Minutes
Public Strategic Development Committee
Velindre University NHS Trust

Date:	9th December 2021
Time:	10:00 – 12:15
Location:	Microsoft Teams
Chair:	Mr Stephen Harries, Trust Vice-Chair

Chair:		
Stephen Harries	Trust Vice-Chair, Independent Member	SH
Members:		
Gareth Jones	Independent Member	GJ
In Attendance:		
Steve Ham	Trust Chief Executive Officer	SHam
Carl James	Director of Strategic Transformation, Planning & Digital	CJ
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 Organisational Development & Workforce	SaM
Susan Thomas	Deputy Director of OD and Workforce	ST
Cath O'Brien	Chief Operating Officer	COB
Dr Jacinta Abraham	Executive Medical Director	JA
Stephen Allen	Community Health Council	SA
Emma Rees	Audit Manager	ER
Peter Gorin	Head of Corporate Strategic Planning and Performance	PG
Suzanne Rodgers	Head of Digital Programmes	SR
Rhiannon Freshney	Environmental Development Officer	RF
Dr Mererid Evans	Assistant Medical Director	ME
Secretariat:		
Jessica Corrigan	Business Support Officer	JC
Apologies:		
Prof Donna Mead	Trust Chair	DM
Lauren Fear	Director of Corporate Governance & Chief of Staff	LF
Nicola Williams	Executive Director of Nursing, Allied Health Professionals & Health Scientists	NW

1.0.0	STANDARD BUSINESS	Action
1.1.0	**Welcome & Introductions** SH welcomed all present to the meeting of the Strategic Development Committee.	
1.2.0	**Apologies for Absence** Apologies for absence were noted.	
1.3.0	**Declarations of Interest:** There were no declarations of interest.	
1.4.0	**Action Log** The Committee reviewed the action log following the meeting held on 8th November 2021. The Committee **noted** the action log.	
2.0.0	**FOR APPROVAL**	
2.1.0	**Minutes of the Committee Meeting held on 8th November 2021** The Committee received the minutes of the last meeting held on 8th November 2021. The Strategic Development Committee **approved** the minutes of the meeting held on 8th November as a true accurate record.	
3.0.0	**CONSENT ITEMS**	
4.0.0	**ITEMS FOR NOTING**	
4.1.0	**Trust Assurance Framework** The Strategic Development Committee **noted** the Trust Assurance Framework.	
5.0.0	**ITEMS FOR REVIEW / DISCUSSION**	
5.0.1	**Strategic Development**	
5.1.0	**Trust Strategy Update** Velindre University NHS Trust has been working to refresh its strategic plans with the aim of setting up a clear strategic direction for 2022 – 2032. This includes a Trust mission and vision; goals; and a coherent set of strategies and plans to deliver them.	

	The Strategic Development Committee **noted** the verbal introductory overview, and that the Committee would now proceed to consider each of the papers presented as part of the strategy update.	
5.2.0	**Sustainability Strategy Update** The Sustainability Strategy presentation was delivered by Rhiannon Freshney. It was highlighted the Trust aims to become an exemplar in Future Generations Act with an outstanding environmental reputation, net zero buildings that sustain flourishing local biodiversity. The draft sustainability vision is: Ensuring we contribute to a better world for future generations in our community and across the globe - acting today, for a more sustainable tomorrow. These are exciting times for the Trust given the opportunities for the Talbot Green Infrastructure and new Velindre Cancer Centre. Sustainability will be at the heart of everything we do to capture those opportunities to and ensure that across all aspects of our services are focussed on sustainability to meet our ambitious long-term themes, which are – - Achieve Net Zero Carbon - Minimise Use of Resources - Maximise Potential of our Workforce - Creating Value with Our Communities - Connecting with Nature The Sustainability Strategy will create a roadmap to contribute to communities and mitigate our impact on the planet whilst continuing to deliver world class services for our donors, patients and carers. This will only be possible if we enhance our existing infrastructure and educate and empower our workforce. Every individual and team should have the ability to act sustainably and have the knowledge and confidence to make environmentally conscious decisions. It was highlighted by Stephen Allen that the active travel plan isn't always suitable for the patients. They may be unable to use public transport but it was highlighted that this is focusing on the staff, the wording will be amended to "staff active travel".	

	The Strategic Development Committee **noted** the sustainability strategy update.	
5.3.0	**Estates Strategy Update** The estates vision is: "supporting wellbeing through creation of a high quality, flexible, safe estate for today, and for future generation". Within the vision there are four main themes which include: • **A safe and high-quality estate which provides a great experience** By developing an estate which will provide a first-class experience for our staff and the people who use our facilities. Ensuring they comply with statutory obligations relating to the estate and design in excellence and sustainability to all new buildings. • **Healthy buildings and healthier people** Our aim is to provide buildings and places that help improve the health and well-being of patients, donors and staff. By using the buildings as a resource to support improved health and well-being within the local communities. Also, to raise awareness and promote the benefits of natural capital for physical and mental health. • **Minimising out impact** To help reduce the use of energy and resources to run the estate. As well as reduce our carbon emissions and overall carbon footprint aiming to improve the operational performance. It's also aimed to develop a multi-skilled and knowledgeable workforce to support the transformation of our estate. • **Using our estates to deliver the maximum benefit and social value to the community** Our aim is to work collaboratively with community partners to maximum the use of our buildings and grounds as well as creating wider opportunities for the community including learning and employment. The Strategic Development Committee **noted** the estates strategy update.	
5.4.0	**Digital Strategy Update** The digital vision is: "connecting our people and services". Within the vision there are six main themes which include:	

	• **Ensuring our foundations** Our aim is to ensure the trust hardware and software is resilient and maintained. Developing and implementation of a suite of application services by leveraging the benefits of local, national and all Wales procured systems. As well as ensuring the systems and services are designed with the interoperability and integration as a core requirement. • **Insight driven** Ensure to operate with valued based healthcare principles embedded into the actions. Support and educate staff to challenge and question the current "as is" state. Also, to develop a data driven organisation with decisions based on evidence. • **A digital organisation** Our aim is to digitally connect every member of our workforce and develop a digital literate workforce fit for the future. Also becoming a digital exemplar and pilot site for digital innovation in NHS Wales. • **Connected and inclusive services** Our aim is to digitally connect our staff, donors, patients and carers and also create a new integrated platform for our patients and donor services. Building a bridge of digital inclusion for our people by delivering the principles of the digital inclusion charter. • **Safe and secure services** To ensure the Trust remains complaint with all national policies. Also, to become a pilot site for national cyber security tools and processes. • **Working in partnership** To build a network of partners to access research and innovation capabilities to maximise the use of national architecture and systems provided by Digital Health and Care Wales. The Strategic Development Committee **noted** the digital strategy update.	
5.5.0	**People Strategy Update**	

Our vision is to have a skilled and developed workforce, planned and sustained workforce and a healthy and engaged workforce. The main themes include:

- **Wellbeing**

The Trust's health and wellbeing framework will be developed setting out clear and measurable standards to help drive improvement. This will include exemplar employment practices with a clear focus on equality and diversity, supporting managers and staff to hold wellbeing and attendance conversations and work/life balance offers.

- **Supply and shape**

This will be achieved by aligning the Education Strategy and 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. Reviewing work plans to have the right skill mix of staff, maximising opportunities for new roles. Further embed the workforce planning process and develop workforce information to maximise the opportunities for new ways of working.

- **Education and learning**

This will be achieved by developing competent, caring and capable workforces. Developing new pathways aligned to work plans, ensuring the development of high quality technology enabled learning environments. Working with academic and service leaders in innovation technology which will develop excellent learning environments for staff.

- **Attraction and retention**

This will be achieved by creating new approached to recruitment marketing, targeting specific areas of shortage and using a range of communication channels to engage prospective staff. Focusing on bi-lingual recruitment to grow our Welsh speaking workforce. Always ensuring our staff are recognised for achievements.

- **Digital ready workforce**

This will be achieved by ensuring all staff have the skills required to access to high quality information, to deliver high quality, safe services. Aim to attract high quality talent to deliver the digital transformation Programme and utilise the digital platforms to provide access to wellbeing resources for staff.

	- **Leadership and succession**	
	The Trust's Inspire Leadership and Management Programme will continue its development of foundation and intermediate developing programme for leaders and managers that supports individuals through a bespoke offer of learning to deliver quality services. Our aim is to work with partnerships both in academia and nationally to ensure the best leadership and management offers are provided for staff including coaching, mentoring and provision of masterclasses	
	Assurance was provided to the Strategic Development Committee that the lack of resources that have been highlighted previously will be carefully addressed to each specific need. The operational workforce teams are working closely with managers to address the lack of resources.	
	The Strategic Development Committee **noted** the People Strategy Update.	
5.6.0	**Decarbonisation plan** During COP26, all four UK health services united to commit to net zero carbon emissions and build climate resilience through the COP26 Health Programme. For the NHS in Wales, this will mean: - NHS Wales and social care is committed to the ambition for the Welsh public sector to be collectively net zero by 2030. - By 2025, all lighting across the NHS Wales estate will be LED. - Reducing emissions will be part of all new procurement contracts for major suppliers to NHS Wales. - By 2030, the Welsh Ambulance Service will aim for all new ambulances to be plug-in electric or low-carbon fuel. - Low carbon heating will be used in all NHS Wales new builds and renewable energy will be generated on site by 2030. - Delivery of the NHS Wales Decarbonisation Strategic Delivery Plan. The Welsh Government published the "NHS Wales Carbon Footprint 2018/19" report (July 2020), following its declaration of a Climate Emergency in April 2019. The report highlights that NHS Wales' carbon footprint remains high, although it has started to take a more proactive approach to addressing its carbon footprint over the last few years. The NHS Wales 2018/19 carbon footprint was calculated as ~1 million tCO_2e which represents around 2.6% of Wales's total greenhouse gas emissions.	

	NWSSP has developed the Decarbonisation Strategic Delivery Plan our plan for addressing the Climate Emergency. The targets are ambitious, and in some areas will require a fundamental shift to our approach to healthcare but will contribute to reducing our impact on the Global Health Emergency. The Strategic Delivery Plan sets out 46 initiatives and targets for the decarbonisation of NHS Wales that will be assessed and reviewed in 2025 and 2030. It was highlighted that Rhiannon will be organising a roadshow which will be open to all staff to help get the message across regarding the Decarbonisation Strategic Delivery Plan. The Strategic Development Committee **noted** the decarbonsation plan.	
5.7.0	**Performance Management Framework** The Performance Management Framework paper was delivered to the Strategic Development Committee, providing an update on the progress made in developing the Velindre Cancer Centre and Welsh Blood Service Level and Trust-wide Organisational Level Performance Management Framework Performance Reports. The report also outlines how the new style Performance Management Framework Performance Report structure will evolve further in consultation with VCC, WBS service leads and engaging with our Independent Members and local CHC representatives. Between January and March 2022, they plan on introduce new Performance Management Framework Scorecards and KPI templates running parallel old and new formats. They will further develop and refine the scorecards, KPIs and narrative style. The final Performance Management Framework Scorecard format and range of KPIs to be agreed and they will measure performance throughout 2022/23. From April 2022 it is hoped business intelligence will automate the KPI collection, analysis and reporting. The Strategic Development Committee **noted** the progress made in developing the new Performance Management Framework reporting structures and the timescale for introduction in the new financial year 2022/23.	
5.8.0	**Velindre @ UHW – Service Specification** The presentation provided the Strategic Development Committee with the draft proposal for a tripartite Cardiff Cancer Research Hub at the University Hospital of Wales (UHW), Cardiff. The draft	

	proposal is a tripartite partnership between Cardiff and Vale University Health Board (CAVUHB), Cardiff University (CU) and Velindre University NHS Trust (VUNHST). This will further develop the research and development (R&D) infrastructure in Wales further through the establishment of a joint Cancer Research Hub to make Cardiff, and indeed Wales, competitive on the UK cancer research stage.	
	A year ago, the Nuffield Trust produced a Report to provide independent expert advice to the Trust on the regionally integrated, networked clinical model for non-surgical tertiary cancer services across South East Wales, which included consideration of the implications for cancer research. The Cancer Research Hub ambition is aligned with the Nuffield Trust recommendations to VUNHST and its University Health Board (UHB) partners which included, a recommendation to develop a 'strong research hub at UHW to bring together patients, NHS researchers (from CVUHB and VUNHST) and academic researchers (from CU School of Medicine) in one location'.	
	Although the proposal is very well developed, it remains in draft whilst further detailed operational details are worked through and the proposal progressed through the appropriate governance processes within VUNHST, CAVUHB and CCU.	
	ACTION: an updated version of the PowerPoint presentation to be circulated to the Strategic Development Committee as it was slightly updated after publishing the papers.	**JC**
	The Strategic Development Committee **endorsed** the draft proposal.	
6.0.0	**PLANNING AND SERVICE DEVELOPMENT**	
6.1.0	**Integrated Medium Term Plan: Update**	
	An update was provided to the Strategic Development Committee regarding the progress and development of the Integrated Medium-Term Plan (IMTP). The IMTP will be brought to the next Board Development Session in December.	
	The Strategic Development Committee **noted** the Integrated Medium-Term Plan update.	
6.2.0	**Nuffield Trust Recommendations: Progress**	

	An update was provided to the Strategic Development Committee regarding the Nuffield Trust Recommendations. The progress made has been noted.

The South East Wales Cancer Collaborative Leadership Group workshop is currently being re-arranged due to unavailability for January / February 2022.

The Strategic Development Committee **noted** the Nuffield Trust Recommendations: Progress update. | |
| **7.0.0** | **DIGITAL TRANSFORMATION** | |
| **7.1.0** | **Digital Healthcare Record**

A verbal update was provided to the Strategic Development Committee for the Digital Healthcare Record.

The Digital Strategy and Digital Road Map will be developed during 2022. An update from the Digital Road Map will feedback into the Strategic Development Committee on a quarterly basis.

Stuart Morris has recently left Velindre University NHS Trust, his post a Chief Digital Officer is currently going through the recruitment process. We are hoping to interview for the Chief Digital Officer Post in February 2022.

The Strategic Development Committee **noted** the verbal update. | |
| **7.2.0** | **Digital Programme: Progress Update**

A verbal update was provided to the Strategic Development Committee for the Digital Programme: Progress Update.

The Strategic Development Committee **noted** the verbal update. | |
8.0.0	**ANY OTHER BUSINESS**	
	There was no other business raised.	
9.0.0	**REVIEW OF THE MEETING**	
	None to note.	
10.0.0	**DATE & TIME OF NEXT MEETING**	
	SH confirmed the date and time of the next meeting:
Thursday 10th February 2022 at 10am – 1pm
Via Microsoft Teams	
11.0.0	**CLOSE**	

Strategic Development Committee
Public: Action Log following the Meeting held on
9th December 2021

Actions Complete				
Meeting Date	**Action**	**Assigned to**	**Target Date**	**Status / Update**
Actions Outstanding				
Meeting Date & Minute Reference	**Action**	**Assigned to**	**Target Date**	**Status / Update**
Meeting date: 12/08/2021 **Agenda item: 4.1.0**	CJ to raise the option of considering a seat at the Regional Partnership Board at the next Trust Board	Carl James	Apr-22	*Update:* *The Trust Strategy was approved in January for potential wider regional working, this is also on the agenda for the next board development sessions in 2022 - 2023.*
Meeting date: 08/11/2021 **Agenda item: 4.3.0**	Velindre @ UHW Progress Update: C J to create a timeline for each workstream to clearly show what's involved within each workstream and estimated completion dates.	Carl James	Apr-22	*Update:* *The timeline and next steps will be agreed during the Partnership Board meetings. This will be in parallel with Aneurin Bevan University Health Board. A refreshed paper will be brought to the April Strategic Development Committee.*
Meeting date: 08/11/2021 **Agenda item: 9.0.0**	It was agreed that there would be a standard item in consent for each of the Committees from start of refreshed cycle of business starting in 22/23 to track that if items moved, this is clearly shown.	Lauren Fear	Apr-22	*Closed: In* place across all Committees for 22/23 cycles of business
Meeting date: 08/11/2021 **Agenda item: 9.0.0**	DM highlighted that within the Terms of Reference the RD&I to submit a highlight report to this committee should that deem necessary. There were a number of issues discussed at the last RD&I committee which would demonstrate the difficulties in achieving some of the objectives that have been set out in the various plans discussed today. DM suggested a highlight report is brought to the Strategic Development Committee.	Jacinta Abraham	Apr-22	*Update:* *This will be brought to the April Strategic Development Committee.*

STRATEGIC DEVELOPMENT COMMITTEE

Integrated Medium Term Plan (IMTP) 2022/2025 – DRAFT

DATE OF MEETING	23/03/2022

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	Carl James, Director of Strategic Transformation, Planning and Digital; Cath O'Brien, Chief Operating Officer; Matthew Bunce, Executive Director of Finance
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning and Digital

REPORT PURPOSE	ENDORSE

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	21 March 2022	ENDORSED FOR SUBMISSION TO THE TRUST BOARD

ACRONYMS	
VUNHST	Velindre University NHS Trust
EMB	Executive Management Board
IMTP	Integrated Medium Term Plan
MDS	Minimum Data Sets

1. SITUATION/BACKGROUND

1.1 The Welsh Government NHS Wales Planning Framework for 2022 - 2025 confirmed the re-instatement of three year Integrated Medium Term Plans (IMTP) on 21 December 2021. Further planning guidance and a set of Ministerial Priority measures was then issued on 12 January, followed by the final version of the Minimum Data Set on 20 January 2022.

1.2 In recognition of the pressures facing Local Health Boards and NHS Trusts, the deadline for the single submission of plans was extended until the 31 March 2022.

1.3 The submission of an IMTP 2022- 2025 approved by the Trust Board by 31st March 2022, is as part of the Trusts' statutory duty under the Finance (Wales) Act 2014. The IMTP will delivered by the Trust and subject to internal performance management arrangements and reporting to various stakeholders including the Welsh Government and audit/regulatory bodies throughout the year.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 The development of the IMTP has been challenging given the level of uncertainty in the operating environment resulting from the ongoing impact of Covid-19 together with the range of challenges faced by the healthcare system/wider public services in Wales.

2.2 The IMTP 2022-2025 is framed within the Trusts' ambition for the future, following the Boards' approval of the Trust strategy 'Destination 2032' and starts to bring together the immediate, medium and long-term ambitions of the organisation.

2.3 Notwithstanding this, and in accordance with the Welsh Government guidance, the IMTP is particularly focused on 2022/2023 and ensuring that there are robust plans in place to deliver the required levels of service which achieve the appropriate levels of quality, safety and experience in a Covid-19 operating environment.

2.4 The key elements of the plan are outlined below:

Planning Assumptions

2.5 The IMTP is based on the most recent Welsh Government policy requirements and guidelines on COVID-19 e.g. social distancing requirements and infection prevention control requirements during 2022/2023. Given the complex nature of Covid-19 and its wider impacts, it is difficult to provide a high level of confidence that these assumptions will be able to be fully operationalized/may not change during 2022/2023. The service response will continue to be agile and as find solutions to risks and issues which present during this period.

Forecasting Demand and Capacity

Demand

2.6 A number of planning scenarios have been modelled with the most likely selected as the basis for our Cancer and Blood and Transplant plans.

Demand for Blood and Transplant Services (increase over 2021/22)	2022/23
	1%

Demand for Cancer Services (increases over 2021/22)	2022/23
Radiotherapy	8%
Nuclear Medicine	12%
Radiology Imaging	12%
Preparation & Delivery for Systematic Anti-Cancer Therapy	12%
Ambulatory Care Services	8%
Outpatient Services	8%
Inpatient Admitted Care	2%

Capacity to deliver safe, high quality services with an excellent experience.

2.6   The IMTP sets out a range of capacity solutions to deliver the required level of activity during 2022/2023. If the forecast demand and capacity assumptions are within reasonable/no-material tolerances, the Cancer and Blood Services will deliver the required level of service e.g. blood and commercial products supplies will meet demand; cancer waiting times and quality of care requirements will be achieved.

