

Public: Strategic Development Committee

Tue 05 September 2023, 10:00 - 11:30

Velindre UNHS Trust Headquarters

Agenda

10:00 - 10:15
15 min

1. Standard Business

1.1. Welcome & Introductions

Stephen Harries

1.2. Apologies for Absence

Stephen Harries

1.3. Declarations of Interest

Stephen Harries

1.4. Minutes of the Committee Meeting held on 4th May 2023

Stephen Harries

To Approve

 1.4 Public SDC Minutes 04.05.2023.pdf (8 pages)

1.5. Minutes of the Committee Meeting held on 6th July 2023

Stephen Harries

To Approve

 1.5 Minutes Public SDC 06.07.2023.pdf (6 pages)

1.6. Action Log

Stephen Harries

To Approve

 1.6 Action log SDC 05.09.2023.pdf (1 pages)

10:15 - 11:15
60 min

2. Planning and Service Development

2.1. Blood Establishment Computer Systems (BECS): Verbal Formative Discussion

Carl James

To Note

2.2. Cardiff Cancer Research Hub: Progress Update

Carl James

To Note

- 📄 2.2 Cardiff Cancer Research Hub - Progress Update Cover Paper.pdf (7 pages)
- 📄 2.2 Cardiff Cancer Research Hub Progress Update (Presentation).pdf (17 pages)

2.3. Quality Management System

Nicola Williams

To Note

- 📄 2.3 Quality Management System Cover Paper.pdf (15 pages)
- 📄 2.3 Quality Management System EMB Shape August Appendix 1.pdf (15 pages)

2.4. Talbot Green Infrastructure Programme Business Case and Outline Business Case: Direction of Travel

Alan Prosser & Jason Hoskins

To Note

- 📄 2.4 TGI Cover Paper.pdf (8 pages)
- 📄 2.4 TGI PBC.pdf (60 pages)

2.5. Integrated Medium Term Plan: Developing Our Approach

Carl James & Phil Hodson

To Note

- 📄 2.5 IMTP - Developing our Approach Cover Paper.pdf (6 pages)
- 📄 2.5 Appendix 1 - IMTP Developing Our Approach.pdf (8 pages)

2.6. Value Based Healthcare Programme of Work

Matt Bunce

To Note

- 📄 2.6 Value Based Healthcare Cover Paper.pdf (9 pages)
- 📄 2.6 Value Based Healthcare Appendix 1_Value Intelligence Centre - Phase 1 Exec Summary.pdf (11 pages)

11:15 - 11:25 3. Assurance

10 min

3.1. Trust Assurance Framework

Lauren Fear

To Note

- 📄 3.1 TAF Paper - SDC - 05.09.2023 - V03.pdf (7 pages)
- 📄 3.1 Appendix 1 - Strategic Risk Refresh Summary.pdf (4 pages)

11:25 - 11:30 4. Consent Agenda

5 min

4.1. Consent for Approval

4.1.1. Environmental Policy & Waste Management Policy Update

Lauren Fear

To Endorse


- 📄 4.1.1 Environmental Policy & Waste Management Policy Update v2.0 (0B) 22.08.23 Cover Paper.pdf (7 pages)
- 📄 4.1.1 Appendix 1.pdf (7 pages)
- 📄 4.1.1 Appendix 2.pdf (12 pages)

4.2. Consent for Noting

4.2.1. RD&I Highlight Report

Andrew Westwell

To Note

 4.2.1 RDI Highlight Report to SDC 05.09.2023.pdf (3 pages)

11:30 - 11:30 5. Any Other Business 0 min

Stephen Harries

Prior agreement by the Chair required.

11:30 - 11:30 6. Review of the meeting 0 min

Stephen Harries

11:30 - 11:30 7. Date & time of the next meeting 0 min

Tuesday 7th November at 10am

Meeting Room, Velindre Headquarters

11:30 - 11:30 8. CLOSE 0 min

The Board is asked to adopt the following resolution:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

**Minutes of Strategic Development Committee
Public Session**

**Held on 4th May 2023 @ 10.00-12.30pm
Trust Headquarters, Nantgarw
(via Teams)**

Chair:		
Stephen Harries	Vice Chair, Independent Member	SH
Members:		
Professor Donna Mead	Chair	DM
Professor Andrew Westwell	Independent Member	AW
Gareth Jones	Independent Member	GJ
Attendees:		
Steve Ham	Chief Executive Officer	SHam
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
Carl Taylor	Chief Digital Officer	CT
Matthew Bunce	Executive Director of Finance	MB
Susan Thomas	Deputy Director of Workforce	ST
Nicola Williams	Executive Director of Nursing, AHPs & Health Science	NW
Gareth Cooke	National Programme Lead, DHCW	GC
Grant Griffiths	Performance Manager, DHCW	GG
Additional Attendees:		
Katrina Febry	Audit Wales	KF
Krisztin Kozlovsky	Internal Audit Manager, NWSSP	KK
Bethan Lewis	TCS Programme Planner and Risk Advisor	BL
Cory Davies	Programme and Project Co-ordinator	CD
Mel Findlay	Business Support Officer	MF
Jessica Corrigan	Business Support Officer/Secretariat	JC
Apologies:		
Carl James	Director of Strategic Transformation, Planning & Digital	CJ
Dr Jacinta Abraham	Executive Medical Director	JA

1.0	STANDARD BUSINESS	ACTION
1.1	<p>Welcome & Introductions</p> <p>Led by Stephen Harries, Chair and Independent Member</p> <p>SH welcomed attendees to the meeting.</p>	

1.2	<p>Apologies for Absence</p> <p>Led by Stephen Harries, Chair and Independent Member</p> <p>Apologies were noted as above.</p>	
1.3	<p>Declarations of Interest</p> <p>Led by Stephen Harries, Chair and Independent Member</p> <p>No declarations of interest were received.</p>	
1.4	<p>Minutes of the Committee Meeting held on 24th March 2023</p> <p>Led by Stephen Harries, Chair and Independent Member</p> <p>The minutes published from the Strategic Development Committee on 24th March will be amended to reflect the following:</p> <p>The last bullet point on page 2 should read:</p> <ul style="list-style-type: none"> • Implementation of the outcome of the CNS review which is underway in Velindre Cancer Centre. <p>Page 3:</p> <ul style="list-style-type: none"> • <i>DM highlighted that the word diversity is only mentioned once in the latter part of the IMTP. This has since been addressed and amended in the IMTP.</i> • <i>Consideration will be given to every donor, patient and carer to have access to the latest research as a consequence of research findings. This has since been addressed and amended in the IMTP.</i> <p>PH assured the Committee all actions had been taken forward and completed and the amendments were made to the IMTP prior to Trust Board meeting in March.</p> <p>Page 4, 3.1 Welsh Blood Service Five Year Plan the following amendments have been made:</p> <p><i>Within the Welsh Blood Service five year plan DM queried 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. Because we are moving toward using larger venues, we don't want some people within the rural communities being excluded.</i></p> <p><i>There will be delivery plans that will emanate from the five year plan and will be addressed in one of the delivery plans.</i></p> <p>The Committee approved the minutes of the meeting held on 24th March 2023 pending the above changes being made.</p>	

1.5	Action Log Led by Stephen Harries, Chair and Independent Member The Committee discussed the action log and a number of updates were provided.	
2.0	Strategic Development	
2.1	Building our Future Together Led by Lauren Fear, Director of Corporate Governance & Chief of Staff Going forward an update will be provided to the Committee on the governance and engagement mechanisms in respect of the Building our Futures Together programme. Building our Future Together Steering Group will be part of the Executive Management Board meetings. Each quarter the overall progress will be considered, bringing in the expert views of the steering group. The details of the membership is being finalised. Colleagues external to Velindre University NHS Trust will be involved within the Steering Group information and progress won't be disseminated until confirmed by the Trust. There will be protocols in place for external attendees. It was highlighted it would be valuable to have a Value Based Healthcare representative to attend the meetings as it was agreed as part of the funding they would be involved where possible. The Strategic Development Committee noted the implementation of the governance and engagement mechanisms for Building our Future Together.	
2.2	Digital Programme: Digital Phase Led by Carl Taylor, Chief Digital Officer The Digital Programme: Digital Phase paper was presented to the Strategic Development Committee by CT. Digital Service Design: Digital Services have engaged an external digital organisation, who also work closely with Welsh Government. A 12 week engagement is underway to provide a strategic overview of capabilities and digital service design. The 12 week engagement started on the 24 th April and is making progress. Updates across the different workstreams: Updates were provided on the integrated platform, digital organisation and digital ecosystem. The following was highlighted:	

	<ul style="list-style-type: none"> • Integrated Platform: The digital services team are refreshing the national programmes plan with Digital Health Care Wales. This has been presented to joint executive team sessions between Velindre University NHS Trust and Digital Health Care Wales. • Digital Organisation: The digital services team have been completing a HIMSS maturity assessment which primarily look at the patient administration systems. This is part of an all-Wales approach. • Digital Ecosystem: The digital services team have signed up to the Digital Communities Wales Inclusion Charter and are finalising the Trust associated 12-month action plan for accreditation. • On the cover paper it says the quality impact assessment is not required, this was queried as it seems like it is a requirement. CT confirmed it will be reviewed across the programme and completed where necessary. • It was confirmed the Business Intelligence teams within Welsh Blood Services and Velindre Cancer Centre are both integrated with Digital Service team colleagues and are aware of the progress of systems being made. <p>The Strategic Development Committee noted the Digital Programme: Digital Phase.</p>	
3.0	PLANNING AND SERVICE DEVELOPMENT	
3.1	<p>School of Oncology Update and Business Case</p> <p>Led by Nicola Williams, Executive Director of Nursing, AHPs and Health Science</p> <p>The School of Oncology Business Case was presented to the Committee by NW who explained there has been significant developments made in respect of the business case since the Committee paper submission deadline. The version provided to the Committee is a working draft. The Business Case will be received at the Velindre Cancer Services Senior Management Team meeting in May 2023, at Executive Management Board and subsequently back to the Strategic Development Committee in July to recommend endorsement for Trust Board approval.</p> <p>Following widespread engagement, the name has been revised from Velindre School of Oncology to Velindre Oncology Academy which is in line with similar educational facilities across the UK and wider.</p> <p>In addition, Velindre Oncology Academy has been working in partnership and has developed a draft tripartite partnership arrangement, subject to Trust Board approval between Velindre University NHS Trust, University of Wales and the University of Wales Trinity Saint David. This agreement will, provide a mechanism for accreditation of courses that will be provided through the Academy.</p>	

	<p>The Committee were advised that it is proposed that the education and training element of the Advancing Radiotherapy Academy will sit under the umbrella of the School of Oncology rather than a separate entity.</p> <p>Tributes were paid by the Committee to all staff involved in this important strategic development for the organisation.</p> <p>It was confirmed Velindre Oncology Academy will have a physical presence Collaborative Centre of Learning in the new Velindre Cancer Centre. Some courses will take place virtually, be held in person, or be a hybrid of both. It was confirmed the first proof of concept event that was organised was held virtually and had national (UK) and international attendees from as far as Australia.</p> <p>It was highlighted that as well as opportunities for the Velindre Oncology Academy providing income going forwards, there would also be cost savings towards for Trust.</p> <p>AW kindly offered if he can help for NW to contact him which was gratefully appreciated.</p> <p>The Strategic Development Committee noted the School of Oncology Update and Business Case paper and endorsed the name change and next steps.</p>	
3.2	<p>Trust Nursing Strategy (2023-2026)</p> <p>Led by Nicola Williams, Executive Director of Nursing, AHPs and Health Science</p> <p>The Trust Nursing Strategy was discussed by NW who advised that previously there has not been a Trust-wide Nurse Strategy, so this had been identified as a priority to be developed. The strategy sets the ambition for nurses and non-registered nurses and was developed through robust staff engagement.</p> <p>If endorsed by the Committee it is proposed that the strategy will be launched by the Trust Executive Director Nursing, AHP & Health Science at the Nursing Conference on the 12th May 2023. Conference attendees will be advised it is being considered by the Trust Board on the 25th May 2023.</p> <p>The Nursing Strategy will link into the Clinical Scientific Strategy once developed.</p> <p>It was confirmed an equality impact assessment has been completed and it was not reflected correctly in the cover paper, this has since been updated.</p> <p>The Strategic Development Committee endorsed the Trust Nursing Strategy for onward board approval.</p>	
3.3	<p>Radiology Informatics System Procurement (RISP) – Full Business Case</p> <p>Led by Gareth Cooke, National Programme Lead, Digital Health and Care Wales</p>	

	<p>The Radiology Informatics System (RIS) Procurement – Full Business Case was discussed by GC.</p> <p>The RIS is used to record patient demographic details and manage the appointment process. Following the completion of an x-ray or scan, the images are stored in a digital format in PACS (Picture archiving and communication system), which is then used to manage the clinical reporting process and to display the images and reports for clinicians outside radiology to review. The PDMS (Patient Dose Monitoring System), working in conjunction with PACS and RIS, is used to assist in monitoring and managing patient radiation doses and to perform optimisation of all radiological exposures. The current RIS is a national system developed and supported by Digital Health Care Wales.</p> <p>RISP provides the opportunity to not only procure replacement systems, but to also modernise and change the way radiology services are delivered across Wales.</p> <p>Operating costs for the new RISP platform are broadly in line with the costs incurred by the Trust for its use of the current RIS and PACS services and there will be a marginal cost increase once the service is fully deployed. To establish the new service, the Trust is expected to incur some capital and non-recurrent revenue costs, some of which are offset via national Welsh Government capital and revenue funding.</p> <p>Assurance was provided to the Committee that this has been accounted for and budgeted for within the financial plan.</p> <p>It was discussed what would be an appropriate date to include on the deployment order. The equipment will have a “cloud approach” so the data is available anywhere. It was suggested potentially the workstations being installed in the Velindre Cancer Centre prior to the new Velindre Cancer Centre being finished might be a practical solution. Further discussions will be held as prior to the deployment order being submitted. These discussions will be held prior to recommendation for Trust Board approval.</p> <p>The Strategic Development Committee endorsed Radiology Informatics System Procurement – Full Business Case for Board approval.</p>	
3.4	<p>Integrated Medium Term Plan 2023 – 2026: Welsh Government Feedback Led by Philip Hodson, Assistant Director of Performance & Planning</p> <p>PH provided a verbal update in respect of the 2023 – 2026 Integrated Medium Term Plan and advised that the Trust is still waiting for the formal feedback following the Welsh Government meeting last week.</p> <p>The Strategic Development Committee noted the verbal update on Integrated Medium Term Plan 2023 – 2026.</p>	

4.0	ASSURANCE	
4.1	<p>Trust Assurance Framework</p> <p>Led by Lauren Fear, Director of Corporate Governance & Chief of Staff</p> <p>The Trust Assurance Framework paper was presented by LF.</p> <p>The Strategic Development Committee were asked to share initial input into the refresh of strategic risks. Work is currently planned / underway with the Divisional and Executive Leadership teams for their input also. Following collation of all these inputs, the Strategic Development Committee will be presented with an updated proposal of the strategic risks in the July meeting to recommend for Board approval in July.</p> <p>NW highlighted the strategic risks have changed given the mitigation put in place and changing NHS context from September 2020 when the Trust Assurance Framework was first developed. The Quality and Safety risk has been focused on elements of the Quality framework but is now more operational in relation to pathways and model of care.</p> <p>AW flagged also needing to think about what cancer therapy future looks like. It was suggested it would be useful to have a more clinical, research and innovation lens on this and AW is happy to help.</p> <p>GJ mentioned there are currently 10 strategic risks currently but is there any thought being given to if that is the optimum number or if this should be reduced as some risks overlap.</p> <p>SH referred to the UK economy and the risk to funding levels for health at a macro level and also the personal finance impacts and should be included in the strategic risks.</p> <p>The Strategic Development Committee noted the plans to review the Trust Assurance Framework.</p>	
5.0	CONSENT ITEMS	
5.1	<p>Convalescent Plasma Project Closure Report</p> <p>The Strategic Development Committee noted the Convalescent Plasma Project Closure Report.</p>	

6.0	ANY OTHER BUSINESS	
	There were no additional items of business brought for discussion.	
7.0	REVIEW OF THE MEETING	
	There were no additional comments or questions raised.	
8.0	DATE AND TIME OF NEXT MEETING	
	The next meeting of the Strategic Development Committee will be held on Thursday 6 th July at 10am.	
9.0	CLOSE	

**Strategic Development Committee
Public Session**

MINUTES OF THE MEETING
Held on 6th July 2023 @ 10.00 – 12.30pm
Trust Headquarters, Nantgarw

Chair:

Stephen Harries	Vice Chair, Independent Member	SH
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Members:

Professor Donna Mead	Chair	DM
Professor Andrew Westwell	Independent Member	AW
Gareth Jones	Independent Member	GJ

Attendees:

Steve Ham	Chief Executive Officer	SHam
Carl James	Executive Director of Strategic Transformation, Planning and Digital	CJ
Lauren Fear	Director of Corporate Governance & Chief of Staff	LF
Dr Jacinta Abraham	Executive Medical Director	JA
Philip Hodson	Deputy Director of Planning & Performance	PH
Carl Taylor	Chief Digital Officer	CT
Matthew Bunce	Executive Director of Finance	MB
Sarah Morley	Executive Director of Workforce	ST
Nicola Williams	Executive Director of Nursing, AHPs & Health Science	NW
Alan Prosser	Director of Welsh Blood Service	AP

Additional Attendees:

Katrina Febry	Audit Wales	KF
Emma Rees	Deputy Head of Internal Audit, NWSSP	ER
Angharad Boundford	Programme Manager	AB
Helen Payne	Radiotherapy Service Manager	HP
Jessica Corrigan	Business Support Officer/Secretariat	JC

Apologies:

Cath O'Brien	Chief Operating Officer	COB
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1.0 STANDARD BUSINESS

ACTION

1.1 Welcome & Introductions

SH welcomed attendees to the meeting.

1.2 Apologies for Absence

Apologies were noted as above.

1.3 Declarations of Interest

It was brought to the committee's attention previously Professor Donna Mead has previously provided Consultancy to University St David's in the past. As it is not an existing commitment, that is why it is not on Professor Donna Mead's declaration of interest.

There were no declarations of interest.

1.4 Minutes of the Committee Meeting held on 4th May 2023

The Committee noted that the Minutes of the previous meeting of 4th May 2023 had unfortunately not been agreed with the meeting Chair in sufficient time to consider them at this meeting. It was agreed that they would be circulated once agreed and would be brought to the next meeting of SDC for Approval.

2.0 PLANNING AND SERVICE DEVELOPMENT

2.1 Trust Integrated Medium Term Plan

The Trust Integrated Medium Term Plan (IMTP) is still awaiting approval for 2023/24 – 2025/26.

Whilst awaiting approval for the 2023/24 – 2025/26 plan, there is a requirement to commence the process for updating our plan for 2024/25 – 2026/27. Although Welsh Government planning guidance is not expected to be issued until October 2023 it is assumed that the IMTP will need to be approved by the Velindre University NHS Trust Board no later than the 31st January 2024.

It was suggested to work through the IMTP process with the Independent Members of this Committee.

The Community Health Council is now The Citizen Voice body for health and social care, Llais.

It was suggested to expand the detail on the process of engaging with Llais and direct patient and donor engagement. LF confirmed that Patient and Community panel launched about a month ago and the initial response is positive.

Professor Donna Mead recently received an email from Llais requesting to meet with herself and the Chief Executive. Professor Donna Mead to send email across to Lauren Fear.

The Strategic Development Committee **noted** the Trust Integrated Medium Term Plan update.

2.2 Velindre Oncology Academy

The Velindre Oncology Academy paper was presented to the Committee.

It was confirmed the uplift of the pay award needs to be included within the costings as the costings included the original pay award prior to the uplift being agreed.

Hannah Russon, Project Lead was thanked for all her hard work and leadership to develop the Velindre Oncology Academy.

The following suggestions were made for opportunities for the Velindre Oncology Academy:

- Broadening horizons on the international platform to help draw international students.
- Offering Velindre University NHS Trust employees who are delivering the training to also develop teaching qualifications. This is an important aspect for staff attraction and retention going forwards.

It was confirmed there will be a virtual or in person training will be provided. The Collaborative Centre for Learning in the new Velindre Cancer Centre will be the base for in person training.

The following amendments needs to be made to the paper:

- Paragraph 1.4 within the Business Case: "The cancer centre currently treats 1.5 million cancer patients". It should read, The Cancer Centre currently treats 1.5 million citizens.

It was confirmed the Integrated Medium Term Plan will include the Velindre Oncology Academy.

The financial business case wasn't included within the papers at this Committee, but it was confirmed it will be included within the Trust Board papers.

The Strategic development Committee **endorsed** and support option 3 the principle of Velindre Oncology Academy for Trust Board approval in July.

2.3 Quality Management System Delivery

The Quality Management System Development paper was delivered to the Strategic Development Committee.

Recently the Executive Team held an informative board development session in relation to the Quality Management Systems Development. The Quality Management System Delivery was also discussed during a Staff Briefing session on 4th July, where 151 staff members attended via teams.

It is planned to bring the Quality Management System Proposal to the Committee in September.

The Strategic Development Committee **Noted** the Quality Management System Delivery paper.

2.4 Replacement of a 3rd Linac at VCC

The Replacement of a third Linac at VCC paper was delivered to the Committee.

It was explained originally the scope was to replace two Linac machines at Velindre Cancer Centre within phase one. Following further demand and capacity planning for the service, the Strategic Development Committee as asked to endorse the replacement of the third Linac at Velindre Cancer Centre.

This allows the service to be further operationally ready for the new Velindre Cancer Centre as well as giving scope to train staff earlier.

It was confirmed the additional costs will be funded by Welsh Government.

Agreement to replace the 3rd LINAC will be followed by the appropriate assurance of budgets and financial approvals.

The Strategic Development Committee **Endorsed for Board Approval** the Replacement of a 3rd Linac at VCC paper.

2.5

This report summarises progress to date and sets out a timeline for concluding the Culture and Values workstream by 31 March 2024. The timeline has been previously agreed at Executive Management Board. It was recognised that we need to involve patients, public and a broad range of stakeholders within the engagement. It was also suggested to show how many people have been

involved in the engagement process and how we have engaged with Llais and staff.

It was suggested the development of a culture and dashboard data set should sit within the quality dashboard to ensure it aligns with the quality work that is currently being undertaken.

The Strategic Development Committee **noted** the timeline and deadlines within the Organisational Values and Culture paper.

3.0 ASSURANCE

3.1 Trust Assurance Framework

Previous discussions have been held within the Strategic Development Committee regarding the refresh of the strategic risks. Sessions have been held with the Leadership Teams but further sessions will need to be arranged.

The Strategic Development Committee **Noted** the verbal update for the Trust Assurance Framework.

4.0 CONSENT ITEMS

4.1 Velindre University NHS Trust Business Continuity and Emergency Planning Policy

It was highlighted a few minor adjustments are needed amending prior to being submitted to Trust Board.

The Strategic Development Committee **Endorsed** the Velindre University NHS Trust Business Continuity and Emergency Planning Policy for Trust Board approval subject to slight amendments.

5.0 ANY OTHER BUSINESS

Bone Marrow Transplant

Cardiff and Vale University Health Board are currently developing a Strategic Outline Case to seek investment from the Welsh Government and other partners to support:

- The development of an agreed ambulatory and inpatient model of treatment delivery for haematology/bone marrow transplant patients,

which will meet both future service demand and address health and safety deficiencies and meets the requirements for JACIE accreditation

- The provision of additional capacity to support advanced cell therapies
- The provision of additional capacity to support the required level of provision for complex specialist oncology patients.

The Strategic Outline Case is being delivered by Cardiff and Vale University Health Board with Velindre University NHS Trust acting as a key partner.

Cardiff and Vale University Health Board are seeking board approval on 27th July. This will be brought through our Trust governance appropriately in July.

6.0 REVIEW OF THE MEETING

It was highlighted the minutes and action log need to have clear actions including the target date.

The minutes and action logs need to be circulated to the Chair promptly after each meeting.

7.0 DATE AND TIME OF NEXT MEETING

The next meeting of the Strategic Development Committee will be held on Thursday 5th September at 10am in Meeting Room, Velindre Headquarters.

8.0 CLOSE

**Strategic Development Committee
September 2023**

Action Summary

Ref.	Action	Assigned to	Meeting Date	Target Date	Progress to date	Status (Open / Closed)
001	Destination 2032 Launch Plan It was 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 June 2023	July Update: Trust Strategy launch will take place at the end of June. September Update: Trust Strategy launch delayed until September due to finalising the designed documents and translations.	OPEN
002	Destination 2032 Launch Plan The importance was expressed to ensure 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 June 2023	July Update: Trust Strategy launch will take place at the end of June. September Update: Trust Strategy launch delayed until September due to finalising the designed documents and translations.	OPEN

STRATEGIC DEVELOPMENT COMMITTEE

CARDIFF CANCER RESEARCH HUB – PROGRESS UPDATE

DATE OF MEETING	5 th September 2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	DISCUSSION
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital / Phil Hodson, Deputy Director of Planning and Performance
PRESENTED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital.
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
EXECUTIVE SUMMARY	<p>Cardiff and Vale University Health Board, Velindre University NHS Trust and Cardiff University are currently developing a Strategic Investment Case which will seek investment from the Welsh Government (capital) and from other partners (revenue) to support the development of a Cardiff Cancer Research Hub.</p> <p>The Cardiff Cancer Research Hub will be delivered in partnership between Cardiff and Vale</p>

	<p>University Health Board, Cardiff University and Velindre University NHS Trust and will support the delivery of cutting edge cancer research for patients in South Wales and beyond, including:</p> <ul style="list-style-type: none"> • Translational (bench to bedside) & reverse translational studies • Early Phase clinical trials, complex late phase clinical trials and trials of Advanced Therapy Medicinal Products (ATMPs) that needing access to specialist services such as critical care
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RECOMMENDATION / ACTIONS	<p>The Strategic Development Committee is asked to:</p> <ul style="list-style-type: none"> • Note and Discuss the Cardiff Cancer Research Hub – Strategic Investment Case (<i>see Appendix 1</i>) • Note the progress made in developing the Strategic Investment Case and the improvements it would deliver to the quality of cancer care and the expected benefits for patients and staff • Note that no financial commitments are being sought at this stage
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Executive Management Board	14/08/2023
<p>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</p> <p>The attached presentation (<i>Appendix 1</i>) was discussed at the Executive Management Board on the 14th August 2023 where there was strong support for the proposal to develop the Cardiff Cancer Research Hub. No strategic / operational risks were considered at this stage given the fact it has not yet secured Welsh Government support.</p> <p>Following this discussion it was agreed that the presentation should be submitted to Strategic Development Committee at its meeting on 5th September 2023.</p>	

7 LEVELS OF ASSURANCE	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	<p>Level 6 - Outcomes realised in full</p> <p>The Strategic Investment Case sets out a plan for improving cancer research across South East Wales together with a detailed approach to the management of delivery (in the Management Case). If the Strategic Investment Case progresses to Outline Business Case then the delivery plans will be further developed. This should provide high levels of confidence that the desired outputs/outcomes should be delivered and sustained.</p>

APPENDICES	
1	Cardiff Cancer Research Hub – Strategic Investment Case (<i>presentation</i>)

1. SITUATION

1.1 Cardiff and Vale University Health Board are currently developing a Strategic Outline Case (SOC) to seek investment from the Welsh Government (capital) and other partners (revenue) to support the following:

- The development of an agreed ambulatory and inpatient model of treatment delivery for haematology/bone marrow transplant patients, which will meet both future service demand and address health and safety deficiencies and meets the requirements for JACIE accreditation
- The provision of additional capacity to support advanced cell therapies
- **The provision of additional capacity to support the Cardiff Cancer Research Hub (see Note 1.2 below)**
- The provision of additional capacity to support the required level of provision for complex specialist oncology patients

1.2 In relation to the Cardiff Cancer Research Hub revenue investment will be subject to a separate business case process. The first stage of this process is the

development of a tri-partite Strategic Investment Case. This is due for completion and submission to the Trust Board in October 2023.

2. BACKGROUND

- 2.1 Cardiff and Vale University Health Board, Velindre University NHS Trust and Cardiff University have worked in partnership to develop the Strategic Investment Case. The programme for delivery has sought to ensure that the anticipated benefits to patients are delivered as soon as possible.
- 2.2 The Cardiff Cancer Research Hub will support the delivery of cutting edge cancer research for patients in South Wales and beyond, including:
- Translational (bench to bedside) & reverse translational studies
 - Early Phase clinical trials, complex late phase clinical trials and trials of Advanced Therapy Medicinal Products (ATMPs) that needing access to specialist services such as critical care

3. ASSESSMENT

- 3.1 The Velindre University NHS Trust team (clinical, planning and finance) have worked closely with partners to support the development of the Strategic Investment Case for the Cardiff Cancer Research Hub. The Strategic Investment Case includes:
- A baseline assessment of current activity
 - A clear articulation of the case for investment
 - A description of the emerging / preferred partnership model
 - A robust financial appraisal to test for affordability, value for money and commercial viability
 - An assessment of the risks, benefits, constraints and dependencies associated with the project
 - A proposed project management approach
- 3.2 **Why do we Need the Cardiff Cancer Research Hub?**
- To provide access to novel treatments and therapies that people in South Wales cannot presently access locally
 - To better connect scientists & NHS clinicians, including making it easier to take new discoveries from the lab to the clinic and building a sustainable translational research pipeline

- To streamline R&D processes, reducing the time taken to recruit patients
- To attract more funding from commercial / non-commercial partners
- To attract and retain top cancer research and clinical talent in South Wales

3.3 **Key Guiding Principles:**

- An equal share of risk and reward among partners (although contributions from partners will likely not be the same/ partners will bring different elements to the partnership).
- The flexibility to draw upon the relevant strengths of each organisation
- A clear brand for the Hub, with each organisation moving towards a shared identity
- A set period of time in order to meet pre-defined objectives i.e. protected time to prove the concept
- An independent Board member and a scientific advisory panel to bring in necessary external governance challenge and advice

3.4 **Assessment - Summary:**

There is a compelling case to support the development of the Cardiff Cancer Research Hub and there are currently no obvious arguments against the development of the Hub. The key areas for future consideration, if the Strategic Investment Case is approved, will be to focus on the key risks to delivery e.g. availability of revenue and capital, capacity/capability to deliver etc.

