Public: Strategic Development Meeting

Thu 21 March 2024, 10:00 - 12:30

Velindre UNHS Trust Headquarters

Agenda

10:00 - 10:10
10 min

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 18th January 2024

Led by Stephen Harries, Chair and Independent Member

To Approve

- 1.4 Minutes 18.01.2024.pdf (5 pages)

1.5. Action Log

Led by Stephen Harries, Chair and Independent Member

To Approve

- 1.5 Action Log.pdf (3 pages)

10:10 - 10:40
30 min

2. STRATEGY

2.1. Trust Well-being Objectives

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

- 2.1 SDC Cover Paper - 21st March - Well Being Objectives - Final UPDATED.pdf (8 pages)
- 2.1 Appendix 1.pdf (9 pages)
- 2.1 Appendix 2.pdf (3 pages)
- 2.1 Appendix 3.pdf (4 pages)
- 2.1 Appendix 3b - Velindre University NHS Trust Well-Being Objectives - SDC.pdf (8 pages)
- 2.1 Appendix 4.pdf (1 pages)

2.2. Strategic Equality Plan

Led by Sarah Morley, Executive Director of Organisational Development & Workforce

To Endorse

- 2.2 Strategic Equality Plan 2024-28 SDC 21.3.24.pdf (10 pages)

2.2 Strategic Equality Plan 2024- 2028 Appendix 1 7.3.24.pdf (5 pages)

2.3. Clinical and Scientific Strategy

Led by Joanna Doyle, Clinical and Scientific Strategy Lead

To Note

2.3 21.03.2024. SDC paper final.pdf (8 pages)
2.3 appendix draft strategic aims objectives and means of achievement updated 13.03.2024.pdf (7 pages)

10:40 - 10:55
15 min

3. PLANNING

3.1. Integrated Medium Term Plan

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

To Endorse

3.1 Strategic Development Committe - 21st March 2024 - IMTP Cover Paper.pdf (7 pages)
3.1 Appendix 1 - VUNHST Master Template Document IMTP 2024-2027 version 018 (002).pdf (143 pages)

10:55 - 11:35
40 min

4. SERVICE TRANSFORMATION

4.1. Talbot Green Infrastructure Programme: Progress Update

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

To Note

4.1 WBS TGI OBC SDC Mar24.pdf (7 pages)
4.1 TGI Update Mar24.pdf (4 pages)

4.2. Velindre Oncology Academy

Led by Nicola Williams, Executive Director Nursing, AHP & Health Science

The Committee is asked:

- Note the Velindre Oncology Academy Implementation Board Highlight report
- Note the Terms of Reference
- Endorse the proposed branding

4.2 VOA Update to SDC 21.03.24 UPDATED PAPER.pdf (2 pages)

4.3. Quality Management System

Led by Nicola Williams, Executive Director Nursing, AHP & Health Science

To Note

4.3 Quality Management System UPDATED.pdf (13 pages)

4.4. Digital Inclusion Plan

Led by Carl Taylor, Chief Digital Officer

To Endorse

4.4 Digital Inclusion Plan v1.1.pdf (14 pages)
4.4 2024-03-21 SDC Digital Inclusion Appendix 1 - Plan 2024-25.pdf (7 pages)

11:35 - 11:45
10 min

5. BREAK

11:45 - 12:15
30 min

6. DELIVERY

6.1. Value Based Healthcare

Led by Matthew Bunce, Executive Director of Finance

To Note

6.1 SDC_VBH_Programme Update_March 2024 - v2.pdf (12 pages)

6.1.1. Trust's Food Mission

Led by Matthew Bunce, Executive Director of Finance

To Endorse

6.1.1 Velindre Food Mission_SDC_Mar 2024.pdf (12 pages)
6.1.1 Velindre University NHS Trust Food Mission_March 2024.pdf (12 pages)

6.2. NHS Staff Survey Results

Led by Sarah Morley, Executive Director of Organisational Development & Workforce

To Note

6.2 SDC Staff Survey Results 21.3.24.pdf (9 pages)
6.2 VUNHST Results 27.2.24.pdf (27 pages)
6.2 Velindre Staff Survey Dashboard 2023.pdf (25 pages)

12:15 - 12:25
10 min

7. ASSURANCE

7.1. Trust Assurance Framework

Covered in public Joint Extraordinary Audit Committee and Quality, Safety & Performance Committee on 21/03/2024.

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

To Note

12:25 - 12:30
5 min

8. CONSENT AGENDA

8.1. CONSENT FOR NOTING

8.1.1. RD&I Highlight Report

Led by Jacinta Abraham, Medical Director

To Note

8.1.1 RDI Highlight Report.pdf (3 pages)

12:30 - 12:30
0 min

9. ANY OTHER BUSINESS

Prior agreement by the Chair required

12:30 - 12:30
0 min

10. REVIEW OF THE MEETING

Led by Stephen Harries, Chair and Independent Member

12:30 - 12:30
0 min

11. DATE & TIME OF NEXT MEETING

Tuesday 30th April 2024 at 10.00-11.30
Meeting Room, Velindre Headquarters

12:30 - 12:30
0 min

12. 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 18th January 2024 @ 10.00 – 10.30am
Trust Headquarters, Nantgarw

Chair:		
Stephen Harries	Vice Chair, Independent Member	SH
Members:		
Professor Donna Mead	Chair	DM
Professor Andrew Westwell	Independent Member	AW
Gareth Jones	Independent Member	GJ
Attendees:		
Carl James	Executive Director of Strategic Transformation, Planning and Digital	CJ
Lauren Fear	Director of Corporate Governance & Chief of Staff	LF
Matthew Bunce	Executive Director of Finance	MB
Carl Taylor	Chief Digital Officer	CT
Sarah Morley	Executive Director of OD & Workforce	SM
Cath O'Brien	Chief Operating Officer	COB
Dr Jacinta Abraham	Executive Medical Director	JA
Alan Prosser	Director of Welsh Blood Service	AP
Philip Hodson	Deputy Director of Planning & Performance	PH
Rachel Hennessy	Interim Director of Velindre Cancer Services	RH
Additional Attendees:		
Stephen Allen	Chief Officer, Llais Cymru	SA
Katrina Febry	Audit Wales	KF
Jessica Corrigan	Business Support Officer/Secretariat	JC
Apologies:		
Steve Ham	Chief Executive Officer	SHam
Nicola Williams	Executive Director of Nursing, AHPs & Health Science	NW

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

DRAFT

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 7th November 2023

Led by Stephen Harries, Chair and Independent Member

The Independent Members attending the Strategic Development Committee raised concerns regarding the below not being actions within the minutes or within the action log. The following comments were noted, and actions will be updated to reflect the below:

(Page 2/12) Further conversations will be held outside of the meeting to agree the best way forward to provide assurance to the Independent Members progress is being made with the strategies.

- This was agreed to be on the action log. Suggested outcome to include review, in this context, of 2024/25 Cycle of Business for the Committee (assurance against progress to Destination 2033 included, so to confirm this is sufficient in the way already articulated)

(Page 5/12) It was noted the Executive Management Board approve the Capital Programme. Further discussions will be held regarding the purpose of bringing the Capital Programme to the Strategic Development Committee.

In addition, this action was referred to in *"review of the meeting".* It was requested that when the agreed Capital Programme is brought to the Trust Board, the paper should also include a reminder for the Independent Members of the process by which capital is agreed within the Trust and the governance process behind this. SH will have further conversations with colleagues.

- This was agreed to be added onto the action log. SH, Committee Chair, has discussed initially with CJ. SH and CJ to confirm current approach with other Committee Members.

(Page 8/12) CJ to confirm with Independent Members outside of the Strategic Development Committee what the funding implication and impact is. The paper states the revenue and/or capital impact is £190K (excluding VAT) but previously the papers have stated £127K (excluding VAT).

- It was agreed to be added to the action log. CJ to confirm to Strategic Development Committee members via email.

It was confirmed going forward the actions will need to be more defined to include the purpose.

The Strategic Development Committee **APPROVED** the minutes of the meeting held on 7th November based on the comments outlined above.

1.5 Action Log

Led by Stephen Harries, Chair and Independent Member

The Strategic Development Committee **APPROVED** the action log based on the comments outlined above.

2.0 STRATEGY

2.1 Trust Values

Led by Sarah Morley, Executive Director of Organisational Development & Workforce

The Committee received an updated paper, proposing a refreshed set of organisational values designed to complement Destination 2033. Once adopted, these will shape how people act in the course of their work and be the foundation for people policies and practices.

A structured programme of engagement and dialogue with stakeholders took place in two phases, July to October 2022 and August to November 2023, leading to a discussion at a Board Development Session on 20th December 2023. Taking account of the feelings and ideas gathered during this engagement, including the views of the Trust Board, the proposed values were further refined.

Eight patient and donors participated within the engagement events. Stephen Allen suggested during the next engagement event when refreshing the values in the future to encourage patient and donors more to get involved. This will add strength to the Trust Values document.

These were then considered at Executive Management Board on the 2nd January 2024, followed by a further Board Briefing Session on the 11th

January 2024 during which Board Members agreed on the final versions of the values and supporting statements.

The Welsh language version of the Trust Values document is currently being reviewed by Gareth Jones to ensure the correct tone of the values is being captured in translation.

The Strategic Development Committee **Endorsed** the Trust Values for Trust Board approval.

3.0 PLANNING

3.1 Integrated Medium Term Plan – Update

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

Formal guidance has been received from Welsh Government which is being worked through with colleagues. Allocation letters have been received.

Draft versions of service plans have been received from Welsh Blood Service and Velindre Cancer Services. These are being worked through with support functions with particular focus on digital capability issues.

The quality impact assessment are being developed. These will be brought through Executive Management Board for review.

A financial plan is being developed alongside the service priorities. There will be a constraint of what additional funding is allocated from our commissioners.

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

4.0 ASSURANCE

4.1 4.1 Trust Assurance Framework

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

The Trust Assurance Framework was endorsed at Quality, Safety and Performance Committee on Tuesday 16th January subject to the comments circulated by Vicky Morris, Independent Member via email. It was agreed for Lauren Fear to circulate the email with comments from Vicky Morris with a PDF version of the Trust Assurance Framework as not all colleagues attend Quality, Safety and Performance Committee.

It was confirmed, the Trust Board on 30th January will be given the opportunity to review and approve all eight risks as part of the Trust Assurance Framework.

Due to an administration delay, the Strategic Development Committee have not had adequate time to review the Trust Assurance Framework fully.

Subject to the comments circulated by Vicky Morris the Strategic Development Committee **ENDORSED** the Trust Assurance Framework.

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 Strategic Development Committee will be held on Thursday 21st March 2024 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).

Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Strategic Development Committee
March 2024
Action Summary

Ref.	Action	Assigned to	Meeting Date	Target Date	Progress to date	Status (Open / Closed)
007	***Re: Role of Committee and Destination 2033*** Further conversations will be held outside of the meeting to agree the best way forward to provide assurance to the Independent Members progress is being made with the strategies.	Carl James	7.11.23	23.2.24	2024/25 cycle of business has been updated to reflect Destination 2033 being brought to Strategic Development Committee for assurance throughout the year.	**CLOSED**

Ref.	Action	Assigned to	Meeting Date	Target Date	Progress to date	Status (Open / Closed)
008	**Re: Role of Committee and Capital Programme** It was noted the Executive Management Board approve the Capital Programme. Further discussions will be held regarding the purpose of bringing the Capital Programme to the Strategic Development Committee. In addition, this action was referred to in *"Review of the meeting"* It was requested that when the agreed Capital Programme is brought to the Strategic Development Committee, the paper should also include a reminder for the Independent Members of the process by which capital is agreed within the Trust and the governance process behind this. SH will have further conversations with colleagues.	Carl James	7.11.23	23.2.24	SH, Committee Chair, has discussed initially with CJ. SH and CJ to confirm current approach with other Committee Members.	**OPEN**

009	**Re: WBS Talbot Green Infrastructure Programme** CJ to confirm with Independent Members outside of the Strategic Development Committee what the funding implication and impact is. The paper states the revenue and/or capital impact is £190K (excluding VAT) but previously the papers have stated £127K (excluding VAT).	Carl James	7.11.23	23.2.24	Confirmed via email the cost of the feasibility study was £127k (ex VAT) and was completed in July 2023.	**CLOSED**

STRATEGIC DEVELOPMENT COMMITTEE

Refresh and Update of the Trust Well-Being Objectives

DATE OF MEETING	21.03.24

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE	DISCUSSION

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	Owen Barnett, Trust Environment Officer
PRESENTED BY	Phil Hodson, Deputy Director of Planning & Performance
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital

EXECUTIVE SUMMARY	The primary objective of the Well-being of Future Generations (Wales) Act (WBFGA) is to improve the social, economic, environmental and cultural well-being for the Welsh population. Each public body listed within the Act, which includes the Trust, must ensure that they are committed to sustainable development. This must include assurance that the Trust is:

	• Setting and publishing Well-Being Objectives that are designed to maximise its contribution to achieving each of the well-being goals • Taking all reasonable steps, in exercising its functions, to meet those objectives. The purpose of the Trust Well-Being Objectives are to demonstrate how the Trust will work to achieve the vision for Wales as set out in the well-being goals. As a named body under the Act, the Trust originally developed its Trust Well-Being Objectives in 2015. However, there is now a requirement for the Trust Well-Being Objectives to be reviewed and updated. This is a statutory obligation due to the amendment in the legislation. Under the Act, all named public bodies must review their current objectives to ensure they are still compliant, whenever an amendment is made. The Act has had a minor amendment, changing the word 'fair' to 'decent' under A Prosperous Wales.

RECOMMENDATION / ACTIONS	The Trust Well-Being of Future Generations Objectives were developed in April 2015 in line with the requirements under the legislation. Following the approval of the Velindre University NHS Trust Destination 2033 Strategy and supporting strategies (service and enabling), together with a slighted change in the WBFGA legislation, there is a requirement to review the Trust Well-Being of Future Generations Objectives. This presents an opportunity to refresh the objectives and ensure tight alignment with the Trust strategies. The SDC are asked to: 1. **NOTE** the current, Trust Board approved, Trust Well-Being Objectives (*Appendix 4)*

	2. **NOTE** the engagement and consultation process which has been undertaken to receive feedback on the existing Trust Well-Being Objectives (*Appendix 1- and 2*) 3. **NOTE** the feedback received in relation to the Trust Well-Being (*Appendix 3(a) and Appendix 3(b)*) 4. **NOTE** the next steps in relation to the finalisation of our Trust Well-Being Objectives (*Page 3*)

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
EMB Shape	14.08.23
EMB Shape	16.10.3
EMB Shape	22.01.24
EMB Shape	19.02.24
VCC Senior Leadership Team	07.03.24
Local Partnership Forum	08.03.24

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

The Trust Executive Management Board agreed to the requirement to review and refresh the Trust Well-Being Objectives.

Next Steps:

- Endorsement by the Velindre Cancer Service Leadership Team – 4th April 2024
- Endorsement by the Welsh Blood Service Senior Leadership Team – 10th April 2024
- Endorsement by the Velindre University NHS Trust Executive Management Board – 15th April 2024
- Approval by the Velindre University NHS Trust Strategic Development Committee – 30th April 2024
- Approval by the Velindre University NHS Trust Board – 23rd May 2024
- Publication of our revised Trust Well-Being Objectives – Date TBC

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

APPENDICES	
Appendix 1	Communications & Engagement Plan
Appendix 2	Questionnaire for staff, patients & donors and stakeholders
Appendix 3 (a&b)	Trust Well-Being Objectives Questionnaire Feedback Analysis
Appendix 4	Existing Trust Well-Being Objectives

1. SITUATION

1.1 The primary objective of the Well-being of Future Generations (Wales) Act is to improve the social, economic, environmental and cultural well-being for the Welsh population. The purpose of the Act is to encourage the public bodies listed in the Act to think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach.

1.2 To make sure all listed under the Act are working towards the same vision, the Act puts in place seven well-being goals.

1.3 Each public body listed within the Act – which includes the Trust – must carry out sustainable development. This must include a) setting and publishing objectives ("Well-Being Objectives") that are designed to maximise its contribution to achieving each of the well-being goals, and b) take all reasonable steps (in exercising its functions) to meet those objectives.

1.4 The purpose of the objectives shows how the Trust will work to achieve the vision for Wales set out in the well-being goals. As a named body under the Act, the Trust developed our Trust Well-being objectives in 2015.

2. BACKGROUND

2.1 The Trust Well-Being Objectives require review / refresh. This is a statutory obligation due to the amendment in the legislation. Under the Act, all named public bodies must review their current objectives to ensure they are still compliant, whenever an amendment is made. The Act has had a minor amendment, changing the word 'fair' to 'decent' under A Prosperous Wales.

2.2 A paper was taken to EMB on August the 14th 2023 to promote discussion on the preferred way forward. The paper set out the need to:

Plan: Development of a review plan:

- **Review**: Performance against the current WBFGA objectives. S.W.O.T & P.E.S.T.L.E analyses can be found alongside a KPI Mapping document which includes progress of the Trust & Divisions towards meeting the Trust's Well-Being Objectives.

- **Review:** Engagement (with the Trust Board; patient/donors; staff; other partners/service users). Full details of this plan, communications tracker and the questionnaire can be found in the attached Appendices (3a) and (3b).

- **Consideration:** Evaluation of the WBFGA in respect of their ability to improve health and well-being

3. ASSESSMENT

3.1 A comprehensive engagement exercise has been undertaken to capture feedback on the existing WBFGA objectives and the Trust-wide and Divisional progress towards meeting these Well-Being Objectives. This has included engagement with our staff, our Divisional Leadership Teams, our Executive Management Board and with our service users via a variety of communication methods, including an online questionnaire.

3.2 The SDC should be reassured that the Trust's Well-Being Objectives will be reviewed regularly (annually) to assess their importance, relevance and effectiveness.

4. SUMMARY OF MATTERS FOR CONSIDERATION

4.1 **NOTE** the current, Trust Board approved, Trust Well-Being Objectives (*Appendix 4)*

4.2 **NOTE** the engagement and consultation process which has been undertaken to receive feedback on the existing Trust Well-Being Objectives (*Appendix 1 and Appendix 2*)

4.3 **NOTE** the feedback received in relation to the proposed Trust Well-Being Objectives (*Appendix 3 (a&b)*)

4.4 **NOTE** the next steps in relation to the finalisation of our Trust Well-Being Objectives (*Page 3*)

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: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☒ • A beacon for research, development and innovation in our stated areas of priority ☒ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☒ • A sustainable organisation that plays its part in creating a better future for people across the globe ☒	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	09 - Future Direction of Travel

QUALITY AND SAFETY IMPLICATIONS / IMPACT	There are no specific quality and safety implications related to the activity outined in this report.
	Safe ☐ Timely ☐ Effective ☐ Equitable ☐ Efficient ☐ Patient Centred ☐
	The purpose of this paper is to outline to approach to support the refresh and review of the Trust Well-Being Objectives. 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
	N/A
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
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
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 purpose of this paper is to outline to approach to support the refresh and review of the Trust Well-Being Objectives.

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

Velindre University NHS Trust: Well-Being of Future Generations Objectives Refresh

Communications & Engagement Plan

Name:	Date:	Version:
Owen Barnett, Trust Environment Officer	27.12.2023	v.01
Tom Deacon, Senior Communications Manager	28.12.2023	v.02
Owen Barnett, Trust Environment Officer	28.12.2023	v.03
Non Gwilym, Communication & Engagement Director	04.01.2024	v.04
Owen Barnett, Trust Environment Officer	08.01.2024	v.05
Carl James, Director of Strategic Transformation, Planning & Digital	09.01.2024	v.06

1. Purpose & Context

1.1 This document sets out the strategic direction for the communication and engagement activities for the Trust Well-Being Objectives Refresh. This strategy will directly support the aims of the project which include:

- To establish the current 'baseline' of our Objectives, including progress of the Trust and the Divisions towards meeting the current Well-Being Objectives, and current indicators (including proxies) used to measure progress
- Consultation with Directors and Executives, staff, service users and donors, and other interested parties/stakeholders on our Well-Being Objectives. We will ask respondents to 'rate' each Well-Being Objective based on how important they believe it is that the Trust achieves the Objectives (full survey and questions can be viewed in **5.2**)
- Finally, collate all of the evidence and responses to conclude and advise a way forward – whether the Trust Objectives are 'fit for purpose', or whether they require a refresh

2. Background

2.1 The Well-Being of Future Generations (Wales) Act 2015 places a duty on public bodies, including the NHS, to carry out sustainable development. Public bodies must set and publish 'Well-Being Objectives' that are designed to maximise the organisation's contribution to achieving each of the Well-Being Goals outlined in the Act.

2.2 The objectives are important as they stage the road map to improving the social, economic, cultural and environmental well-being of Wales.

2.3 The Trust currently has seven well-being objectives which were introduced in 2015. These objectives should play an important role in everything we deliver as a Trust, therefore it is important the objectives are relevant to everyone.

2.4 A requirement of the Act is that named organisations and bodies 'refresh' their objectives.

2.5 The Trust's current Well-Being Objectives are:

- Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways
- Improve the health and well-being of families across Wales by striving to care for the needs of the whole person
- Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery
- Deliver bold solutions to the environmental challenges posed by our activities
- Demonstrate respect for the diverse cultural heritage of modern Wales
- Bring communities and generations together through involvement in the planning and delivery of our services
- Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovation whilst also making a lasting contribution to global well-being

3. Communications & Engagement Objectives

3.1 The Well-Being Objectives Refresh communications and engagement objectives are:

- Establish the current 'baseline' of Trust-wide and divisional progress towards meeting the Trust's Well-Being Objectives through engagement with Directors and Executives
- Build a variety and wide coalition of voices to input on our engagement process and methods to ensure we are compliant with all relevant laws, including but not limited to, The Social Partnership and Public Procurement (Wales) Act
- Engage with staff, service users and donors, and other interested parties and ask them to 'rate' each Well-Being Objective based on how important they believe it is that Velindre achieves the Objectives
- Ensure awareness of the Objectives across the Trust through this engagement package

4. Communications & Engagement Channels

4.1 The Well-Being Objectives Refresh communications should consider the various channels of communication available to it, including:

a) the required reach of the communication and target audience
b) what channel works for each of the stakeholders
c) how recipients can respond / engage or feedback

Channels include:

- The Trust's social media channels
- Emails to stakeholders and staff
- A new dedicated page on the staff intranet which will provide context to the Well-Being Objectives, allowing for comments
- Survey inviting input from specific parties and interested stakeholders

5. Target Audience & Stakeholders

5.1 A list of stakeholders relevant to this project is detailed below. The stakeholders have been subject to a stakeholder analysis below:

Target Audience:	Engagement Stage:	Interest:	Impact / Influence:	Purpose:
Trust Directors and Executives	1	High	High	Establish a baseline of current progress towards meeting the Well-Being Objectives through a circulated document. This will request examples of current Trust-wide and Divisional work that achieves the Trust's Well-Being Objectives and possible or current indicators used to measure progress
Divisional leads	1	High	High	Establish a baseline of current progress towards meeting the Well-Being Objectives through a circulated document. This will request examples of current Trust-wide and Divisional work that achieves the Trust's Well-Being Objectives and possible or current indicators used to measure progress
Trust Healthy & Engaged Steering Group	2	Medium	High	Input on the method, process and type of engagement planned, and the persons/organisations we have selected to engage with Survey input

Amanda Jenkins (Workforce & Operational Development) – lead on the Social Partnership (Wales) Act	2	Medium	Medium	Input on the method, process and type of engagement planned, and the persons/organisations we have selected to engage with Survey input (out of meeting circulation)
Local Partnership Forum with Union Representatives	2	Medium	High	Survey input (out of meeting circulation)
Trust Equality, Inclusion & Diversity Manager	2	Medium	High	Survey input
Trust Arts in Health Co-ordinator	2	Low/Medium	Low/Medium	Survey input
Staff across the Trust	3	Low	Medium	Survey input
Patients & donors	3	Low/medium	Low/Medium	Survey input
Interested parties & stakeholders *(please see stakeholders table below)*	3	Medium	Medium	Survey input

5.2 In the above table:

- Stage 1 reflects initial Trust-wide internal engagement on progress to meet current Well-Being Objectives
- Stage 2 examines the process of engagement that we have planned to ensure that we are asking the correct questions, to the right people, in the right way
- Stage 3 invites staff, patients and donors, and local and regional stakeholders to assess the effectiveness of our Objectives and establish their relevance

5.3 The survey that will be distributed to stakeholders has been linked: https://forms.office.com/Pages/ResponsePage.aspx?id=uChWuyjjgkCoVkM8ntyPrmYRJTSQztpAq68zX_62WeVURUhYWlpMMVQ0QVM2UzU3TFg0T1ZDSlpLSS4u

5.4 The survey will provide insights into whether stakeholders feel that our Well-Being Objectives are 'fit for purpose'.

5.5 This survey will form an important part of our final evaluation of the Trust's Well-Being Objectives which will be presented to EMB Shape.

5.6 By promoting the survey on social media, to external stakeholders, as well as internally, we hope to receive a variety on insights from various groups of people.

5.7 In addition to engage with staff on the refreshing of our Objectives, we will use this opportunity and the questionnaire to raise awareness of staff to these Objectives. This will be driven primarily by asking staff so associate memorable words to each objective (working in a similar way to the Trust Values – A, B, C & D).

Engagement Stage:	Audience:	Method of Engagement
1	Trust Directors and Executives	Email to Directors and Executives
1	Divisional leads	Email to divisional leads
2	Trust Healthy & Engaged Steering Group	Email to Trust Healthy & Engaged Steering Group asking for comments
2	Amanda Jenkins (Workforce & Operational Development) – lead on the Social Partnership (Wales) Act	Email asking for comments & survey link
2	Trust Arts in Health Co-ordinator	Email asking for comments & survey link
2	Trust Equality, Inclusion & Diversity Manager	Email asking for comments & survey link
3	Staff across the Trust	Intranet page post that allows access to the survey and provides context for the Trust's Well-Being Objectives Drop in sessions in communal areas of Velindre Cancer Centre & Welsh Blood Service
3	Patients & donors	Visiting Welsh Blood Donor Centres & the Velindre Cancer Centre Canteen. Engaging with Velindre Voices & the Patient Liaison Group for feedback

3	External interested parties & stakeholders: Health Technology Wales; Equality Leaders Group; Shared Services; HEIW; Unions & representatives; Ray of Light; Down to Earth; Velindre Volunteers; MS & Local Councillors; Maggies; Sustainable Wales; Wales Environment Link; Llais; Well-Being of Future Generations Office and Cardiff Civic Society	Email with link to the survey to complete. Survey linked on the Trust's social media page and one on one meetings

6. Target Audience & Stakeholders

6.1 A Communications & Engagement Tracker has been created – 'Communications & Engagement Tracker v.02'. This document will track the contact and replies of each of the contacts identified in the stakeholder list above. This will ensure that we have provided opportunities for as many different groups, organisations and people to engage with this process.

Velindre's Well-Being Objectives Refresh 21 Dec 2023	Adfywio Amcanion Llesiant Felindre 21 Rhag 2023
* Required ## Velindre University NHS Trust is refreshing its Well-Being Objectives. The Well-Being of Future Generations (Wales) Act 2015 places a duty on public bodies, including the NHS, to carry out sustainable development. Public bodies must set and publish 'Well-Being Objectives' that are designed to maximise the organisation's contribution to achieving each of the Well-Being Goals outlined in the Act. The Objectives are important as they stage the road map to improving the social, economic, cultural and environmental well- being of Wales. Velindre currently has seven wellbeing objectives which were introduced in 2015. These objectives should play an important role in everything we deliver as a Trust, therefore it is important the objectives are relevant to us all.	* Angenrheidiol ## Mae Ymddiriedolaeth GIG Prifysgol Felindre yn adfywio ei Hamcanion Llesiant. Mae Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 yn rhoi dyletswydd ar gyrff cyhoeddus, gan gynnwys y GIG, i gynnal datblygiadau cynaliadwy. Rhaid i gyrff cyhoeddus osod a chyhoeddi 'Amcanion Llesiant' i sicrhau cyfraniad mwyaf posibl y sefydliad at gyflawni pob un o'r Nodau Llesiant yn y Ddeddf. Mae'r Amcanion yn bwysig gan eu bod yn gosod y llwybr ar gyfer gwella llesiant cymdeithasol, economaidd, diwylliannol ac amgylcheddol Cymru. Ar hyn o bryd, mae gan Felindre saith amcan llesiant a gafodd eu cyflwyno yn 2015. Dylai'r amcanion chwarae rôl bwysig ym mhopeth a wnawn fel Ymddiriedolaeth, felly mae'n bwysig bod yr amcanion yn berthnasol i bob un ohonom.
## We need your input! We want to hear your thoughts on the Well-Being Objectives outlined below. We want to know how relevant you believe each objective to be to our work at Velindre. We would also welcome any general comments or feedback you may have relating to each objective. Are there areas within each objective that should be strengthened? Or maybe there are areas you believe are less relevant than others. Is there anything we should add that doesn't currently feature? **Please 'rate' each Well-Being Objective based on how important you believe it is that Velindre achieves the objective:** 1 thumb - *Not important* 4 thumb - *Neither important nor not important* 7 thumb - *Very important*	## Mae'ch angen chi! Rydym am glywed eich barn chi ynglŷn â'r Amcanion Llesiant isod a pha mor berthnasol yw pob amcan i'n gwaith yn Felindre. Yn ogystal â hynny, rydym yn croesawu unrhyw sylwadau neu adborth cyffredinol sydd gennych mewn perthynas â phob amcan. A ddylem gryfhau unrhyw feysydd yn yr amcanion? Efallai bod ambell faes yn llai perthnasol nag eraill. A ddylem ychwanegu unrhyw beth sydd ddim yno ar hyn o bryd? **Ar gyfer pob Amcan Llesiant, nodwch ba mor bwysig yw hi, yn eich barn chi, fod Felindre'n cyflawni'r amcan hwnnw:** 1 thumb – *Ddim yn bwysig* 4 thumb – *Ddim y naill ffordd na'r llall* 7 thumb – *Pwysig iawn*

Not important > Very important	Ddim yn bwysig > Pwysig iawn
1. Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways * 2. Improve the health and well-being of families across Wales by striving to care for the needs of the whole person * 3. Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery * 4. Deliver bold solutions to the environmental challenges posed by our activities * 5. Demonstrate respect for the diverse cultural heritage of modern Wales * 6. Bring communities and generations together through involvement in the planning and delivery of our services * 7. Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovation whilst also making a lasting contribution to global well- being *	1. Lleihau anghydraddoldeb iechyd, ei gwneud yn haws i gael y gofal iechyd gorau posibl pan fydd ei angen a helpu i atal salwch trwy gydweithio â phobl Cymru mewn ffyrdd newydd * 2. Gwella iechyd a llesiant teuluoedd ledled Cymru trwy ymdrechu i ofalu am anghenion y person yn ei gyfanrwydd * 3. Creu cyfres newydd o swyddi medrus iawn a denu buddsoddiad trwy ganolbwyntio'n fwy ar ymchwil, arloesi a modelau newydd o gyflawni * 4. Datrys y problemau amgylcheddol a achosir gan ein gweithgareddau mewn ffordd feiddgar * 5. Dangos parch i dreftadaeth ddiwylliannol, amrywiol y Gymru fodern * 6. Dod â chymunedau a chenedlaethau ynghyd trwy eu cynnwys yn y gwaith o gynllunio a darparu ein gwasanaethau * 7. Cryfhau enw da rhyngwladol yr Ymddiriedolaeth fel canolfan rhagoriaeth ar gyfer addysgu, ymchwil ac arloesi technegol, a hynny wrth wneud cyfraniad parhaol at lesiant y byd hefyd *
## Additional feedback Thinking about your scores from above, please tell us: 8. Are there any topics contained within the objectives that you believe shouldn't be a priority for the Trust? 9. Are there any areas linked to wellbeing that aren't covered in the existing objectives that should be included?	## Rhagor o adborth Wrth ystyried eich atebion uchod, dywedwch wrthym, yn eich barn chi: 8. Oes unrhyw destun yn yr amcanion na ddylai fod yn flaenoriaeth i'r Ymddiriedolaeth? 9. A ddylem ni gynnwys unrhyw feysydd sy'n gysylltiedig â llesiant ac sydd ddim yn rhan o'r amcanion presennol?
## Bringing the objectives to life We're keen to ensure the objectives are easy for staff to recall. In no more than three words, tell us what you believe each objective is trying to achieve. 10. Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways	## Rhoi bywyd i'r amcanion Rydym yn awyddus i wneud yn siŵr fod yr amcanion yn hawdd i'r staff eu cofio. Mewn tri neu lai o eiriau, nodwch beth mae pob amcan yn ceisio ei gyflawni, yn eich barn chi. 10. Lleihau anghydraddoldeb iechyd, ei gwneud yn haws i gael y gofal iechyd gorau posibl pan fydd ei angen a helpu i atal salwch trwy gydweithio â phobl Cymru mewn ffyrdd newydd

11. Improve the health and well-being of families across Wales by striving to care for the needs of the whole person	11. Gwella iechyd a llesiant teuluoedd ledled Cymru trwy ymdrechu i ofalu am anghenion y person yn ei gyfanrwydd
12. Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery	12. Creu cyfres newydd o swyddi medrus iawn a denu buddsoddiad trwy ganolbwyntio'n fwy ar ymchwil, arloesi a modelau newydd o gyflawni
13. Deliver bold solutions to the environmental challenges posed by our activities	13. Datrys y problemau amgylcheddol a achosir gan ein gweithgareddau mewn ffordd feiddgar
14. Demonstrate respect for the diverse cultural heritage of modern Wales	14. Dangos parch i dreftadaeth ddiwylliannol, amrywiol y Gymru fodern
15. Bring communities and generations together through involvement in the planning and delivery of our services	15. Dod â chymunedau a chenedlaethau ynghyd trwy eu cynnwys yn y gwaith o gynllunio a darparu ein gwasanaethau
16. Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovation whilst also making a lasting contribution to global well- being	16. Cryfhau enw da rhyngwladol yr Ymddiriedolaeth fel canolfan rhagoriaeth ar gyfer addysgu, ymchwil ac arloesi technegol, a hynny wrth wneud cyfraniad parhaol at lesiant y byd hefyd

Trust Well-Being Objectives Refresh: Online Survey Feedback Analysis				
	Internal Questionnaire - English	Internal Questionnaire - Welsh	External Questionnaire - English	External Questionnaire - Welsh
Number of Respondents	48	1	18	0
1. Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways	**This Objective's average score is 6.72 / 7.** 90% of respondents said that this Well-Being Objective was 'important', 'highly important' or 'very important' to the Trust's work.	**This Objective's average score is 6.00 / 7.**	**This Objective's average score is 6.44 / 7.** 88% of respondents said that this Well-Being Objective was 'important', 'highly important' or 'very important' to the Trust's work. 6% of respondents said that this Well-Being Objective was 'not important'.	N/A
2. Improve the health and well-being of families across Wales by striving to care for the needs of the whole person	**This Objective's average score is 6.74 / 7.** 98% of respondents said that this Well-Being Objective was 'highly important' or 'very important' to the Trust's work. 2% of respondents said that this Well-Being Objective was 'neither important nor not important'.	**This Objective's average score is 6.00 / 7.**	**This Objective's average score is 6.78 / 7.** 100% of respondents said that this Well-Being Objective was 'highly important' or 'very important' to the Trust's work.	N/A
3. Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery	**This Objective's average score is 5.87 / 7.** 82% of respondents said that this Well-Being Objective was 'important', 'highly important' or 'very important' to the Trust's work. 17% of respondents said that this Well-Being Objective was 'neither important nor not important'.	**This Objective's average score is 5.00 / 7.**	**This Objective's average score is 6.56 / 7.** 100% of respondents said that this Well-Being Objective was 'important', 'highly important' or 'very important' to the Trust's work. 6% of respondents said that this Well-Being Objective was 'not important'.	N/A
4. Deliver bold solutions to the environmental challenges posed by our activities	**This Objective's average score is 6.07 / 7.** 87% of respondents said that the is this Well-Being Objective was 'important', 'highly important' or 'very important' to the Trust's work. 11% of	**This Objective's average score is 7.00 / 7.**	**This Objective's average score is 5.56 / 7.** 71% of respondents said that this Well-Being Objective was 'important', 'highly important' or 'very important' to the Trust's work. 18% of	N/A

	respondents said that this Well-Being Objective was 'neither important nor not important'. 2% of respondents said that this was 'not important'.		respondents said that this Well-Being Objective was 'neither important nor not important'. 12% of respondents said that this Well-Being Objective was 'not important'.	
5. *Demonstrate respect for the diverse cultural heritage of modern Wales*	**This Objective's average score is 6.00 / 7.** 83% of respondents said that the is this Well-Being Objective was 'important', 'highly important' or 'very important' to the Trust's work. 11% of respondents said that this Well-Being Objective was 'neither important nor not important'. 6% of respondents said that this Well-Being Objective was 'not important'.	**This Objective's average score is 6.00 / 7.**	**This Objective's average score is 5.78 / 7.** 71% of respondents said that this Well-Being Objective was 'important', 'highly important' or 'very important' to the Trust's work. 18% of respondents said that this Well-Being Objective was 'neither important nor not important'. 12% of respondents said that this Well-Being Objective was 'not important'.	N/A
6. *Bring communities and generations together through involvement in the planning and delivery of our services*	**This Objective's average score is 6.22 / 7.** 89% of respondents said that the is this Well-Being Objective was 'important', 'highly important' or 'very important' to the Trust's work. 9% of respondents said that this Well-Being Objective was 'neither important nor not important'. 2% of respondents said that this Well-Being Objective was ' not important'.	**This Objective's average score is 5.00 / 7.**	**This Objective's average score is 5.83 / 7.** 77% of respondents said that this Well-Being Objective was 'important', 'highly important' or 'very important' to the Trust's work. 12% of respondents said that this Well-Being Objective was 'neither important nor not important'. 12% of respondents said that this Well-Being Objective was 'not important'.	N/A
7. *Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovation whilst also making a lasting contribution to global well-being*	**This Objective's average score is 5.41 / 7.** 66% of respondents said that the is this Well-Being Objective was 'important', 'highly important' or 'very important' to the Trust's work. 26% of respondents said that this Well-Being Objective was 'neither important nor not important'. 8% of respondents said that this Well-Being Objective was 'not important'.	**This Objective's average score is 6.00 / 7.**	**This Objective's average score is 6.56 / 7.** 95% of respondents said that this Well-Being Objective was 'important', 'highly important' or 'very important' to the Trust's work. 6% of respondents said that this Well-Being Objective was 'neither important nor not important'.	N/A

8. *Are there any topics contained within the Objectives that you believe shouldn't be a priority for the Trust?*	Overall, there were no overriding Objectives/themes that respondents felt shouldn't have been a priority for the Trust. Most respondents (12%) felt the Objectives were important. Others (18% and 14% respectively) felt that "people" and "well-being" should be given more priority.	N/A	Overall, there were no overriding Objectives/themes that respondents felt shouldn't have been a priority for the Trust. Most respondents (50%) felt that the Objectives were important.	N/A
9. *Are there any areas linked to wellbeing that aren't covered in the existing objectives that should be included?*	Overall, the overriding suggested theme concerned "staff" (52% of respondents suggested that this was missing from the current Well-Being Objectives). Most of the other suggestions referred to staff and staff well-being in a variety of different ways.	"Specifically improving the provision of public transport to our site. Encourage staff, visitors and users of our services to use public transport to come to site"	Overall, there were several key themes that respondents felt were missing from the Trust's Objectives. 30% said "patients", 20% said " treatment" and 20% said "family members".	N/A
10. *In no more that 3 words, tell us what you believe Objective 1 is trying to achieve:*	Most popular words: "Access" (26%) and "healthcare" (14%).	"Fairer care"	Most popular words: "health" (33%), "innovate" (17%) and "health inequalities" (17%).	N/A
11. *In no more that 3 words, tell us what you believe Objective 2 is trying to achieve:*	Most popular words: "Holistic care" (17%) and "person" (12%).	"Consider the whole person"	Most popular words: "holistic" (50%), "holistic care" (17%) and "wellness" (8%).	N/A
12. *In no more that 3 words, tell us what you believe Objective 3 is trying to achieve:*	Most popular words: "investment" (10%), "workforce" (10%) and "future" (8%)	"Improving staff skills"	Most popular words: "new" (17%), "radiotherapy patients" (8%) and "ground-breaking" (8%).	N/A
13. *In no more that 3 words, tell us what you believe Objective 4 is trying to achieve:*	Most popular words: "sustainability" (10%), "green" (10%) and "innovation" (8%)	"Reducing environmental impact"	Most popular words: "awareness" (17%), "greener care" (8%) and "environmentally innovative" (8%).	N/A

14. In no more that 3 words, tell us what you believe Objective 5 is trying to achieve:	Most popular words: "inclusive" (12%), "diversity" (10%) and "Welsh culture" (7%)	"History and future of Wales"	Most popular words: "diversity" (25%), "cultural diversity" and "equality" (8%).	N/A
15. In no more that 3 words, tell us what you believe Objective 6 is trying to achieve:	Most popular words: "community" (18%), "collaboration" (10%) and "patient" (10%)	"Community participation"	Most popular words: "opinions" 17%), "engage the population" (8%) and "collaborative" (8%).	N/A
16. In no more that 3 words, tell us what you believe Objective 7 is trying to achieve:	Most popular words: "research" (8%), "good" (8%) and "future" (5%)	"Improving Velindre's status"	Most popular words: "care" (25%), "health improvement" (13%) and "excellence" (13%).	N/A

Trust Well-Being Objectives Refresh: Anecdotal Feedback	
Via email	"I've reviewed these and whilst they are appropriate objectives, I feel that there is very little that is applicable to the improvement of the health and wellbeing of employees. There is no reference to how these relate to fair work objectives of the Act"
Staff intranet	"I would like to see Yammer (like Facebook for internal staff only) deployed to enable staff to create groups for hobbies and sharing information such as baking, travel, book clubs, walking, LGBT, metal health etc to help with wellbeing and collaboration across VC"
Staff intranet	"I would like to see visible mental health first aiders situated around VCC, also a walking group in the warmer months to boost our mental health"
Via staff engagement	"More focus on staff well-being"

Trust Well-Being Objectives Refresh: Further Planned Engagement	
Local Partnership Forum	Attending LPF Meeting in March to field questions – Friday, 8th March

Velindre University NHS Trust Well-Being Objectives Refresh

Sustainability

Sustainability.Velindre@wales.nhs.uk

Contents

1. Context: Well-Being of Future Generations
2. Our Current Objectives
3. Engagement & Consultation Outcomes
4. Changes for Consideration

Well-Being of Future Generations (Wales) Act 2015

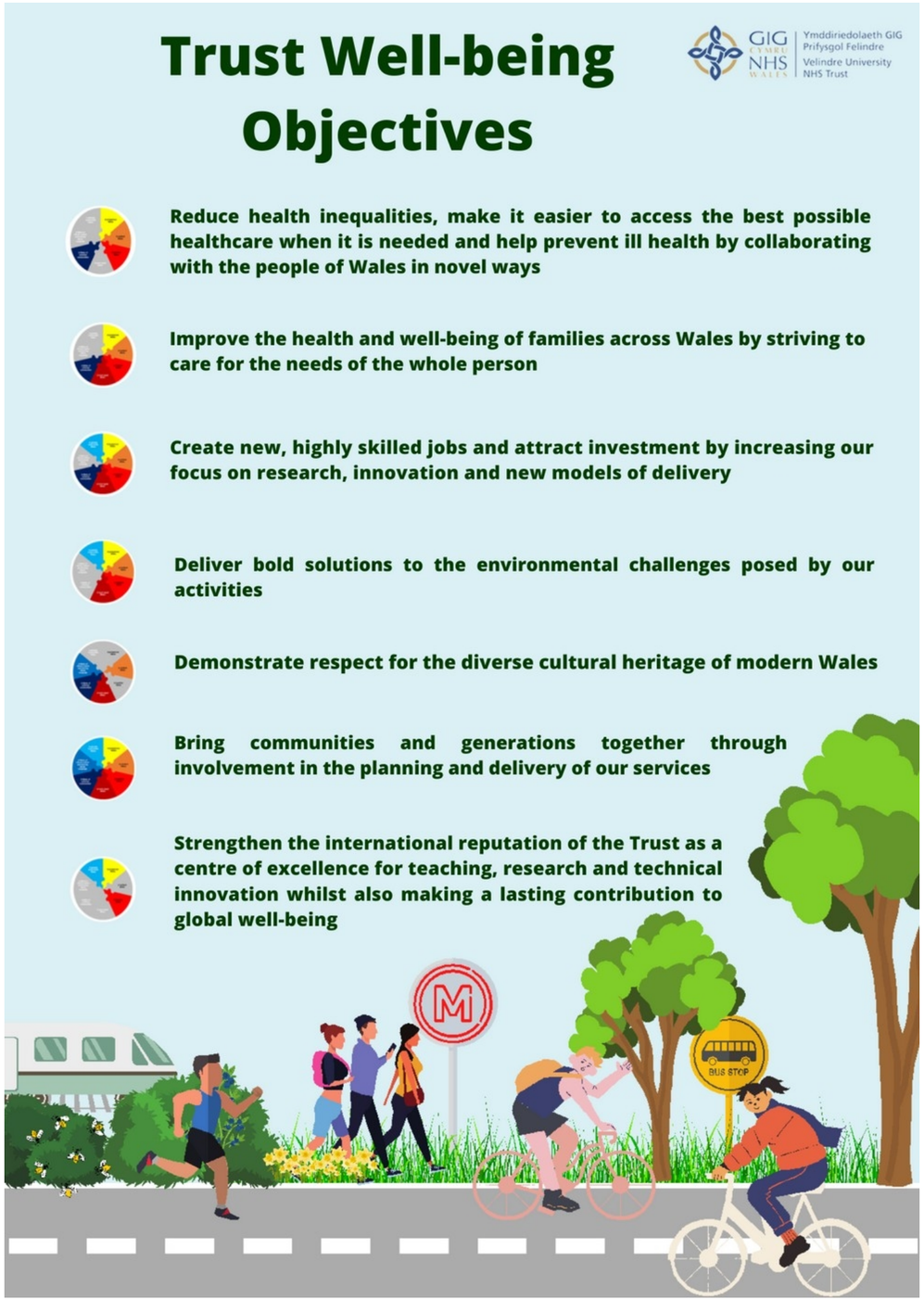
The Well-being of Future Generations (Wales) Act 2015 is legislation that requires public bodies in Wales to put long-term sustainability at the forefront of their thinking. The act aims to improve the social, economic, environmental and cultural well-being of Wales

The Act requests organisations named to set and publish objectives (“well-being objectives”), that are designed to maximise the organisations contribution to achieving each of the well-being goals. We now have the opportunity to refresh Velindre’s Objectives - are they effective?

Welsh Government

Our Current Objectives -2015

The Trust's Well-Being Objectives were developed and approved by the Trust in 2015.



Engagement & Consultation

Engagement with the following stakeholders, partners and groups will help us to further evaluate whether our Trust Well-Being Objectives are fit for purpose.

Engagement primarily undertaken through a questionnaire.

Executives &Directors

VCC &WBS Staff

Patients &Donors

Stakeholders &Partners

Interested Parties

Social Partnership and Public Procurement (Wales) Act

- Unions and staff representatives
- Trust Staff and wider public

→ Well-Being of Future Generations Office

Feedback Summary & Main Themes

Overall, the Trust Well-Being Objectives were scored strongly by respondents ('highly important', 'very important', or 'important'.

Respondents felt that the Trust Well-Being Objectives are sufficiently broad with **no major themes or topics omitted.**

Respondents felt that **greater focus on staff well-being & local, Welsh job creation** was necessary in the Trust's Well-Being Objectives.

Respondents were asked to 'rate' each Objective based on how relevant they believed each Objective to be to the work of Velindre. They were also asked whether any topics/themes were missing from the Objectives and what three words they would use to describe each Well-Being Objective

Very few respondents felt that any of the Trust Well-Being Objectives were unimportant.

Respondents felt that Objective 4 – relating to **reducing the Trust's environmental impact, was 'highly important',** with an average score of 7.00 / 7.00

All Objectives recevied an average score above 5.00 / 7.00 – meaning that **all Objectives on average were rated 'important', 'very important', or 'highly important'.**

Suggested Changes to the Trust Well-Being Objectives

Objective 2

Improve the health and well-being of families across Wales by striving to care for the needs of the whole person

Improve the health and well-being of **our staff** and families across Wales by striving to care for the needs of the whole person

Objective 3

Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of deliver

Create new, highly skilled, **local Welsh** jobs and attract investment by increasing our focus on research, innovation and new models of delivery

These changes are suggested following analysis of the engagement feedback from both internal & external stakeholders.

Suggested changes include the themes of 'staff well-being' and 'local, Welsh jobs'.

Thank You / Diolch ...

Sustainability

Sustainability.Velindre@wales.nhs.uk

Trust Well-being Objectives

Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways

Improve the health and well-being of families across Wales by striving to care for the needs of the whole person

Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery

Deliver bold solutions to the environmental challenges posed by our activities

Demonstrate respect for the diverse cultural heritage of modern Wales

Bring communities and generations together through involvement in the planning and delivery of our services

Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovation whilst also making a lasting contribution to global well-being

STRATEGIC DEVELOPMENT COMMITTEE

Strategic Equality Plan 2024 - 2028

DATE OF MEETING	21 March 2024

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE	ENDORSE FOR APPROVAL

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	Michelle Fowler, Equality, Diversity and Inclusion Manager and Claire Budgen, Head of Organisational Development
PRESENTED BY	Sarah Morley, Executive Organisational Development & Workforce
APPROVED BY	Sarah Morley, Executive Director of Organisational Development & Workforce

EXECUTIVE SUMMARY	As part of our specific duties under the Equalities Act 2010 and Regulations in Wales, Velindre University NHS Trust is required to develop and publish a Strategic Equality Plan (SEP) and its strategic equality objectives every four years. Velindre Trust has worked in partnership with 11 other public bodies to develop a shared set of

	SEP Objectives for the 2024 to 2028 period. The partnership have agreed to broadly keep the same list of objectives as in the previous four years, merging the first two of them into one, to make a set of four objectives. Following our own SEP consultation; we found people largely agreed with the chosen objectives, however some issues were raised about the specific language used in them. Specifically, several respondents were unhappy with the word 'needs' and so we are recommending a slight change to the wording for a couple of the objectives in order that they feel more neutral.

RECOMMENDATION / ACTIONS	**To ENDORSE the Strategic Equality Plan and Objectives for Board Approval.**

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Executive Management Board	29/2/24
	(DD/MM/YYYY)
	(DD/MM/YYYY)
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
Endorsed by EMB with minor amendments. Noted that the delivery of the Strategic Equality Plan rests on the actions being embedded in service delivery plans across the Trust.	

7 LEVELS OF ASSURANCE
Not for assurance

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

APPENDICES	
1	Strategic Equality Plan 2024 – 2028:

1. SITUATION

1.1 As part of our specific duties under the Equality Act 2010 and Regulations in Wales, Velindre University NHS Trust is required to develop and publish a Strategic Equality Plan and its strategic equality objectives every four years. These objectives set out the strategic priorities of the organisation, focusing on how the Trust can contribute to a fairer society, advancing equality and good relations. The objectives should be specific and focus on one issue at a time.

1.2 An engagement exercise was conducted towards the end of 2023 to inform the Equality Impact Assessment and gather feedback on the proposed objectives. This feedback has been aligned with the strategic and organisational context of the Trust into the attached Strategic Equality Plan, 2024 to 2028.

2. BACKGROUND

2.1 Four years ago, Velindre collaborated with 11 other public bodies in developing a Strategic Equality Plan and a shared set of Strategic Equality Objectives for the period 2020 to 2024. Five objectives were agreed which all 11 bodies adopted within their own organisational plans, with the exception of Objective 4 below, which was chosen by Velindre University NHS Trust in place of an objective relating to procurement. These objectives were:

1. Increase workforce diversity and inclusion
2. Eliminate pay gaps
3. Engage with the community
4. Communicate with people in ways that meet their needs

5. Ensure service delivery reflects individual need.

2.2 These objectives have shaped the equalities activities during the last four years and have been reported on through the Annual Equality Report. Key developments have been:

- In 2021 Executive Board Members took up roles as Equalities Ambassadors, focussing on each of the protected characteristics. This gives a platform for progressing diversity and inclusion both internally and with the public through Board presentations.
- A refreshed approach to conducting Equality Impact Assessments, including a Toolkit, was introduced at the end of March 2023. This has opened up discussions around the differential impact of policies and decisions and has led to the EQIA becoming more than a tick box exercise.
- A renewed focus has been given to producing the Gender Pay Gap report, bring the analysis forward in the year. This highlights issues where employment may be skewed to one gender over another, which is the underpinning cause of gender pay disparity.
- In May 2023 the Trust launched Velindre Voices a means for anyone to engage with us, influence our work and have their voices heard in a way that suits them.
- Welsh Blood Service has a well-developed Donor Engagement Panel who can support and advise on service improvement and development.

2.3 During the second half of 2023-24, a programme of engagement was planned and delivered to secure a wide range of feedback on the proposed objectives and issues of importance to people. The methods utilised are summarised below.

Stakeholder Group	**Questions**
Meeting with the Executive Management Board on 18.9.23 to start a discussion on what the Trust wants to achieve through the next iteration of the Strategic Equality Plan.	Questions: • What does the Trust want to accomplish? • What is not working? • How can things improve?

Meeting with the Public Sector Equality Partnership on 6.11.23 to review existing objectives and re-confirm commitment to working in collaboration.	Questions: • How well will the current objectives serve us for the next four years?
Survey issued to internal and external stakeholders.	Questions: • Do you agree with the four objectives which are proposed? • What actions can we take to achieve these objectives over the next four years?
Open invitation to send feedback, sent out with PowerPoint slides.	Questions: • What actions can we take to achieve these objectives over the next four years? • What else is important to you in terms of our Strategic Equality Plan?

2.4 The findings from this consultation have been fed into the Equality Impact Assessment for the Strategic Equality Plan and from there have informed the Actions within the attached plan.

3. ASSESSMENT

3.1 Strategic Context

The Strategic Equality Plan will support and be delivered through a number of other Trust strategies, for example:

- The Trust's equalities aspirations fit within our goals under the Wellbeing of Future Generations Act's goals of A More Equal Wales and 'A Healthier Wales'.

- The Trust Strategy, Destination 2033 sets out the purpose and vision:

Our Purpose: To improve lives.
Our Vision: Excellent care, inspirational learning, healthier people.

- The Trust's values of Caring, Respectful and Accountable shape everything we do and are fundamental in achieving equality.

- The People Strategy sets an ambition of having: "Healthy and Engaged Workforce within a culture of true inclusivity, fairness, and equity across the workforce. A workforce which is reflective of the Welsh population's diversity, Welsh language and cultural unity.

- Our Anti-Racist Action Plan aims to create an organisational culture in which all members of staff are able to enjoy working free from discrimination and where ethnic background is a source of strength, not a barrier.

3.2 The Executive Management Board identified some priorities for the next Strategic Equality Plan, as below.

Communication
This is a varied topic with a variety of needs. Communication involves languages and how to adapt to those with other linguistic requirements. Communication also includes how Velindre communicates with patients, staff, and stakeholders.

Values
The Trust has recently reviewed what is important to staff and service users and this has created a refreshed set of organisational values: Caring, Respectful and Accountable. These underpin everything within the Strategic Equality Plan.

Equality Impact Assessment
Making our EQIA process meaningful and effective.

Governance
Clarity of process and complying with all legal frameworks.

3.3 The Public Sector Equality Collaborative re-convened to review their shared objectives agreed in 2020. There was agreement that the existing objectives were

as relevant now as four years previously and these were endorsed by that group as a guide for the next planning period. Velindre maintained its own Objective 4 concerning Communication in place of an objective relating to Procurement. The one change was that the first two objectives were merged, thus leaving four objectives.

3.4 The full findings from the consultation exercise were analysed through the Equality Impact Assessment following which the actions were designed.

Feedback from the consultation gave a wide range of views and insights that we have been able to capture within the attached Strategic Equality Plan.

- There was a high level of support for the four objectives proposed by the Public Body Equality Collaborative, as amended by the Trust.
- Respondents were keen to see a workforce that more accurately reflects our local community which would also allow more 'normalisation' of diversity.
- Staff wanted to see improved collaboration between teams and departments to reduce siloed working and avoid duplication of effort.
- Communication, particularly in the case of Deaf, BSL-users was highlighted as a barrier. This was only highlighted in this instance due to specifically engaging with the Deaf community via BSL.
- Staff were keen to have more opportunities to use Welsh while at work.
- There was some desire for additional training for staff in terms of disability and LGBTQ+ issues to help boost their confidence in how best to engage with patients.
- The importance of disability and age on how people can interact with the organisation, as an employee, patient or donor was brought out clearly.
- Several responses pointed out that the use of the word 'needs' may not be in line with the Social Model of Disability and had connotations of people being 'needy'.

4. SUMMARY OF MATTERS FOR CONSIDERATION

4.1 In view of the strategic direction of the Trust and in light of feedback from the consultation exercise a Strategic Equality Plan 2024-2028 is attached at Appendix 1.

4.2 The implementation plan will be monitored and reviewed through the Healthy and Engaged Steering Group.

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: • Outstanding for quality, safety and experience ☐ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☐ • A beacon for research, development and innovation in our stated areas of priority ☐ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe ☒	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	**Choose an item**
QUALITY AND SAFETY IMPLICATIONS / IMPACT	**Select all relevant domains below**
	Safe ☐ Timely ☐ Effective ☐ Equitable ☒ Efficient ☐

	Patient Centred ☒
	The Strategic Equality Plan guides our work with our staff and those we serve. The relevance and impact of the objectives that we choose will be shaped by the quality of feedback that we access from our stakeholder community. At the same time, the objectives also need to encompass our legislative and policy obligations.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Yes
	Click or tap here to enter text. Completed as part of the EQIA. No specific issues arose during consultation.
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	Funding requirements will be identified as part of individual actions
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Yes - please outline what, if any, actions were taken as a result
	The feedback has directly influenced the actions outlined in the attached plan.

ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	S149 of the Equalities Act 2010 sets out the Public Sector Equality Duty. This was supplemented in Wales in 2012 with a regulation requiring the publication of Strategic Equality Objectives.

3. 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	

Velindre University NHS Trust

Strategic Equality Plan 2024 - 2028

Introduction

As a public body we are required to publish a Strategic Equality Plan which sets out our equality objectives and explains how we will achieve these objectives. We are guided by the Equality Act 2010 and the Public Sector Equality Duty, which call on us to think ahead so we can better meet the needs of the people we work with. The Trust publishes an annual report with information about our progress, together with equality information about our workforce each Spring.

There are three overall aims of the Public Sector Equality Duty:

1. Eliminate unlawful discrimination, harassment and victimisation (and other conduct prohibited by the Act).
2. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

Under the Equality Act, there are **9 protected characteristics**, they are:

Age	Disability	Gender Reassignment
Religion & Belief	Sex (Gender)	Race
Sexual Orientation	Pregnancy & Maternity	Marriage / Civil Partnership

Developing our Objectives for 2024 – 2028

We consulted and engaged with patients, staff, partners, equality organisations and other stakeholders in partnership with Wales Public Body Equality Partnership. We asked these stakeholders what they thought the equality priorities should be for the Trust and what they thought should be done to improve equality. We also identified what research and information was already available to help in the development of the objectives. We surveyed patients, staff, partners, equality and third sector organisations and other people as to whether our previously set objectives should be kept as they are, changed or whether we needed to add new ones.

In light of the understanding of our legal obligations, our strategic intentions and stakeholder feedback, we have established our Vision for Equality and four Strategic Equality Objectives for 2024 – 2028. We have also described the broad areas of work that will enable us to achieve our vision.

Our Vision for Equality

Our vision for equality is that our values of Caring, Respectful and Accountable are evident in **everything** we do, thereby improving the lives of all our stakeholders, irrespective of their background. We will use this Strategic Equality Plan to put patients, donors and staff at the heart of everything we do. The lens of equality will allow us to challenge the status quo and ask questions so that we can design our organisation and systems around people, taking heed of individuals' views, requirements and aspirations.

Our overarching ambition is to ensure that there is enhanced collaboration between the members of the Leadership and management teams and the people we employ. There will be an improved relationship between staff and patients and we will strive to eliminate barriers to care. Teams throughout Velindre Cancer Service, the Welsh Blood Service and Trustwide Services will reduce working in silos and will have an improved knowledge of other departments' working strategies and aims. There will be increased engagement throughout the Trust which will in turn develop relationships and knowledge sharing. Patients and Donors will be invited to networks to listen to their feedback which will then improve services delivered in Cancer and Blood services and we will develop strategies to reduce barriers to care and service delivery. A positive working environment will be fostered with clear channels of staff feedback, tackling each equality issue raised.

Bringing the objectives to life

We have four clear objectives and have outlined the key areas of work over the next four years that will enable us to achieve our vision for equality.

1 **Increase workforce diversity and inclusion and eliminate Pay Gaps**
We would like the workforce to better reflect the diverse nature of the communities that we serve and also to ensure that there is no systemic pay disparity between people of different genders, races or disability.

Actions

- Check that our approaches to recruitment and selection are open and fair.
- Acknowledge that our workforce profile is changing and our teams need to develop to meet this change, for example our teams are becoming more diverse as a result of successful recruitment of Doctors and Nurses from India and Hong Kong.
- Build on our links with schools, colleges and the community to introduce people from across the whole community into roles and careers in healthcare.
- Support women to thrive in STEM professions.
- Create a positive working environment in all areas so that the Trust is regarded as an employer of choice where people want to stay.

- Utilise reasonable adjustments from first contact with applicants throughout their employment with the Trust.
- Prioritise professional development for all.
- Embed staff engagement and diversity forums in day-to-day life, including consideration of the impact of intersectionality.
- Implement the Trust Anti-racist Action Plan and the Workforce Race Equality Standard.
- Build on our status as a Disability Confident employer, achieving Leader Level.
- Develop our reporting of pay gaps and feed the recommendations into annual work plans.

2 **Engage with the community**

In order to ensure that we are providing services that our patients and donors want and need, it is important that we understand them and ask them about what things they want from us and how we might be able to do to that in better ways.

Actions

- Create opportunities for staff, patients and donors to engage with communities, for example Pride, Sign Language Week, Disability Equality Week, Black History Month to allow everyone to learn, experience and connect with different communities and cultures.
- Establish a regular system of capturing feedback from stakeholders to understand how people feel about our services and organisation.
- Further develop our stakeholder engagement for Cancer and Blood services by engaging with diverse groups and communities.

3. **Communicate with people in ways that meet their requirements.**

We have a variety of ways that we stay in contact with the people of Wales; letters, phone calls, social media; it is important that we are doing this in way that people can easily understand and in their first, or preferred, language.

Actions

- To continue to improve collection of language information and communicate effectively with patients, donors, their carers and families, in the language of their choice.
- Improve access to our services for BSL users to allow Deaf people to be able to communicate with, access, engage and provide feedback/ concerns to the system in a way that fully meets their needs.
- Truly implement the Active Offer for Welsh speakers and comply with the Welsh Language Standards Framework

4. **Ensure service delivery reflects individual requirements.**

We provide specialist cancer services to the population of south east Wales at a time when people are particularly vulnerable. We are also indebted to our donors who volunteer to give blood or tissue for the benefit of others. We

want all these individuals to be able to access what they require as simply as possible.

Actions

- Apply the Equality Impact Assessment methodology to any projects on redesigning patient pathways, including a consideration of the impact of age.
- Improve the accessibility of our services by innovating, in light of patient and donor feedback, including a regular review of disability or adjustments.
- Improve the recording and transfer of patient data so that patients identified by other services as being disadvantaged receive the appropriate support when they come to us.
- Support the development of a single, unified approach towards Equality Impact Assessments across all NHS Wales.
- Support managers in undertaking Equality Impact Assessments to create positive change
- Educate staff on the needs of other people across all protected characteristics.

Checking our progress

Progress with the Strategic Equality Plan will be monitored within the Healthy and Engaged Steering Group. A full progress report is presented with the Annual Equality Report, in line with the Trust's reporting cycle.

The measures that demonstrate progress will be:

1. Workforce data showing a broadening of the employee profile over time, both in relation to year-on-year change and in relation to comparison with the 2021 Census figures.

2. Improved scores shown in the NHS Staff Survey for equality and diversity measures.

3. Improved scores shown in the Workforce Race Equality Standard report.

4. Increase in numbers of staff involved in engagement events, training and Diversity Forums.

5. Increase in numbers of patients and donors offering feedback and participating in engagement events.

6. Comprehensive use of Equality Impact Assessments where required and improvements in the quality of recommendations and actions resulting from the analysis.

STRATEGIC DEVELOPMENT COMMITTEE

Clinical & Scientific Infrastructure & Strategy Update

DATE OF MEETING	21st March 2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	DISCUSSION
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	JOANNA DOYLE, CLINICAL & SCIENTIFIC STRATEGY LEAD
PRESENTED BY	Presented by Joanna Doyle, Clinical & Scientific Strategy Lead
SPONSORED BY	Nicola Williams, Executive Director Nursing, AHP & Healthcare Scientists & Dr Jacinta Abraham, Executive Medical Director.
EXECUTIVE SUMMARY	The work required to develop the Trust wide clinical and scientific strategy continues to progress. An early draft of the strategic vision, strategic aims, objectives and means of achievement, alongside the core principles continue to be refined. Following discussions with Llais and the need to undertake further engagement with the public and some stakeholder groups, the actions required and timetable for completing this work has been revised.

RECOMMENDATION / ACTIONS	The Strategic Development Committee are asked to: • **NOTE** the contents of this report. • **REVIEW** the emerging themes, draft strategic aims, objectives, means of achievement and core principles. • **NOTE** the revised plan and timetable for completing the Clinical and Scientific Strategy.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Development of the Trust Wide Clinical & Scientific Strategy & Infrastructure and Clinical & Scientific Strategic Board.	18.03.2024

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Level 3 - Actions for symptomatic, contributory and root causes. Impact from actions and emerging outcomes

APPENDICES (List the title of any appendices)
Early draft of strategic aims, objectives and means of achievement

1. SITUATION

This paper provides the Strategic Development Committee with an update on the governance infrastructure surrounding the Clinical and Scientific Strategic Board and on the progress that has been made to develop the Trust wide Clinical and Scientific Strategy and the challenges encountered.

2. BACKGROUND

Since October 2023 extensive work has been undertaken to engage with internal and external stakeholders to seek their views on the clinical and scientific priorities. The information generated through a multi-faceted approach is being used to inform the development of the Trusts Clinical and Scientific strategy. Further work is required to engage with specific groups of stakeholders to ensure that the strategy is fit for purpose.

The CSSB continues to provide reports to the Executive Management Board (shape) on a monthly and to the Strategic Development Committee on a quarterly basis.

3. ASSESSMENT

3:1 Clinical & Scientific Strategic Board Development & Infrastructure

The Clinical and Scientific Strategic Board continues to meet on a quarterly basis. The terms of reference have been signed off via the governance framework and will be reviewed in 6 months. A work plan is being developed to enable the group to prioritise the work, monitor progress and evaluate impact.
As the previous Clinical Advisory Group has been stood down, work is underway to review the medical meeting groups in Velindre Cancer Centre is underway to ensure that they are clinical led and can fulfil the requirements set out by the Clinical and Scientific Strategic Board and provide the required advice to the divisional Senior Leadership team.

3.2 Clinical & Scientific Strategy Development

Since October 2023 the Clinical and Scientific Strategy Lead has engaged with approximately 800 stakeholders to seek their views on what should be the organisations strategic clinical and scientific vision, strategic aims and objectives based on our priorities. Over 1000 pieces of information have been obtained and 4 key themes have emerged, which have been used to inform an early draft of the strategy. As this is an iterative process work continues to refine the strategic aims and objectives and the means of achieving them.

The **vision** for the strategy has been drafted for consideration:

> *"To deliver high quality person-centered care and services that are led by a multi-professional workforce, informed by data, optimised by research and are at the forefront of new developments and advancing technology".*

In January and February 2024, a summary of the emerging themes and priorities as reported by stakeholders was presented to the Executive Management Board, which have since been refined into the following early draft **strategic aims**:

1. Internationally recognised provider of specialist services, providing clinically and scientifically led regional and national system leadership through strategic multi-agency collaboration & partnership.
2. Reliably providing cutting edge, groundbreaking evidence based, person-centered, value-based care and services that delivers exemplary outcomes.
3. Pushing the boundaries of clinical and scientific advancements through high impact improvement, innovation research and development in partnership with industry, third sector, academia and the wider health and care system.
4. Innovative and progressive multi-professional transformation workforce plans, creating a professionally equitable, fully engaged, empowered, patient / donor centered workforce that can meet the delivery challenges working in a high learning, high trust, and psychologically safe culture.

Under each strategic aim a series of very early draft objectives and the means through which they can be achieved have been drafted (***Appendix 1***) for consideration. These will be further revised and refined following the outcome of planned engagement sessions and feedback from the divisional Senior Leadership Teams, Clinical and Scientific Strategic Board, the Executive Management Board and Trust Board

3:3 *Proposed Clinical & Scientific Core Guiding Principles*

A set of clinical and scientific principles have been drafted for consideration as part of the Clinical and Scientific Strategy, which are in the process of being refined.

- Agility for pace of change in new technology and treatments
- Evidence based clinically led care that is outcome focused.
- Develop our workforce and get the basics right.
- Partnership approach to designing equitable, sustainable and value based clinical pathways.
- Using our collective genius to be system leaders for cancer and blood
- Build knowledge discipline that optimises our research, innovation and learning ambition.
- Create psychologically safe environments which are intuitive to what matters to patients, donors and staff.

3:4 Stakeholder Engagement

Extensive work has been taken to engage with stakeholders including a questionnaire, listening workshops, engagement events, attendance at forums, one to one meetings, face to face engagement and promotion via new stories, blogs, Question and Answer sheets and regular updates via the Trust intranet.

Given service pressures, despite this multi-faceted approach there has been variation in the levels of engagement across different stakeholder groups. Therefore, further ongoing engagement with external stakeholders, medical colleagues, and independent Board members is planned to ensure that the strategy is reflective of the priorities identified by these stakeholders. This work will be undertaken between March and June.

3:5 *Public, Patient and Donor Engagement*

To date, several mechanisms have been employed to engage with patients, donors, and members of the public. Whilst the Clinical and Scientific Strategy Lead has spoken to some patients, the intention was always to undertake wider engagement with the public as key stakeholders. Plans to hold focus groups with the support of the Trusts patient engagement teams have been deferred until the strategic aims and objectives are in a mature state.

Since October 2023 two meetings have been held with representation from Llais to request their support to facilitate patient/public engagement and the following has been agreed:

- Llais will support Velindre in engaging with the public to help inform the development of the strategy.
- Velindre will provide Llais with a plan outlining the work undertaken and plans to engage with the public.
- Llais will liaise with colleagues within the National Llais Group to ensure that they are cited on Velindres plans to develop the strategy.

Work has already commenced to develop the engagement plan and provide Llais with the information they require to support the process of engaging with the public. It is anticipated that the Llais public engagement will take place between May and June.

3:6 Key actions & timetable for developing the strategy

In December 2023 the Executive Management Board approved a revised timeframe for completing the strategy that had been extended to ensure sufficient time for fully socialising the strategy and engaging with stakeholders.

However, following discussions with Llais the timeline has been further reviewed as detailed below:

Plan & timeframes for developing the Clinical and Scientific Strategy (V3)	Timeframe	Position
Draft the strategy with guidance from the expert reference group	22nd February	Completed
Present draft strategic vision & aims to Board Development session	27th February	Completed
Additional engagement sessions with (internal) stakeholder groups	March & April	In progress & On track
Submit plan for engagement to Llais	End March	In progress & On track
Finalise first draft of report	Mid-April	In progress & On track
Present an interim report and draft strategy for sign off through the governance framework	April/May	On track
Undertake engagement events via Llais & seek feedback on the draft strategy (6 weeks)	May - mid June	On track
Finalise the strategy with guidance from the expert reference group	End June	On track
Present the final version of the strategy for sign off through the governance framework	July/August	On track
Strategy produced by publishers	August	On track
Launch & publication of strategy	September	On track

As the term of the secondment of the Clinical and Scientific Strategy Lead has been extended on a part-time basis from April until the end of June, this will enable the lead to collate the information generated through further engagement to inform the strategy before the secondment ends. Whilst it is anticipated that most of the work required to finalise the strategy would be completed by this time any remaining work required after this date would need to be reallocated.

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

	Effective ☒ Equitable ☒ Efficient ☒ Patient Centred ☒
	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). The development and implementation of a robust strategic clinical and scientific infrastructure and strategy will strengthen clinical leadership, set the strategic direction for the Trust over the next 5 years, inform and influence decision making and drive clinical and scientific transformation, which will ensure the delivery of safe and effective care to patients/donors.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not required
	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:
	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.
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not yet completed - Include further detail below why
	An equality impact assessment will be completed in conjunction with the development of the Clinical and Scientific Strategy. This work has commenced.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.

RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	Failure to develop and implement a robust strategic clinical and scientific infrastructure and strategy will result in lack of strategic direction for the Trust which will limit opportunities to drive clinical and scientific transformation, innovation, and research.
WHAT IS THE CURRENT RISK SCORE	Moderate. Score 12 (likelihood 4 x impact 3)
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	The development and implementation of a robust strategic clinical and scientific infrastructure and strategy will strengthen leadership, set the strategic direction for the Trust, inform and influence decision making and drive clinical and scientific transformation. Engaging stakeholders in the development and delivery of the strategy will ensure a shared vision and commitment to implementation.
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	September 2024
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No

VISION:

To deliver high quality person-centered care and services that are led by a multi-professional workforce, informed by data, optimised by research and are at the forefront of new developments and advancing technology.

Strategic Aims	Strategic Objectives
Internationally recognised provider of specialist services, providing clinically and scientifically led regional and national system leadership through strategic multi-agency collaboration & partnership.	• Enhance our role as a specialist provider at local, regional, national, and international level. • Optimise opportunities for collaborative working to deliver person focused sustainable, efficient, and effective services system wide. • Strengthen clinical and scientific leadership to ensure that the patient/donor remains at the forefront of our decision-making.
Reliably providing cutting edge, groundbreaking evidence based, person- centred, value- based care and services that delivers exemplary outcomes.	• Transform the delivery of our services throughout the cancer care pathway, providing care closer to home where possible. • Develop blood laboratory and diagnostic services to ensure clinical safety and improve outcomes and to support delivery of the transplantation services. • Empower cancer patients to make informed decisions about their care and treatment based on what matters to them. • Expand our role in well-being and health promotion to enable patients and donors to make informed lifestyle choices. • Optimise patient outcomes, experience, and use of resources by embedding the principles of value-based healthcare within our services
Pushing the boundaries of clinical and scientific advancements through high impact improvement, innovation research and development in partnership with industry, third sector, academia and the wider health and care system. .	• Maximise opportunities for patients, donors and the public to participate in research and clinical trials. • Empower the clinical and scientific workforce to drive transformation and quality improvement initiatives by engaging in research, development, and innovation. • Through translational research accelerate the implementation of new scientific discoveries into clinical practice
Innovative and progressive multi-professional transformation workforce plans, creating a professionally equitable, fully engaged, empowered, patient / donor centred workforce that can meet the delivery challenges working in a high learning, high trust, and psychologically safe culture	• As part of workforce modernisation, succession and workforce planning, develop a sustainable, agile, multi-professional clinical & Scientific workforce. • Equip the clinical and scientific workforce with the knowledge and skills to respond to changes in care and treatment and to use new equipment, systems and technology.

Strategic Aim: Internationally recognised provider of specialist services, providing clinically and scientifically led regional and national system leadership through strategic multi-agency collaboration & partnership.	
Strategic Objectives	**Means of achievement**
1. Strengthen our role as a specialist provider at local, regional, national, and international level	• Expand our **networks** and strengthen partnerships across the system, maximising opportunities to collaborate with **health boards, academia, and industry.** • Strengthen relationships with **UK specialist providers**, learning from those 'best in class' and sharing best practice. • Through our cancer and blood networks at a regional, national and internal level, work with partners across the **life science sector** undertake **horizon scanning**, pilot new techniques, technologies and processes. • Continue clinical and scientific representation at European, UK and national **strategic groups** • Enable **customer hospital engagement** via established clinical and scientific networks. • Contribute to the strategic direction and inform Welsh **Government policy leads** for cancer, blood, tissue and cells. • Develop the **synergy across divisions**, maximising opportunities for collaboration and cross site working with a focus on shared learning and continuous improvement by sharing ideas and solutions. • Enhance collaborative working between advanced therapies Wales and **Genomics Partnership Wales** (as a sister programme) to increase opportunities to exploit innovative/ efficient models of delivery. • Continue, as a core member of the Advanced Therapy Treatment Centre network and a co-leader with Birmingham on Midlands Wales Advanced Therapy Treatment Centre, to develop and deliver **advanced therapy clinical trials** in Wales, through collaboration with key partners. • Through facilitation and improved collaboration enable more co co-ordinate national programmes of activity that influences research and delivery in the **advanced therapies** arena. • Work in partnership as a member of the **regional cancer programme** to standardise cancer delivery across the region to reduce inequality and improve outcomes.
2. Collaborate with our partners to deliver person focused sustainable, efficient, and effective services system wide.	• Adopt a more system-focused approach to the design and delivery of our services by working with partner organisations to ensure **strategic priorities** align and develop co-ordinated **regional plans** to adapt care pathways and services based on the Nuffield recommendations. • Embed interprofessional learning with partners in community care through the **Primary Care Oncology** to ensure that healthcare professionals across the system have an awareness of the consequences of cancer treatment and are kept abreast of new developments and technologies in cancer care. • Ensure robust pathways for referring patients to Velindre Cancer Centre by working with health boards to **standardised care pathways** with the aim of reducing variation and maximising outcomes. • Work with primary and secondary services and third-party providers to implement the national programmes for **palliative care.**

Commented [JD(C1]: including:
European Blood Alliance and associated working groups - Europe
Biomedical Excellence for Safer Transfusion (BEST) collaborative Research) – Europe
society for Blood and Marrow Transplantation Forum - Europe
advisory committee on the Safety of Blood Tissues and Organs (SaBTO) - UK
Stem Cell Strategic Forum - UK.
Blood services Forum a number of key professional working groups for transfusion and transplantation - UK
Strategic Pathology Board - NHS Wales
Blood Health National Oversight Group - NHS Wales
Advanced Therapies Strategic Board - NHS Wales

Commented [JD(C2]: Including:
Transfusion Practitioners
Transfusion Lab Managers
Health Board transfusion Committees
Welsh Transplantation advisory group

DRAFT

	• Work with health boards to further integrate the **Acute Oncology Service** to improve equity of access and care, which includes exploring options to expand out of hours services. • Provide **professional advice** to support the development of the diagnostic network and where required advise on specialist complex nuclear medicine therapies and imaging for regional health boards. • Working with health boards and partners use **data** and **business intelligence** to inform the delivery of evidence-based care and services, improving **efficiencies** and reduce **clinical variation** across the system. • Optimise interprofessional **communication** around cancer diagnosis and treatment between primary, secondary, and tertiary providers through improved channels of communication and IT infrastructure. • Strengthen the **voice** of the patient/donor in the shaping of the services we provide to ensure that their feedback contributes to clinical and operational decision making. To include their participation through involvement and engagement panels. • Enhance our role as an active participant and leader in national and UK wide initiatives with a focus on **advanced therapies**. • Inform and influence Welsh and UK strategic approaches to the delivery of **advanced therapies.**
3. Strengthen clinical and scientific leadership to ensure that the patient/donor remains at the forefront of our decision-making.	• Establish a Clinical and Scientific Strategic **Board** as part of the organisations governance structure to strengthen clinical and scientific leadership and drive the clinical and scientific agenda. • Embed and promote a **culture** of compassionate, inclusive, and collective clinical and scientific **leadership,** at all levels throughout the organisation. • Empower the clinical and scientific workforce to make informed, evidence-based decisions based on the principles of **value-based health care.** • As part of workforce modernisation develop and implement a **leadership model** to strengthen clinical and scientific leadership.

DRAFT

Strategic Aim: Reliably providing cutting edge, groundbreaking evidence based, person- centred, value- based care and services that delivers exemplary outcomes.	
Strategic objectives	**Means of achievement**
1. Transform the delivery of our services throughout the cancer care pathway, providing care closer to home where possible.	• Ensure all services are **compliant** with professional standards of care and meets regulatory and statutory requirements. • Work with health boards to maximise use of the **hub and spoke model** with a focus on delivering services closer to home based on the premise of 'locally where possible, central where necessary'. • Modernise service delivery and implement new ways of working through the **Transforming Cancer Services** Programme which includes developing the **new Velindre Cancer Centre**, **@velindre outreach programme**, and delivering the **Integrated Radiotherapy Solution Programme.** • Deliver the **capital replacement programme**, investing in new equipment, imaging, and treatment planning solutions as part of the Integrated Radiotherapy Solution Programme which will enable the delivery of world class state-of-the-art treatments. • Explore the **extension of treatment options** that would that reduce the frequency of patient attendances to complete treatment plans. • Options appraise the **Same Day Emergency Care** 7-day model. • Develop plans to introduce the **Acute Oncology Service** site specific team within Velindre. • Expand the **Radiation Protection Service** to increase the advisory and regulatory control support across Wales. • Extend **radiation management** to optimise dose exposure to patients in the delivery of diagnostic and treatment at every opportunity. • Expand the use of **molecular radiotherapy** as a new and alternative treatment to traditional radiotherapy in response to research, innovation and NICE publications. • Expand the development of the **immunotherapy toxicity service** including development of care pathways. • Implement the **outpatient transformation programme** to modernise the outpatient model of care delivery, including implementing 'supported self-management' for cancer patients. • Develop and implement a **pharmacy strategy** aligning to the delivering of the **TrAMS programme.** • Act on Welsh Government recommendations to review of **Acute Hospital Clinical Pharmacy Services** • Deliver **standardisation** of Systemic Anti-Cancer Therapy assessment processes based on UK benchmarking to reduce clinical variation. • Collaborate with partners to improve access to **precision medicine** and targeted interventions for individual patients. • Support the implementation of the **Advanced Therapies Wales** Delivery Plan as part of strategic and operational planning. • Build capacity and capability through development of the clinical infrastructure in preparation to deliver **advanced therapy medicinal products.** • Expand access to genomics and **personalised cancer therapies** working in collaboration with delivery and commissioning partners. • Explore the use of **artificial intelligence** to improve quality and streamline delivery of clinical pathways.

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2. Develop blood laboratory and diagnostic services to ensure clinical safety and improve outcomes and to support delivery of the transplantation services.	• Continually improve scientific practices within **specialist laboratories**. • Improvement management of the **supply chain** for provision of blood, blood products and tissue to meet demand. • Apply an evidence-based approach to developing services based on the behaviours that drives donor, addressing barriers to **donation.** • Through **horizon scanning** keep abreast of research and developments, exploiting opportunities to introduce new services to benefit patients and donors. (eg: plasma for medicines, Foetal D) • Improve **transfusion and transplantation safety** through IT systems and processes to improve traceability throughout the supply change.
3. Empower cancer patients to make informed decisions about their care and treatment based on what matters to them.	• Improve **health literacy** by providing information and support tailored to meet the patients' needs. • Promote the ***Choosing Wisely*** campaign to engage in meaningful discussions with patients about the care and treatment options, the benefits, and risks to enable them to make informed decisions. • Working collaborative with primary and secondary care support development of **prehabilitation** and **rehabilitation** services, provide information and signpost to a range of supportive services.
4. Expand our role in well-being and health promotion to enable patients and donors to make informed lifestyle choices.	• Work with partners to prevent ill health and to identify and address areas where **health inequalities** exist through targeted interventions to improve access, outcomes and experiences. • Using ***Make Every Contact Count*** provide a range of **health promotion, education, and information** to promote healthy lifestyles and reduce their personal risk. • Work with **supportive services and the third sector** to identify opportunities to share health promotion messages. • Through health education and promotion **improve blood health** (eg: pre-operative anaemia) • Develop use of **health self-assessment** at home prior to blood donation
5. Optimise patient outcomes, experience, and use of resources by embedding the principles of value-based healthcare within our services	• Enhance the use of outcome and experience data (**PROMS and PREMS)** for patients and recipients of products provided by the Welsh Blood Service throughout the care pathway through a digitally integrated system. • Improve data quality and integration of information through the development of SST **dashboards**. This will enable the clinical and scientific workforce to standardise pathways of care and support patient choice with real-life data. • Working across the Trust and in collaboration with partners and patients refine our services through a cycle of bespoke **analysis** of our outcomes and resources, alongside change management. This supports joint decision-making to improve the delivery of high-quality services whilst reducing unwarranted variation. • Deliver a Trust-wide **development and communication programme** to train and equip the workforce with the knowledge and confidence to use the tools to make data driven decisions about how services are delivered to meet the needs of the population.

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Strategic Aim 3: Pushing the boundaries of clinical and scientific advancements through high impact improvement, innovation research and development in partnership with industry, third sector, academia and the wider health and care system.	
Strategic Objective	**Means of achievement**
1. Maximise opportunities for patients, donors and the public to participate in research and clinical trials.	• Improve access and ensure that all eligible patients are offered **access** to engage in research and clinical trials. • Maximise use of the tripartite **Cardiff Cancer Research Hub** with Cardiff and Vale University Health Board and Cardiff University for collaborative research. • Increase external support and secure **investment** from commercial partners to maximise opportunities for research and innovation. • Develop the use of the **research hubs** within Health Boards, the New Velindre Cancer Centre and use of the radiotherapy satellite centre in Neville Hall Hospital to expand opportunities for research and clinical trials. • Develop plans to implement a radiotherapy **research bunker** in the nVCC.
2. Empower the clinical and scientific workforce to drive transformation and quality improvement initiatives by engaging in research, development, and innovation.	• Embed a research driven **culture** that is supported throughout the organisation, raising awareness of the benefits and opportunities to engage in research, development and innovation. • Invest in those individuals who are interested / active in research to access education, training and development opportunities and include as part of **job planning.** • Promote the role of **principle investigator,** expanding the role to include other members of the multi-professional team. • Build **capacity and capability** within the research workforce as part of workforce planning to ensure that the workforce has the skills, time, resources, and opportunities to engage in research, development, and innovation. • Develop proposals to implement a **Collaborative Centre for Learning and Innovation** to improve whole system cancer care through collaboratively accelerating cancer research, innovation, education, and involvement. • Develop **research leaders** as part of workforce and succession planning, who can work alongside research champions to promote the research agenda and provide advice, expertise, and mentorship to the workforce
3. Through translational research accelerate the implementation of new scientific discoveries into clinical practice	• Maximise use of the tripartite **Cardiff Cancer Research Hub** to provide the translational pipeline between the laboratory and clinical areas. • Develop **translational researchers** to support implementation of new practices. • Through regional, national, and international networks keep abreast of technological and scientific advances (eg: molecular, advanced therapies and genomics) to ensure **preparedness** for implementation.

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Strategic Aim: Innovative and progressive multi-professional transformation workforce plans, creating a professionally equitable, fully engaged, empowered, patient / donor centred workforce that can meet the delivery challenges working in a high learning, high trust, and psychologically safe culture	
Strategic Objective	**Means of achievement**
1. As part of workforce modernisation, succession and workforce planning, develop a sustainable, agile, multi-professional clinical & Scientific workforce.	• Undertake a review of the clinical and scientific workforce to **identify gaps** in the workforce and the roles and skills required. • Scope the **career pathways** across all clinical and scientific disciplines to inform robust workforce plans and succession planning. • Working with Heath Boards undertake **regional workforce planning** to identify the workforce required to deliver care and services system wide. • Adopt a **multi-professional workforce model** with a focus on maximising the use of specialist skills. • Develop **skills and capacity** across the support workforce including at assistant practitioner level to maximise multi-professional working, considering what additional and new roles could be developed. • Implement **enhanced, advanced and consultant career pathways** (Nursing, AHP and HCS) to allow staff to continuously develop and progress in their careers. • Provide an innovative, prudent, and flexible approach to workforce modernisation by facilitating the introduction of **Nurse Associates** and **Assistant Practitioners.** • Embed the **advanced practice framework**, maximising the use of advanced practice and associate practitioner roles. • Through role redesign explore the role of **clinical scientists** and consultant clinical scientists as part of wider workforce planning. • Explore the role of **clinical registrants** to support blood collection. • Develop **career pathways** for all clinical and scientific professions to develop and progress, with a focus on growing our workforce by developing a more diverse pipeline of specialist roles. • Modernise the **blood collection workforce model** with a focus on strengthening clinical leadership. • Work with Health Boards, HEIW and academic partners adopt a multi-faceted approach to improve **retention, recruitment** and **succession planning** across all clinical and scientific professions, to ensure a sustainable multi-professional workforce.
2. Equip the clinical and scientific workforce with the knowledge and skills to respond to changes in care and treatment and to use new equipment, systems and technology.	• Provide **education, training, and development** opportunities to enable staff to develop their knowledge and skills through life-long learning, through the **Velindre Oncology Academy** and the **Collaborative Centre for Learning and Innovation** • Deliver a comprehensive programme to support **continuous professional development** for all professions, providing opportunities for shared learning and development across the system. • Provide training and sources of support to enable the workforce to be confident and competent in the use of new **equipment, systems, and technology**

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STRATEGIC DEVELOPMENT COMMITTEE

INTEGRATED MEDIUM TERM PLAN – 2024 / 25 – 2026 / 27

DATE OF MEETING	21st March 2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ENDORSE FOR BOARD APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Phil Hodson, Deputy Director of Planning and Performance
PRESENTED BY	Phil Hodson, Deputy Director of Planning and Performance
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
EXECUTIVE SUMMARY	The Trust is required to submit a Trust Board approved Integrated Medium Term Plan (2024 / 25 – 2026 / 27) to the Welsh Government by 28th March 2024.
RECOMMENDATION / ACTIONS	The Strategic Development Committee is asked to endorse the Velindre University NHS Trust Integrated Medium Term Plan (IMTP) for 2024 / 25 – 2026 / 27. The IMTP includes the following: • Service plans for the Welsh Blood Service and for the Velindre Cancer Service

	• The Trust Financial Plan • Plans for our enabling functions e.g. digital services

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Velindre University NHST Trust Board (Development Session)	14/12/2023
Velindre University NHS Trust Executive Management Board	22/01/2024
Velindre University NHST Trust Board (Development Session)	06/02/2024
Velindre University NHS Trust Executive Management Board	19/02/2024
Velindre University NHST Trust Board (Development Session)	27/02/2024
Velindre University NHS Trust Executive Management Board	29/02/2024
Velindre University NHS Trust Executive Management Board	18/03/2024 (Pending endorsement)
Please Note: In addition the service plans have been approved by the: • Velindre Cancer Service Leadership Team • Welsh Blood Service Leadership Team	

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

The Trust IMTP has been presented at the meetings outlined above. The output of these discussions has been reflected within the draft IMTP (Appendix 1). There have also been some additional comments received in relation to the draft IMTP during the w/c 11th March 2024, not material, which are summarised below and which have been incorporated within the latest draft IMTP (Appendix 1):

- To include the revised Trust values within the introductory section of the plan
- To include the Trust quality priorities in the introductory (quality section) of the plan
- Minor amendments to the Welsh Blood Service narrative
- Minor adjustments to the capital finance plan
- Re-positioning of the Value Based Healthcare section to the Enabling section of the IMTP rather than the finance section of the IMTP
- Inclusion of our revised Trust Well-Being Objectives (draft)
- Inclusion of the Trust action(s) in relation to decarbonisation

Assuming endorsement of the IMTP by the Velindre University NHS Trust Strategic Development Committee it will then be submitted for approval to:

• Velindre University NHS Trust Board – 26th March 2024 • Welsh Government – 28th March 2024

7 LEVELS OF ASSURANCE – NOT APPLICABLE

APPENDICES	
1	Velindre University NHS Trust Integrated Medium Term Plan (2024 / 25 – 2026 / 27)

1. SITUATION

1.1 The Trust, on 22nd July 2023, received confirmation from the Welsh Government that it's IMTP for 2023 /24 – 2025 / 26 had been approved in accordance with the requirements of the NHS Wales Planning Framework and the duties set out by section 175 of the National Health Service (Wales) Act 2006. However, there is a requirement to update and refine our approved plan for the period covering 2024 / 25 – 2026 / 27.

2. BACKGROUND

2.1 Prior to submission to the Welsh Government the IMTP must be endorsed / approved by the following:

- Velindre University NHS Trust Executive Management Board – 18th March 2024
- Velindre University NHS Trust Strategic Development Committee – 21st March 2024
- Velindre University NHS Trust Board – 26th March 2024

3. ASSESSMENT

The Requirement:

3.1 Velindre University NHS Trust is required to submit a financially balanced and Trust Board approved IMTP to the Welsh Government by **28th March 2024**.

Velindre University NHS Trust IMTP (2024 / 25 – 2026 / 27) – Core Principle(s):

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

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

3.4 These include:

- Implementing our legislative requirements
- Implementation of the Cancer Standards (those which are applicable)
- Delivering services that meet the national clinical quality and safety standards and requirements which ensure that patients and donors receive an excellent experience
- Treating patients as quickly as possible
- Delivering services which are efficient, effective and productive – Value Based Healthcare
- Providing blood and blood products to our partner Health Boards to support the provision of treatment and care to people across Wales
- Supporting the health and well-being of our staff
- Workforce and Organisational Development

3.5 In addition we have identified a number of important strategic areas of work. These include:

- Improving population outcomes and reducing inequalities
- Regional working, partnerships and collaboration to improve outcomes
- Delivery of our Transformation Programmes
- Delivery of our Organisational Development Programmes
- Delivery of our research, development and innovation Programmes
- Delivery of our decarbonisation strategy

3.6 The IMTP sets out our plans across the following:

1. Our strategic ambition and our strategic goals
2. Our commitment to delivering high quality, safe services which provide an excellent experience
3. Our priorities related to the implementation of enhanced models of care and services for blood and cancer services
4. Our support functions / enabling plans which will help to ensure that WBS / VCS are able to deliver against their key service priorities
5. Our financial plan which:
   - Provides assurance that we will achieve a financially balanced revenue position
   - Outlines our capital requirements for the next three years
   - Outlines how we will target investment where it will have the greatest impact (*Value Based Healthcare*)
   - Clearly articulates the investment required from our commissioners and of the Welsh Government
   - Details our robust cost improvement / savings plans

Service Plans and Key Areas of Work:

3.7 Service plans have been developed and previously endorsed by the Executive Management Board. The primary aim of these plans is to ensure that both VCC and WBS are able to meet forecast demand for cancer services and for blood and blood products respectively.

3.8 These plans also outline key service developments which support the continued improvement of performance and patient / donor quality and safety across both services and which align with the strategic ambition of the organisation.

4. SUMMARY OF MATTERS FOR CONSIDERATION

4.1 The Strategic Development Committee is asked to endorse the Velindre University NHS Trust Integrated Medium Term Plan (IMTP) for 2024 / 25 – 2026 / 27.

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: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☒ • A beacon for research, development and innovation in our stated areas of priority ☒ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☒ • A sustainable organisation that plays its part in creating a better future for people across the globe ☒	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	The IMTP has been developed to ensure that actions will help to mitigate risks identified within the Trust Assurance Framework.
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Not Applicable
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	The guiding principle in developing our IMTP has The Well-Being of Future Generations Act (2015) and to our contribution to the seven goals identified within the Act: • A Prosperous Wales • A Resilient Wales • A More Equal Wales • A Heathier Wales • A Wales of Cohesive Communities

	• A Wales of Vibrant Culture and Welsh Language • A Globally Responsible Wales The IMTP has also been developed to align with our Trust Well Being Objectives.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Yes - please outline what, if any, actions were taken as a result
	N/A
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	

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Velindre University NHS Trust

Integrated Medium Term Plan

2024/25 - 2026/27

(1st April 2024 to 31st March 2027)

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Introduction

We are proud to present the Velindre University NHS Trust Integrated Medium Term Plan (IMTP) for 2024 / 25 – 2026 / 27. Our plan builds upon our recently approved plan for 2023 / 24 – 2025 / 26 and is an output of the excellent work undertaken by our teams from across the Trust and our continued engagement with our many stakeholders. We have set ourselves a set of ambitious priorities, which build upon our strengths, and which will result in the people who use our services receiving excellent and person-centred care. Our IMTP sets out our plans across the following areas.

Firstly, the plan sets out our commitment to ensuring that we have firm foundations to support the delivery of high quality, safe and effective services which provide an excellent experience to all of our service users.

We then provide an overview of the Trust's strategic intent. This not only covers the scope of our core services but also identifies wider opportunities where we believe we can contribute across the health and social care system so that we can further support our partners in achieving outcomes and benefits for the populations we serve. It outlines our key strategic priorities and objectives and describes the programmes of work we have established to ensure that these will be delivered.

Thirdly, the plan identifies our priorities related to the implementation of enhanced models and integrated pathways of care and services for blood and cancer services. This will see donors and patients being able to access services as close to home as possible, being able to receive a wider range of information services digitally, and having access to clinical trials and other services. To support this ambition we are also actively progressing a number of key infrastructure programmes. These infrastructure improvements, together with our clinical and sustainability plans, will provide us with the opportunity to deliver a carbon net-zero organisation and a range of wider benefits to support the development services across Wales.

Finally, we have included a detailed financial plan which sets out how we will deliver our key actions whilst remaining within our assumed financial allocation, both for revenue and capital.

The plan we have set out demonstrates the challenging, but exciting times, ahead for the Trust. We look forward to working with our commissioners, staff, patients, donors and partners to deliver the changes set out within the plan and continue our transformation into the future.

Part 1

Organisation Overview

An overview of Velindre University NHS Trust and the services we provide

GIG CYMRU NHS WALES
Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Overview of Our Services

Velindre Cancer Services

We are a specialist treatment, teaching, research and development centre for non-surgical tertiary oncology services to patients from across South-East Wales serving a population of 1.7million.

Blood and Transplant Services

We provide a range of essential and specialised services including the collection and production of blood and blood components to treat patients; and supporting the transplant programmes through the Welsh Transplantation and Immunogenetics Laboratory services. This is a national service supporting the 3.3million population of Wales.

Hosted Services

Our Trust is responsible for hosting the following organisations on behalf of the Welsh Government and NHS Wales:

- **NHS Wales Shared Services Partnership (NWSSP):** who provide a wide range of support services to NHS Wales including procurement, recruitment and wider back office services.

- **Health Technology Wales (HTW):** a national body working to improve the quality of care in Wales. It collaborates with partners across health, social care and the technology sectors to identify, appraise and advise on the adoption of technology or models of care to ensure an all-Wales approach.

Part 2

Our Operating Environment

Making sense of our environment, our commitment to quality and to reducing inequalities

GIG CYMRU NHS WALES
Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Our Commitment to Quality and Safety

Our Trust strategy sets out our commitment to quality and safety:

Strategic Goal 1: Outstanding for quality, safety and experience

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

Quality and safety is at the heart of everything we do. We will ensure we will continue to put our patients and donors at the centre of everything we do, working towards optimum quality, safety and experience and continual learning and improving.

Our strategic goals will be achieved by ensuring that we meet in full the requirements of the Duty of Quality (Health and Social Care Quality and Engagement (Wales) Act 2020) and by ensuring that quality improvement is driving all strategic decision making. We will also ensure that our services are developed and delivered in collaboration with the patients and donors who use them, continually reviewing outcomes and experience and using these to continually learn and improve.

We will continue to actively engage and participate with Improvement Cymru, the Safe Care Collaborative and national improvement work Programmes. Our quality Improvement Goals are being progressed through the collaborative.

Whilst we are proud of what we have achieved to date, we recognise that considerable more work is required to have robust quality and safety foundations in place. This IMTP has been developed with quality, safety and experience at its centre and we will work with all partners to secure the best possible outcomes over the next three years.

Our Plan for 2024/25 – 2026/27 and Beyond:

Our Quality and Safety Framework provides the framework and mechanism through which the Trust will meet its Quality and Safety responsibilities as outlined in the Health and Social Care (Quality and Engagement) Wales Act 2020 and the NHS Wales Quality and Safety Framework – Learning and Improving (2021). The framework has been developed in line with Quality standards (Duty of Quality): safe, effective, person-centred, timely, efficient and equitable and sets the structure for embedding quality and safety, outcomes, experiences and learning from service level to Board across all areas of the Trust.

Our Quality and Safety Vision:
All Velindre University NHS Trust staff put quality, patient / donor safety and experience firmly at the heart of everything they do, and all decisions made, that enables the active involvement of both the people who receive care / services and those who provide it, and a relentless focus on learning and improvement.

Our Quality and Safety Framework – Key Aims:

Our framework is developed to support us in delivering our vision for quality and our strategic objectives. This will include meeting our responsibilities in relation to the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and the NHS Wales Quality and Safety Framework: Learning and Improving (Welsh Government 2021). In order to achieve this, the framework will:

- Articulate the expectations of the Board in relation to quality and patient / donor safety
- Improve the provision of safe care through clear lines of communication and reporting from service level to Board and Board to service level
- Provide clarity of roles, responsibilities and lines of reporting in respect of Quality, Safety and Experience
- Develop a Quality Management System and a robust automated business intelligence infrastructure
- Provide a structure within which Corporate Services, Divisions, Departments and teams can:
    - Engage and actively listen to donors, patients, their families, staff and other key stakeholders to improve experience, outcomes and therefore efficiency
    - Empower everyone to put quality and patient safety at the heart of everything they do, ensuring quality drives delivery of care to improve experience and outcomes
    - Promote a quality and patient / donor safety focused culture in all aspects of care delivery they are responsible for and beyond
    - Clearly articulate a common understanding and ownership in relation to their individual and collective role, responsibility and accountability related to quality and patient / donor safety
    - Be sufficiently aware of potential risks to quality in delivery of safe and effective care
    - Demonstrate effective processes for escalating, investigating, managing and reporting on concerns about quality and patient / donor safety
    - Use triangulated data to drive quality improvement, ensuring issues of equity are also identified and where appropriate addressed

Our Quality Hubs across Velindre University NHS Trust
Three Quality hubs have been established to support the delivery of this framework and the Duty of Quality legislative requirements:

- **The Corporate Quality Hub** will have a central co-ordinating role pulling together all elements of Quality and Safety, will interface significantly with national work and bodies, as well as professionally supporting the Divisional Quality Hubs.

- **Welsh Blood Service (WBS) Quality Hub and Velindre Cancer Service (VCS) Quality Hub**: These are led by nominated divisional senior leaders and support the Divisional Senior Management Teams in executing their Quality, Safety, regulatory and assurance responsibilities by ensuring effective oversight, co-ordination, learning, assurance and triangulation of 'the whole' and effective functioning of Divisional Quality and Safety Group.

Quality Impact Assessment – Helping to Improve Quality, Safety and Outcomes:

Overview:

We are committed to supporting the use of the Quality Impact Assessment (QIA) methodology when considering any key service developments which could impact our staff, patients and donors. In doing so we consider:

- Will the service development impact 'patient / staff safety', 'clinical effectiveness' and 'patient / staff experience'; and
- How any risks or negative impacts can be mitigated.

The undertaking of Quality Impact Assessments is a continuous process and has been carried out on all our key IMTP developments to ensure quality and patient safety are always at the forefront when delivering our services throughout the development, implementation and review of any project or development.

The QIA focuses on Three Main Areas:

Patient / Donor / Staff Safety – the avoidance of unintended or unexpected harm to people during the provision of health care.
Clinical Effectiveness – the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients.
Patient / Donor / Staff Experience – the way a patient or donor feels about their care based on all interactions, before, during and after delivery of care, or how a member of staff may feel whilst providing the care.

Velindre University NHS Trust Quality Priorities 2024 – 2025

Quality Priority:	What these goals mean in practice/ Baseline Position	To achieve this, we will:	What we expect to see:	Evidence of this will be measured by:	Division
1. To further develop administrative and patient communication systems to prevent patient harm and improve patient experience.	During 2022 to 2023 a number of themes emerged from concerns, patient feedback, and incidents (including Duty of Candour and Nationally Reportable Incidents) in relation to patient communication and administrative processes. These were: 1. Patient referral processes 2. SACT Booking 3. General Booking Processes	A strategic improvement plan has been developed. By December 2024 the planned programme of work in relation to: • Single electronic referral mechanism into the Cancer Service • Appointments process for SACT • General appointments (OPD/ medical records) • Patient letters (including appointment letters, and clinic outcome letters) • Access into the Cancer Service – telephony Will be completed by December 2024.	• A reduction in patient concerns/incidents related to administration of communication issues. • An improvement in patient experience. • An improved referral processes.	• Quality and Safety reporting and thematic analysis. • Improvements reported through governance structures. • Outcomes of audits.	VCS

	4. GP / patient letters post appointment. 5. Response to patient telephone calls into Velindre Cancer Service				
2. Mortality reviews will be completed for deaths within 30 days of SACT and 30/90 days of radiotherapy and will align with best practice.	Currently there is not a consistent process for deaths within 30 days of SACT and 30/90 days of radiotherapy reviews at the Velindre Centre Service.	By September 2024, a process will be established to ensure that there is an objective review within all site-Specific teams. • A multidisciplinary infrastructure will be developed. • Accurate reporting data will be generated and reported through governance structures.	• 100% compliance with the VCS agreed process in line with best practice guidance. • Increased opportunity for early detection learning that can be rapidly share.	• Clinical audit compliance. • Reporting of accurate data.	VCS
3. To Integrate Clinical Audit within VCS Quality and Safety function	Currently within Velindre Centre Service, audit does not form part of the Quality and Safety Hub.	By September 2024 the VCS Quality Management Framework will be reviewed and updated to include the integration of the Clinical Audit team within Quality and Safety Hub, to ensure the clinical audit plan	• An audit plan that reflects themes and trends identified from concerns/incidents.	• Clinical audit report and findings.	VCS

		reflects the quality and safety themes and learning identified through incident and concern reporting.			
4. Development of robust Site-Specific Quality Metrics	There is a requirement to develop a suite of quality measures with the site-specific teams.	By December 2024, SSTs will develop quality metrics and strengthen the link between the medical directorate and the quality and safety hub - identify medical lead for quality and safety at VCC.	• Publish the Quality Matrix. • Medical Lead identified	• Quality and Safety reporting and thematic analysis. • Improvements reported through governance structures.	VCS
5. To improve incident and risk management.	The Trust does not currently have a patient safety incident framework. Some incidents remain open longer that 30 days.	By September 2024 we will improve the management and compliance of Datix Incidents and Risks to ensure timely management, and identify themes, trends and learning through governance structures.	• Improved quality of incident investigation. • Proportionate investigations depending on incident grade. • Improved compliance with incidents closed with 30 days.	• Audit findings. • Datix dashboards. • Quality and Safety reporting and thematic analysis.	TRUST
6. Continue to review and update the WBS Quality Management Framework, including the deployment of a	The current quality management system requires expansion to meet the regulatory requirements and ensure integration of the Trust system.	• Align with the broader VUNHST Quality management framework, • Adapt to new ISO standards and medical devices legislation as they are introduced,	• A Trust wide quality management system. • A management system that is compliant with current ISO standards and medical devices legislation.	• The operation of the quality management system. • ISO accreditation.	WBS

new electronic Quality Management System		• Maintain all mandatory registrations and current national/international accreditations throughout the 2024 inspection cycle.	• A repository of all registration and current accreditation.		
7. To Successfully Introduce West Nile Virus testing within Welsh Blood Service.	Currently due to the unavailability of West Nile Testing donors a deferred due to international travel, this impacts on viable blood donations. We know that donors hate being told they cannot donate especially after they have travelled to a donation session. This is a particular challenge during the summer holiday season. To reduce the number of times this happens we will introduce additional testing for donors who have travelled	• Screening tests to be introduced for high-risk donors by the start of June 2024 to minimise deferrals during the summer travel season.	• Availability of WNV testing for high-risk donors.	• Reduced donation deferrals. • Increase in blood stocks. • Data of tests performed.	WBS

	to areas where West Nile Virus is a risk instead of deferring their donation.				
8. Introduce leucodepletion filters, Hepatitis A and Parvovirus B19 testing to support the national Plasma for medicines programme and improve supply chain resilience for plasma-derived medicines.	Whole blood donations in Wales produce more plasma than is needed clinically so to reduce waste and to ensure all viable donations are effectively utilised we will work with the pharmaceutical industry and introduce additional processing to make life-saving medicines from blood plasma. These medicines will be returned to Wales for patients who need them.	• 1) Switch to the use of new collection packs by end September 2024 to allow for plasma to be stored in quarantine. • 2) All stored plasma to be tested for Parvo B-19 and Hepatitis A by the end of February 2025 to enable plasma to be released from Quarantine. • 3) First plasma to be shipped to the fractionator by end April 2025	Introduction of: • Leucodepletion filters • Hepatitis A testing • Parvovirus testing	• Service provision • Evidence of tests being performed.	WBS
9. Review and improvement of donor selection	The safety of patients treated with blood products	• Gap analysis WBS vs rest of UK complete by start of Q1 2024	• Revised UK screening guidance	• Incident reporting	WBS

and screening processes	relies on careful screening of donors for any infection risks. This can be complex, and mistakes can sometimes occur which means that donated blood is wasted. We will work with the other UK services to review and improve the screening process, taking advantage of digital technology where possible, to reduce the risk of errors and wasted donations.	• Proposal for revised sequence of screening questions submitted to Standing Advisory Committee on Care and Selection of Donors Q2 2024 • Adoption of new Questionnaire Q3 2024	• Development and implementation of revised donor screening processes and procedures. • Reduced safety incidents relating to errors in donor screening practices.	• Clinical and regulatory audit •	
10. Introduction of all Wales foetal D Screening for RhD negative pregnant women.	Currently all RhD negative women in Wales receive anti - D injections when pregnant to prevent health issues. From 2024 we will offer a simple screening test to predict your	• Test platform validated and live by end of May 2024 • First samples processed by and of June (subject to demand)	• Testing platforms operationalised. • Foetal RHD screening undertaken	• Service provision • Evidence of tests being performed	WBS

	baby's blood type – called foetal RhD screening. If a RhD negative woman's unborn baby is predicted to be RhD negative, then no further treatment or tests are needed. This avoids unnecessary anti-D injections without this or future babies being at risk.				
11 Introduction of electronic result transfer for deceased organ donor HLA typing results to NHSBT-ODT, which will reduce risk of manual transcription of results.	The Welsh Blood Service shares tissue typing information with the national organ donation and transplant (ODT) service. This is currently a slow manual process and errors can happen. By digitally linking our test systems with ODT we can remove the	• software update deployed and validated by end June 2024 • Service go-live by end of September 2024	• System operationalised. • Reduced errors in transcription	• System reporting • Incident reporting	WBS

	risk of errors and speed up the process of matching donors with patients across the UK.				
11. Achieve JACIE accreditation for the WBMDR	The Welsh Bone Marrow Donor Registry provides donated stem cell and bone marrow to patients across the world. We are seeking accreditation by the Foundation for the Accreditation of Cellular Therapies (FACT) and the Joint Accreditation Committee ISCT-Europe & EBMT (JACIE). This globally recognised award confirms that an organisation meets the highest international standards for donated material.	• All documents submitted to JACIE, only awaiting accreditation audit. 1) Audit expected to occur no later than September 2024 but TBC by JACIE. Close out of audit findings and accreditation confirmed within 30 working days of audit date.	JACIE Accreditation in place	• Accreditation documentation • Regulatory audits and inspections	WBS

12. Commencing rollout of live connectivity of the BECS at community-based donation clinics,	The Welsh Blood service travels nationally to locations near the donor, but this means that donor clinics are not connected to our digital systems in real time and donation clinic records have to manually upload at the end of each day. As with any manual process, errors can occur. We will take advantage of the latest generation of mobile networking technology to connect our mobile donation clinics to head office systems. This will reduce the risk of data errors, delays in processing donated blood and wasted donations.	1) A live digital connectivity pilot to be completed with the West Collections team by end Q4 2023/24 2) Pilot Review to be completed by end April 2024. 3) Rollout plan to be published by end Q1 2024/25	• Live connectivity is operationalised. • Reduced transcription errors • Improved donor experience	• Audit • Incident reporting • Donor Experience Surveys	

13. Enablement of DATIX, QPULSE connectivity on community-based clinics for incident, risk and concerns recording at point of contact.	Enablement of DATIX, QPULSE connectivity on community-based clinics for incident, risk and concerns recording at point of contact. This will improve the speed of reporting for concerns, incidents and risks and support timely monitoring of actions.	• A live connectivity pilot to be completed with the West Collections team by end Q4 2023/24 • Pilot Review to be completed by end April 2024. • Rollout plan to be published by end Q1 2024/25	• Live connectivity is operationalised. • Improved incident and concern response times • Improved standard of donor care follow up.	• Audit of incident and concerns reporting processes	WBS
14. Increase in staff psychological safety (target TBC) scores within VUNHST Staff Survey results.	The Trust is committed to ensuring that staff and teams feel empowered to speak up with ideas, questions, concerns, or mistakes to enable a robust and effective safety culture based upon learning and continuous improvement.	• Introduce the speaking up safely framework. • Development and implementation of incident and learning frameworks. • Engagement with staff via the building our futures together programme. • Review of Trust Values • Annual Staff Survey. • Development of triangulated metrics to measure psychological	• Increased staff concerns being raised. • Increased staff suggestions for improvement • Improved staff survey results. • Increased staff innovations.	• Concerns audits and reporting • Number of improvement projects • Staff Survey results	Trust

	Current staff survey responses are low, and results to provide a baseline are currently unavailable.	safety in the organisation. • Develop a mechanism to record and theme staff feedback.			

Equality Impact Assessment:

The requirement to undertake an Equality Impact Assessment (EQIA) forms an integral part of our approach to ensure that our services address the needs of vulnerable groups.

The EQIA complements the overall QIA, focusing as it does, on the way our current services, and any development programmes, are designed and delivered in a way that no patient, donor or member of staff is unintentionally disadvantaged. This means that we have a duty to consider the diverse needs of the individuals they serve, minimising disadvantage and ensuring the inclusion of under-represented groups. Undertaking EQIAs, where appropriate, is a vital step in our planning process for all our key service developments**.**

Developing our Plan – Our Response:

In developing our plan we have ensure that we have considered:

- The Human Rights Act 1998
- The Mental Capacity Act 2005
- Social Services and Wellbeing (Wales) Act 2014
- Well-being of Future Generations (Wales) Act (2015) T
- The Equality Act 2010

Developing our Plan: The Nine Protected Characteristics:

In developing our plan we have considered the impact of our choices on the nine protected characteristics:

Age	Disability	Gender Reassignment
Marriage and Civil Partnership	Pregnancy and Maternity	Race
Religion or Belief	Sex	Sexual Orientation

Delivering Equitable Services to our Patients and Donors:

The Trust has established a range of protocols and procedures to support patients, donors and staff who have extra challenges, as defined by the nine protected characteristics, and to identify areas where we want to improve.

The Trust-wide Vulnerable Groups Forum, chaired by the Head of Safeguarding and Vulnerable Persons, meets quarterly and has developed a Vulnerable Persons Work Plan that includes improvements to the care and support of vulnerable groups of

patients and donors, including those with dementia and learning disabilities. The group links with national work streams including Improvement Cymru.

We re-enforce our understanding of the needs and priorities of vulnerable persons in our community by reaching out and engaging with groups that represent the interests of people with the nine protected characteristics, as defined by the Equality Act 2010 where we have duty to be 'proactive in eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations'.

