

Public: Strategic Development Committee

Thu 18 January 2024, 10:00 - 10:30
Velindre UNHS Trust Headquarters



Agenda

10:00 - 10:05
5 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 7th November 2023

Led by Stephen Harries, Chair and Independent Member

To Approve

 1.4 Minutes 07.11.2023 LF - SH.pdf (12 pages)

1.5. Action Log

Led by Stephen Harries, Chair and Independent Member

To Approve

 1.5 Action Log v2.pdf (1 pages)

10:05 - 10:15
10 min

2. STRATEGY

2.1. Trust Values

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

To Endorse

 2.1 SDC Values 18.1.24 (v2).pdf (8 pages)

10:15 - 10:20
5 min

3. PLANNING

3.1. Integrated Medium Term Plan - Verbal Formative Discussion

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

To Note

10:20 - 10:25 4. ASSURANCE

5 min

4.1. Trust Assurance Framework

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

To Endorse

 4.1 TAF Paper - SDC- Jan 24.pdf (8 pages)

10:25 - 10:30 5. ANY OTHER BUSINESS

5 min

Prior agreement by the Chair required

10:30 - 10:30 6. REVIEW OF THE MEETING

0 min

Led by Stephen Harries, Chair and Independent Member

10:30 - 10:30 7. DATE & TIME OF NEXT MEETING

0 min

Thursday 21st March 2024 at 10am

Meeting Room, Velindre Headquarters

10:30 - 10:30 8. CLOSE

0 min

The Board is asked to adopt the following resolution:

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

**Strategic Development Committee
Public Session**

MINUTES OF THE MEETING

Held on 7th November 2023 @ 10.00 – 11.30pm

Trust Headquarters, Nantgarw

Chair:

Stephen Harries	Vice Chair, Independent Member	SH
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Members:

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

Attendees:

Carl James	Executive Director of Strategic Transformation, Planning and Digital	CJ
Steve Ham	Chief Executive Officer	SHam
Lauren Fear	Director of Corporate Governance & Chief of Staff	LF
Carl Taylor	Chief Digital Officer	CT
Sarah Morley	Executive Director of OD & Workforce	SM
Matthew Bunce	Executive Director of Finance	MB
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
Joanna Doyle	Clinical and Scientific Strategy Lead	JD

Additional Attendees:

Jessica Corrigan	Business Support Officer/Secretariat	JC
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Apologies:

Hilary Jones	Independent Member	HJ
Cath O'Brien	Chief Operating Officer	COB
Nicola Williams	Executive Director of Nursing, AHPs & Health Science	NW

1.0	STANDARD BUSINESS	ACTION
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1.1 Welcome & Introductions

Led by Stephen Harries, Chair and Independent Member

SH welcomed attendees to the meeting.

1.2 Apologies for Absence

Led by Stephen Harries, Chair and Independent Member

Apologies were noted as above.

The Strategic Development Committee passed on their condolences to Cath O'Brien and her family.

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 5th September 2023

Led by Stephen Harries, Chair and Independent Member

The following statement within the minutes on 5th September was queried if this was from a previous document relating to the Cardiff Cancer Research Hub: "A clear brand for the Hub, with each organisation moving towards a shared identity". It was flagged that there are concerns regarding Velindre Trust losing its branding. Following the November Strategic Development Committee, the previous papers from the September Strategic Development Committee were checked, this information was included within the papers that were published in September. During the November Strategic Development Committee, it was explained that what has previously been agreed between each organisation is using the same common language and having a common purpose regarding the initiative.

The Committee **APPROVED** the minutes of the Committee meeting held on 5th September 2023.

1.5 Action Log

Led by Stephen Harries, Chair and Independent Member

Action 002: "The importance was expressed to ensure Independent Members are kept updated as to when and how the content can be accessed." It was highlighted that this action actually related to the Independent Members being kept updated of the content plan of Destination 2032 not the launch plan as originally thought.

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. The Strategic Development Committee were content to close action 002 following this conversation.

The Strategic Development Committee were happy to **APPROVE** all closed actions on the action log.

2.0 STRATEGY

2.1 Digital Strategy

Led by Carl Taylor, Chief Digital Officer

In April/May 2023 an update was provided to the Strategic Development Committee on the 12 week discovery exercise to identify the constituent parts of the digital programme that could be used to deliver the strategy. In July, the digital team successfully completed the discovery exercise with Perago.

