment framework and relationship to contract performance and value identified.
    2. Investment framework to be articulated and agreed by Divisions and Executive Team.
    3. Investment framework to be applied within IMTP process.
  - **Action Plan for Gaps Identified –** There has been extensive review of the action plan resulting in the addition of new actions being added, detail below the main actions can be seen in Appendix 1:
    1. Review of contracting model for impact of COVID related measures.
    2. Establish Trust Investment Prioritisation Framework

- **TAF 09: Future Direction of Travel**
  - **At present Residual Risk Score –** 8. This remains unchanged since the previous review.
  - **Overall Level of Control Effectiveness -** This remains as Partially Met (PE).
  - **Sources of Assurance –** There have been no changes or additions to the sources of assurance since the previous review.
  - **Action Plan for Gaps Identified –** Dates have been added to the action plan where possible. There remain some dates awaiting dependent on committee outcomes.

- **TAF10: Governance**
  - **At present Residual Risk Score –** 12. There has been no change since the previous review.
  - **Overall Level of Control Effectiveness –** This remains as 'Effective' (E).
  - **Sources of Assurance –** No amendments have been made nor additions since the last review.
  - **Action Plan for Gaps Identified –** A formal programme of work for Governance, Assurance and Risk has been developed reporting into the wider Organisational Development programme for the Trust, this

encompasses 20 key   projects
underpinning the further development and operationalisation of the Trust
Assurance Framework. Key aspects are summarised in Appendix 1.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes
	Please refer to *Appendix 1* for relevant details.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

The Committee is asked to:

a. **NOTE** the progress made and next steps in supporting the continued development and operationalisation of the Trust Assurance Framework, as outlined in section 2.

b. **NOTE** the update to the Trust Assurance Framework Dashboard, included at *Appendix 1.*

RISK DESCRIPTORS

RISK NUMBER	RISK THEME/TITLE	DRAFT RISK DESCRIPTION	RISK OWNER
01	**Demand and Capacity**	Failure to adequately model demand and capacity and service plan effectively, results in failure to deliver sufficient capacity leading to deterioration in service quality, performance or financial control.	**Cath O'Brien** Chief Operating Officer
02	**Partnership Working / Stakeholder Engagement**	Failure to establish and maintain effective relationships with internal and external stakeholders, and/or align our operational actions or strategic approach with system partners, resulting in confusion, duplication or omissions; threatening collaborative working initiatives; and/or an inability to deliver required change to achieve our medium to long term objectives.	**Carl James** Director of Strategic Transformation, Planning & Digital,
03	**Workforce Planning**	Risk of not having the right staff in right place at right time with right capability, as a result of not having appropriate and effective workforce plan owned in the right place, resulting in deterioration of operational performance, decline in the safety/quality of service provision, threatening financial sustainability and/or impacting our transformation ambitions.	**Sarah Morley** Executive Director of OD and Workforce
04	**Organisational Culture**	The risk of not effectively building a joined up organisation. This is fundamental to the future success for the organisation.	**Sarah Morley** Executive Director of OD and Workforce
05	**Organisational change / 'strategic execution risk'**	Risk that aggregate levels of organisational change underway across the Trust creates uncertainty and complexity, leading to a disruption to business as usual (BAU) operations; an adverse impact on our people/culture; deterioration or an unacceptable variation in patient/donor outcomes; and/or a failure to deliver on our strategic objectives and goals.	**Carl James** Director of Strategic Transformation, Planning & Digital,
06	**Quality & Safety**	Trust does not currently have cohesive and fully integrated Quality & Safety mechanisms, systems, processes and datasets including ability to on mass learn from patient feedback i.e. patient / donor feedback / outcomes / complaints / claims, incidents and ability to gain insight from robust triangulated datasets and to systematically demonstrate the learning, improvement and that preventative action has taken place to prevent future donor / patient harm. This could result in the Trust not meeting its national and legislative responsibilities (Quality & Engagement Bill (2020)) and a reduction in public/patient/donor, external agency, regulator and commissioner confidence in the quality of care the Trust provides.	**Nicola Williams** Executive Director of Nursing, Allied Health Professionals & Health Scientists
07	**Digital transformation - failure to embrace new technology**	Risk that the Trust fails to sufficiently consider, exploit and adopt new and existing technologies (i.e., assess the benefits, feasibility and challenges of implementing new technology; implement digital transformation at scale and pace; consider the requirement to upskill/reskill existing employees and/or we underestimate the impact of new technology and the willingness of patients to embrace it/ their increasing expectation that their care be supported by it) compromising our ability to keep pace and be seen as a Centre of Excellence.	**Carl James** Director of Strategic Transformation, Planning & Digital,
08	**Trust Financial Investment Risk**	There is a risk that the contracting arrangements between Velindre and its Commissioners do not adequately acknowledge future service developments and changes in clinical practices and thus ensure appropriate funding mechanisms are in place and agreed.	**Matthew Bunce** Executive Director of Finance

09	**Future Direction of Travel**	Opportunity risk of the Trust's ability to develop new services and failure to take up and create opportunities to apply expertise and capabilities elsewhere in the healthcare system.	**Carl James** Director of Strategic Transformation, Planning & Digital,
10	**Governance**	There is a risk that the organisation's governance arrangements do not provide appropriate mechanisms for the Board to sufficiently fulfil role and the organisation to then be effectively empowered to deliver on the shaping strategy, culture and providing assurance, particularly through a quality and safety lens.	**Lauren Fear** Director of Corporate Governance & Chief of Staff

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	Quality & Safety	External Audit
Staff training and compliance with policy guidance	IT	Regulators & Commissioners
Teams take responsibility for their own risk identification and mitigation	Governance (corporate/Clinical)	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	*Board, Committee and Management Structures which receive evidence from*	*Recent internal audit reviews and levels of assurance*
Local management information / departmental management reporting	*Finance reports*	*External Audit coverage*
Divisional / Departmental performance reviews, mandates, outcomes frameworks, objectives (Clinical and Nonclinical services)	*KPI's and management information*	*Inspection reports / external assessment e.g. HIW / NHS Wales other regulator and Commissioner compliance reviews*
Operational planning / Business Plans - Delivery Plans and Action Plans	*Quality, Safety and Risk reports*	*Patient Feedback / Patient experience feedback*
Governance statements / self-certification	*Training records and statistics*	*Staff surveys / feedback*
Local procedures	*Performance reports*	*Comparative data, statistics, benchmarking*
Exceptions reporting	*BAF, VUNHS risk register*	
Targets, Standards and KPIs	*Policies and Procedures including Risk Management Policy*	
Incident Reporting	*Compliance against Policies*	
Staff Training Programmes		

KEY CONTROLS		
CONTROL TYPE	**DESCRIPTION**	**EXAMPLES**
Preventative	These controls are designed to limit the possibility of an undesirable outcome being realised. The more important it is to stop an undesirable outcome then the more important it is to implement appropriate preventative controls.	• Authorisation limits of and separation of duties • Pre-employment screening of potential staff
Mitigating	These controls are designed to limit the scope for loss and reduce any undesirable outcomes that have been realised. They may also provide a route of recourse to achieve some recovery against loss or damage.	• Passwords or other access controls • Staff rotation and regular change of supervisors • Exposure reduction by installation on hours worked
Detective	Control is designed to locate problems after they have occurred. Once problems have been detected, management can take steps to mitigate the risk that they will occur again in the future, usually by altering the underlying process.	• Periodic performance reporting • Regular review

