

Public Strategic Development Committee

Thu 04 May 2023, 10:00 - 13:00

Velindre UNHS Trust Headquarters

Agenda

1. STANDARD BUSINESS

1.1. Welcome and Introductions

Chair: Stephen Harries

1.2. Apologies for Absence

Chair: Stephen Harries

1.3. Declarations of Interest

1.4. Minutes of the Committee Meeting held on 24th March 2023

Chair: Stephen Harries

To approve

 1.4 Minutes Public SDC 24.03.23 - JC - LF - GJ.pdf (4 pages)

1.5. Action Log

Chair: Stephen Harries

To approve


 1.5 Action log SDC 24.03.23 DRAFT.pdf (2 pages)

2. STRATEGIC DEVELOPMENT

2.1. Building Our Future Together

Lauren Fear, Director of Corporate Governance & Chief of Staff

To note

 2.1 SDC - Building Our Future Together - Governance and Engagement.pdf (4 pages)

2.2. Digital Programme: Discovery Phase

Carl Taylor, Chief Digital Officer

To note

 2.2 Digital Programme Discovery v1.0.pdf (6 pages)

3. PLANNING AND SERVICE DEVELOPMENT

3.1. School of Oncology Update and Business Case

Nicola Williams, Executive Director of Nursing, AHPs and Health Science

Corrigan Jessica
26/07/2023 15:24:53

To note


 3.1 School of Oncology - SDC.pdf (5 pages)

3.2. Trust Nursing Strategy

Nicola Williams, Executive Director of Nursing, AHPs and Health Science

To endorse

 3.2 Nursing Strategy Cover Paper.pdf (3 pages)

 3.2 Nursing Strategy 23-26 Final print.pdf (12 pages)

3.3. Radiology Informatics System Procurement - Full Business Case

Gareth Cooke, National Programme Lead, Digital Health and Care Wales

To endorse

3.4. Integrated Medium Term Plan 2023-2026: Welsh Government Feedback

Philip Hodson, Assistant Director of Performance & Planning

To note

 3.4 IMTP - SDC 4th May 2023.pdf (3 pages)

4. ASSURANCE

4.1. Trust Assurance Framework

Lauren Fear, Director of Corporate Governance & Chief of Staff

To note

 4.1 STRATEGIC RISK REFRESH - sdc - may 2023.pdf (7 pages)


5. CONSENT ITEMS

5.1. Convalescent Plasma Project Closure Report

Alan Prosser, Director of Welsh Blood Service

For noting

 5.1 Convalescent Plasma Project Closure for SDC 04.05.23.pdf (3 pages)

 5.1 Convalescent Plasma Project Closure Report 1.0 FINAL.pdf (12 pages)

6. ANY OTHER BUSINESS

Prior agreement by the Chair required

Chair: Stephen Harries

7. REVIEW OF THE MEETING

Chair: Stephen Harries

8. DATE AND TIME OF NEXT MEETING

Thursday 6th July at 10am

Velindre NHS Trust Headquarters

Corrigan Jess
26/07/2023 15:24:32

9. CLOSE

Corrigan Jessica
26/07/2023 15:24:33

**Strategic Development Committee
Public Session**

MINUTES OF THE MEETING
Held on 24th March 2023 @ 9.00-11.00am
Trust Headquarters, Nantgarw
(via Teams)

Chair:

Gareth Jones	Independent Member	GJ
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Members:

Professor Donna Mead	Chair	DM
Professor Andrew Westwell	Independent Member	AW

Attendees:

Carl James	Director of Strategic Transformation, Planning & Digital	CJ
Lauren Fear	Director of Corporate Governance & Chief of Staff	LF
Cath O'Brien	Chief Operating Officer	COB
Philip Hodson	Deputy Director of Planning & Performance	PH
Paul Wilkins	Director of Cancer Services	PW
Matthew Bunce	Executive Director of Finance	MB
Sarah Morley	Executive Director of OD and Workforce	SFM

Additional Attendees:

Emma Rees	Principal Auditor, NWSSP	ER
Heledd Thomas	Auditor, Audit Wales	HT
Liane Webber	Business Support Officer/Secretariat	LW

Apologies:

Stephen Harries	Vice Chair, Independent Member	SH
Dr Jacinta Abraham	Executive Medical Director	JA
Stephen Allen	Chief Officer, CHC	SA
Carl Taylor	Chef Digital Officer	CT
Alan Prosser	Director of Welsh Blood Service	AP
Nicola Williams	Executive Director of Nursing, AHPs & Health Science	NW
Steve Ham	Chief Executive Officer	SHam
Huw Llewellyn	Director of Commercial & Strategic Partnerships	HL
Susan Thomas	Deputy Director of Workforce	ST

1.0 STANDARD BUSINESS

ACTION

1.1 Welcome & Introductions

GJ welcomed attendees to the meeting.

1.2 Apologies for Absence

Apologies were noted as above.

1.3 Declarations of Interest

There were no declarations of interest.

1.4 Minutes of the Committee Meeting held on 7th February 2023

The Committee **approved** the minutes of the meeting held on 7th February 2023.

1.5 Action Log

Action Ref 001 & 002 Destination 2032 Launch Plan:

Due to the Industrial actions before and after Christmas, it was decided to postpone the launch of the 10 Year Strategy for destination 2023 – 2033 and Integrated Medium Term Plan 2023-2026. These will now be launched in April 2023. It was confirmed these actions will be left open with a revised action date of April 2023.

Secretariat

Action Ref 005: Building our future together programme:

Due to Steve Ham being on leave it was agreed this action's revised date will be left open with a revised action date of April 2023.

Secretariat

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

2.0 PLANNING AND SERVICE DEVELOPMENT

2.1 Integrated Medium Term Plan 2023-2026

The Integrated Medium Term Plan 2023 – 2026 was presented to the Committee.

A concise summary will be published onto the website for the public to read as the original IMTP is a large in-depth document.

COB gave an overview of the Welsh Blood Service's ambitions included within the IMTP. They include:

- Ongoing service modernization of the Welsh Blood Service
- Blood health plan including the value based healthcare piece
- RD&I ambitions

Progress is being made on the Plasma Fractionation Programme. Recently things have unexpectedly fallen into place, it was expected to have a long lead time but the Plasma Fractionation Programme will be progressing at speed as its expected to go live in 12 - 15 months' time.

PW gave an overview of the Velindre Cancer Service's ambitions included within the IMTP. They include:

- Implementation of VCC component of Radiotherapy Satellite Unit in ABUHB
- Full implementation of IRS Programme
- Implementation of outcome of CNS

- Implementation of the national TrAMS Model at VCC in line with national timeframes
- Expansion of VAPP services

DM highlighted that the word diversity is only mentioned in the latter part of the IMTP. Our commitment to diversity (including hard of hearing, sight impaired etc) should be visible earlier on in the IMTP. PH to amend the IMTP accordingly.

PH

It was brought to the Committee's attention the following statements need to be rephrased:

- *"Giving every donor, patient and carer access to the latest research"* as it might not be possible to give every donor, patient and carer the latest treatments as a consequence of research findings.
- *"Helping to find solutions to deep-seated problems in Wales such as poverty and deprivation"*. It was explained the statement ensures all employees are paid the living wage, supporting local communities with services like the Satellite Centre in Nevill Hall. This will be rephrased to explain this.

PH to work with relevant people to update the above phrases within the IMTP.

PH

MB delivered the financial part of the IMTP. The balanced financial plan together with significant risks and opportunities are identified within the IMTP. It was confirmed that in the 2022 / 23 financial year, we have managed to remove our underlying deficits so that leaves us in a positive position going into the next financial year.

DM commented that even though education and training is mentioned throughout the IMTP, it is largely missing from the introduction.

PH to update the introduction to include education and training.

PH

PH to prepare a PowerPoint in readiness for the Trust Board meeting next week summarising the key changes, amendments, enhancements following today's committee as the Trust Board papers have already been published.