The digital team have progressed with the establishment of the Digital programme as the route to deliver the digital strategy. The initial Digital Programme Board was held on 5th October and will meet on a bi-monthly basis.

An audit on the Digital Strategy has also taken place alongside the work outlined above. NWSSP completed the internal audit, they gave a reasonable assurance rating. One of the findings was relating to the fact the Trust haven't published the strategy. All Strategies including the Digital Strategy have since been launched since the audit took place.

The position for Assistant Director of Data and Insight has successfully been appointed. They will be starting on 3rd January 2024.

It was highlighted that initially from the outset it looks like all the emphasis is on the process for the digital strategy, but assurance was provided to the Strategic Development Committee the digital team are also concentrating on the outcomes.

Throughout appendix one and two the documents contain the Perago logo and icon, but it was confirmed the IP ownership for the work is the Trust's.

Further discussions will be held outside of the Strategic Development Committee regarding what are the processes for engaging meaningfully with patients, carers and donor.

The Strategic Development Committee **NOTED** the Digital Strategy paper.

2.2 Clinical and Scientific Strategy Update

Led by Joanna Doyle, Clinical & Strategy Lead

The Clinical and Scientific Strategy Update was provided to the Strategic Development Committee.

The Trust recognises the importance of being scientifically driven and clinically led so that we delivery evidence based, safe and effective care to meet the needs of patients. This is highlighted within the Trust's overarching strategy. A Clinical and Scientific Board is being established, as well as advisory groups to help develop the Clinical and Scientific Strategy. The strategy will set the clinical direction for the Trust over the next five years based on Clinical and Scientific priorities. The Strategic Development Committee will be kept updated of developments on the developing Strategy.

After initial engagement, a number of key themes have emerged, and some questions have been raised which include why do we need a Clinical and Scientific Strategy?

It was confirmed the Clinical and Scientific Strategy will provide a blueprint for our Clinical and Scientific Services to clearly set out the vision, strategic objectives and actions based on priorities.

An information hub which will sit within the intranet is being developed which will help raise awareness. There will also be workshops and events being held over the next few months.

It was confirmed that the governance route diagram needs to be redefined to clearly show the correct governance route. This will be updated.

The Strategic Development Committee **NOTED** the Clinical and Scientific Strategy Update.

2.3 Capital Plan

Led by Phil Hodson, Deputy Director of Planning & Performance

The Capital Plan paper was delivered to the Strategic Development Committee. The paper outlines the approach of the Trust discretionary capital for 2023 – 2024.

Following approval, delivery of the discretionary programme is managed by the Capital Planning & Delivery group. At this stage of the year the Discretionary programme is expected to deliver to budget.

Whilst the discretionary programme is expected to deliver to budget Capital leads have been tasked to prepare a list, in priority order, of any schemes which could be delivered by the financial year end should any new capital funding become available, but also in preparation of the programme being re-imbursed for the £340k ringfenced to support the delivery of the nVCC project.

Within the Capital Programme under the heading Planning / Estates there are salaries included within the Capital Programme. It was queried why they are within the programme and not within revenue. It was confirmed if certain staff are working on capitalisation schemes, the capital accounting manual allows the Trust to capitalise certain staffing costs related to capital projects and schemes, of which this is.

It was flagged as a concern the extent of the cost to the provision of the ventilation to the first floor ward. It was highlighted this has been an ongoing challenge due a number of factors including COVID. The estimated cost of works has come approximately £250,000 higher than originally costed. The Estates Department are working through the details with two suppliers, and it is hoped to get the target cost reduced. As per the Trust Board request we will be moving forward with a reduced ventilation scheme to improve air temperature and also assist with improving the air quality but this doesn't address our statutory obligations completely.

The Strategic Development Committee were made aware that options are being reviewed about if it would be possible to sell on the equipment once the move to the new hospital takes place.

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.

The Strategic Development Committee **NOTED** the Capital Plan paper.

3.0 PLANNING

3.1 Integrated Medium Term Plan

Led by Phil Hodson, Deputy Director of Planning & Performance

The Integrated Medium Term Plan was delivered to the Strategic Development Committee.