4. **SUMMARY OF MATTERS FOR CONSIDERATION**

4.1 The Strategic Development Committee is asked to:

- Note and Discuss the Cardiff Cancer Research Hub – Strategic Investment Case (*see Appendix 1*)
- Note the progress made in developing the Strategic Investment Case and the benefits which the Cardiff Cancer Research Hub would deliver
- Note that no financial commitments are being sought at this stage



5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals:	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	09 – Future Direction of Travel
	Safe <input checked="" type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input type="checkbox"/> Efficient <input type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>
	The delivery of the Strategic Investment Case would improve the safety and effectiveness of cancer services and ensure a more equitable/patient centred approach to research as more patients will have the opportunity to access clinical trials.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	Not required



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

<i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	There is no socio-economic impact at this stage of the process.
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	There are no Trust Well-Being goal implications at this stage of the process.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhswales365.sharepoint.com/sites/VEL/ntranet/SitePages/E.aspx	<p>Not required - please outline why this is not required</p> <p>The purpose of this paper is to provide a progress update in relation to the development of the Cardiff Cancer Research Hub and therefore there is no requirement for an equality impact assessment at this stage of the process.</p> <p>However, there will be a requirement to undertake an Equality Impact Assessment at the next stage of the business case / investment process.</p>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
All risks must be evidenced and consistent with those recorded in Datix	

Cardiff Cancer Research Hub

Strategic Investment Case Update

Strategic Development Committee – Progress Update
Tuesday 5th September 2023



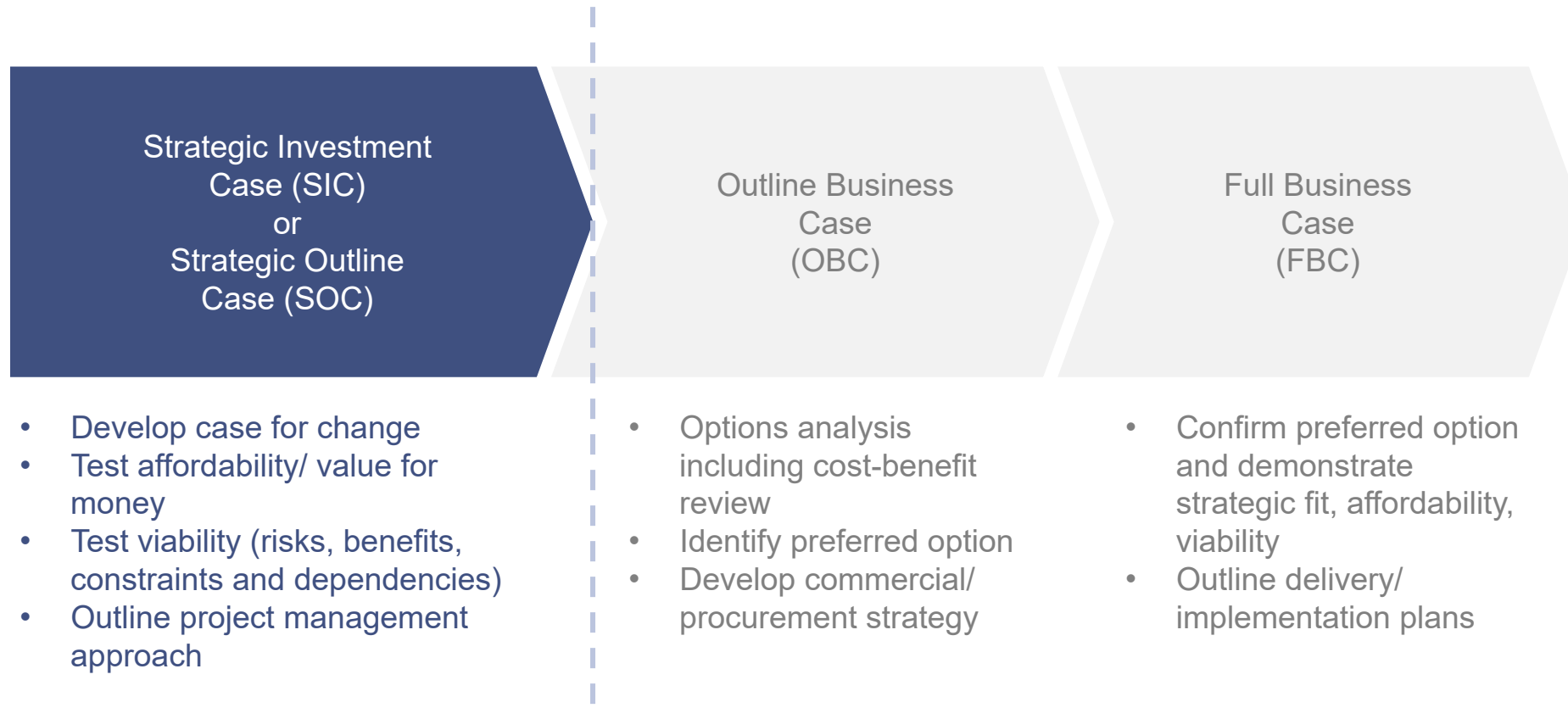
- 1 Strategic investment case plan and status
- 2 Options considered to date
- 3 Emerging investment case summary
 - Strategic case
 - Economic case
 - Commercial case
 - Financial case
 - Management case

1

Strategic investment case plan and status

What is a Strategic Investment Case?

- A Strategic Investment Case (SIC) or Strategic Outline Case (SOC) is key step in the HM Treasury/ Welsh Government business case approval process.
- The CCRH will be required to complete each stage in the below process in order for the three partners to agree to invest.



How the SIC is being developed



2

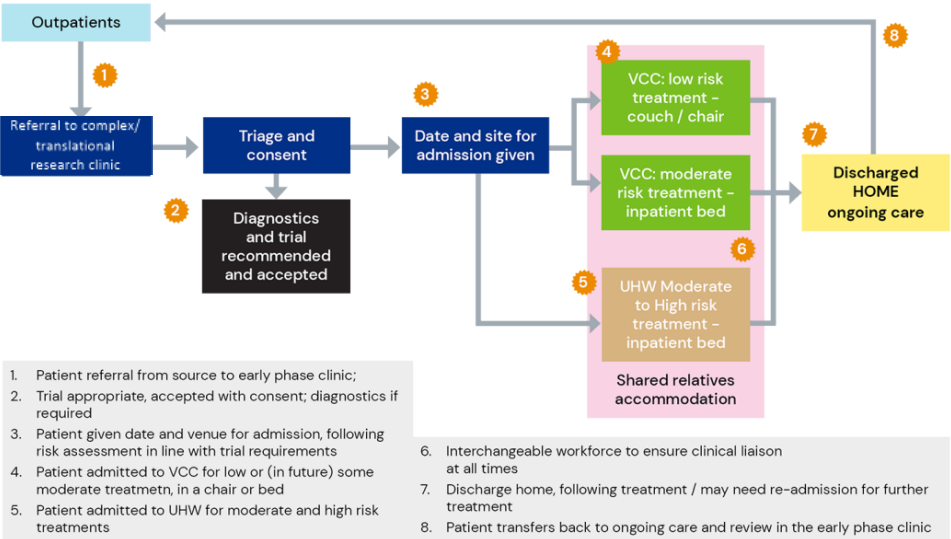
Key considerations to date

Proposed service model

CCRH Joint Proposal

To date, significant work has been undertaken to develop and agree the service model outlined below.

This was formalised in the CCRH Joint Proposal which was agreed by partners in August 2021.



Bone Marrow Transplant Unit SOC

This service model has been used to inform the Partnership's input to the UHW Bone Marrow Transplant Unit (BMTU) Strategic Outline Case.

The latest specification for the Cancer Research Hub is outlined below:



Beds/ Chairs

- 8 Chairs for Early Phase and complex trials , translational research
- 4 open bedded areas for ATMPs/ EPTs
- 2 beds in individual rooms w/ Ensuites for patients receiving vaccines
- 2 beds in the BMT for cellular therapy



Other Clinical Spaces

- Treatment/Vaccine preparation room
- Consulting/Procedure space
- Laboratory Processing Area & Workspace
- Located near BMT facility, Intensive Care Unit etc.



















Non-Clinical Spaces

- Patient reception and waiting areas
- Access to toilets and refreshments.
- Collaborative office space
- Utility and storage rooms

Capacity in similar Cancer Research Hubs



Centre	Bed Capacity	Trial Types	Patient Recruitment (excluding translational studies)	Patients per Bed
 Newcastle University  The Newcastle upon Tyne Hospitals NHS Foundation Trust  CANCER RESEARCH UK	 x5  x9	 ATMPs  EPTs	104	7.4
 CANCER RESEARCH UK OXFORD CENTRE	 x14	 EPTs	120	8.6
 GIG Cymru NHS Wales  CARDIFF UNIVERSITY PRIFYSGOL CAERDYDD	 x8  x8	 ATMPs  EPTs	110 Year 5 Plan	6.9

8/17
Considerations

Based on benchmarking analysis, it appears that CCRH has an appropriate target bed capacity to deliver clinical trials to c. 110 patients per year, with capacity remaining for Translational Studies and expected population growth/ cancer diagnoses.

- ATMPs require a larger capacity due to their complex nature
- Despite Newcastle having a higher population, it has a slightly lower patient recruitment number due to the relatively large number of ATMPs
- Neither Newcastle or Oxford do Translational research

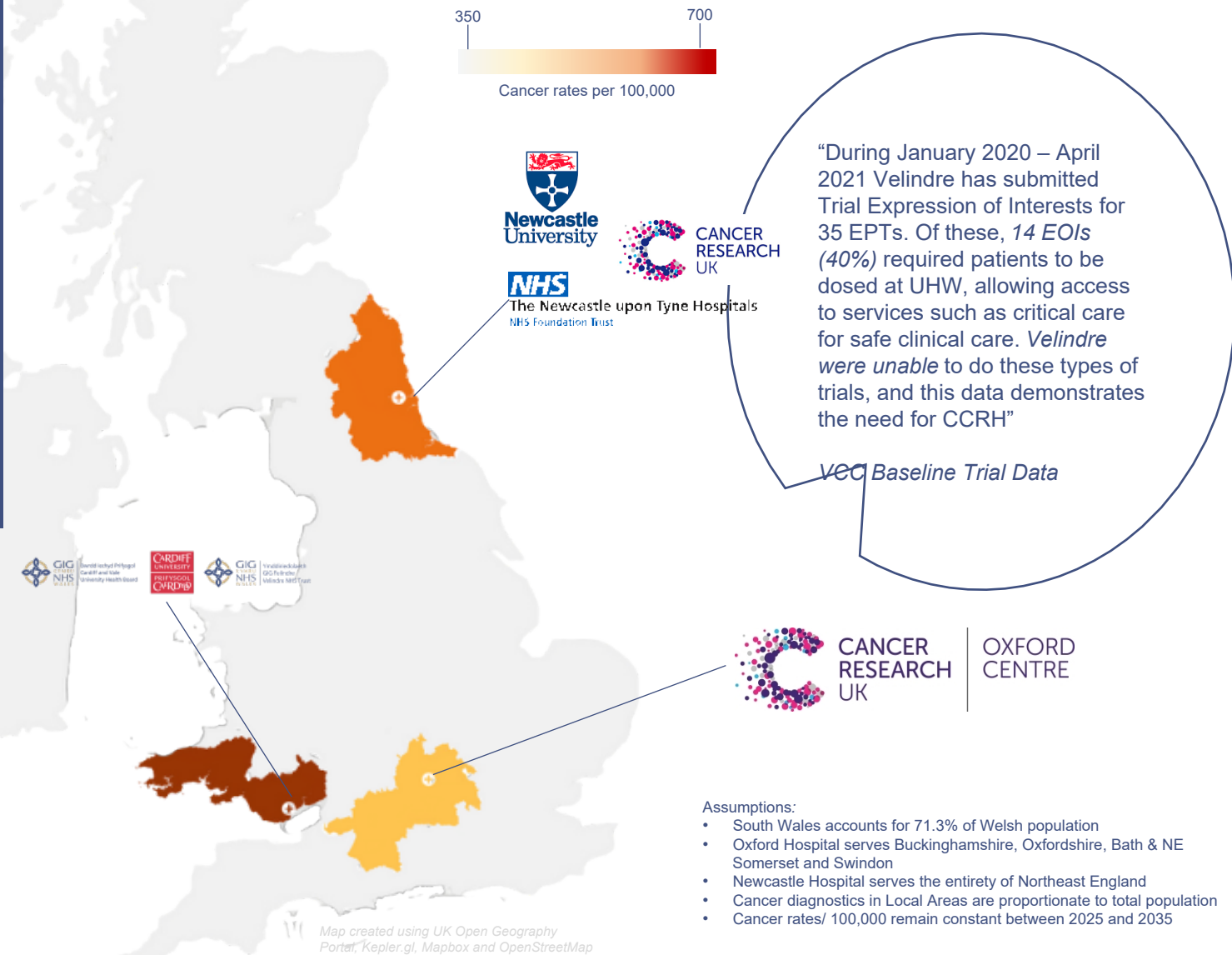
Demand for Cancer Services in South Wales



Demand for the Hub has been benchmarked against existing services in Newcastle and Oxford based on their similar capacity and service models. Key findings:

- 1. South Wales generates a similar level of demand for cancer services as the Newcastle Hub catchment area and significantly more than the Oxford Hub catchment area.
- 2. Velindre is currently unable to participate in c. 40% of solid tumor research opportunities due to the lack of a suitable facility.

Hub catchment area	New diagnosis per 100,000	Forecast 2035 Pop	Total annual diagnosis by 2035
Cardiff	638	2.34m	14,953
Oxford	497	1.96m	9,778
Newcastle	613	2.71m	16,694



Emerging partnership model

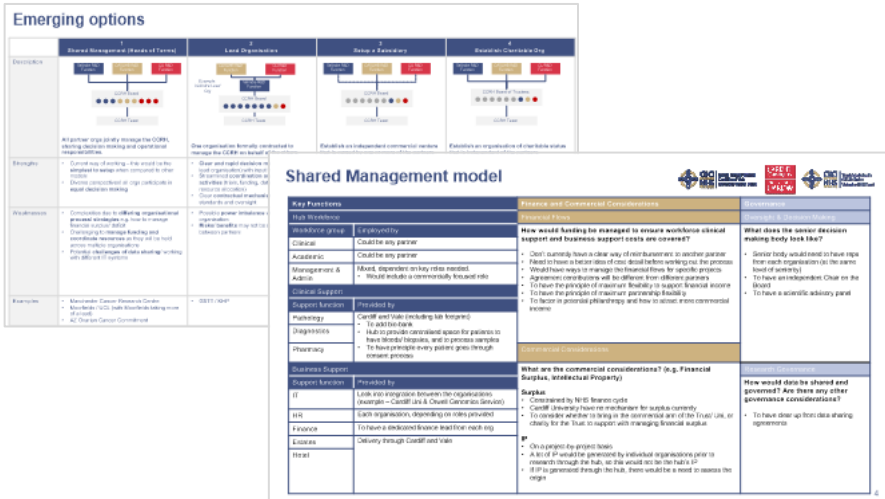


At a partnership workshop on 20th June 2023, a detailed discussion was held around the current partnership model and potential options for the future.

Examples of other NHS-University research partnerships were considered, including the Manchester Cancer Hub, Kings Health Partners, and UCL-Moorfields Eye Hospital.

The following partnership models were discussed in the context of the CCRH:

- 1. Shared Management (current model)
- 2. Lead organisation
- 3. Wholly owned subsidiary
- 4. Charitable organisation



The preferred approach emerging from the session was to continue to operate with a Shared Management arrangement formalised in Heads of Terms, but to continue to consider how to integrate favorable elements of each of the other models in the future.

Key guiding principles emerging from the session were:

- An **equal share of risk and reward** among partners (although contributions from partners will likely not be the same/ partners will bring different elements to the partnership). This includes **shared responsibility for any deficit**, and/ or the ability to **retain any financial surplus, ring-fenced as a development fund**
- The flexibility to **draw upon the relevant strengths** of each organisation
- A **clear brand** for the Hub, with each organisation moving towards a **shared identity**
- A set period of time in order to meet pre-defined objectives i.e. **protected time to prove the concept**
- An **independent Board member** and a **scientific advisory panel** to bring in necessary external governance challenge and advice

3

Emerging strategic investment case summary

Strategic Investment Case structure

There are 5 cases that form the Strategic Investment Case:



Strategic Case

Provide a high-level summary of the strategy including the strategic objectives and CCRH's alignment with partner organisations



Economic Case

The purpose of the economic case is to identify the broad range of benefits that the CCRH will deliver



Commercial Case

Exploring commercialisation opportunities, assessing rewards with partnering / working with various organisations



Financial Case

Developing financial projections, assessing funding requirements and evaluating financial sustainability



Management Case

Recognising the significance of effective project management, including defining roles and responsibilities

Strategic Case



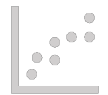
What is the Hub?

A partnership that will deliver cutting edge cancer research for patients in South Wales and beyond, including:

- Translational (**bench to bedside**) & reverse translational studies
- **Early Phase** clinical trials, **complex late phase** clinical trials and trials of **Advanced Therapy Medicinal Products (ATMPs)** that needing access to specialist services such as critical care.

Why do we need it?

1. To provide **access to novel treatments** and therapies that people in South Wales cannot presently access locally
2. Better **connect scientists & NHS clinicians**, including making it easier to take new discoveries from the **lab to the clinic** and building a sustainable **translational research pipeline**
3. Streamline R&D processes, **reducing the time taken to recruit** patients
4. Attract more **funding** from commercial / non commercial partners
5. Attract and retain top cancer research and clinical **talent** in South Wales



Strategies/ reviews that support the Hub



National Cancer Research - Strategy for Wales (CReST)



Welsh Gov Partnerships and Innovation Strategies



Velindre Cancer R&D Ambitions 2021-31



CAVUHB R&D Strategy 2021-24

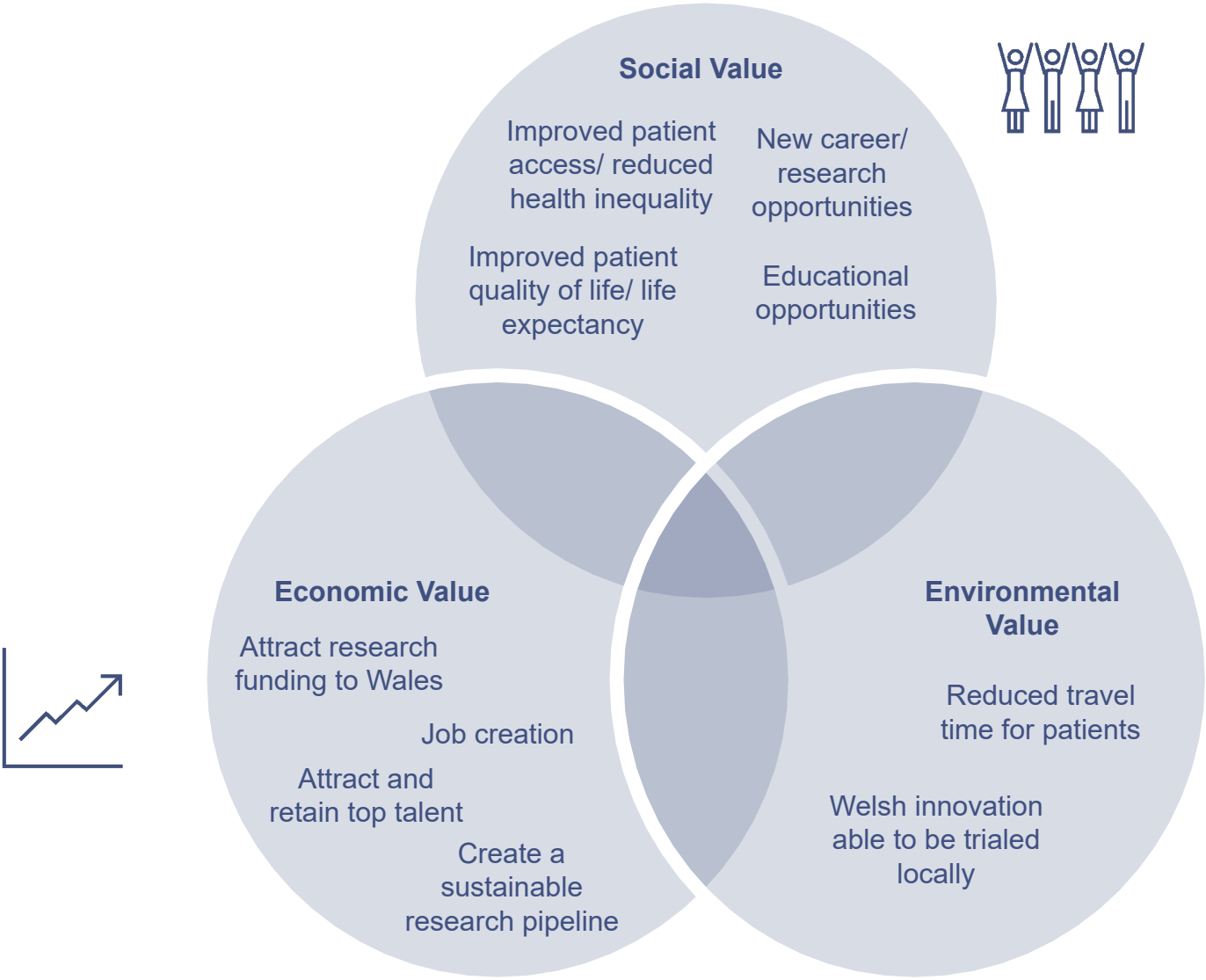


CU Cancer Strategy 2023-28



Nuffield 2020 Recommendation

Economic Case

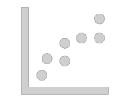


Commercial Case



PRINCIPLES

- Mixed Funding Model
- Aim to increase overall academic and clinical trial funding, particularly the proportion of the research portfolio funded by industry
 - Aim to successfully re-secure Cancer Research UK funding
- Pump Priming
- Pump priming investment will be required in order for the Hub to mature sufficiently to attract income and grow the research portfolio
 - Investment will be sought externally, seeking to minimise the cost to the NHS/ University
- Local Partnerships
- The Hub must work in partnership with a range of organisations in Wales/ Cardiff in order to be successful e.g. Wales Cancer Bank, Medicines Discovery Institute, ECMC, JRO



FUNDING



DELIVERY



- Strategic/ Delivery Partners**
(examples)
- Joint Research Office
 - Cardiff Experimental Cancer Medicine Centre
 - Wales Cancer Bank
 - Medicines Discovery
 - Institute (MDI)
 - Centre for Trials Research (CTR)
 - Clinical Research Organisations (CROs)



Status

- Capital costs for the Hub (estate, medical equipment) are included in the Bone Marrow Transplant Unit (BMTU) Strategic Outline Case, therefore financial analysis for the CCRH Investment Case has focused on the revenue case.
- To inform this, income and cost assumptions have been gathered with input from partners over the last eight weeks. These assumptions were tested and further developed at a workshop with 25 attendees from across the partnership on Wednesday 19th July 2023.
- A key assumption is that the physical Hub space will open in 2025/26. This is predicated on timely approval of the BMTU capital case by Welsh Government and a modular build completed within 12 months of FBC approval.

Outputs by 11th August 2023

For the final investment case, the following financial data points will be available:

Operational Investment Required

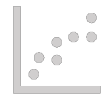
The estimated annual income and costs associated with running the service by year five, and the annual level of additional investment required to reach this level of maturity

Social Value

An understanding of the broader social return on investment for the Hub i.e. what wider economic value could the investment bring

Developing the Full Business Case

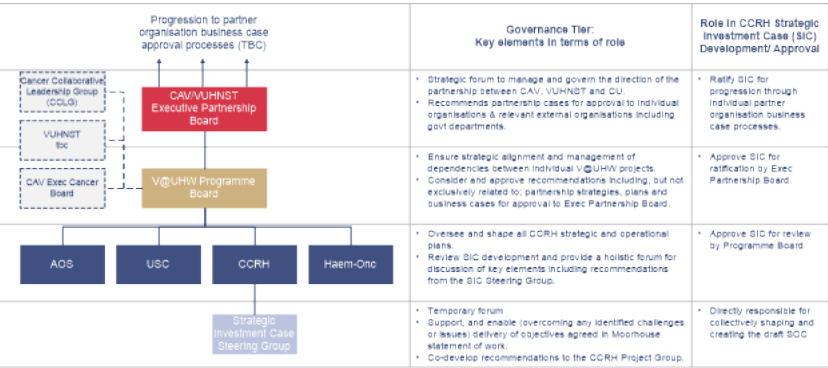
Indicative costings to develop the Hub investment strategy and FBC



Management Case



Project Governance and Oversight



Leadership

Established Steering Group with leadership from across tripartite:

SROs: Jaz Abraham, Carl James (VUNHST)

CU:

- Awen Gallimore
- Catherine Bushell

VUNHST:

- Mererid Evans
- Chris Moreton
- Phil Hodson

CAVUHB:

- Matt Wise

Partnership Working

Heads of Terms for Cardiff Cancer Research Hub, a partnership between Velindre University NHS Trust, Cardiff and Vale University Health Board and Cardiff University, between:

Velindre University NHS Trust of 2 Charnwood Court, Hest Bingsley, Velindre Parc, Newport, Cardiff, CF15 7GZ

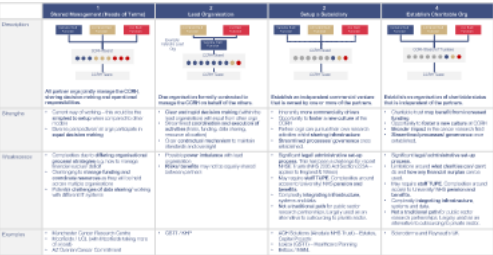
Cardiff and Vale University Health Board of Heath Hospital, Heath Park, Cardiff and Vale Cardiff, CF14 4W

Cardiff University of Mackenzie House, 30-36 Newport Road, Cardiff, University CF24 9ED

Subject to contract

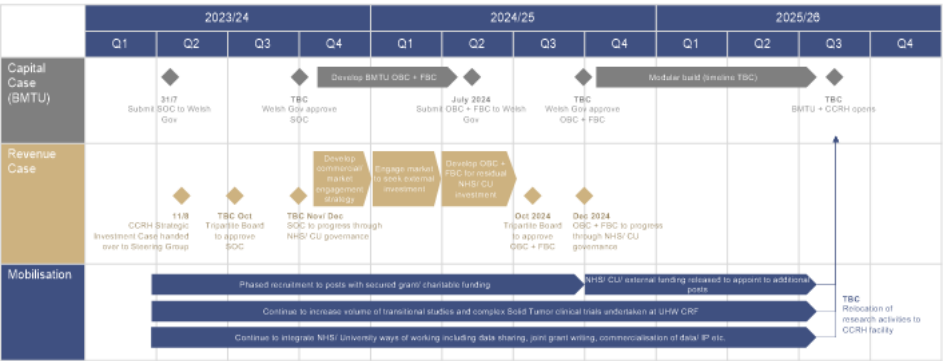
Velindre, Cardiff and Vale and University are interested in entering into a collaboration to support the establishment of a research hub at University Hospital Wales for patients requiring complex systemic treatments and high risk trial interventions as well as closer working with haematology oncology services which would be enabled by the hub and regional research network (Cardiff Cancer Research Hub or 'the Hub'). This document sets out the intention of the collaboration. The contents of this document are not exhaustive and are not legally binding.

Velindre, Cardiff and Vale and University agree to negotiate in good faith with a view to formally progressing the collaboration via a final written collaboration agreement, memorandum of understanding, service level agreement or other contractual model or a new legal entity or lead body consortium model.



Consideration of future options

Roadmap



CCRH Heads of Terms

STRATEGIC DEVELOPMENT COMMITTEE

QUALITY MANAGEMENT SYSTEM DEVELOPMENT

DATE OF MEETING	05/09/2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	N/A
PREPARED BY	Nicola Williams, Executive Director Nursing, AHP & Health Science
PRESENTED BY	Nicola Williams, Executive Director Nursing, AHP & Health Science
EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director Nursing, AHP & Health Science
REPORT PURPOSE	FOR DISCUSSION

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

COMMITTEE OR GROUP	DATE	OUTCOME
Executive Team Meeting	22/05/2023	Direction of travel agreed
Board Development	27/06/2023	Direction of travel agreed
Strategic Development Committee	06/07/2023	Development plans discussed and noted
Executive Management Board	14/08/2023	Discussion held and further development work agreed

1. SITUATION

A slide deck in relation to the development of the Trust Quality Management System following formative discussions at Board Development and a previous Strategic Development Committee is provided to the Strategic Development Committee for further discussion and shaping.

2. BACKGROUND

The National Quality Framework 92021) and Duty of Quality Statutory Guidance (2023) as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 requires NHS Bodies to '**establish effective quality management systems that focus on learning and driven by their boards. It explains how Quality Control, Quality Planning, Quality Improvement and Quality Assurance must work together to form the quality management system that is required.**'



The Trust is required in line with the national Duty of Quality Roadmap to have a defined quality management system in place and operational by 31st March 2024. The Trust has not currently got a Quality Management System in place as required.

The NHS Executive published 'Quality Management System Core Principles' in March 2023 that provides very high-level principles for the development of Organisational Quality Management Systems.

Benchmarking has been undertaken across Wales through the Duty of Quality and Duty of Candour Implementation Board. This included presentations from Swansea Bay and Hywel Dda University Health Boards, the Delivery Unit and Improvement Cymru. In addition, the Trust has, over the last year been engaging with Improvement Cymru reviewing options for how the Trust can adopt 'Quality as a business Strategy: building a system of improvement'.

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

3.1 Current Position:

Discussions to date in respect of the Trusts Quality Management System approach concluded that the Trusts long term Quality Management System will be 'Quality as an Organisational Design'. This approach required high value external

procurement. It was recognised that this approach would take 5 years from commencement to achieve the intended outcomes. However, subsequent discussions have identified that due to the financial outlay required to embark on this programme and the current NHS Wales financial situation that procurement of this would need to be paused at present.

It had been agreed that in the short term the Trust needed to develop a Quality Management system that will be cognisant with the Quality as an organisational design work but meet the national requirements and it was agreed that the Hywel Dda University Health Board approach would be adopted.

3.2 Work Undertaken to date and Next Steps

A slide deck has been developed based on the Hywel Dda Quality Management system approach to outline the proposed aspects of the Trust Quality Management System (**Appendix 1**). Monthly dedicated Executive Management Board time has been agreed to develop the Quality Management System further.

4. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	This work is aligned to all 6 Quality Domains
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	Will be required as part of the QMS development process
LEGAL IMPLICATIONS / IMPACT	There will be possible legal implications if the Trust does not have an effective Quality Management system in place as this is a requirement of the Duty of Quality
FINANCIAL IMPLICATIONS / IMPACT	There will be financial expenditure required to implement a robust QMS. These will be quantified once the way forward in respect of a QMS is known.

5. RECOMMENDATION

The Strategic Development Committee are asked to **DISCUSS** the Quality Management system slide deck and contribute to its further development.

Quality Management System Strategic Framework

Nicola Williams

Aim:
To provide a system wide approach to achieving quality through learning and continuous improvement.

- Duty of Quality Statutory Guidance (2023) requires NHS Bodies to: ***'establish effective quality management systems that focus on learning and driven by their boards. It explains how Quality Control, Quality Planning, Quality Improvement and Quality Assurance must work together to form the quality management system that is required.'***
- National Duty of Quality Roadmap requires organisations to have a defined Quality Management System in place and operational by 31st March 2024.



Achieved through delivery of this framework and the embedding of our Board's strategic objectives, vision, and values



QMS Strategic Framework

Our QMS framework will enable our approach to ensuring our vision 'Excellent Care, Inspirational Learning and Healthier People' is realised.

Approach	What does it mean	When should I consider its use	Cautions	Examples of aligned programmes of work and tools Currently in place
Quality Planning/ redesign	Designing high quality into the structure and processes that meet the service need	When there is an unmet service need, do it once and do it well Ongoing, ensuring quality impact of all strategic decisions are considered	Reorganisation has large risks	<ul style="list-style-type: none"> Trust Strategic Objectives IMTP Value Based Healthcare Quality Decision Making Tools Quality Framework. Quality measure dashboard
Quality Assurance	Method of verifying process integrity and all efforts made to avoid non-conformance	Any time to assure yourself that the system in your area is effective	Do not over-rely on assurance alone	<ul style="list-style-type: none"> Clinical and Quality Audit Regulatory inspections Peer reviews/ benchmarking Quality Measure Reporting Dashboard Always on reporting- Experience Performance Management Framework Policies, procedures and standard operating procedures
Quality Control	Visual leading and lagging measures of high-quality performance to guide action	Real time for efficient operational management of service quality	Quality control needs to be owned and developed by the team	<ul style="list-style-type: none"> Patient/ Donor Experience Feedback systems Improvement Training Harm reporting systems Concerns and compliment systems and data dashboards Improvement data
Quality Improvement	A systematic process to improve performance, quality and safety, efficiency, effectiveness, and experience driven by those closest to the area for improvement.	Solving a complex problem to which we do not know the answer, tackling what matters most to our service users and population	Quality improvement requires time and effort.	<ul style="list-style-type: none"> Safe Care Collaborative Projects 5 Minute Improvement Programme (WBS) Service Improvement projects Incident reporting and concern handling Duty of Candour process Trust Values SCC Leadership project considering the leadership provision to enable psychological safety.