How our EQIA Approach Supports the Delivery of Equitable Services:

The IMTP gives us the opportunity to promote the approach we will take over the next three years and is outlined below:

- We have undertaken an EQIA to support the development of our IMTP
- We have also used the EQIA methodology to help 'baseline' where we are as a Trust in supporting our patients, donors and staff who may have a range of challenges as defined by the 'nine protected characteristics', and to identify any potential improvements that can be added to the Vulnerable Persons Work Plan
- In addition, we have undertaken research into the demographics of our patient (S.E. Wales) and donor (All Wales) populations, using ONS Census and other sources, to further enhance our appreciation of the proportion of people with protected characteristics plus tapping into some CIVICA data on cancer referrals

Our Strategic Equality Plan – Key Areas of Focus:

The 2010 Equality Act, under our Public Sector Equality Duty, means that we are required to publish a Strategic Equality Plan (SEP) which sets out and justifies equality plan objectives and explains how we will achieve them.

There are 3 overall aims of the Public Sector Equality Duty (PSED), namely to:

1) Eliminate unlawful discrimination, harassment and victimisation (and other conduct prohibited by the Act)
2) Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
3) Foster good relations between people who share a protected characteristic and those who do not.

Our Strategic Equality Objectives:

We have consulted and engaged with patients, staff, partners, equality organisations and other stakeholders in partnership with Wales' Public Body Equality Partnership, and asked them what they thought the equality priorities should be for the Trust.

We have identified what research and information was already available to help in the development of the objectives, and also surveyed patients, staff, partners, equality and third sector organisations and other representative groups to develop the following key objectives.

Objective 1: Increase workforce diversity & inclusion, and eliminate Pay Gaps
Objective 2: Engage with the community
Objective 3: Communicate with people in ways that meet their needs
Objective 4: Ensure service delivery reflects individual need

Our action plan to support the delivery of these objectives is available upon request.

Our Vulnerable Persons Work Plan 2024/25 to 2026/27 – Key Areas:

There is a further priority within our plan which focusses on identifying and prioritising a range of actions to ensure that we continue to deliver appropriate support to patients and donors with particular challenges in accessing our cancer and blood services.

In many cases, this will be about putting in place further engagement mechanisms (with representative service user groups) to find out exactly what measures and changes will have the greatest impact.

In Summary we Plan to Focus on the Following Planning Priorities:

1. **Baselining** – Understanding where are against the nine protected characteristics
2. **Demographics** – Reviewing the SE Wales (cancer) and All Wales (blood) population demographics using ONS population statistics and referral patterns
3. **Identify Improvements** – To prioritise areas in the most need of improvement and to develop actions for delivery and improvement
4. **Matching Capacity** – Ensuring that we have sufficient service capacity to deliver our improvement plans from 2025/26 to 2026/27

Part 3

Our Strategic Intent

In this chapter we set out the main strategic priorities for 2024/25 - 2026/27. These include our key programmes of work which we are taking forwards with our service partners and our major infrastructure programmes.

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Destination 2033: Developing our Strategy:

Over the last twelve months we have worked closely with our workforce, patients, donors and other key stakeholders to develop our revised Trust strategy. In developing this strategy we considered the following in relation to the services which we deliver as well as the wider requirements across the health and care system.

We serve a growing and ageing population, with a range of local challenges relating to health, ill-health and inequalities, requiring us to better coordinate and join up care.
People's expectations are changing with the reasonable expectation that our services will be personalised to their needs. Our buildings, facilities and green spaces are a vital part of patient, donor and staff experience, are pivotal in improving mental health and well-being and will play an important role in developing thriving and resilient communities.
A Healthier Wales sets out a clear path to move from ill-health to well-being. Reducing the environmental and health impact of our estate is a priority for NHS Wales.
Technology, the Fourth Industrial Revolution, provides healthcare with the opportunity to transform the way we deliver services, increasing the value for patients, donors and our partners in a more sustainable way.
We need to reduce carbon emissions, drive energy efficiency, reduce plastics and waste, improve air quality and use resources more efficiently to move from ill-health to well-being.
The climate emergency and need to develop a sustainable approach to living on the planet; a global challenge we need to respond to.

Our Guiding Principles: The Well-Being of Future Generations Act (2015):

Everything we do will make a contribution to developing:

A Prosperous Wales

A Resilient Wales

A More Equal Wales

A Heathier Wales

A Wales of Cohesive Communities

A Wales of Vibrant Culture and Welsh Language

A Globally Responsible Wales

How we will Work:

Long-term

Integration

Involvement

Collaboration

Partnership

Destination 2033: Our View of the Future:

Our Purpose: To Improve Lives

Our Vision: Excellent Care, Inspirational Learning, Healthier People

Our Trust Values

Our Strategic Goals:

1 – Outstanding for quality, safety and experience

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

3 – A beacon for research, development and innovation in our stated areas of priority

4 – An established University Trust which provides highly valued knowledge and training for all

5 – A sustainable organisation that plays its part in creating a better future for people

Trust Values

During 2023 / 2024 we have engaged extensively in relation to our Trust values. The outcome of this engagement process has been a refresh of our previous Trust values. Our new Trust values are listed below. These will underpin how we plan all service developments across the Trust.

Caring	Respectful	Accountable
We are always kind, supportive, approachable and show compassion to all.	We seek to understand other people's perspectives. We are always open and transparent.	We always take personal responsibility for what we do and how we do it.

Trust Strategic Objectives

Our Trust strategy identifies a number of objectives which will support us in achieving our strategic goals.

Strategic Goal 1: Outstanding for quality, safety and experience

Our objectives are to:

- Provide harm free care, the best outcomes and a great patient and donor experience
- Listen to, and learn from, patients and donors experiences of our care to drive continuous improvement
- Be an organisation which consistently demonstrates Compassionate Leadership in everything we do
- Be recognised as 'outstanding' by Health Inspectorate Wales, the Medicines and Healthcare Products Regulatory Authority and by UK and international peers for the services we provide

We will achieve these by:

- Implementing the requirements within the Health and Social Care Quality and Engagement Act
- Implementing a quality and safety management framework which will drive every action we take and decision we make
- Delivering the national programme for Compassionate Leadership across the organisation.
- 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
- Continuing to develop an open, transparent, just and learning culture which allows excellence to flourish
- Developing a value based healthcare programme which supports us in reducing unwarranted clinical variation and inefficiencies, using best practice as our benchmark.
- Providing staff with education, training and support to develop improvement skills and knowledge which drive quality and safety standards
- Developing our performance management framework to report our performance on quality, safety and experience in an uncomplicated way to ensure everyone can easily see how we are doing
- Benchmarking the quality, safety and experience of our services nationally and internationally to identify learning and improvement

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

Our objectives are to:

- Achieve national and internationally recognised standards of care which keep pace with emerging evidence
- Be a trusted and influential partner across Wales to deliver great local health services which meet need
- Become a 'centre for excellence' and leading provider across the UK for the highly specialist services we deliver
- Become a system leader in our areas of expertise nationally and internationally
- Identify a range of new services that the Trust could deliver to improve quality, experience and outcomes across Wales

We will achieve these by:

- Delivering services which comply with all statutory and professional standards
- Implementing the National Clinical Framework to continuously improve the quality, experience and outcomes of the services we provide
- Implementing our patient/donor/citizen engagement strategy to continuously hear what people need and value from our services
- 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 which will set out what services we will deliver over the next ten years; 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

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

Our objectives are to:

- Deliver world class research, development and innovation to improve tomorrow's care
- Accelerate the implementation of research and new discoveries to improve our patient's and donors experience and outcomes
- Prioritise research, development and innovation that is clinically relevant and patient and donor centred
- Build a sustainable culture of multi-professional research, development and innovation involving the whole organisation
- Publish and promote research of the highest quality which achieves UK and international recognition

We will achieve these by:

- Implementing the our research, development and innovation strategy across which sets outs a prioritised programme of work in cancer, blood and transplant services
- 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' involving all 1500 employees in the Trust, staff challenge the status quo and make it better
- 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:

- Establishing the 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 partners; and the Collaborative Centre for Learning and Innovation
- Developing the Library Service into a sustainable Trust wide Evidence Centre

- Generating reinvestment income through partnerships with industry for commercial research, development and innovation

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

Our objectives are to:

- To deliver inspirational teaching which is enhanced and informed by world-class research and professional practice
- Create a supportive and enriching learning environment for all of our learners
- Provide a learning experience that learners rate as excellent
- Be rated as a high quality provider of education and learning nationally and internationally in a number of priority areas
- Raise the profile of the University Trust on a UK and international stage

We will achieve these 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
  - Supporting our workforce to take up Fellowships
  - Supporting our workforce to obtain professional, technical and role specific qualifications and accreditations
  - Providing 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
- Identifying a range of partners and collaborators to enhance our offer and brand across the globe

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

Our objectives are to:

- Be recognised as a leading NHS Trust for sustainability nationally
- Be a carbon 'Net Zero' NHS organisation by 2030
- Become an anchor organisation in the communities we serve which enhances their economic, social, environmental and cultural well-being
- Support the transformation from ill-health to well-being across Wales

We will achieve these by:

- Developing clinical service models which support sustainability e.g. more care at home
- Implementing our sustainability strategy
- Applying the principles of the circular economy into our business processes through design, procurement, re-use and lifecycle.
- 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. These include:
  - Major refurbishment of the Welsh Blood Service
  - Construction of a Radiotherapy Satellite Centre at Nevill Hall
  - Construction of a new Velindre Cancer Centre
- 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 assets (e.g. local schools and charity group using them; arts programmes); becoming an anchor institution in place making; and procurement to maximise the reach of the Trust within the Governments Foundational economy

Delivering our strategy will support us in:

- Delivering excellence in our core clinical services
- Placing quality and safety at the centre of everything we do
- Developing our clinical, scientific and healthcare professional leadership
- Becoming world leaders in specific areas of research, development and innovation
- Expanding our culture of learning across staff, students and the communities we work with
- Delivering carbon net zero operations and wider benefits and social value for our communities
- Moving towards a future which will see us becoming a valued partner in the prevention, public health and wider social policy areas; helping to find solutions to deep-seated problems in Wales such as poverty and deprivation

To support the delivery of our strategic goals also have Trust Board approved strategies for both the Welsh Blood Service Strategy the Velindre Cancer Service.

These are supported by a range of other services (see part 6 for of our plan for additional information) who have also developed 5 year strategies:

- Research Development and Innovation
- Digital
- Workforce and Organisational Development
- Estates and Sustainability

Our strategic plans provides the Trust with a clear line of sight and the ‘golden thread’ between our Purpose, Vision, Strategic Goals and the priorities contained within our Integrated Medium Term Plan. This has enabled us to effectively prioritise our activities and resources over the coming years as summarised below.

Our service and enabling plans outlined within this IMTP outline the specific actions we will take to deliver these organisational priorities.

Working with our Health Partners:

The Trust works with a wide range of partners including health, local authorities, emergency services and the voluntary/charity sector. Our primary health partners are set out below:

Organisation	Relationship
Aneurin Bevan University Health Board	Commissioner
Betsi Cadwaladr University Health Board	Commissioner
Cardiff and Vale University Health Board	Commissioner
Cwm Taf Morgannwg University Health Board	Commissioner
Hywel Dda University Health Board	Commissioner
Powys University Health Board	Commissioner
Swansea Bay University Health Board	Commissioner
Welsh Ambulance Service NHS Trust	Provider
Public Health Wales NHS Trust	Provider
Health Education and Improvement Wales	Provider
NHS Wales Shared Services Partnership	Provider of services
Digital Healthcare Wales (DHCW)	Provider of services
Welsh Health Specialist Services Committee	Specialist Commissioner

Effective planning and commissioning of services is fundamental to achieving the best outcomes for the people we serve across Wales and the cultural shift required to reduce health inequalities, improve population health and well-being and achieving excellence across Wales.

The Trust has worked in close partnership with our Local Health Board partners to ensure that our key strategies are aligned, that there are a clear set of shared priorities and to ensure that we can provide sufficient capacity and capability to deliver commissioned services of the highest quality.

Our Agreed Programmes of Work:

We are committed to working with patients, donors and our health and public service partners to understand, design and deliver services which are truly person focused and deliver the experience and outcomes that people value most.

Our focus during this period will be on:

Delivering the Fundamental Cornerstones of Healthcare Provision:

These include:

- Implementing the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2021, the National Quality and Safety Framework and the National Clinical Framework to provide services of the highest possible quality
- Delivering services that meet the national clinical quality and safety standards and provide an excellent experience
- Treating patients as quickly as possible
- Providing blood and blood products to our partner Health Boards to support the provision of treatment and care to people across Wales
- Developing agile and flexible capacity plans which allow us to respond quickly to changes in demand for our services
- Supporting the health and well-being of our staff who have been working in extremely challenging circumstances for the past three years
- Workforce redesign – optimising multi-professional patient / donor cantered care predicated on co-production and top of licence working

Improving Population Outcomes and Reducing Inequalities:

We will continue to work with our Local Health Board and wider partners to identify opportunities where we can support the improvement of public health and population outcomes through primary and primary and secondary prevention. This will focus on a number of areas:

- Improving access to our services to increase uptake and reduce inequalities and ill-health
- Strengthening our decision-making to consciously address poor outcomes and inequalities in the communities we serve
- Working with our health partners where it is clear and compelling that we can add value and make a difference

Regional Working, Partnerships and Collaboration to Improve Outcomes

We will:

- Work with Local Health Board partners to strengthen our support the delivery lead of improved cancer outcomes for patients in South East Wales
- Develop the Velindre@ research hub philosophy across all LHB partners in South East Wales
- Further develop the Blood Health Oversight Group work programme to improve the prudent use of blood and blood products across Wales

Delivery of Transformation Programmes

Non-surgical Tertiary Oncology Services:

We will progress a number of key areas of work:

- Implementing the final phase of the Acute Oncology Service regional model
- Continue to improve pathways for unscheduled care patients
- Delivery of the Cardiff Cancer Research Hub

Development of the infrastructure to support regional cancer services including:

- Implementation of the Integrated Radiotherapy Solution in 2025
- Construction and delivery of the new Velindre Cancer Centre in Whitchurch, Cardiff in 2027
- Construction and opening of the Radiotherapy Satellite Centre, at Nevill Hall Hospital in Abergavenny, in 2025

Blood and Transplant Services:

We will progress a number of key areas of work within blood and transplant services including:

- Laboratory Modernisation programme:
  - Refurbishment of the Talbot Green facility by 2027
- Plasma for Fractionation: developing the case for change and delivery of the Programme

Part 4

Translating our priorities into high quality services

We summarise our service delivery framework for Strategic Trust Programmes

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Our Strategic Delivery Framework

Our strategic delivery framework provides us with a structured approach to the translation and delivery of our strategic goals and priorities within the organisation.

Trust Purpose and Vision

Trust Strategic Goals in line with:

- Our agreed strategic priorities
- Our key organisational strategic risks
- Our statutory requirements

Velindre Cancer Service Strategy: Objectives and Priorities

Welsh Blood Service Strategy: Objectives and Priorities

Service Plans for the Welsh Blood Service and the Velindre Cancer Service

Support Functions Strategies and Plans e.g. Digital Services

Velindre University NHS Trust IMTP: 2024 - 2027

Business and Usual and Transformation Programmes used as Delivery Mechanisms:

Velindre Cancer Service:
Velindre Futures Programme

Welsh Blood and Transplant Service:
Welsh Blood Service Futures Programme

Improved Outcomes and Benefits

Part 5

Our Service Delivery Plans

Our Velindre Cancer Centre and Welsh Blood and Transplant Service delivery plans for 2024 to 2027

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Velindre University NHS Trust

Our clinical services

Cancer Services Non-Surgical Tertiary Oncology

A key focus for us from 2024/25 – 2026/27 will be the implementation of our enhanced regional clinical model and the successful delivery of our new infrastructure programmes. We want to ensure that, in all areas, we are consistently working in ways which result in the best possible outcomes for our patients. We will do this by continuing to empower our teams to design the best possible processes and pathways and to lead change. The input of our patients, their families and our partners across south-east Wales will be key to this process.

The ambitious programme of change we are taking forward includes major undertakings such as work to support the new Velindre Cancer Centre (nVCC) development and the delivery of the Integrated Radiotherapy Solution (IRS) programme. We are committed to delivering initiatives which will improve the support provided to our patients across the entirety of their care pathways. This will include significant proactive change in service provision in outpatients, SACT, and radiotherapy as well as plans to further develop our active engagement and support to primary care, palliative care and therapies. This list is not exhaustive.

All of this will happen against a background of growing demand for cancer services and in an environment characterised by ever increasing complexity. New systemic therapies are presenting new treatment options and changing the way in which patient experience cancer treatment. Such advances are undeniably positive but, they do present the healthcare system with certain challenges. We need to optimise our horizon scanning and to cooperate with partners in a proactive way to ensure that we are able to anticipate, to manage and to maximise the impact of these exciting developments. In responding to demand, we have always sought to innovate. Changes such as the introduction of virtual consultation methods, the extension of SACT delivery with additional service through the mobile unit with Tenovus, and the expansion of the SACT homecare service are all adaptations which will need to be maintained and optimised in the medium term. The expansion of outreach services to service the requirements of patients across south-east Wales, ahead of our transition to a new Velindre Cancer Centre, is an important part of our service plan and will help us manage the impacts of growing demand.

The leadership and co-ordination of this work through the *Velindre Futures* programme will continue. The delivery of the Velindre Cancer Service contribution to key regional programmes e.g. the Acute Oncology Service, the continued delivery of the Nuffield Recommendations and the implementation of outreach service improvements are all activities which will form part of the *Velindre Futures* agenda. These arrangements will

promote a truly coherent approach and ensure that all the initiatives we are progressing are properly linked to wider service modernisation and transformation projects.

We have also entered the implementation phase of the Integrated Radiotherapy Solution (IRS). This constitutes a further key work programme which underpins the ongoing delivery of sustainable radiotherapy services as well as enabling the new Radiotherapy Satellite Centre at Nevill Hall Hospital.

Together these changes constitute an agenda of unprecedented change for Velindre Cancer Services. This agenda will be progressed alongside plans to repatriate services back to local heath boards, where appropriate, following a period when centralised delivery at the Velindre Cancer Centre in response to the COVID-19 pandemic was operationally necessary.

The delivery of our plan for 2024/25 – 2026/27 will depend on effective partnership working with our local health board partners.

Our Priorities for 2024/25-2026/27

The Velindre Cancer Services Strategy '*Shaping our Future Together*' sets out our strategic priorities.

Strategic Priority 1:	**Equitable and consistent care, no matter where; meeting increasing demand.**
Strategic Priority 2:	**Access to state-of-the-art, world-class, evidence-based treatments**
Strategic Priority 3:	**Improving care and support for patients to live well through and beyond cancer**
Strategic Priority 4:	**To be an international leader in research, development, innovation and education**
Strategic Priority 5:	**To work in partnership with stakeholders to improve prevention and early detection of cancer.**

Alongside the range of major service transformation initiatives we plan to deliver, the sustainable delivery of patient services and the provision of sufficient capacity continues to be our primary focus. Our capacity challenge will not only be in the delivery of treatment by SACT and radiotherapy but, also in the case of other services which support patient care including radiology, therapies, pharmacy and palliative care.

Responding to these challenges will require the delivery of outpatient and SACT services at local hospital sites in collaboration with health boards as well as expanding capacity across our full range of services at the cancer centre. This will allow us to plan to meet expected levels of demand and ensure equitable access to our services for patients living right across south-east Wales.

Velindre Futures is the vehicle which will deliver the changes we need to realise in order to successfully meet our ambitions including the VCS element of the regional work and the implementation phases of the TCS programme. Established in 2020, Velindre Futures is a clinically led initiative that directs the development of the clinical model and future service configuration, working in partnership and collaboration with staff, patients and carers and the public. It will ensure that the Cancer Centre systems and processes remain fit for purpose and patient centred, now and in the future. It will also enable the VCS aspects of regional collaborative working.

Through 2024 and beyond, the *Velindre Futures* work programme will ensure the delivery of the key recommendations identified alongside the existing service changes planned.

This is an ambitious programme of work that will be prioritised and delivered through 2024/25 – 2026/27 as we continue to focus on increasing capacity to manage demand increases.

Core to service change is ensuring that the voice of the patient, their carers, families and the public are involved in shaping what we do. To enable this, a new framework for engaging with patients and the public will be developed to draw on best practice and set our expectations and ideas**.**

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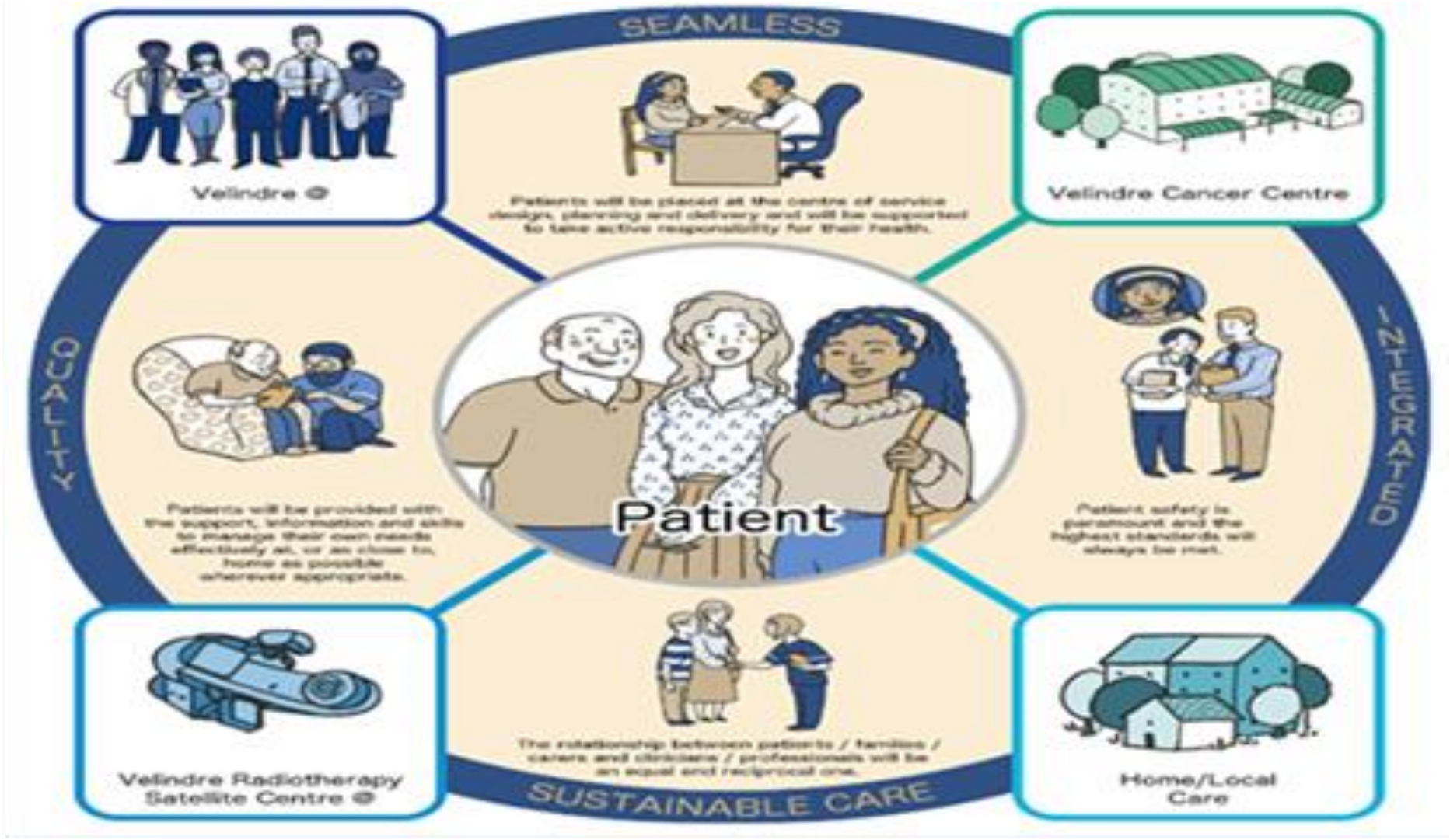
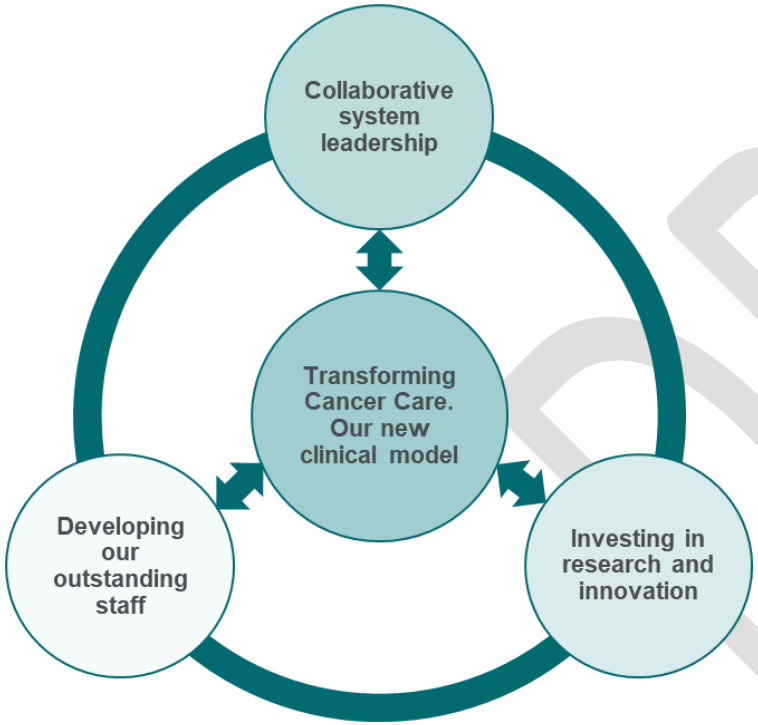
Our Clinical Model



Our Approach

The four areas of focus within our *Velindre Futures* and Transforming Cancer Services programme will allow us to realise our vision. These are deliverable within an overall environment of maintaining our excellent quality, operational and financial performance, which also encourages us to be enterprising.



Responding to more people living longer with cancer: an improved model of care:

- An improved model of care: at home or local where possible, centralised where necessary, and based around delivering equitable access to high quality care and research.
- A new state-of-the-art cancer centre in Cardiff networked across South Wales delivering acute oncology services and research centres of excellence.
- A Radiotherapy Satellite Centre in Nevill Hall and chemotherapy in a variety of outreach locations across south-east Wales.
- Delivery of outreach services in V@ facilities in Local Health Boards.
- Complete digital transformation through our 'connecting for the future' programme.

Collaborative System Leadership:

- Play a lead role in the development of a system wide approach to cancer services in the region through the Cancer Collaborative Leadership Group.
- Continue to lead and contribute to key areas of care and research, including through embedding our new clinical model, both nationally and internationally.
- Support the development of the diagnostic network and single cancer pathway as key enablers of service transformation.
- Support the development of integrated health and social care and research models across south Wales/Wales.

Investing in research and innovation:

- Increase participation in clinical trials, Velindre sponsored studies, and become renowned for qualitative research.
- Developing a research network across south-east Wales with our LHB and University partners.
- Lead the research and innovation agenda through taking an active leadership role in partnership with universities, commercial partners and the Research Network.
- Increase our opportunities to be at the forefront of innovation.

Developing our outstanding staff:

- Developing our clinical, scientific, nursing and allied health professional leadership capability
- A consistent approach to quality improvement through the Quality and Safety Framework.
- Developing a comprehensive approach to Education and Training.
- A focus on engaging and empowering staff.
- New workforce skills and leadership development to meet our workforce challenges.

Velindre Cancer Centre: How we will Meet Our Challenges

The Challenge…	We will meet this by…
Cancer Incidence is Increasing	✓ Expanding our role in the early diagnosis of cancer ✓ Promoting effective public health messages – making every contact count
There Continues to be Variation in Outcomes Throughout Wales	✓ Delivering more services of consistent quality in outreach settings closer to patients' homes ✓ Delivering a Radiotherapy satellite centre, in collaboration with Aneurin Bevan University Health Board ✓ Leading on the standardisation of Acute Oncology Services across and the development of a Cancer of the Unknown Primary service across SE Wales
There is a Gap Between Forecast Demand and Supply Which We Need to Close	✓ Continuing to implement techniques which are resource neutral or that deliver efficiencies elsewhere in the process ✓ Developing a robust, flexible, highly skilled and responsive workforce ✓ Rationalising treatment pathways and identifying efficiencies
Treatments are Becoming More Complex and New Advances are Continuously Emerging	✓ Ensuring, in collaboration with health board partners, that sufficient linear accelerator capacity is available to accommodate new techniques ✓ Effective horizon scanning
More People are Living With and Beyond Cancer	✓ Ensuring timely access to robust, high quality Clinical Psychology and Therapies services

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Our priorities for 2024/25 – 2026/27
We have identified a range of key deliverables:

Strategic Priority 1: To meet increasing demand

- Reduce patient backlog and waiting times
- Support improved compliance with the Suspected Cancer Pathway
- Delivery of clinical audit programme
- Deliver quality improvements in brachytherapy service
- Delivery of quality and safety requirements and Healthcare Associated Infections/Infection Prevention Control Requirements
- Delivery of next phase of Velindre Futures / TCS Programme:
    - Implementation of unscheduled care pathways
    - Implementation of regional acute oncology service model
    - Implementation of V@UHW Research hub
    - Agreement of V@ CTM and AB service model and phased implementation
- Development of sustainable workforce model and agreement for funding with LHB to support transition to improved clinical model and stepped change in capacity

Strategic Priority 2: Access to state-of-the-art, world-class, evidence-based treatments

- Identify and secure additional capacity to deliver radiotherapy and SACT requirements
- Deliver infrastructure phase of TCS Programme:
    - Support the opening of the radiotherapy satellite centre in Nevill Hall
    - Make a second new linear accelerator available for clinical use at Velindre Cancer Centre.
    - Identification of outreach requirements in LHB models/facilities

Strategic Priority 3: Improving care and support for patients to live well through and beyond cancer

- Enhance our assessment unit to improve access and support for patients with acute needs
- Increase the range of holistic therapies available to patients during/following their treatment
- Implementation of patient engagement strategy to strengthen our conversations with patients, families and wider partners
- Patient self-management programmes
- End of life/palliative care

Strategic Priority 4: To be an international leader in research, development, innovation and education

- Implementation of Research and Development strategy
- Implementation of V@UHW Research hub
- Progress a range of strategic partnerships to take innovation to market

Strategic Priority 5: To work in partnership with stakeholders to improve prevention and early detection of cancer

- Deliver our secondary prevention programme to support patients in improving their health and well-being
- Deliver our Macmillan primary care programme to support improved detection and diagnosis of cancer

Forecasting Demand and Capacity to Deliver Services

Demand for cancer services is driven by the need to deliver care for patients newly diagnosed with cancer but, also by the requirement to make available new cycles of treatment to existing patients, e.g. patients with metastatic disease who are prescribed further cycles of therapy. Demand is also influenced by the availability of new treatment regimens, i.e. newly approved treatment agents, such as certain immunotherapies and targeted treatments, which are presenting entirely new treatment options or are influencing dramatic changes to treatment pathways.

Demand for non-surgical cancer services at VCS has been increasing steadily in recent years. The demand forecast for 2024/25 is informed by data derived from a major exercise we have led in conjunction with our health board partners, the Wales Cancer Network, Improvement Cymru and the NHS Executive's Delivery Unit.

The demand modelling initially focused on historic flows of patients from primary care to diagnosis and on to treatment. This approach was used to develop a predictive model which could forecast external demand driven by new patient referrals. We have used this model to quantify capacity requirements for 2024/25 and beyond. We will continue to use this model to review demand in the future.

The table below provides a summary of the planning assumptions that underpin the capacity and delivery plan for 2024/25:

Forecast Growth in Demand for our Services in 2024/25

Service	2024/25
Radiotherapy	6%
Nuclear Medicine	2%
Radiology Imaging	10%
Preparation and Delivery for Systematic Anti-Cancer Therapy	10%
Ambulatory Care Services	2%
Outpatient Services	10%
Inpatient Admitted Care	2%

To accommodate the forecast increases in demand for anticipated in 2024/25 will require changes to clinical practice and service delivery. The increased utilisation of virtual outpatient attendances, the mix of oral and IV infusion SACT delivery, the expanded use of hypofractionation in administering radiotherapy treatments to certain patient groups and the delivery of patient care in outreach settings will all need to be explored. This work is ongoing alongside activity to identify efficiencies and developments across all treatment pathways.

Systemic Anti-Cancer Therapy (SACT)

Demand for SACT is driven not only by new patient referrals but, by the requirement to offer on-going treatments to patients undergoing subsequent cycles of care. This is increasingly prevalent because there more treatment options, patients are living longer and receiving intermittent SACT regimens and because of the increasing use of 'maintenance' regimens.

There is a direct impact of the increasing demand on SACT which is seen in Out-patients and by the Ambulatory Support Unit where treatment related toxicities are assessed and managed.

External Beam Radiotherapy

The development and improvement of radiotherapy treatment pathways to meet revised treatment start targets will continue. This activity represents a key constituent of the pathway improvement programme included in our plan for 2024/25 – 2026/27.

Outpatient Services

The forecast increase in demand for Outpatient services presents a significant challenge. We have therefore developed plans from 2024/25 – 2026/27 to transform and improve our patient pathways. This will ensure that we have sufficient capacity to meet demand.

Key Programmes of Work 2024 – 2025

The initiatives listed below include a wide range of projects which will help us deliver our over-arching ambition. However, alongside these, there is also an extensive programme of ongoing "business as usual" measures which includes the planned replacement of equipment and digital system upgrades.

Meeting Demand

Sustaining and building capacity in all areas of the service to meet the anticipated demand and to enable us to consult with and treat people in a timely manner and in accordance with the appropriate professional standards of care.

Velindre Futures

- Continue to deliver service change in each of the directorate service areas; Medical, SACT and Medicines Management, Radiation Services, Integrated Care, Operational Services including Outpatients.
- Primary Care Oncology – exploring where we can provide additional support for primary care and work in partnership with primary care colleagues to strengthen patient pathways and Care Closer to Home.
- Working to meet the Suspected Cancer Pathway and improved compliance with the new time-to-treatment Quality Performance Indicators (QPIs) in radiotherapy.
- Palliative care – reviewing the service requirements and ongoing service developments aligned with the End of Life Care Board programme, ensuring the ability to meet the internal demand for specialist palliative care services, implementing and embedding Advance Care Planning at the Cancer Centre. For instance, embed electronic Advance and Future Care Planning patient records into healthcare records in patients with palliative care needs.
- Supporting delivery of the pharmacy Transforming Access to Medicines (TrAMS) programme.
- Patient support services development which includes the realisation of improvements to the SACT treatment patient helpline.
- Increase the range of therapies available to patients during/following their treatment – including pre-habilitation.
- Outpatient transformation programme – working to modernise the outpatient model of care delivery, including implementing 'supported self-management' for cancer patients with a Values Based Health Care approach (rather than the traditional outpatient model of '*follow up*').
- Supporting specific treatment developments identified by SSTs as priorities. These will be delivered through external negotiations e.g. commissioning, and internal programmes of work to tackle gaps in service, access to trials, pathway reviews, etc.

Specific Major Projects

- Preparing for a paperless environment – defining the wider project structure and embedding and optimising the Welsh Patient Administration System (WPAS) and the Welsh Clinical Portal (WCP) in all service areas.
- The joint delivery, with Aneurin Bevin University Health Board, of a Radiotherapy Satellite Centre at Nevill Hall Hospital. This includes implementation of the operating model for the Centre and the commissioning of new Radiotherapy equipment.
- The implementation of the Integrated Radiotherapy Solution (IRS). This includes the commissioning of new linear accelerators at the Velindre Cancer Centre and the commissioning of linear accelerators and other equipment at the Radiotherapy Satellite Centre.
- The delivery and transition to a new Velindre Cancer Centre.

Supporting Projects

- Digital enablement of all *Velindre Future* projects.
- Patient Engagement: establishing the new ways of working to enable delivery of the aspirations in the new patient framework.
- Workforce for the Future: further modernise our workforce model to ensure we have all staff operating at the top of their licence and make the most of advanced practice and consultant roles.
- Working with HEIW and the Wales Cancer Network to ensure that Velindre has a workforce which is '*fit for the future*' with new roles, succession planning and the upskilling of staff through development programmes.
- The Value Intelligence Centre will lead the procurement of a digital PROMs platform in 2024/25 and support the design, development and delivery of Patient Reported Outcome Measures (PROMs) across 2-3 Site Specific Teams (SSTs) with the intention to roll out more broadly over the 3 year plan.

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Velindre Cancer Service Plan 2024/25 – 2026/27

IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
Link to Trust Destination 2032	**Objective**	**Expected Benefits**	**Key Specific Actions and 2024/27 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
Trust Strategic Goals 1, 2, 3, 4 and 5	**Implementation of clinical service at Radiotherapy Satellite Unit in ABUHB (Nevill Hall Hospital)**	• Increased patient access. • Increase in uptake of radiotherapy. • Reduced patient travel times. • Improved clinical outcomes. • Improved equity of care regionally. • Increased patient satisfaction.	• Complete development of service specification and Service Level Agreement (SLA). • Develop workforce plan.	• Initiate deployment of new workforce plan. • Define model for delivery of outreach activity.	• Define and implement necessary digital infrastructure to enable effective and efficient operation of the new Satellite Unit.	• Develop and deploy plan for operational handover following successful completion of the construction phase.	• Project close and Radiotherapy Satellite Unit to 'go-live'.		% Patients beginning scheduled radiotherapy within 21 days (Target 100%) % Patients beginning urgent unscheduled radiotherapy within 7 days (Target 100%) Patient satisfaction (PREMS) Patient Outcomes (PROMS)
Trust Strategic Goals 1, 2, 3, 4 and 5	**Implementation of Integrated Radiotherapy Solution**	• Improved patient outcomes	• Second new linear accelerator commissioned	•Implementation of InSightive radiotherapy analytics tool.	• Third new linear accelerator and associated		• Progress phase 3 objectives.	• Project close.	Improved patient outcomes on a PROMS

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
Link to Trust Destination 2032	**Objective**	**Expected Benefits**	**Key Specific Actions and 2024/27 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
	Programme by 2026/27	• Improved quality of care • Reduced patient waiting times • Improved patient safety • Increased patient access to clinical trials • Improved productivity and efficiency levels • Improved patient satisfaction • Improved machine resilience • Reduction in carbon emissions	and in clinical use. • Assess implications of commissioning fourth new linear accelerator to enter service on the current Velindre site and consider alternative options to maintain service provision. • Develop contingency plans to ensure maintenance of treatment capacity in the event of catastrophic machine breakdown.	• Develop capital equipment procurement contingency plan to determine options to enable the timely replacement of equipment in the event of failure, etc. before the opening of nVCC site. • Develop plan to support transition of brachytherapy service to nVCC site.	infrastructure commissioned and made available for clinical use.				dashboard by Q4 2024/25 as a result of reduced downtime, improved efficiency, increased in throughput and increased flexibility by which to manage tumour specific cases
Trust Strategic Goals 1, 2, 3, 4 and 5	**Implementation of Outreach Programme by 2025-26**	• Increase care close to home. • Improved access. • Improved equity.	• Engage with health boards, agree intention and principles.	• Define model for delivery of care on outreach contexts.		• Develop workforce model.	• Project complete.		% of Patients treated by local health boards

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
Link to Trust Destination 2032	**Objective**	**Expected Benefits**	**Key Specific Actions and 2024/27 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
		• Improved patient experience. • Reduction in carbon emissions.	• Establish programme board.						% of Patients treated at VCS. Average patient travel time. Patient satisfaction (PREMS). Patient outcomes (PROMS).
Trust Strategic Goals 1, 2, 4 and 5	**Implementation of the Transforming Access to Medicines (TrAMs) Model at Velindre Cancer Services**	• Increased service resilience • Increased workforce resilience • Increased levels of efficiency and productivity • Reduced costs • Improved access to medicines in a timely manner	• Work with regional stakeholders to support design and delivery of radiopharmacy delivery model. • Review governance structure in the context of interim requirements and contingency planning	• Develop and assess possible delivery models which will ensure the sustainable delivery of pharmacy services prior to the full implementation of the TrAMs model.	• Identify funding stream to support the expansion of pharmacy services in anticipation of future TrAMs dependent requirements.		• Develop contingency plan to address scenario in which national implementation of the TrAMs model is delayed beyond the opening of nVCC.		Alignment with national quality metrics

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
Link to Trust Destination 2032	**Objective**	**Expected Benefits**	**Key Specific Actions and 2024/27 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
			pending delivery of TrAMs model. • Secure interim support pending delivery of TrAMs. • Identify resource to support clinical and scientific infrastructure for national programme.						
Trust Strategic Goals 1, 2, 3, 4 and 5	**Implementation of Regional Acute Oncology Delivery Model and Network Structure**	• Improved quality. • Improved patient safety. • Improved clinical outcomes. • Reduction in avoidable admissions. • Improved patient experience. • Reduction in carbon footprint.	• Regional service co-ordinator recruited and in post. • Project board re-established and revised governance structure defined. • Undertake benchmarking exercise to facilitate assessment of	• Develop proposal for OS network structure and implementation.	• Develop work plan to enable delivery of remaining project objectives aligned to Wales Cancer Network service specification. • AOS network board and supporting infrastructure in place.	• Undertake review of data requirements. • Undertake review of existing policies and standard operating procedures (SOPs). Develop shared policies and SOPs, where appropriate.			Avoidable inpatient admissions Patient satisfaction (PREMS) Patient outcomes (PROMS)

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
Link to Trust Destination 2032	**Objective**	**Expected Benefits**	**Key Specific Actions and 2024/27 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
			similar delivery models. • Undertake baseline review of current position and activity relative to the Acute Oncology project model. • Undertake review of service implementation within VCS. • Identify funding stream to support on-going delivery of the service at VCS.		• Data sharing agreements and memoranda of understanding (MOUs) in place.				
Trust Strategic Goals 1, 2 and 5	**Implementation of ePMA for Use by Velindre Cancer Services**	• Improved quality. • Improved patient safety. • Improved information (access to and sharing of).	• Procure system following approval of Full Business Case (FBC) by Welsh Government. • Undertake recruitment to	• Commence system implementation following approval of FBC and subsequent award of contract.	• Continue implementation of system.		• Project close following successful implementation.		Alignment with national quality metrics.

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
Link to Trust Destination 2032	**Objective**	**Expected Benefits**	**Key Specific Actions and 2024/27 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
		• Improved levels of efficiency and productivity. • Reduction in carbon emissions.	externally funded posts required to support implementation.						
Trust Strategic Goals 1, 2 3 and 4	**Participate in Radiology Informatics System Procurement (RISP) and Implement System for Use by Velindre Cancer Services**	• Improved diagnostics information. • Better information sharing and enhanced clinical decision-making. • Improved patient outcomes. • Improved quality of care. • Reduced patient waiting times. • Improved patient safety. • Improved productivity and efficiency levels.		• Implement new system and undertake testing. • Undertake data migration to the new system. • Develop and deploy training package to facilitate maximise with new system.	• Full implementation of electronic test requesting.		• Project close following successful implementation.		Patient satisfaction (PREMS) Patient outcomes (PROMS) Improved compliance with time-to-treatment targets across all treatment modalities

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
Link to Trust Destination 2032	**Objective**	**Expected Benefits**	**Key Specific Actions and 2024/27 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
		• Improved patient satisfaction.							
Trust Strategic Goals 1, 2, 3, 4 and 5	**Implementation of the Approved Full Business case for the Development of the New Velindre Cancer (nVCC)**	• Improved quality. • Improved patient safety. • Improved patient dignity and experience. • Increased levels of efficiency and productivity. • Reduced waiting times. • Improved staff attraction and retention. • Improved staff well-being. • Reduction in carbon emissions. • Reduced staff sickness.	• Develop transition plans for all services. • Develop and deploy plans to maintain capacity during commissioning of replacement linear accelerators and other capital equipment. • Undertake digital enablement work - scoping / business analysis of new systems and ways of working, e.g. patient self-check-in / patient flow, hybrid mail solution and call centre.	• Develop plans to support the transition to the nVCC site and for dual-site running for all clinical and operational services.			• Develop plan to facilitate transition of brachytherapy service to nVCC. • Develop interim business case for radiotherapy as part of contingency planning to address potential delays to wider infrastructure project to include commissioning a fourth linear accelerator, outsourcing,	• Deploy workforce plan for operational and facilities services. Draw down identified funding from FBC to enable recruitment to necessary posts.	Patient satisfaction (PREMS) Patient outcomes (PROMS) % Staff satisfaction % Staff sickness (Note: a comprehensive list of benefits and KPIs are included within the Full Business Case)

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
Link to Trust Destination 2032	**Objective**	**Expected Benefits**	**Key Specific Actions and 2024/27 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
							7-day working, etc..		
Trust Strategic Goals 1, 2 and 4	**Implementation of National Programme for Palliative Care and End of Life in Line with National Timeframes**	• Improved quality of care. • Reduction in avoidable admissions. • Improved patient experience.	• Identify scope of palliative radiotherapy within VCS and as part of a regional model.	• Identify opportunities for workforce redesign and develop associated workforce plan. • Identify possible funding options.					Patient satisfaction (PREMS) Patient outcomes (PROMS) Reduction in inappropriate inpatient admissions
Trust Strategic Goals 1, 2, 3, 4 and 5	**Implement Relevant Standards of the National Pre-habilitation to Rehabilitation / 3 Ps Deliverables**	• Improved quality. • Improved patient safety. • Reduction in cancelled treatments. • Improved patient health and well-being. • Improved clinical outcomes. • Improved patient experience.	• Continue engagement with Prehab to Rehab south-east Wales collaborative and WCN national prehabilitation group. • Review funding streams and commissioning models to facilitate prehabilitation	• Develop and deploy local implementation and improvement plan.			• Full programme implemented. • Undertake post-implementation programme review.		Patient satisfaction (PREMS) Patient outcomes (PROMS)

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
Link to Trust Destination 2032	**Objective**	**Expected Benefits**	**Key Specific Actions and 2024/27 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
			service development.						
Trust Strategic Goals 1, 2, 3 and 4	**Implement Same Day Emergency Care pathways across Velindre Cancer Services by Q4 2024/25**	• Improved patient outcomes. • Improved quality of care. • Reduced patient waiting times. • Improved patient safety. • Improved productivity and efficiency levels. • Reduction in avoidable admissions. • Improved patient satisfaction.	• Identify and secure consistent funding to support service delivery. • Develop business case.						Reduction in inappropriate inpatient admissions Patient satisfaction (PREMS) Patient outcomes (PROMS)
Trust Strategic Goals 1 and 2	**Implement Changes to the Nursing Workforce Which Ensure Compliance with Regulatory Requirements and Supports Delivery of**	• Improved patient outcomes. • Improved quality of care. • Improved patient safety. • Improved patient satisfaction.	• Develop business cases to secure funding to support nursing workforce innovations and developments.	•Implementation of recommendations of Cancer Nurse Specialist (CNS) review. • Undertake evaluation of	• Develop Practice Educator role to facilitate person centred care. • Define and implement Model for Clinical	• Evaluate requirement for nursing support in radiotherapy.			Improved patient satisfaction (PREMS) Improved patient outcomes (PROMS)

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
Link to Trust Destination 2032	**Objective**	**Expected Benefits**	**Key Specific Actions and 2024/27 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
	Clinical and Scientific Strategy	• Reduction in avoidable admissions.		the CNS Navigator role and implement recommendations. • Introduce Advanced Clinical Practitioner Framework.	Supervision (CNO Mandate).				Improved workforce satisfaction and staff retention levels.
	Ensure the Viability of the Neuro-Oncology Service	• Improved patient outcomes. • Improved quality of care. • Improved patient safety. • Improved patient satisfaction. • Reduction in avoidable admissions.	• Develop business case and secure funding to maintain service.						Improved patient outcomes (PROMS) Improved patient satisfaction (PREMS)
Trust Strategic Goals 1, 2, 4 and 5	**Undertake Evaluation of SACT Service (to Include SACT Nursing, SACT Bookings and**	• Improved quality. • Improved patient safety. • Reduced waiting times.	• Service delivery manager recruited and in post.	• Baseline assessment complete of SACT service. Service delivery plan developed.	• Alignment of SACT booking processes with wider booking processes.				% Patients Beginning Non-Emergency SACT within 21 days

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
Link to Trust Destination 2032	**Objective**	**Expected Benefits**	**Key Specific Actions and 2024/27 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
	SACT Prepping). Define Recommendations, Develop and Deliver Improvement Plan	• Improved levels of efficiency and productivity. • Reduced costs. • Improved patient experience.		• Undertake review of booking processes and identify nature and level of Business Intelligence support required to minimise clinical risk.	• Complete SACT demand profiling exercise.				% Patients Beginning Emergency SACT within 5 days
Trust Strategic Goals 1 and 2	**Implement Recommendations from Peer Review of SACT Treatment Helpline**	• Improved quality. • Improved patient safety. • Improved access. • Improved clinical outcomes. • Reduced waiting times. • Improved patient experience.	• Receive and prepare response to peer review and determine plan for implementation (further details to be developed following the receipt of the review).						Patient satisfaction (PREMS) Improved patient outcomes (PROMS)
Trust Strategic Goals 1, 2 and 5	**Expand capacity and capability of VAP (Virtually Assessed Patient) Clinics**	• Provision of care at home/close to home. • Reduced patient needs to travel.	• Development of costed business case to support service expansion.	• Deployment of service expansion plan subject to ability to secure funding.	• Establish means of service monitoring following deployment of the service expansion plan.	• Undertake a review of the service to inform determination of future service			% Face-to-face outpatient appointments % Virtual appointments

IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
Link to Trust Destination 2032	**Objective**	**Expected Benefits**	**Key Specific Actions and 2024/27 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
		• Increased patient experience / satisfaction.	• Identify appropriate funding stream to support provision in the longer term.			delivery model.			Patient satisfaction (PREMS)
Trust Strategic Goals 2 and 4	**Implement New Molecular Radiotherapy Treatments at VCS**	• Improved quality. • Improved patient safety. • Increased levels of efficiency and productivity. • Reduced waiting times. • Improved staff attraction and retention. • Improved staff well-being. • Enhanced organisational reputation for quality of service.	• Progress the phased implementation of new Peptide Receptor Radionuclide Therapy (PRRT) service from quarter 1 (dependent upon WHSSC undertaking to commission service and availability of discretionary capital to facilitate procurement of equipment). • Undertake recruitment of additional workforce to support full implementation	• Actively engage All-Wales Molecular Radiotherapy Advisory Group (AWMOL) on development of all-Wales strategy for Molecular radiotherapy.	• Develop plan to increase Molecular Radiotherapy clinical trial participation to expand capacity and capability.		• Determine resource implications of the introduction of new Molecular Radiotherapy treatments at VCS in anticipation of NICE approval. • Actively engage with commissioners.		Improved patient outcomes (PROMS)

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
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			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
			of new PRRT service.						
Trust Strategic Goals 2, 4 and 5	**Review the Radiation Protection Service Resource to Enable Dynamic Response to National, Regional Partner Stakeholder and Internal Ambitions for Delivery of Expanded and Innovative Diagnostic and Therapeutic Clinical Services with Ionising Radiation Sources**	• Improved quality.		• Development of resource requirement plan for design and construction and implementation at nVCC.	• Undertake service development options appraisal exercise.	• Identify appropriate funding stream to support sustainable. Long-term service delivery.			Maintained compliance with established Service Level Agreements (SLAs).
	Develop and Implement New Pharmacy Strategy for 2024-2030 via Pharmacy	• Improved quality. • Improved patient safety. • Improved clinical outcomes.	• Develop and deploy operational delivery plan for pharmacy which responds to previously	• Complete development of new strategy for the pharmacy service.					% Patients Beginning Non-Emergency SACT within 21 days

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			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
	Transformation Programme		undertaken external service reviews.						% Patients Beginning Emergency SACT within 5 days
Trust Strategic Goals 1, 2 and 3	**Support Procurement of New Version of ChemoCare and Introduce the System for Use by Velindre Cancer Services**	• Improved quality. • Improved patient safety. • Improved clinical outcomes.	• Establish project group to direct local implementation of upgraded system. • Actively engage with all-Wales procurement of upgrade.	• Complete worksheets and labels upgrade. • Undertake testing of new upgrade. • Develop and deploy staff training plan.	• Complete operational implementation of upgrade.				% Patients Beginning Non-Emergency SACT within 21 days % Patients Beginning Emergency SACT within 5 days
Trust Strategic Goals 1, 3 and 4	**Develop and Implement Model for Clinical Leadership and Supporting Governance Structure**	• Improved quality. • Improved patient safety. • Improved clinical outcomes.	• Develop new divisional clinical governance structure. • Establish revised Site-Specific Team (SST) governance structure. • Appoint new SST lead and	• Implementation of clinical decision-making framework to support wider service delivery. • Embed clinical and scientific strategy.	• Site-Specific Team (SST) activity and performance dashboard.				Improved patient satisfaction (PREMS) Improved patient outcomes (PROMS) Improved workforce satisfaction and staff

IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
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			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
			new deputy Clinical Director.						retention levels.
Trust Strategic Goals 1 and 3	**Design, Commission and Deploy Revised Patient Transport Model**	• Improved patient experience. • Improved quality. • Improved patient safety. • Reduced waiting times. • Improved access. • Improved clinical outcomes.	• Develop revised service model to include effective transport of patients undergoing emergency radiotherapy treatments.	• Develop business case.	• Identify funding and commission revised service.				Patient satisfaction (PREMS) Reduction in Did Not Attend (DNAs) % Emergency Radiotherapy Patients Treated within 1 and 2 days.
Trust Strategic Goals 1, 2 and 4	**Implement Pathway Improvement Programme**	• Improved quality. • Improved patient safety. • Reduced waiting times. • Improved access. • Improved clinical outcomes.	• Develop and deploy plan to improve capacity and flow in the Outpatients department. • Develop implementation plan for replacement video consultation solution.	• Identify services which might be repatriated to local health board contexts. • Introduce interim process for managing electronic referrals. • Introduce revised appointment	• Develop options for amalgamation of booking teams across VCS. • Complete full roll-out of new video consultation system.	• Implement 'Hospital 2 hospital' system to support standardisation of patient referral processes and to promote efficiencies.	• Undertake evaluation of new models.		% Elective Radiotherapy Patients treated within 14 and 21 Days % Urgent Scheduled Radiotherapy Patients treated within 2 and 7 Days

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			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
		• Improved patient experience.	• Actively engage in video consultation solution design dialogue facilitated by Tech Cymru.	booking Standard Operating Procedures (SOPs). • Introduce revised telephone standards (to include appropriate consideration of the Welsh language) and system across VCC. • Identify opportunities to improve access to Welsh language training for patient-facing staff. • Deploy training plan for clinicians and administrative staff to support introduction of					% Emergency Radiotherapy Patients treated within 1 Day Patient outcomes (PROMS) % Face-to-face outpatient appointments % Virtual appointments Reduced wait for 1st outpatient appointment to ensure earlier access to treatment and improved outcomes. Ratio of face-to-face to

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			Q1	**Q2**	**Q3**	**Q4**			
				replacement video consultation solution.					virtual appointments
Trust Strategic Goals 1, 2 and 5	**Undertake Digitisation of Medical Records**	• Improved patient safety • Improved access to information (for sharing / decision-making) • Improved levels of efficiency/productivity • Reduced carbon emissions					• Establish project group. • Identify service improvements / opportunities for change. • Identify additional resource requirements. • Undertake options appraisal. • Develop supporting business case(s). • Initiate phased delivery of the project.	• Undertake post-project evaluation	Patient outcomes (PROMS)

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			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
Trust Strategic Goals 1, 2, 3 and 4	**Implementation of New Services / Delivery Models**	• Improved quality. • Improved patient safety. • Increased levels of efficiency and productivity. • Reduced waiting times. • Improved staff attraction and retention • Improved staff well-being. • Enhanced organisational reputation for quality of service.	• Establish horizon scanning group and undertake review of proposed new service developments to determine priority and timelines for taking forward identified service developments. • Implement interim model for delivery of palliative radiotherapy.				Develop solutions for, develop service model for delivery of, identify resource implications and develop business cases to secure funding, where appropriate, to facilitate: • Implementation of new Internal Mammary Node (IMN) service, axillary radiotherapy service and partial breast radiotherapy service		Patient outcomes (PROMS) Patient outcomes (PREMS) % Scheduled Radiotherapy Patients treated within 14 and 21 Days % Urgent Scheduled Radiotherapy Patients treated within 2 and 7 Days % Emergency Radiotherapy Patients treated within 1 Day

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
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			Q1	**Q2**	**Q3**	**Q4**			
							• Implementation no new extreme hypofractionation for prostate / SABR prostate service. • Implement SABR treatments for new indications. • Expansion of stereotactic radiosurgery (SRS) service. • Palliative radiotherapy service.		
Trust Strategic Goals 1 and 2	**Implement DHCR Phase 2 by 2024/25**	• Improved quality. • Improved patient safety.	• Review learning from phase 1 to support implementation	• Clarify scope and service delivery requirements.	• Develop work plan to support implementation.				DHCR phase 2 implemented

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
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			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
		• Increased levels of efficiency and productivity.	of further phases. • Establish revised governance, reporting and delivery structure for VCS agreed scope and prioritisation of VCS-specific elements for phase 2.						
Trust Strategic Goal 1	**Implementation of Consolidated Document Management System Across VCS**	• Improved quality. • Improved patient safety. • Increased levels of efficiency and productivity.	• Identify priority areas / services for introduction of new system. • Commence deployment of implementation plan.						Improved compliance with national and / or industry standards
Trust Strategic Goal 1	**Respond to Low / Limited Audit Assurance Findings**	• Improved quality. • Improved patient safety. • Increased levels of efficiency and productivity.	• Develop and deploy remedial action plan to address recommendations of CCTV audit.						Improved compliance with national and / or industry standards

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IMTP Strategic Priorities Velindre Cancer Services 2024 to 2027									
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			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
			• Develop and deploy remedial action plan to address recommendations of e-mail audit. • Develop and deploy remedial action plan to address recommendations of medical records storage incident.						
Trust Strategic Goals 1, 2, 3, 4 and 5	**Implementation of Centre for Collaborative Learning and Innovation**	• Creation and sharing of knowledge across Wales/wider to improved cancer care. • Development of network of partners to tackle key issues. • Creation of knowledge economy and innovation across Wales.					• Phased implementation work to commence (initial proposals aligned to nVCC Full Business Case agreed).		Patient outcomes (PROMS) % Utilisation of Facility Number of attendees ton education and training programmes

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			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
		• Physical space to support innovation and development working across the region/Wales/wider.							

