

- 1.0.0 10:00 - STANDARD BUSINESS
 - Led by Prof Donna Mead (Chair)*
- 1.1.0 APOLOGIES
 - Led by Prof Donna Mead (Chair)*
- 1.2.0 IN ATTENDANCE
 - Led by Prof Donna Mead (Chair)*
 - 1\ Professor Peter Groves\, Chair\, Health Technology Wales
 - 2\ Dr Susan Myles\, Director\, Health Technology Wales
 - 3\ Professor Mererid Evans\, Consultant Oncologist
- 1.3.0 DECLARATIONS OF INTEREST
 - Led by Prof Donna Mead (Chair)*
- 1.4.0 MATTERS ARISING
 - 1.4.1 10:05 - Action Log
 - Led by Prof Donna Mead (Chair)*
 - 1.4.1 Action Log updated from 28_01_2020 V2 ES.docx
- 2.0.0 10:15 - CONSENT ITEMS
 - Led by Prof Donna Mead (Chair)*
- 2.1.0 FOR APPROVAL
 - 2.1.1 Minutes from the Public Trust Board meeting held on the 28th January 2021
 - Led by Prof. Donna Mead (Chair)*
 - 2.1.1 Draft Notes Public Trust Board Meeting 28_01_21.docx
 - 2.1.2 Chair's Urgent Actions Report
 - Led by Prof. Donna Mead (Chair)*
 - 2.1.2 Chairs Urgent Action Report March 2021.docx
 - 2.1.3 Commitment of Expenditure Exceeding Chief Executive's Limit
 - Led by Mark Osland, Executive Director of Finance*
 - 2.1.3 TB Proc Submission Summary Mar 21 v4doc x.pdf
 - 2.1.3a NWSSP AW069 - E-Scheduling Commitment of Expenditure Over Chief Executive Limit_Final.docx
 - 2.1.4 Policies for Approval Report
 - To be led by Mrs Lauren Fear, Director of Corporate Governance & Chief of Staff*
 - 2.1.4 Approved Policies Update - March 2021.docx
 - 2.1.4a IP Policy Final - ST 09.03.21.docx
 - 2.1.4b All Wales Information Governance Policy v2.docx
 - 2.1.4c All Wales Information Security Policy v2.docx
 - 2.1.4d All Wales Internet Use Policy v3.docx
 - 2.1.5 Documents 'Sealed' Report
 - To be led by Mrs Lauren Fear, Director of Corporate Governance & Chief of Staff*
 - 2.1.5 Trust Seal Report Dec 2020 - February 2021.docx
 - 2.1.6 NWSSP - Further Extension of Increased Financial Delegation
 - Led by Mark Osland, Executive Director of Finance*
 - 2.1.6 NWSSP Further Extension of Increased Financial Delegation.docx
 - 2.2.0 FOR NOTING
 - 2.2.1 WHSSC Joint Committee Briefings
 - Led by Lauren Fear, Director of Corporate Governance and Chief of Staff*
 - The Welsh Health Specialised Services Committee held its latest public meeting on 9 March 2021. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.*

