

Public: Strategic Development Committee

Tue 07 November 2023, 10:00 - 11:30

Velindre UNHS Trust Headquarters

Agenda

1. STANDARD BUSINESS

1.1. Welcome & Introductions

Led by Stephen Harries, Chair and Independent Member

1.2. Apologies for Absence

Led by Stephen Harries, Chair and Independent Member

1.3. Declarations of Interest

Led by Stephen Harries, Chair and Independent Member

1.4. Minutes of the Committee Meeting held on 5th September 2023

Led by Stephen Harries, Chair and Independent Member

To Approve

 1.4 Minutes 05.09.2023.pdf (8 pages)

1.5. Action Log

Led by Stephen Harries, Chair and Independent Member

To Approve

 1.5 Action Log.pdf (2 pages)


2. STRATEGY

2.1. Digital Strategy

Led by Carl Taylor, Chief Digital Officer

To Note

 2.1 Digital Strategy.pdf (11 pages)

 2.1 Digital Strategy Appendix 1 Show and tell velindre service mapping.pdf (20 pages)

 2.1 Digital Strategy Appendix 2 VUNHST Digital Discovery Roadmap.pdf (23 pages)

2.2. Clinical and Scientific Strategy Update

Led by Joanne Doyle, Clinical & Strategy Lead

To Note

 2.2 Clinical and Scientific Strategy Update.pdf (9 pages)

2.3. Capital Plan

Led by Matthew Bunce, Executive Director of Finance

To Note

 2.3 Capital Plan Cover Paper.pdf (9 pages)

 2.3 Capital Plan Appendix 1.pdf (3 pages)

3. PLANNING

3.1. Integrated Medium Term Plan

Phil Hodson, Deputy Director of Planning & Performance

To Note


 3.1 IMTP.pdf (6 pages)


 3.1 Appendix 1 - Velindre University NHS Trust IMTP.pdf (35 pages)

3.2. Cardiff Cancer Research Hub – Strategic Investment Proposal

Led by Carl James, Executive Director Strategic Transformation, Planning and Digital

To Note

 3.2 Cardiff Cancer Research Hub Cover Paper.pdf (5 pages)

 3.2 Cardiff Cancer Research Hub Appendix 1.pdf (19 pages)

4. SERVICE TRANSFORMATION

4.1. Blood Establishment Computer System (BECS)

Led by Carl James, Executive Director Strategic Transformation, Planning and Digital & Alan Prosser, Director of Welsh Blood Service

To Note

 4.1 BECS Procurement - Options Paper.pdf (9 pages)


 4.1 BECS Appendix 1 AW092 BECS Final Published VEAT.pdf (4 pages)

4.2. WBS TGI Programme Progress Update

Led by Carl James, Executive Director Strategic Transformation, Planning and Digital

To Note

 4.2 WBS TGI Programme Progress Update.pdf (7 pages)

 4.2 WBS TGI Programme Progress Update Highlight Report.pdf (1 pages)

4.3. Welsh Blood Futures Programme Report

Led by Alan Prosser, Director of Welsh Blood Service


To Note

 4.3 WBS Futures Update SDC Nov23.pdf (13 pages)


 4.3 Appendix 1 WBS Futures Implementation Plan V2.1.pdf (18 pages)

 4.3 Appendix 2a CSM Programme Brief 1.0.pdf (18 pages)

 4.3 Appendix 2b LSM Programme Brief V1.0.pdf (20 pages)

 4.3 Appendix 2c P4M Programme Brief v1.0.pdf (18 pages)

 4.3 Appendix 2d WBMDR Programme Brief v1.0.pdf (18 pages)


 4.3 Appendix 3 WBS Futures Benefit Categorisation (2).pdf (1 pages)

 4.3 Appendix 4 WBS Futures Communication & Engagement Plan V2.1.pdf (19 pages)

4.4. Velindre Futures Programme Report

Led by Cath Obrien, Chief Operating Officer

To Note

 4.4 Velindre Futures Programme Report.pdf (8 pages)


5. DELIVERY


5.1. People Strategy: - All Wales Retention Programme and Nurse Retention Plan

Sarah Morley, Executive Director of Organisational Development & Workforce

To Note

 5.1 All Wales Retention Programme.pdf (10 pages)


 5.1 All Wales Retention Programme - Apx 1- HEIW Nursing Retention Plan.pdf (15 pages)

 5.1 All Wales Retention Programme - Apx 2 Final Package Measure.pdf (4 pages)

5.2. Value Based Healthcare

Led by Matthew Bunce, Executive Director of Finance

To Note

 5.2 Value Based Healthcare Cover Paper.pdf (13 pages)

 5.2 Value Based Healthcare - Appendix 1 Value Based Healthcare Steering Group ToR.pdf (7 pages)

 5.2 Value Based Healthcare - Appendix 2 Value Intelligence Centre ToR.pdf (6 pages)

 5.2 Value Based Healthcare - Appendix 3 VBH Programme Value Intelligence Cycle.pdf (10 pages)


6. ASSURANCE

6.1. Trust Assurance Framework

Led by Lauren Fear, Director of Corporate Governance and Chief of Staff

To Note

 6.1 TAF.pdf (8 pages)

 6.1 TAF Appendix 1.pdf (4 pages)

7. ANY OTHER BUSINESS

Led by Stephen Harries, Chair and Independent Member

Prior agreement by the Chair required

8. REVIEW OF THE MEETING

Led by Stephen Harries, Chair and Independent Member

9. DATE & TIME OF NEXT MEETING

Thursday 18th January 2024 at 10am

Meeting Room, Velindre Headquarters

10. CLOSE

The Board is asked to adopt the following resolution:

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

**Strategic Development Committee
Public Session**

MINUTES OF THE MEETING

Held on 5th September 2023 @ 10.00 – 11.30pm

Trust Headquarters, Nantgarw

Chair:

Stephen Harries	Vice Chair, Independent Member	SH
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Members:

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

Attendees:

Carl James	Executive Director of Strategic Transformation, Planning and Digital	CJ
Nicola Williams	Executive Director of Nursing, AHPs & Health Science	NW
Matthew Bunce	Executive Director of Finance	MB
Alan Prosser	Director of Welsh Blood Service	AP
Philip Hodson	Deputy Director of Planning & Performance	PH
Emma Stephens	Head of Corporate Governance	ES

Additional Attendees:

Stephen Allen	Chief Officer, Llais Cymru	SA
Katrina Febry	Audit Wales	KF
Emma Rees	Deputy Head of Internal Audit, NWSSP	ER
Mel Findlay	Business Support Officer	MF
Harriet Ryland	Senior Strategic Planning Manager	HR
Jessica Corrigan	Business Support Officer/Secretariat	JC

Apologies:

Cath O'Brien	Chief Operating Officer	COB
Steve Ham	Chief Executive Officer	SHam
Lauren Fear	Director of Corporate Governance & Chief of Staff	LF
Carl Taylor	Chief Digital Officer	CT
Dr Jacinta Abraham	Executive Medical Director	JA

1.0	STANDARD BUSINESS	ACTION
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1.1 Welcome & Introductions

Led by Stephen Harries, Chair and Independent Member

SH welcomed attendees to the meeting.

1.2 Apologies for Absence

Led by Stephen Harries, Chair and Independent Member

Apologies were noted as above.

1.3 Declarations of Interest

Led by Stephen Harries, Chair and Independent Member

There were no declarations of interest.

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

Led by Stephen Harries, Chair and Independent Member

It was highlighted the Building our Futures Together programme needs to provide a timeline of the governance and engagement mechanisms. This will be brought back to the November Strategic Development Committee.

Lauren Fear

The Digital Programme: Digital Phase have identified all particular projects; they are working through these projects currently. Carl Taylor has recently presented at the Executive Management Board. This will be brought back to the November Strategic Development Committee.

**Carl Taylor /
Carl James**

The Committee approved the minutes of the meeting held on 4th May 2023.

1.5 Minutes of the Committee meeting held on 7th July 2023

Led by Stephen Harries, Chair and Independent Member

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

1.6 Action Log

Led by Stephen Harries, Chair and Independent Member

Action 001 & 002: The Trust Strategy launch has been delayed. Comms have an action plan in place including launching on the internet, intranet over the next few weeks. The target date has been updated to 6th October.

The Strategic Development Committee discussed and noted the above update.

2.0 PLANNING AND SERVICE DEVELOPMENT

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

Led by Carl James, Executive Director of Strategic Transformation, Planning & Digital

The Blood Establishment Computer System (BECS) contract ends in 2024. Several different factors are currently being worked through with Welsh Blood Service. This will be brought to Executive Management Board in the first instance then back through Strategic Development Committee in November showing the options which are currently being finalised.

Carl James

The Strategic Development Committee **noted** the Blood Establishment Computer Systems verbal formative discussion.

2.2 Cardiff Cancer Research Hub: Progress Update

Led by Carl James, Executive Director of Strategic Transformation, Planning & Digital

The Cardiff Cancer Research Hub presentation was delivered to the Strategic Development Committee. It was highlighted that Cardiff and Vale University Health Board are currently developing a Strategic Outline Case (SOC) to seek investment from the Welsh Government (capital) and other partners (revenue) to support the following:

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

Key guiding principles have also been agreed:

- An equal share of risk and reward among partners (although contributions from partners will likely not be the same/ partners will bring different elements to the partnership).

- The flexibility to draw upon the relevant strengths of each organisation
- A clear brand for the Hub, with each organisation moving towards a shared identity
- A set period of time in order to meet pre-defined objectives i.e. protected time to prove the concept
- An independent Board member and a scientific advisory panel to bring in necessary external governance challenge and advice

Across the three organisations (Cardiff and Vale University Health Board, Velindre University NHS Trust and Cardiff University) there has been great engagement.

Our forecast for capacity broadly aligns with those well-established centres across the UK.

It was confirmed the Cardiff Cancer Research Hub will be brought back to the November Strategic Development Committee to update regarding the strategic investment.

Carl James

It was highlighted the fundraising team need to know what is being requested and what the implications will be for the charity. It was confirmed further discussions will be held with the fundraising team.

The Strategic Development Committee were assured there is a memorandum of understanding in place across all three organisations.

The Strategic Development Committee **noted** the Cardiff Cancer Research Hub paper.

2.3 Quality Management System

Led by Nicola Williams, Director of Nursing, AHP's & Medical Scientists

Discussions to date in respect of the Trusts Quality Management System approach concluded that the Trusts long term Quality Management System will be 'Quality as an Organisational Design'. This approach required high value external procurement. It was recognised that this approach would take five years from commencement to achieve the intended outcomes. However, subsequent discussions have identified that due to the financial outlay required to embark on this programme and the current NHS Wales financial situation that procurement of this would need to be paused at present.

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

adopted. The presentation has been developed based on the Hywel Dda Quality Management system approach to outline the proposed aspects of the Trust Quality Management System. Monthly dedicated Executive Management Board time has been agreed to develop the Quality Management System further.

It was confirmed that Hywel Dda Quality Management system meets the Trusts requirements which have also been mapped across from the principles set within the board development sessions.

The Strategic Development Committee **noted** the Quality Management System.

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

Led by Carl James, Executive Director of Strategic Transformation, Planning & Digital and Alan Prosser, Director of Welsh Blood Service

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

In light of finalised decant costs and clarity around requirements for space utilisation for the Welsh Blood Services Laboratories, a Feasibility Report has been completed exploring whether phase 1 (sustainable infrastructure) and phase 2 (Laboratory Modernisation) can be integrated. This would consolidate all elements of construction into one programme of work, preventing abortive costs and maximising benefits to the WBS as well as avoiding duplicating decant costs for both phases.

The Strategic Development Committee were updated on the endorsement made by the Executive Management Board of the decision of the Talbot Green Infrastructure Programme Board to integrate Phases 1 and 2 into one Outline Business Case for Welsh Government.

It was confirmed phase 1 has been completed.

The Strategic Development Committee **noted** the Talbot Green Infrastructure Programme Business Case and Outline Business Case: Direction of Travel paper.

2.5 Integrated Medium Term Plan: Developing Our Approach

Led by Carl James, Executive Director of Strategic Transformation, Planning & Digital

The Integrated Medium Term Plan: developing our approach was presented to the Strategic Development Committee.

It is anticipated that the Trust will be required to submit a Trust Board approved Integrated Medium Term Plan for 2024 / 25 – 2026 / 27 to the Welsh Government by 31st March 2024.

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

A discussion took place regarding including the current financial situation the NHS is in, this will be reflected when developing the Integrated Medium Term Plan further.

The Strategic Development Committee **noted** the Integrated Medium Term Plan: developing our approach.

2.6 Value Based Healthcare Programme of Work

Led by Matt Bunce, Executive Director of Finance

The Value Based Healthcare Programme of Work was presented to the Strategic Development Committee.

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

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

The Strategic Development Committee were provided with the report that gives an overview of the development of the Value Intelligence Centre as part of the Value Based Healthcare programme of work over the past eight months.

Strategic Development Committee **noted** the continued development of the Value Based Healthcare Programme including:

- Phase 1 completion and Executive Summary in Appendix 1

- Phase 2 extension of third-party support until October 2023 to continue the development of the Value Intelligence Centre
- The development of a Velindre Food Strategy with Welsh Government support.

3.0 ASSURANCE

3.1 Trust Assurance Framework

Led by Emma Stephens, Head of Corporate Governance

A review of the Trust Assurance Framework, including a refresh of the Trust's Principal Strategic Risks has been undertaken and was delivered to the Strategic Development Committee. The Strategic Development Committee were asked to endorse for Board approval, the revised Strategic Risks detailed in this report, including any final articulation to facilitate effective operationalisation. It was decided to endorse all Strategic risks except the following two risks:

- Digital Transformation – failure to embrace new technology
- Patient, donor and community engagement

Both of these Strategic risks need to be reviewed prior to going to Trust Board.

The other six Strategic risks were approved.

The Strategic Development Committee **endorsed** the revised Strategic Risks for Board approval. The Strategic Development Committee reviewed the Strategic Risk Refresh and approved for submission through the Trust governance cycle.

4.0 CONSENT ITEMS

4.1 Consent for Approval

4.1.1 Environmental Policy & Waste Management Policy Update

Led by Carl James, Executive Director of Strategic Transformation, Planning & Digital

The Strategic Development Committee **endorsed** the following policies:

- Environmental Policy
- Waste Management Policy

4.2 Consent for Noting

4.2.1 RD&I Highlight Report

The Strategic Development Committee **noted** the RD&I Highlight Report.

5.0 ANY OTHER BUSINESS

There were no additional items of business brought for discussion.

6.0 REVIEW OF THE MEETING

There were no additional comments or questions raised.

7.0 DATE AND TIME OF NEXT MEETING

The next meeting of the Strategic Development Committee will be held on Tuesday 7th November at 10am in Meeting Room, Velindre Headquarters.

8.0 CLOSE

The Board is asked to adopt the following resolution:

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

**Strategic Development Committee
November 2023**

Action Summary

Ref.	Action	Assigned to	Meeting Date	Target Date	Progress to date	Status (Open / Closed)
001	Destination 2032 Launch Plan It was noted that there will be staff members who have not been involved in the process and therefore care should be taken when introducing to staff to ensure it is delivered in an uncomplicated, easily digestible manner.	Lauren Fear / Jonathan Ellis	08/12/2022	06/10/2023	November Update: Trust Strategies finalised and translated into Welsh. Strategies being launched week commencing 6 th November 2023.	CLOSED
002	Destination 2032 Launch Plan The importance was expressed to ensure Independent Members are kept updated as to when and how the content can be accessed. Noted that a plan for this is not currently in place, LF and JE to ensure this is clearly incorporated in the plan.	Lauren Fear / Jonathan Ellis	08/12/2022	06/10/2023	November Update: Trust Strategies finalised and translated into Welsh. Strategies being launched week commencing 6 th November 2023.	CLOSED
003	Building our Futures Together Programme A timeline of the governance and engagement mechanisms to be provided to the Strategic Development Committee.	Lauren Fear	05/09/2023	07/11/2023	On agenda for February Committee, following first Steering Committee in December. On quarterly cycle then going forwards.	CLOSED



Ref.	Action	Assigned to	Meeting Date	Target Date	Progress to date	Status (Open / Closed)
004	Digital Programme: Digital Phase The Digital Programme: Digital Phase have identified all particular projects; they are working through these projects currently. Carl Taylor has recently presented at the Executive Management Board. This will be brought back to the November Strategic Development Committee.	Carl Taylor	05/09/2023	07/11/2023	The Digital Programme: Digital Phase is covered within the Digital Strategy agenda item on the November Strategic Development Committee.	CLOSED
005	2.1 Blood Establishment Computer Systems (BECS): Verbal Formative Discussion The Blood Establishment Computer System (BECS) contract ends in 2024. Several different factors are currently being worked through with Welsh Blood Service. This will be brought to Executive Management Board in the first instance then back through Strategic Development Committee in November showing the options which are currently being finalised.	Carl James	05/09/2023	07/11/2023	On agenda for November Committee.	CLOSED
006	2.2 Cardiff Cancer Research Hub An update regarding the Strategic Investment will be brought back to the November Strategic Development Committee.	Carl James	05/09/2023	07/11/2023	On agenda for November Committee.	CLOSED

STRATEGIC DEVELOPMENT COMMITTEE

DIGITAL STRATEGY UPDATE

DATE OF MEETING	07/11/2023
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	Carl Taylor, Chief Digital Officer
PRESENTED BY	Carl Taylor, Chief Digital Officer
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
EXECUTIVE SUMMARY	<p>In May 2023 we updated SDC on the 12-week Discovery exercise to identify the constituent parts of the Digital Programme that would be used to deliver the strategy. In July, we successfully completed the Discovery exercise with Perago.</p> <p>We have progressed with the establishment of the Digital Programme as the route to deliver the Digital Strategy, alongside a new operating model for how we do the work. The initial Digital Programme Board was held on 05th Oct to agree Terms of Reference and look at measures of our current digital maturity and will now meet on a bi-monthly basis. Additional elements of</p>



	<p>the Digital Programme will then be introduced in a phased way over Q4 23/24 and Q1 24/25.</p> <p>The Discovery exercise has identified a roadmap of activities for us to focus on now, next and later to embed the Digital Strategy into the Trust.</p> <p>The internal audit of the Digital Strategy has recently completed with a Reasonable Assurance rating and will be followed up at Audit Committee.</p> <p>Finally, we give an update on the progress towards the creation of a Trust wide Data and Insight services.</p>
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RECOMMENDATION / ACTIONS	The Strategic Development Committee are asked to NOTE the update on ongoing work around the implementation of the Digital Strategy.
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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	16/10/2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
The update in the report was NOTED for review at the Strategic Development Committee.	

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

APPENDICES	
1	Appendix 1 Show and tell Velindre service mapping
2	Appendix 2 VUNHST Digital Discovery Roadmap

1. SITUATION / BACKGROUND

- 1.1 Over a number of years, the Trust has undertaken a number of significant developments in Digital Services which have made a difference to the quality, safety and experience for the users of the services that we provide. Alongside this the Digital team have been developing its capabilities and structures to support the future plans for the Trust. This has been articulated in the Board approved digital strategy for the Trust, “Digital Excellence: Our Strategy 2023-2033”. We continue to change the way that Digital Services operate in the Trust in support of the Strategy.
- 1.2 In April/May 2023 we updated EMB and SDC on the 12-week Discovery exercise to identify the constituent parts of the Digital Programme that would be used to deliver the strategy. In July, we successfully completed the Discovery exercise with Perago.
- 1.3 As part of this work we also used the new service mapping approach to work on four priority services identified¹ and shared the results back. A show and tell for one of the services is included in Appendix 1 as an example of the approach and of work undertaken.
- 1.4 The Discovery exercise also included a baselining of our Digital landscape against good digital practice for a high performing Digital First organisation and produced a roadmap to improve the landscape.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Digital Strategy is based on six key themes around: Ensuring our Foundations, Digital Inclusion, Safe and Secure Services, Working in Partnership, becoming a Digital Organisation, and being Insight Driven.

¹ The services identified were Corporate: Intranet services; VCC: Virtual Consultations; WBS: Donor Appointments; Digital: New Demand process

- 2.2 The Digital Strategy has yet to be published but this is planned to be completed in Oct '23 as one of the enabling strategies for Destination 2033.
- 2.3 We have recently completed the Internal Audit of our Digital Strategy work and received a Reasonable Assurance rating. One of the findings was related to the fact that the Trust has yet to publish the strategy.
- 2.4 Since we last updated SDC in May, the Welsh Government have refreshed their Health and Care Digital Strategy, which can be found at <https://www.gov.wales/digital-and-data-strategy-health-and-social-care-wales.html>, and we are content that our strategy aligns well.
- 2.5 In line with previous updates, we have progressed with the establishment of the Digital Programme as the route to deliver the Digital Strategy, alongside a new operating model for how we do the work. The initial Digital Programme Board was held on 05th Oct to agree Terms of Reference and look at measures of our current digital maturity and will now meet on a bi-monthly basis. Additional elements of the Digital Programme will then be introduced in a phased way over Q4 23/24 and Q1 24/25.
- 2.6 The rationale for bringing this work together into a programme is to recognise the importance that Digital plays in supporting the services of the Trust, the interconnected nature of Digital services and to better focus our Digital resources on patients, donors and staff. This will allow us to transform services more successfully at pace for patients & donors based on what they need and value, be more efficient with our resources so we can choose to do more, increase staff confidence and capability with Digital, and better manage our Digital risk.
- 2.7 We set out in the previous papers the activities that lead us towards the Digital Programme. The components shown in Figure 1 are required and Figure 2 some examples from the Integrated Medium Term Plan and how the Digital Programme would support their delivery.

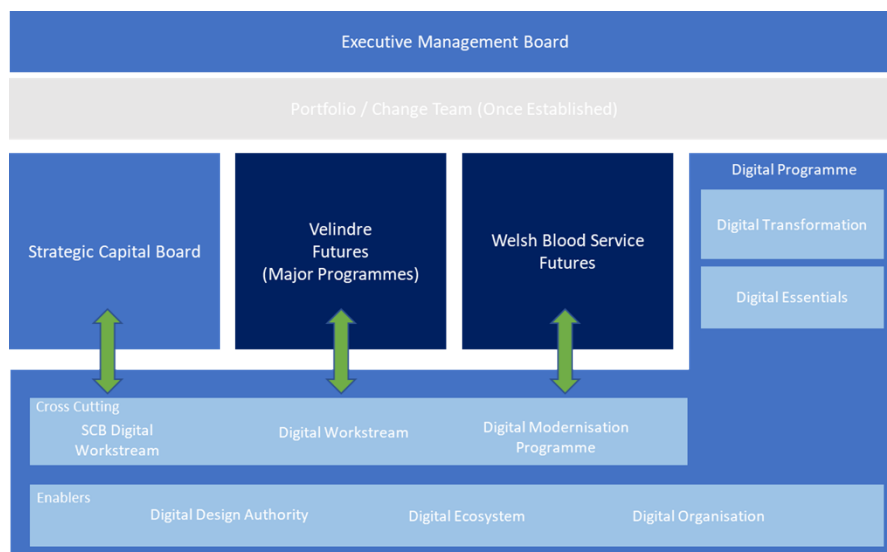


Figure 1 Digital Programme Scope

Example Digital Programme Deliverables		
Cross Cutting		
SCB Digital Workstream	VF Digital Workstream	Digital Modernisation Programme
<ul style="list-style-type: none">• nVCC Digital Infrastructure• Digital outreach	<ul style="list-style-type: none">• Electronic Prescribing – ePMA• DHCR Phase 2/3• RISP	<ul style="list-style-type: none">• BECS Procurement• WHAIS IT
Enablers		
Digital Design Authority	Digital Ecosystem	Digital Organisation
<ul style="list-style-type: none">• Reference Architecture• Cloud First• Data standards• Integration approach• App standards	<ul style="list-style-type: none">• Digital Inclusion Charter and Plan• University Digital engagement• Technology Partners – Microsoft, MAK	<ul style="list-style-type: none">• Digital training plans• Office 365 centre of excellence• Data democratisation• Digital champion community
Digital Essentials	Digital Transformation	
<ul style="list-style-type: none">• Digital workplace• WPAS / WCP• Cyber Security• Transition to cloud• National Data Resource	<ul style="list-style-type: none">• Digital Patient and Donor	

Figure 2 Example Digital Programme Deliverables

2.8 The cross-cutting workstreams provide Digital solutions into the operating divisions through the “Futures” programmes. This allows for existing governance arrangements to continue whilst also providing alignment to the wider Digital Programme. For WBS this has been defined through the Digital Modernisation Programme (to cover the BECS procurement, WHAIS digital systems, and the implementation of the National Laboratory Information Systems (LIMS2.0)). The arrangements for Velindre Futures have also been

confirmed and reporting has been aligned with the Velindre Futures PMO. Further work will be undertaken to establish the cross-cutting work for the Strategic Capital Board as we move into the implementation phase for new Velindre Cancer Centre (nVCC).

- 2.9 There are a set of enablers that are required to support the success of the Digital strategy and in line with good practice these are included within the Digital Programme for ownership and alignment. These include the Digital Organisation and Digital Ecosystem and a Digital Design Authority to set the standards and principles against which solutions are built.
- 2.10 The Digital Essentials workstream will be responsible for an Integrated Platform including managing capacity and demand, managing technical debt, plans for transition to a cloud first approach, dealing with National infrastructure programmes (e.g. All Wales Infrastructure Programme), and Cyber Security.
- 2.11 The Digital Transformation workstream will cover new Digital services for patients & donors and a Digital workplace and would be the route to deliver new Digital Solutions into the Trust.
- 2.12 Establishing the Digital Design Authority will be the next focus area for the Programme which will look at the architecture for digital systems, with the objectives of:
 - Mitigate risks and impacts to the Trust through the development of standards and principles to be applied to Digital Transformation and Operation
 - Ensure due diligence and adherence to standards and principles through awareness building and governance.
 - Optimize investments in Digital and Data technology through informed decision making, reuse and consolidation.
 - Establish standards and principles to manage complexity in the Trust.
- 2.13 As we set out in the Background section, we have now completed our 12-week Discovery Exercise and developed a roadmap. The roadmap is included as Appendix 2 and sets out what where we should focus Now, Next and Later.

Areas to focus on Now:

- Develop digital organisational design to support new ways of working in line with Digital Data and Technology (DDaT) job families - <https://ddat-capability-framework.service.gov.uk/>
- Under the Digital Programme create a clear portfolio, key milestones, transition states and governance

- Align organisation design with national standards – and create the architecture for digital systems
- Launch the Digital Programme including a reposition the Digital Services team.

Areas to focus on Next Q4 23/24:

- Test iterative delivery models and multidisciplinary teams – we are planning to use the Digital Essentials (Office 365) and our Digital Inclusion plan as the pilot for this in Q4 '23/24.
- Prioritise change and align demand with capacity
- Run a Discovery exercise on how to fund sustainable digital change

Areas to focus on Later:

- Implement new organisational design model and build maturity.

2.14 Data and Insight Team creation in line with the Strategy

In line with the Insight Driven theme of the strategy, in April EMB agreed the need to create a Trust-wide Data and Insight team to be headed by a new Assistant Director of Data and Insight. The offer for this role has now been accepted with a Jan '24 start date. The plan to establish the service is set out below.

Q2-3 23/24	Approach agreed with EMB Selection of AD Data and Insight Establish governance approach for balancing demand and prioritisation
Q4 23/24	AD Data and Insight starts Initial change of reporting lines Strategic / Functional Review Target Operating Model design Data and Insight Investment Case Approval
Q1 24/25	Organisation Change Process (OCP) to enable new Data and Insight organisational structures



3. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals: <ul style="list-style-type: none">• Outstanding for quality, safety and experience <input checked="" type="checkbox"/>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/>• A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/>	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	07 - Digital Transformation - Failure to Embrace New Technology
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below
	Safe <input checked="" type="checkbox"/> Timely <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>

	<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p><i>[Please include narrative to explain the selected domain in no more than 3 succinct points].</i></p> <p>As an enabling strategy for Destination 2033, the Digital Strategy will have a role to play in support of the six domains of quality.</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</p> <p>For more information: https://www.gov.wales/socio-economic-duty-overview</p>	<p>Not required</p> <p><i>[In this section, explain in no more than 3 succinct points why an assessment is not considered applicable or has not been completed].</i></p> <p>Individuals proposals under the Digital Strategy will be assessed for compliance with the Socio Economic Duty.</p>



TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	Choose an item
	If more than one Well-being Goal applies please list below:
	<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated</p>
	If more than one wellbeing goal applies please list below: Click or tap here to enter text
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	<p><i>This section should outline the financial resource requirements in terms of revenue and/or capital implications that will result from the Matters for Consideration and any associated Business Case.</i></p>
	<p>Narrative in this section should be clear on the following:</p>
	<p>Source of Funding: Choose an item</p> <p>Please explain if 'other' source of funding selected: Click or tap here to enter text</p>
	<p>Type of Funding: Choose an item</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: Click or tap here to enter text</p> <p>Type of Change Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text</p>



EQUALITY IMPACT ASSESSMENT For more information: https://nhswales365.sharepoint.com/sites/VEL/ntranet/SitePages/E.aspx	Not required - please outline why this is not required
	Individual proposals under the Digital Strategy will be assessed against the Equality Impact Assessment.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	N/A

4. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	<i>[Please insert detail here in 3 succinct points].</i>
WHAT IS THE CURRENT RISK SCORE	Insert Datix current risk score
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	<i>[In this section, explain in no more than 3 succinct points what the impact of this matter is on this risk].</i>
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Insert Date
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Choose an item
	<i>[In this section, explain in no more than 3 succinct points what the barriers to implementation are].</i>
All risks must be evidenced and consistent with those recorded in Datix	

Show & Tell Service Mapping



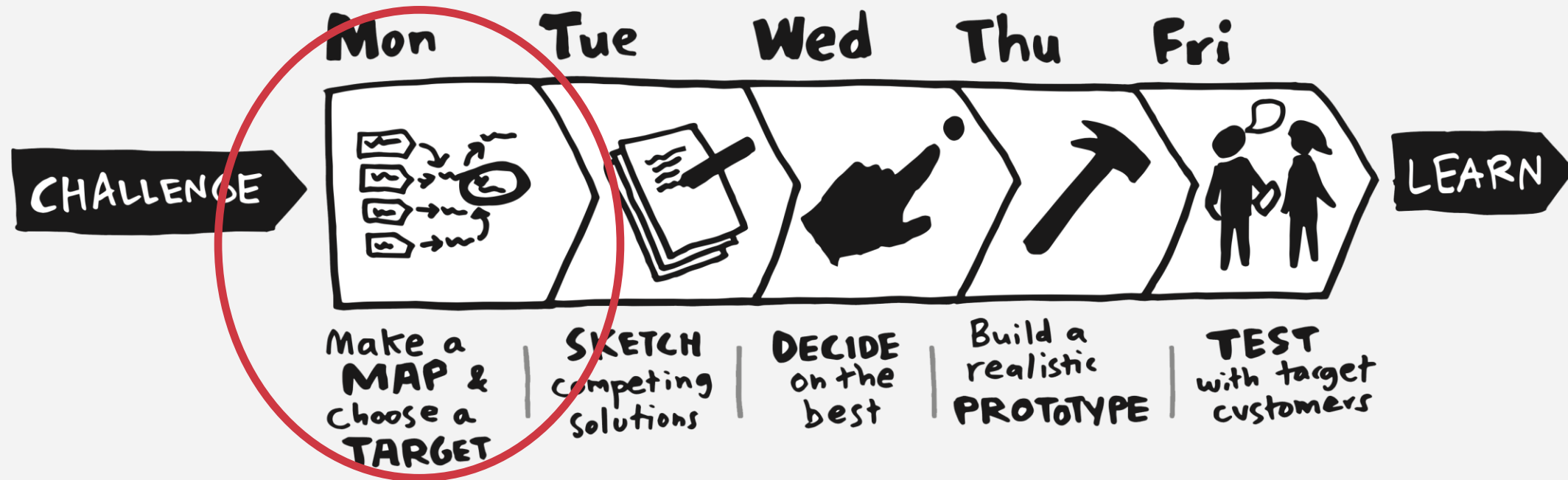
GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



PERAGO

A reminder of the whole process



5 – 30 – 60 DAY TIMEFRAME



Followed by continuous improvement


Use service mapping when*

(*not an exhaustive list)

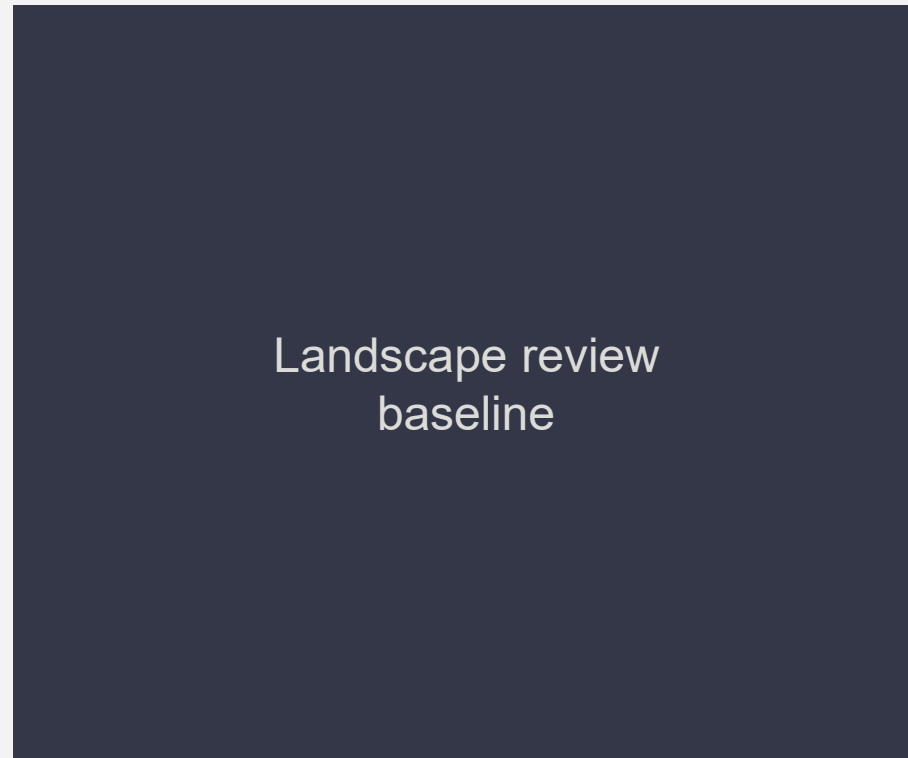
- You have a big problem to solve
- You have a time constraint
- You're caught up in discussion with no outcomes
- You need to validate future investment quickly
- You have known unknowns (market / product / audience)



Making it all happen



1. Identify services to be mapped 
2. Form problem statements
3. Assemble service mapping team(s)
4. Run the workshop...again...and again... and again
5. Gather the outputs
6. Decide what to do next with the map

Identify the services



Org focus	Service area
Corporate	Intranet (sharepoint)
Digital	New demand process
WBS	Donor appointments
VCC	Virtual consultations

Making it all happen

1. Identify services to be mapped 
2. Form problem statements 
3. Assemble service mapping team(s)
4. Run the workshop...again...and again... and again
5. Gather the outputs
6. Decide what to do next with the map

Form the problem statements

- What is the problem?
- Who is affected?
- Where does it happen?
- Why does it matter?

Problem Statement –

What is a problem statement?

A problem statement identifies the gap between the current state (i.e., the problem) and the desired state (i.e., the goal) of a service, process or product. It's the first step to preparing for a design sprint as it helps us focus on pain points and opportunities from a user-centred perspective.

Answer the questions below to create your problem statement ahead of the problem prioritisation workshop:

What is the problem? What are the struggles? What task needs to be accomplished? What pain point needs to be relieved?	<p>Our organization faces challenges with service requests and new project initiation, as they are often made without consulting the digital services department. This lack of consultation hinders our ability to effectively triage and engage with the requests, leading to missed opportunities for innovative thinking and ideas.</p> <p>Subsequently, this makes resource planning and demand management for Digital services challenging, and gives the perception that the team is not supporting the service. Limited flex in the team to be able to respond to unplanned/unknown demand without having a detrimental on existing workload.</p> <p>We need a solution that enables us to listen to the services' needs, incorporate new ideas, and foster a culture of innovation while effectively and proactively manage project intake and decision-making processes.</p>
Who is affected? Who is experiencing the problem? Can this user be further specified (by demographic, persona, motivation, reason for being in the situation)?	<p>Digital Services Team and Directorates.</p> <p>The perception from service colleagues is that the digital team is unresponsive.</p> <p>Frustration for digital team as they feel like they are not achieving the desired outcomes for the service.</p>

Problem Statement Template

What is a problem statement?

A problem statement identifies the gap between the current state (i.e., the problem) and the desired state (i.e., the goal) of a service, process or product. It's the first step to preparing for a design sprint as it helps us focus on pain points and opportunities from a user-centred perspective.









Answer the questions below to create your problem statement ahead of the problem prioritisation workshop:

What is the problem? What are the struggles? What task needs to be accomplished? What pain point needs to be relieved?	<p>The Trust introduced new Sharepoint intranet sites last year - one for the Trust and one for Velindre Cancer Centre.</p> <p>These sites were created by a third-party supplier in partnership with the communications team, who oversaw the migration of content from the old CMS system.</p> <p>The intranet sites are essential tools in signposting users to applications and software that are used every day. The sites also act as document repositories for a wide range of guidelines, policies and other key information.</p> <p>Currently, any user query relating to any aspect of the intranet sites is directed to the communications team for a resolution, irrespective of the nature of the query.</p> <p>While the communications team accepts its responsibility for editorial content on the sites, the team believes a more robust support</p>
---	---

Problem statement template







Making it all happen

1. Identify services to be mapped  
2. Form problem statements 
3. Assemble service mapping team(s)     
4. Run the workshop...again...and again... and again
5. Gather the outputs
6. Decide what to do next with the map

Assemble the team

Decider	Experts	Contributors	Facilitator
<ul style="list-style-type: none">• Providing strategic direction• Decision making• Stakeholder engagement• Leadership and support	<ul style="list-style-type: none">• Provide subject matter expertise• Collaborate in mapping sessions• Validate and verify mapping outputs• Offer recommendations for improvement	<ul style="list-style-type: none">• Active participation• Gather information and data• Collaborate and co-ordinate• Document and visualise	<ul style="list-style-type: none">• Leads the team through the exercises• “Your outsourced brain”• Bringer of post-its and snacks

Making it all happen

1. Identify services to be mapped 
2. Form problem statements 
3. Assemble service mapping team(s) 
4. Run the workshop...again...and again... and again 
5. Gather the outputs
6. Decide what to do next with the map

Service Mapping Workshop

10-10:15

Coffee and Introductions.

10:15 – 10:30

Recap on what we've done so far.

Playback objectives aims and why we are here today.

10:30 – 12:30

Introduce problem statement. What it is, who's involved and why it matters.

Decide – who are our actors (probably about 3?)

What will the outcomes be

Tracking the steps that our actors take to achieve the outcome.

12:00 – 13:00

Lunch (including time to catch up on emails etc)

13:00 – 14:30

Ask the experts – Dial in our 3 experts in 30 min slots to present our maps and get feedback. One person to present and others to write notes

14:30 – 15:30

Taking on board feedback and incorporating notes.






15:30 – 16:30

Identify pain points

Identify opportunities.



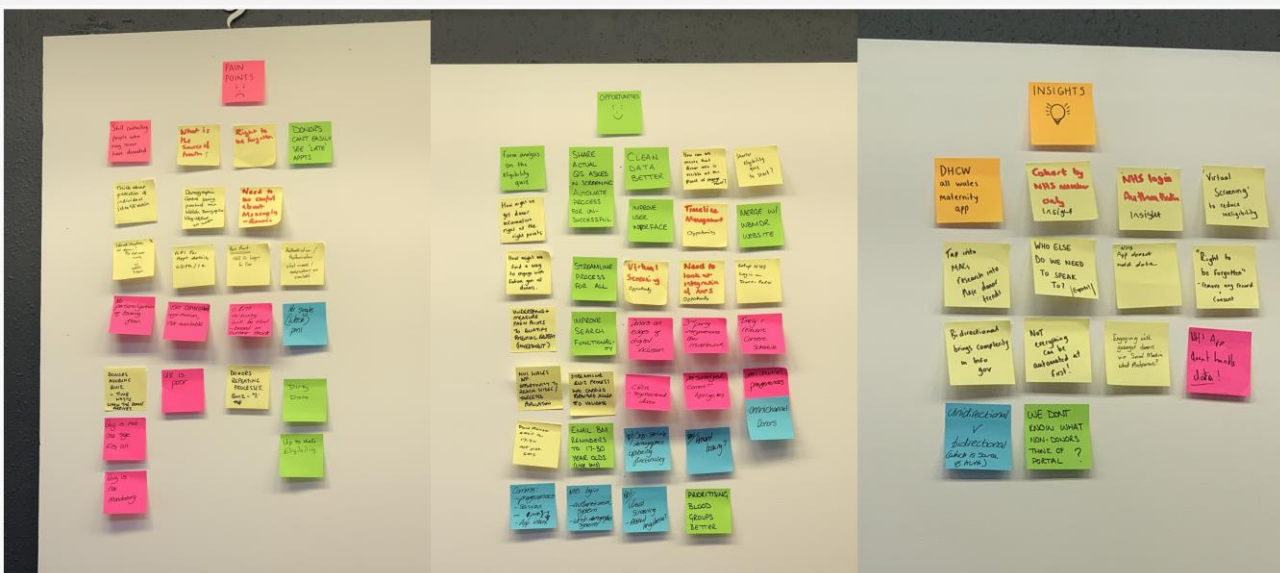
Making it all happen

1. Identify services to be mapped 
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6. Decide what to do next with the map

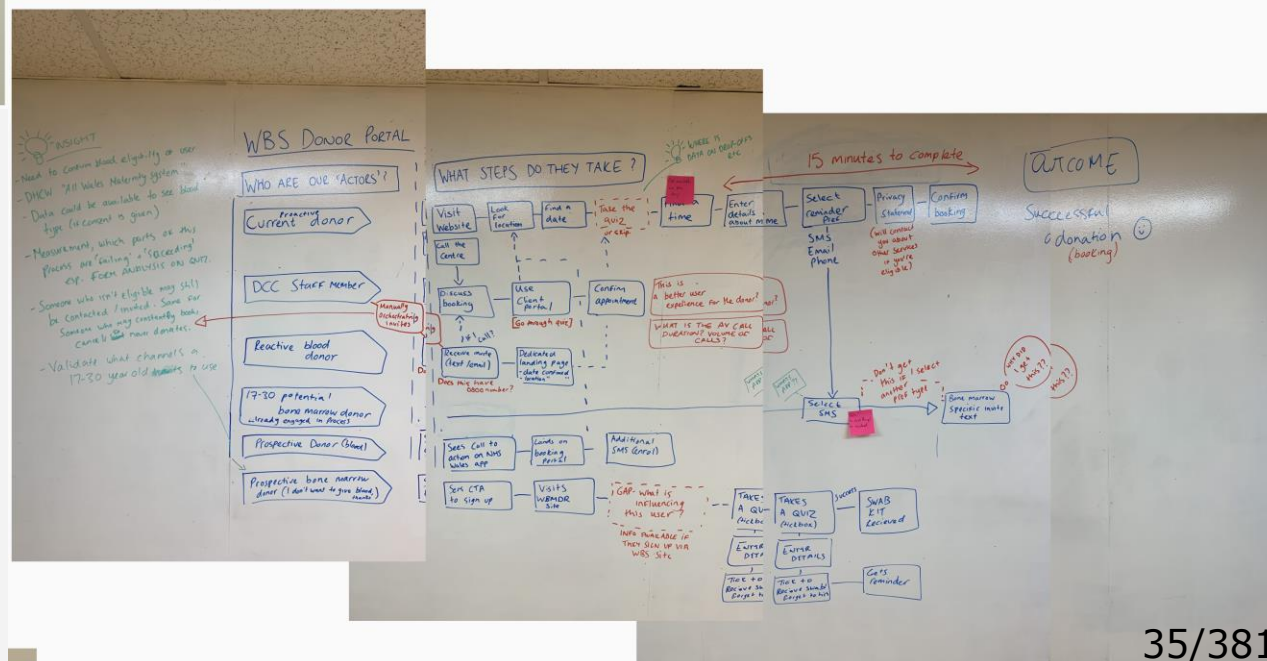
Workshop 3 – Blood Donor Process

- Summarise the objectives and go over the problem statement
- Highlight observations and outcomes from the workshop.
- Discuss any challenges or opportunities identified during the session.
- Mention any actions or next steps resulting from the workshop.

The outputs



Journey Map









Workshop 4 – Virtual Consultations

- Summarise the objectives and go over the problem statement
- Highlight observations and outcomes from the workshop.
- Discuss any challenges or opportunities identified during the session.
- Mention any actions or next steps resulting from the workshop.

The outputs



Making it all happen

1. Identify services to be mapped 
2. Form problem statements 
3. Assemble service mapping team(s) 
4. Run the workshop...again...and again... and again 
5. Gather the outputs 
6. Decide what to do next with the map 

Decide what to do with the map(s)

Revisit the problem statement - is this still right or has the process of drafting the map changed how you're thinking about it?

Collect more data for the map:

- gather more data because you've identified gaps in your map
- book another workshop because you ran out of time
- book another workshop because you want to engage more or different people

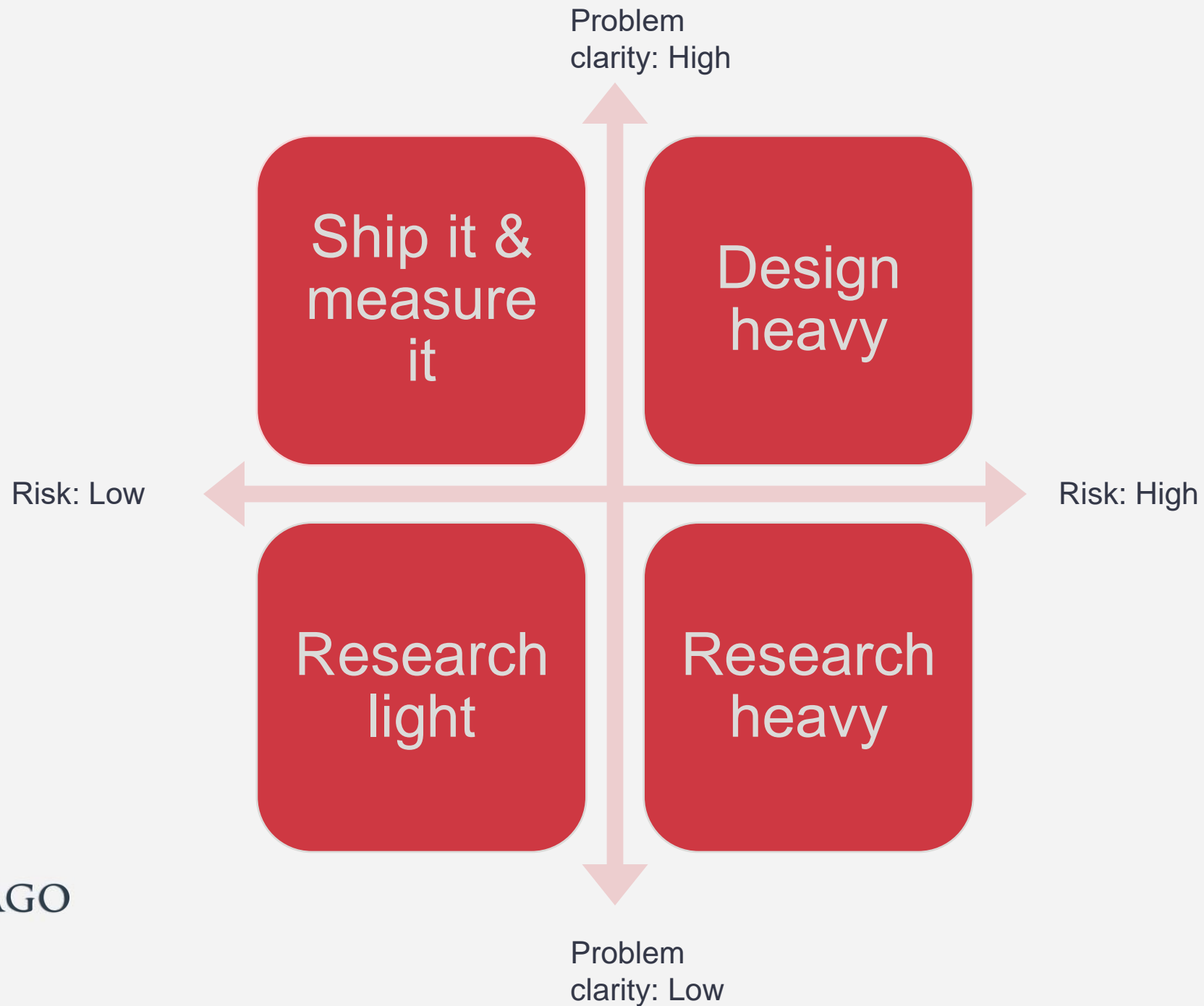
Create a new version of the map for a different audience:

- create a higher fidelity version of the map
- create a digital version of the map so it can be shared
- create a simplified version of the map (for example, a small slice of it or a more visual representation of it) for consumption by a particular audience or group of stakeholders

Progress to a 5 – 30 – 60 day design sprint for a target opportunity identified – assemble a sprint team who will further ideate, prototype and test a potential solution identified during the mapping exercise



With limited time +
resource, how do we
decide which actions
to prioritise first?



Velindre University NHS Trust

Digital Discovery Roadmap

August 2023



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



PERAGO

Digital Discovery Roadmap

- This roadmap provides a visual representation of the recommended changes needed to support the establishment of the Trust Digital Portfolio as the operating model for digital. Improvements will relate to the organisation, its capabilities, services and products.
- The recommended changes are organised in priority order, e.g. what should be worked on first, and what work is planned down the line.
- Typically managed in an agile way, individual changes are broken down and estimated in size and complexity; scope is kept flexible, and priority is subject to change.

Digital Discovery Roadmap

The roadmap takes a Now, Next, Later view to align delivery with wider demands of the team; and to limit work in progress, and the adoption of an iterative delivery approach; this allows flexibility to respond to emerging changes in user need. Typically, these would be high level and sequenced:

- Now (between now and end September 2023)
- Next (Oct 23 – Jan 24)
- Later (Post Jan 24)

Digital Discovery Roadmap

This proposal recommends follow on activity from the Digital Discovery undertaken for Velindre University Hospitals NHS Trust to support the establishment of the Trust Digital Portfolio as the operating model for digital.

This initial stage delivered:

- An understand current baseline digital/IT landscape and platforms
- Identified opportunities for improvement, consolidation or change
- Identified risks in terms of performance or resilience
- Identified readiness for digital/IT transformation & change
- Assessed senior stakeholder buy in
- Assessed existing processes, procedures and capability
- Considered digital compliance requirements
- Engaged colleagues and stakeholders throughout



PERAGO

Baseline assessment: Understand the current landscape

Aim

Understand the Trust's current digital delivery processes, capabilities, technologies, culture and structures against the Trust's Digital Strategy and best practice.

Completed

- Review existing processes, capabilities, technologies, culture and structures
- Understand how these link to the Digital Strategy, [DDAT framework](#) and best practice
- Highlight current strengths and identification of the opportunities for improvement and how these should be prioritised and communicated

Digital Service Design: Service mapping

Aim

Identify the end-to-end user journey for priority services, prioritise areas for improvement and understand the impact on organisational design.

Completed

- Work with colleagues to map out the user journey for key services and how those services operate
- Identify opportunities for service improvement for users and for the Digital Service Team
- Provide input to organisational design thinking
- Identify priorities against the digital roadmap
- Provide skills transfer
- Engage colleagues and stakeholders throughout

Roadmap: To support the digital portfolio

Aim

Develop a roadmap to establish the Digital Portfolio and the changes that need to be enacted for the digital team's approach to service improvement

Completed

- Review the Digital Portfolio workstreams and: identify activities needed to establish the programme
- Engagement with stakeholders to prioritise activities
- Identify risks

Deliverables

- Delivery plan
- Landscape review
- Service Maps x 3 (4 were delivered)
- Roadmap

**Establish the Trust's Digital Portfolio as
the operating model for digital**



Now

between now and end September 2023



Now

Develop organisational design to support new ways of working

Aim

Evaluate organisational design and implement new ways of working which is service-led and differentiate IT Platform Support and Change

To do

- Develop DDAT capability map
- Assess the DDAT job family impacts
- Define the requirement and recruit the skills required, use the market in the interim period to gather momentum where there is a skills gap
- Implement a temporary DDAT structure that includes the creation of a digital service design capability to continue the next stages of design sprints for service maps
- Create a workspace that supports new ways of working
- Develop a mobile service design capability to reach out to services at point of use
- Define what success will look like

Now

Demand a clear portfolio, key milestones, transition states and governance

Aim

Portfolio plan and governance developed with the trust, which has clearly defined milestones and an agreed business relationship management processes for change

To do

- Agree the key portfolio delivery milestones / transition states by developing service maps and blueprints to inform decision making and manage risks in delivery of new digital products and services
- Establish a trust-wide forum to sponsor and coordinate change across professional and clinical service areas
- Agree business relationship and change management processes as part of DDAT
- Differentiate Digital platform services and Tailored business services

Now

Align organisation design with national standards

Aim

Agreed standards and supporting principles allow the trust to confidently develop a consistent systems-thinking approach and challenge the status quo.

To do

- Define the standards which should apply to all architecture domains (e.g. business, data, applications and technology)
- Define guiding principles
- Identify and implement changes which support improvements in data accessibility, integrity and security
- Define a Trust wide architectural vision

Now

Relaunch the programme and reposition digital services

Aim

Position digital services as the best place to work in digital healthcare

To do

- A new brand which reflects Digital Services ambitions in user-led change, agile innovation and ways of working, and moving towards building fluid delivery squads not stagnant project teams
- Supported by a communications campaign that will work towards developing a new cultural direction for digital in the Trust as a whole.
- Continue developing a user-centred approach, service mapping with teams to demonstrate a change in culture and approach

Next

Oct 23 – Jan 24



Next

Test iterative delivery models and multidisciplinary teams

Aim

Understand which delivery models, team roles are needed to build, test, run and implement change and continual improvement.
Scale in-line with demand

To do

- Test different delivery models and teams and evaluate success
- Understand the impact of the preferred model / team on the existing organisational design
- Understand the impact of scale on the portfolio and digital services team

Next

Prioritise change and align demand with capacity

Aim

Focus on priorities, separate service (user) led change from IT platform service support and maintenance, to build confidence in service delivery and change capability.

To do

- Understand capacity available to support change
- Agree resource allocation to existing committed projects and programmes, IT service support / maintenance, and new ways of working
- Agree aspects that can be prioritised or 'flexed' throughout the change lifecycle.
E.g. time and cost is fixed; benefits, opportunities, risks can be flexed; quality, and scope will be flexed.
- Consider the longer-term role of business relationship and portfolio management



Next

Discover how to fund sustainable change

Aim

Test opportunities to fund teams rather than projects – to ensure skills and capabilities developed remain available post project end in line with agreed national strategies and approaches.

To do

- Create a compelling proposition
- Engage funding bodies at a trust and national level
- Select a national project which has 'traditional' funding in place and consider how the Trust could consider a more sustainable funding model based on the net positive benefit and value created from retained knowledge

Later

Post Jan 24



Later

Implement organisational design model and build maturity

Aim

Implement the new organisational design as tested. Consider how maturity can be further developed towards strategic goals in IT platform services and change.

To do

- Implement revised organisational design
- Baseline maturity against industry standards
- Consider if a bespoke maturity model would be useful
- Identify target maturity levels and timescales

Combined roadmap



Combined roadmap overview

NOW	NEXT	LATER
Develop organisational design to support new ways of working	Test iterative delivery models and multidisciplinary teams	Implement organisational design model and build maturity
Demand a clear portfolio, key milestones, transition states, and governance	Prioritise change and align demand with capacity	
Align organisation design with national standards	Discover how to fund sustainable change	
Relaunch the programme and reposition digital services		

Roadmap visualised on Trello

<https://trello.com/b/JjngQgYa/roadmap>

Trello Workspaces Recent Starred More + Search

Roadmap ☆ 👤 🗄 Board ▾

NOW ...

- Develop organisational design to support new ways of working
☑ 0/6
- A clear portfolio, key milestones, transition states, and governance
☑ 0/3
- Align organisation design with national standards
☑ 0/3
- Relaunch the programme and reposition digital services
☑ 0/2

+ Add a card 🗄

NEXT ...

- Test iterative delivery models and multidisciplinary teams
☑ 0/3
- Prioritise change and align demand with capacity
☑ 0/4
- Discover how to fund sustainable change
☑ 0/3

+ Add a card 🗄

LATER ...

- Implement organisational design model and build maturity
☑ 0/4

+ Add a card 🗄

Develop organisational design to support new ways of working ✕
in list NOW

Notifications
👁 Watch

Description Edit

Aim
Evaluate organisational design and implement new ways of working which is service-led and differentiate BAU IT Support and Change

☑ **To do** Delete

0%
0%

- ☐ Develop capability map
- ☐ Assess the job family impacts
- ☐ Define the and recruit the skills required
- ☐ Implement a temporary structure
- ☐ Create a workspace that supports new ways of working
- ☐ Define what success will look like

Add to card

- 👤 Members
- 🏷 Labels
- ☑ Checklist
- 🕒 Dates
- 📎 Attachment
- 🖼 Cover
- 🔧 Custom Fields

Power-Ups
+ Add Power-Ups

Automation ⓘ
+ Add button

Actions

Developing the Trust's Clinical & Scientific Strategic Infrastructure & Strategy

Joanna Doyle
(Clinical & Scientific Strategy Lead)

What do we need to do?

Establish the Clinical & Scientific Strategic Board & infrastructure

Develop a Clinical & Scientific Strategy

- ❖ Drive the strategic clinical and scientific agenda for the Trust.
- ❖ Strengthen the voice of clinical & scientific communities.
- ❖ Provide clinical and scientific direction for strategic planning, decision making & prioritisation
- ❖ Ensure systems and mechanisms can enable the clinical & scientific strategy to translate into operational delivery.

Why do we need a Clinical & Scientific Strategy?



To give us a shared vision, strategic aims & priorities



To strengthen leadership & empower the Clinical and Scientific workforce to lead & drive transformational change



To inform strategic planning & operational delivery



To lead & drive innovation and transformational change



To be responsive to changing national clinical strategies & priorities



To help us to prioritise the areas we want to improve & change over the next 5 years

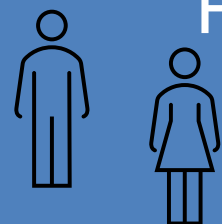


To help colleagues, patients/donors and partners see how we will work together to achieve our strategic aims



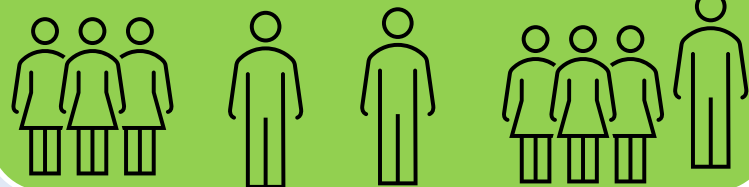
To improve collaborative working to deliver sustainable services & improved outcomes

What are the benefits?



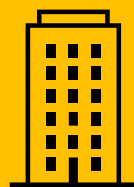
Patients & Donors

- Respond to the needs of patients & donors
- Provide person centred care & services
- Improve patient/donor experience & outcomes
- Ensure high quality care, timely, effective evidence-based care
- Equitable access to new science and technologies



Stakeholders

- Understand how clinical priorities are determined and met
- Influence and inform clinical & scientific transformation
- Enhance opportunities for joint & collaborative working, MDT approach
- Engage with & learn from other providers.
- Share good practice



Organisation

- Confirm direction and priorities
- Empower the clinical & scientific workforce to lead
- Transparent clinically led decision making
- Meet strategy aims & objectives through a co-ordinated approach
- Prepare for clinical transformation
- Identify & address areas of clinical risk
- Deliver Value based Health Care & Prudent Healthcare

Our drivers

Population need

Expectations

Inequalities

Advances in science & technology

Multi-professional & Multi-agency

Value Based Healthcare

National strategies

Our Strategies



What is the plan to develop the strategy?

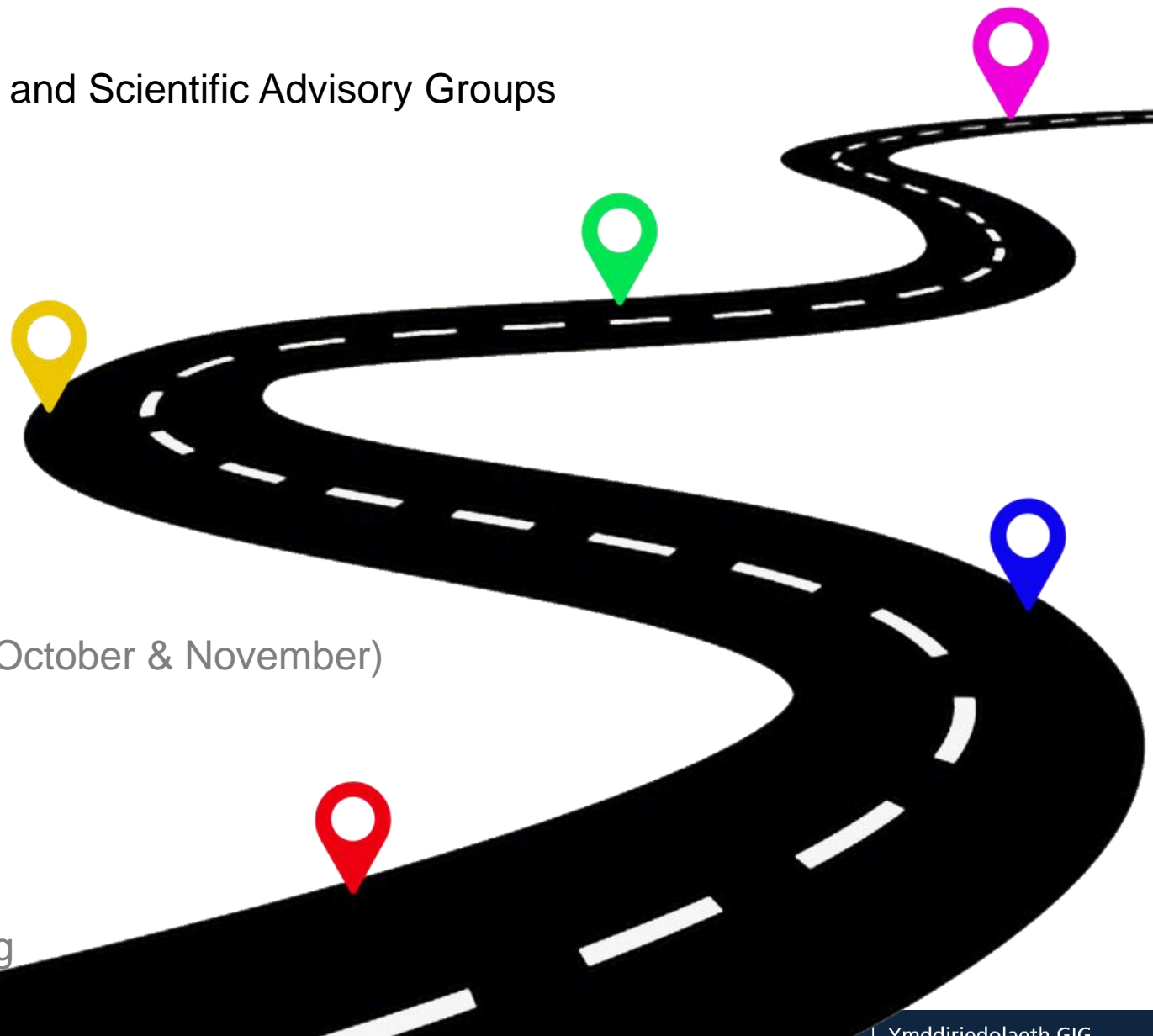


Our Journey so far.....

- ❖ Established a Clinical & Scientific Board & Clinical and Scientific Advisory Groups
- ❖ Reviewed governance & reporting arrangements
- ❖ Early engagement with stakeholders.
- ❖ Distributed questionnaire
- ❖ Developed information hub

The Journey ahead.....

- ❖ Hold workshops (internal) & engagement events (October & November)
- ❖ Draft strategy. (December)
- ❖ Hold 2nd workshop (January)
- ❖ Consultation Process (February)
- ❖ Publish Strategy (March)
- ❖ Develop an implementation plan (March – June)
- ❖ Monitor delivery & impact of the strategy – ongoing



How can you get involved?



Questionnaire



Internal workshops

1st November 9.00-11.30 (In person- Trust HQ)
1st November 1.00-3.30 (In person- WBS)
10th November 10.00-12.00 (In person – VCC)
15th November 9.00-11.30 (virtual)
16th November 2.00- 4.30 (virtual)



Engagement Events

29th November
9.00-12.00 (virtual)

30th November
2.00- 5.00 (virtual)

8th December
9.00-12.00 (virtual)



Thank you

Joanna Doyle
(Clinical & Scientific Strategy Lead)
Joanna.doyle3@wales.nhs.uk

STRATEGIC DEVELOPMENT COMMITTEE

TRUST DISCRETIONARY CAPITAL PROGRAMME 2023-24

DATE OF MEETING	07/11/2023
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	Phil Hodson, Deputy Director of Planning & Performance / Steve Coliandris, Head of Financial Planning & Reporting
PRESENTED BY	Phil Hodson, Deputy Director of Planning
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
EXECUTIVE SUMMARY	The attached report outlines the approved Trust Discretionary Capital programme plan for 2023-24.
RECOMMENDATION / ACTIONS	The Strategic Development Committee is asked to note the Trust Discretionary Programme for 2023-24 which was approved by EMB on 31/07/2023.



GOVERNANCE ROUTE

List the Name(s) of Committee / Group who have previously received and considered this report:

Date

Capital Planning & Delivery Group

11/07/2023

Strategic Capital Board

16/07/2023

Executive Management Board

31/07/2023

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

The Discretionary Programme was agreed and endorsed for approval the by the Capital Planning & Delivery Group, Endorsed for approval by Strategic Capital Board and approved by the Executive Management Board on the 31st July 2023.

7 LEVELS OF ASSURANCE

If the purpose of the report is selected as '**ASSURANCE**', this section **must be completed**. N/A

ASSURANCE RATING ASSESSED
BY BOARD DIRECTOR/SPONSOR

Select Current Level of Assurance

Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the "How to Guide for Reporting to Trust Board and Committees" N/A

APPENDICES

Annex 1

Trust Capital Prioritisation Framework

1. SITUATION/ BACKGROUND

1.1 The purpose of this paper is to:

- Outline the approach to the prioritisation of Trust discretionary capital for 2023 - 2024.
- Inform the Strategic Development Committee (SDC) of the approved Trust discretionary capital allocation for 2023 - 2024.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Prioritisation of Velindre University NHS Trust Discretionary Capital:

2.2 VUNHST Trust receives a discretionary capital allocation from the Welsh Government (WG) each year. However, demand for capital investment across the Trust consistently exceeds this capital allocation. This means that the effective prioritisation of capital funding has become an important component of the Trust planning cycle.

2.3 In response the Trust Capital Planning Prioritisation Framework (Annex 1) has been used to support the assessment and prioritisation of capital funding proposals from across the Trust.

2.4 The Trust Capital Planning framework outlines a clear, rational approach and a fair, transparent process to ensure that capital resource is prioritised against greatest need. The key objectives of the VUNHST Capital Planning Prioritisation Framework are:

- To prioritise capital investment across competing needs
- To meet statutory, regulatory or organisational requirements and accepted best practice.
- To align resources to agreed Trust strategic goals.
- To support service developments which improve the overall health and wellbeing of the population, and which improve the quality of service provision across the Trust
- To support informed and transparent decision making
- To enable consideration and discussion across disparate service areas and systems
- To provide value for money in relation to capital investment
- To ensure that all decisions are underpinned by a sound evidence base wherever possible.