PH

The Committee **noted** the draft IMTP plan and minor amendments which will be made to improve the presentation prior to the submission to the Trust Board.

The Committee **noted** the established risks to delivery set out within the IMTP, Trust Risk Register and Trust Assurance Framework.

The committee **endorsed** the Integrated Medium Term Plan for consideration by the Trust Board on 30th March 2023.

Corrigan James
 26/07/2023 14:33

3.0 STRATEGIC DEVELOPMENT

3.1 Welsh Blood Service Five-Year Plan

The Welsh Blood Service five year plan was presented to the Committee. The core theme of the organisation is around quality, safety and experience. The Welsh Blood Service have the following strategic themes:

1. Build a sustainable donor base that meets clinical need and represents the diverse communities we serve
2. Provide a world class donor experience
3. Drive the prudent use of blood across Wales
4. Quality, safety and value: doing it right, first time
5. Achieving excellence in research, development and innovation to improve outcomes for our patients and donors
6. Sustainable services that deliver the greatest value to our communities
7. Develop great people and a great place to work

Within the Welsh Blood Service five year plan DM explained that all citizens within Wales are eligible to donate blood and will not be precluded from doing so because of their economic circumstances or where they live etc. We are committed to doing so, this will be emphasised within the five year plan.

The Committee **NOTED** engagement activities to date and **ENDORSED** the Welsh Blood Service Five Year Strategy for consideration by the Trust Board on 30th March 2023.

4.0 ANY OTHER BUSINESS

There were no additional items of business brought for discussion.

5.0 REVIEW OF THE MEETING

There were no additional comments or questions raised.

6.0 DATE AND TIME OF NEXT MEETING

The next meeting of the Strategic Development Committee will be held on Thursday 4th May at 10am.

7.0 CLOSE



**Strategic Development Committee
May 2023**

Action Summary

Ref.	Action	Assigned to	Meeting Date	Target Date	Progress to date	Status (Open / Closed)
001	Destination 2032 Launch Plan GJ noted that there will be staff members who have not been involved in the process and therefore care should be taken when introducing to staff to ensure it is delivered in an uncomplicated, easily digestible manner.	Lauren Fear/ Jonathan Ellis	8/12/22	End of May 2023	Trust Strategy launch will take place at the end of May.	OPEN
002	Destination 2032 Launch Plan DM expressed the importance of ensuring that Independent Members are kept updated as to when and how the content can be accessed. Noted that a plan for this is not currently in place, LF and JE to ensure this is clearly incorporated in the plan.	Lauren Fear/ Jonathan Ellis	8/12/22	End of May 2023	Trust Strategy launch will take place at the end of May.	OPEN
005	Building Our Future Together Programme SA noted that engagement of staff is addressed in the paper but queried the level of continuous engagement with the wider community and stakeholders... and raised concern of setting the framework without engagement of the community which	Steve Ham/ Stephen Allen	8/12/22	April 2023	Steve Ham and Stephen Allen to meet. In addition engagement of community and patients will form part of the Trust Communication Strategy	OPEN

Corrigien Jessica
26/07/2023 15:24:33



Ref.	Action	Assigned to	Meeting Date	Target Date	Progress to date	Status (Open / Closed)
	could lead to decisions being made which are later opposed. SHam agreed that this would indeed be a focus. SHam and SA to meet to discuss further.					

Corrigian Jessica
26/07/2023 15:24:33



STRATEGIC DEVELOPMENT COMMITTEE

BUILDING OUR FUTURE TOGETHER - GOVERNANCE AND ENGAGEMENT

DATE OF MEETING

04/05/2023

PUBLIC OR PRIVATE REPORT

Public

**IF PRIVATE PLEASE INDICATE
REASON**

Not applicable

PREPARED BY

Sarah Morley, Executive Director of OD &
Workforce

PRESENTED BY

Lauren Fear, Director of Corporate Governance
and Chief of Staff

**EXECUTIVE SPONSOR
APPROVED**

Sarah Morley, Executive Director of OD &
Workforce & Lauren Fear, Director of Corporate
Governance and Chief of Staff

REPORT PURPOSE

FOR NOTING

**COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER
PRIOR TO THIS MEETING**

COMMITTEE OR GROUP

DATE

OUTCOME

ACRONYMS

Corrigan, Jessica
26/07/2023 15:24:33

1. SITUATION / BACKGROUND

During summer 2022 the Chief Executive Officer instigated the development of an Organisational Design Programme.

The detailed design of the work took place through the latter part of 2022 and early part of 2023 with the Portfolio Initiation Document being approved by the Trust Board in March 2023.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

The Portfolio Initiation Document outlined the governance and engagement mechanisms that would be employed through the life of the work described. Following formal approval at Trust Board, plans are being put in place to initiate these mechanisms from May 2023. This paper is to provide an update to the Strategic Development Committee of this work and to highlight the Committee's proposed on-going role.

Executive Management Board

The Executive Management Board (Shape) – Transformation Board will provide oversight and guidance to the Portfolio and light touch governance of the Programmes and Projects that sit within it.

From the May 2023 meeting a highlight report will be received from each Programme of work with detailed updates by exception.

The named senior leads (detailed below) will develop and present these reports.

Ref	Programme of Work	Senior Owner
P1	Quality as an Organisational Strategy	Executive Director of OD & Workforce
P2	Prioritisation & Co-ordination Arrangements (Q5 Work)	Chief Executive Officer
P3	Values & Culture	Executive Director of OD & Workforce
P4	Internal Staff Communication & Staff Engagement	Director of Corporate Governance & Chief of Staff
P5	Governance, Risk & Assurance	Director of Corporate Governance & Chief of Staff
P6	Performance Management	Director of Transformation, Planning & Digital

P7	Leadership Development	Executive Director of OD & Workforce
P8	Value Based Healthcare	Executive Director of Finance
P9	Quality Framework	Executive Director of Nursing, AHP's and Healthcare Science
P10	Ways of Working	Chief Executive Officer
P11	Clinical & Scientific Arrangements	Executive Medical Director

Strategic Development Committee

Executive Management Board will provide regular updates, assurance on progress and recommend matters for endorsing for Board approval as appropriate.

Building our Future Together Steering Group

The first Building our Future Together Steering Group is being planned for June.

Chaired by Chief Executive, these quarterly meetings will take a high level overview of the Portfolio and Programmes within it. The Steering Group will act in the capacity of a critical friend to the work and encompass membership from both inside and outside the organisation to bring additional viewpoints to bear. This will form part of the Executive Management Board on a quarterly basis.

Initial Membership of the Steering Group will be EMB members plus the Building our Future Together Lead Independent Member, a representative from Health Education and Improvement Wales and the National Director of NHS Quality, Improvement and Patient Safety sitting within the NHS Executive (formerly Director of Improvement Cymru). This membership will be further developed over time.

Divisional Leadership

In addition to the mechanisms above there will be quarterly Building our Future Together Leadership Summits to bring together the members of VCS Senior Leadership Team, WBS Senior Management Team and the Trust Extended Leadership Team to discuss, develop and enhance the work under the associated programmes of work. The first Leadership Summit will be planned for July 2023.

Corrigan, Jessica
26/07/2023 15:24:33

3. IMPACT ASSESSMENT

RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
	Equality Impact work will take place under the individual programmes of work as required.
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

The Strategic Development Committee is requested to **NOTE** the implementation of the governance and engagement mechanisms for Building Our Future Together.