Board Development sessions will be held in due course. These priorities discussed within the Board Development sessions will be brought together for the Executive Management Board and further discussions with the Strategic Development Committee and Trust Board. This will allow for the Integrated Medium Term Plan to be drafted. It was requested that sufficient time is allocated for the Independent Members to read the Integrated Medium Term Plan.

Concerns raised about the increasing demands on the Charitable Funds. It was highlighted there will be a method / mechanism whereby the posts that are currently funded by charitable funds will be considered within the Integrated Medium Term Plan.

The Strategic Development Committee:

- **NOTED** the approach to the development of the IMTP for 2024 / 25 – 2026 / 27 (see *Appendix 1*)
- **NOTED** the work from Directors of organisational and service functions regarding key priorities and activities to deliver requirements by 2027 / 2028
- Receive further reports and information for discussion and endorsement at the appropriate junctures.

3.2 **Cardiff Cancer Research Hub – Strategic Investment Proposal**

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

The Cardiff Cancer Research Hub – Strategic Investment Proposal was delivered to the Strategic Development Committee.

This report summarises the strategic case in relation to the Cardiff Cancer Research Hub - Strategic Investment Case. The content within the paper reflects the number of workshops that have been held in person with all three organisations (Velindre University NHS Trust, Cardiff and Vale University Health Board and Cardiff University). These events were very well attended with a high degree of engagement.

Further consideration will be made to consider whether there are innovative ways we can use to facilitate the movement of staff between organisations without further VAT consequences of secondments.

There is no reference that a Memorandum of Understanding is required within the documentation within the Strategic Case. It was flagged to the Committee there needs to be legal documentation that governs the relationship of all parties within the Cardiff Cancer Research Hub. CJ

confirmed a Memorandum of Understanding and other legal documentation has been drafted.

“Without the CCRH, the research that VUNHST is able to deliver will be limited, and will exclude a significant cohort of patients who will not be able to access new/ novel therapies and treatments that may require access to specialist and/ or intensive care.” This statement within the Strategic Investment Case was highlighted as a concern as this potentially could be perceived as a negative criticism for Velindre, it was suggested for this to be reviewed.

JA confirmed currently without specialist and/ or intensive care facilities we cannot deliver certain studies on our site. The ambition is to do more, expand our research portfolio. It was confirmed the above statement will be reviewed.

The Strategic Development Committee **NOTED** the Strategic Case for the overall Strategic Investment Case for the Cardiff Cancer Research Hub.

4.0 SERVICE TRANSFORMATION

4.1 Blood Establishment Computer System (BECS)

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

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

The current contract with MAK-SYSTEM expires in November 2024, with an additional extension available until November 2025. The BECS system is coming to the end of its current contractual arrangements. The BECS Project was established in January 2023 and continues to work on the future options, this has included a Prior Information Notice process with the market. The external environment in which the BECS Project is operating remains challenging due to the current financial climate and the pace of technological developments in the BECS market especially with the strategic move to cloud-based system and a future BECS provision must be in line with WBS five year strategy and Futures programme.

The BECS Project is exploring options for future BECS provision, and these are explored in the corresponding Private SDC paper due to commercial sensitivity.

The Strategic Development Committee are asked to **NOTE** this update on the BECS Project, the challenges and strategic context and that options for the future provision are being explored.

4.2 WBS TGI Programme Progress Update

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

The WBS TGI Programme Progress update paper was delivered to the Strategic Development Committee.

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

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

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

The TGI Programme Board will be held on Friday 10th November where the programme from the supply chain which will progress from an Outline Business Case to Full Business Case.

Once funding is secured, regular progress updates will be brought to the Strategic Development Committee.

A large programme of work is required, the Strategic Development Committee were assured that any type of refurbishment will ensure Welsh Blood Service are able to maintain services as well as ensure we have enough internal resources to support the project this size.

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).

The Strategic Development Committee **NOTED**:

- The progress made in developing the TGI scheme
- Highlight Report (appendix 1)

4.3 Welsh Blood Futures Programme Report

Led by Alan Prosser, Director of Welsh Blood Service

The Welsh Blood Futures Programme Report was delivered to the Strategic Development Committee.

Welsh Blood Futures has been established to be the vehicle to deliver the WBS vision and to shape services for the future by working in partnership and driving a culture of excellence and continuous improvement. It will support delivery of both the WBS 5 Year Strategy and the Integrated Medium-Term Plan (IMTP).