2.5 The process for prioritising discretionary capital investment from across the Trust is summarised in the following six steps:

Step 1: Identification of Capital Investment priorities for WBS / VCC and key support services e.g. digital services
Step 2: VCC / WBS SLT approval of service capital priorities and ranked in priority order (same process followed for digital / estates services)
Step 3: Description and justification for each Capital proposal submitted to the VUNHST Capital Planning 7 Delivery Group for consideration
Step 4: Prioritisation of Capital Schemes by the VUNHST Capital Planning Group and the development of a recommended VUNHST discretionary Capital Programme
Step 5: Endorsement of the VUNHST discretionary Capital Programme by the VUNHST Capital Planning Group
Step 6: Approval of the VUNHST discretionary Capital Programme by the VUNHST Strategic Capital Board and by the Trust Executive Management Board

Approach to the prioritisation of Velindre University NHS Trust Discretionary Capital:

- 2.6 The Trust received a discretionary capital allocation of £1.683m for 2023 / 2024 from the Welsh Government (WG). This represents an increase of 16% on the £1.454m provided to the Trust during 2022-23.
- 2.7 The Trust Capital Planning Lead (Deputy Director of Planning and Performance) has worked closely with planning leads from WBS and VCC, as well as key support leads, to identify a range of potential capital investment priorities from across the Trust.
- 2.8 Each potential scheme has then been prioritised by using the Trust Capital Planning Prioritisation Framework. A key focus of the Prioritisation Framework is to identify schemes which are essential to the safe and effective delivery of core services.
- 2.9 Capital priorities for both VCC and WBS have been approved by the divisional Senior Leadership Teams and / or Business Development Group as required in line with their respective governance requirements. In prioritising schemes consideration has been given to their deliverability by the end of 2023 - 2024.

- 2.10 The allocation of the discretionary programme for 2022/23 was agreed at the Capital Planning Group on the 11th July and endorsed for approval by the Strategic Capital Board on the 14th July and formally approved by EMB on the 31st July 2023.
- 2.11 The table below provides details of the approved Capital Plan for 2023-24 and describes any movement / slippage which has been agreed by the Capital Planning group.

VELINDRE UNHS TRUST CAPITAL PROGRAMME 2023/24

Discretionary Capital Schemes:	2023/24 Approved Plan £k	In Year Movement £k	2023/24 Latest Plan £k	
VCC				
VCC Discretionary	75	0	75	
VCC Beds	25	0	25	
Patient Monitors	74	0	74	
Boiler Replacement	80	0	80	254
RD&I				
Biological Cabinet	10	0	10	10
WBS				
WBS Discretionary/ Cold Rooms	84	0	84	
WBS Temp Controlled Vehicles	142	12	154	
Blood Gas Analyser	12		12	
Replacement Vehicle	30	(30)	0	
PCM Bags		30	30	280
Planning/Estates				
Estates Discretionary	75	0	75	
Estate Salaries	125	0	125	
Provision of Ventilation to FF Ward	270	0	270	
Trust capital planning post	45	(35)	10	480

Digital				
Digital Discretionary	75	0	75	
Digital 2022/23 Bfwd Priority List	160	0	160	235
Ringfenced Expenditure				
nVCC Enabling Works	220	0	220	
nVCC Whitchurch Land Transfer (further £60k ringfenced)	120	0	120	340
Contingency	50	0	50	
Total	1,672	(23)	1,649	
Total Allocation	1,683		1,683	
Balance Remaining	11		34	
Total Capital Programme	1,683		1,683	
Remove Ringfenced Expenditure	(340)		(340)	
Balance after removing Ringfenced Exp	351		374	

- 2.12 The Trust Board has requested that £340k is reserved to support the delivery of the nVCC Project. The expectation, pending the approval of respective business cases / funding requests, is that this will be returned to the Trust discretionary capital budget. However, in the interim, the Trust currently has £84k of discretionary capital available to invest (Note: the Trust holds a contingency of £50k).
- 2.13 Following approval, delivery of the Discretionary programme is managed by the Capital Planning & Delivery group. At this stage of the year the Discretionary programme is expected to deliver to budget.
- 2.14 Whilst the discretionary programme is expected to deliver to budget Capital leads have been tasked to prepare a list, in priority order, of any schemes which could be delivered by the financial year end should any new Capital funding become

available, but also in preparation of the programme being re-imbursed for the £340k ringfenced to support the delivery of the nVCC project.

3. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: Choose an item	
If yes - please select all relevant goals: <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS	Choose an item
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe <input type="checkbox"/> Timely <input type="checkbox"/> Effective <input type="checkbox"/> Equitable <input type="checkbox"/> Efficient <input type="checkbox"/> Patient Centred <input type="checkbox"/>



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SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview	Choose an item
	N/A. Click or tap here to enter text
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	Choose an item
	If more than one Well-being Goal applies please list below:
	N/A
	If more than one wellbeing goal applies please list below: Click or tap here to enter text
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	Approval of the recommendations made within this paper would result in commitment of VUNHST discretionary capital allocation.
EQUALITY IMPACT ASSESSMENT For more information: https://nhswales365.sharepoint.com/sites/VEL/_ntranet/SitePages/E.aspx	Not required - please outline why this is not required
	There is no requirement for this report. The Capital plan does not directly require an impact assessment, however if the capital investment enables the implementation of a new service or changes an existing service



	then those services will need to undertake an EQIA.'
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	N/A

4. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

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

Capital Prioritisation Proposal

Document Purpose

The Velindre University NHS Trust [Capital Planning Prioritisation Framework](#) has been developed to support the assessment and prioritisation of capital funding proposals from across the Trust. The framework outlines a clear, rational approach and a fair, transparent process to ensure that capital resource is prioritised against greatest need.

In order to provide the Trust with this information, please complete this form for your individual schemes.

Scheme Name:			
Departmental/Location:			
Responsible Lead:		Date:	

1. Brief Description of Scheme			
2. Main Benefits <i>What do you want to achieve/what benefits do you hope to realise?</i>			
3. What are the risks if funding for the scheme is not obtained			
4. Estimated Delivery Timeframe (months) inc BC Development			
5. Estimated CAPITAL cost (£)			£
6. Estimated Annual REVENUE cost (£) if applicable			£
7. Critical Success Factor (tick if applicable and the reason & evidence for your selection)	Strategic Fit & Business Needs <i>(The capital proposal must demonstrate: Alignment with the Trust's strategic objectives ; Holistic fit and synergy with other major programmes and projects)</i>		<input type="checkbox"/>
	WBFGA (Well-being of Future Generations Act) https://futuregenerations.wales/wp-content/uploads/2017/02/150623-guide-to-the-fg-act-en.pdf		
	• A prosperous Wales (where everyone has jobs & there is no poverty)	<input type="checkbox"/>	
	• A resilient Wales (prepared for things like floods)	<input type="checkbox"/>	
	• A healthier Wales (everyone healthier & able to see a doctor)	<input type="checkbox"/>	
	• A more equal Wales (equal chance whatever their background)	<input type="checkbox"/>	
	• A Wales of cohesive communities (communities can live together happily)	<input type="checkbox"/>	
	• A Wales of vibrant culture & thriving Welsh Language (do different things & lots of people speak Welsh)	<input type="checkbox"/>	

Capital Prioritisation Proposal

	<ul style="list-style-type: none">• A Wales of vibrant culture & thriving Welsh Language (<i>do different things & lots of people speak Welsh</i>)	<input type="checkbox"/>			
	<ul style="list-style-type: none">• A globally responsible Wales (<i>look after environment & think about other people around the world</i>)	<input type="checkbox"/>			
8. Key Drivers & Evaluation Criteria (tick if applicable and the reason & evidence for your selection)		Reason(s) / Evidence for selection	Does the evidence meet the criteria?		
			Yes Fully	Yes Partly	Not at All
	Compliance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Critical Service Continuity (replacement)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Effectiveness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Efficiency		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KEY DRIVERS & EVALUATION CRITERIA					
Statutory / Compliance Requirement	The capital proposal will support the Trust in meeting statutory, regulatory, accreditation or organisational requirements and accepted best practice. For example, new health and safety legislation or building standards.				
Critical Service Continuity (Replacement)	The capital proposal is required to re-procure services or equipment in order to avert service failure. For example, at the end of a service contract or when an enabling or equipment asset is no longer fit for purpose				
Effectiveness	The capital proposal will improve the quality of service provision for patients and / or donors and will support the delivery of agreed outcomes.				
Efficiency	The capital proposal will improve the efficiency of service delivery. For example, by improving the throughput of services whilst reducing service costs.				
Cost	The capital proposal will reduce the cost of service delivery in terms of the required inputs. For example, investment in innovative technologies.				
9. Does this Capital Scheme directly impact on any other Departments i.e. Estates, Facilities, IM&T, QA etc.					
Resource Required <i>(Required to provide resource to support implementation of the change e.g. validation support required, IT support required, WTAIL input etc.)</i>			Department Involved <i>(involved in decision making and may be involved in any working groups that are established but not directly required to provide resource to support)</i>		
None					
10. Details of Existing Assets being Replaced / Traded in.	Asset Number				
	Serial Number				
	Make				
	Model				
	Year Acquired (if known)				

ADDITIONAL COMMENTS - Please *insert any additional information i.e. any procurement information, timescales etc.*

Capital Prioritisation Proposal

Completed By	

PLEASE SEND COMPLETED FORM TO:

JEFF O’SULLIVAN (VCS) / ANGELA ROBINS, (WBS) / CARL TAYLOR (DIGITAL) / JASON HOSKINS (ESTATES)

TO BE COMPLETED BY SERVICE / FUNCTIONAL LEAD	
Information transferred to Capital Plan	
Date	

STRATEGIC DEVELOPMENT COMMITTEE

**INTEGRATED MEDIUM TERM PLAN – DEVELOPING OUR
APPROACH**

DATE OF MEETING	7 th November 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	Carl James, Executive Director of Strategic Transformation, Planning and Digital Phil Hodson, Deputy Director of Planning and Performance
PRESENTED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital. Phil Hodson, Deputy Director of Planning and Performance
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
EXECUTIVE SUMMARY	<p>It is assumed that the Trust will be required to submit a Trust Board approved IMTP for 2024 / 25 – 2026 / 27 to the Welsh Government by 31st March 2024.</p> <p>To facilitate the development of the IMTP for 2024 / 25 – 2026 / 27, and to meet the requirements of the Welsh Government planning guidance, there</p>

	<p>needs to be agreement in terms of the Trust-wide IMTP planning process and approach. In parallel it is important that a number of opportunities are taken at this juncture to improve the overall process for developing the IMTP.</p>
<p>RECOMMENDATION / ACTIONS</p>	<p>The Strategic Development Committee is asked to:</p> <ul style="list-style-type: none"> • Approve the approach to the development of the IMTP for 2024 / 25 – 2026 / 27 (see <i>Appendix 1</i>) • Note the work from Directors of organisational and service functions regarding key priorities and activities to deliver requirements by 2027 / 2028 • Receive this work to support the next discussion regarding the '<i>framing</i>' of the organisational requirements by 2027/2028. This should include key deliverables in each of the years 2024/2025; 2025/2026; 2026/2027 falling out of 5 year cancer and blood service strategies and Trust organisational strategies (Phase A). • Receive Phase A outputs (wider priorities) and commission further work from Directors of organisational and service functions regarding capacity/capability to deliver (Phase B). This will identify the '<i>gap</i>' and support the development of further prioritisation work (using the Q5 Trust prioritisation tool) and a series of choices/impacts to discuss at EMB, Committee and Board level.



GOVERNANCE ROUTE

List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Executive Management Board – Shape	14/08/2023
Strategic Development Committee	05/09/2023
Executive Management Board – Shape	16/10/2023

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

The update in the report was ENDORSED for review at the Strategic Development Committee.

7 LEVELS OF ASSURANCE – NOT APPLICABLE

APPENDICES

1	IMTP: Developing our Approach (presentation)
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1. SITUATION

- 1.1 The Trust, on 14th September 2023, received confirmation from the Welsh Government that it's IMTP for 2023 / 24 – 2025 / 26 had been approved.
- 1.2 There is now the requirement to commence the process for updating our plan for 2024 / 25 – 2026 / 27. Although Welsh Government planning guidance is not expected to be issued until late 2023 it is assumed that the IMTP will need to be approved by the Velindre University NHS Trust Board no later than 31st March 2024.

2. BACKGROUND

- 2.1 The development process is underway with a review of progress to date against the current IMTP together with review new/emerging opportunities in line with the Trusts' strategic direction of travel.

- 2.2 The IMTP development will include sessions with a range of key stakeholders and include important prioritisation discussion/choices at a variety of levels within the organisation e.g., organisational; service; support services. This will enable the Trust Board to receive information regarding strategic choices it will have regarding the 2024 – 2027 plan.
- 2.3 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 Llais.
- 2.4 In addition there will be a requirement to undertake an Equality Impact Assessment to support the development of the IMTP and meetings have been held between Trust officers to agree the approach.

3. ASSESSMENT

- 3.1 To facilitate the development of the IMTP for 2024 / 25 – 2026 / 27, and to meet the requirements of the Welsh Government planning guidance, there needs to be agreement in terms of the Trust-wide IMTP planning process and approach. In parallel it is important that a number of opportunities are taken at this juncture.
- 3.2 The approach and work to date is set out in Annex 1.

4. SUMMARY OF MATTERS FOR CONSIDERATION

- 4.1 The Strategic Development Committee is asked to:
- Note the approach to development of the IMTP for 2024 / 25 – 2026 / 27 (see *Appendix 1*)
 - Receive further reports and information for discussion and endorsement at the appropriate junctures.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals:
If yes - please select all relevant goals:

<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS	Not applicable
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Not Applicable
	The purpose of this paper is to outline the approach to support the development of the Trust IMTP for 2024 / 25 – 2026 / 27 and therefore there are no quality and safety implications at this stage of the process.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview	Not required
	There are no socio-economic impacts linked directly to the approach outlined within the attached presentation.
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	N/A - There are no Trust Well-Being goal implications or impact linked directly to the approach outlined within the attached presentation.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT	Not required - please outline why this is not required



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<p>For more information: https://nhswales365.sharepoint.com/sites/VEL/ntranet/SitePages/E.aspx</p>	<p>The purpose of this paper is to discuss the approach to the development of the Trust IMTP for 2024 / 25 – 2026 / 27 and therefore there is no requirement for an equality impact assessment at this stage of the process.</p> <p>However, there will be a requirement to undertake an IMTP Equality Impact Assessment in parallel to the production of the Trust IMTP.</p>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	<p>There are no specific legal implications related to the activity outlined in this report.</p>

6. RISKS

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

Velindre University NHS Trust Integrated Medium Term Plan 2024 - 2027

Velindre University NHS Trust Strategic Development Committee

7th November 2023

Strategic Development Committee is asked to:

- Approve the approach to the development of the IMTP
- Note the work from Directors of organisational and service functions regarding key priorities and activities to deliver requirements by 2027/208
- Receive this work to support the next discussion regarding the 'framing' of the organisational requirements by 2027/2028. This should include key deliverables in each of the years 204/2025; 2035/2026; 2026/2027 falling out of 5 year cancer and blood service strategies and Trust organisational strategies (Phase A)
- Receive Phase A outputs (wider priorities) and commission further work from Directors of organisational and service functions regarding capacity/capability to deliver (Phase B). This will identify the 'gap' and support the development of further prioritisation work (using the Q5 Trust prioritisation tool) and a series of choices/impacts to discuss at EMB and Board level

1. Background and Context
2. Timelines and Process
3. Ministerial priorities, Trust Strategic Planning Context, Assumptions and Financial Assumptions
4. Trust Priorities

1. Background and Context



Background and Context

Velindre University NHS Trust has an approved plan for 2023 – 2027 (approved in Sept 2023)

- **WG Planning Framework will be issued in November / December (no need to wait for this 'to start developing our plan) October with financial allocation December 2023. Likely key areas:**
 - Golden thread: quality/safety; outcomes; health inequalities; collaboration & partnership
 - Sections: Population Health & Prevention (sustainability); Whole system working (national programmes e.g. planned care; unscheduled care etc.)
 - **Ministerial Priorities:**
 - A Healthier Wales
 - Population Health
 - Vaccination / resilience
 - NHS recovery
 - Emotional Wellbeing
 - Supporting the health and care workforce
 - NHS finance and managing within resources
 - Regional / Partnership / System working

Background and Context

- Ministerial Priorities (additional): women's health; children; digital innovation; decarbonisation; value based healthcare
- National template approach: clear actions > milestones > outcome
- Linked to workforce and finance

2. Timescales and Process

Timelines and Process

- Velindre University NHS Trust is required to submit a Trust Board approved IMTP to the Welsh Government by 31st March 202.
- In addition there will be a requirement to undertake an IMTP Equality Impact Assessment and initial meetings have already taken place between Trust leads to agree an approach

Trust Financial Plan: Key Factors

External factors:

- Uncertain / volatile economic conditions and but high levels of inflation seen in 2022 to 2023 period expected to reduce in 2024/25 according to Office for Budget Responsibility forecasts*
- Next UK general election to be held no later than 28th January 2025. Spending Review for period beyond 2024/25 will impact allocations
- Financial Pressures across NHS Wales: Commissioners financial positions likely to mean increased scrutiny and challenge – Velindre's funding directly linked to delivery of activity and output
- Capital – continued pressures on allocation
- Covid response and recovery funding – expect to stop
- National cost pressures – uncertain position
 - Energy
 - Pay award

Internal factors:

- Service accountability for:
 - Effective utilisation of resources to deliver value for patients and commissioners
 - Opportunities to change how we utilise existing / available resource
 - Savings plans and efficiency objectives

* See: <https://obr.uk/forecasts-in-depth/the-economy-forecast/inflation/#CPI>

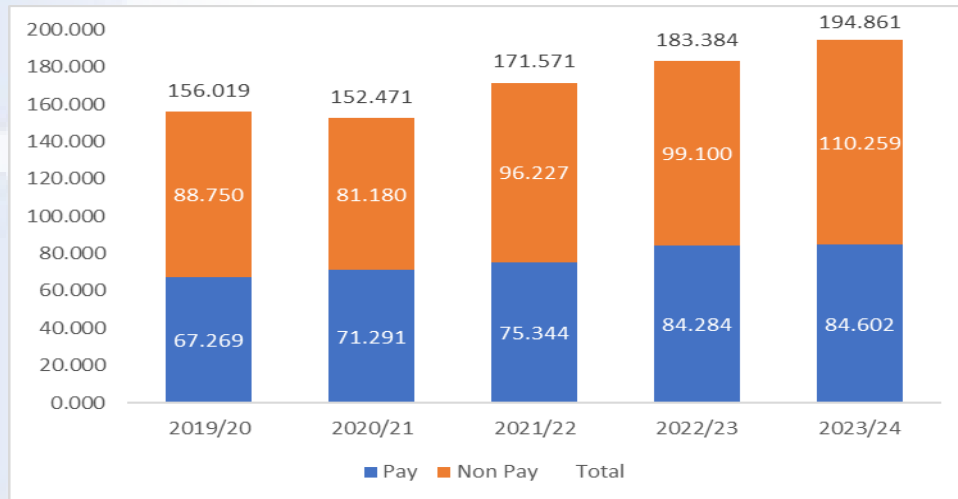
Emerging financial assumptions: Context

- WG planning guidelines not yet available
- Increase in cost pressures, reduction in income uplift and inflationary pressures

Cost Base 2019-24

Increase in cost pressures across VUNHST

Figures in £m



2024/25 Income onwards

Expected reduction from WG core uplift in line with planning assumptions from 2021/22:

	Core Uplift	
	%	£'000
2022-23	2.8	1,968
2023-24	1.5	1,054
2024-25	0.75	527
2025-26	??	??
2026-27	??	??
Total	5.05	3,549
Average p.a.	1.68	1,183

2024/25 Inflationary pressure risks

Pay – 5%+ ?

Non pay – 3-5%+ ?

IMTP Financial Planning Assumptions (1)

- Commissioner pass through funding to Trust for:-
 - Core VCC LTA / WBS SLA uplift expected and 0.75% in 24/25 (Excluding wage award)
 - Pay award relating to 2023/24 not yet allocated but expected to flow through Commissioner Allocations 2024/25 as per Pay Matrix
 - NICE / AWMSG approved drug costs
 - WBS Commercial Blood Product Price & Volume cost pressures
- Payment mechanism: Provider LTA Contract arrangements will be reviewed by National Group – approach likely to build on current cost / volume arrangements
 - Income protection arrangements no longer in place from 2023/24 onwards
 - Consequences of the post COVID new service models & clinical pathways will require a review and potential update to the currencies & prices
 - Consequences of the post COVID increased cost base
- NICE /AWMSG Infrastructure costs will be considered by Commissioners using the normal in year process
- nVCC Cost Pressures placing strain on budget (e.g. Land Transfer security and maintenance; energy costs; Value Engineering impacts; contract related changes; dual running costs)
- Prioritised service developments will be considered by Commissioners for funding as part of the IMTP prioritisation process

IMTP Financial Planning Assumptions (2)

- Assumption that WG will fully fund the 2023/24 pay award (to be confirmed)
- Pay inflation for 2024/25 unclear at this stage but expected to be funded directly by WG.
- No WG direct funding of Covid Response cost (e.g. Mass Vaccination, PPE, TTP, cleaning etc)
- No separate WG allocation to Trusts or HB's for 'other' Covid response costs
- Employers pension contribution increase from 14.3% to 20.6% continues to be funded by WG
- Use of Charitable Funds allocation to be reviewed through the IMTP process
- Assumed that in order to balance the plan the Trust may be required to set a min savings target of c£2m or 2.5% for 2024/25
- Any cost pressures not brought through the IMTP are expected to be avoided, absorbed by Trust Divisions or mitigated as far as possible. If costs are unavoidable additional savings will need to be delivered to fund.

4. Trust Priorities and golden thread



1. Where are we going ?





Our purpose:
To improve lives

Our vision:
**Excellent care,
inspirational learning,
healthier people**

Goal 1. Outstanding for quality, safety and experience

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

Goal 3: A beacon for research, development and innovation in our priority areas

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

Goal 5: A sustainable healthcare organisation which contributes to a better world for future generation across the globe



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Strategic delivery: framing our requirements

- 1. Plan, deliver and improve safe, high quality frontline services which meet the required standards**
- 2. Deliver strategic priorities**
- 3. Thrive not survive (to achieve our 5 Trust Goals)**

How ?

In an integrated and sustainable manner



Aim:
Single organisational view with an
integrated plan

Quality Framework: our central organising
principle

Culture: what type of organisation do we want to
be

- Bucket 1: Trust priorities e.g.
- Welsh Language
 - Equality and Diversity
 - Value Based Healthcare
 - Sustainability
 - Decarbonisation

Bucket 2: Velindre Cancer
Services
5 year strategy and service plans

Bucket 3: Blood and Transplant
5 year strategy and service plans

Our 3 'buckets'

Quality Framework: our central organising principle

National /organisational priorities e.g.

- Welsh Language
- Equality and Diversity
- Value Based Healthcare
- Sustainability
- Decarbonisation

Velindre Cancer Services
5 year strategy and
service plans

Blood and Transplant
5 year strategy and
service plans

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



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NHS Trust

How do we get to the 'what' ?

Implementing our strategic intent at a Trust and service level

Where are we now (needs review)

- What we have started/well on the way (yellow)
- Where we are getting started/more to do to get traction (purple)

Key deliverables: Destination 2033

Goal 1: Outstanding for quality, safety experience

- Achieve by:
- implementing the requirements within the Health and Social Care Quality and Engagement Act
- implementing a quality and safety management framework
- continuing the development of a quality led culture which drives the highest standards of care and safety and ensures all staff live the ethos that 'the standard you walk past is the standard we set'.
- getting the basics right by improving access and transport to our services; reducing the need for journeys for care and improving car parking and public transport if you have to visit us
- Developing a value based healthcare programme which supports us in reducing unwarranted clinical variation and inefficiencies, using best practice as our benchmark
- benchmarking the quality, safety and experience of our services nationally and internationally to identify learning and improvement

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

- Achieve by:
- delivering services which comply with all statutory and professional standards
- implementing the National Clinical Framework
- implementing our patient/donor/citizen engagement co-designing models of care in partnership with people from all parts of the communities with the aim improving access to our services and providing care at home or close to home wherever appropriate and desired
- working with the community and our partners to reduce inequalities in healthcare
- rapidly adopting evidence-based research outcomes which improve patient and donors quality, safety and experience of care
- developing and implementing our clinical and scientific strategies focusing our offer on delivering services that we believe we can truly become leading experts in
- agreeing with our Local Health Board partners and the Welsh Government the system leadership roles we will undertake to maximise the value we can add for our patients, donors and partners
- Working with the Welsh Government and other partners to plan, fund and deliver world class buildings, facilities and technology for patients, donors and staff
- benchmarking our performance nationally and internationally to see how we perform against our peers and to identify learning and improvement

research, development and innovation in our priority areas

- Achieve by:
- Implementing the our research, development and innovation strategy giving every donor, patient and carer access to the latest research
- advancing new treatments, interventions and care by increasing new studies locally, widening access to early phase/solid tumour advanced therapies and integrating novel research into clinical studies
- building a culture of curiosity where research, development and innovation is an 'Always Event'
- increasing the number of lead investigators and clinical academics within the Trust
- recruiting honorary entrepreneurs and academics whilst also developing entrepreneurs, with a flow of staff between our partner organisations on exchanges to attract and retain world class talent
- creating a cadre of blended professionals, to promote knowledge exchange with impact on improvements of patient outcomes
- establishing exciting work programmes with our local health and academic partners at Cardiff University, Cardiff Metropolitan University, Swansea University, University of South Wales and Trinity St. David's University.
- increasing our research, development and innovation infrastructure to keeps pace with our ambition. This will include:
 - This will include the tripartite research hub with Cardiff and Vale University Health Board and Cardiff University providing world class facilities via the Welsh Blood Service Infrastructure Programme; the new Velindre Cancer Centre; Velindre@ research hubs at University Health Board

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

Achieve by:

- developing a highly quality education and training programme which is aligned to the needs of our local, national and international partners
- appointing visiting professors and Professors of Practice to the Trust and aligning their work with priority areas of industry and business partners
- attracting academics with national/international reputations and foster partnerships with leading organisations from around the world in our stated areas of priority
- equipping all learners to make the best use of physical and digital learning resources and utilise Cardiff as a living classroom
- increasing our investment in a range of funded strategic initiatives to ensure staff have the time and environment to undertake learning. We will invest additional funds in supporting our workforce to undertake MSCs and PhDs ; take up Fellowships; to obtain professional, technical and role specific qualifications and accreditations; research and learning opportunities for students from our university partners, industry and other sectors
- Developing unique learning opportunities in specialist areas including the Velindre School of Oncology and Welsh Blood Service Modernising Scientific careers programme
- developing a marketing and communications strategy which attracts learners to our programmes and raises the profile of the Trust

Providing a comprehensive education and learning programme which provides staff, patients, donors and partners with learning opportunities to embed the 5 ways of working of the Well-Being of Future Generations Act and supports them to make positive behavioural changes ('a little step every day')

- Implementation of our carbon reduction plan which will see us achieve Net Zero and transition to renewable energy for our services and facilities.
- Investing in a range of refurbishments and new buildings which will support our carbon reduction and healthier buildings and healthier people approach. - refurbishment of the Welsh Blood Service, Llantrisant site by 2024; RSC by 2024; new Velindre Cancer Centre by 2025
- Implementing an attractive approach to agile working for our staff which reduces avoidable travel, improves well-being and offers the potential to support money going into local communities
- Improving our offer for staff, donors and patients in travelling to and from our facilities on foot, bike and public transport
- Using our procurement activities and NHS Wales Shared Services capability to drive a sustainable approach and achieve wider ethical and social value in areas including local employment and prosperity; carbon reduction; anti-slavery and unethical practices.
- Working with partners and the local community to identify ways in which we can deliver wider benefits and value to society through employment and apprenticeships, the use of our buildings and facilities as community
- becoming an anchor institution

Workforce Strategy 2033

Goal 1: Our People Wellbeing and Engagement

- Achieve by:
Demonstrate exemplar employment practices with a clear focus on equality, diversity and inclusion
Support managers and staff to hold wellbeing and attendance conversations
Provide effective work/life balance offers as we develop our agile and hybrid working arrangements
Offer flexible career opportunities to meet changing needs
Ensure our staff have access to appropriate support for mental and physical health concerns
Deliver fair rewards and recognition, including addressing pay gaps across protected characteristics
Continuously listening to staff and fostering a culture of care, compassion and inclusivity in line with our values

Goal 2: Our People Supply and Shape

- Achieve by:
Aligning to our Education Strategy, develop a Talent Management process that supports career pathways so staff have opportunities to grow professionally and internal and external pathways are visible to current and new staff

Review our people plans to have the right skill mix of staff, maximising opportunities for new roles. This will include the implementation of delegation frameworks to support the development of Health Care Support Workers and further introduction of Advanced Practice and Physician Associate roles

Maximise opportunities for all entry pathways including Apprenticeship, Graduate entry as well as Supported Recruitment to ensure an inclusivity in our supply routes
Further embed our workforce planning process and develop our workforce information to maximise the opportunities for new ways of working

Developed People

- Develop a capable workforce including:
Meaningful Performance and Development Reviews that support, motivate and develop our staff
Assurance of safety through 85% compliance on Statutory and Mandatory Training
A Management and Leadership development offer that is flexible and supports 'just for me, just in time' development
- Working with our service improvement and research colleagues we will develop training and development pathways that respond to changing models of service delivery, delivering quality care
- Working with academic and service leaders in innovation technology we will develop excellent learning environments for our staff building on the work already started with virtual learning environments
- Through our Academic Board the Trust we will work with partners to achieve an academic profile showcasing its work on innovation and

- **Goal 4: Leadership and Succession Planning Achieved by:**

Enhance the Trust Inspire Leadership and Management Programme to continue its development of foundation and intermediate development programmes for leaders and managers supporting individuals through a bespoke offer of learning to deliver quality services
Develop the talent management process ensuring it is systematic, equitable and inclusive across the Trust.
Work with senior leaders in creating compassionate conditions in which all employees can thrive and work at their best.
Build on our partnerships in academia and Health Education and Improvement Wales to ensure the best leadership and management offers are provided for staff including coaching, mentoring and

Goal 5 Digital Ready People

- Achieve by:
- Ensure our staff have the skills required to access to high quality information, to deliver high quality, safe services
- Support service transformation by including attracting and deploying digital talent within the transformation teams.
- Utilise the digital platforms to provide access to wellbeing resources for staff
- Encourage self-directed learning for all by developing digital literacy and utilising publicly available resources

Goal 6 Attracting and retaining the best talent

- Achieve by:
- Create new approaches to recruitment marketing, targeting specific areas of shortage and using a range of communication channels to engage prospective staff
- Grow our Welsh speaking workforce by focussing on bi-lingual recruitment and developing language skills of staff
- Promote the Trust as a local employer of choice, working with our Academic colleagues to provide pathways into employment at all levels, ensuring inclusivity at all levels
- Ensure our recruitment processes are agile, assessing our time to hire regularly
- Develop wellbeing and engagement of all staff through listening, dialogue and involvement
- Recognise our staff for their achievements

Digital Strategy 2022

Goal 1: Ensuring our Foundations

Develop a 'fit-for-the future' infrastructure that is resilient with hybrid of cloud and data centre / on premise deployment
Design all systems around the national principles (e.g. open; inter-operable;) to support integration across organisations
Implement a range of national systems including Welsh Clinical Portal, Welsh Patient Administration System, WLIMs, prescribing
Continually develop and maximise the benefits of our existing business systems including the Blood Establishment Computer System (eProgesa) and Digital Health Care Record
Implement local solutions relevant and appropriate to the needs of the population we serve
Strengthen our prioritisation and governance arrangements to maximise the benefits of any investment in digital services and technology
Design and implement a new strategy for the telephony services used across the Trust to include the adoption of new digital telephony services, such as those available via Microsoft Teams

Goal 2: Connected and Inclusive Services

- Create a new Integrated Platform for our digital patient and donor services, to include the delivery of a suite of mobile 'applications' for clinical and non-clinical services
- Work with patients/donors and third parties to explore opportunities to develop a suite of 'apps' that that can be plugged in or out easily which provide new forms of value
- Work with the local/national programmes to ensure staff have devices to use anytime/anywhere and access to mobile working e.g. .Gov.roam etc
- Fully implement Office 365 and realise the benefits of connected working
- Implement the digital requirements of the Transforming Cancer Services/Velindre Futures and Blood and Transplant Futures transformation programmes
- Hardwire the digital inclusion principles into our day-to-day activities and decision-making by :
 - developing a digital inclusion programme to support patients, donors, volunteers and the public in accessing our services (including training; provision of tablets/devices etc)
 - delivering our programme of work in the Digital Communities Initiative
 - sharing and learning from best practice with *Digital Communities Wales* to co-ordinate our approach for maximum impact
- Build local and national partnerships to share ideas and co-ordinate activities with others in their area

Goal 3: insight driven

Achieve by

- Improve the quality of our data by driving data standards; identifying data champions; and improving data sharing protocols
- Work with the Digital Health and Care Wales (DHCW) to maximise the benefits of the National Data Resource (NDR) and integrate it with our data lake
- Develop the business intelligence service to :
 - democratize data, supporting frontline staff to own and analyse it
 - provide a range of standard reports using PowerBI and other tools
 - provide expertise to undertake bespoke analysis
- Establish a programme of work which will seek to identify further opportunities in the following areas:
 - operational and clinical intelligence
 - tools and business insight
 - robotic Processing Automation
 - artificial intelligence
 - knowledge and skills sharing and learning
- Facilitate an open culture that encourages colleagues to challenge and question the ways of doing things by using data to drive service improvements and measure outcomes
- Provide staff with training and support in a range of areas data standards; data analysis; and the use of analytical tools and techniques
- Build partnerships with academia to develop new methods of training and education in data science at all levels of the organisation
- Provide opportunities for research studies with local universities, offering MSc and PhD students the opportunity to use our data to provide us with insights and develop impactful research
- Implement linked outcome reporting such as Patient Reported Outcomes Measures (PROMS) and Patient Reported Experience Measures (PREMS)

Goal 4 Safe and secure systems

- Implement our strategic delivery plan for cyber security
- Develop and test cyber security business continuity and disaster recovery plans
- Conduct periodic exercises simulated on cyber attacks
- Ensure the Trust is fully compliant with the Network and Information Systems (NIS) regulations
- Implement the national Vulnerability Management Solution (VMS)
- Ensure all devices across the Trust utilise automated patch management
- Develop new policies and procedures to support our security delivery plan
- Implement new controls for third party removable media scanning
- Enable further system protections and disable legacy communication protocols
- Develop and implement Microsoft Intune for enhanced Mobile Device Management (MDM)
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Digital Strategy 2033

Goal 5 A Digital Organisation

- Strengthen our digital education and training programme from 'ward/lab to board' to improve knowledge and understanding
- Work with the Intensive Learning Academy and other partners to develop the core digital competence of the workforce aligned to their role
- Identify a range of digital leaders and support them in attaining digital/transformation qualifications e.g. degrees, MSc
- Build the capacity and capability of the Digital Directorate to support the delivery the digital transformation roadmap
- Create uncomplicated ways to share learning and knowledge through communities of practice; 'lunch and learns'; sandpit environments; and online resources that staff can use to acquire skills and knowledge
- Actively promote digital as a profession within other clinical and non-clinical professions
- Operationalise the principle of 'Bring Your Own Device' to allow staff to access Trust digital services using the mobile technology of their choice
- Develop a plan to transition to a paperless organisation

• Goal 6: Working in Partnership

- Develop a suite of technology partners to support all aspects of our digital transformation blueprint
- Develop an agreed work programme(s) with local universities in stated areas of shared interest to drive the use and evaluation of digital technology in healthcare
- Recruit students and academic personnel to drive forward our research, development and innovation plans for digital technology
- Develop a Collaborative Centre for Learning, Technology & Innovation to be a physical and virtual point of contact for all partners and stakeholders to collaborate and innovate
- Establish partnerships which enable us to implement the concepts of SMART technology in our new infrastructure including the Welsh Blood Service (Llantrisant), the Radiotherapy Satellite Centre and the new Velindre Cancer Centre. This will allow us to share the knowledge, innovation and learning across Wales

Estates Strategy 2033

Goal 1: A safe and high quality estate which provides a great patient experience

Achieve by:

- Designing the estate around the hub and spoke clinical models
- Engaging with the users of our estate to understand how it can be designed, adapted or enhanced to better meet their needs
- Investing our resources wisely to ensure we comply with all statutory legislation and infection prevention control requirements
- Getting the basics in place with all buildings having comfortable surroundings, sufficient and accessible car parking, Wi-Fi and easy access to and from via public transport
- Investing in our estate through the capital programme to ensure all of our facilities always achieve a minimum of Category B standard
- Improving the information we have on the performance of the estate to enable an effective risk-based approach to its management and prioritisation of resources
- Designing to BREEAM excellent as a minimum standard in all of our new buildings in the major capital programme, together with the requirement for them to be developed using circular economy principles
- Investing in a range of building and facilities which are designed with sustainability at their heart to achieve BREEAM Excellent. These include:
 - major refurbishment and infrastructure upgrade at Welsh Blood Service Head Quarters in 2022/2024
 - construction of a Radiotherapy Satellite Centre at Neville Hall by 2024
 - construction of a new Velindre Cancer Centre by 2025
- Working with contractors to take a whole life cycle costing approach to all major capital projects, building refurbishments and new buildings

Goal 2: Healthy buildings and healthier people

- Achieve by:
 - delivering services which comply with all statutory and professional standards
 - Integrating formal carbon reduction and sustainability requirements into project briefs, tender documents and contracts to
 - Designing our buildings to promote sustainable behaviours and to be adaptable and resilient against climate change e.g. providing patients, donors and staff with better access to amenities, with all having access to rest areas, food and beverages and outdoor spaces of curiosity and enjoyment; creating flexible working spaces
 - prioritising access to natural light, ventilation, green space and active travel infrastructure in the refurbishment and development of the Trust estate
 - focussing on interior and exterior design to include selection of materials that soften the internal space and make the setting pleasant to work in
 - maximising the opportunity to redesign our buildings and workspaces to offer more flexible working through the use of digital technology
 - Working with our staff, local communities, the voluntary sector and business to identify how we can make our land, buildings and facilities work better for people to support health and well-being. This will include:
 - plans which creates green spaces that people can use to find calm in their busy day such as repurposing unused areas of roof space and walls and increasing bio-diversity
 - use of our estate daily for activities which create joy such as walking, gardening schemes, bee-keeping, local food growing
 - creating space to provide the potential for food growing schemes

Achieve by

- Improving our monitoring and management of energy used to run the estate
- Implementing our decarbonisation plan to reduce and eradicate carbon from the estate
- Establishing an ambitious programme of carbon, energy and finite resource reduction projects to drive down use of energy and transition to 100% renewables including:
 - improving our metering and monitoring of energy across our estate
 - responding quickly to any preventable energy inefficiency such as overheating or leaks through effective monitoring and leak detection systems
 - retrofitting our existing buildings to improve efficient use of energy
 - improving the utilisation of clinical space to improve efficiency and maximise the use of our assets for excellent clinical care, experience and outcomes
 - improving the efficiency and productivity of our long-term assets through disposal and rationalisation in accordance with the hub and clinical models of the blood and transplant and cancer services
 - reviewing the potential for reducing the need for the current Headquarters building in the future
 - upgrading our existing buildings, plant and equipment to reduce consumption and use energy more efficiently
 - greening our estates procurement activities and decarbonising our supply chain
 - specifying renewable energy when we enter into new purchasing arrangements for electricity reduction and lifecycle costing
 - Seeking ways to improve the air quality at our sites
 - Developing an education and action programme to promote sustainable behaviours amongst our staff and people who use our buildings
 - Developing useful information for our staff, patients, donors and partners which can support behaviour changes that reduce our energy consumption
 - Working with staff to implement our agile working policy to reduce the need for staff travel and use of buildings
 - Identifying opportunities for sharing facilities with partner organisations to reduce our collective estates footprint
 - Develop a workforce which has the skills and competence to support a green and sustainable estate.

- Goal 4: Using our estate to deliver the maximum benefit and social value to the community

Achieve by:

- Working collaboratively with community partners to maximise the use of our buildings and grounds for the people we serve. We will:
 - engage with stakeholders to plan and deliver buildings and facilities across Wales which are strategically connected to our partners plans to improve access to services
 - identify opportunities to share buildings and assets with partners to make it easier for people to meet their needs in 'one stop'
- Developing training, work placements, apprenticeships and employment opportunities for local people, learners and students.
- Seeking to re-use, re-purpose and bring back to life buildings in local communities which support community resilience
- Working with partners and the local community to identify ways in which local groups can use our buildings and estate as a community resource to generate health, wealth, prosperity and joy locally. For example, use of our estate by local schools, charity group meetings, film screenings or arts programmes
- Identifying a range of offers we could make across our estate which makes a difference locally such as the provision of broadband Wi-Fi in the local buildings we use which can be routinely used by the community
- Sourcing and procuring goods and services to run the estate locally where possible to increase wealth and prosperity

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Sustainability Strategy 2033

Goal 1: Creating wider value

Actions to achieve it:-

Maintain an ambitious and current sustainability strategy
 Routinely report performance against our sustainability goals to senior management, the Board, public and wider stakeholders
 Collaborate with regional health boards and local artists to create an arts programme, to improve wellbeing of patients, donors, staff and visitors.
 Evidence-based research has shown similar programmes improve the treatment experience, while supporting the local economy, culture, and community integration
 Work with NHS Wales Shared Services Partnership (NWSSP) to drive the greatest benefits from our procurement activities whilst driving down emissions
 Work with the Future Generations Commissioners Office to embed the Well-Being of Future Generations Act and to share our knowledge and learning widely with others
 Adopt the principles within the Place Making Charter and work with our local communities and partners to maximise the benefits of our resources to drive prosperity, health and wealth
 Play an active role as an Anchor Institution, creating broader social value for local communities through employment opportunities, contributing to economic and social prosperity of the local community
 Support our Local Health Boards, Local Authorities and other partners to improve population health and well-being
 Work with stakeholders to identify how people can use our buildings as a community asset

Goal 2: Sustainable Care Models

Actions to achieve it:-

- Identifying carbon hotspots in our clinical services and pharmaceuticals and put in place actions plans to mitigate impacts and source alternatives
- Educating staff about high carbon impact services, equipment and pharmaceuticals and encouraging and supporting them in exploring alternatives
- Further evolve our clinical service models which are based on a 'hub and spoke' model; seeking to deliver more services at home and locally where appropriate
- Delivering our digital strategy which will Increase access to services, information and care for people through mobile devices and wearables

Strategic Goal 3: Eliminating Carbon

Achieve by

- Implementing our carbon reduction plan which includes actions to:
 - reduce the emissions from our estate and facilities
 - reduce our consumption of energy
 - retrofit our existing buildings to improve efficient use of energy
 - reduce the waste we produce
 - green our procurement activities and decarbonising our supply chain
- Reducing unnecessary travel related to our services
- Reducing the footprint of the estate to optimal size that meets operational requirements
- Hardwiring carbon reduction and sustainability requirements into our core business processes and decision-making e.g. business cases; procurement; infrastructure developments
- Accelerating our approach to agile working, enabling a minimum of 30% of our staff to work remotely

Goal 4: Sustainable Infrastructure

Achieve by:

- Developing sustainability guidelines for all capital projects including major refurbishments, driving resource efficiency through the implementation of our Estates strategy
- Designing to BREEAM excellent as a minimum standard in all of our new buildings in the major capital programme, together with the requirement for them to be developed using the circular economy principles
- Prioritising access to nature, natural light, ventilation, green space and easily accessible and active travel infrastructure in the development and refurbishment of the Trust estate
- Investing in a range of new building and facilities which includes:
 - major refurbishment and infrastructure upgrade at Welsh Blood Service(Llantrisant) by 2024/2025
 - construction of a Radiotherapy Satellite Centre at Nevill Hall by 2024
 - construction of a new Velindre Cancer Centre by 2026/7
- Work with contractors to take a whole life cycle costing approach to all major capital projects, building refurbishments and new buildings
- Develop the ability to weight and use social value outcomes within our decision-making when procuring new services in the design and building of a new space e.g. the use of a local supply chain and SME's



Sustainability Strategy 2033

Goal 5: Transition to a renewable future

Actions to achieve it:-

Improve our metering and monitoring of energy across our estate

Delivering a programme of targeted energy and water efficiency schemes to drive down use.

Embedding more efficient practices, new technologies and improve staff awareness to improve utility efficiency in our everyday lives

Respond quickly to any preventable energy inefficiency such as overheating or leaks through effective monitoring and leak detection systems

Understanding the whole value chain effects of the products we utilise and the sustainability implications of our models of care and service. This will also require a focus on supporting sustainable local supply of appropriate services and products.

Introduction of new technologies to support the management and control of resource

Goal 6: Sustainable use of resources

Actions to achieve it:-

Focus our action on plastic by:

- Apply the waste hierarchy, rethinking traditional waste models and working closely with our staff and supply chain, moving towards a circular economy
- Deliver initiatives to reduce waste including:
 - Food: through reduction, re-use and sustainable treatment
 - Plastic: by targeting the 15 plastic product groups the vast majority of waste; replacing single use products and plastic with reusable alternatives where there is a viable and lower carbon option
 - Promoting a culture of re-use, re-purpose, refurbish and pass-it-on for items where this is possible e.g. furniture and equipment
- Developing a plan which sets out or transition to renewables which includes:
- specifying renewable energy when we enter into new energy purchasing arrangements
- determining the viable potential of renewable energy in our buildings (on-site or sourced)
- Work with NHS Wales Shared Partnership Procurement and other partners to procure goods and services with the highest standards of producer responsibility that minimise packaging and offer alternative solutions to waste reduction and take back options

• Strategic Goal 7: Connecting with nature

Achieve by

- Raising awareness of the benefits of nature for physical and mental well being
- Working with local communities, the voluntary sector and business to identify how we can make our land, buildings and facilities available to the public to wider social activities which support health and well-being
- Developing a Biodiversity Enhancement Plan (BEP) which sets out how we will deliver a biodiversity net gain e.g. through reduction of mowing, sowing wildflowers and removing invasive species on all sites; and site refurbishments and new building developments
- Designing services, buildings and facilities which provide people with the opportunity to connect with green spaces and nature at our locations
- Create a wide range of activities and cultural programmes which enhances the place we live, work and play. This will include arts programmes, allotments, nature trails on our estate, community benefits and accessible activities
- Providing patients, donors and staff with opportunities to participate in well-being initiatives on our sites which add wider social value such as art exhibitions walking, yoga, beekeeping, gardening schemes, singing etc.
- Developing our approach to providing locally produced food to reduce the environmental impact and develop local resilience e.g. local food growing schemes and incorporation of products into Trust catering services
- Maximising the use of our green space to help mitigate the effects of climate change e.g. planting of additional trees and carbon sequestration
- Employing green social prescribing as a holistic method of treatment, to enhance patient experience by connecting them with the surrounding natural environments.

• Goal 8: Greening our Travel and transport

Achieve by:

- Strengthening our Green Transport Plan to increase the use of sustainable and active travel
- Work with our strategic partners to better connect our estate to local integrated transport to reduce traffic impacts and increase the use alternative methods (e.g. walking, cycling, bus/metro)
- Improving green travel and access options to our services, buildings and facilities for patients, donors and staff
- electrification of our fleet and use of other modes for operational purposes
- Improving our facilities for staff actively travelling to work e.g. shower and changing facilities
- Actively marketing the Trusts cycle to work scheme, car sharing and use of the bus/metro at discounted prices for public service employees

Sustainability Strategy 2033

Goal 9: Adapting to climate change

Actions to achieve it:-

- Working with Public Health Wales, the Welsh Government and partners to analyse the available data, understand risks and impact and develop solutions
-
- Invest in mitigation and adoption technologies to build resilience in our services
-
- Constantly review and adapt our business continuity and resilience plans to reduce the risk of service disruption and the impact on our patients, donors and communities
-
- Design-in climate change adaption measures into all future building refurbishment and new buildings

Goal 10: Our people as our agents

Actions to achieve it:-

- Identifying carbon hotspots in our clinical services and pharmaceuticals and put in place actions plans to mitigate impacts and source alternatives
-
- Educating staff about high carbon impact services, equipment and pharmaceuticals and encouraging and supporting them in exploring alternatives
-
- Further evolve our clinical service models which are based on a 'hub and spoke' model; seeking to deliver more services at home and locally where appropriate
-
- Delivering our digital strategy which will increase access to services, information and care for people through mobile devices and wearables

IMTP Priorities identified for 2023/2024: what is completed (green); needed to continue (in blue); not started (red)

#	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	BOFT (corporate) 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 not 11. Governance, Assurance and Assurance Additional resource: 4	2	Research Hub @UHW Deliver multi-phased clinical research1 in partnership with CAV and CU	3	SACT Service Transformation VF Defined Scope	4	HEP B Testing Delivery of retrospective testing programme and changes to collection model going forwards	5	Transforming Access to Medicines Programme VCS responsibilities for implementation of national model	6	Enabling Works & nVCC Delivery of Projects 1 and 2	7	Outpatient Transformation Programme VF Defined Scope	8	Digital Health & Care Record Implementation of first phase by Nov 22, further phases tbd subject to funding (co
9	TCS Digital and Equipment Delivery of Project 3	10	Implementation of Patient Engagement strategy As agreed at Trust Board (& Including Civa implementation and embedding)	11	Implementation of Duty of Quality	12	Sustainability Implementation of Sustainability Enabling Strategy <u>Priority of Wales Decarbonisation target</u>	13	Acute Oncology Service Development VCS responsibilities for implementation of regional model funded by business cases (by 24/25)	14	Private Patients Strategic Development Work to develop strategic options, decisions made, implementation programme of change as required	15	Talbot Green Infrastructure Refurbish the Talbot Green building to deliver operational resilience and reduce carbon by up to 70%	16	Added post WBS SLT discussion (not prioritised) Laboratory Services Modernisation Programme
17	Delivery of University Status (Corp) Strategic Pillar, including various linked programmes of work: - Collation of Research, Innovation, Education, Leadership & Partnerships • Delivery of VCS/WBS the Cancer and Blood Research Strategies • Implementation of 7-P Innovation Framework • Embedding of relationship with Faculty Medical Leadership & Management • School of Oncology • Collaborative Centre for Learning, Technology and Innovation model • University Partnership	18	Quality Hub Implementation Implement new approach, framework, ways of working and function	19	Plasma for Medicines Programme Develop a new service offering Plasma products for NHS and other use Additional resource: yes; busies case ?	20	Implementation of Duty of Candour	21	Service Delivery & Transition Projects 6a,b and c – a. and b are VF design and delivery of Clinical model, c is Transition Project Additional resource: 6a & 6b (WG ?)	22	Outreach services development Delivery of Project 5	23	Radiotherapy Satellite Centre Delivery of Project 4	24	Added post WBS SLT discussion (not prioritised) Collections Modernisation Programme Additional resource: No

Making sense of a complex picture:

What current strategic priorities need to continue i.e. what are the organisations non-negotiables by 2027/2028

Retained

<u>Statutory:</u>	<u>what are we currently doing/target ?</u>	<u>What's new or increased in priority</u>
1. Quality:	Implementing Quality Act & DoC	??
2. Service standards:	Implementing cancer / blood core standards	??
3. Diversity and Equality:	Compliance with Equality Act	??
4. Health, safety and well-being:	compliance with H&S Work Act	??
5. Welsh Language and culture:	seeking compliance with the WL Act	??
6. Sustainability and decarbonisation:	2030 NHS carbon target	??
7. Financial balance	Retaining financially balanced plan	

Organisational priorities ?

What are we currently doing ?

Do they need to continue ?

What's new/increased in priority

1. Strategy
- Clinical and scientific

- Plasma for medicines
2. Culture
- Implementing BOFT
3. Quality
- Quality as an organisation

- Value based healthcare to drive quality improvement
4. Service
- Achieving core service standards

- Meeting forecast demand/improving quality through transforming services

- Value and digital transformation to support new workforce shape/delivery models
5. Research, development and innovation
- Implementation of strategy (what are areas of priority ?)

- Delivery of Cardiff Cancer Research Hub

Bucket 1 Trust Priorities: Summary e.g.

What do we need to continue to implement from 2023/2024

1. **Statutory:** Duty of Quality/Candour; Equality & Diversity; Welsh Language Act (e.g. 8% language speakers by 2028); Decarbonisation 2030 (26% reduction in carbon = 100 cubic tonnes CO2)
2. **2023/2024 priorities to continue with:-**
 - Strategy: Clinical and scientific; Plasma for Medicines
 - Culture and quality: Organisational: BOFT; Private Patients; University Trust status;
 - RD&I: clinical trials; priorities (blood and cancer – what are they?); Cardiff Cancer Research Hub
3. **Services**
 - **Cancer Services:** Delivery of core service standards; TCS/VF (Cardiff Research Hub; SACT transformation; TRAMS; OP Transformation programme; DHCR Phase 2; : IRS/Equipment and digital programme; AOS; Outreach; service delivery and transition); commissioning and delivery of new NICE drugs
 - **Blood and Transplant Services:** Delivery of core service standards; Blood Future (Collections Modernisation programme; Lab Modernisation Programme; Plasma for Medicines; Talbot Green Infrastructure);

Bucket 2: Velindre Cancer Services: Delivering the 5 year strategy

What are the key deliverables in each year

2023/2024 Baseline review – where are we now	2024/2025 <ul style="list-style-type: none">- Core service standards achieved (IP/OP/RT/SACT)- Unscheduled care pathways in place- AOS fully implemented- Clinical trials pathways in place / targets achieved- Outreach services in place achieved 10/45/45 requirement- Satellite Centre service at Nevill Hall open	2025/2026 Service <ul style="list-style-type: none">- Core service standards achieved- Cardiff Cancer Research hub services open at UHW- New Velindre Cancer Centre transition plan implemented 4 linacs/all other services open on new site- Xxxx- Xxxxx	2026/2027 <ul style="list-style-type: none">- Core service standards achieved- Transition of all services onto nVCC complete- Xxx	2027/2028 <ul style="list-style-type: none">- Core service standards achieved- Transition of all services complete- Xxx
Organisational support strat alignment (e.g.): <ul style="list-style-type: none">- Equity (access to services)- Diversity (% of staff representative of popn)- Welsh Language speakers (trust target 8% by 2028 = 200 staff)- Decarbonisation (trust target: 100 tonnes: VCS = 70)- BOFT (culture e.g. staff recommending friends)- Inclusion (digital literacy of service users i.e. have skills /book online ?)	24/25	25/26	26/27	27/28
	1.1%	1.3%	2%	2.1%
	4% (40 staff)	4.1% (41)	5% (50)	5.5% (55)
	20	23	63	70
	64%	66%	75%	83%
	31%	65%		
Support Function alignment <ul style="list-style-type: none">- Digital (key deliverables)- Workforce- Estates	24/25	25/26	26/27	27/28
	RSC/DCCHR (2)	nVCC/RISP/RPA		
	??			
	Whitchurch transfer/decarb	nVCC/decarb		



Bucket 3: Blood and Transplant: Delivering the 5 year strategy

What are the key deliverables in each year

2023/2024	2024/2025	2025/2026	2026/2027	2027/2028
Baseline review – where are we now	<ul style="list-style-type: none">- Core service standards achieved (blood /blood products- Increased in donor base key areas (18-30; BAME donors)- Increase in Bone Marrow donations to achieve target- Approval of OBC for TGI refurbishment- Delivery of benefits of WHAIS into labs	<ul style="list-style-type: none">- Core service standards achieved- Implementation of Plasma for Medicines Service- Delivery of TGI programme- Identification of plasma delivery locations- xxXxxx Xxxx	<ul style="list-style-type: none">- Core service standards achieved- Transition of all services onto nVCC complete- Xxx	<ul style="list-style-type: none">- Core service standards achieved- Transition of all services onto nVCC complete- Xxx

Delivery of blood and transplant strategy 2027/2028

Organisational support strats alignment (e.g):	24/25	25/26	26/27	27/28
<ul style="list-style-type: none">- Equity (access to services)- Diversity (% of staff representative of popn)- Welsh Language speakers (trust target 8% by 2028 = 200 staff)- Decarbonisation (trust target: 100 tonnes: WBS = 24)- BOFT (culture e.g. staff recommending friends)- Inclusion (digital literacy of service users i.e. have skills /book online ?)	1.1% 4% (40 staff) 6 64% 31%	1.3% 4.1% (41) 7 66% 65%	2% 5% (50) 22 75%	2.1% 5.5% (55) 24 83%

Support Function alignment	24/25	25/26	26/27	27/28
<ul style="list-style-type: none">- Digital (key deliverables)- Workforce- Estates	WHAIS/Dashboards ?? decarb	RPA/ TGI/decarb Plasma del locations	BECS	



Next steps

Phase A

1. Agree broad framing of Trust priorities
2. Blood and Cancer Services to provide key activities to deliver 2027/2028 plans
3. Review/re-run prioritisation activity using Q5 tool

Outputs: smaller number/tighter set of priorities

Phase B

4. Undertake capacity/capability work to identify whether sufficient available to deliver priorities
5. Identify capacity/capability gaps and cost them
6. Identify future funding to support any additional capacity/capability requirements
7. If not possible to achieve, further prioritisation and/or choices to make

Outputs: better understanding of any capacity/capability gaps and funding provision of options/choices for consideration of priorities

STRATEGIC DEVELOPMENT COMMITTEE

Cardiff Cancer Research Hub – Strategic Case

DATE OF MEETING	7 th November 2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Chris Moreton, Deputy Director of Finance Phil Hodson, Deputy Director of Planning and Performance
PRESENTED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital Jacinta Abraham, Executive Medical Director
APPROVED BY	Jacinta Abraham, Executive Medical Director Carl James, Executive Director of Strategic Transformation, Planning and Digital
EXECUTIVE SUMMARY	<p>This report, and associated appendices, covers the Strategic Case in relation to the Cardiff Cancer Research Hub (<i>Strategic Investment Case</i>). The Strategic Investment Case has been endorsed by the tripartite Partnership Board and by the Velindre University NHS Trust Executive Management Board.</p> <p>The Strategic Case is included as <i>Appendix 1</i>.</p>



RECOMMENDATION / ACTIONS	The Trust Strategic Development Committee is requested to: NOTE: the case for investing in the Cardiff Cancer Research Hub as set out in <i>Appendix 1</i> .
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Tripartite Partnership Board	10/10/2023
Velindre University NHS Trust Executive Management Board – Shape	16/10/2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
Both groups: <ul style="list-style-type: none">• ENDORSED the Strategic Investment Case• AGREED the next steps, which were proposed as follows:<ul style="list-style-type: none">• The establishment of a formal Programme Management structure• The establishment of a Cardiff Cancer Research Programme team• To prepare for market engagement activities with potential external investors (<i>Note: this would be subject to identifying a source for additional funding</i>)	

7 LEVELS OF ASSURANCE
Not Applicable

APPENDICES	
Appendix 1	Cardiff Cancer Research Hub - Strategic Case

1. SITUATION

- 1.1 This report summarises the strategic case in relation to the Cardiff Cancer Research Hub - Strategic Investment Case.
- 1.2 The Strategic Case is included as *Appendix 1*.
- 1.3 The Strategic Investment Case, and proposed next steps, have been endorsed by both the Tripartite Partnership Board and the Velindre University NHS Trust Executive Management Board.

2. BACKGROUND

- 2.1 In January 2023, funding was agreed to support the development of a Strategic Investment Case for the Cardiff Cancer Research Hub. Velindre University NHS Trust led the funding proposal and procurement of the work on behalf of all partners (Velindre University NHS Trust, *Cardiff University and Cardiff and Vale University Health Board*).
- 2.2 The Trust worked with a range of partners to develop the Strategic Investment Case for the Cardiff Cancer Research Hub. Following a series of three collaborative workshops, the Strategic Investment Case was presented to the Tripartite Partnership Board in July 2023 before being finalised in August 2023 and finally presented to the Tripartite Board in October 2023. The Strategic Investment Case was also presented to the Velindre University NHS Trust Executive Management Board in October 2023. A key part of this document is the Strategic Case which outlines the 'case for investment'.

3. ASSESSMENT

- 3.1 All matters for assessment are contained with *Appendix 1*.

4. SUMMARY OF MATTERS FOR CONSIDERATION

- 4.1 The Trust Strategic Development Committee is requested to:
 - **NOTE** and **DISCUSS** the Strategic Case for the Cardiff Cancer Research Hub as set out in *Appendix 1*.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	02 - Partnerships Working / Stakeholder Engagement
QUALITY AND SAFETY IMPLICATIONS / IMPACT	<p>There are no specific quality and safety implications related to the activity outlined in this report.</p> <p>The purpose of this paper is to present the Cardiff Cancer Research Hub Strategic Case and therefore there are no quality and safety implications at this stage of the process.</p>
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information: https://www.gov.wales/socio-economic-duty-overview</i>	<p>Not required</p> <p>There are no socio-economic impacts at this stage of the proposal.</p>
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhswales365.sharepoint.com/sites/VEL/ntranet/SitePages/E.aspx	Not required - please outline why this is not required
	An Equality Impact Assessment is not required at this stage. This requirement will be assessed further if the project progresses to Outline Business Case / Full Business Case.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.

6. RISKS

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



Hwb
Ymchwil
Cancer
Caerdydd

Cardiff
Cancer
**Research
Hub**

Strategic Investment Case – Strategic Case

August 2023



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cardiff and Vale
University Health Board



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth
GIG Felindre
Velindre NHS Trust

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Document control

Document Title	Cardiff Cancer Research Hub: Strategic Investment Case
Organisations	Cardiff University, Velindre University NHS Trust, and Cardiff and Vale UHB
Senior Responsible Officers	Jacinta Abraham, Medical Director, VUNHST Carl James, Executive Director of Strategic Transformation, Planning and Digital, VUNHST
Project Manager	Libby Batt, Cancer R&D Strategy Lead, VUNHST
Prepared by	Moorhouse Consulting on behalf of Cardiff University, Velindre University NHS Trust, and Cardiff and Vale UHB
Approved by	Final draft status
Date	18/08/2023

Version control

V.	Status	Date	Brief description of changes	By whom
1	Draft	28/07/2023	80% completion, circulated to key stakeholders for initial review.	M Berks (Moorhouse)
2	Draft	04/08/2023	Complete first draft circulated to CCRH Steering Group for review.	M Berks (Moorhouse)
3	Draft	18/08/2023	Final draft ready for Tripartite Board approval.	M Berks (Moorhouse)
4				
5				

um.

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1 Strategic Case

2.1 Strategic Context

1.1.1 Organisational overview

This Strategic Investment Case (SIC) has been prepared in partnership by Cardiff University, Velindre University NHS Trust (VUNHST), and Cardiff and Vale University Health Board (CAVUB). A brief overview of each organisation and its role in cancer research, development and innovation is outlined below.

	Cardiff University	Velindre University NHS Trust	Cardiff and Value UHB
Organisation description:	Cardiff University is a public research university and the only Welsh member of the Russell Group of research-intensive British universities. Each year it attracts c. 34,000 students and £113m in research contracts.	Velindre is a specialist NHS provider that delivers cancer and blood services to people across Wales. The Velindre Cancer Service employs c. 670 staff and receives c. 7,000 new cancer referrals each year.	CAVUHB provides a range of primary, community, acute, public health and tertiary health services to people living in Cardiff, the Vale of Glamorgan, and South and Mid Wales. The Health Board employs around 16,000 staff and receives over 120,000 referrals each year.
Role in cancer research and development:	Cardiff University's cancer research and innovation portfolio is diverse, encompassing cancer biology, cancer immunology and immunotherapy, drug discovery, prevention and early diagnosis. Researchers work closely with health services to study patient data, helping to develop and optimise the treatments of the future.	Velindre Cancer Service has a vision to work with patients and partners to design and deliver excellent research that improves the survival chances and enhances the lives of cancer patients and their families in Wales and beyond. The Trust presently delivers high quality, international research through a range of clinical trials including SACT and radiotherapy.	CAVUHB has an international reputation for undertaking pioneering clinical research with a focus on improving care and developing better treatments. The Health Board's present cancer research portfolio includes haemato-oncological clinical trials and Solid Tumour surgery related studies.

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1.1.2 Business strategy and aims

The proposed Cardiff Cancer Research Hub (CCRH) is well aligned with the existing strategies of each of the partner organisations. While not exhaustive, the table below aims to highlight the key strategies to which the proposed Hub aligns.

Organisational Strategy	Alignment to the CCRH
Cardiff University Cancer Strategy 2024-29 (draft)	<ul style="list-style-type: none">• The CCRH is a fundamental enabler of CUs Cancer Research Strategy Vision, i.e. “To strengthen our discovery science portfolio and accelerate translation of our research findings to deliver a sustained output of novel therapeutics and healthcare interventions. We will achieve our vision by unifying and coordinating Cardiff University’s most impactful cancer research activities in alignment with our NHS partners at Velindre University NHS Trust and the University Hospital of Wales”.• The CCRH and its role in more fully integrating the research laboratories (lab) and clinical environments is also a critical enabler of each of the strategy’s five ambitions, i.e.<ol style="list-style-type: none">1. Connect Cancer Research Across the University and the NHS2. Train More Future Leaders in Cancer Research3. Develop Our New Discoveries and Innovations to Bring About Healthcare Improvements Faster4. Ensure Equal Representation in Cancer Research5. Place the Patient at the heart of our research: Biobanking, Data Science and Bioinformatics

<p>VUNHST</p> <p>Overarching Cancer R&D Ambitions 2021-31</p>	<ul style="list-style-type: none"> • VUNHST has a vision to work with patients and partners to design and deliver excellent research that improves the survival and enhances the lives of cancer patients and their families in Wales and beyond. Without the CCRH, the research that VUNHST is able to deliver will be limited, and will exclude a significant cohort of patients who will not be able to access new/ novel therapies and treatments that may require access to specialist and/ or intensive care. • Both the physical CCRH facility at University Hospital Wales and the associated integrated ways of working with academia and clinical haemato-oncology services will be critical in realising VUNHST's five research aims: <ol style="list-style-type: none"> 1. Enhance patient experience and care 2. Improve patient outcomes and reduce variation 3. Accelerate implementation of new discoveries 4. Demonstrate the impact of our research 5. Build research capacity and capability across South East Wales. 								
<p>CAVUHB</p> <p>R&D Strategy 2021-24</p>	<p>The proposed CCRH will be a key enabler of the following CAVUHB R&D strategy aims:</p> <table border="0"> <tr> <td data-bbox="472 1032 791 1211"> <ol style="list-style-type: none"> 1. Maximise patient access to high quality care through participation in safe, ethical research. </td><td data-bbox="823 1032 1412 1178"> <p>The CCRH will build the reputation of Cardiff as a high quality research organisation, enabling an expansion of both commercial and non-commercial research portfolios.</p> </td></tr> <tr> <td data-bbox="472 1234 791 1346"> <ol style="list-style-type: none"> 3. Build research infrastructure and capacity. </td><td data-bbox="823 1234 1412 1379"> <p>The CCRH will provide additional specialist research focused workforce and estate capacity, helping to expand both cancer and broader research portfolios</p> </td></tr> <tr> <td data-bbox="472 1402 791 1659"> <ol style="list-style-type: none"> 4. Develop workforce capability and satisfaction by providing a learning environment which actively promotes research. </td><td data-bbox="823 1402 1412 1514"> <p>The CCRH will provide new learning, research and career opportunities for CAVUHB staff.</p> </td></tr> <tr> <td data-bbox="472 1682 791 1928"> <ol style="list-style-type: none"> 5. Enter into strategic collaborations and engagements to enhance joint working across Wales, the UK and internationally. </td><td data-bbox="823 1682 1412 1928"> <p>The CCRH is a direct partnership between CAVUHB, VUNHST and Cardiff University. It also aims to strengthen partnerships not only with cancer patients but with a range of government, (including Welsh Government funded organisations), research council, third sector and industry partners.</p> </td></tr> </table>	<ol style="list-style-type: none"> 1. Maximise patient access to high quality care through participation in safe, ethical research. 	<p>The CCRH will build the reputation of Cardiff as a high quality research organisation, enabling an expansion of both commercial and non-commercial research portfolios.</p>	<ol style="list-style-type: none"> 3. Build research infrastructure and capacity. 	<p>The CCRH will provide additional specialist research focused workforce and estate capacity, helping to expand both cancer and broader research portfolios</p>	<ol style="list-style-type: none"> 4. Develop workforce capability and satisfaction by providing a learning environment which actively promotes research. 	<p>The CCRH will provide new learning, research and career opportunities for CAVUHB staff.</p>	<ol style="list-style-type: none"> 5. Enter into strategic collaborations and engagements to enhance joint working across Wales, the UK and internationally. 	<p>The CCRH is a direct partnership between CAVUHB, VUNHST and Cardiff University. It also aims to strengthen partnerships not only with cancer patients but with a range of government, (including Welsh Government funded organisations), research council, third sector and industry partners.</p>
<ol style="list-style-type: none"> 1. Maximise patient access to high quality care through participation in safe, ethical research. 	<p>The CCRH will build the reputation of Cardiff as a high quality research organisation, enabling an expansion of both commercial and non-commercial research portfolios.</p>								
<ol style="list-style-type: none"> 3. Build research infrastructure and capacity. 	<p>The CCRH will provide additional specialist research focused workforce and estate capacity, helping to expand both cancer and broader research portfolios</p>								
<ol style="list-style-type: none"> 4. Develop workforce capability and satisfaction by providing a learning environment which actively promotes research. 	<p>The CCRH will provide new learning, research and career opportunities for CAVUHB staff.</p>								
<ol style="list-style-type: none"> 5. Enter into strategic collaborations and engagements to enhance joint working across Wales, the UK and internationally. 	<p>The CCRH is a direct partnership between CAVUHB, VUNHST and Cardiff University. It also aims to strengthen partnerships not only with cancer patients but with a range of government, (including Welsh Government funded organisations), research council, third sector and industry partners.</p>								

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1.1.3 Other relevant strategies

In addition to the partner strategies outlined above, the proposed Cardiff Cancer Research Hub is also aligned to a range of external strategies, recommendations and mandates.

