

Strategic Development Committee

Tue 07 February 2023, 10:00 - 11:00

Via Microsoft Teams

Agenda

1. STANDARD BUSINESS

1.1. Welcome and Introductions

Chair: Stephen Harries

1.2. Apologies for Absence

Chair: Stephen Harries

1.3. Declarations of Interest

Chair: Stephen Harries

1.4. Minutes of the Committee Meeting held on 8th December 2022

Chair: Stephen Harries


To approve

 1.4 Minutes Public SDC 8.12.22-LF-SH-GJ.pdf (6 pages)

1.5. Action Log

Chair: Stephen Harries

To approve

 1.5 Action log_Strategic_Development_Committee_February 2023.pdf (3 pages)


2. PLANNING AND SERVICE DEVELOPMENT

2.1. Integrated Medium Term Plan 2023-2026

Phil Hodson, Assistant Director of Performance & Planning

To note

 2.1 SDC - 7th February 2023- IMTP Progress Update cj 1 feb 2023.pdf (8 pages)

 2.1 IMTP Progress Update - SDC 7th February 2023 FINAL version 004.pdf (32 pages)

3. ANY OTHER BUSINESS

Prior agreement by the Chair required

Chair: Stephen Harries

4. REVIEW OF THE MEETING

Chair: Stephen Harries

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5. DATE AND TIME OF NEXT MEETING

To be confirmed

6. CLOSE

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**Strategic Development Committee
Public Session**

MINUTES OF THE MEETING
Held on 8th December 2022 @ 9.30-11.00am
Trust Headquarters, Nantgarw
(via Teams)

Chair:

Gareth Jones	Independent Member	GJ
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Members:

Professor Andrew Westwell	Independent Member	AW
Professor Donna Mead	Chair	DM

Attendees:

Steve Ham	Chief Executive Officer	SHam
Carl James	Director of Strategic Transformation, Planning & Digital	CJ
Lauren Fear	Director of Corporate Governance & Chief of Staff	LF
Philip Hodson	Deputy Director of Planning & Performance	PH
Alan Prosser	Director of Welsh Blood Service	AP
Matthew Bunce	Executive Director of Finance	MB
Sarah Morley	Executive Director of OD and Workforce	SFM
Nicola Williams	Executive Director of Nursing, AHPs & Health Science	NW
Cath O'Brien	Chief Operating Officer	COB
Carl Taylor	Chef Digital Officer	CT
Susan Thomas	Deputy Director of Workforce	ST

Additional Attendees:

Stephen Allen	Chief Officer, CHC	SA
Emma Rees	Principal Auditor, NWSSP	RG
Liane Webber	Business Support Officer/Secretariat	LW

Apologies:

Dr Jacinta Abraham	Executive Medical Director	JA
Huw Llewellyn	Director of Commercial & Strategic Partnerships	HL
Stephen Harries	Independent Member	SH

1.0.0	STANDARD BUSINESS	ACTION
1.1.0	Welcome & Introductions	

GJ welcomed attendees to the meeting.

1.2.0 Apologies for Absence

Apologies were noted as above.

1.3.0 Declarations of Interest

There were no declarations of interest.

1.4.0 Minutes of the Committee Meeting held on 13th October 2022

The Committee **approved** the minutes of the meeting held on 13th October 2022.

1.5.0 Action Log of the Sub-Committee Meeting held on 13th October 2022

The action log was reviewed and discussed as follows:

Ref 4.1.0 – Consideration of Trust role in the Regional Partnership Boards – CJ confirmed that the RPB Strategic Plans are currently under review to ascertain broad strategic themes and possible opportunities for the Trust's involvement, although DM urged a level of caution in terms of the increased commitment to committee meeting attendance. CJ agreed and suggested that a broad analysis be brought to the next meeting for general discussion. Given the circumstances it was agreed to change the target date to next Strategic Development Committee date.

CJ
Secretariat

Ref 3.1.0 – Include further case study examples in the Enabling Strategies – noted that further case studies had been included in the strategy documents, the final version of which are expected to be received before the end of the year and the Committee noted the launch plan for the New Year. It was therefore agreed to close this action.

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

2.0.0 CONSENT ITEMS

Nil

3.0.0 STRATEGIC DEVELOPMENT

3.1.0 Destination 2032 Launch Plan

LF and JE introduced the launch plan. GJ noted that there will be staff members who have not been involved in the process and therefore care should be taken when introducing to staff to ensure it is delivered in an uncomplicated, easily digestible manner.

LF/JE

DM noted that the paper states that an Equality Impact Assessment is not required and sought assurance that all potential equality and diversity issues have been considered. CJ reported that all strategies which received Board approval in May were assessed for equality impact but agreed that this would be reviewed in terms of the Launch Plan.

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NW highlighted the importance of ensuring that the Quality and Safety Framework is integrated within the launch as it aligns with one of the strategic goals.

DM expressed the importance of ensuring that Independent Members are kept updated as to when and how the content can be accessed. Noted that a plan for this is not currently in place, LF and JE to ensure this is clearly incorporated in the plan.

LF/JE

The Committee **noted** the Destination 2032 Launch.

3.2.0

Welsh Blood Service Five-Year Plan – Update

AP presented the WBS Five-Year Plan update.

DM queried whether the five-year strategy had been developed as an all-Wales document. AP confirmed engagement with key partners and stakeholders, the CHC and WBS staff.

DM highlighted the lack of detail surrounding some of the key areas (building renovations, Plasma for Fractionation, etc.), although it was noted that the current intention is primarily to build the broad framework for the strategy. Further details of each area will be brought back to the Committee by way of regular updates as each programme is developed.

GJ raised concern about the inclusion of the commitment to achieving carbon neutrality by 2030, due to the likely challenges in meeting this. AP agreed that this was an ambitious target and would review the wording.

AP

The Committee **noted** the Welsh Blood Service Five-Year Plan update

3.3.0

Developing the Strategic Digital Programme to Deliver the Digital Strategy

CT gave a presentation to outline the paper which was discussed as follows:

GJ queried how much of the work can be done within the organisation and the level of resource required to carry it out internally, and how much reliance there will be on Digital Health and Care Wales, etc. CT advised that partnership approach will be essential in order to successfully meet the strategic goals.