2.7   The delivery of the national targets and requirements will requires increased levels of efficiency and productivity; a prudent healthcare approach to reduce unwarranted variation, activity of limited value, and prioritise standardization of best practice; together with clinical/medical/scientific and technological advances to achieve a sustainable position.

2.8   The IMTP also sets out a range of actions required to implement the cancer and blood transformation programmes and the wider strategic ambitions of the Trust e.g. reducing inequalities; sustainability and decarbonisation; digital services etc) and the ambitious infrastructure programmes (re-development of the Welsh Blood Service Headquarters; integrated radiotherapy solution; radiotherapy satellite centre; and new Velindre Cancer Centre.

Commissioners Engagement

2.9   The priorities set out within the IMTP have been discussed and agreed with our commissioners and reflects their service needs.

Finance

2.9.1 Welsh Government requires the submission 'balanced' IMTP plans, where commitments to deliver services are matched by available resources, in terms of workforce, physical infrastructure and finance. The imperative to recover from the COVID-19 pandemic is compounded by significant financial challenges due to system wide exceptional cost pressures, which include energy & fuel cost increases, Employers National Insurance uplift), living wage and other extraordinary levels of cost inflation.

2.9.2 The Trust took the decision during 2021-22 to make upfront investment in permanent staffing and infrastructure to create additional capacity sufficient to meet forecast demand growth in 2021-22 and into 2022-23.

2.9.3 Whilst commissioners have recognized and supported this decision to ensure cancer patients referred to Velindre receive timely care and blood supply across Wales meets demand, this presents a significant financial risk to the Trust as income remains uncertain dependent on Health Boards ability to create additional capacity for diagnostics and surgery to generate onward referrals to Velindre for specialist cancer treatment.

2.9.4 However, the balanced financial plan contained within our IMTP, assumes Welsh Government income will be provided for the above system-wide exceptional cost pressures and the ongoing transitional costs of responding to COVID-19 that cannot yet be removed from our clinical operations plus additional income from commissioner contracts.

2.9.5 The Trust received correspondence from the Welsh Government on 14th March 2022 which provided some assurance around funding cover for ongoing Covid-19 response costs and exceptional national cost pressures. Further work will be undertaken with the Welsh Government and commissioners to provide clarity by the end of March 2022.

Risks to delivery

2.9.6 There are numerous risks associated with the delivery of the IMTP plans, and in particular during 2022/23 e.g. uncertainties around COVID-19 and any new variants, sensitivity of the planning assumptions and the significant cost pressures in the system and contracting process.

2.9.7 These risks will be captured within the service level/Trust risk registers and Trust Assurance Framework and be actively managed during the year.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Delivery of the actions included within the IMTP 2022/25 will help to drive forward continuous improvement in quality, safety and the overall experience of patients and donors.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: • Staff and Resources • Safe Care • Timely Care • Effective Care.
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. The IMTP Plan contains a range of financial risks. Further work will be undertaken to reduce this risk in a number of specific areas (i). Covid response (ii). National pressures (iii). Covid recovery regarding national funding and commissioner activity

4. RECOMMENDATION

4.1 The Strategic Development Committee is asked to endorse the IMTP for consideration by the Trust Board on 31st March 2022.

Final Draft SDC version 029

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

Velindre University NHS Trust | Delivering Excellence

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Introduction

Introduction

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

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

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

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

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

Professor Donna Mead   **Steve Ham**

The Structure of Our Plan

Part 1: **Organisation Overview** – providing an overview of Velindre University NHS Trust and the services we provide

Part 2: **The Context for Service Delivery** – making sense of our environment, our commitment to quality and the challenges we face

Part 3: **How will we respond**? – setting out the main strategic priorities for 2022 to 2025

Part 4: **Translating our priorities into high quality services** – describing our service delivery framework for Strategic Trust Programmes

Part 5: **Our Service Delivery Plans** – our Velindre Cancer Centre and Welsh Blood & Transplant Service delivery plans for 2022 to 2025

Part 6: **Our Trust-wide Support Functions** – setting out how our Trust-wide enabling functions support the delivery of our Plan.

Part 7: **Our Strategic Financial Plan** – laying out our 3 Year Financial Plans for 2022 to 2025

Part 8: **Our Performance Management Framework** – explaining how we will manage the delivery of our plan and monitor progress

Part 9: **Appendices** - Velindre Cancer Centre & Welsh Blood Service Key IMTP Deliverables and Welsh Government Minimum Data Set

Part 1

Organisation Overview

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

Delivering quality, care & excellence

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

Overview of Our Services

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

Non-surgical tertiary oncology services

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

Blood and Transplant Services

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

Hosted Services

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

- **NHS Wales Shared Services Partnership (NWSSP):** who provide a wide range of support services to NHS Wales including procurement, recruitment and wider back office services

- **Health Technology Wales (HTW):** a national body working to improve the quality of care in Wales. It collaborates with partners across health, social care and the technology sectors to identify, appraise and advising on the adoption of technology or models of care to ensure an all-Wales approach.

Delivering quality, care & excellence

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Our commitment to Quality and Safety: our golden thread

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

Strategic Goal 1: **Outstanding for quality, safety and experience**

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

Putting our patients and donors at the centre of everything we do, working towards optimum quality, safety and experience, ensuring we continually learn and improve is the 'golden thread' throughout our organisation. Our strategic goals will be achieved by ensuring that all of our services are developed and delivered in collaboration with the patients and donors who use them, continually reviewing outcomes and experience and using these to continually learn and improve. The Trust is in the process of delivering a range of transformational change across its cancer, blood and transplant services which will provide better care, enhanced clinical experiences and improved outcomes. We are committed to ensuring that quality, safety and experience is at the centre of all change. This includes knowing 'what good looks like' across all services and always striving to achieve this as well as pushing these quality boundaries, continual seeking real time experience feedback, strong patient, donor and staff engagement to inform and influence decision-making; kindness and compassion we show when delivering care / services; and openness, transparency and the willingness to learn when things don't go as planned.

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

The scale and pace of change required will not be possible without the development of our multi-professional clinical, scientific, medical, and nursing professional leaders. We are developing a strong cadre of clinical leaders at all levels (service delivery level to Board) who will help to drive the required clinical transformation and quality improvement forward.

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

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

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

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

The main drivers facing the NHS its partners

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

People's expectations are changing with the reasonable expectation that our services will be personalised to their needs. This is challenging us to think differently about how we can modernise and improve the way people access care and the quality and experience of it.
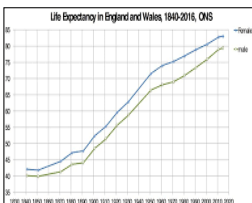
There are significant differences in healthy life expectancy and quality of life across different areas within Wales, with recent data suggesting that this gap is widening.

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

Digital technology, innovation and artificial intelligence are creating opportunities to radically transform how we deliver our services and how personalise our services to make them more effective, efficient and valuable to people.

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

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

Policy Context: responding to the drivers

Local Context

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

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

National Context

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

What do our Local Health Board partners require from us?

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

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

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

The Trust has worked in close partnership with our Local Health Board partners to ensure our key strategies are aligned, that there are a clear set of shared priorities and the services that the commissioned services will they require from us and there is sufficient capacity and capability available to deliver services of the highest quality.

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

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

Number of ways used to listen, discuss and learn about our service

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Cancer Services - Non-surgical Tertiary Oncology

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

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

Blood and Transplant Services

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

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

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

What are the challenges we face?

At an organisational level ……..

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

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

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

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

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

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

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

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

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

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

The next 3 years will undoubtedly provide both challenge and opportunity in equal measure. Our intention is to see the challenges as opportunities to support us in taking the learning from the pandemic to place quality, safety and experience at the heart of everything we do. We are committed to working with patients, donors and our health and public service partners to understand, design and deliver services which truly person focused and deliver the experience and outcomes that people value most.

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

Delivering the fundamental cornerstones of healthcare provision.

These include:

- Implementing the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2021, the National Quality and Safety Framework and the National Clinical Framework to provide services of the highest possible quality.
- Delivering services that meet the national clinical quality and safety standards and provide an excellent experience
- Treating patients as quickly as possible
- Providing blood and blood products to our partner Health Boards to support the provision of treatment and care to people across Wales
- Delivering services which are 'COVID safe' and reducing / eliminating (as far as is possible) the 5 harms from COVID. This will see us:
  - Focusing on infection prevention control standards
  - Responding quickly and robustly to Public Health Wales/Welsh Government guidelines and translating it into safe operational service delivery
  - Continuing to manage the challenges presented by nosocomial transmission
- Developing agile and flexible capacity plans which allow us to respond quickly to the challenges presented by Covid-19 and its related impacts
- Supporting the health and well-being of our staff who have been working in extremely challenging circumstances for the past two years.
- Workforce redesign – optimising multi-professional patient / donor cantered care predicated on co-production and top of licence working.

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

Improving population Outcomes and reducing inequalities

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

- Improving access to our services to increase uptake and reduce inequalities and ill-health
- Strengthening our decision-making (systems/processes/culture) regarding the Equality Impact Assessment and Socio-Economic Duty to consciously address poor outcomes and inequalities in the communities we serve
- working with our health partners where it is clear and compelling that we can add value and make a difference
- developing a range of strategies and plans that enable us to help our staff to improve their health and well-being.

- Secondary prevention: making the most of the opportunities of 'every contact counts' with patients, donors, partners to support them in improving their health and well-being.

Regional working, partnerships and collaboration to improve outcomes

The Trust will:

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

System leadership

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

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

Delivery of Transformation Programmes

Non-surgical tertiary oncology Services

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

- Implementation of the Nuffield Trust recommendations including:
- Delivery of the Acute Oncology Service regional model
- Implementation of revised pathways for unscheduled care
- Development of a phased implementation plan for the V@UHW research hub Development of the infrastructure to support regional cancer services including:
- Award of the contract for the Integrated Radiotherapy Solution and implementation of 2 LINACS at Velindre Cancer Centre
- Completion of the enabling works for the new Velindre Cancer Centre
- Completion of the competitive dialogue for the new Velindre Cancer Centre and identification of preferred bidder
- Work in partnership with our Local Health Boards to secure approval of the final business case for the radiotherapy satellite centre in Nevill Hall, Abergavenny

Blood and Transplant Services

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

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

Research, development and innovation

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

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

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

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

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

Decarbonisation

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

- Infrastructure: we will develop a range of green infrastructure including:

- submitting an outline business cases to refurbish/decarbonise the Welsh Blood Service, Llantrisant facility;
- a full business case for the radiotherapy satellite centre in Nevill Hall; and identifying a preferred partner for the new Velindre Cancer Centre (where we have an ambition to be the Greenest Hospital in the United Kingdom)

Part 3

How will The Trust respond?

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

Delivering quality, care & excellence

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

Destination 2032: our view of the future

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

Our purpose: To improve lives

Our vision: Excellent care, Inspirational Learning, Healthier People

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

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

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

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

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

- Quality and Safety Framework
- Clinical and Scientific Strategy (being developed)
- Sustainability Strategy 2022 – 2032
- Workforce Strategy 2022 -2032
- Digital Strategy 2022 – 2032
- Estates Strategy 2022 – 2032.

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

Figure 1 Our Purpose Vision and Destination to 2032

Velindre University NHS Trust
Purpose: To improve lives
Vision: Excellent care, Inspirational Learning, Healthier People

Trust strategy: Destination 2032

| Goal 1: Outstanding for quality, safety and experience | Goal 2: A leading provider of clinical services that always meet, and routinely exceed, expectations | Goal 3: A Beacon for research, development & innovation in our stated priority areas | Goal 4: An established 'University' Trust which provides highly valued knowledge and learning for all | Goal 5: A Sustainable organisation which contributes to a better world for future generations across the globe |

Blood and Transplant Services 2022- 2027 'Ever Evolving'

Non-surgical cancer services 2022-2027 'Shaping our Future Together'

Research, development and innovation services strategies 2022-2027

Quality and Safety Framework

Clinical and scientific strategy 2022 - 2032

Digital strategy 2022 – 2032

Workforce strategy 2022 – 2032

Sustainability strategy 2022 – 2032

Estates strategy 2022 – 2032

Investment strategy 2022 – 2032

Communications and engagement strategy 2022 – 2032

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

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Trust priorities for 2022 – 2025

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

Strategic Goal 1: Outstanding for quality, safety and experience
Key priorities:

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

Development of a targeted and innovative value based healthcare programme to drive quality, safety and experience of services

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

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

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

- Recovery from Covid 19 with the recommencement of all core services and reduction of any patient backlog
- Developing clinical service models which support sustainability e.g. more care at home and locally Implementing our sustainability strategy

- Implementing the National Clinical Framework for the services provided by the Trust
- Improving our engagement processes with our donors and patients to support service design, delivery and improvement
- Development of a sustainable workforce plan to meet the needs of today and the future
- Supporting our staff in maintaining their health and well-being

Reducing health inequalities in the services we provide

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

Key priorities

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

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

Key priorities:

- Decarbonisation of our business
- Implementation of our sustainability strategy
- Development of education and training programme to provide staff with the knowledge to make sustainable-based decisions in work and at home
- Implementation of all equalities and diversity requirements including the Welsh Language Act

Development of our role as an anchor organization within the communities we serve to generate broader social value

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

Delivering quality, care & excellence

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Our Strategic Delivery Framework

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

Trust: Purpose and Vision

↓   ↓

Trust: Strategic Goals and Priorities

Translation of strategic priorities into service plans

| **Velindre Cancer Centre: 5 year strategy: aims and priorities** | **Welsh Blood Service: 5 year strategy: aims and priorities** |

↓   ↓

Enabling Strategies and Plans

↓

Velindre University NHS Trust IMTP: 2022 - 2025

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Business and Usual and Transformation programmes used as delivery mechanisms

Velindre Cancer Centre: Velindre Futures, Transforming
Cancer Services Programmes
Blood & Transplant Service: National Blood Health Plan
Laboratory Modernisation

↓

Improved Outcomes and Benefits

Trust Programmes

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

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

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

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

Sustainability: Delivering value and decarbonisation

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

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

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

Value-Based Healthcare:

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

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

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

- deliver the Laboratory modernisation programme & infrastructure improvements in the Welsh Blood Service, support implementation of the Blood Health Plan for Wales and continuous improvement in technology and practice in transplant services.

The financial strategy is designed to support the Trust in meeting the aims of "A Healthier Wales" and "Wellbeing of Future Generations Act". Velindre Trust's approach is that in striving to meet the 'quadruple aims' of improved population health and wellbeing; better quality and more accessible health and social care services; higher value health and social care; and a motivated and sustainable health and social care workforce as well as sustainable development principles contained in the Act, it will ensure that it will deliver Value Based Healthcare (VBHc). Whilst the Trust is at an early stage in its VBHc journey as evidenced through our self-assessment, it is keen to move at pace to deliver on some of the key objectives with its 3 strategic priorities for VBHc:

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

The Board has agreed: -
- to adopt VBHc as a way of improving the outcomes for its patients and donors
- the Trust Executive lead for delivering VBHc is the Director of Finance (DoF)
- the Trust approach to VBHc will not be the creation of a separate programme of work, but to embed value and prudent principles within the existing clinical & service delivery teams and business mechanisms
- The DoF has commenced the work to set out the Trust approach to VBHc: -
- Leading a wider debate around what value is and what it means at the Board, Executive Management Board, Divisional SMTs, Innovation Forum and Clinical Improvement Group.
- Engaging with the National VBHc team and the FDU to provide advice & support on the Trust's approach.
- Recognising the need for all staff within the Trust to consider value as part of their every-day work, which it intends to achieve through: -

  o Embedding value and prudent healthcare principles at the centre of the work of the Trusts cancer SSTs, Velindre Futures, clinical audit, quality & safety and improvement / transformation teams.
  o Investing in a dedicated expert VBHc role, additional Digital and BI posts and a project management structure to support the embedding of value principles by building capacity & capability and changing behaviour. This resource requirement will form part of the Trust business Case submission to WG against the £5m VBHc fund.

- o Identifying and delivering some quick wins where the application of value principles can improve services for patients and donors with better outcomes and / or experience

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

VCC Four Components of plans to Improve Value
Within VCC Tertiary services: removing waste & variation and improving the technical efficiency of its services

Across the South East Wales region: working with partners through the Collaborative Commissioning Leadership Group, HB / Trust Cancer Partnership Boards and HB Cancer Boards to improve cancer pathways and focus around linking outcomes & cost, prehabilitation, prevention and improving outcomes.

PROMs & PREMs rollout ensuring effective capture of data for the Trust tertiary services and across the wider cancer pathways through patient engagement work PhD student work to collate the current PROM data collection by clinical teams and digitise and store this data in the Trust data warehouse to feed into SST dashboards, together with clinical data, patient level cost data and clinical audit data.

Use of digital to drive value by creating and connecting a digital cancer services community in South East Wales that will transcend organisations and form the digital environment to enable data collection for service improvement & transformation to be facilitated.

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

Specific objectives include changes in practice to meet service development needs, including the development of a new plasma for fractionation service, subject to Ministerial approval, establishment of an Occult Hep B testing service, a programme for Laboratory Modernisation, and a reduction of variation in the usage of intravenous immunoglobulins (IVIG), ensuring continuity of patient care in an efficient and effective way.

Additionally, a key objective is in the development of an increasingly prudent & sustainable supply chain flexible to match patient demand in Wales, with the ambition to optimise supply chain efficiency whilst maintaining and improving donor experience and care, alongside positive outcomes and the avoidance of harm for patients.

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

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

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

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

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

Research, Development and Innovation:
Introduction

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

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

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

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

Our Priorities

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

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

These describe our vision, mission and aims for future Cancer Research at Velindre that will be delivered through research in 4 interconnected strategic themes.
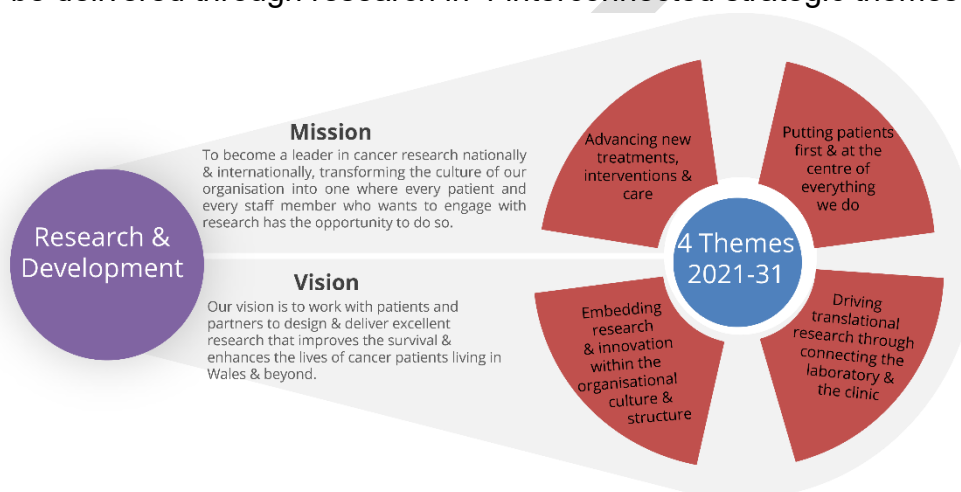
Our vision is to work with patients and partners to design and deliver excellent research that improves the survival and enhances the lives of patients and their families.

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

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

Our Aims are to:

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

Our Research Themes:

- **Putting patients first and at the centre of everything we do**: patients will help set the research agenda and we aim to increase opportunities for patients and their families to take part in research, so that within 10 years most of our patients are offered research and innovation opportunities at some point in their cancer journey.

- **Advancing new treatments**, **interventions and care:** We will lead and take part in well-designed Clinical Trials and other research studies, providing the evidence base required to bring new, improved treatments and interventions into the clinic to enhance patient care. Research that is led from Wales will be prioritised and new infrastructure for research delivery will be developed, including a Tripartite Cardiff Cancer Research Hub for Early Phase and Translational research delivery on the University Hospital of Wales (UHW) site and a firm footprint for research at the new Velindre Cancer Centre, particularly to enable cutting-edge radiotherapy research.