Corrigan, Jessica
26/07/2023 15:24:33



STRATEGIC DEVELOPMENT COMMITTEE

DIGITAL PROGRAMME DISCOVERY

DATE OF MEETING	04/05/2023
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Draft Status - Final Version will be Published in Public Domain
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PREPARED BY	Carl Taylor, Chief Digital Officer
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PRESENTED BY	Carl Taylor, Chief Digital Officer
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EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning, & Digital
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REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	17/04/2023	NOTED
Strategic Development Committee	04/05/2023	
Trust Board		

ACRONYMS

Corrigent-Jessica
26/07/2023 15:24:33

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

1. SITUATION/BACKGROUND

- 1.1 Over a number of years, the Trust has undertaken a number of significant developments in Digital Services which have made a difference to the quality, safety and experience for the users of the services that we provide. Alongside this the Digital team have been developing its capabilities and structures to support the future plans for the Trust. This has been articulated in a new Board approved digital strategy for the Trust, "Digital Excellence: Our Strategy 2022-2032". Setting out the new Trust strategy means that the way that digital services are delivered needs to be updated in line with the strategy.
- 1.2 In November/December 2022 we updated EMB and SDC on the approach and constituent parts of a Digital Programme including a Digital Service Design capability. We set out that we would conduct a Discovery exercise to inform this capability and identify exemplar services across Q4 22-Q1 23.
- 1.3 With DHCR now live we can now proceed, and this paper sets out for NOTING the approach being adopted for that Discovery exercise for the Digital Programme being conducted in Q1 23.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Digital Strategy is based on six key themes around: Ensuring our Foundations, Digital Inclusion, Safe and Secure Services, Working in Partnership, becoming a Digital Organisation, and being Insight Driven. To meet the needs and ambitions of these key themes a new digital operating model is required.
- 2.2 The establishment of a Digital Programme was proposed as the operating model. This would work as part of the overall revised governance arrangements being adopted by the Trust and have four key workstreams:
 - Digital Service Design – this would provide an agile capability to create new digital services for our patients, donors and colleagues, such as Apps. This would follow the national

Corrigan Jessica
26/07/2023 15:24:33

model for digital service design¹ and use “Digital Squads” that achieve value through early and frequent delivery.

- Digital Integrated Platform – the Digital Strategy has platform themes on Digital Inclusion, Safe and Secure Services, Ensuring our Foundations and being Insight Driven that require technology modernisation of the Trust core digital platforms. This modernisation will be delivered through an integrated platform including local and national systems built to a reference architecture that supports digital services.
- Digital Organisation – Through the Digital Strategy we will work with patients, donors, colleagues and partners to create a Digital Service culture that embraces the use of digital technology and data to get the best quality services from it.
- Digital Ecosystem – To successfully deliver the Digital Strategy and digitally connect our donors, patients and colleagues to our services 24/7 we will need to work collaboratively and in partnership with external organisations and communities. This includes a new approach to work on Digital Inclusion.

2.3 We set out in the November ‘22 paper the activities that lead us towards the Digital Programme and identified the next steps for Digital Service Design around Discovery and creating an Alpha of the operating model, shown in Figure 1 below.

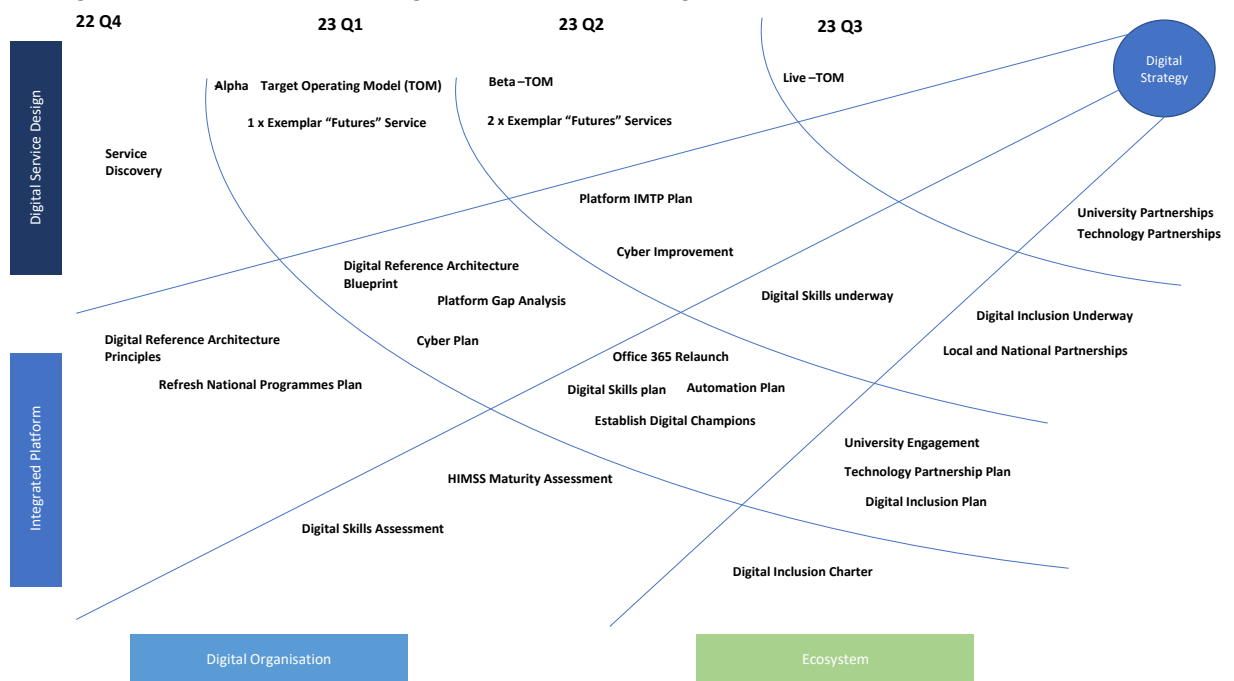


Figure 1: Digital Programme Roadmap

¹ <https://digitalpublicservices.gov.wales/resources/digital-service-standards/>

2.4 **Discovery Exercise** - We have now commenced the 12-week Discovery exercise identified, in collaboration with a new digital partner for us, Perago². Perago are a Welsh digital organisation that have conducted similar Discovery exercises across the public and private sector, including helping to establish the Centre for Digital Public Services for Welsh Government.

2.5 **Discovery Outputs** - the outcomes and outputs from the Discovery exercise will be:

- A baseline assessment to understand the Trust's current digital delivery processes, capabilities, technologies, culture and structures against the Trust's Digital Strategy and best/good digital practice.
- Gap analysis and identification of the opportunities for improvement and how these should be prioritised and communicated.
- A roadmap to establish the Digital Programme and the changes that need to be enacted for the digital team's approach to service improvement. This will include reviewing the Digital Programme workstreams and identifying activities needed to establish the programme, prioritising activities and identifying risk, developing a communications plan and engagement with stakeholders.
- Digital Service Design Mapping of up to three priority services (which will be identified through the baseline assessment). The service mapping will include: identifying the end-to-end user journey and personas; prioritising areas for improvement; and to highlight organisation design impact to enact the changes.
- We will also work with Perago to undertake Digital Service Design initial skills transfer to the Trust's Digital Services team so that we can continue to build on our capabilities.

2.6 **Support Required** - We will need interaction and support from teams across the Trust to support this activity and in particular:

- Digital Services team will be involved in supporting all aspects of the work.
- Some limited SLT/SMT and Exec support to contribute to the baseline assessment of current Digital capabilities.
- WBS/VCC/TCS support to identify up to three priority Digital Services that can be used as the exemplars for Digital Service Design and then form part of the assessment team. The services to be considered will need to be drawn from existing IMTP activities rather than creating new work outside of the agreed plan.
- Communications Team support for the engagement plan that will be created as part of the outputs.

2.7 As we set out in the previous paper, it will take time to establish the new Digital Operating model and the culture change needed to support the Digital Strategy and so a phased approach to establishing the programme over 12-18 months is still the approach that we are following.