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Blood and Transplant Services

The Welsh Blood Service (WBS) is an operating division of Velindre University NHS Trust collecting voluntary, non-remunerated whole blood and blood component donations from the general public and providing advice and guidance regarding appropriate blood component use in Health Boards throughout Wales. Donations are processed and tested at the laboratories based in WBS headquarters in Talbot Green, Llantrisant, before distribution to 17 customer hospitals throughout Wales. We have a Stock Holding Unit (SHU) and staff base in Wrexham, north Wales and also have staff based in Bangor, north Wales and Dafen, west Wales. The WBS laboratory services also include antenatal patient testing and a reference centre for complex immuno-haematology investigations.

We support the solid organ and stem cell transplant programmes that run out of Cardiff and Vale University Health Board and manage the Welsh Bone Marrow Donor Registry, which provides stem cell products nationally and internationally. We also provide the UK National External Quality Assurance Scheme for Histocompatibility and Immuno-genetics (NEQAS) an international quality assessment service.

In addition, we hold a wholesaling dealers licence to supply medicinal blood products to our customer hospitals.

The service models are supported by strong Research, Development and Innovation derived from within WBS and working closely with other Blood Services across the home nations and globally. Investing our time in supporting and facilitating Research, Development and Innovation is fundamental in ensuring we remain a leading service within the fields of blood component, transplant, and transfusion services.

We are committed to ensuring the services we provide meet the high expectations required by patients, donors, staff and partner organisations across health, academia and industry. Our services must be high quality, clinically safe, effective and underpinned by a strong evidence-base.

Strong clinical and scientific leadership and governance helps to ensure that the quality of our service remains at the forefront of our decision-making. This assurance is maintained through our commitment to ensuring the services we provide meet the high standards of our regulators and auditors, such as the Medicines and Healthcare Regulatory Agency (MHRA), Human Tissue Authority (HTA), UK Accreditation Services (UKAS) and the Health and Safety Executive (HSE).

The delivery of our blood, transfusion and transplantation services requires us to work in partnership and collaboration with colleagues within our corporate and support functions:

- The modernisation of our digital services is fundamental to the provision of modern services that minimise unnecessary work, maximise efficiency and support clinical safety.
- Data from our Data & Insight Service is used to support planning of our service delivery and development and provides a means of monitoring performance and measuring our success.
- Strong corporate governance and project structures, provided by our Innovation and Improvement Hub and business support team, are important in ensuring successful delivery and continuous improvement are embedded throughout the service.
- Maintaining a safe, sustainable and efficient estates infrastructure from which to run our services and look after our staff, is an essential requirement of WBS and is managed in partnership between our corporate estates team and local facilities team.
- Working with our People and Organisational Development team helps ensure that the well-being of our staff remains an important part of service.
- Strong financial and procurement support helps to ensure services are delivered within our agreed financial envelope and we meet our Standing Financial Instructions (SFIs) obligations.

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Continuous Improvement

A long-term, integrated whole-system approach is being implemented to ensure sustained improvements across the WBS. This incorporates leadership and governance and the improvement culture, behaviours and skills at every level.

The action plan incorporates a tailored approach to coach and support the organisation to embed a culture of service improvement (SI) across WBS. It aims to maximise the resource we have available to us and focus effort where it's needed most.

The whole system approach focusses on three themes:

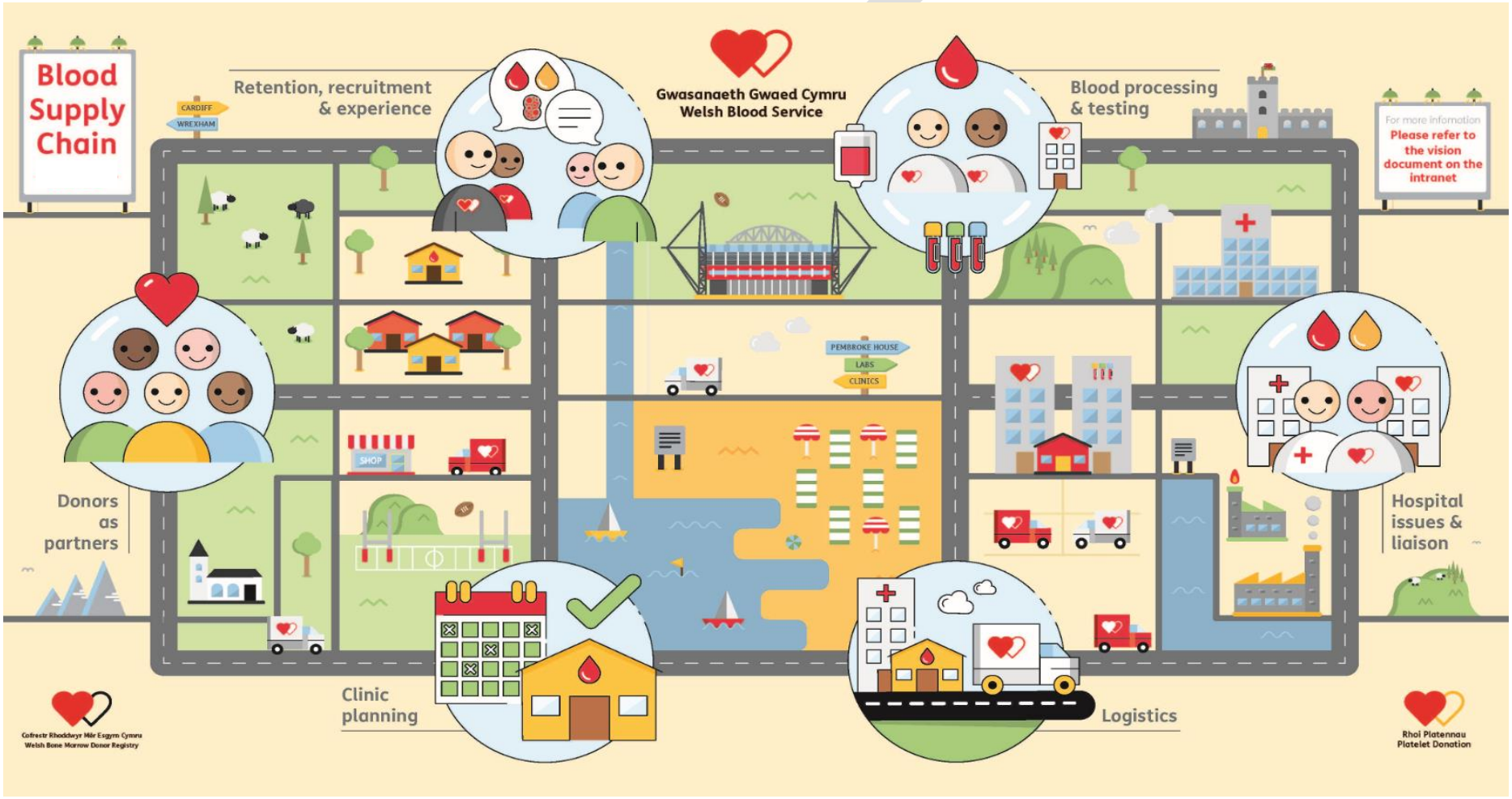
Culture – create a culture that generates interest and involvement to drive SI.

Knowledge – develop the relevant skills to underpin SI activity and culture.

Activity – identify areas for improvement and empower staff to make changes.

Service Improvement is at the core of each of the seven strategic themes of the 5 year strategy. It exists to build upon our existing services and capabilities to improve what we do currently.

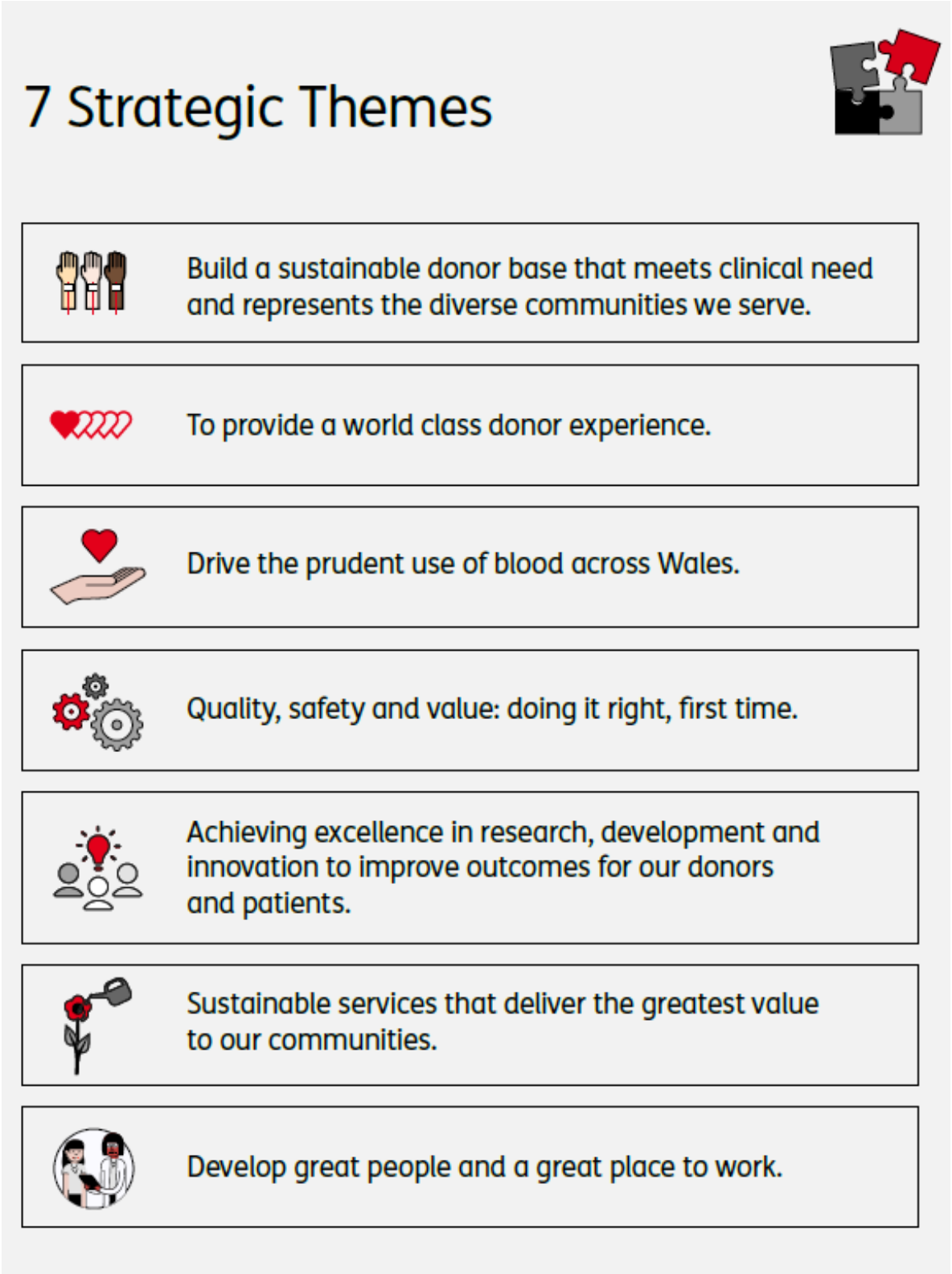
Our Blood Supply Chain Model



Our Strategic Priorities

Vision

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



Forecasting Demand for Blood Components

Meeting Demand - Planning assumptions

The following assumptions have been made when forecasting the demand for blood components:

We expect demand for 2024/25 to remain in line with 2023/24. However, we know from our analysis that there is natural variation in relation to demand; therefore, our collection model builds in sufficient capacity to account for this.

We will continue to review red cell demand and will adjust collections capacity accordingly where required for the upcoming quarter.

Figures are subject to external changes which may have a significant impact on blood component usage by hospitals (our customers) throughout the year.

We will continue to monitor actual issuing against forecasted issuing and will adjust the planned whole blood and apheresis platelet collection and the corresponding product manufacturing accordingly, to meet demand.

The Blood Health Team will continue to work with hospitals on appropriate and prudent blood component use and minimise hospital waste.

Meeting Demand for Red Blood Cells

The Clinic Planning department will aim to schedule donation clinics to collect enough whole blood to meet the estimated demand, flexing the collection plan in accordance with changes to demand.

Based upon our planning assumptions, we have modelled how much whole blood we will need to collect from our donors compared to red blood cell issuing to Health Boards, in order to support safe and effective patient care. There is always a challenge in the interpretation of Health Board activity planning and the impact on red blood cell demand due to the myriad of factors that influence usage.

Meeting demand for Platelets

Based upon our planning assumptions, we have modelled how many platelets we expect to manufacture, both from whole blood and apheresis, compared to issuing to Health Boards, in order to support safe and effective patient care.

Platelet demand will be met through a combination of apheresis derived and the pooling of whole blood platelets.

We will flex our production of pooled platelets appropriately to ensure supply chain integrity. However, it is important to note that platelet demand can be volatile due to the nature of the component, the short shelf life (7 days), the blood group complexities

and the requirement for special bleeds, as well as the two different manufacturing methods (apheresis and pooled), which in turn can lead to higher wastage levels.

Based upon the above assumptions the plan for 2024/2025 will ensure that we meet demand for all blood components.

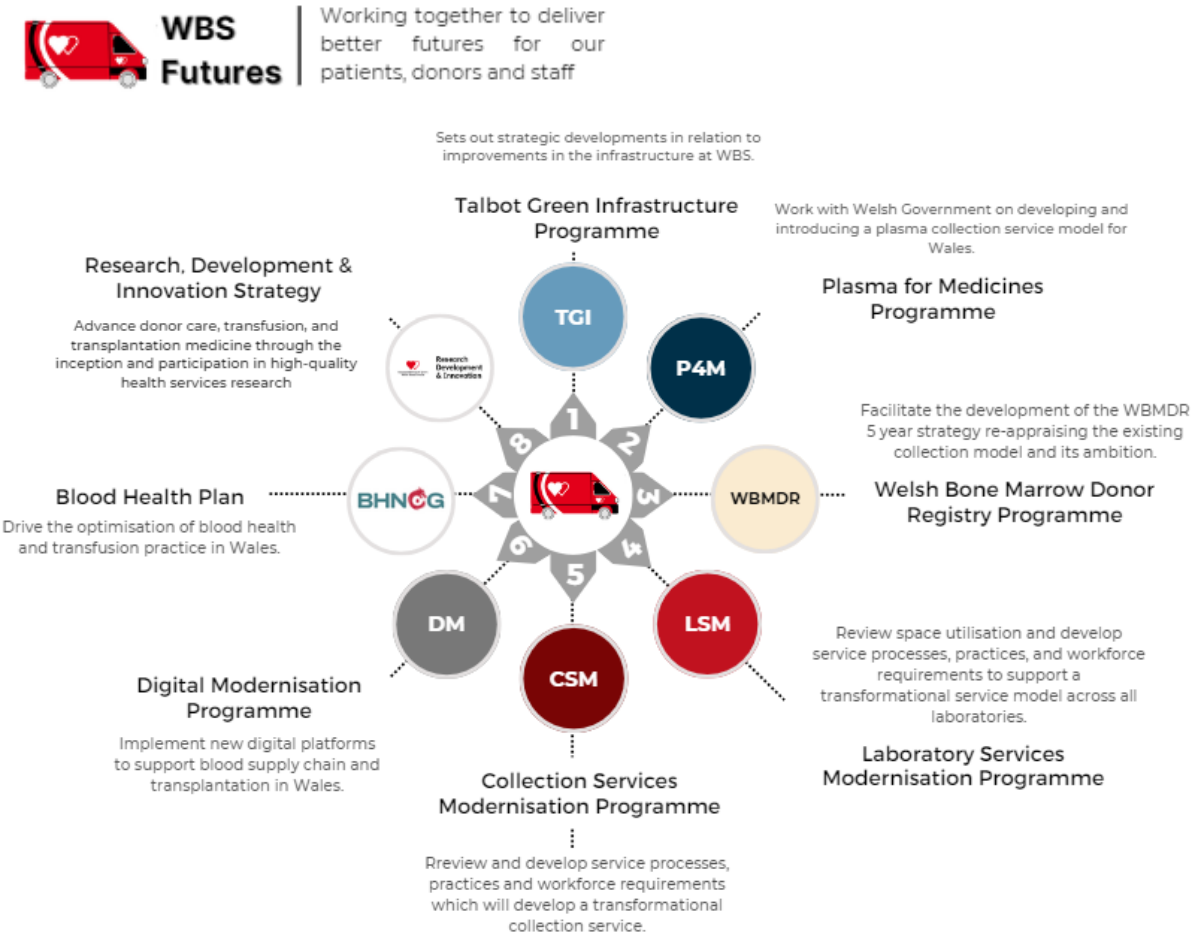
Contingency Planning

Work is ongoing through the Blood Health Team and Collections Team to align the collection profile with demand for specific blood groups. We are continuing to work closely with the hospital blood banks and service leads for blood transfusion to understand and help manage appropriate demand and meet the required capacity. To further support the effective and prudent use of stock, the Blood Health National Oversight Group will continue to provide scrutiny and leadership across Wales.

For business continuity purposes, and if required to support blood supply to the patients of Wales, the WBS can call on mutual aid support from the other UK Blood Services or in extreme circumstances the service can instigate the National Blood or Platelet Shortage Plan which provides a structured approach to addressing any shortfalls in supply.

Key Programmes of Work during 2024 – 2027

WBS Futures has been established to be the vehicle to deliver the WBS 5 Year Strategy and our ambitious IMTP. It consists of 6 programmes and 2 associated work programmes outlined below.



Other Key Areas of Work for 2024 – 2027:

Work Programme	Deliverable
Occult Hepatitis B Infection in UK Blood Donors	Assess and implement Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) recommendations on blood donor testing to reduce the risk of transmission of Hepatitis B infection as required.
Service Development and Regulation	Establish a quality assurance modernisation programme to develop and implement strategy which supports more efficient and effective management of regulatory compliance and maximises digital technology.
Safe Care Collaborative	Two projects under the Safe Care Collaborative initiative: • Donor Adverse Event Reporting Project

	• Haemochromatosis Patients Project
Workforce	Develop a sustainable workforce model for WBS which provides leadership, resilience and succession planning.
Infected Blood Inquiry (IBI)	The final report will be published on 20th May 2024. The WBS, along with other UK Blood Services and Welsh Government, will respond to and, where appropriate, implement any recommendations.
Pre-Operative Anaemia Pathway Programme	Implementation of the Pre-Operative Anaemia Pathway programme by 2024/25.

Welsh Blood Service Plan 2024 – 2027

IMTP Strategic Priorities Welsh Blood Services Service Delivery Framework 2024 to 2027									
Strategic Priorities 2024/25 – 2026/27	**Objectives**	**Expected Benefits**	**Key Specific Actions and 2024 - 2027 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
SP1: Build a sustainable donor base to meet clinical need and be representative of the diverse communities we serve **(Link to Trust Destination 2033 – Trust Strategic Goals 1 and 5)**	Implement improved donor interaction by 2026/27. WBS Futures	• Personalised donor experience • Wider communication choice for donors. • Increased donor retention. • Improved information (for sharing/decision-making). • Increased levels of efficiency/ Productivity.	Introduce updated WBS brand toolkit. Continue to support Digital with development of refreshed booking portal.	Implement refreshed booking portal.	Begin introduction of a co-design forum for donors and advocates.	Begin introduction of a donor experience hub. Begin implementation of a Customer Relationship Management (CRM) System. Continue with introduction of a co-design forum for donors and advocates.	Complete introduction of a donor experience hub. Complete implementation of a Customer Relationship Management (CRM) System. Implement omni-channel software.	Implement tailored pathways for donors and advocates. New donor app implementation and create content.	% Donor Satisfaction.
	Develop and implement the Welsh Bone Marrow Donor Registry (WBMDR) strategy re-appraising the collection model and its ambition by 2026/27.	• Sustained growth and retention of the stem cell donor panel. • Increase in stem cells supply. • Increased diversity in the donor panel.	Introduce Self - Administration of G-CSF as part of the modernisation of Clinical services. Develop model for bone marrow	Continue to develop model for bone marrow collections in Wales. Review of clinical model	Review and develop of clinical model for apheresis collections. Continue to develop model for stem cell	Implement identified and developed strategies for maintaining growth of the registry such as collecting 3rd party	Implement recommended strategies for maintaining growth of the registry such as collecting 3rd	Continue to implement recommended strategies for the expansion of stem cell	Number of stem cell collections.

IMTP Strategic Priorities Welsh Blood Services Service Delivery Framework 2024 to 2027									
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			Q1	**Q2**	**Q3**	**Q4**			
	WBS Futures	• Improved resilience in stem cell supplies. • Improved clinical outcomes nationally / internationally. • Increased income levels.	collections in Wales. Investigate digital replacement solution for WBMDR software.	for apheresis collections. Implement JACIE accreditation for stem cell collection services. Develop model for stem cell donor medicals. Continue to develop URS and engage with digital suppliers to replace current WBMDR software.	donor medicals. Produce and process tender to replace current WBMDR software.	cellular products or ATMP starting materials. Follow tender process to replace current WBMDR software.	party cellular products or ATMP starting materials. Continue to progress with the WBMDR replacement software project.	collection services. Implement new WBMDR software.	
SP2: To provide a world class donor experience	Implement new donor strategy by 2025/26. (platelet, blood, bone marrow, plasma) WBS Futures	• Right size/shape donor panel/s. • Increased resilience for supply of products across Wales.	Re-submit new donor and advocate strategy for approval.	Begin to develop recommendation paper for systems, processes and people	Complete recommendation paper for systems, processes and people required to		Begin to implement new strategy.		% Red Blood Cell Demand met for Hospitals.

IMTP Strategic Priorities Welsh Blood Services Service Delivery Framework 2024 to 2027									
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			Q1	**Q2**	**Q3**	**Q4**			
(Link to Trust Destination 2033 – Trust Strategic Goals 1, 2, 3, 4 and 5)		• Improved levels of efficiency / productivity. • Reduced importation and costs. • Increased brand awareness and reach. • Wider population/donor education. • Development of rich data to improved insights and focus efforts in right areas.		required to deliver the strategy.	deliver the strategy				
SP3: Drive the prudent use of blood across Wales **(Link to Trust Destination 2033 – Trust Strategic Goals 1, 2, 4 and 5)**	Implementation of the Pre-Operative Anaemia Pathway programme by 2024/25. WBS Futures	• Improved clinical outcomes for patients post operatively. • Reduced length of stay post-surgery. • Prudent use of (reduced demand for blood). • Increased equity of care and outcomes. • Reduction in clinical complications associated with receiving blood products.	Evidence of compliance with Health Board action plans issued in July 2023.	Dataflow for treatment data established. Incorporate costing data into Dashboard development.	Health Board Benchmarking to be incorporated into treatment data to evidence compliance with NICE QS138.	Current funding stream ends 31/12/24.			Full programme implementation by 2024/25.

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			Q1	**Q2**	**Q3**	**Q4**			
		• Compliance with the NICE guidance. • Improved efficiency. • Cost efficiencies.							
SP4: Quality, safety and value: doing it right, first time **(Link to Trust Destination 2033 – Trust Strategic Goals 1, 2, 4 and 5)**	Revised blood collection clinic portfolio by 2025/26. WBS Futures	• Increased /Sustainable collection model. • Improved access for service users. • Improved collection efficiency. • Reduction in costs. • Improved access to donors for recruitment to the Welsh Bone Marrow Donor Registry.	Complete implementation of tours for North Wales teams.	Begin to develop options for introduction of a new fixed donation venue/s. Begin review of existing blood donation venues.	Continue to develop options for introduction of a new fixed donation venue/s. Continue to explore options for introduction of a new fixed donation venue/s. Continue review of existing blood donation venues.	Continue to develop options for introduction of a new fixed donation venue/s. Continue review of existing blood donation venues.	Complete development of options for introduction of a new fixed donation venue/s. Complete review of existing blood donation venues.		Implementation of revised model by 2025/26.
	Introduce clinically led collection team model by 2024/25. WBS Futures	• Improved leadership capability. • Standardisation of terms and conditions across collection teams. • Improved quality.	Continue to undertake a workforce review, to include roles and responsibilities.	Continue to undertake a workforce review, to include roles and	Begin to implement workforce review in line with	Continue to implement workforce review in line with Organisational			Whole Blood Collection Efficiency per Full

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			Q1	**Q2**	**Q3**	**Q4**			
		• Improved safety. • Reduction in staff turnover. • Improved collection efficiency.		responsibilities. Develop new job descriptions.	Organisational Change Policy (OCP).	Change Policy (OCP).			Time Staff.
	Develop and implement a platelet strategy by 2025/26. WBS Futures	• Improved levels of efficiency. • Improved alignment between capacity and demand. • Reduction in avoidable waste. • Reduce wastage.	Development and Implementation of the Validated Demand and Capacity tool. Implement new platelet pooling packs. Implement apheresis in Platelet Additive Solution (PAS). Research and development of new components.	Continue development and Implementation of the Validated Demand and Capacity tool. Continue with implementation new platelet pooling packs. Implement apheresis in PAS. Research and development of new components.	Development of the collection strategy for apheresis and whole blood platelet collection Optimise the clinical efficacy of platelet supply including substitutions. Research and development of new components.	Continue development of the collection strategy for apheresis and whole blood platelet collection Optimise the clinical efficacy of platelet supply including substitutions. Research and development of new components.	Development of the collection strategy for apheresis and whole blood platelet collection Development of the Horizon Scanning for fluctuations for optimal platelets supply. Development of the strategy to Improve the on-shelf availability of		% Platelet Supply meeting Demand to Hospitals.

IMTP Strategic Priorities Welsh Blood Services Service Delivery Framework 2024 to 2027									
Strategic Priorities 2024/25 – 2026/27	**Objectives**	**Expected Benefits**	**Key Specific Actions and 2024 - 2027 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
							all platelet types: Including expanding donor panel. Research and development of new components.		
	To work with the National Wales Laboratory Information System (WLIMS) 2.0 programme to make sure the needs of the WBS are delivered through the National system. WBS Futures	• Modernise patient management software with robust digital support. • Connectivity to national database. • System improvement. • Increased patient safety. • Access to blood usage data to inform demand planning.	Completion of DHCW collaborative development.	System Integration Testing (SIT).	Completion of SIT. Formal Validation.	Commence deployment	Complete deployment (Q1)		Full implementation of WLIMS 2.0 by 2025/26.
	Implement a new Laboratory Information Management System (LIMS) for Welsh Histocompatibility and Immunogenetics	• Improved availability of information. • Increased efficiency / productivity. • Improved patient experience. • Reduced turnaround times.	Completion of Discovery Phase. Commence Implementation.	Commence Environments set-up.	Complete implementation. Complete Environments set-up.		Complete Data Migration (Q1). Training (Q1).		Implementation of WHAIS LIMS by 2025/26.

IMTP Strategic Priorities Welsh Blood Services Service Delivery Framework 2024 to 2027									
Strategic Priorities 2024/25 – 2026/27	**Objectives**	**Expected Benefits**	**Key Specific Actions and 2024 - 2027 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
	Service (WHAIS) by 2025/26. WBS Futures	• Reduction in avoidable waste.	Commence Data Migration.				Go-Live (end of Q1).		
	Procure new Blood Establishment Computer System (BECS) contract. WBS Futures	• Regulatory compliance. • Resilient / supported platform. • Operational efficiency.	New contract procurement commences – Competitive Dialogue. Recruitment of SMEs. Analyse Semester patch feasibility. Analyse and test Maintenance patch. Virtualisation of existing infrastructure.	New Contract Procurement. Business Analysis – ways of working/service mapping. Implement Maintenance patch. Continue analysis of Semester patch. Continue virtualisation of existing infrastructure.	New Contract Procurement. Business Analysis – ways of working/service mapping. Analysis of Semester patch if required. Prepare new hardware. Plan and prepare Delta Release.	New Contract Procurement ends. Continue analysis and testing of Semester patch. Implement Delta Release.	New Contract Award (Q1). New BECS implementation starts. Complete analysis and testing of Semester Patch and implement. Continue supporting existing BECS solution.	BECS Implementation (Q1 - Q4) + (Q1 – Q3 2027/28). Continue supporting existing BECS solution.	Procurement of new BECS Solution by 2027/28.
	Assess and implement Advisory Committee on the Safety of Blood, Tissues and Organs	• Reduction in risk of HepB virus transmission to recipients of blood	Submit data required for review by SaBTO.	Review updated recommendations from SaBTO and	Implement any changes in practice recommended by SaBTO.	Implement any changes in practice recommended by SaBTO.	Part of standard activity post implementation.	Part of standard activity post implementation.	Assessment and implementation complete

IMTP Strategic Priorities Welsh Blood Services Service Delivery Framework 2024 to 2027									
Strategic Priorities 2024/25 – 2026/27	**Objectives**	**Expected Benefits**	**Key Specific Actions and 2024 - 2027 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
	(SaBTO) recommendations on blood donor testing to reduce the risk of transmission of Hepatitis B infection as required 2024/25.	components in Wales. • Compliance with SaBTO recommendations.		agree an organisational response.					by 2024/25.
	Establish a quality assurance modernisation programme to develop and implement strategy which supports more efficient and effective management of regulatory compliance and maximises digital technology by 2025/26.	• Maintain compliance with regulatory standards. • Improved quality. • Improved safety. • Improved donor experience.	Complete process reviews and system configuration for new eQMS. System validation for new eQMS to commence. Implement DocuSign Enterprise solution (including staff education / Support).	System validation for new eQMS to be completed. Staff training for new eQMS to be completed. Embed DocuSign Enterprise solution across all WBS. ISO:15189 – gap analysis to be completed and submitted to UKAS.	Development of Medical Devices Regulations (MDR) / In Vitro Diagnostic Devices (IVDDR) strategy.	Development of Medical Devices Regulations (MDR) / In Vitro Diagnostic Devices (IVDDR) strategy.	Implement Medical Devices Regulations (MDR) / In Vitro Diagnostic Devices (IVDDR) strategy (Qtr 1). Substances of Human Origin (SoHo) Regulations – develop strategy for WBS.	Substances of Human Origin (SoHo) Regulations – WBS Strategy to be in place.	Numbers of critical non-conformances through external audits or inspection. Reduction in paper usage.

IMTP Strategic Priorities Welsh Blood Services Service Delivery Framework 2024 to 2027									
Strategic Priorities 2024/25 – 2026/27	**Objectives**	**Expected Benefits**	**Key Specific Actions and 2024 - 2027 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
	Implementation of Foetal DNA typing by 2024/25. WBS Futures	• Reduction in avoidable administration of anti-D immunoglobulin to pregnant women. • Improved safety. • Improved patient experience. • Reduction in avoidable waste/costs.	Undertake digital developments to support reporting of results. Complete validation and implementation of new test.	Implement all Wales service for Cell Free Foetal DNA screening.	Embed service.		Scope expansion of service.		Implementation of Foetal D typing by 2024/25.
	Implement new digital solution for National External Quality Assessment Service (NEQAS). WBS Futures	• Digital solution will increase free up staff time to deal with marketing and development activities without the employment of additional staff. • Capacity to expand customer base. • Flexibility to develop and change the service. • Capacity to expand service provision. • Improved sustainability as system doesn't rely on paper records.	Begin validation of new NEQAS system.	Continue validation of new NEQAS system.	Complete validation of new NEQAS system.	Go live with new NEQAS system. Close project.			Implementation by 2024/25.

IMTP Strategic Priorities Welsh Blood Services Service Delivery Framework 2024 to 2027									
Strategic Priorities 2024/25 – 2026/27	**Objectives**	**Expected Benefits**	**Key Specific Actions and 2024 - 2027 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
		• Complete digital audit trails. • Removal of potential errors caused by manual data entry by NEQAS staff. • Digital platform for EQA will reduce turnaround times.							
	Review and Develop strategy for Nucleic Acid Testing (NAT). WBS Futures	• Robust Service Provision • Enable income generation. • Service Development.	Develop User Requirement Specification. Identify preferred service model. Procurement process.	Continue procurement of new NAT analysers.	Continue procurement of new NAT analysers.	Commence validation and implementation of NAT testing platform.	Implement new NAT strategy.		Full implementation by 2025/26.
	Introduction of West Nile Virus (WNV) Testing. WBS Futures Quality Priority	• Ensure minimal impact on the Blood Supply chain due to the projected increase in deferrals with the spread of WNV in Europe • Ability to maintain WBS blood supply chain • Decrease in requirement for importation of blood	ePrognosa development work to create test codes and trigger requirement for WNV testing. Develop clinical algorithm.						Full implementation by 2024/25.

IMTP Strategic Priorities Welsh Blood Services Service Delivery Framework 2024 to 2027									
Strategic Priorities 2024/25 – 2026/27	**Objectives**	**Expected Benefits**	**Key Specific Actions and 2024 - 2027 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
		products to meet demand	Validate Roche platform for WNV testing. Implement WNV testing.						
	Assess and implement the recommendations of the Infected Blood Inquiry (IBI).	• Learning from the findings of the inquiry and optimising the safety of blood components as recommended. • Maintained compliance.	Attend the launch of the report, review the recommendations and draft an action plan	Commence implementation of the action plan and populate the predicted timescales for actions for the IMTP 2024-27.					Implementation of the action plan.
SP5: Achieving excellence in research, development and innovation to improve outcomes for our patients and donors	Work with Welsh Government to develop and introduce a Plasma for Medicines service model for Wales. WBS Futures *(Quality Priority: Introduce leucodepletion filters,*	• Secure the supply chain for Immunoglobulins in Wales. • Reduces need for importation. • Cost avoidance/reduction. • Avoids patient rationing.	Complete validation of leucocyte filtration (NQT) blood packs. Continue procurement of Hepatitis A and Parvo b19 testing.	Scope clinical pathway for Hepatitis A and Parvo B19 testing.	Scope Source Plasma collection programme once WG governance arrangements are clear. Develop robust shipping documentation for fractionator.	Commence validation and digital implementation of Hepatitis A and Parvo B19 testing.	Commence supply of frozen recovered plasma for fractionation from Q1. Receipt of first fractionated product from Q3.	Source Plasma TBC depending on policy decision and business case support.	Service model developed and implemented.

IMTP Strategic Priorities Welsh Blood Services Service Delivery Framework 2024 to 2027									
Strategic Priorities 2024/25 – 2026/27	**Objectives**	**Expected Benefits**	**Key Specific Actions and 2024 - 2027 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
(Link to Trust Destination 2033 – Trust Strategic Goals 1, 2, 3, 4 and 5)	*Hepatitis A and Parvo B19 testing)*								
SP6 Sustainable services that deliver the greatest value to our communities **(Link to Trust Destination 2033 – Trust Strategic Goals 1, 2 and 5)**	Develop and implement an energy efficient, sustainable, SMART estate at Talbot Green site that will facilitate a future service delivery model.	• Improved donor satisfaction. • Improved staff well-being. • Increased service resilience. • Reduction in energy consumption and utilisation. • Reduction in carbon emissions. • Compliance with statutory requirements. • Improved efficiency, reduction in waste and carbon emissions.	Development of Outline Business Case.	Outline Business Case completed & internal approval process commences.	Trust Board approval and submission of Outline Business Case to Welsh Government.	Welsh Government review of Outline Business Case.	Develop Full Business Case (FBC).	Construction commences - three-year programme.	OBC submitted to Welsh Government by 2024/25.

IMTP Strategic Priorities Welsh Blood Services Service Delivery Framework 2024 to 2027									
Strategic Priorities 2024/25 – 2026/27	**Objectives**	**Expected Benefits**	**Key Specific Actions and 2024 - 2027 Timescales**						**Primary KPIs**
			2024/25				**2025/26**	**2026/27**	
			Q1	**Q2**	**Q3**	**Q4**			
SP7 Develop great people and a great place to work **(Link to Trust Destination 2033 – Trust Strategic Goals 1, 2, 3, 4 and 5)**	Develop a sustainable workforce model which provides leadership, resilience and succession planning by 2025/26.	• Enhanced workforce capacity & capability to meet need. • Enhanced Leadership capacity & capability. • Improved staff satisfaction. • Improved staff well-being. • Improved service quality, safety and donor satisfaction.	Support Collection Teams workforce review. Commence review of workforce planning across WBS. Plan and deliver training / team development sessions with new Senior Leadership Team (SLT).	Support Collections Teams workforce review. Continue review of workforce planning across WBS.	Support implementation of Collections Team workforce review in line with Organisational Change Policy (OCP). Continue review of workforce planning across WBS.	Support implementation of Collections Team workforce review in line with Organisational Change Policy (OCP). Continue review of workforce planning across WBS.	Implement recommendations of review of workforce planning across WBS.	TBC	Collections Team workforce model completed by 2024/25.

Part 6

Our Trust-wide Enabling Services

We set out how our Trust-wide services are vital to the delivery of our Plan

GIG CYMRU NHS WALES | Ymddiriedolaeth GIG Prifysgol Felindre Velindre University NHS Trust

Research, Development and Innovation:

We will continue to drive our research, development and innovation ambition for our patients and donors and focus on

- Joint delivery, with Cardiff & Vale UHB and Cardiff University, of the Cardiff Cancer Research Hub
- Implementing our Cancer Research and Development Strategy (2021-2031)
- Building upon and enhancing our Welsh Blood Service Research and Development Strategy
- Developing our national and international Research, Development and Innovation Partnerships
- Building and embedding our **innovation infrastructure** through our key innovation themes to support the delivery of our Trust overarching strategic goals:

    - **Developing a collaborative innovation ecosystem:** Our vision includes building a collaborative innovation ecosystem where staff, healthcare providers, researchers, academia, industry, patients, donors and community partners work seamlessly together to drive innovation, address healthcare disparities, and create healthier communities. We are building an ecosystem that supports and strengthens the capability and capacity for the Trust to innovate. This includes the internal and external infrastructure and specifically the development of a **Collaborative Centre for Learning and Innovation** (CCLI). The CCLI aims to improve whole system cancer care through collaboratively accelerating cancer research, innovation education and involvement. Providing a virtual and physical space to encourage creativity, collaboration, and knowledge exchange with practical and positive impact on cancer care for all those involved.
    - **Developing a culture of innovation:** We are dedicated to fostering a culture where every member of our organisation is empowered, informed, and supported to innovate, experiment, and embrace change, making innovation a way of life rather than an isolated event.
    - **Clear communications and recognition:** We are committed to delivering clear communications to support the capability and capacity building for research and Innovation of the Trust. Recognising the efforts of our staff, patients, donors, community, funders partners and stakeholders; and reinforcing our Trust culture of innovation.
    - **Patient and Donor Centred Excellence**: aspiring to redefine patient and donor centred care, placing patients and donors at the heart of every decision, ensuring their voices are heard, and tailoring healthcare experiences to their unique needs and preference.
    - **Leadership and role modelling:** As a University Designated Organisation – Senior Leadership are committed to sponsoring key

initiatives and novel projects and ensuring that Research, Development, Learning and Education opportunities are enabled and reflected in job roles and responsibilities.

- **Advancing Technology Integration:** Our approach is to harness the power of cutting-edge technologies, including artificial intelligence, telemedicine, wearable devices and data analytics, to optimise treatment, inform diagnostics and preventative care, with the aim of making services more accessible and efficient.
- **Data Driven Insights:** Leveraging data as a strategic asset, using it to inform our innovation activities and efforts.
- **Health equity and Inclusion:** Our commitment extends to achieving health equity and inclusion for all with a focus on disparities in healthcare access and outcomes. Our innovations will strive to remove barriers to care and promote health equity.
- **Empowerment and Autonomy:** Empowering employees by giving them autonomy to propose and implement innovative ideas within their areas of expertise.
- **Training and Development:** Innovation training is key to building the capability and capacity of the innovation infrastructure for the Trust. It will equip staff with the knowledge, skills and mind-set necessary to drive innovation, improve patient and donor care, and adapt our delivery approaches to the changing innovation landscape. It helps create a culture where innovation is not just encouraged but also effectively implemented for the benefit of our patients and donors.

Strategic Priority 3: The Trust will implement the Velindre Innovation Plan

In partnership with the Welsh Government Health and Care Innovation Team and the Velindre Charity, we continue to develop our Innovation infrastructure, encompassing our commitments as a 'university designated' organisation. We are committed to taking our innovation activity beyond the training and research and development activity undertaken within the organisation, and drawing in good practice and research approaches and evidence from elsewhere, applying this knowledge in order to drive up the quality of care and improve health and well-being outcomes.

Over the course of our plan we will have agreed innovation priorities and themes that will include emerging technology, commercialisation, workforce, engagement, arts and creativity, new hospital design, Collaborative Centre for Learning and Innovation, sustainability and future generations and social innovation with community benefit. At the Velindre Cancer Service, these will also include patient outcomes and patient experience, diagnostics, advanced cancer treatments and therapies, supportive care and palliative care. At the Welsh Blood Service these will include, plasma fractionation,

donor engagement, experience and care, components and products, stem cell and transplant, along with advanced blood-based therapies and innovative logistics.

We continue to improve our processes for triaging and accelerating innovation and strengthening the infrastructure for delivering innovation building capability and capacity. We will continue to be flexible and responsive in undertaking innovation funding approaches, developing materials, toolkits, and training platforms and innovation portals. Furthermore, in increasing our capability and capacity we will continue to build strong collaborations with a diverse range of partners. We will continue to undertake targeted promotion, develop publications and deliver value through our innovation themes aligned to our strategic goals, the Welsh Government's Innovation Strategy and supporting delivery programmes.

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

Our objectives are to:

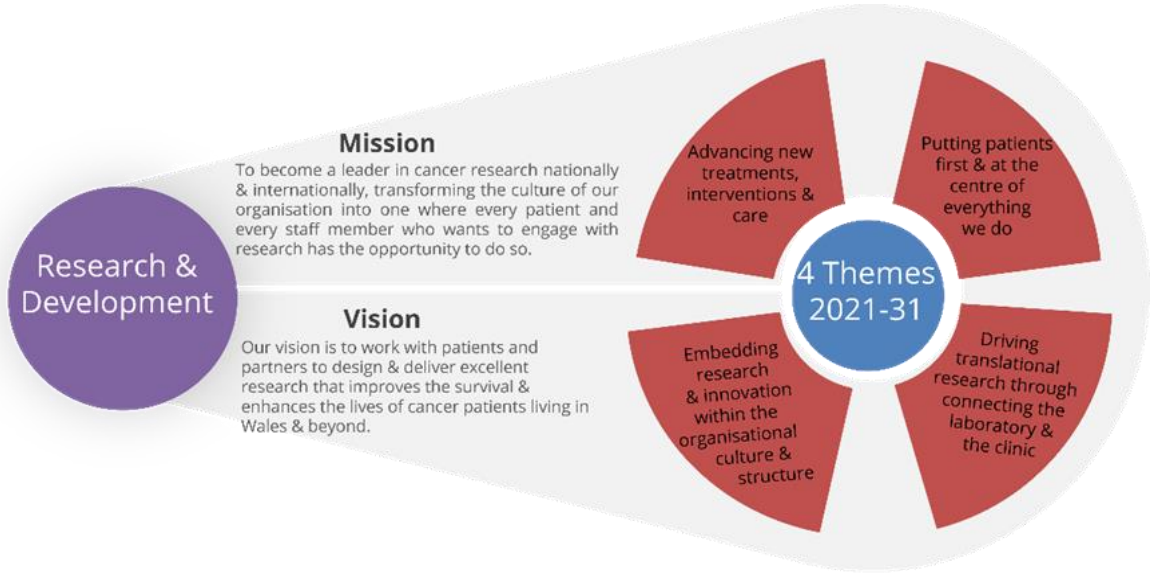
- Deliver world class research, development, and innovation to improve tomorrow's care.
- Accelerate the implementation of research and new discoveries to improve our patients and donor's experience and outcomes.
- Prioritise research, development and innovation that is clinically relevant, and patient and donor centred.
- Build a sustainable culture of multi-professional research, development and innovation involving the whole organisation.
- Publish and promote research of the highest quality achieving UK and international recognition.

We will achieve these by:

- Implementing our research, development, and innovation strategy that sets outs a prioritised programme of work in cancer, blood, and transplant services.
- 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' involving all 1500 employees in the Trust, where staff challenge the status quo and make it better.
- 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 University of Wales Trinity Saint David.

- Increasing our research, development, and innovation infrastructure to keep pace with our ambitions. This will include:
  - Establishing the research hub with Cardiff & 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 partners; and the Collaborative Centre for Learning, Technology, and Innovation.
  - Developing the Library Service into a sustainable Trust-wide Evidence Centre.
- Generating reinvestment income through partnerships with industry for commercial research, development, and innovation.



Research, Development, and Innovation:

Our Aims are to:

- Enhance patient experience and care.
- Improve patient outcomes and reduce variation.
- Accelerate the implementation of new discoveries into the clinic.
- Demonstrate the impact of our research on patients and the NHS.
- Build research capacity and capability at Velindre and across SE Wales.

In line with the Trust's Strategic goal to be ***"A beacon for research, development and innovation,"*** we are committed to building on our excellent national and international reputation, based on successful delivery and management of a wide portfolio of research, development, and innovation; and a firm commitment to partnership working. Our prioritisation of research and innovation is clear and embedded within the two divisions, both being focused on their approach and have developed robust research strategies and plans for innovation. Patients and donors remain at the centre of this activity and through the four key priorities identified below, we seek to radically improve access to research and innovation whilst building a sustainable and capable clinical and scientific workforce for the future.

The Velindre Cancer Service plays a key role in South-East Wales's (SEWs) cancer research network. It provides an important link between the region's three University Health Boards for collaborative clinical cancer research, offering opportunities for patients to access clinical trials and a range of other research studies, either at Velindre Cancer Centre (VCC) itself or in outreach facilities. Velindre Cancer Service is also in a prime position to provide crucial connections between laboratory cancer researchers and patients, enabling research to '*bridge the translational gap*' bringing new discoveries from the laboratory to the clinic for patient benefit. The new Velindre Cancer Centre development in Whitchurch, Cardiff brings opportunities for both clinical and non-clinical research and innovation, these are being explored and will contribute to this new build's design and facilities.

The Welsh Blood Service is a unique organisation within the Welsh healthcare system, with the capacity to perform research and to implement and disseminate evidence-based innovations and new technologies on an all-Wales basis, to advance donor care and our reputation for transfusion and transplantation medicine.

Our Priorities:

Strategic Priority 1: We will Drive Forward the Implementation of our Cancer Research and Development Ambitions

We have set out our Cancer Research and Development Ambitions up to 2031. Cancer Centre multidisciplinary research leads, University partners, and Patient and Public representatives developed these.

These describe our vision, mission and aims for future Cancer Research at Velindre that we will be deliver through research in four interconnected strategic themes.

Our Research Themes:

- **Putting patients First and at the Centre of Everything We Do:** Patients will help set the research agenda and we aim to increase opportunities for patients and their families to take part in research, so that within 10 years most of our patients are offered research and innovation opportunities at some point in their cancer journey.
- **Advancing New Treatments, Interventions and Care:** We will lead and take part in well-designed Clinical Trials and research studies, providing the evidence base required to bring new, improved treatments and interventions to clinic enhancing patient care. Wales-led research will be prioritised and new research delivery infrastructure will be developed, including a Cardiff Cancer Research Hub delivering Early Phase and Translational research on the University Hospital of Wales (UHW) site and a firm research footprint at the new Velindre Cancer Centre, particularly to enable cutting-edge radiotherapy research.
- **Driving Translational Research through connecting the laboratory and clinic:** We will work with our academic (university) partners to enable translational ('*bench to bedside*') research, bringing new discoveries (novel drugs, imaging techniques and/or technological advances) through from the laboratory to the clinic to benefit patients. We will enable reverse translation ('*bedside to bench*') research taking patient samples/scans and/or data back to the laboratory to generate new knowledge. Developing Clinical Academic posts that link across clinical-academic boundaries will be key to success in this theme.
- **Embedding Research and Innovation within the Organisational Culture:** We will drive an organisational culture valuing research and builds capacity and capability in the multi-disciplinary workforce, providing staff who wish to engage in research with dedicated ring-fenced time and training opportunities. The Velindre Professor of Nursing and Interdisciplinary Research is important in supporting this endeavour.

Our research will be facilitated by a governance and enabling infrastructure, supported by a communication, engagement and funding strategy, and delivered by an agile research workforce. Close collaboration with our regional NHS and Academic partners and engagement across different sectors will be key to success (see Strategic Priority 4).

Strategic Priority 2: The Trust will Maximise the Research and Development Ambitions of the Welsh Blood Service

The Welsh Blood Service has an established Research and Development strategy, developed in collaboration with our staff, scientists, clinicians, academia, and other UK blood services. Our aims are to drive improvement, increase our research activity, be open to collaboration and build our reputation for research and development, in order to improve donor and patient health.

We will continue to develop our 4 Welsh Blood Service Research and Development themes which are:

- **Transplantation:** including solid organ and stem cell transplants

- **Donor Care and Public Health:** including donor recruitment and retention strategies, aiming to enhance their experience and continued engagement.
- **Products:** including blood components, immuno-haematology, manufacturing, and quality management.
- **Therapies:** including preparation of cellular and blood therapies for research.

We will also honour the expectation of our staff that Research and Development is an embedded function that is part of an evidence based, first class service, delivered with pride. We will also maximise opportunities to improve and expand the services at WBS, through feasible and evidence-based Research and Development.

The Welsh Blood Service Research and Development team will continue to grow commercial Research and Development opportunities and the significant potential of our Component Development Lab. We will continue to actively seek strong academic and professional Research and Development partners, nationally and internationally. These will include high quality networks such as the international BEST Collaborative and the European Blood Alliance. We will leverage these partnerships to further explore the potential of Advanced Therapies aligned to our unique Service. Finally, we will continue to build the capacity and capability of our workforce and to embed a positive culture around Research and Development activity.

Strategic Priority 3: The Trust will Implement the Velindre Innovation Plan
In partnership with the Welsh Government Health and Care Innovation Team and the Velindre Charity, a Velindre Innovation infrastructure has been established to deliver a step change improvement in the quality and quantity of multi-disciplinary and multi-partner innovation to achieve our purpose to improve lives.

Over the course of our plan we will have agreed innovation priorities and themes that will include emerging technology and informatics, commercialisation, workforce, engagement, arts and creativity, new hospital design, sustainability and future generations and social innovation with community benefit. At the Velindre Cancer Service, these will also include patient outcomes and patient experience, primary and community oncology care, diagnostics, advanced cancer treatments and therapies, supportive care, and palliative care. At the Welsh Blood Service these will include, plasma fractionation, donor engagement, experience and care, components and products, stem cell and transplant, along with advanced blood-based therapies and innovative logistics.
We will have a clear process for triaging and accelerating innovation. We will have a strong platform for delivering innovation that will include the right people and culture, flexible and responsive innovation funding, toolkits, and a responsive IP protection procedure. To increase our capability and capacity we will have strong partnerships that with both the public and private sector. We will build an innovation premium through awards, targeted promotion, publication and delivering value through a Performance framework, aligned to the Welsh Government's Innovation Strategy and Programme.

Strategic Priority 4: The Trust will Maximise Collaborative Opportunities Locally, Nationally, and Internationally

We will work with our Health Board colleagues to maximise research opportunities for our patients and donors. This includes the Velindre@ Programme which aims to evolve the South-East Wales infrastructure, enabling local access to clinical research. Our partnership with Cardiff & Vale University Health Board and Cardiff University to develop the Cardiff Cancer Research Hub will provide a safe environment to treat patients with cutting edge and complex advanced therapies, and enable translational research collaborating with Haematology and University partners, and Advanced Therapies Wales.

We will work with scientists in Cardiff and beyond, bringing new therapies to clinic for the first time and generating reverse translation opportunities in both systemic therapy and radiotherapy. Moreover, we will increase the number of Velindre Chief Investigators collaborating with Cardiff University's Centre for Trials Research (CTR). Through our Cardiff Experimental Cancer Research Centre (ECMC), the Wales Cancer Research Centre (WCRC), and Health and Care Research Wales (HCRW) interactions, we will maximise opportunities across all cancer research fields including early diagnosis, interventional therapies, and palliative and supportive care.

In addition, with the All-Wales Medical Genomics Service, we will become the only UK hub offering a 500 gene panel to all new metastatic cancer diagnoses, providing outstanding potential for precision medicine research opportunities with all our patients.

At a national level we will continue to work with our UK cancer research colleagues. We will further enhance our healthy relationships with the third sector, industry partners and contract research organisations (CROs) to deliver commercial research, and to collaborate in designing and delivering Trust sponsored clinical trials.

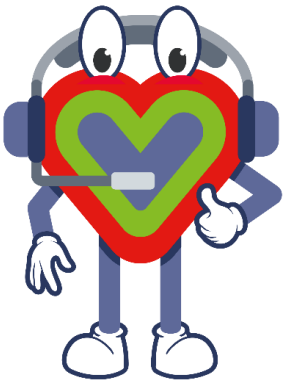
Working with multiple Welsh HEI partners we will strengthen our Academic Partnership Board to help shape our Trust University Status and develop the Velindre Oncology Academy ensuring multi-professional development of research and innovation remains central to this agenda.

Lastly, and most importantly, we will work with patients and the public to ensure that the research we develop, and offer is relevant to their needs.

Digital Services:

Over several 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 has been developing its capabilities and structures to support the future plans for the Trust. This has been articulated in the Trust's Digital Strategy, "Digital Excellence: Our Strategy 2023-2033". We continue to change the way that Digital Services operate in the Trust in support of the strategy and to enable the service plans for the Velindre Cancer Service (VCS), the Welsh Blood Service (WBS), and the new Velindre Cancer Centre (nVCC) as set out in their respective IMTPs. The achievements over the last 5 years have put strong foundations, skills and capabilities in place to support the next stage of digital transformation across the Trust.

Trust Digital Plan for 2024 / 2025 – 2026 / 2027



These are exciting times when you consider the opportunities ahead for Blood and Cancer Services in Wales. By taking full advantage of digital to support our transformation we have an opportunity to accelerate progress toward our ambitious long-term strategic goals.

One of the most important components of our future success will be how well we embrace the challenge of digital. Our refreshed ten-year Digital Strategy describes our approach to digital in response to the Trust purpose to *'Improve Lives'"*, and its vision to deliver *'Excellent Care, Inspirational Learning, Healthier People'*.

Our Digital Vision: To Ensure Patient, Donor and Staff Experience of Digital Services is the same as our Care…… Outstanding

The Welsh Government have also 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 the Trust Digital Strategy aligns well with this.

To deliver our vision, we have set out several themes which will support us in delivering a connected, people focused, personalised and sustainable future.

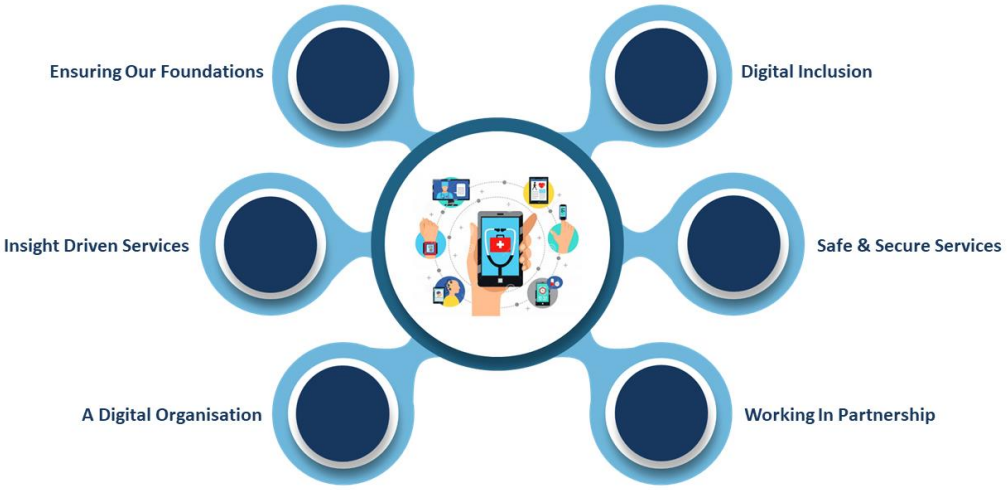


Figure 1: Digital Strategy Themes

Theme 1: Ensuring our Foundations
We will empower our staff to have access to the high quality information, equipment and technology they require 24 hours a day, 7 days a week to deliver high quality and safe services.

Theme 2: Digital Inclusion
We will support people to become more digitally confident, included and connected.

Theme 3: Insight Driven
We will optimise the use of data and knowledge to help us make informed and insight driven decisions within the organisation and in collaboration with partners across organisational boundaries.

Theme 4: Safe and Secure Systems
We will secure our data and information through an effective approach to cyber security, working in collaboration with the Cyber Resilience Unit and the National Cyber Security Centre.

Theme 5: A Digital Organisation
We will work with patients, donors, staff and partners to create a service culture that embraces the use of digital technology to get the best quality services from it.

Theme 6: Working in Partnership
We will work to build a network of partners and capabilities which enable us to maximise the benefits from research, development and innovation and become an exemplar within NHS Wales for digital innovation and services.