Quality Planning



EMBED QUALITY WITHIN
STRATEGIC DECISION MAKING



UNDERSTAND NEED AND
ASSETS FROM DONOR AND
PATIENT POPULATION
PERSPECTIVE



IDENTIFY GAPS & PRIORITIES
FOR SERVICE REDESIGN AND
CONTINUOUS IMPROVEMENT



ASSIST STAFF TO UNDERSTAND
STRATEGIC OBJECTIVES TO
ENABLE ENGAGEMENT IN
IMPROVEMENT ACTIVITIES IN
THEIR AREAS



DEVLEOP VBHC TO RESHAPE
PATHWAYS

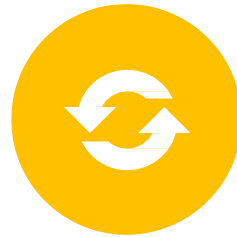
Quality Assurance



REGULATORY
INSPECTIONS



QUALITY MEASURES
DASHBOARD
REPORTING



QUALITY TRACKER



DEVELOPMENT OF
ALWAYS ON
REPORTING



CULTURAL
DEVELOPMENT

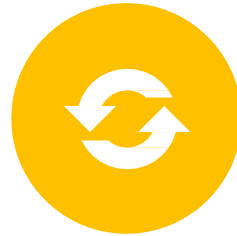
Quality Control



IDENTIFY PRIORITIES



MONITORING IN REAL TIME
AS WELL AS OVER TIME



HAVING ACCESS TO ROBUST
QUALITY DATA



HARM REPORTING SYSTEMS



DEVELOPMENT OF QUALITY
MEASURES

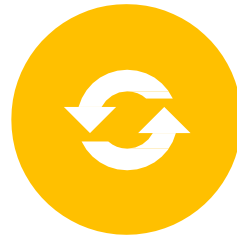
Quality Improvement



UNDERSTAND PRIORITIES
FOR IMPROVEMENT &
DESIGN APPROPRIATE
INTERVENTIONS



UNDERSTAND NEED AND
ASSETS FROM DONOR AND
PATIENT POPULATION
PERSPECTIVE



IDENTIFY GAPS & PRIORITIES
FOR SERVICE REDESIGN AND
CONTINUOUS
IMPROVEMENT



QI TRAINING



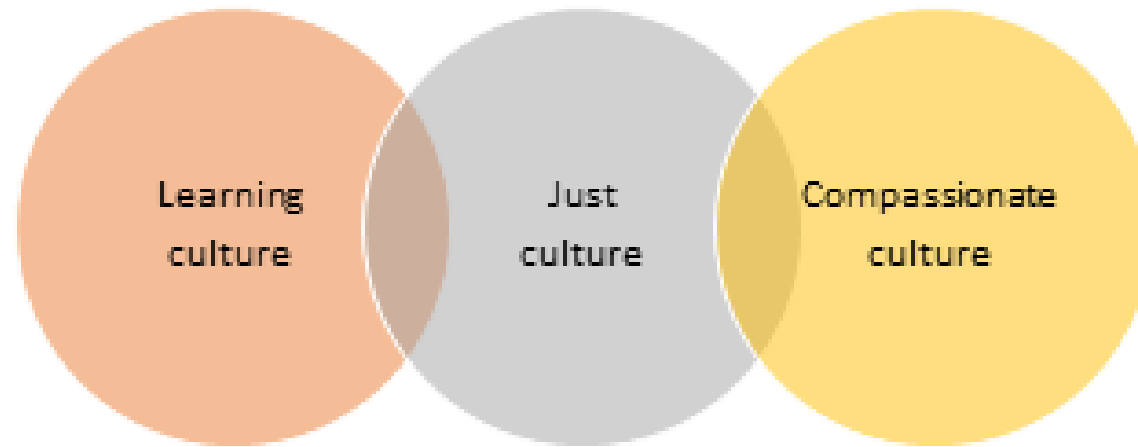
CULTURAL DEVELOPMENT

Enabling Quality Improvement

- Collaborative approach to QI
- Continue to progress Safe Care Collaborative Projects
- Development of QI training
- 5 Minute Improvements programmes
- QI Support for Clinical Teams
- Cultural Development
- Learning and improvement from complaints, compliments and incidents.



Underpinning our Quality Management System



For the QMS to be effective it needs to be underpinned by leadership, beliefs, attitudes, skills and behaviors that support collaboration, psychological safety, responsibility, accountability, continuous improvement and a person centred approach.

Our Quality Management System: we all have a part to play



Next Steps...

2023/24

Quality As An Organisation

Quality Planning

Strategic Planning & policy development in line with WG health & Social Care strategy & meets needs of population

- Embed quality within strategic decision making
- Understand population needs
- Identify gaps and opportunities for continuous improvement
- Enable improvement
- Value Based Healthcare

Quality Assurance

Systems to monitor care quality, identify issues, learning & necessary improvement / corrective actions

- Develop quality measures
- Develop Quality Measure Dashboards
- Further Development of Quality Action Tracker
- Peer Reviews
- External Inspections and Reviews

Quality Control

Ensure that the services we provide are delivered to a high-quality standard and that this standard is maintained and improved upon over time.

- Develop quality dashboards
- Develop PREM measures
- Develop PROM Measures
- Further Develop Always on reporting

Quality Improvement

Support and enable Quality Improvement

- Safe Care Collaborative Projects
- Develop a culture of psychological safety and continuous improvement
- Develop staff knowledge, skills and confidence
- Use of Quality and person centred approach

EXECUTIVE MANAGEMENT BOARD - SHAPE

QUALITY MANAGEMENT SYSTEM DEVELOPMENT

DATE OF MEETING

14th August 2023

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

Nicola Williams, Executive Director Nursing, AHP & Health Science

PREPARED BY

Nicola Williams, Executive Director Nursing, AHP & Health Science

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
Executive Team Meeting	22 nd May 2023	Direction of travel agreed
Board Development	27 th June 2023	Direction of travel agreed
Strategic Development Committee	6 th July 2023	Development plans discussed and noted

1. SITUATION

A slide deck in relation to the development of the Trust Quality Management System following discussion at Board Development and the Strategic Development Committee is provided to Executive Management Board for discussion.

The Executive Management Board are asked to **DISCUSS** the slide deck and contribute to its further development.

2. BACKGROUND

The National Quality Framework (2021) and Duty of Quality Statutory Guidance (2023) as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 requires NHS Bodies to '**establish effective quality management systems that focus on learning and driven by their boards. It explains how Quality Control, Quality Planning, Quality Improvement and Quality Assurance must work together to form the quality management system that is required.**'



The Trust is required in line with the national Duty of Quality Roadmap to have a defined quality management system in place and operational by 31st March 2024.

The NHS Executive published 'Quality Management System Core Principles' in March 2023 that provides very high-level principles for the development of Organisational Quality Management Systems.

The Trust has not currently got a Quality Management System in place as required.

Benchmarking has been undertaken across Wales through the Duty of Quality and Duty of Candour Implementation Board. This included presentations from Swansea Bay and Hywel Dda University Health Boards, the Delivery Unit and Improvement Cymru. In addition, the Trust has, over the last year been engaging with Improvement Cymru reviewing options for how the Trust can adopt 'Quality as a business Strategy: building a system of improvement'.

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

3.1 *Current Position:*

Discussions to date have concluded that the Trusts long term Quality Management System will be 'Quality as an Organisational Design'. This requires external procurement which has commenced but is a 5 year long term plan.

It was therefore concluded that the Trust needs to develop a Quality Management system that will be cognisant with the Quality as an organisational design work and that the Hywel Dda University Health Board approach would be adopted.

3.2 *Work Undertaken to date and Next Steps*

A slide deck has been developed based on the Hywel Dda Quality Management system approach to outline the proposed aspects of the Trust Quality Management System (**Appendix 1**).

4. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	This work is aligned to all 6 Quality Domains
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	Will be required as part of the QMS development process
LEGAL IMPLICATIONS / IMPACT	There will be possible legal implications if the Trust does not have an effective Quality Management system in place as this is a requirement of the Duty of Quality
FINANCIAL IMPLICATIONS / IMPACT	There will be financial expenditure required to implement a robust QMS. These will be quantified once the way forward in respect of a QMS is known.

5. RECOMMENDATION

The Executive Management Board are asked to **DISCUSS** the Quality Management system slide deck and contribute to its further development.

Quality Management System Strategic Framework

Nicola Williams

Aim:

To provide a system wide approach to achieving quality through learning and continuous improvement.

- Duty of Quality Statutory Guidance (2023) requires NHS Bodies to: ***'establish effective quality management systems that focus on learning and driven by their boards. It explains how Quality Control, Quality Planning, Quality Improvement and Quality Assurance must work together to form the quality management system that is required.'***

- National Duty of Quality Roadmap requires organisations to have a defined Quality Management System in place and operational by 31st March 2024.



Achieved through delivery of this framework and the embedding of our Board's strategic objectives, vision, and values



QMS Strategic Framework

Our QMS framework will enable our approach to ensuring our vision 'Excellent Care, Inspirational Learning and Healthier People' is realised.

Approach	What does it mean	When should I consider its use	Cautions	Examples of aligned programmes of work and tools Currently in place
Quality Planning/ redesign	Designing high quality into the structure and processes that meet the service need	When there is an unmet service need, do it once and do it well Ongoing, ensuring quality impact of all strategic decisions are considered	Reorganisation has large risks	<ul style="list-style-type: none"> Trust Strategic Objectives IMTP Value Based Healthcare Quality Decision Making Tools Quality Framework. Quality measure dashboard
Quality Assurance	Method of verifying process integrity and all efforts made to avoid non-conformance	Any time to assure yourself that the system in your area is effective	Do not over-rely on assurance alone	<ul style="list-style-type: none"> Clinical and Quality Audit Regulatory inspections Peer reviews/ benchmarking Quality Measure Reporting Dashboard Always on reporting- Experience Performance Management Framework Policies, procedures and standard operating procedures
Quality Control	Visual leading and lagging measures of high-quality performance to guide action	Real time for efficient operational management of service quality	Quality control needs to be owned and developed by the team	<ul style="list-style-type: none"> Patient/ Donor Experience Feedback systems Improvement Training Harm reporting systems Concerns and compliment systems and data dashboards Improvement data
Quality Improvement	A systematic process to improve performance, quality and safety, efficiency, effectiveness, and experience driven by those closest to the area for improvement.	Solving a complex problem to which we do not know the answer, tackling what matters most to our service users and population	Quality improvement requires time and effort.	<ul style="list-style-type: none"> Safe Care Collaborative Projects 5 Minute Improvement Programme (WBS) Service Improvement projects Incident reporting and concern handling Duty of Candour process Trust Values SCC Leadership project considering the leadership provision to enable psychological safety.

Quality Planning



EMBED QUALITY WITHIN
STRATEGIC DECISION MAKING



UNDERSTAND NEED AND
ASSETS FROM DONOR AND
PATIENT POPULATION
PERSPECTIVE



IDENTIFY GAPS & PRIORITIES
FOR SERVICE REDESIGN AND
CONTINUOUS IMPROVEMENT



ASSIST STAFF TO UNDERSTAND
STRATEGIC OBJECTIVES TO
ENABLE ENGAGEMENT IN
IMPROVEMENT ACTIVITIES IN
THEIR AREAS



DEVLEOP VBHC TO RESHAPE
PATHWAYS

Quality Assurance



REGULATORY
INSPECTIONS



QUALITY MEASURES
DASHBOARD
REPORTING



QUALITY TRACKER



DEVELOPMENT OF
ALWAYS ON
REPORTING



CULTURAL
DEVELOPMENT

Quality Control



IDENTIFY PRIORITIES



MONITORING IN REAL TIME
AS WELL AS OVER TIME



HAVING ACCESS TO ROBUST
QUALITY DATA



HARM REPORTING SYSTEMS



DEVLEOPMENT OF QUALITY
MEASURES

Quality Improvement



UNDERSTAND PRIORITIES
FOR IMPROVEMENT &
DESIGN APPROPRIATE
INTERVENTIONS



UNDERSTAND NEED AND
ASSETS FROM DONOR AND
PATIENT POPULATION
PERSPECTIVE



IDENTIFY GAPS & PRIORITIES
FOR SERVICE REDESIGN AND
CONTINUOUS
IMPROVEMENT



QI TRAINING



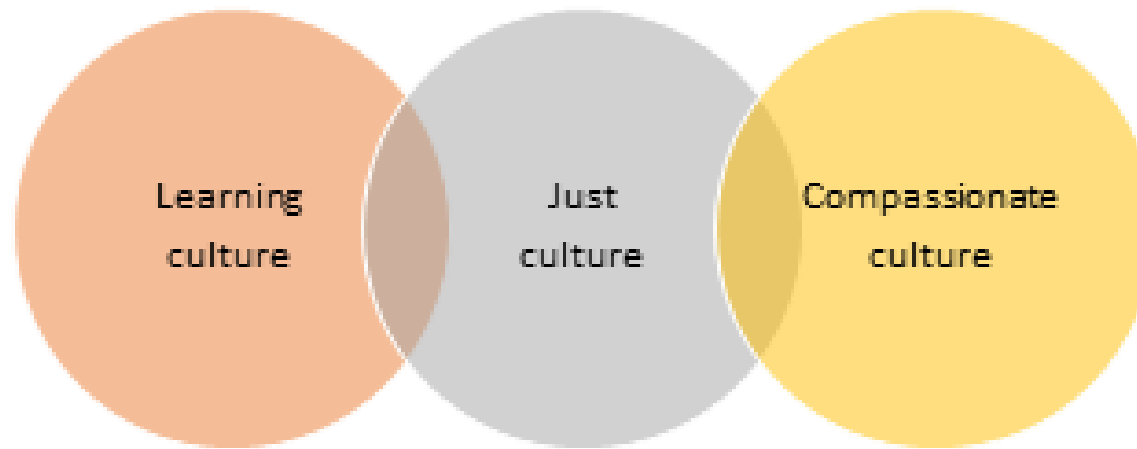
CULTURAL DEVELOPMENT

Enabling Quality Improvement

- Collaborative approach to QI
- Continue to progress Safe Care Collaborative Projects
- Development of QI training
- 5 Minute Improvements programmes
- QI Support for Clinical Teams
- Cultural Development
- Learning and improvement from complaints, compliments and incidents.



Underpinning our Quality Management System



For the QMS to be effective it needs to be underpinned by leadership, beliefs, attitudes, skills and behaviors that support collaboration, psychological safety, responsibility, accountability, continuous improvement and a person centred approach.

Our Quality Management System: we all have a part to play



Next Steps...

2023/24

Quality As An Organisation

Quality Planning

Strategic Planning & policy development in line with WG health & Social Care strategy & meets needs of population

- Embed quality within strategic decision making
- Understand population needs
- Identify gaps and opportunities for continuous improvement
- Enable improvement
- Value Based Healthcare

Quality Assurance

Systems to monitor care quality, identify issues, learning & necessary improvement / corrective actions

- Develop quality measures
- Develop Quality Measure Dashboards
- Further Development of Quality Action Tracker
- Peer Reviews
- External Inspections and Reviews

Quality Control

Ensure that the services we provide are delivered to a high-quality standard and that this standard is maintained and improved upon over time.

- Develop quality dashboards
- Develop PREM measures
- Develop PROM Measures
- Further Develop Always on reporting

Quality Improvement

Support and enable Quality Improvement

- Safe Care Collaborative Projects
- Develop a culture of psychological safety and continuous improvement
- Develop staff knowledge, skills and confidence
- Use of Quality and person centred approach

STRATEGIC DEVELOPMENT COMMITTEE

Talbot Green Infrastructure Programme

DATE OF MEETING

5th September 2023

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE

INFORMATION / NOTING

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?

NO

PREPARED BY

Sarah Richards, General Services Manager

PRESENTED BY

Carl James, Director of Executive Strategic Transformation, Planning and Digital

APPROVED BY

Carl James, Executive Director of Strategic Transformation, Planning and Digital

EXECUTIVE SUMMARY

The Talbot Green Infrastructure Programme is overseeing development of the Outline Business Case (OBC) for Phase 1 (sustainable infrastructure) of works proposed for the headquarters of the Welsh Blood Service in Talbot Green.

In light of finalised decant costs and clarity around requirements for space utilisation for the WBS Laboratories, a Feasibility Report has been completed exploring whether phase 1 and phase



	<p>2 (Laboratory Modernisation) can be integrated. This would consolidate all elements of construction into one programme of work, preventing abortive costs and maximising benefits to the WBS as well as avoiding duplicating decant costs for both phases.</p> <p>This paper is updating the Strategic Development Committee of the endorsement made by the Executive Management Board of the decision of the Talbot Green Infrastructure Programme Board to integrate Phases 1 and 2 into one Outline Business Case for Welsh Government.</p>
--	---

RECOMMENDATION / ACTIONS	The Strategic Development Committee is asked to note the content of the paper.
---------------------------------	--

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Talbot Green Infrastructure Programme Board	01/08/2023
Executive Management Board - Run	14/08/2023
	(DD/MM/YYYY)
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
Approved	

7 LEVELS OF ASSURANCE	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Level 4 - Increased extent of impact from actions

APPENDICES

Appendix 1 Appendix 2	Proposed Short-List Options for integrated OBC Programme Business Case
--------------------------	---

1. SITUATION

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

- **Phase 1: Sustainable Infrastructure**
- **Phase 2: Laboratory Modernisation**

Based upon the original scope, the Welsh Government allocated £150,000 to support development of the Outline Business Case (OBC) for the Sustainable Infrastructure Phase 1, which is nearing completion.

1.2 Since the original scope was agreed for phase 1 (sustainable infrastructure), further challenges and opportunities have emerged:

- **Laboratory Decant Costs** – the laboratory decant costs for the duration of the works has been estimated at around £3M to ensure continued service provision whilst construction is live.
- **Laboratory Services Modernisation Programme** – the scope of the space utilisation elements of this programme have been agreed.

1.3 As a result, it was agreed to instruct the Supply Chain Partner (SPC) to carry out a high-level Feasibility Report to understand the laboratory utilisation elements of the Laboratory Modernisation Programme.

The Feasibility Report would scope laboratory utilisation and provide indicative costs and benefits. In addition, it would outline the relationship between Phase 1 and Phase 2 of the programme, providing clarity around which elements of the laboratory utilisation could be completed as part of Phase 1, enabling WBS to future proof the facility without any abortive works. The cost of the feasibility study was £127K (ex. VAT) and was completed in July 2023.

2. BACKGROUND

2.1 The completed Feasibility Report was taken to the TGI Programme Board in August 2023 to discuss and agree how best to proceed with the phased approach outlined within the PBC. Options are listed below.

- I. On completion of the Feasibility Report, the Board could decide to continue with Phase 1 only (sustainable infrastructure).
- II. On completion of the feasibility Report, the Board could decide to integrate Phases 1 & 2 (sustainable infrastructure and Laboratory Modernisation).

3. ASSESSMENT

3.1 The feasibility has been concluded and presents a list of options highlighting various building layouts for consideration as part of the laboratory space utilisation (Appendix 1 outlines the proposed short-list of options for sustainable infrastructure with laboratory options included).

3.2 The Programme Business Case has refreshed as part of this process (appendix 2).

4. SUMMARY OF MATTERS FOR CONSIDERATION

4.1 At its meeting on 1st August 2023, the TGI Programme Board considered whether to continue with phase 1 only (sustainable infrastructure) or integrate phases 1 and 2 (sustainable infrastructure and Laboratory Modernisation) into one OBC.

It was proposed to integrate phases 1 and 2 as this would consolidate all elements of construction into one programme of work, preventing abortive costs and maximising benefits to the WBS.

Furthermore, it would avoid duplicating decant costs for both phases.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> Outstanding for quality, safety and experience 	<input checked="" type="checkbox"/>



<ul style="list-style-type: none">• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/>• A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/>• A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/>													
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	09 - Future Direction of Travel												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply												
	<table><tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Timely</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Equitable</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Patient Centred</td><td><input checked="" type="checkbox"/></td></tr></table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
	Safe	<input checked="" type="checkbox"/>											
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).													
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information: https://www.gov.wales/socio-economic-duty-overview</i>	Not yet completed (Include further detail below why)												



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Globally Responsible Wales - Consideration of whether an action may make a positive contribution to global well-being.
	If more than one Well-being Goal applies please list below: A Resilient Wales A Healthier Wales A Prosperous Wales
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	<p>Source of Funding: Welsh Government</p> <p>Please explain if 'other' source of funding selected: Click or tap here to enter text</p> <p>Type of Funding: Capital Funding</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: £190K (ex VAT)</p> <p>Type of Change Major Programme Please explain if 'other' source of funding selected: Click or tap here to enter text</p>
EQUALITY IMPACT ASSESSMENT For more information: https://nhswales365.sharepoint.com/sites/VEL_intranet/SitePages/E.aspx	Not yet completed - Include further detail below why Click or tap here to enter text.



ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	
WHAT IS THE CURRENT RISK SCORE	
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	
All risks must be evidenced and consistent with those recorded in Datix	



Appendix 1 – Proposed Short-List Options for integrated OBC:

Option	Description
Option 1 - Do Nothing	
Option 2 - Do Minimum	Full mechanical & electrical compliance, no carbon reduction measures.
Option 2A - Do Minimum Plus	Full mechanical & electrical compliance, selected carbon reduction measures.
Option 3A	Full mechanical & electrical compliance, selected carbon reduction measures. Laboratory works to be completed to include minor improvements to laboratory layouts in existing locations only.
Option 3B	Full mechanical & electrical compliance, selected carbon reduction measures. Laboratory works to be completed to include relocating manufacturing and distribution laboratories to be co-located on ground floor.
Option 4 – Do maximum	Full mechanical & electrical compliance, selected carbon reduction measures. Laboratory works to be completed to include extension to accommodate all laboratories (Manufacturing & Distribution, WTAIL, WBMDR & NEQAS) being co-located on ground floor.

Velindre University NHS Trust

Welsh Blood Service

Sustainable Infrastructure Programme Business Case

August 2023 – Final v3

Document Information

Status	Final
Date	4 th August 2023
Authors	Adcuris/VUNHST/ WBS
Circulation	Project Team/ Programme Board

Version	Date	Summary of Change	Document Owner
Final v1	June 2020	Version 1 of PBC endorsed by VUNHST	Sarah Richards
Draft v2	July 2023	Updated to reflect latest progress of works	Sarah Richards
Final v3	August 2023	Financial and non-financial appraisal included	Sarah Richards

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GLOSSARY OF ABBREVIATIONS

1MVA	Mega Volt Amp	Non QB	Non-Quantifiable Benefits
AHU	Air Handling Unit	NPC	Net Present Cost
ASHP	Air Source Heat Pump	NPV	Net Present Value
BAU	Business As Usual	OBC	Outline Business Case
BCR	Benefit-cost Ratio	OLED	Organic Light-emitting Diode
CHP	Combined Heat and Power	PBC	Programme Business Case
CIA	Comprehensive Investment Appraisal	PSO	Programme Spending Objective
CRB	Cash Releasing Benefits	QB	Quantifiable Benefits
CSF	Critical Success Factor	SFIs	Standing Financial Instructions
CVUHB	Cardiff and Vale University Health Board	SNBTS	Scottish National Blood Transfusion Service
EAC	Equivalent Annual Costs	SOC	Strategic Outline Case
EAV	Equivalent Annual Value	TG	Talbot Green
FBC	Full Business Case	UKAS	United Kingdom Accreditation Services
GP	Good Practice	VAT	Value Added Tax
HTA	Human Tissue Authority	VFM	Value for Money
IMTP	Integrated Medium Term Plan	VRF	Variable Refrigerant Flow
LED	Light-emitting Diode	VUNHST	Velindre University NHS Trust
LV	Low-Voltage	WBS	Welsh Blood Service
LZC	Low and Zero Carbon	WG	Welsh Government
M&E	Mechanical and Electrical	(W)HBN	Welsh Health Building Note
MCCP	Motor Control Centre Panels	(W)HTM	Welsh Health Technical Memorandum
MHRA	Medicines and Healthcare products Regulatory Agency	WHSSC	Welsh Health Specialised Services Committee
MSP	Managing Successful Programmes	WPD	Western Power Distribution
NHSWSSP	NHS Wales Shared Services Partnership	WTAAIL	Welsh Transplantation and Immunogenetics Laboratory
Non CRB	Non-Cash Releasing Benefits		

APPENDICES

1	Long List of Options
2	High Level Cost Forms

3	Economic Appraisal
4	Non-Financial Appraisal Scoring

1.0 OVERVIEW

This Programme Business Case (PBC) sets out the rationale for supporting the continued resilience of the Welsh Blood Service (WBS). These improvements will support the provision of high quality, safe, sustainable, efficient services and help to meet Good Practice (GP).

The PBC describes the process the Velindre University NHS Trust (VUNHST) / WBS have worked through to identify the preferred way forward and sets out the constituent capital projects planned to implement this change.

The strategic aims of this Programme Business Case are to:

- Ensure there is an integrated sustainable blood and transfusion service provided from premises that are fit for purpose, sustainable and support a more automated and efficient service
- Maximise the opportunities to utilise and embed innovative technologies in the delivery of public services
- Improve the well-being of staff, the population of Wales and the World through contributing to the global reduction in carbon emissions.

Welsh Government is therefore asked for their continued support in relation to the Programme as described within this updated PBC and acknowledge the associated capital investment being sought through the development and submission of appropriate project business cases moving forward.

It should be noted that while the PBC describes the proposed future vision for the WBS, the key focus of this updated PBC is on the relevant technical infrastructure required to support the delivery of sustainable, safe and high quality facilities and will be updated at appropriate intervals to explore the implementation of any further tranches that may support the programme when necessary.

Assuming approval, this will be delivered in two projects. These individual projects are:

- Project 1: Mechanical and electrical infrastructure, including renewables and carbon footprint reduction and the remodelling of facilities to support the future laboratory modernisation
- Project 2: Laboratory service transformation and workforce changes

Work is being undertaken, separately to this programme, in relation to Plasma for Medicines. This will explore potential efficiencies in space utilisation, practices, processes and workforce for Plasma for Medicines processing requirements (testing and freezing). This initial programme will, however, provide the additional electrical capacity to support increased processing and storage capacity for this service in the future.

1.1 Structure And Content Of The Document

The PBC has been prepared using Welsh Government guidance for major capital investment. It describes the process the Trust / WBS has followed to inform its thinking and decision making, using the Five Case Model methodology. This is an iterative process and as agreed with colleagues in Welsh Government, it sets out the case for change and the required projects using the information available at the time, while describing the ongoing work to refine current thinking and provide greater assurance to support the preferred way forward.

The document is structured using the Five Case Model format:

- The Strategic Case sets out the strategic context and its alignment with the Trusts business strategy, the case for change, together with the supporting spending objectives for the programme
- The Economic Case describes the preferred way forward through the selection of the constituent projects that make up the programme
- The Commercial Case outlines the preferred procurement route
- The Financial Case highlights the affordability of the programme and how it can be funded over time, and
- The Management Case focuses on the work required to ensure successful delivery of the programme.

Strategic Case

2.0 THE STRATEGIC CASE: STRATEGIC CONTEXT

2.1 Introduction

This section of the PBC sets out the strategic context within which the planned investments will be taken forward.

2.2 Organisational Overview: Welsh Blood Service and Velindre University NHS Trust

The Welsh Blood Service (WBS) is a division of Velindre University NHS Trust (VUNHST) and plays a vital role in modern prudent healthcare striving to save and transform lives through the generosity of donors.

WBS has responsibility for coordinating and supplying blood and blood components to hospitals across NHS Wales. It provides a range of essential multifaceted, highly specialised services for NHS Wales, ensuring that it has access to blood and blood components to treat patients and support the transplant programmes through the Welsh Transplantation and Immunogenetics Laboratory.

The image below shows the estate across Wales and puts the service provided by WBS into context:



Key service metrics include:

- 80,000 Donations taken per year
- 1,200 Donation sessions per year
- 581 Staff
- 150+ Donor venues
- 350 Units - issuing daily to 18 Customer hospitals
- 4 Team bases – Cardiff, Dafen, Bangor and Wrexham (stock holding unit)

Figure 1: Welsh Blood Service Estate Locations / Service Context

Talbot Green

The WBS main facility is situated at Talbot Green (TG). This site plays a vital contribution in supporting the collection, supply and manufacturing of blood products across the whole of Wales. In addition, the service supports the solid organ and stem cell transplant programmes that run out of Cardiff & Vale University Health Board (CVUHB) and runs the Welsh Bone Marrow Donor Registry.



Figure 2: Customer Hospitals supported by the WBS

2.2.1 The Commissioner's Perspective

WBS is commissioned by the Welsh Health Specialised Services Committee (WHSSC) on behalf of Health Boards in Wales as part of VUNHST.

WHSSC is the commissioning body who plan, secure and monitor the quality of a range of highly specialised (tertiary services) for the population of Wales. WHSSC receives funding from the Health Boards to pay for these services for everyone who lives in Wales and is entitled to NHS care.

For WBS this consists of blood donations, antenatal screening, inherited bleeding disorders, renal, stem cell, blood and marrow transplant services.

The WBS estate and infrastructure is supported by the funding allocated to VUNHST via the discretionary capital programme, alternatively through direct funding submissions to Welsh Government.

WHSCC is not allocated a discretionary capital programme as provided direct to Health Boards/Trusts. Revenue funding cost pressures are intended to be managed by VUNHS Trust. However, service developments beyond the current scope of commissioned services are submitted to WHSCC for its consideration. If approved, these are resourced by funding flows from Health Boards.

2.3 Business Strategies

The following section reflects the review of strategies for the Trust relating to the national, regional or local strategies as well as the specific strategies that relate to the Welsh Blood Service and highlight the context within which the PBC has been developed.

2.3.1 National Context



Figure 3: National Business Strategies

This programme will support a number of the national strategic drivers by allowing the WBS to make improvements in service amenities and supports the ongoing provision of high quality, safe, sustainable, efficient services and help to meet Good Practice (GP).

The works identified within the programme will also look to improve the pathway for the management and processing of blood and transfusions services within the WBS and bring operational efficiencies to the service, reducing waste and move towards models of excellence comparable with other leading Blood Services.

Specifically the programme will aim to:

- Do things differently: ensuring modern, fit for purpose facilities that enable the introduction of best practice with efficient flows and adjacencies to enable the maximum use of facilities
- Back the NHS workforce: by providing a pleasant working environment which permits the integration of services and collaboration which permits staff to deliver services to the levels they believe are necessary
- Get the most out of taxpayers' investment in the NHS: ensuring services are delivered efficiently through improvements in workflows and increases in capacity
- Use technology to optimise and standardise in order to reduce variation in health and social care provision and outcomes

2.3.2 Regulation and Accreditation Requirements

2.3.2.1 Regulation

The appropriate licences from the following organisations are required in order to deliver the services:

- The Human Tissue Authority (HTA) is the independent regulator of organisations that remove, store and use human tissue for research, medical treatment, post-mortem examination, education and training, and display in public. The HTA monitors, inspects, and regulates organisations, ensuring that there is compliance regarding the obtaining of tissue for further investigation, storage of such tissue etc.
- Medicines and Healthcare products Regulatory Agency (MHRA) have a responsibility to: ensure medicines, medical devices and blood components for transfusion meet applicable standards of safety, quality and efficacy (effectiveness) secure safe supply chain for medicines, medical devices and blood components.

2.3.2.2 Accreditation

Laboratory compliance against the international standard ISO 15189 is a mark of quality and provides objective evidence that a laboratory is not only competent, but safe, patient-focused, efficient and reliable. Through an externally assessed accreditation process, medical laboratories can demonstrate that they comply with defined standards and best practice and provides authoritative assurance of their technical competence to undertake specific analysis or measurements according to validated methods. The accreditation of laboratories against the ISO 15189 standard in Wales is not statutory but has been mandated by Welsh Government. Laboratories are accredited by the United Kingdom Accreditation Services (UKAS).

2.3.3 WBS and VUNHST Strategies and Priorities

2.3.3.1 Velindre University NHS Trust - Integrated Medium Term Plan (23/24 – 25/26)

VUNHST has developed its Integrated Medium Term Plan for 2023 - 2026. The plan builds upon the approved plan for 2022 – 2025 and is an output of the excellent work undertaken by teams from across the Trust, its partners and strong engagement with many stakeholders. The plan includes a set of ambitious priorities, which build upon the Trust's strengths, and which will result in the people who use services receiving excellent and person-centred care. The following diagram shows the strategic delivery framework which provides a structured approach to the translation and delivery of the strategic goals and priorities within the organisation:

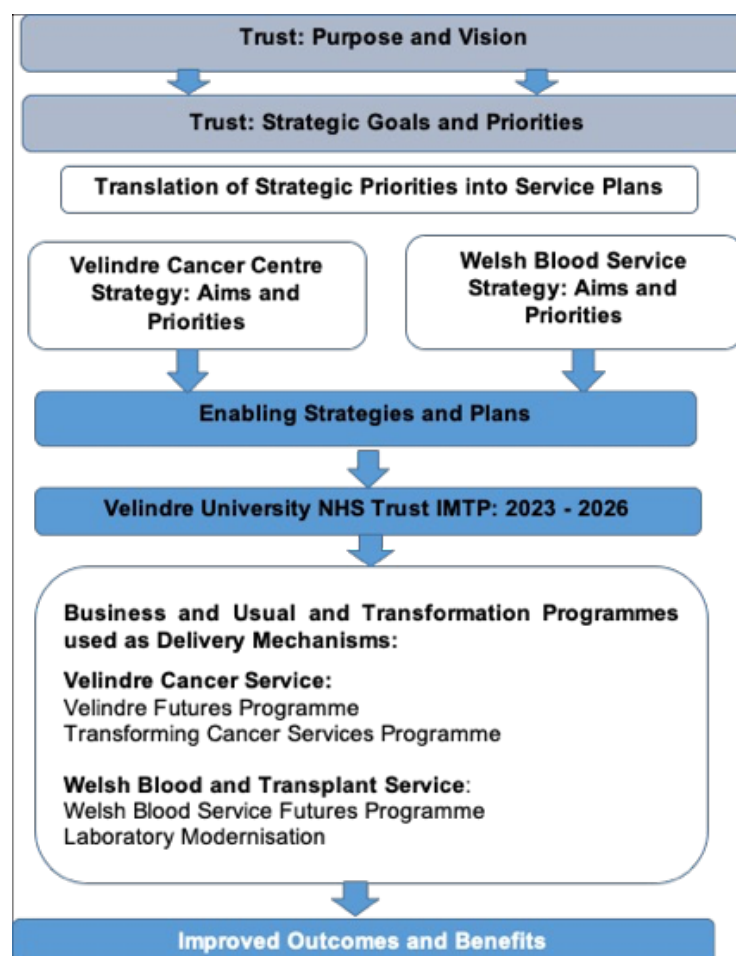


Figure 4: Strategic Delivery Framework: IMTP 23/24 – 25/26

2.3.3.2 Welsh Blood Service - Blood and Transplant Services for the Future (23 – 28)

This Welsh Blood Service strategy sets out the vision for blood and transplant services in Wales for the next five years. It sets out where the organisation are now, where they want to be in 2028 and the steps it needs to take to get there.

