

Public: Strategic Development Committee

Thu 06 July 2023, 10:00 - 12:30

Velindre UNHS Trust Headquarters



Agenda

10:00 - 10:15
15 min

1. STANDARD BUSINESS

1.1. Welcome & Introductions

Stephen Harries, Chair

1.2. Apologies for Absence

Stephen Harries, Chair

1.3. Declarations of Interest

Stephen Harries, Chair

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

Stephen Harries, Chair

To Approve

*** PAPER NOT RECEIVED AT TIME OF MEETING***

1.5. Action Log

Stephen Harries, Chair

To Approve

*** PAPER NOT RECEIVED AT TIME OF MEETING***

10:15 - 12:10
115 min

2. PLANNING AND SERVICE DEVELOPMENT

2.1. Trust Integrated Medium Term Plan

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

To Note

2.1 Trust IMTP.pdf (6 pages)

2.2. Velindre Oncology Academy

Discussion Nicola Williams, Executive Director Nursing, AHP & Health Science

To Endorse

- 2.2 Velindre Oncology Academy.pdf (18 pages)
- 2.2 Velindre Oncology Academy - Appendix B.pdf (6 pages)
- 2.2 Velindre Oncology Academy - Appendix C.pdf (1 pages)

2.3. Quality Management System Development

Discussion *Nicola Williams, Executive Director Nursing, AHP & Health Science*

To Note

 2.3 Quality Management Systems Development.pdf (3 pages)

 2.3 Quality Management Systems Development appendix 1.pdf (5 pages)

2.4. Replacement of a 3rd Linac at VCC

Discussion *Angharad Boundford, Programme Manager*

To Endorse

 2.4 Replacement of a 3rd Linac at VCC Cover Paper - final version.pdf (7 pages)

2.5. Organisational Values and Culture

Discussion *Sarah Morley, Executive Director of Organisational Development & Workforce*

To Note

 2.5 Organisational Values and Culture.pdf (11 pages)

12:10 - 12:20 **3. ASSURANCE** 10 min

3.1. Trust Assurance Framework

Discussion *Lauren Fear*

To Note


*** PAPER NOT RECEIVED AT TIME OF MEETING***


12:20 - 12:25 **4. CONSENT ITEMS** 5 min

4.1. Velindre University NHS Trust Business Continuity and Emergency Planning Policy

Discussion *Alan Prosser, Director of Welsh Blood Service*

To Endorse

 4.1 Velindre University NHS Trust Business Continuity and Emergency Planning Policy Cover Paper.pdf (3 pages)

 4.1 Velindre University NHS Trust Business Continuity and Emergency Planning Policy.pdf (8 pages)

12:25 - 12:30 **5. ANY OTHER BUSINESS** 5 min

Discussion *Stephen Harries, Chair*

Prior agreement by the Chair required

12:30 - 12:30 **6. REVIEW OF THE MEETING** 0 min

Discussion *Stephen Harries, Chair*

12:30 - 12:30 **7. DATE & TIME OF NEXT MEETING** 0 min

Tuesday 5th September at 10am

Meeting Room, Headquarters

VELINDRE UNIVERSITY NHS TRUST STRATEGIC DEVELOPMENT COMMITTEE

Trust Integrated Medium Term Plan

DATE OF MEETING	6 th July 2023
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Phil Hodson, Deputy Director of Planning and Performance
PRESENTED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
EXECUTIVE SPONSOR APPROVED	Carl James, Executive Director of Strategic Transformation, Planning and Digital

REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Velindre University NHS Trust Executive Management Board (Shape)	19 th June 2023	NOTED

ACRONYMS	
VUNHST	Velindre University NHS Trust
IMTP	Integrated Medium Term Plan
WG	Welsh Government

1. SITUATION/BACKGROUND

- 1.1 The Trust, on 22nd July 2022, received confirmation from the Welsh Government that our IMTP for 2022/23 – 2024/25 had been approved. We are now awaiting approval of our IMTP for 2023/24 – 2025/26 with a decision expected during July 2023.
- 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 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.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

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

Draft Planning Guidance:

- 2.2 The Trust planning team has produced draft planning guidance which is intended to provide all services with the framework for developing the IMTP for 2024/25 – 2026/27. All plans will be developed in accordance with the approach set out within this guide to ensure a robust and rigorous plan is developed.
- 2.3 The guidance has been developed in accordance with the most recent NHS Wales IMTP Planning Guidance (2023 – 2026). However, it should be noted that this guidance is currently being refreshed by the Welsh Government and it is anticipated that revised guidance will be issued to NHS organisations in October 2023.

The Requirement:

- 2.4 It is anticipated that the Trust will be required to submit a Trust Board approved IMTP to the Welsh Government by 31st January 2024. 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)
- 2.5 In parallel to the above approvals process it is imperative that there is regular and effective engagement with key stakeholders. These will include, but not exclusively, staff, service users, the Welsh Government and the Citizen Voice Body.
- 2.6 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.

Programme and Process:

- 2.7 In order to deliver against our statutory responsibility of having a Trust Board approved IMTP by 31st January 2024 it is vital that we have a robust programme and process in place for developing the IMTP.
- 2.8 The programme and process has been endorsed by the Trust Executive Management Board and is summarised in table 1.
- 2.9 The key aims of this approach are to ensure that there is:
- A clear process and timelines to which everyone is signed up to and commits to deliver
 - Clarity on roles and responsibilities i.e. who is responsible for approving which parts of the plan?
 - Early engagement with all key stakeholders to support the development of the IMTP
 - A clear process of strategic prioritisation to which aligns with the Trust Board strategic objectives (need to allow more time for better conversations)
 - A clear single narrative and story rather than unlinked component parts

Table 1 – IMTP Programme and Process

IMTP Development Cycle	
Issue of Draft Trust Planning Guidance	July 2023
Agreement of Service Priorities	October 2023
Issue of Welsh Government Planning Guidance (date to be confirmed)	October 2023
Engagement with Local Health Board Commissioners / Welsh Government (Regular engagement in the development of the IMTP)	September 2023 – December 2023
Engagement with Citizen Advice Body (Regular engagement in the development of the IMTP)	September 2023 – January 2023
Joint SLT meetings with EMB (Regular engagement in the development of the IMTP)	October 2023 – December 2023
EMB Shape / Strategic Development Committee / Trust Board (Regular engagement in the development of the IMTP)	September 2023 – December 2023
Welsh Government 2022/23 Draft Budget published	22 nd December 2023
Trust IMTP Completed	31 st December 2023
Governance and Approval (Dates are ‘completed by’ dates)	
Service plans approved by WBS / VCC SLTs	11 th December 2023
Service plans approved by EMB	14 th December 2023
Draft IMTP completed	21 st December 2023
IMTP endorsed by Trust EMB	15 th January 2024
IMTP endorsed by Strategic Development Committee	18 th January 2024
IMTP approved by Trust Board	31 st January 2024
IMTP submitted to the Welsh Government	31 st January 2024

2.10 Key aims of the proposed process are:

- To work with the Trust Board, Strategic Development Committee, Executive Management Board, VCC / WBS Senior Leadership Teams and key support functions in the development of a clear set of strategic priorities and areas of opportunity.

- To work with the Trust Board, Strategic Development Committee, Executive Management Board, VCC / WBS Senior Leadership Teams and key support functions to develop a prioritised programme for investment.
- To agree our financial baseline position and to agree required levels of investment from commissioners and anticipated levels of activity.
- To work with key partners to explore potential solutions for transformation and new models of health and care.
- For VCC and WBS to update their service plans for 2023/24 – 2025/26 and to develop a plan for 2026/27
- For all enabling functions to update their plans for 2023/24 – 2025/26 and to develop a plan for 2026/27
- To work in collaboration with our commissioners, and other NHS partners, in the development of our strategic priorities and objectives and in the development of an agreed set of planning and financial assumptions.

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

- 2.11 The core principle in developing our IMTP is our commitment to quality and safety. Our plan will ensure that we put our patients and donors at the centre of everything we do; working towards optimum quality, safety and experience; and continual learning and improving. This is the '*golden thread*' throughout our organisation. Our strategic goals will be achieved by ensuring that all of our services are developed and delivered in collaboration with the patients and donors who use them, continually reviewing outcomes and experience and using these to learn and improve.
- 2.12 In addition we have identified a number of important strategic areas of work. These include:
- Improving population Outcomes and reducing inequalities
 - Regional working, partnerships and collaboration to improve outcomes
 - Developing our system leadership role in areas where we can add value
 - Delivery of our Transformation Programmes
 - Continued delivery of our research, development and innovation Programmes
 - Delivery of our programme of work to support the physical, mental and emotional well-being of our staff across a number of areas
 - Delivery of our decarbonisation strategy
- 2.13 The IMTP plan must incorporate, and in the development of service / support function plans, consider the following:
- Welsh Government Ministerial priorities which are applicable to the Trust.
 - Trust Vision: Excellent care. Inspirational Learning. Healthier people.
 - Trust Purpose: To improve lives.

- Trust Strategic Goals:
 - Outstanding for quality, safety and experience
 - An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations
 - A beacon for research, development and innovation in our stated areas of priority
 - An established ‘University’ Trust which provides highly valued knowledge and learning for all
 - A sustainable organisation that plays its part in creating a better future for people across the globe
- Organisational Priorities: To be developed through the IMTP process.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required at this stage. However, there will be a requirement to undertake an IMTP Equality Impact Assessment to support the development of the IMTP and a plan for completing this assessment is currently under development.
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	N/A.

4. RECOMMENDATION

- 4.1 The Strategic Development Committee is asked to **note** the IMTP planning process to support the development of the IMTP for 2024/25 – 2026/27.

STRATEGIC DEVELOPMENT COMMITTEE

VELINDRE ONCOLOGY ACADEMY

DATE OF MEETING	6 th July 2023	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Non-Applicable	
PREPARED BY	Hannah Russon, Project Lead	
PRESENTED BY	Nicola Williams, Executive Director Nursing, AHP & Health Science	
EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director Nursing, AHP & Health Science	
REPORT PURPOSE	FOR ENDORSING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Velindre Cancer Service Senior Management Team	06/04/2023	Endorsed
Executive Management Board	17/04/2023 19/06/2023	Approved proposals

1. SITUATION

This paper is to provide the Strategic Development Committee with the proposed Velindre Oncology Academy Business Case.

The Strategic Development Committee is asked to ENDORSE the proposal to develop a Velindre Oncology Academy.

2. BACKGROUND

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

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

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

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

3.1 *Business Case:*

The proposed business case is attached in **Appendix 1**. The definitive financial strategy and elements of the business case are being finalised. It is anticipated that initial funding will be requested through the Velindre Charity, some posts are already funded (identified on the business case) and as the Academy will deliver on the education and training element of the approved Advancing Radiotherapy Cymru (ARC) bid it is proposed that a percentage of the Academy infrastructure will be funded through the ARC funds.

Income has started to be generated through the proof-of-concept courses. There is growing national interest in the small number of courses currently available and in the potential courses that the Academy can delivery. The Trust has been

approached by the Cancer Network to deliver national oncology training on behalf of NHS Wales and there has been positive future possible commissioning conversations with Health Education Improvement Wales (HEIW).