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 DESCRIPTORS	
Inherent Risk	Score the exposure before any action has been taken to manage it or if existing controls failed entirely
Residual risk	The threat that remains after all existing controls have been applied
Target risk	Where risks are outside acceptable levels, a target risk score is agreed. This is the level that future mitigation that should be achieved which will vary over time

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

RISK SCORE

IMPACT MATRIX

	Impact, Consequence score (severity levels) and examples				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/ psychological harm)	Minimal injury requiring no/minimal intervention or treatment	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention	Major injury leading to long-term incapacity /disability	Incident leading to death
	No time off work	Requiring time off work for >3 days	Requiring time off work for 4-14 days	Requiring time off work for >14 days	Multiple permanent injuries or irreversible health effects
		Increase in length of hospital stay by 1-3 days	Increase in length of hospital stay by 4-15 days	Increase in length of hospital stay by >15 days	An event which on a large number of patients
			RIDDOR/agency reportable incident	Mismanagement of patient care with long-term effects	
			An event which impacts on a number of patients		
Quality/complaints/ audit	Peripheral element of treatment or service suboptimal	Overall treatment or service suboptimal	Treatment or service has significantly reduced effectiveness	Non-compliance with national standards with significant risk to patients if unresolved	Totally unacceptable level or quality of treatment/service
	Informal complaint/enquiry	Formal complaint (stage 1) Local resolution	Formal complain (stage 2) complaint	Multiple complaints/ independent review	Gross failure of patient safety if findings not acted on
		Single failure to meet internal standards	Local resolution (with potential to go to independent	Low performance rating	Inquest/ombudsman inquiry
		Minor implications for patient safety if unresolved	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards
		Reduced performance rating if unresolved	Major patient safety implications if findings are not acted on		
Human resources/ organisational development/staffing/competence	Short term low staffing level that temporally reduces service quality (<1day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff	Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/service due to lack of staff
			Unsafe staffing level or competence (>1 day)	Unsafe staffing level or competence (>5 days)	Ongoing unsafe staffing levels or competence
			Low staff morale	Loss of key staff Very low staff morale	Loss of several key staff
			Poor staff attendance for mandatory/key training	No staff attending mandatory/ key training	No staff attending mandatory training /key training on an ongoing basis

Statutory duty/ inspections	No or minimal impact or breach of guidance/statutory duty	Breach of statutory legislation	Single breach in statutory duty	Enforcement action	Multiple breeches in statutory duty
		Reduced performance rating if unresolved	Challenging external recommendations/ improvement notice	Multiple breaches in statutory duty	Prosecution
				Improvement notices	Complete systems change required
				Low performance rating	Zero performance rating
				Critical report	Severely critical report
Adverse publicity/ reputation	Rumours	Local media coverage	Local media coverage	National media	National media
	Potential for public concern	short-term reduction in public confidence	long-term reduction in public confidence	coverage with <3 days service well below reasonable public expectation	coverage with >3 days service well below reasonable public expectation.
		Elements of public expectation not being met			MP concerned (questions in the House)
					Total loss of public confidence
Business Objectives/ Projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget	5-10 per cent over project budget	Non-compliance with national 10–25 per cent over project budget	Incident leading >25 per cent over project budget
		Schedule slippage	Schedule slippage	Schedule slippage	Schedule slippage
				Key objectives not met	Key objectives not met
Finance Including Claims	Small loss risk of claim remote	Loss of 0.1–0.25 per cent of budget	Loss of 0.25–0.5 per cent of budget	Uncertain delivery of key objective/Loss of 0.5-1.0 percent of budget	Non-delivery of key objective/ Loss of >1 per cent of budget
		Claim less than £10,000	Claim(s) between £10,000 and £100,000	Claim(s) between £100,000 and £1million	Failure to meet specification/ slippage
				Purchasers failing to pay on time	loss of contract/payment made by results claim(s) >£1million
Service/ business interruption environmental impact	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

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

TAF DASHBOARD

RISK ID:	TAF XX		
LAST REVIEW	MONTH/YEAR	Most Relevant Strategic Goal: (See definitions tab)	
NEXT REVIEW	MONTH/YEAR		

EXECUTIVE LEAD		RISK SCORE (See definitions tab)								
		INHERENT RISK			RESIDUAL RISK			TARGET RISK		
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL
				0			0			0

Overall Level of Control Effectiveness: Rating and Rag (see definitions tab)	RATING	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

TAF DASHBOARD

GAP IN CONTROLS	GAPS IN ASSURANCE

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE

Action Plan	Owner	Progress Update	Due Date

RISK ID:	TAF 01	We fail to deliver sufficient capacity leading to deterioration in service quality, performance or financial control as a result of capacity or demand planning or the operational service challenges										
LAST REVIEW	Sep-22	1 - Outstanding for quality, safety and experience										
NEXT REVIEW	Oct-22				RISK DOMAIN			Performance and Sustainability				

EXECUTIVE LEAD	Cath O'Brien	RISK SCORE (See definitions tab)										
		INHERENT RISK			RESIDUAL RISK			TARGET RISK				
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL		
		4	4	16	3	4	12	2	4	8		

Overall Level of Control Effectiveness: Rating and Rag (see definitions tab)	RATING	Overall Trend in Assurance	THIS WILL INCLUDE A TREND GRAPH
	PE		

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	Blood stock planning and management function 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 SLA 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 and inform and predict any surge demand.	PA	Senior Management Team, COO review and EMB Review, QSP committee and Board.	PA	Welsh Government Quality, Planning and Delivery Review.	PA

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 arrangement	Director WBS	X			E	Department Head review with escalation to Director	PA	Performance Report Senior Management Team and EMB Review, QSP committee and Board	PA	Welsh Government Quality, Planning and Delivery Review	PA
C3	SEW- VUNHST cancer demand modelling programme with HBs and WGDU in place, continues to provide high level assurance on demand projections.	Director VCC (VCS)	X	X		PE	SE Wales Group	IA	Performance Report - SLT, EMB, QSP and Board	IA	Welsh Government Quality, Planning and Delivery Review	IA
C4	Demand and Capacity Plan for each service area	Heads of Service - Each Area	X	X		PE	Service area operational planning meeting	IA	Performance Report - SLT, EMB, QSP and Board	IA	Welsh Government Quality, Planning and Delivery Review	IA
C5	Active operation engagement with health boards on demand	Director VCC (VCS)	X	X	X	PE	SLT	IA	Performance Report - SLT, EMB, QSP and Board	IA	Welsh Government Quality, Planning and Delivery Review	IA

GAP IN CONTROLS	GAPS IN ASSURANCE
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 need digital systems to be in place which are out of WBS control. Projects are progressing externally.	
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 inapproprite use if blood, which impacts demand.	
Lack of visibility of granular level planning data and Health Board activity plans to clear backlog at VCC.	
Lack of a formal oversight of capacity and demand management at a divisional level to recognise the complexity of interdependencies of various functions and services at VCC.	Executive Team oversight of the more detailed capacity and demand plans