Our Digital Objectives

Our objectives are to:

- Provide resilient digital services which support excellent care
- Seamlessly digitally connect patients, donors, staff and partners with our services and equally value non-digital channels
- Become a data driven, insight led organisation where staff take care of and have the right information, at the right time, all of the time
- Secure our data, information and services through an effective approach to Cyber Security
- Create a digital culture across the Trust of innovation and knowledge sharing that supports the delivery of world class services

We will achieve these by:

- Implementing our digital strategy
- Constantly evolving our IT infrastructure and Cyber Security arrangements to meet good practice with a hybrid of cloud and on premise deployment
- Implementing a digital transformation programme to drive benefits and create digital services that our patients, donors and staff value and can be accessed close to home
- Increasing the speed of development through new service design approaches, deployment and functioning of new technologies to increase our productivity
- Working in partnership to implement a range of national systems, to support a once for Wales approach
- Working with the public and Centre for Digital Public Services and Digital Communities Wales to champion and accelerate digital inclusion
- Developing our partnership role with Health Education and Improvement Wales to increase the digital literacy, skills and knowledge of our staff
- Identifying opportunities to join digital accelerator programmes and initiatives
- Improve the quality of our data by driving data standards; identifying data champions; and improving data sharing protocols
- Transforming our data and insight capability to provide data, information and knowledge to the right person at the right time and introduce new analytical capabilities
- Building digital partnerships with partner organisations, academia and digital providers to create value in health, wealth and well-being

The Difference this will make to our Donors, Patients, Staff and our Partners

Digital technology and services provide the opportunity to make a real shift in the relationship between health and care professionals, the people they serve, and the healthcare services we provide. Designing services in partnership with patients and donors will allow us to re-imagine services and provide a more personal experience; enabled by digital technology.

Our Welsh Blood Service Donors will be able to:

- Manage their donation appointments on the move
- View their donation history and track how it has been used
- Update their personal details when circumstances change
- Identify donation sessions close to their current location
- Identify other public services which they may find useful
- View the difference that their donation is making

Our Velindre Cancer Patients will be able to:

- Access information about their health
- Make more informed decisions over what they need from the services we provide
- Have more choice about where and how they access services
- Identify other public services which they may find useful

Our Staff and other Healthcare Partners will be able to:

- Work in more efficient ways so that they can focus on their most important tasks
- Connect digitally with their team, organisation and other health partners
- Work flexibility in terms of how and where they work
- Access the right information at the right time
- Share information across our regional partners to improve care

Trust Digital Priorities for 2024/25-2026/27

The Trust's Digital Strategy sets out our strategic themes and in the next sections we have used these to show coverage across the Digital IMTP. This highlights that we have a balanced plan in support of our vision.

Theme 1:	**Ensuring our Foundations**
Theme 2:	**Digital Inclusion**
Theme 3:	**Insight Driven**
Theme 4:	**Safe and Secure Systems**
Theme 5:	**A Digital Organisation**
Theme 6:	**Working in Partnership**

The digital priorities need to enable the service transformation as set out in the service IMTPs and we plan to achieve the majority of this work through enablement of the Welsh Blood Service and Velindre Futures programmes.

As set out in the service IMTPs:

- *Velindre Futures Programme: Established in 2020, Velindre Futures is a clinically led initiative that directs the development of the clinical model and future service configuration, working in partnership and collaboration with staff, patients, regional partners and carers and the public. It will ensure that the Cancer Centre systems and processes remain fit for purpose and patient centred, now and in the future.*
- *Welsh Blood Service Futures Programme: WBS Futures has been established to be the vehicle to deliver the WBS 5 Year Strategy and our ambitious IMTP. It consists of 6 programmes and 2 associated work programmes. "Digital Modernisation" is one of the 6 programmes and contains three projects.*

In addition to enablement of the Futures programmes for 24-27, a Trust digital priority will be the design, implementation, transition and go-live for the digital workstream for the new Velindre Cancer Centre. This includes a comprehensive new digital infrastructure for the Trust and new digital systems focussed on the patient experience of services at nVCC.

To successfully deliver the Digital IMTP through 24-27 we have established a Digital Programme, which will co-ordinate the digital transformation. 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 be more efficient with our resource, increase staff confidence and capability with Digital, and better manage our Digital risk. The components of the Digital Programme are shown in Figure 2 below.

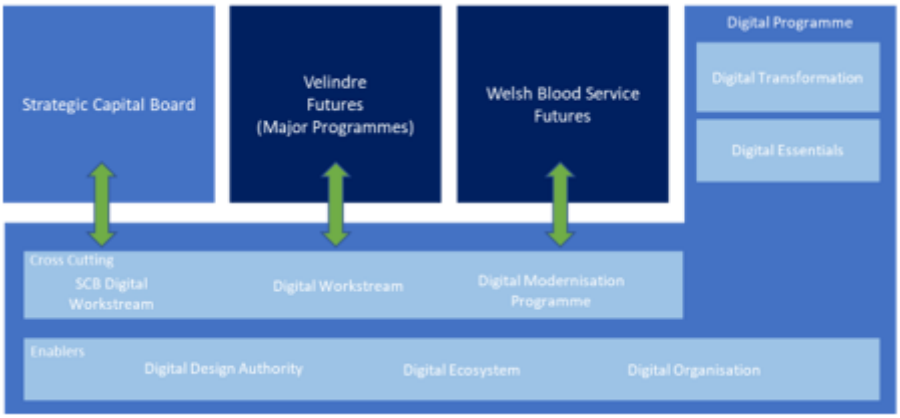


Figure 2: Digital Programme Scope

The cross-cutting workstreams provide Digital solutions into the services through the "Futures" programmes and nVCC through the SCB Digital workstream.

There are a set of enablers that are required to support the success of the IMTP and in line with good practice these are included within the Digital Programme for ownership and alignment. These include the Digital Organisation, Digital Ecosystem and a Digital Design Authority to set the standards and principles against which solutions are built.

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.

The Digital Transformation workstream will cover new Digital services for patients & donors and staff and the transformation of how we deliver digital services in line with modern service design standards.

Key Programmes of Work 2024 / 2025

The initiatives listed below, set out against our digital themes, include a wide range of digital projects which will help us enable the service visions for VCS, WBS and prepare for nVCC. In addition, the table includes essential digital projects and Trust wide initiatives. The initiatives sit alongside the "business as usual" digital services which includes the planned ongoing replacement of digital equipment, minor digital system upgrades (e.g. BECS Delta releases for WBS) to local and national systems, and data and insight improvements.

Theme 1: Ensuring our Foundations

- VCS: Implementation of National Radiology Informatics System (RISP)
- VCS: Deployment of Integrated Radiotherapy Solution Programme by 2026-27
- VCS: Renewal of SACT e-Prescribing
- Trust: Implementation of Call Centre telephony underpinning service plans
- VCS: Phase 2 of WPAS/WCP National systems
- WBS: Procurement for new Blood Establishment Computer System
- WBS: Implementation of National LIMS 2.0 system
- WBS: Migrate Prometheus donor matching from Digital Healthcare Wales
- Digital: implement new IT Service Management tool – Halo
- Digital: implementation and transition to new Managed Print service

Theme 2: Digital Inclusion

- VCS: extending use of Video Consultation platforms
- Trust: implementation of Digital Inclusion Plan
- VCS: PSA Tracker Phase 2
- VCS: RITA virtual assistant further development
- WBS: implement new appointment system for Donors

Theme 3: Insight Driven

- Trust: digitally enable Value Based Healthcare (VBHC) initiatives
- Trust: implement new digital system for Patient Reported Outcome Measures (PROMS) for VBHC
- Trust: implement performance management framework (including quality measures) dashboards
- Data and Insight: go-live on VXRails data warehouse platform and transition VCS/WBS
- Data and Insight: pilot and scale National Data Resource roadmap
- Data and Insight: create prioritised Data and Insight roadmaps for WBC/VCS
- Data and Insight: define Trust wide Data and Insight plan and transition to the new service model

Theme 4: Safe and Secure Systems

- WBS: digital enablement for Foetal D testing
- Trust: Design a new Trust-Wide network and implement for Radiotherapy Satellite Centre and plan for nVCC and Talbot Green Infrastructure programmes
- Digital: continue to implement strategic cyber security plan
- Digital: server refresh/virtualisation and refresh backup/storage
- Digital: pilot and scale migration from Windows 10 to Windows 11 and common user/device experience
- Digital: pilot (through ePMA) and scale single sign-on

Theme 5: A Digital Organisation

- VCS: Implementation of Electronic prescribing (EPMA)
- VCS/nVCC: Scoping for digitisation of Medical Records
- WBS: implementation of new digital system for WHAIS
- WBS: implementation of new digital system for the Welsh Bone Marrow Donor Registry
- WBS: implement digital services in support of the Plasma for Medicines programme
- WBS: enable live connectivity for collections teams
- Digital: pilot agile delivery squads in line with service design principles
- Digital: pilot and scale Robotic Process Automation (RPA)

• Digital: go-live with Digital Training Platform • Digital: Scope donor/patient management solution (CRM) for Velindre Fundraising and WBS Donor Contact Centre.
Theme 6: Working in Partnership • VCS: Implementation of digital services at Radiotherapy Satellite Unit in ABUHB (Nevill Hall Hospital) 2025. • VCS: Digital implementation of Regional Acute Oncology Service (AoS) • WBS: implementation of new digital system for NEQAS external quality assessment service • nVCC: collaborate on nVCC digital plans with Acorn consortium

Please Note: Our action plan to support the delivery of our digital objectives is available upon request.

Workforce and Organisational Development

Trust Values

During 2023 / 2024 we have engaged extensively in relation to our Trust values. The outcome of this engagement process has been a refresh of our previous Trust values. Our new Trust values are listed below. These will underpin how we plan all service developments across the Trust.

Caring	Respectful	Accountable
We are always kind, supportive, approachable and show compassion to all.	We seek to understand other people's perspectives. We are always open and transparent.	We always take personal responsibility for what we do and how we do it.

Velindre is committed to being an employer of choice, offering an excellent working and development environment, with staff dedicated to providing outstanding care every time for our patient and donors and recognising that the key quality and strategic objectives can only be achieved through a combination of a well led, engaged and efficient people. We strive to behave in line with our values which we are always continuing to review.

The Trust is dedicated to providing opportunities for staff to engage and develop. We strive to provide opportunities for staff to learn and has strong relationships with academia through the Trust Academic Board. There is a range of health and wellbeing initiatives that are being made available to staff across our sites and on-line health and wellbeing resources that can be accessed at any time.

Models of care and service delivery need however to be constantly replaced and updated to support a changing NHS landscape and to meet the requirements of NHS Wales's service delivery strategy. We are modernising in response to new healthcare options, the national Workforce Strategy, changing social expectation and expectations of patients and donors, rapid advances in technology and economic pressures. Additionally, the expectation that people have of their working lives and career pathways are evolving. The development of our people is key to transformation.

Our Plan for 2024/25 – 2026/27 and Beyond

Our people and the needs of our patients and donors are changing and so is the way in which we deliver care. Shortages of clinical staff nationally, an ageing workforce and changes to education pathways means that the workforce profile is evolving.

We value our staff and recognise that they are a key priority to the successful delivery of high quality services. Our aims, therefore, are to continue to develop our workforce by:

- Supporting career pathways
- Developing the leadership skills of our staff
- Providing our staff with the knowledge and skills that they need now and in the future
- Supporting the well-being of our staff
- Recognising and valuing the diversity of our staff as part of a bi-lingual culture and ensuring all staff are able to be themselves and work in an environment that supports and values difference.

Our strategic ambitions build upon our strong foundation as a good employer and is essential to the delivery of our service plans for VCS and WBS.

Our Workforce Vision: To Become an Employer of Choice:

Skilled and Developed People: an employer of choice for staff already employed by us, starting their career in the NHS or looking for a role that will fulfil their professional ambitions and meet their personal aspirations.

Planned and Sustained People: having the right people with the right values, behaviours, knowledge, skills and confidence to deliver evidence based care and support patient and donor wellbeing.

Healthy and Engaged People: within a culture of true inclusivity, fairness and equity across the workforce. A workforce that is reflective of the Welsh population's diversity, Welsh language and cultural identity.

Our workforce plan will help ensure that we can continue to deliver world class services for our donors, patients and carers. This will only be possible if we have the right workforce in the right place with the right sills at the right time.

Our Workforce Response

To deliver our vision we have set out a number of themes which will support us in attracting, developing and retaining a workforce fit-for-now and fit-for-the future.

Theme 1: Wellbeing and Engagement
We will ensure our staff feel valued and supported

Theme 2: Supply and Shape
We will have the right people with the right skills in the right place at the right time

Theme 3: Skilled and Developed People
We will continually develop our staff to support them to achieve excellence in everything they do

Theme 4: Leadership and Succession Planning
We will develop compassionate leaders and managers which sustain our future requirements

Theme 5: Digital Ready People
We will create a workforce which has the skills, knowledge and curiosity to maximise the opportunities offered by digital services and technology

Theme 6: Attracting and Retaining the Best Talent
We will seek to identify the best talent locally and across the globe to work in our organisation.

Delivering our Workforce Objectives – We will achieve these by:

- Implementing a Health and Wellbeing Framework across the Trust setting out clear and measurable standards to help drive improvement.
- Working towards a psychologically safe culture that allows our people to speak up safely.
- Implementing our education strategy to support staff to grow professionally and offer internal and external pathways to gain experience and knowledge
- Develop a new Trust Strategic Equality Plan that supports the implementation of our Anti-Racist Action Plan and other aligned anti-discriminatory practices
- Developing our talent management process that supports career pathways
- Developing our data, information and insight to support the embedding our workforce planning process to support new ways of working for our staff
- Implement our welsh culture plan targeting an increase in bi-lingual recruitment to grow our Welsh speaking workforce
- Improving the ways we celebrate success ensuring our staff feel highly valued for the amazing work they do
- Growing the Trust Inspire Leadership and Management Programme
- Working with partnerships both in academia and nationally to ensure the best leadership and management offers are provided for staff including coaching, mentoring and provision of masterclasses

With the successful implementation of the core themes we will be able to facilitate the transition of people across all of our key deliverable areas. This will help us create and sustain a Health and Engaged, Skilled and Developed and a Planned and Sustained Workforce.

Our Key Workforce Changes

- Clinical agreed short and long-term Multi-Disciplinary workforce plans
- Improved alignment of our education and training functions to the needs of our services
- Services delivered at a location and time which best suits our patients and donors
- All staff to be proud to, and able to, promote our core values and behaviours
- Improved health and well-being of our workforce.

Please Note: Our action plan to support the delivery of our workforce objectives is available upon request

Our Estates Plan

Our Estate

Headquarters:

The headquarters building, located in Nantgarw, Cardiff, houses the executive and corporate function of the organisation.

Cancer Services

We deliver these services from a number of locations.

Velindre Cancer Centre:
The Velindre Cancer Centre is based in Cardiff. The Centre was constructed in 1966 and has been subject to various extensions through each decade since opening. The hospital occupies a footprint of approximately 16,000m2.

Velindre@ facilities:
We provide services across South East Wales from buildings and facilities across our partner Health Board sites.

Blood and Transplantation Services

We have access to a number of locations.

Talbot Green, Llantrisant:
Constructed in 2003/4 and was extended in 2017-2019 to provide a Clinical Services and Hospital Lab Area. The building occupies a footprint of approximately 7,000m2.

Dafen:
Situated in Llanelli and is the primary base for our collection teams in West Wales. The building occupies a footprint of approximately 400m2, and houses all consumables required to support collections.

Bangor:
This is the primary base for our collection teams in North Wales. The building occupies a footprint of approximately 500m2, and houses all consumables required to support collections.

Wrexham (Pembroke House):
Pembroke House occupies a floor area of approximately 500m2. The main purpose of this building is to act as a stock holding unit providing north wales hospitals with blood products together with the main base of operations for the collections team in the North-east region of Wales.

Our Plan for 2024/25 – 2026/27 and Beyond

The provision of a high quality estate is integral in us achieving our ambitions as it needs to respond effectively to the needs of our patients, donors and staff, together with the services we provide and the broader needs of the communities we live and operate in. The estate is an important component of our future success and it is vital that we embrace the opportunities that the estate, sustainability and wider opportunities offer to create social value in the communities we serve.

'*Estates Excellence*' sets out our strategy for the next ten years and will help us maximise the opportunities which exist. It sets out what estate we require now, and in the future, and how we will work with our patients, donors, staff and communities to ensure they have a safe and enjoyable experience which helps to improve their overall health and well-being. It also sets out how we can use our estate and facilities to make a wider contribution to communities and society.

Our Estates Vision: A Sustainable Estate which Provides a Great Experience for all

We have developed four themes to support the development of our estate.

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

Theme 2: Healthy buildings and healthier people

Theme 3: Minimising our impact to the environment

Theme 4: Using our estate to deliver the maximum benefit and social value to the community we serve

Our Estate Objectives

Our objectives are to:

- Provide an estate which enables the delivery of high quality clinical services
- Provide a safe and high quality estate which gives patients, donors, staff and partners a great experience

- Provide healthy buildings which support and enhance individual well-being
- Minimise the impact of our estate on the environment
- Maximise the benefit and social value our estate can provide to our staff, patients, donors and the communities we serve

We will achieve these by:

- Continuously engage with the users of our estate to understand how it can be designed, adapted or enhanced to better meet their needs
- Developing an estate that places human values at the heart of design and embrace opportunities for arts and culture with such spaces
- Investing additional resources in the maintenance of the existing estate to maintain a Category B
- Implementing our estates, digital, workforce and sustainability strategies
- Providing a range of accessible alternative methods of travel focused on walking, bike, public transport and electric vehicles
- Identifying innovative ways to adopt renewable energy sources to service our requirements
- Identifying facilities we can share the use of with other public bodies and wider partners
- Working with the community and partners to identify how we can open up our buildings, facilities and land to be used as communities assets
- Working with partner organisations in arts and culture to seek mutually beneficial opportunities for artistic collaboration across our services
- Delivering a number of transformative capital programmes which have sustainability at their centre of design:
  - Refurbishment of the Welsh Blood Service building in Llantrisant by 2024/2025
  - Refurbishment / development of new outreach facilities by 2024/2025
  - Opening of a Radiotherapy Satellite Centre at Nevill Hall Hospital by 2024
  - Opening of the new Velindre Cancer Centre by 2025

Our plan is supported by an ambitious infrastructure programme which includes:

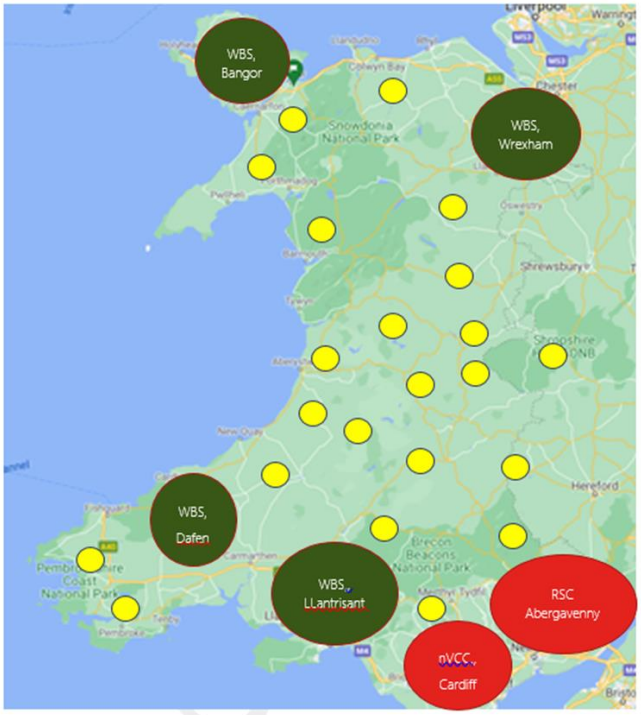
- **Development of a New Velindre Cancer Centre in Whitchurch, Cardiff:** the replacement of the existing VCS has been identified as a key commitment within the Welsh Government's '*Programme for Government*'. The new Velindre Cancer Centre will provide improved services for our patients, families and staff; will contribute to our sustainability strategic ambition of becoming a carbon net zero organisation and will deliver numerous community benefits for the population we serve.
- **Development of a Velindre Radiotherapy Satellite Centre at Nevill Hall Hospital:** the provision of a Radiotherapy Satellite Centre (RSC) has been identified as a key regional development to facilitate the delivery of timely and effective Radiotherapy services to the South-east Wales population. The ambition

is to deliver a world-class facility that will provide specialist care for cancer patients from that locality.

- **Programme to re-develop the Welsh Blood and Transplantation Services Facility:** this Programme sets out a number of strategic developments which will support the provision of high quality, safe, sustainable, efficient services and support the decarbonisation of our estate. It will also provide the foundation for the Laboratory Modernisation programme which will look at a range of new services to support NHS Wales.
- **Maintenance and Upkeep of the Estates:** the Trust recognises the importance of maintaining suitable environments in lieu of delivering major capital programmes so are committed to ensure there is sufficient investment in key areas to ensure environments continue to be suitable for patients and staff.

Our Transformed Estate in 2026/27

Our services are based on a hub and spoke model and we will continue to provide services from various buildings across Wales, some which we own / lease and some which are provided by our partners.



Key:

●	Illustration of the multiple venues across Wales we will collect blood and blood products from

Please Note: Our action plan to support the delivery of our estate and infrastructure objectives is available upon request.

Sustainable Services

We recognise the responsibility vested in us by the people we serve to make the country a better place to live, work and enjoy. We fully recognise the impact we have on the environment, the communities we operate in, the people we provide services for, and the staff who work for us.

We have a clear ambition over the next three years to deliver high quality, sustainable health care services which reduce our impact on the environment and provides wider value to our communities. The delivery of our plan provides us with an exciting challenge which will require us to continue to pursue excellence in our clinical services whilst also making a contribution to the wealth, health and prosperity across Wales.

As an anchor organisation, we are committed to embedding sustainability within our own organisation and becoming an exemplar in Wales. Our plan provides a roadmap to achieving a sustainable future which will enable us delivering high-quality clinical services whilst reducing our impact on the planet and providing a wider range of benefits for the communities we work and live in.

Our Plan for 2024/25 – 2026/27 and Beyond:

The pioneering 2015 Well-being of Future Generations Act (the "Act") and the Environment (Wales) Act 2016 provides Wales with an exciting opportunity to lead the way internationally and this strategy outlines our sustainability aims and enables real action to create positive and significant change.

We are passionate about sustainability and we know the communities we serve and our workforce are too. We have an uncomplicated goal; to become a sustainable organisation that plays a part in creating a better future for people across the globe.

Over the past year we have delivered a wide range of initiatives including establishing, alongside our Therapies Department, a new walking aid recycling initiative at Velindre Cancer Centre. This initiative aims to reduce waste, save costs and avoid carbon emissions whilst supporting service users and delivering a more sustainable service.

In addition, during financial year 2023, the Trust was successfully reaccredited with the ISO14001 Environmental Management Standard during which the Auditor was complimentary of the work of the Trust to promote sustainability and effective environmental management.

The Trust is also in the process of finalising its Decarbonisation Action Plan and Site-based Sustainability Implementation Plans which have been developed alongside the Trust's recently refreshed Sustainability Strategy – 'Sustainability Excellence'.

Our Vision for Sustainable Services: A Sustainable Organisation which Contributes to a Better World for Future Generations Locally and Across the Globe

Our vision will be supported by the following aims:

- To deliver sustainable services which add wider social value for our community
- To be recognised as an exemplar organisation of delivering the Well-Being of Future Generations Act
- To deliver a biodiversity net gain and enjoyment of our green spaces to improve health and well-being
- To become a carbon '*Net Zero*' organisation
- To use our resources effectively and efficiently: zero waste to landfill by 2025 and reduced consumption of energy and water

Theme 1: Creating Wider Value
To embed sustainability within our organisation and create more value for the people we work for and the communities we work within.
Theme 2: Sustainable Care Models
To deliver the highest quality of care which minimises our impact and supports our journey to a sustainable planet
Theme 3: Carbon Net Zero
To become a carbon Net Zero organisation by 2025
Theme 4: Sustainable Infrastructure
To provide buildings which improve the well-being of our patients, donors and staff to reduce our environmental impact
Theme 5: Transiton to a Renewable Future
To reduce our overall energy requirements and transition to renewable sources
Theme 6: Sustainable Use of Resources
To reduce, re-use and recycle resources annually and adopt a circular economy approach as the '*way we do things around here*'
Theme 7: Connecting with Nature
To maximise the quality and benefits of our green space, buildings, facilities and resources to enhance nature, biodiversity and well-being
Theme 8: Greening our Travel and Transport
To reduce the health impacts associated with our business and support a transformation in the way we travel
Theme 9: Adapting to Climate Change
To ensure our organisation is well prepared to manage the impacts of climate change
Theme 10: Our people as Agents for Change
To develop a workforce which places sustainability at the heart of everything we do

Our Sustainability Objectives

Our Objectives are to:

- Be recognised as a leading NHS Trust for sustainability nationally
- Be a carbon 'Net Zero' NHS organisation by 2030.
- Become an anchor organisation in the communities we serve which enhances their economic, social, environmental and cultural well-being
- Support the transformation from ill-health to well-being across Wales

We will achieve these by:

- Developing clinical service models which support sustainability
- Implementing our sustainability strategy
- Applying the principles of the circular economy into our business processes through design, procurement, re-use and lifecycle.
- 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. These include:
    - Major refurbishment of the Welsh Blood Service, Llantrisant site, by 2025
    - Construction of a Radiotherapy Satellite Centre at Neville Hall by 2024
    - Construction of a 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 assets (e.g. local schools and charity group using them; arts programmes); becoming an anchor institution in place making; and procurement to maximise the reach of the Trust within the Governments Foundational economy

Please Note: Our action plan to support the delivery of our sustainability objectives is available upon request.

Value Based Healthcare Programme

In 2023 the Trust received an allocation from the Welsh Government VBHC fund to implement 2 programmes, Pre-op Anaemia and the Value Intelligence Centre. In addition to these the Trust is developing a Food Mission.

Pre-op anaemia programme
This is a national initiative to address the inconsistencies in the diagnosis and management of anaemia for patients undergoing high risk surgery (specifically 10 procedures identified as being most likely to result in a blood transfusion). It has been developed in conjunction with the Wales Blood Health National Oversight Group (BHNOG).

The evidenced benefits across NHS Wales are as follows:

- Prudent use of donated blood and reduced demand for blood
- Improved clinical outcomes post operatively, especially after major surgery, such as cardiac surgery
- Reduced length of stay post-surgery which will support the NHS Wales Planned Care Recovery programme
- Ensuring equity of care and outcomes across Wales in pre-operative anaemia management
- Providing evidence for a potential further roll out of the All Wales Anaemia Pathway to benefit others in particular pregnant people.

Recurrent funding has been allocated to each Health Board to recruit clinical staff to support Blood Health Management, with the non-recurrent funding covering the programme team within WBS.

A proposal has been drafted to secure the sustainability of the achievements to date and to extend the scope of this programme to include more surgical procedures, Cancer Pathways, Primary care, Obstetrics and Paediatrics. Funding the programme recurrently will improve the management of anaemia more widely across the health system.

Value Intelligence Centre
Work to establish the trust Value Based Healthcare Programme started in April 2023, which included the creation of a Value Intelligence Centre (VIC) in September.
The vision for the Value Intelligence Centre is to deliver exceptional services, using linked datasets to identify and deliver continuous improvements that maximise the value, quality, safety, and efficiency of the care our patients and the service our donors receive.

The Centre will help to modernise and replace traditional retrospective audits of disease-related outcomes, and blood product usage. This will free up clinicians and scientists from using manual data gathering and analytical processes, to spend more time delivering improvements to services.
The team comprises of data, finance and business analysts who are focusing on implementing enablers of VBH (e.g. Patient Reported Outcome Measures (PROMS) and Information Dashboards) as well as conducting analysis to identify and track interventions that increase the value of the delivery of care.
Objectives of the programme include the procurement of a digital PROMs service, agreement with clinical teams on which PROMS tools to use for each tumour site team, and to work with the services to harness actionable information (or insights) to reduce unwarranted variation and increase value.
The deliverables align with the priorities of each division and outputs from these will be reflected within future IMTP submissions.

Over the next 3 years, clinical and operational teams will see a step change improvement in capability to evaluate patient reported outcomes alongside cost of treatment and be supported to change and refine practice as a result.

Food Mission
Velindre's Food Mission sets a long-term ambition to provide our people with access to affordable, healthy food with an objective to source 70% of Velindre's food from Welsh, environmentally friendly or globally responsible providers by 2035. It is expected that this will improve the wellbeing of patients, donors, staff and their families. Further, it will support the delivery of Velindre's wider Value Based Healthcare, Workforce and Sustainability Strategies, the Trust's Wellbeing Objectives and its ambition to reach Net Zero by 2030.

The outcomes that we want to achieve through this mission are:

- Healthier people with access to healthy, affordable food
- Shorter, more resilient food supply chain which minimises environmental impact and delivers values for money
- More spaces to enjoy and learn about food across the Trust
- Reduced food waste and ecological footprint
- Vibrant local food economy and communities through partnership

Areas of focus include menu redesign, enabling access to healthy food, developing knowledge and skills of staff on this subject, working with Procurement to achieve both value and values for money through shorter supply chains and helping to deliver the Social Partnerships and Public Procurement (Wales) Act 2023.

Part 7

Our Financial Plan

We set out our 3 Year Financial Plan for 2024 / 25 to 2026 /27

GIG CYMRU NHS WALES
Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Overview of our Financial Plan – 2024/25 – 2026/27

The Trust has had an approved Integrated Medium Term Plan (IMTP) since their introduction by Welsh Government (WG) in 2014/15. Central to IMTP approval has been the Trust's ability to consistently achieve a balanced out-turn position annually, whilst maintaining or improving the quality of our services, meeting the rising demand and delivering agreed performance measures.

This section sets out our Medium Term Financial Plan from 1st April 2024 to 31st March 2027. During this period, the Financial Strategy aims to enable the Trust to meet the anticipated growing demand for services whilst dealing with significant financial challenges due to a number of major strategic developments as part of the Trust's transformation programme. In addition, there are other significant cost and service pressures as well as the cost of implementing additional capacity to deal with rising demand. There remain system wide cost pressures in relation to Digital and Welsh Risk Pool as well as relatively high levels of inflation especially over the last year, which will need to be met by the Trust in 2024/25.

As outlined in the Health Board Allocations 2024-25 document issued by Welsh Government, the Trust understands that a 3.67% uplift to Recurrent Discretionary Allocations has been provided in 2024-25. In line with Welsh Government policy, and further guidelines received from the NHS Executive Financial Planning and Delivery directorate, we recognise that the funding settlement is intended to support sustainability, unavoidable demand and core cost inflationary pressures. Further, the Trust recognises Welsh Government's expectation that an equivalent 3.67% allocation will be passed through to Provider organisations by Commissioners.
The Trust financial plan assumes that its Commissioners pass the 3.67% uplift to the Trust via its LTA's, which together with a 3.14% savings target, is a fundamental assumption in enabling the Trust to develop a balanced financial plan in 2024/25.

The financial plan for 2024/25 consists of three distinct parts:

Core Plan: Balanced

Balanced Brought Forward Position:

- The Trust brought forward an underlying surplus of £0.684m into 2023/24, however due to the financial challenges from underlying recurrent cost pressures, investment decisions, and non-achievement of recurrent savings this underling surplus was eliminated during the period and has resulted in the Trust bringing a balanced position into 2024/25.

- During 2023-24 LTA activity performance recovered to a level above the 2019/20 baseline that was sufficient to provide marginal income to fund the amount of investment made in capacity.
- WG will provide recurrent funding towards the increase in energy costs during 2024-25, eliminating the underlying cost pressure.

Growth Pressures:

- The 3.67% core discretionary uplift (sustainability) funding will be required to fund the significant underling cost pressures, investment in capacity beyond marginal cost, the revenue investment decisions in relation to the Trusts major infrastructure and equipment projects.
- Divisional cost pressures above those recognised in the IMTP Financial Plan at this stage will either need to be mitigated, funded from existing budgets in service divisions or require additional savings above the £2.6m (3.1%) target already identified.

Savings Plans:

- The following table summarises the level of savings the Trust is planning to deliver during 2024-25 which will be required to support the level of investment decisions and cost pressures within the system.

Savings Plan	2024-25 £000
CIP Planned Savings	1,179
Income Generation	1,427
Total Savings / Income Generation	**2,606**
CIP % (of Core LTA values)	**3.1%**

Financial Plan

The plan aims to provide services with sufficient capacity to meet demand in support of recovery from the Covid pandemic, whilst targeting improved levels of efficiency and productivity alongside sustained delivery against national targets and / or professional performance standards. In terms of efficiency the Trust has set a 3.1% savings target of £2.6m in 2024-25.

In addition to this internal savings target and the associated savings schemes the Trust is leading on a number of all Wales service developments that are currently leading to or will lead to capacity release, cost avoidance and cost reduction in Health Boards.

Whilst the Trust is submitting a balanced financial plan there is significant financial risk and challenges to deliver this plan due to the uncertainties around the income it will receive to cover the committed investment in Velindre Cancer Services.

The proposed financial plan has been developed using the latest assumptions regarding the Trust's expected income from Commissioners and Welsh Government, the likely cost pressures facing the Trust, both pay and non-pay inflation, and realistic, but challenging view of the cost saving potential of services.

These assumptions have been discussed and agreed with Commissioners and Trust Board through the IMTP engagement process.

The formal agreement of the Trust income planning assumptions will be summarised within respective Commissioner Long Term Agreements for 2024-25 which must be signed by the 28th June 2024, but the Trust is working with its Commissioners to sign LTAs by the end of March. A summary financial plan reflecting the marginal revenue and cost impact for period 2024-25 to 2026-27 is presented in the following table:

	2024/25		2025/26		2026/27	
Summary of Financial Plan 2024-27	**In Year Effect £000**	**FYE of Rec £000**	**In Year Effect £000**	**FYE of Rec £000**	**In Year Effect £000**	**FYE of Rec £000**
Underlying Core Position b/f	0	0	0	0	0	0
Unallocated reserves b/f	0	0	0	0	0	0
b/fwd. underlying deficit	**0**	**0**	**(208)**	**(208)**	**0**	**0**
Revenue						
WG Velindre Pay Commissioner Pay Award Matrix & Real Living Wage 24/25	81	71	71	71	71	71
LTA Core Uplift (3.6% 24/25 assumed 1% for 25/26 & 26/27)	2,864	2,864	1,222	1,222	1,234	1,234
Exceptional National Cost Pressures (Energy)	563	563	0	0	0	0
Assumed LTA Income Growth for NICE drug growth & WBS Blood derived medicines growth	11,418	11,418	11,977	11,977	12,618	12,618
LTA Service Growth Investment	2,455	2,455	2,315	2,315	6,542	6,542
VCS LTA Marginal cost income from activity growth	1,300	1,300	1,000	1,000	1,000	1,000
AME & Non Cash Depreciation / Special Payments	18,954	0	13,820		14,079	
Total Revenue	**37,635**	**18,671**	**30405**	**16,585**	**35,544**	**21,465**
LTA Service Growth Investment to LTA Service Costs for IRS, AO, RSU, nVCC, SACT Infrastructure, RT devpts	(2,455)	(2,455)	(2,315)	(2,315)	(6,542)	(6,542)
VCS NICE Drug Growth	(7,701)	(7,701)	(7,701)	(7,701)	(7,701)	(7,701)

Summary of Financial Plan 2024-27	2024/25		2025/26		2026/27	
	In Year Effect £000	FYE of Rec £000	In Year Effect £000	FYE of Rec £000	In Year Effect £000	FYE of Rec £000
WBS Contract Price/ Inflation	(3,717)	(3,717)	(4,276)	(4,276)	(4,917)	(4,917)
Exceptional National Cost Pressures (Energy)	(563)	(563)	0	0	0	0
National / General Cost Pressures	(1,499)	(1,489)	(786)	(786)	(808)	(808)
Local Cost & Service Pressures	(4,052)	(2,748)	(2,558)	(1,758)	(2,547)	(1,747)
VCS LTA Marignal Income for Service Capacity Investment	(1,300)	(1,300)	(750)	(750)	(750)	(750)
AME & Non Cash Depreciation / Special Payments	(18,954)		(13,820)		(14,079)	
Total In Year Changes to Cost Base	**(40,241)**	**(19,973)**	**(32,206)**	**(17,586)**	**(37,344)**	**(22,465)**
Net Opening Balance before Savings	**(2,606)**	**(1,302)**	**(1,800)**	**(1,000)**	**(1,800)**	**(1,000)**
Savings Plan (3.1%)	2,606	1,302	1,800	1,000	1,800	1,000
Net Income Generation	0	0	0	0	0	0
Net Opening Balance	**0**	**0**	**0**	**0)**	**0**	**0**

Income Assumptions

Income Assumptions and Extent of Alignment with Commissioner and WG Plans:

The following are the income growth assumptions the Trust has made to meet the unavoidable inflationary, demand and growth pressures forecast during 2024-25:

- Commissioners will uplift LTA values by 3.67% which amounts to £2.864m core uplift in 2024-25. For planning purpose. The Trust is assuming a 1.5% uplift to LTA values for 2025-26 and 2026/27. Commissioners have developed an options paper that includes proposals of reduced uplift of 1.2% or 1.67%. However, the Trust expectation is the uplift is 3.67% as the expectation set out in the Health Board Allocation Letter.
- Energy funding of £0.563m recurrently has been recognised for the Trust in Health Board Allocation Letter to cover the exceptional energy cost pressure.
- Commissioners will pass through as additional income to the LTA the 2023-24 Agenda for Change (AfC) and Doctor & Dentist Review Body (DDRB) costs as per the WG Pay award matrix.

- The 2024-25 Pay Inflation not currently agreed but is expected to be funded directly by WG over the 3 years of the IMTP (any shortfall will need be met by discretionary uplift, additional savings or absorbed by Divisions).
- **In line with WG guidance any planning assumption for the 2024-25 pay award is excluded from the IMTP financial plan.**
- Funding for the Real Living Wage (the impact of the policy on Social Care) will be dealt with as a non-recurrent allocation, addressed in year.
- The cost increase in employer's pension contributions from 14.3% to 20.6% will continue to be paid by WG. (**Per WG guidance excluded from the plan**)
- Allocations for accelerated depreciation, AME depreciation for donated assets, relevant IFRS 16, and DEL and AME impairments will be issued as direct funding from WG. This will also apply to any increases in depreciation related to approved schemes with confirmed strategic support.
- Activity demand modelling forecasts £1.300m additional LTA marginal cost income above the 2023-24 projected outturn.
- The Trust will receive pass through income from commissioners to cover the cost of NICE / High-Cost drugs VCS uses in delivering cancer care. The forecast annual cost growth has been estimated using historic trends and the latest horizon scanning, this amounts to a £7.701m increase in 2024-25.
- The Trust will receive pass through income from LHBs through their SLAs to cover the cost of wholesale blood derived products WBS supplies to them. The forecast annual cost growth for 2024-25 has been calculated based an estimated 15% volume growth and general price inflation totalling £3.717m.
- In 2022-23 the Trust secured funding from WG from the Value Based Healthcare (VBHC) fund. Funding will be held by WG and invoiced based on actual costs.
- WG and / or WHSSC will fund the WBS Plasma for Medicines (Fractionation) business case costs should WG decide to progress with this service development.
- The Trust is expecting as confirmed by WG when the bid was submitted that the SDEC service development funding of £0.935m available in 2023-24 is recurrent, however funding has only been confirmed non-recurrently for 2024-25. Unless funding is secured recurrently this becomes a significant risk for the Trust during 2025-26 and beyond. The Trust recognises that a 7% saving reduction has been applied to the funding.
- At this stage the Trust is expecting that WG will provide funding to cover the costs relating to the Whitchurch site that will be transferred to the Trust from C&VUHB. These include revenue costs of c£0.600m p.a. for security and other costs delating to due diligence work (land searches, structural survey's etc.) which are currently being assessed. A paper setting out these costs will be submitted to Health Service Board for consideration.
- It is assumed that the Trust will receive additional income from commissioners to cover any new service developments or additional capacity they agree to commission. Should funding not be agreed, developments and infrastructure will not be implemented, and any costs already committed to will need to be mitigated

or removed. Funding for the key service infrastructure, quality improvement, activity growth and cost pressures included in the table below have previously been shared and agreed with Commissioners:

	2024/25				Incremental Income			
LTA Service Growth Investment	LHB £000	WHSCC £000	TOTAL £000	IMTP Total 2024/25 £000	IMTP Total 2025/26 £000	IMTP Total 2026/27 £000	IMTP Total 2027/28 £000	IMTP Total 2028/29 £000
TCS Acute Oncology Services	726		726	726	0	0	0	0
TCS Integrated Radiotherapy Solution Planned Requirement	591		591	591	621	(50)	18	43
TCS Radiotherapy Satellite Centre - Transition Cost	565		565	565	0	0	0	0
TCS Radiotherapy Satellite Centre - Fixed Fee Share	112		112	112	1,233	0	0	0
TCS nVCC FBC Planned Recurrent Funding Requirement			0	0	0	4,080	0	0
TCS nVCC FBC Planned Transition Funding Requirement			0	0	0	2,412	0	0
TCS Outreach Programme			TBC	TBC	TBC	TBC	TBC	TBC
SACT Medicine Infrastructure Financial impacts (MIFs)	100		100	100	100	100	100	100
Radiotherapy Service Implementation	361		361	361	361	0	0	0
Total Service Improvement & Growth	**2,455**		**2,455**	**2,455**	**2,315**	**6,542**	**118**	**143**

- The current financial plan assumes no additional internal investments in major programmes and projects beyond resources agreed within approved business cases. Any additional funding requirements will either need to be met through a reallocation of existing resources or additional savings above the £2.7m target.

Pay Related Cost Assumptions:

- Expectation that Pay Inflation funding received will cover the cost growth. (Any shortfall will need be met by discretionary uplift, additional savings or absorbed by service Divisions.
- The Trust holds a £1m vacancy factor target, which will need to be achieved on an ongoing basis in order to balance the overall financial position.

- In line with the guidance the 2024-25 pay inflation and employer's pension contributions from 14.3% to 20.6% has been excluded from the financial plan.

Non-Pay Related Cost Assumptions:

- Latest forecast modelling of forecast energy prices suggests that the incremental cost above baseline to the Trust could be c£0.563m, which will be funded by WG per the allocation letter.
- The national / general cost pressures have currently been estimated at £1.209m for 2024-25. General Non-Pay inflation is forecast to be 3.2% (£0.673m), WRP (£0.331m) and the expected increase in digital costs via the DHCW SLA for services such as Microsoft 365 and national IT system projects.
- Non-pay Inflationary uplifts on Welsh NHS SLAs of 3.67% (£0.120m) have been assumed for 2024-25 on the basis of a 3.67% core funding uplift to LTA values is passed through to the Trust.

Local Core Service Growth and Cost Pressures:

- The Trust has undertaken a review of its local core service growth and cost pressures, which has resulted in a number being mitigated, removed or costs reduced.
- The cost pressures in the table below are included in the financial plan as needed to meet demand, quality & safety statutory requirements and essential Trust wide digital infrastructure so unavoidable for 2024-25.

Local Cost Pressures	Division	Recurrent/ Non-Recurrent	2024/25 £000
Service investment above marginal cost to maintain capacity	VCS	Rec	2,154
Acute Medical On-Site Clinical Model	VCS	Rec	150
Palliative Care - Additional Posts to maintain service	VCS	Rec	62
Enhancements to Service Delivery model	VCS	Rec	390
Collections Model	WBS	Rec	120
Loss of income due to change in service Model	VCS	Rec	36
Increased costs of running VCC Hospital Estate	VCS	Non-Rec	250
RCI Volume Increase - Discussions with WHSSC for Rec Support (Band 6 plus Non Pay)	WBS	Rec	120
Pathology SLA	VCS	Rec	250
HEIW reduction in funding support	VCS / WBS	Rec	20
WBMDR – Reduced contribution on present activity trajectory	WBS	Non-Rec	300

Local Cost Pressures	Division	Recurrent/ Non-Recurrent	2024/25 £000
Velindre Futures Programme Office	VCS	Rec	450
Advanced Recruitment, Plasma for Medicines, WTAIL LIMS/LINC	WBS	Rec	200
Total Local Cost Pressures			**4,502**

- The current financial plan assumes that these cost & growth pressures that have been identified as unavoidable for 2024-25 will at this stage be funded either through additional marginal cost VCS LTA income from activity growth, LTA core uplift funding or further savings within service Divisions.

National / General Cost Pressures:

The national cost pressures are funded in part by the 3.67% LTA core uplift (sustainability & capacity) funding and in part from savings delivery:

National / General Cost Pressures	Recurrent/ Non-Recurrent	2024/25 £000	2025/26 £000	2026/27 £000
NHS SLA Increase 3.67% 24/25, (1% 25/26 & 26/27)	Rec	120	33	33
Non-Pay Inflation (3.2% 24/25 - 2% 25/26 & 26/27)	Rec	673	394	402
Real Living Wage	Non Rec	10	0	0
Digital (DHCW SLA)	Rec	65	TBC	TBC
NWSSP SLA	Rec	12	12	12
WRP 24/25	Rec	331	347	361
WRP 23/24 (N/R funded during 23/24)	Rec	288	x	x
Total National Cost Pressures		**1,499**	**786**	**808**

Other Assumptions:

- Prioritised service developments will be submitted to commissioners as business cases for funding consideration.
- Plan assumes no additional investment in major programme / project resources beyond those agreed in capital business cases.
- The plan assumes Divisions will mitigate or manage other local cost pressures not recognised in the financial plan.
- Expectation is other new cost pressures that may materialise over the period are either avoided/mitigated as far as possible. Where costs are unavoidable additional savings will be required to fund them.

- Investment in organisational staff capacity and capability to deliver major change Programmes is required to, progress regional work to deliver improved cancer services, establish clinical leadership and to meet statutory duties around quality & safety and duty of candor.
- Without funding support for major change capacity and capability the Trust is considering what decisions are required with regards to reallocation of existing resources or delivery of additional savings and efficiencies, but this is proving difficult given competing priorities and will only enable a small element of the staff capacity and capability to be implemented with consequential impact on delivery of major change.

Planned Savings

The following table summarises the level of savings the Trust is planning to deliver in 2023-24.

Savings Plan	2024-25 £000
CIP Planned Savings	1,179
Income Generation	1,427
Total Savings / Income Generation	**2,606**
CIP % (of Core LTA value)	**3.1%**

The Trust has Identified schemes against full savings target of £2.606m, (£1.600m RAG Green, £0.150m RAG Amber & 0.934m RAG Red).

Savings Plan by Division	Target £000	Schemes Identified £000	Savings Target Gap £000
Welsh Blood Service	650	515	(135)
Velindre Cancer Centre	939	414	(525)
Corporate Services	787	787	0
RD&I	230	230	0
Total	**2,606**	**1,946**	**(660)**

Contracting Model & National Funds Flow Framework:

LTA Contract Rebasing for Velindre Cancer Services:

- The Trust is completing the LTA Contract Rebasing exercise ahead of the 2024/25 financial year.

- This will finalise the transfer of responsibility for commissioning a number of services from WHSSC to LHBs directly. Further, it will conclude the move towards cost recharges being made based on actual activity and utilisation of resources by Commissioners (LHBs and WHSSC) through the new contracting framework developed.

Financial Risks and Opportunities:

There are several financial risks that could impact on the successful delivery of the plan. The Trust recognises these and is taking appropriate actions as set out below, to ensure risks are appropriately managed and mitigated against. All areas of delivery are risk assessed and any identified risks are included within the Trust Assurance Framework and Trust wide Risk Register.

Key Financial Risks	Worst Case £'000	Best Case £'000	Risk Mitigation
Non-delivery of amber / red saving schemes	(660)	0	Service to urgently review savings schemes that are classified as amber with a view to turn green or find replacement schemes
Management of operational Pressures	(500)	0	Operational cost pressures to be mitigated at divisional level. Increased risk due to high level of vacancy factor, with increased savings target and recruitment push
Whitchurch Site Security	(600)	0	Secure funding from WG
Energy Costs Increase	(200)	0	Energy Costs increase above WG funding support
Commissioners not passing through the full recurrent discretionary allocation	(1,560)	0	Per the allocation the letter it is assumed that the full 3.67% will flow from commissioners via the usual mechanism of LTA uplift. Commissioner options paper for funding uplift to providers includes a 2% saving reduction to the 3.67%, reducing the allocation to 1.67% or funding for non-pay inflation only estimated at 1.2%
Total Risks	**(3,520)**	**0**	

Key Financial Opportunities	Worst Case £'000	Best Case £'000	Opportunity application and action
Further vacancy turnover savings above the vacancy factor held in divisions	0	200	Used to provide non-rec savings against savings schemes that are amber
Emergency Reserve	0	500	Reserve held for emergency expenditure but could be released to support position if no unforeseen costs materialise.
Energy Cost Decrease	0	200	Energy Costs are less than WG funding support
Bank interest	0	200	N/R benefit from the recent rise in interest rates. Predicted outlook for 2024/25 is that interest rates will start decreasing now that inflation has been controlled
Total Opportunities	**0**	**1,100**	
Net Financial Risk	**(3,820)**	**1,100**	

Value & Sustainability

In response to national financial pressures the Trust has commenced Finance and Investment Enhanced Monitoring arrangements as enhanced measures.

The purpose of the Finance and Investment Enhanced Monitoring agenda item is to strengthen the control environment by ensuring accountability at an Executive level in relation to:

1. Savings delivery
2. Cost control
3. Choices and Options which could contribute towards wider system financial pressures
4. Impacts of spending decisions considering quality, safety, experience and value

This process will also help to address the strategic risk theme of Financial Sustainability and Long-Term Value for the Trust.

It will provide an additional level of assurance before reporting to external monitoring bodies including:

- Monthly Value and Sustainability Board
- WG / NHS Exec Quarterly Review

Five focus areas were outlined by the Value and Sustainability Board including (1) Workforce; (2) Medicines Management; (3) CHC/FNC; (4) Non-pay and Procurement; (5) Clinical Variation/Service Configuration.

The Value and Sustainability agenda will develop in 2024/25 with the Minister issuing guidance on the following areas of focus:

- Continued progress in reducing the reliance on high-cost agency staff.
- Ensuring strengthened 'Once for Wales' arrangements to key workforce enablers such as recruitment, and digital.
- Maximising opportunities for regional working.
- Redistributing resources to community and primary care where appropriate and maximising the opportunities offered by key policies such as Further Faster.
- Reducing unwarranted variation and low value interventions.
- Increasing administrative efficiency, to enable a reduction in administrative and management costs as a proportion of the spend base.

2024/25 Plans:

- In line with the Trust's decision to rescind income protection from marginal currency rates and volumes in 2023/24 and work undertaken with NWSSP Medicines Unit to enable supply of two immunotherapy drugs from their Medicines Unit at lower cost than from the incumbent provider, we will continue to explore ways to relieve financial pressures on the system in 2024/25 and beyond. The Trust will continue to integrate the opportunities identified at national level through the Value and Sustainability Board into the Trust's opportunities pipeline.
- Opportunities being explored include the following:
- Exploring opportunity to expand supply for other drugs working with the NWSSP Medicines Unit.
- VBH Pre-operative anaemia pathway work with Health Boards will releasebed capacity and plans for further expansion of the pathway to include other patient cohorts will further increase Health Board bed capacity freed-up.
- Plasma for Medicine Business case if approved and funded by WG / WHHSC has potential to save c £1.5m in phase 1 on blood derived medicines used by Health Board and if phase 2 approved up to £2m saving to Health Boards.
- Divisions reviewing non-value adding clinical practice or processes and changing ways of working through Value-Based Healthcare approach.

Capital Plans for the Trust

The focus of the capital investment Programme is to maintain a high-quality environment in which to collect, transport, process and supply blood, treat cancer patients and provide modern treatment equipment.

The Trust has a process through which to prioritise competing capital cases, both in terms of submissions to WG for All Wales funding and the allocation of Trust discretionary Programme funding.

The capital investment required over the period of the IMTP are schemes that have or will be submitted to Welsh Government as cases for consideration against the All-Wales Capital Fund. These include:

All Wales Approved and Unapproved Capital Schemes	2024-25 £m	2025-26 £m	2026-27 £m	2027/28 £m	Further Years £m	Total All Wales Schemes £m
All Wales Approved Schemes						
TCS nVCC enabling works		1.547				1.547
Integrated Radiotherapy Solution (IRS)	5.164	2.040	15.800	0.839		23.843
Radiotherapy Satellite Unit	11.265					11.265
Total Approved Capital Schemes	**16.429**	**3.587**	**15.800**	**0.839**	**0.000**	**36.655**
All Wales Unapproved Schemes						
TCS nVCC	15.791	11.000	36.962	1.741		65.494
TCS nVCC Enabling works	2.900		0.600			3.500
Digital - IT Infrastructure	1.086	0.688	0.680	0.400		2.854
WHAIS	0.494	0.092				0.586
WBS Electrical Resilience	0.320					0.320
Liquid Nitrogen Vessel	0.500					0.500
Welsh Plasma - Medicine	0.970	0.064	0.064	0.203		1.301
Talbot Green - Infrastructure	0.303	1.346	10.633	10.640	19.707	42.629
WBS Fleet Replacement		0.373	1.112	1.285		2.770
WBS Asset Replacement (indicative)	0.100	0.494	0.121		1.560	2.275
First Floor Ward Ventilation	0.370					0.370
Condition Survey Recommendations	0.250	0.200	0.150			0.600
Total Unapproved Capital Schemes	**23.084**	**14.257**	**50.322**	**14.269**	**21.267**	**123.199**
Total All Wales Capital Plans	**39.513**	**17.844**	**66.122**	**15.108**	**21.267**	**159.854**

Trust Discretionary Capital Funding:
The Trust discretionary allocation of £1.911m for 2024-25 is an increase of £0.228m from the £1.683 allocated during 2023-24.

Depreciation & Impairment Funding:

The Trust will require additional WG funding estimated at £37.4m over the three years of the IMTP 2023-24 to 2025-26 for accelerated depreciation in relation to the existing cancer centre building and equipment. These costs are set out in the table below and included in the n VCC FBC:

Cost Category	2024-25 £'000	2025-26 £'000	2026-27 £'000	2027-28 £'000	Total £'000
VCS Buildings	9,832	10,016	10,142	5,138	35,128
VCS Equipment	574	607	740	380	2,301
Total	**10,406**	**10,623**	**10,882**	**5,518**	**37,429**

The Trust will require WG impairment funding in 2024-25 of c£5.9m in relation to the capital costs incurred on the ASDA Enabling Works access road for the nVCC. This is currently an asset under construction and will be reflected as such in the Trust Balance Sheet in 2023-24. However, once construction is completed in 2024-25 the asset value will need to be fully impaired as the Trust does not have legal ownership of the asset, but a right to use the asset by way of a license.

Part 8

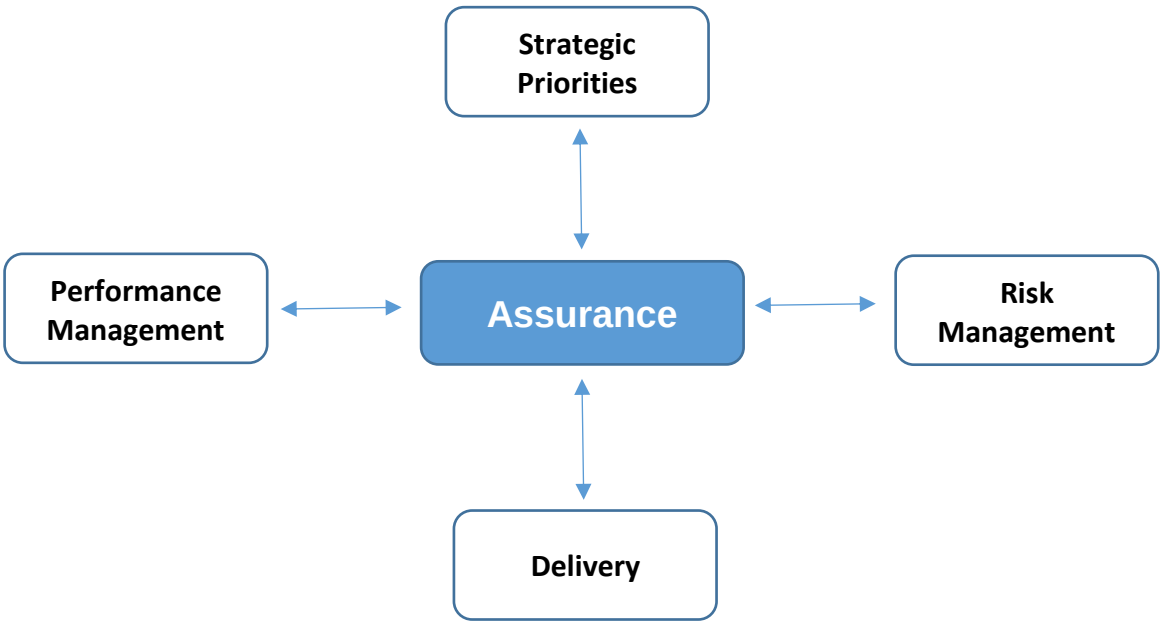
Our Performance Management Framework

We set out how we will manage the delivery of our plan and monitor progress in delivering the changes we wish to see.

Managing the Delivery of our Plan

We utilise an Integrated Framework to manage the delivery of service and strategic plans. This ensures that there is a '*golden thread'* that links all organisational plans and priorities, risk, delivery and measurement into an overall system of assurance.

Integrated Performance, Risk and Assurance Framework



Plans and priorities - Our strategic aims and priorities are set out within our strategies and translated into specific objectives and actions within this plan.

Delivery - The focus of delivery are the divisional service plans which set out the actions we will take to deliver the identified priorities and objectives.

Performance Measures - We use a range of quantitative and qualitative information to allow us to monitor our progress. These are a combination of Welsh Government statutory targets and self-imposed stretch targets.

Risk Management - We assess the risk of achievement against each of our strategic aims, priorities and objectives as part of the planning process. We keep these under regular review throughout the year using our Trust Assurance Framework.