Organisation	Document	Aligned Element
Nuffield Trust	Advice on the proposed model for non-surgical tertiary oncology services in South East Wales (2020)	<ul style="list-style-type: none"> Recommendation 5: “To support recommendations 4 and 5, and the research strategy, a focus on cancer including haemato-oncology and a hub for research needs to be established at UHW”. A tripartite Cardiff Cancer Research Hub would also enable, “collaboration with haemato-oncology research” and “opportunities for closer working with the University”, as recommended by the Nuffield Trust.
NHS Wales	Letter from Deputy Chief Executive (2021)	<p>The Welsh Government’s approval of the new Velindre Cancer Centre (nVCC) was aligned to the delivery of a number of required actions which would support the development of the cancer system in South East Wales. With regard to this case it included::</p> <ul style="list-style-type: none"> The establishment of a research hub at UHW for patients requiring complex systemic treatments Closer working with haemato-oncology services which will be enabled by the Hub and regional research network.
Health and Care Research Wales, NHS Wales, Wales Cancer Research Centre	Moving Forward: A Cancer Research Strategy for Wales: CReST (2022)	<ul style="list-style-type: none"> Recommendation 1: High level strategic support is needed from Welsh universities, NHS Health Boards and Trusts and Welsh Government agencies who need to work collaboratively with a collective responsibility for the future of cancer research in Wales. Recommendation 7: Development of new cancer research infrastructure should be supported, including the tripartite NHS/Academic Cardiff Cancer Research Hub providing the translational pipeline between the laboratory and clinic.
HM Government	O’Shaughnessy Review: Commercial Clinical Trials in the UK (2023)	<ul style="list-style-type: none"> Problem Statement 1: clinical trial set-up and approval processes in the UK are slow and bureaucratic, especially compared to other countries Problem statement 5: Doctors, nurses and NHS organisations lack incentives to take part in research, especially when it is commercially-funded

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		<ul style="list-style-type: none"> Problem statement 7: We are failing to take advantage of the NHS's considerable data assets
NHS Wales	Cancer Improvement Plan for Wales (2023-2026)	The plan sets out the importance of planning for the future delivery of innovative new service models, treatments and technologies which will secure recovery, sustainability and improvement in line with the 22 Quality Attributes set out in the Quality Statement for Cancer (2021). It sets out a number of requirements relating to cancer research to deliver the All Wales Cancer Research (CReST) Strategy launched in July 2022.
Commercial Cancer Vaccine Partnerships	N/A	With the support of UK Government, Welsh Government and the Office for Life Sciences (OLS), both Moderna and BioNTech are beginning to work with the NHS as their preferred place to roll out large-scale cancer vaccine studies. The CCRH will strengthen Cardiff/ Wales' chance to access funding.
Cancer Research UK	Unleashing the Power of Data to Beat Cancer (2022)	<p>The CCRH is aligned to all three stages set out in the CRUK data strategy:</p> <ol style="list-style-type: none"> 1. Lay the foundations: Better generate, curate and use data 2. Enable our vision: Effective partnerships and clear communication channels 3. Exemplify our ambition: Exemplar research programmes that demonstrate the value of taking a data-driven approach to cancer research
Welsh Government	Well-being of Future Generations Act (2015)	<p>The CCRH aligns closely with the following goals of the Well-being of Future Generations Act:</p> <ul style="list-style-type: none"> • A Prosperous Wales – An innovative, productive and low-carbon society • A Healthier Wales – Maximisation of people's physical and mental well-being • A More Equal Wales – Enabling people to fulfil their potential no matter what their background or circumstances
NHS Wales	Welsh Value in Health Centre Strategy (2021-24)	<p>The CCRH aligns closely with several of the goals set out in the Welsh Value in Health Centre strategy:</p> <ul style="list-style-type: none"> • Equitable care throughout the entire pathway • Person-centre care

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		<ul style="list-style-type: none">• Research, industry and strategic partnerships
Welsh Government, NHS Wales, Genomics Partnership Wales	Genomics Delivery Plan for Wales (2022-25)	<p>The CCRH will be a key enabler in the realisation of all Delivery Themes in the Genomics Delivery Plan for Wales:</p> <ol style="list-style-type: none">1. A focus on people2. Clinical services (Genome UK Pillar 1 and 2)3. Research and Innovation (Genome UK Pillar 3)4. Enablers (Infrastructure and Partnerships)

1.2 The Case for Change

1.2.1 Project spending objectives

Investment in the Cardiff Cancer Research Hub would seek to deliver upon the following objectives.

Objective	Description	Measurable outcome by 2028/29
1	Improve clinical outcomes for people with cancer in Wales.	55 additional patients per year recruited to early phase, complex late phase or advanced therapy clinical trials
2	Improve access and equity for patients to clinical trials.	Circa 15,000 people diagnosed with Cancer per year in South Wales will have access to new treatment/ therapy options closer to home
3	Develop the reputation of Cardiff and Wales as a research centre of excellence for cancer.	Successfully secure Cancer Research UK Centre and RadNet status and funding
4	Support the progression of Cardiff discoveries from the lab to the clinic	Increased number of Cardiff molecules progressing to clinical trial and commercialisation stage
5	Attract, develop and retain the workforce of the future	Circa 81 new jobs in cancer research, development and innovation to be directly and indirectly created.

1.2.2 Existing research and development arrangements

1.2.2.1 Solid Tumour Clinical Trials

At present, Solid Tumour clinical trials for people in South East Wales are largely undertaken at the Velindre Cancer Centre (VCC) Early Phase Clinical Trials (EPCTs) Unit. As this facility is based on the VCC site, there is no suitable area for patients having higher risk research-based treatment due to a need to be able to access high dependency/intensive care. This typically means that patients that could benefit from participation in moderate-high risk EPCTS, complex late-phase trials or ATMP trials are either excluded or required to travel long distances to research centres in Southampton, Oxford or London.

Since 2021, a small number of moderate risk solid-tumour clinical trials have been undertaken in the Clinical Research Facility (CRF) on the University Hospital Wales (UHW) site, however this is a multi-specialty research centre that has a broader research focus than just cancer and lacks the capacity and multi-disciplinary expertise required to meet the demands of the South East Wales population.

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VCC clinical teams report that pre-2019, almost all EPCTs could be run at VCC, however there has been a recent increase in the number of complex trial opportunities, for example novel immunotherapies, virotherapies and cellular therapies. During January 2020 – April 2021, Velindre submitted Trial Expression of Interests for 35 EPTs. Of these trials, 14 EOIs (40%) would have required patients to be treated at UHW, allowing access to services such as high dependence/critical care for safe clinical care. This demonstrates significant and growing demand for such a facility in South East Wales.

1.2.2.2 *Haemato-Oncology Clinical Trials*

At present, the majority of haemato-oncology clinical trials are administered through the Clinical Research Facility (CRF) on the University Hospital Wales (UHW) site. The haemato-oncology trials portfolio contains a mix of EPCTs, late phase clinical trials and observational studies, and there is a growing focus on ATMP trials including gene, cell and tissue therapies.

As mentioned above for Solid Tumours, the CRF is a multi-specialty research centre that lacks the capacity and multi-disciplinary expertise required to meet the demands of the South Wales population, particularly given the ongoing move towards more intensive, complex trial activities that would be better co-located with the specialist haemato-oncology workforce for Bone Marrow Transplant (BMT) and cell therapy delivery.

1.2.2.3 *Translational Research*

At present, the connection between Cardiff University academic cancer researchers and NHS clinical cancer researchers relies largely upon historical relationships. Collaboration between University and NHS researchers, as well as key cancer infrastructures including Welsh Cancer Research Centre (WCRC), Cardiff Experimental Cancer Medicine Centre (ECMC) and the Wales Cancer Bank (WCB) are limited by geographical, institutional and technological barriers.

This disconnect between academia and the clinic in Cardiff, and Wales, was highlighted in Cardiff's unsuccessful RadNet and CRUK Centre bids (2019, 2021 respectively). The latter commended the quality of the science being undertaken, but highlighted two key challenges with translating this science through to the clinic for patient benefit, and a lack of depth of coordinated cancer research activity in Cardiff:

1. The “hand-off” between pre-clinical and clinical work packages (the ‘translational pipeline’) was not clear in Cardiff.
2. The bid was “too narrow” highlighting lack of a critical mass of cancer researchers in Cardiff with CRUK programmatic funding.

2.2.3. Business needs

The Cardiff Cancer Research Hub is intended to help Cardiff University, VUNHST and CAVUHB to address the following challenges:

Clinical outcomes	<ul style="list-style-type: none">• Cancer health inequalities will worsen with patients unable to access clinical trials that may be available elsewhere in the UK, for example early phase, complex late phase and advanced therapy studies such as immunotherapies, virotherapies and cellular therapies.• Cardiff will lack the estate and workforce infrastructure and capacity required to deliver clinical trials at the volume required to accommodate increasing cancer rates and population trends in South East Wales.
Research and development	<ul style="list-style-type: none">• There will be limited capacity for the delivery of translational research, both interventional and observational.• There will be no shared academic and clinical research support posts and no shared space for collaborative working. This will hinder integration and the efficiency/ effectiveness of research processes.• Cardiff will not be recognised as a centre of excellence for cancer research and innovation, limiting the partnership’s ability to attract commercial and non-commercial research funding.
Workforce	<ul style="list-style-type: none">• Cardiff will struggle to attract and retain top research talent, falling behind the rest of the UK

1.3 Proposed Cardiff Cancer Research Hub (CCRH) scope and service specification

A significant amount of work has been undertaken to develop a service model that will enable partners to meet the business needs set out above.

This service model is summarised below, and more detail is available in the following document: *Cardiff Cancer Research Hub: Proposal for a Tripartite partnership between Cardiff and Vale UHB, Cardiff University and Velindre University NHS Trust (August 2021).*

1.3.1 Estate

It is proposed that a new, physical CCRH facility is opened on the UHW site. This proposed facility will provide:

- Intermediate and high risk clinical trial participants with access to Critical Care services
- New capacity for non-interventional translational studies which will realise patient benefits

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- Collaborative working space for colleagues from Cardiff University and the NHS.

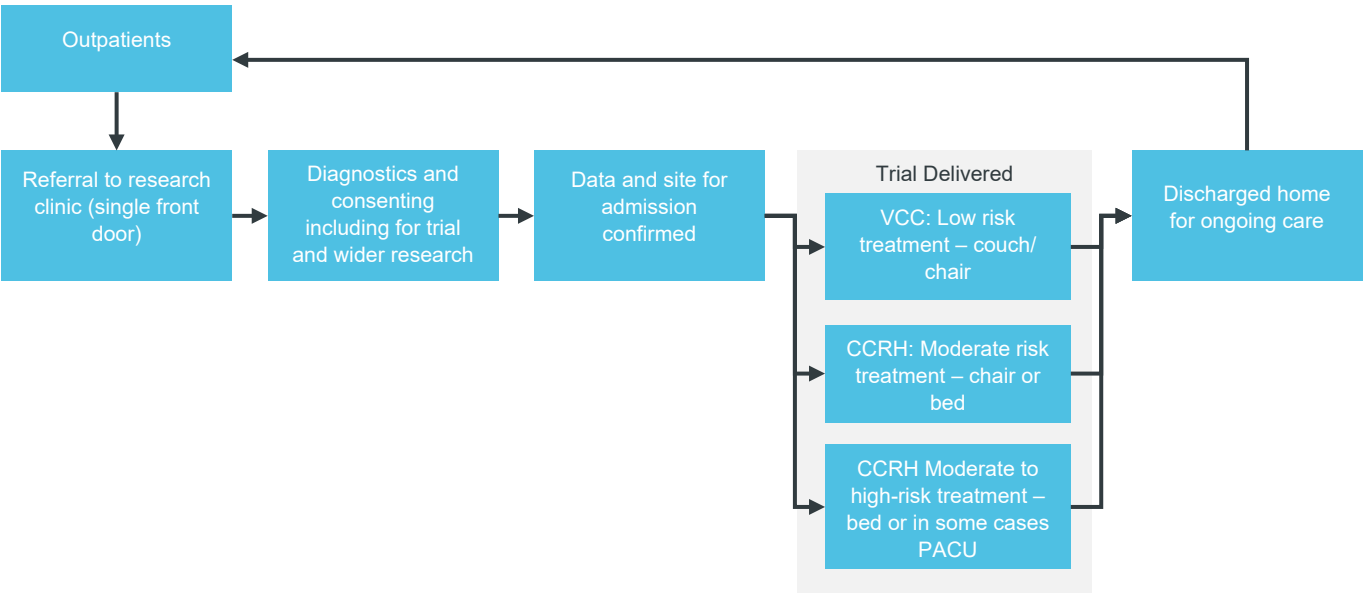
This proposal is being progressed as part of a wider initiative being led by CAVUHB to develop a Bone Marrow Transplant Unit (BMTU) on the UHW site. A Strategic Outline Case (SOC) for the BMTU was submitted to Welsh Government in July 2023. All CCRH capital requirements including estate and medical equipment are included within the BMTU SOC, and therefore successful delivery of the proposed Hub model is dependent on approval of the BMTU case by Welsh Government.

In the event that funding for the BMTU is not approved, a significant re-assessment of the potential delivery options for the CCRH will be required.

1.3.2 Clinical Trial Pathways

Based on the successful development of the physical Cardiff Cancer Research Hub space on the UHW site, the following patient pathway is proposed for clinical trials:

1. Patient referral to research clinic (single front door)
2. Diagnostics and consenting including for trial and wider research
3. Date and site for admission confirmed
4. Trial delivered:
 - a. Low risk treatment – couch/ chair
 - b. Moderate risk treatment – UHW CCRH chair or bed
 - c. Moderate to high risk treatment – UHW CCRH bed or in some cases PACU
5. Discharge home for ongoing care



Prior to development of the physical CCRH space, a virtual Hub model is operating with the following characteristics:

- A shared complex/ translational cancer research management team providing a single front door for all oncology trials undertaken by VUNHST and CAVUHB.
- A growing number of intermediate and high risk Solid Tumour trials undertaken by VUNHST teams in the University Hospital Wales (UHW) Clinical Research Facility (CRF)
- A growing number of patients participating in translational and reverse-translational studies, with data and samples taken at both VCC and UHW sites.

1.3.3 Translational Research

The proposed CCRH will enable the following translational research improvements:

- Strengthen the “hand-off” between pre-clinical and clinical research in Cardiff enabling our scientists to bring new discoveries through to the clinic (the ‘translational pipeline’) to benefit Welsh patients. One example of this would be oncolytic virotherapies being developed by Accession Therapeutics and expected to be ready for clinical testing in 2024.
- Enable reverse translation i.e. using patient samples and data to inform the discovery and improvement of new drugs.
- Focus on opportunities to develop novel immuno-therapeutics including advanced T-cell based therapies in Cardiff and the future potential for cancer vaccines.
- Build critical mass in Cardiff to attract future infrastructural funding from UK Research & Innovation (UKRI), Cancer Research UK (CRUK) and other funders.
- Bring NHS, academic and clinical academic researchers together in the Hub to promote collaboration and develop a sustainable workforce.

Prior to development of the physical CCRH space, a virtual Hub model is operating that aims to improve shared NHS and University processes, establish a growing number of joint clinical-academic posts, and increase the number of patients participating in translational and reverse-translational studies, with data and samples taken at both VCC and UHW sites.

1.3.4 Shared ethics, consent and governance

The CCRH partnership has a shared vision to maximise every patient contribution to research. A core part to this will be ensuring that all patients are clearly made aware of how their information may be used for research purposes, and provide permission for this in the form of consent.

There is potential for the Wales Cancer Bank to become the default consent pathway for all CCRH patients, meaning that samples and data would be added to the Bank and made available for research organisations within and outside the immediate partnership.

In addition, the Joint Research Office (JRO) has established a shared approvals processes between CAV and CU which will be extended to cancer trials and translational studies undertaken at the CCRH.

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1.3.5 Workforce

A multi-disciplinary workforce model has been developed to facilitate delivery of the service model set out above. Key features of this model are summarised below, and further detail can be found in Appendix 7.2. It should be noted that:

- The workforce described below is the year-five model and mobilisation would be phased in line with growing research activity.
- Whilst the workforce described below will be directly involved in the management and delivery of Hub activities, they will work closely with other key partnership functions such as the Joint Research Office (JRO).
- The model described below combines existing roles and new roles for which additional investment will be required.

Leadership	<ul style="list-style-type: none">• It is proposed that the Hub will be jointly managed by a Scientific Director and a Clinical Director. This will ensure a balanced focus on academic and clinical trial activities respectively, and ensure a direct line-management link between the Hub, the University and the NHS.• The Hub Directors will be supported by a senior CCRH Manager or Associate Director responsible for both the day to day operations of the Hub and more strategic activities. A key part of this role will include building and managing partnerships with external commercial and non-commercial funders.
Management	<ul style="list-style-type: none">• The Hub management team will include a specific role focused on growing and delivering the translational research pipeline, including supporting researchers with grant applications and maintaining a focus on the commercialisation of data and discoveries, with the support of the (JRO, CU Research & Innovation Service (RIS) and learning from colleagues elsewhere, such as the CU Medicines Discovery Institute (MDI).• The management team will also include a Research Facilitator, Management Accountant and Administrative support.
Medical	<ul style="list-style-type: none">• Clinical Fellows: Dedicated solid tumour and haemato-oncology clinical fellows have been established. Posts will balance their time between patient facing clinical duties, laboratory-based research and higher degrees.• Clinical Academics: To supplement existing clinical academic posts, a series of full-time Hub clinical academic posts are proposed. These individuals will balance their time between patient-facing clinical time and research time, with their research objectives closely aligned to those of the Hub and overseen by the Scientific Director. Suitable Clinical Academic capacity has been included to provide career

	<p>progression opportunities for individuals currently acting as Clinical Fellows.</p> <ul style="list-style-type: none"> Consultants: Senior medical cover will be provided by a range of part time solid tumour and haemato-oncology Consultants. These Consultants will be aligned to a primary clinic site, i.e. VCC or UHW CCRH, with the ability to work flexibly across sites as required by rosters. The model contains capacity for overnight medical cover to be provided at the CCRH 2-3 times per week.
Nursing and Pharmacy	<ul style="list-style-type: none"> The Nursing model contains a senior lead nurse, senior research nurse and team of research nurses. The pharmacy model contains two pharmacists supported by a pharmacy technician and assistants. The model contains capacity for overnight nursing cover to be provided at the CCRH 2-3 times per week. Nursing and pharmacy posts will work across both solid tumour and haemato-oncology studies. This serves to ensure the ongoing integration of the specialties. The Hub workforce model contains a clinical academic post specifically reserved for Nurses or AHPs. These posts recognise the value that these professionals bring to the research agenda and ensure that senior talent is able to progress their research careers in Cardiff.
Research Support	<ul style="list-style-type: none"> The research support team consists of a lab technicians, research administrators and research support workers.

1.3.6 Digital and Data

Digital infrastructure and ways of working will be critical to the Hub meeting the business needs of the partnership. The key challenge for the partnership to overcome will be the effective and timely sharing of data whilst meeting information governance and security requirements.

While **no preferred approach to delivering this requirement has yet been agreed**, the phased approach below may be appropriate:

- Data Sharing Agreement:** There are existing data sharing agreements in place between Cardiff University, VUNHST and CAVUHB, however not for this specific purpose. Based on advice from VUNHST digital leadership, an existing data sharing agreement could quickly be tailored to meet the needs of the Hub, enabling information to be transferred manually for specific research purposes.
- Cancer Research Trusted Research Environment (TRE) for Wales:** Work is underway to establish a prototype TRE for cancer research that works with and builds on existing Welsh data integration infrastructure. The prototype will ensure that access to key Welsh cancer datasets stored in the existing Secure Anonymised Information Linkage (SAIL) Database are

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accessible via a TRE with a bespoke governance framework that is tailored for cancer research. Such a function would enable partners to quickly and safely access anonymised data for research purposes.

3. **All Wales Medical Genomics Services (AWMGS):** At present all Welsh medical genomics data is securely held in the AWMGS database behind the NHS firewall. There are presently no plans to integrate this with broader NHS datasets, however a fully integrated and mature research economy should have the ambition for this data to be joined up with other key cancer research datasets.

1.4 Main risks and mitigations

Key risks to the successful delivery of the strategic ambition and associated mitigating actions are outline below.

Risk	Risk Description	Mitigating Actions
Capital availability	The Hub requires a specialist clinical research facility co-located with a critical care unit. The development of this facility is dependent of approval of funding for a new Bone Marrow Transplant Unit (BMTU) and co-located CCRH on the UHW site (as set out in the July 2023 Strategic Outline Case) by Welsh Government.	<ul style="list-style-type: none">• CAVUHB is leading the development and progression of the BMTU business case with input from VUNHST and Cardiff University, as required.• The CCRH will continue to mobilise ‘virtually’ by onboarding crucial workforce and beginning to use limited capacity at the existing UHW Clinical Research Facility for moderate-high risk clinical trials.
Pump priming investment	The Hub is likely to require pump-priming investment for several years until it is able to attract increased commercial income or overhead grants from external partners. This initial investment has not yet been identified.	<ul style="list-style-type: none">• Plan to undertake a market engagement exercise to understand appetite of external partners to invest.• Explore potential cost avoidance savings which may make the case for investment by South East Wales Health Boards.• Opportunity to reduce operating costs by including an annual productivity factor.
Proof of concept	It will take time for the Hub to build its external reputation and attract sustainable investment to at least part-fund its activities. This must be recognised in the level and length of pump priming investment sought.	<ul style="list-style-type: none">• Partners to ensure that any pump-priming investment identified comes with a protected proof of concept window of at least five years.• Activity and revenue plans set out in this investment case to be used as a rough baseline for evaluation of impact.

Recurrent Funding	Even at fully maturity, the Hub may require some recurrent funding in order to be financially sustainable. Partners have not yet agreed how this funding or the associated balance of risk/ reward will be managed	<ul style="list-style-type: none"> • Development of a phased business plan which can make stepped changes based upon investment. • Continuation of existing relationships with key funders 'known to us' and identification of new partners/ funding sources. • Development of an attractive commercial offer to current partners. Provision of some 'core' investment to establish baseline service.
Clinical support services	Successful delivery of clinical trial and translational research activities will be dependent upon support from a range of under-pressure NHS services including pathology and radiology.	<ul style="list-style-type: none"> • Partnership to factor clinical support service capacity uplift costs into financial case. • Partnership to work with under-pressure services to ensure that sustainability plans in place before committing to activity increases.

1.5 Constraints

The level of clinical trial and translational research activity that will be possible is limited by the physical capacity of the Hub. Based on the latest Bone Marrow Transplant Unit (BMTU) Strategic Outline Case, the physical capacity of the Hub will be limited to eight beds and eight chairs.

1.6 Dependencies

- **Capital Investment** - Delivery of the full CCRH strategic ambition is dependent on the Welsh Government's approval of capital investment for the BMTU and co-location of CCRH. Without this, the Hub will remain a virtual function, undertaking lower risk clinical trials at VCC/nVCC and occasional Early Phase/ complex Late Phase studies at the existing UHW Clinical Research Facility.
- **Capital Build Timeframes** - The activity, income and cost profiles set out in the Financial Case of this document are dependent on the timely build of the Hub in 2026/27 as part of the overarching BMTU/ CCRH development on the UHW site.
- **Pump Priming Investment** - There will be a requirement for pump-priming investment for the CCRH, see section 5.4. Given the significantly constrained financial landscape within which both Cardiff University and the NHS are operating, it is likely that some, if not all, of this funding will be sought from external partners. Further work is required to identify these partners and the terms of their investment.

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- **Clinical Support Services** – Delivery of research activities at the CCRH will depend upon several clinical functions having the capacity to provide support. These services and the estimated level of additional capacity required to support CCRH activities is set out in section 5.2.2.2 and appendix 7.4.4.



STRATEGIC DEVELOPMENT COMMITTEE

BLOOD ESTABLISHMENT COMPUTER SYSTEM PROJECT UPDATE

DATE OF MEETING

07/11/2023

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

Elin Griffiths, Interim Head of Digital Programme
Emyr Adlam, Head of Digital Applications
Claire Salisbury, NWSSP

PRESENTED BY

Alan Prosser, Director Welsh Blood Service

APPROVED BY

Cath O'Brien, Chief Operating Officer

EXECUTIVE SUMMARY

The Blood Establishment Computer System (BECS) is a business-critical system and without it the Welsh Blood Service (WBS) would not be able to operate causing both direct patient harm and leaving NHS Wales without the capability to supply blood and blood products, to the patients and services of Wales. The current contract with MAK-SYSTEM expires in November 2024, with

	<p>an additional extension available until November 2025.</p> <p>The BECS system is coming to the end of its current contractual arrangements. The BECS Project was established in Jan '23 and continues to work on the future options, this has included a Prior Information Notice process with the market.</p> <p>The external environment in which the BECS Project is operating remains challenging due to the current financial climate and the pace of technological developments in the BECS market especially with the strategic move to cloud-based system and a future BECS provision must be in line with WBS 5 -year strategy and Futures programme.</p> <p>The BECS Project is exploring options for future BECS provision and these are explored in the corresponding Private SDC paper due to commercial sensitivity.</p>
RECOMMENDATION / ACTIONS	<p>The Strategic Development Committee are asked to NOTE this update on the BECS Project, the challenges and strategic context and that options for the future provision are being explored.</p>
GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
EMB Shape	16/10/23
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS TWO WORKSHOPS HELD WITH WBS SMT.	
A REFINED OPTIONS PAPER HAS BEEN PREPARED AND CONSIDERED BY WBS SLT ON 11 TH OCTOBER AND WAS PRESENTED TO EMB ON 16 TH OCTOBER AND ENDORSED FOR APPROVAL. THE DISCUSSIONS AND SDC PAPER ARE COMMERCIALY SENSITIVE AND IS INCLUDED IN THE PRIVATE COMMITTEE.	

7 LEVELS OF ASSURANCE	
<i>If the purpose of the report is selected as 'ASSURANCE', this section must be completed.</i>	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance
	<i>Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the “How to Guide for Reporting to Trust Board and Committees”</i>
APPENDICES	
Appendix 1	AW092 BECS Final Published VEAT

1. SITUATION

- 1.1 The Blood Establishment Computer System (BECS) Project has been established to manage the procurement and implementation of a new BECS on behalf of the Welsh Blood Service. BECS is a business-critical system and without it the Welsh Blood Service (WBS) would not be able to operate causing both direct patient harm and leaving NHS Wales without the capability to supply blood and blood products, to the patients and services of Wales.
- 1.2 The current contract with the incumbent supplier (MAK-SYSTEM) is due to expire in November 2024, with an additional one-year extension available until November 2025.
- 1.3 The BECS system is therefore coming to the end of its current contractual arrangements. The BECS Project was established in Jan '23 and continues to work on the future options, this has included a Prior Information Notice process with the market.
- 1.4 In line with current procurement legislation, Public Contract Regulations 2015 (PCR 2015), Velindre University NHS Trust (VUNHST) must undertake a compliant process to provide a BECS system.
- 1.5 The external environment in which the BECS Project is operating remains challenging due to the:

- Current financial climate in NHS Wales and beyond;
- Pace of technological developments in the BECS market especially with the strategic move to cloud based system.
- The BECS Project is also working in the strategic context of the wider Welsh Blood Service, and the new 5-year strategy and needs to take account of the:
- Agreed implementation of the new Transplantation Digital Programme;
- Readiness for Plasma for Medicines;
- Anticipated Infected Blood Inquiry recommendations which could impact the scope of the BECS;
- Talbot Green Infrastructure Project.

1.6 Work is being done by the BECS Project to identify and explore options to manage these challenges within the strategic context.

2. BACKGROUND

2.1 In 2009, WBS entered into a 5+1+1 contract with MAK-SYSTEM (for ePROGESA) with operational use commencing in May 2015. This is the current BECS. Due to the level of complexity and statutory/regulatory nature of a BECS it took the WBS approximately five years to fully implement following contract award, with some of the functionality yet to be fully optimised in 2023.

2.2 In July 2019, the Trust Board approved a request to take up the option of a 2-year (1+1) extension of the existing contract.

2.3 In June 2022, Welsh Government was informed of the Trust's intention to extend the contract of the current supplier: MAK-SYSTEM. The new contract covers from the 1st November 2022 – 31st October 2024, with a further optional 12-month extension available (2+1). This extension was covered by a VEAT notice which has been included at Appendix 1.

2.4 The VEAT placed for the BECS indicated a contract value of £1,200,000 exc. VAT.

2.5 In Jan '23 WBS initiated the BECS Project to manage the forward procurement of a BECS system. This project is ongoing.

2.6 The first multi-disciplinary BECS Procurement Group was held in January 2023, which subsequently developed a Prior Information Notice (PIN) issued to the market. The PIN also outlined a high-level scope, including both the current and future needs of the service aligned with the delivery of the new WBS 5 Year Strategy. Following SLT approval, the PIN was issued on 10th March 2023.

2.7 A number of suppliers responded to the PIN: this was followed by supplier engagement sessions, in May 2023. Following the engagement sessions, the suppliers were asked to provide high-level indicative costs.

3. ASSESSMENT

3.1 Work is being done by the BECS Project to identify and explore options around the future procurement of the BECS system. Several key considerations are provided below, which have been used to inform the options.

3.2 These are:

- BECS is a critical clinical system and needs contractual stability and security to safeguard the blood product supply throughout Wales.
- The current system is safe and can be maintained and updated.
- The future BECS system must be affordable in the current and future financial climate.
- A large-scale BECS procurement within the current prescribed timescales (implementation complete by November 25), would need to be undertaken alongside WBS strategies/work programmes as highlighted in Section 1.
- The BECS market is still maturing in line with NHS Wales and Welsh Government Cloud ambitions.

4. SUMMARY OF MATTERS FOR CONSIDERATION

4.1. As described, NHS Wales cannot operate without the WBS provision of blood and blood products. This is dependent on a BECS system. The Strategic Development Committee are asked to **NOTE** this update on the BECS Project, the challenges and strategic context and that options for the future provision are being explored and are set out in the corresponding Private Strategic Development Committee paper due to commercial sensitivities.



5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)												
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below												
If yes - please select all relevant goals: <ul style="list-style-type: none">• Outstanding for quality, safety, and experience <input checked="" type="checkbox"/>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/>• A beacon for research, development, and innovation in our stated areas of priority <input checked="" type="checkbox"/>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input 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>	08 - Trust Financial Investment Risk											
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below											
	<table><tbody><tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Timely</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Equitable</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Patient Centred</td><td><input checked="" type="checkbox"/></td></tr></tbody></table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred
Safe	<input checked="" type="checkbox"/>											
Timely	<input checked="" type="checkbox"/>											
Effective	<input checked="" type="checkbox"/>											
Equitable	<input checked="" type="checkbox"/>											
Efficient	<input checked="" type="checkbox"/>											
Patient Centred	<input checked="" type="checkbox"/>											

	<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p>BECS is a business-critical system and needs stability and on-going investment, to safeguard the blood product supply for Wales.</p> <p>Click or tap here to enter text</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview</p>	<p>Not yet completed (Include further detail below why)</p> <p>Not completed at this stage but will be for the main business case</p> <p>Click or tap here to enter text</p>
<p>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</p>	<p>A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health</p> <p>If more than one Well-being Goal applies please list below:</p> <p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated.</p> <p>If more than one wellbeing goal applies please list below:</p> <p>Click or tap here to enter text</p>
<p>FINANCIAL IMPLICATIONS / IMPACT</p>	<p>Yes - please Include further detail below, including funding stream</p> <p>Source of Funding: Divisional Budget Allocation</p> <p>Please explain if 'other' source of funding selected:</p>



	<p>Additional funding may be required from commissioners/WG and has yet to be agreed. Unable to determine final costs until contractual arrangements are confirmed.</p> <p>Type of Funding: Revenue</p> <p>Type of Change Major Programme Please explain if 'other' source of funding selected: Click or tap here to enter text</p>
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx	<p>Not yet completed - Include further detail below why</p> <p><i>Will be completed for the business case</i></p>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	<p>Yes (Include further detail below)</p> <p>Click or tap here to enter text</p> <p>Without an approved BECS WBS would be unable to operate legally and will be in breach of regulatory and statutory duties.</p>

4. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	Quality and Financial Sustainability domains
WHAT IS THE CURRENT RISK SCORE	<p>Risks under development and yet to be formally signed off by SLT/Executive</p> <p>Draft Risks scores are above 16</p>



HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	<p>The actions outlined in this paper do not mitigate the financial risk to the organisation in the short term but do mitigate the quality and safety of service provision.</p> <p>This paper outlines the options considered to mitigate the current risk.</p>
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	<p>This will be determined following discussions with Trust Board, our commissioners and Welsh Government in relation to an agreed procurement route and funding route being confirmed.</p>
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
	Dependant on Committee/Board approval
All risks must be evidenced and consistent with those recorded in Datix	

EN

Voluntary ex ante transparency notice

Directive 2014/24/EU

Section I: Contracting entity.

I.1) Name and addresses

NHS Wales Shared Services Partnership-Procurement Services (hosted by Velindre University NHS Trust)

4-5 Charnwood Court,, Heol Billingsley, Parc Nantgarw

Cardiff

CF15 7QZ

UK

E-mail: ProcurementServicesenquiries@wales.nhs.uk

NUTS: UK

Internet address(es)

Main address: <http://nwssp.nhs.wales/ourservices/procurement-services/>

Address of the buyer profile: https://www.sell2wales.gov.wales/search/Search_AuthProfile.aspx?ID=AA0221

I.4) Type of the contracting authority

Body governed by public law

I.5) Main activity

Health

Section II: Object

II.1) Scope of the procurement

II.1.1) Title

Blood Establishment Computer System (BECS)

Reference number: AW101

II.1.2) Main CPV code

72268000

II.1.3) Type of contract

Services

II.1.4) Short description

Procurement of a 'rights to use license' to continue to access the Blood Establishment Computer System. Plus license maintenance and support. Associated project management and consultancy.

II.1.6) Information about lots

This contract is divided into lots: No

II.1.7) Total value of the procurement

Value excluding VAT: 1 200 000.00 GBP

II.2) Description**II.2.2) Additional CPV code(s)**

72263000

72267000

II.2.3) Place of performance

NUTS code:

UKL

Main site or place of performance:

Welsh Blood Service, Talbot Green, Llantrisant.

II.2.4) Description of the procurement

Procurement of a 'rights to use' software license for the on-premise provision of the Blood Establishment Computer System (BECS) via its 'ePROGESA' platform and associated modules including but not limited to the eDRM (Electronic Donor Records Management) service – a module of 'ePROGESA. Maintenance and support of the software, upgrades, project management and consultancy fees to support implementation of functionality and the delivery of functional enhancements.

II.2.11) Information about options

Options: Yes

Description of options:

Option to extend for a further 12 months.

II.2.13) Information about European Union funds

The procurement is related to a project and/or programme financed by European Union funds: No

II.2.14) Additional information

See VI.1)

Section IV: Procedure**IV.1) Description****IV.1.1) Type of procedure**

Negotiated procedure without prior publication

Justification for selected award procedure:

The works, supplies or services can be provided only by a particular economic operator for the following reason: absence of competition for technical reasons

Explanation:

WBS intended to run a new competition for this requirement during 2020 and for a new agreement to commence with a 'go live' service date during 2022. The running of the competitive exercise was significantly delayed due to the resources within the WBS being redirected to support the NHS Wales response to the Covid-19 pandemic.

The Authority therefore needs to replan this competition and intends to publish a Prior Information Notice (PIN) during the autumn of 2022 to commence the process.

To ensure contractual arrangements remain in place to maintain the continuity of this critical service, the Authority intends to use the negotiated procedure without prior publication in accordance with the use of Public Contract Regulations 2015 32 (2)(b)(ii) and (iii), competition is absent for technical reasons and (2)(b)(iii) - the protection of exclusive rights, including intellectual property rights.

IV.1.8) Information about Government Procurement Agreement (GPA)

The procurement is covered by the Government Procurement Agreement: Yes

Section V: Award of contract/concession

Contract No: AW092

V.2 Award of contract/concession

V.2.1) Date of conclusion of the contract/concession

10/08/2022

V.2.2) Information about tenders

The contract has been awarded to a group of economic operators: No

V.2.3) Name and address of the contractor

MAK-SYSTEM

35 square de Meeus

Brussels

1000

BE

Telephone: +33 646121360

Fax: +33 000000000

NUTS: BE

Internet address(es)

URL: www.mak-system.com

The contractor is an SME: No

V.2.4) Information on value of the concession and main financing terms (excluding VAT)

Total value of the concession/lot: 522 362.00 GBP

V.2.5) Information about subcontracting

Section VI: Complementary information

VI.3) Additional information

The Authority intends to award an agreement to MAK-System for a period of up to 2 years, plus an option to extend for a further period of up to 12 months for the reasons provided in this notice.

Should this extension need to be executed, it will be conditionally upon the Authority having run the new procurement and be in the implementation stage of the new agreement.

It is also the intention of the Authority to publish a new Prior Information Notice for a new competition in the autumn of 2022.

(WA Ref:120596)

VI.4) Procedures for review

VI.4.1) Review body

High Court

Royal Courts of Justice, The Strand

London

WC2A 2LL

UK

Telephone: +44 2079477501

VI.4.3) Review procedure

Precise information on deadline(s) for review procedures:

NHS Wales Shared Services Partnership on behalf of Welsh Blood Service – being a division of Velindre University NHS Trust, will apply a minimum 10 calendar day standstill period between notifying the award decision and awarding the contract.

Should additional information be required it should be requested of the addressee in section I.1).

Aggrieved parties who have been harmed or are at risk of harm by breach of the procurement rules have the right to take action in the High Court (England and Wales). Any such action is subject to strict time limits in accordance with the Public Contracts(Amendments).

VI.4.4) Service from which information about the review procedure may be obtained

As in section I.1)

Cardiff

UK

VI.5) Date of dispatch of this notice

26/08/2022

STRATEGIC DEVELOPMENT COMMITTEE

Talbot Green Infrastructure Programme

DATE OF MEETING	7 th November 2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sarah Richards, General Services Manager
PRESENTED BY	Carl James, Director of Executive Strategic Transformation, Planning and Digital
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
EXECUTIVE SUMMARY	<p>The Talbot Green Infrastructure Programme is overseeing development of the Outline Business Case (OBC) for Phase 1 (sustainable infrastructure) of works proposed for the headquarters of the Welsh Blood Service in Talbot Green.</p> <p>In light of finalised decant costs and clarity around requirements for space utilisation for the WBS Laboratories, a Feasibility Report has been completed exploring whether phase 1 and phase 2 (Laboratory Modernisation) can be integrated.</p>



	<p>This would consolidate all elements of construction into one programme of work, preventing abortive costs and maximising benefits to the WBS as well as avoiding duplicating decant costs for both phases.</p> <p>This paper is updating the Strategic Development Committee:</p> <ul style="list-style-type: none">- Following endorsement made by the Executive Management Board of the decision of the Talbot Green Infrastructure Programme Board to integrate Phases 1 and 2, and having received cost and programme to complete this exercise.- On progress up to October 2023 (see Highlight Report attached as Annex 1).
--	--

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

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

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

APPENDICES

Appendix 1	WBS TGI Programme Highlight Report
------------	------------------------------------

1. SITUATION

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

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

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

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

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

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

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

2. BACKGROUND

- 2.1 The completed Feasibility Report was taken to the TGI Programme Board in August 2023 to discuss and agree how best to proceed with the phased approach outlined within the PBC. Options are listed below.
- I. On completion of the Feasibility Report, the Board could decide to continue with Phase 1 only (sustainable infrastructure).
 - II. On completion of the feasibility Report, the Board could decide to integrate Phases 1 & 2 (sustainable infrastructure and Laboratory Modernisation).

3. ASSESSMENT

- 3.1 The feasibility has been concluded and presents a list of options highlighting various building layouts for consideration as part of the laboratory space utilisation
- 3.3 At its meeting on 1st August 2023, the TGI Programme Board considered whether to continue with phase 1 only (sustainable infrastructure) or integrate phases 1 and 2 (sustainable infrastructure and Laboratory Modernisation) into one OBC.
- 3.4 It was proposed to integrate phases 1 and 2 as this would consolidate all elements of construction into one programme of work, preventing abortive costs and maximising benefits to the WBS. This work is being taken forward with discussions ongoing with the Supply Chain Partner and the Welsh Government regarding the next steps; funding; and timelines.

4. SUMMARY OF MATTERS FOR CONSIDERATION

- 4.1 The Strategic Development Committee is asked to:
- Note the progress made in developing the TGI scheme.
 - Note Highlight Report (appendix 1)



5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)													
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below													
If yes - please select all relevant goals: <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 													
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS	09 - Future Direction of Travel												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply <table border="0"> <tr> <td>Safe</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Timely</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Effective</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Equitable</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Efficient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Patient Centred</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
	Safe	<input checked="" type="checkbox"/>											
	Timely	<input checked="" type="checkbox"/>											
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).													
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	Not yet completed (Include further detail below why)												



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<p>For more information: https://www.gov.wales/socio-economic-duty-overview</p>	
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Globally Responsible Wales - Consideration of whether an action may make a positive contribution to global well-being.
	If more than one Well-being Goal applies please list below: A Resilient Wales A Healthier Wales A Prosperous Wales
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	<p>Source of Funding: Welsh Government</p> <p>Please explain if 'other' source of funding selected: Click or tap here to enter text</p> <p>Type of Funding: Capital Funding</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: £190K (ex VAT)</p> <p>Type of Change Major Programme Please explain if 'other' source of funding selected: Click or tap here to enter text</p>



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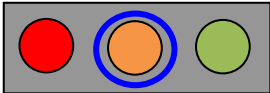
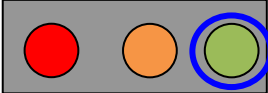



EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhswales365.sharepoint.com/sites/VEL/ntranet/SitePages/E.aspx	Not yet completed - Include further detail below why
	Click or tap here to enter text.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

6. RISKS

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



Highlight Report

Project Title:	Welsh Blood Service Talbot Green Infrastructure (TGI) Programme		
Reporting period:	October 2023	Date report completed:	31/10/2023
Author:	Jason Hoskins Assistant Director Estates Capital and Environment	Sponsor	Carl James, Director of Strategic Transformation, Planning & Digital
Overall Status:	<div><div>Current Status</div><div></div></div> <div><div>Previous Status</div><div></div></div>		
Key to Traffic Lights:		Red	Highly problematic - requires urgent and decisive action, substantial impact on project
		Amber	Problematic - requires attention, considered manageable in the normal course and unlikely to impact on time, cost & quality
		Green	Good – actively managed processes, proceeding as planned; no major risks or issues identified
Headlines / Progress:	Headlines: <ul style="list-style-type: none">• Programme and costs to progress OBC received from SCP• Programme Board arranged to endorse progression of scheme apply for funding, and agree programme• Workshop with SES scheduled for November to discuss progression of works		
Priorities for Next Period		Risks / Issues	
<ul style="list-style-type: none">• Confirm and agree funding for developing integrated Outline Business case• Confirm and agree resourcing for proposed programme• Continue to develop OBC and take final document through VUNHST governance process		Issues: <ul style="list-style-type: none">• Programme paused whilst funding options explored Risks: <ul style="list-style-type: none">• Rise in cost plan value due to external market factors	

STRATEGIC DEVELOPMENT COMMITTEE

WBS Futures – Progress Update

DATE OF MEETING	07/11/2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sarah Richards, Interim General Services Manager
PRESENTED BY	Alan Prosser, WBS Director
APPROVED BY	Cath O'Brien, Chief Operating Officer
EXECUTIVE SUMMARY	<p>WBS Futures has been established to be the vehicle to deliver the WBS vision and to shape services for the future by working in partnership and driving a culture of excellence and continuous improvement. It will support delivery of both the WBS 5 Year Strategy and the Integrated Medium-Term Plan (IMTP).</p> <p>This paper provides an update on the initiation of WBS Futures, progress to date and future reporting arrangements.</p>



RECOMMENDATION / ACTIONS	The Executive Management Board are asked to NOTE the contents of this report.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
WBS Futures Delivery Board	(25/09/2023)
WBS Futures delivery Board	(09/10/2023)
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
Endorsed	

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

APPENDICES	
1.	WBS Futures Implementation Plan
2.	WBS Futures Programme Briefs (5 of the 6 currently approved)
3.	Benefit Categorisation
4.	WBS Futures Communication and Engagement Plan

1. SITUATION

The Welsh Blood Service (WBS) 5 Year Strategy was launched in August 2023. The strategy sets out the WBS vision for the future of services in Wales for the next five years.

WBS Futures has been established to be the vehicle to deliver the vision and to shape services for the future by working in partnership and driving a culture of

excellence and continuous improvement. It will support delivery of both the WBS 5 Year Strategy and the Integrated Medium-Term Plan (IMTP).



WBS Futures | *working together to deliver better futures for our patients, donors and staff*

This paper provides an update on the initiation of WBS Futures, outlines progress to date and future reporting arrangements.

2. BACKGROUND

WBS Futures was launched to staff on 25th September 2023. This followed the launch event for the WBS 5 Year Strategy on 2nd August 2023. Approximately, 140 staff attended this event either in person or remotely via Teams.

The launch event was followed throughout August and September by briefing sessions, led by the Senior Leadership Team (SLT) and Department Heads, to enable individual teams to discuss the vision and seven strategic themes at a local level and make the Strategy relatable for staff across all service areas. These briefings were also utilised to introduce WBS Futures as the vehicle to deliver our aspirations for the future.

Information videos have been produced for staff to support both the launch of the WBS 5 Year Strategy and WBS Futures.

3. ASSESSMENT

3.1 WBS Futures Implementation Plan

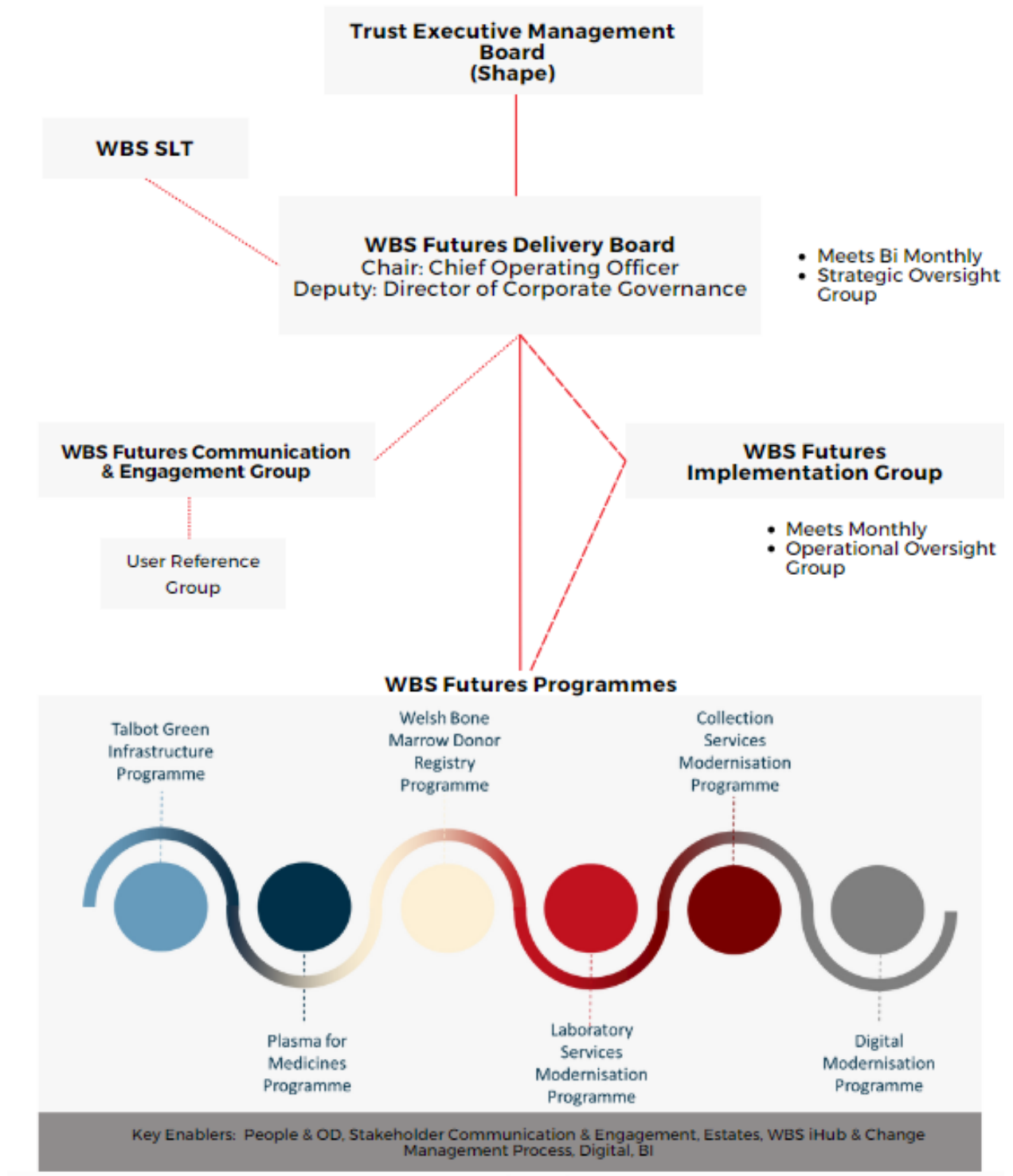
The WBS Futures Implementation Plan has been developed to act as a reference for the Innovation & Improvement Hub (iHub) and stakeholders delivering WBS Futures. It aims to provide clear governance and guidance for the management of WBS Futures (Appendix 1).

Robust programme and project management methodologies will be utilised to ensure that there is effective governance and control.

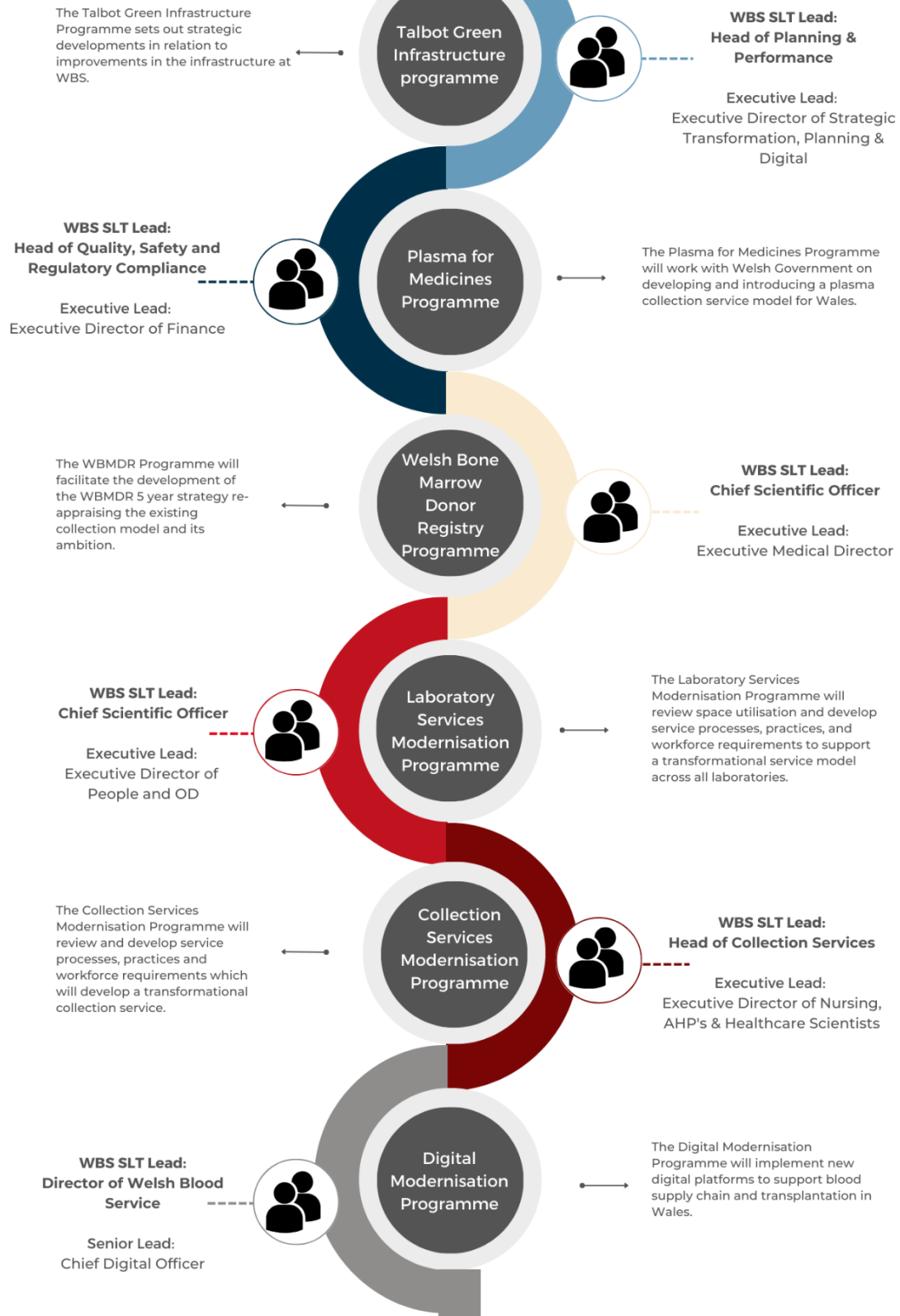
Delivery will be fully supported by the WBS Service Improvement Action Plan, which forms an integral part of the initiative.



Governance Structure



The Six Programmes



The WBS Futures Delivery Board has been established to be the strategic oversight group. It is responsible for leading WBS Futures to deliver the identified outcomes and benefits, whilst providing management of risk and escalation where appropriate. It will provide quality assurance and make decisions affecting progress and delivery. The inaugural meeting took place on 25th July 2023.

The WBS Futures Implementation Group has been established to be the operational oversight group. This group will provide tactical direction at operational level. It will ensure that the programmes are aligned, prioritised and implemented in a co-ordinated manner. Crucially, it will also ensure interdependencies are recognised and managed. The inaugural meeting took place on 28th September 2023.

Programme Boards have been established for all six programmes outlined on page 6. Five of the six Programme Boards have held their inaugural Programme Board meetings in September (Digital Modernisation Board will meet in October 2023) and approved their high level Programme Briefs (Appendix 2). Please note the Programme Briefs attached are live documents. The programme timelines are currently being updated as detail emerges from the development of the workstream briefs. Other minor changes may be underway following recent meetings.

Work is now underway to establish the workstreams and develop the Workstream Briefs which will clearly identify the deliverables and SMART benefits.

A reporting Dashboard and Interdependency Wiring Diagram are in development.

3.2 Benefits Realisation

A Benefits Log has been developed. This aligns WBS Futures benefits against the eight benefit categories (Appendix 3), the seven goals outlined in the Well-being of Future Generations Act and confirms if the benefits relate to Value Based Healthcare projects. Benefits realisation is key to the success of the programme and will be reviewed and monitored at each Delivery Board meeting.

3.3 Risk Management

A Risk and Issues log has been established for WBS Futures. This will be reviewed and monitored at WBS Futures Delivery Board meetings. Each programme has an individual Risk and Issues Log and this will be reviewed at

every Programme Board and Workstream meeting to ensure they are being monitored and managed appropriately. Programme levels risks that score >15 (after mitigation) will be escalated to the WBS Futures combined Risk Log.

3.4 Communication and Engagement Plan

Communication and engagement are recognised as being vital for WBS Futures to succeed. A detailed Communication and Engagement Plan has been developed (Appendix 4).

A Communication and Engagement Group has been established to support delivery of the Communication and Engagement Plan and meets monthly. This group ensures that there is appropriate liaison with all stakeholders in respect of the planning and implementation of WBS Futures. The inaugural meeting was held on 14th June 2023.

A Staff User Reference Forum has been established to provide feedback on how well we are communicating and engaging with our staff. Currently 28 staff have volunteered to be part of this group. There are ongoing recruitment initiatives to encourage more staff to get involved.

To support staff communication and engagement a WBS Futures intranet page – WBS Futures Hub - has been launched. This is regularly updated and provides a one stop shop for staff for everything relating to WBS Futures. All key documentation for WBS Futures is available in the WBS Futures Hub.





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We are excited to introduce you to our strategy and how WBS Futures has been established as the vehicle to support its delivery.

Our 5 Year Strategy Section

Ready to dive in? Start exploring our pages and documents now to discover a wealth of content that will bring the strategy to life.

Driving Forward - Our Delivery Section

Join us on this exciting journey and let this section become your go-to source for progress updates, insights and events in the world of WBS futures.

Our News Section

This section has been designed to keep you up to date with our latest articles, learn more about how we plan to share updates and how to get involved in the WBS Futures user reference group.

WBS Futures branding has been developed to align with the branding used for the WBS 5 Year Strategy. All communication and engagement for WBS Futures utilises this branding to ensure a consistent approach.

4. SUMMARY OF MATTERS FOR CONSIDERATION

Key documentation to support the initiation of WBS Futures is now in place. A light touch and agile approach has been taken whilst still providing the appropriate level of governance.

The Delivery Board and Implementation Group have been established and are meeting on a regular basis. All six Programme Boards have been established and all will have met by the end of October 2023.

The Workstreams for each Programme are now being established and work is underway to develop the more detailed Workstream Briefs, which will outline the deliverables and SMART benefits. These documents will inform the development of the individual project plans.

WBS Futures Assurance Reports will be aligned with Velindre Futures and provided to EMB Shape on a monthly basis.



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 checked="" type="checkbox"/>• A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/>• A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/>	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	Choose an item N/A
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below
	Safe <input checked="" type="checkbox"/> Timely <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>

	<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p>Click or tap here to enter text</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</p> <p><i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview </p>	<p>Not yet completed (Include further detail below why)</p> <p>Socio Economic Duty Assessment is underway for each of the programmes of work – being developed as detail of the programmes is becoming clearer.</p>



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TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
	If more than one Well-being Goal applies please list below:
	If more than one wellbeing goal applies please list below:
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	This report provides an update on progress only. Source of Funding: Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text
	Type of Funding: Choose an item Scale of Change Please detail the value of revenue and/or capital impact: Click or tap here to enter text
	Type of Change Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text
EQUALITY IMPACT ASSESSMENT For more information: https://nhswales365.sharepoint.com/sites/VEL/_layouts/15/Intranet/SitePages/E.aspx	Not yet completed - Include further detail below why
	Equality Impact Assessment is underway for each of the programmes of work – being



	developed as detail of the programmes is becoming clearer.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

6. RISKS

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

APPENDIX 1

Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of 7 Levels

RAG rating	ACTIONS	OUTCOMES	RAG rating	SUMMARY STATEMENTS OF 7 LEVELS
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes over a defined period of time i.e., 3 months.	7	Improvements sustained over time - BAU
Level 6	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement also of desired outcomes.	6	Outcomes realised in full
Level 5	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with little or no evidence of the achievement of desired outcomes.	5	Majority of actions implemented; outcomes not realised as intended
Level 4	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of several agreed actions being delivered, with little or no evidence of the achievement of desired outcomes.	4	Increased extent of impact from actions
Level 3	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability, with agreed measures to evidence improvement.	3	Actions for symptomatic, contributory and root causes. Impact from actions and emerging outcomes
Level 2	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.	2	Symptomatic issues being addressed
Level 1	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.	1	Actions for symptomatic issues, no defined outcomes
Level 0	Emerging actions not yet agreed with all relevant parties.	No improvements evident.	0	Enthusiasm, no robust plan

Welsh Blood Service

WBS Futures Implementation Plan



Version: 2.1

Document Author: Sarah Richards, General Services Manager

Date: September 2023

Contents

Background	1
Definition	2
• Building Blocks	
• WBS 5 Year Strategy	
• WBS Futures: Governance Structure	
• The Six Programmes	
Approach	6
• Outcomes & Benefits	
• Principles	
• Leadership & Management Arrangements	
• Roles & Responsibilities	
• Documentation	
Resources	12
Timelines	13
Finance and Budget	15

Background

The Welsh Blood Service launched its 5 year Strategy in August 2023. The strategy – **Blood and Transplant Services for the Future** – sets out our vision for services in Wales for the next five years. It describes how we will work with our staff, donors, patients and communities to ensure they have a safe and enjoyable experience which helps to improve their overall health and well-being; together with our role in making a wider contribution to the communities and society we serve.

The WBS Strategy aligns with the Velindre University NHS Trust strategy 'Destination 2033' that sets out a clear direction for the organisation over the next ten years.

WBS Futures has been established to be the vehicle to deliver our aspirations and to shape our services for the future by working in partnership with our staff, our donors and our customer hospitals and driving a culture of excellence.

'WBS Futures' means working together to deliver better futures for our patients, donors and staff.

The purpose of this plan is to act as a reference for the Innovation and Improvement Hub (iHub) and stakeholders delivering WBS Futures. It aims to provide clear governance and guidance for the management of WBS Futures.

It is a live document that will be regularly reviewed and updated as WBS Futures evolves.



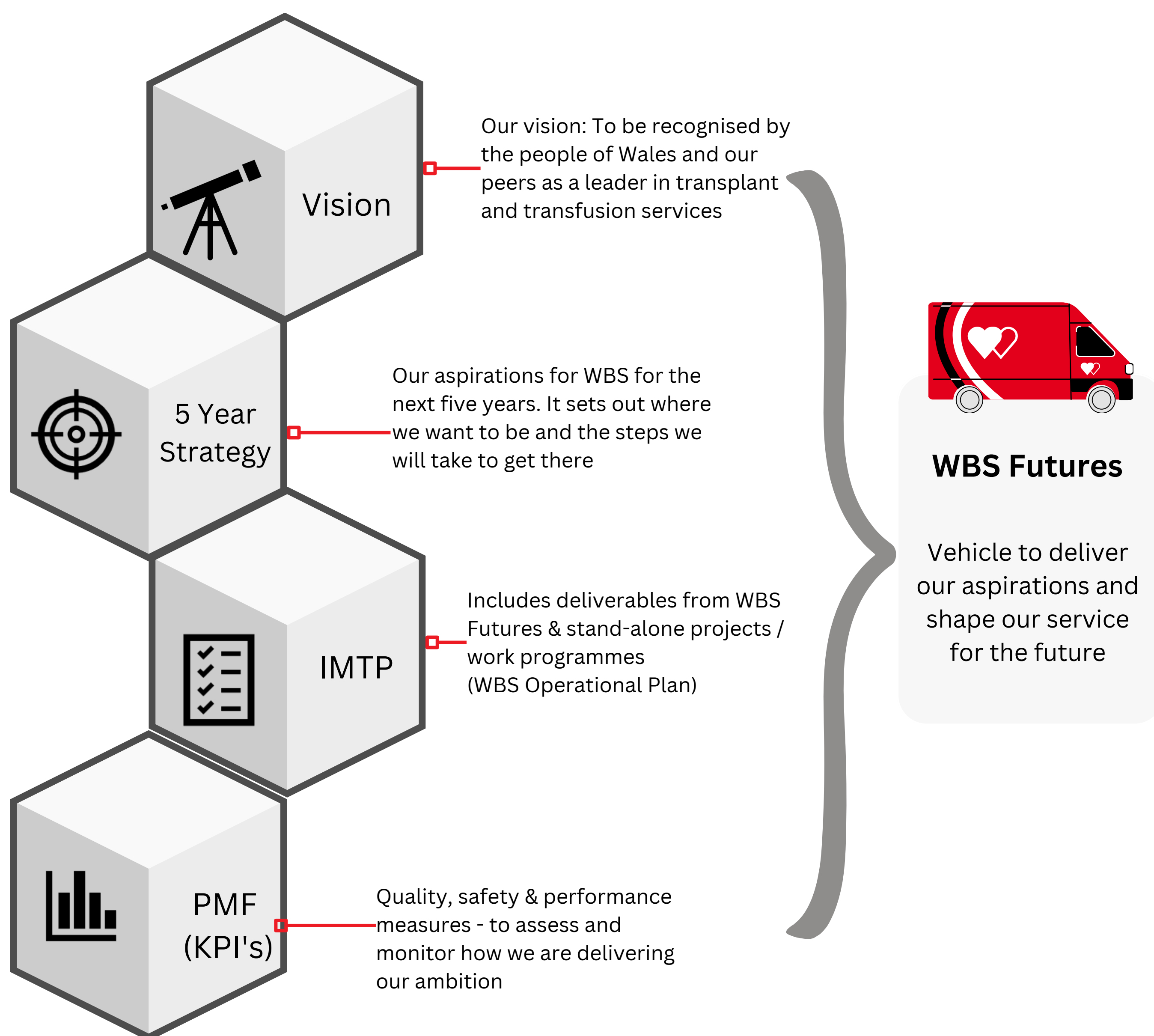
Definition



WBS Futures | working together to deliver better futures for our patients, donors and staff

WBS Futures has been established to be the vehicle to deliver the WBS vision and to shape our services for the future by working in partnership and driving a culture of excellence. It will support the delivery of the WBS 5 Year Strategy and the Integrated Medium Term Plan (IMTP) and will ensure we implement the Duties of Quality and of Candour in line with legislation. The Performance Management Framework (PMF) will assess and monitor delivery of WBS Futures to provide assurance.

The Building Blocks



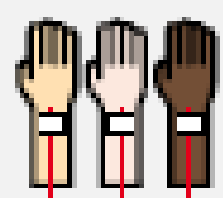
WBS 5 Year Strategy



Vision

To be recognised by the people of Wales and our peers as a leader in transplant and transfusion services.

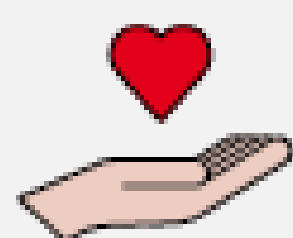
7 Strategic Themes



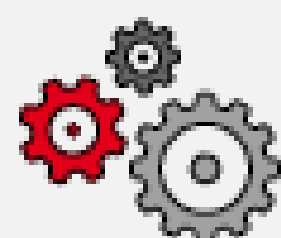
Build a sustainable donor base that meets clinical need and represents the diverse communities we serve.



To provide a world class donor experience.



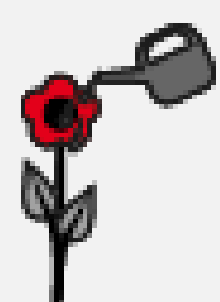
Drive the prudent use of blood across Wales.



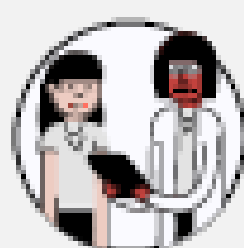
Quality, safety and value: doing it right, first time.