3.2 Tripartite Partnership with University of Wales Trinity St David

The Trust is in the final stages of signing a Deed of Association with the University of Wales Trinity St David which will, through the University of Wales Technical Institute facilitate course and module accreditation. This will maximise options for course development and bring new course commissioning opportunities.

4. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	An equality impact assessment is being undertaken on the business case
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	The financial strategy is being developed

5. RECOMMENDATION

The Strategic Development Committee is asked to **ENDORSE** option 3 and the proposal to develop a Velindre Oncology Academy.

Velindre Oncology Academy

Business Case

SINGLE-STAGE BUSINESS CASE - MEDIUM VALUE AND RISK - (£250K TO £2 MILLION VALUE OF PROCUREMENT)

SRO:	Nicola Williams, Executive Director Nursing, AHP & Healthcare Science
Project Manager:	Hannah Russon
Organisation:	Velindre University NHS Trust

	Name	Signature	Date
Prepared by:	Hannah Russon	Hannah Russon	03/04/23
Reviewed by:	Nicola Williams	Nicola Williams	21/06/23
	EMB		June 2023
Approved by:			

VELINDRE ONCOLOGY ACADEMY

1. INTRODUCTION

- 1.1 This business case has been developed to support the development of the proposed Velindre Oncology Academy (the Academy).
- 1.2 The aim of the business case is for Velindre University NHS Trust to have, in line with a number of internationally renowned cancer services, an Academy through which accredited non-surgical oncology education, training and upskilling can be provided to staff of Velindre University NHS Trust, Wales and wider. Ensuring the Trust and Wales oncology workforce can keep abreast of the rapidly developing oncology clinical landscape to support positive patient outcomes and experience. The majority of specialist oncology training is currently only available outside of Wales.
- 1.3 The Christie NHS Trust and the Royal Marsden NHS Trust have well established Schools of Oncology which deliver a combination of formalised pre-registration and post graduate educational programmes in conjunction with local universities, in addition to clinical skills training and SACT delivery training. They also host educational events and conferences.
- 1.4 At present, Wales does not have an oncology academy or any formalised multi-professional oncology educational pathways / Oncology Educational Centre. Velindre Cancer Services is well positioned to lead on the development of this – not only at a regional level, but also on a Wales national level. The cancer centre currently treats 1.5 million cancer patients across south-east Wales and beyond by providing specialist cancer treatments in partnership with neighbouring health boards. It is the strength in these partnerships with Velindre acting as the ‘hub’ that puts the centre in a unique position to develop an oncology education centre for all. It also aligns with the vision for ‘Transforming Cancer Services’ programme with one of the four objectives stating that the cancer centre envisions becoming a leader in education, research, development, and innovation.
- 1.5 The Academy plans to improve and build upon the existing education curriculum by providing courses, educational sessions, skills training and upskilling both internally and externally. In addition, to be agile in developing new courses in line with changing oncology demographics so that we can meet the education requirements of the workforce and offer MSc/BSc Oncology specific pathways alongside individual accredited modules and courses. This will be developed through partnership with University of Wales Trinity Saint David and University of Wales and the formation of a curriculum development board. The staff are currently being surveyed for their thoughts and opinions and engagement events have been undertaken for this purpose also.
- 1.6 This business case outlines what is required for the first three years of the Academy. It is recognized that the Academy will expand and its portfolio of educational offer will grow over time. Growth beyond what is detailed within this business case will be funded through commissioning and course fees. Approval

is therefore being sought for funding initially for the first three years of the Academy, although this will be graduated down as income generation increases. After the first three years it is anticipated the Academy will be fully self-funding. Year 1 will commence in September 2023. The first year of the Velindre Oncology Academy will focus on building on the progress made to date, during the proof-of-concept phase, to establish the Academy infrastructure that will include developing the curriculum and prospectus, commencing accreditation and developing a three-year delivery plan. As the curriculum develops and grows the delivery workforce will need to expand and grow. Subsequent years will not require funding as the Academy will become self-funding through income generation via course attendance and commissioned education.

- 1.7 It is proposed that the Education and training element of the Advancing Radiotherapy Cymru academy (ARC) will be delivered through the Academy so that there is a cohesive overarching non-surgical oncology education, skills and training provision aligned with advancing oncology developments. This maximises opportunities and economies of scale efficiencies. It is therefore proposed that the infrastructure costs proportionate to achieving the ARC education and training ambition will be provided from the approved ARC fund.
- 1.8 Year 1 will require xxxx to expand upon the existing workforce, branding, digital platform, and room bookings outside of the cancer centre. Infrastructure costs will be drawn down as incurred. A reduced draw down will be required throughout the three years as income increases. As new courses are commissioned additional lecturer / practitioner posts will be required to deliver the increasing curriculum which will be factored into the commissioning / fees for such courses.

2 STRATEGIC CASE

2.2 Context

The proposed investment will support the organisation in terms of its objectives, values and ambitions as determined by organisational programmes, strategies, and projects. One of the four main objectives of the Transforming Cancer Services programme is to become a leader in education, research, development, and innovation. The Academy would aid in the delivery of this particular objective in terms of creating an academy committed to and passionate for the development and education of the oncology workforce, ultimately positively affecting patient outcomes and experience. It will align with the workforce strategy to support inhouse development of advanced skills and education training and also help to attract the future workforce and retain existing staff and enable the cancer centre to be recognised on a national and international platform. The Academy also, provides a non-surgical dedicated oncology training provision for NHS Wales. The Academy also aligns with the Velindre futures agenda by improving upon the existing education structure and leading on an education service that will embed itself physically into the new cancer centre and centre for collaborative learning.

The Academy aligns with the education strategy by acknowledging changes to the workforce and recognising potential new ways in the delivery of education

and training. The education strategy discusses continually evolving career pathways and frameworks and an academy in partnership with universities can achieve this. The Academy can deliver on these drivers and develop a kind, knowledgeable and capable workforce in order to provide the best possible care for the patients and will support the development of specialised Advanced Practice training opportunities.

Both the Wales Cancer Network and Health Education Improvement Wales are supportive of the development of the Velindre Oncology Academy and early discussions have indicated a desire to enter into future Oncology Education Commissioning arrangements. This will include the ambitions that had been included in the successful ARC bid.

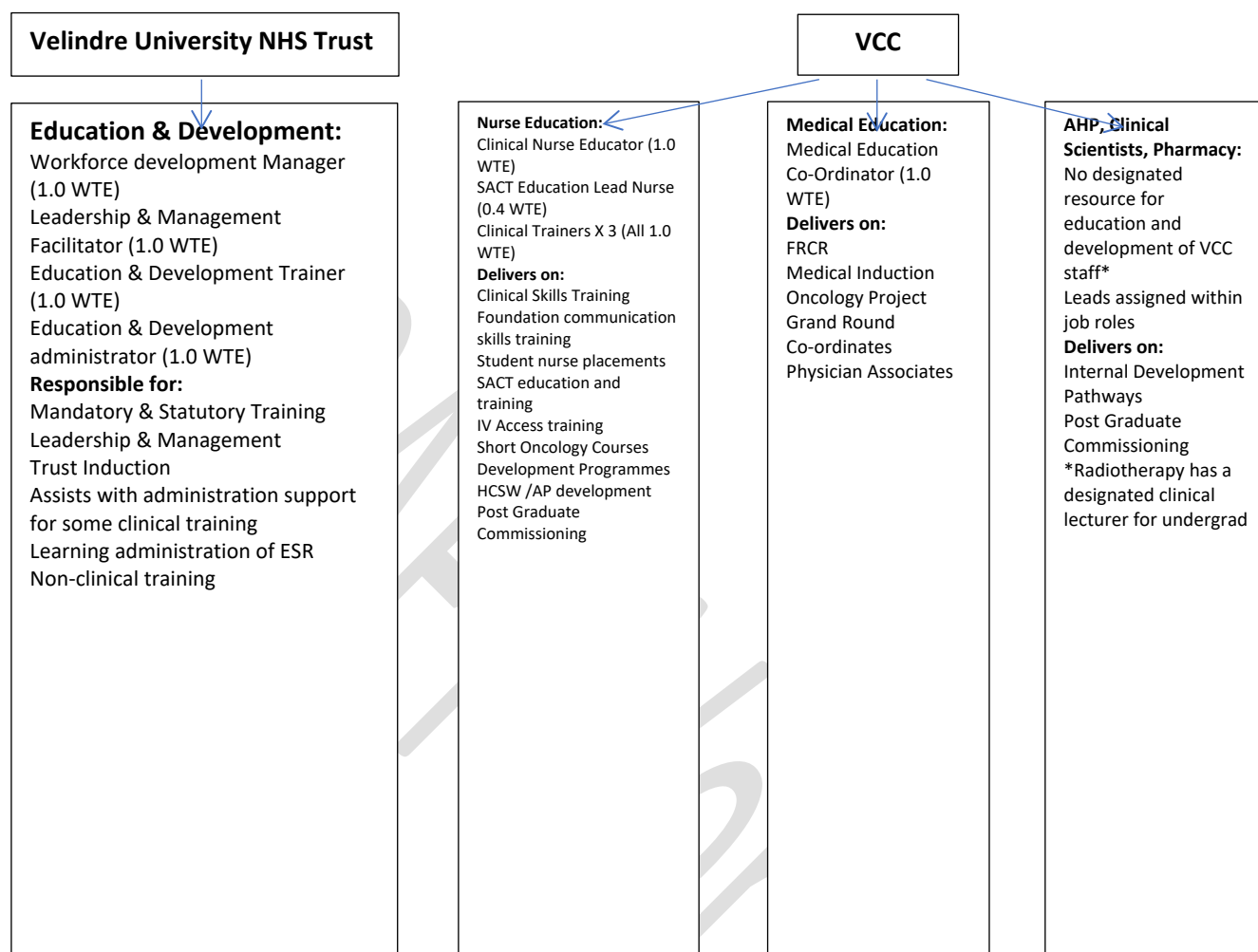
2.2 Case for Change

2.2.1 Spending objectives

- To improve the quality of cancer patient care by providing relevant, speedy, accessible, high-quality education to the cancer workforce within the cancer centre and across Wales so that the fast changing and increasingly complex cancer treatments and services can be provided improving patient outcomes and experiences.
- To facilitate clinical workforce re-design and transformation by supporting development of be-spoke Advanced Practice training and education that is responsive to rapidly changing oncology service requirements.
- To widen accessibility to existing and future courses, education, training, and development in cancer care beyond S E Wales to ensure equitable education provision across Wales to the cancer workforce through face to face and virtual offerings.
- To improve the delivery of existing education by ensuring equitable access to education across all clinical staff in the cancer centre and utilizing and distributing existing and new staff resource fairly and effectively.
- To reduce existing costs by providing all required education within the Academy as opposed to the existing outsourcing with regards to some education provision.
- To meet organisational requirements set out in the education strategy by providing clear, evolving career pathways and frameworks.
- Support the delivery of emerging educational ideas.
- To positively impact on the Trusts reputation in line with Trusts Strategy.
- To positively impact on staff recruitment and retention.

2.2.2 Existing Arrangements

The existing Trust education structure is detailed below:



2.2.3 Business Need

As demonstrated in the table above there is inequity across the professional groups in terms of education and training resources. Scoping and stakeholder engagement also identified silos between each group, repetition of education events and inequity in courses, education, and professional development accessibility.