Importantly, it describes how the WBS will work with staff, donors, patients and communities

to ensure they have a safe and enjoyable experience which helps to improve their overall health and well-being; together with making a wider contribution to the communities and society it serves.

The WBS will seek to:

- Build upon existing services and capabilities to improve what is currently done
- Develop a new range of services and expertise to support the development of healthcare and well-being across Wales. Areas of focus will include plasma for medicines and support national resilience in the supply of plasma-derived products.

The WBS has seven strategic themes which underpin the delivery of blood and transfusion services both now and in the future, ensuring strategic and operational plans remain focused and allow the service to deliver its strategic intent and includes the following:



Figure 5: WBS Strategy Strategic Themes

2.3.3.3 WBS – Three Year Service Development Plan

The WBS has developed a support three year service development plan which supports the overarching strategy outlined above:



Figure 6: WBS 3 Year Service Improvement Plan

This programme sets out the investment, help and support required to provide the technical infrastructure, systems and expertise to deliver a sustainable and future-proofed service that will enable the strategic objectives, themes and service development plan to be delivered.

3.0 THE STRATEGIC CASE: BUSINESS NEED

This section sets out the business need whilst setting out the spending objectives; the drivers for change and the current issues impacting on the Welsh Blood Service.

3.1 Existing Arrangements

The Talbot Green main facility is located near Llantrisant, the existing site layout consists of the main building that accommodates all laboratory and clinical services along with associated staff and support accommodation. The facility sits within an attractive and well landscaped setting with both staff and visitor parking located to the north, adjacent to the main entrance. A secure loading bay and delivery yard is located to the rear or south of the building. A separate garage building for the storing and on-going maintenance of the WBS fleet of vehicles forms the southern boundary of the loading bay area.

The main building in Llantrisant is in a primary strategic location to support the WBS however the facility is over 20 years old and there are problems and issues with the electrical and mechanical infrastructure.

The existing mechanical and electrical infrastructure does not comply with Welsh Health Technical Memorandum (WHTM) and Welsh Health Building Notes (WHBN) design guidance, which raises concerns around the security of the infrastructure and the ability to withstand utility outages. This is primarily due to single points of failure in the current system.

The lack of duplex systems means that the maintenance and replacement of plant and equipment results in a disruption in power supplies and, in turn, disruption to the delivery of services.

The following shows the existing main entrance to the facility:



Figure 7: Existing Main Entrance

3.2 Challenges facing WBS

The provision of blood supplies to the NHS in Wales is fundamental to patient care.

In addition to the general challenges facing the NHS, such as an ageing population which is living longer with increasing co-morbidities, the specific challenges facing the WBS are outlined below:

- Meeting demand and delivering a prudent supply chain:
 - People are living longer than ever before with more chronic and complex conditions – blood components are currently used as part of the care for a range of conditions with over 50% used in people aged over 70.
- Maintaining an engaged healthy donor panel in the context of increasing regulatory requirements:
 - An ageing population additionally impacts upon donations of blood, as those who become too old or unfit to donate are not necessarily replaced by younger donors.
 - Different lifestyles, increased foreign travel, emerging diseases and changing social responsibility impact upon blood supply with increasing numbers of donors having to be turned down and fewer regular donors from the younger age group.
- Keeping pace with medical, scientific and technological advances in clinical, blood and transplant services.
- Addressing the capacity and capability gaps within the organisation to ensure it is 'Fit-for-the-Future'.
- The ability to attract, recruit and retain a workforce with the skills and capabilities for the future.
- Improving the standard of facilities ensuring donors and users receive the same quality and experience wherever the location.
- Limitations on service expansion as a result of current infrastructure limitations at Talbot Green.
- Risk to business continuity at Talbot Green as a result of multiple single points of failure which in the event of a catastrophic failure is likely significantly impact on service delivery and loss of product.

3.3 Programme Spending Objectives

The spending objectives for this programme have been developed within the context of the Well-Being of Future Generations Act 2015 (the Act). They seek to implement the Principles of the Act within WBS and VUNHST through enhancing the contribution of the health sector to sustainable development in respect of procurement, facilities management, workforce and buildings. This Programme of work focuses on delivering long-term well-being goals in a sustainable manner and has strong alignment with the goals of delivering a prosperous Wales, a resilient Wales.

These objectives can be evidenced as SMART (specific, measurable, achievable, relevant and time bound) and will typically address one or more of the following five generic drivers for intervention and spend:

- To improve the quality of public services in terms of the delivery of agreed outcomes (effectiveness). For example, by meeting new policy changes and operational targets.
- To improve the delivery of public services in terms of outputs (efficiency). For example, by improving the throughput of services whilst reducing unit costs.
- To reduce the cost of public services in terms of the required inputs (economy). For example, through 'invest to save' schemes and spend on innovative technologies.
- To meet statutory, regulatory or organisational requirements and accepted best practice (compliance). For example, new health and safety legislation or building standards.
- To re-procure services in order to avert service failure (replacement). For example, at the end of a service contract or when an enabling asset is no longer fit for purpose.

Spending Objective 1: Quality and Safety of Services	
Specific	To provide facilities that delivers safe, quality services, that meet standards for legislation, regulation and of accreditation bodies
Measurable	Delivery against required standards including WHTM, WHBN, external regulation and accredited bodies including Medical and Health Products Regulatory Agency, United Kingdom Accreditation standards and against standards as determined by audit outcomes
Achievable	Providing functionally suitable accommodation in line with appropriate quality and safety standards
Relevant	<p>This objective ensures the service will:</p> <ul style="list-style-type: none"> • Provide compliance with legislation, regulations and accreditation standards / performance • Support rapid adoption of best practice <p>The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular:</p> <ul style="list-style-type: none"> • Health gain: Improving patient outcomes and providing sufficient capacity to meet future demand • Clinical and Skills Sustainability: Supporting the delivery of safe, sustainable services, and facilitating high standards of patient care • Value for Money: Promoting the maximum efficient utilisation of assets and improving asset condition and performance
Time-bound	Upon commissioning of the facilities
Spending Objective 2: Provision of Fit for Purpose Mechanical and Electrical Infrastructure	
Specific	To provide facilities that ensures mechanical and electrical infrastructure that is fit for purpose and provides resilience commensurate with the strategic importance of the building and is able to support continued provision of blood and blood products to hospitals across Wales both now and in the future

Measurable	<p>Evidenced by providing resilience to ensure the required capacity, leading to timely delivery of blood and blood products with increased productivity and no delays due to equipment down time. Specifically:</p> <ul style="list-style-type: none"> • A building where heating and cooling can be achieved in an efficient manner • A building that has a mechanical infrastructure that is fit for purpose and meets current WHTM and HBN standards • Improved ventilation systems that meet the requirement of WHTM 03, with improved operational arrangements • A building that has an Electrical system fit for purpose and meets current WHTM and WHBN standards • An electrical system that provides the necessary resilience • A system that is controlled and managed in line with the associated risks moving forward
Achievable	<p>Providing an infrastructure that will ensure the future sustainable delivery of services and that will support the rapid adoption of best practice</p>
Relevant	<p>This objective will ensure built-in resilience to adapt to changing needs The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular:</p> <ul style="list-style-type: none"> • Affordability: Ensuring services are affordable through the provision of modern, efficient mechanical and electrical infrastructure • Equity: Ensuring the supply of blood and blood products is not interrupted due to infrastructure failure • Value for Money: Promoting the maximum efficient utilisation of assets and improving asset condition and performance • Effective Use of Resources: Including the delivery of efficiency savings
Time-bound	<p>Upon commissioning of the facility</p>
Spending Objective 3: Research and Innovation	
Specific	<p>To provide infrastructure capacity that supports the delivery of high quality education, strengthens research, technological developments and innovation and ensures future service demand is realised.</p>
Measurable	<p>Evidenced by:</p> <ul style="list-style-type: none"> • Providing increased capacity to ensure future technologies can be implemented
Achievable	<p>Providing functionally suitable facilities with sufficient capacity to meet the demands both now and in the future</p>
Relevant	<p>This objective will ensure access to facilities is optimised with:</p> <ul style="list-style-type: none"> • Provision of fit for future/ quality accommodation compliant to necessary education, research and development opportunities <p>The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular:</p> <ul style="list-style-type: none"> • Health gain: Improving patient outcomes and providing access to the latest advances in services through research and innovation • Clinical and Skills Sustainability: Supporting the delivery of safe, sustainable and accessible education, training and research
Time-bound	<p>Upon commissioning of the facility</p>

Spending Objective 4: Sustainability	
Specific	To provide facilities that maximise efficiency and utilise innovative technologies
Measurable	Evidenced by: <ul style="list-style-type: none"> • Reduction in emissions
Achievable	By providing infrastructure specified to modern standards and in line with best practice in regard to the green agenda and move towards zero carbonisation
Relevant	Supports the delivery of Welsh Government target of carbon neutral for all public sector buildings by 2050 through maximising efficiency and utilising innovative technologies
Time-bound	One year after commissioning the facility
Spending Objective 5: Workforce	
Specific	To provide modern blood and transplant facilities that supports and contributes to the recruitment, retention and the well-being of staff by creating a high quality, flexible and integrated environment
Measurable	Evidenced by: <ul style="list-style-type: none"> • Improved staff working environment • Recruitment and retention statistics • Output from staff survey
Achievable	Providing flexible, fit for future facilities that support and contributes to the well-being of staff
Relevant	The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular: <ul style="list-style-type: none"> • Health gain: Improving patient outcomes and providing sufficient capacity to meet future demand • Clinical and Skills Sustainability: Supporting the delivery of safe, sustainable services, and facilitating high standards of patient care through the recruitment and retention of highly skilled staff • Effective Use of Resources: Reduction in time spent recruiting and training new staff
Time-bound	One year after commissioning the facility

Table 1: Programme Spending Objectives

3.4 Business Needs

Because of the significant challenges and issues discussed above, Consilium SG Consultant Engineers were appointed to undertake a resilience analysis and have made recommendations for the upgrade and planned replacement for the following systems at the WBS Headquarters at Talbot Green in Llantrisant to include:

- Mechanical infrastructure including main heating, cooling and ventilation plant
- Electrical infrastructure including mains electrical distribution systems

3.4.1 Mechanical Infrastructure

3.4.1.1 Ventilation

The existing ventilation plant serving the majority of the WBS, has reached the end of its serviceable life and does not meet the recommended standard set out in HTM 0301 Specialised Ventilation for Healthcare Premises.

Furthermore, the existing ventilation systems have no form of temperature control with respect to summertime temperatures, therefore warm, uncontrolled air is delivered to spaces which require temperature control for compliance purposes.

It is recommended that the AHU's are replaced with new HTM 03-01 compliant units, with the ability to control summertime air temperatures. By the very nature of complying with HTM 03-01, the units would also meet the guidelines of WHBN 00-07, by providing robustness and redundancy in the form of twin fan arrangements, heat recovery for energy efficiency and improved maintainability with the correct access arrangements and instrumentation.

The ventilation philosophy will remain the same, which is that the ventilation plant is used to provide the necessary air change rate or fresh air rate for occupant comfort only, the temperature control of the individual spaces is to be provided by alternative, more efficient methods. This will be the most efficient way of providing environmental control.

3.4.1.2 Heating and Cooling

Cooling and Air Conditioning to the WBS is delivered by a vast range of split type refrigeration systems, which appear to have been added on an individual basis and not part of any Heat Recovery system. Within the majority of the rooms which have split refrigeration units, there are also radiators or radiant panels. This presents a scenario where both systems can, if activated, fight against each other for temperature control, which we understand is a common occurrence.

To ensure accurate and efficient control of the summertime air temperatures in the ventilation systems, it is recommended that a central chilled water plant is provided to deliver chilled water, which will ensure the air temperature leaving the AHU's during the summertime is constant throughout the building.

It is proposed that the ground source heat pump is used in its reverse cycle, to act as the lead cooling plant, supported by two air cooled chillers, rated at 200kW each, during the peak summer months. By providing a central cooling system for the ventilation, separate to the variable refrigerant flow (VRF) systems, it provides redundancy in the control of indoor temperatures.

Air source heat pumps will be installed to provide localised control of heating and cooling in laboratories and controlled spaces. This will provide localised control of required temperatures.

To ensure the cooling and heating systems are controlled effectively and efficiently, it is recommended that an upgrade of the central Building Management system is included. This will include new MCCP panels within the major plant rooms and an upgrade of the head-end software.

To support the temperature control within controlled spaces, additional space temperature sensors will be provided. This will provide improved monitoring of critical spaces.

Additional energy metering (for mechanical and electrical systems) will need to be provided to inform usage and assist with and overall energy monitoring and targeting programs.

3.4.2 Electrical Infrastructure

The existing electrical infrastructure within the WBS Headquarters building in general (generator and bulk tank excluded) appears to be at the end of its serviceable life including the Main LV Switchboards, the Street LV Switchboards and most distribution boards.

Based on the anticipated future growth of the site (Welsh Transplantation and Immunogenetics Laboratory - WTAIL) plus a 3% year on year growth, the available maximum demand will be exceeded and the Western Power Distribution (WPD) transformer will not be enough to support these loads.

In order to provide an approximate 15 year typical growth profile a 1MVA (double the existing) will be required.

The existing electrical infrastructure does not provide the required resilience for the business risk as defined by HTM 06-01 Electrical Services Supply & Distribution. Furthermore, there are no spare ways available on the Main LV Switchboard and Street LV Switchboards, and the protective devices are no longer supported by the manufacturer. Any extensions or major works at the WBS Building are not feasible until the electrical distribution is completely overhauled.

The conclusion is that a wholesale replacement of the WBS Headquarters substation to provide dual primary and secondary supplies with dual distribution (A+B) is required. This consists of 2 transformers, 2 generators, new bulk tank, 2 Main LV Switchboards, A+B Street LV Switchboards and strategically positioned dual distribution boards situated throughout the building. New switch rooms will also be required within the energy centre and in the building for electrical plant.

3.4.3 Decarbonisation

To implement decarbonisation, Welsh Government has put in place binding legislation, strategies, and ambitions to drive carbon reduction activity in Wales.

The NHS Wales Decarbonisation Strategic Delivery Plan (2021) sets out 46 initiatives and targets for the decarbonisation of NHS Wales that will be assessed and reviewed in 2025 and 2030. Taking swift action over the next five years is critical to ensuring the targets within

this strategy are adhered to. This programme and consequential projects therefore recognise these targets and will proactively work to assist these goals whilst recognising the facilities requirement for increased resilience throughout the mechanical and electrical infrastructure.

3.4.4 Laboratory Modernisation Infrastructure

The laboratory modernisation will be aligned to the major developments in science, infrastructure, technology and informatics required to improve the interconnectivity and automation of laboratory processes, which in turn will create a more prudent and sustainable supply chain.

The aim of this programme is to re-design the pathways and supporting infrastructure of WBS laboratories, enabling their functions to be future-proofed, as well as sufficiently flexible to accommodate new developments including additional processes, tests, equipment and ensure staff are able to comply with GP standards.

Work to scope the laboratory modernisation programme has been undertaken and has drawn on best practice examples from other blood and transport services, such as the Scottish National Blood Transfusion Service (SNBTS). As a result of this scope of works, a feasibility study has been produced that looks at the different functions of the laboratory and how the infrastructure can be reconfigured to best support service delivery, taking into consideration safety, capacity, regulatory compliance, efficiency, effectiveness and sustainability. This programme will ensure that the outputs from this feasibility study and the technical briefing process are considered within the resulting project Outline Business Case and prior to any detailed design works.

3.5 Potential Business Scope and Key Service Requirements

This section describes the potential scope for the programme in terms of the outcomes, service changes and operational capabilities required.

In line with Welsh Government guidance, the scope has been assessed against a continuum of need ranging from:

- A minimum – essential or core requirements/outcomes;
- An intermediate – essential and desirable requirements/outcomes;
- A maximum – essential, desirable and optional requirements/outcomes.

	Core	Desirable	Optional
Potential Scope	<ul style="list-style-type: none"> Facilities that comply fully with Mechanical and Electrical WHTM's, meets standards for legislation and regulation including MHRA, UKAS, ISO Provides a physical structure to enable the future modernisation of laboratory accommodation 	Core plus – <ul style="list-style-type: none"> Introduction of high priority/ high value carbon initiatives, to assist in efficiency methods 	Core, desirable plus – <ul style="list-style-type: none"> Introduction of innovative technologies
Key Requirement	Facilities that meet demand and compliance with current standards and provide improved operational efficiencies	Facilities that meet demand and compliance with current standards and provide improved operational efficiencies with selective decarbonisation technology implementation with proven benefits	Facilities that meet demand and compliance with current standards and provide improved operational efficiencies with full innovative decarbonisation technology implementation

Table 2: Potential Business Scope and Key Service Requirements

The following table shows in detail the list of suggested interventions regarding decarbonisation measures and indicates which have been included within the desirable scope as set out above and which are within the optional scope set out above:

Suggested Intervention	Wider Benefits
Included within Desirable Scope:	
Increased insulation	Increase thermal insulation to building, thus reducing heat losses and boiler plant size. 50% betterment over building regulation values expected.
Infiltration rates	Building regs require a maximum of 10 for the air leakage rats from a new building. The lower this figure, the less energy is lost from the inside of the building to outside. Normal and good practice to have 5 or lower. Air tightness (particularly in live buildings) can be difficult to achieve, however, some improvement may be possible to a limited extent when replacing windows, insulation and some building elements.
Lighting design	High efficiency luminaires utilising LED technology. Can provide energy savings in excess of 50% over traditional lamp sources. Ongoing gradual replacement of older light sources with OLED luminaires already underway - will reduce energy consumption.
Air source heat pumps	Use refrigerant based heat pump systems similar to that used for air conditioning units. Deliver more heat energy than the electrical energy they consume. Coefficient performance of 4 or above, these are an efficient use of energy. Require less capital.

Suggested Intervention	Wider Benefits
Photovoltaic panels	External rail mounted panels mounted on the roof which converts sun's energy directly into electricity. Ideal solution for building with high electrical demand, as supply 'free' electricity. Excess generation able to be exported to grid or stored in batteries. Installations are silent and relatively maintenance free.
Included within Optional Scope (in addition to the Desirable Scope):	
Water saving technology	Use of dual flush toilets with reduced water requirements. These elements could be replaced in a phased maintenance/replacement program as part of general facilities update.
Heating control	Individual thermostatic control to all heaters. Not in scope of programme. Heating system amended to ASHP and VRF. Very limited number of radiators left on site.
Wind turbines	Electric generation from wind turbines units. Due to 'valley nature' and surrounding trees and the lock recorded wind speeds, considered better carbon value for capital options. Cost based on 10kw wind turbine.
Natural daylight	Increased levels of glazing, potentially reducing impact on artificial light providing better well-being of its occupants. When combined with efficient lighting controls, can result in high levels of energy savings. Increasing natural light in existing building (i.e. adding more windows) very disruptive.
Natural ventilation	Building orientation, location, use and special layout can have a major effect upon whether natural ventilation can be used. If correctly addressed, natural ventilation provides a free source of fresh air. Openable windows may be considered but will not be appropriate in all areas e.g. labs.
Ground source heat pumps	These systems are buried in the surrounding area to provide a constant temperature water supply (need to be coupled to central heating system). Large area of surrounding land required. Ground source cooling is also possible, however this technology reduces the effectiveness of heating water and hot water generation deemed to have better impact in both sustainability and cost.
Solar hot water heating panels	Could be positioned on roof and used to pre-heat primary water supply. Back up hot water generation source would be required to ensure desired temperatures are always reached, along with a considerable amount of roof space which would require maintenance access.
Rainwater harvesting	Rainwater from roof collected in underground storage cylinder, before being filtered, treated and pumped to tanks.
Biomass boiler	Biomass boilers burn wood pallets/chippings to produce heat energy which can serve heating and hot water services. Can reduce the CO2 output of a building but require a steady fuel source, ideally within 50 mile radius or CO2 reductions cancelled out by fuel delivery pollution. Additional plant space for biomass boiler and its fuel storage required.

Suggested Intervention	Wider Benefits
Combined heat and power	A CHP system using natural gas engine to generate both heat and electricity (2:1 ratio). To ensure maximum efficiency, heating load must be consistent throughout the year i.e. Swimming pools and not just for heating in winter months. Recent changes to building assessment models and carbon factors associated with gas/electricity are meaning popularity reducing. Fuel duty increases also considered.
Water Source Heat Pumps	These systems are buried in the adjacent river area to provide a constant temperature water supply (need to be coupled to central heating system). There would be a requirement to provide a pipework system from the Energy Centre to the adjacent river, create an area/dam containment for the pipework, and undertake extensive Hydrological modelling to support an application with NRW/Planning Authority. The Ecological implications would be a significant challenge to overcome, and as such this option has been discounted.

Table 3: Suggested Decarbonisation Measures

3.6 Main Benefits

This section describes the main outcomes and benefits associated with the achievement of the programme's spending objectives by category, beneficiary and class.

Benefits are classed as follows:

- CRB – cash releasing benefits (e.g. avoided costs);
- Non CRB – non cash releasing benefits (e.g. staff time saved);
- QB – quantifiable benefits (e.g. achievement of targets);
- Non QB – non-quantifiable or qualitative benefits (e.g. improvement in staff morale).

Spending Objective	Main Benefits	Beneficiary	Benefit Category
1: Quality and Safety of Services	<ul style="list-style-type: none"> • A facility that is compliant with WHTM and WHBN 	VUNHST/ WBS Wider public sector	QB
	<ul style="list-style-type: none"> • A facility that meets standards for legislation and regulation 	VUNHST/ WBS Wider public sector	QB
2: Provision of Fit for Purpose M&E Infrastructure	<ul style="list-style-type: none"> • Supports continued delivery of services by reducing potential single points of failure 	VUNHST/ WBS Wider public sector	QB
	<ul style="list-style-type: none"> • Replacement of life-expired assets (plant and equipment) 	VUNHST/ WBS Wider public sector	QB
	<ul style="list-style-type: none"> • Reduction in backlog maintenance 	VUNHST/ WBS	QB
3: Research and Innovation	<ul style="list-style-type: none"> • A facility which provides flexibility to deal with any future service requirements 	VUNHST/ WBS Wider public sector Wider societal economy	QB

Spending Objective	Main Benefits	Beneficiary	Benefit Category
	<ul style="list-style-type: none"> A facility that is digitally smart enabled 	VUNHST/ WBS Wider public sector Wider societal economy	QB
4: Sustainability	<ul style="list-style-type: none"> Ability to sustain and grow service delivery in line with NHS service requirements 	VUNHST/ WBS Wider public sector Wider societal economy	QB
	<ul style="list-style-type: none"> A reduction in carbon emissions through maximising efficiencies 	VUNHST/ WBS Wider public sector Wider societal economy	QB
	<ul style="list-style-type: none"> A reduction in energy consumption 	VUNHST/ WBS Wider public sector Wider societal economy	QB
5: Workforce	<ul style="list-style-type: none"> A modern WBS with increased automation that supports opportunities to develop a service that is integrated, efficient, maximises the use of innovative technology and minimises duplication and waste 	VUNHST/ WBS Wider public sector Wider societal economy	Non QB
	<ul style="list-style-type: none"> A modern fit for purpose facility will have the ability to attract, recruit and retain a workforce with the skills and capabilities for the future 	VUNHST/ WBS Wider public sector Wider societal economy	Non QB
	<ul style="list-style-type: none"> Provision of a facility that supports and contributes to the well-being of staff, donors and visitors through building/environmental design 	VUNHST/ WBS Wider public sector Wider societal economy	Non QB

Table 4: Main Benefits

3.7 Main Risks

The table below provides a summary of the key risks that might affect the delivery of the programme along with the counter measures:

Risk Description	Counter Measures / Mitigation
Risk of interruption to service delivery during development	Daily liaison with Estates and WBS staff during design and construction. Specialist advisors to provide continued resilience and survey updates
Pressure on Welsh Government's capital availability impacting on programme's achievability	Regular liaison with WG to enable close monitoring of capital availability and appropriate adjustment to programme's spend profile
Risk that the cost plan will increase due to external market factors	Continued liaison with programme Cost Advisors, all costs to be within cost plan and review of market factors during lifespan of programme

Risk Description	Counter Measures / Mitigation
Dependant programmes are not in position to provide key information to this programme within the required timescales (e.g. Plasma for Medicines)	Programme has considered impact of infrastructure Plasma for Medicines and considered as far as possible.
Lack of interest in the scheme from an appropriate contractor	Continued engagement regarding procurement requirements with NHSWSSP

Table 5: Main Risks

3.8 Constraints and Dependencies

The main constraints and dependencies of this programme are:

- Approval by Welsh Government
- Funding from Welsh Government.
- Availability of Trust technical and project management resource
- Continued engagement with stakeholders to ensure the consistency of the programme
- Financial and other resource changes that may take place during the programme
- The skill of managerial staff to implement the programme and following projects
- Progress through the approval and review process
- Subject Matter Expertise in relation to estates, laboratories and renewables.

Economic Case

4.0 THE ECONOMIC CASE

4.1 Introduction

The economic case looks to ensure that the investment proposed will provide value for money against a number of key Programme Spending Objectives (PSOs).

This section of the Programme Business Case provides details on the range of options that have been considered in response to the potential scope identified within the strategic case and identifies a long-list of options and a short-list of options, together with a preferred way forward.

4.2 Critical Success Factors

As outlined in the Welsh Government's Better Business Case Guidance, the Critical Success Factors (CSFs) are the attributes essential for successful delivery of the Programme.

The CSFs for the Programme are as follows:

- Strategic Fit
- Service Sustainability
- Value for Money
- Affordability
- Achievability; and
- Acceptability.

Critical Success Factor	The option will be assessed in relation to how well it:
Strategic Fit	<ul style="list-style-type: none"> • Meets agreed Programme Spending Objectives, related business needs and service requirements • Meets relevant national strategies, policies and guidance • Aligns with Trust strategies, programmes and projects
Service Sustainability	<ul style="list-style-type: none"> • Ensures delivery against all National Standards and quality requirements • Promotes flexibility so that service delivery can be adapted to reflect future changes in services and / or demand for services
Value for Money	<ul style="list-style-type: none"> • Optimises public value (social, economic, environmental) in terms of potential costs, benefits and risks
Achievability	<ul style="list-style-type: none"> • Matches level of available skills required for successful delivery • Facilitates the continued delivery of services throughout the duration of the programme • Can be delivered in terms of staffing, facilities and sites
Affordability	<ul style="list-style-type: none"> • Can be funded from available sources of finance • Aligns with relevant capital funding programmes
Acceptability	<ul style="list-style-type: none"> • Matches the ability and capacity of potential suppliers to deliver the required services • Will attract to potential suppliers / commercial partners

Table 6: Critical Success Factors

4.3 Long List of Options

4.3.1 Methodology

The long list of options has been generated in accordance with best practice contained in the Infrastructure Investment Guidance.

This process resulted in options either being discounted or carried forward for further consideration in the short list.

The long list of options for this investment was generated within the following key categories of choice:

Scoping options – choices in terms of coverage (the what)

The choices for potential scope are driven by business needs and the strategic objectives at both national and local levels. In practice, these may range from business functionality to geographical, customer and organisational coverage. Key considerations at this stage are ‘what’s in?’ ‘what’s out?’ and service needs.

Service solution options – choices in terms of solution (the how)

The choices for potential solution are driven by new technologies, new services and new approaches and new ways of working, including business process re-engineering. In practice, these will range from services to how the estate of an organisation might be configured. Key considerations range from ‘what ways are there to do it?’ to ‘what processes could we use?’

Service delivery options – choices in terms of delivery (the who)

The choices for service delivery are driven by the availability of service providers. In practice, these will range from within the organisation (in-house), to outsourcing, to use of the public sector as opposed to the private sector, or some combination of each category.

Implementation options – choices in terms of the delivery timescale (the when)

The choices for implementation are driven by the ability of the supply side to produce the required products and services, VFM, affordability and service need. In practice, these will range from the phasing of the solution over time, to the modular, incremental introduction of services.

Funding options – choices in terms of financing and funding

The choices for financing the scheme (public versus private) and funding (central versus local) will be driven by the availability of capital and revenue, potential VFM, and the effectiveness or relevance/ appropriateness of funding sources.

4.3.2 Scoping Options

A long-list of fourteen scoping options have been developed for the programme. In accordance with the Treasury Green Book and Infrastructure Investment Guidance, the business as usual option has also been considered as a benchmark for potential VFM:

Option 1	Do Nothing
Option 2	Electrical and mechanical - 'Like for like' replacements (Business as Usual)
Option 3	Limited M&E WHTM compliance, no carbon initiatives
Option 4	Limited M&E WHTM compliance, selected carbon initiatives
Option 5	Limited M&E WHTM compliance, full carbon initiatives
Option 6	Full M&E WHTM compliance, no carbon initiatives
Option 7	Full M&E WHTM compliance, selected carbon initiatives
Option 8	Full M&E WHTM compliance full carbon initiatives
Option 9	Limited M&E WHTM compliance, no carbon initiatives, supports lab modernisation
Option 10	Limited M&E WHTM compliance, selected carbon initiatives, supports lab modernisation
Option 11	Limited M&E WHTM compliance, full carbon initiatives, supports lab modernisation
Option 12	Full M&E WHTM compliance, no carbon initiatives, supports lab modernisation
Option 13	Full M&E WHTM compliance, selected carbon initiatives, supports lab modernisation
Option 14	Full M&E WHTM compliance, full carbon initiatives, supports lab modernisation

Table 7: Long List of Potential Scoping Options

NB: Supports lab modernisation includes:

- Physical remodelling (provides sufficiently flexible accommodation to accommodate new developments)
- Redesigned pathways
- Workforce transformation

This long-list has been reviewed against the Programme Spending Objectives and a short-list created (see Appendix 1):

- Option 1.2 - Electrical and mechanical 'Like for like' replacement (Business as Usual)
- Option 1.12 - Full M&E WHTM compliance, no carbon initiatives, supports lab modernisation

- Option 1.13 - Full M&E WHTM compliance, selected carbon initiatives, supports lab modernisation
- Option 1.14 - Full M&E WHTM compliance, full carbon initiatives, supports lab modernisation

During the long listing exercise, it was decided that full M&E WHTM compliance and the provision of enabling works to support the lab modernisation in the future are both essential prerequisites. This effectively ruled out any longlisted options that did not meet these criteria. Therefore, in essence the short-listed scoping solutions only vary in their level of decarbonisation initiatives.

Melin Consultants were engaged to investigate the potential for improvements to the existing building's fabric and services and integrating low and renewable technologies.

Generally, the conclusion was that improvements to the fabric of the building would have relatively small energy and CO₂ savings and taking in to account the significant cost and disruption of carrying out the works would likely be prohibitive, the paybacks would be long and these have therefore been discounted.

Upgrades to the ventilation, cooling and lighting systems have been identified as providing large savings in energy and CO₂ and are viable options to consider. The ventilation and cooling systems improvements have been included in the mechanical works summary and the cost plan.

The report concludes that several LZC technologies show significant improvements in the buildings carbon footprint and are considered suitable for inclusion in the development. The most appropriate technologies at this stage for consideration are:

- Solar Photovoltaics
- Air Source Heat Pumps
- Ground Source Heat Pumps.