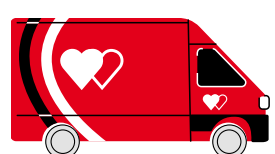
Achieving excellence in research, development and innovation to improve outcomes for our donors and patients.



Sustainable services that deliver the greatest value to our communities.



Develop great people and a great place to work.



WBS Futures: Governance Structure



Trust Executive Management Board (Shape)

WBS SLT

WBS Futures Delivery Board
Chair: Chief Operating Officer
Deputy: Director of Corporate Governance

- Meets Bi Monthly
- Strategic Oversight Group

WBS Futures Communication & Engagement Group

User Reference Group

WBS Futures Implementation Group

- Meets Monthly
- Operational Oversight Group

WBS Futures Programmes

Talbot Green Infrastructure Programme

Welsh Bone Marrow Donor Registry Programme

Collection Services Modernisation Programme

Plasma for Medicines Programme

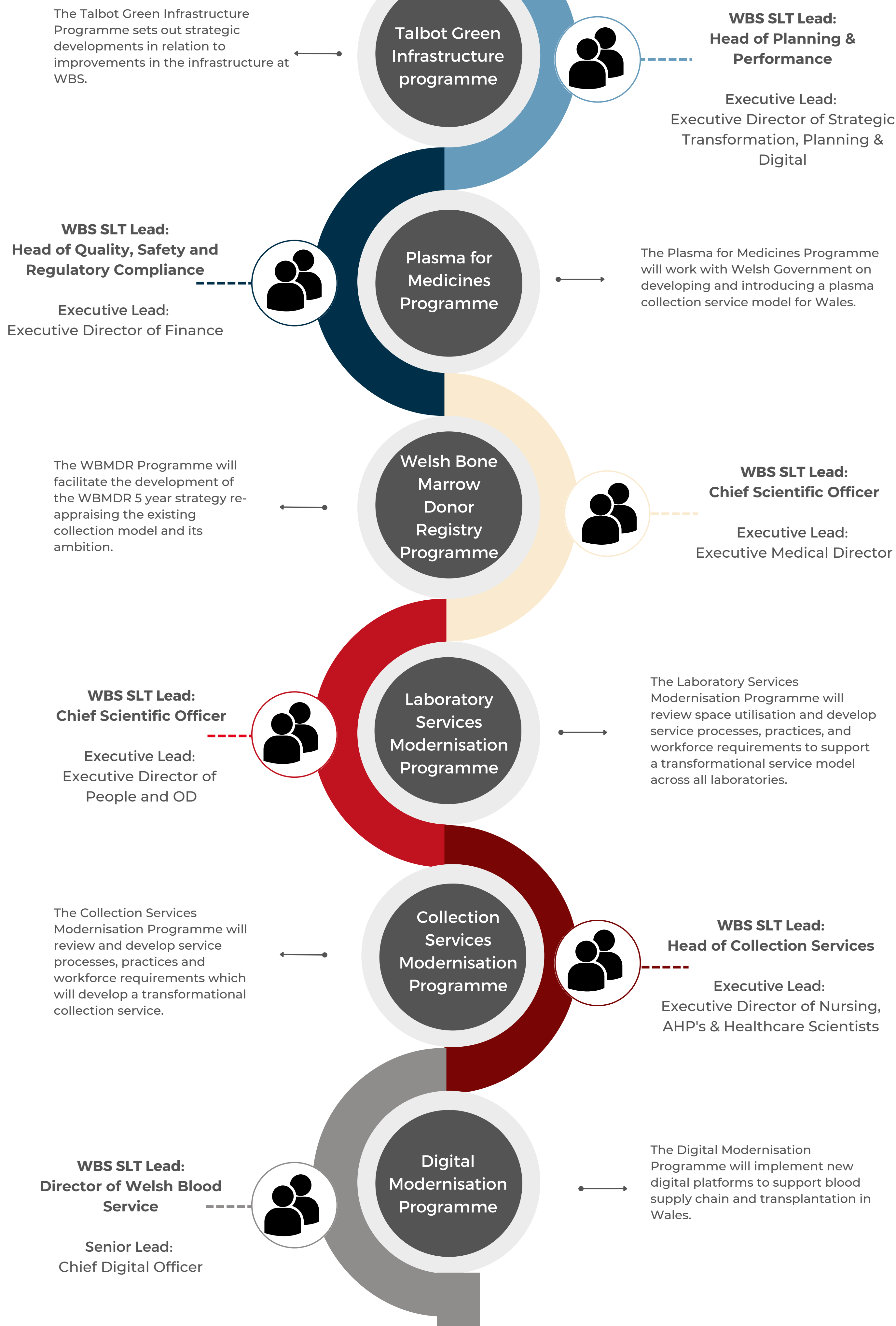
Laboratory Services Modernisation Programme

Digital Modernisation Programme

Key Enablers: People & OD, Stakeholder Communication & Engagement, Estates, WBS iHub & Change Management Process, Digital, BI



The Six Programmes



Approach

WBS Futures will be delivered in partnership with all our stakeholders (outlined within the Communications & Engagement Plan) - a truly collaborative approach will be taken in everything we do (refer to Principles on page 7).

It will be delivered within the structure and governance of WBS utilising local subject matter expertise and experience. Robust programme and project management methodologies will be utilised to ensure that there is effective control. Delivery will be fully supported by the WBS Service Improvement Action Plan, which forms an integral part of the initiative.

A Risk and Issues Log will be established. This will be reviewed and monitored at WBS Futures Delivery Board meetings. Each Programme will have individual Risk and Issues logs and these will be a standing agenda item on all WBS Futures Programme Board and Workstream meetings.

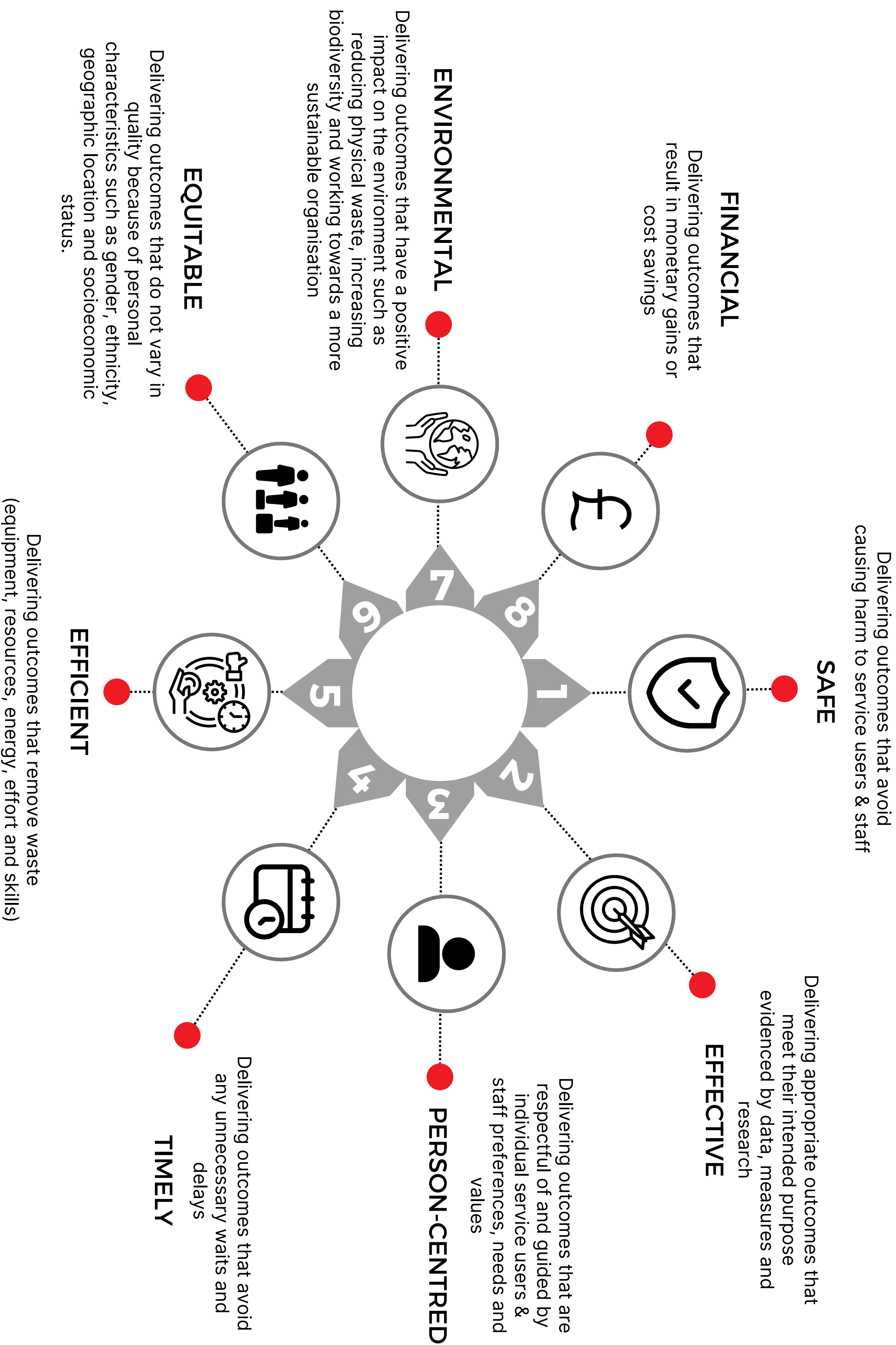
The Duty of Quality describes the need for quality-driven decision-making, particularly for those decisions that are strategic in nature. WBS Futures will use the NHS Wales Quality-Driven Decision-Making Tool to ensure we consider strategic decisions from a Quality perspective, in line with the Health and Care Quality Standards.

Outcomes & Benefits

The high level outcomes and benefits to be achieved will be outlined out in the six Programme Briefs. The Programme Workstream Briefs will set out the clearly defined and measurable outcomes and benefits to be realised. They will also outline the value-based healthcare approach. Delivery of these will be tracked through the six Programme Boards and the Delivery Board.

A benefits realisation tracker will be established for WBS Futures.





Principles

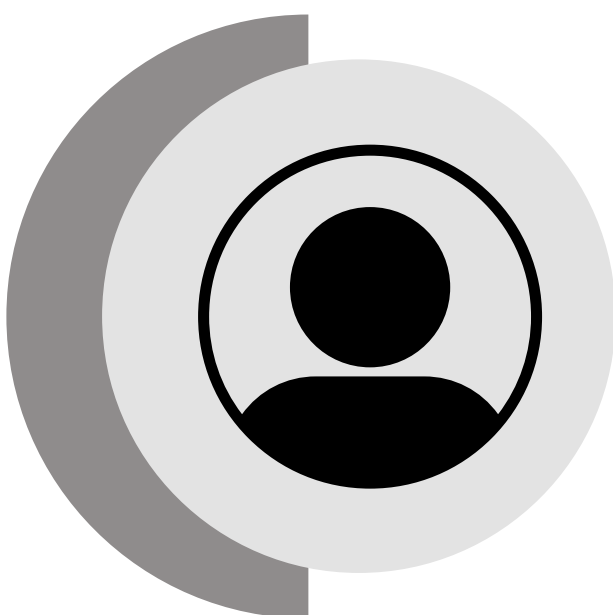


WBS Futures will adopt the following principles and collaborative approach:

- Staff will be involved in the decisions to find solutions, done with, not done to;
- Open and transparent – communication and engagement are recognised as critical success factors;
- Work in partnership with all our stakeholders - a truly collaborative approach;
- There will be a proportional approach to governance – aiming for light touch reporting as default;
- Use of consistent methodology and documentation throughout;
- Staff will be provided with training, coaching and toolkits to support with developing project management and service improvement skills;
- Delivery will be supported by the WBS Service Improvement Action Plan;
- A scalable approach to documentation will be adopted;
- Delivery will be at a pace that achieves timely realisation of outcomes and benefits whilst ensuring that solutions are sustainable and regulatory compliance is always maintained;
- Delivery will be phased and prioritised appropriately and will not compromise business as usual;
- Delivery will not compromise safety, quality and experience from a donor and patient perspective;
- Learning gained from previous programmes, e.g. All Wales Blood Service (AWBS) & Blood Supply Chain 2020 (BSC20), will inform this programme.



Leadership & Management Arrangements

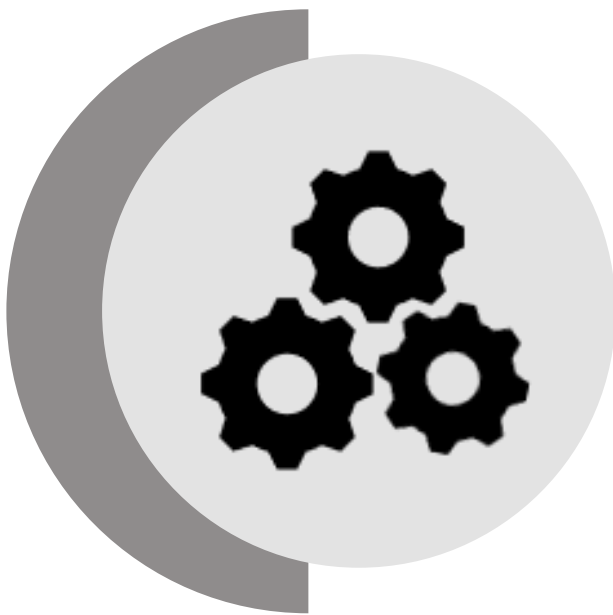
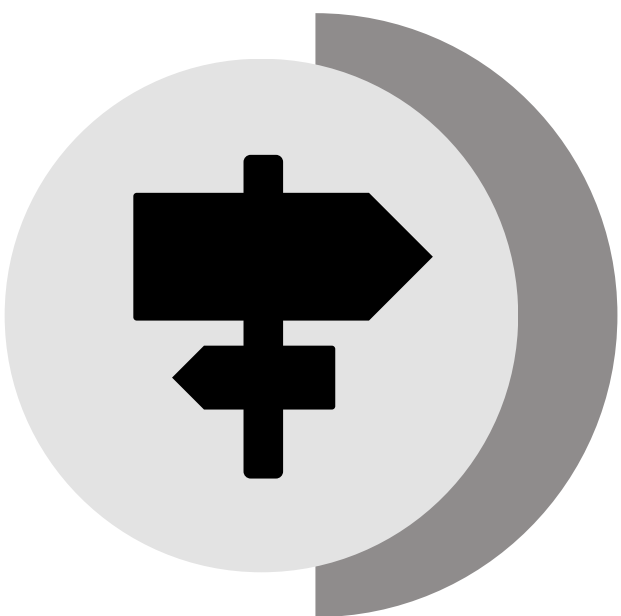


SENIOR RESPONSIBLE OWNER (SRO)

The SRO owns and the vision for WBS Futures and will provide clear strategic leadership and direction and secure any investment required, where applicable. The SRO for WBS Futures will be the Chief Operating Officer.

WBS FUTURES DELIVERY BOARD

A Delivery Board will be set up and resourced to support WBS Futures and to ensure strategic direction is provided and that due standards of governance and probity are met during the life of WBS Futures. The board will ensure successful delivery of the programme and confirm the benefits are realised to meet the aspirations of the service and align with VUNHST Strategy. The Delivery Board will be chaired by the SRO and will meet bi-monthly

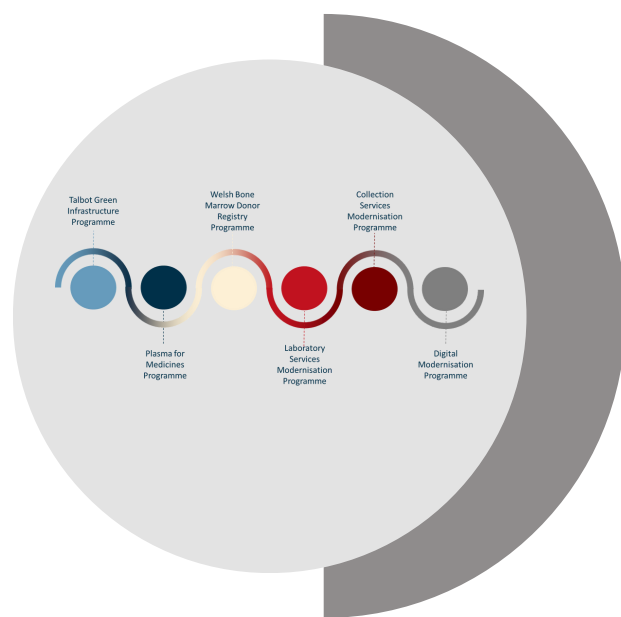


FUTURES IMPLEMENTATION GROUP (FIG)

A Futures Implementation Group (FIG) will be set up and resourced to support WBS Futures and to provide tactical direction at operational level. It will ensure that the six programmes are aligned, prioritised and implemented in a co-ordinated manner. The FIG will also ensure interdependencies are recognised and managed. The FIG will be chaired by the Head of Planning and Performance and will meet monthly. The FIG will report to the WBS Futures Delivery Board.

PROGRAMMES

Six programmes will be established and will consist of subject matter experts. Each programme will be assigned a Project Manager. The Programme Boards will meet monthly and will be chaired by the Executive lead. The Programme Boards will report to the WBS Futures Delivery Board.



COMMUNICATION AND ENGAGEMENT GROUP

A Communication & Engagement Group will be established to ensure that there is appropriate liaison with all stakeholders in respect of the planning and implementation of WBS Futures. It will support delivery of the Communication and Engagement Plan. The Communication and Engagement Group will be chaired by the Head of Innovation and Improvement Hub (iHub). It will report to the WBS Futures Delivery Board.

Roles & Responsibilities



The Senior Responsible Owner (SRO)

The Senior Responsible Owner (SRO) is accountable for the success of WBS Futures and is responsible for enabling WBS to maximise opportunities that arise from the new environment resulting from WBS Futures, meeting the new service needs and delivering new levels of performance, benefits, service delivery and value. The SRO for WBS Futures is the Chief Operating Officer.

Programme Director

The Programme Director provides the interface between initiative ownership and delivery and acts as a focal point between the service and the Innovation & Improvement Hub (iHub). The Programme Director is responsible for the ongoing management on behalf of the SRO to ensure the desired outcomes and objectives are delivered. The Programme Director will act as a link for stakeholders at a strategic level. The Programme Director for WBS Futures is the WBS Director.

Executive Lead

The Executive Lead will provide strategic and executive oversight for the designated programme. They will provide strategic professional oversight, ensure that due standards of governance and probity are met and escalate any delivery issues through to Programme Board / SRO. The Executive Lead will work closely with Programme SLT lead and ensure programme delivery and outcomes are being realised. The Executive Lead will chair the Programme Board.

Senior Leadership Team (SLT)

The Programme Senior Leadership Team Lead has overall responsibility and is accountable for the successful delivery of all aspects of their designated programme and meeting agreed outcomes and benefits. They will also be Vice Chair of their programme board.

Innovation and Improvement Hub (iHub)

WBS Futures is supported by the iHub, overseen by the Head of Planning and Performance, with a remit to:

- Ensure programme and project structures, processes and resources are in place to enable delivery of WBS Futures objectives
- Support monitoring and reporting mechanisms;
- Ensure documentation and audit trails are maintained;
- Develop programme plans and report progress against those plans;
- Establish and support the programmes & workstreams;
- Develop and maintain a risk management strategy;
- Develop, maintain and review the Benefits Realisation Tracker;
- Develop and maintain a robust Communication & Engagement Plan providing effective engagement with key internal and external stakeholders;
- Work with SLT Leads to develop key deliverables and a timeline for delivery

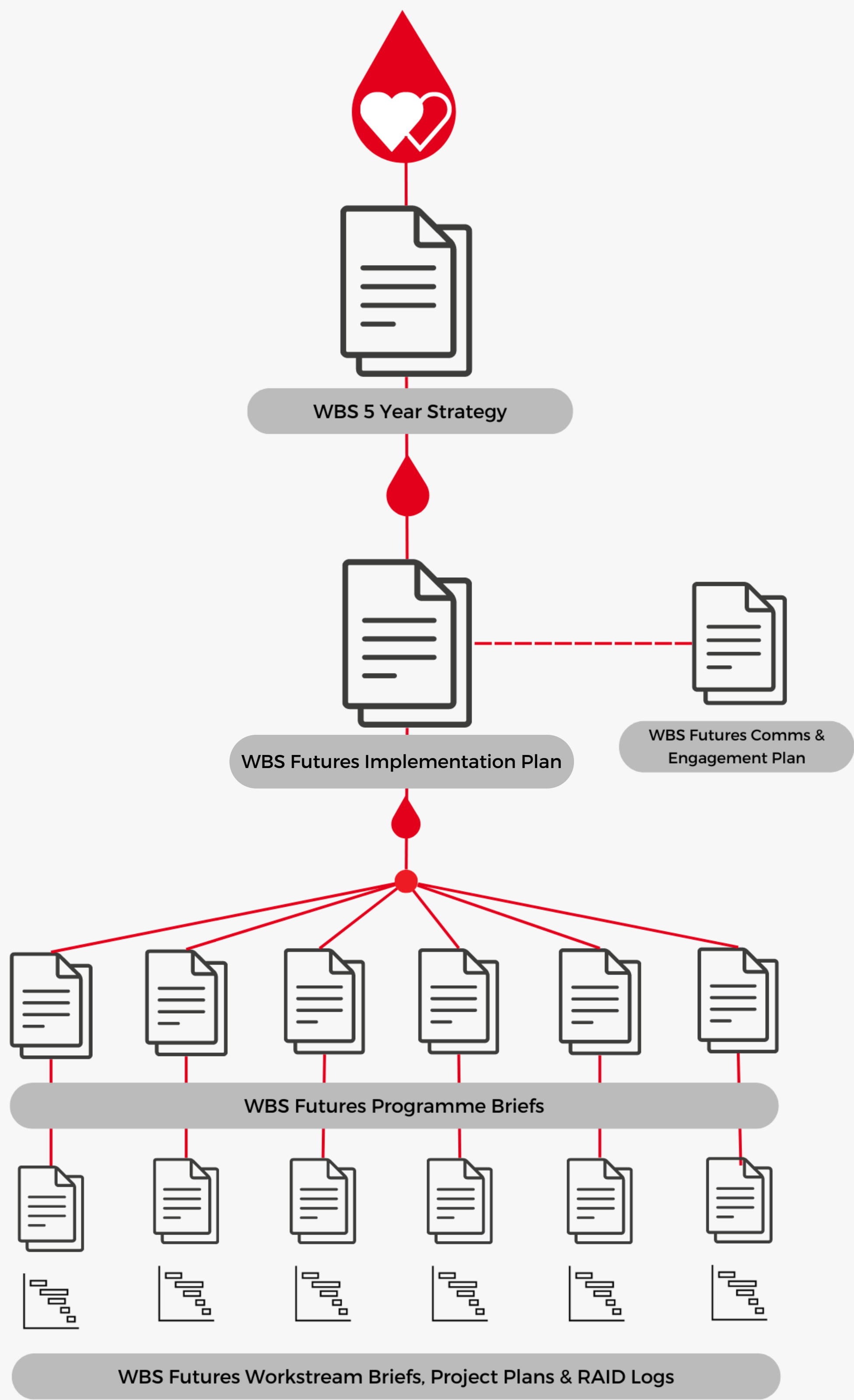


Documentation



WBS Futures will be supported by the following documentation.

Progress will be reported via a live Microsoft Excel Dashboard that includes all measurable outcomes and outputs so delivery can be tracked against them. All levels of progress reporting will utilise this Dashboard to ensure a responsive and light-touch approach.



Resources

The VUNHST resources required to support implementation of WBS Futures are outlined below. Resources required to deliver the initiative will be made available from existing resources where possible, however, external resources may be identified during the life cycle of WBS Futures.

WBS staff resource allocation will be managed via the WBS Capacity Planning Group (CPG) process.

Trust-wide Support

To include a nominated lead from the following corporate functions:

- People and OD
- Communication and Engagement
- Estates
- Finance
- Digital
- Business Intelligence

Nominated Executive Lead for each Programme.

Chief Operating Officer (COO) as Senior Responsible Owner (SRO)

Welsh Blood Service

- Programme Director
- Members of the Delivery Board
- Members of the Futures Implementation Group (FIG)
- Members of the Communication and Engagement Group
- Members of the six Programme Boards
- Operational Leads and members of the workstreams
- Innovation & Improvement Hub
- Service Improvement



5.0 Timelines

WBS Futures is aligned to the WBS 5 Year Strategy and will commence in 2023/24 and will be completed by 2027/28. The timelines for WBS Futures will be regularly monitored and reviewed to ensure they are realistic and achievable. A formal review will take place annually and will re-align timelines if required.

The initial Milestone Timeline can be found on page 13.

Further detail will be provided in the individual Programme Plans. Key milestones will be aggregated to form the overarching timeline for WBS Futures.

The WBS 5 Year Strategy will be reviewed and refreshed in 2028.



WBS Futures Milestone Plan



WBS Futures					
Programmes	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028
Talbot Green Infrastructure					
Outline Business Case	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Full Business Case	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Construction	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Plasma for Medicines					
Product Journey	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Donor Journey	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Welsh Bone Marrow Donor Registry					
Donor Recruitment & Panel Growth	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Expanding Stem Cell Collection Services	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Optimising Donor Clinical Services	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Laboratory Services Modernisation					
Space Utilisation	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Laboratory Testing & Automation	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Platelet Strategy	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Red Cell Immunohematology (RCI) Laboratory Review	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Collection Services Modernisation					
Donor Engagement	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Operations	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Resource, Planning & Logistics	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Digital Modernisation					
BECS Procurement	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
LIMS for WHAIS	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
WLIMS 2.0	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■

Finance & Budget

There will be an iterative financial planning process based on the new operational models as they evolve. As WBS Futures progresses, any developments that are identified as requiring investment will be assessed at that time within the normal operating environment or via the business case approval process overseen by the Finance and Procurement Planning Group (FPPG).

WBS Futures will endeavour to offset any emerging cost pressures through potential efficiencies that may be identified. However, where this is not possible, other funding routes will be explored e.g. Strategic Capital Board, Welsh Government etc.



Appendix

- WBS Futures Delivery Board Terms of Reference
- Futures Implementation Group (FIG) Terms of Reference
- Communication & Engagement Group Terms of Reference



Welsh Blood Service

WBS Futures

Collection Services Modernisation

Programme Brief



Version: 1.0

Document Author: Huw Lovett, Interim Programme Manager

Date: October 2023

Contents

Programme Definition

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- Background
- Justification
- Programme Scope
- Programme Structure
- Programme Objectives
- Expected Outcomes & Benefits
- Dependencies
- Programme Funding
- Programme Risks
- Timelines

Programme Approach

11

- Programme Methodology
- Programme Structure
- Documentation
- Communications & Engagement

Appendix

16

Background

The Welsh Blood Service launched its 5 year Strategy in August 2023. The Strategy – Blood and Transplant Services for the Future – sets out our vision of services in Wales for the next five years. WBS Futures has been established to be the vehicle to deliver our aspirations and to shape our services for the future by working in partnership with our staff, our donors and our customer hospitals and driving a culture of excellence.

The purpose of this document is to provide a full and firm foundation for the initiation of the Collection Services Modernisation Programme, which forms part of WBS Futures. The Brief will define the purpose and key objectives of the programme and provide a basis for its management and will be used as a tool by which to measure the programme's success.

Programme Background

Collections Services is responsible for all activity relating to the collection of blood and blood components.

The service area is split into three departments:

Donor Engagement - responsible for:

- the Donor Contact Centre; and
- communications, marketing and engagement activities to support the recruitment and retention of donors across whole blood, platelets and bone marrow.

Operations - responsible for:

- collecting whole blood nationally
- collecting apheresis platelet donations at WBS headquarters in Talbot Green
- providing a safe experience and environment for donors from registration to post-donation care

Resource Planning and Logistics - responsible for:

- selecting donation venues, ensuring that the clinic schedule is rotated across Wales, in line with the donor database
- resourcing each donation venue with the staff and equipment needed to manage a donation clinic
- transferring equipment and blood across the country, supporting wider NHS Wales partners in their service delivery.

On average, each year Collections Services is responsible for:

- Collecting 85,000 units of whole blood
- Collecting 3,500 apheresis platelets
- Signing up 4,000 17-30 year olds to the Welsh Bone Marrow Donor Registry
- Visiting 110 venues and hosting over 1,500 donation sessions
- Travelling 500,000 miles, collecting and delivering blood products and the equipment needed
- Sending over 2 million SMS messages promoting clinics and providing appointment reminders
- Reaching 3 million social media accounts promoting WBS



Justification



There are a number of challenges facing the WBS, which can be addressed through delivery of this programme:

- There is a need to improve digital capability to better maintain relationships with existing donors and reach prospective new donors.
- The clinical model for whole blood collection is already under review and naturally sits within this programme to ensure timely delivery of a staffing model that maintains high quality and safety for donors, patients and staff.
- The impact of WBS' opportunity to move into the field of plasma fractionation and the corresponding collection model that will be required to deliver this service.
- The resourcing of community-based whole blood collection team staff is evolving and requires further development of the in-house electronic rostering solution to ensure it meets legislative and organisational requirements, whilst meeting the needs of complex and variable work patterns.
- The venue portfolio for whole blood collection is based predominantly on the daily rental of 3rd party owned venues throughout Wales, with only one WBS fixed site located at Talbot Green and two mobile donation clinics (MDCs) utilised exclusively in the south region of Wales. This portfolio has significantly reduced as a result of the COVID Pandemic and requires review to establish sustainable access to communities throughout Wales.
- The WBS fleet is ageing and requires replacement via Welsh Government funding.
- The WBS is working towards achieving net zero carbon status by 2030 in line with the Welsh Government's Route Map for Decarbonisation across the Welsh Public Sector.

The programme will also support compliance with;

- The Well-being of Future Generations (Wales) Act 2015
- Quality and Safety Act, Duty of Candour and Duty of Quality
- A Healthier Wales: our plan for health and social care
- Prudent Healthcare
- NHS Wales Decarbonisation Strategic Delivery Plan (2021-2030)
- Blood Safety and Quality Regulations

The Collection Services Modernisation Programme aligns to the following strategic themes, as outlined in the WBS 5 Year Strategy:

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

Programme Scope



In Scope

Donor Engagement

- Pathways for whole blood, platelet and plasma donors
- Use of blood component notifications to donor
- Omnichannel (software modernisation and efficiencies)
- Donor Strategy

Operations

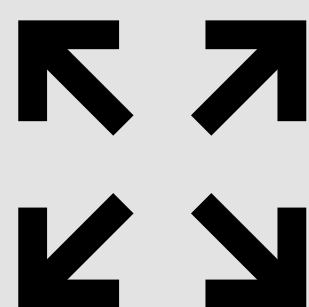
- Complete implementation of Terms and Conditions consultation for collections teams
- Establishment review - whole blood and apheresis
- Review haemoglobin testing method at donor screening
- Review post-donation care practices
- Implementation of live digital capability at community clinics
- Reduction in paper-based practices at clinics

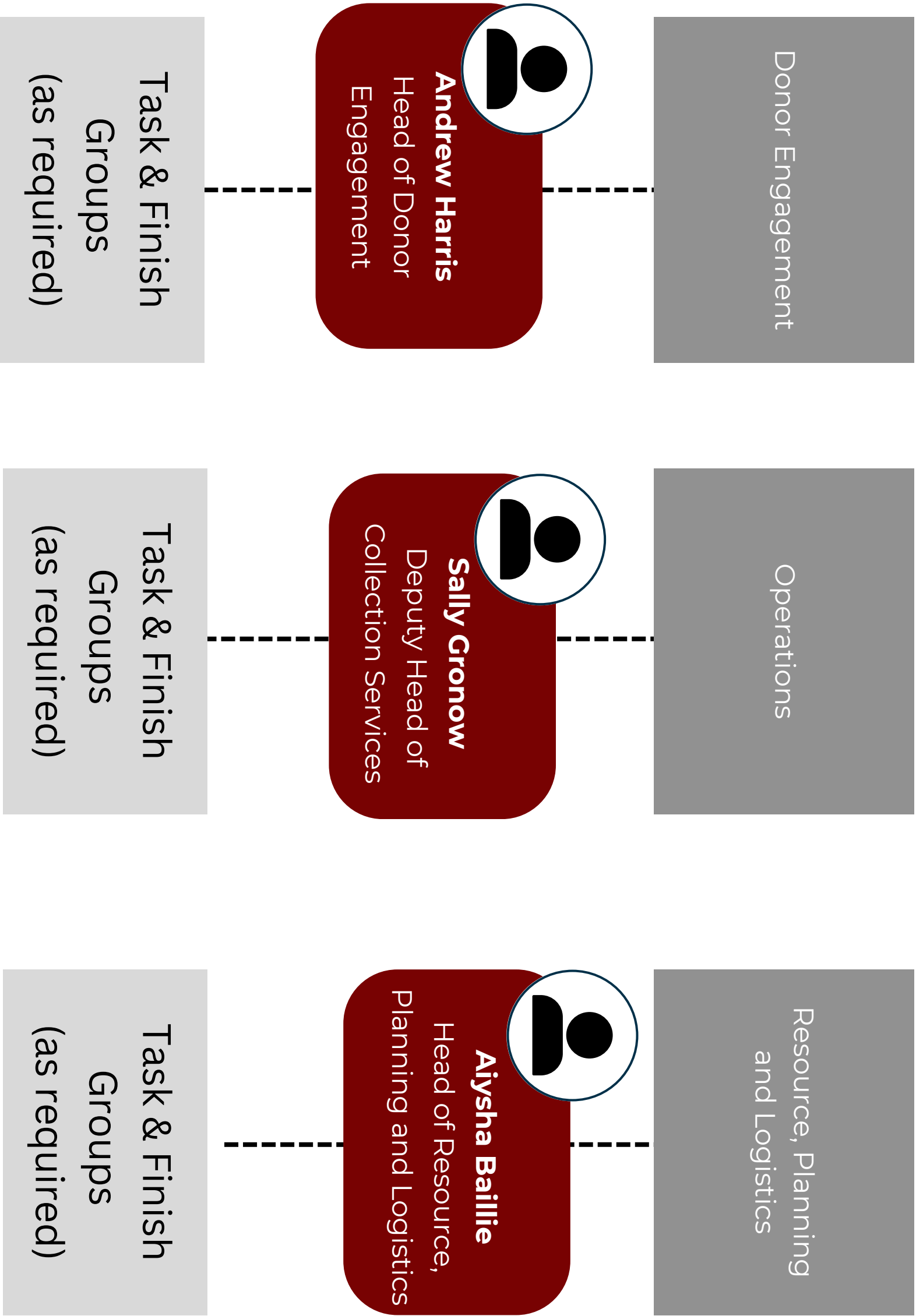
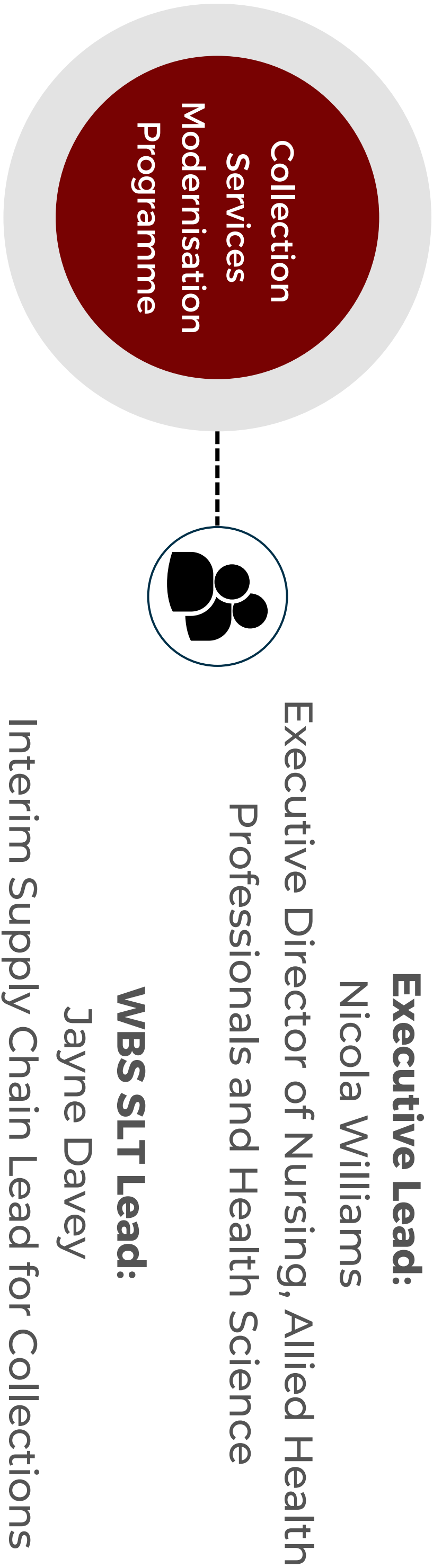
Resource, Planning & Logistics

- Community clinic planning and resourcing
- Fleet Replacement (excluding Temperature Controlled Vehicle)
- Review community whole blood venue portfolio

Out of Scope

- Schemes that will be delivered under the Welsh Bone Marrow Donation Registry Programme.
- Schemes that will be delivered under the Plasma for Medicines Programme.
- Changes to Collections Staff Terms and Conditions which have been addressed during previous Collection Team Model OCP activities under the Blood Supply Chain 2020 initiative.
- Procurement of a new BECS – this will be delivered by the Digital Modernisation Programme.
- Any works to WBS Estates required to enable electric vehicle charging (this will be the remit of the Talbot Green Infrastructure Programme).
- Service Improvements delivered as part of business-as-usual activities (e.g., 5-Minute Improvements)





Programme Structure

Programme Objectives



The following programme and workstream objectives have been identified by the Collection Services Modernisation Programme Board:

To review and develop service processes, practices and workforce requirements which will develop a transformational collection service.

Donor Engagement Workstream

1

Implement our new donor strategy by 2025/26

2

Implement improved donor interaction functionality.

Operations Workstream

1

Implement a clinically led collection team model.

2

Enable digital connectivity between Blood Establishment Computer System (BECS) and blood weighing and mixing equipment (Haemaflows).

3

Introduction of 'live connectivity' to the Blood Establishment Computer System (BECS) on donation clinics.

Resource, Planning & Logistics Workstream

1

Revise the WBS blood collection clinic portfolio.

2

Develop a fleet strategy, incorporating electric vehicles where possible.

Expected Programme Outcomes & Benefits



The following high level outcomes and benefits have been identified during programme initiation. The Workstream Briefs that sit below this document will set out the clearly defined and measurable outcomes and benefits to be realised. Delivery of these will be tracked through the six Programme Boards and the Delivery Board. A benefits realisation tracker will be established for WBS Futures.

Benefits categorisation for WBS Futures is attached as Appendix 2.

Outcomes

Donor Engagement Workstream

- A Donor and Advocate Strategy that empowers people in Wales to continuously donate, advocate and inform Service delivery.
- A platform that enables donors to interact with the Service in multiple ways.
- Updated version of the appointment booking system
- Person centred service for donors, addressing needs appropriately.
- Pre-empting future issues and removing strain from our services where possible.
- Increased opportunities for co-design with donors.
- Improved donor and supporter education.
- Better system management, improved invitational process and recognition of donors' milestones.
- Tailored donor experience.
- Person centred communication options available to service users.

Operations Workstream

- Standardisation of terms and conditions across all collections teams staff
- Improved leadership capability
- Removal of historical locally agreed variations
- Improved and updated job descriptions
- Enhanced data collection/reporting.
- Real time donor information availability on blood donation clinics.
- Access to latest donor records held in BECS.
- Enhanced clinical decision making at blood donation clinics.
- Real-time data sharing across the blood supply chain and donor journey.
- Removal of nomad functionality.

Resource, Planning and Logistics Workstream

- Sustainable clinic rotation throughout Wales.
- Safe transportation of temperature controlled blood components across Wales.
- Safe transportation of human and physical resources to and from community blood donation clinics across Wales.
- Replacement of diesel powered vehicles with hybrid or electric vehicles where product availability permits.
- Contribution to decarbonisation objectives.

Benefits

Effective

- The ability to sustain and grow service delivery in line with NHS service requirements.
- Increased knowledge of successful engagement mechanisms.
- Clarity of roles and responsibilities

Efficient

- Reduction in staff turnover
- Improved collection efficiency
- Increased opportunities for donors and supporters to engage and support as needed.

Person-centred

- An increase in the retention and recruitment of engaged staff.
- Donors can engage with us through a selection of mediums.
- Increase in donor satisfaction

Equitable

- Improved availability of donation opportunities for existing and new donors.
- Improved access to diverse populations.

Timely

- Reduction in manual data entry
- Reduced whole blood donation time

Safe

- Enhanced quality and safety of donors and donations
- Reduction in data errors

Financial

- Reduction in blood clinic venue costs.
- Reduction in fuel costs.

Environmental

- Reduction in WBS carbon footprint



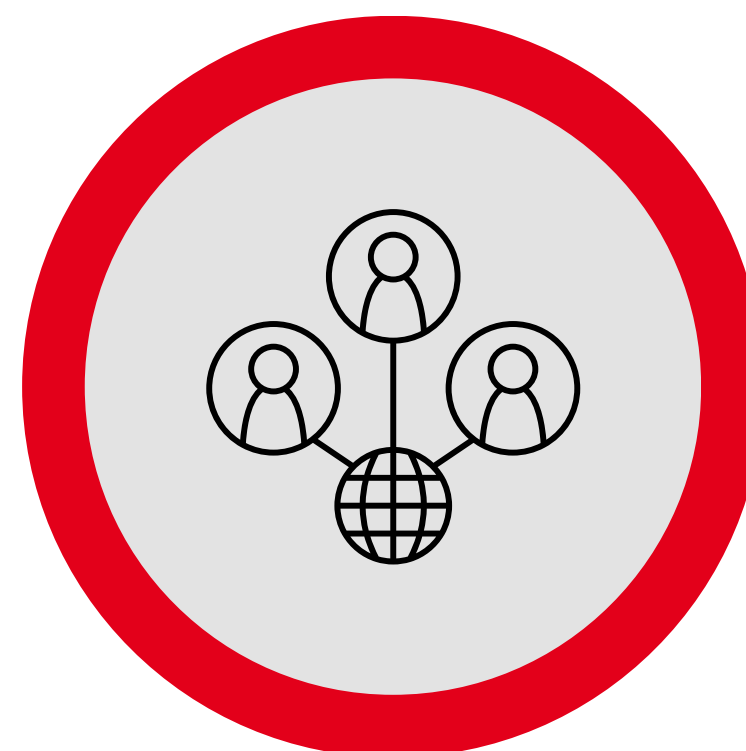
Constraints & Assumptions



Resources

Constraint:

- Business as Usual (BAU) pressures: the specialist knowledge required to support programme delivery will come from within the existing workforce (i.e. Collections, Digital) and will need to be delivered alongside day-to-day activities.
- Change fatigue: Collection Team staff have been subject to an OCP process since February 2019 and may be resistant to further changes.



Assumption:

None at this time.

Budget

Constraint:

- Capital funding required for fleet replacement.
- Staffing model review could have cost implications for the Service.
- Any increased costs resulting from the clinic portfolio review.

Assumption:

- A business case will need to be submitted to the Welsh Government if funding cannot be found within the WBS capital budget
- Digital-related deliverables will be funded from the Digital budget



Business Continuity

Constraint:

- Changes will need to be delivered whilst ensuring sufficient blood collections take place to maintain a regular supply of blood to customer hospitals.

Assumption:

None at this time.



Sustainability

Constraint:

- Limitations within the commercial vehicle market and around resources and technology available to deliver more sustainable travel methods.

Assumption:

- None at this time.



Programme Dependencies



The following anticipated dependencies have been identified. The table below illustrates the interdependencies across all six programme in the WBS Futures portfolio.

The dependencies are broad and high level at this stage, however more detailed dependencies will be captured in the Workstream Briefs.

This programme is impacted by the following programmes on the Y axis

	TGI	P4M	WBMDR	LSM	CSM	DM
TGI			✓	✓		
P4M			✓	✓	✓	✓
WBMDR					✓	✓
LSM	✓	✓	✓		✓	✓
CSM	✓					✓
DM	✓					

This programme has an impact on the following programmes on the X axis

Talbot Green Infrastructure Programme	TGI	Plasma for Medicines Programme	P4M
Welsh Bone Marrow Donor Registry Programme	WBMDR	Laboratory Services Modernisation Programme	LSM
Collection Services Modernisation Programme	CSM	Digital Modernisation Programme	DM

Programme Funding



There will be an iterative financial planning process based on the new operational models as they evolve. As the Collection Services Modernisation Programme progresses, any developments that are identified as requiring investment will be assessed at that time within the normal operating environment or via the business case approval process overseen by the Finance and Procurement Planning Group (FPPG). Other funding routes may need to be explored e.g. Strategic Capital Board, Welsh Government etc.

Programme Risks

The following risks have been identified during programme initiation. A Risks and Issues log will be developed and updated for the life of the programme with the focus being on mitigating actions. Risks and issues will be reviewed and monitored at monthly Programme Board meetings.



There is a risk that the dependent programmes (outlined above) are not in a position to provide appropriate support within the required timescales, which will result in the benefits of the programme not being achieved, due to capacity constraints of the organisation and demands of other programmes.



There is a risk that there is low staff engagement due to change fatigue amongst WBS staff, which will result in the benefits of the programme not being achieved.



There is a risk that staffing capacity will be insufficient for the realisation of the objectives, which will result in the benefits of the programme not being achieved, due to capacity constraints of the organisation and demands of other programmes.



There is a risk that funding will not be available for the realisation of the objectives, which will result in the benefits of the programme not being achieved, due to fiscal constraints of the organisation and demands of other programmes.



There is a risk that Welsh translation of required documentation and communications may not be delivered, caused by limited resources with the Welsh translation team, resulting in programme objectives not being met in a timely manner.



There is a risk that BECS re-procurement will not be delivered on time to enable live connectivity on clinics.



Collection Services Modernisation Programme

Tasks	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028
Donor Engagement	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
Operations	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
Resource, Planning & Logistics	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>

Programme Methodology

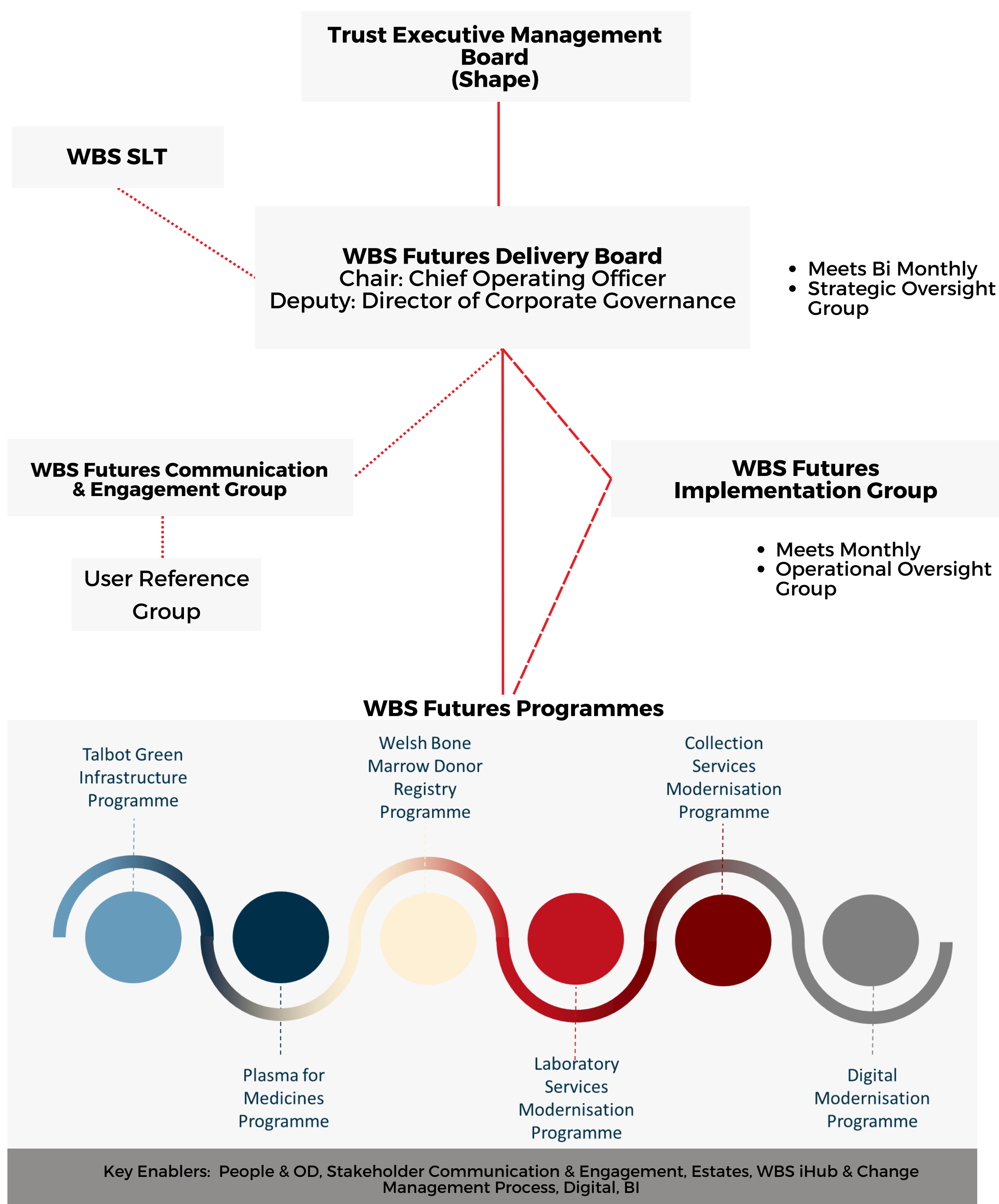


WBS Futures will be delivered within the structure and governance of WBS utilising local expertise and experience. Robust programme and project management methodologies will be utilised to ensure that there is effective control.

A formal programme structure has been established by which to manage delivery of WBS Futures.



WBS Futures: Governance Structure



Programme Structure



Programme Meetings		Frequency	Purpose	Attendees
Programme Board		Monthly	Refer to Terms of Reference (ToR) Appendix 1.	
Workstream Meetings	Donor Engagement	TBC	Workstream Brief and Terms of Reference to be developed	
	Operations	TBC	Workstream Brief and Terms of Reference to be developed	
	Resource, Planning & Logistics	TBC	Workstream Brief and Terms of Reference to be developed	
Task & Finish Group Meetings		TBC	Task & Finish Group Briefs to be developed	

A Programme Board will be established. This will be chaired by the Executive Lead, who will provide strategic and executive oversight for the programme. The Executive Lead will work closely with the Programme SLT Lead and ensure programme delivery and outcomes are being realised. The SLT Lead will be Vice Chair of the Programme Board. Terms of Reference are attached as Appendix 1.

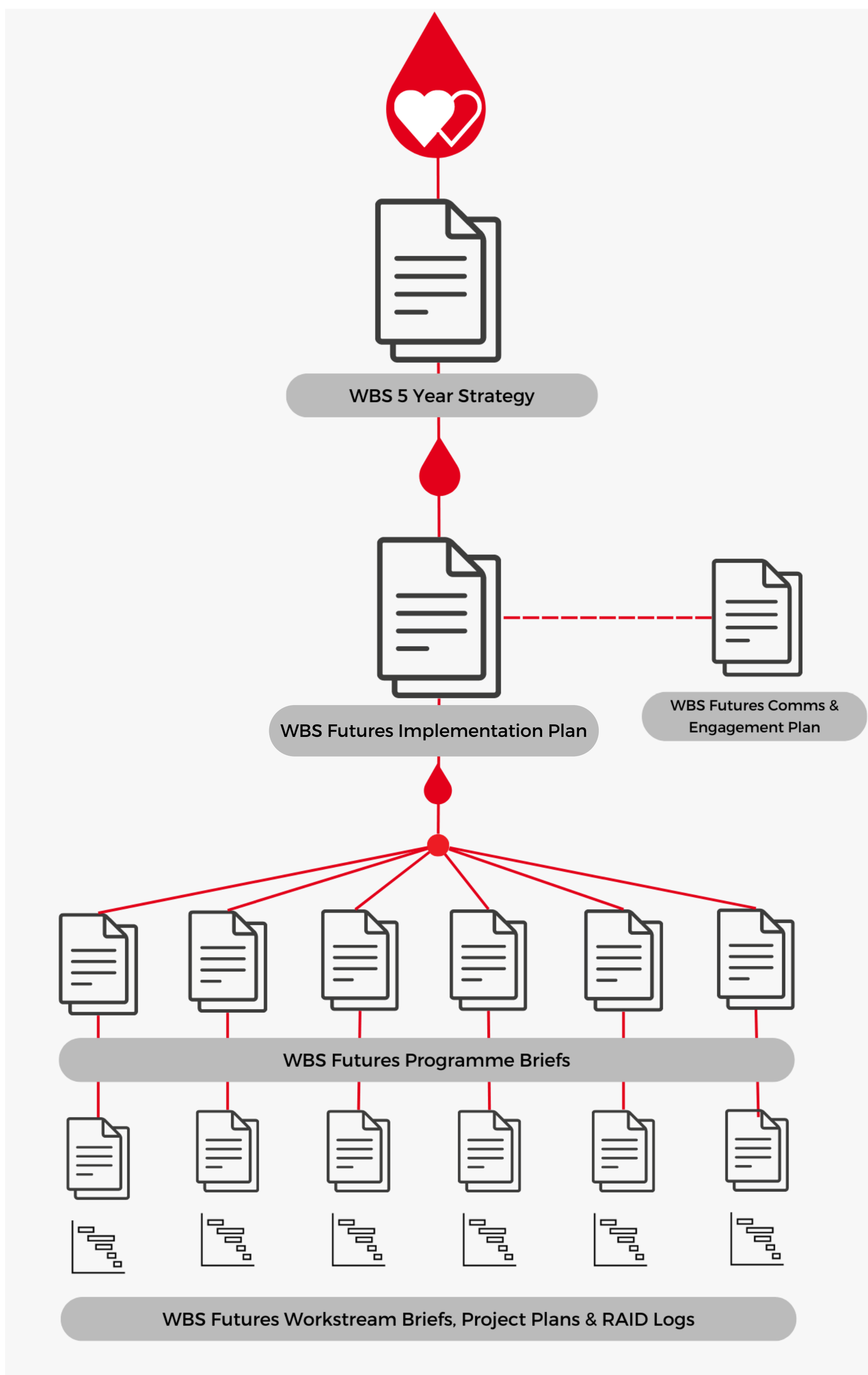
The Programme Board will report to the WBS Futures Delivery Board, to be chaired by the Chief Operating Officer of VUNHST. The Delivery Board will meet on a bi-monthly basis.

Representatives of the Programme Board will also attend WBS Futures Implementation Group meetings along with representatives from each of the other WBS Futures Programmes. Implementation Group meetings will be chaired by the WBS Head of Planning and Performance.

Programme Documentation



Progress will be reported via a live Microsoft Excel Dashboard that includes all measurable outcomes and outputs so delivery can be tracked against them. All levels of progress reporting will utilise this Dashboard to ensure a responsive and light-touch approach.



Communication & Engagement



A Communication & Engagement Plan has been developed for WBS Futures.

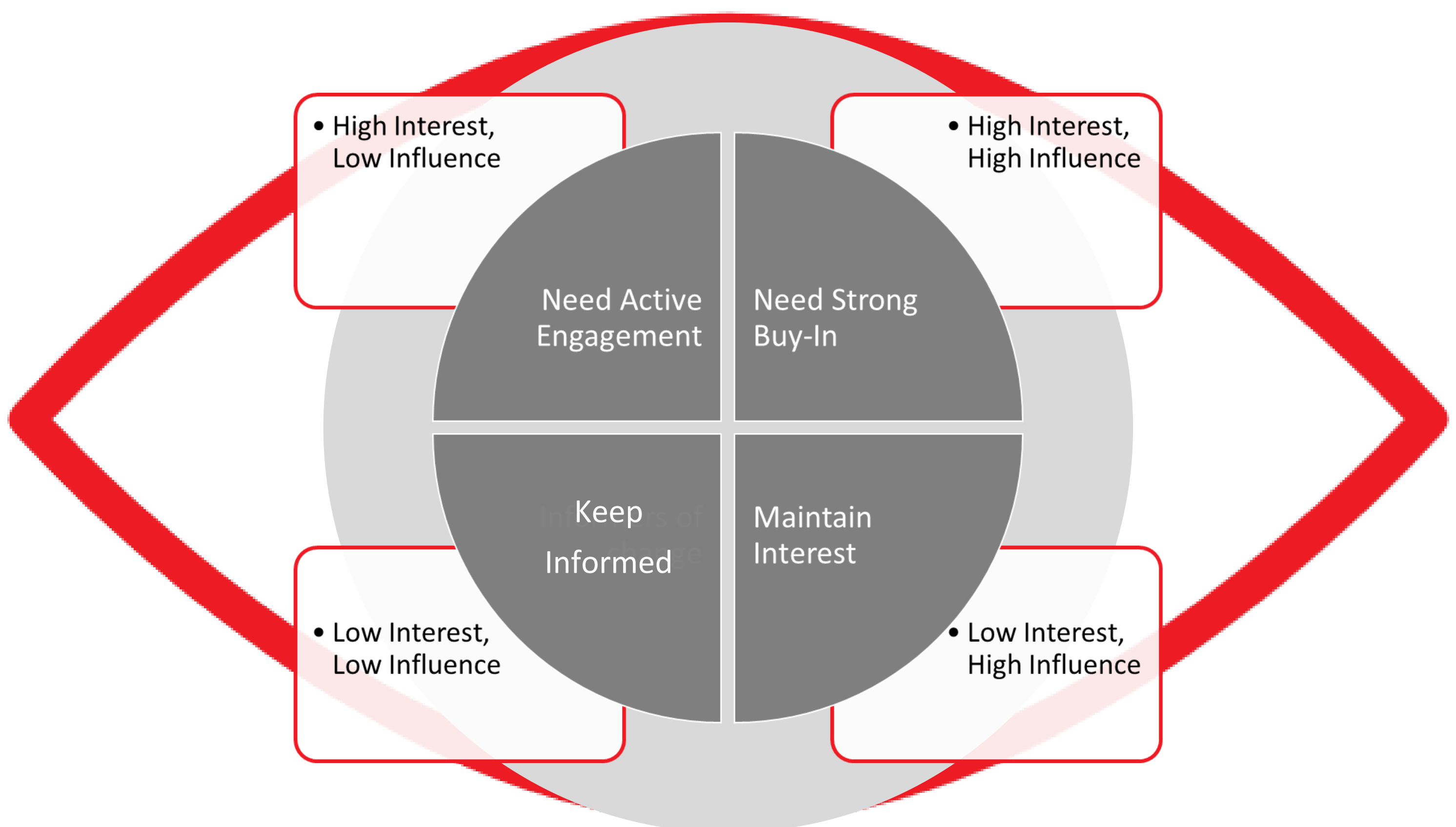
A range of communication channels/approaches will be utilised to support stakeholder activity (full details available in the Communication and Engagement Plan).

Key communications for the Programme will include:

- Dashboard reporting to Delivery Board and quarterly reports to Executive Management Board and Trust Board.
- Programme documentation to be made available via the WBS Futures intranet page.
- Regular programme updates to be distributed.

The diagram below illustrates how the key stakeholder groups/audiences will be mapped according to their interest/influence.

Stakeholder Analysis



Programme Stakeholders



Needs Active Engagement

- Customer hospitals

Need Strong Buy-In

- WBS donors
- WBS influencers
- WBS staff
- Trade Unions

Keep Informed

- Local Health Boards
- Other blood establishments
- UK & International Forums (e.g. EBA, ADRP)
- Velindre Cancer Centre

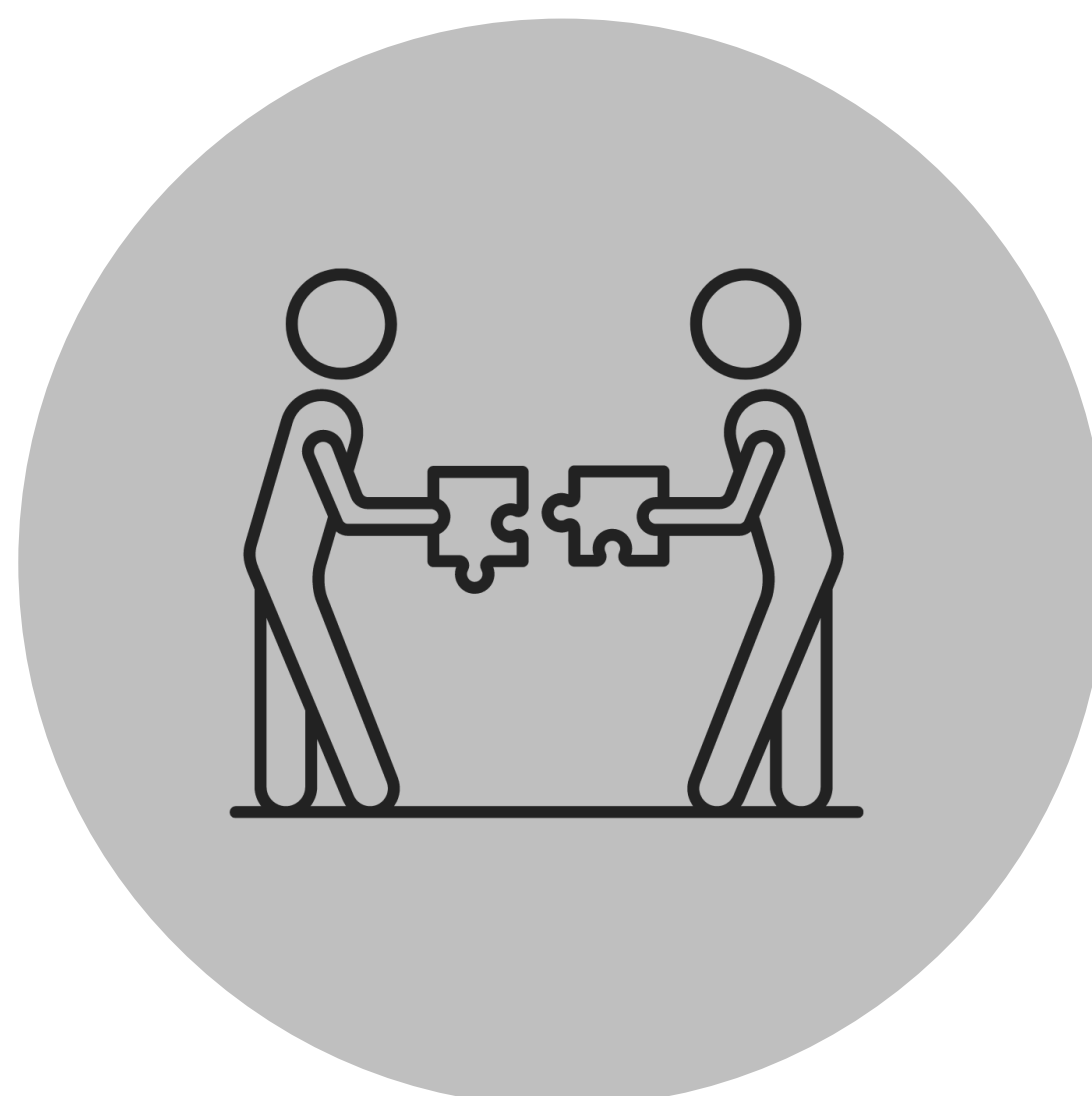
Maintain Interest

- VUNHST Board
- Welsh Government
- MHRA
- WBS SLT
- Llais (Citizen Voice Body for Health & Social Care)
- General public (potential future donors)
- Patients
- Future Generation Commissioner for Wales

Specialist Input

Specialist input will be required from the following areas:

- People and Organisational Development (POD)
- Finance
- Clinical Services
- Shared Services Procurement
- WBS Capital Planning Manager
- Communications
- Digital
- Business Intelligence
- iHub
- Validation
- Estates



Appendix



- Appendix 1 - Collection Services Modernisation Programme Board Terms of Reference
- Appendix 2 - WBS Futures Benefit Categorisation

Welsh Blood Service

WBS Futures

Laboratory Services Modernisation

Programme Brief



Version: 1.0

Document Author: Rhian Snell

Date: 21st September 2023

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- Programme Organogram
- Programme Objectives
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- Programme Funding
- Programme Risks
- Timelines

Programme Approach

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- Documentation
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Background

The Welsh Blood Service launched its 5 year Strategy in August 2023. The Strategy – Blood and Transplant Services for the Future – sets out our vision of services in Wales for the next five years. WBS Futures has been established to be the vehicle to deliver our aspirations and to shape our services for the future by working in partnership with our staff, our donors and our customer hospitals and driving a culture of excellence.

The purpose of this document is to provide a full and firm foundation for the initiation of the Laboratory Services Modernisation Programme, which forms part of WBS Futures. The Brief will define the purpose and key objectives of the programme and provide a basis for its management and will be used as a tool by which to measure the programme's success.

Programme Background

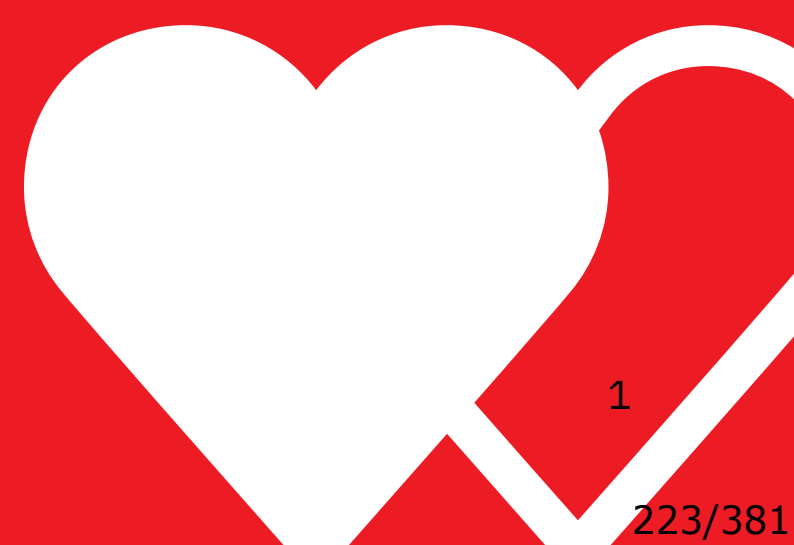
The WBS facility at Talbot Green (TG) plays a vital contribution in supporting the collection, supply, and manufacturing of blood products across Wales. In addition, the service supports the solid organ and stem cell transplant programmes that run out of Cardiff & Vale University NHS Trust and runs the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

The Laboratory Services Modernisation Programme has been established to review and develop service processes, practices, and workforce requirements to support an efficient and effective service model across all laboratories in WBS. It will utilise a range of methodologies to review our existing laboratory process pathways to ensure that they are efficient and future-proofed. It will support redesign of the estate, where required, to improve process flows and be sufficiently flexible to accommodate new developments including additional processes, tests, and equipment as well as incorporating the impact of new digitisation projects. This will also align with the WBS Three Year Service Improvement Implementation Plan

In addition, we will draw on best practice examples from other services in UK, Europe, and wider global blood services e.g., the Scottish National Blood Transfusion Service (SNBTS) where they have developed a new service model and supporting infrastructure.

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

The Programme will also support delivery of an ambitious Integrated Medium-Term Plan (IMTP) for WBS.



The WBS has two Principal Laboratories that cover Transfusion and Transplantation.

The transfusion laboratories provide Donor, Patient and Antenatal Testing including a reference service and Quality Assurance associated laboratory services. The Laboratories comprise of:

The Automated Testing laboratories consist of the Automated Serology Laboratory responsible for Blood Grouping and red cell antibody Screening and the Microbiology Laboratory which screens for Infectious Disease Markers and bacterial contamination in platelets.

The primary activities of the Red Cell Immunohaematology Laboratory are to provide reference antibody screening and crossmatching for patients with complex antibody profiles requiring transfusion. In addition, they test and monitor antibodies which can cause Haemolytic Disease of the New-born and measure foetal maternal haemorrhage to determine anti-D prophylaxis treatment.

The Manufacturing and Distribution laboratories are concerned with the manufacture and storage of blood components from whole blood donations, and the distribution of blood components and commercial blood derived medicines to hospitals throughout Wales.