- 2.2.1 WHSSC JC Briefing v1.0.pdf
- 2.2.2 NHS Wales Collaborative Leadership Forum Minutes 1 December 2020
To be led by Prof. Donna Mead (Chair)
2.2.2 Approved Minutes of Collaborative Leadership Forum 011220 v1.docx
- 2.2.3 Annual Equality Monitoring Report
Led by Susan Thomas, Deputy Director of Workforce
Equality monitoring including 2 years of data including TB front page (002).docx
- 3.0.0 PRESENTATIONS AND GUEST ATTENDEES
- 3.1.0 10:25 - Health Technology Wales Strategic Plan (Final Draft)
To be led by Prof. Peter Groves (Chair) and Dr. Susan Myles (Director) Health Technology Wales
Please note the final draft of the Strategic Plan has been provided as the consultation process closes on 31st March 2021.
3.1.0 HTW Presentation.pptx
3.1.0 HTW Strategic Plan_Consultation Draft.pdf
- 3.2.0 Health Technology Wales Annual Report
To be led by Prof. Peter Groves (Chair) and Dr. Susan Myles (Director) Health Technology Wales
3.2.0 HTW Annual Report 2020 - Digital - Double Spread - English.pdf
- 3.3.0 10:45 - Overarching Cancer R&D Ambitions for VUNHST 2021-31
To be led by Dr Jacinta Abraham, Executive Medical Director and Professor Mererid Evans, Consultant Oncologist
3.3 Research & Development Strategy.docx
3.3a Overarching Cancer Research and Development Ambitions 2021-31_Velindre Futures_30012021.pdf
3.3b Research Strategy presentation.pdf
- 4.0.0 11:00 - KEY REPORTS
- 4.1.0 Chairs Update
Led by Prof Donna Mead (Chair)
4.1.0 Chair Update Report March Board .docx
- 4.2.0 CEO Update
Led by Mr Steve Ham, Chief Executive
4.2 CEO March Report.pdf
- 5.0.0 11:15 - QUALITY, SAFETY & PERFORMANCE
- 5.1.0 Quality Safety & Performance Committee Highlight Report
Led by Mr Stephen Harries, Vice Chair
5.1 Public QSP Committee Highlight Report.docx
- 5.2.0 Remuneration Committee Highlight Report
Led by Prof Donna Mead (Chair)
5.2.0 Remuneration Committee Highlight Report - 25.02.2021.docx
- 5.3.0 Local Partnership Forum Highlight Report
Led by Ms Sarah Morley, Executive Director of Organisational Development & Workforce
5.3.0 LPF Committee Highlight Report - 03.03.2021.docx
- 5.4.0 11:20 - Delivering Excellence Performance Report Period January 2021
Led by Mrs Cath O'Brien, Interim Chief Operating Officer
5.4.0 Jan PMF Briefing Board version.docx
5.4.0a Jan 2021 Welsh Blood Service Performance Report.pdf
5.4.0b VCC Performance Report - January 2021.pdf
5.4.0c Trust-wide WOD Performance Report - January 2021.pdf
- 5.5.0 11:25 - Financial Report Period January 2021
Led by Mr Mark Osland, Executive Director of Finance
5.5.0 Month 10 Finance Report Cover Paper.docx
5.5.0a M10 VELINDRE NHS TRUST FINANCIAL POSITION TO JANUARY 2020 - TRUST BOARD FINAL (003).docx
- 5.6.0 11:30 - COVID-19 Update

To be led by Mrs Cath O'Brien, Interim Chief Operating Officer, Mrs Nicola Williams, To be led by Nicola Williams, Executive Director of Nursing, AHPs and Health Scientists and Mrs Susan Thomas, Associate Workforce Director.

5.6a COVID 19 Update Cover Report.docx

5.6b Appendix 1 Reconfiguration of the Inpatient Settings.docx

5.7.0 11:35 - Nurse Staffing Act

To be led by Nicola Williams, Executive Director of Nursing, AHPs and Health Scientists

5.7 Nurse Staffing Act proposal.docx

5.7a Nurse Staffing Levels (Wales) Act 2016 - Statutory Guidance VERSION 2.pdf

6.0.0 STRATEGIC DEVELOPMENT

6.1.0 11:40 - Integrated Medium Term Plan Overview

Presentation led by Mrs Cath O'Brien, Interim Chief Operating Officer and Mr Mark Osland, Executive Director of Finance

IMTP Presentation Trust Board PART A.pptx

6.2.0 11:50 - Strategic Development Committee Highlight Report

To be led by Mr Stephen Harries, Vice Chair and Chair of the Strategic Development Committee

6.1 Strategic Development Committee Highlight Report.docx

6.3.0 Transforming Cancer Services Programme Scrutiny Sub-Committee Highlight Report

To be led by Mr Stephen Harries, Vice Chair and Chair of the TCS Programme Scrutiny Sub-Committee

6.3.0 PUBLIC TCS Programme Scrutiny Committee Highlight Report February 2021 v2.docx

6.3.0b PUBLIC TCS Programme Scrutiny Committee Highlight Report March 2021.docx

6.4.0 11:55 - Transforming Cancer Services Communication & Engagement Update

To be led by Mrs Lauren Fear, Director of Corporate Governance and Chief of Staff

6.3.0 Comms March 2021.docx

6.5.0 12:00 - Progress Report on Quarter 3/4 Delivery Plan

To be led by Mr Carl James, Director of Strategic Transformation, Planning & Digital and Mrs Cath O'Brien, Interim Chief Operating Officer

6.4.0 Progress Report Q3 and 4 Delivery Plan FINAL version 008.docx

7.0.0 12:10 - INTEGRATED GOVERNANCE

7.1.0 Audit Committee Highlight Report

To be led by Mr Martin Veale, Independent Member and Chair of the Audit Committee

7.1.0 Audit Committee Highlight Report 21 January 2021 final.docx

7.2.0 Charitable Funds Committee Highlight Report

To be led by Prof Donna Mead (Chair) and Chair of the Charitable Funds Committee

7.2 Charitable Funds Committee Highlight Report 11 02 2021.docx

8.0.0 12:25 - ANY OTHER BUSINESS

Prior Approval By the Chair Required

9.0.0 12:30 - DATE AND TIME OF THE NEXT MEETING

8 June 2021 at 10. 30 am - 1 pm

10.0.0 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).