The very nature of the silos makes for an ineffective model in terms of fair utilisation of resource and cost due to repetitiveness of education delivery and duplication of tasks within an individual role and sharing of workload. By bringing all the cancer centre resources together under the Academy, it will allow for a more efficient and cost-effective service by ensuring resources directed and applied to where it is required in terms of service need.

The only positions that are dedicated solely to teaching/training of our own staff are the clinical nurse educator and clinical trainers who work within the nursing teams. The clinical nurse educator, whilst employed for nursing does deliver on

multi-professional courses whereas the trainers deliver training and education predominantly to nursing within their own directorate and rarely outside of this scope. Due to service pressure, they are often taken away from their education responsibilities and required to work in the clinical environment caring for patients. Whilst patient care will always be the first priority, if this resource were to be centralised under the Academy, then the valuable resource of the clinical trainers and educator could be utilised to better effect and made available to all clinical staff and given time to deliver upon new education. In other professions, delivery of education is often sessional or not within that person's job role and undertaken as 'good will' and within the time they have to deliver on their main job role.

With the existing resource, we are limited in terms of what we can deliver educationally and cannot currently keep abreast of the rapidly changing training, education and skills enhancement required to ensure our workforce can meet the fast-changing oncology delivery requirements and to grow the multi-professional Advanced Practitioners required.

The cancer centre has an exceptional reputation in terms of medical education e.g., Oncology Project and FRCR but when compared to the offering of other UK cancer schools / Academies, the cancer centre's offering falls woefully short in terms of short courses, seminars and post graduate accredited levels of education. Often this leads to the utilisation of courses outside Wales and spending money towards education that with the right model, could be delivered internally through the Academy.

There is also limited digital support and capability. Currently Microsoft Teams is used to deliver virtual training and ESR to manage staff learning records but there is currently no available digital platform that would support and be a necessity on the delivery of online post graduate modules.

There are very little oncology specific MSc/BSc pathways in Wales and as an example, we are currently educating our SACT nurses at MSc level through Guy's Cancer Academy. However, we have the expertise to deliver similar at the cancer centre but do not have the resource to be able to do so.

Potential Scope and Services

- **Core** – To utilise all existing VCC Clinical education resources and centralise them under the Academy in order to deliver existing education more effectively and equitably across the division and begin offering internal course externally at a profit in order to develop and deliver upon further courses.
- **Optional** – As the Academy expands and we begin to widen the curriculum in line with service needs, expanding treatments and education required by the cancer workforce, the need will be to expand upon the clinical workforce and have several more multi – professional teaching roles with the administration to support on this. This allows for organic growth

- **Desirable** – In order to be able to meet the rapidly changing expand on our existing offering and develop post graduate MSc pathways and shorter accredited courses, there needs to be an expansion in the workforce in order to develop, deliver, assess, and evaluate on existing and new courses. This will also require additional administration, digital and events support in order to support the increase in course and content delivery along with a digital role. This will be required to support the online learning platform that will be required to deliver education in a hybrid model in order to reach as wide an audience as possible. With the expansion in the workforce and the capability to deliver on courses and pathways that would incur a cost to the (non Velindre delegate), the profit will support the cost of the new job roles. Mechanisms and infrastructure to achieve accreditation will also be required.

2.2.4 Main Benefits

- The main beneficiaries of the Academy in its desirable format will ultimately be the cancer patient. Developing a knowledgeable, skilled, and talented multi-professional workforce that works at the top of license and keeps abreast of the rapidly changing oncology treatment and care requirements will result in better patient outcomes, experience, and survivorship.
- Organisationally the workforce will benefit from the Academy by increasing staff satisfaction in terms of high-quality access to education and professional development and will lead to the retention of existing staff and recruitment of a high calibre of new staff.
- Significant reduction in the number of staff needing to attend universities / cancer centres outside of Wales to receive their clinically required oncology skills training/ education and specialist courses. This will significantly increase the desire to clinically upskill and reduce training costs.
- The organisation will benefit as the Academy will build upon the existing reputation of the trust and cancer centre and help lead on the Transforming Cancer Services programme in terms of the ambitions for the education provision.
- Other public sector organisations (University Health Board partners, trusts and third sector organisations) serve to benefit from the Academy as we will be in a position to educate cancer professionals outside of our own organisation and become a centre for all oncology education with the potential to partner with other specialities such as haematology and surgical oncology.

- With our knowledge and expertise, we are in a position to centrally offer cancer education across Wales despite the geographical challenges of the country due to new and emerging digital capabilities. The Academy will align with our university status through existing and new partnerships with the higher education institutes and through collaboration we stand to strengthen one another's reputation and standing in the world of academia.
- HEIW commission advanced practice funding annually in order for clinical staff to undertake post graduate learning. The Academy can utilise this budget to fund our own staff on cancer MSc pathways and in turn the health boards also have this funding available and can use it to fund their own staff on our future programmes. HEIW also list cancer care as one of their priority areas for advanced practice funding.

2.2.5 Main Risks

- Being unable to recruit staff into the required infrastructure new job roles – **risk level low** as some roles recruited to as part of proof-of-concept phase with no issues.
- The academy is unable to recruit staff on to paid courses given existing service pressures and cost saving measures, therefore potentially jeopardising the revenue stream – **risk level low** - based on demand for small number of sessions provided through proof-of-concept stage and demand requests from oncology staff and cancer network.
- Relies on digital capability to have a wide reach and overcome geographical challenges that Wales holds. This will be a new way for the organisation to deliver education – **risk level low** - due to planned alignment with the University of Wales Technical Institute and planned digital support for the Academy detailed in this business case.
- Reliant on a third-party organisation to provide the accreditation of courses - **risk level low** -due to plans to enter into a deed of association with the University of Wales Technical Institute with accreditation arrangements being developed through the University of Wales, Trinity Saint David.

2.2.6 Constraints

The Academy will be required to become self-sufficient in terms of funding of new resources. This has the possibility to constrain expansion of content delivery as the need for expansion of education may grow more rapidly than profit for those courses that are not commissioned. This may delay the employment of new workforce which would be required to deliver upon the expansion of the service. This will need robust planning and forecasting.

2.2.7 Dependencies

The Academy is dependent, in terms of course delivery, on the tripartite agreement with University of Wales and University of Wales Trinity Saint David (University of Wales Technical Institute). The Academy will depend on this arrangement to accredit short courses and post graduate MSc courses. The cost of accreditation has yet to be agreed. The Academy will also be dependent on the uptake of the courses in order to generate income to support the academy.

Early discussions are underway with the Wales Cancer Network for them to commission the Academy to provide the education nationally for the ACCEND (Aspirant Cancer Career and Education Development) framework. The framework has been designed to provide transformational reform for the career pathways and associated education, training, learning and development opportunities for the cancer workforce including communication skills and accredited learning.

3 Options Analysis

3.1 Critical Success Factors

- Investment in workforce, both clinical and infrastructure, to deliver on an expanding curriculum.
- New course development / accreditation in partnership with University of Wales
- Technical Institute (University Wales Trinity Saint David).
- Uptake of education to the non-surgical cancer workforce across Wales and beyond.
- Effective marketing.
- Appropriate costings of courses.

3.2 Main Options

Table 1: Summary of Options Appraisals (See Annex A)

OPTION 1	BUSINESS AS USUAL (Pre-Proof of Concept)
Description	Continue to deliver on historical programmes of education. New programmes developed through the proof of concept would need to cease as the funded resource is unable to support these.
Net Costs	Nil to the historical funded education.
Advantages*	No cost implications for the organisation.

Disadvantages*	<p>There will be no improvement in the education offering for the cancer workforce and the Trust will be unable to meet the rapidly changing clinical education and skills requirements of the increasing complexity of cancer treatments. Staff will need to access such training outside of Wales at increased cost.</p> <p>NHS Wales will have no available non-surgical oncology training available within Wales.</p> <p>Reduces attractiveness of Trust therefore negatively affecting clinical staff retention and recruitment in a competitive workforce market.</p> <p>No income generation opportunities</p>
Conclusion	This is not a viable option as the critical success factors will not be met and remaining stagnant will not allow Trust to meet its clinical requirements.
OPTION 2	DO MINIMUM (as per Proof of Concept):
Description	Continue to deliver on the programmes of education delivered pre-proof of concept and those developed during the proof-of-concept phase (Foundations in Acute Oncology and Cancer Care and Sage & Thyme) with possible low-level growth in education provision (that can be delivered within June 2023 resources). The Academy grows organically over many years.
Net Costs	xxxxx
Advantages*	<p>Small and slow growth in clinical skills and education provision availability to meet some of the ambition / requirements identified through the stakeholder meetings.</p> <p>Small income generation opportunities.</p> <p>Academy will grow organically over many years and could invest in the workforce each year dependent on growth of the school and course delivery.</p>
Disadvantages*	<p>The small and slow growth in clinical skills and education capability will not meet rapidly growing clinical service change requirements and treatment complexities (will not be able to catch up).</p> <p>Some outsourcing for skills and education training outside of Wales will still be required.</p> <p>The ambition to be a leading oncology education provider will not be met (as we will be behind curve).</p> <p>Limited income generation opportunities.</p> <p>By not recruiting more clinical staff this option will not allow for the</p>

	<p>development of a new curriculum and post graduate accredited courses. The resource and potential income generation opportunities will not allow it.</p> <p>Does not give positive recruitment and retention opportunities.</p>
Conclusion	This option partially meets the spending objectives but will not meet the critical success factors and will not facilitate the Academy meeting its full potential.
OPTION 3	ESTABLISHMENT OF A FULL VELINDRE ONCOLOGY ACADEMY IN LINE WITH THE BEST IN THE UK
Description	<p>Within three years have a fully established Academy that provides all the non-surgical oncology (with the potential for haematology and surgical oncology education) training requirements including accredited courses for NHS Wales with programmes commissioned through the Cancer Network & HEIW.</p> <p>The Academy will be agile to meet the rapidly changing clinical skills and education requirements of the non-surgical oncology workforce.</p> <p>This option will also allow for better digital capability and will allow for equity and improved accessibility to the cancer workforce in Wales and beyond.</p>
Net Costs	<p>Year 1 – xxxx Year 2 – xxxx Year 3 xxxx</p> <p>By Year 4 the school will be self-funding.</p>
Advantages*	<p>Meets all the critical success factors and spending objectives.</p> <p>Ensure that the education and training requirements of the non-surgical oncology workforce in Wales and Velindre can be met facilitating the required role transformation and top of licence working that is essential for the increasing complexities in oncology treatments. This will result in improved patient outcomes and experience.</p> <p>Positive impact on the Cancer Services reputation aligning with Internally renowned cancer services that will positively affect staff recruitment and retention.</p>
Disadvantages*	Comes with identified risks in section 2.2.5.

3.3 Recommended option

Option 3 / desirable option is what is being proposed through this business case for all the reasons detailed throughout this business case.

4 PROCUREMENT ROUTE

At present, the only procurement that will be required is that of a digital learning platform and sourcing a company to undertake branding of the Academy. There is also the potential for procuring an advanced communication skills facilitators course, but the existing resource is still being explored.