² <https://perago.wales>

2.8 **Other work** - In parallel to establishing this Discovery exercise we have been progressing Q4 22 activities that we set out across the other Digital Programme workstreams (Figure 1) and in particular:

- Integrated Platform: refreshed the national programmes plan with DHCW which has been presented at two VUNHST/DHCW Exec sessions.
- Digital Organisation: completed the HIMSS maturity assessment and are in the process of finalizing the report to establish the All Wales position and launched the KLAS usability survey for the national applications. We will bring the report to a future EMB session for consideration. Working closely with Workforce & OD, we have agreed to be a launch partner for the new NHS Wales Digital Skills framework and are partnering with HEIW on the All-Wales digital skills survey.
- Digital Ecosystem: we have signed the Digital Communities Wales Inclusion Charter³ and are finalizing our associated 12-month action plan for accreditation.

2.9 **Next Steps** - we will conduct the Discovery exercise over 12 weeks, starting on the 24th April, and share the results with stakeholders for the next stage of establishing the Digital Programme. A further update will be provided for EMB Shape / Strategic Development Committee at the end of the Discovery exercise.

³ <https://www.digitalcommunities.gov.wales/digital-inclusion-charter/>



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
	<ul style="list-style-type: none">Summary of ways of working
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Review of programme costs will need to be established

4. RECOMMENDATION

- 4.1 The Strategic Development Committee are asked to **NOTE** the update on the Discovery exercise for the Digital Programme and progress made across the workstreams.

Corrigan Jessica
26/07/2023 15:24:33

STRATEGIC DEVELOPMENT COMMITTEE

VELINDRE SCHOOL OF ONCOLOGY AT VELINDRE CANCER CENTRE UPDATE

DATE OF MEETING	4 th May 2023
PUBLIC OR PRIVATE REPORT	Private
IF PRIVATE PLEASE INDICATE REASON	The Executive Management Board is a private meeting
PREPARED BY	Hannah Russon, Project Lead
PRESENTED BY	Nicola Williams, Executive Director Nursing, AHP & Health Science
EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director Nursing, AHP & Health Science
REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
Velindre Cancer Service Senior Management Team	06/04/2023	Endorsed
Executive Management Board	17/04/2023	Approved proposals

Corriean Jessica
26/07/2023 15:24:33

1. SITUATION

This paper is to provide the Strategic Development Committee with an overview of progress in respect of the development of the Velindre School of Oncology prior to the final draft of the Business Case being presented at the next Committee.

The Strategic Development Committee are asked to NOTE the developments to date.

2. BACKGROUND

Velindre University NHS Trust has an ambition to be an exemplar nationally and internationally in relation to non-surgical cancer services. Alongside the development of the new Velindre Cancer Centre and the development of regional hubs via the Velindre @ model, Velindre Cancer Services is in a unique position to lead in improving cancer outcomes and patients' experience of their care. This is not only through the delivery of high quality clinical services, but through leading on multi-professional cancer education to develop highly skilled Oncology leaders.

There are a number of Cancer Centres that provide a School of Oncology such as the Royal Marsden and this is one of the ambitions for the Trust. In order to achieve this ambition, a Clinical Project Lead has been funded to undertake benchmarking, scope out opportunities, the definitive vision and undertake some proof of concept modules. This work also fully aligns with the Centre for Collaborative Learning. The Project Lead commenced during December 2021, and has been working with a multi professional project team to develop the School of Oncology Vision and Business Case.

The Executive Management Board has been overseeing the development of the Business Case and making key decisions along its development pathway.

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

3.1 *Developments since February 2023:*

Significant developments have taken place on the business case since February 2023. This has been heavily supported by finance colleagues and further financial work is required post completion of year end financial priorities.

The Business Case is now in version 3, consultation has taken place with Velindre Cancer Service Senior Management Team (SMT) and will be formally presented to the SMT Meeting for endorsement in May 2023.

3.2 *Proposed tripartite Partnership with University of Wales Trinity St David*

Work is progressing with the University of Wales Trinity St David continues. It is proposed that this partnership will be announced in June 2023 and formally launched in July 2023.

3.3 Proposed Name

The working group has identified that the working title 'School of Oncology' requires review so that the development has the required level of gravitas. Following scoping titles across the UK a mixture of Academy and School is being used. The newer developed institutes use the term Academy. It is therefore proposed that the title is changed: two possible options have been proposed:

- Velindre Cancer Academy
- Velindre Oncology Academy

The proposed option is **Velindre Oncology Academy**. Once the name is agreed branding can be considered.

3.5 Advancing Radiotherapy Academy (ARC)

A full review of ARC is required to look at where there are economies of scale opportunities with the School of Oncology. It is considered that ARC should sit as a subsidiary / arm of the School of Oncology rather than a separate entity. This will ensure maximum efficiency, prevent duplication and confusion (internally and externally). It will also provide a much stronger brand and should have a much stronger impact on the Trust / Cancer Service reputation.

4. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	The School of oncology will require resourcing

5. RECOMMENDATION

The Strategic Development Committee is asked to NOTE the position in relation to the Velindre School of Oncology particularly noting the:

- Change of name to 'Velindre Oncology Academy'
- The proposal that ARC will be a subsidiary (sit under as an arm) of the 'Velindre Oncology Academy'
- The tripartite (accreditation) partnership with University of Wales Trinity St David.

Corrigan Jessica
26/07/2023 15:24:33



STRATEGIC DEVELOPMENT COMMITTEE

NURSING STRATEGY

DATE OF MEETING

4th May 2023

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

N/A

PREPARED BY

Tina Jenkins, Interim Deputy Director of Nursing,
Quality & Patient Experience

PRESENTED BY

Tina Jenkins, Interim Deputy Director of Nursing,
Quality & Patient Experience

**EXECUTIVE SPONSOR
APPROVED**

Nicola Williams, Executive Director of Nursing,
AHPs and Health Science

REPORT PURPOSE

ENDORSE FOR BOARD APPROVAL

**COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER
PRIOR TO THIS MEETING****COMMITTEE OR GROUP****DATE****OUTCOME**

PROFESSIONAL NURSE FORUM

06/04/2023

Endorsed

Corrigan, Jessica
26/07/2023 15:24:33

1. SITUATION

The draft Trust Nursing strategy is provided to the Strategic Development Committee to **ENDORSE** for Trust Board approval.

2. BACKGROUND

The Trust has been developing its Nursing Strategy over the last 12 months through the Trust's Professional Nursing Forum (PNF). The strategy development is fully aligned with the Chief Nursing Officer priorities.

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION.

3.1 Trust Nursing Strategy

The Trust Nursing Strategy is attached in **Appendix 1**. The strategy is a professional Nursing Strategy and will sit as one of a number of delivery strategies underneath the Trust Clinical & Scientific Strategy when this is developed.

The Allied Health Professionals / Healthcare Science Forum has agreed for the need for the development of an AHP and Healthcare Scientists strategy during 2023/24 with a conference being held in 2024.

The Strategy has been developed from service level up using a proactive engagement and consultative approach with PNF overseeing the development at all stages. The previously approved Nursing standards form a pivotal element of the strategy. The strategy applies to all Trust nursing staff both registered and unregistered (including CCA's).

3.2 Next steps

If endorsed by the Strategic Development Committee the strategy will be formally launched by the Trust Executive Director Nursing, AHP & Health Science at the Nursing Conference on the 12th May 2023. Conference attendees will be advised that it has received Committee approval and is being considered by the Trust Board on the 25th May 2023.

There is dedicated time at the conference in a breakout session to develop the 3-year work plan that will deliver the strategy aims and priorities. The work plan will be monitored by the Trust Professional Nursing Forum. An annual report against deliverables will be produced to the Executive Management Board and Strategic Development Committee.



4. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Standard 2.7 of the Health and Care Standards (Safeguarding Children and Safeguarding Adults at Risk) requires health services to promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.
RELATED HEALTHCARE STANDARD	Safe Care
	2.7 Safeguarding adults and children at risk 7.1 Workforce.
EQUALITY IMPACT ASSESSMENT COMPLETED	No (Include further detail below)
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The trust has a statutory obligation to comply with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguarding (2007)
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 **ENDORSE** for Trust Board approval.