The Transplantation Services Laboratories are made up of;

The Welsh Histocompatibility and Immunogenetics (H&I) Service (WHAIS) service provides laboratory testing and clinical advice required for haematopoietic stem cell and organ transplantation programmes. In addition, the laboratory provides genetic testing to support disease diagnosis and plays a role in the investigation of transfusion-related reactions.

The Welsh Bone Marrow Donor Registry (WBMDR) oversees the recruitment, HLA typing, donor searching and haematopoietic stem cell donation procurement for patients. The Registry consists of HLA typed volunteer donors, which can be searched to find a match for patients requiring a stem cell transplant. The service is provided in the UK and internationally for patients around the world.

The UK National External Quality Assessment Service (NEQAS) for Histocompatibility and Immunogenetics (H&I) provide a specialist external quality assessment (EQA) service for laboratories around the world supporting organ transplantation. EQA monitors laboratory test performance using 'blind' samples analysed as if they were patient samples to ensure testing is comparable, safe, and clinically useful to a patient no matter where the testing is performed.



Justification



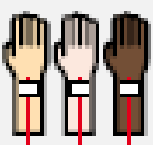

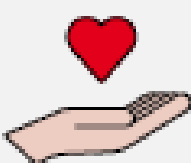

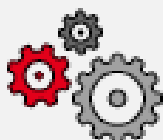







There are a number of challenges and opportunities facing the WBS, which can be addressed through delivery of this programme:

- The current laboratory footprint is not conducive to supporting service expansion, adoption of new technologies including automation and improving resilience and flexibility in the laboratory workforce
- A modern integrated laboratory facility will have the ability to attract, recruit and retain a workforce with the skills and capabilities for the future.
- Opportunities for improved efficiency and reduced wastage
- Embracing service enhancement through delivery of digital programmes.
- Resilience and sustainability through automation
- Delivering services to enhance patient care by keeping pace with medical, scientific and technological advances in clinical, blood and transplant services.

The programme will also support compliance with;

- The Well-being of Future Generations Act.
- Quality and Safety Act, Duty of Candour and Duty of Quality
- Healthier Wales
- Healthcare Science in NHS Wales, Looking Forward.

The Laboratory Services Modernisation Programme aligns to the following strategic themes as outlined in the WBS 5 Year Strategy:

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

Programme Scope



In Scope

Space Utilisation Workstream

- Implementation of agreed option carried out in the feasibility study under the TGI Programme, all laboratories will be included in this.
- Development and implementation of a strategy for temperature-controlled storage requirements.

Laboratory Testing and Automation Workstream

- Review and optimisation of testing processes and the use of technology including automation across all transfusion and transplantation laboratories.
- The introduction of new tests and services in line with advances in clinical and scientific practices.

Review of Red Cell Immunohaematology Laboratory

- Review of the operating model of RCI services, to include skill mix and service provision.

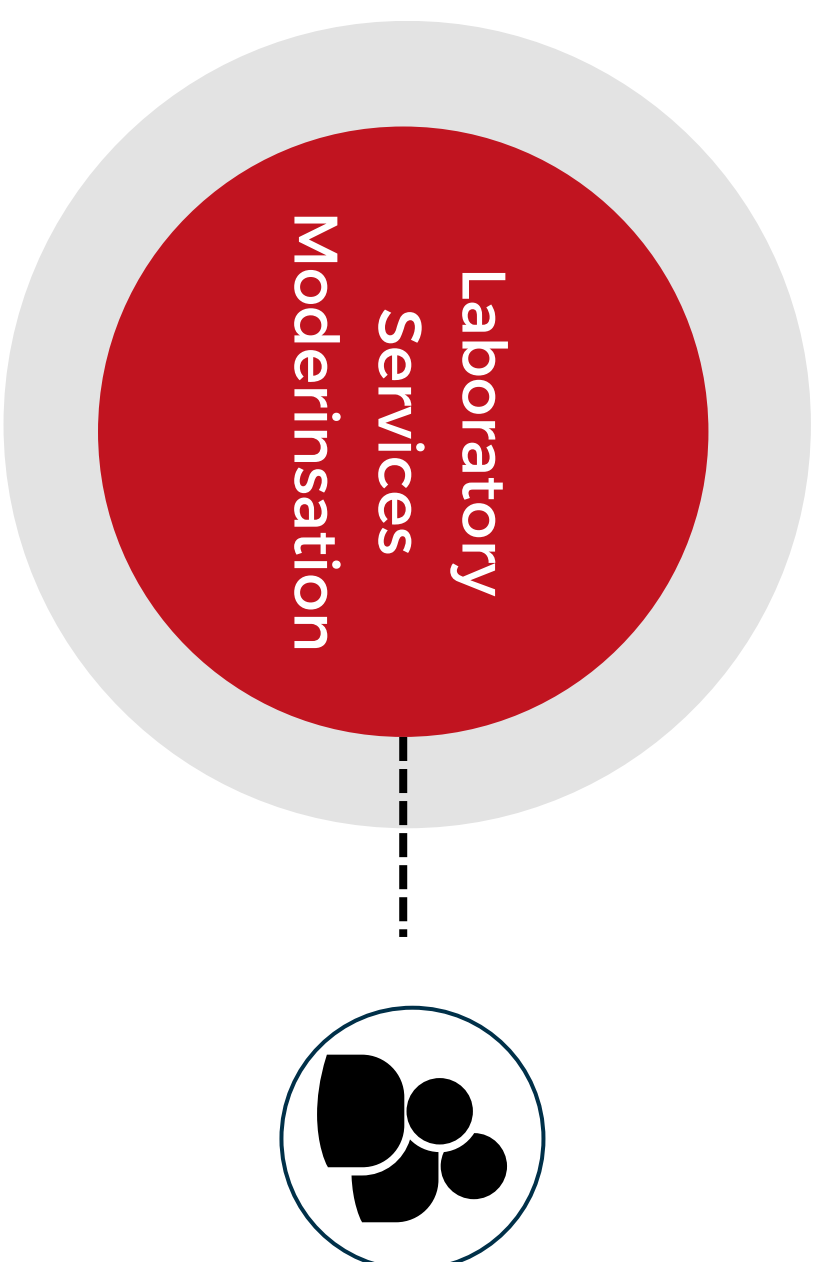
Platelet Strategy

- Development and implementation of a platelet strategy to optimise provision of routine and specialist platelet components.

Out of Scope

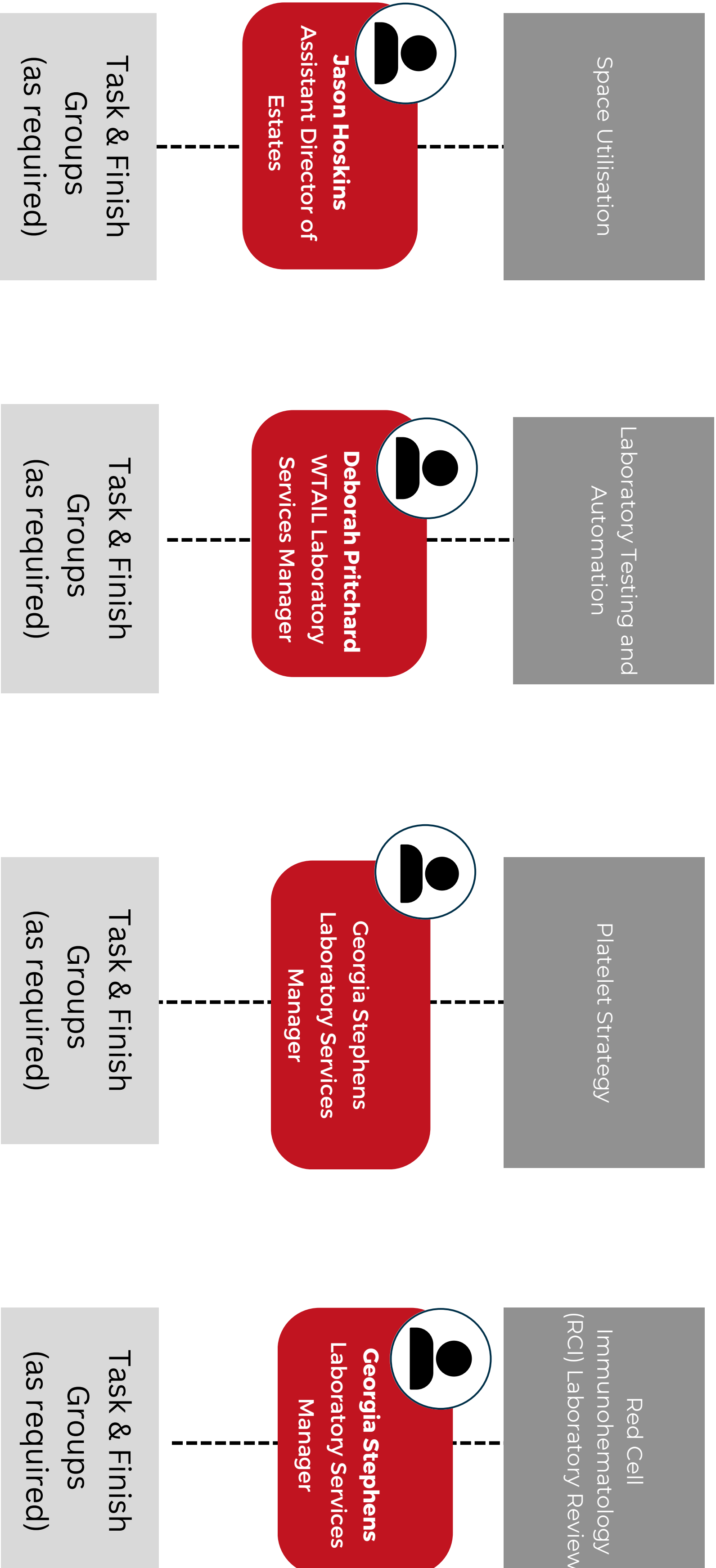
Schemes that will be delivered under the WBS Futures Digital Modernisation Programme

Any works to WBS Estates required to deliver Objective 1 (this will be the remit of the Talbot Green Infrastructure Programme)



Executive Lead:
Sarah Morley
Executive Director of People and OD

WBS SLT Lead:
Tracey Rees
Chief Scientific Officer



Programme Objectives



The following programme and workstream objectives have been identified by the Laboratory Services Modernisation Programme Board:

Establish a Laboratory Modernisation Programme to review and develop service processes, practices and workforce requirements which support a transformational service model across all Laboratories in WBS.

Space Utilisation Workstream

1

To provide laboratory facilities that deliver quality, safety and value and that meet standards for legislation, regulation and of accreditation bodies and is able to meet the future service requirements.

2

To provide the capacity and facilities in the laboratories that supports the delivery of high-quality education, strengthens research, technological developments, and innovation, and ensures future service demand is realised.

3

To provide modern blood and transplant laboratories that support and contribute to the well-being of laboratory staff by creating an environment that is integrated, maximises the use of technology through increased innovation, meets best practice, and minimises duplication and waste.

Laboratory Testing and Automation Workstream

1

To optimise testing processes across laboratories to improve efficiencies, safety and quality.

2

To provide laboratories with increased automation that supports opportunities to develop a service that is integrated, efficient, maximises the use of innovative technology and minimises duplication and waste.



3

To provide new laboratory services in line with customer requirements.

Platelet Strategy Workstream

1

To develop and implement a platelet strategy that optimises production, minimises wastage and meets the needs of the patient.

Red Cell Immunohematology (RCI) Laboratory Review Workstream

1

To review the strategy for Red Cell Phenotyping and antibody screening of patients following implementation of new blood group analysers.

Expected Programme Outcomes & Benefits



The following high level outcomes and benefits have been identified during programme initiation. The Workstream Briefs that sit below this document will set out the clearly defined and measurable outcomes and benefits to be realised. Delivery of these will be tracked through the six Programme Boards and the Delivery Board. A benefits realisation tracker will be established for WBS Futures.

Benefits categorisation for WBS Futures is attached as appendix 2.

Outcomes

Space Utilisation

- A laboratory space that provides maximum flexibility and integrated processes that streamline workflows and improve efficiencies to support future service needs.
- A laboratory space that supports staff well being, education and development.

Testing and Automation

- A laboratory with increased automation and use of cutting edge technology to minimise duplication and waste.
- Provision of new laboratory services aligned with customer requirements to achieve optimal patient outcomes.

Platelet Strategy

- A platelet strategy that is aligned with demand and clinical need.

RCI

- A Red Cell Immunohaematology reference service that is aligned with clinical practices and advances in patient care.

Benefits

Effective

- The ability to sustain and grow service delivery in line with NHS service requirements.
- A laboratory service provided in line with scientific evidenced base and continual service improvement.
- Improved test turnaround time.

Efficient

- Operational efficiencies in the management and processing of blood and transfusion services.
- Operating efficiencies in the testing process in transfusion and transplantation services
- Platelet production efficiencies and reduction in wastage.

Person-centred

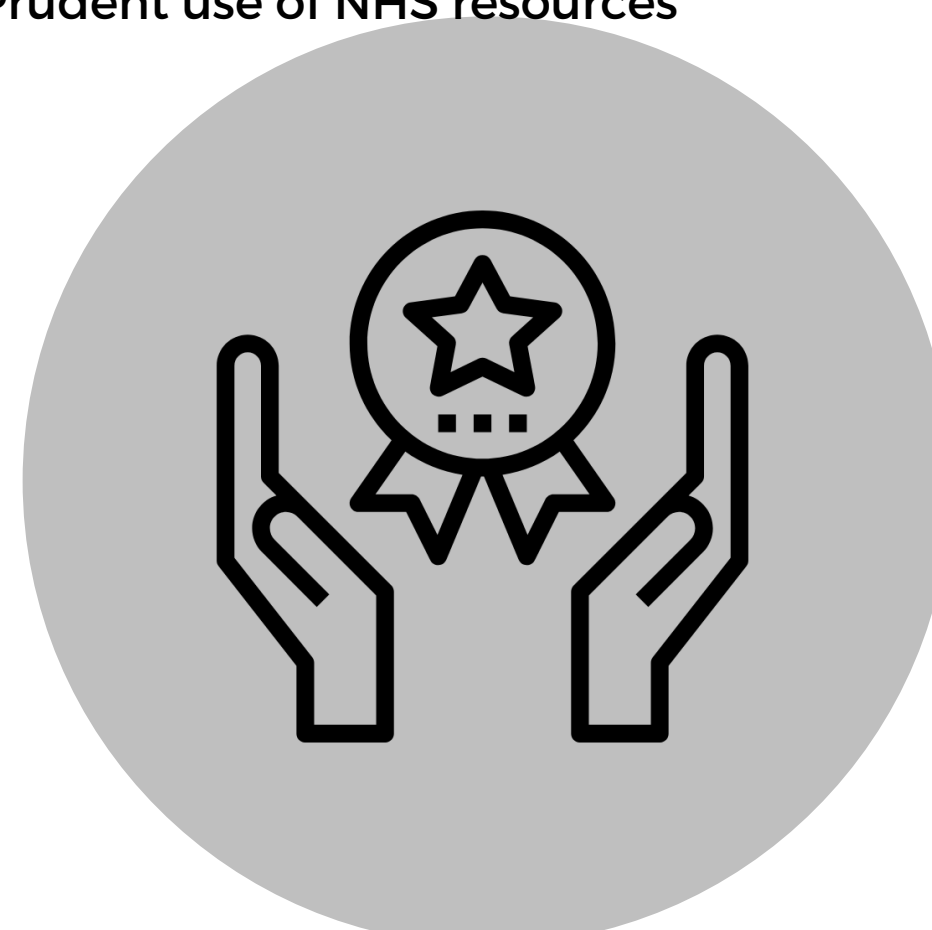
- An increase in the retention and recruitment of staff.
- Increased opportunity for staff development aligned to workforce and succession planning

Equitable, Patient- centred,

- Improved clinical outcomes for patients by utilising enhanced diagnostics and testing to support optimal treatment

Financial

- Prudent use of NHS resources



Constraints & Assumptions



Resources

Constraint:

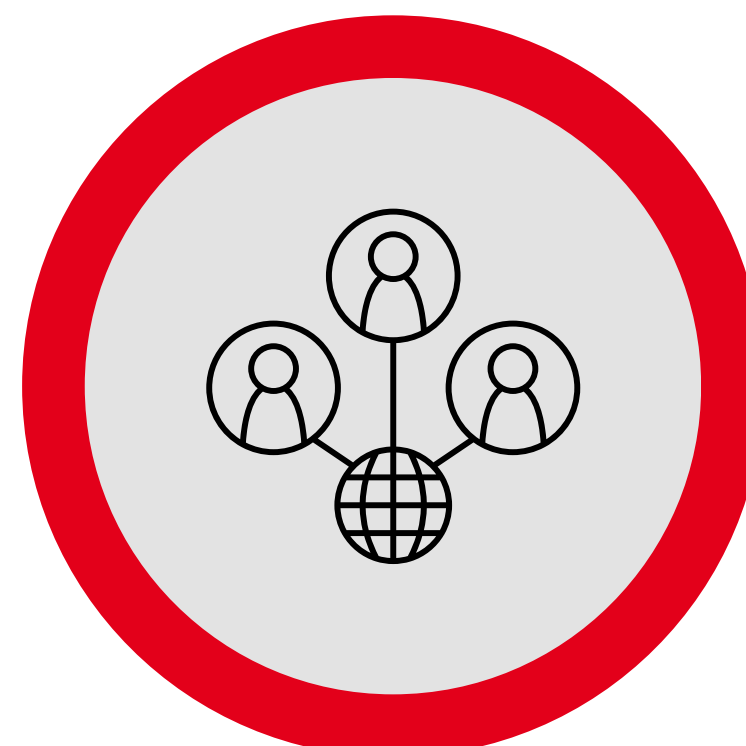
Business as usual (BAU) pressures: the specialist knowledge required to support delivery of the programme of work will come from within the existing workforce (i.e., Laboratories, Estates, Digital, Validation).

Fast moving science / technology advancements in this area (will use best information/evidence available at the time).

Availability of Welsh language translation resource to support the translation of Programme communications.

Assumption:

None at this time.



Budget

Constraint:

Funding to support the delivery of the Laboratory redesign. A provisional cost will be identified in the Feasibility Study being undertaken as part of the Talbot Green Infrastructure Programme.

Discretionary Capital funding constraints

Revenue funding constraints

Assumption:

Support of the Welsh Government. Availability of Programme funds through all stages.



Business Continuity

Constraint:

Demand for blood and blood products will need to continue to be met during the implementation phase.

Assumption:

None at this time.



Sustainability

Constraint:

- None at this time.

Assumption:

- None at this time.



Programme Dependencies



The following anticipated dependencies have been identified. The table below illustrates the interdependencies across all six programme in the WBS Futures portfolio.

The dependencies are broad and high level at this stage, however more detailed dependencies will be captured in the Workstream Briefs.

This programme is impacted by the following programmes on the Y axis

	TGI	P4M	WBMDR	LSM	CSM	DM
TGI			✓	✓		
P4M			✓	✓	✓	✓
WBMDR					✓	✓
LSM	✓	✓	✓		✓	✓
CSM	✓					✓
DM	✓					

This programme has an impact on the following programmes on the X axis

Talbot Green Infrastructure Programme	TGI	Plasma for Medicines	P4M
Welsh Bone Marrow Donor Registry Programme	WBMDR	Laboratory Services Modernisation Programme	LSM
Collection Services Modernisation Programme	CSM	Digital Modernisation Programme	DM

Programme Funding



There will be an iterative financial planning process based on the new operational models as they evolve. As the Laboratory Services Modernisation Programme progresses, any developments that are identified as requiring investment will be assessed at that time within the normal operating environment or via the business case approval process overseen by the Finance and Procurement Planning Group (FPPG). Other funding routes may need to be explored e.g. Strategic Capital Board, Welsh Government etc.

Programme Risks

The following risks have been identified during programme initiation. A Risk and Issues log will be developed and updated for the life of the programme with the focus being on mitigating actions. Risks and issues will be reviewed and monitored at monthly Programme Board meetings.



There is a risk that the dependent programmes (outlined above) are not in a position to provide appropriate support within the required timescales, which will result in the benefits of the programme not being achieved, due to capacity constraints of the organisation and demands of other programmes.



There is a risk that there is low staff engagement due to change fatigue amongst WBS staff, which will result in the benefits of the programme not being achieved.



There is a risk that staffing capacity will be insufficient for the realisation of the objectives, which will result in the benefits of the programme not being achieved, due to capacity constraints of the organisation and demands of other programmes.



There is a risk that funding will not be available for the realisation of the objectives, which will result in the benefits of the programme not being achieved, due to fiscal constraints of the organisation and demands of other programmes.



There is a risk that Welsh translation of required documentation and communications may not be delivered, caused by limited resources with the Welsh translation team, resulting in programme objectives not being met in a timely manner.



Programme Timelines



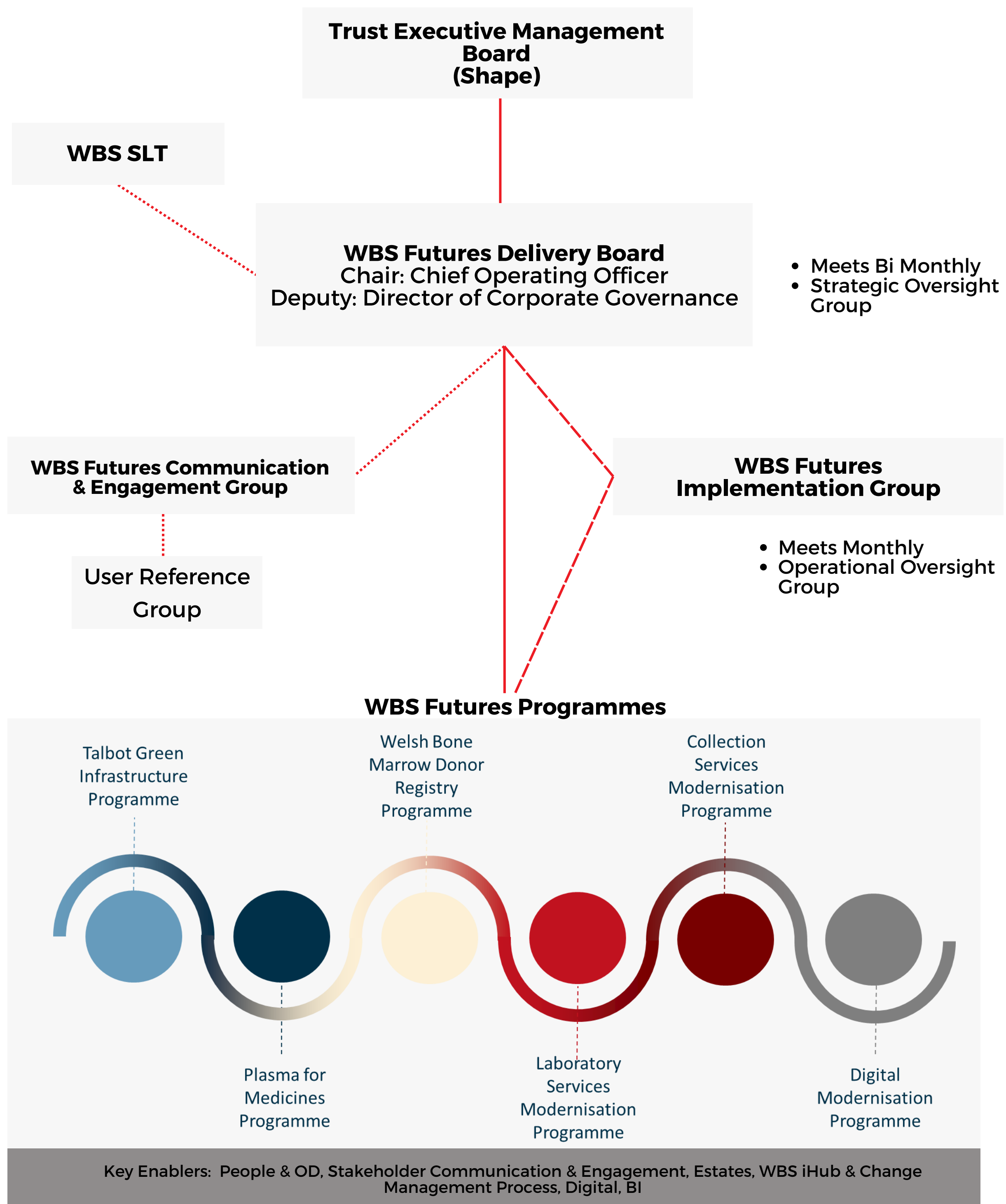
Programme Methodology



WBS Futures will be delivered within the structure and governance of WBS utilising local expertise and experience. Robust programme and project management methodologies will be utilised to ensure that there is effective control. A formal programme structure has been established by which to manage delivery of WBS Futures.



WBS Futures: Governance Structure



Programme Structure



Programme Meetings	Frequency	Purpose	Attendees
Programme Board	Monthly	Refer to Terms of Reference (ToR) Appendix 1.	
Workstream Meetings <ul style="list-style-type: none">• Space Utilisation• Laboratory Testing and Automation• Platelet Strategy• Red Cell Immunohaematology	Monthly	Workstream Briefs to be developed	TBC
Task & Finish Group Meetings	TBC	Task & Finish Group Briefs to be developed	TBC

A Programme Board will be established. This will be chaired by the Executive Lead, who will provide strategic and executive oversight for the programme. The Executive Lead will work closely with Programme SLT lead and ensure programme delivery and outcomes are being realised. The SLT Lead will be Vice Chair of the Programme Board. Terms of Reference are attached as Appendix 1.

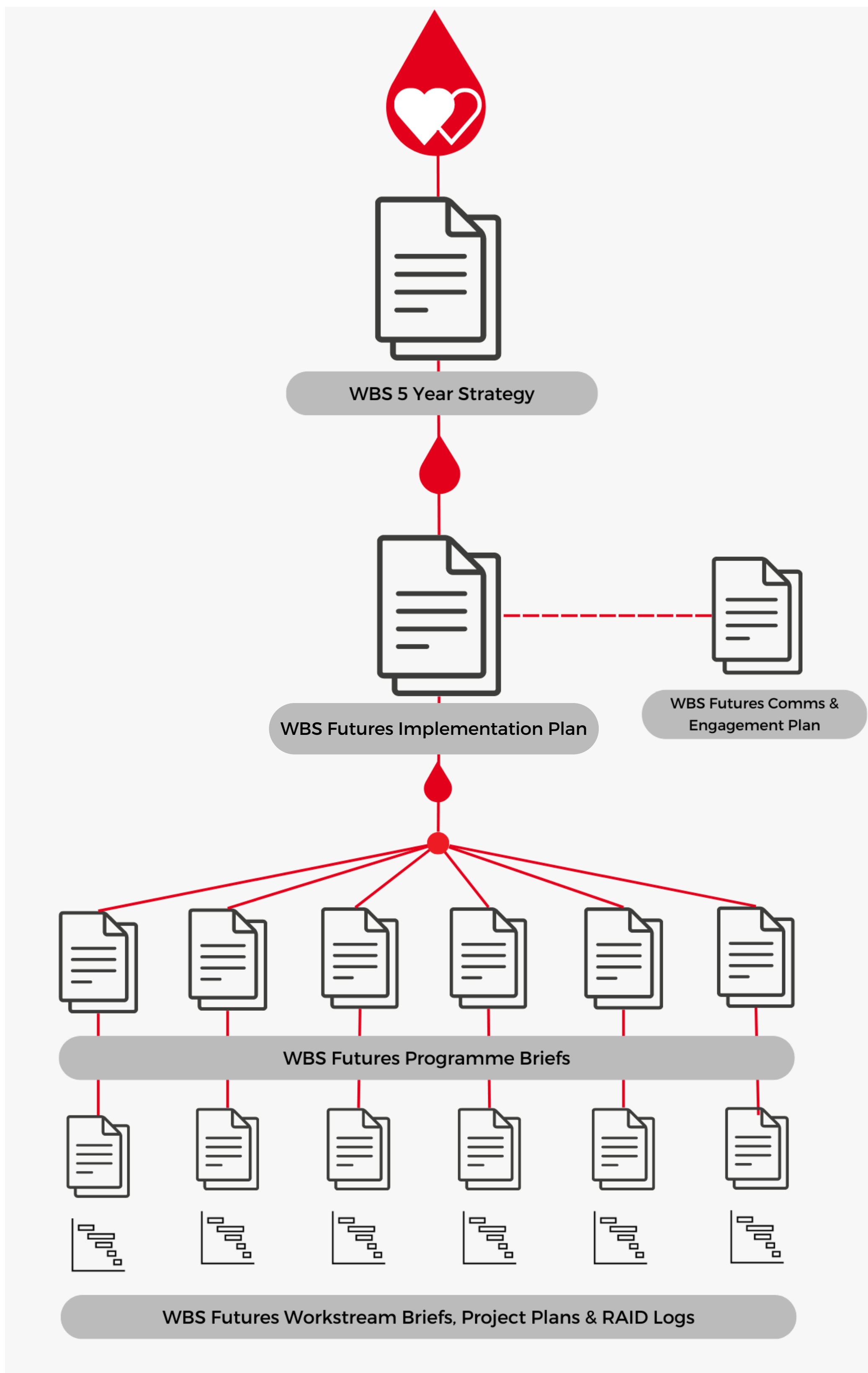
The Programme Board will report to the WBS Delivery Board, to be chaired by the Chief Operating Officer of VUNHST. The Delivery Board will meet on a bi-monthly basis.

Representatives of the Programme Board will also attend WBS Futures Implementation Group meetings along with representatives from each of the other WBS Futures Programmes. Implementation Group meetings will be chaired by the WBS Head of Planning and Performance.

Programme Documentation



Progress will be reported via a live Microsoft Excel Dashboard that includes all measurable outcomes and outputs so delivery can be tracked against them. All levels of progress reporting will utilise this Dashboard to ensure a responsive and light-touch approach.



Communication & Engagement



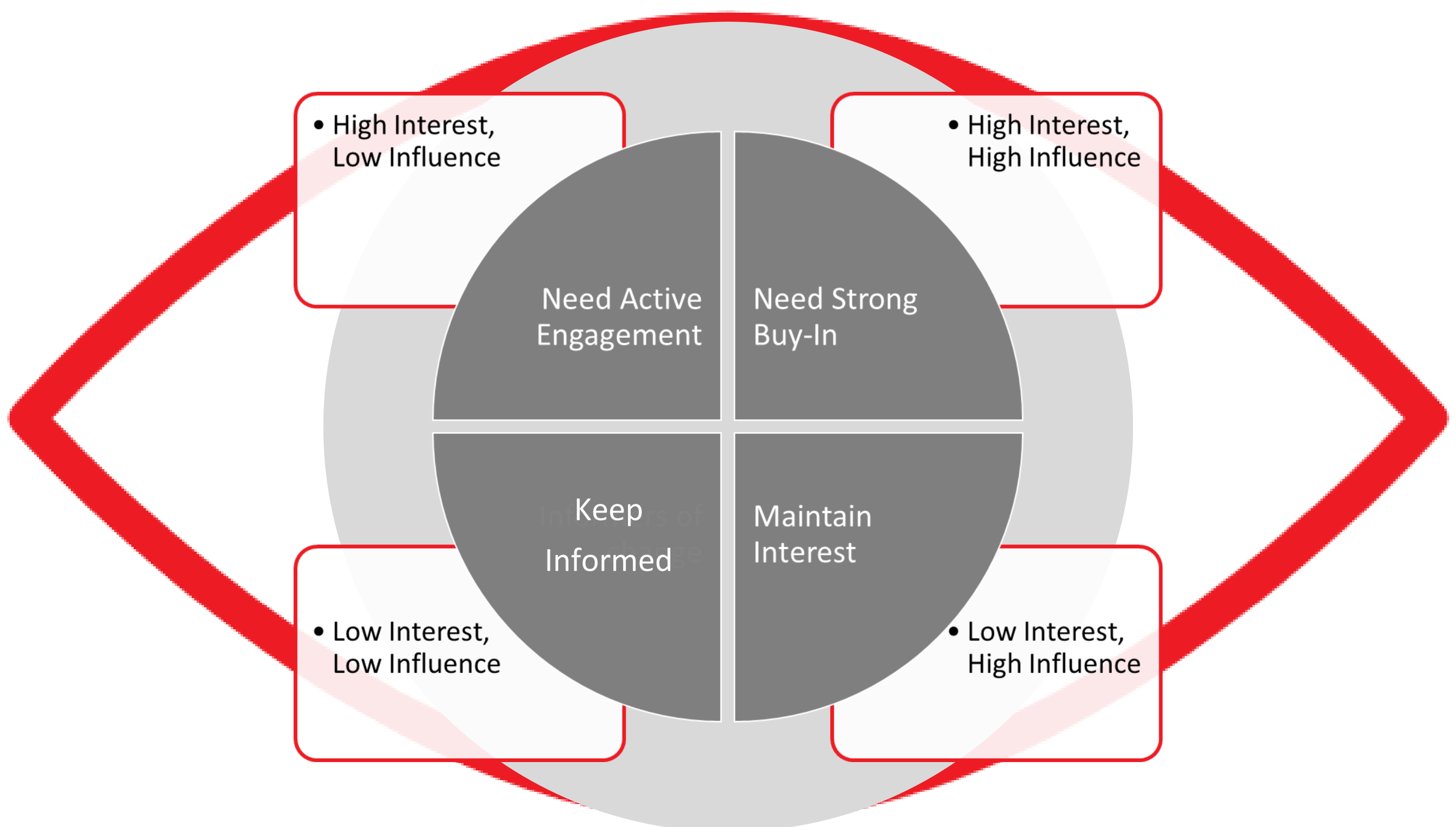
A Communication & Engagement Plan has been developed for WBS Futures. A range of communication channels/approaches will be utilised to support stakeholder activity (full details available in the Communication and Engagement Plan).

Key communication for the Programme will include:

- Dashboard reporting to Delivery Board and quarterly reports to Executive Management Board and Trust Board.
- Programme documentation to be made available via the WBS Futures Intranet page.
- Regular programme updates to be distributed.

The diagram below illustrates how the key stakeholder groups/audiences will be mapped according to their interest/influence.

Stakeholder Analysis



Programme Stakeholders



Need Active Engagement

- Human Tissue Authority (HTA)
- MHRA
- VUNHST Board
- VUNHT Executive Team
- United Kingdom Accreditation Service (UKAS)
- Service Users
- WBS SLT

Keep Informed

- Local Health Boards

Need Strong Buy-In

- WBS Staff
- Trade Unions

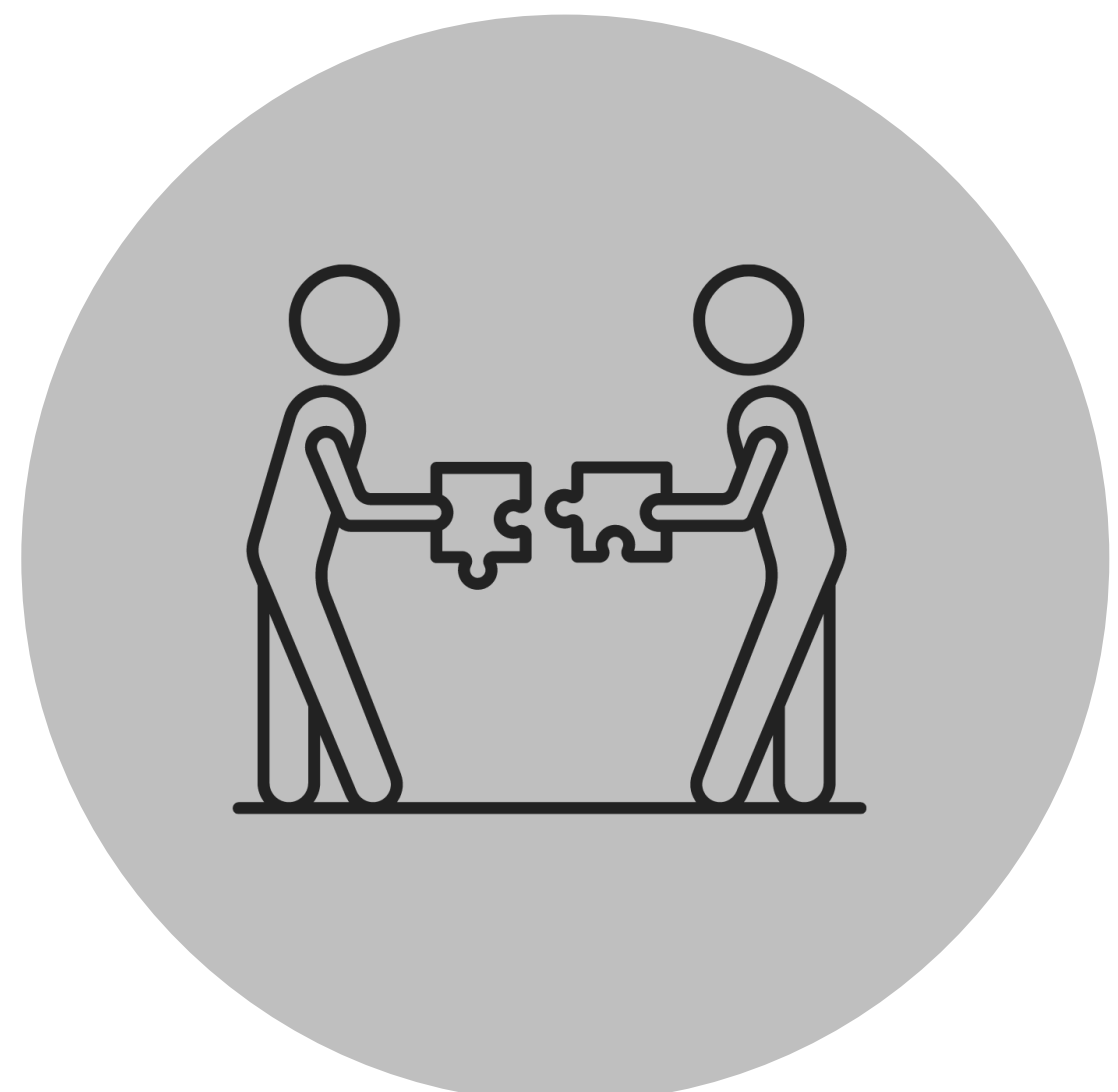
Maintain Interest

- Welsh Government

Specialist Input

Specialist input will be required from the following areas:

- Estates
- Health & Safety
- Sustainable Development
- Scientific leads
- Digital
- Research & Development
- Infection Prevention and Control
- Finance
- People & Organisational Development (POD)
- Shared Services



Appendix



- Laboratory Services Modernisation Programme Board Terms of Reference
- WBS Futures Benefit Categorisation

Welsh Blood Service

WBS Futures Plasma for Medicines Programme Brief

Version: 1.0

Document Author: Carys Wykes, Peter Richardson, Sharon Hamer, Fiona Williams

Date: October 2023

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Background

The Welsh Blood Service will launch its 5 year Strategy in August 2023. The Strategy – Blood and Transplant Services for the Future – sets out our vision of services in Wales for the next five years. WBS Futures has been established to be the vehicle to deliver our aspirations and to shape our services for the future by working in partnership with our staff, our donors and our customer hospitals and driving a culture of excellence.

The purpose of this document is to provide a full and firm foundation for the initiation of the Plasma for Medicines Programme, which forms part of WBS Futures. The Brief will define the purpose and key objectives of the programme and provide a basis for its management and will be used as a tool by which to measure the programme's success.

Programme Background

There have been sustained annual increases in the global demand for Plasma Derived Medicinal Products (PDMP's), in particular Immunoglobulin (IG). This has led to price increases and product shortages in the UK. In response, the UK and devolved governments, in consultation with the Medicines and Healthcare Products Regulatory Agency (MHRA) confirmed on February 25th 2021 that the 1999 ban on the use of UK plasma for the production of PDMP's had been lifted, and UK plasma can once again be used for the manufacture of PDMP's.

The collection and processing of plasma for the manufacture of medicines will need to meet strict specifications laid down by the MHRA, the Joint Professional Advisory Committee on Blood, Tissues and Cells (JPAC) and the manufacturers themselves. To fully understand these requirements and design validated processes to deliver a quality product Welsh Blood Service (WBS) will need to devote resource, including specialist scientific, procurement and programme management, to engage with the pharmaceutical industry and regulators.

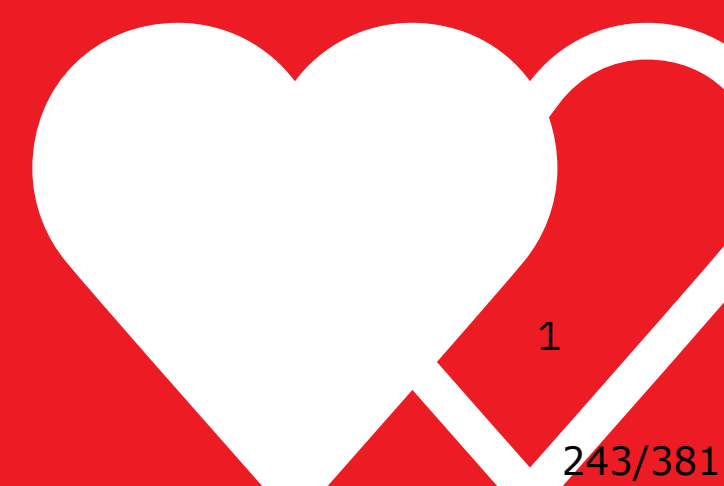
An initiative is being developed at a UK level, led by the English Department of Health and NHSBT to address the approach for the provision of UK plasma into the PDMP supply chain. NHSBT have completed a competitive dialogue process and appointed a fractionator subject to regulatory approval (both UK and EU). The Welsh Government have suggested that Wales joins the UK Plasma fractionation contract no earlier than Q1 FY 2025/26. Further ongoing discussions on this are also taking place in the UK Blood Services Forum.

The WBS produces approximately 13,000 litres of surplus recovered plasma per year from whole blood collections. The surplus is achieved after meeting clinical demand for fresh frozen plasma and cryoprecipitate.

Overall, this change presents an opportunity for WBS to increase the availability of plasma and use this to improve access to plasma-derived medicines for patients in Wales. The WBS role in wholesaling these products for NHS Wales creates a locus for WBS in this element in addition to the plasma provision.

In addition, fixed donation centres that would be needed for plasma collections could also be used for whole blood or platelet collections and other apheresis services, giving resilience and flexibility for the future.

It should be noted that other UK blood services have already commenced programmes of work to increase collections and stockpile plasma to improve the supply of plasma-derived medicines in the future. This action has been considered but has not yet been initiated in Wales.



Justification



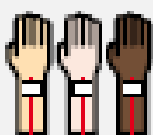



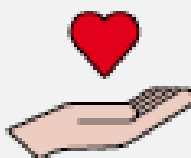

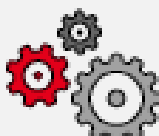







There are a number of challenges facing the WBS, which can be addressed through delivery of this programme:

- The global supply of plasma-derived medicines such as immunoglobulins has been under increasing pressure for a number of years, and has been further impacted by the COVID-19 pandemic, as a result these medicines are in increasingly short supply.
- The current contracts under which WBS supply excess recovered plasma have been extended until late 2024.

The programme will also support compliance with;

- The Well-being of Future Generations Act.
- Quality and Safety Act, Duty of Candour and Duty of Quality
- Healthier Wales

The Plasma for Medicines Programme aligns to the following strategic themes as outlined in the WBS 5 Year Strategy:

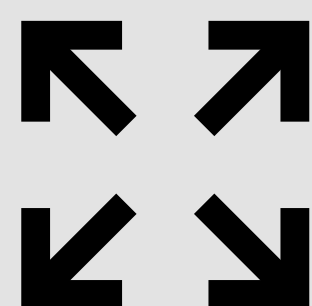
	Build a sustainable donor base that meets clinical need and represents the diverse communities we serve.	
	To provide a world class donor experience	
	Drive the prudent use of blood across Wales.	
	Quality, Safety and value: doing it right, first time.	
	Achieving excellent in research, development and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

Programme Scope



In Scope

- Establish a fractionation contract between NHS Wales and a commercial fractionator
- Work as part of a wider UK plasma fractionation programme
- Manage the operational commercial impact of withdrawal from supply of plasma for diagnostics
- Lessons learnt from Convalescent plasma project captured in the after action review project log.

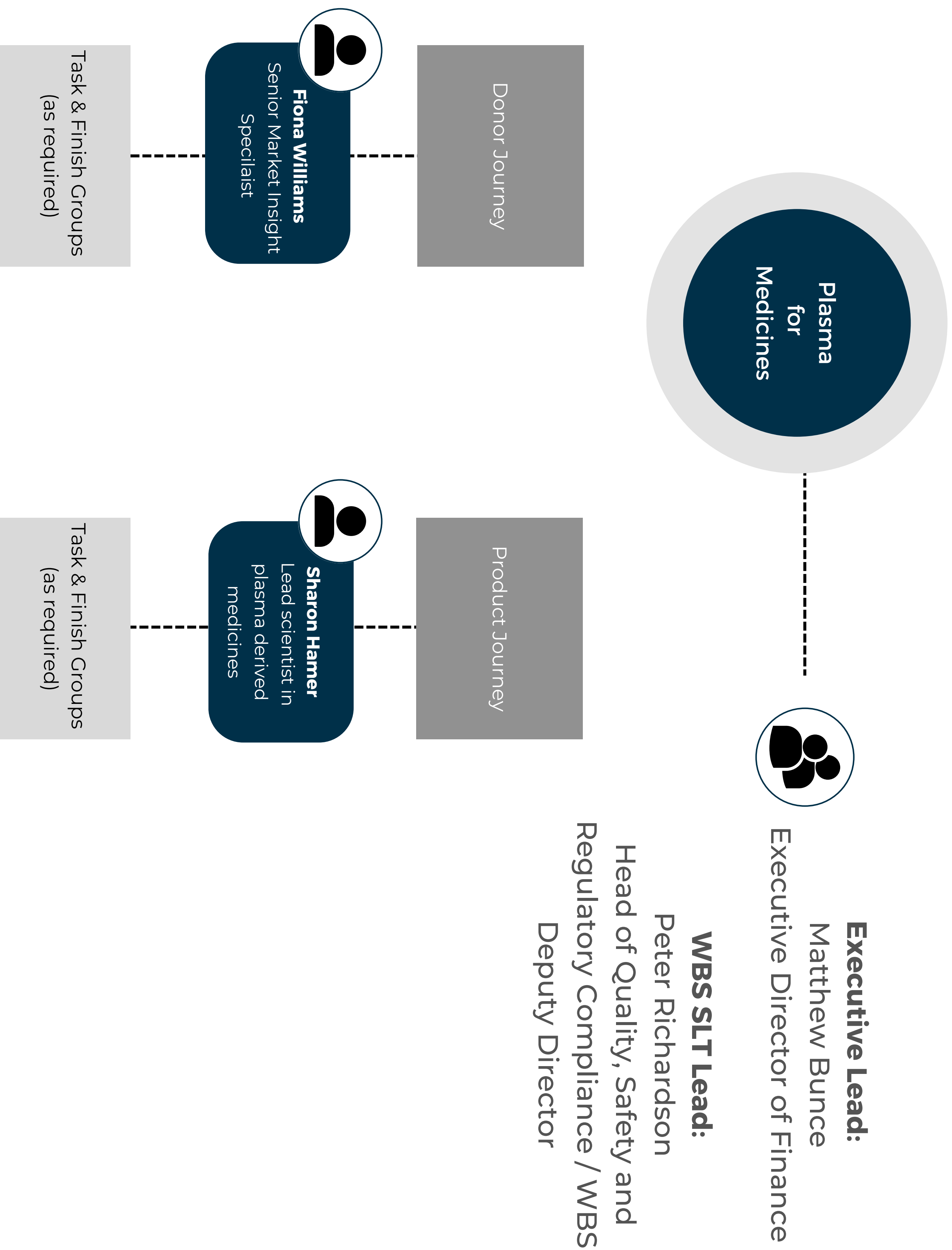


Out of Scope

- Setting up and operating an apheresis service (pending Welsh Government decision)
- Fractionation will not be undertaken by WBS



Programme Organogram



Programme Objectives



The following programme and workstream objectives have been identified by the Plasma for Medicine Programme Board:

Develop and implement Plasma for Medicines Service Model for Wales.

Product Journey Workstream

1

Develop a processing model that allows WBS to supply recovered plasma for fractionation.

2

Develop a costing model that allows WBS to supply recovered plasma for fractionation.

3

Develop a processing model that allows WBS to supply apheresis plasma for fractionation.

Donor Journey Workstream

1

Develop a collections model that allows WBS to supply apheresis plasma for for fractionation.

2

Develop a costing model and appropriate business case for a plasmapheresis collection service.

Expected Programme Outcomes & Benefits



The following high level outcomes and benefits have been identified during programme initiation. The Workstream Briefs that sit below this document will set out the clearly defined and measurable outcomes and benefits to be realised. Delivery of these will be tracked through the six Programme Boards and the Delivery Board. A benefits realisation tracker will be established for WBS Futures.

Benefits categorisation for WBS Futures is attached as appendix 2.

Outcomes

- WBS aligned with National Plasma Programme for recovered plasma.
- Agreed self sufficiency target with Welsh Government.
- Approved and funded business case for apheresis collection.

Benefits

- **Safe** - Improved supply chain security for plasma derived medicines
- **Financial** - Potential financial benefits for NHS Wales (TBC)



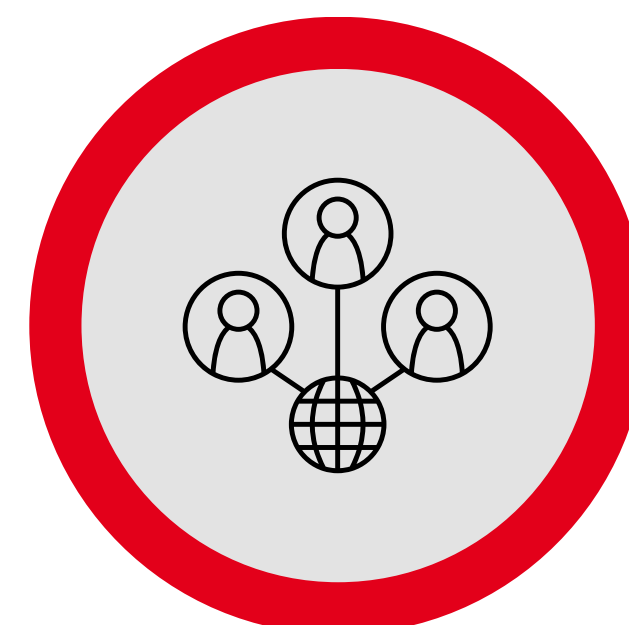
Constraints & Assumptions



Resources

- **Constraint:** Business as Usual (BAU) pressures: the specialist knowledge required to support delivery of the programme of work will come from within the existing workforce (i.e. Collections, Laboratories).

- **Assumption:** None at this time.



Budget

Recovered Plasma

Constraint:

- Funding – renegotiating the sale of diagnostic plasma

Assumption:

- Availability of Programme funds through all stages.
- WBS will participate in the UK fractionation contract
- Recovered plasma for fractionation is prioritised over plasma for diagnostics.



Plasmapheresis Collection Service Business Case

Constraint:

- The Outline Business Case will be submitted to Welsh Government for approval and funding to support the delivery.

Assumption:

- Apheresis Activity – Limited to existing apheresis equipment (proof of concept only)
- Additional collection sites across Wales can be identified and sourced.

Business Continuity

Constraint:

- None at this time.

Assumption:

- None at this time.



Sustainability

Constraint:

- None at this time.

Assumption:

- None at this time.



Programme Dependencies



The following anticipated dependencies have been identified. The table below illustrates the interdependencies across all six programme in the WBS Futures portfolio.

The dependencies are broad and high level at this stage, however more detailed dependencies will be captured in the Workstream Briefs.

This programme is impacted by the other programmes (tick where apply)

	TGI	P4M	WBMDR	LSM	CSM	DM
TGI			✓	✓		
P4M			✓	✓	✓	✓
WBMDR					✓	✓
LSM	✓	✓	✓		✓	✓
CSM	✓					✓
DM	✓					

Talbot Green Infrastructure Programme	TGI	Plasma for Medicines	P4M
Welsh Bone Marrow Donor Registry Programme	WBMDR	Laboratory Services Modernisation Programme	LSM
Collection Services Modernisation Programme	CSM	Digital Modernisation Programme	DM

The following ongoing WBS projects will impact the plasma for medicines programme.

- ➡

National Plasma for medicines Programme - Fractionation contract

Current - 30/03/2024
- ➡

NQT Pack Procurement - NQT packs required for plasma

Current - TBC

Programme Funding



There will be an iterative financial planning process based on the new operational models as they evolve. As the Plasma for Medicines Programme progresses, any developments that are identified as requiring investment will be assessed at that time within the normal operating environment or via the business case approval process overseen by the Finance and Procurement Planning Group (FPPG). Other funding routes may need to be explored e.g. Strategic Capital Board, Welsh Health Specialist Services Committee (WHSSC), Welsh Government etc.

Plasma for Medicines will endeavour to offset any emerging cost pressures through potential efficiencies that may be identified. However, where this is not possible, other funding routes will be explored e.g. Strategic Capital Board, WHSSC, Welsh Government etc.

Programme Risks

The following risks have been identified during programme initiation. A Risk and Issues log will be developed and updated for the life of the programme with the focus being on mitigating actions. Risk and issues will be reviewed and monitored at monthly Programme Board meetings.



There is a risk that WBS might not meet the standards required by the fractionator / regulator, which could result in significant programme delays or termination, due to the need to meet regulatory requirements.



There is a risk that it might not be practical for a fractionator to handle UK Plasma because of external regulatory obstacles, which could result in significant programme delays or termination, due to the need to meet regulatory requirements.



There is a risk that the new Blood Establishment Computer System (BECS) may delay appropriate data to the fractionator which will result in programme delays, due to the introduction of a new Plasma for Medicines module.



There is a risk that funding will not be available for the realisation of the objectives, which will result in the benefits of the programme not being achieved, due to fiscal constraints of the organisation and demands of other programmes.



There is a risk that staffing capacity will be insufficient for the realisation of the objectives, which will result in the benefits of the programme not being achieved, due to capacity constraints of the organisation and demands of other programmes.



There is a risk that the dependent programmes (outlined on page 8) are not in a position to provide appropriate support within the required timescales, which will result in the benefits of the programme not being achieved, due to capacity constraints of the organisation and demands of other programmes.



There is a risk that Welsh translation of required documentation and communications may not be delivered, due to Capacity constraints within the VUNHST translation team, resulting in programme objectives not being met in a timely manner.

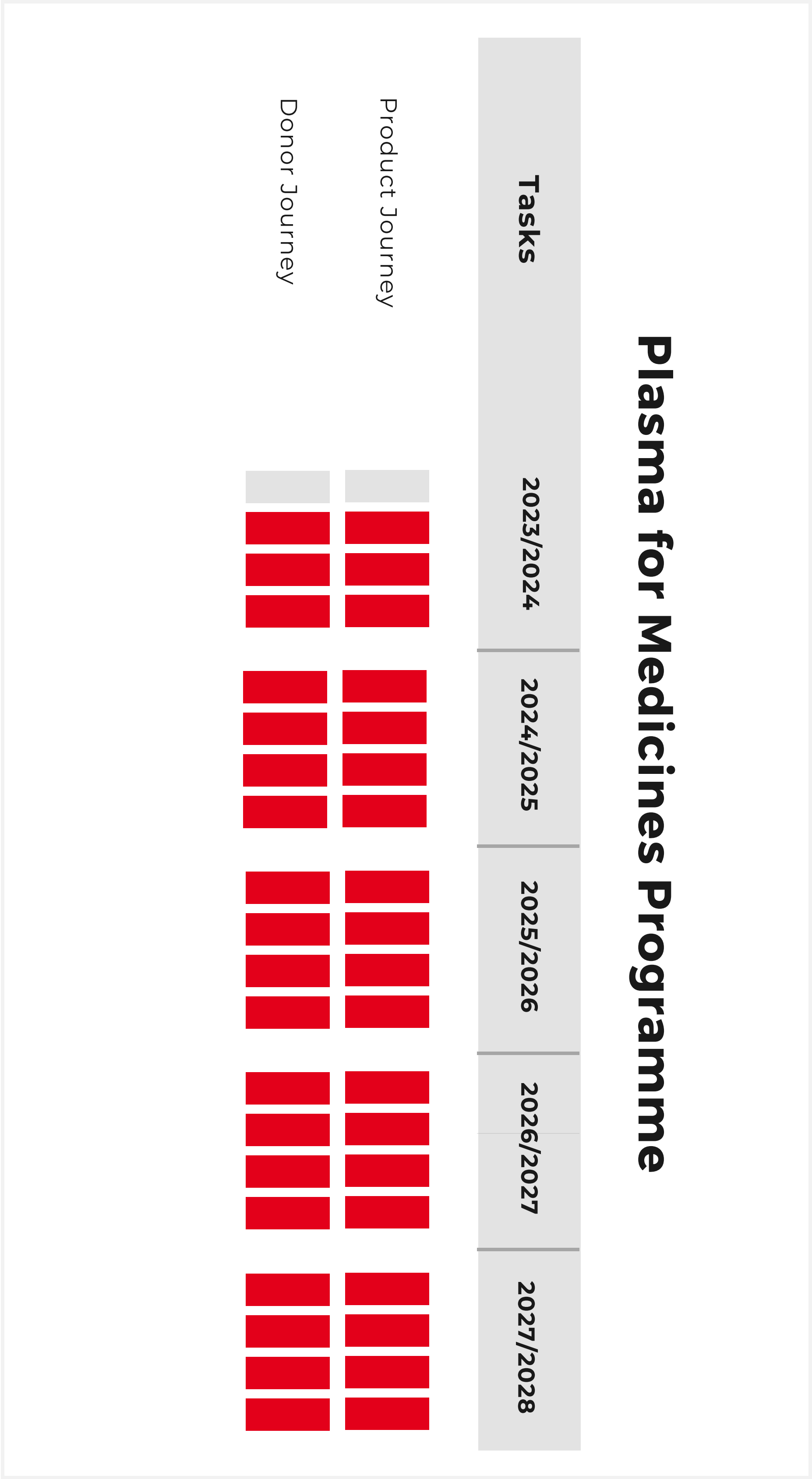


There is a risk that there is low staff engagement due to change fatigue amongst WBS staff, which will result in the benefits of the programme not being achieved.

Programme Timelines



The timelines are high level at this stage, however more detailed plans will be captured in the workstream briefs.

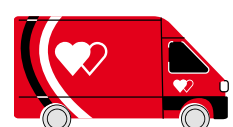


Programme Methodology

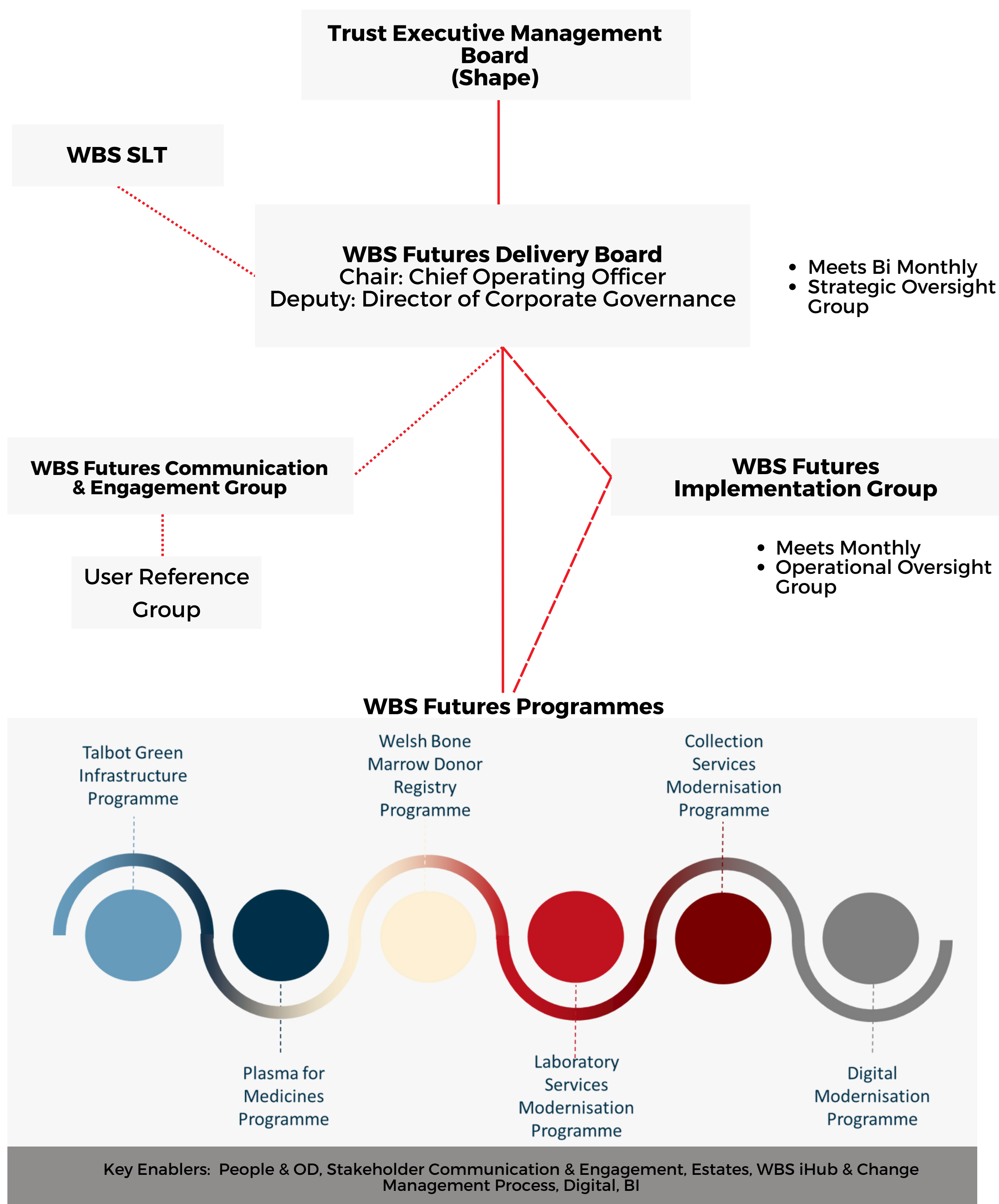


WBS Futures will be delivered within the structure and governance of WBS utilising local expertise and experience. Robust programme and project management methodologies will be utilised to ensure that there is effective control.

A formal programme structure has been established by which to manage delivery of WBS Futures.



WBS Futures: Governance Structure



Programme Structure



Programme Meetings	Frequency	Purpose	Attendees
Programme Board	Monthly	Refer to Terms of Reference (ToR) Appendix 1.	
Workstream Meetings	Product Journey	Workstream Briefs & Terms of Reference to be developed	TBC
	Donor Journey	Workstream Briefs & Terms of Reference to be developed	TBC
Task & Finish Group Meetings	TBC	Task & Finish Group Briefs to be developed	TBC

A Programme Board will be established. This will be chaired by the Executive Lead, who will provide strategic and executive oversight for the programme. The Executive Lead will work closely with Programme SLT lead and ensure programme delivery and outcomes are being realised. The SLT Lead will be Vice Chair of the Programme Board. Terms of Reference are attached as Appendix 1.

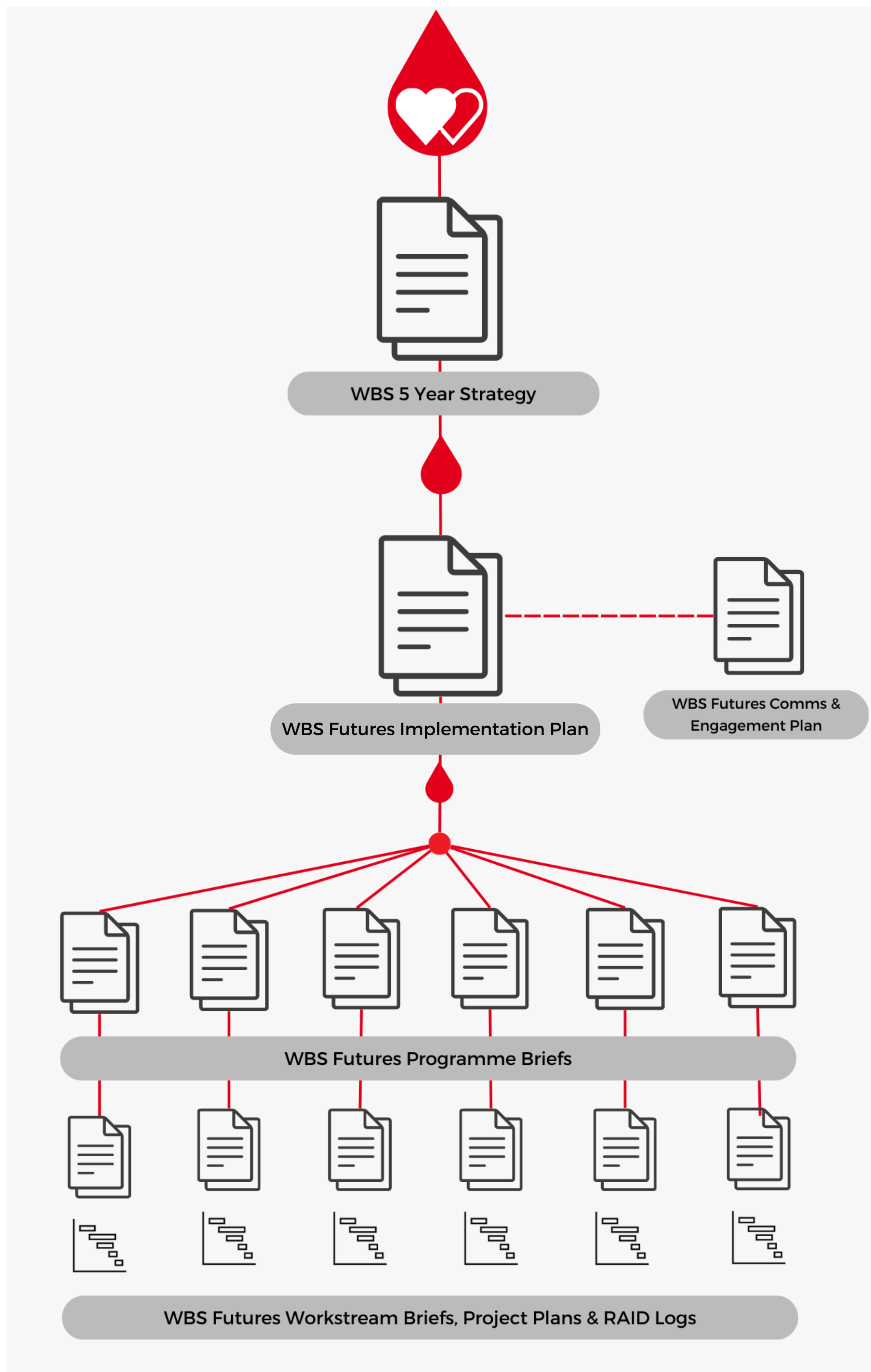
The Programme Board will report to the WBS Delivery Board, to be chaired by the Chief Operating Officer of VUNHST. The Delivery Board will meet on a bi-monthly basis.

Representatives of the Programme Board will also attend WBS Futures Implementation Group meetings along with representatives from each of the other WBS Futures Programmes. Implementation Group meetings will be chaired by the WBS Head of Planning and Performance.

Programme Documentation



Progress will be reported via a live Microsoft Excel Dashboard that includes all measurable outcomes and outputs so delivery can be tracked against them. All levels of progress reporting will utilise this Dashboard to ensure a responsive and light-touch approach.



Communication & Engagement



A Communication & Engagement Plan has been developed for WBS Futures.