Initial enquiries indicate that branding will come in at a cost below £5000 and a digital platform could cost over £5000, in which case the 3-quote exercise will be utilized.

All this comes in terms of licensing fees and will be contracted between the organization and chosen company.

Procurement is not required to enter into the deed of association to become part of the University of Wales Technical Institute (University of Wales Trinity Saint David).

5 FUNDING AND AFFORDABILITY

These are being finalised

Table 2: Cost and Funding for the Recommended Option

Lifespan		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Capital Expenditure							
1	Fixed assets						
2	Software						
3	Other Capital item						
4	Total Capital costs (CAPEX)	-	-	-	-	-	-
Operating Expenditure							
5	Personnel (p.11)						
6	Depreciation						
7	Maintenance						
8	Operating licences etc.						
9	Training						
10	Other Operating costs						
11	Total Operating costs (OPEX)						
Total Expenditure							
12	Total Project Costs (CAPEX + OPEX)						
Funding							
13	CAPEX funding						
14	OPEX funding						
15	Third party funding (CAPEX if any)						
16	Third party funding (OPEX if any)						
17	Total funding						
18	Shortfall/Overage CAPEX (CAPEX Costs – Total CAPEX Funding)						
19	Shortfall/Overage OPEX (OPEX Costs – Total OPEX Funding)						

Revenue Generation (if applicable)

Table 3: Revenue Projections for the Recommended Option

Recommended Option		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Revenues							
1	Sales and other Revenue						

Balance Sheet Treatment

OPEX funding is required for the first three years in order to provide the resource required to start the Academy. From year three onwards the school will become self-funding. There is no CAPEX expenditure as the physical manifestation of the school will be within the centre for learning at nVCC and depreciation and maintenance costs are covered by the organisation, e.g., maintenance of the physical space and laptops by IT. Accreditation costs are not currently included above as they are not presently available, and this projection also does not factor in potential changes in salary and inflation costs. It is likely the cost of accreditation will be incorporated into the overall cost of the course.

The revenue is based on three proof of concept courses that have been run by the organisation along with evaluation of each individual courses. The potential costs of future courses have been benchmarked against other schools and academies and against post graduate MSc pathways costed against Welsh HEIs. Revenue generation may have proved difficult in previous times as the requirement for cancer education locally was limited in terms of people being willing to travel to undertake courses. With new digital capabilities, we will now be able to offer courses virtually potentially capturing the whole of the cancer workforce in Wales.

The proof of concepts has also demonstrated this capability with international delegates noted. For a 2-day virtual acute oncology course, the course had the ability to raise £10, 920 based on attendance and delegates stating they would have been willing to pay for the event. A future 1 day face to face event is also forecasted to raise £2, 400.

A single student on an MSc pathway is set to generate a net income of £8947 over 3 years (£2982 over 1 year). Currently we utilise 20 MSc spaces in the cancer centre alone using HEIW commissioned monies and places, this has the potential to generate £178, 940 (net) over 3 years with our staff alone. With a virtual offering the potential revenue increases massively. There would also be an offering to undertake standalone modules (on average £1491 per module - net).

6 DELIVERY ARRANGEMENTS

- The team required to commence the Academy will be as follows:

Staff Category	Staff Band	WTE
Lead for the School of Oncology	8b /8c (banding (tbc)	1.0

Business Support Manager	7	1.0
Events & Marketing Manager	5	1.0
Medical Education Co-Ordinator *	4	1.0
Digital Course Developer	5	1.0
Administrator	2	1.0
Multi - Disciplinary Academic Leads x 3**	7/8a / Senior clinician	1.0 Session
Clinical Trainers*	6	3.0
Project Manager (2 years FTC)	7 / 8a (banding tbc)	1.0

*Existing Resource

**1 of the 3 existing resource

- Marketing, administration, and student support of courses will be undertaken by the support team led by the business support manager and events and marketing manager. The academic content and delivery of education and training will be undertaken by the clinical/academic staff led by the Academy lead. A marketing strategy has been devised in order to generate as much revenue as possible and with high quality, expert delivery of cancer education this should ensure students attendance on courses.
- Support has been sought from the project management office with regards to an implementation strategy and setting out individual roles and responsibilities. The existing team is responsible for setting the standards of practice and education and aligning with the corporate education and development function. This will also be achieved in partnership with the Higher Education Institutes through a faculty model. A curriculum board is scheduled to commence in the coming months that will determine the postgraduate curriculum and course offering, again in partnership with University of Wales Trinity Saint David. This is being supported overall by a multi-professional task & finish group whose initial function was to devise this business case but will now help to inform the curriculum board and also plan the remaining education requirements outside of the board, e.g., clinical skills, simulation, communication training.
- Quality assurance will be provided by the Higher Education Institute in line with the tripartite agreement throughout and the project will be evaluated in terms of staff feedback, evaluation, and continual assessment of education offerings.

- A benefits realisation plan and accompanying register will be formulated to ensure that the Academy of the project are what was originally intended and will improve the delivery of the intended benefits and ensure that any resources allocated to the project are being fully utilised.
- A risk register is already in existence and was commenced through the task & finish group. The risk register will continue to be reviewed and updated through the faculty and curriculum boards and also the task and finish group. The risk register is assisting us in identifying any potential setbacks and to solve before they become problematic.
- Contract management with the tripartite agreement is being managed by the trust but the Academy lead will have direct input into the curriculum board. Any other contractual arrangements that may arise will be managed by the Academy lead.
- Post evaluation plans: a project evaluation review will be delivered to the board at the end of year 1 (September 2024) to demonstrate whether or not the project has been delivered in a timely manner, within cost and if the outcomes have been achieved. It will also seek to determine where improvement could be made through lessons learnt.
- Work is currently undergoing to scope any overlap and duplicate resource with the ARC Academy and to determine how the two academies align.
- Through work undertaken by the task & finish group, the initial model for the Academy is demonstrated in Annex C.

Annex A – Financial appraisal table

To be added

Annex B - Marketing Strategy



SoO Marketing
Plan.xlsx

Annex C - VOA Model – Content Delivery



VOA Model.docx

Segment Profile			
Geographic	Demographic	Behavioural	Psychographic
Wales and the South West of England	Medical Professionals share a similar education and income demographic. Due to the nature of the profession on going development is an essential part of their careers.	Doctors, Nurses and Allied Health professionals each are contractually obligated to complete a certain number of credits or hours of professional development. This naturally creates a demand for courses, there is also a demand for specific cancer and Oncology education for generalists.	Medical Professionals are known for being community driven, and care about issues. They tend to care about supporting the community as well as themselves. Few occupations are as deeply rooted in someone's identity as medicine. People in the medical field often feel a personal mission to care for their community that makes their work an important part of how they see themselves.
Size		Growth potential	
Wales NHS employees 65,326 people in healthcare delivery roles.		this figure has increased on average 3% from 2021 to 2022. There is significant demand from regional health boards for specialist cancer education for generalist practitioners.	
Competitive activity		Risk	
At present there are no other Schools of Oncology based in Wales. There are a number of educational establishments based around the UK with The Royal Marsden and Christies leading in Cancer and Oncology education.		As ever medical professionals are under increasing pressure on their time, due to staff shortages and the covid legacy of increased waiting times. The existing Schools providing cancer and oncology focused courses also utilise online delivery, which gives easy access and increased flexibility for busy staff to benefit from.	
Approach			
We intend to create a schedule of educational courses leveraging on the specialist knowledge of the current staff at Velindre, to drive forward opportunities for medical professionals to increase practical knowledge and to increase opportunities for professionals to work in the oncology field.			

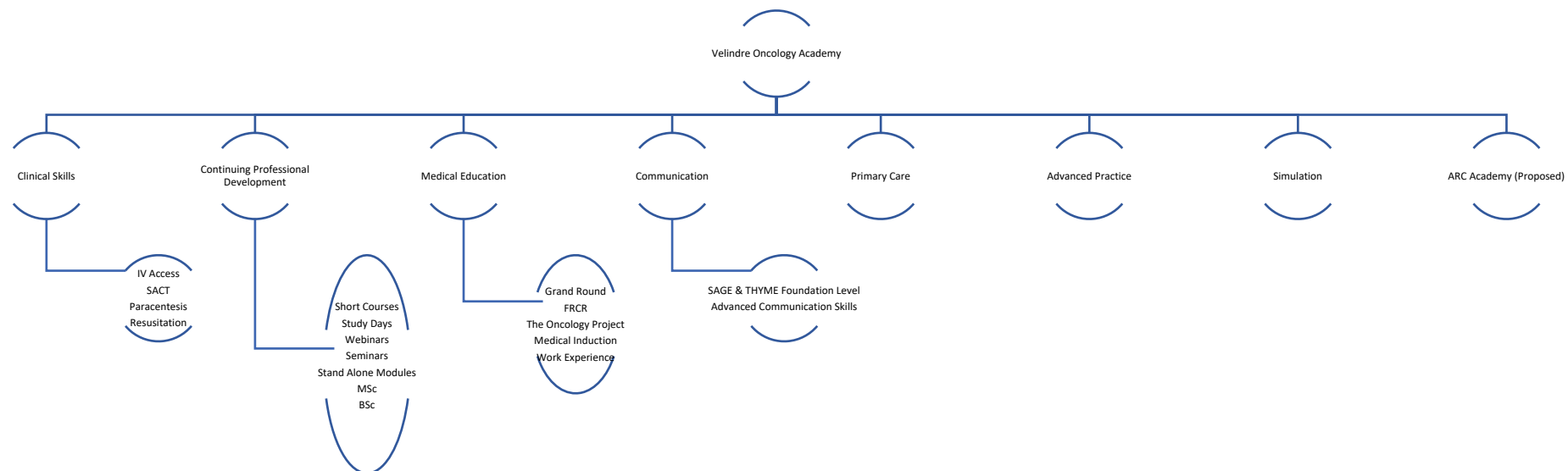
Porter's 5 Forces				
Buyer power	Alternative solutions	Existing competitors	New rivals	Partner leverage
NHS Wales employs 65,326 people in healthcare delivery roles. Medical Professionals are contractually obligated to complete continued professional development. There is also a large demand for specialist Oncology education	Currently there are a limited number of local courses in Oncology, the majority of which are delivered by Velindre Cancer Centre. Nationally there are a number of education providers specialising in Oncology education the leaders of which are The Royal Marsden and the Christy School of Oncology.	There are 5 main providers of Oncology courses around the UK; Chrities, Guys, The Royal Marsden, Clatterbridge and Leeds. They all provide a combination of PD courses and accredited courses. They provide onsite courses and virtual courses.	There are frequently new online providers of education, including medical education.	To be able to provide education that counts towards CPD we will need our courses awarded by the ---- and to provide accredited courses we will need a partnership with an awarding body such as a university.