Corrigan Jessica
26/07/2023 15:24:33



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Velindre University NHS Trust Nursing Strategy 2023-26



Corrigian Jessica
26/07/2023 15:24:33



Gwasanaeth Gwaed Cymru
Welsh Blood Service



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Corrigan, Jessica
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Introduction

Velindre University NHS Trust provides specialist services to the people of Wales. The operational delivery of services is managed through Velindre Cancer Service and the Welsh Blood Service.

Velindre Cancer Service delivers specialist cancer services for South East Wales and wider using a hub and bespoke model. The hub is the Velindre Cancer Centre. We provide specialist treatment, teaching, research and innovation for non-surgical oncology. We treat patients with chemotherapy, Systemic Anti-Cancer Treatments (SACTs), immunotherapy, radiotherapy and related treatments, together with caring for patients with specialist palliative care needs.

The Welsh Blood Service undertakes a fundamental role in supporting the delivery of healthcare across Wales, through the collection process and supply of blood and blood components, saving the lives of thousands of people.

Our nurses, healthcare support workers and clinical collection assistants provide high quality, safe care and services to our patients and donors. We are very proud of our nursing teams and are committed to growing and developing our nursing staff so that they can be the very best they can be and reach their full potential.

The Trust nursing strategy has been developed by our nurses for our nurses. This strategy sets out our aim and ambition to build on our past achievements and provide a clear strategic direction for 2023-2026.

Our agreed aims and priorities are underpinned by the 4 Ps of the Nursing Midwifery Council (NMC) code of conduct.



Our vision is that the nursing profession is enabled to consistently deliver high quality, safe, person centred care and services.

Our aims and priorities will also encompass the 6 domains of quality (The Duty of Quality Statutory Guidance 2023) **Safe: Timely: Effective: Efficient: Equitable and Person Centred**. This will enhance building a positive culture of quality at the heart of everything we do.

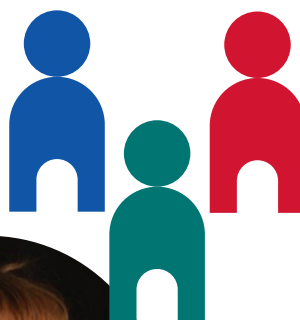


The Trust's Nursing Strategy also encompasses the Chief Nursing Officer for Wales priorities (2022):

1. Leading the profession.
2. Workforce.
3. Making the profession more attractive.
4. Improving health and social care outcomes.
5. Professional equity and healthcare equality.

We have a strong foundation of excellent staff doing the most amazing things. We need to make sure they have a positive working life, are supported to grow and develop, empowered to lead and develop and are equipped to meet the exciting challenge of providing care fit for the future.

I am very proud of the Nursing Team, there are challenging but exciting times ahead and I know that with the right support we can rise to this.



Nicola Williams
Executive Director of Nursing,
Allied Health Professionals
and Health Science

Our standards



As a nurse within Velindre University NHS Trust, you will:

- 1 Maintain your NMC professional registration (for registered practitioners);
- 2 Be fully informed and comply with all aspects of NMC/HCSW code and Trust values to uphold the reputation of the profession and the Trust at all times;
- 3 Assist in fostering an environment where people are able to flourish, where discrimination or any type of abuse is not tolerated and actively challenged;
- 4 Deliver excellent evidence based, kind, safe and effective care whilst working within the limits of your competence and capability;
- 5 Be responsible for maintaining compliance with clinical skills, professional development and training required to safely and competently fulfil your role;
- 6 Help establish what is important to patients and donors* in order to plan, deliver and evaluate individualised care;
- 7 Be open and candid with patients and donors*, about all aspects of care and treatment, including when any mistakes or harm may have taken place;
- 8 Demonstrate continued improvement in your care delivery through reflection and learning;
- 9 Work collaboratively with colleagues to prioritise safety and to deliver harm-free care, challenging any practice or behaviours to ensure the best possible outcomes for patients and donors*.

*Donor/s refers to users of the Welsh Blood service

Our structure and roles

The Nursing team works together to provide care for patients and donors. Our registered nurses are supported by the wider nursing team, this includes Health Care Support Workers, Clinical Collection Assistants and Assistant Practitioners.

Rising demands upon health services, increasingly complex care needs and difficulties with the recruitment and retention of registered nurses, have created significant challenges for NHS Wales. There is a need for an innovative and flexible approach to workforce modernisation and a resultant emergence of new roles, for example assistant practitioners.

Our Trust is committed to developing a career pathway and education framework to support our staff to develop their skills and extend their scope of practice.

We are committed to recruiting the right people, in the right place, at the right time and retaining our nursing workforce by providing opportunities and an environment to flourish.

The Trust will endeavour to comply with the Nurse Staffing Levels (Wales) Act 2016 to ensure our nursing teams have the time to deliver the best possible care to our patients.

Examples of nursing roles



Our aims and priorities

1. Nurses will actively listen to our patients (their carers) and donors and deliver kind, safe and effective evidence-based care
2. Nurses will continually develop our knowledge and skills. We will promote psychological safety in our teams to create a workforce fit for the future
3. Nurses will maximise research innovation and continual improvement opportunities



1.

Nurses will actively listen to our patients (their carers) and donors and deliver kind, safe and effective evidence-based care



Our priorities are:

- To deliver individualised care, actively listen and involve patients (their carers) and donors placing them at the centre, making every contact count to strive to improve the health and wellbeing of the population.
- To communicate effectively with patients (their carers) and donors, check their understanding and, share information within multi-disciplinary teams to enhance the experience of patients and donors and deliver safe care.
- To promote equitable treatment for all where discrimination of any kind is not tolerated.
- To be empowered to be strong advocates and to always safeguard patients and donors.
- To ask all patients and donors to provide feedback in respect of care and treatment provided.
- To reflect on feedback received and demonstrate how we have listened to what matters to our patients and donors.
- To ensure that reasonable adjustments are made for patients and donors with additional needs whatever they may be.
- To ensure that the NMC code and the Trust nursing standards are demonstrated in the practices of all.



2.

Nurses will continually develop our knowledge and skills. We will promote psychological safety in our teams to create a workforce fit for the future

Our priorities are:

- To ensure nursing teams (and multi-professional teams) are designed around patients and donors and are regularly reviewed to reflect patient/donor needs including skill mix, maximisation of top of licence working, optimising advanced clinical practice opportunities and introducing new roles such as Nursing associates.
- To promote psychological safety for nurses and develop a supervision and reflective practice framework.
- To demonstrate effective & compassionate leadership and create a nursing workforce that feels valued and respected.
- To develop equitable pathways for personal and professional development through access to training, coaching and mentoring.
- To develop the role of the nurse champion within a supportive framework will allocated time to enhance knowledge and skills and to effectively undertake the champion role.
- To develop highly skilled nurses, with a fair and equitable (through a multi-professional lens) nursing career pathway that is free from discrimination or marginalisation.
- To regularly recognise and celebrate success and ensure that nurses are recognised for achievements and contributions.
- To promote a positive and progressive nursing culture where nurses can voice concerns without fear, and regular health and wellbeing discussions are taking place.
- To create an environment where everyone feels empowered to raise ideas, suggestions and concerns and have these supported/acted on.



3.

Nurses will maximise research innovation and continual improvement opportunities

Our priorities are:

- To provide opportunities for nurses to gain research and audit skills to provide evidence-based care, and to be involved/participate in research studies.
- To provide opportunities for nurses to undertake or be involved in audits, to assure adherence to standards and improve practice.
- To provide nurses with the opportunity to undertake research in their specialist field of work sharing outcomes via a number of platforms.
- To have the opportunity to participate in peer reviews and benchmarking, to learn from others and best practice.
- To be trained in quality improvement methodology and use this to improve patient and donor care, services outcomes and experience.
- To actively take part in patient/donor safety incident reviews and will identify opportunities for quality improvement and learning.
- To provide the infrastructure for nurses to be reflective practitioners through a culture where learning and service improvement is everyone's business.
- To enhance opportunities for the development of enhanced critical thinking and professional judgement through education, evidence based practice and research.