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

The Strategic Development Committee were made aware that the implementation team are mapping out the programme of work to ensure they have enough resources to support the project developments.

The Strategic Development Committee **NOTED** the contents of the Welsh Blood Futures Programme Report.

4.4 Velindre Futures Programme Report

Led by Cath O'Brien, Chief Operating Officer

The Strategic Development Committee decided it was most appropriate to withdraw and present this paper in January Strategic Development Committee.

The Independent Members requested the paper is re-drafted to have more structure including the explanations of the significance of the wider Velindre Futures programme.

The Strategic Development Committee **NOTED** the Velindre Futures paper on the basis the paper is developed and restructured and brought back to the January Strategic Development Committee.

5.0 DELIVERY

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

Sarah Morley, Executive Director of Organisational Development & Workforce

The People Strategy: All Wales Retention Programme and Nurse Retention Plan was delivered to the Strategic Development Committee.

The paper seeks to inform the Strategic Development Committee of the national programme of work being undertaken by the All Wales Retention Programme under HEIW remit and to provide further information in relation to the Nurse Retention Plan as part of the wider strategy.

The paper also informs the Strategic Development Committee of the HEIW funding for a Retention Lead within the Trust to fully implement the strategy, starting with the Nurse Retention Plan.

DM highlighted that she is pleased to see stay interviews are now included. Previously there has been emphasis on why people leave and not sufficient emphasis on why they stay.

It was highlighted to the Strategic Development Committee this is the first time the Trust have done international recruitment for nurses. SM confirmed the Trust will be partnering with other colleagues in other organisations to support each other and create a buddy and mentor system for when the international recruits arrive. A member of the workforce and OD team will facilitate this whole process.

Updates will be brought back to every Strategic Development Committee going forward.

An Equality Impact Assessment is required for the People Strategy: - All Wales Retention Programme and Nurse Retention Plan.

The Strategic Development Committee **NOTED** the People Strategy: - All Wales Retention Programme and Nurse Retention Plan.

5.2 Value Based Healthcare

Led by Matthew Bunce, Executive Director of Finance

This report provides an overview of the development of the Value Based Healthcare programme of work. It presents some key considerations and matters in relation to governance and decision making for Strategic Development Committee to note as the Value Based Healthcare programme moves forward.

Funding has been secured from Welsh Government for the Value Intelligence Centre is at the moment largely a centralised resource, but to be deployed to help the service move forward in terms of value based healthcare.

The Strategic Development Committee **NOTED**:

- The Terms of Reference (ToRs) for the VBH Steering Group, including reporting lines and budget management.
- The Terms of Reference for the Value Intelligence Centre (VIC), including proposed handling of SLAs for utilizing VIC resources.
- The implementation of the Value Intelligence Cycle that describes how The VBH Steering Group and other relevant stakeholders will prioritise and drive delivery of key initiatives.

6.0 ASSURANCE

6.1 Trust Assurance Framework

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

The Trust Assurance Framework paper was delivered to the Strategic Development Committee.

The Strategic Development Committee previously endorsed six of the eight proposed Strategic Risks. Agreement was made that following further discussion and agreement the Strategic Development Committee were content with being advised of the final Strategic Risks. The Quality, Safety and Performance Committee further discussed the risk review, following further work which had been undertaken since the Strategic Development Committee and endorsed all eight risks for Trust Board approval.

A review of the Trust Assurance Framework has been undertaken including a refresh of the Strategic Risks. These are outlined within the paper.

The Committee is asked to **NOTE** the outcome of the Strategic Risk Refresh.

7.0 ANY OTHER BUSINESS

There were no additional items of business brought for discussion.

8.0 REVIEW OF THE MEETING

It was suggested for the Trust Board to remind 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.

9.0 DATE AND TIME OF NEXT MEETING

The next Strategic Development Committee will be held on Thursday 18th January 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).