SWOT Analysis	
Strengths	Weaknesses
<p>1. Velindre is recognized centre of excellence for cancer care.</p> <p>2. Shortfall of current Oncology education in Wales.</p> <p>3. Current staff are recognized leaders in the field of Oncology.</p> <p>4. CPD will always be needed in healthcare.</p>	<p>1. Lack of dedicated training space at VCC</p> <p>2. Time pressures on healthcare professionals to take part in training</p> <p>3. Growth of online training providers</p> <p>4. Creating Brand awareness of new offering</p>
Opportunities	Threats
<p>1. No Welsh School of Oncology gives us the opportunity for creating a brand to tie in with national pride and identity.</p> <p>2. New Cancer Centre gives us the opportunity to have new and bespoke training spaces.</p> <p>3. Current drive within the NHS to increase Oncology knowledge</p>	<p>1. Some negative feeling towards the Velindre Brand.</p> <p>2. Funding for free education coming from Welsh Government.</p> <p>3. Any delays to the completion of the new cancer centre building.</p>

Positioning		
Vision		
A self sustaining centre of excellence for Oncology education in Wales		
Mission		
Launch a Welsh School of Oncology providing training and accredited courses to healthcare professionals in Wales and beyond.		
Category	Tagline	
Oncology Education	Specialists in Oncology Education	
Customer challenge #1	Customer challenge #2	Customer challenge #3
Need for quality local training	Lack of Oncology education in Wales	Ease of locating information about training
Company differentiator #1	Company differentiator #2	Company differentiator #3
First specialist oncology training provider in Wales	Training supplied by a cancer treatment centre of excellence	Current staff valued as leaders in their fields.
Product differentiator #1	Product differentiator #2	Product differentiator #3
Training created by Cancer specialists	Brand new bespoke training centre in the new Cancer Hospital	Training created and delivered in Wales for Welsh professionals
Brand essence		
Quality specialist oncology training designed to meet the needs of health professionals in a post pandemic NHS in Wales		
Boilerplate		
A specialist school of Oncology leveraging on the knowledge and excellence of the Velindre Cancer Centre.		

10Ps Marketing Matrix		
Product	Price	People
CPD and Accredited courses around Oncology	Set price for local healthcare professionals, to enable the school of oncology to be self sustaining while ensuring that the price is accessible for participants	Oncology Specialist staff at the Velindre Cancer Centre
Process	Promotion	Programs
Courses will be delivered face to face and via virtual learning to ensure flexibility for participants.	We can utilise current networks such as the Welsh Cancer Network, The Royal College of GP's, the RCN and NHS internal communications. We should also be looking to utilise free social media marketing via, Facebook, twitter, Instagram, TikTok and LinkedIn. Our online presence could be strengthened with bespoke search engine optimised website, paid social advertising, pay per click search engine advertising. Promotional materials for the school of oncology should also distributed at relevant industry conferences.	Website, Social Media Campaigns, Internal NHS Communications.
Place	Physical environment	Partners
The courses can be delivered in person and online giving a wide range of opportunities. Our key areas for promotion are online.	Currently there is little to no space for delivery of courses, however the new cancer centre will provide an up to date bespoke learning environment for delivery.	Welsh Health Boards, RCGP's, RCN, Wales Cancer Network and Accrediting University
Positioning		
Oncology education is an area which is required across all health boards due to a lack of knowledge causing potential Patient harm. This is huge opportunity as we do not currently have a Welsh education provider offering specialist oncology education. With the excellent standards of the staff at Velindre we are well positioned to fill this gap in the market enabling a school of oncology to be self sufficient and provide the resource lacking currently.		

Marketing Goals	Q1			Q2			Q3			Q4		
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Create School of Oncology Branding		Branding Consultation	Branding Design and Development	Create School of Oncology Website and Prospectus								
Launch School of Oncology			Set Up Social Media Accounts	Create and Implement Social media post planning								
				Write and disseminate Press Release								
School of Oncology Official Opening Event		Start event plan for official opening	Secure Celebrity/patron to officiate		Official press and public launch							
Grow Brand Awareness				Create ongoing Social Media posts, combination of course dates and story telling								
				Attend industry events and book awareness events around Welsh hospitals								



STRATEGIC DEVELOPMENT COMMITTEE

QUALITY MANAGEMENT SYSTEM DEVELOPMENT

DATE OF MEETING	6 th July 2023	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Non-Applicable	
PREPARED BY	Hannah Russon, Project Lead	
PRESENTED BY	Nicola Williams, Executive Director Nursing, AHP & Health Science	
EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director Nursing, AHP & Health Science	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Team Meeting	22 nd May 2023	Direction agreed

1. SITUATION

This paper is to provide the Strategic Development Committee with an overview of the plans to develop the Trust's Quality Management System.

The Strategic Development Committee are asked to NOTE the plan to develop the Trust Quality Management System.

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 (attached in **Appendix 1**) that provides very high-level principles for the development of Organisational Quality Management Systems.

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

3.1 Current Position:

Currently Velindre University NHS Trust does not have a defined and described Quality Management system in place that pulls together all of the components into a cohesive whole with an inherent learning assurance mechanism. The Trust does have some of the required components in place, but they are not defined, matured or integrated with a number of the components requiring significant maturity e.g. Trusts Performance Management Framework.

3.2 Work Undertaken to date and Next Steps

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'.

The Executive Team held a formative discussion in May 2023 and are keen to explore the learning from Hywel Dda Health Board further as well as looking at the opportunities 'Quality as a Business Strategy' will give. These are being pulled together for consideration at a dedicated session at the Board Development on the 27th June 2023. The aim of this session is to formulate a high-level plan and vision for the Trust's Quality Management System that will be then worked up into a clear plan by the Trust's Quality Management team and brought to subsequent Quality, Safety & Performance and Strategic Development Committees.

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 is asked to **NOTE** the plans to develop the Trust's Quality Management System.



Quality Management System Core Principles

1. Introduction

There are a number of factors that are influencing the continued improvement of care quality and patient safety within both the Welsh Government and the NHS in Wales. These include:

- Welsh Government Strategy, A Healthier Wales
- Health & Social Care (Quality & Engagement) Act 2020, Duty of Quality
- National Quality & Safety Framework
- National Clinical Framework

Health Boards, NHS Trusts and other NHS organisations in Wales are now reviewing existing and or developing new strategies for quality and safety management in response to the above drivers.

2. Purpose

This document sets out to provide an outline of the key elements and associated components often used to form quality management systems in healthcare, along with descriptors for them to help provide a level of consistency across the NHS in Wales as organisations look to develop quality management systems as part of their quality and safety strategies.

3. Quality Management

The Juran trilogy and its three quality elements are internationally recognised across many industries:

1. Quality Planning
2. Quality Control
3. Quality Improvement

More recently in health care thinking is developing based around including quality assurance as a fourth element to create a Quadrilogy of interconnected systems to realise the benefits of quality management.

This has been well articulated in an article by Amar Shah published in the BMJ, *How to move beyond quality improvement projects – BMJ 202;370:m2319*, in which he draws on the work of Joseph Juran, who developed the quality trilogy. However, Shah identifies that whilst the manufacturing industry has all but eradicated assurance because of high levels of reliability and advanced control systems, healthcare still requires significant levels of activity focused on assurance, both internal and external. As a result, the challenge in healthcare is to balance focus and activities across four elements:

1. Quality Planning
2. Quality Control
3. Quality Assurance
4. Quality Improvement

Core Elements of Quality Management

For the NHS in Wales an open and just learning culture is at the heart of continually improving care quality and is imperative to the success of the quadrilogy of quality elements. It is the coming together of these in a systematic way that allows:

- System and local level planning to transform the quality of care to the public of Wales.
- Effective monitoring, providing an early warning of emerging care quality risks and the potential for harm.
- Clear health care standards and systems with a coordinated mechanism/approach to monitoring achievement against them.
- Continually improve the quality of care, patient and staff and experience.

The 4 elements of quality, Quality Planning, Quality Control, Quality Assurance and Quality Improvement, that are interconnected to provide a holistic approach to quality management should be seen as given to quality management systems in the NHS in Wales. These elements are defined as follows:

Quality Planning (QP) – Strategic planning and policy development in line with Welsh Government health and social care strategy and that meets the needs of the population.

Quality Control (QC) – Systems to monitor care quality, identify issues, learning and necessary improvement/corrective actions.

Quality Assurance (QA) – Assurance activities that monitor/check systems and processes to ensure that services are meeting healthcare standards and the needs of our patients.

Quality Improvement (QI) – Continuous quality improvement and transformation at system and local levels.

To demonstrate the connectivity of the four elements the below schematic has been developed by the national team overseeing the Duty of Quality implementation.



A more detailed definition of each of the elements is outlined in the Quality Management System Approaches and Awards document produced as part of a suite of support documents to assist NHS organisations in Wales prepare for the Duty of Quality.

Supporting Functions

Other supporting functions are often incorporated into a quality management system such as:

Relationships, Partnerships, Collaboration & Co-Design – Key to the provision of safe, effective care is working in partnership and the fostering of positive relationships, across healthcare organisations and with local communities. Plus, the collaboration and co-design of healthcare at a national, regional and local level.

Quality management System Outputs

The below are often described as the outputs or objectives of a quality management system in healthcare:

Safe Care for Patients – Care provided in a way that minimises risks, empowers and enables safe choices that protects patients from harm and safeguards them from neglect and abuse.

High Quality Care Outcomes – The delivery of effective, efficient, consistent and evidence based best practice, with continuous improvement ensuring the best outcomes for the health and wellbeing of patients.

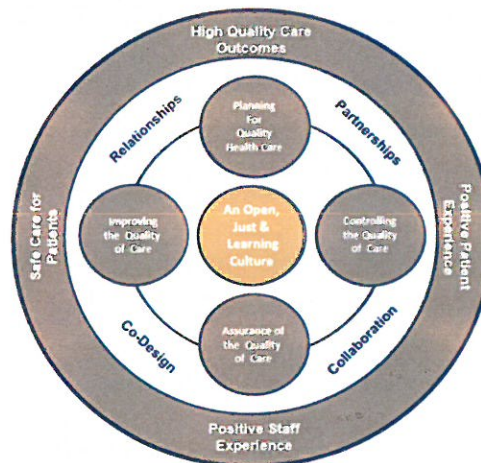
Positive Patient Experience – Care that is equitable, accessible and empowers patients, family and carers to make informed decisions about their care.

Positive Staff Experience – A healthcare system that is well led with compassion and empathy providing an open and just culture that encourages learning. Safe working environments that allow staff to develop and grow in providing the best care possible.

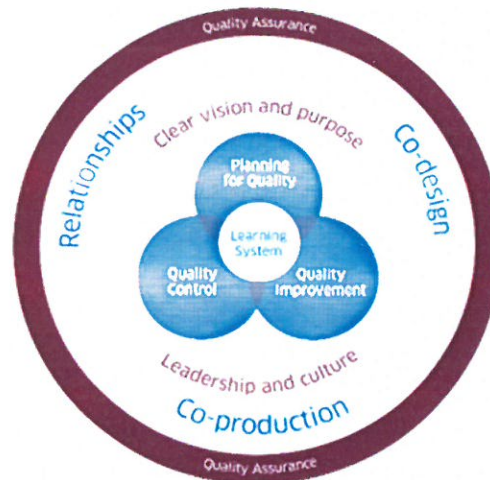
These broader outputs can be readily aligned to the new Quality Care Standards developed as part of the duty of Quality.

A Quality Management System

Having a well-articulated and understood quality management system is pivotal to embedding quality management, the below diagram shows a national quality management system currently being developed by the NHS Wales Delivery Unit, that incorporates the 4 elements approach, as part of developing a national quality management system.