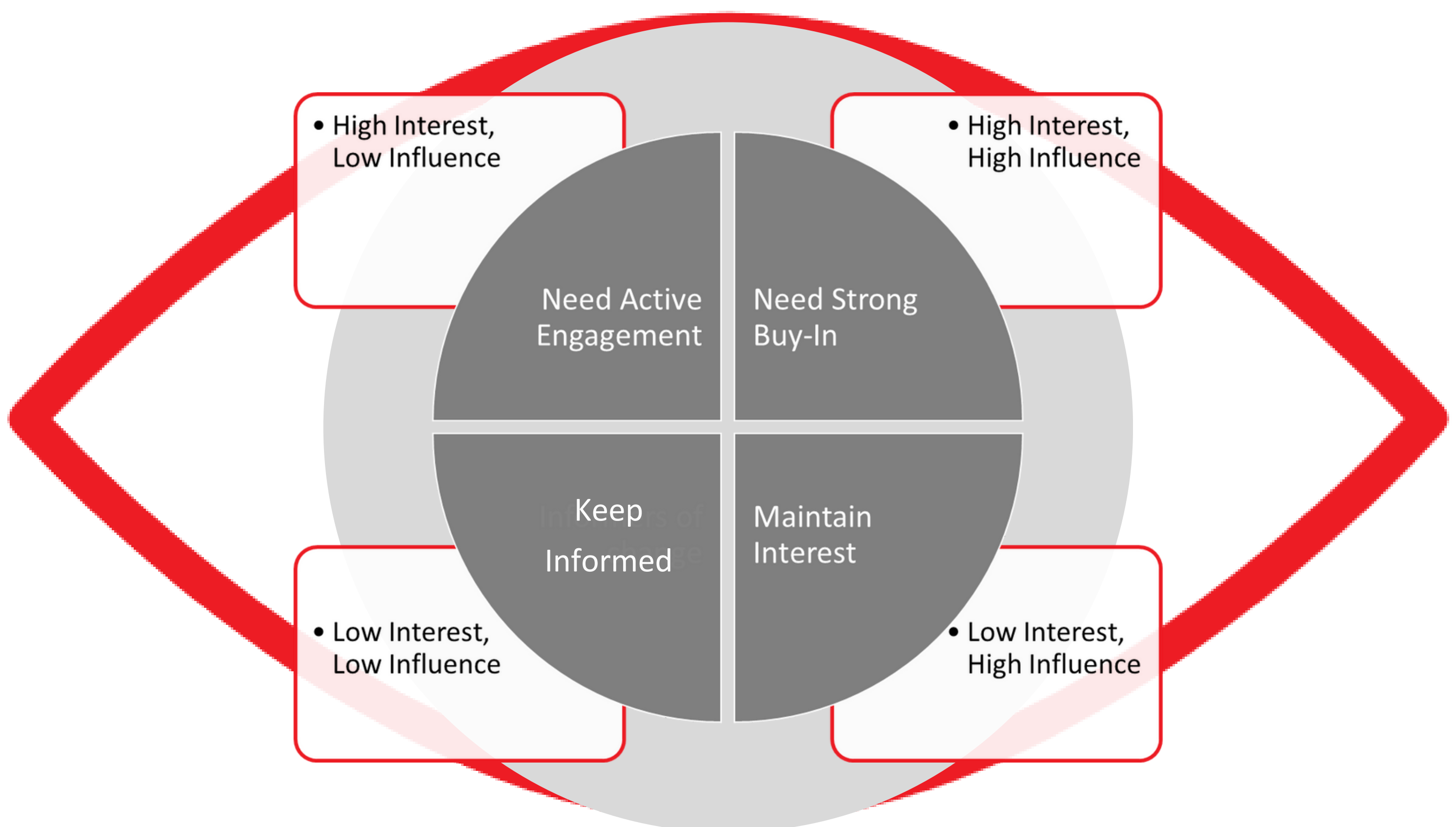
A range of communication channels/approaches will be utilised to support stakeholder activity (full details available in the Communication and Engagement Plan).

Key communication for the Programme will include:

- Dashboard reporting to Delivery Board and quarterly reports to Executive Management Board and Trust Board.
- Programme documentation to be made available via the WBS Futures intranet page.
- Regular programme updates to be distributed.

The diagram below illustrates how the key stakeholder groups/audiences will be mapped according to their interest/influence.

Stakeholder Analysis



Programme Stakeholders



Need Active Engagement

- VUNHST Board
- MHRA

Need Strong Buy-In

- Welsh Government
- WBS Staff
- WBS SLT

Keep Informed

- Commercial Apheresis Collection Operations

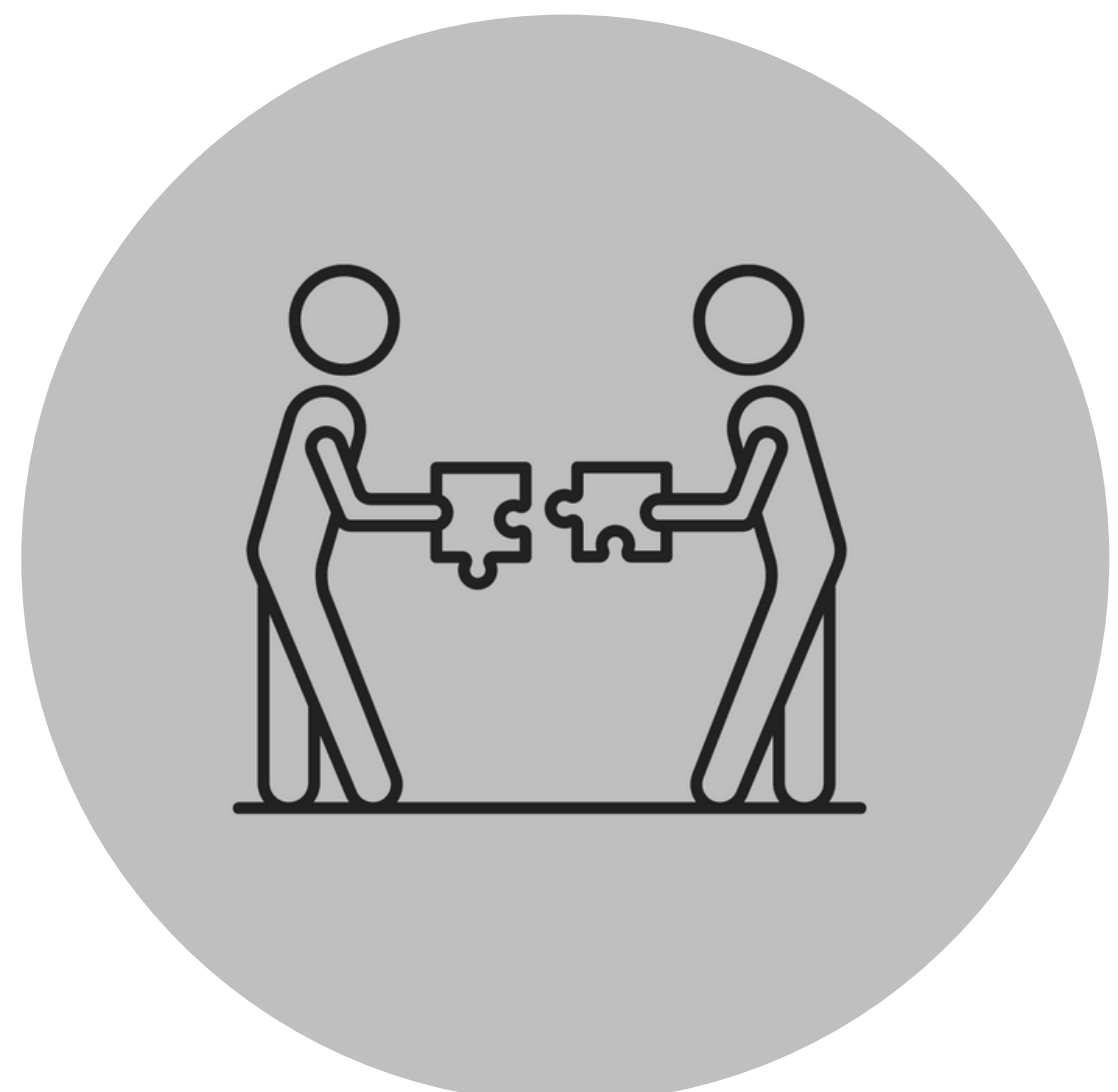
Maintain Interest

- National Plasma Programme
- All Wales Immunoglobulin Strategy Group

Specialist Input

Specialist input will be required from the following areas:

- Business Case Development
- Communication Team
- Regulatory Compliance
- Laboratory Services
- Clinical Services
- Collection Services
- Finance
- Blood Health Team





Appendix

- Plasma for Medicines Programme Board Terms of Reference
- WBS Futures Benefit Categorisation

Welsh Blood Service

WBS Futures

Welsh Bone Marrow Donor Registry

Programme Brief



Version: 1.0
Document Author: John Lewis
Date: September 2023

Contents

Programme Definition

1

- Background
- Justification
- Programme Scope
- Programme Organogram
- Programme Objectives
- Expected Outcomes & Benefits
- Constraints & Assumptions
- Programme Dependencies
- Programme Funding
- Programme Risks
- Timelines

Programme Approach

11

- Programme Methodology
- Programme Structure
- Programme Documentation
- Communications & Engagement

Appendix

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Background

The Welsh Blood Service will launch its 5 year Strategy in August 2023. The Strategy – Blood and Transplant Services for the Future – sets out our vision of services in Wales for the next five years. WBS Futures has been established to be the vehicle to deliver our aspirations and to shape our services for the future by working in partnership with our staff, our donors and our customer hospitals and driving a culture of excellence.

The purpose of this document is to provide a full and firm foundation for the initiation of the Welsh Bone Marrow Donor Registry Programme, which forms part of WBS Futures. The Brief will define the purpose and key objectives of the programme and provide a basis for its management and will be used as a tool by which to measure the programme's success.

Programme Background

The Welsh Bone Marrow Donor Registry (WBMDR) is a panel of donors who have volunteered to become stem cell donors (donating bone marrow or peripheral blood stem cells) to patients across the globe. Stem cell transplants are used to treat certain types of cancer including blood cancer and other blood, immune system and metabolic disorders.

Since the formation of the WBDMR in 1989, the Registry has grown to maintain a panel of around ~71,000 donors. The registry provides around 5% of all UK supply of stem cells and is currently a member of the UK aligned registry, working alongside the Anthony Nolan, NHSBT and DKMS registries to provide a consistent approach for UK transplant centres. The registry consistently outperforms larger registries in externally measured metrics and has an excellent international reputation.

The registry is made up of a multi-disciplinary team of medics, nurses, scientists, and admin staff. This MDT have a shared responsibility with WBS Donor Engagement for recruitment to the registry via buccal swabs and blood samples taken at WBS donation clinics. In addition, the WBMDR facilitate HLA typing, Cross Matching and work in collaboration with the Velindre Cancer Care Centre to perform Apheresis Stem Cell Collection.

Over the previous five years the target of 4000 new donors per year has not been achieved. The current recruitment rate of 4% is around a quarter of the growth of the UK donor panel which is around 16% each year.



Justification



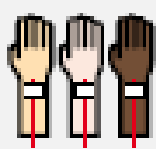



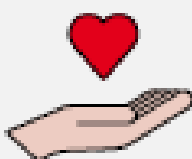

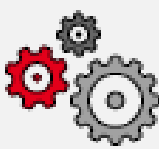




There are a number of challenges and opportunities facing the WBS, which can be addressed through delivery of this programme:

- The WBMDR is not maintaining its panel size because the recruitment of new donors is lower than the attrition rate. WBMDR has a decreasing market share due to lack of growth which will likely cause a further reduction in stem cell collections which will impact revenue and provisions for the service.
- The WBMDR panel is not representative of the ethnic minority population in Wales in line with other UK donor registries, resulting in an unmet need of matched unrelated donors for these patients.
- The WBMDR is reliant on external third parties for elements of its service provision, which leaves the service at risk.
- There is a growing demand for stem cell collection in Wales with the development and provision of ATMP's.
- The UK stem cell strategic forum recommends an increase in provision of UK donors for UK patients, which will require a growth in both panel size collections infrastructure.
- There is a challenge that the ideal model for blood donor demographics does not align with the demographics of bone marrow volunteer donors.
- Lack of collection facilities for bone marrow in Wales

The programme will also support compliance with;

- The Well-being of Future Generations Act.
- Quality and Safety Act, Duty of Candour and Duty of Quality
- Healthier Wales

The Welsh Bone Marrow Donor Registry Programme aligns to the following strategic themes as outlined in the WBS 5 Year Strategy:

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

Programme Scope



In Scope

Donor Recruitment and Panel Growth

- Swab recruitment
- Donor retention strategy development and implementation

Expanding Stem Cell Collection Services

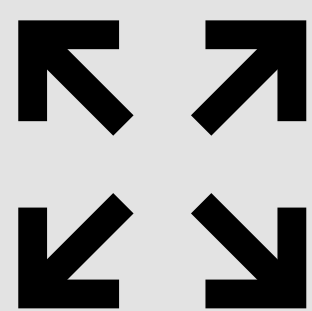
- Collection centre model
- Collection of ATMP's
- Collection services for Welsh transplant centres
- Collections for other UK and international registries

Optimising Donor Clinical Services

- Pre-collection medicals for stem cell donors
- G-CSF stem cell model

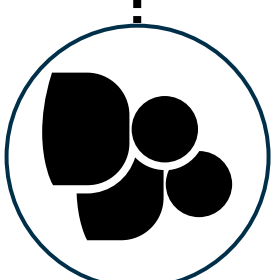
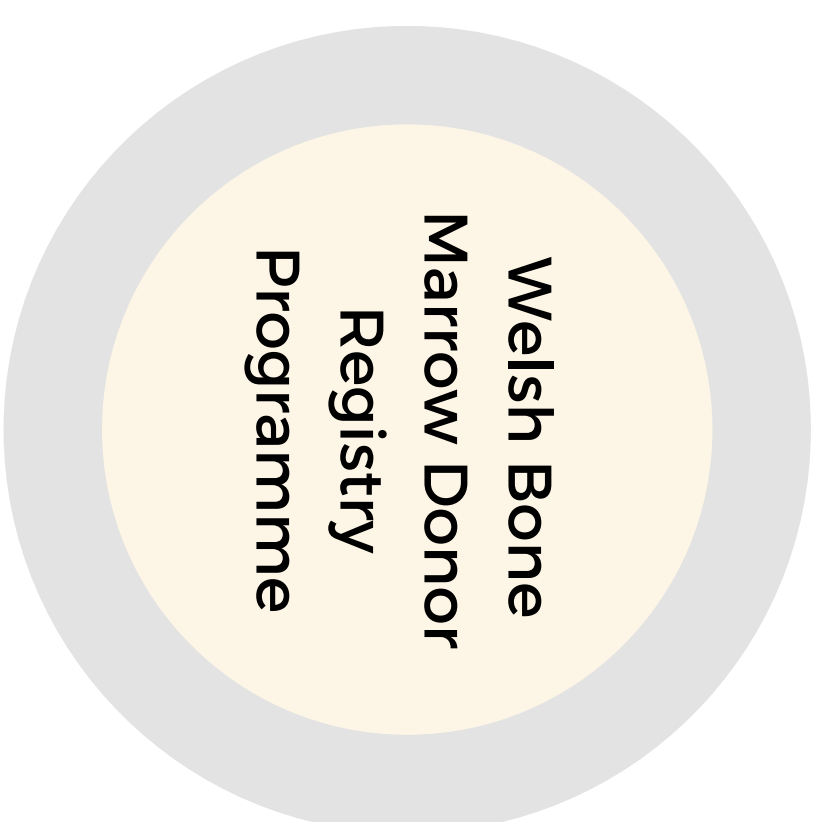
Workforce and Infrastructure

- Workforce capacity & capability
- Registry infrastructure

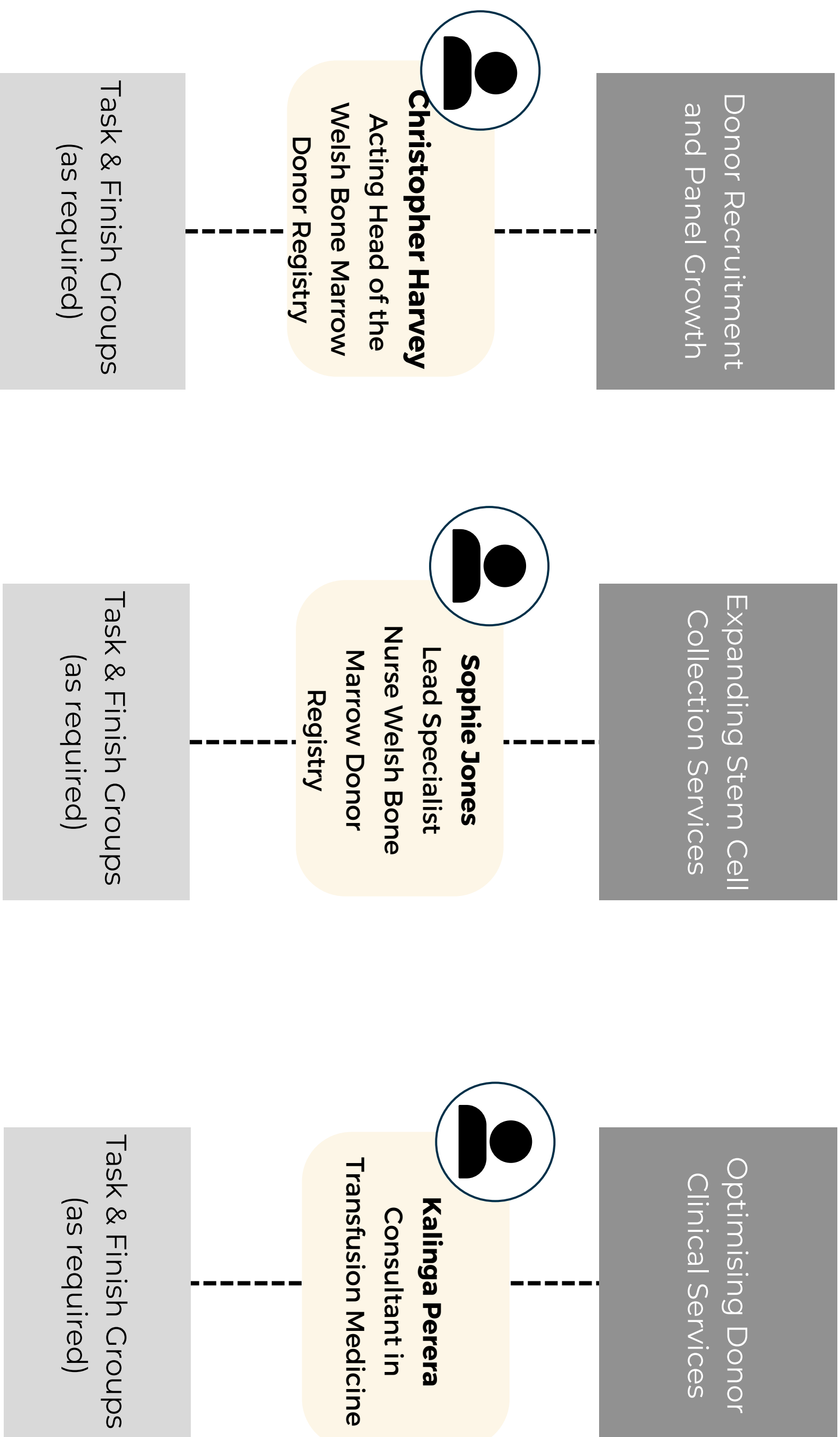


Out of Scope

- Developed IT Architecture – Not currently in the scope of this programme but will feature in the WBS futures programme



Executive Lead:
Jacinta Abraham
Medical Director - VUNHST
WBS SLT Lead:
Deborah Pritchard
Head of Transplantation



Programme Organogram

Programme Objectives



The following programme and workstream objectives have been identified by the Welsh Bone Marrow Donor Registry Programme Board.

To facilitate the growth of the registry to achieve and to explore the opportunities to expand Stem Cell collection in a collaborative approach with other services requiring apheresis capacity.

Donor Recruitment and Panel Growth Workstream

1

Develop and implement strategy for sustained growth and retention of donors on the stem cell donor panel.

2

Review of workforce to manage capacity in line with increasing demand

3

Review of infrastructure to ensure sufficient capacity

Expanding Stem Cell Collection Services Workstream

1

Expand Stem Cell collection services and explore opportunities for collection services for aligned registry services, Welsh transplant centres, other UK/International registries, and Advanced Therapy Medicinal Products (ATMP's)

2

Implement recommendations of the UK Stem Cell Forum, the Apheresis Capacity Review and the Clinical Services Review

Optimising Donor Clinical Services Workstream

1

Develop new model for provision of pre-collection medicals for stem cell donors and implement

2

Review model for G-CSF (stem cell donors) - self administration / hybrid model

Expected Programme Outcomes & Benefits



The following high level outcomes and benefits have been identified during programme initiation. The Workstream Briefs that sit below this document will set out the clearly defined and measurable outcomes and benefits to be realised. Delivery of these will be tracked through the six Programme Boards and the Delivery Board. A benefits realisation tracker will be established for WBS Futures.

Benefits categorisation for WBS Futures is attached as appendix 2.

Outcomes

Sustainable growth of the registry to achieve and explore the opportunities to expand stem cell collection and improve the resilience of the service model.

- WBMDR donor panel growth in-line with UK registries (~16%)
- WBMDR provide Stem Cell collection capacity with the provision of Stem Cell collection to aligned registry services, Welsh transplant centres, other international/UK registries and ATMP's
- Pre-collection medical for stem cell donors are operational in the WBMDR
- Donors access pathway to self-administer G-CSF for Stem Cell Collection using a hybrid model.

Benefits

Benefits categorisation for WBS Futures is attached as appendix 2.

- **Financial:** Increased revenue to the WBMDR to allow for expansion of services with increased Stem Cell Collection
- **Efficient / Financial:** Increased donor numbers which leads to increased Stem Cell collections
- **Person-Centred:** Improved donor experience with self G-CSF administering
- **Efficient:** Collaboration and provision of services to other registries, increasing Stem Cell collection globally
- **Financial:** Reduction in operating costs by increasing stem cell collections
- **Person-Centred:** Donor experience to be improved with provision of new models of working
- **Person-Centred:** Development of opportunities for WBS anticipated to improve recruitment and retention of staff
- **Efficient:** Sustaining a world class registry status



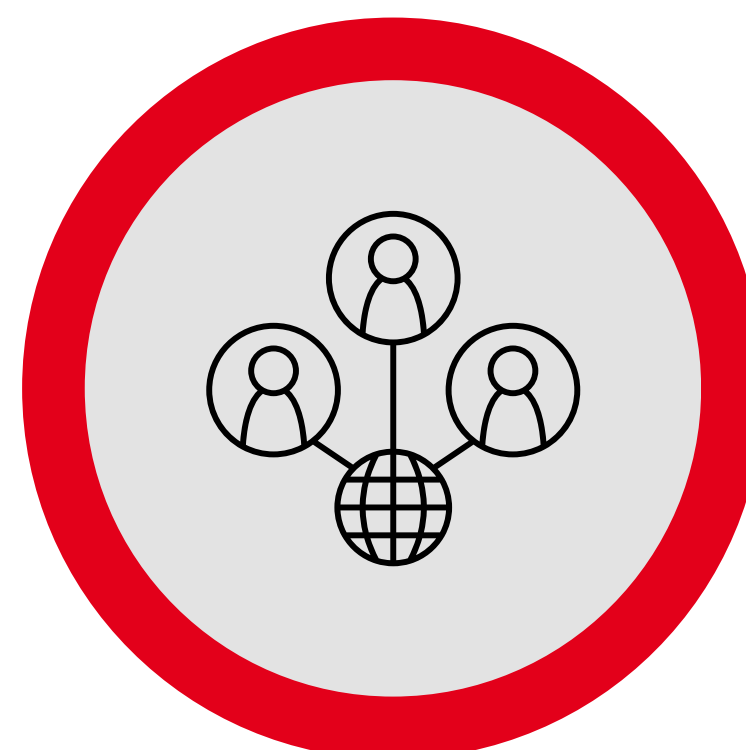
Constraints & Assumptions



Resources

Constraint:

- Business as Usual (BAU) pressures: the specialist knowledge required to support delivery of the programme of work will come from within the existing workforce.
- Key stakeholders external to WBS and BAU pressures within their organisations. Alignment with ATW, C&VUHB, other registries.
- Availability of Welsh language translation resource to support the translation of Programme communications



Assumption:

None at this time.

Budget

Constraint:

- No additional budget identified to deliver the objectives of the programme

Assumption:

- Support throughout the life of the programme as secured through the IMTP and WBS Future Programme.



Business Continuity

Constraint:

- Demand for Apheresis and WBMDR service are required to continue throughout and should be prioritised.

Assumption:

None at this time.



Sustainability

Constraint:

None at this time.

Assumption:

None at this time.



Programme Dependencies



The following anticipated dependencies have been identified. The table below illustrates the interdependencies across all six programme in the WBS Futures portfolio.

The dependencies are broad and high level at this stage, however more detailed dependencies will be captured in the Workstream Briefs.

This programme is impacted by the following programmes on the Y axis

	TGI	P4M	WBMDR	LSM	CSM	DM
TGI			✓	✓		
P4M			✓	✓	✓	✓
WBMDR					✓	✓
LSM	✓	✓	✓		✓	✓
CSM	✓					✓
DM	✓					

This programme has an impact on the following programmes on the X axis

Talbot Green Infrastructure Programme	TGI	Plasma for Medicines	P4M
Welsh Bone Marrow Donor Registry Programme	WBMDR	Laboratory Services Modernisation Programme	LSM
Collection Services Modernisation Programme	CSM	Digital Modernisation Programme	DM

The following ongoing WBS projects will impact the WBMDR programme.

New Velindre Cancer Centre - Apheresis capacity to be determined on completion of NVCC

Programme Funding



There will be an iterative financial planning process based on the new operational models as they evolve. As the WBMDR Programme progresses, any developments that are identified as requiring investment will be assessed at that time within the normal operating environment or via the business case approval process overseen by the Finance and Procurement Planning Group (FPPG). Other funding routes may need to be explored e.g. Strategic Capital Board, Welsh Government etc.

Programme Risks

The following risks have been identified during programme initiation. A Risk and Issues log will be developed and updated for the life of the programme with the focus being on mitigating actions. Risk and issues will be reviewed and monitored at monthly Programme Board meetings.



There is a risk that staffing capacity will be insufficient for the realisation of the objectives, which will result in the benefits of the programme not being achieved, due to capacity constraints of the organisation and demands of other programmes.



There is a risk that the dependent programmes (outlined above) are not in a position to provide appropriate support within the required timescales, which will result in the benefits of the programme not being achieved, due to capacity constraints of the organisation and demands of other programmes.



There is a risk that there is low staff engagement due to change fatigue amongst WBS staff, which will result in the benefits of the programme not being achieved.



There is a risk that funding will not be available for the realisation of the objectives, which will result in the benefits of the programme not being achieved, due to fiscal constraints of the organisation and demands of other programmes.



There is a risk that the programme will not have access to extensive knowledge from the current SLT lead, caused by a change in personnel at the WBMDR, resulting in loss of knowledge and expertise in the subject matter.



There is a risk that Welsh translation of required documentation and communications may not be delivered, caused by limited resources with the Welsh translation team, resulting in not meeting programme objectives in a timely manner.



There is a risk that we will not increase the ethnic minority representation on the donor panel, caused by lack of capacity and expertise, resulting in reputational damage to the registry.



There is a risk that expansion of apheresis collections will not be realised, caused by insufficient estate at VCC, resulting in failure to maximise opportunities for income generation.



Welsh Bone Marrow Donor Registry Programme

Tasks	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028
Donor Recruitment & Panel Growth	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
Expanding Stem Cell Collection Services	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
Optimising Donor Clinical Services	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>

Programme Methodology

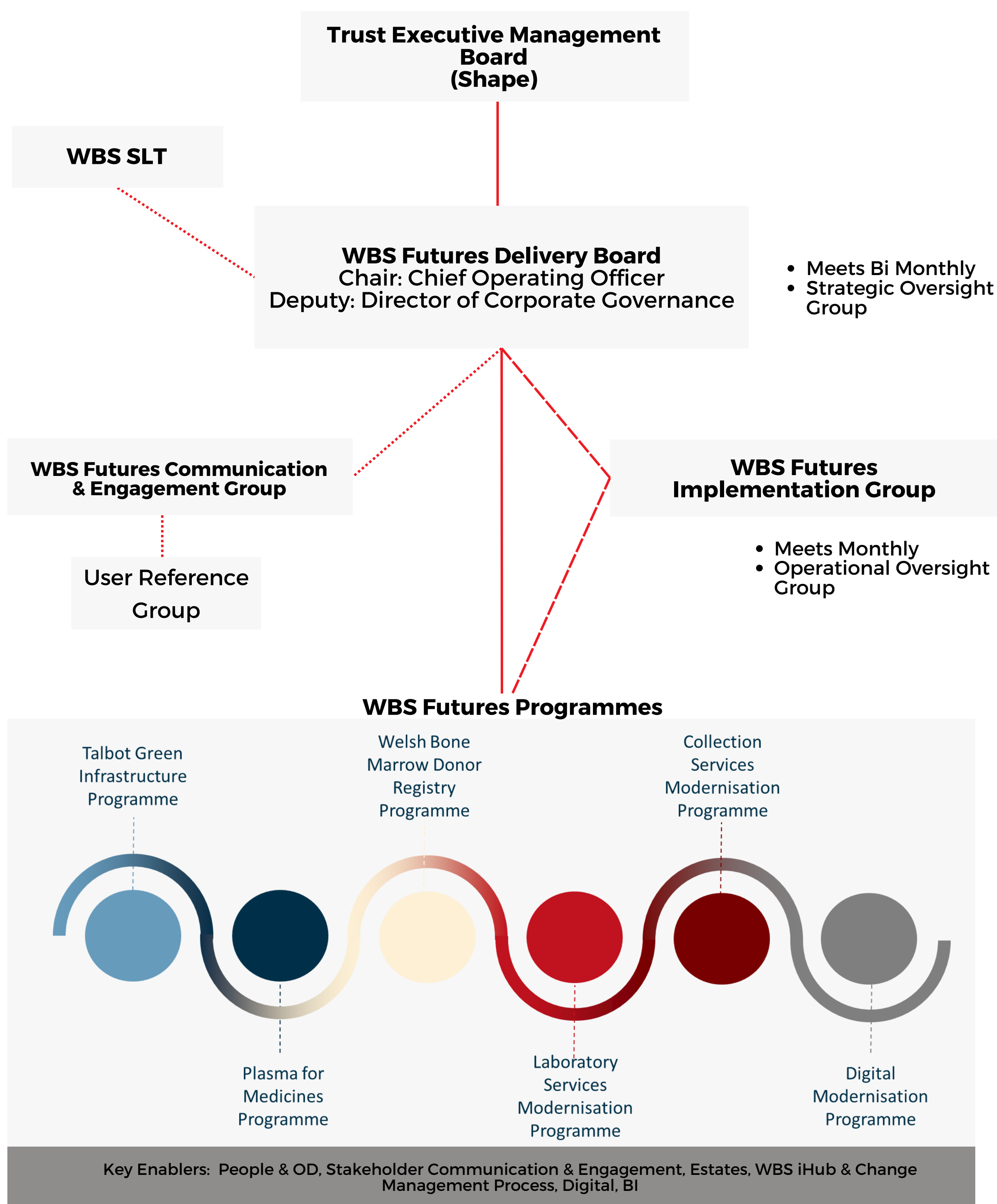


WBS Futures will be delivered within the structure and governance of WBS utilising local expertise and experience. Robust programme and project management methodologies will be utilised to ensure that there is effective control.

A formal programme structure has been established by which to manage delivery of WBS Futures.



WBS Futures: Governance Structure



Programme Structure



Programme Meetings	Frequency	Purpose	Attendees
Programme Board	Monthly	Refer to Terms of Reference (ToR) Appendix 1.	
Workstream Meetings	Monthly	Workstream Brief and Terms of Reference to be developed	TBC
Task & Finish Group Meetings	TBC	Task & Finish Group Briefs to be developed	TBC

A Programme Board will be established. This will be chaired by the Executive Lead, who will provide strategic and executive oversight for the programme. The Executive Lead will work closely with Programme SLT lead and ensure programme delivery and outcomes are being realised. The SLT Lead will be Vice Chair of the Programme Board. Terms of Reference are attached as Appendix 1.

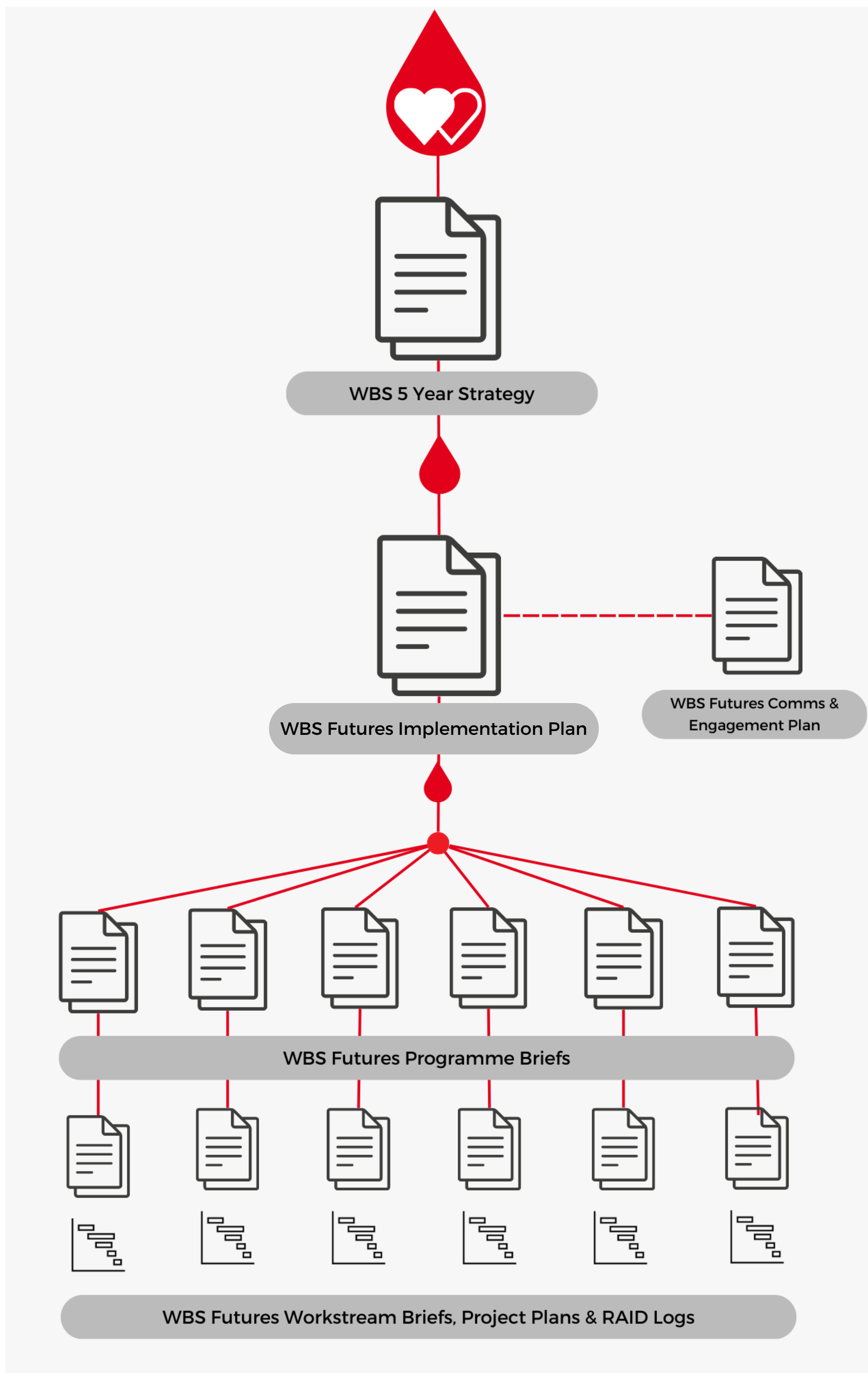
The Programme Board will report to the WBS Delivery Board, to be chaired by the Chief Operating Officer of VUNHST. The Delivery Board will meet on a bi-monthly basis.

Representatives of the Programme Board will also attend WBS Futures Implementation Group meetings along with representatives from each of the other WBS Futures Programmes. Implementation Group meetings will be chaired by the WBS Head of Planning and Performance.

Programme Documentation



Progress will be reported via a live Microsoft Excel Dashboard that includes all measurable outcomes and outputs so delivery can be tracked against them. All levels of progress reporting will utilise this Dashboard to ensure a responsive and light-touch approach.



Communication & Engagement



A Communication & Engagement Plan has been developed for WBS Futures.

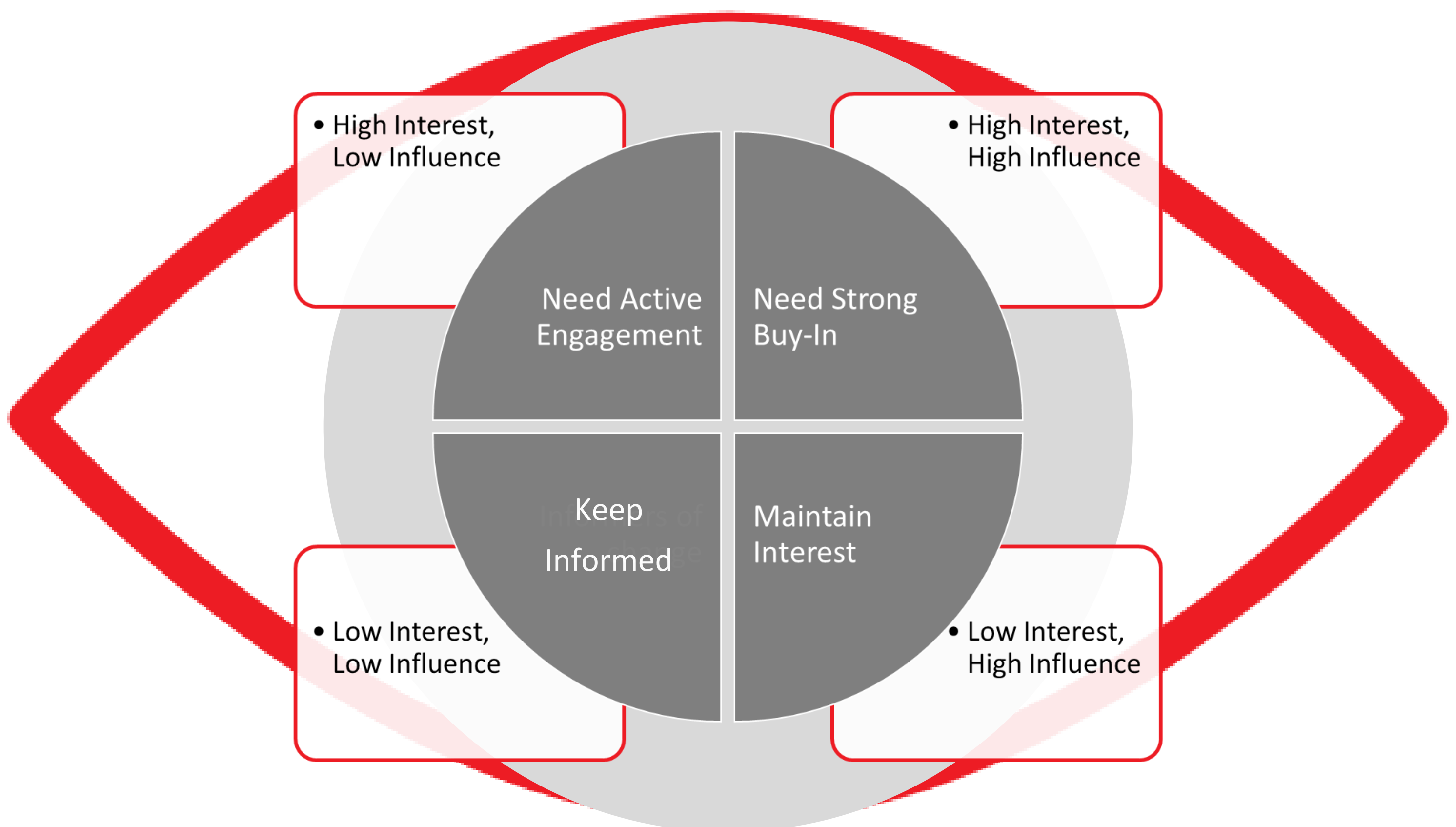
A range of communication channels/approaches will be utilised to support stakeholder activity (full details available in the Communication and Engagement Plan).

Key communication for the Programme will include:

- Dashboard reporting to Delivery Board and quarterly reports to Executive Management Board and Trust Board.
- Programme documentation to be made available via the WBS Futures intranet page.
- Regular programme updates to be distributed.

The diagram below illustrates how the key stakeholder groups/audiences will be mapped according to their interest/influence.

Stakeholder Analysis



Programme Stakeholders



Need Active Engagement

- Bone Marrow Recipients
- VUNHST Board
- C&VUHB Transplant Team

Need Strong Buy-In

- WBS Staff
- Bone Marrow Donors
- HTA

Keep Informed

- UK Registries
- Local Healthboards
- Welsh Government

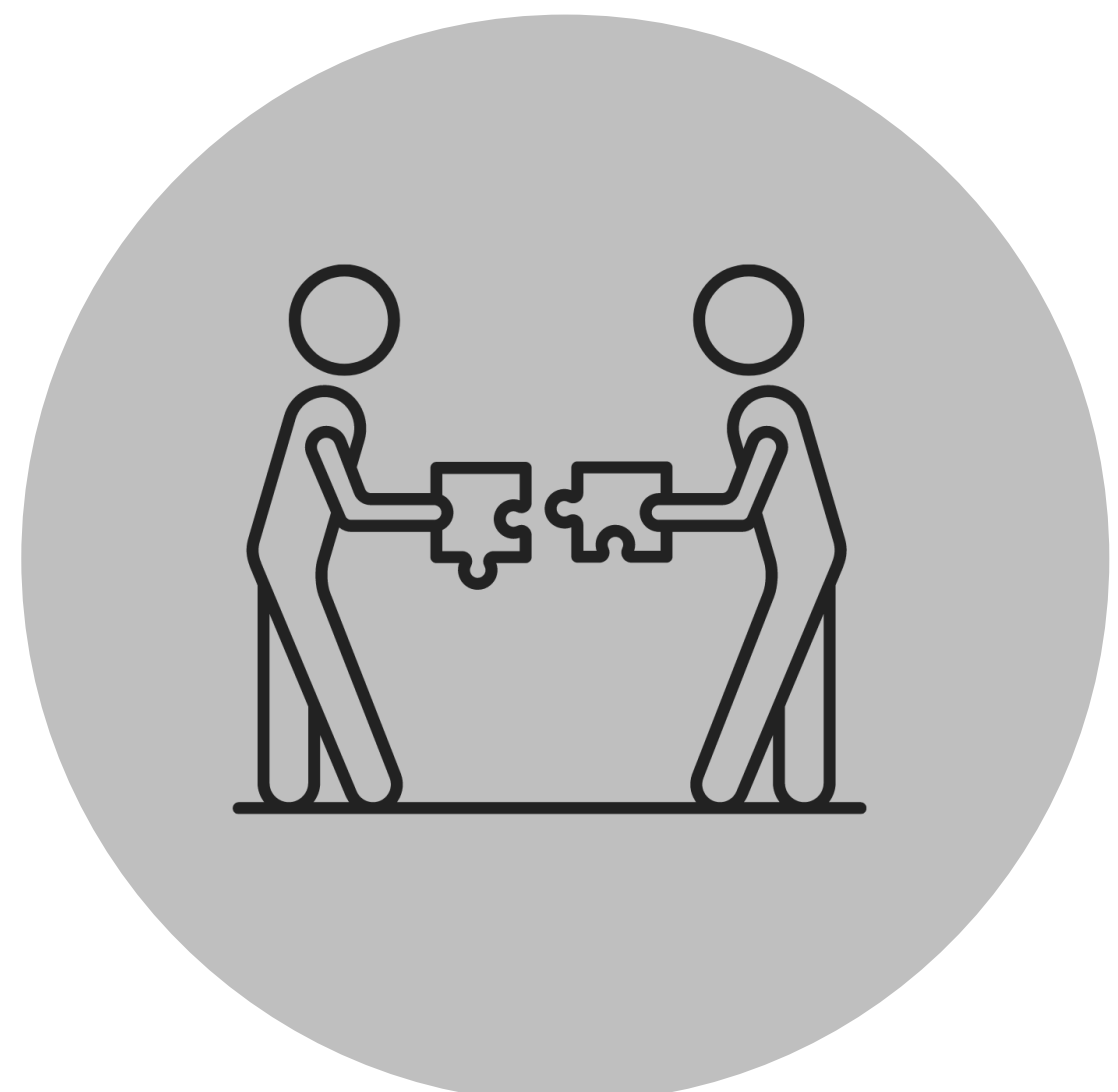
Maintain Interest

- WBS SLT
- Advanced Therapies Wales
- UK Stem Cell Strategic Forum
- MHRA

Specialist Input

Specialist input will be required from the following areas:

- Estates
- Digital
- Finance
- Communications
- Donor Engagement
- Operational Insight Analysis
- Clinical Services
- People & Organisational Development (POD)



Appendix



- Welsh Bone Marrow Donor Registry Programme Board Terms of Reference
- WBS Futures Benefit Categorisation

WBS Futures Benefit Categories



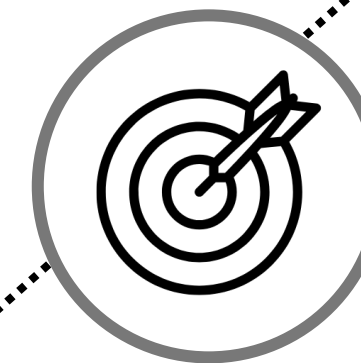
Delivering outcomes that avoid causing harm to service users & staff

SAFE



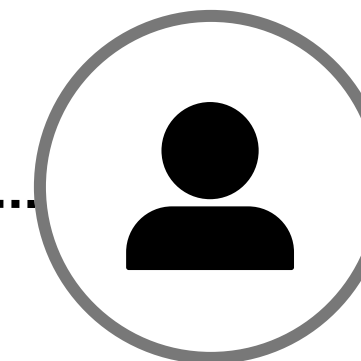
Delivering appropriate outcomes that meet their intended purpose evidenced by data, measures and research

EFFECTIVE



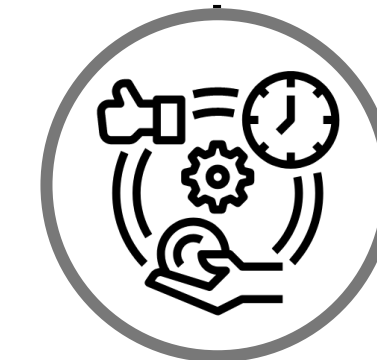
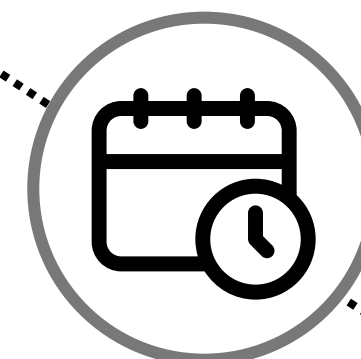
Delivering outcomes that are respectful of and guided by individual service users & staff preferences, needs and values

PERSON-CENTRED



Delivering outcomes that avoid any unnecessary waits and delays

TIMELY



EFFICIENT

Delivering outcomes that remove waste (equipment, resources, energy, effort and skills)

FINANCIAL

Delivering outcomes that result in monetary gains or cost savings



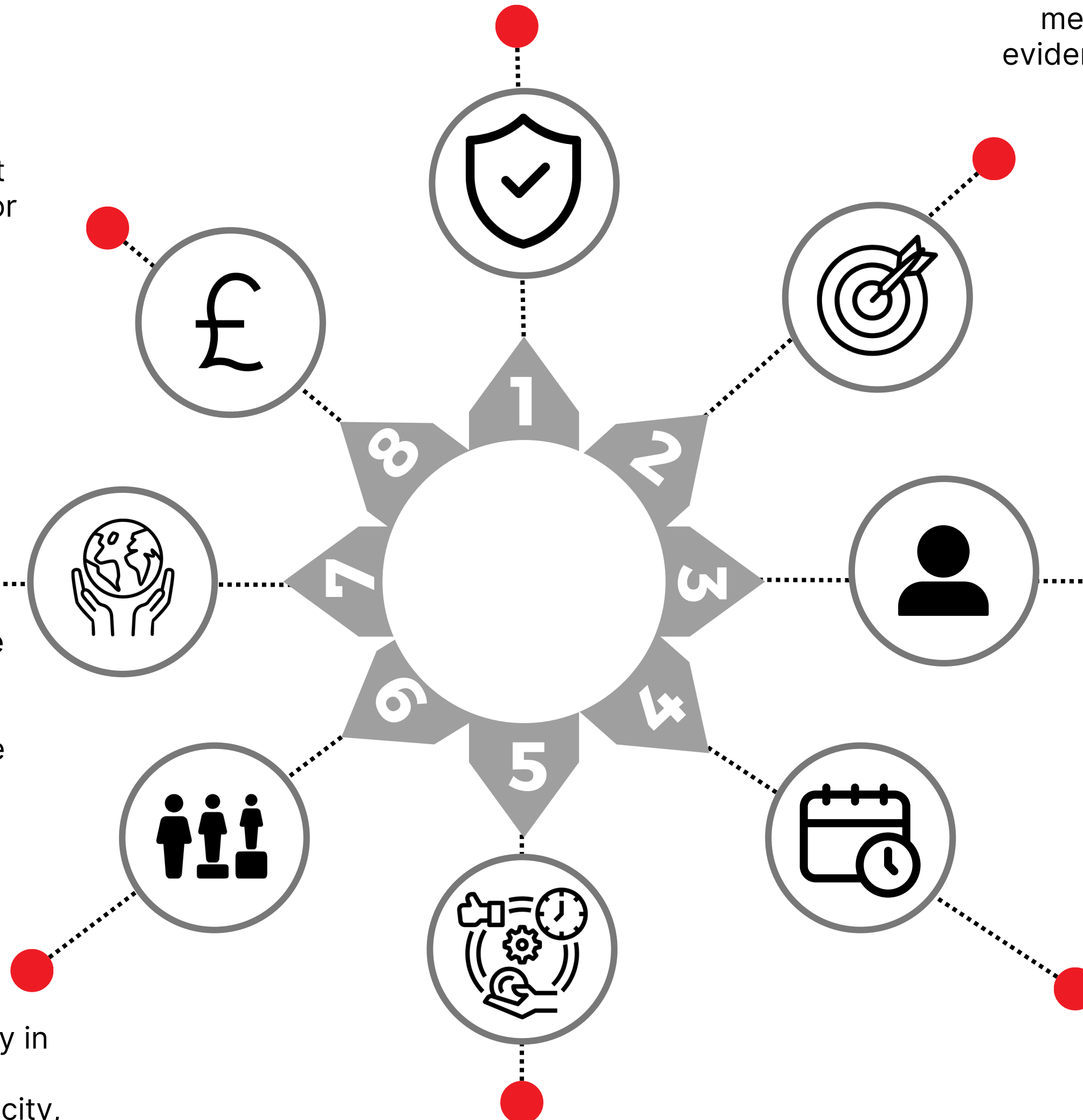
ENVIRONMENTAL

Delivering outcomes that have a positive impact on the environment such as reducing physical waste, increasing biodiversity and working towards a more sustainable organisation



EQUITABLE

Delivering outcomes that do not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status.



Welsh Blood Service

WBS Futures Communication & Engagement Plan

Version: 2.1

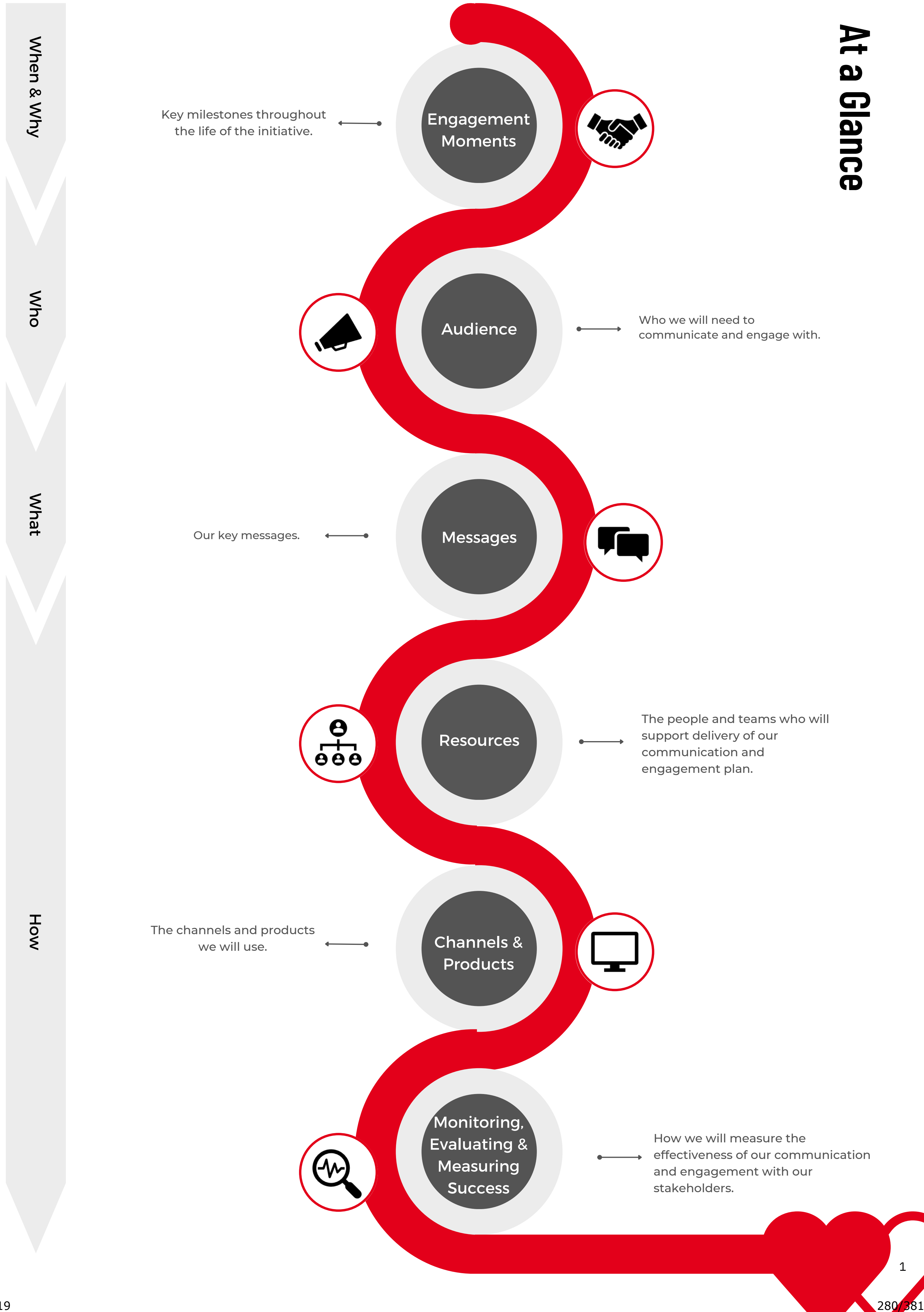
Document Author: Sarah Richards, General Services Manager

Date: October 2023

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At a Glance



Background

The Welsh Blood Service launched its 5 year Strategy in August 2023. The strategy – Blood and Transplant Services for the Future – sets out our vision for services in Wales for the next five years. It describes how we will work with our staff, donors, patients and communities to ensure they have a safe and enjoyable experience which helps to improve their overall health and well-being; together with our role in making a wider contribution to the communities and society we serve.

The WBS Strategy aligns with the Velindre University NHS Trust strategy ‘Destination 2033’ that sets out a clear direction for the organisation over the next ten years.

WBS Futures has been established to be the vehicle to deliver our aspirations and to shape our services for the future by working in partnership with our staff, our donors and our customer hospitals and driving a culture of excellence.

‘WBS Futures means working together to deliver better futures for our patients, donors and staff.

This document outlines the communication and engagement plan for both the WBS 5 Year Strategy and WBS Futures. It is a live document that will be regularly reviewed and updated as WBS Futures evolves.

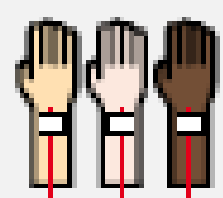


WBS 5 Year Strategy

Vision

To be recognised by the people of Wales and our peers as a leader in transplant and transfusion services.

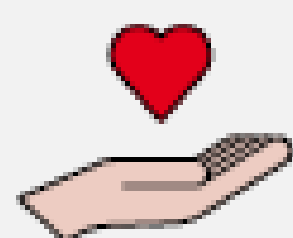
7 Strategic Themes



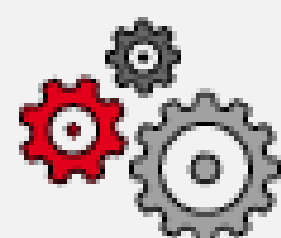
Build a sustainable donor base that meets clinical need and represents the diverse communities we serve.



To provide a world class donor experience.



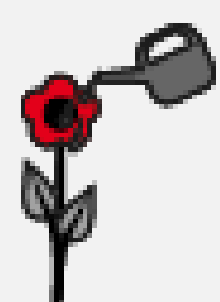
Drive the prudent use of blood across Wales.



Quality, safety and value: doing it right, first time.



Achieving excellence in research, development and innovation to improve outcomes for our donors and patients.

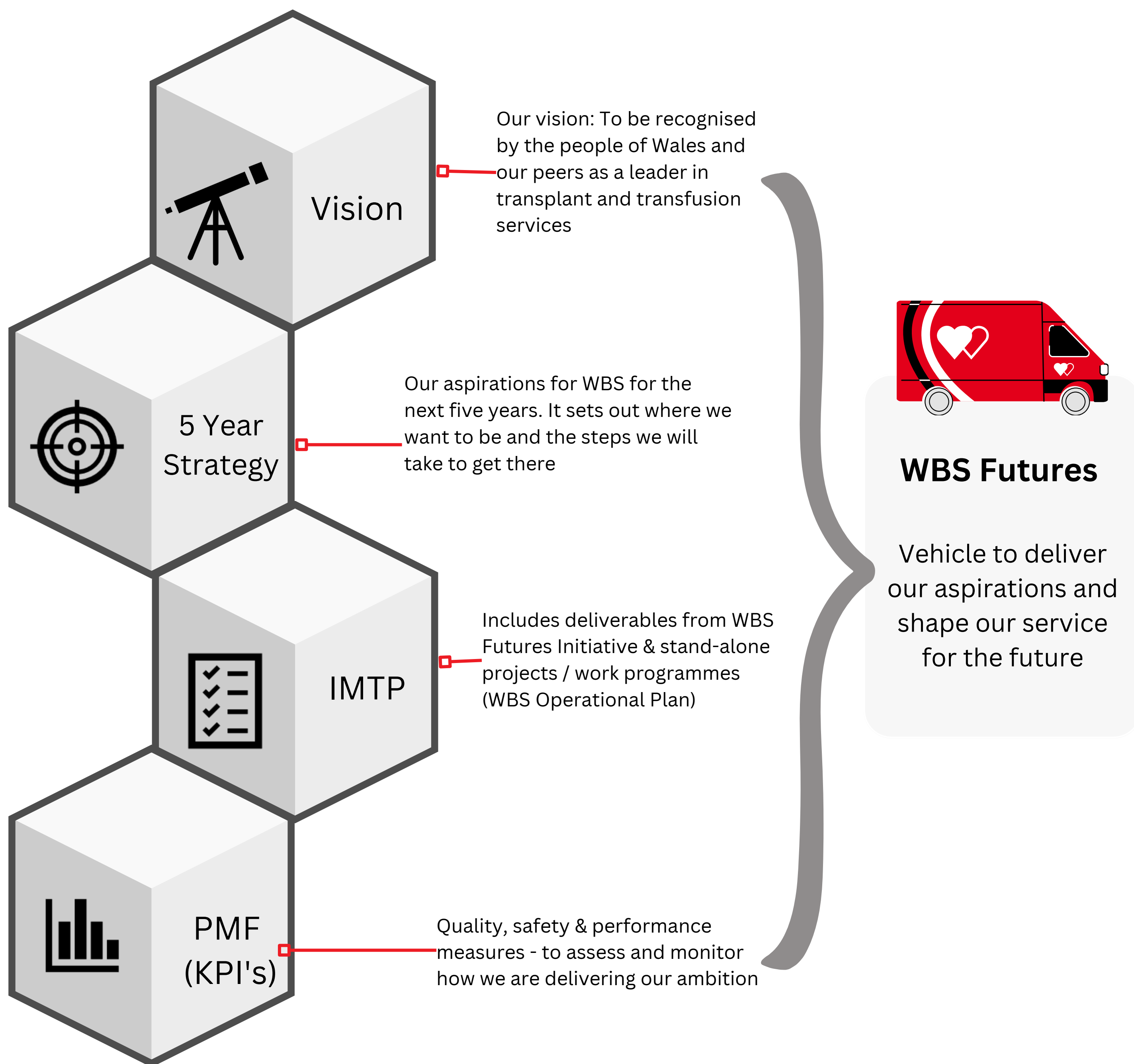


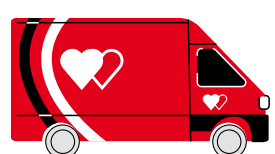
Sustainable services that deliver the greatest value to our communities.



Develop great people and a great place to work.

The Building Blocks





WBS Futures: Governance Structure



Trust Executive Management Board (Shape)

WBS SLT

WBS Futures Delivery Board
Chair: Chief Operating Officer
Deputy: Director of Corporate Governance

- Meets Bi Monthly
- Strategic Oversight Group

WBS Futures Communication & Engagement Group

User Reference Group

WBS Futures Implementation Group

- Meets Monthly
- Operational Oversight Group

WBS Futures Programmes

Talbot Green Infrastructure Programme

Welsh Bone Marrow Donor Registry Programme

Collection Services Modernisation Programme

Plasma for Medicines Programme

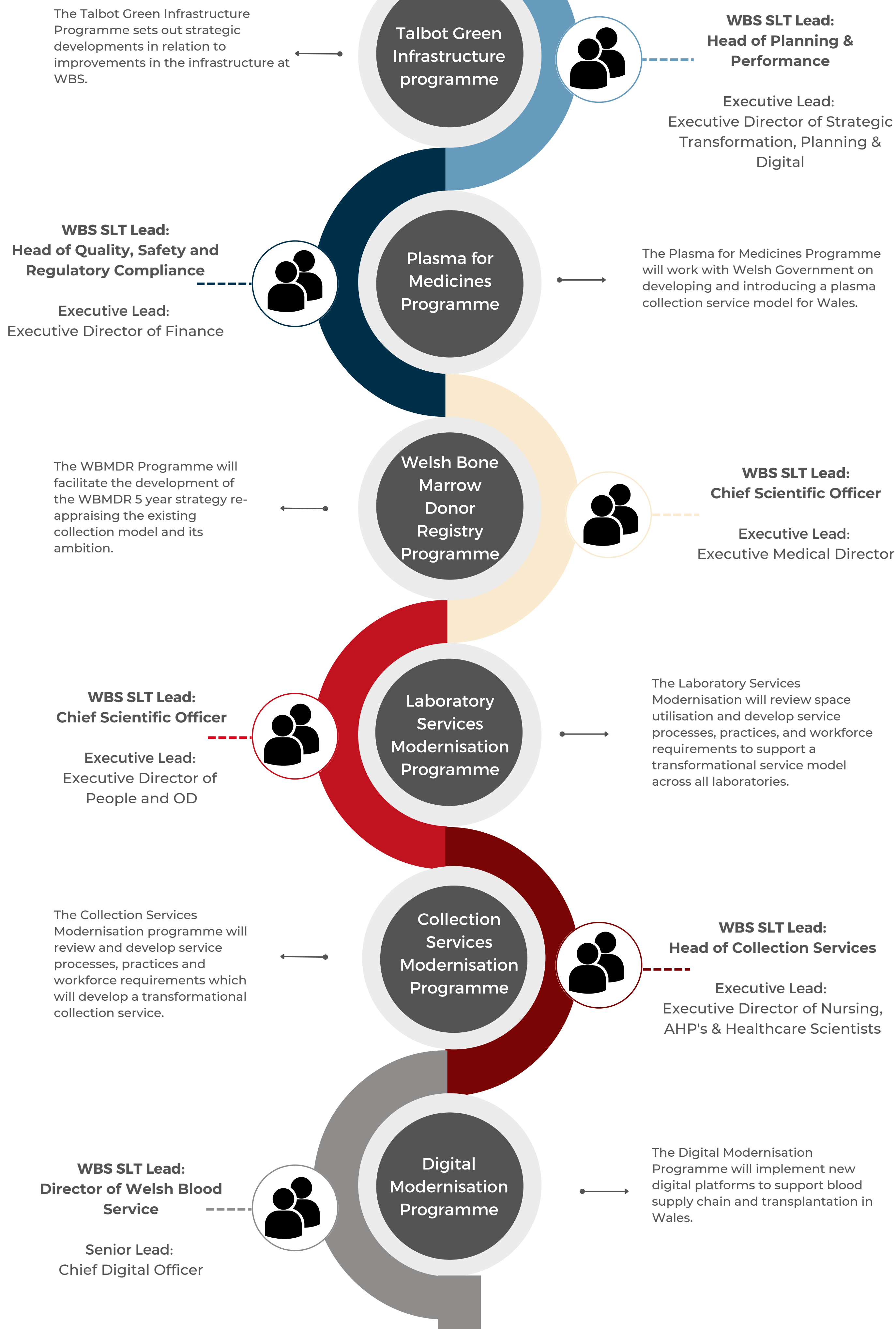
Laboratory Services Modernisation Programme

Digital Modernisation Programme

Key Enablers: People & OD, Stakeholder Communication & Engagement, Estates, WBS iHub & Change Management Process, Digital, BI



The Six Programmes



Communication & Engagement Objectives

Communication and engagement are recognised as critical success factors for WBS Futures and we have identified the following objectives for our plan.

Key stakeholders are identified on page 9. Key channels and products are identified on pages 10 & 11.

1

Ensure stakeholders are kept fully updated on developments as WBS Futures progresses.

2

Ensure stakeholders are provided with two-way communication opportunities throughout the life of the initiative and/or at times of relevance to them.

3

Deliver the right messages to the right people at the right time.

4

Provide various channels of engagement so everyone at the WBS has an opportunity to contribute.

5

Develop our culture to ensure staff feel part of an ongoing conversation shaping the future of the WBS and understand their role in delivery.

6

Be open and transparent at all times.

7

Focus on the facts and keep communication simple and clear, avoiding jargon.

Engagement Moments

The following have been identified as key milestones for WBS Futures. These will be regularly reviewed and updated throughout the lifecycle of WBS Futures.