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE

Action Plan	Owner	Progress Update	Due Date
Exploratory pilot project with Cardiff and Vale Health Board to scope real time digital solution to develop blood fate data set.	Lee Wong	Project is underway in Cardiff and Vale, supported by WBS. Funding options are being sought	Dec-23
Blood Health National Oversight Group project is underway identifying inappropriate use of blood.	Lee Wong	Gap anaylysis is underway across Health Boards. The IBI lens will be used on this project	Dec-23
Engaging with Health Boards to seek further information on recovery and wider operational plans; such as waiting time initiatives and to formalise a route for planning and managing demand variation, including clinical choices.	Lisa Miller	Contact has been made with HBs and work has been done on data sets and will continue to be reviewed in regular VCS/HB meetings	Complete
A formal demand and capcity review meeting has been established at VCC	Lisa Miller	The group has been established and is currently meeting weekly to address the impact on capacity due failure of third party provision. Currently expericencing above usual demand for SACT	Complete
There is a weekly meeting between the Executive Team and Senior Leadership Team established to provide an opportunity for collaboration and oversight for addressing the immediate challenge at VCC	Steve Ham	This meeting is a short term focused meeting pending revised capacity plans	Complete

RISK ID:	TAF 02	PARTNERSHIP WORKING AND STAKEHOLDER ENGAGEMENT: Failure to establish and maintain effective relationships with internal and external stakeholders, and/or align our operational actions or strategic approach with system partners, resulting in confusion, duplication or omissions; threatening collaborative working initiatives; and/or an inability to deliver required change to achieve our medium to long term objectives.
LAST REVIEW	Nov-22	2 - An internationally renowned provider of exceptional clinical services that always meet and routinely exceed expectations
NEXT REVIEW	Jan-22	RISK DOMAIN	Partnership

EXECUTIVE LEAD	Carl James	RISK SCORE (See definitions tab)								
		INHERENT RISK			RESIDUAL RISK			TARGET RISK		
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL
		3	4	12	2	4	8	2	3	6

Overall Level of Control Effectiveness: Rating and Rag (see definitions tab)	RATING	Overall Trend in Assurance	THIS WILL INCLUDE A TREND GRAPH
	PE		

GAP IN CONTROLS						GAPS IN 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
1.1	System structures – core cancer services commissioning arrangements		X			PE	Commissioning contracting reporting	IA	Strategic Development Committee/Quality Safety and Performance Committeee	PA	Wales Audit Office/Welsh Government	PA
1.2	Strategic partnerships which support effective delivery of working/ work programmes			X		PE	Supply and demand reporting	IA	Strategic Development Committee/ Quality Safety and Performance Committeee	IA	Wales Audit Office/Welsh Government	PA
1.3	Performance data and measures to clearly track progress against objectives				X	PE	Linked through performance framework insight	PA	Strategic Development Committee/ Quality Safety and Performance Committeee	PA	Wales Audit Office/Welsh Government	PA

No.	Control					Owner	Source	Assurance 1	Committee	Assurance 2	External	Assurance 3
2.1	Blood - core blood services commissioning arrangements			X		PE	Commissioning contracting reporting	IA	Strategic Development Committee/ Quality Safety and Performance Committeee	IA	Regulatory scope re MHRA tbc	PA
3.1	Local Partnership Forum		X	X		PE	Feedback from LPF	PA	Strategic Development Committee/ Quality Safety and Performance Committeee	PA	Wales Audit Office	PA
4.1	South Wales Collaborative Cancer Leadership Group system model to provide leadership across region		X			PE	Agreed to model for next phase	PA	Strategic Development Committee/ Quality Safety and Performance Committeee	PA	Wales Audit Office/Welsh Government	PA
5.1	Partnership Board arrangements with partner Health Boards model;		X			PE	Agreed to model for each organisation	IA				

GAP IN CONTROLS	GAPS IN ASSURANCE
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

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE

	Action Plan	Owner	Progress Update	Due Date
1.1	Although each of these mechanisms and controls are reported through various mechanisms – a specific action plan against these controls will be developed and reported through governance to support this strategic risk	Carl James	Linked to developments in ways of working for the Trust, the actions to enhance the effectiveness of the controls will be specifically developed and reported on.	Complete

1.2	Consideration of second and third line opportunities for further assurance to be incorporated into action plan as per action 1.1	Carl James		Complete
1.3	Development of CCLG leadership and goverancne arrangements: towards Alliance System: agree next steps with CEOs	Carl James		Complete

TAF DASHBOARD

WORKFORCE PLANNING

RISK ID:	TAF 03	**WORKFORCE PLANNING:** Risk of not having the right staff in right place at right time with right capability, as a result of not having appropriate and effective workforce plan owned in the right place, resulting in deterioration of operational performance, decline in the safety/quality of service provision, threatening financial sustainability and/or impacting our transformation ambitions.
LAST REVIEW	Oct-22	1 - Outstanding for quality, safety and experience
NEXT REVIEW	Nov-22	RISK DOMAIN Workforce and Organisational Development

EXECUTIVE LEAD	Sarah Morley	RISK SCORE (See definitions tab)								
		INHERENT RISK			RESIDUAL RISK			TARGET RISK		
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL
		4	4	16	4	3	12	2	3	6

Overall Level of Control Effectiveness: Rating and Rag (see definitions tab)	RATING	Overall Trend in Assurance	THIS WILL INCLUDE A TREND GRAPH
	PE		

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	Draft Trust People Strategy clearly noting the strategic intent of Workforce Planning - 'Planned and Sustained Workforce'	Sarah Morley	X			PE	Tracking key outcomes and benefits map – aligned to Trust People Strategy	PA	Internal Audit Reports	PA	To be completed as per compliance/ reg tracker update	PA
C2	Workforce Planning Methodology approved by Executive Management Board	Susan Thomas	X			PE	Staff Feedback	PA	Trust Board reporting against Trust People Strategy	PA	To be completed as per compliance/ reg tracker update	PA
C3	Workforce Planning – Skills Development – Training and Development Package in Place	Susan Thomas	X			PE	Performance reports via divisional and committee	PA				
C4	Workforce Planning embedded into our Inspire Programme to develop Mangers and leaders in WP skills	Susan Thomas	X			PE	Evaluation Sheets	PA				

TAF DASHBOARD

WORKFORCE PLANNING

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	PA				
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	Recruitment and retention repots via Board	PA				
C7	Widening access Programme in train to support development of new skills and roles	Susan Thomas	X			PE	Reports via Trust Committee cycle on updates	PA				
C8	Workforce analysis available via ESR and Business Intelligence support	Susan Thomas	X			PE	Performance reports via divisional and committee structures	PA				
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	PE	Agile Project and Programme Board	PA				

GAP IN CONTROLS	GAPS IN ASSURANCE
Gaps are evident in understanding agreed service models – both internally and regionally	Development of 3rd Line of defence assurance to be completed
Each of the controls requires further development and progression, the plans for which are at varying levels of maturity	Mapping of relevant sources of assurance and development of that assurance will be also alongside the development of the key controls