VELINDRE NHS TRUST

UPDATE OF ACTION POINTS FROM PUBLIC TRUST BOARD MEETINGS UPDATED 28th January 2021

MINUTE NUMBER	ACTION	STATUS	LEAD	DUE DATE/ STATUS
19.12.2019 – Extraordinary Public Trust Board				
2.0	Urgent Decisions Over £100k 1. Mr Mark Osland and Mrs Lauren Fear will be addressing the process supporting the “Over 100k Commitments” with Procurement colleagues in January 2020, and this will include a review of the detail captured within the reports as well as improving consistency of content. An update will be received at the January Trust Board meeting.	UPDATE MARCH 2021 CLOSED	MO/LF	Papers and process approved by Executive Management Board and noted at Audit Committee
26.11.2020 Public Trust Board				
2.2.2	1. Mrs Cath O’Brien to provide an update to the Trust Board if the Trust was prepared for any increases for the scaling up of Stereotactic and Brachytherapy Services i.e. were there any workforce or capacity issues.	CLOSED	COB	Update 16/03/21: An update on the work with WHSSC on Brachytherapy and the ongoing service planning with WHSSC to maintain capacity in line with the service levels commissioned in October was included in the November PMF which was taken to the QS&P meeting in January 2021.

				A further update on the successful conclusion of these discussions will be included in the Performance Management Framework report for Board in March.
	1. Mrs Nicola Williams to request the Quality, Safety & Performance Committee provide an update on activities for the improvement and maintaining staff wellbeing including a trend analysis on anxiety/stress absence to the January 2021 Trust Board.	ONGOING	SFM	Update 16/03/2021: The Trust has developed a Wellbeing Recovery Plan which is being refined with the Divisional Senior Leadership Teams to ensure it meets the needs of the service. This plan will then be approved through Executive Management Board and Quality Safety Performance Committee in April/May 2021.
5.6.0	1. Mrs Cath O'Brien to provide an update to Mr Stephen Harries on considerations being given to installing a canopy over the VCC Main Reception.	CLOSED	COB	Update 28/02/2021: Confirmed Cath O'Brien and Stephen Harries had a discussion and there were currently no plans to put a canopy and the centre will continue to monitor the situation, as the patient flow is working.

	2. Ms Sarah Morley to give consideration if the Trust could establish a grant/loan for staff who are living with domestic abuse.	CLOSED	SFM	Update 16/03/21: Sarah Morley advised that EMB approved an idea in principle on the 15/03/21. Detailed proposals and options are now being developed to take back to EMB for approval in May 2021.
28.02.2021 PUBLIC TRUST BOARD				
2.1.2	1. Mrs Cath O'Brien to provide the Trust Board with information on the contract value split of the WBS Bacterial Monitoring Equipment Replacement with partners.	CLOSED	COB	Complete – circulated 11/02/2021
	2. The Request for Approval for this expenditure to be updated to include additional information and resent to the Trust Board, as an 'Out of Committee' action.	CLOSED	MO/LF	Complete – circulated 11/02/2021 and subsequently approved
4.4.0	1. The VCC Performance Report to be updated to include information on Rag Rating thresholds, as part of the process of reformatting this document.	CLOSED	COB	Complete and included in March QSP and Board report. Action CLOSED
	2. Information on anticipated harm of any Radiotherapy Breaches to be included in future VCC Performance Reports.	CLOSED	COB	A summary of the position is included in the March PMF cover report. Action CLOSED
	3. A check to be undertaken on the Corporate Performance Report as chart on page 3 has not transferred across on Ibabs.	CLOSED	SFM	Ibab and paper reloaded and republished.
5.3.0	1. TCS Engagement and Communications to be added as a standard agenda item to the Velindre University NHS Trust/Cardiff Community Health Council meeting agenda.	CLOSED	CC	Completed.