- **Driving translational research** through connecting the laboratory and clinic: We will work closely with our academic (university) partners to enable translational ('bench to bedside') research, bringing new discoveries (novel drugs, imaging techniques and/or technological advances) through from the laboratory to the clinic to benefit patients. We will also enable reverse translation ('bedside to bench') research where patient samples/scans and/or data are taken back to the laboratory to generate new knowledge. Developing Clinical Academic posts that link across clinical-academic boundaries will be key to success in this theme.

- **Embedding research and innovation within the organisational culture:** We will establish an organisational culture that values research and build capacity and capability within the multi-disciplinary workforce, providing dedicated ring-fenced time and training opportunities for staff from all disciplines who wish to engage with research. The appointment in 2020 of a Velindre Professor of Nursing and Interdisciplinary Research is important in this endeavour.

- A newly appointed implementation team will map out and lead this work. Our research will be facilitated by a governance and enabling infrastructure, supported by a communication, engagement and funding strategy and delivered by an agile research workforce. Close collaboration with our regional NHS and Academic partners and engagement across different sectors will be key to success (see Strategic Priority 4).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

We will strengthen our Academic Partnership Board with multiple HEI partners across Wales to help us to shape our Trust University Status whilst ensuring that multi-professional development of research and innovation remains central to this agenda. Lastly, and most importantly, we will work with patients and the public through PPI to ensure that the research we develop and offer is relevant to their needs.

Conclusion

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

System Leadership and Regional Partnership Working

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

Cancer Services

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

Development of Acute Oncology Services Across South East Wales

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

Development of a Cardiff Cancer Research Hub

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

Blood and Transplantation

Advanced Therapies Wales (ATW)

The Programme was established in 2019 on behalf of the Welsh Government after the publication of their Advanced Therapies Statement of Intent (SOI). The Programme is part of the Precision Medicine initiative within the Health and Social

Services Group. The SOI outlines the challenges, opportunities and actions necessary to develop a sustainable strategic approach to developing the Advanced Therapy Medicinal Products (ATMP) sector in Wales.

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

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

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

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

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

Plasma Derived Medicinal Products
Over the past 5+ years there have been sustained annual increases in the global demand for Plasma Derived Medicinal products (PDMP's), in particular

Immunoglobulin (IG). As a result, all UK blood services have devoted resource to scoping out potential plasma collection programs to improve availability of IG. The Welsh Blood service will work in collaboration with other UK services to be able achieve sufficient volumes of plasma to be able to negotiate with the pharmaceutical industry.

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

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

Delivering quality, care & excellence

GIG CYMRU
NHS WALES

Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Our clinical services

Cancer Services Non-surgical Tertiary Oncology Overview

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

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

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

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

The move to implementation phase of the Integrated Radiotherapy Solution which is currently in procurement also provides a further key work programme that is crucial for the continued delivery of radiotherapy service as well as enabling the new

Radiotherapy Satellite Centre at Neville Hall. Together these changes form an agenda of unprecedented change for Velindre cancer services. They will be delivered alongside the repatriation of services back to Health Boards following the centralised delivery at VCC that was established during the pandemic as well as growing service capacity to meet the patient demand that has been supressed in the past two years.

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

Our Priorities for 2022/25

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

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

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

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

services that support patient care including radiology, therapies, pharmacy and palliative care.

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

In addition to this, we will continue to deliver a number of key business critical initiatives. These all require fundamental changes in systems, processes and ways of working and have the potential to have significant operational impact.
Velindre Futures will be the vehicle through which we will deliver the changes we need to meet service change aspirations including the VCC element of the regional work and the implementation phases of the TCS programme.

Established in 2020, Velindre Futures is a clinically led initiative that directs the development of the clinical model and future service configuration, working in partnership and collaboration with staff, patients and carers and the public. It will ensure that the Cancer Centre systems and processes remain fit for purpose and patient centred, now and in the future. It will enable the VCC aspects of regional collaborative working.

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

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

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

Figure 2 Our Clinical Model

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and T[...]
allow[...]
within[...]
excell[...]
perfor[...]
enterp[...]

[Velindre @]

[Velindre Cancer Centre]

Patients will be placed at the centre of service design, planning and delivery and will be supported to take active responsibility for their health.

SEAMLESS

QUALITY

Patients will be provided with the support, information and skills to manage their own needs effectively at, or as close to, home as possible wherever appropriate.

Patient

INTEGRATED

Patient safety is paramount and the highest standards will always be met.

SUSTAINABLE CARE

The relationship between patients / families / carers and clinicians / professionals will be an equal and reciprocal one.

[Velindre Radiotherapy Satellite Centre @]

[Home/Local Care]
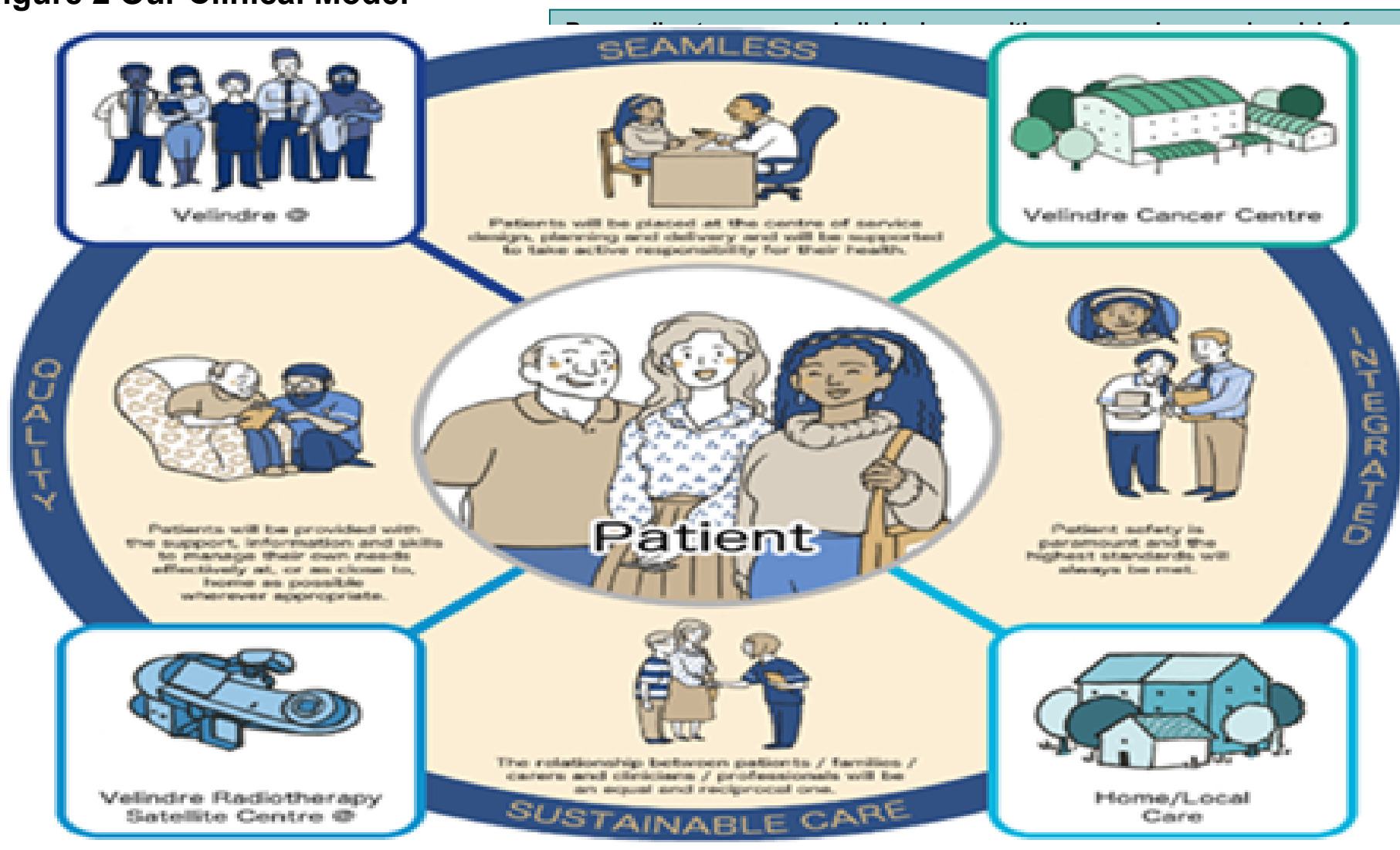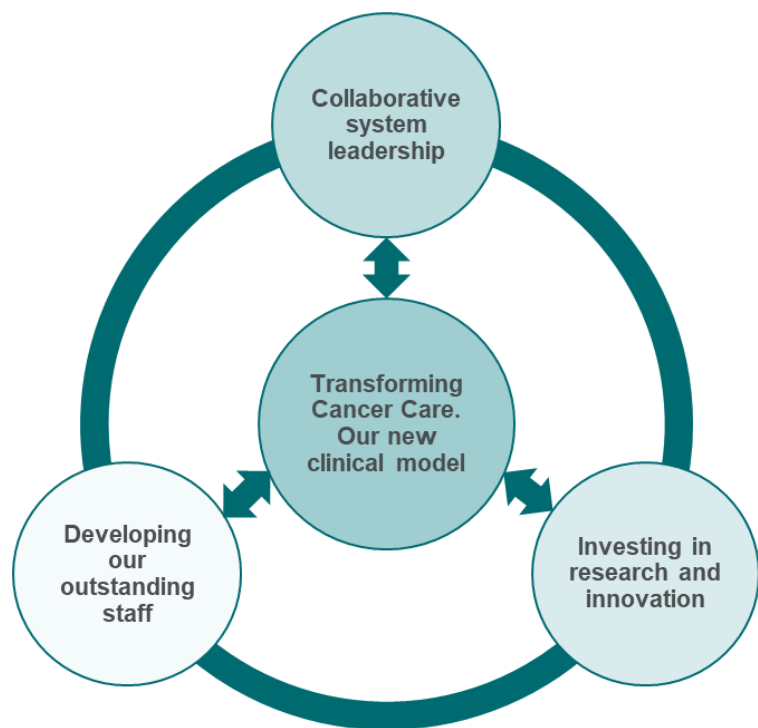
Our Approach

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

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

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

Velindre Cancer Centre: How we will Meet Our Challenges

The Challenge…	We will meet this by…
Cancer Incidence is Increasing	✓ Expanding our role in the early diagnosis of cancer ✓ Promoting effective public health messages – making every contact count
There Continues to be Variation in Outcomes Throughout Wales	✓ Delivering more services of consistent quality in outreach settings closer to patients' homes ✓ Delivering a Radiotherapy satellite centre, in collaboration with Aneurin Bevan University Health Board ✓ Leading on the standardisation of Acute Oncology Services across and the development of a Cancer of the Unknown Primary service across SE Wales
There is a Gap Between Forecast Demand and Supply Which We Need to Close	✓ Continuing to implement techniques which are resource neutral or that deliver efficiencies elsewhere in the process ✓ Developing a robust, flexible, highly skilled and responsive workforce ✓ Rationalising treatment pathways and identifying efficiencies
Treatments are Becoming More Complex and New Advances are Continuously Emerging	✓ Ensuring, in collaboration with health board partners, that sufficient linear accelerator capacity is available to accommodate new techniques ✓ Effective horizon scanning
More People are Living With and Beyond Cancer	✓ Ensuring timely access to robust, high quality Clinical Psychology and Therapies services

Our priorities for 2022 – 2025
We have identified a range of key deliverables:

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

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

Strategic Priority 3: Improving care and support for patients to live well through and beyond cancer
- Enhance our self-assessment unit to improve access and support for patients with acute needs
- Increase the range of holistic therapies available to patients during/following their treatment
- Implementation of patient engagement strategy to strengthen our conversations with patients, families and wider partners
- Patient self-management programmes
- End of life/palliative care

> **Strategic Priority 4: To be an international leader in research, development, innovation and education**
> - Implementation of Research and Development strategy (year 1)
> - Implementation of V@UHW Research hub: phase 1
> - Progress a range of strategic partnerships to take innovation to market:

> **Strategic Priority 5: To work in partnership with stakeholders to improve prevention and early detection of cancer**
> - Deliver our secondary prevention programme to support patients in improving their health and well-being
> - Deliver our McMillan primary care programme to support improved detection and diagnosis of cancer

Forecasting Demand & Capacity to Deliver Services

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

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

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

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

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

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

Growth in service above the 21/22 baseline

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

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

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

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

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

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

Outpatient service

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

Key Programmes of Work 2022/23

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

Meeting Demand

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

Velindre Futures

- Continue to deliver service change each of the directorate service areas; Medical, SACT and Medicines Management, Radiation Services, Integrated Care, Operational Services including Outpatients.
- Primary Care Oncology – exploring where we can provide additional support for primary care, and working in partnership with Primary Care colleagues to strengthen patient pathways and Care Closer to Home.
- Working to meet the Single Cancer Pathway and the delivery of COSC waiting times for Radiotherapy.
- Palliative care – reviewing the service requirements and ongoing service developments aligned with the End Of Life Care Board programme, ensuring the ability to meet the internal demand for specialist palliative care services, implementing and embedding Advanced Care Planning at the Cancer Centre.
- Delivery of the pharmacy TrAMMS programme
- Patient support services development including: Strengthening the 24/7 Helpline,
- Increase the range of therapies available to patients during/following their treatment – including pre-hab.
- Out-patient transformation programme – working to modernise the out-patient model of care delivery, including implementing 'supported self-management' for cancer patients with a Values Based Health Care approach (rather than the traditional out-patient model of 'follow up')

- Disease 'Site Specific Team' (SST) Transformation programme – working with the SSTs and regional partners to ensure that patient pathways are effective, efficient and smooth, and that clinical outcomes and the patients experience of their care are optimised.
- Supporting specific treatment developments identified by SSTs as priorities. These will be delivered through external negotiations eg commissioning, and internal programmes of work to tackle gaps in service, access to trials, pathway reviews etc.

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

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

Velindre Cancer Centre Service Plan 2022 to 2025

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

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

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

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

IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025								
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**						
		2022/23					**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**			
		efficient ways of working

Maximise use of virtual consultations and embed into 'business as usual'. (50% at present). Establish optimum levels of Phlebotomy provision and notify HBs of changes in access. Provide increased capacity incl. at evenings/weekends to meet demand initially while the more fundamental pathway changes and ways of working are introduced pending service improvement efficiency delivery.

Work to reduce demand within the Outpatient setting, including: review and streamlining of | | | | | | |

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

IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025							
Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
		Establish Shadow Implementation Board	Receive vendors detailed implementation plans	LA6 Bunker Decommissioning commences	additional functionality. Plans for Satellite and nVCC confirmed	for cloud services when nVCC goes live. Plans firmed up for Satellite Installation	
	7 Acute Oncology Service- local delivery	Recruit ANPs and other staff	Pathway design with region	Pathway implementation	Pathway implementation	Service embedding and review Engagement on service model for nVCC	Transition to nVCC
	8 Integrated care	Scope bed plans/model for assessment unit aligned to the VCC element of AOS. Develop plans for delivering national projects eg Immuno Oncology(SDEC) Immunohematology Service – Recruit staff (SDEC) Ambulatory Care – finalise staff recruitment	Immunohematology Service Increase capacity Ambulatory Care- increase weekday opening Continue to review the unscheduled care patient pathway aligned to the VCC element of AOS.	Immunohematology Service- further pathway work with HBs Ambulatory Care- weekend opening	Immunohematology Service- grow service delivery	Engagement on service model for nVCC	Transition to nVCC

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

IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025							
Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
	11 Radiotherapy Satellite Centre	Support Strategic case development & review of FBC. Workforce Plan. Finance case. IRS alignment & FBC. FBC scrutiny and approval by service lead & through Boards	FBC approval- WG Implement Arts strategy for RSC Operational model development aligned to IRS	Ongoing liaison with ABUHB regarding build, IRS alignment Project Board, Project Team Meetings Operational Model delivery plan preparation	Operational Model delivery plan preparation	Recruitment of additional posts for RSC Review SLA's Review operational model Workforce Training Communications	Linac installation Feb 2024. Acceptance testing March 2024 External commissioning April -2024 Internal commissioning April- June 2024 Staff training June- July 2024 RSC opens- beam on date July 2024
	12 Radiology	Commission reconditioned MRI scanner. Phase 1 capacity delivery	Review Radiology demand and align to capacity plan		Full additional capacity plan is delivered	Engagement on service model for nVCC	Transition to nVCC

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

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

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

IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
	20 Single Cancer Pathway	Focus on front end of the pathway for all tumour sites: Aims to Standardise patient referrals to VCC. Timely receipt of all diagnostic test results and treatment pre-requisites prior to MDT.

Improve patient outcomes by early genomic testing where indicated. Develop action plan. | Develop dashboards and pathway data to make all patients' pathway points visible. | Focus on whole Breast Pathway:

Mapping of Breast Pathway from patient referral to service to treatment commenced. Identify touch points along pathway and potential bottlenecks Measure how currently delivering against the National Optimal Pathways (NOP) Develop action plan. | Commence Action plan implementation. | Roll out Pathway mapping process for Urology, then other tumour sites. | |
| **Strategic Priority 5: To work in partnership with stakeholders to improve prevention and early** | 21 Engagement with HB's | Agree terms of reference and priorities for joint working with each HB.

Commence meetings to deliver on these priorities. | Share patient pathway challenges in developing improvement plans.

Agree outreach plans for outpatients and SACT with all HBs. | | | Take lead from partnership board on development of local implementation of clinical models | Implement agreed clinical models in readiness for nVCC. |

IMTP Strategic Priorities VCC Service Delivery Framework 2022 to 2025								
Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales						
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
detection of cancer							

Blood and Transplant Services

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

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

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

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

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

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

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

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

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

Figure 3 Our Clinical Model
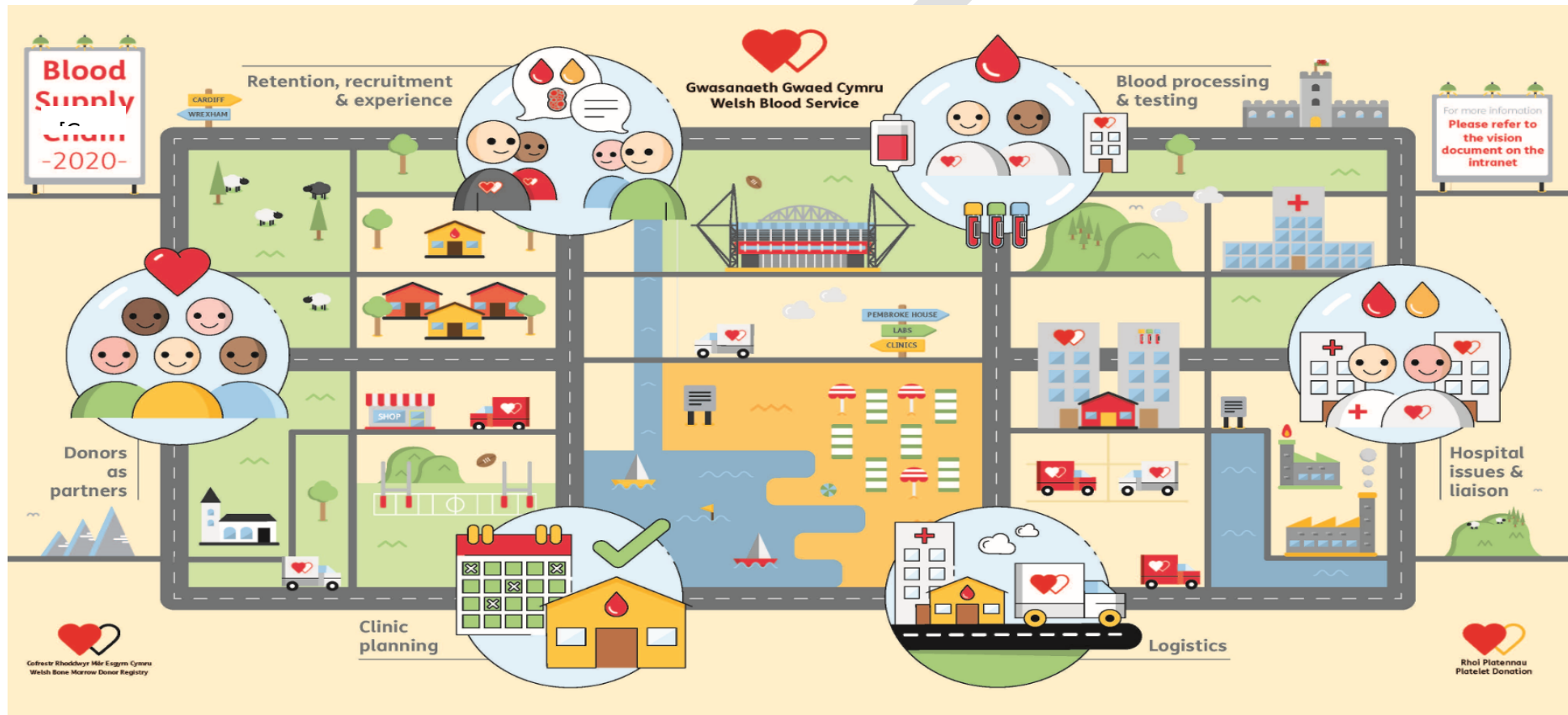
Our Strategic Priorities

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

Forecasting Demand for Blood Components and for Blood Products and Platelets

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

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

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

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

Meeting Demand for Blood (Red Cells) and components
The Collection Clinic Planning department will aim to schedule clinic sessions to collect enough whole blood to meet the estimated demand during the year.