Biomass, CHP and Solar Thermal were identified as potential technologies for further investigation. At this stage, due to the relatively low base heat demand, maintaining local air quality and relatively low hot water consumption these technologies were not recommended.

Hydro and Wind are not considered suitable at this stage due to difficulties in obtaining water extraction licenses/impact on local biodiversity/distance. Wind studies show a low return on installation of a wind turbine on this site.

Only the options that yield the highest return in CO₂ reduction are considered within the selective decarbonisation option.

4.3.2.1 *Overall conclusion: scoping options*

Option 1.2: business as usual is unsustainable and fails to address the spending objectives.

Options 1.12 and 1.13 will be carried forward as they both partially meet the programme spending objectives, however Option 1.14 has been carried forward as preferred choice for assessment within the next category.

4.3.3 Service Solution Options

The range of options considered in how to deliver the preferred scope of the programme include:

Option 2.0 Business As Usual (status quo)	Option 2.1 Do Minimum	Option 2.2 Intermediate	Option 2.3 Maximum
Backlog maintenance is addressed	Refurbish the existing building	New build on Talbot Green Site	New build elsewhere

Table 8: Potential Service Solution Options

The table below summarises the assessment of each option against the programme spending objectives and CSFs:

Option:	2.0	2.1	2.2	2.3
Spending Objectives				
PSO 1: Quality and Safety of Services	X	✓✓	✓✓	✓✓
PSO 2: Provision of Fit for Purpose Mechanical and Electrical Infrastructure	X	✓✓	✓✓	✓✓
PSO 3: Research and Innovation	X	✓✓	✓✓	✓✓
PSO 4: Sustainability	X	✓✓	✓✓	✓✓
PSO 5: Workforce	✓	✓✓	✓✓	✓
Critical Success Factors				
CSF 1: Strategic Fit	✓	✓✓	✓	X
CSF 2: Service Sustainability	X	✓✓	✓	✓
CSF 3: Value for Money	✓	✓✓	X	X
CSF 4: Achievability	✓✓	✓	X	X
CSF 5: Affordability	✓✓	✓✓	X	X
CSF 6: Acceptability	X	✓✓	✓	X
Summary	Discounted	Preferred Way Forward	Discounted	Discounted

Table 9: Summary Assessment of Service Solution Options

Key: ✓✓ - fully achieves ✓ - partially achieves X - does not achieve

4.3.3.1 *Option 2.0: Business as Usual*

Description

Only backlog maintenance issues are addressed

Advantages

- No planning permission required
- Site has been identified as strategically important

Disadvantages

- Is not WHTM compliant
- Does not contribute to zero carbon
- Does not support laboratory modernisation
- Disruption to services whilst backlog maintenance is undertaken

4.3.3.2 *Option 2.1: Do Minimum*

Description

Refurbish existing facilities on the Talbot Green Site

Advantages

- Site currently owned by the Trust/WBS
- Site identified as of strategic importance
- Staff familiar with the current site
- No planning permission required
- WHTM compliant
- Will contribute to net zero carbon targets
- Supports laboratory modernisation
- May be some compromises due to refurbishment constraints

Disadvantages

- Services would be disrupted and would require decant facilities

4.3.3.3 *Option 2.2: Intermediate*

Description

New build on the Talbot Green Site

Advantages

- Purpose designed building which will provide functional and flexible facilities to meet current standards
- Trust/WBS owned site

- Site is strategically placed for future service delivery
- WHTM compliant
- Will contribute to net zero carbon targets
- Supports laboratory modernisation
- No requirement for decanting current services, therefore less disruption to services

Disadvantages

- Planning permission required for a new build facility
- Additional works regarding demolitions would be required
- May limit the ability to provide continuity of services during works due to disruption on the site, particularly with regard to the vehicular flows
- Insufficient space/suitable land on the current site to accommodate the potential required footprint

4.3.3.4 *Option 2.3: Do Maximum*

Description

New build on another site within Wales

Advantages

- Purpose designed building which will provide functional and flexible facilities to meet current standards
- Potential to dispose of the Talbot Green Site
- WHTM compliant
- Will contribute to net zero carbon targets
- Supports laboratory modernisation
- No requirement for decanting current services, therefore less disruption to services

Disadvantages

- Additional costs of purchasing a new site
- Unlikely to be supported as Talbot Green has been identified as a strategically important site
- May lead to staff leaving the service if the new location is less accessible
- Planning permission would be required which may prove difficult if on a non-health site

4.3.3.5 *Overall conclusion: service solution options*

Option 2.0 has been discounted as it fails to address any of the programme spending objectives.

Option 2.2 has been discounted as it does not provide value for money and may be difficult to achieve.

Option 2.3 has been discounted as Talbot Green is a strategically important site which is well-placed for future service delivery as agreed with WG.

Option 2.1 will be carried forward as the preferred choice for assessment within the next category.

4.3.4 Service Delivery Options

This range of options considers the options for service delivery in relation to the preferred scope and potential solution.

The ranges of options that have been examined are:

Option 3.1	Option 3.2	Option 3.3
In-house	Strategic Partnership	Outsource

Table 10: Potential Service Delivery Options

The table below summarises the assessment of each option against the programme spending objectives and CSFs:

Option:	3.1	3.2	3.3
Spending Objectives			
PSO 1: Quality and Safety of Services	✓✓	✓	✓
PSO 2: Provision of Fit for Purpose Mechanical and Electrical Infrastructure	✓✓	✓✓	✓✓
PSO 3: Research and Innovation	✓✓	✓	X
PSO 4: Sustainability	✓✓	✓	X
PSO 5: Workforce	✓✓	X	X
Critical Success Factors			
CSF 1: Strategic Fit	✓✓	X	X
CSF 2: Service Sustainability	✓✓	✓	X
CSF 3: Value for Money	✓✓	✓	X
CSF 4: Achievability	✓✓	X	X
CSF 5: Affordability	✓✓	✓	X
CSF 6: Acceptability	✓✓	X	X
Summary	Preferred Way Forward	Discounted	Discounted

Table 11: Summary Assessment of Service Delivery Options

Key: ✓✓ - fully achieves ✓ - partially achieves X - does not achieve

4.3.4.1 *Option 3.1: In House*

Description

In-house delivery of proposed services and facilities by the Trust/ WBS.

Advantages

The main advantages are that:

- Retains the income stream for this work
- Retains control over the quality of the products
- Maintains skills and experience across the Trust/ WBS
- Maintains flexibility to accommodate required changes in service delivery and facilities where required

Disadvantages

The main disadvantages are that:

- Risk remains with the Trust/ WBS
- Requirement to provide a suitable, sustainable, fit for purpose environment
- Capital investment required

4.3.4.2 *Option 3.2: Strategic Partnership*

Description

This option describes the provision of services through a strategic partnership

Advantages

The main advantages are that:

- No capital investment required
- Retains some control over the quality of products

Disadvantages

The main disadvantages are that:

- Finding a suitable partner who can provide the required products and capacity within the timescales
- Potential increase in revenue cost
- Some loss of the income stream for this work
- Some loss of control over the quality of the products
- Potential loss of skills within the Trust/ WBS

4.3.4.3 *Option 3.3: Outsource*

Description

Outsource delivery of proposed services and facilities to another provider

Advantages

The main advantages are that:

- No capital investment required

Disadvantages

The main disadvantages are that:

- Finding a suitable provider who can provide the required products and capacity within the timescales
- Reduced flexibility to accommodate required changes in service delivery and facilities where required
- Potential loss of skills within the Trust/ WBS

4.3.4.4 *Overall conclusion: service delivery options*

Given the Welsh Blood Service is a division of Velindre University NHS Trust and responsible for the collection of blood in Wales, and of the distribution of blood products to hospitals across the country, the only practicable and acceptable service delivery option available is a wholly in-house staffed solution, that can deliver all of the programme spending objectives and critical success factors. Therefore Option 3.1 has been carried forward as the preferred way forward.

4.3.5 **Implementation Options**

This range of options is normally considered for the choices for implementation in relation to the preferred scope, solution and method of service delivery.

Option 4.1	Option 4.2
Phased	Big Bang (single phase)

Table 12: Potential Implementation Options

Given the nature of this project only a phased solution is viable. This has, therefore been carried forward as the preferred way forward.

4.3.6 **Funding Options**

This range of options considers the choices for funding and financing in relation to the preferred scope, solution, method of service delivery and implementation. The options are as follows:

Option 5.1	Option 5.2
Public Funding	Private Funding

Table 13: Potential Funding Options

4.3.6.1 *Option 5.1: Public Funding*

Description

The options for public funding are essentially to secure funding from WG through the capital programme.

Advantages

The main advantages are that:

- The Trust/WBS can manage its assets and ongoing plans for development as part of a long-term financial model
- The Trust/WBS can assure greater control of expenditure and cost through direct management of development activities

Disadvantages

The main disadvantages are that:

- The Trust/WBS needs to secure funding from WG.

4.3.6.2 *Option 5.2: Private Funding*

Description

Under this option, the required services and facilities might be provided on a PPP basis from a single service provider or consortium made up of potential service providers on the private sector side.

The assets underpinning the provision of services would be an integral part of the service and indistinguishable within the resultant service charge. All elements of the service would be within the potential scope of the deal.

Advantages

The main advantages are that:

- Any commercial transaction can be tailored to reduce the Trust's/WBS's risk exposure
- The Trust/WBS is not dependent upon securing monies from the WG Capital Programme
- The disposal of any existing assets could be factored into a commercial deal
- Ongoing maintenance and part-operation of the new facilities could be factored into the commercial deal

Disadvantages

The main disadvantages are that:

- Public Private Partnerships are becoming a rarer option
- There are significant timescales, costs and resources required to establish a commercial settlement
- The recurrent costs of PPP are much greater than a traditionally-procured solution, as measured by the Unitary Payment
- The size and scope of the Project is unlikely to be attractive to private sector partners in the current macro-economic environment

4.3.6.3 Overall conclusion: funding options

In the context of this investment it is considered that there is very limited likelihood of reaching a commercial settlement on private funding for the proposal. It is also very likely that the recurrent Unitary Payment would not be affordable within agreed investment profiles. Therefore public funding is considered the more sensible and achievable option for the Programme.

4.4 Summary: Options Framework

The findings from the framework options at long list shown above are summarised below as per business case guidance:

Framework Options	Business As Usual	Do Minimum	Intermediate	Do Maximum
Potential Service Scope Options – as outlined in the strategic case	1.2 - Business As Usual	1.12 - Full M&E WHTM compliance, no carbon initiatives, supports lab modernisation	1.13 - Full M&E WHTM compliance, selected carbon initiatives, supports lab modernisation	1.14 - Full M&E WHTM compliance, full carbon initiatives, supports lab modernisation
	Discounted	Carried Forward	Carried Forward	Preferred
Potential Service Solution Options – in relation to the preferred scope	2.0 - Backlog Maintenance Only	2.1 - Refurbish the Current Facilities	2.2 - New Build on the Talbot Green site	2.3 - New Build Elsewhere
	Discounted	Preferred Way Forward	Discounted	Discounted
Potential Service Delivery Options - in relation to preferred scope and solution	3.1 - In-House		3.2 - Strategic Partnership	3.3 - Outsource
	Preferred Way Forward		Discounted	Discounted
Potential Implementation		4.1 - Phased		4.2 - Big Bang (single phase)

Framework Options	Business As Usual	Do Minimum	Intermediate	Do Maximum
Options – in relation to preferred scope, solution and method of service delivery		Preferred Way Forward		Discounted
Potential Funding Options – in relation to preferred scope, solution, method of service delivery and implementation		5.1 - Public Funding		5.2 - Private Funding
		Preferred Way Forward		Discounted

Table 14: Summary Options Framework

4.5 Short List of Options

Utilising the outcome of the non-financial appraisal of potential options above, a short list of options were identified for further economic appraisal.

All the options that were 'discounted' as impracticable have been excluded at this stage. Business As Usual has been excluded from further detailed analysis but has been retained as the baseline comparator. The options have been renumbered to aid the economic appraisal:

Framework Options	Option 0	Option 1	Option 2	Option 3
	Business As Usual	Do Minimum/ Less Ambitions	More Ambitious	Most Ambitious
Service Scope	1.2 - Business As Usual	1.12 Core - Full WHTM compliance, no carbon initiatives, supports lab modernisation	1.13 Core plus - Full WHTM compliance, selected carbon initiatives, supports lab modernisation	1.14 Core and Desirable plus - Full WHTM compliance, full carbon initiatives, supports lab modernisation
Service Solution	2.0 Backlog maintenance is addressed	2.1 – Refurbish the existing facilities at Talbot Green		
Service Delivery	3.1 In-house			
Implementation	4.1 Phased			
Funding	5.1 Public Funding			

Table 15: Summary of Short Listed Options

Option	Description
Option 0. Business As Usual: Essential building and maintenance work undertaken only, replacing 'like with like'	<ul style="list-style-type: none"> • This capital solution looks to address the existing M&E infrastructure requirements to ensure business continuity with some resilience in the system • Is not WHTM compliant • Does not contribute to zero carbon • Does not support Lab modernisation
Option 1. Full M&E WHTM compliance, no carbon alternatives across the Talbot Green site but including reconfiguration and modernisation of laboratories	<ul style="list-style-type: none"> • Does provide a fully M&E WHTM solution • Does provide assurance for resilience in the system • It does not demonstrate a commitment to zero carbon or improve sustainability • Supports lab modernisation programme
Option 2. Full M&E WHTM compliance, opportunities to selectively utilise low carbon alternatives and reconfiguration and modernisation of laboratories	<ul style="list-style-type: none"> • This capital solution looks to utilise selective carbon alternatives, that are most effective • Does provide a full M&E WHTM solution • Does provide assurance for resilience in the system • Supports lab modernisation programme
Option 3. Full M&E WHTM compliance, maximising opportunities to fully utilise low carbon alternatives including reconfiguration and modernisation of laboratories	<ul style="list-style-type: none"> • This capital solution looks to fully utilise carbon alternatives • Does provide a full M&E WHTM solution • Does provide assurance for resilience in the system • Supports lab modernisation programme

Table 16: Short List Programme Options

NB: supports lab modernisation programme – this can be delivered in a number of ways as outlined within the feasibility study prepared by the specialist consultants. A full appraisal of these options will be undertaken during the OBC stage.

For the purposes of the economic appraisal outlined below, a worst case scenario has been utilised for both capital costs and programme and will be kept under review.

4.6 Economic Appraisal

The economic appraisal has been conducted in accordance with the following guidance:

- The Green Book – Appraisal and Evaluation in Central Government plus supplementary guidance published by the Treasury
- 5 Case Model guidance for SOCs, OBCs and FBCs (WG) Template.

The principles and assumptions used in this PBC are:

- The capital costs used in the economic evaluation are based on the values contained in the high level cost forms for each option

- The economic evaluation has been carried out over a 60 year appraisal period, consistent with NHS guidance for new facilities from opening
- Lifecycle works cost estimates have been supplied by the Trust's specialist advisors (Gleeds). Lifecycle equipment costs have been calculated based on a 7 year replacement period
- Discounted net present costs (NPC) and equivalent annual costs (EAC) have been calculated in accordance with Treasury Green Book guidance
- A comprehensive investment appraisal (CIA) model will be fully prepared for the OBC stage but the economic appraisal within this PBC adopts a traditional appraisal approach which will be consistent with the OBC at the appropriate stage
- Revenue costs have been based on those supplied for the existing facilities. No assumption has currently been made for utilities or other cost savings associated with the carbon reduction measures included within each option, as further work is required to model these potential benefits
- The economic benefit for each option of anticipated reductions in carbon emissions has been estimated based on information supplied by the Trust's specialist advisors, Treasury published values for the cost of carbon, and discounted over 60 years using appropriate discount factors.

4.6.1 Cost Inputs

The following cost inputs have been assumed in the production of the economic analysis:

- Capital costs as detailed within the cost forms for each option (see below)
- Optimism bias has been applied at 12.6% for Options 1 and 2, and 15.01% for Option 3. This reflects the greater technical complexity of this option.

Revenue costs summarised as follows:

Annual Costs	Recurrent Baseline	Options 1 - 3
Economic Cost:	£000	
FM Costs and Utilities	1,393	1451
Rates	171	171
Total	1,564	1,622

Table 17: Revenue Costs

All values have been based on 2021/22 prices with Q3 23 values for capital.

4.6.2 Capital Costs

Capital costs including Optimism Bias, Contingency and VAT at a PUBSEC index of 305 for Q3 2023 are detailed below:

CAPITAL COSTS AT APPROVALS LEVEL PUBSEC	Option 0 - Do Nothing/ BAU £000	Option 1 - WHTM compliance with limited decarbonisation £000	Option 2 - WHTM compliance with selective decarbonisation £000	Option 3 - WHTM compliance with maximum decarbonisation £000
Departmental Costs	4,233	21,634	22,588	24,749
Fees	561	2,620	2,643	2,813
Non-Works	0	3,652	3,652	3,752
Equipment	0	512	512	512
Planning Contingencies	479	2,842	2,939	3,183
Optimism Bias	0	3,939	4,074	5,255
TOTAL CAPITAL COSTS AT APPROVAL PUBSEC	5,273	35,199	36,409	33,810
VAT	471	5,967	6,177	6,300
TOTAL OB1 CAPITAL COSTS AT APPROVAL LEVEL PUBSEC	5,745	41,166	42,585	40,110
Excluding Optimism Bias	5,745	36,560	37,820	40,947
PUBSEC INDEX AT APPROVALS LEVEL	305	305	305	305

Table 18: Capital Costs

The high level capital cost forms can be found at Appendix 2.

4.6.3 Net Present Cost Findings

A draft CIA model has been prepared but in absence of full benefits being calculated at this stage the benefit-cost ratio (BCR) is less than 1. In that model option 1 has the best BCR while option 2 has the least due to the capital costs exceeding the calculated carbon benefits at this stage.

A net present cost / equivalent annual costs appraisal has therefore been undertaken and is detailed in the table below.

The following must also be noted regarding the economic evaluation:

- Economic benefits associated with reduced carbon emissions for each option have been estimated at between £1.1m and £2.2m, based on estimates supplied by the Trust's specialist advisors and applying Treasury guidelines on the calculation of social costs and benefits.

ECONOMIC IMPACT	Option 0 - Do Nothing/ BAU	Option 1 - WHTM compliance with limited decarbonisation	Option 2 - WHTM compliance with selective decarbonisation	Option 3 - WHTM compliance with maximum decarbonisation
	£000	£000	£000	£000
Net Present Cost (NPC)	(44,729)	(77,074)	(78,925)	(83,078)
Equivalent Annual Cost (EAC)	(1,630)	(2,439)	(2,812)	(2,957)

Table 19: Economic Impact – NPC/ EAC

The lowest cost option is therefore Option 0 (Do Nothing/ BAU). This option, however, does not address the risks inherent in the current infrastructure. The lowest cost option that achieves WHTM compliance is Option 1 (WHTM compliance with limited decarbonisation).

The table below show the overall total discounted net present cost, after considering the economic benefit of reduced carbon emissions:

ECONOMIC IMPACT INCLUDING BENEFITS	Option 0 - Do Nothing/ BAU	Option 1 - WHTM compliance with limited decarbonisation	Option 2 - WHTM compliance with selective decarbonisation	Option 3 - WHTM compliance with maximum decarbonisation
	£000	£000	£000	£000
Net Present Cost (NPC)	(44,729)	(77,074)	(78,925)	(83,078)
Equivalent Annual Cost (EAC)	(1,630)	(2,439)	(2,812)	(2,957)
Economic Benefits:				
Net Present Value (NPV)	0	1,098	1,613	2,187
Equivalent Annual Value (EAV)	0	40	59	801
Total Net Cost / Benefits:				
Net Present Cost (NPC)	(44,729)	(75,976)	(77,312)	(80,891)
Equivalent Annual Cost (EAC)	(1,630)	(2,398)	(2,753)	(2,877)

Table 20: Economic Impact Including Benefits

No incremental economic benefit is assumed for Option 0, as this represents the current position and while being the lowest cost option is not compliant and therefore discounted.

After considering the economic benefits associated with reduced carbon emissions, the lowest cost option that delivers WHTM compliance therefore remains Option 1, by a margin of 1.7% compared to Option 2 (selective decarbonisation), and 6.5% compared to Option 3 (maximum decarbonisation).

Appendix 3a of this PBC gives details of the NPC and EAC for each option before the application of the calculated social and economic benefits.

Appendix 3b shows the Net Present Value (NPV) calculation for the carbon reduction associated with each option.

4.6.4 Summary Economic Appraisal

As part of the evaluation process, a high level non-financial scoring was applied to each of the shortlisted options to enable an economic sensitivity analysis to be undertaken to arrive at a combined preference.

This scoring indicated that Option 3 was preferred as it provided maximum decarbonisation:

NON-FINANCIAL SCORING EVALUATION	Option 0 - Do Nothing/BAU	Option 1 - WHTM compliance with limited decarbonisation	Option 2 - WHTM compliance with selective decarbonisation	Option 3 - WHTM compliance with maximum decarbonisation
Weighted Non-Financial Scores	461	826	846	878

Table 21: Non-Financial Scoring Evaluation

More details regarding the non-financial scoring can be found at Appendix 4. The table below shows the result of the combined economic and non-financial appraisals:

COMBINED ECONOMIC AND NON-FINANCIAL APPRAISALS	Option 0	Option 1	Option 2	Option 3
Weighted Non-Financial Scores	461	826	846	878
NON-FINANCIAL RANKING OF DEVELOPMENT OPTIONS	4	3	2	1
EAC Impact of Option (£000)	1,630	2,706	2,753	2,877
ECONOMIC RANKING OF DEVELOPMENT OPTIONS	1	2	3	4
Benefit Points per EAC (£000)	0.283	0.305	0.307	0.305
COMBINED RANKING OF DEVELOPMENT OPTIONS	4	2	1	3
DIFFERENCE (% below Preferred Option on Combined Score Basis)	-8.0%	-0.7%	0.0%	-0.7%

Table 22: Combined Economic and Non-Financial Appraisals

Option 2 is therefore the preferred option, by a combined margin of 0.7% compared to Option 1 and Option 3.

4.6.5 Sensitivity Analysis

The table below show the relative sensitivity of the economic analysis, and the change in either non-financial scoring, or in the equivalent annual cost that would be necessary to trigger a change in economic preference between the two closest ranked options (the switch value):

SENSITIVITY NON-FINANCIAL SCORES to switch 1st and 2nd ranked Options - MARGINAL CHANGE	Option 1 - WHTM compliance with limited decarbonisation	Option 2 - WHTM compliance with selective decarbonisation
Base Weighted Non-Financial Scores	826.0	846.0
Weighted Non-Financial Scores needed to switch rankings	831.8	840.0
Equivalent to a change in %	0.7%	-0.7%
EAC Impact of Option (£000)	2,706.5	2752.6
Benefit Points per EAC (£000)	0.307	0.305
COMBINED RANKING OF OPTIONS - SWITCHED	1	2

Table 23: Sensitivity Analysis

To produce a switch in preference from Option 2 to Option 1, either the non-financial scoring, or the total costs (represented here by the EAC) would therefore need to move by 0.7%. This represents a marginal change and should be reviewed as the programme and subsequent project continues.

4.7 Programme Preferred Way Forward

As demonstrated throughout this PBC, the need to support the continued sustainability of the WBS is paramount. Therefore, the preferred way forward at this stage is:

- Option 2: Full M&E WHTM compliance, maximising opportunities to selectively utilise low carbon alternatives and infrastructure to support the modernisation of laboratories

This will be delivered in two projects each of which will have an OBC followed by a Full Business Case (FBC), if appropriate. These individual projects are:

- Project 1: Mechanical and electrical infrastructure, including renewables and carbon footprint reduction and the remodelling of facilities to support the future laboratory modernisation
- Project 2: Laboratory service transformation and workforce changes

Project 1 will include upgrade and planned replacement of electrical and mechanical infrastructure focused on:

- Providing the building with a new energy centre to centralise new resilient plant
- Ensuring the infrastructure is resilient for equipment failures
- Seizing the opportunity to move towards a carbon neutral service
- Supporting the modernisation of laboratories in line with best practice where possible by providing the relevant infrastructure to support efficiency and innovation

The details around the delivery and phasing of project 1 including the development of detailed design proposals to support a number of technical options will be further described within the relevant Outline Business Case.

Commercial Case

5.0 THE COMMERCIAL CASE

5.1 Introduction

The Commercial Case of this PBC sets out the planned approach the Trust will be taking to ensure there is a competitive market for the supply of services, focusing on the procurement arrangements for the first project of the programme.

5.2 Required Outputs

The scope of services required is for project management, cost advice and concept design of the WBS Talbot Green headquarters to provide the electrical and mechanical infrastructure required to enable fit for purpose service delivery and act as an enabler to support any further laboratory modernisation in the future.

5.3 Procurement Strategy

Throughout the programme business case process there has been full engagement with colleagues in NHS Wales Specialist Services. They have reviewed the resilience report proposals and confirmed their approval.

Advice has also been sought from NHSWSSP in relation to the appropriate procurement process for this programme of work. Their advice was that the NHS Wales Framework agreement would not provide best value for this type project and the works should be split in to a number of elements. This would allow progress on key elements such as the electrical infrastructure which need to be addressed as a matter of urgency.

5.3.1 Proposed Methodology

Given the above it is proposed that the works are progressed via the traditional method of appointing consultant engineers to produce a final specification and issuing tenders to selected contractors. It is recommended that the Trust retain the team assembled to produce the resilience report which was formally tendered in line with the Trusts Standing Financial Instructions (SFIs).

5.4 Potential Risk Allocation and Management

The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money. This section provides an assessment of how the associated risks might be apportioned between the Trust and the Private Sector and in some instances shared between the nominated organisations. The table below outlines the potential allocation of risk; this will be appraised and reviewed at subsequent stages to ensure there is an appropriate allocation of risk:

Risk Category	Potential Allocation		
	Public	Private	Shared
Design Risk			✓
Construction & Development Risk			✓
Transition & Implementation Risk			✓
Availability and Performance Risk			✓
Operating risk	✓		
Variability of Revenue Risks	✓		
Termination Risks	✓		
Technology & Obsolescence Risks			✓
Control Risks	✓		
Residual Value Risks	✓		
Financing Risks	✓		
Legislative Risks			✓
Other Project Risks			✓

Table 24: Potential Risk Allocations

5.5 Potential Payment Mechanisms / Key Contractual Arrangements

The specific proposed payment mechanisms will be reviewed and decided at later stages in the business case process. In any event payment will adhere to the terms and conditions of the contractual arrangements entered into.

5.6 Accountancy Treatment

It is envisaged that the assets developed through this programme will be on the balance sheet of the Trust. Any assets sold would then be removed from the Trust's balance sheet.

5.7 Potential Personnel Implications

It is anticipated that the TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981 will not apply to this investment.

Financial Case

6.0 THE FINANCIAL CASE

6.1 Introduction

The purpose of the Financial Case is to ascertain the affordability and funding requirements of the preferred way forward and to demonstrate that the recommended programme and its supporting projects are affordable.

This Financial Case highlights the cost impact over the following areas of expenditure within the Project:

- Construction and Equipment Capital costs
- Project 'Delivery' Capital costs
- Transitional (Non-recurring) Revenue costs
- Balance Sheet
- Recurring Revenue costs.

Costs within the Financial Case are based on the same underlying models as the Economic Case but with non-recoverable VAT and inflation included, in line with Treasury guidance. Fundamentally, the Financial Case outlines the full financial costs of the programme and the sources of funding.

6.1.1 Capital Costs

The total capital costs for the preferred way forward are detailed below both including and excluding optimism bias:

CAPITAL COSTS AT APPROVALS LEVEL PUBSEC	Option 2 - WHTM compliance with selective decarbonisation £000
Departmental Costs	22,588
Fees	2,643
Non-Works	3,652
Equipment	512
Planning Contingencies	2,939
Optimism Bias	4,074
TOTAL CAPITAL COSTS AT APPROVAL PUBSEC	36,409
VAT	6,177
TOTAL OB1 CAPITAL COSTS AT APPROVAL LEVEL PUBSEC	42,585
Excluding Optimism Bias	37,820
PUBSEC INDEX AT APPROVALS LEVEL	305

Table 25: Capital Costs for the Programme Preferred Way Forward

The impact on revenue costs has been assessed with depreciation calculated based on a 38-year average asset life for works, and a 10 year average asset life for equipment. Total capital charges, assuming a 3.5% cost of borrowing for public dividend capital, are shown in the table below:

SPLIT OF ANNUAL CAPITAL CHARGES	Option 2 - WHTM compliance with selective decarbonisation £000
Depreciation	(£1,176)
PDC Return on Investment	(£1,490)
Total Annual Capital Charges	(£2,666)

Table 26: Split of Annual Capital Charges

6.1.2 Project Delivery Capital Costs

There will be additional NHS resources required to deliver each project associated with the programme to ensure robust progression through OBC. Following approval of this Programme Business Case the additional resources will be scoped and will need to include, (but may not be limited to), project manager, administrative support, support for backfill of departmental leads and facilities management.

6.1.3 Revenue Costs

The annual running costs of the new facilities at a 2021-22 price base have been assessed at £4.044m per annum. These are comprised of:

- Capital Charges of £2.422m, as described above
- Building rates of £171k
- Facilities management and other building related costs of £1451k, based on the current values.

The summarised recurrent affordability analysis at 2021-22 prices in the first full year of operation is as follows:

Revenue Costs at 2021/22 prices	Option 2 - WHTM compliance with selective decarbonisation - £000
Annual Capital Charges	2,666
Building Rates	171
Hard FM costs	1,451
Total Revenue Costs	4,288
Current Cost	1,564
Affordability Requirement	2,724

Table 27: Revenue Costs for the Programme Preferred Way Forward

6.1.4 Transitional Costs

Costs incurred as a result of transition are assumed to be capitalised, costs may include the temporary hire of external facilities or insourcing of blood and transplant products, resultant from the need to decant from operational service areas.

6.2 Impact on Balance Sheet and Income and Expenditure Account

The current value of the Welsh Blood Service estate at Talbot Green is approximately £12m. The new asset will be added at £42m.

The Trust will have to support an additional £2.4m of costs, the bulk of which is capital charges through business planning and budget discussions from 2028/29. Further benefits may become available around maintenance, fuel costs and future penalty reductions and these will all be reviewed during the OBC and FBC stages.

6.3 Workforce Planning

For the purposes of the financial analysis at this stage, it has been assumed that there will be no workforce changes as a direct result of the proposed changes to the infrastructure (project 1 moving forwards). Any future changes will be subject to internal approval through delivery of a financially balanced WBS plan. Workforce has therefore been excluded from the financial analysis at this stage.

6.4 Overall Affordability and Funding

Affordability has been assessed by using the efficiencies in revenue costs planned as deliverable as a result of enhancing the WBS infrastructure. These savings will be developed further at the Outline Business Case stage as specific implications become more tangible.

Management Case

7.0 THE MANAGEMENT CASE

7.1 Introduction

This section of the PBC addresses the “achievability” of the programme and identifies how the projects will be managed from their initiation to completion. Its purpose is to describe the arrangements that will be required to effectively govern and successfully manage the programme and deliver it in accordance with best practice.

7.2 Governance Arrangements

The programme will follow standard managing successful programmes (MSP) guidance with a Programme Board established and officers appointed to the following roles:

Role	Responsibility
Senior Responsible Owner (SRO)	The SRO is accountable for the success of the Programme and is responsible for enabling the organisation to exploit the new environment resulting from the Programme, meeting the new business needs and delivering new levels of performance, benefit, service delivery and value. The SRO owns the vision for the Programme and provides clear leadership and direction and secures the investment required to set up and run the Programme.
Programme Director	Responsible for providing the interface between Programme ownership and delivery and is accountable for defining the Programme objectives and ensuring they are met within the agreed time, cost and quality constraints. The Programme Director will act as the link point for stakeholders at a strategic level.
Programme Manager	Responsible for leading and managing the setting up of the Programme through to the delivery of new capabilities, realisation of benefits and programme closure.
WBS Senior Management Lead	Responsible for providing the interface between WBS Senior management Team and the Programme Board. Is accountable for ensuring effective service engagement, ensuring views of WBS are identified and considered and securing consensus within WBS for the improvements identified within the programme.
Scientific Lead	Responsible for providing Scientific leadership and expertise to the programme.
Estates Lead	Responsible for the delivery of the infrastructure sub-programme and related projects
Sustainability Lead	Responsible for providing advice and challenge to ensure the infrastructure supports the delivery of the Trusts aim to achieve carbon neutral.
Finance Lead	Responsible for all financial aspects of the Programme. This includes the strategic financial planning for the Programme, financial reporting, and financial risk management.