TAF DASHBOARD

WORKFORCE PLANNING

	ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE			
	Action Plan	**Owner**	**Progress Update**	**Due Date**
1.1	Attraction, Retention and Recruitment Programme established to deliver outputs to support the supply and shape of the workforce	Sarah Morley	The Programme Group has been established and a range of outputs defined to deliver between September 2022 and February 2023.	Feb-23
1.2	The Healthy and engaged workplan to be implemented to support worforce capacity within the Trust	Sarah Morley	The Trust has appointed a staff psychologist to support mental health and wellbeing. In addition all elements of the Trust wellbeing offer have been added to the national GWELLA platform allowing them to be more easily accessible for staff.	Dec-22
1.3	Establish Hybrid working arrangements as a core way in which the Trust undertakes some of its work.	Sarah Morley	The Trust has approved a set of Hybrid working principles. There are now task and finish groups working under the Hybrid working project to develop the operational systems and toolkits that will allow the Trust to fully relaise the benefits of hybrid working arrangements.	Dec-22

TAF DASHBOARD

ORGANISATIONAL CULTURE

RISK ID:	TAF 04	**ORGANISATIONAL DESIGN: Failure to establish effective systems and structures built around shared values and behaviours.**
LAST REVIEW	Oct-22	2 - An internationally renowned provider of exceptional clinical services that always meet and routinely exceed expectations
NEXT REVIEW	Nov-22	**RISK DOMAIN** **Performance and Service Sustainability**

EXECUTIVE LEAD	Sarah Morley	**RISK SCORE** (See definitions tab)								
		INHERENT RISK			**RESIDUAL RISK**			**TARGET RISK**		
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL
		3	4	12	3	3	9	2	2	4

Overall Level of Control Effectiveness: Rating and Rag (see definitions tab)	**RATING** **PE**	**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
C1	Trust Strategies and enabling strategies (including people, RD&I and Digital) to be agreed to provide clarity and alignment on strategic intent of the Organisation	Carl James	X			PE	Working group led by CJ	PA	Trust Board reporting on strategy and controls via cycle of business	PA	To be completed as per compliance/ reg tracker update	PA
C2	Developing 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	PA	Trust Board reporting on strategy and controls via cycle of business	PA	To be completed as per compliance/ reg tracker update	PA

TAF DASHBOARD

ORGANISATIONAL CULTURE

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				
C4	Values to be reviewed and Behaviour framework to be considered Values of the Organisation used in induction, recruitment and via PADR processes	Susan Thomas	X			PE	Healthy and Engaged Steering Group Education and Training Steering Group	PA				
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	PA				
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 & Wellbeing Steering Group	PA				
C7	Governance arrangements in place to monitor and evaluate the implementation of plans	Lauren Fear	X			PE	Executive Management Board	PA				
C8	Performance Management Framework in place to monitor the finance, workforce and performance of the Organisation	Carl James	X			PE	PMF Working Group	PA				
C9	Service models in place to provide clarity of service expectations moving forward	Susan Thomas	X			PE	SLT Meetings	PA				

							SLT Meetings	PA				
C10	Aligned workforce plans to service model to ensure the right workforce is in place	Cath O'Brien	X			PE	Education and Training Steering Group	PA				
C11	Development and implementation of a Management Framework that supports cohesive work across the organisation	Carl James	X			PE	To be determined	PA				

GAP IN CONTROLS	GAPS IN ASSURANCE
Each of the controls requires further development and progression, the plans for which are at varying levels of maturity	Development of 3rd Line of defence assurance to be completed
Requires a cohesive and holistic Organisation alignment between performance management, service improvement, leadership behaviours and people practices to deliver the desired culture	Mapping of relevant sources of assurance and development of that assurance will sit alongside the development of the key controls

TAF DASHBOARD   ORGANISATIONAL CULTURE

	ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE			
	Action Plan	**Owner**	**Progress Update**	**Due Date**
1.1	Development of Organisational Design approach for the Trust to encapsulate both process and cultural elements that need to be inplace to allow the organisation to achieve its strategic goals	Sarah Morley	takeholder engagement has taken place on the rationale for this work and an overview of some of the elements of work that may sit within it with the Executive Team, Divisional Senior Leadership Teams and the Board. The scope of the programme and governance arrangements will be developed and agreed in November, during which the timelines associated with the main elements will be determined. Further programmes have been added to the portfolio to ensure this work meets its objectives.	Nov-22
1.2	A staff engagement project to understand levels of staff engement and also review the Trust Values	Sarah Morley	It has been decided that the Trust Values Project will fulfill a wider brief under the Organisational Design Approach. Interviews have taken place with Board members as first round of engagement activity. This will be followed by wider engagement across the Trust.	Dec-22

RISK ID:	TAF 05	Risk that aggregate levels of organisational change underway across the Trust creates uncertainty and complexity, leading to a disruption to business as usual (BAU) operations; an adverse impact on our people/culture; deterioration or an unacceptable variation in patient/donor outcomes; and/or a failure to deliver on our strategic objectives and goals.									
LAST REVIEW	Nov-22	2 - An internationally renowned provider of exceptional clinical services that always meet and routinely exceed expectations									
NEXT REVIEW	Jan-22					RISK DOMAIN			Performance and Service Sustainability		

EXECUTIVE LEAD	Carl James	RISK SCORE (See definitions tab)									
		INHERENT RISK			RESIDUAL RISK			TARGET RISK			
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	
		4	4	16	3	4	12	2	2	4	

Overall Level of Control Effectiveness: Rating and Rag (see definitions tab)	RATING	Overall Trend in Assurance	THIS WILL INCLUDE A TREND GRAPH
	PE		

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
						KEY CONTROLS			SOURCES OF ASSURANCE			
1.1	Trust strategy to provide clear set of goals, aims and priorities	Carl James	x			E	Executive Management Board review	PA	Strategy Committee/QSP/Internal Audt Review / CHC	PA	Audit Wales	PA
1.2	Integrated Medium Term Plan to translate strategy into clear delivery plans	Carl James	x			E	Executive Management Board review	PA	Strategy Committee/QSP/Internal Audt Review / CHC	PA	Audit Wales	PA
1.3	Performance reporting in place to ensure delivery of required quality/performance in core service	Carl James	x		x	PE	Executive Management Board review/ patient and donor feedback	PA	Strategy Committee/QSP/Internal Audt Review / CHC	PA	Audit Wales	PA
1.4	Risk management framework / arrangements in place to identify/monitor/manage risks at corporate and service level	Lauren Fear		x		E	Executive Management Board review	PA	Strategy Committee/QSP/Internal Audt Review / CHC	PA	Audit Wales	PA

1.5	Well defined change programmes at a local level to manage change effectively (WBS Change programme & Velindre Futures)	Cath O'Brien	x			PE	Executive Management Board review / staff feedback	IA	Strategy Committee/QSP/Internal Audit Review / CHC	IA	Audit Wales	IA
1.6	Effective leadership and management of change at Executive Management Board	Steve Ham	x			PE	Executive Management Board review / staff feedback	IA	Internal Audt Review	PA	Audit Wales/HIW	PA