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Heads of Nursing pledge

The Nursing Strategy provides us with a clear direction to shape the future of Nursing, to ensure we maximise opportunities to deliver high quality, safe and compassionate care to all our donors and patients. Realising the aims and priorities within the strategy will require the Nursing Teams across the organisation to champion continual improvement and innovation, and develop working environments based upon psychological safety, teamwork, collaboration, kind and compassionate leadership and to celebrate our achievements.

As Heads of Nursing we pledge to fully commit to supporting, empowering and enabling the Nursing Teams to achieve these aims and objectives.

Next steps

Our next steps are to develop a 3 year workplan and to produce an annual report on our progress each year.



Corrigan Jessica
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Heads of Nursing



Zoe Gibson
Head of Nursing,
Welsh Blood Service



Viv Cooper
Head of Nursing,
Quality Patient Experience
and Integrated Care



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Velindre Cancer Centre



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Welsh Blood Service

STRATEGIC DEVELOPMENT COMMITTEE

Integrated Medium Term Plan (IMTP) 2023/24 – 2025/26

DATE OF MEETING	04/05/2023	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Phil Hodson, Deputy Director of Planning and Performance	
PRESENTED BY	Phil Hodson, Deputy Director of Planning and Performance	
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning and Digital	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A	N/A	N/A

Note: An IMTP Collective review meeting was held with the Welsh Government on 24th April 2023. Executive Leads from Velindre University NHS Trust were present at this meeting.

Corrigan Jessica
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ACRONYMS	
VUNHST	Velindre University NHS Trust
EMB	Executive Management Board
IMTP	Integrated Medium Term Plan

1. SITUATION/BACKGROUND

- 1.1 The Velindre University NHS Trust IMTP for 2023/24 - 2025/26 was approved by the Trust Board on the 30th March 2023. It was then submitted to the Welsh Government on the 31st March 2023 in line with the Trusts' statutory duties.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The IMTP is framed within the Trusts' ambition for the future, following the Boards' approval of the Trust strategy '*Destination 2032*', and brings together the immediate, medium and long-term ambitions of the organisation.
- 2.2 Notwithstanding this, and in accordance with the Welsh Government guidance, the IMTP is particularly focused on 2023/2024 and in 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.

The Requirement:

- 2.3 Velindre University NHS Trust was required to submit a financially balanced IMTP to the Welsh Government by 31st March 2023. Prior to submission to the Welsh Government the IMTP was approved by the:
- Velindre University NHS Trust Executive Management Board
 - Velindre University NHS Trust Strategic Development Committee
 - Velindre University NHS Trust Board

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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
	<p>If more than one Healthcare Standard applies please list below:</p> <ul style="list-style-type: none"> • 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 and as outlined in the financial plan.

4. RECOMMENDATION

4.1 The Strategic Development Committee is asked to:

- (i) Note that the IMTP was submitted to the Welsh Government on the 31st March 2023 and in line with our statutory duties.
- (ii) Receive a verbal update following the Welsh Government Collective review meeting held on 24th April 2023.

Corrigien Jessica
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REFRESH OF TRUST STRATEGIC RISKS

Corrigan, Jessica
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PURPOSE OF TODAY'S SESSION

1. Workshop style session for the Strategic Development Committee to share initial input into the refresh of the Strategic Risks.
2. Work currently underway/ planned with Divisional and Executive Leadership team for their input also. The Divisional sessions are specifically picking up on undertaking a reverse stress testing exercise.
3. Following collation of all these inputs, the Strategic Development Committee will be presented with a updated proposal of the strategic risks in the July meeting to recommend for Board approval in July.

Corrigan, Jessica
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CURRENT STRATEGIC RISKS

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

Corrigan, Jessica
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NEED TO CONSIDER IN REFRESH

1. Using research and insight on global organisational and health care trends to challenge and support our thinking on macro strategic risks.
2. Alignment to **IMTP & Destination 2033 Strategy and Enabling Strategies.**
3. Reverse Stress Testing exercise (being undertaken by Divisions)

Corrigan, Jessica
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1. WIDER ORGANISATIONAL AND HEALTH CARE TRENDS TO CHALLENGE AND SUPPORT OUR THINKING ON MACRO STRATEGIC RISKS

- Sustainable, resilient operations
- Climate change
- Balance between human workers and intelligent robots
- Shifting talent pool and changing employee experience
- Flatter, more agile organisations
- New forms of funding
- Cyber crime
- Geo-political for Europe and China
- Consumer and service users expectations for authenticity
- Health care systems face the challenge of managing even more data
- Concerns over clinician burnout will continue
- Patient expectations for care at home
- Patient mental health and emotional continued focus
- Co-opetition and integration in system working

Corrigan, Jessica
26/07/2023 15:24:33

2. ALIGNMENT TO IMTP & DESTINATION 2033 STRATEGY AND ENABLING STRATEGIES.



Our strategic goals

By 2032 we will be recognised as...

- 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 its part in creating a better future for people across the globe

Corrigan, Jessica
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CONFIRM SDC INPUTS INTO INITIAL STRATEGIC RISK DRAFT REFRESH.

Corrigan, Jessica
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STRATEGIC DEVELOPMENT COMMITTEE

Convalescent Plasma Project Closure

DATE OF MEETING	4 th May 2023
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Huw Lovett (Interim Programme Manager)
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PRESENTED BY	Alan Prosser (Director – WBS)
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EXECUTIVE SPONSOR APPROVED	Alan Prosser, Director of Welsh Blood
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REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
Convalescent Plasma Project Group	21/10/2021	ENDORSED FOR APPROVAL
Executive Management Board (Shape)	20/03/2023	NOTED

ACRONYMS

CP	Convalescent Plasma
WG	Welsh Government

Correspondence
26/07/2023 15:24:33
CP

1. SITUATION/BACKGROUND

- 1.1 In March 2020 the Welsh Government (WG) tasked WBS with collecting Convalescent Plasma (CP) - plasma collected from patients who had recovered from COVID-19 – as a possible treatment for the disease. Several clinical trials had been set up to assess the safety and efficacy of various treatments and the WBS was asked by the WG to collect CP to support this work.
- 1.2 Between July 2020 and January 2021 WBS collected and supplied CP to hospitals participating in the trials. However, in March 2021 the Welsh Government released a statement confirming that the trials had reported no overall benefit from the use of CP, and it would therefore be standing down its Convalescent Plasma Steering Group.
- 1.3 As one of two subgroups being overseen by the CP Steering Group it was confirmed that the WBS CP Project Group – responsible for delivering the CP Project within WBS - should also be stood down.
- 1.4 A Project Closure Report was written detailing the work carried out by the CP Project and sent to the Welsh Government's CP Steering Group for review and approval.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The report was submitted in early 2022, since when it has been with the Welsh Government policy team awaiting review. Feedback was eventually provided in February of this year with Welsh Government requesting a minor change in Section 3.3 (Financials) to account for the slippage of capital funding against the original allocation. The attached report represents the FINAL version, as agreed between the Trust and Welsh Government.
- 2.2 It is understood that this report will be submitted to the national COVID inquiry upon request for evidence.