AW sought reassurance on the alignment of systems with the Trust, Health Boards and DHCW to assist with seamless patient experience when moving between different Health Boards. CT confirmed that this was indeed a priority and that there is currently a very active Directors of Digital

community, meeting monthly, which sits alongside Digital Health and Care Wales to ensure streamlined collaboration with no duplication in work plans.

DM raised concern about the Trust's relationship with Digital Health and Care Wales and how assurance can be given that when a national system is agreed, Digital Health and Care Wales deliver in a timely fashion. CT reported that there is an SLA in effect which looks at the performance of the systems and that joint planning has recently been implemented which will highlight to both organisations what is important to each other.

SA raised concern of potential issues around patients not being able or willing to use the digital route and expressed the importance of ensuring that governance and ongoing monitoring is carried out in order to ensure that patients and the public choosing the non-digital route are not disadvantaged in any way. CT highlighted the inclusion in the presentation of links to external information which talks about the National Service Standards for Digital Service Design for Wales and does include narrative around the non-digital design. SA suggested explicit detail around this be included in the paper to clearly highlight the matter. SA further suggested that care be taken with regards to various potential issues with self-check-in/car parking/way finding technology and the difficulties and frustrations this could cause patients, and again expressed the importance of factoring in the non-digital element. Based on SA's feedback, CT to consider how these considerations can be reflected more clearly in the document.

CT

The Committee **noted** the Developing the Strategic Digital Programme to Deliver the Digital Strategy discussion paper.

3.4.0 Workforce Planning (Workforce Risks and Issues)

ST gave a presentation on Workforce Planning which was discussed as follows:

AW queried the level of freedom afforded to the Trust in terms of recruitment (e.g. recruiting internationally). ST reported that from an advertising perspective the Trust has autonomy to advertise as it sees fit and does indeed have the remit to recruit internationally. It was noted that a specific task and finish group had been established to look specifically at hotspot areas and the mechanisms for attraction and retention of staff.

DM raised concern regarding the current workforce challenges and, although was supportive of the presentation content and its future planning, sought assurance around what action is being taken to address the immediate issues in areas such as Medical Physics, Planning, etc. SHam agreed that whilst this is indeed an important point, the presentation was made for this committee which addresses future plans as opposed to the "here and now", which are matters that would be addressed at the Trust's Quality, Safety and Performance Committee. SFM confirmed that Workforce Risk is an item of the Quality, Safety and Performance Committee agenda,

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and that this presentation serves to create and provide managers with the mechanisms to solve current operational issues more efficiently. DM noted that although these pieces of work are indeed important, the current heavy burden on staff should be fully considered as important context.

COB reported on a successful recruitment round within the Integrated Radiotherapy Solution programme, including a number of people from outside the organisation being appointed into senior roles, attracted by the organisation's future direction.

The Committee **noted** the Workforce Planning (Workforce Risks and Issues) presentation.

3.5.0 Building Our Future Together Programme

LF and SFM gave a brief outline of the Building Our Future Together Programme.

SA noted that engagement of staff is addressed in the paper but queried the level of continuous engagement with the wider community and stakeholders. SHam explained that the focus is on developing the narrative of becoming an organisation that engages the community to support and provide input, although SA raised concern of setting the framework without engagement of the community which could lead to decisions being made which are later opposed. SHam agreed that this would indeed be a focus. SHam and SA to meet to discuss further.

SHam/SA

The Committee **noted** the Building Our Future Together Programme update.

3.6.0 Performance Accountability Framework and Delegation Framework

CJ and LF briefly outlined the Performance Accountability Framework and Delegation Framework update which was **noted** by the Committee.

3.7.0 Talbot Green Infrastructure Programme Progress Update

CJ briefly outlined the Talbot Green Infrastructure Programme Progress Update which was **noted** by the Committee.

4.0.0 PLANNING AND SERVICE DEVELOPMENT

4.1.0 Integrated Medium Term Plan

Welsh Government Planning Framework 2023-2026

IMTP 2023-2026 Progress to Date

PH gave an update on current IMTP progress, noting that well-developed, detailed plans will be brought to the February meeting of the Committee.

GJ noted that the date for submission is stated as 31st March, whereas the minutes of the October meeting state 31st January. PH confirmed that recent

Welsh Government guidance advised of a revised submission date of 31st March.

The Committee **noted** the Integrated Medium Term Plan update.

4.2.0 Value Based Healthcare Programme of Work

MB presented the paper and highlighted that although the recommendation in the paper is to note, its purpose is to provide a common understanding of what is meant by Value Based Healthcare, and start the engagement and socialisation pathway.

The Committee **noted** the Value Based Healthcare Programme of Work.

5.0.0 ASSURANCE

5.1.0 Trust Assurance Framework

LF briefly outlined the updates to the Trust Assurance Framework. GJ highlighted an error at 1.2 which should read "...the Trust Board meeting on **24th** November", also 2.1.1 which should read "...to develop the link **with** the Trust Risk Management Framework". GJ also reiterated comments made previously with regard to the residual risk score being the same whereas at this point the aim should be to reduce that score.

The Committee noted the Trust Assurance Framework update.

5.2.0 Research, Development & Innovation Sub-Committee Highlight Report

The Committee received the RD&I Sub-Committee Highlight Report which was **noted** by the Committee.

6.0.0 ANY OTHER BUSINESS

There were no additional items of business brought for discussion.

7.0.0 REVIEW OF THE MEETING

There were no additional comments or questions raised.

8.0.0 DATE AND TIME OF NEXT MEETING

The next meeting of the Strategic Development Committee will take place on Tuesday 7th February 2023 at 10.00am-12.00pm, via Microsoft Teams.