GAP IN CONTROLS	GAPS IN ASSURANCE
Currently gap in ability to measure all desired outcomes	Not possible to fully determine whether the activities the Trust is undertaking are delivering the desired strategic outcomes at a Board level i.e. many of the outcomes for cancer and blood services are population based and the Trust currently does not get this information
Lack of capacity in business intelligence to develop range of information and automate it	
Revised performance management framework not fully implemented (new quality metrics not sufficiently developed and/or utilised)	Inability to fully determine whether the services are maximising performance to deliver the desired outputs/outcomes at a service/Trust level
Not all supporting strategies approved by the Board e.g. Clinical and Scientifc strategy	Not yet able to d

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE

Action Plan	Owner	Progress Update	Due Date
Finalise all strategies and plans	Carl James	Drafts well developed with final engagement exercise ongoing - Board approval in May 2022 (on track for May 26th 2022). Trust strategy and enabkers developed and approved (with launch in Sept 2022)	Complete
Develop IMTP to provide priority for action and application of resource	Carl James	Final draft going to Board for approval March 2022	Complete
Information requirements being scoped	Cath O'Brien	First phase to support new performance measures (on track for September 2022)	Apr-23
Develop clinical and scientific strategy	Jacinta Abraham	Jaz Abrahams/Nicola Williams/Carl James will be jointly responsible. Initial scoping meetings commenced and resourcing being indentifed prior to commencing work	2023 (comple
Implement revised performance management framework	Carl James	New scorecards being finalised for implementation (on track for September 2022). Additional cycle agreed to test PMF (october board edevelopment session) - target date for live PMF Dec 22 / Jan 23 Cycle. PMF being trialed currently and will Go Live in April	Apr-23

TAF DASHBOARD

QUALITY AND SAFETY

RISK ID:	TAF 06	Trust has just approved (July 2022) its integrated Quality & Safety Framework and is in the process of setting up the required mechanisms, systems, processes and datasets. This includes the ability to on mass learn from patient feedback i.e. patient / donor feedback / outcomes / complaints / claims, incidents and ability to gain insight from robust triangulated datasets and to systematically demonstrate the learning, improvement and that preventative action has taken place to prevent future donor / patient harm. These are not currently in place and could result in the Trust not meeting its national and legislative responsibilities (Quality & Engagement Bill (2020)) and a reduction in public/patient/donor, external agency, regulator and commissioner confidence in the quality of care the Trust provides.
LAST REVIEW	Oct-22	1 - Outstanding for quality, safety and experience
NEXT REVIEW	Nov-22	Goal 1	RISK DOMAIN	Quality and Safety/ Comliance and Regulatory

RISK SCORE (See definitions tab)

EXECUTIVE LEAD	Nicola Willams	INHERENT RISK			RESIDUAL RISK			TARGET RISK		
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL
		5	5	25	3	5	15	2	5	10

Overall Level of Control Effectiveness: Rating and Rag (see definitions tab)	RATING	Overall Trend in Assurance	THIS WILL INCLUDE A TREND GRAPH
	PE		

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	Once for Wales Datix System implemented	Nicola Williams			X	PE	Staff feedback	IA	Internal Audit Reviews	Not Assessed	Audit Wales Reviews	Not Assessed
C2	CIVICA pt/donor feedback system being implemented	Nicola Williams			X	PE	Patient/Donor Feedback	IA	Quality, Safety & Performance Committee	IA	HIW Inspect	Not Assessed
C3	Trust wide Divisional to Board level Quality & Safety meeting structure in place	EXECS	X	X	X	PE	15 Step challenge	IA	Peer reviews	Not Assessed	MHRA	Not Assessed
							EMB	IA			Professional bodies	Not Assessed
C4	Quality & Safety Teams in place corporately & in each Division	NW, AP, PW	X	X	X	PE	Divisional Q&S Groups	IA			Delivery Unit	Not Assessed
							PMF	IA				Not Assessed

QUALITY AND SAFETY

C5	PMF in place & under review to include experience & outcomes	Carl James			X	NE	Perfect Ward audits	IA			
							PMD	IA			
C6	Trust Risk Register in place	Lauren Fear	X	X	X	PE	Mortality reviews	IA			
C7	Regular Staff Feedback sought	Sarah Morley			X	PE					
C8	Staff Q&S training & Education	Nicola Williams	X			PE		IA	Internal Audit Reviews	Not Assessed	

GAP IN CONTROLS	GAPS IN ASSURANCE
National standards / best practice standards (including benchmarkable outcome & experience measures) are not explicit across all departments of the Trust & /or regularly reviewed	Currently mechanisms to automatically & systematically review and triangulate & integrate quality & safety information at corporate and VCC Divisional level are insufficiently robust due to lack of cohesive infrastructure
Data / information infrastructure currently insufficient and unable to provide triangulation	Currently the mechanisms to evidence learning and improvement service level to Board remains under development
Quality & Safety Framework approved in July 2022, implementation commenced. Quality & Safety Operational Group Planning meeting held, inagural meeting arranged in October 2022.	There are gaps in the Quality & Safety reporting mechanisms from service level to Board in respect of meeting structures and reporting lines
National Duty of Quality statutory guidance 12 week consulation due in October 2022 & Duty of Candour regulation changes 12 week consultation commenced on 20th September 2022.	Trust Quality, Safety & Performance Committee needs to further refine its work plan, quality of papers and triangulation methodologies
Work required to ensure consistent and recognized Floor to Board lines accountability & responsibility for Quality & Safety	The current mapped meeting reporting structure does not cover floor to board at divisional level
Work required to ensure robust links between incidents, feedback, complaints, mortality review outcomes clinical audit and improvement plans and to be able to demonstrate improvement	Quality & Safety assurance infrastructure for hosted organisations is unclear
Trust wide and VCC Quality & Safety Teams have insufficient capacity and capability to currently be able to fully execute responsibilities	Quality & Safety Operational Group requires full establishment - to operationally pull together all stands and feed into EMB & QSP

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE

	Action Plan	Owner	Progress Update	Due Date
1.1	Trust Quality & Safety Framework to be finalized and implementation plan developed.	Nicola Williams	Framework finalised and approved by Board in July 2022	COMPLETE
1.2	Corporate & Divisional Quality Hubs to be established	Nicola Williams Alan Prosser Paul Wilkins	Corporate OCP completed and recruitment commenced. WBS Quality Hub requirements determined – minor changes required from existing arrangements VCC Quality Hub high level requirements determined - additional / realignment of resources maybe required. Detail needs to be worked through	Oct-22
1.3	Trust Quality & Safety Framework implementation plan to be completed in line with agreed timescales	Exec Team Divisional Directors	Implementation plan developed and approved	Mar-23
1.4	Instigate a Quality & Safety operational meeting where cross cutting outcome review & triangulation takes place	Nicola Williams	Planning meeting held, draft terms of reference developed and membership agreed. Inagural meeting planned for October 2022	Oct-22
1.5	Ensure the Action & learning sections within the Once for Wales Datix System are robustly implemented & audited	Nicola Williams	Being picked up through the Datix project Board	Dec-22
1.6	Implement a robust compassionate leadership programme	Sarah Morley	Compassionate Leadership is woven through the Trust 'Inspire' Leadership Programme. A broader Trust wide programme is being developed for all leaders and managers which forms part of the 'Building our Future Together' Portfolio.	Apr-23
1.7	Ensure all responsible officers receive Investigation Training	Nicola Williams Cath O'Brien	Investigation training provided to officers within corporate quality & safety team and both divisions	Jun-22
1.8	Implement National Duty of Candour guidelines / requirements	Jacinta Abraham	Awaiting National statutory Guidance. Nicola Williams Chairing national Duty Quality / Duty Candour Steering group. Consultations planned for Autumn 2022.	Apr-23
1.9	Implement National Duty of Quality guidelines / requirements	Nicola Williams		Apr-23