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

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

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

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

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

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

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

Key Programmes of Work during 2022/23

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

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

Workforce	• Develop a sustainable workforce model for WBS which provides leadership, resilience and succession planning
Infected Blood Inquiry	• The Support UK Infected Blood Inquiry and delivery of its Terms of Reference

Contingency Planning

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

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

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

Welsh Blood Service Plan 2022 to 2025

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

IMTP Strategic Priorities WBS Service Delivery Framework 2022 to 2025

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

Strategic Priorities 2022/23 to 2024/25	Key Deliverables / Objectives	Key Specific Actions and 2022/25 Timescales						
		2022/23					2023/24	2024/25
		Q1	Q2	Q3	Q4			
		of COVID and proposed contract variation						
SP2: Meet the patient demand for blood and blood products through faciltiating the most appropriate use across Health organisations								
SP3: Provide safe, high quality and the most advanced manufacturing, distrbution and testing laboratory services	Assess and implement SaBTO (guidelines 2021 release date) recommendations on blood donor testing to reduce the risk of transmission of Hepatitis B infection as required.	Confirm role of WBS with Welsh Government establish project structure	Complete OCP process in relation to service mode	Establish workforce model	Implementation		Input data from pilot into SaBTO review	Implement revised strategy
SP4: Provide safe, high quality and the most advanced diagnostic,	Deliver WLIMS modules for Blood Transfusion (BT)	Scope service specification	Undertake procurement	Undertake procurement	Complete USR procurement		Commence phased implementation of solution with concurrent	Continue phased implementation of solution with concurrent

IMTP Strategic Priorities WBS Service Delivery Framework 2022 to 2025							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables / Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
transplant and transfusion services						process review and re-design as required.	process review and re-design as required.
	Implementation of Foetal DNA typing	Engage with Antenatal Screening services to develop implementation plan	Agree implementation plan	Take forward implementation	Take forward implementation	Introduce a new test to the laboratory service, plus additional digital development Deliver service for Foetal D	Embed service
SP5: Provide, services that are environmentally sustainable and benefit our local communities and Wales	Establish a quality assurance modernisation programme to develop and implement strategy which support more efficient and effective management of regulatory compliance and maximising digital technology	Project to be scoped project structure established phased work plan	Develop implementation plan	Take forward implementation		Continue phased implementation of solution with concurrent process review and re-design as required.	Continue phased implementation of solution with concurrent process review and re-design as required.
	Develop an estate and supporting infrastructure service model which delivers improved energy efficiency and reduction of carbon emissions	Submit OBC for Talbot Green infrastructure Project	Procure support to develop FBC further implementation	Appoint health care planner to develop FBC	FBC submitted to Welsh Government	Phase 1 implementation Capital funding secured phase 2 procurement	Capital funding secured phase 2 procurement

Strategic Priorities 2022/23 to 2024/25	Key Deliverables / Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
		further implementation of fleet strategy	of fleet strategy				
SP6: Be a great organisation with great people dedicated to improving outcomes for patients and donors	Develop a sustainable workforce model for WBS which provides leadership, resilience and succession planning	Engagement with teams in relation to Review of clinical services Review of Facilities model Review of BI	Development of service Model paper to be developed for approval	Development of service Model paper to be developed for approval	Implementation plan developed	Realign structure based on review outcome. Developing succession planning and resilience for specialist posts	Implementation of review outcomes, ongoing succession planning and resilience for specialist posts
	Establish a laboratory modernisation programme to review and develop service processes, practices and workforce requirements which support an efficient and effective service model across all laboratories in WBS	Scope programme of work Establish project structure	Develop implementation plan	Business case submitted to WHSSC to support implementation of new standards and guidance in component development lab	Funding secured	Continue phased implementation of solution with concurrent process review and re-design as required.	Continue phased implementation of solution with concurrent process review and re-design as required.
	Lead the all Wales approach to implementation of Welsh Government	secure funding review structure and	clinical lead appointed	implementation of work plan	implementation of work plan	implementation of work plan	implementation of work plan

IMTP Strategic Priorities WBS Service Delivery Framework 2022 to 2025							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables / Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
	Statement of Intent for Advanced therapies	develop work plan 2022/23	implementation of work plan				
	Support UK Infected Blood Inquiry and delivery of its Terms of Reference	IBI continues	IBI continues	IBI continues	IBI continues	IBI continues	IBI continues

Part 6

Our Trust-wide Support Functions

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

Delivering quality, care & excellence

Digital Innovation

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

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

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

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

Workforce and Organisational Development

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

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

Our vision is to have a:

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

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

Healthy and Engaged People: within a culture of true inclusivity, fairness and equity across the workforce. A workforce that is reflective of the Welsh population's diversity, Welsh language and cultural identity

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

Trust Estate and Infrastructure Programmes

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

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

> **Strategic aim 2: Provide healthy buildings and healthier people**

> **Strategic aim 3: Minimise our impact**

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

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

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

- **Development of a New Velindre Cancer Centre in Whitchurch, Cardiff: the** replacement of the existing VCC has been identified as a key commitment within the Welsh Government's '*Programme for Government*'. The Project is one of three pathfinder Projects for the Welsh Governments innovative Mutual Investment Model (MIM) Programme.

- **Development of a Velindre Radiotherapy Satellite Centre at Nevill Hall Hospital: t**he provision of a Radiotherapy Satellite Centre (RSC) has been identified as a key regional development to facilitate timely and effective Radiotherapy services to the South East Wales population. The ambition is to deliver a world-class facility that will provide specialist care for cancer patients from that locality.

- **Programme to re-develop the Welsh Blood and Transplantation Services Facility: t**his Programme sets out a number of strategic developments which will support the provision of high quality, safe, sustainable, efficient services and support the decarbonisation of our estate. It will also provide the foundation for the Laboratory Modernisation programme which will look at a range of new services to support NHS Wales.

Delivering quality, care & excellence

Strategic Financial Plan for 2022/23 to 2024/25

Overview of our Integrated Medium Term Plan (IMTP) 1st April 2022 to 31st March 2025

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

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

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

Core Plan: Balanced

B/F Deficit:
- Despite the constraints, the Trust aims to continue its Programme of service transformation and improvement, whilst working towards a key financial objective of removing the underlying deficit of £500k carried forward from 2021-22 restoring the Trust to a core financially recurrent balanced position.

- The recurrent carry forward underlying deficit of £500k, which is a consequence of unachieved 2020-21 savings delivery as a result of the pandemic. The deficit mainly relates to radiotherapy and medical staff, as well as increased estates and maintenance costs. This deficit will be removed through use of the 2.8% core uplift (sustainability) funding.

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

Savings Plans:
- The following table summarises the level of savings we are planning to deliver in 2022-23

- These savings will fund the service growth investment requirements of £934k that commissioners have not agreed to fund and the balance of the savings will fund normal National cost pressures of £220k

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

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

Exceptional National Cost Pressures
- There are a number of significant system wide cost pressures, including energy / fuel, Employers NI, real living wage and other extraordinary levels of cost inflation for which the Trust is currently assuming WG will provide additional funding to cover these costs. This assumption is a key financial risk, as should no additional funding be available the Trust would not have a balanced financial plan.

COVID-19
- Currently the Trust has agreed with its commissioners a planning assumption around income to fund the cost of additional capacity the Trust has put in place and any further capacity required to deal with impact of COVID-19 delayed activity. There remains a risk around how this income will flow given significant costs are already in place, but the certainty around the level and timing of activity that will flow from LHBs is uncertain.

- The VCC LTA activity based Income and associated costs are modelled on the following growth in demand assumptions:

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

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

Weekly Service Capacity		
Service	**19-20 Baseline Capacity**	**22-23 Capacity Based on Covid Recovery Investment**
Outpatients	1,128 attendances	1,353 attendances
SACT	460 cycles of treatment	580 cycles of treatment
Radiotherapy	75 planned patients and 78 hours LINAC daily capacity	Up to 90 planned patients and no greater than 80 hours LINAC daily capacity

Demand for Blood and Transplant Services (increase over 2021/22)	**2022/23**
	1%

- The headline capacity enhancement requires consideration of the changes to clinical practice and service delivery in comparison to the 19-20 baseline. For example, the increased utilisation of virtual outpatient attendances, mix of oral and IV infusion SACT delivery, introduction of hypofractionation for Radiotherapy Services, outsourcing and outreach settings.

- There remain significant Covid response costs relating to covering higher sickness levels, enhanced IPC, social distancing and other income lost, for which the Trust has no agreed income. The plan currently assumes WG will provide additional funding to cover these costs. This assumption is a key financial risk, as should no additional funding be available the Trust would not have a balanced financial plan.

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

The Trust had been working with Commissioners prior to the pandemic to agree a new contracting model that better reflects the complexity of the services the Trust provides, the resources they consume, and which appropriately funds the Trust for the marginal costs of any over activity. There was agreement that this new model would be implemented in 2020-21. An important development during the plan period will be the introduction of the new LTA contracting model (subject to commissioner support), suspended in 2020-21 and 2021-22 under the nationally agreed "block contract" arrangement to maintain financial stability during given reduced activity during the pandemic.

National discussions are ongoing as to the way in which funding will flow through to providers for activity to meet the demand which arises. The Trust took the decision during 2021-22 to make upfront investment in permanent staffing and infrastructure to create additional capacity sufficient to meet forecast demand growth in 2021-22 and into 2022-23. Whilst commissioners have recognised and supported this decision to ensure cancer patients referred to Velindre receive timely care and blood supply across Wales meets demand, this presents a significant financial risk to the Trust as income remains uncertain dependent on Health Boards ability to create additional capacity for diagnostics and surgery to generate onward referrals to Velindre for specialist cancer treatment. The financial plan assumes income levels will be commensurate with the Covid capacity costs already in place and any additional costs to create further capacity should it be required. National funding flow principles have yet to be finalised but are anticipated to be in place for the financial year 2022-23.

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

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

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

These assumptions have been discussed and agreed with Commissioners and Trust Board through the IMTP engagement process. WG FDU Finance Director is sighted on the income gap relating to local Covid response costs and exceptional national cost pressures. The Trust Plan has assumed WG funding to cover these costs.

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

Summary of Financial Plan 2022-25	2022/23		2023/24		2024/25	
	In Year Effect £000	FYE of Recurring £000	In Year Effect £000	FYE of Recurring £000	In Year Effect £000	FYE of Recurring £000
Non-Achieved Savings 2022-23	(500)	0	0	0	0	0
b/fwd. underlying deficit	**(500)**	**0**	**0**	**0**	**0**	**0**
Revenue						
WG Pay Award & DDRB	2,371	2,371	1,689	1,689	1,787	1,787
WG Pay Award Commissioner funding (per WG Matrix)	81	81	81	81	81	81

Summary of Financial Plan 2022-25	2022/23 In Year Effect £000	2022/23 FYE of Recurring £000	2023/24 In Year Effect £000	2023/24 FYE of Recurring £000	2024/25 In Year Effect £000	2024/25 FYE of Recurring £000
WG Increase in Employer Pension Contribution	2,743	2,743	2,798	2,798	2,854	2,854
WG Funding for Exceptional National Cost Pressures	1,338	738	614	14	15	15
WG Covid Programme Funding (Mass Vacc and PPE)	710	0	0	0	0	0
WG Assumed Local Covid Response Funding (Not included in Commissioner plans)	1,394	697	0	0	0	0
Commissioners Covid Recovery Funding	6,056	6,056	0	0	0	0
2.8% LTA Core Uplift / Sustainability funding (1.5% 23/24 & 0.75% 24/25)	1,968	1,968	1,104	1,104	591	591
Assumed LTA Income Growth	12,371	12,371	10,843	10,843	12,027	12,027
LTA Service Growth Investment	1,772	1,772	511	511	1,696	983
Total Revenue	**30,804**	**28,797**	**17,640**	**17,040**	**19,051**	**18,338**
In year Changes to Operation Cost Base						
Pay Award/ Pension/ Increments	(5,341)	(5,341)	(4,704)	(4,704)	(4,858)	(4,858)
Service Growth Investment	(2,706)	(2,706)	(1,219)	(1,219)	(1,696)	(983)
NICE Drug Growth	(10,695)	(10,695)	(9,000)	(9,000)	(10,000)	(10,000)
WBS Commercial Blood Products Contract Price / Inflation	(1,676)	(1,676)	(1,843)	(1,843)	(2,027)	(2,027)
Exceptional National Cost Pressures	(1,338)	(738)	(614)	(14)	(15)	(15)
Normal National Cost Pressures	(390)	(390)	(192)	(192)	(185)	(185)
Local Cost Pressures	(1,298)	(1,298)	(1,268)	(868)	(1,470)	(1,070)
Covid costs	(8,160)	(6,753)	0	0	0	0
Total In Year Changes to Cost Base	**(31,604)**	**(29,597)**	**(18,840)**	**(17,840)**	**(20,251)**	**(19,138)**
Net Opening Balance before Savings	**(1,300)**	**(800)**	**(1,200)**	**(800)**	**(1,200)**	**(800)**
Savings Plan	750	600	700	500	700	450
Net Income Generation	550	200	500	300	500	350
Net Opening Balance	**0**	**0**	**0**	**0**	**0**	**0**

NB: 2021-22 Pay Inf. Costs and income not included – assumed pass through

Income Assumptions

Income Assumptions and extent of alignment with commissioner intentions/plans

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

- Commissioners will uplift LTA values by 2.8% which amounts to £1,968k core uplift in 2022-23, 1.5% (£1,104k) 2023-24 and 0.75% (£591k) in 2024-25 in line with the HB Allocation Letter.
- WG will pass through directly the (AfC) funding & Doctor & Dentist Review Body (DDRB), once nationally agreed and issued in the year that the pay is awarded.
- Commissioners will pass through as addition to the LTA for the Agenda for Change (AfC) funding & Doctor & Dentist Review Body (DDRB) as per the WG Pay award matrix.
- The Trust has applied a planning assumption for the new pay deal of 3% uplift in 2022-23 and 2% in both 2023-24 and 2024-25.

- The Trust will continue to receive pay award funding for being a provider per the pay matrix which is currently assumed at £81k for each year.
- The cost increase in employer's pension contributions from 14.3% to 20.6% will continue to be paid by WG for the period of the plan.
- The Trust is assuming that £1,338k of funding will be provided from WG for the Exceptional National Cost Pressures which includes the forecast increase in energy / fuel currently estimated at c£600k although risk this could increase due to the conflict between Russia and Ukraine, additional employers NI contributions (1.25%) c£550k, impact of the living wage increase for contracted out services of c£89k, and exceptional increase to WRP contribution of £99k.
- If WG identifies additional funding to HBs above the 2.8% core uplift, the Trust will receive a % uplift of the same to its LTA values.
- The Trust anticipates that the full amount of identified income requirement in relation to COVID-19 response and recovery costs will be provided, however there is currently a gap in income of £1,394k which is outside of our commissioner financial plans and the WG confirmed Covid programme funding.
- The Trust will receive pass through income from commissioners to cover the cost of NICE / High Cost drugs VCC uses in delivering cancer care. The forecast annual cost growth has been estimated using historic trends and the latest horizon scanning, this amounts to £10,695k increase in 2022-23, £9,000k increase in 2023-24 and £10,000k increase in 2024-25.
- The Trust will receive pass through income from LHBs to cover the cost of wholesale blood derived products WBS supplies to them. The forecast annual cost growth for 2022-23 has been calculated based an estimated 10% volume growth and general price inflation totalling (£1,676k).
- The Trust will be submitting a business case to seek funding from the WG Value Based Healthcare (VBHC) fund, and will be discussing with HEIW proposals around its needs in relation to the additional funding for Workforce, Education and Training, although no income is currently reflected within the IMTP as the Trust is still developing its plans.
- WG will fund the WBS business case costs for Occult Hep B Core Testing should a policy decision be made to implement.
- WG will fund the WBS Plasma for Medicines (Fractionation) business case costs should WG decide to progress with this service development
- The Trust will receive additional income from commissioners to cover any new service developments they agree to invest in, should funding not be agreed, developments and infrastructure will not be implemented, and costs will need to be mitigated or removed. These key service infrastructure, quality improvement, activity growth and cost pressures have been shared with Commissioners including:

| LTA Service Growth Investment | 2022/23 | | | Incremental Income | | | |
	LHB £000	WHSCC £000	TOTAL £000	IMTP Total 2023/24 £000	IMTP Total 2024/25 £000	IMTP Total 2025/26 £000	IMTP Total 2026/27 £000
TCS Service Development Acute Oncology Services	714		714	260	34	0	0
TCS Service Development Integrated Radiotherapy Solution	287		287	347	0	619	0

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

Pay Related Cost Assumptions:

- Pay Inflation funding received will cover the cost growth:
- For staff on **Agenda for Change** Terms & Conditions Trust planning assumed **3%** pay cost increase for 2022-23, 2% for both 2023-24 and 2024-25.
- For staff on **Doctors & Dentists** Review Body Terms & Conditions assumed an average **3%** pay cost increase for 2022-23, and 2% for 2023-24 and 2024-25.
- The increase in NI rates (1.25%) will be funded by WG, current planning assumptions assume the cost for 2022-23 will be c£550k.
- The employers pension contributions cost increase 14.38% to 20.6% will continue to be paid directly by Welsh Government. The 2022-23 cost estimate for Velindre Trust Core (Excluding NWSSP & NWIS) is £2,743k, 2023-24 £2,798k and 2024-25 £2,854k.

Non Pay Related Cost Assumptions

- The average % growth in spend on NICE/HCD and latest Velindre Horizon Scanning Group has been used to estimate a c£10,965k growth in cost for 2022-23 and £9,000k growth in 2023-24 and £10,000k in 2024-25 as agreed with our Commissioners.
- Wholesale blood products cost and volume growth has been included as £1,676k for 2022-23 which is 10% increase. Price and volume growth figures are very uncertain due to the difficulties in forecasting the recovery from the COVID-19 pandemic but assumed income will match expenditure incurred.