Performance Management Framework

We use a robust framework to support our staff in achieving the improvements required and in delivering our plan. The system is based upon four main elements:

- A clear set of aims, objectives, plans and supporting actions to improve quality
- A range of performance measures
- A regular process of monitoring and review
- A process of escalation/action if we are not on track to achieve our aims.

However, and despite the robust existing arrangements, we continue to enhance our Performance Management Framework (PMF) by introducing a wider range of outcome based measures. A key priority during 2024 -25 is the introduction of greater automation in the production of our monthly performance monitoring reports.

Governance Arrangements

The Board is accountable for governance and internal control of those services directly managed and for services delivered via hosting arrangements. The Board discharges its responsibilities through its Committees and scheme of delegation.

Delivering our Plan

Our plan sets out a clear set of milestones and trajectories that are owned by the Board who will receive a regular assessment of progress against the plan. Responsibility for delivering the plan is discharged to the divisional Senior Management teams who manage the detailed progress of service objectives and their associated performance and risks. Regular meetings between the divisions and the Executive Directors will take a more strategic overview of progress.

Whilst the plan objectives and related performance will be scrutinised by the most appropriate committee, the Quality Safety and Performance Committee will assume overall responsibility for challenging plan progress and providing assurance.

Commissioning Arrangements

Health Boards are responsible for commissioning cancer and blood services from the Trust. However, there is a common view that the current arrangements are not sufficient to meet the future needs of the Trust in delivering services on behalf of our commissioners and the patients and donors who use them. We are therefore committed to working with our Health Board partners and the Welsh Government to develop a planning, commissioning and funding framework that provides us with the greatest opportunity to achieve our ambitions and achieve the levels of excellence that people can be proud of.

Implementation: How will we measure success?

We will track implementation of our plan through a small number of key metrics and strategic markers, which will be underpinned by more detailed reporting. The following metrics will be used to monitor and track implementation as they:

- **Provide a headline picture against our strategies and plans as a whole.** Identifying a small number of headline metrics allows for a simple mechanism to track progress and report to our patients, donors, staff and partners.
- **Includes a mixture of process, output and outcome measures.** This allows us to track specific actions in the short-term (process and output measures) and ensure they are translating into real change in the longer-term (outcomes and benefits).

STRATEGIC DEVELOPMENT COMMITTEE

Welsh Blood Service – Talbot Green Infrastructure Outline Business Case

DATE OF MEETING	21st March 2024
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	JASON HOSKINS ASSISTANT DIRECTOR ESTATES CAPITAL AND ENVIRONMENT
PRESENTED BY	Carl James Executive Director of Strategic Transformation, Planning, and Digital
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
EXECUTIVE SUMMARY	This paper provides an update of progress on the development of the Talbot Green Infrastructure Outline Business Case and outlines next steps.
RECOMMENDATION / ACTIONS	The Strategic Development Committee are asked to NOTE the contents of this report.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
WBS / Executive Management Touch Point Meeting	08/03/2024
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS NOTED	

7 LEVELS OF ASSURANCE	
Not Applicable	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	**Select Current Level of Assurance** Not Applicable

APPENDICES	
Appendix 1	Presentation

1. SITUATION

1.1 The presentation for the Strategic Development Committee outlines progress to date in the development of the Outline Business Case for the Talbot Green Infrastructure Programme.

2. BACKGROUND

2.1 A Programme Business Case (PBC) setting out a programme of strategic developments in relation to improvements in the infrastructure at 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 Space Utilisation

2.2 Design development highlighted the requirement to explore laboratory space utilisation as part of phase one to avoid abortive works and minimise decant requirements which are costly and disruptive. A high-level Feasibility Report was

undertaken by the Supply Chain Partner. The Feasibility Report scoped laboratory utilisation and provided indicative costs and benefits.

2.3 As a result, the proposal to incorporate phases 1 and 2 into one integrated OBC was endorsed.

3. ASSESSMENT

3.1 There are three shortlisted options for laboratory space utilisation which require assessment in line with the 5-case business model to determine the best solution for the Trust. All three options include full mechanical and electrical compliance and selected carbon reduction measures.

3.2 Table 1 below outlines the short list options currently being assessed to inform the Programme Board in deciding the preferred option.

Table 1 – Laboratory Space Utilisation Short List options

Option	Description
Laboratory Space Utilisation Option A	Full mechanical & electrical compliance, selected carbon reduction measures. Laboratory works to be completed to include minor improvements to laboratory layouts in existing locations only.
Laboratory Space Utilisation Option B	Full mechanical & electrical compliance, selected carbon reduction measures. Laboratory works to be completed to include relocating manufacturing and distribution laboratories to be co-located on ground floor.
Laboratory Space Utilisation Option C	Full mechanical & electrical compliance, selected carbon reduction measures. Laboratory works to be completed to include extension to accommodate all laboratories (Manufacturing & Distribution, WTAIL, WBMDR & NEQAS) being co-located on ground floor.

3.6 The Supply Chain Partner and Healthcare Planner have been commissioned to complete the OBC. The Programme is currently considering the economic benefits of each option outlined above in order to reach a preferred solution to develop to full OBC. The Programme Board will consider and approve the preferred option at the Programme Board meeting in April 2024.

The final draft of the OBC is on track to be completed in August 2024 and, following a 12-week internal approval process, will be submitted to Welsh Government in November 2024.

4. 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: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☒ • A beacon for research, development and innovation in our stated areas of priority ☒ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe ☒	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	06 - Quality and Safety
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe ☒ Timely ☐ Effective ☒ Equitable ☐ Efficient ☒ Patient Centred ☐

	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). **Click or tap here to enter text**
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not required
	This scheme relates to estates work on the existing WBS Headquarters site and therefore there is no requirement for a socio economic duty assessment.

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.
	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_Intranet/SitePages/E.aspx*	Not yet completed - Include further detail below why
	EQIA will be conducted as part of the scheme
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

5. RISKS

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?	No
All risks must be evidenced and consistent with those recorded in Datix	

Talbot Green Infrastructure Programme

Introduction

Programme Business Case – approved by Welsh Government 2021

- Resilience / Sustainability
  - Plant & equipment 25 years old – approaching end of life *(phase 1)*
  - Electrical capacity – no resilience *(phase 1)*
  - Laboratory Space Utilisation – maximising efficiency and effectiveness *(phase 2)*

Background

- Procurement – completed Q2 2021
  - Build for Wales Framework (Supply Chain Partner / Cost Analyst / Project Manager)
- Initially set out to deliver Resilience / Sustainability elements *(phase 1)*
  - Estates annex delivered
- Design development highlighted the need to explore space utilisation *(phase 2)*
  - Constructive requirements – no abortive works
  - Decant strategy – costly & disruptive
- Space utilisation feasibility exercise undertaken
  - Three options selected to explore

Options

All options include mechanical / electrical compliance & selected carbon reduction measures

- **Option 1** Laboratory works to include minor improvements to existing laboratory layout
- **Option 2** Laboratory works to include relocating manufacturing and distribution laboratories to be co-located on ground floor
- **Option 3** Laboratory works to be completed to include extension to accommodate all laboratories (Manufacturing & Distribution, WTAIL, WBMDR & NEQAS) being co-located on ground floor

Current Situation

- Supply Chain Partner / Healthcare Planner commissioned to complete OBC
- Considering economic benefits of each option to select preferred option to develop to full OBC
- Information to be considered and approved by Programme Board – April 2024
- OBC completed – August 2024
- 12-week internal approval
- OBC submission to Welsh Government – November 2024

STRATEGIC DEVELOPMENT COMMITTEE

Velindre Oncology Academy Implementation Board Update

DATE OF MEETING	21st March 2024

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Hannah Russon, Head of the Velindre Oncology Academy
PRESENTED BY	Hannah Russon, Head of the Velindre Oncology Academy
EXECUTIVE SPONSOR APPROVED	Jacinta Abraham, Executive Medical Director

REPORT PURPOSE	FOR NOTING

ACRONYMS	
VOA	Velindre Oncology Academy

1. PURPOSE

1.1 This paper had been prepared to provide the Strategic Development Committee with an update in respect of the establishment of the Velindre Oncology Academy. It covers progress made at the Velindre Oncology Implementation Board during meetings held during January and February 2024.

2. VELINDRE ONCOLOGY ACADEMY HIGHLIGHTS

ALERT / ESCALATE	No items to alert / escalate

ADVISE	• First draft proposed governance and reporting structure discussed, amendments to be made before next implementation board. Terms of Reference approved by Executive Management Board. • Branding – Branding is identified as an essential component of the academy's success. A single branding solution company was commissioned to produce branding. This was considered by the Executive Management Board and deemed to be too far removed from the current cancer service branding. Whilst recognizing the importance of having branding that is academically framed so that the academy can positively compete in a crowded international space further work was requested. This will be completed by the end of March 2024. • ARC Funding: Funding agreed through ARC to support the academy infrastructure costs was agreed in the absence of the ARC governance structure being in place. A retrospective paper was taken to the inaugural ARC Board on February 28th 2024.
ASSURE	Overall good progress made: • A dedicated room for education, training and development is now in full use. The room fulfills the requirement of the agreement with the University of Wales Technical Institute to have a dedicated teaching space. The University will need, as part of the accreditation process assess the suitability of the space. • All roles recruited to, and a small number have commenced. The last role to be recruited is the lecturer/practitioner role. • Curriculum Development Board in partnership with University of Wales Technical Institute established, terms of reference will be signed off at next meeting. Curriculum proposal and course priority plan will be developed before next Implementation Board. • Moodle online learning platform procurement/DPIA process due for completion by the end of the March 2024. • The high-level workplan and 10 delivery workstreams have been developed and approved. • Office space for academy staff identified.
INFORM	No additional items to inform.
APPENDICES	**NOT APPLICABLE**

3. RECOMMENDATION

The Strategic Development Committee are asked to Note the progress in the development of the Velindre Oncology Academy.

STRATEGIC DEVELOPMENT COMMITTEE

Velindre University NHS Trust Quality Management System.

DATE OF MEETING	21st March 2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	DISCUSSION
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	YES
PREPARED BY	Zoe Gibson, Interim Head of Quality and Safety
PRESENTED BY	Tina Jenkins, Interim Deputy Director of Nursing, Quality and Patient Experience
APPROVED BY	Tina Jenkins, Interim Deputy Director of Nursing, Quality and Patient Experience
EXECUTIVE SUMMARY	To meet our legislative requirements in line with the Duty of Quality (2023) the Trust is required to take a system wide approach to quality that actively involves patients, donors, colleagues, and other key stakeholders that ensures the provision and ongoing improvement of a robust Quality Management System. To meet this requirement the trust quality and safety team has developed this quality management system.
RECOMMENDATION / ACTIONS	The strategic Development Committee are asked to **discuss** and **note** this approach to the

	establishment of a robust Quality Management System in the Trust.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Integrated Quality and Safety Group Comments received and incorporated	26th February 2024.
Executive Management Board Comments received and incorporated	29th February 2024
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS This approach to the development of a Trust Quality Management System has been presented, discussed, and supported at both Integrated Quality and Safety Group and Executive Management Board.	

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** *Not applicable- Report for discussion not for assurance purposes.*

APPENDICES	
1	Velindre University NHS Trust Quality Management System.

1. SITUATION

To meet our legislative requirements in line with the Duty of Quality (2023) the Trust is required to take a system wide approach to quality that actively involves patients, donors, colleagues, and other key stakeholders that ensures the provision and ongoing improvement of a robust Quality Management System. To meet this requirement the trust quality and safety team has developed this quality management system.

2. BACKGROUND

Velindre University NHS Trust is committed to improving the quality of our services to improve the outcomes for our patients and donors. Within the Trust we view quality as far more than meeting service standards, and aim to provide safe, timely, effective, efficient, equitable and person-centred care, which is supported through enabling a psychologically safe culture of continuous learning and improvement, to ensure our patients and donors have the best possible care and outcomes.

To meet our legislative requirements in line with the Duty of Quality the Trust is required to take a system wide approach that actively involves patients, donors, colleagues, and other key stakeholders, through ensuring the provision and ongoing improvement of a robust Quality Management System.

A Quality Management System enables the Trust to focus upon understanding what a quality service looks like, knowing whether we are delivering the services that our population needs and ensuring a strong focus continuous learning and improvement. Every Quality Management System is based upon the continuous Quality Cycle which consists of 4 parts: Quality Planning: Quality Control: Quality Assurance: and Quality Improvement, which are all underpinned by provision of a learning environment.

3. ASSESSMENT

The Trust Quality Management system has been developed to clearly describe our Quality vision, aims, objectives and approaches to Quality planning, Quality Improvement, Quality Control and Quality Assurance to ensure our legislative responsibilities in line with the Duty of Quality (2023) are fully discharged.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The Strategic Development Committee are asked to discuss and note this Quality Management System approach.

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: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☒ • A beacon for research, development and innovation in our stated areas of priority ☐ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe ☐	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	06 - Quality and Safety
QUALITY AND SAFETY IMPLICATIONS / IMPACT	**Select all relevant domains below** Safe ☒ Timely ☒ Effective ☒ Equitable ☒ Efficient ☒ Patient Centred ☒ 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). This Quality Management system is required to ensure the trust meets the legislative responsibilities as described within the Duty of Quality (2023).
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information: https://www.gov.wales/socio-economic-duty-overview*	Not required Click or tap here to enter text. **Click or tap here to enter text**

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: **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:** **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 required - please outline why this is not required
	In line with toolkit this paper does not meet the requirements for an Equality Impact assessment.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Click or tap here to enter text
	Legislative requirement under the Duty of Quality (2023).

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	*NA*
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	

Velindre University NHS Trust Quality Management System

Vision

Velindre University NHS Trust is committed to improving the quality of our services to improve the outcomes for our patients and donors. Within the Trust we view quality as far more than meeting service standards, and aim to provide safe, timely, effective, efficient, equitable and person-centred care, which is supported through enabling a psychologically safe culture of continuous learning and improvement, to ensure our patients and donors have the best possible care and outcomes.

Aim

To achieve this, and to meet our legislative requirements in line with the Duty of Quality the Trust is required to take a system wide approach that actively involves patients, donors, colleagues, and other key stakeholders.

This will be achieved through ensuring the provision and ongoing improvement of a robust Quality Management System.

The key to success requires everyone across the Trust to be engaged and dynamic in ensuring quality is at the heart of everything we do:

Objectives

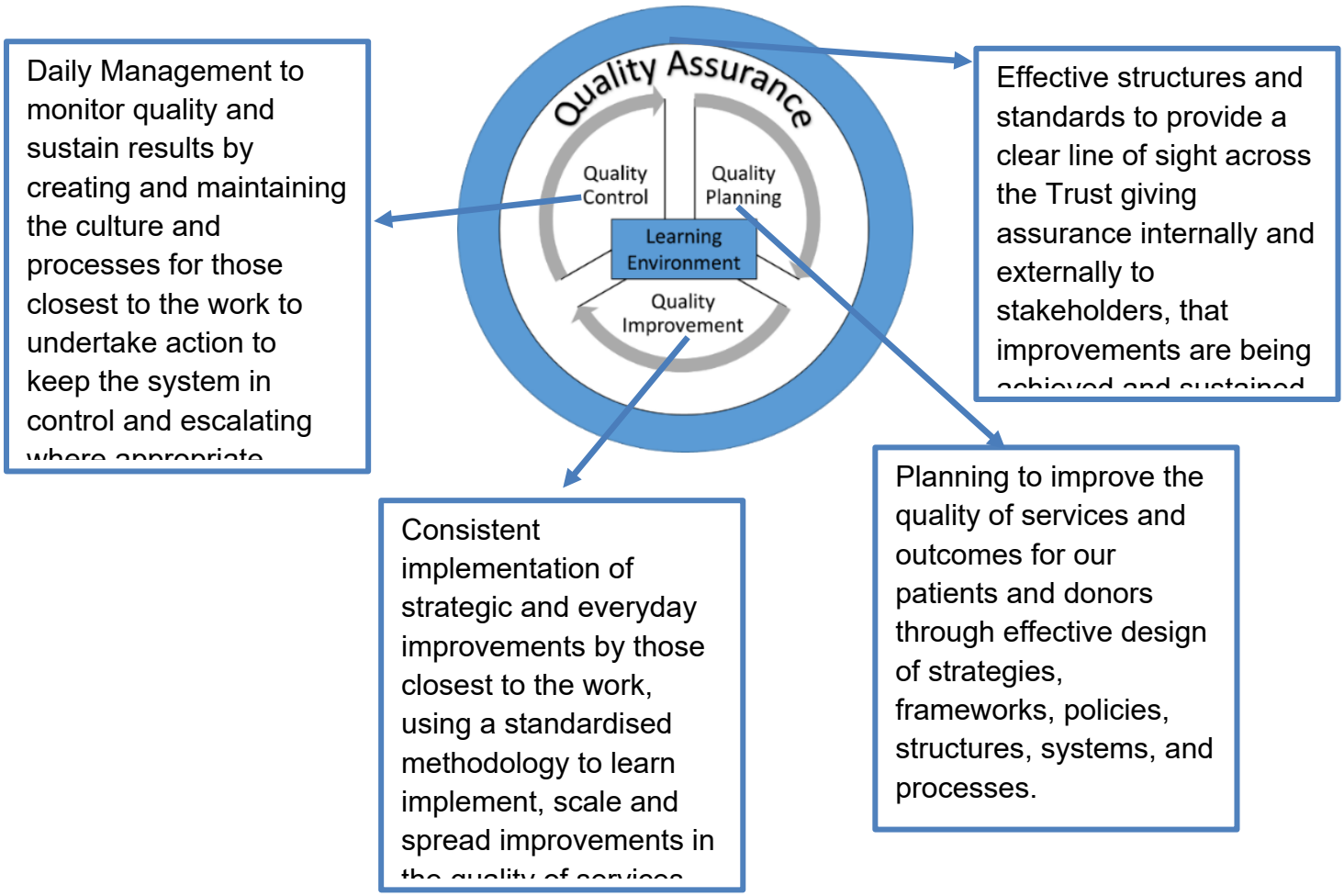
Our Quality management system aims to:

- Enable a positive and psychologically safe quality culture through the provision of compassionate leadership.
- Enable a shared responsibility and voice for Quality to ensure the provision of safe, timely, effective, efficient, equitable and person-centred care.
- Embed Quality Driven Decision Making at all levels of the Trust.
- Demonstrate a quality approach based upon learning and continuous improvement.

What is A Quality Management System?

A Quality Management System enables us as an organisation to focus upon understanding what a quality service looks like, knowing whether we are delivering the services that our population needs and ensuring a strong focus continuous learning and improvement.

Every Quality Management System is based upon the continuous Quality Cycle which consists of 4 parts: **Quality Planning: Quality Control: Quality Assurance: and Quality Improvement**, which are all underpinned by provision of a **learning** environment.



Velindre University Trust Quality Management System

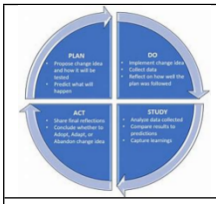
Quality Planning

Aim

The Trust will ensure that all service planning and development is undertaken through a quality and continuous improvement lens which is supported by the feedback of patients, donors, staff, and other key stakeholders at all levels of the Trust to ensure the provision of services which meet the requirements of our population and optimise patient and donor outcomes.

How we achieve this	How we can improve this
Significant focus upon quality within our Trust Strategy 'Destination 2033'	Availability of Quality Metrix and dashboard to improve information available to support decision making
Development of Trust Values that support the quality culture that we require.	Expansion of service User feedback systems and approaches to gain service user insights.
Alignment of Intermediate Medium-Term Plan (IMTP) with Quality requirements	Expansion of always on reporting metrics
Ensuring identification of robust annual quality priorities that align with the Trust IMTP.	Further development of staff feedback mechanisms.
Quality Management Framework	
Introduction of quality-based decision making tool for all strategic decisions across the Trust.	
Introduction of Quality Impact Assessments to determine impact of proposed service changes, business cases and organisational change upon Quality.	
Development and Implementation of Robust Quality reporting and assurance structures.	
Quality and Safety Policies, procedures, and guidance.	
Development of Incident Management Framework.	

Implementation of CIVICA service User feedback system.	
Introduction of always on reporting	



Quality Improvement

Aim

The Trust and Divisional Quality improvement priorities will be developed annually and managed through a project management infrastructure. The Trust will further strengthen its clinical effectiveness arrangements.

How we achieve this	How we can improve this
Development of Annual Quality Improvement Priorities.	Review of Trust Quality Improvement Infrastructure
Clinical and Scientific Strategy Board	Development of post learning clinical audit to ensure improvements are achieved and sustained.
Annual Clinical Audit Plan	Source a single trust wide clinical audit system.
Implementation of Clinical Audit systems to support activity.	Identification a single Quality Improvement Methodology
Development and Publish of Patient Reported Experience Measures.	Expanding Patient Reported Experience and Outcome Measures
5-minute improvement programme at the Welsh Blood Service.	Roll out of 5-minute improvement programme across the Trust
Safe Care Collaborative Improvement Projects.	
Service Improvement team support and training.	
Duty of Candour and National Reportable Incident Procedures.	
Learning associated with Incidents, concerns and feedback from staff and service users.	
Quality and Safety Learning System Framework.	
Reflective Learning Events.	

Quality Control

Aim:

We will develop a quality control infrastructure across the organisation that there are robust arrangements in place to monitor services provided and to detect and respond to quality variances and a culture that supports its delivery through a positive learning and improvement culture.

How we achieve this	How we can improve this
Identified Quality Priorities based upon data findings and quality variance.	Development of Quality Always on Reporting Measures to enable real time reporting.
Clinical Guidance, policies, and procedures	Further development of feedback reporting mechanisms.
Harm Reporting Systems	Enhanced staff training programmes
Duty of Candour and National Incident Reporting procedures.	Enhancing thematic analysis
Incident and Concern Management processes and policies.	
Incident Management Framework	
Harm Reporting Systems	
Patient, Donor, and Staff Feedback Systems	
Quality and Safety Key Metrics	
Trust Values	
Building our Future Together Programme	

Speaking Up Safely Framework	
Compassionate Leadership	
Staff training and education	

Quality Assurance

Aim: We will understand the quality of our commissioned and provided, how our services compare with others and if our improvement work is making a difference.

How we achieve this	How we can improve this
7 Levels of Assurance	
Clinical and Quality Audits	Development of Quality Measure Reporting Dashboard
Regulatory Inspections	Further development of Always on reporting Metrics.
Peer Reviews and Benchmarking Exercises	
Always on Reporting Measures	
Performance Management Framework	
Quality and Safety Policies, procedures, and Standard Operating Procedures	
Quality and Safety Regulatory Tracker	
Quality and Safety assurance structures	
Building our Future Together Programme	
Speaking Up Safely Framework	
Compassionate Leadership	
Staff training and education	

To enable the successful implementation of our quality management system leadership, beliefs, attitudes, skills, and behaviors that support collaboration, psychological safety, responsibility, accountability, continuous improvement, and a person centred approach are key.

STRATEGIC DEVELOPMENT COMMITTEE

Digital Inclusion Plan

DATE OF MEETING	21/03/2024

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE	ENDORSE FOR APPROVAL

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	Elin Griffiths, Head of Digital Programme Kate Mackenzie, AD Data and Insight David Mason-Hawes, Head of Digital Services
PRESENTED BY	Carl Taylor, Chief Digital Officer
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital

EXECUTIVE SUMMARY	Digital Inclusion continues to be a key challenge in Wales and impacts on Health outcomes, with digitally excluded amongst the heaviest users of health and social care services, so risk being left behind in the digital health revolution. The Trust's Digital Strategy 2033 includes Digital Inclusion as one of its six key themes, this in an important foundation for our service users accessing our services.

	This paper sets out our existing achievements and the Trust's plan for Digital Inclusion activities including our accreditation against the standard Digital Inclusion Charter for Wales.

RECOMMENDATION / ACTIONS	SDC are asked to: • SDC are asked **Endorse for Approval** the Digital Inclusion plan for Trust Board. • **Note** that the Trust is going to seek accreditation against the Digital Inclusion Charter and the commitment to the 6 pledges.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Digital Programme Board	28/02/2024
EMB Shape	18/03/2024

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

The Digital Inclusion plan was discussed at the Digital Programme Board on the 28th Feb ahead of presentation to EMB Shape on the 18th March.

WBS SLT have reviewed.
EMB Shape will review on the 18/03/2024

For assurance of our activities, we have also been engaged directly with Digital Communities Wales and they have contributed to our Digital Strategy and our Digital Inclusion plan. The assessment from Digital Communities Wales is that our plan is ready for accreditation.

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Level 3 - Actions for symptomatic, contributory and root causes. Impact from actions and emerging outcomes

APPENDICES	
Appendix 1	Full Digital Inclusion Plan for 24/25

1. SITUATION

1.1 Over several 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 Digital Inclusion is one of the key themes for the Digital Strategy where we continue to make good progress. We are now mature enough in our capabilities that we can set out the Trust's Digital Inclusion plan for approval. Section 3 of this document sets out the plan at a high level and Appendix 1 contains the detailed plan.

1.3 The Digital Inclusion plan will form the basis of our formal accreditation against Wales' Digital Inclusion Charter and will help to improve access to services for our stakeholders.

2. BACKGROUND

2.1 The Velindre Trust and the wider NHS in Wales is committed to enabling people to use digital technologies to manage their own health, wellbeing, care and enable donation. This is at the core of many of our strategies and operational plans across the Trust, such as building a sustainable donor base and a world class donor experience and moving cancer services to home. However, many of our service users who could most benefit from digital services are the least likely to be online and included.

2.2 Overall, 7% of adults in Wales are digitally excluded, but some sections of the population are more likely to be digitally excluded than others[1].

2.3 The 2017-18 National Survey for Wales[2] shows that those who are digitally excluded are more likely to be:

- Older (40% of people over 75 use the internet, compared with 97% of 16–49-year-olds)
- Have a disability or long-term condition (74% of people with a disability or long-term condition use the internet, compared with 90% of those without)
- Less well educated (53% of those with no qualifications use the internet, compared with 95% of those with higher education qualifications)

And that there are four pillars of Digital Inclusion for us to address in our plan.

Figure 1: The Four Pillars of Digital Inclusion

2.4 Digital Communities Wales (DCW). DCW is the Welsh Government's dedicated digital inclusion programme, managed by the Wales Co-operative Centre. In 2019 Digital Communities Wales set out the Digital Inclusion Guide for Health and Care in Wales[3] with an overview of the user of digital technology for health in Wales (Figure 1) which highlights challenges and opportunities we will face as we move forward with our Digital Inclusion plan for the Trust.

[1] https://audit.wales/sites/default/files/publications/digital-inclusion-eng.pdf
[2] Reference: National Survey for Wales https://www.gov.wales/sites/default/files/statistics-and-research/2019-01/national-survey-wales-internet-use-digital-skills-2017-18.pdf
[3] https://dhcw.nhs.wales/files/publications/digital-inc-guide-0619-english-pdf/

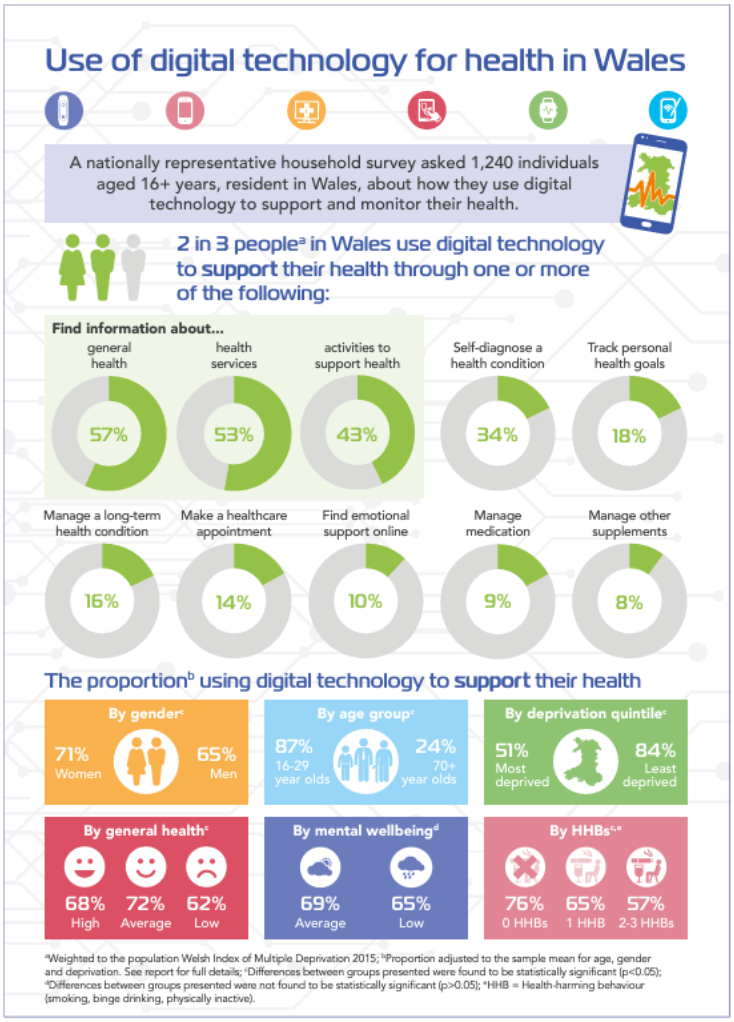


Figure 2: Use of Digital Technology for Health in Wales

2.5 The response to the Digital Inclusion challenge is set out in the Trust's Digital Strategy "Digital Excellence: Our Strategy 2023 – 2033". In recognition and support of the national digital inclusion challenges, Theme #2 in the strategy is *Digital Inclusion* and we have set the vision for the theme as:

"We will support people to become more digitally confident, included and connected."

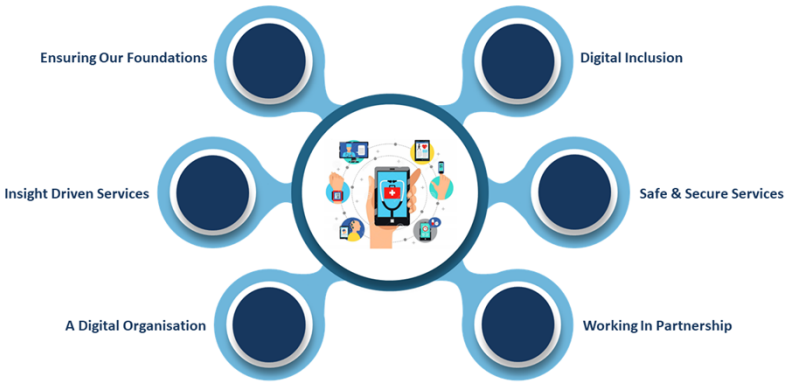


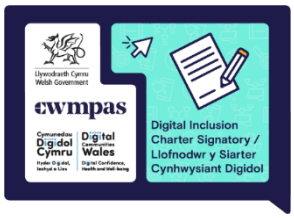
Figure 3: Digital Strategy Themes

2.6 The vision is supported by a set of objectives whose implementation form the Digital Inclusion plan set out in this paper. The objectives are:

- Digitally connect our donors, patients, and carers and staff to our services 24/7
- Place information which is uncomplicated and accessible information into the hands of patients and donors to enable them to make better decisions about the services and support they require.
- Deliver the technology which supports the provision of more services at home and as locally as possible.
- Provide our staff with the technology to work from a wide range of locations across Wales.
- Reduce digital exclusion of people across Wales.

2.7 To be successful the Digital Inclusion plan will also need progress in the Digital Organisation theme so that we can continue to upskill our colleagues in support of our objectives.

2.8 To demonstrate the Trust's commitment to the Digital Inclusion agenda in Wales in February '23 we became a signatory organisation to Digital Inclusion Charter (https://www.digitalcommunities.gov.wales/digital-inclusion-charter/) which sets out the six pledges below:



1. We ensure that all our staff and volunteers have an opportunity to develop basic digital skills, and that they take advantage of this opportunity.

2. We ensure that digital inclusion principles are embedded into our day-to-day activities and we support the role digital tools have in managing health and wellbeing.

3. We encourage and support our staff and volunteers to help other people to get online and have the confidence to develop basic digital skills, and help other organisations to embrace digital tools.

4. We commit support and resources for digital inclusion activities and initiatives in Wales in whatever ways we can, to ensure every citizen can engage digitally (if they choose).

5. We share best practice and activity around digital inclusion with the Digital Communities Wales – Digital Confidence, Health and Well-being programme so that our activities are co-ordinated for maximum impact and measured consistently.

6. We look to build local partnerships amongst organisations which want to share ideas and co-ordinate activities with others in their area.

2.9 The next step is to gain accreditation against the Charter. We have worked with Digital Communities Wales to assure that the plan set out in the Assessment section will give us the basis for this accreditation.

2.10 This builds on the work we have already completed for Digital Inclusion since we signed the charter last year. As brief examples, we were really pleased in August to donate eight Surface Pro devices to the Women Connect First charity in Cardiff. Women Connect First do great work to empower black and minority ethnic women with projects like Golden Years to enable Older BME women to feel more independent, empowered, and equipped with life skills including computer classes.

3. ASSESSMENT

3.1 For each of our patient, donor, colleague and citizen communities, 'Digital consumption, does not mean digital competence. Digital confidence, does not mean digital acceptability'.

3.2 The Trust's Digital Inclusion Plan 2024-25 seeks to build upon a series of pilot initiatives completed during the 2nd half of 2023-24. The activity planned will provide the Trust with the opportunity to increase our digital engagement with our patient, donor, corporate colleague and wider citizen communities, supporting those on the edges of inclusion.

3.3 Specifically, the digital inclusion initiatives we are committed to delivering in 2024-25, will enable us to work towards and achieve accreditation of the Digital Inclusion Charter. These are to:

- engage, promote and deliver user-centred designed digital services and tools;
- consider accessibility and inclusive user needs;
- understand where and when digital can offer value;
- strive to successfully embed digital ways of working;
- build solid foundations ensuring digital adoption, considers all users across multi touch-points;
- understand our data and insight baseline position and what steps we need to take to successfully deliver a digitally enabled hospital, donor experience and clinical service in the future, which works for patients/donors and staff alike;
- champion the accessibility and acceptability of digitally enabled healthcare for our patients, donors, colleagues and wider communities;
- nurture mutually beneficial relationships, influencing the future design of digital patient and donor pathways;
- work regionally, as an active member of the Digital Inclusion Alliance Wales network;
- and to collaborate outside NHS Wales and the healthcare sector, identifying exemplar practice to inform our support of users on the edges of inclusion.

3.4 Digital Inclusion Charter accreditation demonstrates organisational commitment in supporting people on the edges of inclusion or those digitally excluded, to enjoy the benefits of engaging with user-centred designed digital services.

3.5 The summary of the Digital Inclusion plan below is in line with the agreed 2024-25 IMTPs for both Velindre Cancer Services and the Welsh Blood Service divisions of the Trust.

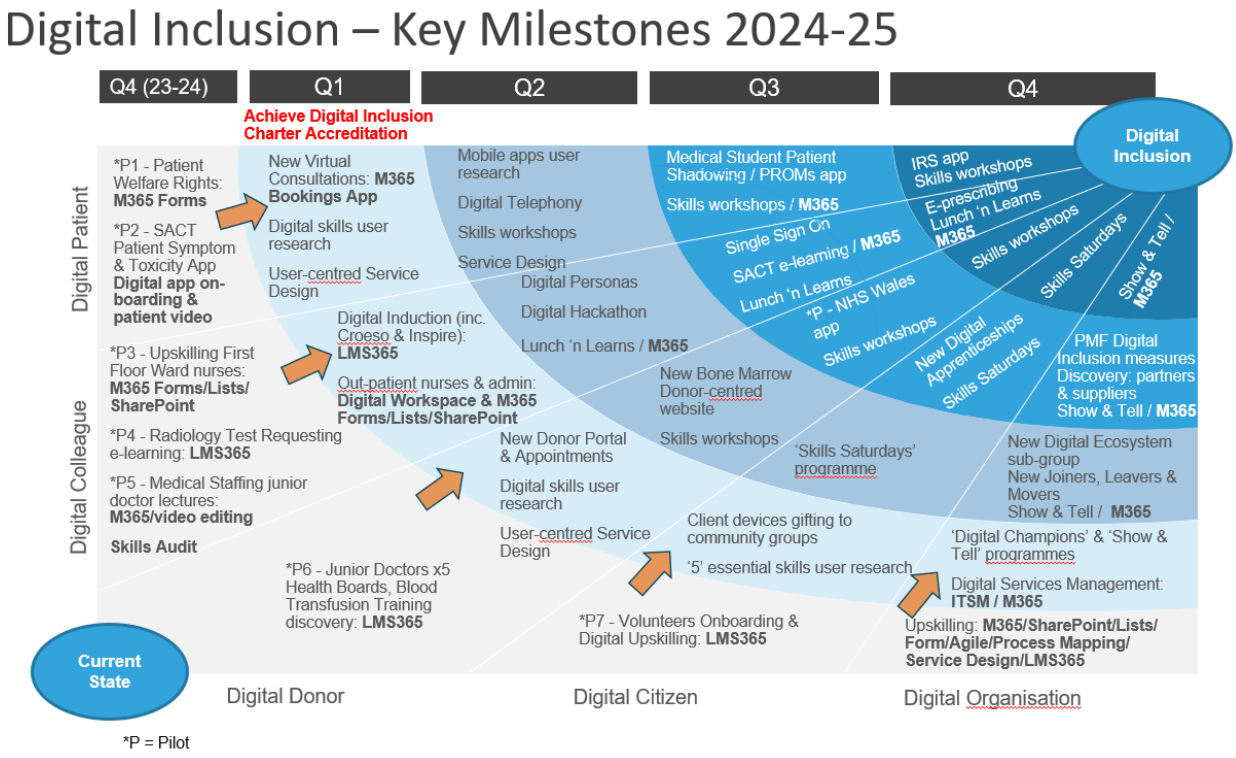


Figure 4: Trust Digital Inclusion Plan 24/25

A full version of the Digital Inclusion Plan, can be found in Appendix 1.

3.6 In this increasingly datafied society, Velindre has a role to ensure that all colleagues positively engage with data collection systems, have the critical thinking skills to analyse and interpret data to support decision-making and can use data as a means of supporting conversations with colleagues, patients and donors. Data Comfort is integrally linked to digital inclusion and reflects the need for skills and confidence to read, analyse, interpret and communicate with data. It is a foundational step in realising the themes of digital inclusion and insight-driven culture of the digital strategy.

3.7 The Plan for an Insight-driven organisation will be shared in full as part of the Data and Insight review (due April 2024), and will include:

- Evaluating our current data report / dashboard stock and retiring rare and unused products;
- Working with current users of Data and Insight products to simplify / redesign routine reports / dashboards using user-centred design principles

and modern Business Intelligence tools to improve clarity and acceptability of products;

- Supporting colleagues across the Trust with a range of formal and informal learning opportunities to improve their data comfort;
- Co-producing a plan to improve our sharing of data and information with our patients, donors and citizen communities.

3.8 Digital Inclusion Measures

To measure the impact of our Digital Inclusion plan we are proposing to adopt the following measures as we previously set out in the Digital Strategy. As we define these measures, we will include them within the Performance Management Framework for reporting and assurance. It is anticipated that we will have the measures in place as part of the PMF by Q3 24/25.

Digital Inclusion Measures
• % of patients/donors who believe health and well-being improved due to online services
• % of patients/donors seeking health/service information on-line
• % of patients using applications to monitor their health digitally
• % of consultations performed virtually
• % of donors booking on-line
• % of patients / donors notified with via their communication preference of choice (SMS, email, other approved comms channels etc.)
• Increase in Mobile 'app' usage / interactions
• % of buildings with free public wi-fi

4. SUMMARY OF MATTERS FOR CONSIDERATION

4.1 As described in this plan, Digital Inclusion is important to improve the services that we offer our service users. SDC are asked to **Endorse for Approval** the Digital Inclusion Plan by Trust Board.

4.2 SDC are asked to **Note** that as part of the Digital Inclusion plan, we will be seeking formal certification against DCW's Digital Inclusion Charter which will further strengthen the Trust's commitment to the Charter's pledges as set out in section 2.8.

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: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☒ • A beacon for research, development and innovation in our stated areas of priority ☐ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe ☐	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	TAF 05: 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. Key Control C7: Digital Inclusion in the wider community
QUALITY AND SAFETY IMPLICATIONS / IMPACT	**Select all relevant domains below**
	Safe ☐ Timely ☐ Effective ☒ Equitable ☒ Efficient ☐ Patient Centred ☒

	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). **Click or tap here to enter text** Digital Inclusion plays an important role in the quality and safety for the services that the Trust provides: • Digital exclusion in Wales is higher than rest of UK. • 7% of the population, or 180,000 people do not use the internet. • Digital inverse care law whereby socially disadvantaged people receive less, and lower-quality, health care despite having greater need. • Heaviest users of health and social care services, so risk being left behind in the digital health revolution. The Trust's Digital Inclusion plan will contribute to the quality and safety of our services.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not yet completed (Include further detail below why) Click or tap here to enter text. Given that the overall aim of the duty is to deliver better outcomes for those who experience socio-economic disadvantage we would expect the plan to have a positive impact for our service users. An assessment will be made as part of the Digital Inclusion plan.

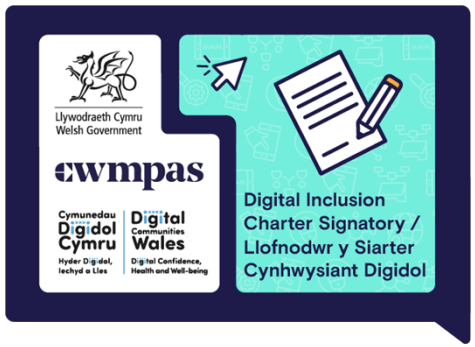
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances
	If more than one Well-being Goal applies please list below:
	If more than one wellbeing goal applies please list below: **Click or tap here to enter text**
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	Source of Funding: Divisional Budget Allocation Please explain if 'other' source of funding selected: **Click or tap here to enter text** **Type of Funding:** **Revenue** **Scale of Change** Please detail the value of revenue and/or capital impact: We are proposing to allocate £25k per annum to support the Digital Inclusion plan objectives. This would fund engagement activities and skills, making devices available to communities (WiFi, laptops) and materials to support the plan. **Type of Change** **Service Development** Please explain if 'other' source of funding selected: **Click or tap here to enter text**
EQUALITY IMPACT ASSESSMENT	**Choose an item**

For more information: *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	*[In this section, explain in no more than 3 succinct points what the equality impact of this matter is or not (as applicable)].*
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

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?	The Digital Inclusion Risk is captured as part of the TAF05 Trust Assurance Risk.
WHAT IS THE CURRENT RISK SCORE	12
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	*[In this section, explain in no more than 3 succinct points what the impact of this matter is on this risk].*
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Q4 24/25
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Yes - please detail below
	Support for the Digital Inclusion Plan Achieving Digital Inclusion Accreditation
All risks must be evidenced and consistent with those recorded in Datix	



GIG CYMRU NHS WALES
Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

Velindre University NHS Trust - Digital Inclusion Plan 2024-25

The following Velindre University NHS Trust (VEL) digital inclusion plan 2024-25 is supported through our collaborative partnership with Digital Health Care Wales (DHCW), Digital Communities Wales (DCW) and the Centre for Digital Public Services (CDPS).

Period	DI Charter Pledge No.	Proposed Activity	Details	Target Community	Progress Status	Outcome Measure	Owner
Q1	4	Establish 'Digital Inclusion Group'	Trust-wide steering group - Terms of Reference - Key Objectives - Action Plan - Reporting & Governance	Colleagues Partners Suppliers	Not started	Set-up and accountable to Digital Programme governance	VEL
Q1	2	Achieve 'Digital Inclusion Charter' accreditation	Prepare a summary of all digital inclusion achievements/pilots in 2023-24, for submission to DCW. 6 Digital Inclusion pledges https://www.digitalcommunities.gov.wales/digital-inclusion-charter/	Partner	In progress	Successful achievement of full digital inclusion accreditation	VEL DCW
Q1	3	Launch new Virtual Consultations system	Migration of virtual consultations capability form Attend Anywhere to	Colleagues Patients	In progress	Successful migration of existing virtual consultations service	VEL DHCW

			M365 Bookings App. Upskill clinicians and deliver a new adoption strategy.			users to M365 Bookings App	
Q1/Q2	4	Digital Skills Audit	DCW have created a digital skills audit which is based on the UK government National Standard for essential digital skills. It is hoped that every citizen has the following 5 essential digital skills: - Using Devices and handling information - Creating and editing - Communicating - Transacting - Being Safe and Responsible DCW has provided the digital skills audit to Velindre to carry out this audit with our user communities.	Colleagues Patients Donors Citizens	In progress - sample survey shared with VEL	VEL to review, add additional sections and agree timescales.	VEL
Q1	2	User-centred Service Design	Establish user-centred design principles and structures.	Colleagues Patients Donors	In progress - training and upskilling of key digital leads.	User-centred design/service mapping workshop blueprint.	VE CDPS
Q1	3	Digital Induction	Support People & OD division to migrate a) Croeso and b) Aspire programmes onto LMS365.	Colleagues	Scoping in progress.	Accessible e-learning modules for both programmes.	VEL
Q1	1	New Outpatients nurses & admin M365 Workspace	Development & launch of new Workspace, using M365 Forms/SharePoint/Lists and e-learning via LM365	Colleagues	Pilot in progress.	Adoption of new Workspace and full alignment with new ways of working.	VEL
Q1	4	New Donor Portal & Appointments	Re-development of public donor-facing portal	Donors	Infrastructure re-	Launch of new donor portal, with enhanced donor experience.	VEL

					platforming in progress.		
Q1	3	Digital gifting	Digital device support to community groups and partners, as part of Trust device refresh programme.	Citizens	Pilot completed in 2023/24.	Establishment of x4 community collaborations.	VEL
Q1	3 & 5	Digital Champions	Develop and launch 'Digital Champions' framework and recruit participants.	Colleagues Patients Donors Citizens	Scoping in progress. Digital champion profile defined.	Multi-disciplinary community of champions and supportive tools/e-learning content.	VEL DCW
Q1	4	Digital Services Management Tool	Procurement and launch of new IT Service Management tool, with accessible access for all users.	Colleagues	Procurement complete. Service design phase in progress.	Launch of new service to all Trust colleagues/users.	VEL
Q2	3	Digital Personas	Development of digital personas, including: - characteristics - national system requirements - clinical system requirements - appropriate digital devices/tools	Colleagues	First layer in progress.	VEL to consider M365 personas alongside.	VEL
Q2	5	Mobile apps user research	Review of existing Trust supported mobile apps and discovery work, to identify any new use cases.	Patients Donors Partners			VEL CDPS
Q1 – Q4	6	Working collaboratively with HEIW, support and train work force to feel more digitally confident and aware	Review the digital skills audit and would develop and create a suitable training package.	Colleagues	In progress.	Promote the access to the HEIW hosted Digital Skills Capability Framework.	DCW VEL HEIW

		of the importance of Digital Inclusion.					
Q2	6	Digital Days	Develop a concept of Digital Days and establish a pilot e.g. Skills Saturdays Concept - a patient/donor needs support with technology, they would be able to get that support in house in Velindre, this would be supported by volunteers. DCW would be able to provide the relevant training and support to set this up as this follows a model that has been used by a number partner organisation in a several counties.	Patients Donors Citizens	Not Started	Programme of internal and external skills events.	DCW VEL
Q2	2	Digital Telephony	Launch of new accessible patient and donor facing telephony services.	Patients Donors Citizens	Not started	Launch of new telephony service, with monitoring metrics and user experience feedback loops in place.	VEL
Q2	4	Service design mapping workshops	Publication of scheduled service design mapping sessions (across Trust-wide services).	Colleagues Patients Donors Citizens	Digital leads upskilling in progress.	Timely and relevant workshops, to support service mapping demand, across all user communities.	VEL
Q2	6	Digital Hackathons	Conduct a series of hackathons, to explore and develop at pace prototypes of new digitally included services.	Colleagues Citizens Patients Donors	Not started	Delivery of x2 hackathons, bringing multi-disciplinary teams together to explore user needs.	VEL DCW
		Digital 'Lunch 'n Learns'	Delivery of a rich programme of short, bite-sized digital sessions.	Colleagues	Pilot sessions developed.	Accessible sessions, across a wide cross-	VEL

Q2	5				Scoping in progress.	section of formats/channels, with user feedback and user-centred programme of events.	
Q2	2	New Bone Marrow Donor website	Re-development of new bone marrow donor facing website, with improved search engine optimisation, rich digital content and user experience.	Donors	Not started.	Launch of new and improved bone marrow donor website. Annual increase in bone marrow registrations.	VEL
Q2	5	New Digital Ecosystem sub-group	Establish a multi-disciplinary sub-group, including external partners/suppliers.	Colleagues	Not started.	Launch of new group with full Digital Programme governance.	VEL
Q2	1	New Joiners, Movers & Levers (JML) digital colleague service	Development and launch of robust JML service, ensuring the movement of colleagues is managed, controlled and considers the needs of end users, in a timely and relevant manner.	Colleagues	Scoping in progress.	Launch and adoption of new JML service.	VEL
Q3	5	Provide digital inclusion training for Cardiff University medical students	DCW would like to provide digital inclusion training for 300 students to ensure they understand what digital inclusion is, the importance of it and how they can support the patients they work with to be digital included and confident.	Patients	Not started	Digital Inclusion training module, as part of student induction/onboarding programme.	VEL
Q3	1	Single Sign On	Implementation of user authentication solution, to manage login/logout processes, for multiple systems simultaneously.	Colleagues	Procurement in progress.	Safe and secure access to 'core'	VEL DHCW

Q3	3	PROMs App	Procurement and implementation of digital PROMs collection national Value Based Health Care	Patients Colleagues	National procurement complete and supplier framework available.	Implementation and adoption of new digital PROMs data collection.	VEL
Q3	3	SACT e-learning	Development of new e-learning modules in line with new SACT digital systems, using LMS365.	Colleagues	Not started	100% completion of e-learning modules, to support implementation of new digital systems, as part of Service transformation/readiness for nVCC.	VEL
Q3	6	Launch 'Skills Saturdays' programme	Rolling programme offering opportunities to get involved in digital sessions/skills challenges.	Colleagues Citizens	Not started	Programme of quarterly digital sessions, supported by Digital Champions / volunteers.	VEL
Q3	3	Pilot – Donor Portal in NHS Wales app	Integration via API connectivity, of core WBS services, into the NHS Wales app.	Citizens Donors	Not started	Increased visibility of WBS services, including blood donation and Bone Marrow Donor Registry.	VEL DHCW
Q3	4	Digital apprenticeships	Development of new digital apprenticeships, within digital delivery, programmes and data & insight teams.	Citizens	Scoping in progress.	Successful recruitment / onboarding of x3 new digital apprentices.	VEL CDPS Universities
Q3	4	PMF Digital Inclusion measures	Commence reporting of new digital inclusion measures within the PMF.	Colleagues Patients Donors Citizens	In progress.	New PMF indicators for digital inclusion.	VEL

Q4	3	Launch Noona (IRS) app	Development and implementation of mobile app to support patient radiotherapy journey and PROMs reporting.	Patients	Not started	Patient download and active users volumes of app.	VEL
Q4	1	New e-Prescribing system	Implementation of ePMA solution, with full integration into national electronic prescribing solutions and patient demographics.	Colleagues	Procurement in progress.		

STRATEGIC DEVELOPMENT COMMITTEE

Value-Based Healthcare Programme Update

DATE OF MEETING	21/03/2024
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	Gwawr Evans Head of Value Based Healthcare
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 workstreams within the Value Based Healthcare programme of work over the past 6 months. These cover the Value Intelligence Centre, the Pre-op Anaemia programme and the Food Mission.
RECOMMENDATION / ACTIONS	

	SDC is asked to **NOTE** the continued development of the Value Based Healthcare Programme including: • Status and priorities of the Value Intelligence Centre • Ongoing progress of the Pre-op anaemia programme • The creation of a Velindre Food Mission ambition with Welsh Government support.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
EMB Shape	**15/01/2024**
VBH Steering Group	3/01/2024
Please note that this was the governance route due to the scheduled SDC meeting in January 2024 which was subsequently postponed. Updates have subsequently been made to the paper to reflect the latest position and to ensure alignment with the update provided to QSP Committee in March 2024.	
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	

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

APPENDICES	

1. SITUATION

The vision of the Value Based Healthcare programme is to deliver exceptional services, using linked datasets to identify and deliver continuous improvements

that maximise the value, quality, safety, and efficiency of the care our patients and the service our donors receive.

The Trust's Value Based Healthcare programme which is funded by Welsh Government is at varied stages of maturity. The Value-Based Healthcare programme has now started with governance, resource and a structured plan in place. This governance structure incorporates the Pre-operative Anaemia Pathway Project led by the Welsh Blood Service.

This report provides an update to the report provided in September 2023 with regards to the development of the Value Based Healthcare Programme and an overview of the Pre-operative Anaemia Pathway Project.

2. BACKGROUND

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

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

A VBH Programme update and governance proposal was provided to EMB Shape in October 2023. The governance, terms of reference and implementation plan was approved.

The scope of this report is an update on the Value Intelligence Centre, Preoperative Anaemia Pathway Project and the Velindre Food Mission, which has been progressed with funding support from WG.

3. ASSESSMENT

3.1 Value Intelligence Centre

The VIC was formally established in September 2023 by the new Head of Value Based Healthcare. The Centre is formed from a matrix team with resource across Clinical Leadership and Management, Data and Insights, Digital and Finance. They Centre conducts a weekly review of progress.

Title	Status
Head of Value Based Health Care	In post
Digital – Business Analyst	In post
Advanced Analyst	In post
Senior Information Analyst	In post
Senior Data Quality Officer	In post
Data Quality Manager	In post
Senior Product Specialist	In post
Costing Analyst	In post
2 * Senior Project Manager	In post
4 * Clinical and Scientific Sessions	To be advertised
12 * 0.25pa for each STT lead	In progress

Two of the workstreams are directly linked to a Welsh Government mandatory requirement for the funding. This is to collect Patient Reported Outcome Measures (PROMS) and to share these on a national basis. The programme objectives are defined on the enablers of Value Based Healthcare – to enable staff across the organisation to access tools with confidence to apply the principles of VBHC.

Value Intelligence Centre Programme Plan
A detailed programme plan was approved by the VBH Steering group in November 2023 and is set out in the table below. This includes specific, prioritised work packages and resource requirements taking into account the following interdependencies:

- other Velindre programmes (e.g. Data and Insights Data Warehouse, Workforce changes, Quality and Safety, Digital etc.)
- National PROMs procurement
- Organisational dashboard development workplan
- Varian's Noona implementation (as part of the Integrated Radiotherapy Solution)

Workstream	**Objective for 2024/25**
PROMS platform	Assess options, build business case for, secure funding for and procure a digital PROMs platform by September 2024
PROMS Questionnaires	Agreement of PROMS tools for site specific teams
Technical Development	Launch an SST (Specific Site Teams) Dashboard to show activity, outcomes and resources with filters to enable scrutiny of care given to specific patient groups.
Data Driven Sense Making	Publish case studies to promote existing and new Value in Action projects and opportunities.
Data Maturity Group	Mobilise the Data Quality Management Group with particular focus on resolving data quality issues which have an impact on service delivery
Training, Communication and Engagement	Create a Training, Engagement and Communication Strategy. Develop in house training including a pilot of a Value Lab (bespoke targeted development sessions)

The above work takes the phase 1 activity (presented in September 2023) as a foundation and builds on the work undertaken to date. All the above objectives are on track to be delivered.

The Technical Development objective has broadly been achieved, through use of third party contractor resource. The SST wide dashboard was launched at the beginning of March. This now enables Clinical and Operational teams to generate insights from linked data sets, e.g. comparing treatment types by clinical outcome (toxicity and survival) and cost. This theme will now focus on embedding this new tool into existing review meetings within VCS.

Benefits: *Focussed resource within the organisation to establish enablers for VBH, bringing together information on Clinical and Patient Reported Outcomes (Quality) and the cost of the resources used to deliver care.*

Clarity, ownership and transparency in governance arrangements to support maturation of the VBH programme. Steps towards an SST Dashboard becoming a Business as Usual tool to maximise its impact.

3.2 Value Pre-operative Anaemia Pathway Project

The Welsh Blood Service is leading on a national programme to improve the management of anaemic patients listed for ten of the most high risk surgical procedures in terms of blood loss.

Patients whose anaemia is undiagnosed and untreated have a longer post-operative length of stay, and are more likely to require readmission in addition to a poorer quality of life. Addressing anaemia through iron delivery to the patient avoids the need for blood transfusions, supporting the prudent use of donated blood.

Research shows that patients whose iron levels are brought within normal range have better outcomes.

The programme can demonstrate significant progress in improving the consistency of management of anaemic patients pre-operatively, therefore reducing unwarranted variation in care.

Key deliverables have included the following:

- Individualised Health Board action plans developed for the implementation/optimisation of the pre-operative pathway.
- Co-ordination of an All Wales strategy for pre-operative pathway, to include sharing best practice and benchmarking
- Training content and pathway documentation created on an All Wales basis.

- The National Major Patient Surgery Dashboard has been created, which shows the frequency of pre-operative iron tests and the effects of anaemia for a suite of 10 major procedures.
- Facilitation of a Conference on Blood Management with Blood Health National Oversight Group

The progress of the work has gained interest across the UK and internationally.

Due to the impact that anaemia has on the population, beyond the surgical pathways, particularly within Paediatrics and Obstetrics, a proposal has been submitted to the Welsh Value in Health Centre for funding to widen the scope of the programme to include improving the management of anaemia including within in primary care, cancer pathways.