There are many examples of such models within healthcare, it is important that an organisation develops a quality management model that best suits their strategic direction, model of care and Organisational culture, as seen by the quality management system developed by Healthcare Improvement Scotland as part of their strategic direction.



However, there are common features, such as learning and an open culture at the core of effective quality management in healthcare.

6. Resources

A number of resources have been developed in support of NHS organisations in Wales as they develop quality management systems in response to the requirements of the Duty of Quality. To assist with making best use of all available resources the following need to be put in place:

- The development of an accessible repository for all quality management system guides and document templates.
- Provide forums for the sharing of best practice in quality management.
- Provide support from within the NHS Executive as and when requested by organisations in their quality management journey.

EXECUTIVE MANAGEMENT BOARD EXECUTIVE MANAGEMENT BOARD

Approval of replacing a 3rd Linac @VCC

DATE OF MEETING	6 th July 2023
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Angharad Boundford, Programme Manager
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PRESENTED BY	Cath O'Brien, Chief Operating Officer
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EXECUTIVE SPONSOR APPROVED	Cath O'Brien, Chief Operating Officer
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REPORT PURPOSE	ENDORSE
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
EMB	19/06/23	ENDORSED FOR APPROVAL

ACRONYMS

IRS	Integrated Radiotherapy Solution
VCC	Velindre Cancer Centre

WG	Welsh Government
LA3	Linac Treatment Machine 3
FBC	Full Business Case

1. SITUATION

Since the initiation of the IRS Implementation Programme in June 2022, following successful award of the procurement process, a number of key milestones have now been achieved, these include

- Establishment of IRS Board and Programme team
- Execution of contract
- Commencement and acceleration of initial Linac replacement (LA6) and planning and agreement of second linac replacement (LA5)
- Installation of the majority of software systems into the department with phased implementation for the first patient on LA6
- The commencement of the build Radiotherapy Satellite Centre (RSC) at Neville Hall hospital and the associate programme board, with an opening date of January 2025.

We continue to operate a mixed fleet from two suppliers, with ongoing fragility and complex configuration. We have also clarified the end-of-life notices for the Elekta fleet (LA1,3,7,8) which will remove LA1 and LA3 from use in May 2024 and LA7 and LA8 in 2025 and 2026 respectively. In the interim, the risk of running machines of this age brings additional maintenance and quality checks and potential breakdowns resulting in downtime and impact on capacity.

In addition, with the more detailed planning work that has now been undertaken based on the experience of implementation of LA6 and changes in the opening date of RSC and nVCC since the IRS case, we need to address a significant lack of treatment capacity from early 2025 until the opening of nVCC.

The detailed programme plan for phase 1 and phase 2 (implementation of the LINAC at RSC) indicates that there is a single time window between February 2024 and August 2024 during which an additional linac treatment machine may be installed and commissioned following minimal refurbishment of the bunker. This will provide resilience and alleviate the anticipated impact on capacity.

As a result, this paper seeks to provide detail and rationale for the proposed replacement of a third Linac at VCC under the phase 1 of IRS Implementation and seek agreement to proceed.

2. BACKGROUND

The IRS implementation programme is being delivered in 3 core phases and includes the realisation of

- new capabilities
- expected deliverables / outcomes
- monetised and non-monetised benefits

The implementation consists of a complex Programme of work that spanned numerous departments, service users and the replacement of multiple systems and high value Radiotherapy Equipment over a 4-year phased implementation plan (consisting of 3 phases).

The Programme of work is the implementation of a long term 14-year partnership contract. Initial scope and planning timelines included the replacement of two Treatment Machines in the existing Velindre Cancer Centre (Phase 1), a new Radiotherapy Satellite Centre (RSC) in 2024 and cumulating in the installation, and commissioning of the final phase in the nVCC in 2025 (Phase 3).

Successful and timely implementation is key for maintaining existing levels of radiotherapy service at VCC, by mitigating the significant end of life service components, and providing the basis for an enhanced and more effective radiotherapy service and mitigate any slippage of phase 2 and 3 will impact which is discussed in further detail in this paper.

Phase 1 of the implementation initially set out the replacement and commissioning of two linear accelerators with associated construction phases for bunker refresh for each machine. This has now commenced and our aim following the successful acceleration the LA6 replacement is now to continue to meet the aims of programme with the replacement of the second linac to commence in July 2023.

Through the implementation of the delivery of the programme, a review and analysis of all three phases of the implementation programme has now been undertaken. It was always recognised that there would be a capacity gap during periods that would need to be managed and planning for this will continue to be developed as the implementation progresses. However, we also need to consider the ongoing fragility of the fleet as well as the operational impact of utilizing an aging fleet in terms of planned and unplanned down time.

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

As previously documented and approved, the first machine for replacement was LA6, this was the oldest of the treatment machines and was no longer in clinical use. As service continuity is the next most important factor after age and function, the next machine to be replaced is LA5; commencing in July 2023.

Replacement of these machines will see an eventual efficiency in capacity but not to the levels to mitigate the risks of the ageing fragility of fleet, the known move in date for RSC of Jan 25slippages in the timelines of RSC and nVCC

The Elekta element of the fleet is approaching end of life, which brings performance challenges and ultimately cessation of use. To illustrate the fleet status below is a summary of all fleet and age. The result of not increasing the capacity of the fleet by installing an additional new Linac treatment machine will require VCC to run very old machines without any manufacturer support and limited opportunity to obtain spare parts when faults develop.

Linac Identifier	Type	Age in 2023	Years over Recommended asset Life (current)	Absolute End of Support
LA1	Elekta Synergy	15	+5	01/05/2024
LA2	Varian Stereotactic	7	-3	-
LA3	Elekta Synergy	15	+5 (recommended 3 rd replacement)	01/05/2024
LA4	Varian Stereotactic	9	-1	-
LA5	Will be replaced July 23 operational Dec 23			-
LA6	Replaced Jan 23 operational June 23			-
LA7	Elekta Synergy	13	+3	01/05/2026
LA8	Elekta Synergy	12	+2	01/05/2027 ¹

Initial phasing and alignment plans were based on RSC go live 2024 and nVCC 2025. There have been some movement of these dates since contract signature in

¹ From 01/05/2026 LA8 would be an unmatched machine with associated capacity issues

November 2022 when initial planning for phase 1 linac replacements was developed. This movement has significant impact on the radiotherapy service resilience due to the ageing of the existing fleet of linac treatment machines in VCC. With the new dates provided for these major interdependent programmes the IRS implementation team have built a detailed programme and resource plan.

This in terms of a programme timeline shows that there is a potential to accommodate a replacement of a third linac between February 2024 and August 2024, this would account for the resource interdependencies required to commence clinical commissioning at RSC, at the end of August 2024.

The team required to take forward the commissioning of the equipment is highly skilled and lays with a limited number of staff. As such their time must be planned to undertake this activity sequentially, linac by linac. Failure to agree this replacement and implement within this time slot will result in an inability to replace a further linac before 2026, which then also impedes the installation in nVCC.

Additionally, this proposed replacement would have the potential to mitigate any risks associated with the interdependent construction schemes of RSC and nVCC. It is to be noted this will not be an additional machine but would be the movement of a linac from phase 3 of the programme at nVCC to phase 1 at VCC, to maximise patient treatment capacity and resilience at VCC in the shorter term.

Furthermore, benefits of the 3rd replacement at VCC include the ability to develop treatment pathway solutions for all remaining SSTs to be treated on the new halcyon machines and fully utilising the end-to-end radiotherapy treatment planning system. This will have the potential to allow staff training to commence earlier and positioning the service to be fully operational with the new integrated radiotherapy service ahead of the opening of nVCC.

It should also be noted whilst we recognise the need for the very specialised resource to undertake the work and existing pressures on staffing the IRS workforce budget is ringfenced to ensure the deployment of a 3rd linac at VCC is achievable in the timescales detailed.

Contractual and financial arrangements.

The agreement with Welsh Government on the funding for the IRS programme is planned and agreed in line with the phases 1,2, and 3. This includes equipment purchase and the refurbishment of the bunkers required for the replacements. There is a separate but aligned budget for the RSC programme.

Phase 1 included the refurbishment of two bunkers, but also held a potential contingency that can, with the agreement of Welsh Government, be utilised for a third bunker. There is also proposed provision within the nVCC FBC for £1m funding for additional cost associated with extra linac bunker refurbishments at VCC and subsequent transfer to nVCC. Early discussions have been undertaken with Welsh Government colleagues to assess this and additionally the revised financial forecast for 2024/25 to understand the movement of capital funding from 2025/26 to fund the 3rd linac replacement early and these are positive and will be confirmed post approval of the decision this paper is seeking.

The decision to replace a 3rd LINAC will requires a contractual change with Varian the provider and this is feasible and straightforward to execute as above this is not additional but a movement within the existing contract. The process is clearly laid out within the contract as change control notice and this can be implemented in a timely manner to meet required deadlines. Approaches have been made to Varian to explore this option and they have confirmed that they are able to accept such a change and deliver in line with our proposal.

It is important to note, work will continue to be undertaken as financial close on the new cancer centre is concluded

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

4. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)Yes (Please see detail below)
	IRS Requirements relate directly to the quality of service that will be capable of being delivered by the solution
RELATED HEALTHCARE STANDARD	Timely CareTimely Care
	Safe care Effective care Staff and resources IRS Requirements relate directly to the quality of service that will be capable of being delivered by the solution



EQUALITY IMPACT ASSESSMENT COMPLETED	No (Include further detail below)No (Include further detail below)
	There will be one for the overall IRS implementation programme.
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)Yes (Include further detail below)
	Requirements will link to the Contract
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)Yes (Include further detail below)
	As per the approved financial detail within the FBC and spend profile submitted to Welsh Government.

5. RECOMMENDATION

The Committee is asked to **ENDORSE** the recommendation to replace a third linac at VCC.

STRATEGIC DEVELOPMENT COMMITTEE

ORGANISATIONAL VALUES AND CULTURE

DATE OF MEETING	6 July 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	Claire Budgen, Head of Organisational Development
PRESENTED BY	Sarah Morley, Executive Director of Organisational Development & Workforce
APPROVED BY	Sarah Morley, Executive Director of Organisational Development & Workforce
EXECUTIVE SUMMARY	<p>A review of organisational values is included in the Culture and Values workstream of the Building Our Future Together Portfolio, with these specific objectives:</p> <ol style="list-style-type: none"> Review and refine the values of the organisation Have a picture of how people feel about the organisation which will be utilised by other elements of BOFT work programme Develop a Behaviours Framework based on these values



	<p>d. Embed Values and Behaviours Framework within Trust processes such as recruitment, appraisal and team working.</p> <p>This report summarises progress to date and sets out a timeline for concluding the Culture and Values workstream by 31 March 2024.</p>
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RECOMMENDATION / ACTIONS	To approve the timeline in section 3.2
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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	19 JUNE 2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
Timeline approved by EMB.	