- The exceptional National Cost Pressures of £1,338k have been categorised as a forecasted increase in energy / fuel price currently estimated at £600k although a risk this may rise further, additional employers NI contributions c£550k, the exceptional increase in contribution of £99k.
- Non-pay inflationary pressures and local cost & growth pressures have been specifically identified for 2022-23.
- Non-pay Inflationary uplifts on Welsh NHS SLAs of 2.8% (£90k) have been assumed for 2022-23 on the basis of that a 2.8% core funding uplift to LTA values is passed through to the Trust.

Local core service growth and cost pressures

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

Local Cost Pressures	Rec / Non-Rec	IMTP Total 2022/23 £000	Rationale for Investment	Benefits / Impact
Enhanced Medical On-call on-Site Clinical Care	Rec	200	Nuffield Report recommendation to stabilse USC	Improved service quality, safety and outcomes
Radiology capacity & enhanced model investment -to achieve Single Cancer Pathway	Rec	200	Nuffield Report recommendation to enhance diagnostic capacity / SCP delivery	Increased capacity & Improved service quality, safety and outcomes
Contract Maintenance & Support and license Costs (above Inflation)	Rec	100	Unavoidable maintenance contract (Medical Physics & Pharmacy) cost pressures and Software for Clinical Coding 3m medicore license	Maintain core clinical systems required for service delivery
Palliative Care	Rec	106	Nuffield Report recommendation to stabalise palliative care	Improved service quality, safety and outcomes
NHS SLA Inflation	Rec	110	Required pass through 2.8% core uplift	Maintain essential support services
NWSSP ESR Recharge	Rec	18	National System upgrade	Maintain essential workforce management system
Loss of Rutherford Proton Beam Therapy SLA income	Rec	140	Unavoidable service reduction due to limited activity referred by WHSSC	Services funded through Rutherford income lost have either required new funding from 2.8% uplift or savings delivery replace
Allocate - E - Rostering & E-Job Planning Services	Rec	55	Improved workforce management & Job Planning	Improved workforce management & Job Planning
Navigator Roles	Rec	96	Nuffield Report recommendation	Improved patient experience, service quality, safety and outcomes

Local Cost Pressures	Rec / Non-Rec	IMTP Total 2022/23 £000	Rationale for Investment	Benefits / Impact
Regulatory Compliance - Blood sample archiving	Rec	28	Regulatory compliance	Reduced risk of clinical negligence / claims
NDR Vx Rail revenue licensing	Rec	60	Required for National Data Resource	Better integrated information to improve clinical care and business management
Employment Law Advice LR Block Charging	Rec	10	NWSSP Legal services cost increase	Improved legal services - reduced risks and associated costs
Premises Related Costs (e.g Rates, Rents)	Rec	75	Unavoidable cost pressures	Maintains current estate requirement whilst review undertaken to assess requirement
Apheresis Contract - introduce hardware costs	Rec	40	Unavoidable cost pressures	Ensure maintenance of blood & plasma supply
Other	Rec	60	Unavoidable cost pressures	
Total Local Cost Pressures		**1,298**		

Normal National Cost Pressures

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

Normal National Cost Pressures	Recurrent / Non-Recurrent	2022/23 £000
Microsoft 365 new contract licenses	Rec	74
RISP - All Wales Business Case	Non Rec (22-23 to 24-25)	21
LINC - All Wales Business Case	Non Rec (22-23 to 24-25)	115
WRP Additional Contribution	Rec	180
Total National Cost Pressures		**390**

Exceptional National Cost Pressures

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

Exceptional National Cost Pressures	Recurrent / Non-Recurrent	2022/23 £000
Energy / Fuel Increases	Non Rec (22/23 & 24/25)	600
Employers NI (Health & Social Care Levy)	Rec	550
Living Wage Increase	Rec	89
WRP exceptional contribution increase	Rec	99
Total National Cost Pressures		**1,338**

Other Assumptions

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

Planned Savings

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

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

Saving Theme	Saving Description	Division	Recurrent £'000s	Non Recurrent £'000s	TOTAL £'000s	Scheme Type
Laboratory and Collection Model Efficiencies - efficiencies generated via optimised operating models	Reduced establishment resultant from model enhancement	WBS	50	-	50	Pay
Laboratory and Collection Model Efficiencies - efficiencies generated via optimised operating models	Reduced service delivery costs resultant from model enhancement	WBS	50	-	50	Non Pay
Maximising Income Opportunities - attracting additional non NHS income	Sales of expertise and bi-products into Research	WBS	50	50	100	Income
Stock Management - Non Recurrent Benefits of Stock Management	Reduced stock holding and waste via optimised stock management	WBS	100	150	250	Non Pay
Procurement - Supply Chain cost reductions	Contracting cost reductions	WBS	50	-	50	Non Pay

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

			Recurrent	Non Recurrent	TOTAL	
Green RAG Rated Schemes			100	350	450	
Amber RAG Rated Schemes			500	150	650	
Red RAG Rated Schemes			200	-	200	
Total			**800**	**500**	**1,300**	

COVID-19

The total Trust Covid funding requirement for 2022-23 as presented in the tables below is £8,160k. The Trust has received confirmation that the £710k National response programme costs relating to both Mass Vaccination (£375K) and PPE (£335k) will be funded directly by WG, whilst our Commissioners have included £6,056k within their financial plans for Covid Recovery capacity costs. This leaves a current financial gap on the total Covid costs for 2022-23 of £1,394k, which is in relation to local response costs. This gap in the Trust's total Covid income requirement is currently assumed to be funded by WG.

The Trust is seeking confirmation from WG that the local Covid response costs will be funded and if not there is an increased risk that the Trust will not be able to deliver a balanced financial plan unless it can remove all enhanced Infection Prevention Control (IPC) measures, all Covid related sickness and cease social distancing measures.

Covid Funding Requirement 2022-23	WG £000	LHB £000	WHSSC £000	Total £000
Mass Vaccination	375	-	-	375
PPE	335	-	-	335
Subtotal Covid Programme Funding	**710**	**-**	**-**	**710**
Covid Recovery & Response Funding	1,394	2,880	3,176	7,450
Subtotal Covid Recovery and Response Funding	**1,394**	**2,880**	**3,176**	**7,450**

	WG £000	LHB £000	WHSSC £000	Total £000
Total Covid Funding Requirement 2022-23	**2,104**	**2,880**	**3,176**	**8,160**

Contracting Model

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

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

Financial Risks and Opportunities

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

Key Financial Risks	Worst Case £'000	Best Case £'000	Risk Mitigation
Financial Plan Outturn	**0**	**0**	
Shortfall in Covid funding requirement (outside of WG confirmed Programme funding and excluded from commissioner plans)	(1,394)	0	Internal review being undertaken to reduce / mitigate costs.
Full Covid funding not flowing from Commissioners	(1,108)	0	Internal review being undertaken to reduce / mitigate costs.

Key Financial Risks	Worst Case £'000	Best Case £'000	Risk Mitigation
Premium costs of service delivery for outsourced activity beyond planned volumes	(1,454)	0	Should present capacity both at Velindre and via Outreach be exhausted, facilitated outsourcing will be required at a premium rate. Risk that Commissioners will not fund premium cost.
Increased outsourcing above planned volumes	TBC	0	Should demand increase above planned level, capacity both at Velindre and via Outreach be exhausted requiring additional contracted outsourcing
Non-delivery of amber / red saving schemes	(850)	0	Service to urgently review savings schemes that are classified as red or amber with a view to turn green or find replacement schemes
Further rise in energy prices	(600)	0	Will form part of all Wales approach, reviewed and mitigated by EPRMG group.
Assumed funding for National Cost Pressures	(1,338)	0	Energy prices mitigated through EPRMG group.
Delayed implementation of Integrated Radiotherapy Solution (IRS)	(250)	0	Review Divisional budgets to absorb costs for up to 6 months prior to implementation.
Management of operational Pressures	(250)	0	Further Operational cost pressures to be mitigated at divisional level
Total Risks	**(7,244)**	**0**	
Key Financial Opportunities	**Worst Case £'000**	**Best Case £'000**	**Opportunity application and action**
Covid Cost Reduction	TBC	TBC	Mitigation from plan by reducing Covid related expenditure
Further vacancy turnover savings above the vacancy factor held in divisions	200	400	Used to provide non-rec savings against savings schemes that are either amber or red.
Emergency Reserve	500	500	Reserve held for emergency expenditure but could be released to support position if no unforeseen costs materialise.
Total Opportunities	**700**	**0**	
Net Financial Risk	**(6,544)**	**900**	

Capital Plans for the Trust

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

£69.4m of the capital investment required over the period of the IMTP are schemes that have or will be submitted to Welsh Government as cases for consideration against the All Wales Capital Fund. £24.981m has been submitted and agreed to date in relation to TCS (£23.902m), Fire Safety (£0.500m), and the Digital Cancer project (£0.579m).

Further schemes to be considered for approval include additional TCS requirement of (£3.795m), Integrated Radiotherapy Solution (IRS) (£37.929m), WBS HQ infrastructure (£22.500m), Ventilation (£2.491m), VCC Outpatients (£1.2500m), WBS Hemoflows (£0.224m), WBS Fleet Replacement over the next four years totaling (£1.236m) and Plasma Fractionation with costs to be confirmed.

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

Summary of Capital Plans & Approved Funding	2022-23 £m	2023-24 £m	2024-25 £m	2025-26 £m	2026-27 £m	Total All Wales Schemes £m
Proposed All Wales Schemes	6.110	23.502	22.437	13.873	3.503	69.425
Proposed Discretionary Schemes	1.454	1.454	1.454	1.454	1.454	
Total Capital Schemes Proposed	**7.564**	**24.956**	**23.891**	**15.327**	**4.957**	
All Wales Schemes Funding Approved	**24.981**	**0.000**	**0.000**	**0.000**	**0.000**	
Total Capital Plans	**32.545**	**24.956**	**23.891**	**15.327**	**18.043**	

Part 8

Our Performance Management Framework

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

Delivering quality, care & excellence

Managing the Delivery of our Plan

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

Integrated Performance, Risk and Assurance Framework
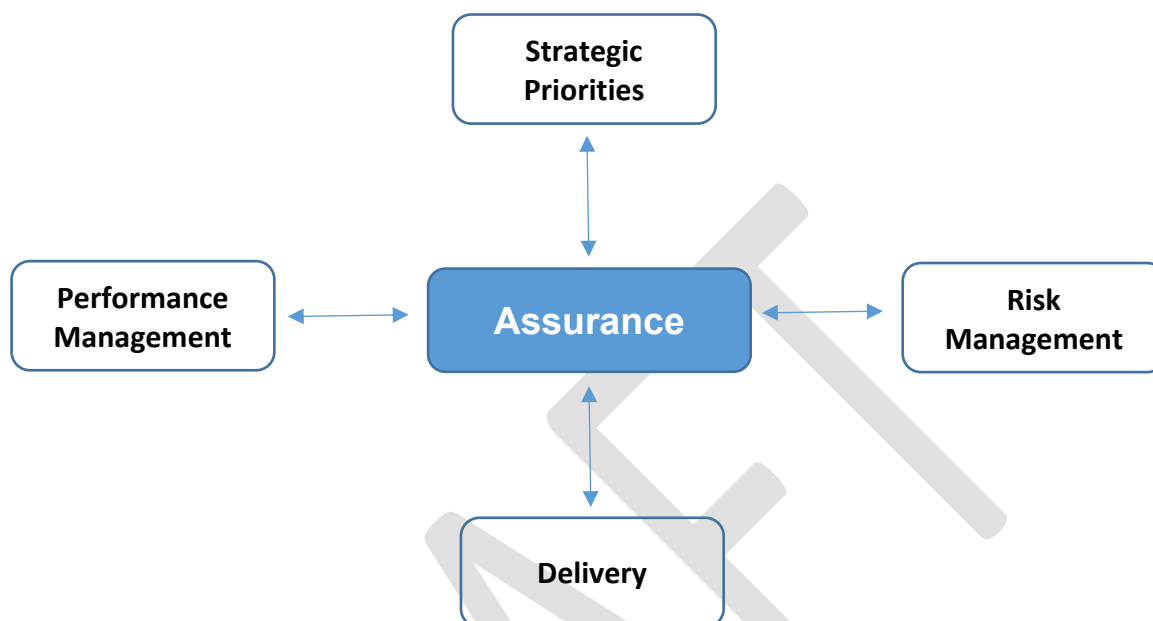
Plans and priorities - Our strategic aims and priorities are set out within our strategies and translated into specific objectives and actions within this plan.

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

Performance Measures - We use a range of quantitative and qualitative information to allow us to monitor our progress.

Risk Management - We assess the risk of achievement against each of our strategic aims, priorities and objectives as part of the planning process.

Performance Management Framework
We use a robust framework to support our staff in achieving the improvements required and in delivering our plan. The system is based upon four main elements:
- A clear set of aims, objectives, plans and supporting actions to improve quality
- A range of performance measures
- A regular process of monitoring and review
- A process of escalation/action if we are not on track to achieve our aims.

However, and despite the robust existing arrangements, a key priority for us during 2022 – 2023 will be further enhance our Performance Management Framework (PMF).
This is in line with the Welsh Governments introduction of quality statements in '*A Healthier Future for Wales' (2018 to 2030)'*, and has been described in the National Clinical Framework,

as the next level of national planning for specific clinical services. It forms part of the enhanced focus on quality in healthcare delivery that was put forward in A Healthier Wales and the Quality and Safety Framework (QSF).

Governance Arrangements

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

Delivering our Plan

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

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

Commissioning Arrangements

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

Implementation: How will we measure success?

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

- **Provide a headline picture against our strategies and plans as a whole.** Identifying a small number of headline metrics allows for a simple mechanism to track progress and report to our patients, donors, staff and partners.

- **Includes a mixture of process, output and outcome measures.** This allows us to track specific actions in the short-term (process and output measures) and ensure they are translating into real change in the longer-term (outcomes and benefits).

Part 9

Appendices

Welsh Government Minimum Data Set, Velindre Cancer Centre and Welsh Blood Service Key Deliverables and Trust Programmes

Trust Programmes – Key Deliverables 2022 to 2025

Velindre University NHS Trust – Clinical Quality & Safety Health and Social Care Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
Strategic Priority 1: Meeting requirements of the Quality & Engagement Act (2020)	Finalise and Implement the Trusts Quality Framework	Finalise the Trust Quality Framework & Gain Board approval. Develop clear implementation plan.	Commence implementation of the framework		Formally review framework implementation	Undertake annual framework formal reviews	
	Develop integrated Quality Hubs – Trust wide Hub and two divisional Hubs	Commence Hub development	Establish integrated Quality & Safety Hubs – Corporate/ VCC & WBS Establish Operational Quality	Hubs to be fully operationalised & all Hub members to receive required training	Review formally the functioning of the Hubs & reporting lines	Further develop the Hub's using PDSA methodology	
	Establish Core Trust wide Quality & Safety Team that is 'fit to deliver' new legislation	Complete OCP & appoint into posts	Ensure all QS Team members received training & competency assessments	Review Team in line with Duty Quality & Duty Candour statutory guidance requirements		Continually review the Quality & Safety Team to ensure it is fit for purpose and is facilitating Trust meeting its legislative and national requirements	

Velindre University NHS Trust – Clinical Quality & Safety Health and Social Care Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
	Fully implement Duty of Quality requirements	Review Draft Duty of Quality guidance – develop Gap analysis plan	Develop clear Trust wide, divisional & hosted organisation implementation plan	Agree and commence implementing revised Duty of Quality reporting	Implement Duty of Quality requirements in shadow form Ensure all Trust Incident, concerns policies are revised	Ensure plans & infrastructure in place to fully operationalise Duty of Quality Statutory Guidance insert text	
	Fully implement Duty of Candour requirements	Review Draft Duty of Candour guidance – develop Gap analysis plan	Develop clear Trust wide, divisional & hosted organisation implementation plan	Agree and commence implementing revised Duty of Candour reporting	Implement Duty of Candour requirements in shadow form Ensure all Trust Incident, concerns policies are revised	Ensure plans & infrastructure in place to fully operationalise Duty of Quality Statutory Guidance insert text	
	Plan for & implement the new Quality Standards (replacing H&CS)			Review the proposed new Quality Standards and undertake a relevance & impact assessment	Develop a Duty of Quality standards implementation plan and reporting mechanism	Commence implementation of new Quality Standards	Undertake formal review of the implementation of the revised Quality Standards

Velindre University NHS Trust – Clinical Quality & Safety Health and Social Care Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
	There are clear service delivery to Board Quality metrics	Clinical quality metrics for the VCC to be determined incl. data definitions and sources to be agreed	How services will assess 'what good looks like' to be determined and required metrics agreed	Commence service level to Board hierarchy quality outcome reporting	Commence implementation of the new Duty of Quality & Candour quality metrics – through robust integrated business systems	Fully implement the new Duty Quality & Candour quality metrics	Continually assess & review the Trust quality metrics
Strategic Priority 2: Placing Quality & Experience at the Centre of the organisation	Real time patient / donor feedback is captured at source and used across all areas of the Trust to improve	CIVICA to be rolled out within WBS Formal review of VCC implementation to date to be undertaken	Infrastructure to be in place for CIVICA outputs to be reviewed at all level of the Trust and used as an improvement tool	You Said …. We did…. In respect of patient / donor feedback to be in place across all parts of Trust	CIVICA patient engagement system to be implemented	Review and evolve all questionnaires and surveys	Review and evolve all questionnaires and surveys
	Develop & Implement Trust Quality Management system with integrated learning & improvement	Formal review of Trust improvement capability to be undertaken

Undertake targeted work | Plan to be agreed & implemented to address any improvement capability gaps identified | Establish meaningful automated mechanisms for sharing improvements and learning widely | Collate and review outcomes of all quality improvement activities | Systematise improvement infrastructure | Review improvement systems & processes |

Velindre University NHS Trust – Clinical Quality & Safety Health and Social Care Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
		across Divisions regarding the implementation of the learning & action modules in Datix		Audit the use of learning & action modules in Datix			
	Trust has robust mechanisms in place for capturing patient & Donor outcomes across all services , ensuring learning and improvement mechanisms are in place & appropriately reporting	Review systems and mechanisms in place across all services to capture patient / donor outcomes to develop baseline position. Including how outcomes are recorded, reported and used to inform service developments / changes.		Undertake service benchmarking and national / best practice standards in respect of patient / donor outcome measures.	Formal review of Outcome metrics and reporting to be undertaken. Any gaps across services to be identified and reported to EMB	Patient Outcome measure to be systematically captured across all services	Review formally patient outcome reporting mechanisms
Strategic Priority 3: Trust is clinically & scientifically led organisation	Robust multi-professional clinical leadership across all areas of the organisation	Review current multi-professional clinical leadership infrastructure make recommendations for any enhancements		Review current clinical leadership development opportunities and develop a clinical leadership pathway			

Velindre University NHS Trust – Clinical Quality & Safety Health and Social Care Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
	Establish a Clinical & Scientific Strategic Board to drive the organisation, lead on values based healthcare, the national clinical plan requirements and the development of the Trust Clinical & Scientific Strategy	Establish Clinical & Scientific Strategy Board with external 'critical friend' support	Agree Values based healthcare priorities and agree implementation plan Agree clinical priorities aligned with national clinical plan		Finalise and have approved the Trust Clinical & Scientific Strategy	Implement the Trusts Clinical & Scientific Strategy	
	Top of license working with appropriate support & administrative infrastructure	Undertake a comprehensive clinical workforce review – expanding on opportunities for enhancing non registered workforce, clinical apprentices and top of license working within a robust framework of clinical competencies. Embedding workforce resilience across all clinical workforce reviews.				Repeat annually the comprehensive, multi professional clinical workforce review.	
	Optimisation of multi-professional advanced practice	Agree, in line with national advance practice framework a Trust Multi Professional Advanced Practice framework aligned across patient / donor pathways			Develop a clear advanced practice workforce plan (aligned with clinical workforce plan)	Implement the Advanced practice workforce plan	