Role	Responsibility
Workforce Lead	Responsible for ensuring consideration is given to all issues relating to and impacting on the workforce and appropriate processes are considered.

Table 28: Programme Roles and Responsibilities

The formal Programme structure is as follows:

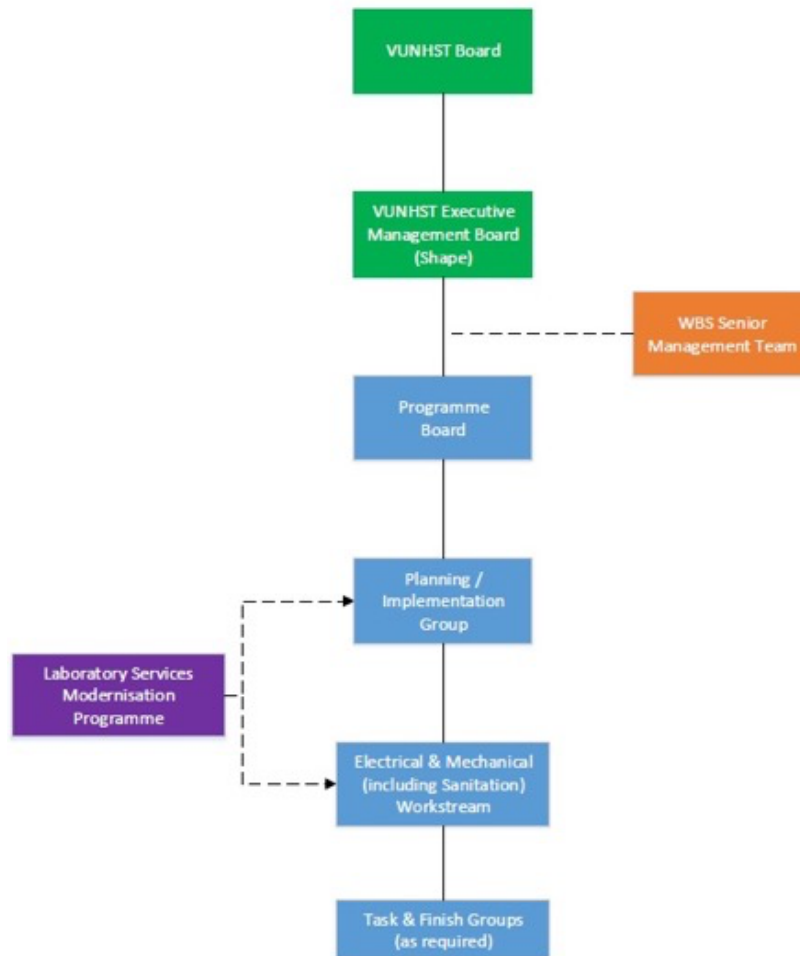


Figure 8: Programme Reporting Structure

7.2.1 Communication

Key communication routes throughout the life of the programme will include:

- Monthly dashboard reporting to Programme Board and quarterly reports to Executive Management Board and Trust Board
- All formal documentation to be made available via the Welsh Blood Service website
- Regular programme briefing notes to be distributed.

7.3 Timelines

The initial PBC was approved by the VUNHST Board in June 2020 with this PBC due for approval in October 2023.

It is anticipated that the first project OBC for the infrastructure works will be completed and ready for submission by end of this financial year (2023/24) with the FBC following in 2024/25.

7.4 Use of Specialist Advisors

Specialist advisers will be appointed to advise on specific components of work as appropriate to the overall business case.

It is also recognised that specialist knowledge of the blood and transfusion services will be required. This will include operational and scientific managers from within the service. Expertise may be sought from other blood and transfusion services outside of Wales.

7.5 Change and Contract Management Arrangements

This will be managed through the programme management structure and in line with VUNHST existing contract management arrangements.

7.6 Benefits Realisation Strategy

A benefits realisation plan will be established during the development of the project OBC and will be overseen by the Programme Board.

The plan will outline the key objectives, benefits and measures. Timescales for the achievement of these benefits will be included along with accountability for their realisation.

7.7 Risk Management Arrangements

A standard programme management approach will be taken to the management of risk.

Risk management arrangements will also comply with VUNHST policy.

A risk register and associated documents will be developed and updated for the life of the programme with the focus being on mitigating actions and the controls to be adopted to manage/treat risks.

7.8 Programme Assurance

Programme assurance provides independent and impartial assessment that the programme's spending objectives can be delivered successfully and improves the prospects of achieving intended outcomes and benefits.

It is assumed that this programme and subsequent projects will be subject to Gateway Reviews at the appropriate stages.

STRATEGIC DEVELOPMENT COMMITTEE

INTEGRATED MEDIUM TERM PLAN – DEVELOPING OUR APPROACH

DATE OF MEETING	5 th September 2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	DISCUSSION
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital / Phil Hodson, Deputy Director of Planning and Performance
PRESENTED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital.
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
EXECUTIVE SUMMARY	<p>It is anticipated that the Trust will be required to submit a Trust Board approved IMTP for 2024 / 25 – 2026 / 27 to the Welsh Government by 31st March 2024.</p> <p>To facilitate the development of the IMTP for 2024 / 25 – 2026 / 27, and to meet the requirements of the Welsh Government planning guidance, there needs to be agreement in terms of the Trust-wide IMTP planning process and approach. In parallel</p>



	it is important that a number of opportunities are taken at this juncture to improve the overall process for developing the IMTP.
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RECOMMENDATION / ACTIONS	<p>The Strategic Development Committee is asked to:</p> <ul style="list-style-type: none">• Review and Discuss the approach for developing the Trust IMTP for 2024 / 25 – 2026 / 27 (see <i>Appendix 1</i>)
---------------------------------	--

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Executive Management Board	14/08/2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
<p>The attached presentation (<i>Appendix 1</i>) has been discussed at the Executive Management Board on 14th August 2023. Following this discussion it was agreed that the presentation should be submitted to Strategic Development Committee at its meeting on 5th September 2023.</p>	

7 LEVELS OF ASSURANCE – NOT APPLICABLE

APPENDICES	
1	IMTP: Developing our Approach (presentation)

1. SITUATION

- 1.1 The Trust, on 22nd July 2022, received confirmation from the Welsh Government that it's IMTP for 2022 / 23 – 2024 / 25 had been approved. We are now awaiting approval of our IMTP for 2023 /24 – 2025 /26.
- 1.2 However, whilst awaiting approval for our most recent plan, there is a requirement to commence the process for updating our plan for 2024 / 25 – 2026 / 27. Although Welsh Government planning guidance is not expected to be issued until late 2023 it is assumed that the IMTP will need to be approved by the Velindre University NHS Trust Board no later than 31st March 2024.

2. BACKGROUND

- 2.1 Prior to approval by the Trust Board the IMTP, or relevant sections, must be approved by the following:
- Welsh Blood Service Senior Leadership Team (WBS service plan)
 - Velindre Cancer Centre Senior Leadership Team (VCC service plan)
 - Velindre University NHS Trust Executive Management Board (complete IMTP)
 - Velindre University NHS Trust Strategic Development Committee (complete IMTP)
 - Velindre University NHS Trust Board (complete IMTP)
- 2.2 In parallel to the above approvals process it is imperative that there is regular and effective engagement with key stakeholders. These will include, but not exclusively, staff, service users, the Welsh Government and the Citizen Voice Body.
- 2.3 In addition there will be a requirement to undertake an Equality Impact Assessment to support the development of the IMTP and a plan for completing this assessment is currently under development.

3. ASSESSMENT

- 3.1 To facilitate the development of the IMTP for 2024 / 25 – 2026 / 27, and to meet the requirements of the Welsh Government planning guidance, there needs to be agreement in terms of the Trust-wide IMTP planning process and approach. In parallel it is important that a number of opportunities are taken at this juncture.

3.2 These opportunities include:

- How we can learn from last year's IMTP process to identify how it can be further improved for this year?
- How we can better engage with our services, corporate support functions and with our Executive team, relevant Committees and our Trust Board?
- How we can further strengthen alignment between the various strategies and plans across the Trust?
- How can we better prioritise investment across the Trust?

4. SUMMARY OF MATTERS FOR CONSIDERATION

4.1 The Strategic Development Committee is asked to:

- **Review and Discuss** the approach for developing the Trust IMTP for 2024 / 25 – 2026 / 27 (see *Appendix 1*)

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals:	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations • A beacon for research, development and innovation in our stated areas of priority • An established 'University' Trust which provides highly valued knowledge for learning for all. • A sustainable organisation that plays its part in creating a better future for people across the globe 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS	Not applicable
QUALITY AND SAFETY	



IMPLICATIONS / IMPACT	Not Applicable
	The purpose of this paper is to initiate a discussion in relation to the approach to support the development of the Trust IMTP for 2024 / 25 – 2026 / 27 and therefore there are no quality and safety implications at this stage of the process.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	Not required
	There are no socio-economic impacts linked directly to the approach outlined within the attached presentation.
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	N/A - There are no Trust Well-Being goal implications or impact linked directly to the approach outlined within the attached presentation.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhswales365.sharepoint.com/sites/VEL/Intranet/SitePages/E.aspx	Not required - please outline why this is not required
	<p>The purpose of this paper is to initiate a discussion in relation to the approach to support the development of the Trust IMTP for 2024 / 25 – 2026 / 27 and therefore there is no requirement for an equality impact assessment at this stage of the process.</p> <p>However, there will be a requirement to undertake an IMTP Equality Impact Assessment in parallel to the production of the Trust IMTP and a plan for completing this assessment is currently under development.</p>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
All risks must be evidenced and consistent with those recorded in Datix	

**Strategic Development Committee –
5th September 2023**

IMTP 2024 – 2027 Development

1. Current position
2. The opportunity
3. How do we want to go forward?

Context

External

- Ambitious policy framework (Healthier Wales etc)
- Quality Act; Duty of Candour
- Challenging financial outlook for next 24 months

Context

Internal

- Clear Trust strategic framework
- Refreshed service plans
- Established transformation programmes
- Delivery of core service (quality, safety, experience) good but challenging)
- Complex infrastructure delivery programmes by 2026/7
- Common challenges (workforce; digital; investment gaps)

The opportunity

Precision, alignment and benefits: optimising what we have

- Trust strategy; enablers in place
- 5 years service plans in place
- IMTP 3 year plan approved
- Tools available to us (Q5 prioritisation; roadmaps; choices; quality impact assessment etc)
- Balanced financial position (with risks)



Even better if.....

- Develop our medium term thinking: 3-5 year plan (the IMTP process can drive unintended behaviour e.g. may feel like a 1 year delivery plan)
- Further detail on 3-5 year (working back from 2027/28)
- Quality based approach to development/assessment of choices
- Strengthen alignment with capacity/demand, workforce, digital to support transformation and long-term service sustainability
- Strengthen detailed service plans sat beneath 3 – 5 year plan
- Better co-ordinated approach involving all key disciplines

Suggest we need.....

- To reduce number of priorities: focus on the imperatives
- Reduce the 'noise' and the 'nice/wants to do'
- Tighter alignment

For consideration.....

- Refreshed three / five year plan (as a bi-product we produce the IMTP)
- Detailed service plans sat beneath (at a more granular level) (our tactical delivery plans).
These will include:
 - Clear aims (based on delivery of standards etc)
 - SMART objectives
 - Capacity/demand forecasts
 - Integrated approach to delivery (workforce/digital/VBH/service improvement to produce the solution/plan)
 - Funding and investment position resulting from integrated solution
 - Detailed SMART actions
 - Clear relationship between actions, outputs, outcomes (measureable)
- Establishment of planning/co-ordinated approach across the organisation to support development
- Discussion/identification of skills/training needs across the organisation and development of programmes to support skills transfer/acquisition
- Aligned to BI priorities on development of measures

Timelines

Awaiting WG confirmation but working to March 31st 2024 submission

Key issues/risks: include but not limited to

- Delivery of 2023/2024 objectives in challenging environment
- Current financial climate/outlook
- WG confirmation on timelines / planning guidance requirements

Summary

Recommendations:

- Refreshed three / five year plan (as a bi-product we produce the IMTP)
- Smaller set of priorities over next 3 years
- Further development of the strategic roadmaps
- Closer alignment with transformation programmes (TCS Programme; Velindre Futures; Blood Future) and BOFT



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STRATEGIC DEVELOPMENT COMMITTEE

Value-Based Healthcare Programme Update

DATE OF MEETING

05/09/2023

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE

INFORMATION / NOTING

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?

NO

PREPARED BY

Chris Moreton, Deputy Director of Finance

PRESENTED BY

Chris Moreton, Deputy Director of Finance

APPROVED BY

Matthew Bunce, Executive Director of Finance

EXECUTIVE SUMMARY

This report provides an overview of the development of the Value Intelligence Centre as part of the Value Based Healthcare programme of work over the past 8 months. It presents some key considerations and matters for SDC consideration as the Value Based Healthcare programme moves forward.



RECOMMENDATION / ACTIONS	<p>Strategic Development Committee is asked to NOTE the continued development of the Value Based Healthcare Programme including:</p> <ul style="list-style-type: none">○ Phase 1 completion and Executive Summary in Appendix 1○ Phase 2 extension of third-party support until October 2023 to continue the development of the Value Intelligence Centre○ The development of a Velindre Food Strategy with Welsh Government support.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
EMB Shape	14/08/2023 19/06/2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	

7 LEVELS OF ASSURANCE	
N/A – Report for Discussion	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance

APPENDICES	
Appendix 1	Value Intelligence Centre – Phase 1 Exec Summary

1. SITUATION

The Trust has commenced its Value-Based Healthcare journey having secured funding from Welsh Government to progress with this programme of work as part

of the Trust's Building Our Futures Together initiative. This report provides a summary of the work completed to date with regards to the development of the Value Based Healthcare Programme and key areas for EMB consideration as the programme moves forward.

2. BACKGROUND

The Value Based Healthcare Programme received funding from Welsh Government to progress two key Value Based Healthcare initiatives across the Trust as follows:

- Preoperative Anaemia Pathway Project with the Welsh Blood Service
- Value Intelligence Centre at the Trust

VBH Programme update was provided to EMB Shape in June 2023.

The scope of this report is the development of the Value Intelligence Centre and work completed to date on the Velindre Food Strategy, which has been progressed with funding support from WG.

3. ASSESSMENT

3.1 Value Intelligence Centre Phase 1

Phase 1 of the Value Intelligence Centre has now concluded with the Value Based Healthcare Steering Group signing off the following deliverables:

1. Baseline Data Assessment
2. User Personas
3. Document Use Case
4. Proof of Concept Urology Dashboard
5. Value Intelligence Cycle and an agile process for dashboard development
6. Value Intelligence Centre vision and roadmap

Further details and an Executive Summary of the output from Phase 1 are provided in Appendix 1 for information.

Following discussion at EMB Shape in June 2023, feedback has been taken on board and a decision taken by the Programme SRO, with support from the VBH Steering Group, to extend the third-party contract support in line with Commitment of Expenditure agreed by Trust Board in January 2023. This

support will now run through to October 2023 in order to allow for a smooth transition and onboarding of the Head of Value Based Healthcare post.

3.2 Value Intelligence Centre Phase 2

The agreed scope of work for this extension is outlined below including an overview of the benefits that will be delivered.

Value Based Healthcare Governance

Ownership of plans and clarity in decision-making is essential to sustain engagement and momentum therefore this workstream will develop the following:

- A proposed VBH Governance Framework within Trust-wide governance, including processes for prioritization of the Value Intelligence Centre resource allocation / budget management and internal SLAs between functions.
- Terms of Reference for the Steering Group and Sub-Groups in the VBH Programme, including processes for prioritization of the work programme.
- A defined reporting cycle for the VBH Programme (including external reporting)

Benefits: *Clarity, ownership and transparency in governance arrangements to support maturation of the VBH programme.*

Value Based Healthcare Training and Change Management Materials

The Trust is on a journey towards digital maturity. As such, training and change management materials can help to support the further development of the Value Intelligence Cycle and iterative, agile approaches will help maintain progress.

This initiative will deliver the following:

- A set of training materials for Velindre's 'VBH way of working' and a set of 'trainers' trained in onboarding and upskilling staff needing to work aligned with VBH ways of working (which will, in time, be most staff at Velindre as the approach matures and becomes embedded as a BAU)
- A data quality and assurance approach to support the continued enhancement of the data and build in 'sense-making' and data quality considerations into all VBH work
- Support for onboarding and up-skilling Velindre's VBH/Value Intelligence Centre (VIC) team members as they come into post.

Benefits: *maturing the ways of working and sustaining the engagement across the organisation to continue increasing the profile of the VBH programme – further demonstrating how this work will affect and improve activity across the organisation.*

Value Intelligence Centre Programme Plan

A detailed programme plan is required to develop the first stage of the VBH Roadmap presented to EMB Shape in June 2023. This will include specific, prioritised work packages and resource requirements with assessment of the following:

- Programme interdependencies:
 - with other Velindre programmes (e.g. BI Warehouse, Workforce changes, Quality and Safety, Digital etc.)
 - with national programmes
- PROMs roll-out plans
- The Dashboard 'pipeline' – maintaining and expanding existing dashboards, the plans for developing new dashboards, resource requirements
- Varian's Noona development plan
- Links to governance (meeting structure & budgeting)

This work will include wide engagement with Velindre's frontline teams, corporate services and Divisions including:

- Clinical teams to cover SST prioritization and their views on PROMs roll-out (new tools and potential for 'All Wales' leadership)
- Trust wide and Divisional groups re. interdependencies and existing programmes

The Value Intelligence Cycle will be presented as central to this strategic programme plan – it will guide the decision-making processes that link the plan to the governance structures described above.

Benefits: *clear and actionable plan with which the Exec can engage and allocate resource.*

3.3 Velindre Food and Value

In March 2023, VUNHST was successful in being awarded grant funding of £30,000 to develop a mission for local food sourcing and an agroecological food supply chain.

The purpose of the project is to produce a policy briefing note which helps Velindre University NHS Trust to develop a strategy to establish a shorter, more environmentally friendly food supply chain. This should help to enable local, healthy, good quality and sustainable food for future generations, improving the

wellbeing of patients, donors, staff, food communities and supporting local food suppliers/producers.

The initiative has adopted a participatory approach with a Velindre food working group established through nominations from the Healthy and Engaged Steering group. The group contained representatives from across the Trust and two workshops run through June and July 2023. Further, a staff survey on food was available on the Trust's intranet to provide all staff with the opportunity to feed into the process from June to August 2023.

The feedback from these sessions will inform a strategy report, which is due to be finalised by September 2023 and will inform the Value Based Healthcare wider programme of work.

4. SUMMARY OF MATTERS FOR CONSIDERATION

NOTE continued development of the Value Based Healthcare Programme.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below
<p>If yes - please select all relevant goals:</p> <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/>



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RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS	Choose an item VBH Programme is cross cutting and will support mitigation of multiple strategic risks.											
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply											
	<table border="0"> <tr> <td>Safe</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Timely</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Effective</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Equitable</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Efficient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Patient Centred</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred
Safe	<input checked="" type="checkbox"/>											
Timely	<input checked="" type="checkbox"/>											
Effective	<input checked="" type="checkbox"/>											
Equitable	<input checked="" type="checkbox"/>											
Efficient	<input checked="" type="checkbox"/>											
Patient Centred	<input checked="" type="checkbox"/>											
<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p><i>The Value Based Healthcare Programme will support across Quality and Safety domains.</i></p> <p>Click or tap here to enter text</p>												
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview	Not required											
	n/a Click or tap here to enter text											



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TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
	If more than one Well-being Goal applies please list below:
	Value Based Healthcare Programme will support the delivery across all of the Trust's Wellbeing Objectives
	If more than one wellbeing goal applies please list below: Click or tap here to enter text
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	Source of Funding: Welsh Government Please explain if 'other' source of funding selected: n/a
	Type of Funding: Revenue
	Scale of Change Please detail the value of revenue and/or capital impact: Funded through VBH Programme Budget Type of Change Major Programme Please explain if 'other' source of funding selected: Value Based Healthcare is part of the Building our Futures Together Programme
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL/_layouts/15/Default.aspx	Not required - please outline why this is not required
	<i>Not applicable for this report</i>



ADDITIONAL LEGAL IMPLICATIONS / IMPACT	
	There are no specific legal implications related to the activity outlined in this report.
	n/a

6. RISKS

Not Applicable for this report

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



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NHS Trust

Value Based Healthcare Value Intelligence Centre Development

Phase 1 Output



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CYMRU
NHS
WALES

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Velindre University
NHS Trust

Executive Summary

Value Based Healthcare

Value Intelligence Centre Phase 1 Summary

Velindre is on a transformation journey towards a more value-based way of working. Work conducted collaboratively by Velindre and the PSC over the course of ~18 weeks from March to June 2023 has delivered a set of outputs and demonstrated ways of working that will support this journey. This pack presents the outputs of that work, including the framing of the vision and/or opportunity; descriptions of the activities & outputs, and the recommendations for next steps:

- **Opportunity:** Velindre have set an ambitious vision to improve healthcare delivery, research, education, and sustainability. Data maturity and analytics are central to this journey, and the development of the Value Intelligence Centre is intended to be a catalyst and accelerate progress on this journey.
- **Activities & Outputs:** through wide engagement across Velindre and beyond it, a set of outputs have been created that support VBHC and the longer-term ambition to transition more of the Trust's activities onto a more value-based approach.
- **Recommendations:** a set of next steps over the short-, medium- and long-term for the programme to build on this work.

The programme is situated within the emerging Value Intelligence Centre.

- Focussing on patient-reported outcome measures (PROMs) as well as clinical outcomes
- Ensuring all interventions are high-quality and meet the patient's needs
- Driving co-production and joint decision-making

DRIVES USER-CENTRED CARE

$$\text{Value} = \frac{\text{outcomes that matter to patients}}{\text{total use of resources across the care pathway}}$$

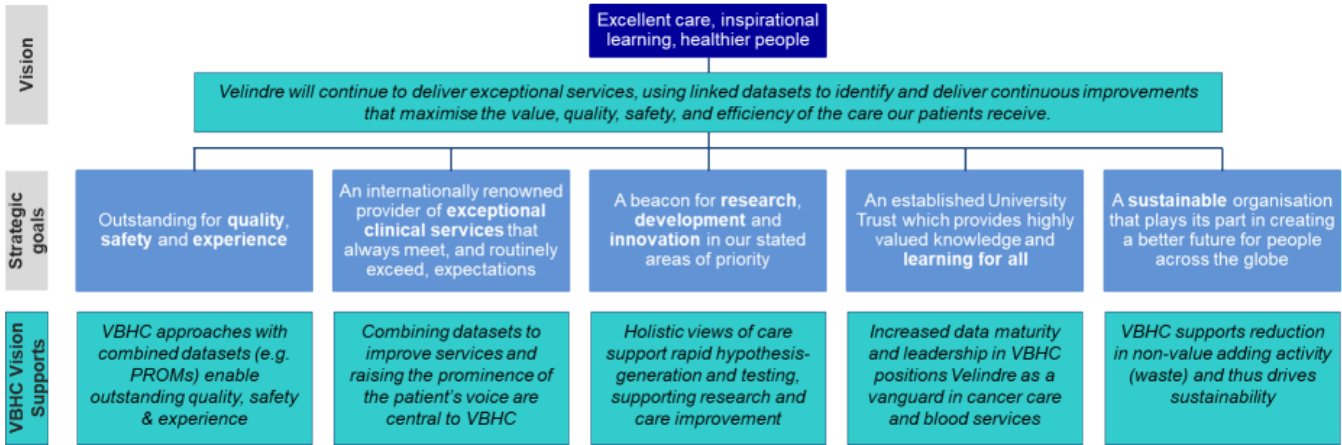
DRIVES EFFECTIVE USE OF RESOURCES

- Reducing unwarranted variation (including under and over-treatment)
- Developing a sustainable model of care than can continue to meet the needs of its population

The Opportunity: Velindre's Vision and how VBH supports it

- **Velindre can't stay where it is – the Burning Platform:** For a variety of internal and external reasons, Velindre cannot continue with its current style of operation regarding data. There are national imperatives around improved collection & availability of data, as well as a wide-spread view within the organisation that the right data are either not available, too hard/time-consuming to obtain, or not sufficiently comparable across areas to be useful.
- **Better data and better use of data are essential:** to deliver Velindre's vision and enable both prudent management and continuous improvement of care, the kinds of data enabled and enabling VBH are essential – it is a virtuous cycle of better data leading to better use of data, which then improves the quality of data inputs and outputs.
- **The vision touches all levels of the organisation:** creating these common views improves function across the organisation horizontally (between functional areas, such as clinical, finance, and operational areas) and vertically (at different scales of the organisation, from individual clinics or SSTs, to a Board-level view). This common view, centering the patient, is the long-term aim.

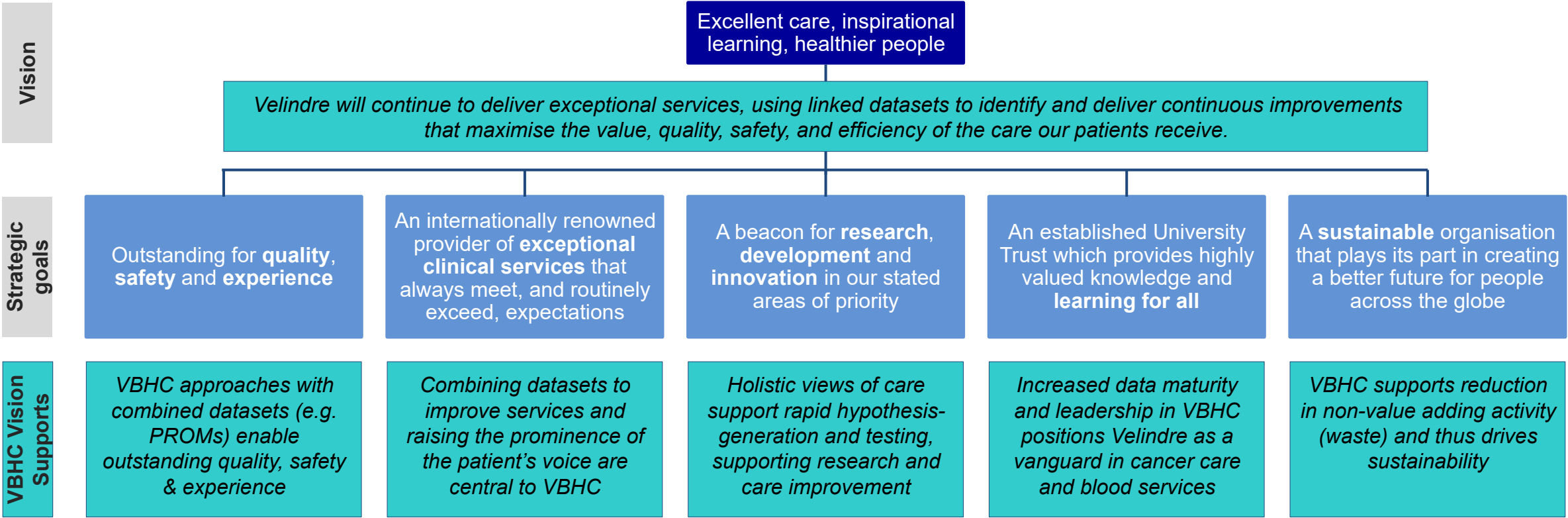
To be coherent, VBH must clearly support delivery of those goals and the overall vision – it cannot be an 'add-on,' sitting alongside the organisations main activities or priorities.



For more detail on the vision, see next slide

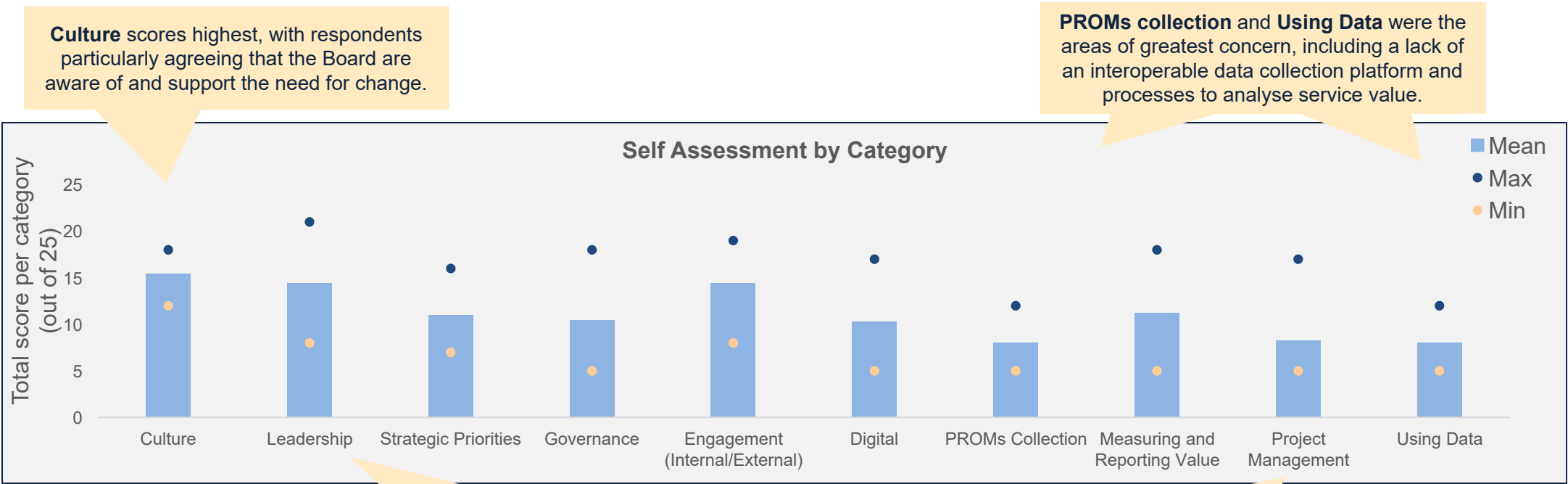
Velindre's Vision and how VBHC supports it

To be coherent, VBHC must clearly support delivery of those goals and the overall vision – it cannot be an ‘add-on,’ sitting alongside the organisations main activities or priorities.



Value Based Healthcare: Leadership Self-Assessment

Over the last few weeks, members of the Board have completed a VBH Capacity and Maturity Assessment. The results show varying readiness across the Welsh Value in Health Centre themes:



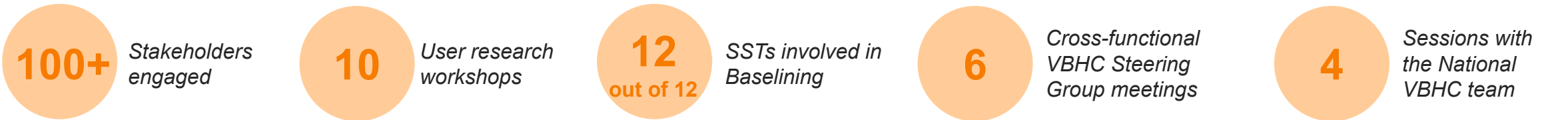
Results based on 5 respondents. Slide will be updated if more results received before Monday's session.

There is significant disagreement regarding **leadership**, specifically including whether there is collective ownership of the overall performance of the organisation & whether middle management is sufficiently engaged and enthusiastic about the programme.

There are varying views on **project management** readiness with a large disparity in scoring in this section. Whether the project has sufficient project management resource and stakeholder engagement are of greatest disagreement.

Activity & Outputs: Project Engagement & Outputs

Improved **data analytics and capabilities** are a key part of the Trust’s value-based healthcare (VBHC) programme. To support the VBHC analytics programme, **a range of outputs have been co-developed** with VCC staff through extensive engagement and user research:



Data baseline	Use case and user personas	Proof-of-concept dashboard	Vision and roadmap
Collating VBHC data assets across the organisation and outlining how data maturity could be progressed.	Detailing the challenges and user needs of staff within the VCC & how the dashboard will enable VBHC	To show the feasibility & viability of developing dashboards and explore what data is valuable	Describing the vision for VBHC at Velindre and how this will be delivered over the coming years.

All products have been co-developed with local teams, with additional handovers with the BI and Digital teams conducted to ensure capability to sustain and utilize delivered assets, and to build on them to deliver the wider roll-out envisaged in the roadmap.