1.10	Explicitly define the required Quality, Safety & Governance assurance mechanisms for Hosted Organisations	Lauren Fear	Governance and Assurance mechanisms have been agreed and established for Shared Services, reporting through to the Quality, Safety and Performance Committee, Shared Services Audit Committee and Shared Services Partnership Committee. A review is underway of Health Technology Wales and required Governance and Assurance mechanisms. This will be progressed in quarter 1 2022/23. Update 06.10.2022 - Defined project as part of the Building Our Future Together work programme.	Jan-22
1.11	Complete Risk Register Review, transmission onto Datix v14 (04W when available) & ensure regular reviews at all levels in line with Quality and Safety outcomes	Lauren Fear	Regular reviews are taking place and work is ongoing to transfer of all risks to Datix V14, followed by Once for Wales when available.	COMPLETE

TAF DASHBOARD   DIGITAL TRANSFORMATION

RISK ID:	TAF 07	Risk that the Trust fails to sufficiently consider, exploit and adopt new and existing technologies (i.e. assess the benefits, feasibility and challenges of implementing new technology; implement digital transformation at scale and pace; consider the requirement to upskill/reskill existing employees and/or we underestimate the impact of existing and new technology and the willingness of patients to embrace it/ their increasing expectation that their care be supported by it) compromising our ability to keep pace and be seen as a Centre of Excellence.					
LAST REVIEW	Oct-22	5 - A sustainable organisation that plays it part in creating a better future for people across the globe					
NEXT REVIEW	Nov-22			RISK DOMAIN		Performance and Service Sustainability	

EXECUTIVE LEAD	Carl James	RISK SCORE (See definitions tab)								
		INHERENT RISK			RESIDUAL RISK			TARGET RISK		
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL
		4	4	16	3	4	12	3	3	9

Overall Level of Control Effectiveness: Rating and Rag (see definitions tab)	RATING	Overall Trend in Assurance	THIS WILL INCLUDE A TREND GRAPH
	PE		

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 Digital Strategy, target approval at Trust Board in May 2022	Carl James	X			E	Tracking key outcomes and benefits map – aligned to Trust Digital Strategy	PA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA	Wales Audit Office	PA
C2	Active work ongoing to leverage existing and deliver on new technologies – e.g. LIMS, IRS, BECS	Chief Digital officer		X		E	Trust digital governance reporting	PA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA	Wales Audit Office	PA

DIGITAL TRANSFORMATION

C3	Training & Education packages to develop internal capabilities – including for exec and Board	Chief Digital officer	X			PE	Staff feedback	IA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA	Wales Audit Office	PA
C4	Training & Education packages for donors, patients	Chief Digital officer	X			NE	Patient and donor feedback	IA	Feedback and progress of working with Universities	IA	Wales Audit Office	PA
C5	Ring-fencing digital advancement in Trust budget – benchmark 4%	Chief Digital officer	X			E	Review of proposals via EMB / Trust Board	PA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA	Wales Audit Office	PA
C6	Specifically development of digital resources capacity and capability	Chief Digital officer	X			PE	Review of proposals via EMB / Trust Board	PA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA	Wales Audit Office/Centre for Digital Public Services	PA
C7	Digital inclusion – in wider community	Chief Digital officer	X			NE	Tracking key outcomes and benefits map – aligned to Trust Digital Strategy	Not Assessed	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	Not Assessed	Wales Audit Office	Not Assessed
C9	Prioritisation and change framework to manage service requests	Chief Digital officer	X			PE	Trust digital governance reporting	IA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA	Wales Audit Office	PA

DIGITAL TRANSFORMATION

C10	Levels of unsupported applications/ legacy systems	Chief Digital officer			X	PE	Trust digital governance reporting	IA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	IA	Wales Audit Office	PA
C11	Trust digital governance	Carl James		X		PE	Trust digital governance reporting	Not Assessed	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	Not Assessed	Wales Audit Office	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	Review via EMB / Trust Board	PA	Wales Audit Office	PA
C13	Cyber assurance controls in place	Chief Digital officer		X		PE	Review via Divisional SMT / SLT. Cyber Security eLearning (Stat. & Mand.) Board Development Sessions.	PA	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	PA	Wales Audit Office. WG/CRU as competent authority for NIS	PA
C14	Digital transformation is guided by an digtial architecture.	Chief Digital officer	X	X		PE	Digital Programme established. Architectural Review Board	Not Assessed	SIRO Reports/ Strategic Development Committee/ QSP Committee/ Internal Audit	Not Assessed	Wales Audit Office	Not Assessed

TAF DASHBOARD   DIGITAL TRANSFORMATION

GAP IN CONTROLS	GAPS IN ASSURANCE
Each of the controls (with exception of c1,c2) requires further development and progression, the plans for which are at varying levels of maturity – see action 1.1	Development of 3rd Line of defence assurance to be completed in line with the development of the compliance and regulatory tracker see action 1.2.
Digital architecture needs to be developed to guide digital transformation activities.	Mapping of relevant sources of assurance and development of that assurance will be also alongside the development of the key controls, as per action 1.1.
Appropriate external standards for benchmarking need to be agreed (e.g. ITIL, Cyber Essentials, ISO27001) as part of the control framework.	Confirmation on SIRO / Chief Digital Officer responsibilities for cyber assurance alongside Information Governance.
Establishment of a Digital Programme, including key controls for digital inclusion and digital architecture	

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE			
Action Plan	Owner	Progress Update	Due Date
1.1	Chief Digital Officer to bring a paper to next Strategic Development Committee with further detail on the plans to develop each of the key controls to an "effective" level	Chief Digital officer	CDO started on 1st July as anticipated, key controls in the TAF reviewed and can be presented at a future SDC. Paper on Digital Programme on Strategic Development Committee agenda 14th December 2022 for initial consideration	Nov-22
1.2	Create the Trust Digital Reference Architecture to support C14 and	Chief Digital	New Action	Jan-23
1.3	Review the scope/scale/need for a Digital Programme to provide	Chief Digital	New Action	Jan-23
1.4	Confirmation of the SIRO/Cyber Security roles and responsibilities	Chief Digital	AGREED ROLES AND RESPONSIBILITIES	CLOSED

TAF DASHBOARD

TRUST FINANCIAL INVESTMENT RISK

RISK ID:	TAF 08	There is a risk that the contracting arrangements between Velindre and its Commissioners do not adequately acknowledge future service developments and changes in clinical & scientific practices and thus ensure appropriate funding mechanisms are in place and agreed.		
LAST REVIEW	Oct-22	2 - An internationally renowned provider of exceptional clinical services that always meet and routinely exceed expectations		
NEXT REVIEW	Nov-22	Goal 2	RISK DOMAIN	Financial Sustainability