9.0.0 CLOSE



**Strategic Development Committee
February 2023**

Action Summary

Ref.	Action	Assigned to	Meeting Date	Target Date	Progress to date	Status (Open / Closed)
4.1.0	<p>Consideration of Trust role in the Regional Partnership Boards. In the May meeting, CJ suggested writing to the regional partnership boards as an organisation to understand what is on their individual agendas, to give a sense of where we can add the most value.</p> <p>UPDATE: 13/10/22 - noted that to date, only one response to the request for information regarding the strategic programmes for each of the RPBs has been received. GJ suggested that, as the strategies would be publicly available, this may provide another means by which to obtain the required information. CJ to write again to the RPBs and discuss with PH regarding obtaining publicly available data.</p>	Carl James/ Phil Hodson	12/08/21	<p>07/07/22</p> <p>13/10/22</p> <p>07/02/23</p>	<p>Publicly available data has been obtained and follow up to be confirmed at time of paper publication – oral update to be provided to the Committee.</p> <p>Oral update received 8/12/22 – CJ to bring broad analysis to next meeting for general discussion.</p> <p>UPDATE 3/2/23: There are no current RPB plans available as all refreshing.</p>	CLOSED
Webber, Liane 06/02/2023 17:11:52	<p>Destination 2032 Launch Plan</p> <p>GJ noted that there will be staff members who have not been involved in the process and therefore care should be taken when introducing to</p>	Lauren Fear/ Jonathan Ellis	8/12/22	28/2/23	Trust Strategy launch postponed – update to Committee offline by end February – will incorporate clarity on positioning for all staff in light of GJ's feedback	OPEN



Ref.	Action	Assigned to	Meeting Date	Target Date	Progress to date	Status (Open / Closed)
	staff to ensure it is delivered in an uncomplicated, easily digestible manner.					
002	Destination 2032 Launch Plan DM expressed the importance of ensuring that Independent Members are kept updated as to when and how the content can be accessed. Noted that a plan for this is not currently in place, LF and JE to ensure this is clearly incorporated in the plan.	Lauren Fear/ Jonathan Ellis	8/12/22	28/2/23	Trust Strategy launch postponed – update to Committee offline by end February – will incorporate clarity IM updates in light of DM's feedback	OPEN
003	WBS Five-Year Plan GJ raised concern about the inclusion of the commitment to achieving carbon neutrality by 2030, due to the likely challenges in meeting this. AP agreed that this was an ambitious target and would review the wording.	Alan Prosser	8/12/22	7/2/23	Wording reviewed. Sign off of amended strategy on Agenda for discussion	CLOSED
004	Developing the Strategic Digital Programme to Deliver the Digital Strategy SA suggested that care be taken with regards to various potential issues with self-check-in/car parking/way finding technology and the difficulties and frustrations this could cause patients, and again expressed the importance of factoring in the non-digital element. Based on SA's feedback, CT to consider how these	Carl Taylor	8/12/22	7/2/23	Digital inclusion, including the use of equal channels for non-digital use, is a key element of the digital service design approach being proposed. We are working closely with Digital Communities Wales on this agenda. The material has been updated to make this clearer for future use.	CLOSED



Ref.	Action	Assigned to	Meeting Date	Target Date	Progress to date	Status (Open / Closed)
	considerations can be reflected more clearly in the document.					
005	Building Our Future Together Programme SA noted that engagement of staff is addressed in the paper but queried the level of continuous engagement with the wider community and stakeholders... and raised concern of setting the framework without engagement of the community which could lead to decisions being made which are later opposed. SHam agreed that this would indeed be a focus. SHam and SA to meet to discuss further.	Steve Ham/ Stephen Allen	8/12/22	31/3/23	In addition to meeting being arranged between Steve and Ham and Stephen Allen to discuss - Meeting with Stephen Allen and Lauren Fear on 16 th March and Communication and Engagement programme of work within Building our Future Together Programme.	OPEN

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STRATEGIC DEVELOPMENT COMMITTEE

Integrated Medium Term Plan - Progress Update

DATE OF MEETING	7 th February 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
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PRESENTED BY	Carl James, Director of Strategic Transformation, Planning and Digital / Phil Hodson, Deputy Director of Planning and Performance
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EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning and Digital
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REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
VUNHST Executive Management Board	16 th January 2023	NOTED

ACRONYMS

VUNHST	Velindre University NHS Trust
NHS	National Health Service

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WG	Welsh Government
IMTP	Integrated Medium Term Plan

1. SITUATION/BACKGROUND

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

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

NHS Wales Planning Guidance:

- 2.1 The NHS Planning Framework was issued on 28th November 2022 and the Trust IMTP has been developed in line with the requirements of the Framework.

The Requirement:

- 2.2 Velindre University NHS Trust is required to submit a financially balanced and Trust Board approved IMTP to the Welsh Government by **31st March 2023**. Prior to approval by the Trust Board the IMTP must be approved by:
- Velindre University NHS Trust Executive Management Board
 - Velindre University NHS Trust Strategic Development Committee

IMTP Development Process:

- 2.3 The process for developing for developing the Velindre University NHS Trust IMTP was previously approved by the Trust Executive Management Board and the Velindre University NHS Trust Strategic Development Committee. Key aims of the process are:
- To work with the Trust Board, Executive Management Board, VCC / WBS Senior Leadership Teams and key support functions in the development of a clear set of strategic priorities and areas of opportunity
 - To work with the Trust Board, Executive Management Board, VCC / WBS Senior Leadership Teams and key support functions to develop a prioritised programme for investment
 - To agree our financial bassline position, benchmarked against our pre-COVID baseline, and to agree required levels of investment from commissioners and anticipated levels of activity

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- To work with key partners to explore potential solutions for transformation and new models of health and care
- For VCC and WBS to review and update their service plans for 2023 – 2025 and to develop a plan for 2026
- For all enabling functions to review and update their plans for 2023 – 2025 and to develop a plan for 2026
- To work in collaboration with our commissioners, and other NHS partners, in the development and implementation of our regional programmes of work.

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

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

2.5 Our strategic priorities will be achieved by ensuring that all of our services are developed and delivered in collaboration with the patients and donors who use them, continually reviewing outcomes and experience and using these to learn and improve.