The next steps for the programme are:

- To ratify a pre-operative anaemia pathway
- Data stream development to integrate data on use of iron treatment, and on blood transfusions with existing clinical information.
- Review impact of new pre-op test set

Benefits: *The evidenced benefits across NHS Wales are as follows:*
1. Prudent use of donated blood and reduced demand for blood
2. Improved clinical outcomes post operatively, including reduced length of stay and readmissions which supports the NHS Wales Planned Care Recovery programme
3. Ensuring equity of care and outcomes across Wales in pre-operative anaemia management
4. Providing evidence for widening the scope of an All Wales Anaemia Pathway for wider system and population benefits

3.3 Food Mission
The Food Mission intends to set an ambition for the Trust to provide our people with access to affordable, healthy food, by setting a long-term objective to source the majority of Velindre's food from Welsh, environmentally friendly or globally responsible providers by 2035.

This workstream focuses on improving the health and wellbeing of patients donors and staff whilst contributing to the local economy and environmental sustainability of food production through increasing access to healthy food across the Trust.

The Food Mission has been approved by EMB Shape. This is also brought to the Strategic Development Committee in March 2024 for consideration as a separate agenda item.

Benefits: *An organisational agreement to take steps to improve access to healthy, affordable and sustainably produced food for donors, patients and staff.*

4. SUMMARY OF MATTERS FOR CONSIDERATION

NOTE continued development of the Value Based Healthcare Programme.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☒ • A beacon for research, development and innovation in our stated areas of priority ☐ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe ☒	
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 ☒ Timely ☒ Effective ☒ Equitable ☒ Efficient ☒ Patient Centred ☒

	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). *The Value Based Healthcare Programme will support across Quality and Safety domains.* **Click or tap here to enter text**
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not required
	n/a **Click or tap here to enter text**

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 *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	Not applicable for this report

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	

STRATEGIC DEVELOPMENT COMMITTEE

VELINDRE UNIVERSITY NHS TRUST FOOD MISSION

DATE OF MEETING	21/03/2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ENDORSE FOR APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Chris Moreton, Deputy Director of Finance
PRESENTED BY	Chris Moreton, Deputy Director of Finance Susan Thomas, Deputy Director of OD and People
APPROVED BY	Matthew Bunce, Executive Director of Finance
EXECUTIVE SUMMARY	The Trust has developed a Food Mission, with the support of a not-for-profit organisation, Trust staff, stakeholders in the Welsh food system and Welsh Government funding. The Food Mission is set out in Appendix 1, with a request to ENDORSE FOR APPROVAL.
RECOMMENDATION / ACTIONS	Strategic Development Committee is requested to ENDORSE FOR APPROVAL the Food Mission set out in Appendix 1, so it can be presented to the Trust Board for approval.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Executive Management Board Shape – ENDORSED FOR APPROVAL	18/12/2023
VBH Steering Group – Discussed and noted	06/12/2023
VCS SLT – Discussed and noted	22/11/2023
EMB Shape - ENDORSED the approach	16/10/2023
Value Based Healthcare Steering Group – ENDORSED FOR APPROVAL	11/10/2023
The Food Mission was developed with the support of representatives from the Health and Engaged Steering Group between July and September 2023. Further consultation and engagement was undertaken through a Trust-wide survey.	Jul-Sep 2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS As listed above	

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

APPENDICES	
Appendix 1	Velindre University NHS Trust Food Mission_March 2024

1. SITUATION

This report provides a summary of the output from a 3-month project to develop a Food Mission for Velindre University NHS Trust. Further to this, feedback from EMB Shape in October 2023 has been incorporated into Appendix 1 alongside broader feedback from potential partner organisations and stakeholders from the

Welsh food system. Following this series of reviews, engagement and feedback, the Trust Food Mission was endorsed for approval by EMB Shape in December 2023 and is now presented to Strategic Development Committee to ENDORSE FOR APPROVAL.

2. BACKGROUND

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

The purpose of the initiative was to produce a policy briefing note which could help Velindre University NHS Trust to develop a mission to establish a shorter, more environmentally friendly and globally responsible food supply chain. This should help to enable local, healthy, good quality and sustainable food for future generations, improving the wellbeing of patients, donors, staff, food communities and supporting local food suppliers/producers.

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

The feedback from these sessions informed a report, which has been finalised and submitted to Welsh Government in October 2023. The Food Mission has been incorporated within the Value Based Healthcare (VBH) programme of work with agreement from the SRO and VBH Steering Committee.

3. ASSESSMENT

Alignment with Welsh Government Policy and Trust Strategy

A food mission that supports increases in local, healthy, good quality and environmentally sustainable food, and improves the wellbeing of patients, staff and their families would contribute to Velindre's Value Based Healthcare, Innovation, Decarbonisation, Workforce and Sustainability Strategies, as well as the Wellbeing and Future Generations objectives, and the need for the public sector to reach Net Zero by 2030. It will also integrate the various actions relating to food that are already being carried out within Velindre, plus it is intended to help drive leadership actions in the rest of the Welsh public sector's engagement with the food system. This will help the Trust to deliver its Socially Responsible

Public Procurement[1] duties and aligns with WG's 'Buying Food Fit for the Future'[2] initiative.

Having access to affordable, healthy food is fundamentally a question of value and values, considering the quality and nutritional value of food for people, the impact its production methods can have on the environment and the costs of production and consumption. Culturally, "value for money" in NHS food procurement has meant the lowest cost supply for a minimum quality standard, though this is slowly beginning to change. The cross-cutting nature of the food mission means that the Value Based Healthcare (VBH) programme is well-suited as a delivery mechanism and this approach has been agreed by the VBH Steering Group.

Velindre's Food Mission
The approach to developing the Food Mission was influenced by the concept of mission-driven innovation with the intention of helping to transform public sector food sourcing and the role of public sector organisations within the food system.

As outlined in Appendix 1, it is proposed that the Trust adopts the following mission:

Enabling a FutureGen-ready food system for the Welsh public sector
By 2035 at least 70% of food sourced by Velindre University NHS Trust will be Welsh, environmentally friendly and globally responsible. Our people have access to affordable, healthy food.

The mission statement has been revised based on feedback provided by potential partners and experts so that it remains ambitious but is also credible and achievable in line with Wales's potential to produce food. The changes are the target year, which has moved from 2030 to 2035 and the % food sourced which has changed from 80% to 70% based on the capacity of Wales to grow the food that would be required.

The outcomes that we want to achieve through this mission are:

- Healthier people with access to healthy, affordable food
- Shorter, more resilient food supply chain which minimises environmental impact and delivers values for money
- More spaces to enjoy and learn about food across the Trust

[1] https://www.gov.wales/social-partnership-and-public-procurement-wales-act#102213

[2] https://www.gov.wales/minister-launches-new-initiative-encourage-more-welsh-food-public-sector-plates-wales

- Reduced food waste and ecological footprint
- Vibrant local food economy and communities through partnership

Engagement and Feedback

As part of the staff survey, 49 responses were received and 94% of staff supported the principles incorporated within the mission:

1. Would you like to see Velindre University NHS Trust commit to buying and using local, healthy and environmentally friendly food for patients, their families and staff?

In addition to the Trust staff engagement completed in developing the mission, the Trust has sought the views of potential partners with a breadth of expertise, experience and knowledge of working within this space. To date, the Trust has received positive feedback and offers to support the development of the mission. An overview of potential partners is outlined in Figure 1 and several of these organisations have provided feedback on the Trust's proposed food mission, which are summarised below.

Figure 1: Velindre Food Mission: Potential Partners and Feedback

"*This kind of approach, which demonstrates local leadership in well-being policy and action, is one which we would like to see emulated across more public bodies*."

"*I am supportive and as an actor in the system would happily roll in behind you both in spirit and meaningful action*"

"*It's a good read and a powerful statement of intent. My first thought is that you need to start asap*."

"*This is bold and absolutely in the spirit of the Wellbeing of Future generations Act and value. I think this is great and please let me know what I can do to support*."

"*Document looks great, perfect fit on the provision side of our proposed local food strategy for Carmarthenshire*."

"*This sounds like a perfect opportunity to support Welsh Agriculture especially the regenerative farming systems*"

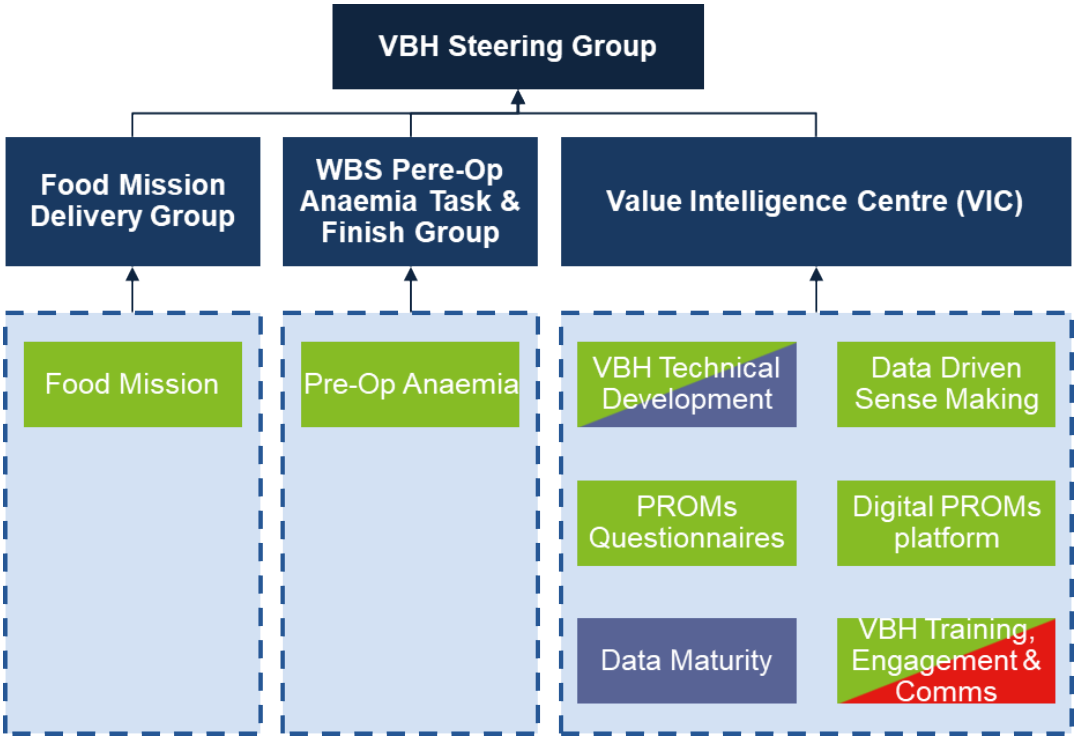
If endorsed, what would happen next?

Velindre's Food Mission sets a long-term ambition with a target year of 2035. If the Food Mission is endorsed by Strategic Development Committee and, ultimately, the Trust Board, the next steps would be to develop an action plan with some 'quick win' initiatives to get going, in addition to medium and longer term initiatives and potential funding sources to inform further decision making. It is expected that these initiatives would build on the previous successes and exemplar projects such as the veg box scheme run by VCS catering during the pandemic and the Veggies for Velindre initiative. Further, it is expected that we can learn from partner organisations and leverage the experience across the food system that has helped to shape the mission. However, in order to be able to commit resource to developing this further, it is important that the long term ambition of the Food Mission is supported by Strategic Development Committee and the Trust Board.

With regards to resource management, the Value Based Healthcare programme will provide leadership, project management and oversight, taking accountability for the further development and delivery of the Food Mission as outlined in Figure 2 below. Engagement and participation from key stakeholders will be required by the divisions across the Trust as was the case in developing the mission. Any time commitments from stakeholders will be identified in more detail as part of an

action planning session, which will be undertaken if the mission is endorsed by the Trust Board, and will be agreed with the Divisions. The approach will help to establish a network and better connections both within the Trust and with external partners under a coherent set of objectives and ambitious mission, which maximises our use of resources.

Figure 2: Value Based Healthcare Programme Governance Structure



4. SUMMARY OF MATTERS FOR CONSIDERATION

Strategic Development Committee is requested to ENDORSE FOR APPROVAL the Food Mission set out in Appendix 1.

Please see Appendix 1 for details of all matters for consideration.

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: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☒ • A beacon for research, development and innovation in our stated areas of priority ☐ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe ☒	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	Choose an item N/A
QUALITY AND SAFETY IMPLICATIONS / IMPACT	There are no specific quality and safety implications related to the activity outined in this report.
	Safe ☐ Timely ☐ Effective ☐ Equitable ☐ Efficient ☐ Patient Centred ☐

	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). N/A
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not required
	Click or tap here to enter text

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
	A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. A Wales of Cohesive Communities - Attractive, viable, safe and well-connected communities
	The outcomes as result of the Food Mission being adopted are set out in the Food Mission in Appendix 1. The food mission set out in the Food Mission is as follows: ***Enabling a FutureGen-ready food system for the Welsh public sector*** By 2035 at least 70% of food sourced by Velindre University NHS Trust will be Welsh, environmentally friendly and globally responsible. Our people have access to affordable, healthy food. The outcomes that we want to achieve through this mission are: • Healthier people with access to healthy, affordable food • Shorter, more resilient food supply chain which minimises environmental impact and • delivers values for money • More spaces to enjoy and learn about food across the Trust • Reduced food waste and ecological footprint

	• Vibrant local food economy and communities through partnership Achieving the mission and these outcomes would support delivery of the well-being goals outlined above.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	There are no direct / immediate financial implications as a result of adopting the Food Mission. The funding for the development of the food mission has been provided by Welsh Government's Backing Local Firms Fund through the Foundational Economy policy. If the mission is approved, an implementation action plan will need to be developed, which will evaluate the cost / benefits of any opportunities. The Value Based Healthcare Programme will provide the delivery mechanism for the food mission and any subsequent initiatives under the food mission will need to follow the Trust's business case process. **Source of Funding**: Other (please explain) Please explain if 'other' source of funding selected: **Click or tap here to enter text** **Type of Funding:** **Revenue** **Scale of Change** Please detail the value of revenue and/or capital impact: **Click or tap here to enter text** **Type of Change**

	Other (please explain) 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 required - please outline why this is not required
	A self-assessment has been completed using the Trust's EQIA Toolkit. The results of this self assessment concluded that an Equality Impact Assessment is not required for the Food Mission. The conclusion was reported to the Trust Equality, Diversity and Inclusion team in February 2024.
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

No material risks have been identified at this stage.

ARE THERE RELATED RISK(S) FOR THIS MATTER	Choose an item
WHAT IS THE RISK?	*n/a*
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	

GIG CYMRU NHS WALES | Ymddiriedolaeth GIG Prifysgol Felindre | Velindre University NHS Trust

Velindre's Food Mission: Enabling a FutureGen-ready food system in Wales

Value Based Healthcare Programme

Velindre University NHS Trust

Contents

1. Background and Context:
   - The challenges facing the Welsh Food System
   - The need for change to deliver on the Wellbeing Goals
2. Velindre's Food Mission: Enabling a FutureGen-ready food system in Wales
3. Food Mission Objectives
4. Key Enablers
5. Food Mission Case Studies
6. Benefits
7. Acknowledgements
8. Appendix: Potential Measures of Success
9. References

1. Background and Context: The challenges facing the Welsh Food System

The food system, as presently configured in Wales and the United Kingdom has created major challenges for the entire nation:

- **Climate** - agriculture in Wales is responsible for around 14% of GHG emissions (1)
- **Nature** - food production is the major driver of nature loss, including biodiversity, soil health, air pollution, and river health
- **Health** - diet-related disease is on an upward trajectory and putting pressure on NHS services. Around Two thirds of the £500m Diabetes spend in Wales is on Type II diabetes. Added to this is the spend on diet-related diseases such as cancers, cardiac and vascular diseases, strokes and joint management.
- **Rural economy** - decades of agriculture intensification have left communities poorer and less stable with wellbeing impacts on farming communities (2)
- **Food security/sovereignty** - the very ability of the nation to feed itself is under threat with food poverty and inequality rising because of reliance on an increasingly fragile global food system.

Velindre, and more broadly NHS Wales, is a direct participant in the food system as a buyer but also as an institution responding to the negative consequences of today's food system. NHS Wales spends around £22m on food, just under a quarter of the £97m the Welsh public sector spends on food for schools, hospitals and social care.

1. Background and Context: The need for change to deliver on the Wellbeing Goals

The Welsh public sector, including NHS Wales and Velindre, needs to help transform the food system to achieve the Wellbeing Goals

- NHS Wales's food spend is not big enough to drive a shift in the working of the food system. However, it could play a leadership role in driving public sector food sourcing, and wider food systems, in an environmentally and socially responsible direction, which in turn can drive better health and wellbeing outcomes.
- Only Wales has the Wellbeing of Future Generations Act, which both challenges the public sector to consider wholistic approaches to these issues, while also providing a legislative basis for making progress.
- A food mission that targets increases in the supply of local, healthy, good quality and environmentally sustainable food would improve the wellbeing of patients, staff and their families. Further, it would contribute to Velindre's Value Based Healthcare, Innovation, Decarbonisation, Workforce and Sustainability Strategies, as well as the Wellbeing of Future Generations goals, and contribute towards the ambition to reach Net Zero by 2030.
- It will also integrate the various actions relating to food that are already being carried out within Velindre, plus it will help drive leadership actions in the rest of the Welsh public sector's engagement with the food system. This will help the Trust to deliver its Socially Responsible Public Procurement (3) duties and aligns with WG's 'Buying Food Fit for the Future' initiative (4).

Taking action to transform the food system and deliver the Wellbeing Goals:
Food is a focus area in the Future Generations Commissioner's 2023-2030 strategy Cymru Can

2. Velindre's Food Mission: Enabling a FutureGen-ready food system in Wales

By taking a mission-based innovation approach, Velindre can act to help transform the food system in Wales by working within the Trust, across the public sector and, more broadly, through engagement with the wider food system. The suggested mission for Velindre is as follows:

Velindre's Food Mission: Enabling a FutureGen-ready food system in Wales:

By 2035 at least 70% of food sourced by Velindre University NHS Trust will be Welsh, environmentally friendly or globally responsible. Our people have access to affordable, healthy food.

The outcomes that we want to achieve through this mission are:

1. Healthier people with access to healthy, affordable food
2. Shorter, more resilient food supply chain which minimises environmental impact and delivers values for money
3. More spaces to enjoy and learn about food across the Trust
4. Reduced food waste and ecological footprint
5. Vibrant local food economy and communities through partnership

The mission statement is designed to recognise that it may not be possible to source 70% of food within Wales, but that wherever food is being sourced from it is important to consider the impact of how that food was produced, in line with Welsh legislation.

3. Food Mission Objectives: To achieve the mission, we will take action in the following areas…

Based on learnings from case studies and engagement with staff, the food mission in Velindre will aim to deliver the following objectives:

- **Enable access to healthy, affordable food:** We will make food a wellbeing priority and a key consideration for patients, donors and staff across the Trust. The workshops identified a lack of healthy food options during work for some staff, dependent on where they were based. Following the example of the 'Wellbeing Wednesdays' initiative, we will develop healthy affordable options for all staff during work. For example, a veg box scheme could be a significant benefit for staff by enabling access to fresh whole foods for staff and their families, as was done during the pandemic.
- **Redesign the Menu:** We will evaluate the opportunity to redesign menus and explore the incorporation of seasonal ingredients and food produced in Wales at the required volume when available and affordable. Opportunities for budget savings could be explored through reduced meat content and purchase of non-branded products. The restaurant at Velindre Cancer Centre would be the easiest place to begin to explore the opportunity for local and organic food supply.
- **Develop knowledge, skills and education:** We will provide training that supports careers and empowers the development of our people based on the needs of roles, from cooks through to procurement. We will educate staff on the environmental impact of different foods and why it is important to reduce those impacts. Further, we will evaluate opportunities to tailor training to provide insight on how to use seasonally sourced ingredients from Wales.
- **Leverage procurement to deliver values for money:** We will identify options for shorter supply chains through collaboration. Where food produce is not available in Wales then ethical sourcing and fairtrade options will be explored.

4. Key Enablers: The mission will require the following support activities…

To support the achievement of the Food Mission objectives, the following supporting activities will be required as key enablers:

- **Executive and Board level buy-in and alignment with existing strategies** The food mission is aligned with and supports the delivery of existing strategies (e.g. Value Based Healthcare, Decarbonisation, Innovation, Sustainability and Workforce Wellbeing) but will also need executive buy-in and support. By providing visible leadership through the food mission, Velindre can lead by example across the public sector in Wales and help to drive regional collaboration and alignment around food sourcing.
- **Work in partnership** The Trust will need to partner with different sectors of the food system to enable agroecological food production and unlock opportunities for innovation in alignment with the Trust's food mission. This can be done through engagement with existing wholesale suppliers, and in partnership with wider stakeholders / organisations across the food system, including other regional public sector bodies that are also on a journey to align the food system with FutureGen needs.
- **Further engagement and co-development with staff** A platform for staff buy-in across the Trust already exists, with near-unanimous support for a food mission across the workshops with Velindre and Welsh Blood Service staff, and a 94% support rate for this work from a staff survey containing 49 responses. This platform should be developed as a mechanism to get Velindre staff to engage more widely with food issues, working to develop a shared understanding cross Trust of the importance, relevance and impact of this work.
- **Collaboration and consistent communication** For the Trust to increase local, environmentally friendly food it will need to work collaboratively with suppliers and producers. A simple, consistent direction will be required for this work, for internal and external stakeholders to allow people to commit to work towards change. For example, Velindre can collaborate with Cwm Taf Morgannwg's Central Production Unit, which provides inpatient meals, to champion the sourcing of produce from Wales.

5. Food Mission Case Studies

A mission-oriented approach works. Across Europe, public bodies have use mission-based innovation targets to drive better engagement on food. Two high level examples are provided below.

The City of Malmö (5) in Sweden set a goal in 2012 that within a decade all of the food it serves would be organic – it is now at 70% organic food. In the case of Malmö, no additional budget for food costs was required for this transition. Instead, skills were developed to procure and prepare low carbon meals with a high organic content (6) – with a reduction in meat and increase in coarse vegetables being key (7).

Since 2004 East Ayrshire Council has prioritised unprocessed, local and where possible, organic ingredients for its school meals, delivering a return of £6 for every £1 spent on organic food via the project using the Social Return on Investment method (SROI).

6. Benefits for Velindre of adopting the mission

The implementation of the food mission for Velindre is expected to deliver benefits as follows:

- Improve staff wellbeing by increasing access to healthier food, reducing absence rates and reducing workplace related stress.
- Greater staff retention due to improved working conditions.
- Improve services for patients by collecting and analysing data on patient outcomes and experiences of food provision.
- Deliver on legislative requirements, including the Well Being of Future Generations Act Goals; the Environment (Wales) Act (Section 6 biodiversity and resilience of ecosystems duty); Socially Responsible Public Procurement duties, WG's 'Buying Food Fit for the Future' initiative and progress on 'Fair Work' (8).
- Deliver Value Based Healthcare by helping to shift towards longer term preventative health benefits, resulting from;
  - Direct health benefits from healthier food served at the Trust
  - Indirect health benefits from improved socio economic and environmental outcomes due to increased spend within Wales, especially where this food is produced with higher environmental and social standards.
- Reduce the carbon footprint of food provision across the Trust by working with local food suppliers who adopt an environmentally friendly approach to food production.
- Develop a more resilient and shorter food supply chain which supports the local (foundational) economy.
- Enable broader opportunities for innovation in food provision by working in cross-sector partnership.
- Reduce food waste from onsite catering provision and inpatient food provision, thereby providing a more cost-effective service.
- Enable longer term benefits and savings across the public sector by promoting public health benefits of healthier food.

7. Acknowledgements: With thanks to the following for supporting the development of Velindre's Food Mission

Ymddiriedolaeth GIG Prifysgol Felindre Velindre University NHS Trust

Welsh Government Backing Local Firms Fund

Llywodraeth Cymru Welsh Government

North Star Transition

north star transition

- North Star Transition is a UK not-for-profit company limited by guarantee, set up in 2020 with a mission to develop new approaches to address systemic challenges through radical reframing and holistic collaboration. We create collaboration initiatives designed to increase the impact of our response to humankind's climate, biodiversity loss and social crises, including wellbeing and health. We aim to accelerate systemic change.
- Our main vehicle of change is a Transition Lab. The goal of a Transition Lab is to bring together unlikely allies from different disciplines and cultures to reframe problems, identify obstacles of change, co-learn, and create novel co-creative solutions. We operate place-based Labs (for example, in Wales and Scotland) focusing on nature-based regenerative approaches, and broader thinking labs which focus on domain areas such as finance and business.
- www.northstartransition.org

8. Appendix: Potential Measures of Success

It is recommended that an action plan is developed to support delivery of Velindre's Food Mission. The action plan will require measures to be put in place in order to track and monitor performance. The following measures will be reviewed and considered as part of this process:

- # staff accessing a veg box scheme
- Patient Reported Outcome Measure for food
- Patient reported experience measures
- Average # days of recovery
- Changes in eating habits
- % food sourced from Welsh producers for Velindre (currently 21%)
- % of food sourced that meets the criteria of environmentally friendly, globally responsible etc.
- # staff on catering and food education courses and trained to higher standards
- # of partners engaging with Velindre in developing the food action plan
- Volume of food waste from canteen and inpatients and savings from reduced food waste
- Spaces for staff to enjoy food across the Trust in metres squared
- Staff satisfaction survey
- Social Return on Investment for the local food economy
- Staff absence rates through sickness and ill health

9. References

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3. https://www.gov.wales/social-partnership-and-public-procurement-wales-act#102213
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6. https://cynnalcymru.com/free-school-meals-a-healthy-and-sustainable-school-meal-system/?cn-reloaded=1
7. https://cor.europa.eu/en/engage/studies/Documents/sustainable-public-procurement-food.pdf
8. https://www.gov.wales/guide-fair-work

STRATEGIC DEVELOPMENT COMMITTEE

NHS Staff Survey 2023

DATE OF MEETING	21 March 2024

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE	INFORMATION / NOTING

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	CLAIRE BUDGEN, HEAD OF ORGANISATIONAL DEVELOPMENT
PRESENTED BY	Sarah Morley, Executive Director of Organisational Development and Workforce
APPROVED BY	Sarah Morley, Executive Director of Organisational Development & Workforce

EXECUTIVE SUMMARY	The NHS Staff Survey 2023 reflects the views of staff in VUNHST and NHS Wales. The Trust had a higher response rate than the last survey in 2020 and showed a higher level of staff engagement than the NHS Wales average. However, there was a decline in experience between 2023 and 2020 on the majority of questions where comparison was possible. This data will be fed into existing development programmes in order to improve the organisational culture and experience for staff.

RECOMMENDATION / ACTIONS	**The Strategic Development Committee is asked to NOTE the report.**

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Executive Management Board	**18/03/2024**
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	

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

APPENDICES	
1	Staff Survey Dashboard - Velindre University NHS Trust
2	VUNHST Results

1. SITUATION

1.1 NHS Wales conducted a national staff survey in October 2023, the first since 2020. The Trust level results were received on 23 February 2024 with Divisional and demographic results due in April 2024. This paper highlights key points of note and outlines the next steps.

2. BACKGROUND

2.1 There has been an increased interest in measuring and understanding staff experience across NHS organisations in Wales over the past three years. This led to the previous NHS Staff Survey being expanded to encompass 10 themes, broadly in line with the staff survey used by NHS England since 2003.

2.2 HEIW coordinated the development and delivery of the survey on behalf of health organisations. There is a commitment to run this annually in future to allow the aggregation of results in the Trust and nationally over time. This will offer a rich source of information about the experience of staff as a basis for making improvements.

2.3 The NHS Staff Survey has been positioned in Velindre University NHS Trust as a positive tool for engaging with staff and building dialogue, leading to trust and stronger working relationships. It is seen as part of the work on developing a positive organisational culture in support of delivering Destination 2033.

3. ASSESSMENT

3.1 Appendix 1 presents the Trust level results; Appendix 2 offers graphical representation of the results for each theme. Key points are drawn out in the commentary below.

- There are 10 themes covering 23 sub-themes.
- The Trust had a response rate of 34% compared with the NHS Wales response rate of 21%. This was also higher than the Trust response rate of 25% in 2020.
- The Trust Engagement Score of 76% was higher than the NHS Wales score of 73%. However, both these scores had decreased since 2020, when the Trust scored 78% and NHS Wales 75%.
- When looking at the percentage of staff who Agreed or Strongly Agreed, the themes can be ranked thus:

Theme	Ave Positive Value
Compassionate and Inclusive	74
Stronger Together	71
Staff Engagement	70

Able to speak up	70
Patient Safety	67
Nurture healthy working environments*	66
We are continuously learning and improving	65
Recognise everyone's contribution	64
Champion Flexible Working	63
Morale	57

**Includes sub-theme Negative Experiences 2 which measures incidences of violence, unwanted sexual behaviour, harassment and bullying. These questions accrued an average score of 92 as few people experience these things yet each occasion is of significance. At the same time, the theme includes Burnout where the average score was 32, the lowest scoring sub-theme.*

Key points:

Compassionate and Inclusive is registering positively with staff, with compassionate culture being stronger than compassionate leadership

Burnout is hidden in the figures yet Burnout and Health and Safety Climate are the joint worst scoring sub-themes overall.

Morale, which is the lowest theme, is a product of all the experiences at work and possibly outside of work. It measures work pressure and thinking of leaving. This category only improves through taking action in the other areas so that pressure is lower and staying with the Trust is a more appealing prospect.

- Out of the 10 Questions that could be numerically compared with 2020 results, 1 improved, 1 stayed the same and 8 declined.

	2023	2020	Diff	Better/ Worse in 2023
Team members take time out to reflect and learn	52	47	6	Better
I am involved in deciding on changes on changes introduced that affect my work area, team, department	61	61	0	Same
My immediate manager (line manager) takes a positive interest in my health and wellbeing	71	72	-1	Worse
I am able to make improvements in my area or work	64	66	-2	Worse
The people I work with are polite and treat each other with respect	78	81	-3	Worse
I am proud to tell people I work for my organisation	83	86	-3	Worse
If a friend or relative needed treatment I woiuld be happy with the standard of care provided by this organisation	82	89	-7	Worse
I would recommend my organisation as a place to work	65	72	-7	Worse
I look forward to going to work	53	60	-7	Worse
I am enthusiastic about my job	70	78	-8	Worse

Key points:

Having time to reflect and learn has been a positive change for the Trust.

There is a general worsening of experience being reported across the survey

- 46% of staff are considering leaving their role for a range of destinations and 34% are thinking their next move might be outside the Trust, including retirement.

Key points:

A Trust-wide focus on staff retention is essential in helping build a stable and motivated workforce, offering professional and career development where possible.

- 27% of staff work additional paid hours and 49% work additional unpaid hours including 5% of people working 11 hours or more a week unpaid.

  Key points:

  This reflects a degree of unplanned work in the organisation which is being picked up in a variety of ways. Moreover, it is virtually as common as not to stay on at work even with no pay, with risks of burnout and poor morale.

4. SUMMARY OF MATTERS FOR CONSIDERATION - TAKING THIS FORWARD

4.1 To effect positive change these results need to be used within our existing improvement and development programmes and as far as possible be seen as an additional data point and mirror to lend clarity to the issues we are addressing through our culture and organisational development work. The dataset opens up opportunities for evaluation, triangulation and tracking over time over the ten themes and individual questions. This will be coordinated through the Healthy and Engaged Steering Group with the goal of improving the overall experience for staff in all areas of the Trust.

4.2 In April 2024 we will be given access to the demographic breakdowns and Divisional/Departmental reports via the survey platform. This will offer further understanding of the experience of staff from different staff groups, by gender, age, race and other criteria, offering baseline data for measuring change following on from the Strategic Equality Plan. Furthermore, it will start a programme of work for Divisions and Departments to talk about what can be achieved at a local level to improve the experience of work utilising a range of initiatives, including the successful 5 Minute Improvement model.

4.3 It is noted that undertaking the survey has been hard work, for colleagues across Wales, VUNHST managers and everyone who participated and submitted their views. It is important that this initial investment of effort is not squandered and that we follow through with continued efforts for the 2024 survey and annual surveys thereafter. This is how we will build an informed understanding of what it is like to work here and track how changes we make impact on staff over time. Moreover, we need to consider our strategy for running pulse survey between the main surveys where we can ask specific questions to all staff or specific groups of staff.

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: • Outstanding for quality, safety and experience ☒ • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☐ • A beacon for research, development and innovation in our stated areas of priority ☐ • An established 'University' Trust which provides highly valued knowledge for learning for all. ☐ • A sustainable organisation that plays its part in creating a better future for people across the globe ☐	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	04 - Organisational Culture
QUALITY AND SAFETY IMPLICATIONS / IMPACT	**Select all relevant domains below** Safe ☒ Timely ☐ Effective ☒ Equitable ☒ Efficient ☐ Patient Centred ☐
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not required This report sets out feedback from staff together with an outline plan of action. There is no difference in relation to Socio Economic status.

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
	A More Equal Wales – a society that enables people to fulfil their potential no matter what their background or circumstances
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	This report sets out feedback from staff together with an outline plan of action. There is no difference in relation to protected characteristics.
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	
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	

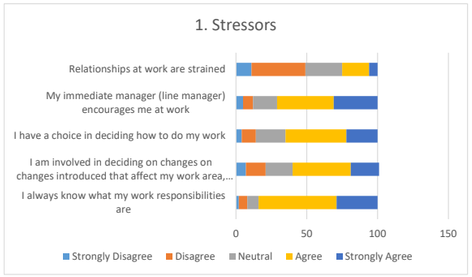
				Velindre Results						NHS Wales Results					
Heading	**Ref**	**Theme**	**Question**	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Morale	1	Stressors	I always know what my work responsibilities are	2	6	8	55	29		2	7	9	54	27	
Morale	1	Stressors	I am involved in deciding on changes on changes introduced that affect my work area, team, department	7	14	19	41	20		9	15	21	36	18	
Morale	1	Stressors	I have a choice in deciding how to do my work	4	10	21	43	22		4	10	18	45	22	
Morale	1	Stressors	My immediate manager (line manager) encourages me at work	5	7	17	40	31		5	8	17	39	32	
Morale	1	Stressors	Relationships at work are strained	11	38	26	19	6		13	35	26	19	7	
				Always	**Often**	**Sometimes**	**Rarely**	**Never**		**Always**	**Often**	**Sometimes**	**Rarely**	**Never**	
Morale	2	Stressors	I have unrealistic time pressures	9	19	40	26	6		10	22	39	22	6	
				Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Morale	3	Thinking about leaving	I am satisfied in my current role and intend to remain in it for the foreseeable future	6	13	24	38	20		6	12	24	38	19	
				Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Morale	4	Thinking about leaving	As soon as I find another job I will leave this orgnaisation	32	32	23	7	5		31	31	23	8	6	
Morale	4	Thinking about leaving	I often think about leaving this organisation	19	34	21	20	7		19	29	23	20	8	
Morale	4	Thinking about leaving	I will probably look for a job at a new organisation in the next 12 months	25	33	22	14	7		25	30	25	13	7	
				Never	**Rarely**	**Sometimes**	**Often**	**Always**		**Never**	**Rarely**	**Sometimes**	**Often**	**Always**	
Morale	5	Work Pressure	I am able to meet all the conflicting demands on my time at wrok	2	13	31	44	11		3	12	33	42	10	
Morale	5	Work Pressure	I have adequate supplies, materials and equipment to do my work	1	6	15	41	37		3	11	25	36	25	
Morale	5	Work Pressure	There are enough staff at this organisation for me to do my job properly	9	15	34	32	9		12	22	32	25	9	
				Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Patient Safety	6	Patient Safety	My organisation encourages us to report errors, near misses or incidents	2	2	12	53	31		3	5	19	52	22	
Patient Safety	6	Patient Safety	My organisation treats staff who are involved in an error, near miss or incident fairly	2	6	37	41	14		4	7	44	35	10	
Patient Safety	6	Patient Safety	We are given feedback about changes made in response to reported errors, near misses and incidents	4	10	32	42	12		6	13	37	34	10	
Patient Safety	6	Patient Safety	When errors, near misses or incidents are reported my organistion takes actino to ensure that they do not happen again	2	5	25	51	18		4	8	35	41	13	
				Yes	**Prefer not to say**	**No**				**Yes**	**Prefer not to say**	**No**			
Patient Safety	7	Patient Safety	In the last month have you seen any errors, near misses or incidents that could have hurt staff and/or patients/service users?	26	2	72				33	3	64			
				Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Staff Engagement	8	Contribution	I am able to make improvements in my area or work	3	10	22	48	16		4	11	26	45	14	
Staff Engagement	8	Contribution	I am involved in deciding on changes on changes introduced that affect my work area, team, department	7	14	19	41	20		9	16	21	36	18	
				Never	**Rarely**	**Sometimes**	**Often**	**Always**		**Never**	**Rarely**	**Sometimes**	**Often**	**Always**	
Staff Engagement	9	Motivation	I am enthusiastic about my job	1	5	25	44	26		2	7	25	40	26	
Staff Engagement	9	Motivation	I am happy to go the extra mile at work when required	1	1	15	38	44		1	3	15	38	42	
Staff Engagement	9	Motivation	I look forward to going to work	3	9	35	42	11		4	11	35	38	12	
				Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Staff Engagement	10	Advocacy	I am proud to tell people I work for my organisation	2	1	14	47	36		4	8	27	40	21	
Staff Engagement	10	Advocacy	I would recommend my organisation as a place to work	5	8	21	44	21		6	11	26	41	16	
				Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Compassionate and Inclusive	11	Compassionate Culture	Care of patients/service users is my organisation's top priority	1	2	14	43	39		3	9	21	45	23	
Compassionate and Inclusive	11	Compassionate Culture	I feel safe to speak up about anything that concerns me in this organisation	4	11	21	46	18		5	14	24	43	14	
Compassionate and Inclusive	11	Compassionate Culture	I'd feel able to speak up in my team if I noticed poor or incorrect practice	4	7	14	50	25		4	8	13	51	24	
Compassionate and Inclusive	11	Compassionate Culture	If a friend or relative needed treatment I woiuld be happy with the standard of care provided by this organisation	1	3	13	46	36		5	13	28	40	14	
Compassionate and Inclusive	11	Compassionate Culture	My organisation acts on concerns raised by patients/service users	1	3	19	48	30		2	6	29	46	18	
Compassionate and Inclusive	11	Compassionate Culture	People here are compassionate in the way they behave towards patients/service users	0	1	12	49	37		1	2	16	54	27	
Compassionate and Inclusive	11	Compassionate Culture	People here are compassionate towards colleagues when they face problems	1	4	16	61	19		2	5	16	54	22	
Compassionate and Inclusive	11	Compassionate Culture	People here give good support to colleagues who are distressed	1	5	14	58	22		2	5	15	54	24	
Compassionate and Inclusive	11	Compassionate Culture	People here take effective action to help patients/service users in distress	0	1	13	48	38		1	2	17	53	28	

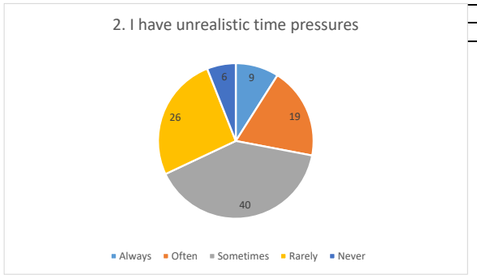
				Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Compassionate and Inclusive	12	Compassionate Leadership	My immediate manager (line manager) is interested in listening to me when I describe challenges I face	6	8	16	41	29		6	8	16	39	32	
Compassionate and Inclusive	12	Compassionate Leadership	My immediate manager (line manager) takes effective action to help me with any problems I face	6	8	18	38	29		6	8	19	37	30	
Compassionate and Inclusive	12	Compassionate Leadership	My immediate manager (line manager) works together with me to come to an understanding of problems	6	8	17	41	28		6	8	18	39	29	
				Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Compassionate and Inclusive	13	Diversity and Equality	I think that my organisation respects individual differences (eg cultures, working styles, bacgrounds, ideas)	2	6	24	49	19		3	7	25	47	18	
				No	**Don't Know**	**Prefer not to say**	**Yes**			**No**	**Don't Know**	**Prefer not to say**	**Yes**		
Compassionate and Inclusive	14	Diversity and Equality	Does your organisation act fairly with regard to career progression/promotion regardless of age, disablity, ethnic background, gender, gender identity, religion or sexual orientation?	17	29	4	50			18	31	4	47		
Compassionate and Inclusive	14	Diversity and Equality	In the coming 12 months would you consider applying for a progression opportunity in your workplace?	31	18	4	48			36	18	3	44		
Compassionate and Inclusive	14	Diversity and Equality	In the last 12 months have you sought a progression opportunity in your workplace?	58	2	4	35			56	4	4	36		
				Yes	**Prefer not to say**	**No**				**Yes**	**Prefer not to say**	**No**			
Compassionate and Inclusive	15	Diversity and Equality	In the last 12 months have you personally experienced discrimination at work from a manager/team leader?	5	4	91				6	6	88			
Compassionate and Inclusive	15	Diversity and Equality	In the last 12 months have you personally experienced discrimination at work from other colleagues?	6	4	90				6	5	89			
Compassionate and Inclusive	15	Diversity and Equality	In the last 12 months have you personally experienced discrimination at work from pateints/service users, their relatives or other members of the public?	3	2	95				7	3	90			
				Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Compassionate and Inclusive	16	Inclusion	I feel valued in my team	5	8	18	43	27		6	10	16	42	26	
Compassionate and Inclusive	16	Inclusion	The people I work with are polite and treat each other with respect	2	6	14	53	25		2	6	15	52	25	
Compassionate and Inclusive	16	Inclusion	The people I work with are understanding and kind to one another	2	7	15	51	25		2	6	15	51	25	
				Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Recognise everyone's contribution	17	Recognise everyone's contribution	I get recognition for good work	5	11	25	42	16		6	14	22	42	16	
Recognise everyone's contribution	17	Recognise everyone's contribution	My immediate manager (line manager) values my work	5	6	16	41	31		5	6	16	39	33	
Recognise everyone's contribution	17	Recognise everyone's contribution	The organisation values my work	6	12	29	39	14		6	14	30	37	13	
Recognise everyone's contribution	17	Recognise everyone's contribution	The people I work with show appreciation to one another	2	7	17	52	22		2	7	18	49	23	
				Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Able to speak up	18	Autonomy and control	I always know what my work responsibilities are	2	6	8	55	29		2	7	9	54	27	
Able to speak up	18	Autonomy and control	I am involved in deciding on changes introduced that affect my work area/team/department	7	14	19	41	20		9	16	21	36	18	
Able to speak up	18	Autonomy and control	I am trusted to do my job	2	4	8	48	38		2	3	7	48	39	
Able to speak up	18	Autonomy and control	I have a choice in deciding how to do my work	4	10	21	43	22		4	10	18	45	22	
Able to speak up	18	Autonomy and control	There are frequent opportunities for me to show initiative in my role	2	8	14	48	28		3	8	16	45	28	

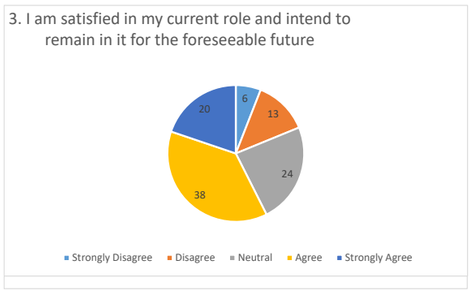
				Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Able to speak up	19	Raising concerns	I am confident my organisation would address my concern	4	12	25	44	15		6	12	29	38	15	
Able to speak up	19	Raising concerns	I feel safe to speak up about anything that concerns me in this organisation	4	11	21	46	18		5	14	24	43	14	
Able to speak up	19	Raising concerns	I would feel secure raising concerns about unethical behaviour	3	7	12	52	27		4	7	13	50	27	
Able to speak up	19	Raising concerns	I would feel secure raising concerns about unsafe clinical practice	2	4	17	48	28		3	6	19	47	26	
Able to speak up	19	Raising concerns	If I spoke up about something that concerned me I am confident my organisation would address my concern	6	11	30	39	13		7	16	35	32	10	
				Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Stronger together	20	Line management	My immediate manager (line manager) asks for my opinion before making decisions that affect my work	10	11	19	37	22		9	14	19	34	25	
Stronger together	20	Line management	My immediate manager (line manager) encourages me at work	5	7	17	40	31		5	8	17	39	32	
Stronger together	20	Line management	My immediate manager (line manager) gives me clear feedback on my work	6	10	19	41	24		6	11	19	37	27	
Stronger together	20	Line management	My immediate manager (line manager) is interested in listening to me when I describe challenges I face	6	8	16	41	29		6	8	16	39	32	
Stronger together	20	Line management	My immediate manager (line manager) recognises the importance of staff emotional wellbeing	8	6	17	36	33		6	7	16	37	34	
Stronger together	20	Line management	My immediate manager (line manager) takes a positive interest in my health and wellbeing	7	6	16	39	32		7	8	16	36	33	
Stronger together	20	Line management	My immediate manager (line manager) takes effective action to help me with any problems I face	6	7	18	38	29		6	8	19	37	30	
Stronger together	20	Line management	My immediate manager (line manager) works together with me to come to an understanding of problems	5	6	16	41	31		5	6	16	39	33	
Stronger together	20	Line management	My immediate manager (line manager) values my work	6	8	17	41	28		6	8	18	39	29	
				Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Stronger together	21	Team working	I enjoy working with the colleagues in my team	2	3	11	46	38		2	4	13	46	36	
Stronger together	21	Team working	I feel able to ask other members of this team for help when I need it	2	3	7	49	38		2	4	9	48	36	
Stronger together	21	Team working	I feel valued by my team	5	8	18	43	27		6	10	16	42	26	
Stronger together	21	Team working	I'd feel able to speak up in my team if I noticed poor or incorrect practice	4	7	14	50	25		4	8	13	51	24	
Stronger together	21	Team working	Team members are able to communicate closely with each other to achieve the team's objectives	2	8	15	55	20		4	10	16	50	21	
Stronger together	21	Team working	Team members take time out to reflect an dlearn	5	20	24	41	11		6	18	24	40	13	
Stronger together	21	Team working	Team members trust each other	4	9	15	48	24		5	11	17	45	23	
Stronger together	21	Team working	Team members understand each other's roles	2	11	10	55	21		4	12	13	51	21	
Stronger together	21	Team working	Team members work well with other teams	3	6	16	55	20		3	7	18	50	22	
Stronger together	21	Team working	The team I work in has a set of shared objective	2	6	11	58	22		3	7	14	53	23	
Stronger together	21	Team working	The team I work in often meets to discuss the team's effectiveness	6	12	13	47	22		8	15	14	42	21	
				Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Champion Flexible Working	22	Support for work-life balance	I achieve a good balance between my work life and my home life	8	16	18	40	18		7	14	19	41	18	
Champion Flexible Working	22	Support for work-life balance	I am satisfied with the opportunity for flexible working patterns	11	9	14	39	27		9	11	19	36	25	
Champion Flexible Working	22	Support for work-life balance	I can approach my immediate manager (line manager) to talk openly about flexible working	8	7	14	39	31		6	8	17	40	29	
Champion Flexible Working	22	Support for work-life balance	My organisation is committed to helping me balance my work and home life	11	11	18	39	19		9	13	24	35	19	
				Always	Often	Sometimes	Rarely	Never		Always	Often	Sometimes	Rarely	Never	
Nurture healthy working envionments	23	Burnout	How often, if at all, are you exhausted at the thought of another day/shift at work?	7	22	34	26	11		9	24	34	24	9	
Nurture healthy working envionments	23	Burnout	How often, if at all, do you feel burnt out because of your work?	7	26	35	24	8		8	28	37	21	6	
Nurture healthy working envionments	23	Burnout	How often, if at all, dou feel that every working hour is tiring you?	5	13	31	34	17		6	15	30	33	16	
Nurture healthy working envionments	23	Burnout	How often, if at all, do you feel worn out at the end of your working day/shift?	10	33	36	17	4		12	33	37	15	4	
Nurture healthy working envionments	23	Burnout	How often, if at all, do you find your work emotionally exhausting?	7	27	38	21	7		9	32	39	16	5	
Nurture healthy working envionments	23	Burnout	How often, if at all, do you not have enough energy fo rfamily and friends during leisure time?	6	20	37	25	11		7	24	37	23	9	
Nurture healthy working envionments	23	Burnout	How often, if at all, does your work frustrate you?	7	32	42	15	4		9	36	39	13	3	

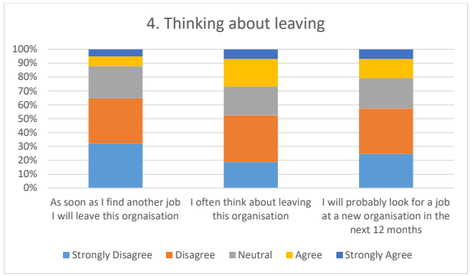
				Never	**Rarely**	**Sometimes**	**Often**	**Always**		**Never**	**Rarely**	**Sometimes**	**Often**	**Always**	
Nurture healthy working envionments	24	Health and Safety climate	I am able to meet all the conflicting demands on my time at wrok	2	13	31	44	11		3	12	33	42	10	
Nurture healthy working envionments	24	Health and Safety climate	I have adequate supplies, materials and equipment to do my work	1	6	15	41	37		3	11	25	36	25	
Nurture healthy working envionments	24	Health and Safety climate	There are enough staff at this organisation for me to do my job properly	9	15	34	32	9		12	22	32	25	9	
				Never	**Rarely**	**Sometimes**	**Often**	**Always**		**Never**	**Rarely**	**Sometimes**	**Often**	**Always**	
Nurture healthy working envionments	25	Health and Safety climate	I have unrealistic time pressures	6	26	40	19	9		6	22	39	22	10	
				Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	
Nurture healthy working envionments	26	Health and Safety climate	My organisation takes positive action on health and wellbeing	5	11	32	41	10		5	12	33	39	10	
				No	**Don't Know**	**Not applicable**	**Yes, a colleague reported it**	**Yes, I reported it**		**No**	**Don't Know**	**Not applicable**	**Yes, a colleague reported it**	**Yes, I reported it**	
Nurture healthy working envionments	27	Health and Safety climate	The last time you experienced harassment or bullying at work, did you or a colleague report it?	20	1	58	3	17		23	2	53	2	20	
Nurture healthy working envionments	27	Health and Safety climate	The last time your experienced physical violence at work, did you or a colleague report it?	3	0	86	0	11		5	1	81	1	12	
				No	**Don't Know**	**Not applicable**	**Yes, a colleague reported it**	**Yes, I reported it**		**No**	**Don't Know**	**Not applicable**	**Yes, a colleague reported it**	**Yes, I reported it**	
Nurture healthy working envionments	28	Negative Experiences - 1	The last time your experienced physical violence at work, did you or a colleague report it?	10	1	73	1	15		13	1	68	1	16	
Nurture healthy working envionments				**Yes**	**No**					**Yes**	**No**				
Nurture healthy working envionments	29	Negative Experiences - 1	During the last 12 months, have you felt unwell as a result of work-related issues?	31	69					41	59				
Nurture healthy working envionments	29	Negative Experiences - 1	In the last 12 months, have you experienced MSK problems as a result of work activities?	20	**80**					25	75				
Nurture healthy working envionments	29	Negative Experiences - 1	In the last 3 months, have you ever come to work despite not feeling well enough to perform your duties?	50	50					60	40				
				Yes	**No**	**Not applicable**				**Yes**	**No**	**Not applicable**			
Nurture healthy working envionments	30	Negative Experiences - 1	Have you felt pressure from your manager to come to work?	11	40	48				12	49	39			
			In the last 12 months how many times have you…	**Never**	**1 to 2**	**3 to 5**	**6 to 10**	**More than 10**	**Prefer not to say**	**Never**	**1 to 2**	**3 to 5**	**6 to 10**	**More than 10**	**Prefer not to say**
Nurture healthy working envionments	31	Negative Experiences - 2	personally experienced abuse at work from patients/service users, their relatives or other members of the public?	92.98	4.91	0.88	0.53	0.35	0.35	83.64	8.4	3.61	1.24	2.05	1.07
Nurture healthy working envionments	31	Negative Experiences - 2	personally experienced harassment or bullying at work from managers/team leaders?	81.72	8.44	3.87	0.88	1.93	3.16	80.08	9.37	3.75	1.33	1.76	3.71
Nurture healthy working envionments	31	Negative Experiences - 2	personally experienced harassment or bullying at work from other colleagues?	79.26	10.37	4.22	1.05	1.93	3.16	77.31	12.75	3.9	1.18	1.56	3.31
Nurture healthy working envionments	31	Negative Experiences - 2	personally experienced harassment or bullying at work from patients/service users, their relatives, orther members of the public?	85.96	8.25	1.93	1.4	1.23	1.23	74.65	13.13	5.41	2.06	3.09	1.67
Nurture healthy working envionments	31	Negative Experiences - 2	personally experienced physical violence at work from managers/team leaders?	99.12	0.53	0	0	0	0.35	99.21	0.19	0.03	0.02	0.08	0.47
Nurture healthy working envionments	31	Negative Experiences - 2	personally experienced physical violence at work from other colleagues?	99.47	0	0.18	0	0	0.35	98.81	0.53	0.08	0.02	0.09	0.47
Nurture healthy working envionments	31	Negative Experiences - 2	have you personally experienced physical violence at work from patients/service users, their relatives or other members of the public?	98.6	0.88	0.18	0	0	0.35	91.8	4.83	1.58	0.42	0.78	0.59
Nurture healthy working envionments	31	Negative Experiences - 2	been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes) touching or assault from patients/service users?	94.39	3.68	0.88	0.18	0.53	0.35	90.55	5.68	1.82	0.47	0.66	0.82
Nurture healthy working envionments	31	Negative Experiences - 2	been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes) touching or assault from ?	92.79	4.22	1.41	0.53	0.53	0.53	94.31	3.14	0.81	0.23	0.48	1.03

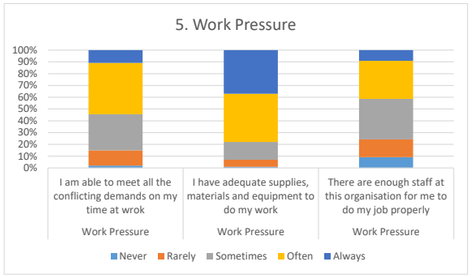
				Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
We are continuously learning and improving	32	Development	I am able to access the right learning and devleopment opportunities when I need to	4	12	22	46	16		5	13	25	43	13	
We are continuously learning and improving	32	Development	I feel supported to develop my potential	5	15	21	42	17		6	14	24	41	15	
We are continuously learning and improving	32	Development	I have opportunities to improve my knowledge and skills	4	10	15	51	20		4	10	17	51	18	
We are continuously learning and improving	32	Development	There are opportunities for me to devleop my career in this organisation	7	16	24	39	14		7	15	24	40	13	
We are continuously learning and improving	32	Development	This organisation offer me challenging work	2	6	20	52	20		2	6	20	53	20	
				No	**Can't Remember**	**Yes**				**No**	**Can't Remember**	**Yes**			
We are continuously learning and improving	33	PADR	In the last 12 months, have you had an appraisal, PADR, annual review or development review?	16	2	82				17	3	80			
				No	**Not applicable**	**Yes, to some extent**	**Yes, definitely**			**No**	**Not applicable**	**Yes, to some extent**	**Yes, definitely**		
We are continuously learning and improving	34	PADR	It helped me agree clear objectives for my work	15	18	43	25			16	19	40	24		
We are continuously learning and improving	34	PADR	It helped me improve how I do my job	28	18	42	13			28	19	38	15		
We are continuously learning and improving	34	PADR	It left me feeling that my work is values by my organisation	21	18	35	26			22	19	35	24		

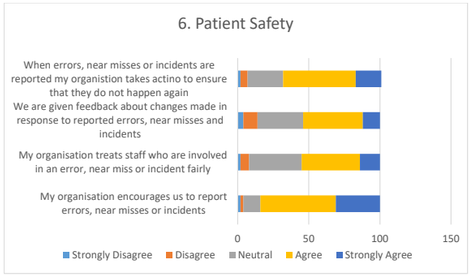

1. Stressors
Relationships at work are strained
My immediate manager (line manager) encourages me at work
I have a choice in deciding how to do my work
I am involved in deciding on changes on changes introduced that affect my work area,...
I always know what my work responsibilities are
0
50
100
150
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

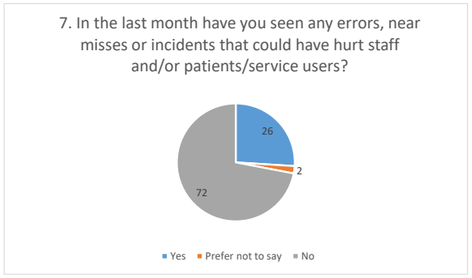

2. I have unrealistic time pressures
9
19
40
26
6
Always
Often
Sometimes
Rarely
Never

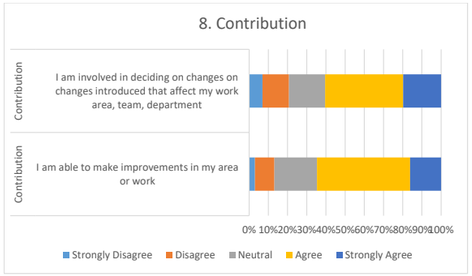

3. I am satisfied in my current role and intend to remain in it for the foreseeable future
6
13
24
38
20
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

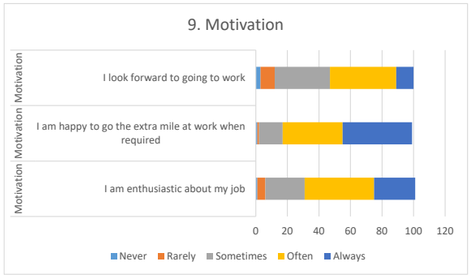

4. Thinking about leaving
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
As soon as I find another job I will leave this orgnaisation
I often think about leaving this organisation
I will probably look for a job at a new organisation in the next 12 months
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree


5. Work Pressure
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
I am able to meet all the conflicting demands on my time at wrok
Work Pressure
I have adequate supplies, materials and equipment to do my work
Work Pressure
There are enough staff at this organisation for me to do my job properly
Work Pressure
Never
Rarely
Sometimes
Often
Always