7 LEVELS OF ASSURANCE	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance

APPENDICES	

1. SITUATION

- 1.1 A review of organisational values is included in the Culture and Values workstream of the Building Our Future Together Portfolio, with these specific

objectives:

- a. Review and refine the values of the organisation
- b. Have a picture of how people feel about the organisation which will be utilised by other elements of BOFT work programme
- c. Develop a Behaviours Framework based on these values
- d. Embed Values and Behaviours Framework within Trust processes such as recruitment, appraisal and team working.

- 1.2 This report summarises progress to date and sets out a timeline for concluding the Culture and Values workstream.

2. BACKGROUND

- 2.1 A report was taken to EMB in December 2022 capturing the results of a recent staff engagement exercise on the Values at Work which included feedback on the relevance of the current values of Accountable, Bold, Caring and Dynamic. A variety of perspectives were put forward on whether to continue with the current values or change them.

- 2.2 This was discussed further at the Board Development Session on 18 April 2023. Again, a range of ideas were discussed about the current values and it was decided that further engagement and investigation were required as part of the review.

- 2.3 In relation to organisational culture, feedback from staff has been collated and shared with Board members as Themes in Staff Experience and Culture. Five sources were examined to identify feedback linked to staff experience and culture:

- Board Leadership and Culture Interviews
- Response to the NHS Staff Survey 2020
- Exit Interviews
- Health Inspectorate Wales report on the First Floor Ward
- Values Survey

- 2.4 This produced six overarching themes for the Trust to focus its culture development work:
- Connection
 - Leadership
 - Process
 - Speaking Up
 - Uncertainty regarding the values

- Wellbeing
- 2.5 A wide range of work is in hand to build a positive culture and to resolve issues within the themes identified above. Alongside this, three enablers of change have been highlighted as positive steps to consciously build into our work:
- Well developed relationships within and between senior leadership teams, with a collective leadership voice and visibility and transparency
 - Cohering around the common purpose, as set out in the Trust Strategy
 - Delegation and empowerment of staff
- 2.6 A range of inter-connected pieces of work are in place which address the issues highlighted in 2.4

Pieces of the Jigsaw



Executive Team Goals

These focus on working as one team on matters of strategic importance for patients, donors and staff. This brings benefits in clarity and renewed sense of purpose being communicated around the organisation. These goals for 23/24 will be developed by the Executive Team in July 2023.

Respect and Resolution Programme

Embedded within our standard workforce practices is the Respect and Resolution method for resolving differences and problems in the workplace. This places open communication and relationships at the heart of resolving

differences as part of building a positive work culture. Training and coaching of managers has been used where needed.

Working to Build our Future Together

The Trust is implementing a multi-faceted approach to enable senior leaders to engage with staff, the central pillar of which will be ongoing opportunities for discussion on current challenges, barriers and opportunities that people have in their day to day work. This will become a regular feature within the Trust's communication landscape and contribute to on-going dialogue with staff about their experience of working here.

Board Ownership and Reflexivity

One of the key responsibilities of the Board is the leadership of organisational culture. The Board will actively engage with the work described here through its Board Development Sessions and also through culture and engagement feedback at Board level Committees.

Welsh Culture Plan

This plan sets out the role that culture can play in bringing people together. Linking Welsh culture and language fosters an equitable workplace leading to greater recognition of the bilingual needs of our patients and donors. The work will set this culture in its multi-racial context and foster a shared sense of ownership in the Welsh Language. This has a positive impact on how we meet our legal obligations under the Welsh Language Standards.

Values and Behaviour Framework

Engagement with staff and Board members produced a report in 2022 outlining thoughts and feelings around organisational values. This will be taken forward this year to gain additional insight leading to confirmation of organisational values by the Board in October 2023.

Staff Surveys and Pulse Surveys

The Trust is preparing for NHS Staff Survey in September 2023. This provides critical feedback on staff engagement under the factors of autonomy, belonging and contribution. Other surveys are regularly conducted and a rolling plan is being developed to systemise this in the future. A specific survey on staff understanding of Quality will be run through Civica in the coming months.

Minimising Employee Harm

This is embedded into our leadership approaches and the processes we used to support staff through illness, absence and all other HR processes. The focus is on employee wellbeing and treating each case fairly in connection with the facts reflecting individual need.

Compassionate Culture Leadership Programme

HEIW have issued resources to support organisations following through this programme which the Trust is taking into the design of all this work. This includes the template used for the Board Interviews in 2022 and the Culture and Outcomes Dashboard.

3. ASSESSMENT

- 3.1.1 Measuring our culture requires an integrated assessment of a range of indicators relating to staff experience, patient and donor experience, clinical outcomes and organisational effectiveness. NHSE have developed a Dashboard for NHS Trusts in England (appendix 1). Whilst this is not suitable in its current form for Velindre University NHS Trust, a comparable Dashboard will be developed within the Trust either a stand alone or in collaboration with other NHS Wales organisations.
- 3.2 The timeline for reviewing the values, building on work already completed is given below.

Engagement and communication with patients, donors and staff explaining that we are asking about organisational values so that we can improve services and the working lives of staff. This will include face-to-face focus groups discussions to bring out key themes that are important to patients, donors and staff.	June 2023
Development of Culture and Outcomes Dashboard dataset, working with HEIW or other NHS organisations if possible. This ties into the NHS Staff Survey which means we will have fresh data by Autumn 2023 reflecting our culture.	June – December 2023
Hold the second round of engagement sessions with staff (following the work in September/October 2022) around the Values by sharing the findings from 2022 and seeking additional feedback.	July 2023
Initiate engagement with Donors and Patients using Focus Groups and surveys via Civica and other established feedback mechanisms	July 2023

Results of engagement discussed at Board Development Session and code of Values agreed. Outputs shared with all and codified into Trust Values	24 October 2023
Development of Behaviours Framework linked to Values	November 2023 to January 2024
Culture and Outcomes Dashboard in place and reviewed annually	January 2024
Employee processes updated to reflect Behaviours Framework and values	March 2024

3.3 This programme of work sits within a number of other activities which will have a positive impact on staff experience. It will be important to keep the messaging consistent and to recognise the impact on time and resources for staff to contribute. These activities include:

- Development of improvement projects in the Safe Care Collaborative and the associated survey of all staff of their awareness of quality and safety.
- Staff Awards 2023 which will be publicised between June and September, leading to the event on 29 September 2023
- NHS Staff Survey, September 2023
- Implementation of the NHS Wales Speaking Up Safely Framework and the Workforce Race Equality Standard.

4. SUMMARY OF MATTERS FOR CONSIDERATION

4.1 The Strategic Development Committee is asked to **NOTE** the timeline in 3.2 as the next step in developing the Trust values and associated work 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: 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 checked="" type="checkbox"/>													
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	04 - Organisational Culture												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below												
	<table><tr><td>Safe</td><td><input type="checkbox"/></td></tr><tr><td>Timely</td><td><input type="checkbox"/></td></tr><tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Equitable</td><td><input type="checkbox"/></td></tr><tr><td>Efficient</td><td><input type="checkbox"/></td></tr><tr><td>Patient Centred</td><td><input type="checkbox"/></td></tr></table>	Safe	<input type="checkbox"/>	Timely	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input type="checkbox"/>	Efficient	<input type="checkbox"/>	Patient Centred	<input type="checkbox"/>
	Safe	<input type="checkbox"/>											
Timely	<input type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input type="checkbox"/>												
Efficient	<input type="checkbox"/>												
Patient Centred	<input type="checkbox"/>												
Values underpin the delivery of quality services and staff experience has an impact on the quality of patient and donor care.													
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	Not required												

<div><div>For more information:</div><div>https://www.gov.wales/socio-economic-duty-overview</div></div>	<div>This is a timeline for completing one of the BOFT workstreams.</div> <div>Click or tap here to enter text</div>
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TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation
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://nhs.wales365.sharepoint.com/sites/VEL/_layouts/15/Default.aspx	Not required - please outline why this is not required
	Click or tap here to enter text.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	None

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	TAF04
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?	



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

**ARE THERE ANY BARRIERS TO
IMPLEMENTATION?**

Yes - please detail below

Availability of patients, donors and staff to
contribute to review during the Summer 2023.

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



STRATEGIC DEVELOPMENT COMMITTEE

Approval of Velindre University NHS Trust Business Continuity and Emergency Planning Policy (PP06) [V3.0]

DATE OF MEETING	06/07/2023
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Laurie Thomas, Head of Validation & Risk Management
PRESENTED BY	Cath O'Brien, Chief Operating Officer
EXECUTIVE SPONSOR APPROVED	Cath O'Brien, Chief Operating Officer

REPORT PURPOSE	ENDORSE FOR BOARD APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
VUNHST Business Continuity and Emergency Preparedness Group	17/03/2023	ENDORSED FOR APPROVAL
Executive Management Board	02/05/2023	ENDORSED FOR APPROVAL

ACRONYMS	

1. SITUATION/BACKGROUND

- 1.1 The Trust Policy for Business Continuity and Emergency Planning (PP06) is due for review and has been updated to reflect existing operational requirements and aligned to current NHS and Government Guidance.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The attached Policy provides the overarching framework within which the Trust Business Continuity Management System (BCMS) is established to ensure that the organisation can continue to deliver the core services and products in the event of any disruptive incidents so far as is reasonably practicable.
- 2.2 The document has been reviewed and amended against current NHS and government guidance.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Effective management of and response to disruptive incidents is essential to ensure the Trust can continue to deliver its core services.
RELATED HEALTHCARE STANDARD	Safe Care
	<ul style="list-style-type: none"> Governance, Leadership & Accountability Effective Healthcare
EQUALITY IMPACT ASSESSMENT COMPLETED	No (Include further detail below)
	<ul style="list-style-type: none"> The Trust Business Continuity & Emergency Preparedness Policy [PP06] has an associated EIA.
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)

	The Trust has statutory and mandatory duties regarding having appropriate emergency procedures in place.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

4.1 The Strategic Development Committee is asked to **ENDORSE** for Trust Board approval.

APPENDICES	YES - (Please Include Appendix Title in Box Below)
	Approval of Velindre University NHS Trust Business Continuity and Emergency Planning Policy [PP06]



Ref: PP 06

**Velindre University NHS Trust
Business Continuity and Emergency Planning Policy**

Executive Sponsor & Function: Chief Operating Officer

Document Author: Head of Validation & Risk Management

Approved by: Executive Management Board

Approval Date: 02/05/2023

Date of Equality Impact Assessment: 17th April 2018

Equality Impact Assessment Outcome: Endorsed for Approval.

Review Date: April 2023

Version: 3.0

Velindre University NHS Trust
Business Continuity and Emergency Planning Policy

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1. Introduction

- 1.1 The Velindre University NHS Trust (VUNHST) Business Continuity and Emergency Planning Policy provides the framework within which the Trust Business Continuity Management System (BCMS) is established to ensure that the organisation can continue to deliver the core services and products in the event of any disruptive incidents so far as is reasonably practicable.

VUNHST provides specialist services to the people of Wales. The operational delivery of products and services is managed through Velindre Cancer Centre (VCC) and the Welsh Blood Service (WBS).