Value Based Healthcare

User Personas and Dashboard Proof of Concept

- The dashboard has been co-developed through numerous **rounds of user testing** with stakeholders.
- Over the last couple of months, the dashboard has been through several rounds of iteration to ensure **user-centred design and development of user personas (e.g. below)**.
- This dashboard is a **proof-of-concept** and will be iterated over time (refining and adding new functionality) and later be expanded to include other SSTs and directorate views.

CONSULTANT ONCOLOGIST



Sarah
Consultant Oncologist
Urology

My responsibilities:

- Leading the urology SST and educating/supporting members
- Providing outpatient clinics for urology patients on treatment options for individual patients based on preferences and diagnosis
- Attending MDTs with other providers to discuss patient pathways
- Considering ways to improve service provision at ensuring Velindre is delivering high-quality uro-onc services
- Considering the effectiveness of different treatment and evaluating ways to improve them
- Ensuring our services continue to meet national and keep up with best practice
- Evaluating options for service improvement initially leading clinical trials, including patient selection, and GPRs
- Contributing to national audits

I feel...

"I want to ensure that my interventions are delivered for my patients but I do not always have complete or appropriate evidence to do this"

"I need to be able to manage my patients' expectations on their outcomes and any side effects... I want evidence, real data, to do this"

OPERATIONS Performance and quality



Deri
Head of Performance
management

My responsibilities:

- Reporting on quality and performance to leadership, recommending areas for improvement
- Running Quality and Safety meetings across the organisation
- Helping, organising, run and assess clinical audits
- Identifying quality issues by tracking incidents, reviewing reports on patient experience/satisfaction
- Identifying risks that may affect compliance with standard, or patient experience and outcomes
- Setting standards for the provision of our services
- Helping to embed a continuous improvement culture across our teams

I feel...

- ...we measure performance based on activity or process metrics like 'time to treat' when really we need to be focusing on patient outcomes and quality of life
- ...there is significant and detrimental unwanted variation across our services but I do not have any evidence and thus cannot demonstrate or address this

"Performance and quality are seen through the lens of wait times and activity, but we really need to be measuring what matters... outcomes and experience for patients"

OPERATIONS Service management



Mary
Service general manager

My responsibilities:

- Clinical governance, including quality assurance, quality improvement, and risk and incident management
- Managing the budget for my department
- Monitoring service performance and quality
- Supporting and facilitating service improvement programmes
- Ensuring effective and efficient resource utilisation
- Helping clinical teams within my department to respond to operational issues on a day-to-day basis

I feel...

- ...there is significant and detrimental unwanted variation across our services, but I do not have any evidence and thus cannot demonstrate or address this
- ...I cannot access the data that I need to in a timely manner to understand where service improvements are required, meaning that I feel opportunities to improve outcomes for patients are missed

"We know there is significant variation in ways of working across the cancer centre... however, without the data to show this, I cannot make the case that this exists and should be addressed. I really believe patient outcomes are impacted by this."

Challenges

- Understanding patient feedback and reviews is hard because patient engagement with CQCA is poor. This is likely because the questionnaires are time-consuming and patients are repeatedly asked by different services to complete them
- Patient appointments are wasted or missed due to miscommunications, lack of capacity or issues ordering prescriptions/treatments
- We know that staff do not always get the opportunities to work at the top of their license, and thus are not able to make the most of their time and capabilities
- We do not have complete or accurate data on activity and staff utilisation, making it hard to understand capacity or address any unwanted variation across our services
- The way we charge for activity is not representative, for example in-person or virtual appointments are charged at the same rate

Data and tools used

- Data warehouse stores data on activity, clinical outcomes and costing
- Incident and concern reports in DATIX
- PREMs via CQCA questionnaires and reports
- Reports including 'deep dives'

In my role, my top three places of data I need are...

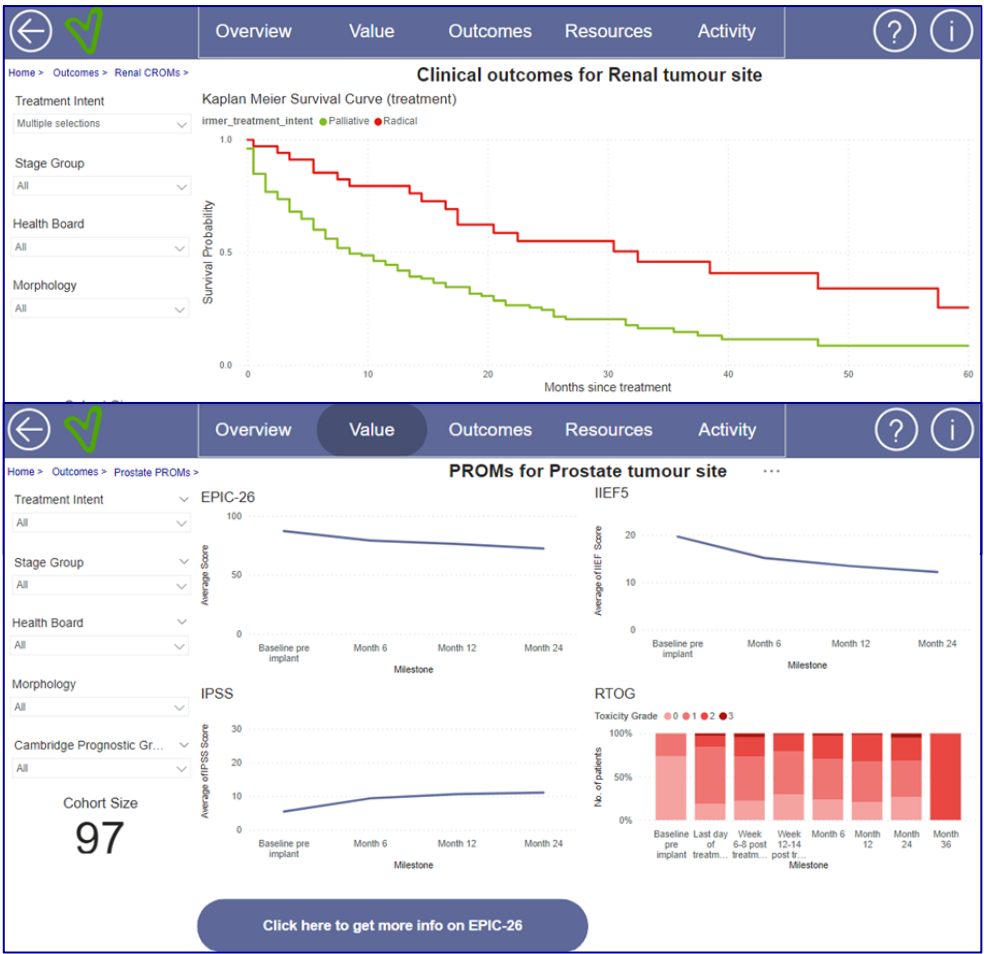
- Demand and wait times for treatment
- Quality metrics
- Cost of services

As a general operational manager, I need...

- robust evidence to support and prioritise business cases for service improvement investments that demonstrate the needs and benefits
- ...to demonstrate the **impact of investment on outcomes**
- evidence-based decisions** on how to deliver the best value to our patients across the whole patient pathway
- ...to **increase transparency** of service delivery (inc. resource use and outcomes) in order to identify areas where **productivity** can be improved and there are **opportunities for efficiency savings**
- ...to understand to what extent a service is delivering the best care & manage **resource allocation** so I can identify required investment/improvements
- ...to be able to access **patient experience data** to improve our services
- ...to understand the **requirements of space and staff capacity** to inform service planning
- ...to understand unwanted variation in the quality of our services and patient outcomes in order to **address drivers of variation** and ensure equity of care

As a general operational manager, my goals are to help answer...

- What resources are we using to deliver patient care?
- Are we using our resources most effectively, enabling us to deliver high-quality, patient-centred care?
- How can we address unwanted variation in ways of working across SSTs & clinicians?
- How does activity vary across SST and clinician by pathway?

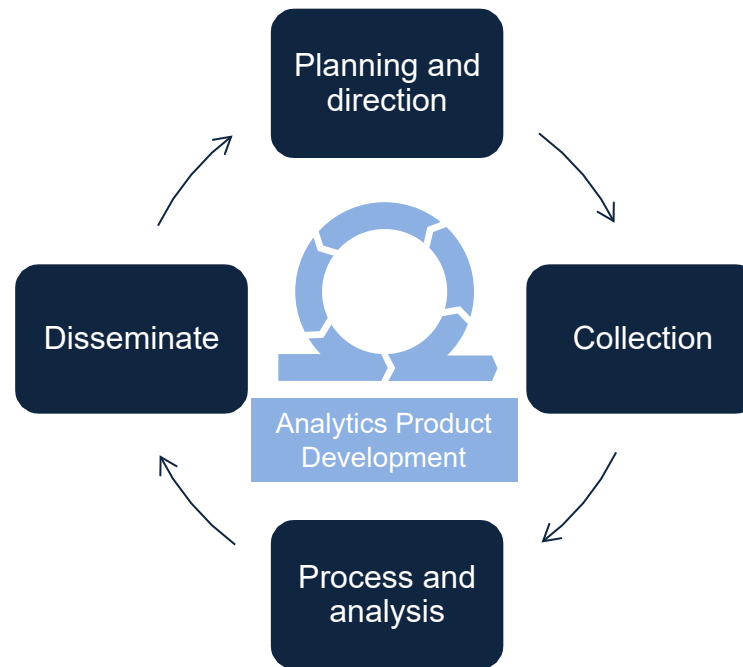


Governance & Ways of Working: Value Intelligence Cycle

At the programme / portfolio level the Intelligence Cycle is the guiding framework

The Intelligence Cycle

- Where an Agile Development Process is ideal for product development, another framework lends itself to the overall programme perspective: the Intelligence Cycle.
- This Cycle is also an **iterative** way of **assessing priorities, delivering change, and ensuring learning** through feedback to the next cycle of planning or initiatives.
- This approach is already in use at Velindre (represented in the Value Intelligence Centre briefing papers), but has not yet reached scale or maturity. The development of the Value Intelligence Centre is thus an opportunity to continue increasing that maturity in the use of the Intelligence Cycle to support governance.



Role in the programme

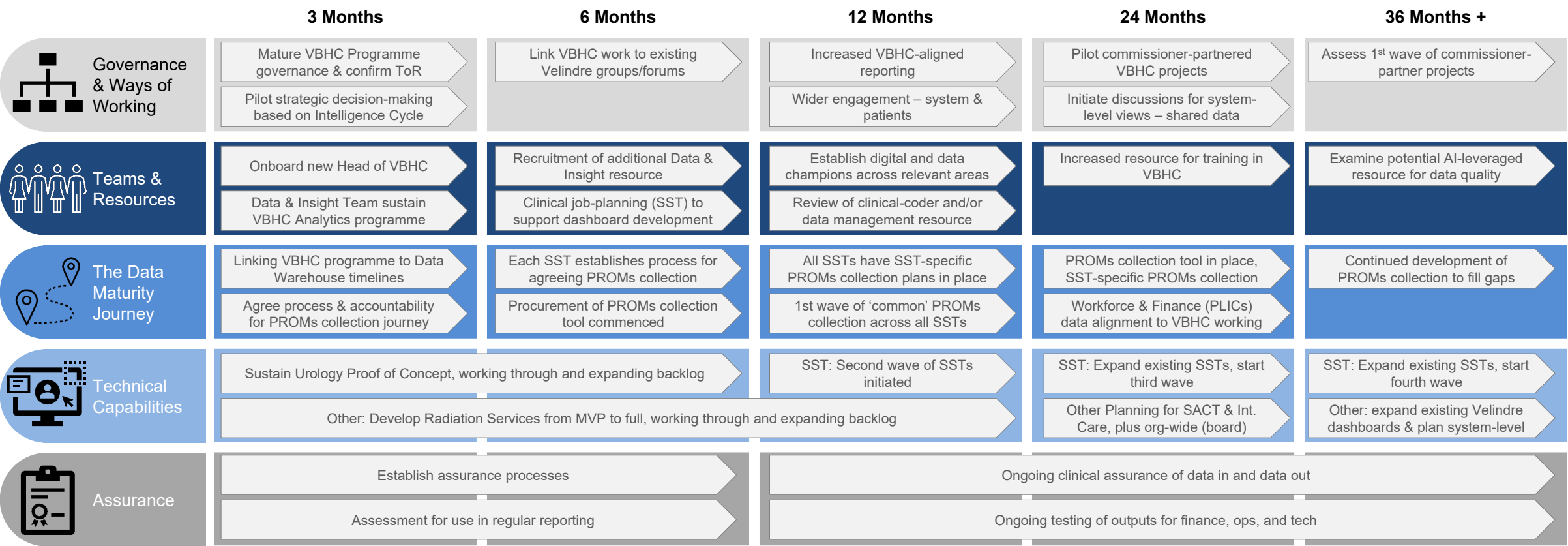
- At a VBH portfolio level, the Intelligence Cycle can be used to think about **wider initiatives, investments, priorities and decisions** - as well as the occasional bespoke piece of analysis.
- This complements the **Agile process for dashboard development** (existing or new), which is about rapidly developing technical products on a recurring basis – creating new dashboard functionality, improving usability, and so on.
- Therefore, the Intelligence Cycle is for **defining VBH strategy, setting priorities, and monitoring the outputs** of the Agile analytics product development projects.

Stakeholders

- Central to VBH and the programme at Velindre, is the need that this cycle **drives collaboration** across clinical, operational, finance, BI and digital teams.
- The Steering Group will **include stakeholders from all groups** and thus drive integration and joint decision-making about the programme.

The Roadmap: The 3-year Roadmap

Velindre’s VBHC Programme are aware of the scale of the journey and the steps to take to reach the full vision, with major gains to be achieved at each stage of that journey as Velindre’s VBHC maturity increases. **Note:** proposed SST ordering requires testing and confirmation, and can be adjusted during delivery.



Note: this is a roadmap indicating direction of travel, it would need to be complemented by a more detailed programme plan to support delivery.**Ordering of SSTs is provisional pending testing**

Short-Term

- **Continue to support VBH Programme:** continue with Steering Group meetings, afford agenda time and bandwidth to review outputs

Medium-Term

- **Develop Value Intelligence Centre (VIC):** support the onboarding of the new VIC resources, and create space for changes to leadership thinking (VBH mindset) and what that means across different areas of Velindre. This will support the increasing maturity of data collection and data quality with specific resourcing to progress, as well as the maturity of analytical products to drive added VBHC insights
- **Resource allocation:** both from within the VIC, from other supporting teams (BI and Digital in particular), and from end users (clinical, finance, ops), allocation of appropriate resource to support development of technical capabilities and changes to uses of data as the organisation increases its data maturity will be essential. The resource requirements will be different at different stages and for different teams
- **PROMs Tool Procurement:** Establish project to procure PROMs tool in collaboration with WViHC
- **Changes to governance and ways of working:** Continue to consider VBHC in thinking about changes to governance (e.g. Clinical & Scientific Board), with VBHC principles supporting any changes (e.g. patient/donor voice at centre of thinking). This would include changes to ways of working supporting governance – trialling iterative feedback via the Intelligence Cycle and aligning VBHC outputs to current/required reporting (this will be a long-term action as VBHC and general data maturity increases)
- **Support SSTs on data maturity journey:** development of forums, empowering champions & role models for new ways of working, additional clinical coders and/or data manager resources. Dashboards themselves provide a positive feedback loop – more/better data available increases incentives to improve data

Long-Term

- **System engagement:** Continue engagement beyond Velindre as programme continues to expand - dialogue with national programme and commissioners on joint projects



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STRATEGIC DEVELOPMENT COMMITTEE

Trust Assurance Framework – Strategic Risk Review

DATE OF MEETING

05.09.2023

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE

ENDORSE FOR APPROVAL

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?

NO

PREPARED BY

Mel Findlay, Business Support Officer

PRESENTED BY

Lauren Fear, Director of Corporate Governance & Chief of Staff

APPROVED BY

Lauren Fear, Director of Corporate Governance & Chief of Staff

EXECUTIVE SUMMARY

A review of the Trust Assurance Framework, including a refresh of the Trust's Principal Strategic Risks has been undertaken. The Strategic Development Committee is requested to endorse for Board approval, the revised Strategic Risks detailed in this report, including any final articulation to facilitate effective operationalisation.



RECOMMENDATION / ACTIONS	<p>The Strategic Development Committee is asked to review the Strategic Risk Refresh and APPROVE for submission through the Trust governance cycle.</p> <p>The Strategic Development Committee is asked to NOTE the next steps.</p>
---------------------------------	---

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Executive Management Board (EMB) Run – By Exception	31.08.2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS <p>EMB have been involved in the process via EMB Shape on 18.08.2023, a targeted session on 21.08.2023 and then EMB Run to arrive at the suggested summary of the strategic risk refresh attached to this paper.</p>	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as ' ASSURANCE ', this section must be completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Level 2 - Symptomatic issues being addressed Symptomatic issues are being addressed.

APPENDICES	
1	New Trust Assurance Framework Template

1. SITUATION

A review of the Trust Assurance Framework (TAF) and Strategic Risks have been undertaken, following collaboration with the divisional Senior Leadership/Management Teams, Committee members, Executives and Independent members.

Suggested Strategic Risks are included in this paper for Endorsement ahead of onward submission to committees and Board on the new TAF template, via an automated system.

2. BACKGROUND

The Trust Assurance Framework (TAF) was established in 2020, detailing ten strategic risks. A dashboard was developed to record the TAF and support ongoing management by Executive Leads.

A review of the TAF dashboard was undertaken in early 2023, with the intention to roll out in April 2023, it became evident that as part of the overall review of the TAF there needed to be a refresh of the Strategic Risks, as these remained relatively unchanged since 2020.

The Trust Assurance Framework template was reviewed, updated and discussed with Independent Members who sit on the Audit Committee who reviewed the template. The template was endorsed by the Executive Management Board ahead of Audit Committee approval in April 2023.

The Strategic Risk Refresh commenced with divisional teams, Velindre Cancer Service (VCS) Senior Leadership Team, also attended by some Executive colleagues, and Welsh Blood Service (WBS) with a core group of attendees. These sessions were an opportunity to review the current risks, their appropriateness from a service perspective and to gather suggestions of key areas for inclusion in the refresh. Similar discussions took place in the Executive Management Board and Strategic Development Committee.

The National Risk Register was published in August 2023, a review of which was undertaken, key areas highlighted of relevance to Trust, which have been considered as part of the Strategic Risk Refresh.

A final review of the Strategic Risks took place on 21st August 2023 with Executives and key colleagues to conclude the refresh for Executive Management Board endorsement and Trust Board approval.

3. ASSESSMENT

The concluded refresh outcome for consideration by the Strategic Development Committee is attached as *Appendix 1*.

Following the outcome of the Strategic Development Committee the next steps for the Trust Assurance Framework, including the Strategic Risk Refresh will be:

- Final proposed refresh output to be circulated to EMB following Strategic Development Committee for final comment by 08.09.2023.
- The appropriate strategic risk refresh cut to be submitted to the Quality, Safety and Performance Committee on 14.09.2023
- The final Strategic Risk refresh, including operationalisation of the new TAF template will be submitted to the Trust Board on 28.09.2023 for discussion, review and approval.
- The new template will be submitted to Audit Committee on 5.10.2023.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The Strategic Development Committee are asked to consider and **ENDORSE for Board Approval** the Strategic Risk Refresh, as detailed in Appendix 1 of this report.

In addition **NOTE** the next steps, both in respect of governance and operationalisation, as detailed in section 3 of this report.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: Choose an item	
If yes - please select all relevant goals: <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)	Choose an item All Strategic Risks are related.

<i>For more information: <u>STRATEGIC RISK DESCRIPTIONS</u></i>													
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below												
	<table border="0"> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Timely</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input checked="" type="checkbox"/></td></tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
	Safe	<input checked="" type="checkbox"/>											
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p>All domains are relevant to this work, as the strategic risks span all areas of the Trust business and are imperative to quality and safety.</p>													
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information: https://www.gov.wales/socio-economic-duty-overview</i>	Not required												
	<p>Click or tap here to enter text.</p> <p>There are no socio economic impacts linked directly to the current risks in paper.</p>												
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	Choose an item												
	<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated</p>												
	<p>If more than one wellbeing goal applies please list below:</p>												

	Click or tap here to enter text
FINANCIAL IMPLICATIONS / IMPACT	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p> <hr/> <p>Source of Funding: Choose an item</p> <p>Please explain if 'other' source of funding selected: Click or tap here to enter text</p> <p>Type of Funding: Choose an item</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: Click or tap here to enter text</p> <p>Type of Change Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text</p>
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx	<p>Not required - please outline why this is not required</p> <hr/> <p>There is no direct equality impact in respect of this paper, however each risk will have an impact assessment where appropriate.</p>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	<p>There are no specific legal implications related to the activity outlined in this report.</p> <hr/> <p>Click or tap here to enter text</p> <hr/>



6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	The risks will be detailed in the new Trust Assurance Framework dashboard.
WHAT IS THE CURRENT RISK SCORE	NA
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	Action plans for strategic risks will be included in the Trust Assurance Framework Dashboard.
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	

Appendix 1 – Summary of Strategic Risk Refresh

Current “short-hand” Risk Theme	Current Risk Title	Outcome of Recommendation of Review Process	Suggested New Risk Title [All to be confirmed with Risk Owners]	Suggested New “short-hand” risk theme	Risk Owners	Oversight Committee
<i>Demand and Capacity</i>	<i>Failure to deliver sufficient capacity leading to deterioration in service quality, performance or financial control as a result of capacity or demand planning or the operational service challenges</i>	<ul style="list-style-type: none"> Strategic risk theme should continue However risk articulation should be broader in terms of service delivery, rather than focus on planning specifically 	1. There is a strategic risk of failure to deliver sufficient capacity leading to deterioration in service quality, performance or financial control as a result XXXX [COB, RH & AP to confirm articulation prior to Trust Board]	Service capacity	COB, RH, AP	QSPC
<i>Partnership Working/Stakeholder Engagement</i>	<i>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.</i>	<ul style="list-style-type: none"> The context of this strategic risk has changed articulation Consider there to be too many different aspects to this, with external and internal partners and stakeholders Recommendation to refocus on alignment of strategic objectives with our external partners Separate risk to be considered for patient, donor and community engagement Staff engagement to be covered in refreshed Organisational Culture risk 	2. There is a strategic risk of failure to align our strategic objectives and intent with system partners, including within the health and social care system, third sector and industry partners which could result in an inability to deliver required change to achieve our medium to long term objectives.	Partnership alignment	CJ, JA, NW	SDC
<i>Workforce Planning</i>	<i>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.</i>	<ul style="list-style-type: none"> Strategic risk theme should continue However risk articulation should be broader in terms of workforce supply and shape rather than focus on a workforce plan specifically 	3. There is a strategic risk of an optimised workforce supply and shape in order to effectively deliver quality services and achieve our medium to long term objectives.	Workforce supply and shape	SM	SDC
<i>Organisational Culture</i>	<i>Failure to establish effective systems and structures built around shared values and behaviours.</i>	<ul style="list-style-type: none"> Strategic risk theme should continue However risk articulation should be broader in terms of staff engagement rather than focus on 	4. There is a strategic risk of failure to have a positive working environment and high levels of staff engagement through the embedding of appropriate	Organisational Culture	SM	SDC

		values and behaviours specifically	values and behaviours in effective systems and processes.			
<i>Organisational Change/ Strategic Execution Risk</i>	<i>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.</i>	<ul style="list-style-type: none"> Recommendation to remove risk as a duplication of xxx 	-	-	-	-
<i>Quality and Safety</i>	<i>Trust does not currently have cohesive and fully integrated Quality & Safety mechanisms, systems, processes and datasets including ability to on mass learn from patient feedback i.e. patient / donor feedback / outcomes / complaints / claims, incidents and ability to gain insight from robust triangulated datasets and to systematically demonstrate the learning, improvement and that preventative action has taken place to prevent future donor / patient harm. This could result in the Trust not meeting its national and legislative responsibilities (Quality & Engagement Bill (2020)) and a reduction in public/patient/donor, external agency, regulator and commissioner confidence in the quality of care the Trust provides.</i>	<ul style="list-style-type: none"> Recommendation to remove risk as a duplication of xxx 	-	-	-	-
<i>Digital Transformation – failure to embrace new technology</i>	<i>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</i>	<ul style="list-style-type: none"> Strategic risk theme should continue Additional aspects considered during review process, including Artificial Intelligence and Information Security Risk articulation should be narrowed in other respects, as a duplication of xx 	5. There is a strategic risk that the Trust fails to sufficiently consider, optimise the opportunities and effectively manage the risks of new and existing technologies, including considerations of Artificial Intelligence and Information Security	Digital transformation	CJ	SDC

	<i>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.</i>					
<i>Trust Financial Investment Risk</i>	<i>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.</i>	<ul style="list-style-type: none"> Recommendation to remove risk as a duplication of xxx 	-	-	-	-
<i>Future Direction of Travel</i>	<i>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.</i>	<ul style="list-style-type: none"> Recommendation to remove risk as a duplication of xxx 	-	-	-	-
<i>Governance</i>	<i>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.</i>	<ul style="list-style-type: none"> Strategic risk theme should continue However risk articulation should be broader in terms of governance definition (not only Board) 	6. There is a strategic risk that the organisational and clinical governance arrangements do not provide appropriate mechanisms and culture to achieve our medium to long term objectives.	Organisational and clinical governance	LF	AC
-	-	<ul style="list-style-type: none"> Recommendation is that there is a new strategic risk regarding Patient Outcomes Although it is recognised that many other strategic risks would impact on patient outcomes, it is recommended to articulate in a consolidated risk Additional considerations as part of refresh process to be included, including: Advances in Medicine; Technical clinical care advances; Aging population; Pandemic 2; Deliver national clinical guidance 	7. <i>To confirm articulation prior to Trust Board</i>	Patient Outcomes	JA, NW, COB	QSPC

-	-	<ul style="list-style-type: none">Recommendation is that there is a new strategic risk regarding patient, donor and community engagement	8. There is a strategic risk that patient, donor and community engagement arrangements do not provide appropriate mechanisms and culture to achieve our medium to long term objectives	Engagement	LF, AP	SDC
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STRATEGIC DEVELOPMENT COMMITTEE

Environmental Policy & Waste Management Policy Update

DATE OF MEETING	05.09.23
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ENDORSE FOR APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Rhiannon Freshney, Trust Sustainability Manager
PRESENTED BY	Carl James, Executive Director of Strategic Transformation, Planning & Digital
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
EXECUTIVE SUMMARY	<p>Velindre University NHS Trust is an environmentally conscious organisation. As such we acknowledge the potential environmental impact that our operations may have on the environment.</p> <p>The Environmental Policy aims to minimise the Trusts impact on the Environment, recognise the requirements outlined within the BS EN ISO14001:2015, ensure the Trust is fully compliant with all relevant legislation, outline the management of the Environmental Management System within the</p>



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	<p>Trust and produce Environmental Statements for each division.</p> <p>The Waste Management Policy is designed to ensure that all waste generated within the organisation is managed safely and in full compliance with all statutory requirements. This policy supports the aims which are contained within the Welsh Government's Strategy for Wales – 'Towards Zero Waste'.</p>
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RECOMMENDATION / ACTIONS	Approval to include reference to The Environmental Protection (Single-use Plastic Products) (Wales) Bill in the Trusts Environmental Policy & Waste Management Policy.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
ISO14001:2015 Management Group	(30.06.2022)
EMB	(31.08.2023)
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
ISO14001: 2015 Management Group – Endorsed for Approval EMB – Endorsed for Approval	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as ' ASSURANCE ', this section must be completed .	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	<p>Select Current Level of Assurance</p> <p><i>Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the "How to</i></p>

Guide for Reporting to Trust Board and Committees

APPENDICES

1	Waste Management Policy
2	Environmental Policy

1. SITUATION

- 1.1** Approval to include reference to The Environmental Protection (Single-use Plastic Products) (Wales) Bill in the Trust Environmental Policy & Waste Management Policy.

2. BACKGROUND

- 2.1** Velindre University NHS Trust is an environmentally conscious organisation. As such we acknowledge the potential environmental impact that our operations may have on the environment.
- 2.2** The Environmental Policy aims to minimise the Trust impact on the Environment, recognise the requirements outlined within the BS EN ISO014001:2015, ensure the Trust is fully compliant with all relevant legislation and outline the management of the Environmental Management System within the Trust and produce Environmental Statements for each division.
- 2.3** The Waste Management Policy is designed to ensure that all waste generated within the organisation is managed safely and in full compliance with all statutory requirements. This policy supports the aims which are contained within the Welsh Government's Strategy for Wales – 'Towards Zero Waste'.

3. ASSESSMENT

- 3.1** The policies have been updated as has the Environmental Statements (which is required to be displayed on all sites) to reflect legislative changes. The Environmental Statement will be signed by a senior member of staff and translated into Welsh prior to being on display across sites.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The Policies have been updated to make a reference to The Environmental Protection (Single-use Plastic Products) Bill. The Trust will be under a legal obligation to comply with this Act once it is given Royal Assent. Some single-use plastic items will be exempt from this Bill due to medical needs for some demographics.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: Choose an item	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS	Choose an item
QUALITY AND SAFETY IMPLICATIONS / IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
	Safe <input type="checkbox"/> Timely <input type="checkbox"/> Effective <input type="checkbox"/> Equitable <input type="checkbox"/> Efficient <input type="checkbox"/> Patient Centred <input type="checkbox"/>



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	<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p><i>[Please include narrative to explain the selected domain in no more than 3 succinct points].</i></p> <p>Click or tap here to enter text</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview</p>	<p>Not required</p> <p><i>[In this section, explain in no more than 3 succinct points why an assessment is not considered applicable or has not been completed].</i></p> <p>Click or tap here to enter text</p>



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TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience.
	If more than one Well-being Goal applies please list below:
	The Bill will compel the Trust to reduce and eventually remove all single-use plastic waste. Some exemptions exist for medical purposes for certain demographics.
	If more than one wellbeing goal applies please list below: Click or tap here to enter text
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	<i>This section should outline the financial resource requirements in terms of revenue and/or capital implications that will result from the Matters for Consideration and any associated Business Case.</i>
	Narrative in this section should be clear on the following:
	Source of Funding: Choose an item
	Please explain if 'other' source of funding selected: Click or tap here to enter text
	Type of Funding: Choose an item Scale of Change Please detail the value of revenue and/or capital impact: Click or tap here to enter text Type of Change Organisation Change Procedure



	Please explain if 'other' source of funding selected: Click or tap here to enter text
EQUALITY IMPACT ASSESSMENT For more information: https://nhswales365.sharepoint.com/sites/VEL_intranet/SitePages/E.aspx	Yes - please outline what, if any, actions were taken as a result An Equality Impact Assessment has been completed and was approved by the Equality Manager on 11 th April 2022.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below) Click or tap here to enter text The Trust will be under a legal obligation to comply with the Bill – noting certain medical exemptions for certain demographics.

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	There is a risk of non-compliance and fines as a result.
WHAT IS THE CURRENT RISK SCORE	Insert Datix current risk score
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	[Ensures awareness and compliance with the Law once it is given Royal Assent.
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Insert Date
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Yes - please detail below Possible financial barriers to implementation. Sustainable alternatives to single-use plastics are costly.
All risks must be evidenced and consistent with those recorded in Datix	

Ref: ()

WASTE MANAGEMENT POLICY

Executive Sponsor & Function: Director of Strategic Transformation, Planning, and Digital

Document Author: Trust Sustainability Manager

Approved by: QSP – Pending

Approval Date: QSP – Pending

Date of Equality Impact Assessment: C

Equality Impact Assessment Outcome:

Review Date: 2025

Version: 1

1. Introduction/Aim

- 1.1. Velindre University NHS Trust is an environmentally conscious organisation, as shown by the accreditation to BS EN ISO14001: 2015 by its Divisions and Hosted Organisations. Procedures and work instructions relating to waste disposal as well as objectives and targets for waste reduction form a key element of an ISO14001 accredited Environmental Management System (EMS).
- 1.2. Velindre University NHS Trust is committed to ensuring that all waste generated within the organisation is managed safely and in full compliance with all statutory requirements. Adherence to the guidance provided in the Welsh Health Technical Memorandum (WHTM) 07-01 will ensure the Trust complies with all legal requirements with respect to the management of health care waste.
- 1.3. The Trust supports the aims which are contained within the Welsh Government's strategy for Wales 'Towards Zero Waste' and will encourage all Divisions within the Trust to limit the amount of waste produced, insofar as is reasonably and economically practicable.
- 1.4. This is to be achieved by careful financial management and consideration of the waste disposal implications arising out of all activities of the Trust in the delivery of its services in reference to the Waste Hierarchy (Appendix A).