Velindre University NHS Trust – Sustainability Programme Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
Strategic Priority 1: Creating Wider Value: our organisational approach	Ensure sustainability is embedded into our organisational conscience and decision-making	Sustainability strategy	Engagement events			Monitoring implementation through Management Board	Monitoring implementation through Management Board
		Partnerships with Future Generations Office		Best practice shared via attendance at All Wales Environmental Management Meetings	Partnerships with industry leads to deliver seminars to staff		
	Improve life for people who lives in the communities we serve	Regional Arts Partnership Launched	Inaugural Regional Arts Collaboration Event			Community Benefits through construction of new Velindre Cancer Centre	New Velindre Cancer Centre becoming a community asset

Velindre University NHS Trust – Sustainability Programme Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
Strategic Priority 2: Sustainable Care Models	Improve the environmental sustainability of our care pathways			Pharmaceutical packaging return initiatives		TCS Programme – Medicines at Home	Work with Procurement to reduce NHS Wales carbon footprint
	Maximise the use of technology and digital services to reduce the environmental impact of care	Digital Strategy Launched	Continued use of Attend Anywhere		Addressing Digital Exclusion through outreach	Digital Literacy Staff training	Digital Literate Workforce, donor and patient base
	Collaborate with patients, donors and our partners to deliver models of care that reduce the number of visits to our sites through the provision of care at home or closer to home		Engagement events promoting our sustainable future		Promote benefits of digital appointments		Radiotherapy Satellite Centre Opening – 'hub and spoke' model

Velindre University NHS Trust – Sustainability Programme Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
Strategic Priority 3: Eliminating Carbon	Be a Net Zero carbon organisation by 2030	LED lighting upgrades at VCC		Upgrading emergency lighting systems to LED		Optimise Trust estate footprint	Talbot Green Infrastructure upgrade will be completed reducing the carbon footprint by over 70%
		Building Management System Upgrades for all sites	Metering Strategy implementation	Review site optimisation against metering strategy	Refine and review Metering Strategy against progress	Radiotherapy Satellite Centre opening	New Velindre Cancer Centre Opening
Strategic Priority 4: Sustainable Infrastructure	Reduce the environmental impact of building works during design, refurbishment, construction, operation and decommissioning stages			Talbot Green Full Business Case developed	Talbot Green Full Business Case developed	Talbot Green Infrastructure Mobilisation	Talbot Green Infrastructure Project Complete – 70% carbon reduction
				Sustainability guidelines developed for all capital projects		Collaboration with NWSSP	New Velindre Cancer Centre construction (BREEAM Excellent)
					Radiotherapy Satellite Centre construction	Radiotherapy Satellite Centre Opening (BREEAM Excellent)	

Velindre University NHS Trust – Sustainability Programme Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
Strategic Priority 5: Transiton to a Renewable Future	Reduce our consumption of energy by 70% and reduce water usage year on year	Undertake site optimisation study of Building Management System	Metering Strategy	Target consumption 'hotspots' as identified in the site optimisation & metering strategy	Target consumption 'hotspots' as identified in the site optimisation & metering strategy	Target energy and water efficiency schemes to reduce consumption	Renewable energy generation on site at Talbot Green
	Transition to purchasing 100% of our energy from renewable sources by 2027	Purchasing green electricity				EPMRG membership	Transition to purchasing 100% green energy from renewable sources
Strategic Priority 6: Sustainable Use of Resources	Reduce our waste by 26% by 2025 and 33% by 2030 aligning with the Welsh Government Beyond Recycling targets	Introduce reusable items in canteen (pending IP & C guidelines)		Review waste at donor clinics and source reusable alternatives		Single Use Plastic (Non Clinical) Procedure rolled out across Trust	Phase out all single use plastics in our clinical settings Waste reduced by 33%
	Achieve 'zero waste to landfill' by 2025		Introduce recycling schemes for WEEE				Zero Waste to Landfill
	Have 70% of our waste recycled by 2025		Recycling campaigns		Recycling campaigns		70% of all waste to be recycled

Velindre University NHS Trust – Sustainability Programme Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
Strategic Priority 7: Connecting with Nature	Improve the well-being of our patients, donors and staff connection with the natural environment	Green Social Prescribing Collaboration	Green Social Prescribing Collaboration			Sites used as natural environmental	Cultural programmes which enhances the place we live, work and play. This will include arts programmes, allotments, nature trails on our estate, community benefits and accessible activities
	Increase biodiversity by protecting and enhancing natural assets	Reduction of Mowing	Sewing wildflowers		Removal of invasive species	Velindre Forest	New Velindre Cancer Centre net gain in biodiversity
	Maximise the quality and benefits from our green spaces	Install Nature Notices	Nature Walk at Talbot Green		External audit, 3 years after our baseline (as mandated in the Environment (Wales) Act 2015).	Create opportunities for our greenspaces to become community assets	Ensure our greenspaces integrate arts and culture for staff well-being

Velindre University NHS Trust – Sustainability Programme Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
Strategic Priority 8: Greening our Travel and Transport	Decarbonise our transport and travel operations	Launch Travel Plan	Events / Promotion of Travel Plan		All Wales Travel Charter	Travel Plan Survey & Review	Travel Plan Survey & Review
			Pilot of Electric Vehicle Fleet	Electric Vehicle Charging Port at VCC		Electric Vehicle Chargers in Talbot Green Infrastructure Upgrade	Full Electric Fleet
	Encourage sustainable and active travel wherever possible seeking to reduce business mileage by 70%	Next Bike Reopening	Cycle Confidence Events	Promotion of local cycle routes			
			Promotion of 'Park and Stride ,	Departmental competitions			
	Provide more care and services at home or closer to home	Launch of Digital Strategy				Radiotherapy Satellite Centre Opening	

Velindre University NHS Trust – Sustainability Programme Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
Strategic Priority 9: Adapting to Climate Change	Assess and understand the impacts of climate change on our services and communities		Create Climate Change Adaption Toolkit		Monitor risk of Climate Change		
	Ensure our infrastructure, services, procurement activities and local communities are well prepared to mitigate and manage climate change					Ensure adaptability of buildings and futureproofing	Collaborate with NWSSP Procurement colleagues regarding full supply chain analysis

Velindre University NHS Trust – Sustainability Programme Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
Strategic Priority 10: Our people as Agents for Change	Support staff to develop the knowledge and skills to improve sustainability at work and home.	Targeted Environmental Awareness training action plan	Event – NHS Sustainability Day for Action		Promotion of Agile Working and environmental benefits of digital working	Create a knowledge hub of experience and research	Sustainability research, development and innovation portfolio to develop a compelling evidence base showing the benefits
	Empower staff to make sustainable choices in the services we provide which improve their well-being	Review and refresh of Sustainability webpages to signpost	Promotional Campaigns	Creation of 'Green Champions'	Regular Communications	Annual Green Champion Events	Increase apprenticeships, industrial placement students and work placements
			Well-being Sustainability Pop Up event at WBS	Well-being Sustainability Pop Up event at THQ			

Velindre University NHS Trust – Sustainability Programme Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
Ministerial Priority - Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position				Monitoring return	Monitoring return	Monitoring return
Ministerial Priority - Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Evidence of improvement				Monitoring return	Monitoring return	Monitoring return

Velindre University NHS Trust – Value-based Healthcare Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
Strategic Priority 1: Culture, socialisation and education	1. Develop Strategy & Implementation Framework	• Complete Capacity & Maturity Self-Assessment process & evaluate to inform Strategic priorities & objectives	Agree strategic priorities & objectives				
	2. Implement Resources & Governance	• Develop & submit bid to WG VBHC fund identifying infrastructure (PM, Digital , BI etc) and 1 / 2 areas of service improvement resource requirements					
	3. People development	Baseline assessment of capability & expertise and key posts identified to support work programme	Key staff to attend VBHC courses, Executive education, masterclasses	Principles of VBHC to be communicated well and clearly across the Trust			
	4. Active membership of the Value in Health Strategy Group and implementation of	• Meet with National Team to discuss and agree Trust priorities and support required					

Velindre University NHS Trust – Value-based Healthcare Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
	key learning from National Programme						
	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 Lab Modernisation etc. • Highlight VBHC central to recovery plan & National Clinical Framework	• 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				
Strategic Priority 2: Measurement of Outcomes & Cost in a meaningful way	6. VBHC Cancer SST Dashboard Development		Add clinical audit data and patient level cost data to Lung Dashboard	Commence development of Breast Dashboard		Commence development of Prostate Dashboard	
	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 &	Develop plan to digitise existing data collection into data Warehouse	Implement pilot for patient portal included in IRS procurement	Collection of PROMs & PREMs for Radiotherapy	Implementation of PROMs digitisation	

Velindre University NHS Trust – Value-based Healthcare Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
		PREM data collection • Ensure patient engagement plans include improving digital literacy, access and engagement on PROMs		(PROMs & PREMs data collection)	patients via IRS patient portal		
	8. Allocation and distribution of resources in order to maximise outcomes	Scope work required to map costs to pathways for each cancer area / SST	Engage with clinical teams on cost - share patient level costing data with each SST				
	9. Commissioning for outcomes		Working with National VBHC Programme Scope out project for planning and commissioning for cancer outcomes	Start work with clinicians & commissioners to develop a contracting framework that funds based on outcomes			
Strategic Priority 3: Service improvement priorities	10. VCC: USC / Acute oncology service & outpatient improvements	• Commence MUP/CUP clinic • Commence Toxicity Clinic (SDEC bid)	• Commence On-site & virtual oncology support to HBs • Integration, enhancement & expansion of access to				

Velindre University NHS Trust – Value-based Healthcare Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
			Ambulatory care services (SDEC bid)				
	11. VCC: Radiotherapy service improvements	• Submit business cases to Commissioners for investment in prioritised list of ne RT techniques	• Commence Implementation of new radiotherapy techniques as per prioritisation list (if funded)	• Increase proportions of IMRT/VMAT (3D Plans) • implementation of new IRS – equipment upgrades and new Software for existing fleet @ VCC • Working with IRS supplier commence changes to workflow, automated planning etc	Consider options for introduction of further accelerated pathways: ▪ trials with reduced fractionation ▪ treat patients with best practice waiting times	• Implement 1st new Linac at VCC • Assess opportunity for service resilience approaches to improve utilisation	Implement 2nd new Linac at VCC
	12. VCC:SACT service improvements	• Review capacity plans for next 3 years to ensure best value options between internal & outsourced are maximised • Resource work to progress	• 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			

Velindre University NHS Trust – Value-based Healthcare Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
		development & agreement on TCS outreach service model and infrastructure requirement • Evaluate options of a 'Velindre Medicines at Home' service model	& benchmarked with other cancer certes	changes for improvement			
	13. WBS: Lab modernisation Programme	• Commence work to agree value adding outcomes of Lab Modernisation					
	14. Implement prudent healthcare principles - Reduce unwarranted variation and activity of limited value, and prioritise standardisation of best practice for improved outcomes		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		
	15. Implement a prioritisation process		Agree a robust, transparent and data driven prioritisation process which makes it clear why we make the choices we make across all levels in VUNHST				

Velindre University NHS Trust – Value-based Healthcare Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
Ministerial Priority - Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)				Monitoring return	Monitoring return	Monitoring return
Ministerial Priority - Agency spend as a percentage of the total pay bill	12 month reduction trend				Monitoring return	Monitoring return	Monitoring return

Velindre University NHS Trust – Research Development & Innovation Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
Strategic Priority 1: *The Trust will drive forward the implementation of its Cancer Research and Development Ambitions*	- The implementation of immediate term plan for the Cardiff Cancer Research Hub (a tri-partite development between the Trust, Cardiff & Vale UHB and Cardiff University) to use existing Cardiff & Vale UHB facilities for intermediate to high-risk research studies that cannot be delivered at Velindre Cancer Centre.				Complete the implementation of the immediate term plan (first 18 months) for the Cardiff Cancer Research Hub that utilises existing CaV UHB facilities.		
	- The development and implementation of the intermediate term plan for the Cardiff Cancer Research Hub to provide a focal point and facility for delivering intermediate to high risk research studies, translational research and allow opportunities for education and training.						Complete the implementation of the intermediate term plan (following 30 months) for the Cardiff Cancer Research Hub.
	- Establishment of Clinical Academic posts in cancer research to strengthen our links with Academic Partners and enable translational research			One post appointed		One post appointed	One post appointed
	- Maximise R&D&I opportunities in radiotherapy associated with the development of nVCC and the radiotherapy research bunker					Develop a plan to maximise RD&I opportunities in radiotherapy associated with the development of nVCC and the radiotherapy research bunker.	

Velindre University NHS Trust – Research Development & Innovation Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
	- Further investment in the capacity and capability to support multi-disciplinary research to ensure that the Trust can grow its capacity and capability to deliver clinical research to patients.		Identify the local clinical support services that require further investment in capacity and capability to support research	Develop a plan defining the future investment in capacity and capability to support research.	Initiate a programme of investment in capacity and capability of local clinical support services to provide resource to research studies.	Keep under review the investment in the capacity and capability of local clinical support services to provide resource to research studies, identifying target investment areas, as appropriate.	Keep under review the investment in the capacity and capability of local clinical support services to provide resource to research studies, identifying target investment areas, as appropriate.
Strategic Priority 2: *The Trust will maximise the RD&I ambitions of the Welsh Blood Service.*	- WBS will continue to grow the RD&I opportunities and partnerships to realise the significant potential of the Component Development Lab.					Establish a sandpit area for manufacturing novel components for evaluation and research.	
Strategic Priority 3: *The Trust will implement the Velindre Innovation Plan.*	- ©Velindre Innovation Plan will be Implemented	New RIIC guidelines implemented		Innovation MDT established and linked to the Cardiff MDT	Core Team Established	Innovation Themes & VCC Innovation Hub Established	Innovation Plan Embedded

Velindre University NHS Trust – Research Development & Innovation Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
Strategic Priority 4: *The Trust will maximise collaborative opportunities locally, nationally and internationally*	- Formalise the Cardiff Cancer Research Hub partnership					The establishment of an MOU/Heads of Terms arrangement with partners to facilitate partnership working in the Tripartite Cardiff Cancer Research Hub	
	- Maximise R&D opportunities at the Velindre satellite unit at Nevill Hall Hospital					The development of a plan to maximise research, development & innovation opportunities in radiotherapy associated with the radiotherapy satellite unit at Nevill Hall Hospital.	
	- The development and implementation of "Velindre@" Programme, with research facilities at Aneurin Bevan UHB, Cwm Taf Morgannwg UHB, as well as within the Cardiff Cancer Research Hub at CV UHB, forming a South East Wales research network increasing opportunities for donors/patients to access research studies across the region.				Complete the development of "Velindre@" Programme implementation plan.	Implement the "Velindre@" Programme to deliver "Velindre@" research facilities at AB UHB and CTM UHB.	Implement the "Velindre@" Programme to deliver "Velindre@" research facilities at AB UHB and CTM UHB.
	- The implementation of programmes, complementing existing training opportunities that enable and support			Complete the review of existing training		Complete the implementation of a programme that	Undertake ongoing review and improvement

Velindre University NHS Trust – Research Development & Innovation Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
Cross-cutting themes across Strategic Priorities 1-4 above	Trust staff to develop, deliver and manage research portfolios.			opportunities (identified in 2021/22) to develop an implementation plan for a complementary programme that enables Trust staff to develop, deliver and manage research portfolios.		enables Trust staff to develop, deliver and manage research portfolios.	of the programme that enables Trust staff to develop, deliver and manage research portfolios.
	- Further investment in the research delivery and governance teams to make sure that studies are optimised to facilitate effective and timely recruitment and delivery.	Continue the development and implementation of staffing plans for the research delivery and governance teams (identified in 2021/22) to facilitate effective and timely recruitment	Complete the appointment of senior staff in the research delivery team and to support the delivery of the Cardiff Cancer Research Hub	Complete the implementation of changes to the structure of the research delivery team administrative structure.		Keep under review the investment in the research delivery and governance teams supporting research studies, identifying target investment areas as appropriate.	Keep under review the investment in the research delivery and governance teams supporting research studies, identifying target investment areas as appropriate.
	- The development and implementation of clinical information systems to identify donors/patients eligible to take part in research studies.		Complete the R&D contribution to the Trust's implementation of the Digital Health & Care Record in line with the Trust's project schedule.		Complete a review of clinical information systems available (in conjunction with partner stakeholders, i.e. DHCW and HCRW) to identify research study participants.	Complete the implementation of a clinical information system that identifies donors/patients eligible to take part in research studies.	

Velindre University NHS Trust – System Leadership & Regional Partnership Working Priorities (2022 – 2025)							
Strategic Priorities 2022 - 2025	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
Implementation of an Enhanced Acute Oncology Service in South East Wales	Implementation of MUO/CUP Service	Recruitment process for MUP/CUP nurse and AOS Co-ordinator MUO/CUP service governance and SOP structures developed	MUO/CUP nurse and AOS Co-ordinator in post MUO/CUP clinic and MDT to commence	MDT Service Review	MDT Service Review	MUO/CUP nurse post to transition into fully regional MUO/CUP supportive post	
	Enhanced Digital Services to Support AOS	Recruitment of Regional posts	Regional development of data capture t	Ongoing Digital Developments			
	Specialist Oncology Support Within Health Boards	Task & Finish Group implemented to support the PSDA pilot of virtual morning support for LHB's.	Ongoing review of virtual support via T&F group				
	AB & CTM Specialist Oncology/Recruitment	AB to support the development of 7 specialist oncology sessions (2/7 to be filled)	3/7 of AB specialist oncology sessions to be filled	5/7 of AB specialist oncology sessions to be filled	7/7 of AB specialist oncology sessions to be filled		

Velindre University NHS Trust – System Leadership & Regional Partnership Working Priorities (2022 – 2025)

Strategic Priorities 2022 - 2025	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
		AB CNS Recruitment process to start CTM Implementation plan to commence	AB CNS recruitment to be completed 2/6 of CTM specialist oncology sessions to be filled	4/6 of CTM specialist oncology sessions to be filled	6/6 of CTM specialist oncology sessions to be filled		
	CAV Specialist Oncology	2/5 of specialist oncology sessions to be filled	3/5 of specialist oncology sessions to be filled	4/5 of specialist oncology sessions to be filled	5/5 of specialist oncology sessions to be filled	Ongoing review of service	
	Recruitment – CAV	All local CAV positions fully recruited and in post (CNS, AHP's, Admin) Confirmation of AOS clinical sessions in CAV being secured	CAV clinical sessions to be in post.			Ongoing review of service	
	Hot Clinic - CAV	Twice weekly Hot Clinics held at UHW and UHL to commence.	Review of hot clinics and development as per available out-patient space	Ongoing service review and development	Ongoing service review and development	Ongoing service review and development	Ongoing service review and development

Velindre University NHS Trust – System Leadership & Regional Partnership Working Priorities (2022 – 2025)

Strategic Priorities 2022 - 2025	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
	AB Ambulatory Clinics	Planning for AB ambulatory hot clinics to commence	Local ambulatory clinics to commence at Royal Gwent	Ongoing service review and development	Ongoing service review and development	Ongoing service review and development	Ongoing service review and development
Implementation of an Enhanced Unscheduled Care Service in South East Wales	Agreed model of care for acutely unwell patients and those requiring unscheduled care	Agreed model of care including pathways, acceptance criteria, facilities and workforce model for acutely unwell patients and those requiring unscheduled care		Joint operational clinical guideline for unscheduled care	Agreed shared key performance metrics to monitor and manage the quality of the service	Implementaion	
		Finalisation and implementation guidance	Service review	Service review	Service Audit		
	Shared key performance metrics to monitor and manage the quality of the service	Finalisation and implementation of performance metrics	Service review	Service review	Service Audit		
	Patient experience survey	Patient focus group	Ongoing collection of data	Ongoing collection of data	Ongoing collection of data		

Velindre University NHS Trust – System Leadership & Regional Partnership Working Priorities (2022 – 2025)