RISK SCORE (See definitions tab)

EXECUTIVE LEAD	Matthew Bunce	INHERENT RISK			RESIDUAL RISK			TARGET RISK		
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL
		4	4	16	3	4	12	2	4	8

Overall Level of Control Effectiveness: Rating and Rag (see definitions tab)	RATING	Overall Trend in Assurance	GOING FORWARD THIS WILL INCLUDE A TREND GRAPH
	PE		

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 Financial Strategy	Matthew Bunce	X			PA	Tracking forecast delivery against financial strategy via Performance Committees and Trust Board	PA	Monthly Performance Review with Executives and Senior Management Teams	PA	Internal Audit cycle of assurance on financial strategy	PA
C2	Active engagement with Commissioners and Welsh Government to ensure inclusion of Velindre requirements within their Financial Planning	Matthew Bunce		X		PE	Inclusion in Health Board IMTP Financial Plans	IA	Monthly Commissioner Meetings held to confirm financial planning requirements	IA		

TAF DASHBOARD
TRUST FINANCIAL INVESTMENT RISK

Ref	Description	Owner				Rating	Control	Rating	Control	Rating	Control	Rating
C3	Active engagement with Trust & Divisions to ensure investment does not exceed available funding	David Osborne	X			PA	Monthly Financial Performance Review Reported to Execs and Senior Management Teams	PA	Quarterly Directorate financial reviews established across both Divisions	PA	Monthly Budget Holder Meetings with Business Partners	PA
C4	Continuous review of contracting currencies and direct WHSCC funding to ensure reflective of efficient cost of delivery	Matthew Bunce		X		PE	Frequent formal Reviews to be established, combined with routine contract reporting	IA	Routine meetings with Depts to support business cases and any impacts on currencies	IA	Annual Review of Contracting Model (focus on pandemic legacy impact)	IA
C5	Benchmarking with appropriate services to ensure value	Matthew Bunce			X	PE	Non Surgical Benchmarking Group with Welsh Cancer Centres	PA	National Costing Cycle	PA		
C6	Routine contracting reporting and discussion with Commissioners to review activity and early identify income volatilities	David Osborne			X	PE	Monthly Financial Performance Review Reported to Commissioners with Monthly Meetings	PA	Annual Review of Contracting Model (focus on pandemic legacy impact)	IA	Introduction of Service Line Reporting	IA
C7	Establish Investment Prioritisation Framework at a Trust and Divisional level to ensure no investment creep and strategic priority alignment	Matthew Bunce	X			PE	Chief Executive Consideration of Investment at a Trust Level	IA	Divisional Senior Management Team investment review	IA		

TAF DASHBOARD

TRUST FINANCIAL INVESTMENT RISK

GAP IN CONTROLS	GAPS IN ASSURANCE
C3 – Governance of investment at Velindre Cancer Centre is being enhanced through the embedding of resource authorization, prioritization and allocation process, linked to Velindre Futures. Framework not fully embedded at present.	Inclusion of Velindre funding requirements with respective Commissioner financial planning requires formal clarification from Commissioners. Whilst requirements may be acknowledged, the financial challenges that Commissioners are prioritizing may not align with Velindre intents, consequently, assurance cannot be given that Velindre requirements will be met.
C4 – Whilst the contracting model has been continuously reviewed, the impact of COVID related measures has had a potential significant shift in cost base. This requires further understanding to identify mitigations.	The impact of COVID on current performance and cost base remains volatile, with recurrent funding also unclear. Capacity and demand modelling being undertaken in key risk areas. Welsh Government and Commissioners engaged on current and future consequences.
C7 – Trust Investment Prioritisation Framework to be established.	Investment is limited in it's prioritisation to the Executive Team and Senior Management Teams discretion and not formally supported by a framework for decision making.

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE

	Action Plan	Owner	Progress Update	Due Date
1.1	**Support the embedding of investment framework within Divisions**	**David Osborne**	**Process continues to be embedded, terms of reference and process established. Communications throughout Division and "live" operation to follow.**	**Dec-22**
	Investment scrutiny with services against commitments made and intended.	David Osborne	Completed and subject to continuous review	Completed
	Key objectives of investment framework and relationship to contract performance and value identified	David Osborne	Completed	Completed
	Investment framework to be articulated and agreed by Divisions and Exec	David Osborne	Due through Q3	Dec-22
	Investment framework to be applied within IMTP process	David Osborne	Due through Q3	Dec-22
1.2	**Review of contracting model for impact of COVID related measures**	**David Osborne**	**Areas of concern identified, discussions to inform are underway with Services. Board to be advised of present volatility and Commissioners engaged.**	**Dec-22**
	Protected Enhanced rates secured for 22-23	David Osborne	Completed	Completed
	Contract currencies of concern identified and impact assessed	David Osborne	Impact of hyperfractionation reviewed	Completed
	Business Cases completed for Brachytherapy	David Osborne	Business case prepared and agreed	Completed

TRUST FINANCIAL INVESTMENT RISK

	Engage with National Funding Flows Group for contract agreements for future financial years	David Osborne	Ongoing, due November	Dec-22
1.3	**Establish Trust Investment Prioritisation Framework**	**Matthew Bunce**	**Initial proposals prepared, Executive discussions to shape and take forward**	**Dec-22**

RISK ID:	TAF 09	Risk that the Trust's ability to develop new services and failure to take up and create opportunities to apply expertise and capabilities elsewhere in the healthcare system.							
LAST REVIEW	Oct-22	2 - An internationally renowned provider of exceptional clinical services that always meet and routinely exceed expectations							
NEXT REVIEW	Nov-22	Goal 2			RISK DOMAIN		Research and Development		

EXECUTIVE LEAD	Carl James	RISK SCORE (See definitions tab)							
		INHERENT RISK			RESIDUAL RISK			TARGET RISK		
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL
		3	4	12	2	4	8	2	3	6

Overall Level of Control Effectiveness: Rating and Rag (see definitions tab)	RATING	Overall Trend in Assurance	THIS WILL INCLUDE A TREND GRAPH
	PE		

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	Development of a Trust strategy and other related strategies (R, D& I; digital etc) which articulate strategic areas of priority	Carl James	x			E	Executive Management Board review	PA	Strategic Development Committee	PA	Audit Wales Reviews	PA
C2	Trust Clinical and Scientific Strategy	Nicola Williams	X			PE	Executive Management Board review	NA	Strategic Development Committee	IA	Audit Wales Reviews	PA
C3	Development of a Clinical and Scientific Board to lead clinical direction of travel	Jacinta Abraham				PE	Executive Management Board review	NA	Strategic Development Committee	IA	Audit Wales Reviews	PA
C4	Development of improved local, regional and national clinical commissioning arrangements	Matthew Bunce	x			PE	Executive Management Board review	IA	Strategic Development Committeen and performance management framework	IA	Audit Wales Reviews	PA
C5	Agreement of system leadership roles for primary services: 1. Blood Services 2. Cancer Services	Cath O'Brien	x			PE	Executive Management Board review/ patient and donor feedback	IA	Strategic Development Committee	IA	Audit Wales/MHRA & HIW/ regulators	PA