- 1.2 The Trust hosts the following organisations on behalf of other bodies;
- Health Technology Wales (HTW)
 - NHS Wales Shared Services Partnership (NWSSP)

Further information on the above organisations is available by clicking on the following link: <https://velindre.nhs.wales>

- 1.3 The capability of the Trust to continue delivery of its products and services during a disruptive incident or emergency remains a key priority and the Trust is required to ensure it has in place, appropriate, acceptable and effective arrangements and plans to protect its products and services.
- 1.4 The Policy provides the strategic framework and sets out the scope and governance of the Business Continuity and Emergency Planning arrangements within the Trust.
- 1.5 The VUNHST Business Continuity and Emergency planning system is based upon the industry wide guidance and specifically that contained in the International Organisation for Standardisation ISO Security and resilience – Business continuity management systems – requirements.

2. Definitions

- 2.1 A glossary of terms is available from your Divisional Business Continuity and Emergency Planning leads.

3. Scope of Policy

- 3.1 The scope of this Policy covers all staff, functions and premises that are required to deliver and maintain services to the public and service users. The Trust are committed to embedding a culture that will ensure staff and management are engaged and proactively manage business continuity within the organisation.
- 3.2 This Policy extends its application to the Trust Hosted Organisations, with the expectation that hosted services have their own local procedures embedded within their services.

- 3.3 Furthermore, this Policy extends to ensure supply chains and contractors associated to the delivery of core services have appropriate contingency arrangements in place to enable resilience to be achieved and avoid potential points of failure.

4. **Aim and Objectives**

The aim of the Policy is to ensure that the core services and functions provided by the Trust are protected so far as is reasonably practicable, through the application and management of robust business continuity arrangements.

- 4.1 The Trust will adopt a risk based approach to its BCMS, ensuring business continuity plans are in place and are coherent and accessible to support response to an incident. Where possible the Trust will endeavor to adopt a standard approach across the Trust, however there may be instances where specific divisional or departmental plans and approaches are required. In these circumstances, divisional / departmental procedures will be developed, implemented, tested and exercised to provide assurance of business continuity and emergency planning arrangements to support delivery of core products and services.
- 4.2 Ensures robust escalation arrangements within the Trust that are embedded across all employees and stakeholders through awareness communications enabling a Trust wide preparedness and capability to respond to a disruptive incident 24 hours a day, 7 days a week.
- 4.3 The reputation and integrity of the Trust for the benefit of the public and service users is protected at all times.
- 4.4 Business Continuity and Emergency Plans will be regularly reviewed for accuracy and available to provide guidance and support during disruptive incident and a response structure to those responsible for managing a crisis. Hard copy plans will be accessible in the event of Digital failure.
- 4.5 The Trust will ensure that there is a Strategic (Executive) and Tactical (Divisional) 'On Call' arrangement in place to support the capability to respond to any incident, emergency or crisis where a contingency has not been already identified'.

5. **Responsibilities**

Strategic (Gold)

- 5.1 The Trust Chief Executive owns the Business Continuity and Emergency Planning Policy.
- 5.2 The Chief Executive is accountable and responsible for ensuring the Trust is prepared for emergency situations including Business Continuity incidents. This role is identified by the NHS EPRR Framework and Core Standards 2015 as the **Accountable Emergency Officer (AEO)**

- 5.3 The Chief Executive can delegate the responsibility of AEO to an appropriate Trust Officer.
- 5.4 The VUNHST Chief Operating Officer is the delegated AEO for BCM and EPRR for the Trust. They will have executive authority and responsibility for ensuring that the Trust complies with legal and Policy requirements. They will provide assurance to the Board that strategies, systems, training, policies, and procedures are in place to ensure an appropriate response for the Trust in the event of an incident. Additionally, to promote continual improvement of the VUNHST BCMS.
- 5.5 The AEO will be aware of their legal duties to ensure preparedness to respond to an incident within their health community to maintain public protection and maximise the NHS response.
- 5.6 The AEO will provide assurance to the Board that the Trust is meeting its obligations with respect to EPRR and relevant statutory duties under the Civil Contingencies Act 2004 (CCA) and the NHS Act 2006 (as amended). This will include assurance that the Trust has allocated sufficient experienced and qualified resource to meet these requirements.
- 5.7 The AEO in consultation with the nominated Business Continuity leads and Service Managers will identify the appropriate external stakeholders and interested parties who may need to be aware of the Trust Business Continuity and Emergency Planning arrangements.
- 5.8 The AEO in conjunction with Divisional leads will ensure the completion and timely submission of the Health Emergency Planning Annual Report.

Tactical / Operational (Silver/Bronze)

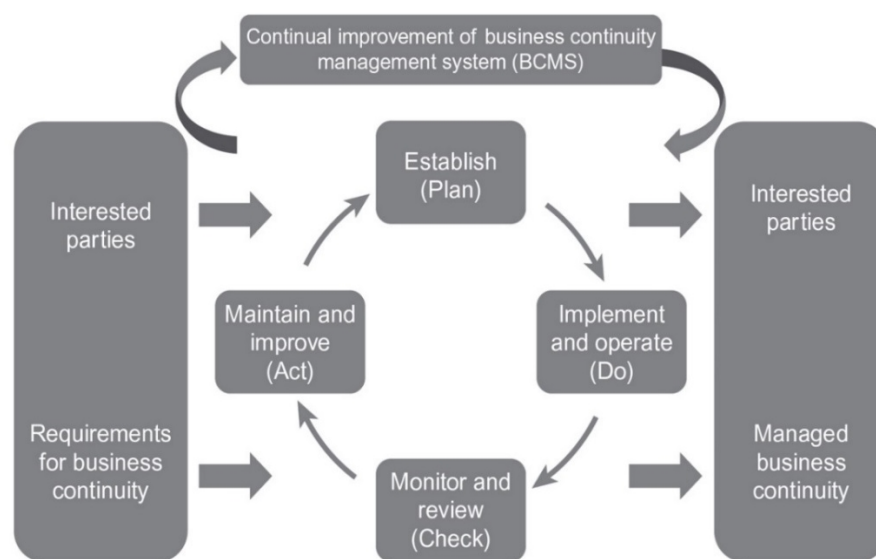
- 5.9 Each Division shall nominate a Business Continuity and Emergency Planning Lead who will be responsible for the development and delivery of the Trust BCM arrangements under the direction of the AEO. The lead in conjunction with the respective Heads of Departments within each Division will:
 - Review and develop the BCMS in line with industry best practice and the needs of the Trust.
 - Monitor standards and compliance of the system.
 - Undertake a Business Impact Assessment (BIA) for their service areas within each Division to ensure service prioritised activities are identified. The BIA will confirm the Maximum Tolerable Period of Disruption (MTPD) i.e., the length of time that services can tolerate a disruption, the Recovery Time Objective (RTO) i.e., the point in time following an incident at which each of the key services would need to be resumed and, finally, quantify the resource and dependencies required to maintain the essential activities including people, premises, equipment, IT, and other stakeholders.

- Develop, review and test Divisional Business Continuity Management Plans and Procedures on an annual basis or as determined appropriate for their service area based on available guidance. (Where possible the Trust will endeavour to avoid duplication of effort to ensure a standard approach is taken to Business Continuity and Emergency Planning).
- Undertake a Training Needs Analysis for Business Continuity within their service area.
- Attend relevant Trust Business Continuity & Emergency Preparedness group as required.
- Provide training, support and guidance to managers ensuring that staff and other appropriate, relevant stakeholders such as contractors and suppliers will be made aware of the Trust's BCM arrangements as defined by the AEO and service managers.
- Engagement with any relevant audit and review requirements.
- Continued multi agency working and engagement.
- Contribute and engage in the Welsh Government and the health Emergency Preparedness Resilience and Response network including the requirement to submit a Health Emergency Planning Annual Report.

6. Business Continuity Management System (BCMS) Lifecycle

The Trust and its Divisions will adopt the cycle of activity illustrated in Figure 1.

Figure 1- Plan Do, Check and Act Model



(Source: ISO 22301:2012)

6.1 **Plan (Establish)**

Establish business continuity Policy, outlining the scope/ understanding of the BCMS i.e. objectives, targets, controls, process and procedures relevant to improving business continuity in order to deliver results that align the organisation's overall policies and objectives.

The scope of BCMS links the potential impact of a disruptive event on the organisation's activities, functions, services, supply chain and relationships with external stakeholders.

6.2 **Do (Implement and Operate)**

Implement and operate this Business Continuity Policy, controls, processes and procedures. All staff will be required to read and understand the Business Continuity Plans relevant to their areas, along with those that can affect all areas i.e. Fire, Severe Weather, Power Outage etc.

Hard copies of all Business Continuity Plan Action Cards will be filed within folders in specific locations and within various departments to enable staff quick and easy access during a disruptive event. All staff will be aware of the locations of these folders.

The VUNHST Incident Response Plan (IRP) provides further guidance on varying levels of incident response the Trust may be required to respond to and can be found within the senior management/leadership and executive on-call packs.

6.3 **Check (Monitor and review)**

Monitor, review and exercise/ test performances against Business Continuity Policy and objectives, report and results to management for review, and determine and authorised actions for remediation and improvement.

6.4 **Act (Maintain and improve)**

Maintain and improve the Business Continuity Policy and Plans by taking corrective action, based on the results of management review, and reappraising the scope of the Policy and corresponding business continuity objectives. Debriefs will be produced following actual disruptive events, and all lessons identified will be reviewed and considered for inclusion within the process.

Note, Business Impact Assessments and Business Continuity Plans shall be updated if:

- There are any changes to the organisation, including major restructures
- Changes to methods of delivery
- Changes to the operating environment (new markets etc.)
- Changes to key staff
- Following recommendations from exercise and testing or debriefs post live incidents

6.5 **Business Continuity & Emergency Preparedness Exercises**

It is a requirement to validate incident response plans through exercises and testing arrangements to ensure they are fit for purpose. Exercise and tests should be carried

out at pre agreed frequency and or to meet the requirements set within relevant legislation or core standards. Exercises will provide opportunities for responding staff to rehearse plans and maintain a level of competence, confidence and aid training.

7. Equality Impact Assessment Statement

- 7.1 This Policy has been screened for relevance to equality. No potential negative impact has been identified.

8. Governance

- 8.1 This Policy will be approved by the relevant Board Committee a minimum of every 3 years subject to changes in legislation, guidelines and Divisional arrangements.
- 8.2 The Policy has been endorsed by the Trust Business Continuity & Emergency Preparedness Group to ensure alignment with each of the Divisional arrangements.
- 8.3 The Trust will commit to providing resource as and when required to participate in internal and external delivered exercise, testing and training.
- 8.4 The Trust Business Continuity Steering Group will submit highlight reports to relevant Executive and Committee meetings for oversight. The Trust will participate in any internal and external assurance frameworks or reports that relate to Business Continuity and Emergency preparedness, Resilience & Response i.e. Welsh Government Emergency Preparedness Annual Report.
- 8.5 Disciplinary action under the terms of the Trusts Disciplinary Procures will be taken against any employee, regardless of status, who shows wilful disregard for the Policy and associated working practices.

9. Main relevant Legislation and Standards

- Civil Contingencies Act 2004
- BS ISO Security and resilience – Business continuity management systems – requirements 22301:2019
- BCI Good Practice Guidelines 2018 Global Edition
- NHS & Welsh Government guidance (i.e., NHS Emergency Preparedness Resilience & Response core standard & framework, NHS Business Continuity Guidance)