2.6 These include:

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

2.7 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

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- Developing our system leadership role in areas where we can add value
- Delivery of our Transformation Programmes
- Delivery of our Organisational Development Programmes
- Delivery of our research, development and innovation Programmes
- Delivery of our decarbonisation strategy

2.8 The IMTP will consider the following ministerial priorities, where appropriate:

- Delayed transfers of care
- Primary care access to services
- Urgent & Emergency care
- Planned Care, Recovery, Diagnostics and Pathways of Care
- Cancer recovery
 - Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.
 - Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026.
- Mental health and CAMHS

2.9 Integral to the development of the has been ensuring strategic alignment with the following:

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

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Focus of Our Plan:

2.10 The IMTP will set out our plans in six areas.

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

Organisational Priorities:

2.11 A set of organisational priorities have been developed and will feature in our IMTP.

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Progress to Date

- 2.12 Service plans are currently well developed and are due for completion in draft by the end of January 2023. The primary aim of these plans will be to ensure that both VCC and WBS are able to meet forecast demand for cancer services and for blood and blood products respectively. These are set out in Appendix 1 (powerpoint presentation).
- 2.13 These plans will also outline key service developments and programmes of work which support the continued improvement of performance and patient / donor quality and safety across both services and which align with the strategic ambition of the organisation.
- 2.14 In parallel the Trust financial plan is currently being developed and due for completion in draft by the end of January 2023. Fundamental to the financial plan is the need to demonstrate productivity and efficiency gains to support the Trust in achieving a financially balanced position.
- 2.15 **Summary Position:**
- 2.16 We are currently in line with our programme to develop a Trust Board approved IMTP to the Welsh Government by 31st March 2023. Key milestones are summarised below:

Milestone	Date
Draft Service Plans completed	31 st January 2023
Draft Financial Plan completed	31 st January 2023
Draft Support Plans completed	10 th February 2023
SLT approval of Service Plans	17 th February
Executive Director approval of Support Plans	17 th February
Draft IMTP completed	28 th February 2023
Accountability Officer Deadline	28 th February 2023
IMTP approved by the Executive Management Board	20 th March
IMTP approved by the Strategic Development Committee	date TBC.

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IMTP approved by the Trust Board	30 th March 2023
IMTP submitted to the Welsh Government	No later than 31 st March 2023

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	No (Include further detail below)
	Note: An Equality Impact Assessment will be completed as part of the process for developing the IMTP.
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

- 4.1 The Strategic Development Committee is asked to **NOTE** the process, and progress to date and the next steps in the development of the Trust IMTP (2023 – 2026).

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Appendix 1 Powerpoint Presentation

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Velindre University NHS Trust

IMTP Progress Update

Strategic Development Committee

7th February 2023

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Presentation Summary

Development of the IMTP 2023-26

- **Strategic Context**
- **VCC**
- **WBS**
- **Workforce**
- **Finance**

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IMTP 2023 - 2026

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Strategic Context

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Our Approach



Strategic Goals

The Trust Board has approved a new 10 Year Strategy: **Destination 2032**, which has five strategic goals

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



The graphic for 'Destination 2032' features the Velindre University NHS Trust logo at the top, which includes the GIG CYMRU NHS WALES logo and the text 'Ymddiriedolaeth GIG Prifysgol Felindre Velindre University NHS Trust'. Below the logo, the text 'Velindre University NHS Trust' is written in red, followed by 'Destination 2032' in large blue letters. The bottom half of the graphic is an illustration of a large blue mountain with a red flag on top. A red sun is in the sky. At the base of the mountain, there are colorful buildings, a red ambulance, and several people, including a person in a white lab coat and a person in a blue uniform, representing a community and healthcare environment.

Destination 2032 is enabled by supporting strategies including a Digital Strategy

Organisational Priorities: stated 2022 - 2025

Strategic Goal 1: Outstanding for quality, safety and experience

Key priorities:

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

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

Key priorities:

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

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

Key priorities:

- Implementation of our research strategies
- Implementation of our innovation plan
- Increasing the number of staff routinely involved in R, D & I
- Developing a culture of curiosity and supporting infrastructure and facilities to support research, development and innovation

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

Key priorities:

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

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

Key priorities:

- Decarbonisation of our business - Implementation of our sustainability strategy
- Development of education and training programme to provide staff with the knowledge to make sustainable-based decisions in work and at home
- Implementation of all equalities and diversity requirements including the Welsh Language Act 🕒
Development of our role as an anchor organization within the communities we serve to generate broader social value

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Organisation Priorities

#	Programme of Work	#	Programme of Work	#	Programme of Work	#	Programme of Work	#	Programme of Work	#	Programme of Work	#	Programme of Work	#	Programme of Work
1	Staff Wellbeing Programme – <i>Work programme overseen by Health & Well-being Group</i>	6	Research Hub @UHW <i>Deliver multi-phased clinical research¹ in partnership with CAV and CU</i>	11	BOFT: Quality Framework	16	Workforce Redesign <i>To be specific as to purpose and proposed outcomes – e.g. a workforce plan fit for 2027</i>	21	SACT Service Transformation <i>VF Defined Scope</i>	26	BOFT: Value Based Healthcare	31	HEP B Testing <i>Delivery of retrospective testing programme and changes to collection model going forwards</i>	36	Transforming Access to Medicines Programme <i>VCS responsibilities for implementation of national model</i>
2	Enabling Works & nVCC <i>Delivery of Projects 1 and 2</i>	7	BOFT: Clinical & Scientific Arrangements	12	BOFT: Leadership Development	17	BOFT: Management Quality System	22	Outpatient Transformation Programme <i>VF Defined Scope</i>	27	Digital Health & Care Record <i>Implementation of first phase by Nov 22, further phases tbd subject to funding</i>	32	BOFT: Internal Staff communication & staff engagement	37	Private Patients Strategic Development
3	TCS Digital and Equipment <i>Delivery of Project 3</i>	8	Implementation of Patient Engagement strategy <i>As agreed at Trust Board (& Including Civa implementation and embedding)</i>	13	Implementation of Duty of Quality	18	Sustainability Implementation of Sustainability Enabling Strategy <i>Priority of Wales Decarbonisation target</i>	23	Acute Oncology Service Development <i>VCS responsibilities for implementation of regional model funded by business cases (by 24/25)</i>	28	BOFT: Values & Culture	33	BOFT: Ways of Working	38	<i>Added post WBS SLT discussion (not prioritised)</i> Laboratory Services Modernisation Programme
4	Talbot Green Infrastructure <i>Refurbish the Talbot Green building to deliver operational resilience and reduce carbon by up to 70%</i>	9	Quality Hub Implementation <i>Implement new approach, framework, ways of working and function</i>	14	Plasma for Medicines Programme <i>Develop a new service offering Plasma products for NHS and other use</i>	19	Implementation of Duty of Candour	24	Service Delivery & Transition <i>Projects 6a,b and c – a. and b are VF design and delivery of Clinical model, c is Transition Project</i>	29	Outreach services development <i>Delivery of Project 5</i>	34	BOFT: Performance Management	39	<i>Added post WBS SLT discussion (not prioritised)</i> Collections Modernisation Programme
5	Delivery of University Status Strategic Pillar, including various linked programmes of work: - Collation of Research, Innovation, Education, Leadership & Partnerships • <i>Delivery of VCS/WBS the Cancer and Blood Research Strategies</i> • <i>Implementation of 7-P Innovation Framework</i> • <i>Embedding of relationship with Faculty Medical Leadership & Management</i> • School of Oncology • Collaborative Centre for Learning, Technology and Innovation model • University Partnership Model	10	Radiotherapy Satellite Centre <i>Delivery of Project 4</i>	15	Digital Programme Scope to be developed, including both platforms and ways of working: • SMART Tech & Internet of Things • Integrated Platform Development • National Data Resource Programme • Digital Literacy Programme • SMART Tech partnerships • Digital Inclusion & Communities development	20	Welsh Bone Marrow Donor Registry Programme <i>Implementation of Donor Registry Module and strategic direction of model</i>	25	BOFT: Governance, Risk & Assurance	30	Integrated Radiotherapy Solution Implementation <i>Project 3a implementation</i>	35	Advanced Welsh Medical Genetics <i>Trust role in Advanced Therapies to be clarified</i>		