C6	Change in strategic workforce plan to recognize/address any new leadership/clinical/management skills related to strategic growth	Sarah Morley	x			PE	Executive Management Board review	IA	Strategic Development Committee	IA	Audit Wales/MHRA & HIW/ regulators	PA
C7	Refresh of Investment and Funding Strategy	Jacinta Abraham	x			PE	Executive Management Board review	IA	R< D & I Sub-Committee and Performance	IA	Audit Wales/External Research organisations &	PA
C8	Development of commercial strategy	Matthew Bunce	x			PE	Executive Management Board review	IA	R< D & I Sub-Committee and Performance Management Framework	IA	Audit Wales/External Research organisations & Welsh Government	PA
C9	Attraction of additional commercial and business skills	Matthew Bunce		x		PE	Executive Management Board review	IA		IA	Audit Wales/External Research organisations & Welsh Government	PA

GAP IN CONTROLS	GAPS IN ASSURANCE
Lack of clinical and scientific strategy	New PMF not yet in place with revised measures to track delivery of Trust strategy
Limited commercial expertise (capacity) within the Trust	Local commissioning/regional commissioning processes unchanged with no new ways of measuring effectiveness
Robust commissioning arrangements across Wales	
Clear understanding of strategic direction/system design with partner LHBs	
Ability to identify and secure funding	
Lack of clarity about future services and required skills, capacity and capability to leverage the strategic oppor	

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE

	Action Plan	Owner	Progress Update	Due Date
1.1	Develop full suite of strategic documents to provide clarity on future direction of travel	Carl James	On track for May 2022. The overarching Trust Strategy "Destination 2032" was approved in the January Trust Board. The Enabling Strategies were subsequently approved, as outlined below, in the May 2022 Trust Board.	COMPLETE
1.2	Board decision on strategic areas of focus/to pursue	Board	Final enabling strategies on track for may 2022 - allowing prioritisation to occur in future IMTPs. Trust Enabling Strategies were approved by the Trust Board in May 2022.	COMPLETE
1.3	Discussion with partner(s) to determine whether opportunity viable	Execs		tbc (dependent on Board decisions)
1.4	development of clinical and scientific strategy	Jacinta Abraham		tbc
1.5	Development of KPIs and PMF to track strategy delivery	Carl James	Draft KPIs developed and PMF being plioted	Dec 22/January 23 Board reporting cycle
1.5	Identify capability required and funding solution/source	Execs		tbc (dependent on Board decisions)

TAF DASHBOARD   GOVERNANCE

RISK ID:	TAF 10	There is a risk that the organisation's governance arrangements do not provide appropriate mechanisms for the Board to sufficiently fulfil its role and the organisation to then be effectively empowered to deliver on the shaping strategy, culture and providing assurance, particularly through a quality and safety lens.							
LAST REVIEW	Oct-22	1 - Outstanding for quality, safety and experience							
NEXT REVIEW	Nov-22	Goal 1			RISK DOMAIN		Compliance and Regulatory		
EXECUTIVE LEAD	Lauren Fear	**RISK SCORE** (See definitions tab)							
		INHERENT RISK			RESIDUAL RISK			TARGET RISK		
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL
		4	4	16	3	4	12	2	4	8

Overall Level of Control Effectiveness: Rating and Rag (see definitions tab)	RATING	Overall Trend in Assurance	GOING FORWARD THIS WILL INCLUDE A TREND GRAPH
	E		

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	Annual Assessment of Board Effectiveness	Emma Stephens			X	E	Annual Board Effectiveness Survey Annual Self- Assessment against the Corporate Governance in Central Governance Departments: **Code of Good Practice 2017**	PA	Audit Committee Trust Board	PA	Internal Audit Reports Audit Wales Structured Assessment Programme / Reports Joint Escalation & Intervention Arrangements	PA
C2	Board Committee Effectiveness Arrangements	Lauren Fear	X			E	Internal Annual Review	PA	Audit Committee Trust Board	PA	Internal Audit of Board Committee Effectiveness Audit Wales Structured Assessment Audit Wales Review of Quality Governance Arrangements	PA

C3	Health & Care Standards Self-Assessment Arrangements: Standard 1.0 - Governance, Leadership and Accountability	Lauren Fear			X	E	Divisional Management Arrangements for overseeing effective implementation and monitoring	PA	The Trust has an established framework through which self-assessment are undertaken and action taken to implement improvements and changes required – reported on a quarterly basis to EMB Run, Quality, Safety & Performance Committee and Board as required	PA	Annual Internal Audit Report against the Health & Care Standards for Wales (20/21 assessment provided substantial Audit Wales review outcomes of report as part of Annual Report - Accountability Report	PA
C4	Board Development Programme	Lauren Fear	X			PE	Programme established PA	IA	Independent Member Group repurposed and second meeting now held. Further embedding through 2022/23	IA		
C5	All-Wales Self-Assessment of Quality Governance Arrangements	Lauren Fear		X		E	Action plan developed in response to self-assessment exercise. All actions complete /on track to complete by end of this financial year.	PA		PA	Audit Wales review of Quality Governance Arrangements	PA
C6	Quality of assurance provided to the Board	Lauren Fear			X	E	Quality of Board papers and supporting information effectively enabling the Board to fulfil its assurance role. IA	IA	Trust Board assessment via formal annual and additional effectiveness review exercises. IA	IA	Internal Audit Reports. Audit Wales Structured Assessment Programme/Reports	PA

GAP IN CONTROLS	GAPS IN ASSURANCE
None	Third line of defence in respect of C4 – Board Development Programme: no course of action is proposed

TAF DASHBOARD

GOVERNANCE

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE			
Action Plan	**Owner**	**Progress Update**	**Due Date**
C4 • Development of a more structured needs based approach to inform a longer terms plan for the Board Development Programme.	Lauren Fear	Supported by the development priorities identified through an externally facilitated programme of Board development underway.	Complete
Ongoing input from the Independent Members via the repurposed Integrated Governance Group	Lauren Fear	Terms of Reference and supporting refreshed standard agenda has been agreed by Independent Members for the Independent members Group.	Complete
Develop and iplement formal Governance, Assurance and Risk Programme as part of Trust wide Organisational Development programme of work.	Lauren Fear	This will be picked up in the overall Governance, Assurance and Risk (GAR) Programme of work consisting of 20 projects across the spectrum of work	Dec-23
Appropriate frameworks will be aligned with the Trust Assurance Framework	Lauren Fear	Project TAF1.0 within the Governance, Assurance and Risk (GAR) programme of work is underway to align frameworks with the Trust Assurance Framework. The Risk Framework is currently being mapped.	Mar-23
Refresh of Trust Assurance Framework risks	Lauren Fear	Project TAF 2.0 withint he GAR Programme has started, risks are reveiwed on a monthly basis and reported through governance routes accordingly	Dec-23
Revised reporting mechanism to be developed	Lauren Fear	Project TAF 3.0 withint he 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, led by Execs	Mar-23
Trust Assurance Framework will be mapped through Governance Cycle	Lauren Fear	Work is ongoing mapping the 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	Mar-23