2. Objectives

- 2.1. The desired outcome the Trust is seeking to achieve through the policy is to ensure:
 - The management of waste complies with all regulatory requirements and the Trust Division and Hosted Organisation accreditation to BS EN ISO14001: 2015. This compliance will ensure that best practice guidelines are developed, implemented and maintained as far as is reasonably practical.
 - The Trust staff are trained and have the necessary equipment to manage waste safely and not endanger themselves or others whilst carrying out their duties.
 - Current and future targets set by both the Welsh Government and Velindre University NHS Trust will be monitored and reported at Trust level as part of its Integrated Medium Term Plan (IMTP) and at Divisional and Hosted Organisation level through organisation specific delivery plans.
 - Divisions within Velindre University NHS Trust have a nominated lead(s) with responsibility for waste in their local respective sites.
 - All Divisions have procedures and records to ensure compliance with all legislation relevant to waste management. Procedures should be current and regularly reviewed.
 - Duty of Care documentation is held for the time specified in the Environmental Protection [Duty of Care] Regulations.

- All relevant environmental documentation is held for the time specified in relevant legislation and regulations.

2.2. This policy will be communicated to all employees and organisations working for or on our behalf. Employees and other organisations are expected to co-operate and assist in the implementation of this policy, whilst ensuring that their own work, so far as is reasonably practicable, is carried out without risk to themselves, others, or the environment.

2.3. This policy will be reviewed at least every three years or where deemed necessary and will be amended and re-issued. Previous versions of this policy will be archived and are available upon request.

3. Scope/Area of Application

3.1. All staff, activities, products and services provided by Divisions within Velindre University NHS Trust.

4. Roles and Responsibilities

4.1. The Chief Executive

Has overall responsible and is accountable to the Trust Board for the management of waste within the organisation, this includes:

- Ensuring there are clear lines of accountability for waste management throughout the Trust.
- The provision of resources and implementation of all measures needed to comply with the relevant waste management legislation and relevant guidance.

4.2. Director of Strategic Transformation, Planning, Performance and Estates

Has been given delegated responsibilities to:

- Ensure that waste is managed appropriately throughout the organisation and advises the Trust Board accordingly.
- These responsibilities include ensuring that the organisations receives competent advice regarding waste management and that adequate training and monitoring takes place.

4.3. Directors of Divisional s

The Director is responsible for ensuring:

- The policy is implemented in their Division or Hosted Organisation.
- They have a nominated lead(s) with responsibility for waste in their local respective sites as part of their Division or Hosted Organisation.

4.4. The nominated lead(s) with responsibility for waste

Each Division will have a nominated lead(s) with responsibility for waste in their local respective sites as part of their Division or Hosted Organisation. This lead(s) will ensure:

- All waste records are maintained in accordance with the regulations at the time.
- For divisions / organisations covered by the all-Wales contract, the all-Wales clinical waste consortium Duty of Care schedule shares out monthly audits across the different disposal facilities.
- Waste strategies and targets are implemented, monitored and reported to the relevant Trust Division, or Hosted Organisation.
- Attendance at relevant waste meetings at Trust and Divisional level and if appropriate external meetings.
- Departmental / site waste audits are undertaken by the lead(s) for waste to ensure correct procedures are followed. Results of these audits are reported to the Department Manager and subsequent action plans are agreed and reviewed to assess effectiveness.
- Repeat adverse waste audit reports of a department or waste contractor are reported to the Division Director, the Division Health and Safety committee, the Trust Health and Safety Committee, the Executive Director of Nursing and Quality and/or if required the all-Wales clinical waste consortium.
- Adverse incidents related to waste management are reported in line with the Trust's Incident Reporting & Investigation Policy

4.5. Managers

All managers will ensure that:

- Staff under their control are aware of the Trust Waste Management Policy and associated Divisional waste policies and procedures and that the training requirements of staff are fulfilled.
- When required engage with external and internal waste audits and implement action plans derived from said audits.
- Staff under their control are encouraged to report all waste related incidents and near misses in line with the Trust's Incident Reporting & Investigation Policy [QS 01].

4.6. All Staff

- Are responsible for adhering to waste legislation, this policy and the operational procedures to which it refers.
- Will discuss any waste related issues with their manager.
- Will assist with any enforcing authority investigation and if required engage with waste management audits.
- Will report adverse incidents related to waste management in line with the Trust's Incident Reporting & Investigation Policy [QS 01] and Corrective and Preventative Actions.

5. Implementation and Policy Compliance

- 5.1. Any advice required on implementation of this policy should be obtained via the Trust Environmental Development Officer.
- 5.2. Periodic sampling will be undertaken to verify compliance with the requirements of this policy.

- 5.3. Disciplinary action under the terms of the Trust's Disciplinary Procedure will be taken against any employee, regardless of status, who shows wilful disregard for the policy and associated working practices.
- 5.4. The Division's responsible person for waste will ensure waste contractors comply by maintaining relevant documentation and carrying out Duty of Care audits on said contractors as required.
- 5.5. Waste Management Audits will be conducted departmentally within Divisions as required, evaluating compliance with waste regulation, Trust Waste Management Policy and Divisional Waste Procedure. The results of these audits will be forwarded to department managers to identify good practice, non-conformances or areas requiring improvement if relevant.
- 5.6. The following information related to waste management should be held by the responsible person for waste within each Division for a minimum of three years:
- Trust Waste Management Policy.
 - Divisional Waste Management Procedure.
 - Safe System of works for staff working in the waste management chain.
 - Training Records.
 - Waste Contractor relevant licenses (e.g. Waste Carrier License).
 - Hazardous waste producer registration [if required].
 - Copies of any waste exemptions and authorisations pertaining to the Division
 - Waste consignment and transfer notes.
 - Copies of Duty of Care Audits.
 - Copies of any paperwork relevant to waste management between the division and any Enforcing Authority.
 - Emergency plans or reference to their location, emergency contact numbers.

6. References

- 6.1. Department of Health (2013). Welsh Health Technical Memorandum 07-01 – Safe management of healthcare waste. Crown Copyright. pp187
- 6.2. Welsh Government (2021) Beyond Recycling 2021: A Strategy to Make the Circular Economy In Wales a Reality
- 6.3. Velindre University NHS Trust , (2022) Trust Sustainability Strategy
- 6.4. Velindre University NHS Trust , (2018) Trust Waste Management Policy Ref

7. Related Policies

- 7.1. This policy should be read in conjunction with, or reference made to, the following Trust documents:
- Trust Environmental Policy

- Business Continuity Management Policy
- Incident Reporting and Investigation Policy
- Risk Assessment Policy
- Security Policy
- Ionising Radiation Safety Policy
- Health, Safety and Welfare Policy
- Trust Environmental Policy
- Fire Safety Policy
- Control of Substances Hazardous to Health Policy
- Risk Management Policy
- Asbestos Policy
- Control of Contractors Policy
- Infection Prevention and Control Policy
- Trust Well-being Objectives

8. Information, Instruction and Training

- 8.1. All employees within divisions of Velindre University NHS Trust will be provided with mandatory Environmental Awareness Training.
- 8.2. It is the manager's responsibility to ensure that new members of staff complete Environmental Awareness Training as part of their departmental induction.
- 8.3. Training may be delivered through:
 - The Statutory and Mandatory training programme
 - A dedicated Environmental E-Learning Course
- 8.4. Specialist training for key staff (e.g. Oil Spill kit Training, Internal Auditor Training) will be provided as required by departmental managers through either internal or external trainers.

9. Main Relevant Legislation

- 9.1. The Trust and its staff will comply with all existing and new environmental management requirements, both legislative and provided as NHS guidance and in relation to the BS EN ISO14001:2015 environmental standard.
- 9.2. NHS relevant standards and Welsh Health Technical Memorandums (WHTMs) include:
 - Standards for Health Services in Wales – Environment (Standard 12)
 - WHTM 07-01 - Safe Management of Healthcare Waste (2013)
 - HTM 07-02 - Encode - making energy work in healthcare. Environment and sustainability. Part A: Policy and management 2015 (Published in Wales 2016)

- HTM 07-02 - Encode - making energy work in healthcare. Environment and sustainability. Part B: Procurement and energy considerations for new and existing building facilities 2015 (Published in Wales 2016)
- WHTM 07-03 - NHS Wales Car Parking Management: Environment & sustainability (2015)
- HTM 07-04 - Water management and water efficiency (2012)
- HTM 07-07 - Sustainable health and social care buildings (2011)

9.3. Government Legislation / Regulations include, but are not limited to:

- Environment (Wales) Act 2016
- Wellbeing of Future Generations (Wales) Act 2015
- The Environmental Protection (Single-use Plastic Products) (Wales) Bill (2022)
- Climate Change Act 2008
- Environmental Protection Act 1990
- The Waste (England and Wales) Regulations 2011
- The Waste Electrical and Electronic Equipment (Amendment) Regulations 2018
- The Hazardous Waste (England and Wales) Regulations 2005
- The Controlled Waste (England and Wales) Regulations 2012
- Welsh Government Towards Zero Waste Strategy
- The End-of-Life Vehicles (Amendment) Regulations 2010
- Modern Slavery Act 2015
- Welsh Government Ethical Employment in Supply Chains Code of Practice 2016
- A Green Future: Our 25 Year Plan to Improve the Environment (HM Government) 2018
- Code of Practice for Wales - Separate collection of waste materials for recycling
- Waste Separation Requirements (Wales) Regulations 2023

Ref: PP 03

TRUST ENVIRONMENTAL POLICY

Executive Sponsor & Function: Director of Strategic Transformation, Planning and Digital

Document Author: Trust Sustainability Manager

Approved by:

Approval Date: June 2022

Date of Equality Impact Assessment: 11.04.2022

Equality Impact Assessment Outcome: APPROVED

Review Date: 2025

Version: 1.1

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APPENDIX 1a-c – Examples of Environmental Policy Statements

1. Policy Statement

- 1.1. Velindre University NHS Trust is an environmentally conscious organisation. As such we acknowledge the potential environmental impact that our operations may have on the environment.
- 1.2. The Trust is committed to demonstrating leadership in sustainability and has comprehensive plans to deliver significant improvements, with the help of its staff, key partners and other stakeholders.
- 1.3. The Trust has successfully maintained the BS EN ISO14001: 2015 Environmental Standard certification which demonstrates our commitment to environmental management.

2. Scope of Policy

- 2.1. This policy applies to all staff, activities, products and services provided Divisions and s within Velindre University NHS Trust.

3. Aims and Objectives

- 3.1. The Policy aims are to –
 - Outline the management of the Environmental Management System (EMS) within Velindre University NHS Trust and produce Environmental Statements for each division
 - Minimise the Trust impact on the environment
 - Recognise the requirements outlined within the BS EN ISO14001:2015 and ensure the Trust is fully compliant with all relevant legislation, including the Well-being of Future Generations (Wales) Act 2015 and Environment (Wales) Act 2016.
- 3.2. The Policy objectives are -
 - Maintains our registration to the environment management standard to BS EN ISO 14001: 2015.
 - Strives to integrate the EMS into all business processes where economically and operationally feasible.
 - Protects the environment, prevents pollution and meets other specific relevant commitment(s).
 - Minimises waste to landfill by reducing our waste generation and by segregating and recycling waste where economically and operationally feasible.
 - Co-ordinates business transport so as to reduce consumption.
 - Uses energy, water, materials and other natural resources as efficiently as possible, giving particular regard to the long-term sustainability of consumable items.

- Ensures that the environment is considered in the procurement of goods and services.
 - Gives appropriate consideration for the environment in the goods and services we provide to staff and clients.
 - Works with local businesses, neighbours, partners or suppliers to encourage commitment and improvement in our local environment.
 - Supports other relevant management roles to demonstrate leadership as it applies to their areas of responsibility.
- 3.3. This policy will be communicated to all employees and organisations working for or on our behalf. Employees and other organisations are expected to co-operate and assist in the implementation of this policy, whilst ensuring that their own work, so far as is reasonably practicable, is carried out without risk to themselves, others, or the environment.

4. Responsibilities

This policy provides a high level overview of the responsibilities. The Environmental Manual [\[hyperlink\]](#) provides further detail.

4.1. Chief Executive (Top Management)

The Chief Executive has overall responsibility for environmental issues across Velindre University NHS Trust and is accountable to the Trust Board and Welsh Government for environmental performance.

4.2. Director of Strategic Transformation, Planning and Digital (Top Management)

Directors have responsibility for the day to day management of environmental performance within the Divisions and s of the Trust.

4.3. Trust Environmental Development Officer

The Environmental Development Officer has responsibility for the corporate management of environmental issues and is responsible for ensuring Divisional and environmental information and best practice are shared via the Trust Sustainability Management Group. This responsibility includes ensuring that the organisation receives competent advice from appropriate sources.

4.4. Divisional & Management Lead(s) / EMS Team

The Divisional and Hosted Management Leads are responsible for the day to day management of the EMS. This includes the production of reports and reviews as required within the standard.

4.5. Internal EMS auditors

The internal EMS auditors are responsible for auditing the EMS in accordance with agreed scopes and programmes, in order to ensure that planned arrangements are being complied with and the requirements of the standard are being met.

4.6. Velindre University NHS Trust Estates Management Group and ISO14001:2015 Management Group

The Trust Estates Management Group comprises of the Estates Department. The Estates Management Group oversees the development and implementation of sustainability initiatives. The ISO14001:2015 Group consists of key divisional colleagues who input into the Trust EMS. The purpose of the group is to ensure sufficient and effective monitoring of the EMS. Members meet once a month and the agenda aligning with the Management Review timetable. All members are trained internal auditors, and undertook several internal audits over the previous year to ensure compliance and continue improvement of the standard.

5. Definitions

5.1. Environmental Management System (EMS)

“Part of the management system used to manage environment aspects, fulfil compliance obligations and address risk and opportunities” (BSI (2015). *Environmental management systems - Requirements with guidance for use (ISO 14001:2015)*. London: BSI. pvi).

5.2. BS EN ISO14001: 2015

The international standard that specifies requirements for an effective environmental management system (EMS). It provides a framework that an organisation can follow, rather than establishing environmental performance requirements. Part of the ISO14000 family of standards on environmental management, ISO14001 is a voluntary standard that organisations can certify to. Integrating it with other management systems standards, most commonly ISO9001, can further assist in accomplishing organisational goals.

6. Implementation/Policy Compliance

6.1. Any advice required on implementation of this policy should be obtained via the Trust Environmental Development Officer.

6.2. Periodic sampling will be undertaken to verify compliance with the requirements of this policy.

- 6.3. Disciplinary action under the terms of the Trust's Disciplinary Procedure will be taken against any employee, regardless of status, who shows wilful disregard for the policy and associated working practices.

7. Equality Impact Assessment Statement

This policy has been screened for relevance to equality. No potential negative impact has been identified.

8. References

- 8.1. BSI (2015). *Environmental management systems - Requirements with guidance for use (ISO 14001:2015)*. London: BSI. pp35.
- 8.2. Velindre University NHS Trust, (2022) Trust Environmental Policy Ref: PP03
- 8.3. Velindre University NHS Trust, (2018) Trust Environmental Policy Ref: PP03
- 8.4. Velindre University NHS Trust, (2015) Trust Environmental Policy Ref: PP03
- 8.5. Velindre University NHS Trust, (2013) Trust Environmental Policy Ref: Black 125

9. Getting Help

For further information or help regarding this policy please contact the Assistant Director of Estates, Environment and Capital Development or the Trust Sustainability Manager.

10. Related Policies

- 10.1. This policy should be read in conjunction with, or reference made to, the following Trust documents:
- Business Continuity Management Policy (GC12)
 - Fire Safety Policy (PP01)
 - Security Policy (PP02)
 - Ionising Radiation Safety Policy
 - Health, Safety and Welfare Policy
 - Waste Management Policy (PP08)
 - Control of Substances Hazardous to Health Policy (PP33)
 - Risk Management Policy (PP35)
 - Asbestos Policy (PP04)
 - Control of Contractors Policy (PP05)
 - Infection Prevention and Control Policies (ref IPC)
 - Planning, Performance and Estates policies (ref PP)
 - HV Electricity Supply Systems (PP11)

- High Voltage Electrical Supply Operational Policy (PP12)
- Electrical Low Voltage Policy (PP13)
- Water Safety Policy (PP09)
- Adverse Weather Policy (WF13)
- Homeworking Policy (WF45)
- Flexible Working Policy and Procedure (WF23)
- Lease Car Policy (FP03)
- Trust Well-being Objectives

11. Information, Instruction and Training

- 11.1. All employees within Divisions and s of Velindre University NHS Trust will be provided with mandatory Environmental Awareness Training.
- 11.2. It is the manager's responsibility to ensure new members of staff complete Environmental Awareness Training as part of their departmental induction.
- 11.3. Training may be delivered through:
 - The Statutory and Mandatory training programme
 - A dedicated Environmental E-Learning Course
- 11.4. Specialist training for key staff (e.g. Oil Spill kit Training, Internal Auditor Training) will be provided as required by departmental managers through either internal or external trainers.

12. Main Relevant Legislation

- 12.1. The Trust and its staff will comply with all existing and new environmental management requirements, both legislative and provided as NHS guidance and in relation to the BS EN ISO14001:2015 environmental standard.
- 12.2. NHS relevant standards and Welsh Health Technical Memorandums (WHTMs) include:
 - Standards for Health Services in Wales – Environment (Standard 12)
 - WHTM 07-01 - Safe Management of Healthcare Waste (2013)
 - HTM 07-02 - Encode - making energy work in healthcare. Environment and sustainability. Part A: Policy and management 2015 (Published in Wales 2016)
 - HTM 07-02 - Encode - making energy work in healthcare. Environment and sustainability. Part B: Procurement and energy considerations for new and existing building facilities 2015 (Published in Wales 2016)
 - WHTM 07-03 - NHS Wales Car Parking Management: Environment & sustainability (2015)

- HTM 07-04 - Water management and water efficiency (2012)
- HTM 07-07 - Sustainable health and social care buildings (2011)

12.3. Government Legislation / Regulations include, but are not limited to:

- Environment (Wales) Act 2016
- Planning (Wales) Act 2015
- Wellbeing of Future Generations (Wales) Act 2015
- The Environmental Protection (Single-use Plastic Products) (Wales) Bill (2022)
- Climate Change Act 2008
- Environmental Protection Act 1990
- The Waste (England and Wales) Regulations 2011
- The Waste Electrical and Electronic Equipment (Amendment) Regulations 2018
- The Environmental Permitting (England and Wales) (Amendment) Regulations 2018
- The Hazardous Waste (England and Wales) Regulations 2005
- The Controlled Waste (England and Wales) Regulations 2012
- Fluorinated Greenhouse Gases (Amendment) Regulations 2015
- The Energy Performance of Buildings (England and Wales) Regulations 2012
- Welsh Government Towards Zero Waste Strategy
- The Air Quality Standards Regulations 2010
- The End-of-Life Vehicles (Amendment) Regulations 2010
- Modern Slavery Act 2015
- Welsh Government Ethical Employment in Supply Chains Code of Practice 2016
- The Conservation of Habitats and Species Regulations 2010
- The Ionising Radiations Regulations 2017
- A Green Future: Our 25 Year Plan to Improve the Environment (HM Government) 2018

Appendix 1a – Trust Headquarters Environmental Statement

DRAFT

VELINDRE UNIVERSITY NHS TRUST HEADQUARTERS ENVIRONMENTAL POLICY STATEMENT

Velindre University NHS Trust Headquarters is a division within Velindre University NHS Trust. Our activities include providing strategic guidance and support for the practices by which the Trust is governed through administrative support. We acknowledge the detrimental impact that our operations and activities have on the environment and this Policy Statement underlines our commitments to reduce our environmental impact, endeavouring to work and operate more sustainably. We will work to meet the aims and objectives outlined in the U.N Sustainable Development Goals Agenda, Well-Being of Future Generations (Wales) Act 2015, Environment (Wales) Act 2016 and all other relevant environmental and sustainability legislation passed by both the U.K and Welsh Governments.

Senior Management and Trust Executives, in co-ordination with the Trust's Sustainability Manager, are accountable for the effectiveness of the environmental management system (EMS) and are responsible for ensuring that it is communicated, understood, implemented and regularly maintained at all levels within the organisation until intended outcomes are achieved. Senior Management and Trust Executives fully endorse this policy and have provided assurances that it is entirely compatible with both the context and strategic direction of the organisation. Senior Management and Trust Executives will promote and are committed to the continual improvement of the EMS to consistently improve environmental performance. Progress will be measured against documented environmental objectives centred around our significant environmental aspects, compliance objectives (including legislative), with appropriate consideration given to risks and opportunities. Action Plans have been developed to achieve objectives and are maintained as part of the EMS internal auditing, monitoring and management review processes – available to interested parties where appropriate.

Senior Management and Trust Executives are committed to ensuring that the organisation:

- Adheres to Velindre NHS Trust's Environmental Policy
- Compiles with all compliance obligations where these relate to our environmental aspects
- Provides employees and others with the resources they need for the EMS including support, direction and encouragement to fulfil the requirements
- Maintains our registration to the environmental management standard **BS EN ISO 14001:2015**
- Strives to integrate the EMS into all business processes where feasible
- Abides by the Environment (Wales) Act 2016 and ensures we achieve legislative ambitions to decarbonise and enhance the natural, local flora and fauna and endeavours to remove greenhouse gas pollution generated by our activities wherever possible
- Reduces waste to landfill, improves recycling rates (particularly for non-clinical plastic) and encourages good practice in waste segregation – adhering to the Trust's Waste Management Policy
- Minimises business transport in line with the Trust Travel Plan ambitions, encouraging and enabling active, green and carbon neutral transport and considering if travel is essential and cannot be conducted over Teams or by other virtual means
- Encourages efficient use of energy, water and materials insofar as safely and practicably possible. Promote resource efficiency with due regard given to the long-term sustainability of consumable items
- Ensures that the direct and indirect impact of decisions relating to procurement on the environment and sustainability are always considered, and supports the trialling of novel, innovative and 'green' alternatives
- Gives appropriate consideration for the environment and sustainability in the goods and services we provide to clients and staff
- Works with local businesses, neighbours, partners and suppliers to encourage improvement in our local environment – adhering to the Well-Being of Future Generations (Wales) Act 2015 (A Wales of Cohesive Communities & a Prosperous Wales) and other relevant environmental and sustainability legislation
- Supports other relevant management roles to demonstrate leadership as it applies to their areas of responsibility

This policy will be communicated to all employees and organisations working for, or on our behalf. Employees and other organisations are expected to co-operate and assist in the implementation of this policy, whilst ensuring that their own work, so far as is reasonably practicable, is carried out without risk to themselves, others, or the environment. This policy will be reviewed annually or when necessary, by Senior Management and Senior Executives and will be amended and re-issued regularly. Previous versions of this policy will be archived and are available upon request. This policy statement is available to interested parties upon reasonable request.

Signed

Dated

Appendix 1b – Velindre Cancer Centre Environmental Statement

July 2023 v1.1



VELINDRE CANCER CENTRE ENVIRONMENTAL POLICY STATEMENT

Velindre Cancer Centre is a division within Velindre University NHS Trust. We acknowledge the detrimental impact that our operations and activities have on the environment and this Policy Statement underlines our commitments to reduce our environmental impact, endeavouring to work and operate more sustainably. We will work to meet the aims and objectives outlined in the U.N Sustainable Development Goals Agenda, Well-Being of Future Generations (Wales) Act 2015, Environment (Wales) Act 2016 and all other relevant environmental and sustainability legislation passed by both the U.K and Welsh Governments.

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- Strives to integrate the EMS into all business processes where feasible
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Signed

Dated

Appendix 1c – Welsh Blood Service Environmental Statement



WELSH BLOOD SERVICE ENVIRONMENTAL POLICY STATEMENT

Welsh Blood Service is a division within Velindre University NHS Trust. We acknowledge the detrimental impact that our operations and activities have on the environment and this Policy Statement underlines our commitments to reduce our environmental impact, endeavouring to work and operate more sustainably. We will work to meet the aims and objectives outlined in the U.N Sustainable Development Goals Agenda, Well-Being of Future Generations (Wales) Act 2015, Environment (Wales) Act 2016 and all other relevant environmental and sustainability legislation passed by both the U.K and Welsh Governments.

Senior Management and Trust Executives, in co-ordination with the Trust's Sustainability Manager, are accountable for the effectiveness of the environmental management system (EMS) and are responsible for ensuring that it is communicated, understood, implemented and regularly maintained at all levels within the organisation until intended outcomes are achieved. Senior Management and Trust Executives fully endorse this policy and have provided assurances that it is entirely compatible with both the context and strategic direction of the organisation. Senior Management and Trust Executives will promote and are committed to the continual improvement of the EMS to persistently improve environmental performance. Progress will be measured against documented environmental objectives centred around our significant environmental aspects, compliance objectives (including legislative), with appropriate consideration given to risks and opportunities. Action Plans have been developed to achieve objectives and are maintained as part of the EMS internal auditing, monitoring and management review processes – available to interested parties where appropriate.

Senior Management and Trust Executives are committed to ensuring that the organisation:

- Adheres to Velindre NHS Trust's Environmental Policy
- Compiles with all compliance obligations where these relate to our environmental aspects
- Provides employees and others with the resources they need for the EMS including support, direction and encouragement to fulfil the requirements
- Maintains our registration to the environmental management standard BS EN ISO 14001:2015
- Strives to integrate the EMS into all business processes where feasible
- Abides by the Environment (Wales) Act 2016 and ensures we achieve legislative ambitions to decarbonise and enhance the natural, local flora and fauna and endeavours to remove greenhouse gas pollution generated by our activities wherever possible
- Reduces waste to landfill, improves recycling rates (particularly for non-clinical plastic) and encourages good practice in waste segregation – adhering to the Trust's Waste Management Policy
- Minimises business transport in line with the Trust Travel Plan ambitions, encouraging and enabling active, green and carbon neutral transport and considering if travel is essential and cannot be conducted over Teams or by other virtual means
- Encourages efficient use of energy, water and materials insofar as safely and practicably possible. Promote resource efficiency with due regard given to the long-term sustainability of consumable items
- Ensures that the direct and indirect impact of decisions relating to procurement on the environment and sustainability are always considered, and supports the trialling of novel, innovative and 'green' alternatives
- Gives appropriate consideration for the environment and sustainability in the goods and services we provide to clients and staff
- Works with local businesses, neighbours, partners and suppliers to encourage improvement in our local environment – adhering to the Well-Being of Future Generations (Wales) Act 2015 (A Wales of Cohesive Communities & a Prosperous Wales) and other relevant environmental and sustainability legislation
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Signed

Dated

STRATEGIC DEVELOPMENT COMMITTEE

PUBLIC RESEARCH, DEVELOPMENT & INNOVATION SUB-COMMITTEE HIGHLIGHT REPORT

DATE OF MEETING	05/09/2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Sarah Townsend, Head of Research & Development
PRESENTED BY	Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee
EXECUTIVE SPONSOR APPROVED	Dr Jacinta Abraham, Executive Medical Director
REPORT PURPOSE	FOR NOTING

ACRONYMS	
CCRH	Cardiff Cancer Research Hub
IMTP	Integrated Medium Term Plan
nVCC	New Velindre Cancer Centre
RD&I	Research, Development and Innovation
TCS	Transforming Cancer Services
VCC	Velindre Cancer Centre
WBS	Welsh Blood Service

1. PURPOSE

This paper has been prepared to provide the Strategic Development Committee with details of the key issues and items considered by the Public Meeting of the Research, Development and Innovation Sub-Committee on the 20/07/2023. Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	There were no items identified for ALERT or ESCALATION to the Strategic Development Committee.
ADVISE	<p>HEAD OF INNOVATION</p> <p>The new Head of Innovation, Jennet Holmes, joined the Trust on 30th June 2023, previously from Welsh Government where she was Head of Innovation and Collaborative Partnerships. Jennet will take the lead on the implementation of the Trust's innovation strategy and ensure alignment with the Wales Innovation Strategy.</p> <p>RADIOTHERAPY RESEARCH</p> <p>A Radiotherapy Research Working Group has been set up to bring representatives from the three departments in Radiotherapy together, along with representatives from TCS. This collaborative group will share information with oversight of the Research Bunker in nVCC as well as relevant bids going into Charitable Funds and Advancing Radiotherapy Funds. From this group, a Task and Finish Subgroup has been formed to conduct an options appraisal, identifying the preferred type of machine to go into the research bunker that will facilitate and enhance the status of the nVCC/VCC/Trust as a UK/International research leader.</p> <p>Dr James Powell presented an overview of the Option appraisal to the RD& Sub-Committee. This is a hugely exciting process and the Committee would like to be kept up to date on future developments.</p>
ASSURE	<p>TRUST RESEARCH, DEVELOPMENT AND INNOVATION PERFORMANCE ANNUAL REPORT 2022/23</p> <p>An overview was presented of the Trust Research, Development & Innovation Performance Annual Report 2023-23. The report reflects on the four RD&I Strategic Priorities with key achievements as published in the Trust's IMTP, including Financial Summary and Outputs.</p> <ul style="list-style-type: none">• Summary of Performance Indicators Overall, there has been marked improvement in the Trust run number of studies that have been RAG rated "GREEN" for the Health and Care Research Wales (HCRW) key indicators:<ul style="list-style-type: none">○ OPEN studies – Percentage of studies recruiting to time and to target at NHS organisations in Wales with open studies being up 21% for non-commercial studies and up 11% for commercial studies.○ CLOSED studies – Percentage of studies recruiting to target at NHS organisations in Wales with closed studies being up 37% for non-commercial studies; up 21% for commercial studies since last year. <p>The RD&I Sub-Committee acknowledged and congratulated the Team on a tremendous and impressive Annual Report which included a substantial list of publications e.g. 29 pages of publications in leading international journals, including posters and presentations.</p>

INFORM	<p>CARDIFF CANCER RESEARCH HUB (CCRH)</p> <p>A Translational Knowledge Exchange and Training (TKET) Award (funded via Cardiff University) supported successful visits, by multi-disciplinary teams, to benchmark against three UK Cancer Centres of Excellence:</p> <ul style="list-style-type: none"> • The Christie NHS Foundation Trust • Guy's and St Thomas' NHS Foundation Trust • Newcastle Hospitals NHS Foundation Trust <p>The CCRH Senior Research Nurse led the coordination of the visits and will collate the learning from all staff groups to be circulated and presented. These visits have built excellent links and shared learning. This is a real success story of a collaborative effort driven by Cardiff Cancer Research Hub.</p> <p>The CCRH has seen measurable progress over the last 12 months. Highlights include:</p> <ul style="list-style-type: none"> • A Strategic Outline Case has been developed by Cardiff and Vale University Health Board for the Bone Marrow Transplant Unit and is being submitted to Welsh Government. The case has been developed in collaboration with VUNHST and includes new infrastructure for Haematology, Bone Marrow Transplant Unit, the Cardiff Cancer Research Hub and Complex Specialist Oncology. • Funds were secured from Velindre Charitable Funds to commission external experts to develop a Strategic Investment Case for CCRH. This will holistically address how the Hub will be financially sustainable for the future and provide a high-level roadmap for the mobilisation of the Hub. Moorhouse Consulting were commissioned to lead this initiative and over the last 12 weeks have conducted widespread consultations including subject matter experts, senior individuals across the 3 partner organisations, with benchmarking conducted on CCRH's vision and ambitions with different UK Cancer Centres. Workshops have been held, facilitating high level discussion on key areas relating to the CCRH. There has been excellent and engaged senior representative from across the 3 partners and beyond. This commissioned work has been overseen by a Steering Group with senior representatives from the 3 partners. The Strategic Investment Case is currently being finalised and will be presented at the upcoming Executive Partnership Board (VUNHST, CVUHB and CU) on October 10th. • The draft Heads of Terms setting out the governance principles between the organisations are being finalised. This piece of work has been conducted between the R&D teams in VUNHST and the Joint Research Office CU and CVUHB. It is envisaged that a more detailed Memorandum of Understanding (MOU) which would cover the leadership arrangements and financial model for the Hub will follow this piece of work. • The team are already developing the CCRH trials portfolio. At the end of March 2023, one trial was open, and four trials were in set up.
APPENDICES	NOT APPLICABLE

3. RECOMMENDATION

The Strategic Development Committee are asked to **NOTE** the key deliberations and highlights from the Public Meeting of the Research, Development & Innovation Sub-Committee held on the 20/07/2023.