IMTP 2023 – 2026

What does 2026 look like ?

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Our picture: what will good look like on 31st March 2024/25/26 (2024 example)

Organisational:

Becoming a Quality driven organisation: Quality Act/Duty of Candour/ Quality and Safety Framework: what will we have achieved (Quality Act; Duty of Candour)

- Quality as an organisation design programme well underway – consistent quality narrative
- Quality, Harm & Safety Measures explicit service level to Board – outcomes and experience driving org. priorities & decision making
- Harm reduction improvement measures driving service improvement priorities
- Regular cycle of peer reviews across services in place
- Staff report high levels of engagement & psychological safety
- Clinical & Scientific Strategy in place

Driving value: what will we achieve from VBH ?

A compliant organisation e.g. Welsh Language Act; Equality & Diversity; Sustainability: what will we have achieved ?

Making it easy to get things done: BOFT – what will we have achieved:

1. Staff Well-Being Program
2. Quality Framework
3. Value Based Healthcare
4. Clinical & Scientific arrangements
5. Workforce redesign
6. Leadership Development
7. Internal Staff Comms/engagement
8. Values & Culture
9. Ways of Working
10. Performance Management
11. Governance, Assurance and Assurance

Our Services: Blood Services

Core Business:

- Achieved required blood supply to deal with post-covid demand requirements through sustainable service model (no importation)
- Achieved quality and safety requirements including
- Achieved pre-covid levels of manufacturing efficiency and productivity levels
- Increased stem cell donations to xx achieve post-covid activity levels

Strategic Service Change:

- Donors: Increased donor base in target areas
- Strategic future of laboratory services (new markets etc)
- Agreed position on plasma for fractionation (develop model and implementation plan)
- Develop agreed role/position regarding renal transplant
- Develop system model for management and use of blood stock across Wales
- Develop strategic position/plan for public health/prevention activities

Infrastructure

- Deliver phase 1 of the Talbot Green Infrastructure programme (OBC/FBC)
- Deliver OBC for Phase 2 (laboratory services)
- Develop programme to identify preferred solution of WLIMs

Our Services: Cancer Services

Core Business:

Achieve quality requirements and waiting times targets
Reduce backlog
Implementation of Single Cancer Pathway
Transition to COSC standard
Deliver quality improvements in Brachytherapy service
Achieve quality and safety requirements

Strategic Service Change:

Deliver phase 2 Velindre Futures:
Implementation of Acute Oncology Service
Implementation of V@UHW Research hub
Implementation of outreach services (2019 levels)

Infrastructure:

- Implementation of IRS (LA5; LA6)
- DHCR phase 2 scoped
- Construction of RSC and service plans in place with look to implementation in nov 2025

Quality Outcomes by March 2024:



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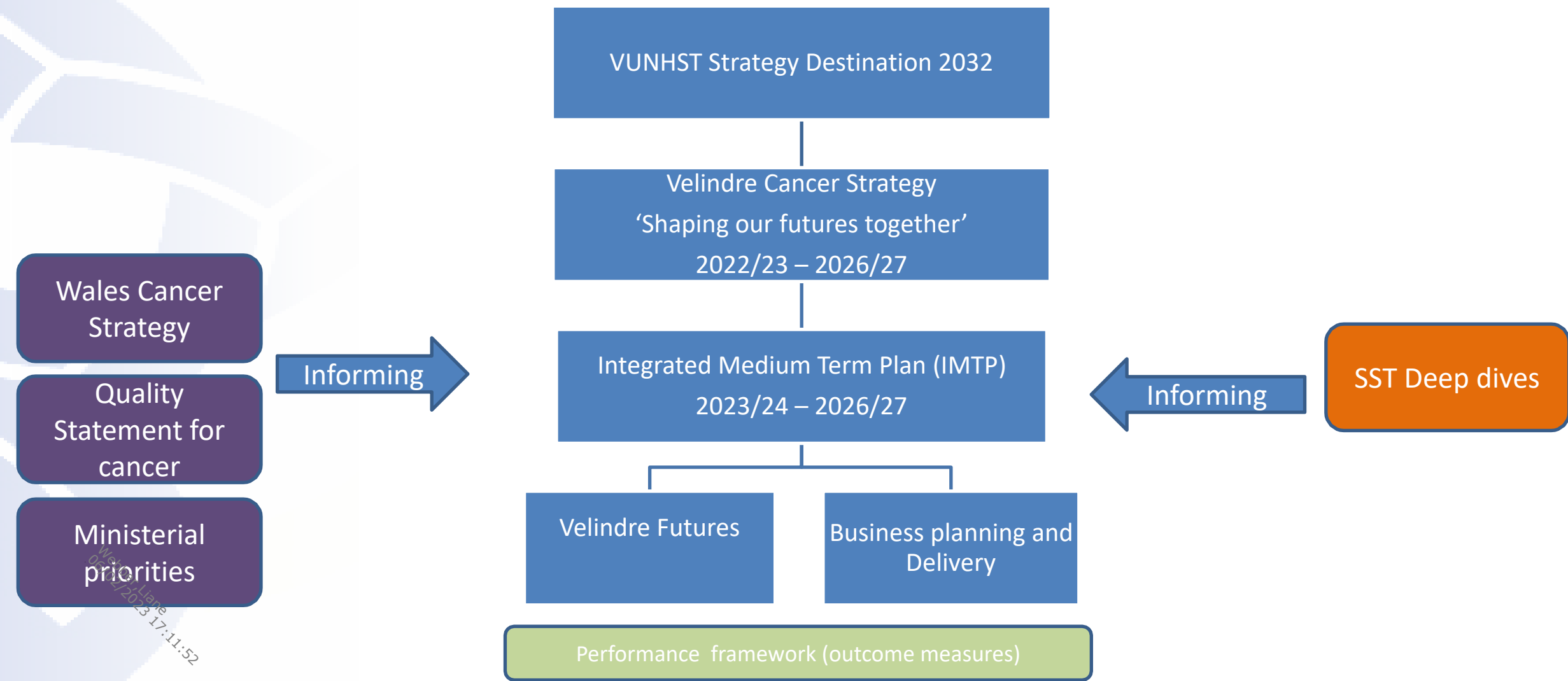
Summary:

- Clear strategic direction (Destination 2032 etc), frameworks (Quality) and supporting strategies in place
- Clear and defined set of goals and priorities established in 2023/24 – still sound
- IMTP 2023/2024 incorporates them and sets out a series of quantifiable actions
- Progress made in delivery in 2023/2024 (final end-year forecast position not available currently)

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VCC - Our Strategic Plan



VCC - Demand Forecasting

Financial Performance Per Contract Currency Category	% Factor - TCS Planning Assumptions					% Factor - Cancer Demand Modelling Advisory Group					COVID RECOVERY - Assumed as Gap to TCS Assumptions				COMMENTS
	2023/24	2024/25	2025/26	2026/27		2023/24	2024/25	2025/26	2026/27		2023/24	2024/25	2025/26	2026/27	
Radiotherapy	2%	2%	2%	2%		6.0%	2%	2%	2%		4.0%	0%	0%	0%	Based on referral data
Nuclear Medicine	9%	9%	9%	9%		9.0%	9%	9%	9%		0.0%	0%	0%	0%	Retain TCS assumption
Radiology Imaging	9%	9%	9%	9%		9.0%	9%	9%	9%		0.0%	0%	0%	0%	Retain TCS assumption
SACT	8%	8%	8%	8%		7.0%	8%	8%	8%		-1.0%	0%	0%	0%	Based on referral data
Ambulatory Care Services	2%	2%	2%	2%		6.0%	2%	2%	2%		4.0%	0%	0%	0%	Based on referral data
Outpatient Services	4%	4%	4%	4%		6.5%	4%	4%	4%		2.5%	0%	0%	0%	Based on referral data
Inpatient Admitted Care	2%	2%	2%	2%		2.0%	2%	2%	2%		0.0%	0%	0%	0%	Retain TCS assumption

ASSUMPTIONS
TCS Planning Assumptions as per OBC - update at FBC if changed
Growth is based on existing services and known developments. Further clinical developments with patient cohorts will be additional once/if approved (eg Nuc Med)
Cancer Demand Modelling Advisory Group growth factors based on Health Board referral data and common conversion principles
Assume gap to planned growth is exceptional COVID recovery
Growth assumed linear phasing throughout 12 months, in comparison to forecast out-turn March 2023
SACT has an assumed 4% external referrals, plus 3% additional treatment options with associated cohorts of patients - total 7%

VCC - Key Strategic Programmes within IMTP

Ministerial Priority	deliverable
Planned care, recovery, diagnostics and pathways of care	<ul style="list-style-type: none">nVCC transitionOutreach ProjectRadiotherapy satellite UnitBrachytherapy Improvement projectNational extreme hypo-fractionation programmeRegionalisation nuclear medicineVAPP expansion projectSACT improvement programmeOutpatient Improvement programmeNational pre-habilitation to rehabilitation projectNational Palliative and end of life care programmeImplementation of Quality Management System (Ihub)Centre for Collaborative Learning

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VCC - Key Strategic Programmes within IMTP

Ministerial Priority	deliverable
Urgent Care	SDEC programme VCC/Regional telephone helpline Regional acute oncology service (Unwell patient)
Cancer recovery	Implementation of radiotherapy referral to treatment times (RRTT) (COSC)
Other priority	deliverable
Digital	Implementation of IRS National Radiology Informatics system Procurement National TRAMS programme E-Prescribing Digitising medical records

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Welsh Blood Service Blood & Transplant