Corrigan, Jessica
26/07/2023 15:24:33



3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
	Not applicable
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	Safe Care and Effective Care
EQUALITY IMPACT ASSESSMENT COMPLETED	No (Include further detail below)
	Not applicable
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Not applicable
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	Not applicable

4. RECOMMENDATION

4.1 The Strategic Development Committee is asked to NOTE the content of the attached report.

Corrigien Jessica
26/07/2023 15:24:33



Gwasanaeth Gwaed Cymru **Welsh Blood Service**

Convalescent Plasma

Project Closure Report

Version 1.0

Document Author: Huw Lovett, Portfolio Project Manager

Date: October 2021

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26/07/2023 15:24:33



DOCUMENT CONTROL SHEET

The source of the document is to be found in the following folder:

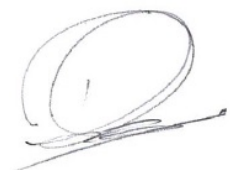
E:\Project Management\Convalescent Plasma\Project Management Docs

Version History

Version	Date	Author	Summary of Changes
0.1	16/04/2021	Huw Lovett	First draft commenced
0.2	11/05/2021	Huw Lovett	Minor additions/revisions
0.3	22/07/2021	Huw Lovett	Minor additions/revisions
0.4	21/09/2021	Huw Lovett	Minor additions/revisions
0.5	28/09/2021	Huw Lovett	Additions/revisions following comments from Head of QA & Regulatory Compliance
0.6	04/10/2021	Huw Lovett	Additions/revisions following comments from Director of WBS
0.7	05/10/2021	Huw Lovett	Additions/revisions following further comments from Director of WBS
0.8	05/10/2021	Huw Lovett	Clean version for distribution to Project Group
0.9	11/10/2021	Huw Lovett	Minor revisions following Project Group comments.
0.10	21/10/2021	Huw Lovett	Clean version for distribution
0.11	01/02/2023	Huw Lovett	Additional information added to section 3.3, removal of Draft status and change of Trust logo.
1.0	01/03/2023	Huw Lovett	Final version signed-off

Approvals

This document requires the following approvals:

Name	Title	Date	Version	Signed
Alan Prosser	WBS Director and Chair of WBS Convalescent Plasma Project Group	01/03/2023	1.0	

Corrigan, Jessica
26/07/2023 15:24:33

Distribution

This document has been distributed to:

Name	Title	Date	Version
Peter Richardson	Head of Quality Assurance & Regulatory Compliance	27/09/2021	0.4
Peter Richardson	Head of Quality Assurance & Regulatory Compliance	28/09/2021	0.5
Alan Prosser	Director, WBS	01/10/2021	0.5
Alan Prosser	Director, WBS	04/10/2021	0.6
Alan Prosser	Director, WBS	05/10/2021	0.7
WBS Convalescent Plasma Project Group		05/10/2021	0.8
WBS Convalescent Plasma Project Group		17/11/2021	0.10
Welsh Government		01/03/2023	1.0

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DOCUMENT PURPOSE

The purpose of this report is to inform the Welsh Blood Service (WBS) Senior Management Team (SMT) on how the Convalescent Plasma (CP) project has performed against its objectives.

This Project Closure Report has been produced to provide the WBS SMT with information on:

- Delivery against its objectives, costs and timescales.
- That all necessary closedown activities have been carried out.
- That recipients for any follow-on tasks have been identified.
- That project best practice and lessons learned have been identified for future projects.

1.0 REASON FOR CLOSURE

In March 2021 a statement was released by the Welsh Government confirming that two UK-led randomised controlled trials (RECOVERY and REMAP-CAP) had reported no overall benefit from the use of Convalescent Plasma (CP) for the treatment of COVID-19 in hospital settings when compared with the usual standard of care. The Chief Medical Officer for Wales, in partnership with the other UK Chief Medical Officers, instructed that CP should not be used to manage hospitalised patients with confirmed or suspected COVID-19 infection.

The Welsh Government confirmed that it was standing down its Convalescent Plasma Steering Group, which had been set up to supervise and support the national implementation of interventions aimed at providing CP to those with COVID-19 in hospital settings. As one of the two subgroups being overseen by the CP Steering Group it was confirmed that the WBS CP Project Group – responsible for delivering the CP Project within WBS - should also be stood down.

2.0 EXECUTIVE SUMMARY OF THE PROJECT

In early March 2020 plasma from patients who had recovered from COVID-19 (Convalescent Plasma) was identified as a potential treatment for the disease. A number of clinical trials were set up to assess the safety and efficacy of this treatment and the Welsh Blood Service was asked by the Welsh Government to collect CP to support this work.

A Project Group was quickly established and began to develop a strategy for collecting, testing, processing, storing and issuing CP. However, WBS had no existing infrastructure to support plasma-only collection. There was a single static clinic in Talbot Green fully dedicated to platelet collection but there was no presence or capacity in North or West Wales. To further complicate matters:

- WBS had no way of identifying individuals that had been infected, and subsequently recovered, from COVID-19 and would therefore be potentially suitable to donate CP.

Corriean Jessica
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- Although WBS testing platforms could support antibody testing there was no established and validated in-house test for the COVID-19 virus or antibodies
- Significant changes were required to WBS' Blood Establishment Computer System (BECS) to allow plasma collection and processing, as well as the required vein-to-vein traceability; and
- COVID infection prevention and control measures had placed significant constraints on the operational activities of blood collection clinics.

In order to enable WBS to begin collecting and building CP stock levels at the earliest opportunity it was decided that the initial focus should be on making CP from male plasma collected from whole blood donations. In partnership with Public Health Wales (PHW) a process was developed whereby PHW would identify and contact potentially eligible donors from its list of recovered patients. Those individuals would then be encouraged to contact WBS to express an interest in donating CP. The result was that by the 20th April 2020 WBS was able to collect its first CP units.

However, due to the minimum 12-week recovery time between whole blood donations it was recognised that a more efficient method for collection would need to be implemented. Therefore, at the same time as continuing to collect male plasma from whole blood donations, work began on developing an alternative method of plasma collection using plasmapheresis technology. This would allow donors to be bled more frequently (3-week intervals) during the period immediately after infection when their donation was more likely to contain high levels of COVID-19 antibodies.

A business case was submitted to the Welsh Government in early May 2020 for funding for 10 plasmapheresis machines and the costs of establishing of a series of pre-screening and donation venues in Talbot Green, Wrexham and Dafen, near Llanelli. The application was approved in June 2020.

Due to the IT development work required to enable WBS to begin in-house antibody testing a service level agreement (SLA) was signed with Public Health England (PHE) to enable them to undertake antibody testing of samples on behalf of WBS. At a later date an SLA was signed with NHS Blood & Transplant (NHSBT) to enable them to take over antibody testing from PHE.

An SLA was also signed with Public Health Wales (PHW) to enable PHW to undertake Polymerase Chain Reaction (PCR) testing during the early stages of the project when a negative PCR test result was a requirement for accepting donated plasma for use in the REMAP-CAP trial.

The first CP units were issued to hospitals in July 2020 and by August the work required to develop WBS' computer systems to enable in-house antibody testing had been completed to the stage where test results could be entered manually. By the beginning of October this had been further refined so that test results could be transferred electronically. Additional development and validation work was carried out during September and October to enable plasmapheresis

donations and the first plasmapheresis pre-assessment sessions were held in Talbot Green and Wrexham during the first and third weeks of November 2021. The final plasmapheresis venue was opened in Dafen, near Llanelli in January 2021.

Between October and December 2020 challenges in targeting and recruiting donors with high antibody levels, coupled with increased demand from hospitals, resulted in diminishing stock levels of high antibody CP units. This triggered an amber alert, which eventually escalated to a red alert. In partnership with PHW interventions were put in place to increase donor numbers. However, until those measures had taken effect hospitals were required to request CP units from NHSBT to cover any shortfall. As the units were used to support clinical trials no costs were attributed to NHS Wales. By the middle of December, WBS stock levels had recovered sufficiently that the red alert was ended.

In January 2021 interim results of the 2 clinical trials indicated that overall CP was not successful in treating patients with COVID-19. However, WBS was asked to continue collecting CP for a period of 6 weeks in anticipation of further trials being undertaken to establish CP efficacy in the treatment of patient subgroups. To facilitate this, it was decided that a third phase of the project be established to maximise stock build. During the process of initiating this third phase no subgroup trials were initiated and a Welsh Government statement was released advising that the Steering Group and subgroups be stood down. The final plasmapheresis clinics were held on 18 March 2021.