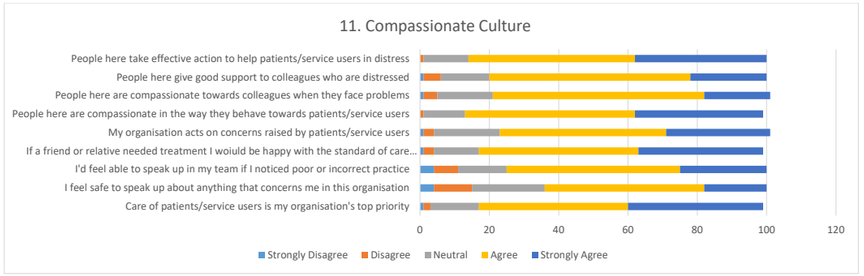

6. Patient Safety
When errors, near misses or incidents are reported my organistion takes actino to ensure that they do not happen again
We are given feedback about changes made in response to reported errors, near misses and incidents
My organisation treats staff who are involved in an error, near miss or incident fairly
My organisation encourages us to report errors, near misses or incidents
0
50
100
150
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree


7. In the last month have you seen any errors, near misses or incidents that could have hurt staff and/or patients/service users?
26
2
72
Yes
Prefer not to say
No

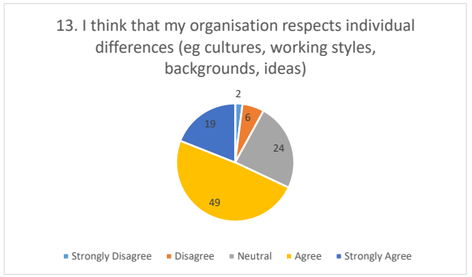

8. Contribution
Contribution
I am involved in deciding on changes on changes introduced that affect my work area, team, department
Contribution
I am able to make improvements in my area or work
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

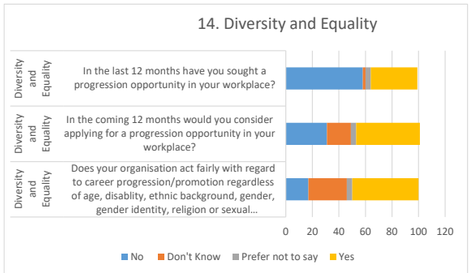

9. Motivation
Motivation
I look forward to going to work
Motivation
I am happy to go the extra mile at work when required
Motivation
I am enthusiastic about my job
0 20 40 60 80 100 120
Never
Rarely
Sometimes
Often
Always

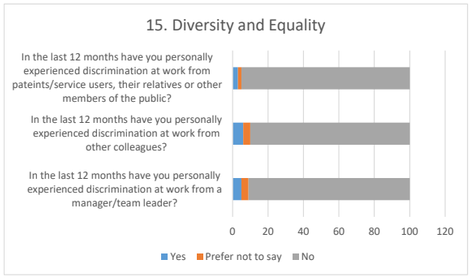
10. Advocacy
Advocacy
I would recommend my organisation as a place to work
Advocacy
I am proud to tell people I work for my organisation
0 20 40 60 80 100 120
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

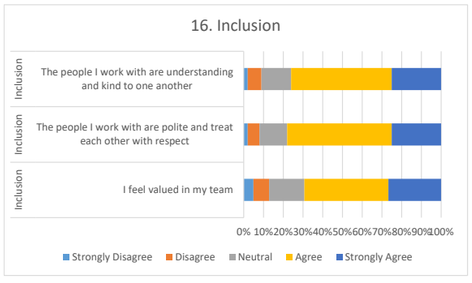

11. Compassionate Culture
People here take effective action to help patients/service users in distress
People here give good support to colleagues who are distressed
People here are compassionate towards colleagues when they face problems
People here are compassionate in the way they behave towards patients/service users
My organisation acts on concerns raised by patients/service users
If a friend or relative needed treatment I woiuld be happy with the standard of care...
I'd feel able to speak up in my team if I noticed poor or incorrect practice
I feel safe to speak up about anything that concerns me in this organisation
Care of patients/service users is my organisation's top priority
0
20
40
60
80
100
120
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

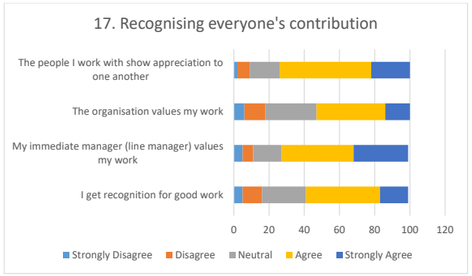
12. Compassionate Leadership
Compassionate Leadership
My immediate manager (line manager) works together with me to come to an understanding of problems
Compassionate Leadership
My immediate manager (line manager) takes effective action to help me with any problems I face
Compassionate Leadership
My immediate manager (line manager) is interested in listening to me when I describe challenges I face
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

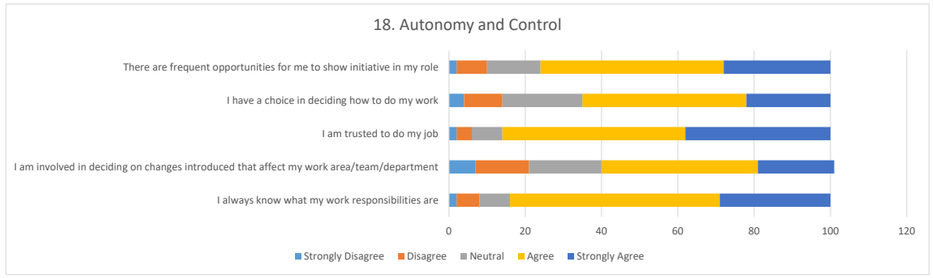

13. I think that my organisation respects individual differences (eg cultures, working styles, backgrounds, ideas)
2
6
24
49
19
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree


14. Diversity and Equality
Diversity and Equality
In the last 12 months have you sought a progression opportunity in your workplace?
Diversity and Equality
In the coming 12 months would you consider applying for a progression opportunity in your workplace?
Diversity and Equality
Does your organisation act fairly with regard to career progression/promotion regardless of age, disability, ethnic background, gender, gender identity, religion or sexual...
0
20
40
60
80
100
120
No
Don't Know
Prefer not to say
Yes

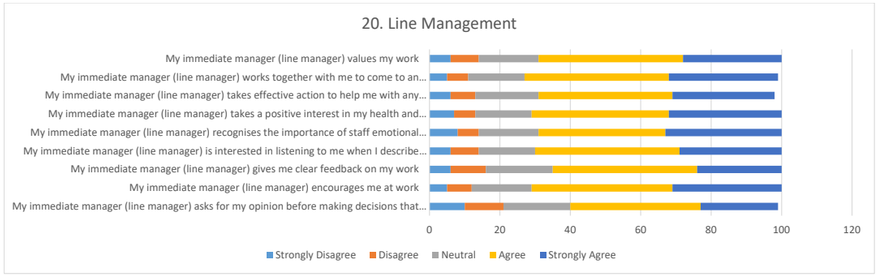

15. Diversity and Equality
In the last 12 months have you personally experienced discrimination at work from pateints/service users, their relatives or other members of the public?
In the last 12 months have you personally experienced discrimination at work from other colleagues?
In the last 12 months have you personally experienced discrimination at work from a manager/team leader?
0
20
40
60
80
100
120
Yes
Prefer not to say
No

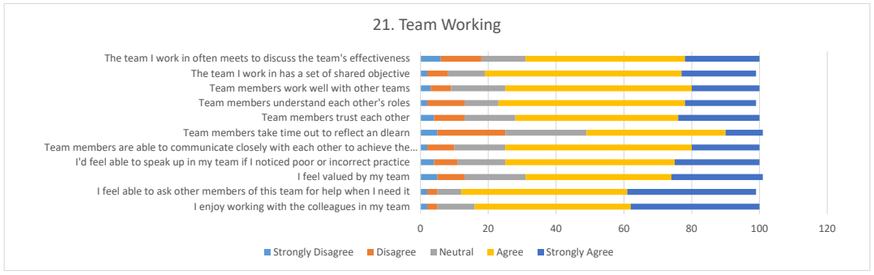

16. Inclusion
Inclusion
The people I work with are understanding and kind to one another
Inclusion
The people I work with are polite and treat each other with respect
Inclusion
I feel valued in my team
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

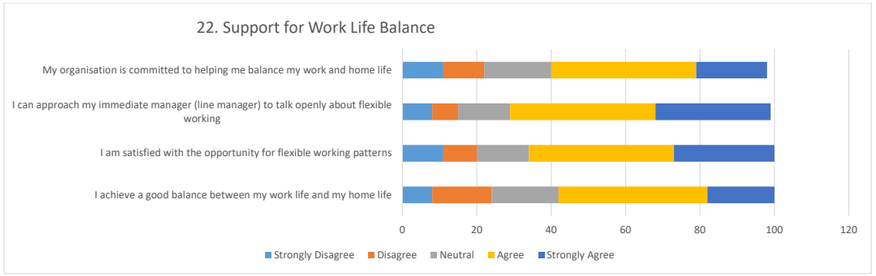

17. Recognising everyone's contribution
The people I work with show appreciation to one another
The organisation values my work
My immediate manager (line manager) values my work
I get recognition for good work
0
20
40
60
80
100
120
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

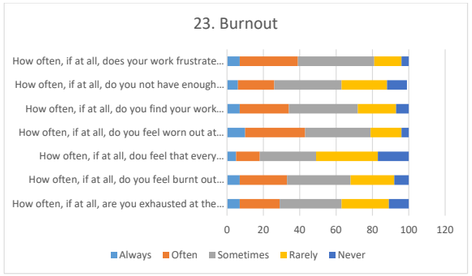

18. Autonomy and Control
There are frequent opportunities for me to show initiative in my role
I have a choice in deciding how to do my work
I am trusted to do my job
I am involved in deciding on changes introduced that affect my work area/team/department
I always know what my work responsibilities are
0
20
40
60
80
100
120
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

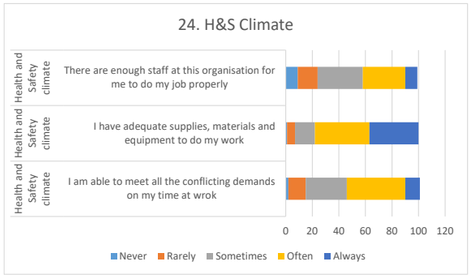
19. Raising Concerns
If I spoke up about something that concerned me I am confident my organisation would address my concern
I would feel secure raising concerns about unsafe clinical practice
I would feel secure raising concerns about unethical behaviour
I feel safe to speak up about anything that concerns me in this organisation
I am confident my organisation would address my concern
0
20
40
60
80
100
120
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

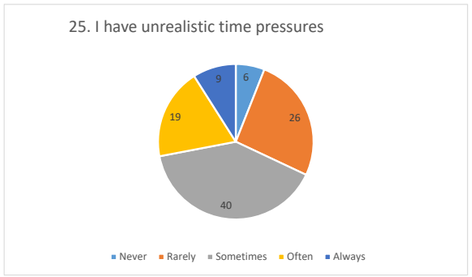

20. Line Management
My immediate manager (line manager) values my work
My immediate manager (line manager) works together with me to come to an...
My immediate manager (line manager) takes effective action to help me with any...
My immediate manager (line manager) takes a positive interest in my health and...
My immediate manager (line manager) recognises the importance of staff emotional...
My immediate manager (line manager) is interested in listening to me when I describe...
My immediate manager (line manager) gives me clear feedback on my work
My immediate manager (line manager) encourages me at work
My immediate manager (line manager) asks for my opinion before making decisions that...
0
20
40
60
80
100
120
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

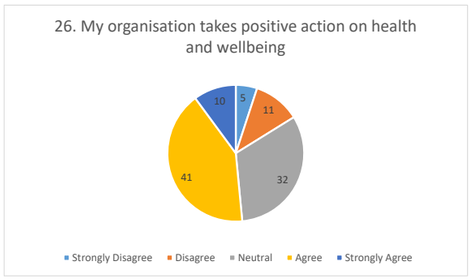

21. Team Working
The team I work in often meets to discuss the team's effectiveness
The team I work in has a set of shared objective
Team members work well with other teams
Team members understand each other's roles
Team members trust each other
Team members take time out to reflect an dlearn
Team members are able to communicate closely with each other to achieve the...
I'd feel able to speak up in my team if I noticed poor or incorrect practice
I feel valued by my team
I feel able to ask other members of this team for help when I need it
I enjoy working with the colleagues in my team
0
20
40
60
80
100
120
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

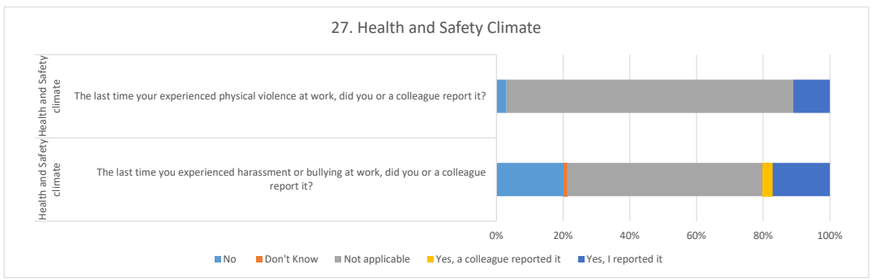

22. Support for Work Life Balance
My organisation is committed to helping me balance my work and home life
I can approach my immediate manager (line manager) to talk openly about flexible working
I am satisfied with the opportunity for flexible working patterns
I achieve a good balance between my work life and my home life
0
20
40
60
80
100
120
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

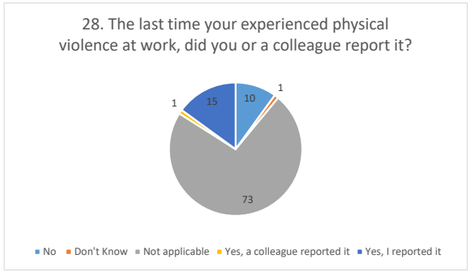

23. Burnout
How often, if at all, does your work frustrate...
How often, if at all, do you not have enough...
How often, if at all, do you find your work...
How often, if at all, do you feel worn out at...
How often, if at all, dou feel that every...
How often, if at all, do you feel burnt out...
How often, if at all, are you exhausted at the...
0 20 40 60 80 100 120
Always Often Sometimes Rarely Never

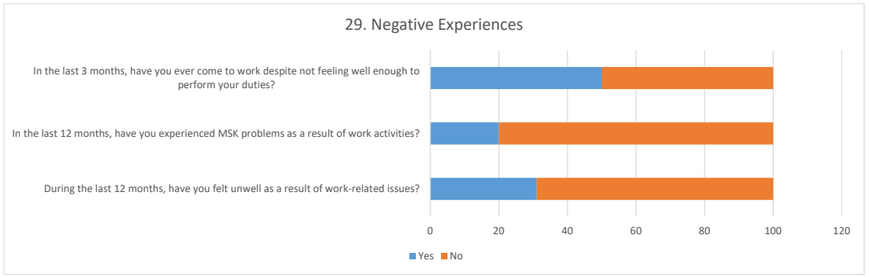

24. H&S Climate
Health and Safety climate
There are enough staff at this organisation for me to do my job properly
Health and Safety climate
I have adequate supplies, materials and equipment to do my work
Health and Safety climate
I am able to meet all the conflicting demands on my time at wrok
0 20 40 60 80 100 120
Never Rarely Sometimes Often Always


25. I have unrealistic time pressures
6
26
40
19
9
Never Rarely Sometimes Often Always

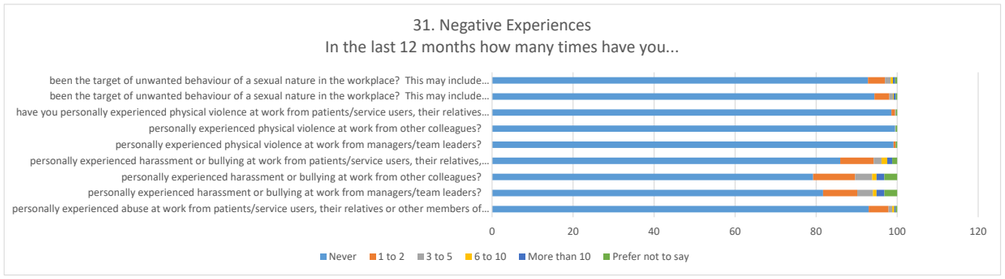

26. My organisation takes positive action on health and wellbeing
5
11
32
41
10
Strongly Disagree Disagree Neutral Agree Strongly Agree


27. Health and Safety Climate
Health and Safety climate
The last time your experienced physical violence at work, did you or a colleague report it?
Health and Safety climate
The last time you experienced harassment or bullying at work, did you or a colleague report it?
0% 20% 40% 60% 80% 100%
No Don't Know Not applicable Yes, a colleague reported it Yes, I reported it

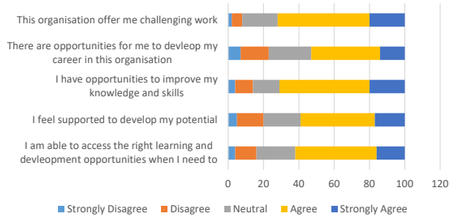

28. The last time your experienced physical violence at work, did you or a colleague report it?
10
1
73
1
15
No
Don't Know
Not applicable
Yes, a colleague reported it
Yes, I reported it


29. Negative Experiences
In the last 3 months, have you ever come to work despite not feeling well enough to perform your duties?
In the last 12 months, have you experienced MSK problems as a result of work activities?
During the last 12 months, have you felt unwell as a result of work-related issues?
0
20
40
60
80
100
120
Yes
No

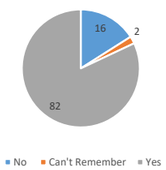
30. Have you felt pressure from your manager to come to work?
11
40
48
Yes
No
Not applicable


31. Negative Experiences
In the last 12 months how many times have you...
been the target of unwanted behaviour of a sexual nature in the workplace? This may include...
been the target of unwanted behaviour of a sexual nature in the workplace? This may include...
have you personally experienced physical violence at work from patients/service users, their relatives...
personally experienced physical violence at work from other colleagues?
personally experienced physical violence at work from managers/team leaders?
personally experienced harassment or bullying at work from patients/service users, their relatives,...
personally experienced harassment or bullying at work from other colleagues?
personally experienced harassment or bullying at work from managers/team leaders?
personally experienced abuse at work from patients/service users, their relatives or other members of...
0
20
40
60
80
100
120
Never
1 to 2
3 to 5
6 to 10
More than 10
Prefer not to say

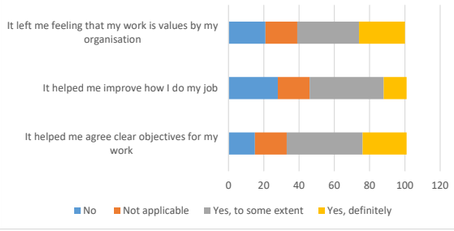
32. Development



33. In the last 12 months, have you had an appraisal, PADR, annual review or development review?



34. PADR



Theme	Predictors	Scale
Teamworking	Q1. Do the following statements apply to you and your job? a. The team I work in has a set of shared objectives. **WSS18 ESS21 ESS22** b. The team I work in often meets to discuss the team's effectiveness. **WSS18 ESS21 ESS22** c. Team members trust each other. **Additional item** d. Team members understand each other's roles. **ESS21 ESS22** e. Team members take time out to reflect and learn. **WW18, WSS20 ESS21 ESS22** f. Team members are able to communicate closely with each other to achieve the team's objectives. **Additional item** g. I enjoy working with the colleagues in my team. **ESS21 ESS22** h. I feel valued by my team. **ESS21 ESS22** i. I feel able to ask other members of this team for help when I need it. **Additional item** j. I'd feel able to speak up in my team if I noticed poor or incorrect practice. **Additional item** k. Team members work well with other teams. **WSS18 WSS20 ESS22** **(11 items)**	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree

Workload	Q2. For each of the statements below, how often, if at all, do these statements apply to you? a. I have unrealistic time pressures. **ESS20** b. I am able to meet all the conflicting demands on my time at work. **ESS22** c. I have adequate supplies, materials and equipment to do my work. **ESS22** d. There are enough staff at this organisation for me to do my job properly. **ESS22** Q3. a. How many hours a week are you contracted to work? **WSS18 ESS21 ESS22** 1. I am a bank worker. 2. Up to 29 hours 3. 30 or more hours b. On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours? Please include paid overtime, bank shifts, and additional paid hours on-call. **WWS18 ESS21 ESS22** c. On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? Please include unpaid overtime and additional unpaid hours on-call. **WSS18 ESS21 ESS22** **(7 items)**	1. Never 2. Rarely 3. Sometimes 4. Often 5. Always 1. 0 hours 2. Up to 5 hours 3. 6-10 hours 4. 11 or more hours
Compassionate and inclusive leadership	Q4. To what extent do you agree or disagree with the following statements about your immediate manager? My immediate manager (line manager) ... a. ...encourages me at work. **WSS18 ESS21 ESS22** b. ...gives me clear feedback on my work. **WSS18 ESS21 ESS22** c. ...asks for my opinion before making decisions that affect my work. **WSS18 ESS21 ESS22** d. …takes a positive interest in my health and well-being. **WSS18 ESS21 ESS22** e. …values my work. **ESS21 ESS22** f. …works together with me to come to an understanding of problems. **ESS21 ESS22** g. …is interested in listening to me when I describe challenges I face. **ESS21 ESS22** h. … recognises the importance of staff emotional wellbeing. **Additional item** i. …takes effective action to help me with any problems I face. **ESS21 ESS22** **(9 items)**	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree

Discrimination

WRES

Q5. Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation? **ESS22**

1. Yes
2. No
3. Don't know
4. Prefer not to say

a. In the last 12 months have you sought a progression opportunity in your workplace?

1. Yes
2. No
3. Don't know
4. Prefer not to say

b. In the coming 12 months would you consider applying for a progression opportunity in your workplace?

1. Yes
2. No
3. Don't know
4. Prefer not to say

If you have answered no to either parts a. or b., please tick the reasons for this.

1. Personal experience of discrimination
2. Witnessed discrimination of other staff
3. Previous unfair unsuccessful attempts
4. You haven't received encouragement or mentorship
5. You can't because of visa reasons
6. Your line manager says you are not ready
7. You don't feel like you fit in the organisation
8. You enjoy the team you work with now
9. Other/ please specify

Q6. a. In the last 12 months have you personally experienced discrimination at work from patients/ service users, their relatives, or other members of the public? **WSS18 ESS22**

1. Yes
2. No
3. Prefer not to say

If yes, on what grounds have you experienced discrimination? (Tick all that applies)

1. Age
2. Disability
3. Ethnic background
4. Gender
5. Gender Identity
6. Pregnancy/maternity
7. Religion,
8. Sexual orientation,
9. Other (please specify)

a. In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?

1. Yes
2. No **WSS18 ESS22**
3. Prefer not to say

If yes, on what grounds have you experienced discrimination?
(Tick all that applies)

b. In the last 12 months have you personally experienced discrimination at work from other colleagues? **ESS22**

1. Yes
2. No
3. Prefer not to say

If yes, on what grounds have you experienced discrimination?
(Tick all that applies)

(7 items)

WRES Bullying and harassment	Q7. In the last 12 months how many times have you personally experienced harassment or bullying at work from...? a. Managers/ Team leaders b. Other colleagues **WSS18 ESS22** c. The last time you experienced harassment or bullying at work, did you or a colleague report it? **WSS18 ESS22** 1. Yes, I reported it 2. Yes, a colleague reported it 3. No 4. Don't know 5. Not applicable Q8. In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. a. From patients / service users, their relatives or other members of the public 1. Never 2. 1-2 3. 3-5 4. 6-10 5. More than 10 b. From staff / colleagues 6. Never 7. 1-2 8. 3-5 9. 6-10 10. More than 10 **(5 items)**	1. Never 2. 1-2 3. 3-5 4. 6-10 5. More than 10 6. Prefer not to say
Health and Safety	Q9. In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users? **ESS22** 1. Yes 2. No 3. Prefer not to say Q10. To what extent do you agree or disagree with the following statements? a. My organisation treats staff who are involved in an error, near miss or incident, fairly. **ESS22** b. My organisation encourages us to report errors, near misses or incidents. **Additional item** c. When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again. **ESS22** d. We are given feedback about changes made in response to reported errors, near misses and incidents. **ESS22** **(5 items)**	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree

Violence Abuse	Q11. a. In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public? b. The last time you experienced abuse at work (work from patients / service users, their relatives, or other members of the public) did you or a colleague report it? **WSS18 ESS22** 1. Yes, I reported it 2. Yes, a colleague reported it 3. No 4. Don't know 5. Not applicable	1. Never 2. 1-2 3. 3-5 4. 6-10 5. More than 10
	Q12. In the last 12 months how many times have you personally experienced physical violence at work from...? **ESS22** a. Patients / service users, their relatives, or other members of the public b. Managers/Team leaders c. Other colleagues d. The last time you experienced physical violence at work, did you or a colleague report it? **ESS22** • Yes, I reported it • Yes, a colleague reported it • No • Don't know • Not applicable	1. Never 2. 1-2 3. 3-5 4. 6-10 5. More than 10
	(6 items)	
Theme	**Processes**	**Scale**
The need for autonomy	Q13. To what extent do you agree or disagree with the following statements about your work? **ESS22** a. I always know what my work responsibilities are. **WSS18 ESS22** b. I am trusted to do my job. **ESS22** c. There are frequent opportunities for me to show initiative in my role. **ESS22** d. I have a choice in deciding how to do my work. **ESS22** **e.** I am satisfied with the opportunity for flexible working patterns. **ESS23** f. My organisation is committed to helping me balance my work and home life. **ESS22** g. I achieve a good balance between my work life and my home life. **ESS22** h. I can approach my immediate manager (line manager) to talk openly about flexible working **ESS22** i. I would feel secure raising concerns about unsafe clinical practice. **ESS23** j. I would feel secure raising concerns about unethical behaviour. **Additional item** k. I am confident my organisation would address my concern. **ESS22**	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
	Q14. To what extent does this statement reflect your view of your organisation as a whole? I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.). **ESS22**	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
	(12 items)	

The need for belonging	Q15. To what extent do the following statements apply to you and your job?	1. Strongly disagree
	a. I get recognition for good work. **ESS22**	2. Disagree
	b. The organisation values my work. **ESS22**	3. Neither agree nor disagree
	c. The people I work with are understanding and kind to one another. **ESS21 ESS22**	4. Agree
	d. The people I work with are polite and treat each other with respect. **ESS21 ESS22**	5. Strongly agree
	e. The people I work with show appreciation to one another. **ESS21 ESS22** f. Relationships at work are strained. (Reverse scored) **ESS22**	
	Q16. The following statements relate to levels of compassion shown to and demonstrated by people in your workplace. How strongly do you agree or disagree with the following statements? **Additional item**	1. Strongly agree
	a. People here are compassionate towards colleagues when they face problems. **Additional item**	2. Agree
	b. People here give good support to colleagues who are distressed. **Additional item**	3. Neither agree nor disagree
	c. People here are compassionate in the way they behave towards patients/ service users. **Additional item**	4. Disagree
	d. People here take effective action to help patients/service users in distress **Additional item**	5. Strongly disagree
	Q17. To what extent do these statements reflect your view of your organisation as a whole? **WSS18 ESS21 ESS22**	
	a. Care of patients / service users is my organisation's top priority. **WSS18 ESS22**	1. Strongly disagree
	b. My organisation acts on concerns raised by patients / service users. **ESS22**	2. Disagree
	c. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. **WSS18**	3. Neither agree nor disagree
	d. I feel safe to speak up about anything that concerns me in this organisation. **ESS22**	4. Agree
	e. If I spoke up about something that concerned me, I am confident my organisation would address my concern. **ESS22**	5. Strongly agree
	(15 items)	

The need for contribution	Q18. To what extent do these statements reflect your view of your organisation as a whole? **ESS21 ESS22** a. This organisation offers me challenging work. **ESS21 ESS22** b. There are opportunities for me to develop my career in this organisation. **ESS21 ESS22** c. I have opportunities to improve my knowledge and skills. **ESS21 ESS22** d. I feel supported to develop my potential. **ESS21 ESS22** e. I am able to access the right learning and development opportunities when I need to. **WSS18 ESS21 ESS22** Q19. a. In the last 12 months, have you had an appraisal, PADR, annual review or development review? **WSS18** 1. Yes 2. No 3. Can't remember Q20. b. If yes, to what extent do you agree with the following statements? a. It helped me to improve how I do my job. **WSS18** b. It helped me agree clear objectives for my work. **WSS18** c. It left me feeling that my work is valued by my organisation. **WSS18** **(7 items)**	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree 1. Yes, definitely 2. Yes, to some extent 3. No
Theme	**Outcomes**	**Scale**
Burnout and stress	Q21. a. How often, if at all, do you find your work emotionally exhausting? **ESS22** b. How often, if at all, do you feel burnt out because of your work? **ESS22** c. How often, if at all, does your work frustrate you? **ESS22** d. How often, if at all, are you exhausted at the thought of another day/shift at work? **ESS22** e. How often, if at all, do you feel worn out at the end of your working day/shift? **ESS22** f. How often, if at all, do you feel that every working hour is tiring for you? **ESS22** g. How often, if at all, do you not have enough energy for family and friends during leisure time? **ESS22** Q22. To what extent do these statements reflect your view of your organisation as a whole? a. My organisation takes positive action on health and wellbeing. **ESS22** b. In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities? Yes/No c. During the last 12 months have you felt unwell as a result of work-related stress? Yes/No **WSS18** d. In the last three months have you ever come to work despite not feeling well enough to perform your duties? Yes/No **WSS18** If YES to d, answer part 'e' below e. Have you felt pressure from your manager to come to work? Yes/No **WSS18** **(12 items)**	Copenhagen Burnout Inventory (CBI) 1. Never 2. Rarely 3. Sometimes 4. Often 5. Always 1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree

Staff Engagement Index	Q23. For each of the statements below, how often do you feel this way about your job? **ESS22** a. I look forward to going to work. **WSS18, WSS20** b. I am enthusiastic about my job. **WSS18, WSS20** c. I am happy to go the extra mile at work when required. **WSS18, WSS20** Q24. To what extent do you agree or disagree with the following statements about your work? a. I am able to make improvements in my area of work. **WSS18 ESS22** b. I am involved in deciding on changes introduced that affect my work/ area/ team/ department**. WSS18** Q25. To what extent do these statements reflect your view of your organisation as a whole? a. I would recommend my organisation as a place to work. **WSS18 ESS22** b. I am proud to tell people I work for my organisation. **WSS18, WSS20** **(7 items)**	1. Never 2. Rarely 3. Sometimes 4. Often 5. Always 1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree 1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree

Intention to move on	Q26. To what extent do you agree or disagree with the following statements? a. I am satisfied in my current role and intend to remain in it for the foreseeable future. b. I often think about leaving this organisation. **ESS22** c. I will probably look for a job at a new organisation in the next 12 months. d. As soon as I can find another job, I will leave this organisation. Q27. If you are considering leaving your current job, what would be your most likely destination? Please only select one answer. **ESS22** a. I am not considering leaving my current job. b. I will be retiring/taking my pension in 2-3 years. c. I would want to move to another job within this organisation. d. I would want to move to a job in a different NHS Trust/Board/organisation. e. I would want to move to a job in healthcare, but outside the NHS. f. I would want to move to a job outside healthcare. g. I am considering a change of career. h. I would take a career break. **(5 items)**	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree
Free AOB text	Q28. If you have any additional comments about working in this organisation, please write them below. **ESS22** **(1 item)**	

Microsoft | Power BI

Staff Survey Dashboard - Velindre University NHS Trust

View in Power BI

Last data refresh:
22/02/2024 16:32:48 UTC

Downloaded at:
23/02/2024 14:59:28 UTC

Dear Colleagues,

Thank you to everyone who participated in this year's NHS Wales Staff Survey. We heard from a total of 22,535 colleagues and we are working in the background to undertake thematic analysis of your feedback. The Staff Survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling NHS Wales to explore staff experience across different parts of the NHS and work to bring about the necessary improvements.

This dashboard has been created to share NHS Wales wide survey results. In April, your NHS organisation will be granted access to run more detailed directorate level reports (with no identifier information) for your organisation, please bear with us. If you have any questions, you can email the NHS Wales Staff Survey team at nhswalesstaffsurvey@wales.nhs.uk.

Reporting Design

The survey results have been grouped under the following headings for ease. The Staff Engagement score is located at the end.

1. Morale
2. Patient Safety
3. Staff Engagement
4. We are compassionate and inclusive.
5. We recognise everyone's contribution.
6. We are all able to speak up.
7. We are stronger together.
8. We nurture healthy working environments.
9. We champion flexible working.
10. We are continuously learning and improving.

Please note: A question may appear more than once, if the question relates to more than one category.

Response Rates

For response rate information, click the information icon at the top right.

The staff survey was launched on 16th October 2023 and closed after a period of 6 weeks, on 27th November 2023. The overall response rate was 20.7% with the following breakdown across NHS Wales:

Organisation	Sample Size	Paper	Online	Smartphone	Total Response	Response Rate
Aneurin Bevan UHB	15,108	43	2,299	396	2,738	18.1%
Betsi Cadwaladr UHB	19,891	257	3,267	497	4,021	20.2%
Cardiff and Vale UHB	17,096	101	2,938	623	3,662	21.4%
Cwm Taf Morgannwg UHB	12,685	113	1,116	1,071	2,300	18.1%
Digital and Health Care Wales	1,191	0	653	68	721	60.5%
Health Education and Improvement Wales	467	0	326	25	351	75.2%
Hywel Dda UHB	11,659	27	1,125	250	1,402	12.0%
NHS Wales Shared Services Partnership	5,823	24	992	172	1,188	20.4%
Powys Teaching HB	2,405	26	547	100	673	28.0%
Public Health Wales	2,351	16	1,119	143	1,278	54.4%
Swansea Bay UHB	13,932	156	2,083	386	2,625	18.8%
Velindre University NHS Trust	1,679	22	508	40	570	33.9%
Welsh Ambulances Services NHS Trust	4,344	22	785	199	1,006	23.2%
All Wales Total	**108,631**	**807**	**17,758**	**3,970**	**22,535**	**20.7%**

Select Theme

Stressors | Thinking about leaving | Work pressure

Morale

Stressors

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	6%	8%	55%	29%
I am involved in deciding on changes introduced that affect my work area/team/department.	7%	14%	19%	41%	20%
I have a choice in deciding how to do my work.	4%	10%	21%	43%	22%
My immediate manager (line manger) encourages me at work.	5%	7%	17%	40%	31%
Relationships at work are strained.	11%	38%	26%	19%	6%

Question	Always	Often	Sometimes	Rarely	Never
I have unrealistic time pressures.	9%	19%	40%	26%	6%

Select Theme

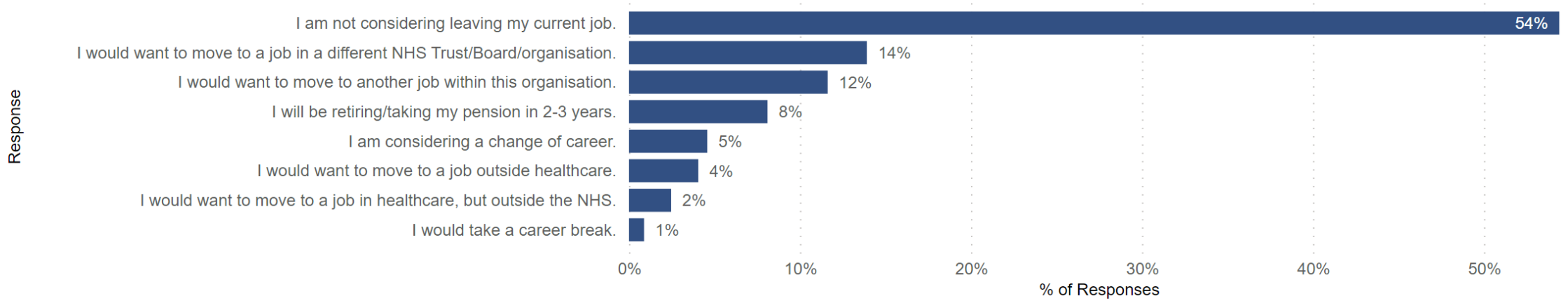
Stressors | **Thinking about leaving** | Work pressure

Morale
Thinking about leaving

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied in my current role and intend to remain in it for the foreseeable future.	6%	13%	24%	38%	20%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
As soon as I can find another job, I will leave this organisation.	32%	32%	23%	7%	5%
I often think about leaving this organisation.	19%	34%	21%	20%	7%
I will probably look for a job at a new organisation in the next 12 months.	25%	33%	22%	14%	7%

If you are considering leaving your current job, what would be your most likely destination?



Select Theme

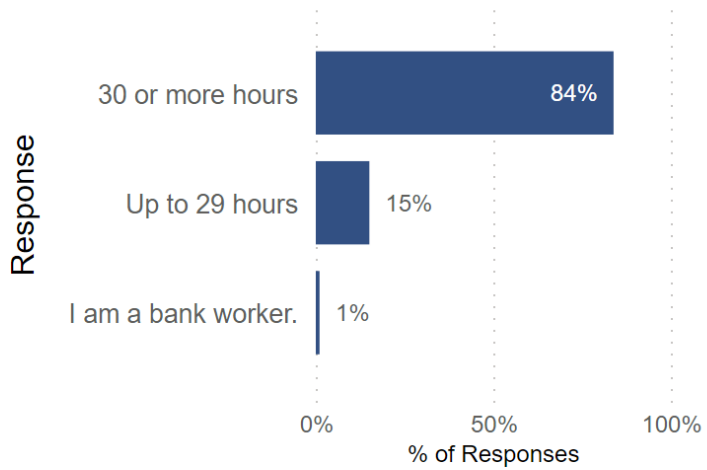
Stressors | Thinking about leaving | **Work pressure**

Morale

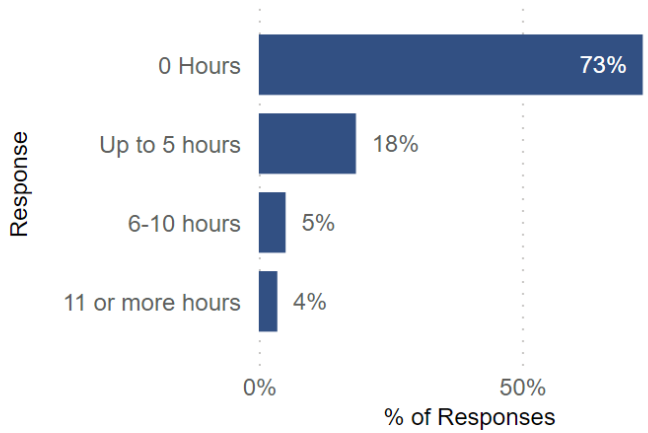
Work pressure

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	2%	13%	31%	44%	11%
I have adequate supplies, materials and equipment to do my work.	1%	6%	15%	41%	37%
There are enough staff at this organisation for me to do my job properly.	9%	15%	34%	32%	9%

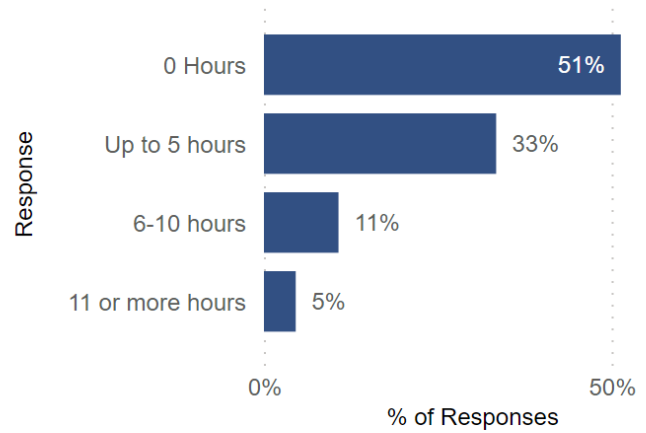
How many hours a week are you contracted to work?



On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



Patient Safety

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation encourages us to report errors, near misses or incidents.	2%	2%	12%	53%	31%
My organisation treats staff who are involved in an error, near miss or incident, fairly.	2%	6%	37%	41%	14%
We are given feedback about changes made in response to reported errors, near misses and incidents.	4%	10%	32%	42%	12%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	2%	5%	25%	51%	18%

Question	Yes	Prefer not to say	No
In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?	26%	2%	72%

Staff Engagement

Ability to contribute towards improvement at work

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to make improvements in my area of work	3%	10%	22%	48%	16%
I am involved in deciding on changes introduced that affect my work area/team/department.	7%	14%	19%	41%	20%

Intrinsic psychological engagement (Motivation)

Question	Never	Rarely	Sometimes	Often	Always
I am enthusiastic about my job.	1%	5%	25%	44%	26%
I am happy to go the extra mile at work when required.	1%	1%	15%	38%	44%
I look forward to going to work.	3%	9%	35%	42%	11%

Staff advocacy and recommendation (Advocacy)

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am proud to tell people I work for my organisation.	2%	1%	14%	47%	36%
I would recommend my organisation as a place to work.	5%	8%	21%	44%	21%

Select Theme

Compassionate culture | Compassionate leadership | Diversity and equality | Inclusion

We are compassionate and inclusive

Compassionate culture

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Care of patients/service users is my organisation's top priority.	1%	2%	14%	43%	39%
I feel safe to speak up about anything that concerns me in this organisation.	4%	11%	21%	46%	18%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	7%	14%	50%	25%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	1%	3%	13%	46%	36%
My organisation acts on concerns raised by patients/service users.	1%	3%	19%	48%	30%
People here are compassionate in the way they behave towards patients/service users.	0%	1%	12%	49%	37%
People here are compassionate towards colleagues when they face problems.	1%	4%	16%	61%	19%
People here give good support to colleagues who are distressed.	1%	5%	14%	58%	22%
People here take effective action to help patients/service users in distress.	0%	1%	13%	48%	38%

Select Theme

Compassionate culture | **Compassionate leadership** | Diversity and equality | Inclusion

We are compassionate and inclusive

Compassionate leadership

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	6%	8%	16%	41%	29%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	8%	18%	38%	29%
My immediate manager (line manger) works together with me to come to an understanding of problems.	6%	8%	17%	41%	28%

Select Theme

Compassionate culture | Compassionate leadership | **Diversity and equality** | Inclusion

We are compassionate and inclusive

Diversity and equality

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	2%	6%	24%	49%	19%

Question	No	Don't know	Prefer not to say	Yes
Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?	17%	29%	4%	50%
In the coming 12 months would you consider applying for a progression opportunity in your workplace?	31%	18%	4%	48%
In the last 12 months have you sought a progression opportunity in your workplace?	58%	2%	4%	35%

Question	Yes	Prefer not to say	No
In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?	5%	4%	91%
In the last 12 months have you personally experienced discrimination at work from other colleagues?	6%	4%	90%
In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?	3%	2%	95%

Select Theme

Compassionate culture | Compassionate leadership | Diversity and equality | **Inclusion**

We are compassionate and inclusive

Inclusion

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel valued by my team.	5%	8%	18%	43%	27%
The people I work with are polite and treat each other with respect.	2%	6%	14%	53%	25%
The people I work with are understanding and kind to one another.	2%	7%	15%	51%	25%

We recognise everyone's contribution

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I get recognition for good work.	5%	11%	25%	42%	16%
My immediate manager (line manger) values my work.	5%	6%	16%	41%	31%
The organisation values my work.	6%	12%	29%	39%	14%
The people I work with show appreciation to one another.	2%	7%	17%	52%	22%

Select Theme

Autonomy and control | Raising concerns

We are all able to speak up

Autonomy and control

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	6%	8%	55%	29%
I am involved in deciding on changes introduced that affect my work area/team/department.	7%	14%	19%	41%	20%
I am trusted to do my job.	2%	4%	8%	48%	38%
I have a choice in deciding how to do my work.	4%	10%	21%	43%	22%
There are frequent opportunities for me to show initiative in my role.	2%	8%	14%	48%	28%

Select Theme

Autonomy and control | **Raising concerns**

We are all able to speak up

Raising concerns

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident my organisation would address my concern.	4%	12%	25%	44%	15%
I feel safe to speak up about anything that concerns me in this organisation.	4%	11%	21%	46%	18%
I would feel secure raising concerns about unethical behaviour.	3%	7%	12%	52%	27%
I would feel secure raising concerns about unsafe clinical practice.	2%	4%	17%	48%	28%
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	6%	11%	30%	39%	13%

Select Theme

Line management | Team working

We are stronger together

Line management

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) asks for my opinion before making decisions that affect my work.	10%	11%	19%	37%	22%
My immediate manager (line manger) encourages me at work.	5%	7%	17%	40%	31%
My immediate manager (line manger) gives me clear feedback on my work.	6%	10%	19%	41%	24%
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	6%	8%	16%	41%	29%
My immediate manager (line manger) recognises the importance of staff emotional wellbeing.	8%	6%	17%	36%	33%
My immediate manager (line manger) takes a positive interest in my health and well-being.	7%	6%	16%	39%	32%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	8%	18%	38%	29%
My immediate manager (line manger) values my work.	5%	6%	16%	41%	31%
My immediate manager (line manger) works together with me to come to an understanding of problems.	6%	8%	17%	41%	28%

Select Theme

Line management | **Team working**

We are stronger together

Team working

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy working with the colleagues in my team.	2%	3%	11%	46%	38%
I feel able to ask other members of this team for help when I need it.	2%	3%	7%	49%	38%
I feel valued by my team.	5%	8%	18%	43%	27%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	7%	14%	50%	25%
Team members are able to communicate closely with each other to achieve the team's objectives.	2%	8%	15%	55%	20%
Team members take time out to reflect and learn.	5%	20%	24%	41%	11%
Team members trust each other.	4%	9%	15%	48%	24%
Team members understand each other's roles.	2%	11%	10%	55%	21%
Team members work well with other teams.	3%	6%	16%	55%	20%
The team I work in has a set of shared objectives.	2%	6%	11%	58%	22%
The team I work in often meets to discuss the team's effectiveness.	6%	12%	13%	47%	22%

We champion flexible working

Support for work-life balance

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I achieve a good balance between my work life and my home life.	8%	16%	18%	40%	18%
I am satisfied with the opportunity for flexible working patterns.	11%	9%	14%	39%	27%
I can approach my immediate manager (line manager) to talk openly about flexible working.	8%	7%	14%	39%	31%
My organisation is committed to helping me balance my work and home life.	11%	11%	18%	39%	19%

Select Theme

Burnout | Health and safety climate | Negative experiences

We nurture healthy working environments

Burnout

Question	Always	Often	Sometimes	Rarely	Never
How often, if at all, are you exhausted at the thought of another day/shift at work?	7%	22%	34%	26%	11%
How often, if at all, do you feel burnt out because of your work?	7%	26%	35%	24%	8%
How often, if at all, do you feel that every working hour is tiring for you?	5%	13%	31%	34%	17%
How often, if at all, do you feel worn out at the end of your working day/shift?	10%	33%	36%	17%	4%
How often, if at all, do you find your work emotionally exhausting?	7%	27%	38%	21%	7%
How often, if at all, do you not have enough energy for family and friends during leisure time?	6%	20%	37%	25%	11%
How often, if at all, does your work frustrate you?	7%	32%	42%	15%	4%

Select Theme

Burnout | **Health and safety climate** | Negative experiences

We nurture healthy working environments

Health and safety climate

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	2%	13%	31%	44%	11%
I have adequate supplies, materials and equipment to do my work.	1%	6%	15%	41%	37%
There are enough staff at this organisation for me to do my job properly.	9%	15%	34%	32%	9%

Question	Never	Rarely	Sometimes	Often	Always
I have unrealistic time pressures.	6%	26%	40%	19%	9%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation takes positive action on health and wellbeing.	5%	11%	32%	41%	10%

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced harassment or bullying at work, did you or a colleague report it?	20%	1%	58%	3%	17%
The last time you experienced physical violence at work, did you or a colleague report it?	3%	0%	86%		11%

Select Theme

Burnout | Health and safety climate | **Negative experiences (Part 1)** | Negative experiences (Part 2)

We nurture healthy working environments

Negative experiences (Part 1)

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced abuse at work (work from patients/service users, their relatives, or other members of the public) did you or a colleague report it?	10%	1%	73%	1%	15%

Question	Yes	No
During the last 12 months have you felt unwell as a result of work-related stress?	31%	69%
In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?	20%	80%
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	50%	50%

Question	Yes	No	Not applicable
Have you felt pressure from your manager to come to work?	11%	40%	48%

We nurture healthy working environments

Negative experiences (Part 2)

Question	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public?	92.98%	4.91%	0.88%	0.53%	0.35%	0.35%
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers/team leaders?	81.72%	8.44%	3.87%	0.88%	1.93%	3.16%
In the last 12 months how many times have you personally experienced harassment or bullying at work from other colleagues?	79.26%	10.37%	4.22%	1.05%	1.93%	3.16%
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public?	85.96%	8.25%	1.93%	1.40%	1.23%	1.23%
In the last 12 months how many times have you personally experienced physical violence at work from managers/team leaders?	99.12%	0.53%				0.35%
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	99.47%		0.18%			0.35%
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public?	98.60%	0.88%	0.18%			0.35%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from patients/service user	94.39%	3.68%	0.88%	0.18%	0.53%	0.35%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from	92.79%	4.22%	1.41%	0.53%	0.53%	0.53%

*their relatives or other members of the public.

Select Theme

Development | PDR/Appraisal

We are continuously learning and improving

Development

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to access the right learning and development opportunities when I need to.	4%	12%	22%	46%	16%
I feel supported to develop my potential.	5%	15%	21%	42%	17%
I have opportunities to improve my knowledge and skills.	4%	10%	15%	51%	20%
There are opportunities for me to develop my career in this organisation.	7%	16%	24%	39%	14%
This organisation offers me challenging work.	2%	6%	20%	52%	20%

Select Theme

Development | **PDR/Appraisal**

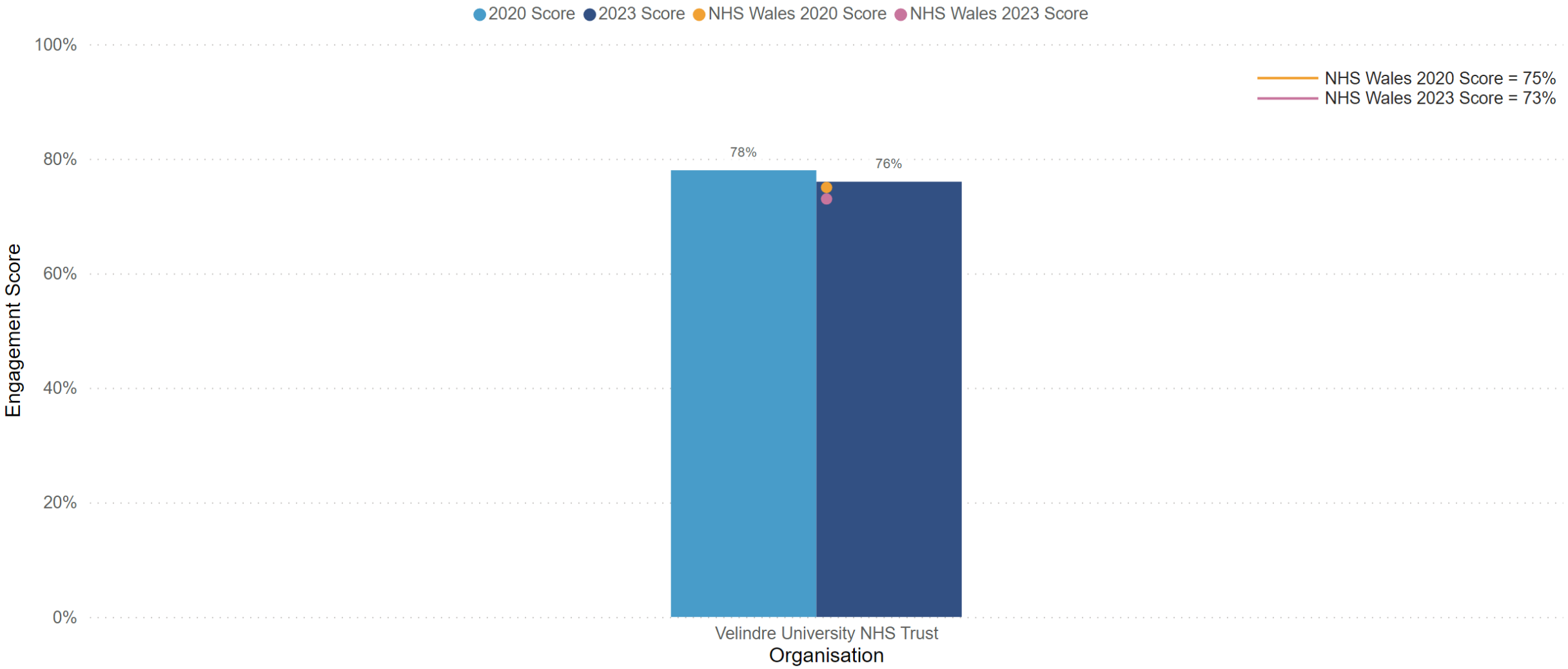
We are continuously learning and improving

PDR/Appraisal

Question	No	Can't remember	Yes
In the last 12 months, have you had an appraisal, PADR, annual review or development review?	16%	2%	82%

Question	No	Not applicable	Yes, to some extent	Yes, definitely
It helped me agree clear objectives for my work.	15%	18%	43%	24%
It helped me to improve how I do my job.	28%	18%	42%	13%
It left me feeling that my work is valued by my organisation.	21%	18%	35%	26%

NHS Wales and Organisation Engagement Score



Note: Digital and Health Care Wales 2020 score is the score for NHS Wales Informatics Services.

STRATEGIC DEVELOPMENT COMMITTEE

PUBLIC RESEARCH, DEVELOPMENT & INNOVATION SUB-COMMITTEE HIGHLIGHT REPORT

DATE OF MEETING	21/03/2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Sarah Townsend, Head of Research & Development
PRESENTED BY	Dr Jacinta Abraham, Executive Medical Director
EXECUTIVE SPONSOR APPROVED	Dr Jacinta Abraham, Executive Medical Director
REPORT PURPOSE	FOR NOTING

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

DRAFT

1. **PURPOSE**

This paper has been prepared to provide the Strategic Development Committee with details of the key issues and items considered by the Public Meeting of the Research, Development and Innovation Sub-Committee on the 07/02/2024. Key highlights from the meeting are reported in Section 2.

2. **HIGHLIGHT REPORT**

ALERT / ESCALATE	There were no items identified for **ALERT** or **ESCALATION** to the Strategic Development Committee.
ADVISE	There were no items identified for **ADVISE** to the Strategic Development Committee.
ASSURE	**TRUST RD&I INTEGRATED PERFORMANCE REPORT FOR QUARTER 3, FINANICAL YEAR 2023/24** An overview was presented of the Trust Research, Development & Innovation Performance Report, Quarter 3, Financial Year 2023-24. The report reflects on the four RD&I Strategic Priorities with key achievements as published in the Trust's IMTP, including Financial Summary and Outputs. • **Performance Metrics** The Trust's performance metrics have shown improvement in recruitment to the Trust's portfolio of research studies. The recruitment figures at the end of Q3 FY2023/24, show that a cumulative total of 340 participants recruited to studies at VUNHST. This is a significant increase on the 220 participants recruited to studies at VUNHST for the entire 2022/23 financial year. It is anticipated that recruitment for the entire 2023/24 financial year will be like the 385 participants recruited in the entire 2021/22 financial year. The HCRW performance indicators for the Trust have shown an increase, compared to the previous quarter and previous financial year, in the percentage of studies rated green for recruitment to time and target for open studies in both commercial and non-commercial studies, and recruitment to target for closed non-commercial studies. There has been no change in the percentage of closed commercial studies rated green for recruitment to target when compared to the previous quarter and previous financial year.
INFORM	**CARDIFF CANCER RESEARCH HUB (CCRH)** • **Moorhouse Consulting Workshops** In January 2023, funding was agreed to support the development of the Strategic Investment Case for the Cardiff Cancer Research Hub (CCRH). The Trust worked with a range of partners to develop the Strategic Investment Case for the CCRH. The Trust engaged Moorhouse Consulting, an external management consultancy firm, developed the Strategic Investment Case. The Strategic Investment Case provides an overview of the strategic, economic, commercial, financial and management case for the Hub and provides an estimate of the level of pump-priming investment required to mobilise the Hub, and where this investment could be sought. Following three collaborative workshops, the

	Strategic Investment Case was presented to the Tripartite Partnership Board before being finalised and presented to the Trust Executive Management Board. The Trust is continuing the work with Moorhouse who is supporting the engagement with the Lifesciences Industry and other investors/funders in the identification of multiple funding routes for investment in the CCRH. • **Innovation** - The work of the RIC hub is facilitated in Velindre by the organisational structure aligning research, development, and innovation into one division, led by the Executive Medical Director. An integrated quarterly report has been developed that comprehensively covers the whole Trust, including the Cancer Centre and Welsh Blood Service. The Trust's new Strategic Goal 4 also supports the previous RIIC ambitions to be an established 'University' Trust which provides highly valued knowledge and learning for all. - Funding has been secured for the period 2023/24 and indicative funding for 2024/25 to support the continuation of the RIC hub activities. Following a meeting with Welsh Government officials, the RIC 2-year activity plan was endorsed and quarterly updates are provided to Welsh Government. - Leaders and senior managers have been encouraged to actively participate and promote innovation initiatives and opportunities. To take this work stream forward a small innovation award scheme is being developed to support this theme to support the building of the innovation infrastructure. The application documents have been drafted and are in the process of review prior to submission to the Velindre Charity.
APPENDICES	**NOT APPLICABLE**

3. RECOMMENDATION

The Strategic Development Committee are asked to **NOTE** the key deliberations and highlights from the Public Meeting of the Research, Development & Innovation Sub-Committee held on the 07/02/2024.