Strategic Priorities 2022 - 2025	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales				2023/24	2024/25
		2022/23					
		Q1	Q2	Q3	Q4		
Implementation of a Tripartite Cancer Research Hub	Implementation of Phase 1 of the Clinical Service Model	Clinical Model and Service Specification approved by tripartite partners	Funding strategy developed and approved by tripartite partners	Full implementation of Phase 1 completed	Benefits realised for South East Wales Cancer patients		
	Implementation of Phase 2 of the Clinical Service Model			Phase 2 capital and revenue requirements agreed with tripartite partners	Phase 2 Business Case approved by tripartite partners	Implementation of Phase 2	Implementation of Phase 2
	Implementation of Phase 3 of the Clinical Service Model					Phase 3 Business Case approved by tripartite partners	Phase 3 implementation plan developed
Development of Enhances Haemato-oncology Services in South-East Wales	Implementation of agreed Haemato-oncology Service Model in South-East Wales	Agree shared pathways for Haemato-oncology patients in South East Wales	Development of acceptance criteria and clinical pathways	Agreed performance metrics to monitor and manage the quality of the service Agreed workforce and	Implementation of agreed Haemato-oncology service in South East Wales		

Velindre University NHS Trust – System Leadership & Regional Partnership Working Priorities (2022 – 2025)							
Strategic Priorities 2022 - 2025	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
				operational model across South East Wales			
Blood and Transplantation Services							
Implementation of the Blood Health Plan							
Cell and Gene Therapy???							
Ministerial Priority - Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process				Monitoring return	Monitoring return	Monitoring return

Velindre University NHS Trust – System Leadership & Regional Partnership Working Priorities (2022 – 2025)

Strategic Priorities 2022 - 2025	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales						
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
Foundational Economy in Health and Social Services 2021-22 Programme							

Trust-wide Support Functions – Key Deliverables 2022 to 2025

Velindre University NHS Trust – Digital Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
	Utilise digital technology to reduce unnecessary workload and risk through improving efficiency and reducing waste (transition to cloud-hosted services).				Scoping exercise to identify potential candidates for transition to cloud platform.	Phased implementation	Phased implementation
	Enhance existing Trust-wide telephony infrastructure to support current and emerging service needs, to include replacement of existing call centre software.				Scoping Procurement Deployment	Service Enhancements / Adoption	Service Enhancements / Adoption
	Explore opportunities to utilise AI / machine / automation learning to support business processes.				Establishment of PoCs / pilots. Commence set up of RPA service.	Establish RPA service (non-clinical workflows only).	Extend RPA services (non-clinical & clinical workflows)

Velindre University NHS Trust – Digital Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
	Develop 'digital first' culture across VUNHST, through development of workforce capability and digital literacy.						
	Deploy a range of preventative cyber security tools and services, including staff education programme, to reduce likelihood of cyber breach.						
	Establish a platform, through which Velindre staff and patient/donor-facing services can be accessed.				Establish development platform / approach.	Establish required technical capacity within Digital Services team. Establishment of PoCs / pilots.	Support relevant ongoing app deployments / maintenance
	Create income-generation opportunities through the deployment of VUNHST-developed applications / digital services to other organisations.		WBS Appts. System (NIBTS, HCRW).		Explore other income-generation options.	Ongoing maintenance & support. Explore commercial opportunities for in-house developed systems.	Ongoing maintenance & support. Explore commercial opportunities for in-house developed systems.

Velindre University NHS Trust – Workforce and Organisational Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
Wellbeing	Empower staff to maintain their physical and mental wellbeing in line with an agreed Health and Wellbeing Framework as developed by the Healthy and Engaged Steering Group	Review/renew information available supporting mental and physical health and wellbeing Provide information and training in holding wellbeing and attendance conversations Incorporate HEIW health and wellbeing framework into VUNHST approach and agree framework for 2022-23	Involve staff in developing peer support network, building on Mental Health First Aid skills Involve staff in the agile working project to achieve relevant work/life balance arrangements	Offer flexible career opportunities to meet changing needs Review usage of VCC and WBS wellbeing rooms and resources	Measure progress with health and wellbeing using NHS Staff Survey and listening events	Continuously reviewing our qualitative and quantitative data we fostering a culture of care, compassion and wellbeing	
	VUNHST develops its compassionate, values-led culture where staff are	Embark on a 12 month project refreshing and embedding a positive	Continue with Values project	Continue with Values project	Measure progress with Values project	Continuously listening to staff and fostering a culture of care, compassion	

Velindre University NHS Trust – Workforce and Organisational Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
	empowered, involved and engaged.	and relevant code of values for the Trust.			and move to next stage	and inclusivity in line with our values	
	Promote a culture of true inclusivity, fairness and equity across the workforce.	Agree an Equality, Diversity and Inclusion plan and a Welsh Language Plan for 2022-23 Develop metrics to track progress of plans.	Focus on addressing pay gaps across protected characteristics Establish mechanisms for staff to speak up and be heard	Grow networks and groups for staff to be actively involved in develop an inclusive, bi-lingual culture	Reflect on feedback from staff survey and ask staff what is important for 2023-24	Continuously listening to staff and fostering a culture of care, compassion and inclusivity in line with our values	
Supply and Shape/Attraction and Retention	Develop effective people plans having the right people with the right values, behaviours, knowledge, skills and confidence to deliver evidence based care and support patient and donor wellbeing	Further embed our workforce planning process and toolkit Review hard to fill roles ensuring robust recruitment and retention plans	MDT training pathways mapped to maximise opportunities for transformation Ongoing management of Apprenticeships, Graduate trainees	Introduction of Physicians Associate roles Introduction of the Delegation Frameworks	Review and evaluate plans to ensure delivery	Local pathways work aligned to regional cancer pathways work	

Velindre University NHS Trust – Workforce and Organisational Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	**Q2**	**Q3**	**Q4**		
Education and Learning	Develop a competent, capable and caring workforce	Assurance of safety through 85% compliance on Statutory and Mandatory Training Refocus the Education and Training Steering Group to promote the objectives of the People Strategy and launch a Training and Development plan owned by stakeholders throughout the Trust	Working with HEIW, maintain provision of the Trust Inspire Management Programme. Further develop follow-on activities that are flexible and support 'just for me, just in time' development	Utilise the NHS Staff Survey to improve digital literacy across the workforce. Re-launch the Virtual Reality education projects, in collaboration with Swansea University to provide virtual reality fire training to improve compliance	Conduct evaluation of the Training and Development plan including satisfaction, learning and application to the workplace.	Working with our service improvement and research colleagues we will develop training and development pathways that respond to changing models of service delivery, delivering quality care	
Leadership and Succession	Provide effective leadership development	Undertake a baseline review and evaluation of current leadership offers	Produce an options appraisal on leadership development for the Trust	Build on our partnerships in academia and Health Education and Improvement Wales to ensure the best leadership and management offers are provided for staff including coaching, mentoring and provision of masterclasses		Ongoing work with senior leaders in creating compassionate conditions in which all employees can thrive and work at their best.	

Velindre University NHS Trust – Workforce and Organisational Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				2023/24	2024/25
		Q1	Q2	Q3	Q4		
		Ongoing provision of bespoke offers, in liaison with HEIW					
	Promote a coaching culture at all levels to encourage compassionate leadership behaviour	Undertake a baseline review of skills, capabilities and activity across the Trust	Develop a coaching and mentoring network in the Trust Deliver skills development for potential coaches and mentors, line managers and all staff	Link the Trust network with All Wales networks and external bodies, as relevant. Create culture of continuous learning.			
	Establish a Talent Management process to spot and manage talent at all levels	Contribute to the HEIW Talent Management Programme, April to July 2022 Undertake HEIW diagnostic of organisation	Apply next steps in HEIW programme	Review appraisal and recruitment to make space for talent management discussions	Encourage staff to identify their personal and professional aspirations and take	Retain and development our talent	

Velindre University NHS Trust – Workforce and Organisational Priorities (2022 – 2025)

Strategic Priorities 2022/23 to 2024/25	Key Deliverables/Objectives	Key Specific Actions and 2022/25 Timescales					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
		readiness for Talent Management process			control of their careers		
Ministerial Priority - Overall staff engagement score	Annual improvement				Monitoring return	Monitoring return	
Ministerial Priority - Percentage of staff who report that their line manager takes a positive interest in their health and well-being	Annual improvement				Monitoring return	Monitoring return	
Ministerial Priority - Percentage compliance for all completed level 1 competencies of the Core Skills and Training	Target 85%	Monitoring return	Monitoring return	Monitoring return	Monitoring return	Monitoring return	

Velindre University NHS Trust – Workforce and Organisational Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
Framework by organisation							
Ministerial Priority - Percentage of sickness absence rate of staff	12 Month Reduction Trend	Monitoring return	Monitoring return	Monitoring return	Monitoring return	Monitoring return	
Ministerial Priority - Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme				Monitoring return	Monitoring return	Monitoring return	

Velindre University NHS Trust – Estates Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
Safe and High Quality Estate	Address IP&C Related Concerns raised through Audit.	Prioritise Action Plan	Tender Works	Delivery	Delivery	Review/update plan	Review/update plan
	Maintain compliance with HTM and legislation, Estates Action Plan	Prioritise Action Plan	Tender Works	Delivery	Delivery	Review/update plan	Review/update plan
	Complete works identified under fire safety	Commence PFP Works Continue with Fire door replacement Continue Emergency Lighting Installation Conduct fire damper tender	Complete Fire door replacement Complete Emergency lighting Complete works	Complete PFP Works	Review	Review	Review
Healthy Buildings and Healthier People	Deploy new technologies working with SES to improve air quality	Research	Trail	Evaluate	Issue paper to EMB	Implementation	Implementation
	FF Ward Ventilation	Develop Board paper	Commence Design	Complete Design	Tender	Construction Phase	

Velindre University NHS Trust – Estates Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
	Decoration Plan to address areas below cat B	Compile prioritised List of Area	Tender works 2022/23	Delivery	Delivery	Review/update plan	Review/update plan
Minimise our Impact	Target reduction in Utility	Develop metering strategy	Metering Strategy implementation	Review site optimisation against metering strategy	Refine and review Metering Strategy against progress	Radiotherapy Satellite Centre opening	New Velindre Cancer Centre Opening
	Be a Net Zero carbon organisation by 2030	LED lighting upgrades at VCC Building Management System Upgrades for all sites		Upgrading emergency lighting systems to LED	insert text	Radiotherapy Satellite Centre opening	New Velindre Cancer Centre Opening
	Reduce the environmental impact of building works during design, refurbishment, construction, operation and decommissioning stages	Update standard tender small works documentation to include	Implement and monitor	Talbot Green Full Business Case developed	Talbot Green Full Business Case developed	Talbot Green Infrastructure Mobilisation	Talbot Green Infrastructure Project Complete – 70% carbon reduction

Velindre University NHS Trust – Estates Priorities (2022 – 2025)							
Strategic Priorities 2022/23 to 2024/25	**Key Deliverables/Objectives**	**Key Specific Actions and 2022/25 Timescales**					
		2022/23				**2023/24**	**2024/25**
		Q1	**Q2**	**Q3**	**Q4**		
		sustainable option appraisal		Sustainability guidelines developed for all capital projects			
Using our Estate to Deliver the Maximum Benefit and Social Value to the Community	Achieved through new build programme						New Velndre Cancer Centre

Trust Estate Capital Plan

Velindre Cancer Centre Minimum Data Sets (MDS) Welsh Government Return

Note 1) The MDS spreadsheets are consolidated by Welsh Government for all Health Boards and NHS Trust across Wales to give an overall view of NHS Wales plans and for performance monitoring.

Note 2) MDS Finance, Savings, Risks and WTE completed; Cancer detailed activity/bedplan forecasts and COVID (WBS) Vaccination Centre are being refined prior to submission to Welsh Government

STRATEGIC DEVELOPMENT COMMITTEE

TRUST ASSURANCE FRAMEWORK

DATE OF MEETING	23/03/2022

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not applicable – Public

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 DISCUSSION / REVIEW

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	21/03/2022	Endorsed and Noted

1. SITUATION

1.1 The purpose of this paper is to provide the Strategic Development Committee with an update on:
- The status of the Principal Risks identified in the Trust Assurance Framework, which may affect the achievement of the Trust's Strategic Objectives, and the assurances in place to evidence the effectiveness of the management of those risks.
- The ongoing work to support the continued development, articulation and operationalisation of the Trust Assurance Framework within the Trust.

1.2   The Strategic Development Committee is asked to:

a. **DISCUSS AND REVIEW** the update to the Trust Assurance Framework Dashboard, included at *Appendix 1.*

b. **ENDORSE** the updated Trust Assurance Framework Dashboard that will be submitted to the Trust Board in March 2022.

c. **NOTE** the progress made in supporting the continued development and operationalisation of the Trust Assurance Framework since January 2022.

2. BACKGROUND

2.1   The Trust Board must be able to assure itself that the Trust is operating effectively and meeting its Strategic Objectives. It does this through its internal governance structures, management controls and by providing assurance that its controls are operating effectively, and objectives are being met.

2.2   The Trust Board received the first iteration of the populated Trust Assurance Framework at its September 2021 meeting, which outlined the high-level Principal Risks that may threaten the achievement of the organisation's Strategic Objectives and intent, a further update was reported to the Trust Board in January 2022.

2.3   As previously indicated there is not expected to be significant movement in the articulation of these risks in the short-term, instead these will be reviewed and evolved in line with the Trust's Integrated Medium Term Planning cycle or in response to significant external changes.

3.   ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

The following provides a high level summary of the work undertaken since January 2022, to update the Trust Assurance Framework, support its continued development, articulation and operationalisation within the Trust.

3.1   Revised reporting mechanism

3.2   Discussion and engagement with risk colleagues in other Health Boards across Wales has been undertaken to identify and assess options available to support increased automation of the Trust Assurance Framework.

3.3   It has been identified that there is an opportunity to utilise Datix Version 14, to record the management of the Trust's ten high level Principal Risks detailed in the Trust Assurance Framework. Datix is currently already utilised to record the Trust's Operational Risks and is in the process of managing a phased data migration exercise from Version 12 to Version 14. As such, transfer of the management of the Trust Assurance Framework to Datix Version 14, would present a number of possible opportunities. In particular, utilisation of a single shared platform to record all risks i.e. Principal and Operational would enable a

hierarchy of risks to be developed, that provided a holistic view of which risks feed up into the overarching Principal Risks to afford increased scrutiny and assurance. This has previously been discussed via the Trust Audit Committee as a key requirement to support the continued development and maturing of the Trust Assurance Framework.

3.4 Transfer of the management of the Trust Assurance Framework to Datix 14 would also enable further automation, providing more streamlined and effective reporting arrangements, monitoring of agreed action plans and enhanced data analysis. In particular, this would also lay the foundations for the medium to long term objective to move towards increased utilisation of Power Business Intelligence Reporting. Scoping work has already been initiated to assess the feasibility of moving to Datix 14 within existing resources, possible timelines and how this may be best supported and achieved within the context of the wider risk management arrangements/framework. A clearer view of the anticipated timelines for this transition will be reported to the May 2022 Trust Board, once further discussion with key leads has taken place.

3.5   What the Trust Assurance Framework is reporting this month

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

3.5.2   Overall the Trust Assurance Framework Dashboard is showing that progress updates have been received since January 2022 in respect of the following Principal Risks:

			NO REVIEW TAKEN PLACE			
			REVIEWED NO CHANGES			
			REVIEWED AND UPDATE			
			MARCH	APRIL	MAY	JUNE
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 Investmnet Risk	MB				
09	Future Direction of Travel	CJ				
10	Governance	LF				

3.5.3   The following is a high level summary of the key changes that have been made to the Trust Assurance Framework since January 2022, a full overview of these changes is provided in the Trust Assurance Framework Dashboard at **Appendix 1:**

- **TAF 01: Demand and Capacity**

  - *Risk Score -* overall has remained the same.
  - *Overall Level of Control Effectiveness -* has been assessed as 'Partially Effective'. However, the recent review has identified an opportunity to reconsider the risk to broaden the controls and the assurance to include actions being undertaken to address capacity and demand planning that are wider than data sources and their use which are the elements currently included in this risk theme. This is being reconsidered by the senior leadership teams and will be reported through Executive Management Board Shape to then update on in the May 2022 reporting cycle.
  - *Sources of Assurance –* The original key controls are in place but again these will be reviewed and enhanced.
  - *Action Plan for Gaps Identified –*These will be reconsidered as part of the review.

- **TAF 02 Partnership Working / Stakeholder Engagement**

  - *Risk Score -* overall has remained the same.
  - *Overall Level of Control Effectiveness -* has been assessed as 'Partially Effective'. However, an action plan is being developed to specifically address the control deficiencies and will be reviewed through Executive Management Board Shape to then update on in the May 2022 reporting cycle.
  - *Sources of Assurance -* ratings have now been added and assessed for the majority of the key controls in place operating as the first line of defence.
  - *Action Plan for Gaps Identified –* Ways of working changes, including with partner organisations, has been agreed with Internal Audit as an advisory piece for the 2022/23 work programme.

- **TAF 05 Organisational Change / 'strategic execution risk'**

  - Risk been developed and reported for first time

- **TAF 06 Quality & Safety**

  - *Risk Score -* overall has remained the same.
  - *Overall Level of Control Effectiveness -* has been assessed as 'Partially Effective'. However, an action plan is in place to address the gaps in controls identified and has been updated to reflect progress made as part of this review, this is detailed further below.
  - *Sources of Assurance -* ratings have now been added and assessed for the majority of the key controls in place operating as the first line of defence.
  - *Action Plan for Gaps Identified -* has been updated with revised target dates to address gaps in controls and assurance. Key updates to highlight include the completion of the Trust wide consultation on the Quality & Safety Framework with final draft due in May 2022. Progress in the constitution of the Divisional Quality Hubs has been adversely affected since January 2022, due to the impact of the Omicron Variant.

- **TAF 07: Digital Transformation – Failure to embrace new technology**

  - *Risk Score* - overall has remained the same.
  - *Overall Level of Control Effectiveness* - has been assessed as 'Partially Effective'. An action plan is in place to address the gaps in controls identified and has been updated to reflect progress made as part of this review. However, progress has been limited since January 2022, due to the current vacancy held within the Trust for the Chief Digital Officer, recruitment for this post is underway with interviews scheduled for the end of March 2022.
  - *Sources of Assurance:* all key controls now have in place a first line of defence and the majority also now have a second line of defence assessed and in place.
  - *Action plan:* has been updated with revised target dates to address gaps in controls and assurance, slippage as outlined above has been the result of the existing vacancy for the Chief Digital Officer.

- **TAF 08: Matthew Bunce – Trust Financial Investment Risk**

  - *Risk Score* – overall has remained the same, however the target risk score has been increased from 9 – 12 following review to reflect the current context.
  - *Overall Level of Control Effectiveness* - has been assessed as 'Partially Effective'. An action plan is in place to address the gaps in controls identified and has been updated to reflect progress made as part of this review. Key changes are reflective of the current position with the ongoing discussions with commissioners, health board colleagues and WHSSC around funding arrangements for the next financial year and beyond.
  - *Sources of Assurance:* the existing key controls in place have been strengthened with additional lines of defence now provided for C3-7.
  - *Action plan:* has been updated with revised target dates to address gaps in controls and assurance. A key update to highlight includes the review of the contracting model for impact of COVID-19 related measures.

- **TAF 9: Carl James – Future Direction of Travel**

  - *Risk Score* – overall has remained the same.
  - *Overall Level of Control Effectiveness* - has been assessed as 'Partially Effective'. An action plan is in place to address the gaps in controls identified and has been updated to reflect progress made as part of this review.
  - *Sources of Assurance:* the existing key controls in place have been reviewed and further articulated.
  - *Action plan:* has been updated with revised target dates to address gaps in controls and assurance.

- **TAF 10: Lauren Fear – Governance**

  - *Risk Score* – overall has remained the same.
  - *Overall Level of Control Effectiveness* - has been assessed as 'Effective'. An action plan is in place to address the gaps in controls identified and has been updated to reflect progress made as part of this review.