DRAFT

**Strategic Development Committee
January 2024**

Action Summary

Ref.	Action	Assigned to	Meeting Date	Target Date	Progress to date	Status (Open / Closed)
	None open					

STRATEGIC DEVELOPMENT COMMITTEE

Development of New Trust Values

DATE OF MEETING	18 th January 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	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	<p>A refreshed set of organisational values is proposed which have been developed over the past two years with feedback from staff members and from patients and donors. These values have then been refined with input from Board members and then a recommendation from Executive Management Board.</p> <p>Once approved, a programme of work will commence to communicate and embed the values in day-to-day working life.</p>



RECOMMENDATION / ACTIONS

Endorse the proposed values for onward consideration at the Trust Board.

GOVERNANCE ROUTE

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

Date

Executive Management Board

02/01/2024

Summary and outcome of previous governance discussions

Whilst outside the formal Governance route for this paper, the proposals have been drafted with input from the Trust Board at the Board Development Session of 14 December 2023.

A further set of feedback was requested from Board members following this session and this feedback was considered at EMB on the 2nd January. Further to this a revised proposal was developed as a result of the EMB discussion which is described in the paper below.

This proposal was discussed at a Board Briefing session on the 11th January at which the final proposal was decided on.

7 LEVELS OF ASSURANCE

Not applicable.

**ASSURANCE RATING ASSESSED
BY BOARD DIRECTOR/SPONSOR**

Select Current Level of Assurance

APPENDICES

1. SITUATION

- 1.1 After a period of engagement and dialogue a refreshed set of organisational values is proposed 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.

2. BACKGROUND

- 2.1 A detailed programme of organisational development was undertaken from 2015 to 2017 called Building Excellence. It produced the organisational values which are in use today: Accountable, Bold, Caring, Dynamic. These have been threaded through processes such as recruitment, appraisal (PADR), induction and management development. They are evident in service plans and strategies. They are visible in the Trust environment.
- 2.2 Around these values sit the NHS Wales Values and Standards of Behaviour Framework which gives a broader ethical context for NHS work with these core values:
1. Putting quality and safety above all else: providing high value, evidence-based care for our patients at all times.
 2. Integrating improvements into everyday working and eliminating harm, variation and waste.
 3. Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of Welsh people.
 4. Working in true partnership with partners and organisations and with our staff.
 5. Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools systems and environment to work safely and effectively.
- 2.3 In March 2022, EMB requested that the Trust values be reviewed in order to build an effective and compassionate culture. This was subsequently included under the Building Our Future Together organisational design and development portfolio with the following objectives:
- a. Review and refine the values of the organisation
 - b. Have a picture of how people feel about the organisation which will be utilised by other elements of BOFT work programme
 - c. Develop a Behaviours Framework

- d. Embed Values and Behaviours Framework within Trust process such as recruitment, appraisal and team working.

This paper proposes a response to objectives a and b above; objectives c and d will be implemented once the values are agreed.

3. ASSESSMENT

- 3.1 A structured programme of engagement 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 in December 2023 (Appendix 1).

Method	Participants
Board Interviews 2022	13
Staff Survey 2022	275
Focus Group for Patients and Donors 2023	9
Focus Group for Staff 2023	19
Team meeting structured discussions 2023	193
Stakeholder Survey 2023	3
TOTAL	509

- 3.2 Conclusions from the first phase of engagement were used as a basis for the second phase so that the picture of what people felt was important grew with time. The feedback was logged so that common themes could be distilled as a basis for the final set of values.
- 3.3 Taking account of the feelings and ideas gathered during engagement including the views of the Trust Board, the proposed values were refined as below:

<p>Caring <i>We are kind, supportive, approachable and show compassion to all</i></p>	<p>Professional <i>We deliver on our commitments and drive for improvement and excellence, listening in order to learn</i></p>	<p>Respectful <i>We seek to understand other people's perspectives, we build relationships with partners and we share information openly and transparently</i></p>
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- 3.4 The captions beneath the core values are offered to enable a shared understanding of what the single word means in the context of Velindre

University NHS Trust. These sentences draw upon the words surfaced during the engagement exercise in order to make a clear connection between what stakeholders told us and what has been agreed.