Launch 2023

Purpose: To gain interest and raise awareness

- Launch of WBS 5 Year Strategy
- Launch of WBS Futures - What it is and how will we implement
- Introduce our six key programmes and outline:
 - > Programme objectives
 - > Programme Outcomes & Benefits
 - > Timelines

Embedding 2023 - 2027

Purpose: Ongoing engagement with stakeholders

Talbot Green Infastructure

- >Launch
- >Embedding
- >Progress updates throughout lifecycle
- >Celebrate success

Plasma for Medicines

- >Launch
- >Embedding
- >Progress updates throughout lifecycle
- >Celebrate success

Welsh Bone Marrow Donor Registry

- >Launch
- >Embedding
- >Progress updates throughout lifecycle
- >Celebrate success

Laboratory Services Modernisation

- >Launch
- >Embedding
- >Progress Updates throughout lifecycle
- >Celebrate success

Collection Services Modernisation

- >Launch
- >Embedding
- >Progress Updates throughout lifecycle
- >Celebrate success

Digital Modernisation

- >Launch
- >Embedding
- >Progress Updates throughout lifecycle
- >Celebrate success

Closure 2027 - 2028

Purpose: To celebrate our achievements

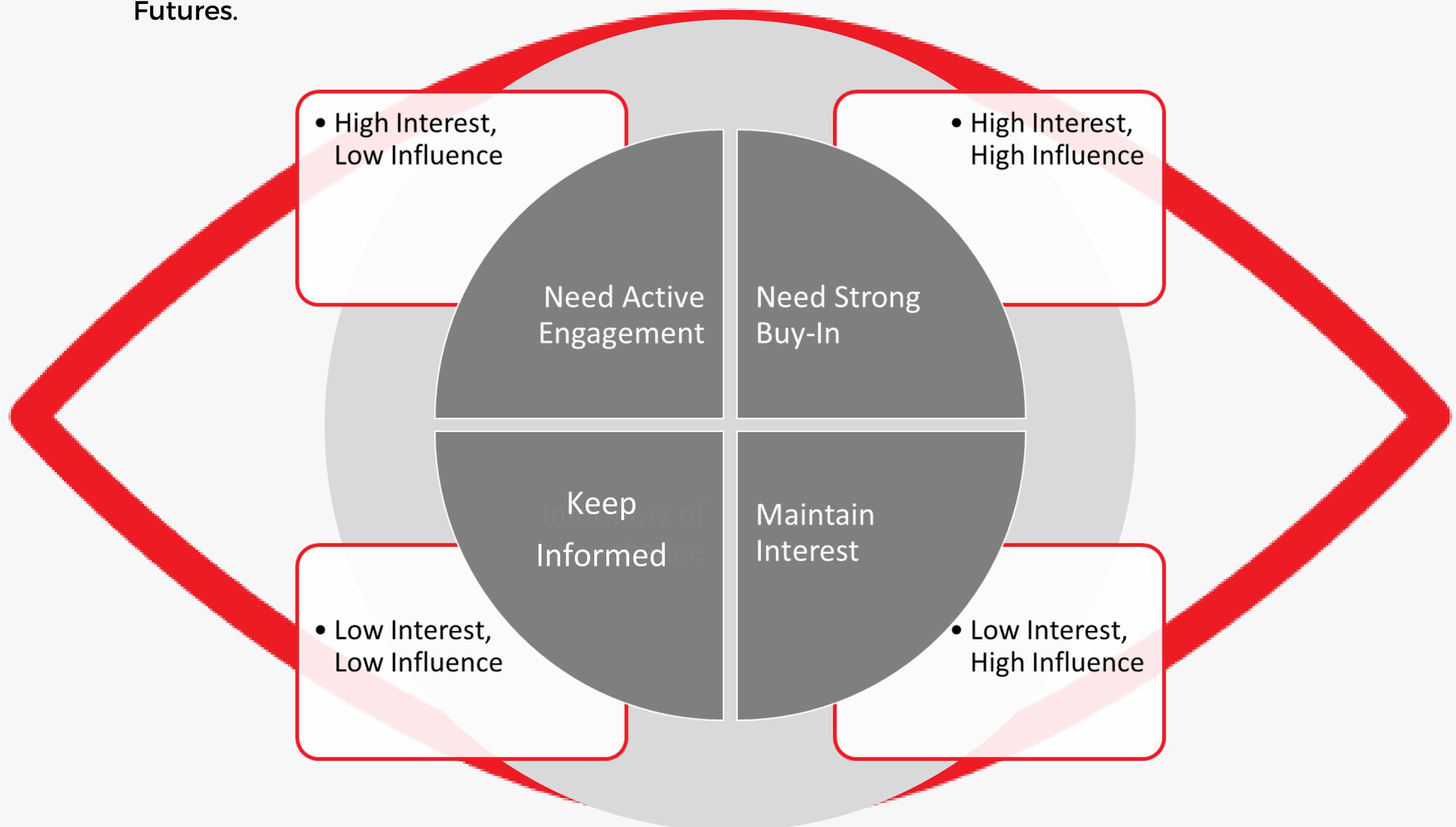
- Closure of WBS Futures
- Celebrate our success
- Benefits achieved
- Lessons Learnt



Audience

In order to convey the right message to the right people at the right time, key stakeholder groups have been identified and mapped according to their interest and their influence over WBS Futures.

The diagram below illustrates the key stakeholder groups/audience and maps them according to their interest/influence. This will be regularly reviewed throughout the lifecycle of WBS Futures.



Need Active Engagement

- Customer Hospitals
- WBS Donors
- Llais (Citizen Voice Body for Health & Social Care)
- Citizens Assembly

Need Strong Buy-In

- WBS Staff
- Staff side colleagues
- Velindre University NHS Trust Board & committees
- Velindre University NHS Trust Executive Team

Keep Informed

- Suppliers / Contractors
- Statutory Bodies
- Universities / Further Education
- UK & International Forums
- Other Blood Services
- Velindre Cancer Centre
- General Public
- Patients
- Blood Health National Oversight Group (BHNOC)

Maintain Interest

- MHRA
- HTA
- UKAS
- HSE
- Welsh Government
- Future Generation Commissioner for Wales



Key Messages

During the initial launch stage of our WBS 5 Year Strategy and WBS Futures we have developed the following key messages for our stakeholders. These will further develop and evolve as WBS Future progresses and will be regularly reviewed and updated.

1. Our vision is to be recognised by the people of Wales and our peers as a leader in transplant and transfusion services.



2. Our WBS Strategy sets out our vision for services in Wales for the next 5 years and has 7 strategic themes.



3. WBS Futures is the vehicle to deliver our aspirations and shape our services for the future.

4. We will encourage and, where possible, provide opportunities for everyone to get involved in WBS Futures – a true partnership – down with, not done to.

5. Focus will always be on improving the quality, safety and experience of our donors, customers and staff.

6. We know what we need to address but don't have all the solutions yet. We will endeavour to be open minded, creative and not restricted by what has been done in the past.

7. We will deliver at a pace to achieve timely results whilst ensuring solutions are sustainable and regulatory compliance is always maintained.



8. We will regularly celebrate the good.

Resources



The people and teams who will support the delivery of our Communication and Engagement Plan include:

COMMUNICATION & ENGAGEMENT GROUP

The group will ensure appropriate communication and engagement with all stakeholders in relation to the delivery of WBS Futures. It will support delivery of the Communication and Engagement Plan and make sure a regular drumbeat is maintained across all stakeholders. Terms of Reference are attached as Appendix 1.

WBS COMMUNICATION & ENGAGEMENT TEAM

The team will support delivery of the Communication and Engagement Plan and members of the team will be part of the core membership of the Communication & Engagement Group.

INNOVATION & IMPROVEMENT TEAM (IHUB)

The team will support identifying key messages and reporting progress. The WBS Future Project Managers are optional members of the Communication and Engagement Group.

BLOOD HEALTH TEAM

The team will support communication and engagement with our customer hospitals. A representative from the Team will be part of the core membership of the Communication and Engagement Group.

THE VUNHST EXECUTIVE TEAM

The Executive Team will facilitate communication and engagement across the organisation and be a reliable source of information for colleagues.

WBS SENIOR LEADERSHIP TEAM (SLT)

The SLT will facilitate communication and engagement across the organisation and be a reliable source of information for colleagues. They will support delivery of the Communication and Engagement Plan and cascade information to their teams.

HEADS OF DEPARTMENTS

The Heads of Department will facilitate communication and engagement across their departments and be a reliable source of information for colleagues. They will support delivery of the Communication and Engagement Plan and cascade information to their teams. They will drive and stimulate both content and conversations.






OPERATIONAL LEADS & WORKSTREAM MEMBERS

The Operational Leads and Workstream members will identify key messages and report progress for their programmes/workstreams. They will drive and stimulate both content and conversations and are core members of the Communication and Engagement Group.

Communication Channels



A range of communication channels/approaches will be utilised to support the communication activity.

	External (Donors, Wider public, Influencers, Other NHS bodies, National & International Orgs)	Internal
 Push	<ul style="list-style-type: none"> • Email • SMS • Telephone • Letter • PR • Print • Digital Assets 	<ul style="list-style-type: none"> • Staff Briefings • FAQs • Emails • WBS newsletter • Trust newsletter • Management Word of Mouth • Digital assets
 Pull	<ul style="list-style-type: none"> • Website • Meetings 	<ul style="list-style-type: none"> • Team Meetings • Staff intranet • Presentations / CPD • Visualisation screens • Screensavers
 Paid	<ul style="list-style-type: none"> • Social Media • Digital • Print • Events 	<ul style="list-style-type: none"> • Print
 Community	<ul style="list-style-type: none"> • Social Media • Partnerships • Local Engagement • Donor awards • Promotional packs • Professional bodies 	<ul style="list-style-type: none"> • N/A
 Intelligence	<ul style="list-style-type: none"> • Donor Survey • Survey 	<ul style="list-style-type: none"> • Polls • Staff surveys

Communication Products



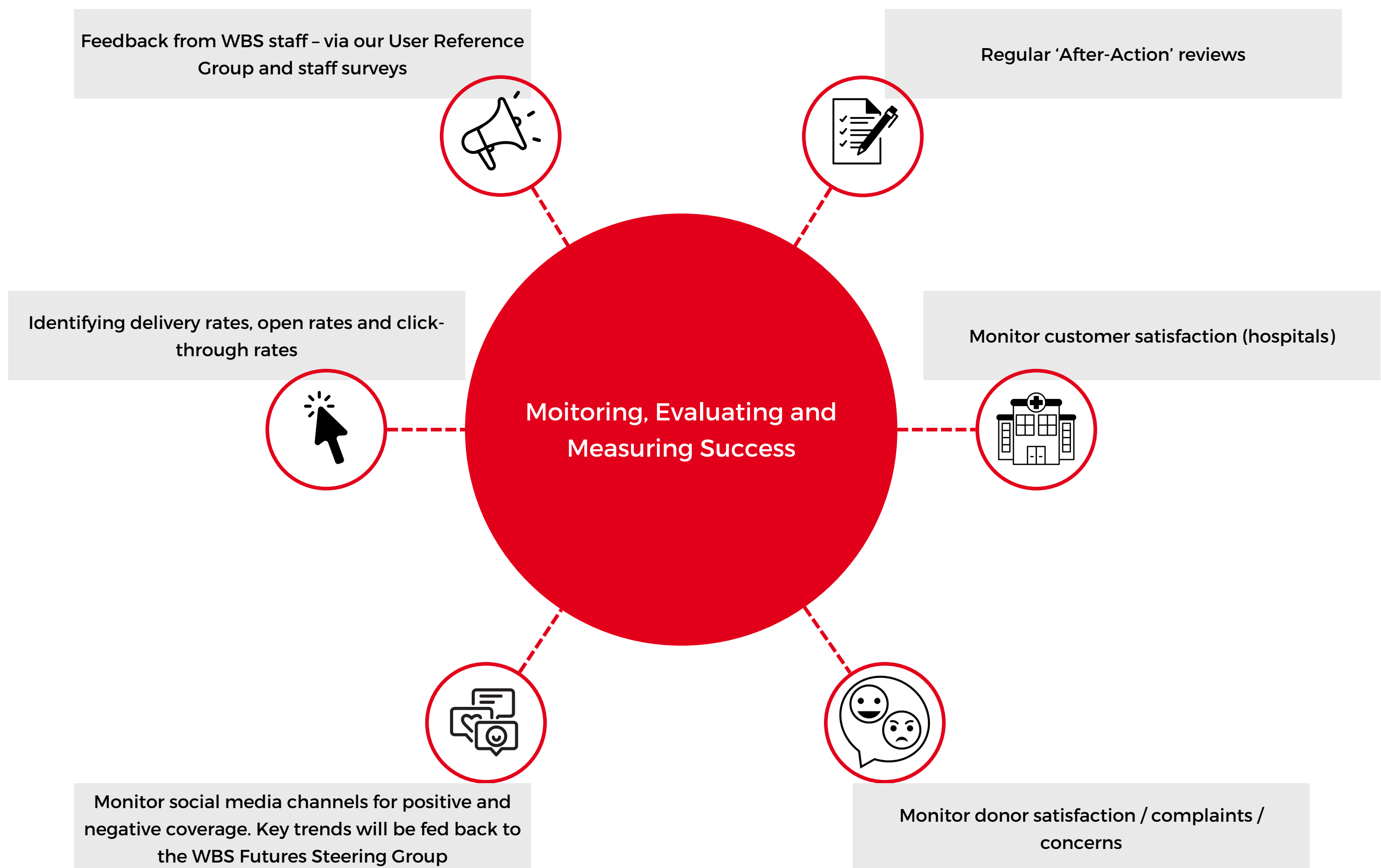
Communications Products	Summary	Estimated Frequency	Delivery
Chief Operating Officer Update	500 word update from Cath O'Brien (VLOG / BLOG)	Bi-annual	Intranet news, vis screen, Trust weekly update email, WSB staff newsletter email, WBS website
WBS Director Update	300 - 400 word update from Alan Prosser (VLOG / BLOG)	Quarterly	Intranet news, vis screen, Trust weekly update email, WSB staff newsletter email, WBS website
Focus On (blogs from programmes/workstreams)	300-400 word blog from programme and/or workstream leads	Monthly	Intranet news, bullets on vis screen
Five minutes with	Q & A Five short questions with programme and/or workstream leads	Monthly	Intranet news, bullets on vis screens
Vox Pop Staff – Quick Wins	3 minute video clip from staff on achievements	Frequent	Intranet Focus On platform
Fly on the Wall – workstream meetings	Short video clip of workstream meetings	Bi-monthly	Intranet Focus On platform
Events	Briefing / Update events	Quarterly	Microsoft Teams / Face to Face
WBS in the Community	Case studies & external comms	Frequent	Intranet news, bullets on vis screen, WBS website
News	Updates from News Capture Forms	Frequent	Intranet news, Trust Talk, Trust weekly update email, WSB staff newsletter email, WBS website

Monitoring, Evaluating and Measuring Success

The Communication & Engagement Plan will be continually monitored and evaluated to ensure that it is fit for purpose and adapted where necessary, in line with the needs of WBS Futures. This will ensure that best practice is adopted and any issues and risks regarding communication and engagement are effectively addressed and managed.

The ability to measure and evaluate how stakeholders interact with the news, stories and information that we share with them is crucial because it will allow us to adapt and respond accordingly; what works well and what doesn't. We will take regular pulse and temperature checks through stakeholder engagement surveys to understand attitudes and tailor messages that are appropriate for each audience.

Methods of monitoring, evaluating and measuring success in order to prove the effectiveness of the communications and engagement include:



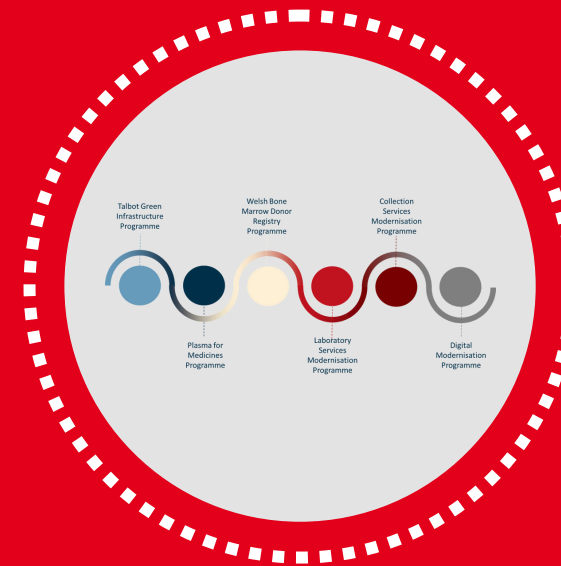
What does success look like?

Stakeholders will:



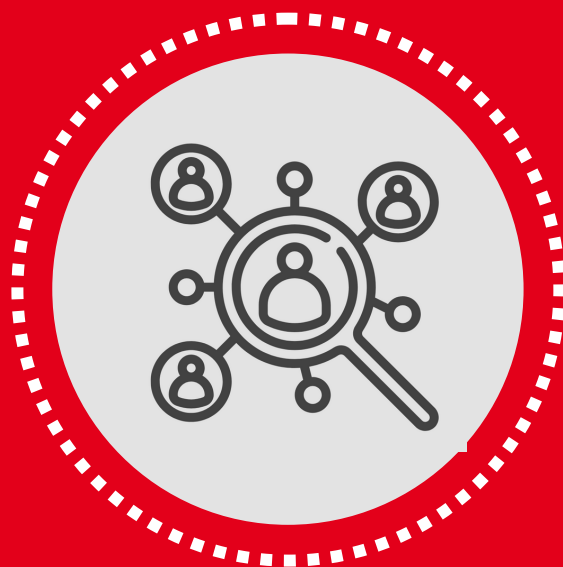
Have an understanding of our 5 year strategy and be familiar with our vision and 7 strategic themes.

Have an understanding that the WBS Futures initiative is the vehicle to deliver our strategy.



Recognise the six key programmes and what they are focussing on.

Know where to go for information.



Know how to engage with the WBS Futures initiative.

Fully engage with WBS Futures Initiative communication & engagement activity



Have actively participated in communication & engagement activities

Action Plan



The draft high level communication and engagement overview for WBS Futures is outlined below. This will be regularly reviewed and updated by the Communication and Engagement Group.

The Communication and Engagement Group will also be responsible for managing the more detailed Communication Plans for each programme using the template attached as Appendix 3.

2023 / 2024	Activity Week 1	Activity Week 2	Activity Week 3	Activity Week 4
August	5 Year Strategy Launch (02/08/23) & Director Update	Departmental Strategy Briefings		
September	WBS Futures Teaser Video 3W	WBS Futures Teaser Video 2W	WBS Futures Teaser Video 1W	WBS Futures Launch
October	Focus On: TGI		5 Minutes with: BHT	
November	5 Minutes with: LSM	News	Focus On: CMS	Five Minutes with: DM
December	5 Minutes with: WBMDR	Director Update	Focus On: P4M	News
January	WBS in the Community	Fly on the Wall - BHT	Vox Pop Quick wins	5 Minutes with: TGI
February	Director Update	Focus On: LSM	News	Fly on the Wall
March	News	Focus On: CMS	Five Minutes with: DM	Vox Pop Quick Wins
April	5 Minutes with: WBMDR	Director Update	News	Fly on the Wall – P4M
May	Vox Pop Quick Wins	Focus On: BHT	WBS in the Community	News
June	Focus On: TGI	Vox pop Quick Wins	News	5 Minutes with: LSM
July	News	Fly on the Wall – CMS	Focus On: DM	Vox Pop Quick Wins
August	Chief Operating Officer Update	5 Minutes with: WBMDR	Director Update	WBS in the Community

Talbot Green Infrastructure Programme	TGI	Plasma for Medicines	P4M
Welsh Bone Marrow Donor Registry Programme	WBMDR	Laboratory Services Modernisation Programme	LSM
Collection Services Modernisation Programme	CSM	Digital Modernisation Programme	DM
Blood Health Team	BHT		

Appendix

- Communication & Engagement Group Terms of Reference
- News Capture Form
- Communication Plan Template



STRATEGIC DEVELOPMENT COMMITTEE

VELINDRE FUTURES PROGRAMME REPORT

DATE OF MEETING	07/11/2023
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	Cath O'Brien, Chief Operating Officer
PRESENTED BY	Rachel Hennessey, Acting Director, Velindre Cancer Centre
APPROVED BY	Cath O'Brien, Chief Operating Officer
EXECUTIVE SUMMARY	This paper provides an overview of the current position in relation to key projects comprising Velindre Futures Programme.
RECOMMENDATION / ACTIONS	It is recommended that the DCA for the programme should remain at Amber status, noting that mitigating actions deliver the required outcome



GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
EMB	11/10/2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
EMB noted the content of the report.	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as ' ASSURANCE ', this section must be completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance
	N/A

APPENDICES	
1	VF Programme Assurance report

Velindre Futures Major Programme Board

The VF Major Programme Board as each of the projects and programmes evolves and matures. Work has started on the critical path for the programme and the adjustment of the masterplan to ensure the interdependency of all the projects are identified within the critical path.

Initial work on the refining and alignment of the risks within each project and programme and how they come together for the work on this will continue to progress over the next few months. Development of the risk report will continue and ensure the interdependent risks are developed and mitigated where possible. We have also taken a renewed focus on communication and engagement and how we share news and information on each of the work streams.

Further discussions will need to take place in conjunction with the nVCC project team to ensure close alignment of key projects including those relating to transition planning and phasing.

Integrated Radiotherapy Solution (IRS) and Radiotherapy Satellite Centre (RSC)

The IRS Programme has now fully aligned from a governance perspective with SRU (phase 2 of the IRS implementation programme). The governance arrangements for the combined work along with arrangements with ABUHB have been agreed. There has been significant work to understand the impact of the slippage in the time scale of 10 weeks for the SRU and how patient treatment capacity will be managed looking at the whole fleet picture.

Work is nearing completion to ensure the alignment of the three different funding streams that cover each phase of the Programme. This work will also provide an opportunity to reconsider the staffing requirements required as a result of changes in time scale, changes in phasing of machine implementation and the plans that are being put in place for the transition to the new cancer centre.

Work is also ongoing with the finance team to realign the capital requirements and it's phasing and to identify and articulate any risk and shortfall and to be able to provide a clear rationale for same. Alignment of the demand profile for linac time and the impact on revenue income is also under review.

A contractual review has been undertaken by the new Head of Contract Management which allows us to develop a plan going forward for improved contract management, building on the existing relationship with Varian. The second linac replacement is progressing to time and install of this is scheduled for 21st Oct 2023, with clinical commissioning beginning once acceptance has been approved. Running concurrently to this work the treatment planning solution is being built for breast patients. The new system workflow that culminates with paperless flow in April remains a key deliverable that is highly dependent on digital deliveries of interfaces from both Varian DHCW. This is being risk managed via the programme and reported to the IRS Implementation Board.

Outreach:

The Director of Cancer Services will be the SRO for the project a formal arrangement has to be made to have clear roles and responsibilities regarding the strategic planning and executive engagement with HBs, and the responsibility for operational delivery.

A review is being undertaken of the initial assumptions against the delivery model, in order to clarify the scope of the Velindre Future Outreach project. This is being supported by a project plan and the establishment of a clear governance structure, to support the regional

planning and delivery model, which will be considered at the next VF board following engagement with the wider service.

A workshop is scheduled on 24th November with ABUHB to revisit key principles and explore next phase of the work plan.

TrAMS:

NWSSP have submitted a business case to Welsh Government to secure premises for the SW Wales Hub for provision of services that will include VUNHST. Timescales and location are still to be clarified, but may include future provision for advanced therapies.

Whilst clarification is awaited on the intended regional service model, further work will take place within VCC to ascertain the impact associated with this and the development of plans to ensure services are sustained for patients within Velindre Cancer centre. This will also include an initiation of a wider regional discussion on how our internal solutions aligned to regional work.

SE Wales Chief Pharmacists presented a paper outlining the capacity challenge and risks with the current state of SE Aseptic Units, brought to EMB via SLT. It was also presented to the TrAMS National Board, the SRO for the NWSSP TrAMS Programme has requested a joint CEO response on the state of the aseptic unit

Regional AOS:

Recruitment is underway for Acute Oncology Network Operational Manager. This role will have two key deliverables – formalising the establishment of the existing Operational delivery Network and associated governance structures, processes and documents in line with agreement at Regional Project Board and the review of the business case and implementation. There will be a review of the governance structure required to support the continuation of the AOS project in line with the SRO.

VCC AOS:

The project has been given the additional ownership of delivering the regional AOS lunchtime meeting procedure and subsequent digital activities following departure of the regional AOS project manager. The overall critical path has been revised to reflect the additional workstreams, the project is still scheduled to complete in March 2024, however this will be reviewed early 2024. Robust links with the regional AOS Business Analyst and AOS Coordinator has been established to expedite the data standards work and lunchtime meeting operating practices. Reporting to ICOG, Professional Nurse Forum, QSMG, Resuscitation Committee and AO Working Group.

ePMA:

A Programme Board for Velindre has been established. Consideration has been giving to identifying a Health Board partner for the procurement route. This advice is based on feedback from the ePMA Procurement Framework suppliers, that due to Velindre's size, partnering with another health board may be a more attractive options for companies tendering for the work. Discussions are ongoing with our regional Health Boards with a paper presented at Project Board outlining next steps to assess and finalise the options available to Velindre. Funding for phase 1 will cease Q4, phase 2 Business case to be submitted for approval December 2023.

DHCR;

DHCR Phase 1 closure meeting has been planned for October. The close out of Phase 1 and overview of Phase 2 will be presented to VF Major Programme Board in November

RISP:

Is in the initiation stage and scoping of the workstreams is underway. Local deployment order approved at trust board September and forwarded to DHCW. Project will move into start up stage in October.

1. 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
<p>If yes - please select all relevant goals:</p> <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input 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"/>



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	Choose an item												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.												
	<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 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 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 type="checkbox"/>												
Equitable	<input type="checkbox"/>												
Efficient	<input type="checkbox"/>												
Patient Centred	<input type="checkbox"/>												
<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p><i>[Please include narrative to explain the selected domain in no more than 3 succinct points].</i></p> <p>Click or tap here to enter text</p>													
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information: https://www.gov.wales/socio-economic-duty-overview</i>	Not required												
	<p><i>[In this section, explain in no more than 3 succinct points why an assessment is not considered applicable or has not been completed].</i></p> <p>Click or tap here to enter text</p>												



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities
	If more than one Well-being Goal applies please list below:
	The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated
	If more than one wellbeing goal applies please list below: Click or tap here to enter text
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	This section should outline the financial resource requirements in terms of revenue and/or capital implications that will result from the Matters for Consideration and any associated Business Case.
	Narrative in this section should be clear on the following: Source of Funding: Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text
	Type of Funding: Choose an item Scale of Change Please detail the value of revenue and/or capital impact: Click or tap here to enter text Type of Change Choose an item



	Please explain if 'other' source of funding selected: Click or tap here to enter text
EQUALITY IMPACT ASSESSMENT For more information: https://nhswales365.sharepoint.com/sites/VEL/ntranet/SitePages/E.aspx	Not required - please outline why this is not required <i>Highlight report of a wider programme</i>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report. Click or tap here to enter text <i>[In this section, explain in no more than 3 succinct points what the legal implications/ impact is or not (as applicable)].</i>

2. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	<i>[Please insert detail here in 3 succinct points].</i>
WHAT IS THE CURRENT RISK SCORE	Insert Datix current risk score
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	<i>[In this section, explain in no more than 3 succinct points what the impact of this matter is on this risk].</i>
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Insert Date
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Choose an item <i>[In this section, explain in no more than 3 succinct points what the barriers to implementation are].</i>
All risks must be evidenced and consistent with those recorded in Datix	



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STRATEGIC DEVELOPMENT COMMITTEE

All Wales Retention Programme and Nurse Retention Plan

DATE OF MEETING	7 th November 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	Amanda Jenkins, Head of Workforce Anna Harries, Head of Nursing, Professional Standards and Digital
PRESENTED BY	Sarah Morley, Executive Director of Organisational Development & Workforce Nicola Williams, Executive Director of Nursing, AHP's and Health Sciences
APPROVED BY	Sarah Morley, Executive Director of Organisational Development & Workforce Nicola Williams, Executive Director of Nursing, AHP's and Health Sciences
EXECUTIVE SUMMARY	This paper summarises the ongoing work nationally in relation to the retention strategy set out in the non-pay elements of the 2023/24 pay deal.



	The paper seeks to inform the Board of the national programme of work being undertaken by the All Wales Retention Programme under HEIW remit and to provide further information in relation to the Nurse Retention Plan as part of the wider strategy. The paper also informs the Board of the HEIW funding for a Retention Lead within the Trust to fully implement the strategy, starting with the Nurse Retention Plan.
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RECOMMENDATION / ACTIONS	To discuss the All Wales Retention Strategy, note the Trust plan and to update the Committee on the Retention Lead role.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Professional Nurse Forum (PNF)	07/09/2023
EMB Run	2/10/2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
PNF endorsed adoption of the National Nursing Workforce Plan and agreed that Head of Professional Standards would work in collaboration with WOD to pull together a Trust delivery plan utilising the framework and toolkit developed by HEIW.	
EMB run were informed of the national requirements and noted the Trust plan. The monies were accepted from HEIW to appoint a Retention Lead post. This post is currently in the process of recruitment.	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as ' ASSURANCE ', this section must be completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance <i>NA Not applicable at this stage</i>

APPENDICES	
Appendix 1	HEIW Nurse Retention Plan

Appendix 2	Final Package of Measures for both 2022-23 and 2023-24

1. SITUATION / BACKGROUND

Retention is a vital part of sustaining and growing our NHS workforce to meet the increasing and changing demands on services. In recent years our staff have been leaving the NHS at an increased rate, and this is no difference in Velindre University NHS Trust with our turnover rates at 14.64% in the last 12 months¹ with particular high turnover in WBS collections (21.22%), Research and Development (28.58%) and Estates Services (all divisions totalling 59.41%).

The research demonstrates that retention of staff is affected by many factors. This includes external factors such as pay, terms and conditions, pensions, which are set by government, and a range of internal factors which affect how staff experience work.

As such within the final package of measures agreed during industrial action negotiations for 2022-23 and 2023-24 Welsh Government committed to undertaking a retention strategy that focused on three main areas:

- National Workforce Implementation Plan
- Developing a Nurse Retention Plan
- Identifying recommendations that are transferable across all Agenda for Change staff and developing wider retention plans

Work on these retention strategies is being led by HEIW with local representatives from the Trust feeding back into organisation through various professional groups.

The first phase of the retention strategy has been to develop, in partnership with Trade Unions, a Once for Wales Framework to retention for the Nursing Workforce. The work has been in development since April 2023 and the Nurse Retention Plan (attached in **appendix 1**) was officially launched by the Chief Nursing Officer, Sue Tanker and Chief Executive of HEIW, Alex Howells on 25/09/2023.

¹ As of 31 August 2023

2. ALL WALES RETENTION PROGRAMME

Poor retention has many consequences including: quality and safety of care; staff wellbeing; excess costs of temporary staffing; reduced value of investment made in education and training; increased transactional costs in covering vacancies. There's no set point at which retention starts to have a negative impact on performance but it is widely established that where skills are relatively scarce and there are a number of hard to fill vacancies, such as those identified in the Nursing Workforce, retention becomes problematic. We can focus on beginning in new recruits, newly qualified students, and trainees but at the same time as our current workforce is leaking out and therefore not filling any gaps.

Although retention activities already feature in many of the themes of the Workforce Strategy for Health and Social Care, HEIW and Welsh Government believe that a specific retention programme adds value to the work currently going on at national and local level and is essential in the context of current deficits and financial recovery and have set out the following aims and objective for the programme:

2.1 Programme Aim

The aim of the programme is to improve retention of our workforce as a key plank of our current and future workforce supply. This encompasses all professions and disciplines.

2.2 Programme Objectives

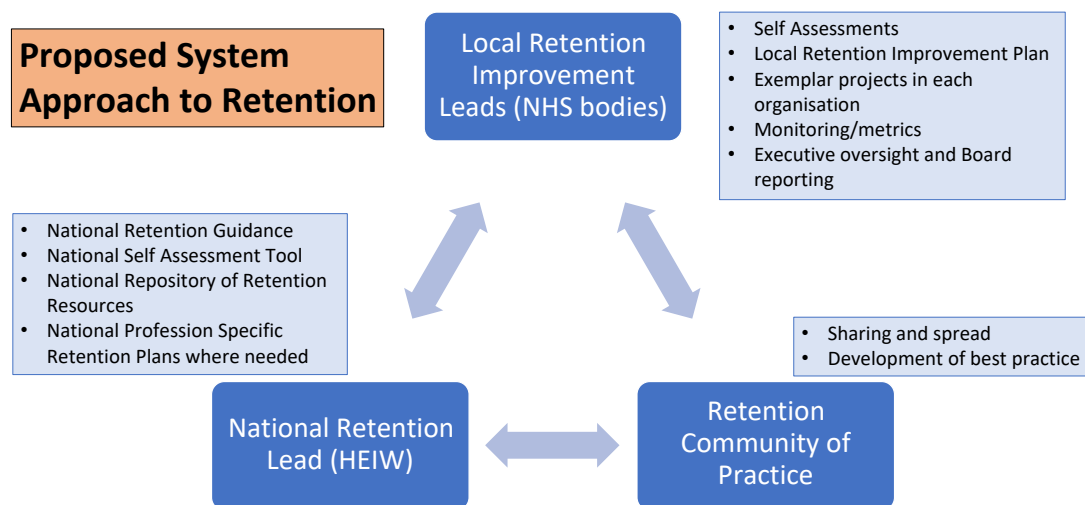
The programme aims to achieve this by:

- Providing targeted support and resources for employers based on best practice – (this will include a funded local retention improvement lead for each delivery organisation).
- Increasing awareness and understanding of good retention practice amongst line managers, management teams and Boards.
- Developing, sharing and embedding best practice in retention supported by a QI/community of practice approach.
- Balancing generic and profession specific support on retention, and targeting hot spots.
- Supporting employers to develop effective retention improvement plans that suit local circumstances.

- Increasing visibility of retention metrics supported by Board level reporting.

2.3 Roles and Responsibilities

Retention needs to be supported through a national framework to ensure there we are meeting the social responsibilities for Wales and our wider Nursing Workforce. An effective response to retention requires a system wide approach with clear roles for HEIW and the Trust as outlined in the diagram below:



The Trust is already addressing retention in various ways, so the approach needs to build on and strengthen existing work and will focus instead on providing retention metrics for assurance to The Board.

2.4 Resources and Guidance

The All Wales Retention Group has reviewed and adapted some of the products from the NHS England programme. This has resulted in the development of:

- Retention good practice guidance. This provides advice and signposting to resources that can help line managers in particular consider how to embed good retention practice in their areas.
- A self-assessment tool. This will support organisations and teams in identifying strengths and gaps in their local retention activities to inform the development of local retention plans.

- A framework and toolkit for organisations to improve and develop their retention activities.

These resources will be available to organisations from close of play on 25/09/2023.

Additionally, the following commitments have been made by HEIW:

- 2 year fixed term fully funded role to lead on retention within the Trust. The JD has been developed by the Retention Group and has been matched as a band 8a (**Appendix 2**).
- A national retention lead will be established within the HEIW Leadership and Succession Team, to lead the creation of a HEIW Retention Hub.
- QI training and support for leads and community of practice in retention will be provided.
- A small innovation fund to provide further support for local project identified by the organisation and mapped out by the retention lead.

2.5 Measurement and benefits

It will be important to agree a core set of system metrics to monitor and evaluate the impact of the retention programme and these will be shared with Executive Management Board and the Quality, Safety and Performance Committee following the recruitment of the local retention lead but it is expected that these will be developed from workforce performance metrics.

3. NEXT STEPS

The Trust will now, with Executive Management Board support take forward the recommendations of the All-Wales Retention Programme by undertaking the following steps:

- Undertake recruitment of the Nurse Retention Lead within the Trust.
- Completing the local retention self-assessment tool for the Trust facilitated jointly between WOD and Nursing.
- Mapping the requirements of the Nurse Retention Plan against the Trust's Retention Local Retention Plan facilitated by WOD and Nursing.
- Propose suitable workforce metrics to monitor and evaluation Nurse retention within the Trust.

- Identifying any gaps and additional resources need to fully implement retention strategies within the Trust.

4. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	04 - Organisational Culture
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply
	<ul style="list-style-type: none"> Safe <input checked="" type="checkbox"/> Timely <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>



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	Having the right organisational culture that allows staff to feel engaged and motivated within the workforce through effective retention strategies will ensure there are adequate staffing levels to provide a safe, timely, effective, equitable, efficient and patient centred service within the Trust.		
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	<table><tr><td>Yes</td></tr><tr><td>The programme does not have a specific reference to reducing inequities as a result of socio-economic disadvantage but by developing successful organisational cultures staff impacted who may be at a socio-economic disadvantage will be more likely to remain in the workplace as well as developing our recognition as an employer of choice which may also improve the attraction to the organisation for candidates from a socio-economic disadvantage. Providing Fair work is key to developing successful organisational cultures.</td></tr></table>	Yes	The programme does not have a specific reference to reducing inequities as a result of socio-economic disadvantage but by developing successful organisational cultures staff impacted who may be at a socio-economic disadvantage will be more likely to remain in the workplace as well as developing our recognition as an employer of choice which may also improve the attraction to the organisation for candidates from a socio-economic disadvantage. Providing Fair work is key to developing successful organisational cultures.
Yes			
The programme does not have a specific reference to reducing inequities as a result of socio-economic disadvantage but by developing successful organisational cultures staff impacted who may be at a socio-economic disadvantage will be more likely to remain in the workplace as well as developing our recognition as an employer of choice which may also improve the attraction to the organisation for candidates from a socio-economic disadvantage. Providing Fair work is key to developing successful organisational cultures.			

TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
	If more than one Well-being Goal applies please list below:
	A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances
	If more than one wellbeing goal applies please list below: Click or tap here to enter text
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	Source of Funding: Other External Please explain if 'other' source of funding selected: HEIW funded post for 2 years
	Type of Funding: Choose an item Scale of Change Please detail the value of revenue and/or capital impact: Click or tap here to enter text
	Type of Change Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text
EQUALITY IMPACT ASSESSMENT For more information: https://nhswales365.sharepoint.com/sites/VEL_intranet/SitePages/E.aspx	Not yet completed - Include further detail below why
	The programme has undergone an extensive equality impact assessment by the All Wales Programme Group and through the leads at HIEW. It is expected that once the Retention

	Lead is in place any Trust plans developed will be subject to the same level of assessment in relation to the impact on Equality and Diversity.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text



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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Retaining and Valuing Nurses within the NHS in Wales

A Nurse Retention Plan



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Purpose

This Nurse Retention Plan has been produced as a key action in the development of a sustainable nursing workforce plan and in response to the National Workforce Implementation Plan (NWIP). It is one of the first deliverables in the development of a wider National Retention Work Programme and will provide organisations with recommendations and support to address the challenges of nurse retention in Wales. The Plan is intended to supplement and strengthen the work that many organisations are already progressing and is supported by the retention guide and the self-assessment tool.





The Plan is aimed at supporting the retention of nurses employed in **NHS Wales organisations**. Nurses employed in the wider health and care system would also benefit from the actions in this Plan and it is recommended that their employers consider adopting some of these to improve the retention of their nurses.

Context

Nursing is the largest workforce in healthcare and plays a pivotal role in delivering care and services throughout Wales. The profession is at a critical point in relation to retaining the skilled nursing workforce. Despite a growing number of nurses entering the profession (NMC 2022), the gap between the supply and demand has never been wider. Whilst organisations strive to increase the number of nurses through attraction and recruitment strategies, it is also vitally important we focus on retaining our nurses. There are several significant challenges associated with this as highlighted in a series of reports including the Royal College of Nursing (RCN) reports “Nursing in Numbers 2021” and “Retaining Nurses in the Profession: What Matters? 2022”. The reports’ findings have informed this retention plan, the production of a complementary Retention Guide resource and the Retention Self-Assessment tool.

Strategic Drivers

The following policy drivers provide the strategic foundations for the development of this Plan.

-  A Healthier Wales: Our Workforce Strategy for Health and Social Care (2020) sets out the ambition to have: **‘a motivated, engaged and valued health and social care workforce with the capacity, competence and confidence to meet the needs of the people in Wales.’** The Workforce Strategy (WFS) sets the strategic direction through 32 actions across 7 themes, with wellbeing, Welsh language and inclusion threaded through all that we do. The actions across all of the themes combine together to support staff retention.
-  The National Workforce Implementation Plan, published by Welsh Government in February 2023, outlines a series of actions relating to the workforce. One of those actions is: **‘HEIW will deliver a nurse retention plan as part of the work being completed on a strategic nursing workforce plan. This will draw on findings of the RCN report Retaining Nurses in the Workforce: What Matters? (2022)’**
-  The Royal College of Nursing’s report, **‘Retaining Nurses in the Profession: What Matters?’** presents crucial findings and recommendations derived from an evidence-based literature review and a survey of RCN members.
-  Supporting compliance with The Health and Social Care Quality Act (2023)

- ✦ The Wellbeing and Future Generations Act (2015) also advocates for a healthier and more resilient Wales.
- ✦ The Nurse Staffing (Wales) Act (2016) requires health service bodies to have regard for the provision of appropriate nurse staffing levels in clinical areas identified as 25B. This is to ensure their nurses have the time to provide the best possible care for patients.

Development of the Plan

As part of the development of a Strategic Nursing Workforce Plan, retention emerged as one of the critical issues affecting the workforce. A Retention workstream was established to oversee the creation of this Retention Plan which was supported by nursing and workforce colleagues across NHS Wales and wider stakeholders, including the Royal College of Nursing Wales.

Resources and guidance developed by NHS England have also been reviewed and this has informed the development of:

- ✦ **The Retention Guide - Improving Retention Together.** This resource provides options and solutions to improve retention across the NHS Wales, however its content is relevant for the wider healthcare system as well.
- ✦ **A Self-Assessment Tool.** This tool enables leaders and managers to review retention practice and develop a baseline position for their ward; site; and organisation. It will enable Health Boards and Trusts to pinpoint areas of concern and drive actions forward.

Case for Change

Organisations in NHS Wales are aware that workforce challenges are currently the biggest threat facing the health service and are already having significant consequences for both patients and staff.

The Covid-19 pandemic has exacerbated existing challenges to workforce stability, causing more of our staff than ever to decide to leave their jobs, with some leaving the NHS altogether. Clinical workforce shortages generally, and Registered Nurse shortages more specifically, remain a critical concern across Wales.

The global workforce shortages and the increasing service demands means our reliance on recruitment will be an increasing challenge. Recruitment therefore is not the only way to ensure that we have enough staff.

Improving retention is one of the ways to reduce the gap between the number of nurses working in the health service and the number that are required over the medium term. Whilst developing retention solutions can be complex, it is an efficient and effective strategy in addition to recruiting and training more people.

There is no single or simple solution to improve retention. We have developed this National Nurse Retention Plan following a detailed review and analysis of the research.

This has been undertaken to investigate how workplace factors relate to nurses' decisions to stay in their jobs. This report lays out a set of high-impact interventions that, if put into action now, could help to improve the current workforce crisis.

A literature review of evidence from, Professional Bodies and think tanks (The Kings Fund, Nuffield Trust, and Advisory Board) provide a variety of reasons for nurses leaving the profession.

The NMC (2022) survey highlights retirement as the most common reason cited for

leaving, however interestingly some citing pressures to retire early, interestingly 9.9% cited they were concerned about not being able to meet the revalidation requirements.

These are:

- 🔲 Burnout
- 🔲 Disillusioned with role
- 🔲 Impact of patient care
- 🔲 Inflexible working arrangements
- 🔲 Lack of compassionate leadership
- 🔲 Lack of development in career
- 🔲 Pay
- 🔲 Poor culture
- 🔲 Retirement
- 🔲 Safe staffing
- 🔲 Stress and anxiety
- 🔲 Work life balance

Furthermore, there were 3,221 vacancies for the nursing, midwifery and health visiting workforce in Wales as of 31 December 2022. Welsh Government states this is likely to be an underestimate. (Welsh Government, 2023).

One of the impacts of this high number of vacancies is a significant increase in the use of bank and agency nurses which can impact on the quality of care. In 2018/19, agency and locum spend for registered nurses and midwives was £65,440,433. By 2021/22 the spend had increased to £133,428,905.

Whilst this increase may partly be caused by the Covid-19 pandemic, it is still a significant cost that could otherwise be re-invested into supporting frontline services.

This Nurse Retention Plan will address the key themes that impact on retaining the nursing workforce in Wales. From the survey undertaken by the RCN (2022) nurses reported a range of needs and expectations they identified as important in the workplace. They were:

- 1. Clear, structured career development and progression**
- 2. Care and support (personally and professionally) from leaders and teams**
- 3. To be valued and appreciated**
- 4. Mentorship and preceptorship**
- 5. Flexibility to achieve work-life balance**
- 6. To be supported and enabled to meet the expectations of patients and the public with the required resources to deliver safe quality care.**
- 7. To be included in decision making for service improvement**

In addition to our research above, there are several other nurse retention areas to consider:

Our Action Plan to Improve Retention

The case for change shows the need to transform retention for our nursing workforce. This next section will set out the actions required at both a national and local level to influence improvements in retention rates of our nursing workforce. Healthcare organisations need to recognise and determine the amount of protected time to be invested to bring about improvements in nurse retention. The focus of the actions is on staff experience, recognising that national discussions are ongoing regarding pay and reward.

Compassionate Leadership and Culture

A positive compassionate culture can powerfully shape how nurses deliver care, manage their work, interact with patients, colleagues, and carers, develop, and improve ways of delivering services. Understanding how staff perceive the culture of teams, services and organisations and how they want to be treated is an important function of the role of leaders at every level.

Action	Responsibility	Timescale
All NHS Wales organisations to implement a 12 month roll out of the HEIW principles of compassionate leadership into development programmes. This development programme should be targeted at nurse leaders in both operational and strategic roles.	HEIW Health Boards and Trusts Special Health Authorities (SHAs)	March 2024
Organisations to complete the Retention Self-Assessment Tool for the nursing workforce at ward, department, and site level. Data and information from this will be used as a baseline to identify good practice and areas for improvement and inform the local retention improvement plan.	Health Boards and Trusts SHAs	March 2024
Organisations should review the results from the 2023 NHS Wales staff survey and any other local surveys, in partnership with professional bodies and trade unions.	Health Boards and Trusts SHAs Professional Bodies Trade Unions	December 2023
Executive Directors of Nursing should ensure that nurses in leadership and management positions in their organisation are empowered to access HEIW's Gwella Compassionate Leadership resource.	Health Boards and Trusts SHAs	December 2023
All organisations should embed the compassionate leadership principles for health and care in all employee processes, e.g., corporate induction programmes, onboarding, local induction, career conversations and PADR processes.	Health Boards and Trusts SHAs	March 2024

Valuing Our Staff

Line managers play a key role in supporting at an individual and team level, throughout the career of a nurse, this should be through a process of engaging, enabling, empowering, and energising. Quality preceptorship will ensure newly qualified nurses feel valued and inspired and is an important foundation at this early stage. Clinical supervision is of equal importance to ensure nurses at all levels can reflect on the clinical practice they undertake.

www.gov.wales/all-wales-approach-career-spanning-support-nurses.

Improved staff engagement and communication can, for example, reduce sickness absence levels, make nurses feel more valued and impact positively on patient care.

Action	Responsibility	Timescales
Organisations must provide protected time for preceptorship and clinical supervision aligned to the recommendations contained in the All Wales Approach to Enhancing Preceptorship and Clinical Supervision in Nursing Practice.	Welsh Government Health Boards and Trusts SHAs	March 2024
Senior nurse leaders and managers should ensure the provision of training, resources and support for line managers to have regular wellbeing conversations with their staff.	Health Boards and Trusts SHAs	November 2023
Organisations should review their concerns policies in line with their local schedules and communicate to all staff to ensure complainants are safeguarded when doing so.	Health Boards and Trusts SHAs	March 2024
Organisations should strengthen relationships with Higher Education Institutions to understand the needs of undergraduate nursing students in relation to employment and workplace experiences supported by the Practice Education Facilitators.	HEIW Health Boards and Trusts SHAs	March 2024

Supporting New Starters and Those Changing Roles

Providing a positive and engaging recruitment and on-boarding experience supports nurses to have the best start to their careers, as well enabling them to feel valued and part of the team and the organisation.

Action	Responsibility	Timescales
Line managers of nurses should work with workforce colleagues to develop local induction programmes specific to the area of practice and clinical role for new starters. Corporate induction programmes should reinforce organisational values, behaviours and culture.	Health Boards and Trusts SHAs	January 2024
Line managers of nurses should be supported to hold regular conversations with their teams which will enable them to feel supported and offered development opportunities.	Health Boards and Trusts SHAs	November 2023

Table continues on next page

Action	Responsibility	Timescales
Organisations should review how nurses can undertake and be provided with training, support and time to become a buddy, mentor, or coach.	Health Boards and Trusts SHAs	November 2023
Line managers of nurses should make their team aware of the additional support and time available to them- such as being partnered with a buddy or having access to a mentor or coach.	Health Boards and Trusts SHAs	November 2023
HEIW will establish a national programme of work to embed legacy mentoring within organisations to allow nurses considering retirement to stay and share their invaluable experience with junior nurses.	HEIW	June 2024

Supporting International Nurses

Ethical international recruitment is a key priority of the health and social care system in Wales. Positive work has been undertaken to support the attraction, recruitment and retention of international nurses across all Health Boards and Trusts. NHS Wales Shared Services Partnership (NWSSP) continues to work with HBs/Trusts and Welsh Government to coordinate international nurse recruitment activity. Because of this increased activity, it is vitally important that organisations support the retention of international nurses by providing pastoral care to newly recruited nurses; supporting the development of their careers; and ensuring they feel valued.

Action	Responsibility	Timescale
Welsh Government, in collaboration with key stakeholders will explore the development of accreditation opportunities for IENs including the development of an All-Wales OSCE preparation module carrying academic credits.	Welsh Government NWSSP	October 2023
Organisations should put arrangements in place to offer the OSCE preparation programme module, to support internationally recruited nurses coming into Wales to successfully undertake the Objective Structured Clinical Examination (OSCE) assessments.	Health Boards and Trusts SHAs	April 2024
Organisations must develop processes to ensure international nurses have equal opportunities for development and promotion.	Health Boards and Trusts SHAs	January 2024

Development and Career Planning

Supporting the career development of the nursing workforce is imperative to improving retention. Talent and succession planning should reflect the different circumstances of all our nurses which will change at different stages of their career.

Action	Responsibility	Timescales
Line managers of nurses should have regular career development conversations with their teams as part of the annual PADR process, with this evidenced through ESR.	Health Boards and Trusts SHAs	November 2023
Organisations should develop rotational posts to support the career development of nurses.	Health Boards and Trusts SHAs	April 2024
HEIW will develop with partners a framework of transferability of existing accreditation and training across organisations and ensure greater consistency in defining governance / scope of practice for nurses.	HEIW Health Boards and Trusts SHAs HEIs	September 2024
HEIW will undertake a full review of “return to practice” and identify how the current scheme can be improved.	HEIW	March 2024
Organisations must develop processes to ensure all nursing staff have equal opportunities for development and promotion	Health Boards and Trusts SHAs	January 2024

Flexible Working

Promoting flexibility increases job satisfaction and morale, and impacts positively on staff attendance, which leads to engaged staff delivering safe and quality care to patients. The actions contained under this section seek to improve the consistency across Wales with respect to the application of flexible working policies and practices.

Action	Responsibility	Timescales
Organisations will work with Welsh Government to develop guidance, standards and resources to facilitate NHS Wales organisations ability to offer more flexible working options and patterns to support the nursing workforce including training and support for managers and leaders to enable greater creativity and flexibility within rostering.	Health Boards and Trusts SHAs Welsh Government	September 2023
To agree a national consistent metric of how many staff have requested flexible working and how many such arrangements have been agreed. This metric can then be monitored to assess the implementation of the flexible working policies and understand the challenges.	Health Boards and Trusts SHAs Welsh Government	December 2023

Table continues on next page

Action	Responsibility	Timescales
Utilise Health Roster to facilitate self-rostering and team rostering to support flexible working. Nurses at all levels should create a culture required to facilitate this effectively and fairly.	Health Boards and Trusts SHAs	January 2024
Organisations are expected to respond compassionately to flexible working requests in line with the needs of the service.	Health Boards and Trusts SHAs	March 2024
Organisations will monitor the number of requests and acceptance rates for flexible working	Health Boards and Trusts SHAs	March 2024
Organisations should include "Any Hours will be considered" in nursing recruitment processes.	Health Boards and Trusts SHAs	October 2023

Flexible Retirement

Offering flexible retirement options enables organisations to retain their most experienced nurses, whilst at the same time offering this valuable workforce a choice on how they continue to work.

Ensuring this cohort of staff are informed and feel able to discuss retirement options will help provide clarity and increase the likelihood of retaining our experienced nurses. As state pension age increases some nurses may opt to stay in work longer utilising flexible retirement and alternative working options to support this. The complexities of changes to pensions must be communicated clearly with nurses so they have a clear understanding of their options.

Action	Responsibility	Timescales
Heads of Nursing to ensure that leaders and managers have timely conversations with staff in relation to preparing for retirement.	Health Boards and Trusts SHAs	October 2023
CNO and Executive Directors of Nursing should be briefed on any national changes to pension eligibility and rules so they can assess any potential impact on nursing retention.	Health Boards and Trusts SHAs Welsh Government	October 2023

Health and Wellbeing

Organisations are aware of the importance of providing a duty of care to their nurses. There is no one-size-fits-all approach to support workforce wellbeing, and it is therefore important to listen to staff and understand their specific health and wellbeing needs to help improve retention.

There are a number of resources that have been developed by HEIW, Health Boards and Trusts and others, to support the health and wellbeing of teams. However, the use of these resources is inconsistent across Wales.

Action	Responsibility	Timescales
Organisations should evidence the use of health and wellbeing resources and services by nurses.	Health Boards and Trusts SHAs	November 2023
Organisations will evidence how they use advice and support from Occupational Health Services as part of their local retention improvement plan.	Health Boards and Trusts SHAs	April 2024
Data and information held by OH services on the nursing workforce, should be anonymised and aggregated at a national level and be supplied to the CNO and NHS Partnership Forum.	Health Boards and Trusts SHAs	April 2024
Organisations should implement the recommendations of the All-Wales Staff Welfare Project as part of their local retention improvement plans.	Health Boards and Trusts SHAs	September 2024

Recognition and Incentives

Despite the fact organisations recognise the contribution nurses make through various local initiatives, the evidence suggests that the nursing workforce feels undervalued for the contribution they make.

Working for the NHS has many benefits associated with it, such as a competitive pension, generous annual leave allowances/annual leave purchase scheme, lease car schemes, access to NHS discount cards, among others. However, it is the day-to-day experience of nurses that is pivotal to improving morale and wellbeing in work.

As we publish this plan, we are cognisant of the significant work underway in social partnership between Welsh Government, NHS Wales employers and trade unions to implement the non-pay aspects of the NHS Wales Agenda for Change pay agreements 2022-24. That work includes (but is not limited to) a focus on reducing agency usage, national guidance on the use of recruitment and retention premia and incentivising bank arrangements. The outputs from these workstreams are expected during 2024 and will help shape this section of the plan in its next iteration. As a consequence of the ongoing work, we have included an action below to review this section in April 2024, and amend this section by no later than 12 months from the date of publication.

Action	Responsibility	Timescales
A review of the recognition and incentives section of this plan will be undertaken, to take account of the outcomes from the national programme of work to implement the NHS Wales Agenda for Change pay deals, and any other relevant issues or activities.	HEIW to review with partner	Review in April 2024. Consequential amendments made, and re published no later than 12 months after original publication.
Nursing staff should be informed of the NHS benefits that they are entitled to through recruitment and corporate induction programmes.	Health Boards and Trusts SHAs	October 2023
Organisations should recognise and celebrate their employees through various recognition schemes.	Health Boards and Trusts SHAs	April 2024
Organisations should encourage and support nurses to share best practice stories locally, nationally and internationally.	Health Boards and Trusts SHAs	September 2023
Each organisations retention improvement plan should consider specific reference to the national guidance on the use of recruitment and retention premia (RRPs) and the areas where this will be implemented. All RRP's should be submitted to the Welsh Partnership Forum for ratification. Use of RRP's should be reported in the retention report submitted to the Board.	Health Boards and Trusts SHAs	April 2024

Evaluating Impact

Organisations must evaluate the work undertaken on actions to improve nurse retention. Any evaluation should be measured against the initial baseline assessment (self-assessment tool) to highlight where progress and improvement has been made and where further work is needed.

Action	Responsibility	Timescales
Organisations should evaluate and share the findings of their local retention improvement plan in partnership with local Professional Bodies/ Trade Union colleagues.	Health Boards and Trusts SHAs Trade Unions and Professional Bodies	April 2024 - interim evaluation October 2024 - complete evaluation

Understanding Data and Information

Understanding the organisation's workforce data and information will help to support a more targeted approach towards improving retention and should therefore be at the centre of the development of an effective local retention improvement plan.

Action	Responsibility	Timescales
Organisations must adapt/develop their local retention improvement plans to reflect this national Nurse Retention Plan.	Health Boards and Trusts SHAs	October 2023
Organisations need to increase the percentage of Exit Interviews completed, using the ESR functionality, with common themes captured and analysed at a national level.	Health Boards and Trusts SHAs	April 2024
Organisations should embed the use of 'Stay' interviews process as part of its retention practice with a view to increasing its use as the local retention improvement plan is developed and reviewed. This should include providing education and training for line managers to enable them to undertake 'Stay' Interviews and discuss the options for retention.	Health Boards and Trusts SHAs	April 2024
To further support and standardise the "Stay" interview process, HEIW will produce guidance on the application of "Stay" interviews within HBs/Trusts, including what data and information should be collated and analysed.	HEIW	April 2024
Welsh Government should develop a set of key performance indicators (KPIs) to monitor and improve retention. These could include: <ul style="list-style-type: none"> ❏ NHS leaver rates and reasons ❏ Churn rates (movement to other NHS Wales organisations) ❏ Staff survey results ❏ Vacancies ❏ Flexible working requests and outcomes ❏ Retire and return requests and outcomes 	Welsh Government	March 2024
Organisations should analyse nurse retention demographic data and information to improve the equality, diversity and inclusion of the nursing workforce.	Health Boards and Trusts SHAs	March 2024

Supporting Delivery

In the context of current pressures on the NHS, implementation of these actions requires a balanced approach which considers the support and resources needed; the emphasis on local leadership and improvement; and expectations regarding performance management and visibility at Board level.

- ▣ Support and Resources – HEIW will provide short term funding for local retention improvement lead posts to inject additional capacity and focus on retention work in individual organisations, and will continue to support with national resources, tools, and guidance.
- ▣ Local Leadership and Improvement – HEIW will facilitate a community of practice on retention involving all NHS organisations to encourage innovation, sharing and spread of effective retention initiatives.
- ▣ Performance Management and Visibility - It is recommended that a retention report is submitted to the Board twice a year to report on the implementation of the local nurse retention improvement plan, and that retention indicators will be part of performance management and assurance mechanisms with WG.

Local Improvement Leads will focus initially on the nursing workforce but will have a wider remit across the whole workforce as the programme develops.

Each organisation will be asked to **develop a local nurse retention improvement plan by October 2023**. Executive Directors of Nursing and Workforce should lead the development of the local nurse retention improvement plan, to deliver on the national actions in this document and to continue to develop the plan to reflect the emerging priorities from the self-assessment. The development of the local plan should be done in social partnership with professional bodies and trade unions.

HEIW will also establish a **National Retention Programme by October 2023** to facilitate collaboration across Wales in improving retention in the wider NHS Wales workforce. The purpose of this is to share learning and best practice, through a quality improvement approach.

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Llywodraeth Cymru
Welsh Government

Final package of measures for both 2022-23 and for 2023-24

Pay

1. Enhanced pay award 22/23 –

- a) Additional 3%;
1.5% consolidated increase (backdated to April 2022), already implemented.

1.5% non-consolidated payment, already implemented.

- b) A further additional one-off NHS recovery payment, with an average value of 3%.

- The NHS Recovery payment will be a one off non-consolidated prorated payment for both substantive staff and bank workers on the following payment;
 - Band 1 to 4 £900
 - Band 5 to 8a £1,005
 - Band 8b to 8c £1,050
 - Band 8d £1,100
 - Band 9 £1,190

2. Implementation –

- a) Pay Review Body recommended increases - already implemented in full.
b) First 1.5% non-consolidated element made in March 2023 pay.
c) Backdated 1.5% consolidated increase to be made in May 2023 pay.
d) Additional one-off NHS recovery payment (payment date to be determined if offer accepted).

3. Pay award for 23/24 –

- a) 5% consolidated increase with effect from April 2023 if offer accepted (payment date to be determined if offer accepted).
b) The investment in the bottom of the pay bands so that Band 1 and bottom pay point of Band 2 have an increase of 8% taking them to £22,720.

4. Pay restoration –

- a) Welsh Government commit to the principle of pay restoration to 2008 levels.
b) Work in social partnership to make practical plans to meet this aim (including influence UK Government and Pay Review Body).

5. Pay Review Body (PRB) process –

- a) Work in social partnership to influence changes to the PRB process for future years.

Treatment of Consequentials

In line with our commitment to pay restoration, should the Welsh Government receive consequential funding from the UK Government as a result of the pay award for the NHS in England 2023/24 being more generous than the award made in Wales, or any other significant change in circumstances, we will agree to discuss the pay award in Wales.

Non-pay

1. Unsocial hours allowance

- a) Reinstated after three weeks sickness absence with immediate effect. (Remains the permanent position if this offer rejected).
- b) With effect from 1st March 2023, for a twelve month period, USH will be reinstated after one weeks sickness absence.
- c) Monitoring of this additional change will be undertaken in the context of relevant wider partnership discussions for example around flexible working.
- d) Work in social partnership to review how the policy is implemented to ensure fairness, industrial injuries are properly recognised, and that staff are not discriminated against in line with the Equalities Act 2010.
- e) After twelve months there will be a formal review in partnership with the expectation that the USH reinstatement after one weeks sickness absence will be made the permanent position.

2. Career progression

- a) Review career progression arrangements starting with nurse and other health care professional's progression from band 5-6.
- b) Shared aim of improving ability for individual progression in their professional field/staff group.
- c) Development of a framework (including an implementation plan for career progression) by Summer 2023.
- d) Implement recommendations of the nurse preceptorship scheme report.
- e) Utilise this work to consider developing similar schemes across other Staff groups.
- f) Job evaluation - review job descriptions which are over three years old.

3. Flexible Working

- a) Implement the principle that acceptance of flexible working becomes the default across the workforce unless there are clear reasons to decline.
- b) Deliver an all-Wales policy on flexible working by September 2023.

4. Working Hours

- a) Explore reducing hours in the working week for Agenda for Change staff with the aim of moving to a 36-hour working week without loss of earnings.
- b) Working group to report by Autumn 2023 on feasibility and implications (service provisions, safe staffing levels, staff wellbeing, and costs).
- c) Working group will develop a plan including timeline for the move to a 36-hour working week without loss of earnings.

5. Reduction in use of agency

- a) Work in social partnership to reduce reliance on agency workers through all means possible including adherence to the NHS Agenda for Change Terms & Conditions.
- b) Incentivise NHS employment e.g. weekly pay, annualised hours, additional hours.
- c) Review the use of overtime and bank rates to incentivise.
- d) Any extra hours added onto the end of the shift due to work pressures will be paid at overtime rates across all roles.

6. Retention Strategy

- a) Implement and monitor recommendations contained in;
 - National Workforce Implementation plan,
 - Nursing Retention Plan due in April 2023,
 - other professional group retention strategies (including the review of Birth-rate Plus Report).
- b) Identify recommendations which may be transferrable across all Agenda for Change groups.

7. Retire and Return

- a) Deliver an all-Wales policy on retire and return by September 2023.
- b) Reissue and reaffirm retire and return principles and make these mandatory minimum standards from May 2023.
- c) Make joint representations in social partnership to UK Government to explore options for future pension flexibility regulation changes to aid retention and facilitate early retirement.

8. Health and well-being

- a) Work in social partnership to deliver a programme of changes that improve individuals experience of work including;
- b) Support for individuals to enable people to remain in work or return from absence as quickly as possible.
- c) Ensure that support for the mental wellbeing of staff has parity with physical wellbeing support.
- d) A focus on redeployment (including cross boundary working) rather than sickness absence when this is appropriate.
- e) Full implementation of the Fatigue and Facilities and Midwives Caring for You Charters.

9. Continuing Professional Development (CPD)

- a) CPD is included as a priority in the National Workforce Implementation Plan is led by HEIW. This will include;
 - incorporate the output of the staff welfare project
 - identify key benefits in staff retention, working at top of licence, utilising whole workforce and delivering prudent health care
 - have the long term goal for all staff protected time as parity with medics but set specific steps to achieving that which are realistic and achievable.
- b) Alongside this, the WPF Business Committee will jointly;

- immediately reaffirm the current expectations of employers to enable regular CPD time to support the maintenance of professional registration
- develop an all Wales approach which guarantees protected time for staff CPD (with the aim, over time, of extending this guarantee to all NHS staff learning and development).

10. Partnership Agreement Hub

- a) Create a Partnership Agreement Hub by July 2023 which will;
- b) disseminate agreements,
- c) track progress, and
- d) hold the relevant organisations to account for delivery and compliance with terms & conditions and all-Wales policies.

STRATEGIC DEVELOPMENT COMMITTEE

Value-Based Healthcare Programme Update

DATE OF MEETING	07/11/2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Chris Moreton, Deputy Director of Finance
PRESENTED BY	Matthew Bunce, Executive Director of Finance
APPROVED BY	Matthew Bunce, Executive Director of Finance
EXECUTIVE SUMMARY	This report provides an overview of the development of the Value Based Healthcare programme of work. It presents some key considerations and matters in relation to governance and decision making for Strategic Development Committee to NOTE as the Value Based Healthcare programme moves forward



RECOMMENDATION / ACTIONS	<p>Strategic Development Committee is asked to NOTE:</p> <ul style="list-style-type: none"> ○ The Terms of Reference (ToRs) for the VBH Steering Group, including reporting lines and budget management. ○ The Terms of Reference for the Value Intelligence Centre (VIC), including proposed handling of SLAs for utilizing VIC resources. ○ The implementation of the Value Intelligence Cycle that describes how The VBH Steering Group and other relevant stakeholders will prioritise and drive delivery of key initiatives.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
EMB Shape	16/10/2023
Value Based Healthcare Steering Committee	11/10/2023
Velindre Cancer Centre (VCC) Senior Leadership Team (SLT)	02/10/2023
Welsh Blood Service (WBS) Senior Management Team (SMT)	TBD
<p>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS <i>REPORT TAKEN TO VCC SLT AND WBS SMT FOR INFORMATION / NOTING</i> VALUE BASED HEALTHCARE STEERING COMMITTEE – ENDORSED FOR EMB SHAPE APPROVAL EMB SHAPE – APPROVED THE TERMS OF REFERENCE, GOVERNANCE STRUCTURE AND VALUE INTELLIGENCE CYCLE APPROACH</p>	

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

APPENDICES	
Appendix 1	VBH Steering Group Terms of Reference
Appendix 2	Value Intelligence Centre Terms of Reference
Appendix 3	VBH Programme Value Intelligence Cycle

1. SITUATION

The Trust has commenced its Value-Based Healthcare journey having secured funding from Welsh Government to progress with this programme of work as part of the Trust's Building Our Futures Together initiative. This report provides a summary of progress to date, the proposed governance structure and decision making process with regards to the development of the Value Based Healthcare Programme for EMB consideration as the programme moves forward.

2. BACKGROUND

In June 2023, EMB Shape received an update on the VBH Programme and requested further clarification of the VBH Programme governance.

3. ASSESSMENT

3.1 The VBH Transformation Journey

Establishing the prudent, value-driven way of working envisaged as the end state of the VBH transformation journey requires that these ways of working are integral to all clinical, financial, and operational roles. VBH cannot be something done by one team/function and done to other teams/functions. Nor can the appropriate utilization of resource, especially prioritization and ordering of activities, be conducted for VBH in isolation from Divisional or Trust-wide decision-making processes. This indicates the end state described in the IMTP of a distributed approach to VBH rather than a centralised programme.

Velindre is in the early stages of establishing the relevant enablers and increasing awareness of and maturity in VBH working. Therefore it is necessary to maintain clearer lines of accountability and control over delegated budget and resource (appropriately approved by Divisional or Trust-wide processes) to drive progress.

The VBH transformation journey includes an initial period in which there will be dedicated VBH resource and governance (a central component of the ask of this paper, presented below), that will be decommissioned and absorbed into existing structures as soon as is appropriate.

3.2 Value Intelligence Centre

The Value Intelligence Centre (VIC) is a dedicated VBH analytics and project/programme resource to drive VBH working across the organisation. This includes business analysts, technical support, and project and programme management oversight. The VIC will be able to draw on mutli-disciplinary resource and capabilities to deliver the data and insight required to make VBH central to Velindre’s operations. The new Head of VBH (Gwawr Evans) is a key stakeholder for ensuring delivery of the VIC’s priorities, and the support of VIC for other services priorities – in this regard, the Portfolio Management Strategy (described in the next section) is critical. The roles hosted by or connected to the VIC are presented below in Figure 1. The VBH Programme Lead, Digital Technical Support, Advanced Analyst, Senior Information Analyst and Data Quality Analyst positions have all been filled and are at various stages of onboarding.