- o **Sources of Assurance:** the existing key controls in place have been strengthened with the addition of a further key control Quality to Assurance provided to the Board, which has been currently assessed as 'Partially Effective'.
- o **Action plan:** has been updated with revised target dates to address gaps in controls and assurance. The detail of the action plan will be completed following the Board's receipt of the 2022/23 Governance Development Plan paper at its March 2022 meeting.

3.5.4   In addition to the above, the following provides a high level summary of the two remaining Principal Risks that were reviewed with no changes made to the overall risk status, key controls and sources of assurance in place:

- **TAF 03: Workforce Planning** - Key Control **C1** - People Strategy is due to be finalised in May 2022. This will provide the strategic framework for effective workforce planning arrangements going forward and an update reflective of this will be included in the May 2022 reporting cycle.

- **TAF 04: Organisational Culture** - it is anticipated that an overall change to the status of this risk will also be reflected in the May 2022 reporting cycle as this will reflect the planned completion of the Trust Enabling Strategies that underpin this risk that will ultimately effect the culture of the organisation and the way in which it works as a whole to effectively deliver services and achieve its ambitions

3.6   Next Steps in Development

i.   Annual Review of Principal Risks
A Board Development Session will be planned and utilised to support the annual review/refresh of the existing Principal Risks following the completion and submission of the Trust Integrated Medium Term Plan to Welsh Government. This is to be taken forward as part of the Board Development Programme for 2022/23.

4. 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.

5. RECOMMENDATION

The Strategic Development Committee is asked to:

a. **DISCUSS AND REVIEW** the update to the Trust Assurance Framework Dashboard, included at *Appendix 1.*

b. **ENDORSE** the updated Trust Assurance Framework Dashboard that will be submitted to the Trust Board in March 2022.

c. **NOTE** the progress made and next steps in supporting the continued development and operationalisation of the Trust Assurance Framework.

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 traingulated datasets and to systematically demostrate 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 Investmnet 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	Asessment of the assurance arrangements is pending.	Not Assessed

RISK SCORE
IMPACT MATRIX

Domains	Impact, Consequence score (severity levels) and examples				
	1 Negligible	**2** Minor	**3** Moderate	**4** Major	**5** Catastrophic
Impact on the safety of patients, staff or public (physical/ psychological harm)	Minimal injury requiring no/minimal intervention or treatment No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a number of patients	Major injury leading to long-term incapacity /disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which on a large number of patients
Quality/complaints/ audit	Peripheral element of treatment or service suboptimal Informal complaint/enquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complain (stage 2) complaint Local resolution (with potential to go to independent Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/competence	Short term low staffing level that temporilly reduces service quality (<1day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for manadtory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff 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 Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage short-term reduction in public confidence Elements of public expectation not being met	Local media coverage long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. 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 Schedule slippage	5-10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance Including Claims	Small loss risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5-1.0 percent of budget Claim(s) between £100,000 and £1million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage loss of contract/payment made by results claim(s) >£1million
Service/ business interruptionenviron mental impactr	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on enrionment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility 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	Nopt exepcted to occur for 10 years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occure 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 -Neglible	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

DEMAND AND CAPACITY

RISK ID:	TAF 01	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.							
LAST REVIEW	Sep-21	**Most Relevant Strategic Goal: (See definitions tab)**							
NEXT REVIEW	Nov-21								

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
				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
	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
	BI Strategy?											
C1a	Business intelligence Plan which is based on the Velindre Cancer Service	Lisa Miller	X			NE	Divisional Performance Review and the Quality & Perfomance Report. Velindre Futures Programme Board. Patient and Donor feedback		Assurance source			

TAF DASHBOARD

DEMAND AND CAPACITY

C1b	Trust Business intelligence plan which is based on the Welsh Blood Service	Alan Prosser	X			PE						
C2	Active work ongoing to establish data sets and pathways for the Cancer Service with health boards supported by the Delivery Support Unit.					PE						
C3	Active work ongoing to establish data sets and pathways for the Cancer Service with health boards supported by the Delivery Support Unit.	Cath O'Brien	X			PE						
C4	Active engagement with Health Boards in Service Planning including the established Service Level Agreement Arrangements in place to plan demand and the active delivery of blood stocks management through the Blood Health Plan for NHS Wales and monthly laboratory manager meetings.	Alan Prosser	X			PE						
C5	Active operational engagement with health boards on demand		X			PE						

GAP IN CONTROLS	GAPS IN ASSURANCE

TAF DASHBOARD

DEMAND AND CAPACITY

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE			
Action Plan	**Owner**	**Progress Update**	**Due Date**
1.1 Review our Business Intelligence Structures			
1.2			

TAF DASHBOARD

PARTNERSHIP WORKING AND STAKEHOLDER ENGAGEMENT

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	Sep-21	Most Relevant Strategic Goal: (See definitions tab)
NEXT REVIEW	Nov-21	

RISK SCORE (See definitions tab)

EXECUTIVE LEAD	Carl James	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		

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				
1.2	with effectively delivering ways of working/ work programmes;			X		PE	Supply and demand reporting	IA				
1.3	and data and measures to clearly track progress against objectives.				X	PE	Linked through performance framework insight	IA				
2.1	Blood - core blood services commissioning arrangements;			X		PE	Commissioning contracting reporting	IA			Regulatory scope re MHRA	
2.2	with effectively delivering ways of working/ work programmes;			X		PE	Supply and demand reporting	IA				

PARTNERSHIP WORKING AND STAKEHOLDER ENGAGEMENT

2.3	and data and measures to clearly track progress against objectives.				X	PE	Linked through performance framework insight	IA					
3.1	South Wales Collaborative Cancer Leadership Group system model;		X			PE	Agreed to model for next phase	IA					
3.2	with effectively delivering ways of working/ work programmes			X		PE	Collectively agreed to and documented work programme	IA					
3.3	and data and measures to clearly track progress against objectives.				X	NE	With respective measures reported	IA					
4.1	Partnership Board arrangements with partner Health Boards model;		X			PE	Agreed to model for each organisation	IA					
4.2	with effectively delivering ways of working/ work programmes			X		NE	Collectively agreed to and documented work programme	NA					
4.3	and data and measures to clearly track progress against objectives.				x	NE	With respective measures reported	NA					

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 of defence assurance are in place to a certain extent across most of the key controls. However, there is limited coverage from second and third line perspectives

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	Progress has been made across all controls since the Janaury update. However, the pulling together of an overall plan will now be progressed and taken the the April EMB Shape meeting for then onward reporting to the Board and Committees in May.	May-22
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	Action progressed with the ways of working changes being agreed with Internal Audit as an advisory piece for the 2022/23 work programme. Scope and timing to be agreed further.	May-22

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	Sep-21	Most Relevant Strategic Goal: (See definitions tab)
NEXT REVIEW	Nov-21	

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	3	9	3	3	9	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		

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		Internal Audit Reports		To be completed as per compliance/ reg tracker update	
C2	Workforce Planning Methodology approved by Executive Management Board	Susan Thomas	X			PE	Staff Feedback		Trust Board reporting against Trust People Strategy		To be completed as per compliance/ reg tracker update	
C3	Workforce Planning – Skills Development – Training and Development Package in Place	Susan Thomas	X			PE	reports via divisional and committee structures					
C4	Workforce Planning embedded into our Inspire Programme to develop Mangers and leaders in WP skills	Susan Thomas	X			PE						

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							
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							
C7	Widening access Programme in train to support development of new skills and roles	Susan Thomas	X			PE							
C8	Workforce analysis available via ESR and Business Intelligence support	Susan Thomas	X			PE							
C9	Agile Workforce Programme established to assess implications for planning a workforce followinf COVID and learning lessons will inlcude technology impact accessments.	Sarah Morley			X	PE							

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

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE

	Action Plan	Owner	Progress Update	Due Date
1.1	Paper to Strategic Development Committee with further detail on the plans to develop each of the key controls to an "effective" level	Sarah Morley		Dec-21

TAF DASHBOARD

WORKFORCE PLANNING

1.2	Development of 3rd Line of defence assurance to be completed in line with the development of the compliance and regulatory tracker	Sarah Morley		Dec-21

TAF DASHBOARD   ORGANISATIONAL CULTURE

RISK ID:	TAF 04	ORGANISATIONAL CULTURE: The risk of not effectively building a joined up organisation. This is fundamental to the future success for the organisation.
LAST REVIEW	Sep-21	Most Relevant Strategic Goal: (See definitions tab)
NEXT REVIEW	Nov-21	Goal 1

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	3	9	3	3	9	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		

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		Trust Board reporting on strategy and controls via cycle of business		To be completed as per compliance/ reg tracker update	
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		Trust Board reporting on strategy and controls via cycle of business		To be completed as per compliance/ reg tracker update	

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				
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				
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				
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				
C7	Governance arrangements in place to monitor and evaluate the implementation of plans	Lauren Fear	X			PE		Executive Management Board				
C8	Performance Management Framework in place to monitor the finance, workforce and performance of the Organisation	Carl James	X			PE		PMF Working Group				

ORGANISATIONAL CULTURE

C9	Service models in place to provide clarity of service expectations moving forward	Susan Thomas	X			PE	SLT Meetings					
C10	Aligned workforce plans to service model to ensure the right workforce is in place	Cath O'Brien	X			PE	SLT Meetings Edcucation and Training Steering Group					
C11	Development and implementation of a Management Framework that supports cohesive work across the organisation	Carl James	X			PE	To be determined					

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 defense 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

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE

	Action Plan	Owner	Progress Update	Due Date
1.1	Paper to Strategic Development Committee with further detail on the plans to develop each of the key controls to an "effective" level	Sarah Morley		Jan-22
1.2	Development of 3rd Line of defense assurance to be completed in line with the development of the compliance and regulatory tracker	Sarah Morley		Jan-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-21	Most Relevant Strategic Goal: (See definitions tab)
NEXT REVIEW	Jan-22	

RISK SCORE (See definitions tab)

EXECUTIVE LEAD	Carl James	INHERENT RISK			RESIDUAL RISK			TARGET RISK		
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL
		4	4	0	3	4	12	2	2	4

Overall Level of Control Effectiveness: Rating and Rag (see definitions tab)	RATING	Overall Trend in Assurance	GOING FORWARD 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
1.1	Trust strategy to provide clear set of goals, aims and prioritoies	Carl James	x				Executive Management Board review		Internal Audt Review		Audit Wales	
1.2	Intergrated Medium Term Plan to translate strategy into clear delivery plans	Carl James	x				Executive Management Board review		Internal Audt Review / CHC		Audit Wales	
1.3	Performance reporting in place to ensure delivery of required quality/performance in core service	Carl James	x		x		Executive Management Board review/ patient and donor		Internal Audt Review / CHC		Audit Wales	
1.4	Risk managament framework / arranagments in place to identfiy/monitor/manage risks at corporate and service level	Lauren Fear		x			Executive Management Board review		Internal Audt Review		Audit Wales	
1.5	Well defined change programmes at a local level to manage change effectively (WBS Change programme & Velindre Futures)	Cath O'Brien	x				Executive Management Board review / staff feedback		Internal Audt Review		Audit Wales	

1.6	Effective leadership and management of change at Executive Management Board	Steve Ham	x						Internal Audt Review		Audit Wales/HIW	

TIMESCALES FOR COMPLETION TO BE CONFIRMED

GAP IN CONTROLS	GAPS IN ASSURANCE
Currently gap in ability to measure all desired outcomes	
Lack of capacity in business intelligence to develop range of information and automate it	
Revised performance management framework not fully implemented	
Not all supporting strategies approved by the Board	

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	May-22
Develop IMTP t provide priority for action and application of resource	Carl James	Final draft going to Board for approval march 2022	Mar-22
Information requiremsnts being scoped	Cath O'Brien	First phase to support new performance measures	Jul-22
Implement revised performance management framework	Carl James	New scorecards being finalied for implementation	Jul-22

TAF DASHBOARD

QUALITY AND SAFETY

RISK ID:	TAF 06	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 traingulated datasets and to systematically demostrate 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.

LAST REVIEW	Sep-21	Most Relevant Strategic Goal: (See definitions tab)		
NEXT REVIEW	Nov-21	Goal 1		

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 system being implemented	Nicola Williams			X	NE	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	NE	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	Perfct Ward audits	IA			
							PMD	IA			
C6	Trust Risk Register in place	Lauren Fear	X	X	X	NE	Mortality reviews				
C7	Regular Staff Feedback sought	Sarah Morley			X	PE					
C8	Staff Q&S training & Education	Nicola Williams	X			NE		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 not finalized due to pandemic	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 & Candor guidance still under development	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 Trusts performance framework does not currently adequately monitor service level to board quality, safety, outcome and experiential measures
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 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	Trust wide consultation on the Quality & Safety Framework completed. Executive engagement session held. Final version being drafted.	May-22

1.2	Corporate & Divisional Quality Hubs to be established	Nicola Williams Paul Wilkins Alan Prosser	Constitution of Corporate Quality & Safety Hub agreed & resourcing determined- awaiting confirmation of funding – aligned with restructuring of corporate Quality & Safety Team. OCP Process has 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	May-22
1.3	Trust Quality & Safety Framework implementation plan to be completed in line with agreed timescales	Exec Team Divisional Directors	Will be developed once Framework finalised	Jun-22
1.4	Instigate a Quality & Safety monthly operational meeting where cross cutting outcome review & triangulation takes place	Nicola Williams	Will be established once OCP completed	Jun-22
1.5	Ensure the Action & learning sections within the Once for Wales Datix System are robustly implemented & audited	Nicola Williams	Training arranged for March - delayed due to Omicron	Jun-22
1.6	Implement a robust compassionate leadership programme	Sarah Morley		
1.7	Ensure all responsible officers receive Investigation Training	Nicola Williams Cath O'Brien	Planned for March 2022	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	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 establishe 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	Jun-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.	Jun-22

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	Sep-21	**Most Relevant Strategic Goal:** (See definitions tab)								
NEXT REVIEW	Nov-21									
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**	3	4	**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	Trust Digital Strategy, target approval at Trust Board in May 2022	Carl James	X			PE	Tracking key outcomes and benefits map – aligned to Trust Digital Strategy	PA	SIRO Reports	PA	To be completed as per compliance/ reg tracker update	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	Internal Audit Reports	PA		
C3	Training & Education packages to develop internal capabilities – including for exec and Board	Chief Digital officer	X			PE	Staff feedback	IA	Trust Board reporting against Trust Digital Strategy	PA		

DIGITAL TRANSFORMATION

C4	Training & Education packages for donors, patients	Chief Digital officer	X			PE	Patient and donor feedback	IA	Feedback and progress of working with Universities	IA	
C5	Ring-fencing digital advancement in Trust budget – benchmark 4%	Chief Digital officer	X			PE	Review of proposals via EMB / Trust Board	PA			
C6	Specifically development of digital resources capacity and capability	Chief Digital officer	X			PE	Review of proposals via EMB / Trust Board	PA			
C7	Digital inclusion – in wider community	Chief Digital officer	X			PE	Tracking key outcomes and benefits map – aligned to Trust	PA	Trust digital governance reporting	PA	
C8	Opportunities for digital career paths	Chief Digital officer	X			PE	Tracking key outcomes and benefits map – aligned to Trust	PA	Trust digital governance reporting	PA	
C9	Prioritisation and change framework to manage service requests	Chief Digital officer	X			PE	Trust digital governance reporting	IA			
C10	Levels of unsupported applications/ legacy systems	Chief Digital officer			X	PE	Trust digital governance reporting	PA			
C11	Trust digital governance	Carl James		X		PE	Trust digital governance reporting	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	

GAP IN CONTROLS	GAPS IN ASSURANCE
Each of the controls (with exception of 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
	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

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	Action carried forward following departure of Chief Digital Officer in December 2021. Aim to bring paper to April / July meeting of SDC.	April Strategic Development Committee
1.2 December Strategic Development Committee	Chief Digital officer	Action carried forward following departure of Chief Digital Officer in December 2021. Aim to bring paper to April / July meeting of SDC.	April Strategic Development Committee

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	Nov-21	**Most Relevant Strategic Goal:** (See definitions tab)								
NEXT REVIEW	Mar-22	**Goal 5**								

EXECUTIVE LEAD	Matthew Bunce	RISK SCORE (See definitions tab)								
		INHERENT RISK			**RESIDUAL RISK**			**TARGET RISK**		
		Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL	Likelihood	Impact	TOTAL
		3	4	12	4	4	16	3	4	12

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	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

	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
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	PA	Quarterly Directorate financial reviews	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	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.
C7 – Trust Investment Prioritisation Framework to be established.	Investment is limited in it's prioritisation to the Executive Team and Senior Management Teams

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.	Jul-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	Jul-22
1.3	Establish Trust Investment Prioritisation Framework	Matthew Bunce	Initial proposals prepared, Executive discussions to shape and take forward	Jul-22

TAF DASHBOARD

FUTURE DIRECTION OF TRAVEL

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	Sep-21	Most Relevant Strategic Goal: (See definitions tab)		
NEXT REVIEW	Nov-21	Goal 2		

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	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		

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			PE	Executive Management Board review		Strategic Development Committee		Audit Wales Reviews	
C2	Trust Clinical and Scientific Strategy	Nicola Williams	X			PE	Executive Management Board review		Strategic Development Committee		Audit Wales Reviews	
C3	Development of a Clinical and Scientific Board to lead clinical direction of travel	Jacinta Abraham				PE	Executive Management Board review		Strategic Development Committee		Audit Wales Reviews	
C4	Development of improved local, regional and national clinical commissioning arrangements	Matthew Bunce	x			PE	Executive Management Board review		Strategic Development Committeen and performance		Audit Wales Reviews	

TAF DASHBOARD   FUTURE DIRECTION OF TRAVEL

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		Strategic Development Committee		Audit Wales/MHRA & HIW/ regulators	
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		Strategic Development Committee		Audit Wales/MHRA & HIW/ regulators	
C7	Refresh of Investment and Funding Strategy	Jacinta Abraham	x			PE	Executive Management Board review		R< D & I Sub-Committee and Performance Management		Audit Wales/External Research organisations & Welsh	
C8	Development of commercial strategy	Matthew Bunce	x			PE	Executive Management Board review		R< D & I Sub-Committee and Performance		Audit Wales/External Research organisations &	
C9	Attraction of additional commercial and business skills	Matthew Bunce		x		PE	Executive Management Board review				Audit Wales/External Research	

GAP IN CONTROLS	GAPS IN ASSURANCE	
Lack of clinical and scientific strategy		
Commercial expertise within the Trust		
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 capaility to leverage the strategic opportu		

ACTION PLAN FOR ADDRESSING GAPS IDENTIFIED ABOVE

TAF DASHBOARD

FUTURE DIRECTION OF TRAVEL

	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		May-22
1.2	Board decision on strategic areas of focus/to pursue	Board		May-22
1.3	Discussion with partner(s) to determine whether opportunity viable	Execs		tbc (dependent on Board
1.5	development of clinical and scientifc strategy	Jacinta Abraham		tbc
1.4	Identify capability required and funding solution/source	Execs		tbc (dependent on Board decisions in may 22

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	Nov-21	**Most Relevant Strategic Goal:** (See definitions tab)							
NEXT REVIEW	Jan-22	**Goal 1**							

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	PA	Internal Audit of Board Committee Effectiveness	PA

TAF DASHBOARD   GOVERNANCE

							Trust Board		Audit Wales Structured Assessment Audit Wales Review of Quality Governance Arrangements	

	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**
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 assurance) 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	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			PE	Quality of Board papers and supporting	IA	Trust Board assessment via formal	IA	Internal Audit Reports. Audit Wales	PA

TAF DASHBOARD   GOVERNANCE

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

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.	Apr-22
Ongoing input from the Independent Members via the repurposed Integrated Governance Group	Lauren Fear	Terms of Reference and supporting refreshed standard agenda has been reviewed and is to be agreed by Independent Member by mid December.	Complete
Actions as agreed in the Governance Development paper for 2022/23	Lauren Fear	Will be completed in detail following the Board's receipt of the 2022/23 Governance development plan paper in March 22 meeting.	