- 3.5 A fundamental component in embedding the values will be the use of a Behavioural Framework. This will be developed from examples of positive behaviour gathered during the engagement exercise.
- 3.6 This proposal was circulated to members of the Board for further comment on the 20th December 2023. Feedback received from six Board Members was then considered at Executive Management Board on the 2nd January 2024
- 3.7 Following the discussion at EMB a further Board Briefing Session was held on the 11th January 2024 during which Board Members agreed on the following values and supporting statements:

<p>Caring <i>We are always kind, supportive, approachable and show compassion to all.</i></p>	<p>Respectful <i>We seek to understand other people's perspectives. We are always open and transparent.</i></p>	<p>Accountable <i>We always take personal responsibility for what we do and how we do it.</i></p>
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4. SUMMARY OF MATTERS FOR CONSIDERATION

- 4.1 The proposed values fit with the Trust Purpose and Vision as set out in Destination 2033. Together, they provide the starting point for everything that the Trust wishes to achieve.
- 4.2 The review of the Trust values is a foundation stone within the Building Our Future Together portfolio. Once adopted, the refreshed values will be used in a wide variety of different contexts such as our approach to Speaking Up Safely, leadership development, recruitment and personal development reviews. They will be used proactively to help shape a constructive and supportive working environment to enable staff to flourish in their roles.

5. IMPACT ASSESSMENT



TRUST STRATEGIC GOAL(S)													
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: Choose an item													
If yes - please select all relevant goals: <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 													
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS	04 - Organisational Culture												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below												
	<table> <tr><td>Safe</td><td><input type="checkbox"/></td></tr> <tr><td>Timely</td><td><input type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input type="checkbox"/></td></tr> </table>	Safe	<input type="checkbox"/>	Timely	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input type="checkbox"/>	Efficient	<input type="checkbox"/>	Patient Centred	<input type="checkbox"/>
	Safe	<input type="checkbox"/>											
Timely	<input type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input type="checkbox"/>												
Efficient	<input type="checkbox"/>												
Patient Centred	<input type="checkbox"/>												
A relevant code of values plays an important role in building an effective working environment where staff can flourish and thereby deliver excellent services.													
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview	Yes Completed as part of the EQIA. This change will create benefits for all by setting out a clear set of organisational values and examples of how to put them into practice.												



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.
	Click or tap here to enter text
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_intranet/SitePages/E.aspx	Yes - please outline what, if any, actions were taken as a result
	We have 1. involved Welsh speakers in refining the options for Trust Board and 2. presented the values in both languages in the final draft. In future, we will 1. design the branding as a bilingual package and 2. once the values are agreed, we will develop a multi-faceted communications campaign that meets the needs of people with different needs.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.

5.1 RISKS

- 6.1 There are no significant risks associated with implementing this code of values as it has been developed with input from staff to reflect what is important to them at work.

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	
WHAT IS THE CURRENT RISK SCORE	



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	
All risks must be evidenced and consistent with those recorded in Datix	

STRATEGIC DEVELOPMENT COMMITTEE

Trust Assurance Framework

DATE OF MEETING	18.1.2024
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	Mel Findlay, Business Support Officer
PRESENTED BY	Lauren Fear, Director of Corporate Governance & Chief of Staff
APPROVED BY	Lauren Fear, Director of Corporate Governance & Chief of Staff
EXECUTIVE SUMMARY	<p>A review of the Trust Assurance Framework, including a refresh of the Strategic Risks has been undertaken and this paper proposes Strategic Development Committee endorse for Trust Board approval.</p> <p>To note, the Quality, Safety & Performance Committee will also be asked to endorse the refreshed strategic risks in January Committee.</p>



RECOMMENDATION / ACTIONS

The Committee is asked to **ENDORSE** the Trust Assurance Framework for Trust Board approval.

GOVERNANCE ROUTE

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

Date

Executive Management Board (risks 1-6)

13.11.2023

Quality, Safety and Performance Committee (risks 1-6)

16.11.2023

Trust Board (risks 1-6)

30.11.2023

Audit Committee (risks 1-6)

19.12.2023

Executive Management Board

2.1.2024

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

- Of the refreshed Trust Assurance Framework risks, risks one to six were included in the November cycle of governance for noting. It was to present the full set of eight to the Trust Board when completed in January 2024.
- In November Quality, Safety and Performance Committee it was discussed and agreed that there needed to be alignment to the Integrated Medium Term Plan goals and then triangulation against the progress on these goals is an important element of first line of defence assurance.
- It is important to note that embedding of the Trust Assurance Framework, as a valuable management tool, through the Divisional leadership teams and senior management across the organisation remains a priority for the next phase of the Governance, Assurance & Risk development.