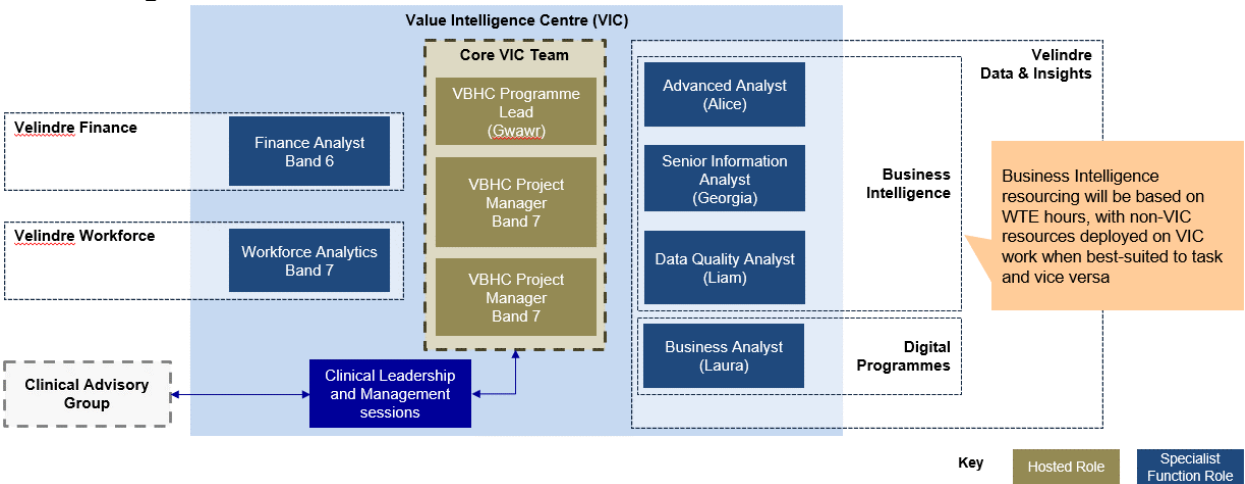


Figure 1: The Value Intelligence Centre Roles

Successes to Date: while the VBH transformation journey is still nascent, recent work has already begun to deliver successes that are helping the Trust make progress on the journey:

- A VBH Proof of Concept Dashboard for Urology has been developed and is already being used to support service decisions. The relevant teams – especially clinical and technical – continue to work on this Dashboard to validate a broader range of uses and expand its capabilities.
- A 'Minimum Viable Product' Dashboard (demonstrating capability) has been developed for Radiation Services and will be expanded into a full Dashboard in time.
- Tools and methods for dashboard development and data improvement, informed by digital best practice, have been developed alongside the above technical products and will be used to support future dashboard development and other VBH initiatives. In particular, the User Personas that describe the needs being addressed by each Dashboard or VBH tool have been widely discussed within and beyond Velindre.
- User research finding and fostering awareness of and enthusiasm for VBH across the organisation.
- Recruitment of key roles for the Value Intelligence Centre, including a new Head of VBH.

3.3 Governance Requirements

The VBH Programme fully supports the IMTP-stated aim of ensuring this is a distributed/embedded approach to business as usual rather than a standalone function that imposes VBH on teams, services, and the organisation.

To drive the change in the short term, however, some additional accountability and clarity is required. This includes resource for a VBH Steering Group to oversee establishment of the relevant enablers and support the envisaged cultural change to more VBH ways of working.

Therefore, the proposed governance approach for the VBH Programme will evolve as the programme matures and VBH principles and enablers become more embedded within the organisation. This will ensure that governance structures match the requirements of the organisation and the programme at each point in the maturity journey, avoiding over-burdening teams with reporting requirements while also ensuring sufficient leadership and accountability for the programme.

Initially, the VBH Steering Group will be accountable for the leadership of the programme, managing the VIC and supporting VBH initiatives as required. As VBH matures and embeds across the organisation, the governance will become more decentralised.

The governance structure of the VBH Programme must provide:

- **Strategic & operational alignment to the rest of the organisation:** There are a range of Velindre-wide transformation programmes ongoing, and this governance and structure must ensure that the VBH is given sufficient priority to enable it to make progress, whilst also aligning to other programmes, avoiding conflicting priorities or duplication of work. This will include alignment to existing and evolving operational approaches to decision-making and prioritization within the Divisions and at Trust level.
- **Clear accountability and reporting lines:** transparent and well-defined lines of accountability and reporting to ensure that individuals and groups are clear on their roles and responsibilities.
- **Strong leadership:** clinical, operational, and financial leadership to help drive and steer the programme as well as advocate for VBH across the organisation. In these early stages of the VBH Programme, this leadership is of increased importance to raise the profile of VBH, ultimately, help to embed it across the organisation.
- **Access to and input from key stakeholders and experts:** involvement of key stakeholders is required to facilitate informed decision-making and strategic guidance. The VBH Programme requires input from stakeholders across clinical, operational, and financial teams to enable a multi-disciplinary approach and a collective alignment the 'value' of services.
- **Robust decision-making processes:** robust decision-making processes that define clear responsibilities and prevent bottlenecks in the decision-making flow.
- **Sufficient engagement with different groups across the organisation:** engagement with various stakeholder groups within Velindre (including all levels of WBS and VCC), ensuring that different needs, perspectives, and expertise are considered.
- **Promote transparency in decision-making, documentation, and communication:** foster transparency by openly communicating decisions, documenting processes, and facilitating clear and transparent communication channels.
- **Resource allocation and budget oversight:** oversee resource allocation and budget management, ensuring that financial resources are aligned with the goals and objectives of the VBH programme.

4. SUMMARY OF MATTERS FOR CONSIDERATION

4.1 Proposed structure for 2023/24

The proposed governance structure for the first year of the programme is set out in Figure 2 (below) – note, this shows the types of decision-making with a focus on direct accountability within the VBH Programme. It is not intended as a full representation of all the lines of consultation, responsibility, and accountability within the Trust.

Full current versions of the Terms of Reference (ToRs) for The VBH Steering Group and VIC are included in Appendix 1 and 2. ToRs will be subject to change, in-line with their Review sections.

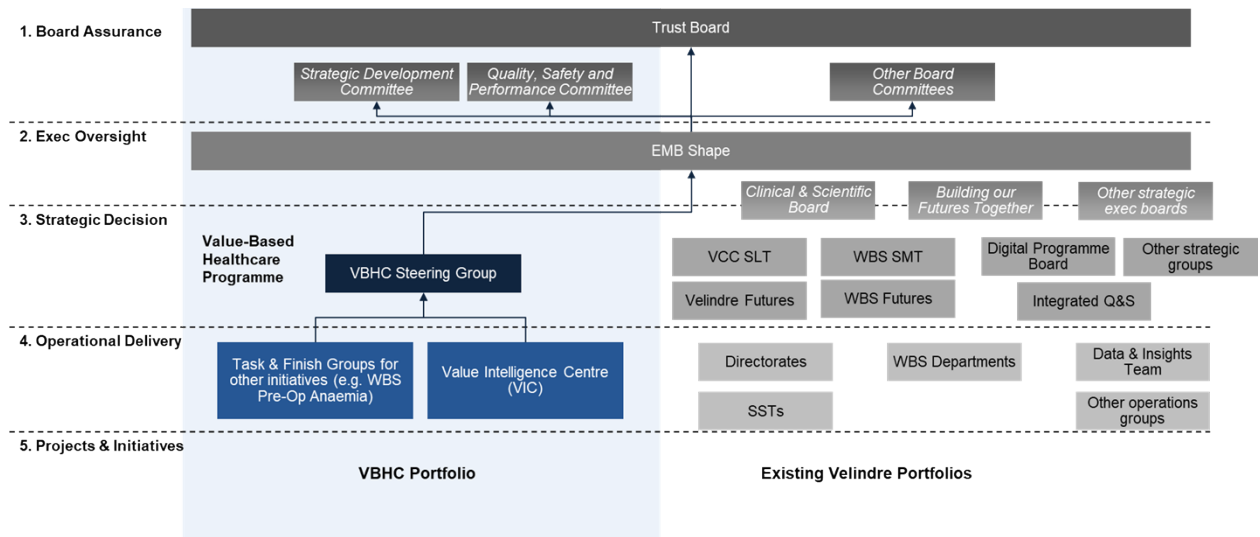


Figure 2: Short term Governance for VBH

- EMB Shape** will provide overarching leadership for the programme and hold The VBH Steering Group accountable for delivery of enablers and initiatives. Further, it will ensure that the VBH programme aligns with the wider Building Our Futures Together programme of work.
- The **VBH Steering Group** will have decision-making authority for setting the priorities for the VIC and task & finish groups who are delivering VBH initiatives.
 - This will need to work through the existing decision-making processes (divisional and Trust-wide, represented on the right hand-side of the diagram, albeit without showing all the interconnections within the exec oversight, strategic decision, and operational delivery layers).

- b. The VBH Steering Group will share membership with other key strategic decision making groups (e.g VCC SLT and WBS SMT) to ensure alignment – with representatives responsible for updating their other groups on the activities of the VBH Steering Group and vice versa.
- c) The **Value Intelligence Centre (VIC)** will be responsible for the delivery of VBH enablers and supporting service teams with initiatives, where required.

The temporary additional resource and structure is preferred for the early stages of the transformation journey because it provides clarity in strategic vision and ownership for delivery of the initiatives. The VBH Steering Group will have a degree of independence and flexibility to allow it to provide strategic oversight for the development of the enablers.

This Steering Group will be able to provide additional focus and dedicated senior decision-making resource to steer, a significant requirement for successful roll-out of the programme. The VBH Steering Group will be composed of individuals with specialised expertise relevant to the programme, thus enabling them to shape and inform the programme, supported by delivery-focused functions in the form of the VIC or Task & Finish Groups for specific initiatives or projects.

Through the proposed Value Intelligence Cycle, The VBH Steering Group will offer clarity to all interested stakeholders regarding what will be done/led by the VBH team, and how the VBH team will support other service improvement and transformation initiatives.

4.2 The Value Intelligence Cycle and VBH Programme Delivery

The VBH Steering Group will be accountable for supporting and delivering VBH initiatives and enablers across Velindre. The process for identifying, prioritizing, delivering, and evaluating initiatives is laid out in the 'VBH Programme Value Intelligence Cycle' included in Appendix 3. This includes filtering proposed initiatives, aligned to divisional and Trust-wide decision-making and prioritization processes, that will identify where VBH resource needs to be dedicated. Many of the priority deliverables in the foreseeable future will be based on existing, known initiatives that the VBH Programme can support through the VIC or other means.

This will include different types/scales of support, dependent on the level of complexity/multidisciplinary, and on VBH impact. The four main types in this strategy are:

- **Lead:** the VBH programme takes ownership/leadership of the initiative. Example: establishing the Value Intelligence Centre or other VBH enablers that do not 'belong' to a service
- **Advice:** members of the VBH team will join the board for other service improvement or transformation initiatives to provide a VBH perspective. Example: The Data & Insights Team are developing service planning dashboards for a service, and seek the advice of the VBH Programme for VBH relevant visuals and analysis to include
- **Service or Support:** VBH/VIC resources are dedicated to other initiatives where needed according to an agreed SLA. Example: a service has an improvement project with significant needs for analysis of PROMs data that it cannot meet without additional capability
- **Influence:** members of the VBH team communicate and engage with the Trust to ensure that the needs of the VBH Programme are prioritised, and ensure that VBH becomes a core part of the general cultural and ways of working. Example: continued sharing of VBH success stories with SST and WBS work unit leads, presentations by the Head of VBH to team meetings, etc.

The VBH Steering Group will manage this Portfolio of VBH initiatives using the Value Intelligence Cycle (Planning and Direction, Collection, Process and Analysis, and Dissemination), reviewing the Portfolio on a periodic basis. A high-level articulation of the proposed portfolio management approach for the programme is set out in Figure 3 (below).

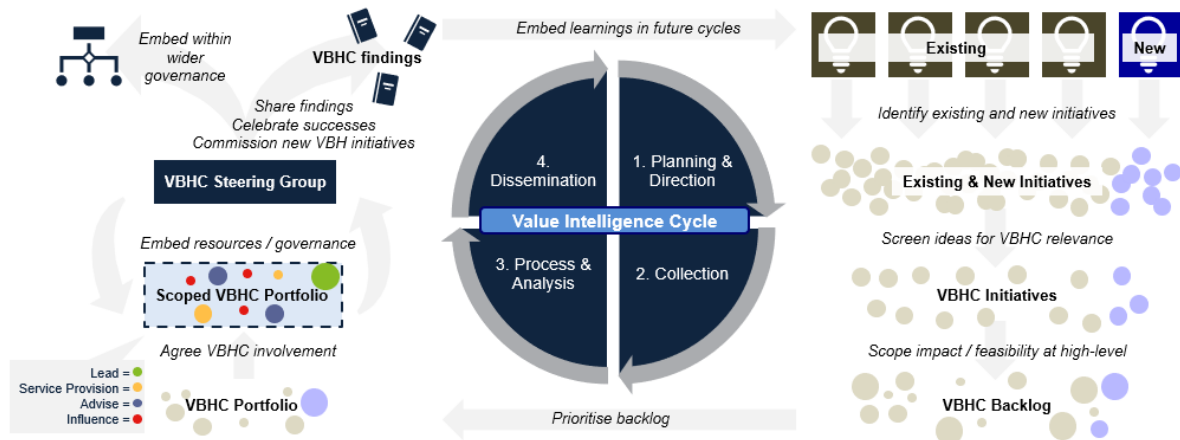


Figure 3: VBH portfolio management will be delivered through the Value Intelligence Cycle

The proposed governance and portfolio management strategy set out above has been developed to enable Velindre to overcome current challenges, including governance fatigue (with multiple overlapping groups overseeing programmes),

lack of ownership of VBH initiatives, and fractured reporting for VBH work within VCC and between VCC and WBS. The proposed governance structure meets the requirements set out above, embedding the VBH Programme as an 'add-in' rather than 'add-on' and devolves authority without losing strategic alignment and oversight. However, there are some risks of this approach that have been considered and mitigated where possible. Firstly, there is a risk that The VBH Steering Group will be a bottleneck for the approval of new VBH initiatives (by being the sole decision maker), however the influence, advise, support and lead categorization model for initiatives mitigates this risk to a significant extent by ensuring the role of the VBH Steering Group in decision-making matches the resourcing required. Secondly, there is a risk of Steering Group duplicating existing work or adding workload to other groups – both of which should also be addressed by the influence, advise, support and lead model in the Value Intelligence Cycle.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS	Choose an item VBH Programme is cross cutting and will support mitigation of multiple strategic risks.
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe <input checked="" type="checkbox"/> Timely <input checked="" type="checkbox"/>



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

	<p>Effective <input checked="" type="checkbox"/></p> <p>Equitable <input checked="" type="checkbox"/></p> <p>Efficient <input checked="" type="checkbox"/></p> <p>Patient Centred <input checked="" type="checkbox"/></p>
	<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p><i>The Value Based Healthcare Programme will support across Quality and Safety domains.</i></p> <p>Click or tap here to enter text</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview</p>	Not required
	<p>n/a</p> <p>Click or tap here to enter text</p>

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



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

6. RISKS

Not Applicable for this report

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

Value-based Healthcare Steering Group

Terms of Reference & Operating Arrangements

Owner	Matthew Bunce
Version No.	0.1
Reviewed:	N/A
Approved:	N/A
Next Review Due:	N/A

1. INTRODUCTION

- 1.1 The purpose of this document is to outline the terms of reference for the Value-Based Healthcare Steering Group at Velindre University NHS Trust. The Value-Based Healthcare Steering Group is established to oversee and lead the implementation of the Value-Based Healthcare Programme.
- 1.2 This committee operates under the authority of the Velindre University NHS Trust's Board and is responsible for the Value-Based Healthcare Programme.

2. PURPOSE

2.1 Value-Based Healthcare Steering Group aims to:

- Provide strategic direction and leadership.
 - Propose the vision for the Value-Based Healthcare (VBH) programme and Value Intelligence Centre (VIC), seeking approval by EMB.
 - Ensure that the programme aligns with the organisation's wider strategic goals and objectives.
 - Champion the concept of VBH throughout the organisation, promoting awareness and understanding of its principles and benefits.
 - Engage with national bodies (including Welsh Value in Health Centre) and other providers and Health Boards to align with and provide leadership to national VBH priorities, where appropriate.
- Resource management
 - Review the allocation of resources (financial, people, and technological) necessary for the successful execution of initiatives, seeking approval from EMB.
 - Ensure that resources are utilised effectively and efficiently to achieve the desired outcomes, reporting on outcomes to EMB.
- Assurance
 - Monitor the progress of the programme delivery, holding the delivery teams accountable for benefits realisation.
 - Define the key performance indicators (KPIs) and metrics that will be used to evaluate the success and impact of the VBH initiatives.
 - Develop, seek approval from EMB for and oversee a comprehensive benefits management strategy for the VBH implementation.
- Programme management
 - Make informed decisions related to scope, prioritisation, and timelines.
 - Approve changes to the implementation strategy, budgets or timelines based on evidence and insights gathered within tolerances (see below).
 - Monitor and address any issues, risks, or barriers to the programme, with major risks/issues (outside of tolerances) handled in liaison with EMB/SLT.
 - Discuss and mitigate risks associated with the VBH programme.
 - Commission the VIC to complete analysis related to initiatives or VBH programme strategy.

3. DELEGATED POWERS AND AUTHORITY

- 2.2 With regards to its role in providing advice to the Board, the Steering Group will fulfil the following functions:
- Suggestions on how to improve or modify the Programme's objectives and goals and analysis of the Programme's progress towards achieving them.
 - Recommendations for changes to the Programme's structure, processes, or resources
 - Analysis of any internal and external factors that could impact the Programme's delivery and suggestions on how to mitigate any identified risks or barriers.
 - Management of the VBH budget and resource allocation, including review of the allocation of resources (financial, people, and technological) necessary for the successful execution of initiatives.
- 2.3 With regards to its role in supporting the delivery of the VBH Programme, the Steering Group will fulfil the following functions depending on the project type:
- **Initiatives Lead by the VBH Steering Group** – the Steering Group will approve the resourcing, funding, and governance requirements for these initiatives, ensuring that the initiative has appropriate and sufficient leadership from the VBH Programme. The Steering Group will be accountable for delivery of these initiatives.
 - **Initiatives Supported by the VBH Steering Group** – the Steering Group will approve requests from service teams for VBH Programme resources and funding to complete discrete deliverables e.g., a VBH BI analyst to support a service team for a few hours per week. The Steering Group will not be accountable for the delivery of these initiatives but will be provided updates on the impact and delivery of the initiatives.
 - **Initiatives Advised by the VBH Steering Group** – the Steering Group will approve the resourcing and governance requirements to ensure that the initiative receives appropriate and sufficient advice from the VBH Programme – e.g., a VIC member attending recurring initiative meetings. The Steering Group will be consulted on the progress and delivery of these initiatives & will be provided updates on the impact and delivery of the initiatives.
 - **Initiatives Influenced by the VBH Steering Group** – the Steering Group will approve the resourcing requirements to ensure that the initiative receives appropriate and sufficient influence from the VBH Programme – e.g., a VIC member reviewing a Trust process for alignment to VBH. The Steering Group will be provided updates on the impact and delivery of the initiatives.

Authority

- 3.1 **Scope of authority:**
- The VBH Steering Group is authorised to make decisions related to the planning, delivery, and resourcing of VBH initiatives and capability building (by VIC) within Velindre University NHS Trust.
 - The resourcing within the VBH Steering Group's authority shall include both in-year and recurrent allocations from Welsh Government for the purposes of delivering VBH, subject to the contingencies and constraints associated with it, and any other resources allocated to it by the Trust.
- 3.2 **Decision-making rights:**
- The VBH Steering Group holds the authority to make decisions related to the strategic direction, resource allocation, and progress monitoring of the VBH programme.
- 3.3 **Approval thresholds:**
- Decisions that conflict with strategic or scoping documents previously approved by the Trust Board or alter the size of the budget associated with VBH will require approval from

the Trust Board.

3.4 Restrictions:

- The VBH Steering Group shall not make decisions which would be outside of its scope or authority as outlined in this policy.
- The VBH Steering Group shall not make decisions which would conflict with the Trust's broader objectives, strategies, or policies.

3.5 Reporting structures:

- The Steering Group will provide a quarterly update to EMB Shape.
- The Steering Group will complete exception reporting as required and share the Exception Report with EMB Shape.
- The Steering Group will provide an annual report to EMB Shape on the strategic direction, resource allocation, and annual progress of the VBH Programme.
- The Steering Group will submit reports to the Trust Board and its Board Committees as appropriate.

3.6 Delegated authority:

- The Steering Group can delegate delivery of VBH Initiatives to the VIC or other VBH project / programme, as appropriate.
- The Steering Group can create Task and Finish groups of relevant stakeholders to deliver VBH Initiatives.

3.7 Decision making processes:

- The Steering Group will make decisions by consensus wherever possible.
- If consensus cannot be reached, the co-SROs will reach joint agreement and have the final decision-making authority. If co-SROs are unable to reach a joint decision, the issue will be escalated to EMB Shape for resolution.
- Decisions can be taken outside of scheduled Steering Group meetings (e.g. via email), at the behest of the Senior Responsible Officers.

Access

- 3.8 The Steering Group will have reasonable access to the Executive Directors and other relevant senior staff.

Sub Committees

- 3.9 **Value Intelligence Centre** – The VIC is established as the delivery vehicle for implementation of the VBH Programme.

- 3.10 **Food Strategy Delivery Group**

- 3.11 **WBS Pre-operative Anaemia Delivery Group**

4. MEMBERSHIP

Members

- 4.1 The membership of the VBH Steering Group includes:

Role	Name	Responsibilities
Co-Senior Responsible Owners (SROs)	Executive Director of Finance	The SRO is accountable for the successful delivery of the project or program, providing strategic direction, and ensuring alignment with the organisation's objectives. They are responsible for overseeing the project team, managing stakeholders, and making critical decisions to
	Executive Director of Medicine	

		ensure the project's success and its benefits realisation.
Deputy SRO and Finance lead	Deputy Director of Finance	To deputise for the SRO as and when required.
Operational lead for VCC	Director of VCC	<ul style="list-style-type: none"> • Participate in Steering Group meetings regularly and actively engage in discussions and decision-making processes. • Share knowledge, insights, and perspectives related to their respective areas of expertise. • Take on assigned tasks and responsibilities in support of projects and objectives. • Represent their Divisions / teams and communicate relevant updates and concerns back to their respective Divisions / teams.
Operational lead for WBS	Director of WBS	
Clinical Lead	Clinical Lead for VBH	
Scientific Lead	Scientific Lead for VBH	
Nursing Lead	Deputy Director of Nursing	
Clinical Informatics lead (CCIO)	The Chief Clinical Informatics Officer	
Digital lead(s)	Chief Digital Officer & Head of Digital Programmes	
Business Intelligence lead	Head of Information	
Head of VBH	Head of VBH	
Workforce lead	Deputy Head of Org Development and Workforce Planning	

- 4.2 Members of the VBH Steering Group will be appointed by the Senior Responsible Owner.
- 4.3 The tenure of the members will be one year, with the possibility of reappointment if deemed appropriate.

Attendees

- 4.4 Attendees are individuals who are invited to participate in committee meetings regularly but do not hold full membership status. They may be subject matter experts, department representatives, or stakeholders whose input is valuable to the group's discussions.
- 4.5 Attendees may be invited by any member to contribute to relevant discussions or provide updates on specific projects.

By invitation

- 4.6 Members may invite individuals or external parties to attend specific committee meetings on an ad-hoc basis. These invitations are extended to individuals who possess expertise or insights that are pertinent to the matters being discussed in a particular meeting.

5. COMMITTEE MEETINGS

Quorum

- 5.1 A quorum will consist of at least 3 Steering Group members.
- 5.2 Where a quorum cannot be reached, the meeting shall be rescheduled to the nearest available date.
- 5.3 Nominated deputies for members will form part of the quorum.

Frequency of Meetings

- 5.4 The Steering Group will meet every month, with additional meetings as necessary.

Withdrawal of individuals in attendance

- 5.5 Any individual in attendance at a Steering Group meeting may withdraw from the meeting at any time.
- 5.6 In such cases, the individual must inform the Chairperson that they are withdrawing and the reason for their withdrawal.

6. RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES / GROUPS

- 6.1 The Steering Committee is responsible and accountable for the delivery of the VBH Programme.

7. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Steering Group.

8. REVIEW

- 9.1 These terms of reference will be reviewed annually by the Steering Group. Changes will be approved by the Executive Management Board Shape.

9. SRO'S ACTION ON URGENT MATTERS

- 10.1 There may, occasionally, be circumstances where decisions which normally be made by the Steering Group need to be taken between scheduled meetings. In these circumstances, the SRO, supported by the Delivery Group lead as appropriate, may deal with the matter on behalf of the Board, after first consulting with two other Members of the Steering Group. The SRO must ensure that any such action is formally recorded and reported to the next meeting of the Steering Group for consideration and ratification.
- 10.2 SRO's urgent action may not be taken where the SRO has a personal or business interest in the urgent matter requiring decision.

ANNEX 1 – GOVERNANCE & ACCOUNTABILITY FRAMEWORK

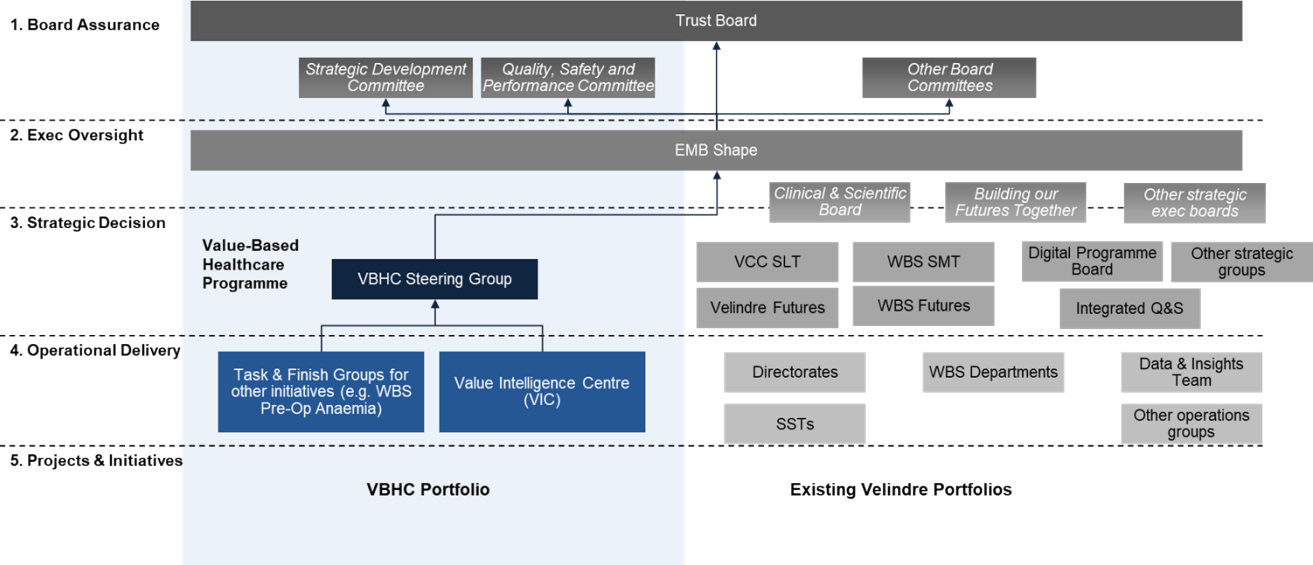


Figure 1: Short-term Governance for VBH Steering Group – note, this shows the types of decision-making with a focus on direct accountability within the VBH Programme. It is not intended as a full representation of all the lines of consultation, responsibility, and accountability within the Trust.

Value-based Healthcare Value Intelligence Centre

Terms of Reference & Operating Arrangements

Owner	Gwawr Evans
Version No.	0.1
Reviewed:	N/A
Approved:	N/A
Next Review Due:	N/A

1. INTRODUCTION

- 1.1 The purpose of this document is to outline the terms of reference for the Value Intelligence Centre (VIC) at Velindre University NHS Trust. The VIC is established as the delivery vehicle for implementation of the Value-Based Healthcare (VBH) Programme.
- 1.2 This groups operates under the authority of the VBH Steering Group and is responsible for the delivery of VBH Programme.

2. PURPOSE

- 2.1 VIC will be responsible for:
 - Development of the **Programme Plan**, seeking approval from Steering group
 - Develop detailed project plans and task schedules with key timelines and milestones, considering resource availabilities and dependencies.
 - Development of **VBH capabilities**, including data analytics and digital infrastructure
 - Evaluating the VBH capabilities required and conducting relevant user research to understand needs and requirements.
 - Seeking approval (and any required funding) from Steering Group on initiatives to develop these capabilities.
 - Developing or procuring the required capabilities and implementing solutions, including delivering training and support to users, where needed
 - Support the delivery of **VBH initiatives and programme workstreams** (as set out in the programme plan)
 - Support the initiatives as outlined by the Steering Group by advising task and finish groups and completing discrete tasks as commissioned by delivering teams.
 - Ensuring deliverables/products are of high-quality and meet the needs of the user/audience.
 - **Evaluating the outputs** and impact of the VBH initiatives, validating the value add or benefits.
 - Monitoring and evaluation of VBH initiatives
 - Assessing impact against initiative KPIs, as set by Steering Group
 - **Project management** of VBH initiatives day-to-day
 - Communicate with VBH Steering Group about the resources required to deliver initiatives and flag resource constraints.
 - Communicate project-level updates to the Steering Group
 - Maintain project documentation including PIDs, risk registers, project plans and decision logs.
 - **Project support** for task and finish groups or specific VBH initiatives
 - Providing expert input, delivery support or resource for TFG and initiatives where not delivered independently by the VIC.

3. DELEGATED POWERS AND AUTHORITY

- 2.2 With regards to its role in supporting the delivery of the VBH Programme, the VIC will fulfil

the following functions depending on the project type:

- **Initiatives Lead by the VIC** – the VIC will approve the resourcing, funding, and governance requirements for these initiatives, ensuring that the initiative has appropriate and sufficient leadership from the VBH Programme. The VIC will be accountable for delivery of these initiatives.
- **Initiatives Supported by the VIC** – the VIC will approve requests from service teams for VBH Programme resources and funding to complete discrete deliverables e.g., a VBH BI analyst to support a service team for a few hours per week. The VIC will not be accountable for the delivery of these initiatives but will be provided updates on the impact and delivery of the initiatives.
- **Initiatives Advised by the VIC** – the VIC will approve the resourcing and governance requirements to ensure that the initiative receives appropriate and sufficient advice from the VBH Programme – e.g., a VIC member attending recurring initiative meetings. The VIC will be consulted on the progress and delivery of these initiatives & will be provided updates on the impact and delivery of the initiatives.
- **Initiatives Influenced by the VIC** – the VIC will approve the resourcing requirements to ensure that the initiative receives appropriate and sufficient influence from the VBH Programme – e.g., a VIC member reviewing a Trust process for alignment to VBH. The VIC will be provided updates on the impact and delivery of the initiatives.

Authority

3.1 Scope of authority:

- The VIC is authorised to make decisions related to the delivery of VBH initiatives and capability building within the approval of Steering Group.
- The resourcing within the VIC's authority shall include both in-year and recurrent allocations from Welsh Government for the purposes of delivering the VIC project, subject to the contingencies and constraints associated with it, and oversight from the VBH Steering Group.
- The VBH Steering Group may choose to allocate additional resources from the VBH Programme to the VIC. Under such circumstances, these resources shall be within the VIC's authority, subject to oversight from the VBH Steering Group.

3.2 Decision-making rights:

- The VIC holds the authority to make decisions related to specific VBH initiatives and capability building deliverables that they have been authorised to deliver by Steering Group.

3.3 Approval thresholds:

- Decisions regarding significant changes to the VBH initiatives and capabilities scope, resources or strategic plan require approval from Steering Group

3.4 Restrictions:

- The VIC shall not make decisions which would be outside of its scope or authority as outlined in this policy.
- The VIC shall not make decisions which would conflict with the Trust's broader objectives, strategies, or policies.

3.5 Reporting structures:

- The VIC will provide a monthly update to Steering Group on each capability project and VBH initiative they are leading or supporting.
- The VIC will complete exception reporting as required and share the Exception Report with Steering Group.
- The VIC will provide a 'Likelihood of Delivery' report to Steering Group on a quarterly basis

for review and approval.

3.6 Delegation authority:

- The VIC can delegate delivery of VBH Initiatives to task and finish groups, as appropriate.

3.7 Decision making processes:

- The Head of VBH will have the final decision-making authority.
- When making decisions, the Head of VBH will seek input from the VIC members and the services subject to VIC Service Level Agreements (SLAs), as-and-when they are likely to be impacted by the decision.

Access

3.8 The VIC will have reasonable access to the Steering Group.

Sub Committees

3.9 N/A

4. MEMBERSHIP

Members

4.1 The membership of the VIC includes:

Role	Name
Chair	Head of VBH
Project Managers	Project Manager
	Project Manager
Finance lead	Finance Analyst
Business Intelligence leads	Advanced Analyst
	Senior Information Analyst
	Data Quality Analyst
Digital lead	Business Analyst
Workforce Lead	Workforce Analyst
Patient Outcomes Lead	Patient Outcomes Lead
Task and finish group leads	As required

4.2 Members of the VIC will be either hired for a funded role as per the VIC Project Charter, or appointed by the VBH Steering Group.

4.3 The tenure of VBH Steering Group appointed members will be one year, with the possibility of reappointment if deemed appropriate.

Attendees

4.4 Attendees are individuals who are invited to participate in meetings regularly but do not hold full membership status. They may be service leads whose services are subject to VIC, subject matter experts, department representatives, or other stakeholders whose input is valuable to the group's discussions.

4.5 Attendees may be invited by any member to contribute to relevant discussions or provide updates on specific projects.

By invitation

- 4.6 Members may invite individuals or external parties to attend specific committee meetings on an ad-hoc basis. These invitations are extended to individuals who possess expertise or insights that are pertinent to the matters being discussed in a particular meeting.

5. COMMITTEE MEETINGS

Quorum

- 5.1 A quorum will consist of at least 3 VIC members.
5.2 Where a quorum cannot be reached, the meeting shall be rescheduled to the nearest available date.
5.3 Nominated deputies for members will form part of the quorum.

Frequency of Meetings

- 5.4 The VIC will meet weekly, with additional meetings as necessary.

Withdrawal of individuals in attendance

- 5.5 Any individual in attendance at a VIC meeting may withdraw from the meeting at any time.
5.6 In such cases, the individual must inform the Chairperson that they are withdrawing and the reason for their withdrawal.

6. RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES / GROUPS

- 6.1 The VIC is responsible and accountable for delivering projects within the VBH Programme plan.

7. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the VIC.

8. REVIEW

- 9.1 These terms of reference will be reviewed bi-annually by the Steering Group. Changes will be approved by the Clinical and Scientific Board.

9. SRO'S ACTION ON URGENT MATTERS

- 10.1 There may, occasionally, be circumstances where decisions which normally be made by the Steering Group need to be taken between scheduled meetings. In these circumstances, the SRO, supported by the VIC lead as appropriate, may deal with the matter on behalf of the Board, after first consulting with two other Members of the Steering Group. The SRO must ensure that any such action is formally recorded and reported to the next meeting of the Steering Group for consideration and ratification.
10.2 SRO's urgent action may not be taken where the SRO has a personal or business interest in the urgent matter requiring decision.

ANNEX 1 – GOVERNANCE & ACCOUNTABILITY FRAMEWORK

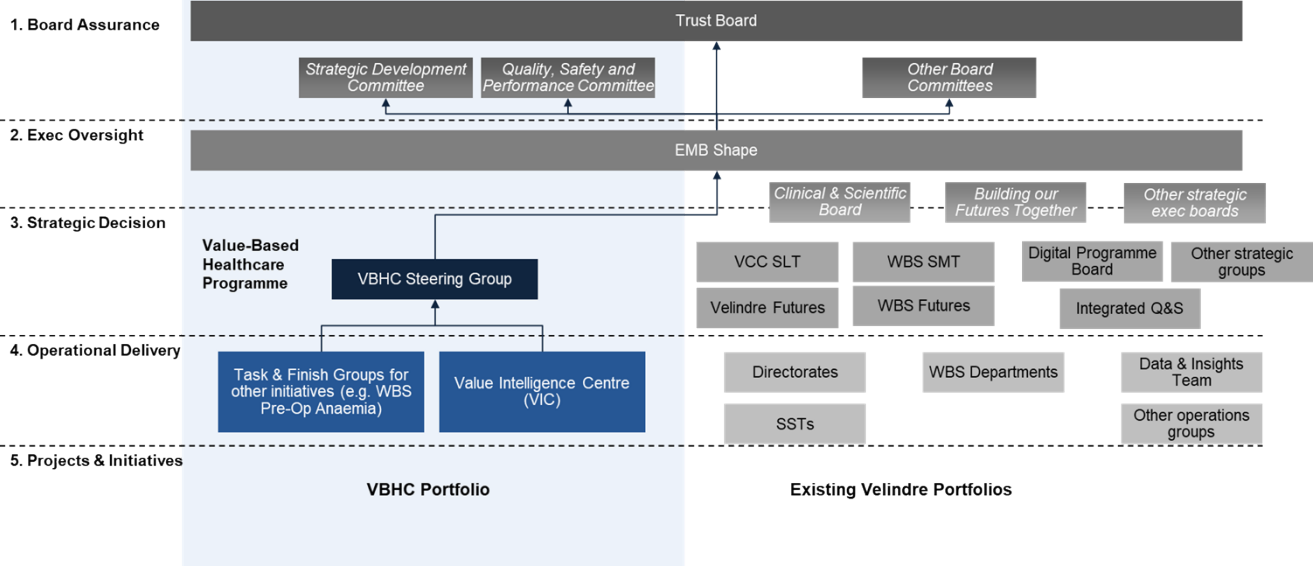


Figure 1: Short-term Governance for Value Intelligence Centre – note, this shows the types of decision-making with a focus on direct accountability within the VBH Programme. It is not intended as a full representation of all the lines of consultation, responsibility, and accountability within the Trust.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

VBH Programme Approach

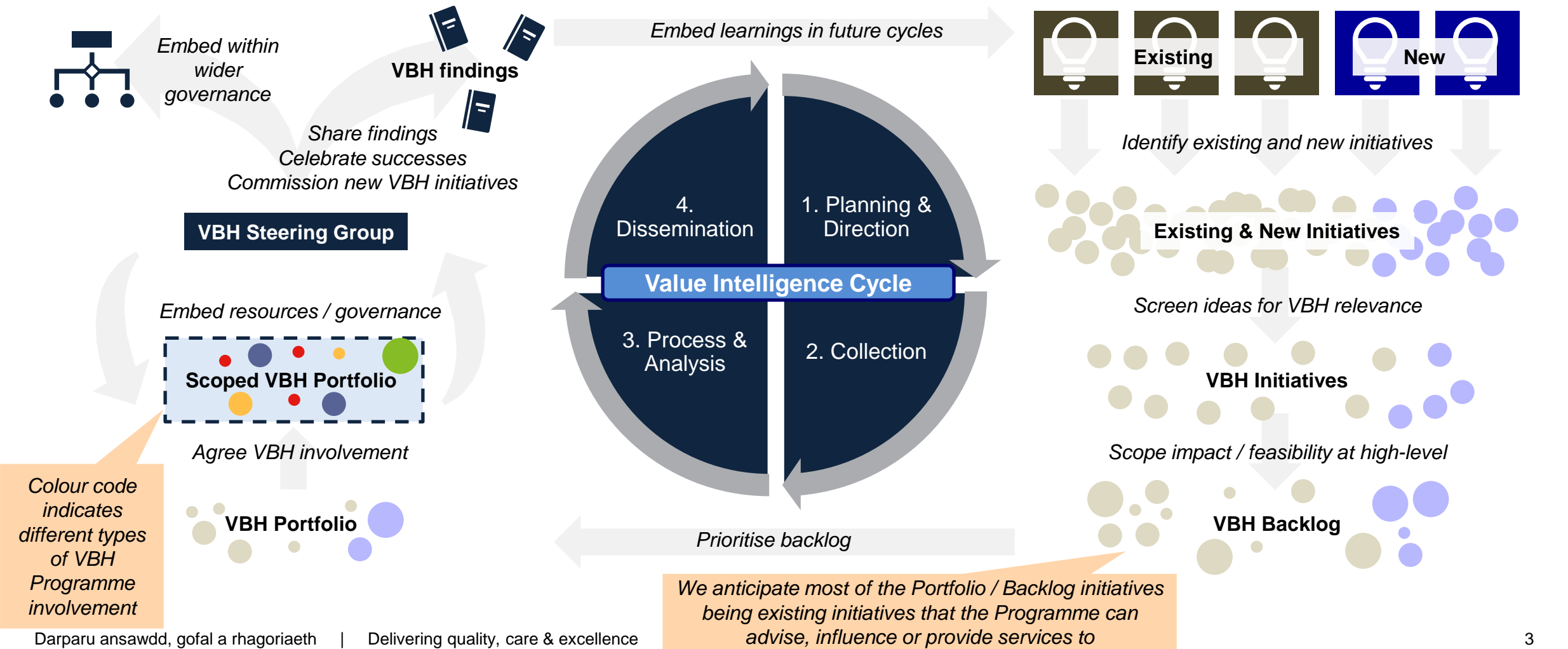
Value Based Healthcare and the
Value Intelligence Cycle

Developing Value Based Healthcare through the Value Intelligence Cycle

- The VBH Programme's objective is to **embed value and prudent principles** within Velindre's existing clinical & service delivery teams and business mechanisms.
- The Programme needs to do this in an environment of:
 - **Constrained attention and resources;**
 - **Ongoing and planned transformation;** and
 - **Oversight from the Welsh Value in Health Centre and DHCW.**
- The Value Intelligence Cycle will provide a **structured approach** to ensure the VBH Programme achieves its objective at pace.

How can the VBH Programme deliver this?

Managing the portfolio through the Value Intelligence Cycle

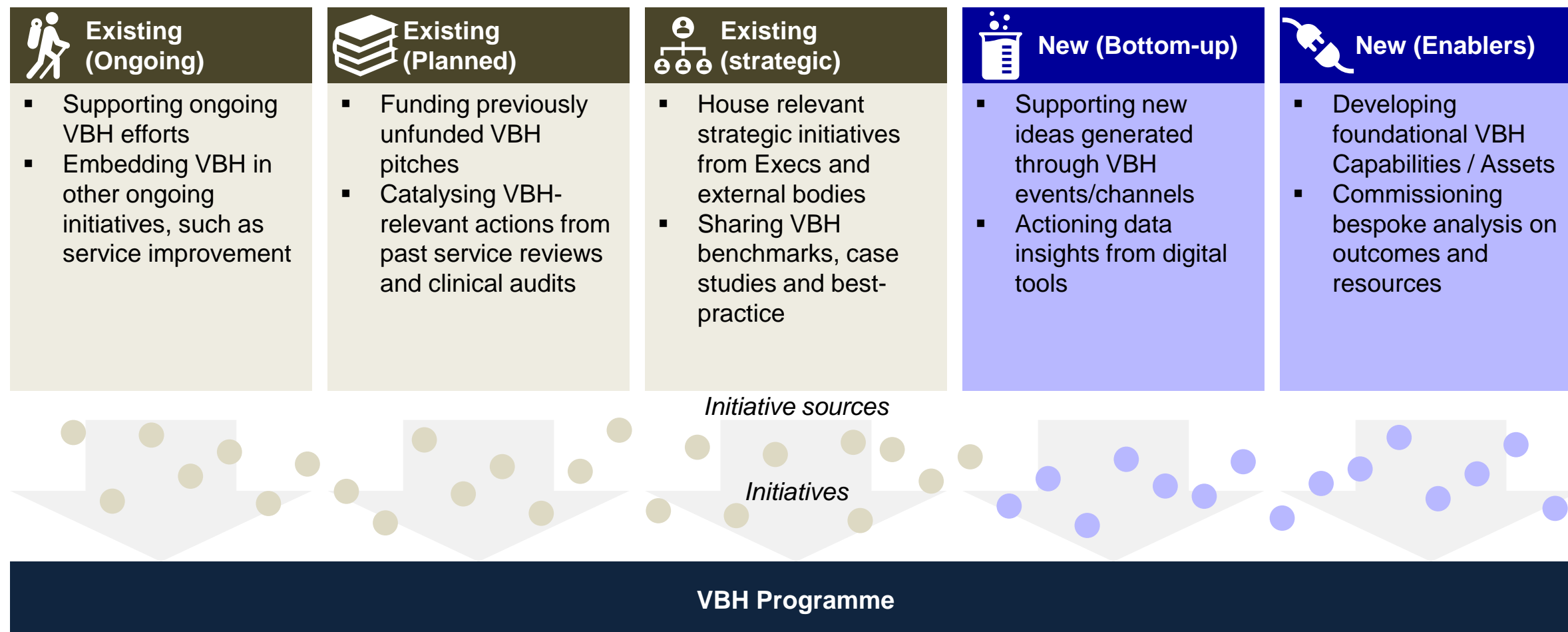




1. Planning & Direction

VBH Portfolio will be derived from various sources

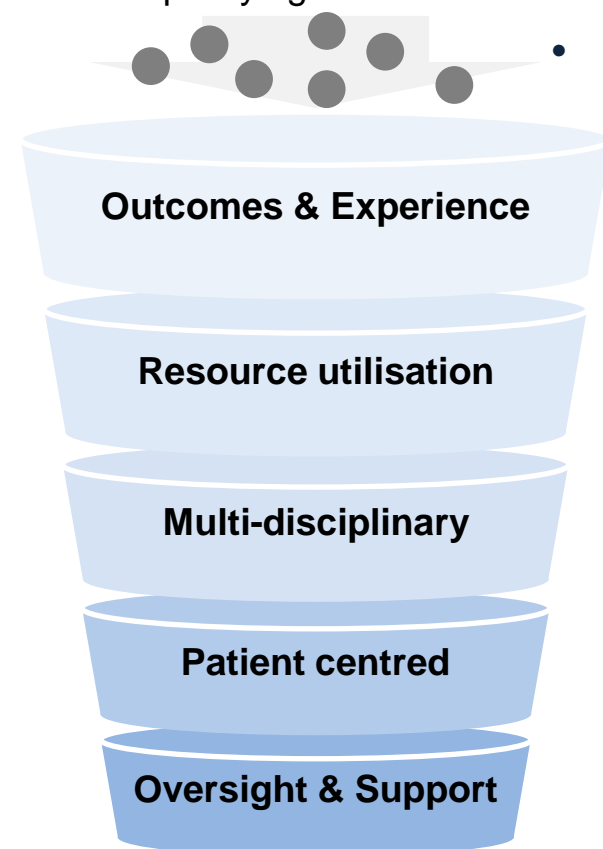
The VBH Programme would consider initiatives, both old and new, from across the Trust to include in the VBH Portfolio





2. Collection Filtering ideas

- To be considered for the VBH Programme, initiatives will need to meet a set of qualifying criteria – as assessed by the Head of VBH
- The qualifying criteria will be reviewed and agreed by the VBH Steering Group on a quarterly basis, when the VBH Portfolio is refreshed



- In the first instance, we propose that all initiatives should meet the following criteria to qualify for the VBH Portfolio:

- ☐ Initiative should support Velindre to improve or better understand outcomes that matter to donors / patients or donor / patient experience
- ☐ Initiative should support Velindre to utilise its resources in a more efficient way or better understand how resources are currently utilised
- ☐ Initiative should involve or benefit from involving multidisciplinary (e.g. clinical, operational & financial) teams
- ☐ Initiative should be organised around the patient pathway or support the Directorates to consider handover points / their position within the patient's journey
- ☐ Initiative should benefit from VBH Steering Group's support (e.g. funding, oversight and co-ordination)



2. Collection

Evaluating initiative impact & likelihood of delivery

- Given the VBH Programme's limited resources it is essential that the VBH Steering Group prioritise which initiatives receive their support and the form that the support takes
- To enable this, the Head of VBH will collect a VBH Assessment for all initiatives / refresh previously collected assessments, which will capture the initiatives':
 1. Expected Impact and Likelihood of Delivery, for prioritisation; And
 2. Required support and existing governance / interdependences, for agreeing the nature of any VBH Programme involvement
- In order to most effectively utilise the resources of the VBH Programme, the assessments should be:
 - Simple to complete and not overly burdensome on the Head of VBH or initiative owners;
 - Directly comparable between initiatives and rest on common assumptions; And
 - Rely on objective information, leveraging high-quality available data
- As Velindre's VBH and data maturity evolves, so too will the VBH assessments – becoming more rigorous and in-depth as Velindre's capabilities mature

Current maturity

VBH / Data Mature

- ↑ ▪ *1-Page Assessment*
- *Simple weighted scoring*
- *Captures key project info*

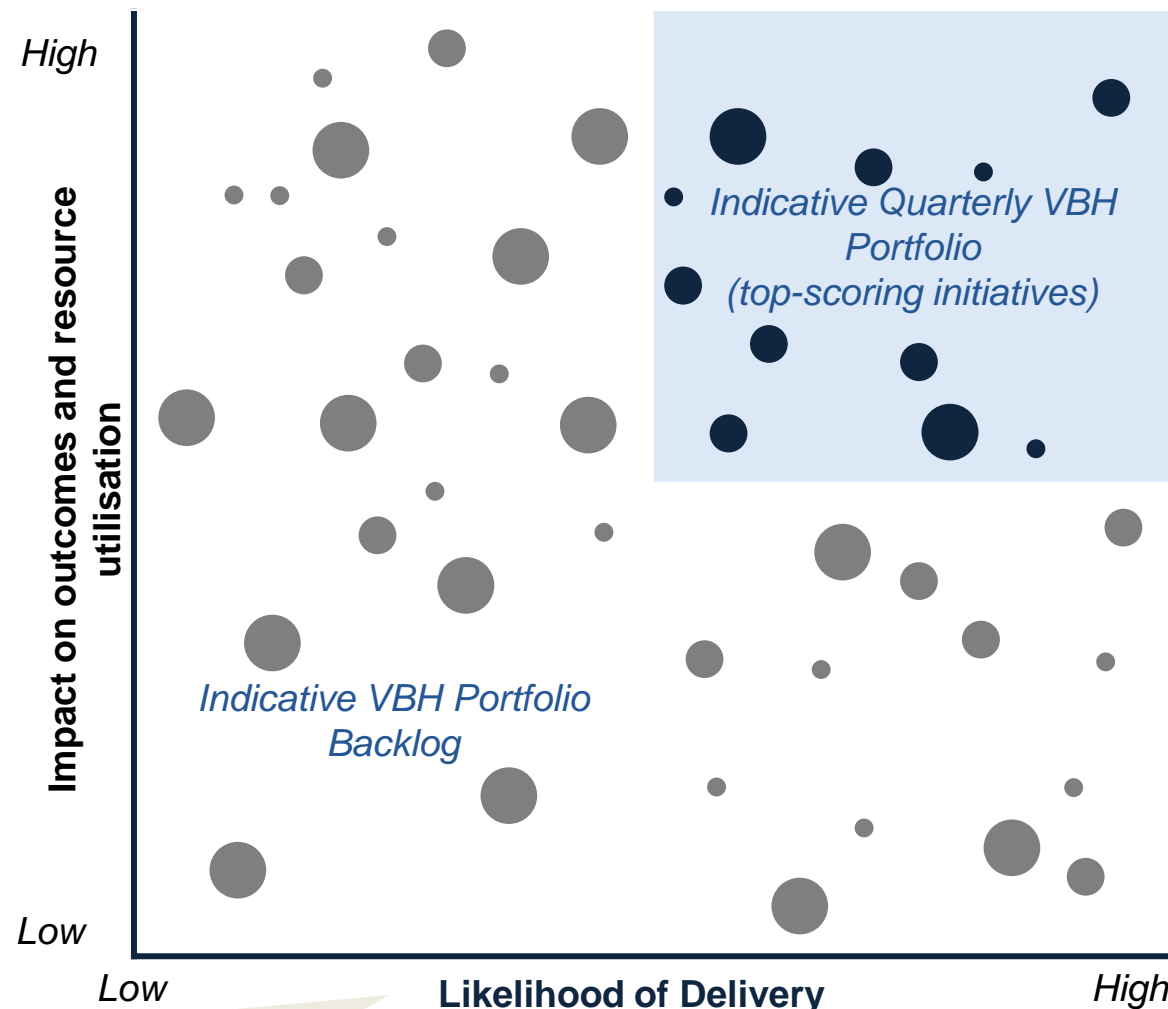
- *Detailed options appraisal* ↑
- *Outcomes/resource forecasts*
- *Project plan*



3. Process and Analysis

Initiative prioritisation

- Once the VBH Assessments are complete, the VBH initiatives will be prioritised according to their:
 - Impact on outcomes and resource utilisation; And
 - Likelihood of Delivery
- Based on the prioritisation of VBH initiatives, the Head of VBH and Directors of Finance will make recommendations on which VBH initiatives should be included in the VBH Portfolio
 - NOTE: the prioritisation exercise is intended as an indicative guide only
- The VBH Steering Group will be responsible for approving the final VBH Portfolio and may propose amendments
 - The deprioritised initiatives will be included in the VBH Portfolio Backlog for review in future Portfolio cycles
- Once a VBH Portfolio is agreed, the VBH Steering Group will agree the nature of their involvement (see next slide)





3. Process and Analysis

Agreeing VBH Programme involvement

Given the different contexts of VBH Portfolio initiatives and the VBH Programme's constrained resources, the nature of the Programme's involvement will vary. Specifically, four different types of involvement have been identified:

Advise

No funding allocated, but ensure delivery through ongoing and embedded engagement

Example:

Context: SST decide to deliver PIFU pathway for patients after treatment.

VBH Programme role: VIC member / VBH trained staff embedded in project to provide ongoing VBH advice and analysis.

Lead

Allocate funding and ensure delivery through ongoing monitoring, including setting up Task & Finish Group

Example:

Context: SSTs want information on their health outcomes and resource utilisation.

VBH Programme role: VIC lead the development of SST VBH Dashboards.

Influence

Encourage Business As Usual VBH decision making and initiatives with policies, engagement, and training

Example:

Context: Outpatient nursing team want to improve patient experience at their OP clinic.

VBH Programme role: Staff utilise existing dashboards and VBH training to identify areas for improvement & rollout the changes.

Service Provision

Provide support to services and teams across the organisation who are implementing value initiatives via SLAs

Example:

Context: Finance team are reviewing how resources are allocated and utilised to identify areas where productivity can be improved.

VBH Programme role: Finance team asks the VIC team to deliver specific pieces of analysis to inform that review and action plan.



4. Disseminate

Embedding the VBH Portfolio

- How the VBH Portfolio Initiatives are embedded within Velindre's existing governance structures will depend on the initiatives' type
- VBH Enablers (e.g. data and analytics capabilities) will be the responsibility of the Value Intelligence Centre (VIC). The VIC will:
 - Report directly into the VBH Steering Group on its work; And
 - Set-up ongoing governance relationships with the wider Velindre Trust (including SLAs, shared memberships and comms & briefings) to deliver its VBH initiatives
- The governance of VBH Portfolio Initiatives that aren't VBH Enablers ("VBH In-Practice") will be determined by the type of involvement:
 - Lead** initiatives will establish Task & Finish (T&F) Groups and report directly into the VBH Steering Group
 - Service Provision** initiatives will be embedded within the wider organisation via SLAs, but will continue to report into VBH Steering Group
 - Advise** initiatives will report into wider Velindre governance groups (e.g. Velindre Futures) but will share members with the VBH Programme and establish two-way lines of feedback, to ensure alignment with VBH principles
 - Influence** initiatives will report into wider Velindre governance groups, but will receive communications and briefings from the VBH Programme

Strategic Decision

Operational Delivery

Projects & Initiatives

Value-Based Healthcare Programme

VBH Steering Group

Other Strategic Groups

Task & Finish Groups for other initiatives (e.g. WBS Pre-Op Anaemia)

Value Intelligence Centre (VIC)

Existing Operational Delivery Groups

VBH Portfolio

Existing Velindre Portfolios

Lead = ●
Service Provision = ●
Advise = ●
Influence = ●



4. Disseminate Sharing Best Practice

- Once VBH Initiatives are complete their outcomes will be shared with the wider organisation and inform future phases of the VBH Programme. Specifically:
 - Initiative owners will develop Case-Studies for successful initiatives that will be shared with the wider organisation, for example by:
 - Team members will collaborate on Lessons Learned documents for initiatives with learnings for the wider VBH Programme
 - Follow-on initiatives (e.g. developing a Proof of Concept initiative into a Prototype) will be included in the VBH Backlog
- Sharing VBH Initiative outputs can be done through a variety of channels, including:
 - Briefings to VBH Steering Group or other governance groups
 - Incorporating them into future VBH Training
 - Posting them on the Velindre intranet / organisation-wide Sharepoint repository
 - Including them as an inputs to future Value Labs events

Illustrative Case study template

Initiative Name: Urology Proof of Concept VBH Dashboard
Initiative Duration: 06/02/2023 – 30/06/2023

The Challenge:

The Urology Site Specific Team (SST) wanted to access data on patient outcomes, SST activity and resource usage, to better understand the value that its services delivered to patients.

The Approach:

The Value Intelligence Centre developed a proof-of-concept Power BI Dashboard to give the Urology access to up-to-date data.

The VBH Factor:

The Dashboard placed a focus on patient outcomes (survival rates, toxicities and PROMs) and the resources and activity that delivered them. It also featured a series of “value” pages that considered interactions between outcomes and resources.

The Impact:

The Proof of Concept VBH Dashboard is now used both in Urology clinics and in MDT meetings for a variety of purposes. Notable uses include validating changes in treatment (e.g. confirming that a move to hypo fractionated radiotherapy did not negatively impact survival rates), communicating prognosis to patients and evaluating changes in activity-mix.

Contact Details for further information:

Jake Tanguay and Gwawr Evans

Illustrative Lessons Learned Template

Events	Recommendation	Actions
TBD	TBD	TBD

STRATEGIC DEVELOPMENT COMMITTEE

Trust Assurance Framework

DATE OF MEETING	07/11/2023
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	Mel Findlay, Business Support Officer
PRESENTED BY	Lauren Fear, Director of Corporate Governance & Chief of Staff
APPROVED BY	Lauren Fear, Director of Corporate Governance & Chief of Staff
EXECUTIVE SUMMARY	A review of the Trust Assurance Framework, including a refresh of the Strategic Risks has been undertaken and this paper provides an update to the Committee, following Trust Board in September and Audit Committee in October.
RECOMMENDATION / ACTIONS	The Committee is asked to NOTE the outcome of the Strategic Risk Refresh.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Executive Management Board	31.08.2023
Strategic Development Committee	05.09.2023
Quality, Safety and Performance Committee	14.09.2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
<p>The Executive Management Board have been involved in the process via meetings on 18.08.2023, a targeted session on 21.08.2023 and then Executive Management Board on 31.08.2023 to arrive at the suggested summary of the strategic risk refresh attached to this paper.</p> <p>The Strategic Development Committee endorsed six of the eight proposed Strategic Risks. Agreement was made that following further discussion and agreement the Strategic Development Committee were content with being advised of the final Strategic Risks.</p> <p>The Quality, Safety and Performance Committee further discussed the risk review, following further work which had been undertaken since the Strategic Development Committee and endorsed all eight risks for Trust Board approval. The Committee also agreed the risks that it would lie to have on-going strategic oversight of going forwards. (In addition, the whole framework will be shared with Strategic Development Committee, Audit Committee and Trust Board on an on-going basis).</p>	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as ' ASSURANCE ', this section must be completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Report for Noting

APPENDICES	
1	Summary of Strategic Risk Refresh outcomes
2	New Trust Assurance Framework

1. SITUATION

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

The new Strategic Risks are included in this paper for information, following a review process through divisional Senior Leadership Teams, Executive Management Board and committees.

The revised Trust Assurance Framework is appended.

2. BACKGROUND

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

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

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

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

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

3. ASSESSMENT

3.1 Following the Strategic Risk Refresh the outcome has been shared with the Trust Board is included in Appendix 1.

The refreshed Strategic Risks have been populated on to the new Trust Assurance Framework Dashboard, which has previously been reviewed by this Committee and approved by the Audit Committee. The new template links with strategic frameworks, includes an area for reference to operational risk related to the strategic risk and have SMART action plans, alongside the core information around key controls, sources of assurance and gaps in controls.

3.2 The next steps agreed with Audit Committee are:

- Continue to progress with the population of the new template based on the strategic risk refresh outlined in Appendix 1.
- Populate the automated system in order to operationalise the Trust Assurance Framework for ongoing managements. This to be governed via the Divisional and Corporate Senior Leadership Teams and then to Executive Management Board – for full November reporting.
- Engage with Executives and teams to embed a review process for the Trust Assurance Framework in line with the Integrated Medium Term Planning process and update this in the Trust Assurance Framework guidelines and Integrated Medium Term planning guidelines – by end November.
- Embed the new automated Trust Assurance Framework through Divisional and Corporate Senior Leadership Teams governance processes in order to support Executive Management Board and Trust Board role. To be updated in the Trust Assurance Framework guidelines – by end December.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The Committee are asked to:

- Consider and **NOTE** the Strategic Risk Refresh, as detailed in Appendix 1 of this report.
- **NOTE** the next steps, both in respect of governance and operationalisation, as detailed in section 3.2 of this report.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: Choose an item	
If yes - please select all relevant goals: <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: <u>STRATEGIC RISK DESCRIPTIONS</u>	Choose an item All Strategic Risks are related.
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below
	Safe <input checked="" type="checkbox"/> Timely <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>
	The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021). All domains are relevant to this work, as the strategic risks span all areas of the Trust



	business and are imperative to quality and safety.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	Not required
	Click or tap here to enter text. There are no socio economic impacts linked directly to the current risks in paper.
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	Choose an item The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated
	If more than one wellbeing goal applies please list below: Click or tap here to enter text
	FINANCIAL IMPLICATIONS / IMPACT There is no direct impact on resources as a result of the activity outlined in this report.
	Source of Funding: Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text
	Type of Funding:

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

6. RISKS

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

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

Appendix 1 – Summary of Strategic Risk Refresh

Current “short-hand” Risk Theme	Current Risk Title	Outcome of Recommendation of Review Process	Suggested New Risk Title [All to be confirmed with Risk Owners]	Suggested New “short-hand” risk theme	Risk Owners	Oversight Committee
Demand and Capacity	Failure to deliver sufficient capacity leading to deterioration in service quality, performance or financial control as a result of capacity or demand planning or the operational service challenges	<ul style="list-style-type: none"> Strategic risk theme should continue However risk articulation should be broader in terms of service delivery, rather than focus on planning specifically 	1. There is a strategic risk of failure to deliver sufficient capacity leading to deterioration in service quality, performance or financial control <i>[final articulation to be recommended via EMB]</i>	Service capacity	COB, RH, AP	QSPC
Partnership Working/Stakeholder Engagement	Failure to establish and maintain effective relationships with internal and external stakeholders, and/or align our operational actions or strategic approach with system partners, resulting in confusion, duplication or omissions; threatening collaborative working initiatives; and/or an inability to deliver required change to achieve our medium to long term objectives.	<ul style="list-style-type: none"> The context of this strategic risk has changed articulation Consider there to be too many different aspects to this, with external and internal partners and stakeholders Recommendation to refocus on alignment of strategic objectives with our external partners Separate risk to be considered for patient, donor and community engagement Staff engagement to be covered in refreshed Organisational Culture risk 	2. There is a strategic risk of failure to align our strategic objectives and intent with system partners, including within the health and social care system, third sector and industry partners which could result in an inability to deliver required change to achieve our medium to long term objectives.	Partnership alignment	CJ, JA, NW	SDC
Workforce Planning	Risk of not having the right staff in right place at right time with right capability, as a result of not having appropriate and effective workforce plan owned in the right place, resulting in deterioration of operational performance, decline in the safety/quality of service provision, threatening financial sustainability and/or impacting our transformation ambitions.	<ul style="list-style-type: none"> Strategic risk theme should continue However risk articulation should be broader in terms of workforce supply and shape rather than focus on a workforce plan specifically 	3. There is a strategic risk of an optimised workforce supply and shape in order to effectively deliver quality services and achieve our medium to long term objectives.	Workforce supply and shape	SM	SDC, QSPC
Organisational Culture	Failure to establish effective systems and structures built around shared values and behaviours.	<ul style="list-style-type: none"> Strategic risk theme should continue However risk articulation should be broader in terms of staff engagement rather than focus on values and behaviours specifically 	4. There is a strategic risk of failure to have a positive working environment and high levels of staff engagement through the embedding of appropriate values and behaviours in	Organisational Culture	SM	SDC

			effective systems and processes.			
Organisational Change/ Strategic Execution Risk	<i>Risk that aggregate levels of organisational change underway across the Trust creates uncertainty and complexity, leading to a disruption to business as usual (BAU) operations; an adverse impact on our people/culture; deterioration or an unacceptable variation in patient/donor outcomes; and/or a failure to deliver on our strategic objectives and goals.</i>	<ul style="list-style-type: none"> Recommendation to remove risk as a duplication 	-	-	-	-
Quality and Safety	<i>Trust does not currently have cohesive and fully integrated Quality & Safety mechanisms, systems, processes and datasets including ability to on mass learn from patient feedback i.e. patient / donor feedback / outcomes / complaints / claims, incidents and ability to gain insight from robust triangulated datasets and to systematically demonstrate the learning, improvement and that preventative action has taken place to prevent future donor / patient harm. This could result in the Trust not meeting its national and legislative responsibilities (Quality & Engagement Bill (2020)) and a reduction in public/patient/donor, external agency, regulator and commissioner confidence in the quality of care the Trust provides.</i>	<ul style="list-style-type: none"> Recommendation to remove risk as a duplication 	-	-	-	-
Digital Transformation – failure to embrace new technology	<i>Risk that the Trust fails to sufficiently consider, exploit and adopt new and existing technologies (i.e., assess the benefits, feasibility and challenges of implementing new technology; implement digital transformation at scale and pace; consider the requirement to upskill/reskill existing employees and/or we underestimate the impact of new</i>	<ul style="list-style-type: none"> Strategic risk theme should continue Additional aspects considered during review process, including Artificial Intelligence and Information Security Risk articulation should be narrowed in other respects, as a duplication 	5. <i>There is a strategic risk that the Trust fails to sufficiently consider, optimise the opportunities and effectively manage the risks of new and existing technologies, including considerations of Artificial Intelligence and Information Security</i>	Digital transformation	CJ	SDC, QSPC

	<i>technology and the willingness of patients to embrace it/ their increasing expectation that their care be supported by it) compromising our ability to keep pace and be seen as a Centre of Excellence.</i>		<i>To note – further articulation to be recommended via EMB to consider SDC and QSPC</i>			
<i>Trust Financial Investment Risk</i>	<i>There is a risk that the contracting arrangements between Velindre and its Commissioners do not adequately acknowledge future service developments and changes in clinical practices and thus ensure appropriate funding mechanisms are in place and agreed.</i>	<ul style="list-style-type: none"> Recommendation to remove risk as a duplication 	-	-	-	-
<i>Future Direction of Travel</i>	<i>Opportunity risk of the Trust's ability to develop new services and failure to take up and create opportunities to apply expertise and capabilities elsewhere in the healthcare system.</i>	<ul style="list-style-type: none"> Recommendation to remove risk as a duplication 	-	-	-	-
<i>Governance</i>	<i>There is a risk that the organisation's governance arrangements do not provide appropriate mechanisms for the Board to sufficiently fulfil role and the organisation to then be effectively empowered to deliver on the shaping strategy, culture and providing assurance, particularly through a quality and safety lens.</i>	<ul style="list-style-type: none"> Strategic risk theme should continue However risk articulation should be broader in terms of governance definition (not only Board) 	6. There is a strategic risk that the organisational and clinical governance arrangements do not provide appropriate mechanisms and culture to achieve our medium to long term objectives.	Organisational and clinical governance	LF	AC
-	-	<ul style="list-style-type: none"> Recommendation is that there is a new strategic risk regarding Patient Outcomes Although it is recognised that many other strategic risks would impact on patient outcomes, it is recommended to articulate in a consolidated risk Additional considerations as part of refresh process to be included, including: Advances in Medicine; Technical clinical care advances; Aging population; Pandemic 2; Deliver national clinical guidance 	7. <i>Final articulation to be recommended via EMB</i>	Patient Outcomes	JA, NW, COB	QSPC

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