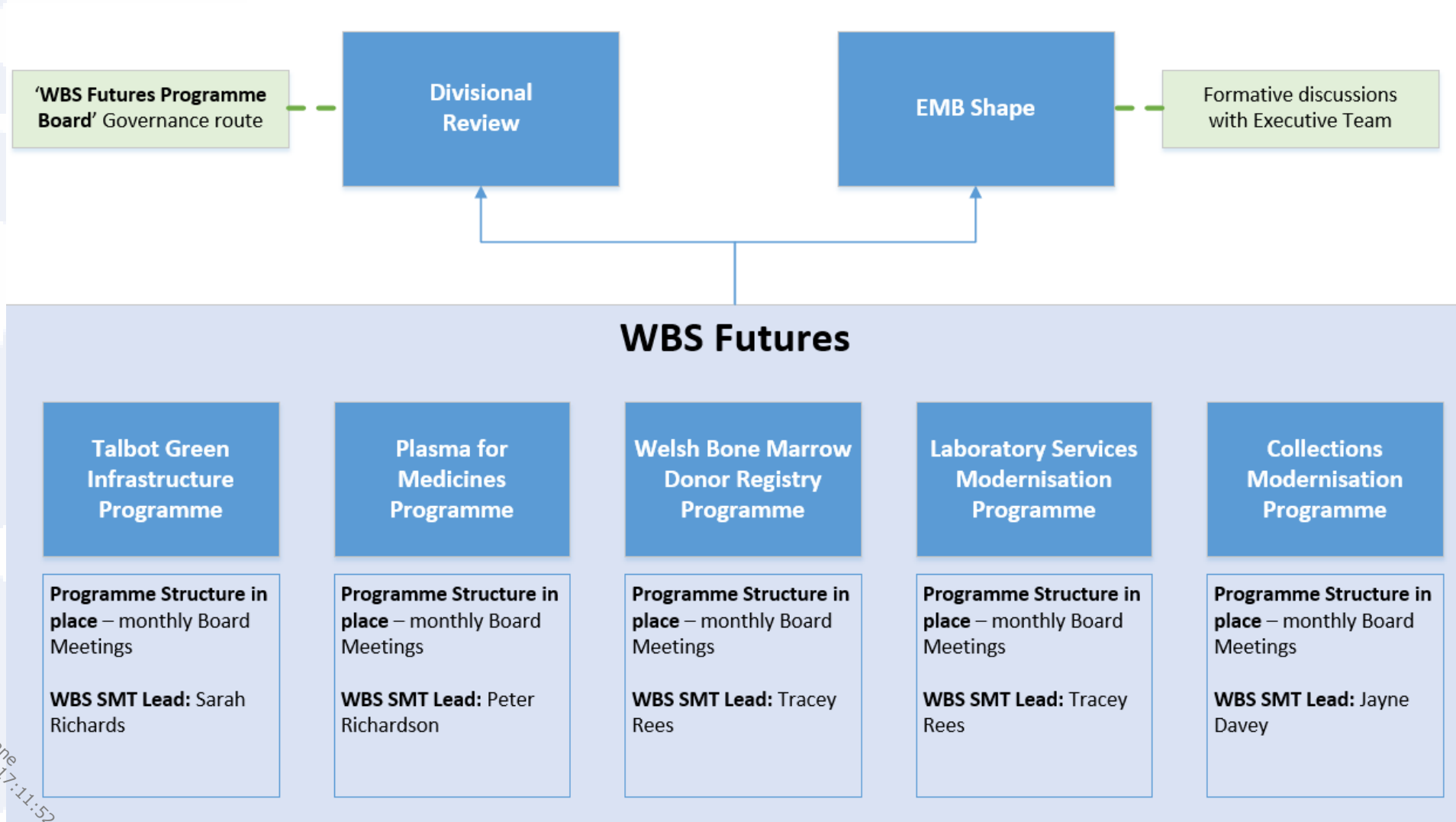
Ever Evolving

**5 Year Strategy
2022/23 – 2026/27**



- **7 Strategic Themes**
 - Aligned to The Health and Social Care (Quality and Engagement) (Wales) Act 2020 6 domains of quality.
- **Key Supporting Strategies**
 - Donor Engagement
 - WBMDR
 - RD&I
- **Supported by** Digital, Estates, Workforce, Finance, Clinical Services

WBS Futures



WBS Futures

Talbot Green Infrastructure

Major capital programme, sustainability, resilience

Laboratory Modernisation Programme

Laboratory Space utilisation and flow (Feasibility Study) to maximise benefit realisation

Digital infrastructure for Transplantation Laboratories to include WHAIS, NEQAS

Equipment replacement programme and regulatory changes to Blood Bag Labelling

Collections Modernisation Programme

Collection Team Leadership and operational changes- prudent workforce, skillmix, resilience. Procure & implement new Haema-flows for blood collection

New donor recruitment, retention and reward strategy

Welsh Bone Marrow Donor Registry

Review operating model- potential collaboration with other registries

UK Stem Cell Strategic Forum recommendations

Plasma for Medicines Programme

MOU signed to collaborate at UK level on appointment of fractionator for blood medicines

WBS Futures

Enablers

- Estates Infrastructure enhancements for Talbot Green
- Replace paper-based systems with digital technology within each service area.
- Re-procurement Blood Establishment Computer System
- Implementation of digital systems for transplantation labs
- Workforce -review training plans alongside revised workflows and role plans.
- Financial planning – recognising climate, service efficiencies

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WBS - Supply Chain Planning Assumptions 2023/24, risk and challenges

- Annual SLA rounds with Health Boards- understand post COVID normal, likely activity and impact of current operational challenges on demand profile - % uplift- also based on experience in other UK services
- Review Platelet Strategy – balance capacity and demand- Platelet Demand Planning Tool in development and review operating times for apheresis clinic.
- IBI recommendations – data sharing across UK, UK haemo-vigilance scheme changes to include transfusion outcomes.
- Continuing scientific advances and regulatory changes

Policy and progress on Plasma programme

- Staff recruitment and retention

Workforce

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Wellbeing

- COVID has resulted in higher level of sickness absence – stress and anxiety the top reason for sickness – raft of wellbeing interventions introduced:
- Trust Health and Wellbeing Plan including
 - Development of physical wellbeing spaces for staff
 - Recruiting a Staff Psychologist to support wellbeing
 - Range of mental, physical, financial wellbeing support for staff
 - Employee Assistance Programme providing 24 hour counselling to staff and staff family
- Enabling infrastructure development to support wellbeing:
 - Respectful Resolution toolkit to support manager and staff and develop a positive culture
 - Agile working principles to support a hybrid working environment
 - Programme of work to review values
- Aligning hotspot areas of sickness with targeted wellbeing interventions

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Finance

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Finance – 2023/26 IMTP assumptions

Welsh Government Funding

Revenue

- Covid funding assumptions as per allocation letter:
 - WG Covid funding for Mass Vaccination and PPE
 - Covid cleaning and supplementary staffing is no longer supported by WG
- No separate allocation to Trusts or HB's for 'other' Covid response costs
- Employers pension contribution increase from 14.3% to 20.6% will be funded by WG.
- The 2023-24 Pay Inflation not currently agreed but expected to be funded directly by WG over the 3 years of the IMTP (any shortfall will need be met by discretionary uplift, additional savings or absorbed by Divisions).