7 LEVELS OF ASSURANCE

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

ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR

Report for Noting

APPENDICES

1	Summary of Strategic Risk Refresh outcomes
2	New Trust Assurance Framework

1. SITUATION

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

The new Strategic Risks are included in this paper for information, following a review process through divisional Senior Leadership Teams, Executive Management Board and Committees.

The revised Trust Assurance Framework is appended.

2. BACKGROUND

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

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

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

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

As background, it is important to note that Audit Committee, Strategic Development Committee, Quality, Safety & Performance Committee and Trust Board have all expressed concern over recent months that during this review

period, a Trust Assurance Framework was not operational for six months. Overarching lessons learnt from this has been discussed in various Committees and Trust Board, and is broadly two-fold:

- The refresh of strategic risks will take place annually going forwards, in line with the Integrated Medium Term Plan review. The Trust Assurance Framework guidelines are being updated to reflect this.
- During all subsequent reviews, the existing risks will be reported on until the refresh has taken place.

3. ASSESSMENT

3.1 Following the Strategic Risk Refresh the outcome is included in Appendix 1.

The refreshed Strategic Risks have been populated on to the new Trust Assurance Framework Dashboard, which has previously been reviewed by this Committee and approved by the Audit Committee. The new template links with strategic frameworks, includes an area for reference to operational risk related to the strategic risk and have SMART action plans, alongside the core information around key controls, sources of assurance and gaps in controls.

3.2 Summary of Actions Taken/ In Plan from Strategic Development Committee, Quality Safety & Performance and Audit Committee:

	Matter raised through recent governance cycle	Action Taken/ In plan	Timeframe
1	Populate refreshed TAF on Bower BI template	Work completed in background on Power BI and refreshed information to be populated from March reporting cycle.	March reporting cycle
2	Finalise template for remaining two newest TAF risks – TAF 07 and 08	Work continued to progress well since Quality, Safety & Performance Committee with Executive leads.	Propose to close – Included in this paper
3	Alignment to Integrated Medium Term Plan goals and then tracking of progress as part of	Progress made since Quality, Safety & Performance Committee – with the Risk & Assurance lead working with the	March reporting cycle



	first line of defence assurance.	Planning team to map and then populate with Executive leads at next review.	
4	Deep dive of two risks at Quality, Safety & Performance Committee going forwards	Following reporting of refresh framework of strategic risks, this will recommence from the next reporting cycle.	March reporting cycle
5 a- c	Governance, Assurance & Risk programme of work development	<ul style="list-style-type: none"> a. Alignment to Integrated Medium Term Plan annual review b. Embedding through Divisional Leadership and senior management as a valuable management tool c. Trust Board collective time to ensure strategic risks play a central role in how the Trust Board operates it's core functions and responsibilities. This may including further Board development time etc. 	December- April, in line with completion of current phase and refresh of Governance, Assurance & Risk programme of work.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The Committee are asked to:

- Consider and **ENDORSE** the Strategic Risk Refresh, as detailed in Appendix 1 of this report.
- **NOTE** the next steps, both in respect of governance and operationalisation, as detailed in section 3.2 of this report.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: Choose an item	
If yes - please select all relevant goals: <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: <u>STRATEGIC RISK DESCRIPTIONS</u>	Choose an item All Strategic Risks are related.
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below
	Safe <input checked="" type="checkbox"/> Timely <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>
	The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021). All domains are relevant to this work, as the strategic risks span all areas of the Trust



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

	business and are imperative to quality and safety.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	Not required
	Click or tap here to enter text. There are no socio economic impacts linked directly to the current risks in paper.
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	Choose an item The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated
	If more than one wellbeing goal applies please list below:
	Click or tap here to enter text
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	Source of Funding: Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text
	Type of Funding: 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



	<p>Choose an item</p> <p>Please explain if 'other' source of funding selected:</p> <p>Click or tap here to enter text</p>
<p>EQUALITY IMPACT ASSESSMENT</p> <p><i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.asp <u>x</u></p>	<p>Not required - please outline why this is not required</p> <p>There is no direct equality impact in respect of this paper, however each risk will have an impact assessment where appropriate.</p>
<p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p>Click or tap here to enter text</p>

6. RISKS

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