At the time that the Welsh Government statement was released WBS had:

- Sent nearly 17,000 letters to potentially eligible donors
- Received over 4,000 expressions of interest from recovered COVID-19 patients interested in donating
- Collected nearly 1250 viable donations
- Issued nearly 300 units to hospitals to support clinical trials with approximately a further 800 units of various antibody levels held in stock

To minimise wastage at the end of the project, any CP units derived from whole blood were converted, wherever possible, to standard Fresh Frozen Plasma (FFP).

3.0 PROJECT PERFORMANCE

3.1 Project Objectives & Deliverables

The following objectives were identified, and the corresponding deliverable(s) has/have been completed.



1. Establish a method for identifying patients that have tested as positive for COVID-19 (“convalescing patients”) and obtain their consent to donate
 - a. Process for identifying which convalescing patients will be eligible to donate - **Completed**
 - b. Process for identifying potentially suitable donors attending donation clinics as part of routine donation - **Completed**
 - c. Protocol for contacting potentially eligible donors - **Completed**
 - d. Bilingual letter inviting potential donors to donate - **Completed**
 - e. Other communications to be issued to potential donors upon discharge from hospital - **Completed**
 - f. Potential wider mass communication (depending upon donor uptake) - **Completed**
 - g. Communications to WBS staff - **Completed**
2. Establish a method for bleeding eligible donors
 - a. Consideration of different methods for collection including whole blood, concurrent plasma from platelet donors and plasmapheresis - **Completed**
 - b. Potential procurement exercise to secure plasmapheresis equipment and consumables, including funding application to Welsh Government - **Completed**
3. Establish a method for testing donations to confirm previous COVID-19 infection
 - a. Development of a suitable method for testing donation samples - **Completed**
 - b. Securing of consumables to support testing - **Completed**
4. Establish a method for manufacturing suitable convalescent plasma components for clinical use
 - a. WBS IT system development to enable integration of new convalescent blood products within existing and/or customised workflows - **Completed**
 - b. Ensure sufficient freezer capacity to store CP units – **Completed**
 - c. Validation of plasmapheresis devices and components - **incomplete (see Section 4.0 – Ongoing Project Activity)**
5. Establish guidelines for the issuing and clinical use of convalescent plasma components – **Not started** *(This final objective was removed once the national CP Clinical Reference Group was established as it was determined that part of its remit should be to develop all Wales guidance for the issuing and clinical use of CP.)*

In the process of establishing the project it was decided that activities be split into two distinct phases:

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Phase 1. Establish a process for the collection, testing, processing and supply of Convalescent Plasma from existing **whole blood** donations.

Phase 2. Establish a process for collection, testing, processing and supply of Convalescent Plasma from **plasmapheresis** donations.

In January 2021, in response to a WG request that the WBS continue to collect CP for a further 6 weeks in anticipation of further clinical trials for the treatment of patient subgroups, it was decided that a third phase be added to the project.

Phase 3. Refine the existing process for recruiting CP donors to ensure that collection clinics yield the greatest number of high-level antibody donations in order to maximise stock build. The objectives and deliverables for this phase were to include:

- a. identifying the best method for contacting donors to ensure that only the most desirable donors are targeted
- b. refining the existing process for screening donors to ensure that only the ones most likely to yield a useable donation are progressed and providing an optimal donor experience to maximise retention
- c. Extending the plasma expiry date from 24 months to 36 months in line with other UK blood services
- d. Adding a medium-titre CP component code

At the time that this phase was in the process of being established confirmation was received from the Welsh Government that the collection of Convalescent Plasma should cease and that the project be stood down.

3.2 Benefits

Anticipated Benefits

The following benefits were anticipated and have been delivered.

1. The ability to create plasma components for the treatment of COVID-19 patients and the resulting enhancement to reputation as a result

Benefit Type	Measure	Baseline	Outcome
Reputational	Sufficient CP collection to meet clinical demand	No ability to supply CP at the time of project initiation.	Only partially successful due to the need for hospitals to import CP units from NHSBT.

2. The ability to contribute to knowledge and evidence base of use for convalescent plasma



Benefit Type	Measure	Baseline	Outcome
Knowledge and Experience	Completion of staff training records, processes and procedures developed for the collection of CP, validation of CP components, issuing of CP to support clinical trials.	No/limited knowledge of CP collection and plasmapheresis technology.	Implemented successfully

3. Greater flexibility and resilience in ability to collect plasma

Benefit Type	Measure	Baseline	Outcome
Business continuity	Availability of alternative methods to collect plasma.	Only able to collect plasma from whole blood donations at the time of project initiation.	Implemented successfully

4. Increased potential to create other plasma components

Benefit Type	Measure	Baseline	Outcome
Knowledge and Experience	Increased understanding of the plasmapheresis collection process. Potential for this knowledge to be harnessed for future service developments, for example plasma for medicines.	Limited knowledge of alternative plasma collection methods and plasmapheresis technology.	Implemented successfully

3.3 Financials

At the outset of the project the WBS outlined indicative costs to support CP trials, which was supported by the Welsh Government. WBS recovered these costs on an incurred basis. Resources were prudently applied, cognisant of the demand/supply profile and evolving understanding of efficacy during the course of the project, resulting in a reduction of resource requirements against the total funding made available. Slippage of £77,524 capital funding against an allocation of £397,468, was utilised within the wider Trust capital programme as described and agreed with Welsh Government as part of the monthly monitoring returns for the respective financial year.

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The final expenditure recovered was as follows:

Funding	Item	Actual
Capital	Plasmapheresis machines & trolleys, blast & upright freezers, IT equipment, apheresis beds	£320,214.45
Revenue (Staffing)	Cost of providing additional programme, laboratory, collections, clinical, IT and administrative staffing time to deliver this project over and above business as usual activities.	£318,000.00
Revenue (Non-pay)	Additional collections and testing consumables, transport, IT consultancy, regulatory and venue costs required to deliver this project over and above business as usual.	£132,000.00
Total		£770,214.45

4.0 ONGOING PROJECT ACTIVITY

The following tasks remain outstanding for the project:

Activity	Owner	End Date
Complete Report on Validation of iPCM (Plasmapheresis) Devices and Components	Head of QA Labs	01 October 2021

There are 3 phases of validation: Installation Qualification (IQ), Operational Qualification (OQ) and Process Qualification (PQ).

The IQ and OQ phases had been completed and the PQ phase was underway when the Welsh Government instructed the project to close down. This means that the plasmapheresis machines had been installed, set up and validated as correctly configured (IQ), and a series of volunteer plasma collections had been completed successfully to verify that the equipment was working as expected and there were no donor adverse events (OQ). The PQ phase requires over 125 real-life collections to be completed successfully before a statistical analysis of the results to ensure that the process can reliably collect plasma of the appropriate specification. At the time of project closure 126 collections had taken place. However, as the initial statistical analysis was inconclusive, more data was required to ensure process confidence. It should be noted that other UK Blood services collected over 1000 donations of plasma during their PQ phases.

If plasma collections resume in the future, WBS would complete a fresh PQ validation given the time elapsed since this work was started.

5.0 OUTSTANDING RISKS

All project risks have been closed out therefore there are none to be transferred for ongoing management.

6.0 PROJECT BEST PRACTICE & LESSONS LEARNED

As part of the project closure activity, an After-Action Review (AAR) took place During December 2020 and January 2021. The full report is available here: [E:\Project Management\Convalescent Plasma\Project Management Docs](#)

7.0 POST IMPLEMENTATION REVIEW

Date Scheduled:	To be confirmed
Attendees:	Peter Richardson, Huw Lovett, Georgia Stephens, Michelle Evans, Lee Wong, Maria Cheadle, Jayne Davey, Emyr Adlam, Janice Wallis

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