Capital

- Trust Discretionary allocation of £1.683m
- Approved CEL: TCS nVCC Enabling Works; IRS; IRS Satellite Centre
- Unapproved (In Discussion with WG): WBS Lab Modernisation; Plasma Fractionation; TCS nVCC FBC

Commissioner Funding

• Commissioner pass through funding to Trust for:-

- Core VCC LTA / WBS SLA discretionary uplift of 1.5% within allocation letter for 23/24, 24-25 0.75%.per WG 22/23 to 24/25 3 yr plan (Assumed 1% for 25/26).
- Pay award relating to 2022/23 in Commissioner allocations 2023/24 per Provider Pay Matrix
- NICE / AWMSG approved drug costs
- WBS Commercial Blood Product Price & Volume cost pressures
- Contract income for activity performance forecast to be insufficient to cover Covid recovery capacity investment (FYE c£1.5m) - assumed costs not reduced or activity income doesn't increase
- Provider LTA Contract arrangements – level of protection for 23/24 continues to be considered by National Group but is at risk due to financial position for Commissioners.
- NICE / AWMSG Infrastructure costs will be considered by Commissioners using the normal in year process
- Prioritised service developments to be shared with Commissioners for consideration for funding as part of the IMTP prioritisation process

Internal Resource Allocation

- The Trust has eliminated the brought forward underlying deficit ensuring a balanced position is carried into 2023/24
- Divisional IMTP cost pressures will require additional savings target above the £2m in draft Fin Plan or be avoided / mitigated.
- Current Fin Plan assumes no additional investment in Major Programmes & Projects – funding needs to be re-directed or additional savings above £2m identified

Draft Financial Medium Term Plan – Marginal Impact

Key Planning Assumptions 23/24

Overall Position

- The 1.5% discretionary uplift and unallocated 22-23 reserves will be required to fund unavoidable cost pressures e.g. energy price Inf, Covid Recovery & planned care capacity not funded through LTA income growth
- The Trust has eliminated the brought forward underlying deficit ensuring a balanced underlying position is carried into 2023/24
- Pay Inflation for 2023-24 is expected to be fully funded by WG and is excluded from the 1.5% allocation uplift.

Savings Requirement

- To balance the plan and cover cost pressures a savings / income generation min target of £2m (2.5%) will need to be set for 23-24.
- Work required to develop credible savings schemes to meet savings requirement.
- Any additional cost pressures or new investment decisions which are still under review in divisions will require additional savings target and schemes.

Commissioner Funding

- The Trust is in discussions with the commissioners around securing Covid recovery and planned care backlog funding, but the level of this funding remains a risk £1.5m.
- The Trust does not expect Covid response funding from Commissioners
- The Trust will require investment from Commissioners for any new / changes to existing services

	2023/24	2024/25	2025/26
IMTP 3 Year Summary Financial Outlook	£k	£k	£k
Underlying Position b/f	0	0	0
Unallocated reserves b/f	684	0	0
b/f Position	684	0	0
Revenue			
WG Covid Funding for PPE	240		
WG Vel Commissioner Pay Income	71	71	71
Planned Core LTA Income	12,404	10,756	11,187
LTA Service Improvement & Growth	1,772	1,007	7,969
Total Revenue	14,487	11,834	19,227
In year cost base (non-Covid)			
WG Covid PPE	(240)		
Cost Pressures	(2,359)	(2,656)	(2,857)
Secondary Care Drugs	(7,864)	(7,864)	(7,864)
Commissioned Services	(5,208)	(3,314)	(10,506)
Total in year cost base	(15,671)	(13,834)	(21,227)
Net Financial Plan	(500)	(2,000)	(2,000)
Savings Requirement	2,000	2,000	2,000
Forecast Financial Position before Covid	1,500	0	0
Covid recovery and planned care backlog 2023-24	(1,500)		
Major Programme Investment	0	0	0
Net Financial Position	0		

Draft Financial Risks / Opportunities & Savings

Cost Pressure / Investment Themes

Cost Pressures currently identified by Divisions total £2.9m (£1.6m relating to energy)

Cost Pressure and Investment Themes Include:

- Energy / Fuel Increases
- NHS and General Non-Pay inflation
- Enhanced Cleaning
- Digital Requirements
- Other Clinical Service Developments e.g. Clinical Services review
- Structural Developments e.g. Programme infrastructure and , Clinical leadership and Quality & Safety
- Compliance e.g. Mortality Reviews
- Cessation of Service income e.g. WBS Spire contract
- Disinvestment & choice options

Local cost pressures and investment decisions still under review within Divisions to understand scale & impact.

Financial Risks / Opportunities & Considerations

Exceptional National Cost Pressures

Latest forecast modelling of forecast energy prices suggests that the cost to the Trust could be c£1,600k, however due to price volatility this could range significantly which could realise either a risk or opportunity of c£500k.

Mitigate Covid Recovery and Planned Care Backlog Capacity

Review all Covid costs already in the system and implement plans to remove, reduce and mitigate costs, whilst identifying impact of reduced capacity on cancer waiting times breaches and blood supply risks.

Agree LTAs with Commissioners to include:

Pass through income

Income agreed for Service Infrastructure, Improvement & Activity Growth agreement

Covid recovery and planned care backlog through marginal contract income

Confirmation of national funding mechanisms and whether contract protection remains in place for 2023/24

LTA/ SLA documents to be signed by 30th June 2023

Savings

- The savings target will be set at a minimum £2m (c2.5% of the Trust core income).
- Work is required for Divisions to develop credible savings plans with clarity on accountable owners for savings schemes. Meetings have been set up to review savings plans for 2023-24.
- Savings requirement will increase if additional local pressures or investment decisions are not mitigated at divisional level.

IMTP 2023 -2026

Next Steps

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Timelines and Key Milestones

Milestone	Date
Draft Service Plans completed	31 st January 2023
Draft Financial Plan completed	31 st January 2023
Draft Support Plans completed	10 th 3 rd February 2023
SLT approval of Service Plans	17 th February
Executive Director approval of Support Plans	17 th February
Draft IMTP completed	28 th February 2023
Accountability Officer Deadline	28 th February 2023
IMTP approved by the Executive Management Board	20 th March
IMTP approved by the Strategic Development Committee	date TBC.
IMTP approved by the Trust Board	30 th March 2023
IMTP submitted to the Welsh Government	No later than 31 st March 2023