5.5.0	1. The NHS Confederation presentation on the Socio-Economic Duty to be shared with Board Members.	CLOSED	DM	Complete - circulated 28/01/2021
5.6.0	<p>1. A request was made for future reports on the Progress against the Trust's Delivery Plan to include information on cause of delays in completing actions and any implications for the Trust.</p> <p>2. A request was made for additional information to be supplied on amber actions including the reason for any delays in future reports.</p>	<p>ONGOING</p> <p>ONGOING</p>	<p>CJ</p> <p>CJ</p>	<p>Update: 23/03/21: A review of outstanding 2021 Quarterly Actions is currently being undertaken to see if they are still relevant for 2021/2022.</p>
7.0.0	1. A Highlight Report from the RD&I Sub-Committee meeting held on 27 th January 2021 to be provided to the next Trust Board.	CLOSED	DM	Complete – included on March Trust Board Agenda

Minutes Public Trust Board Meeting – Part A

VELINDRE UNIVERSITY NHS TRUST HQ/LIVE STREAMED

28 JANUARY 2021 @ 10 AM

PRESENT:

Professor Donna Mead OBE
Mr Stephen Harries
Mr Martin Veale
Mrs Hilary Jones
Mr Gareth Jones
Professor Donald Fraser
Mr Steve Ham
Mrs Nicola Williams
Ms Sarah Morley
Mr Mark Osland

Chair (Chair)
Interim Vice Chair
Independent Member
Independent Member
Independent Member
Independent Member
Chief Executive
Executive Director of Nursing, AHPs & Health Scientists
Executive Director of Workforce and OD
Executive Director of Finance

IN ATTENDANCE:

Mrs Lauren Fear
Ms Cath O'Brien MBE
Mrs Catherine Currier

Director of Corporate Governance
Interim Chief Operating Officer
Secretariat

1.0.0	STANDARD BUSINESS	
1.1.0	APOLOGIES Apologies received from: <ul style="list-style-type: none"> Mr Carl James, Director of Strategic Transformation, Planning & Digital. Mr David Cogan, Patient Liaison Group Representative 	
1.2.0	IN ATTENDANCE 1. Stephen Allen, Cardiff Community Health Council – attendance confirmed 2. Brenda Chamberlain, Cardiff Community Health Council 3. Katrina Febry, Wales Audit Office 4. Phil Hodson, Deputy Director of Planning & Performance representing Carl James 5. Julie Francis, NHS Wales Informatics Service	

1.3.0	DECLARATIONS OF INTEREST There were no declarations of interest.	
1.4.0	MATTERS ARISING	
1.4.1	Action Log The Trust Board APPROVED the Action Log and updates captured in the meeting.	
2.0.0	CONSENT ITEMS	
2.1.0	FOR APPROVAL	
2.1.1	Minutes from the Public Trust Board meetings held on the 26th November 2020 and Extraordinary Public Meeting of 10th December 2020 The Trust Board APPROVED the Minutes of the meetings as an accurate and true reflection.	
2.1.2	Contract Acceptance and Expenditure Urgent Decisions over £100k (Procurement). This item was removed from the consent agenda, please see 'Items Removed From the Consent Agenda' below.	
2.1.3	Chairs Urgent Action Report The Trust Board CONSIDERED and ENDORSED the Chairs urgent action taken between 14 th November 2020 to the 17 th January 2021.	
2.1.4	Policies for Approval Report <ul style="list-style-type: none"> Policy for the Live Streaming and Recording of Meetings The Trust Board APPROVED the Live Streaming and Recording of Meetings policy.	
2.2.0	FOR NOTING	
2.2.1	Charitable Funds Annual Report The Trust Board NOTED the Charitable Funds Annual Report 2019-20, which had been approved by the Charitable Funds Committee and would be submitted to the Charity Commission by the 31st January 2021.	

	ITEMS REMOVED FROM THE CONSENT AGENDA	
2.1.2	<p>Contract Acceptance and Expenditure Urgent Decisions over £100k (Procurement)</p> <p>Professor Donna Mead informed the Trust Board that due to the number of items for approval in consent at today's meeting, the scale of the spend and the need to be assured the documents had been through due scrutiny prior to coming for approval, a decision had been taken to remove the 'Expected Urgent Decisions' reports from the consent agenda.</p> <p>Prof. Donna Mead listed the items that had been included for consideration to allow Trust Board members to raise comments on each of the respective papers.</p> <ul style="list-style-type: none"> • Provision of Off-Site Archiving: Mrs Cath O'Brien took the opportunity to explain that there were two contract acceptance papers; one for the Velindre Cancer Centre and one for the Welsh Blood Service. This was due to the fact the contracts are for different services. The Welsh Blood Service contract is for digitisation of records, whilst the contract for the Velindre Cancer Centre is for the storage of paper archives. Once the digitisation plan for the Velindre Cancer Centre is in place then the contract will be merged into one at the next renewal point. Prof. Donna Mead acknowledged this explanation and noted that revenue costs were being requested. • Additional Digital Services for the Velindre Cancer Centre: It was noted the Trust Board had been informed that this request would be made at the last meeting. <p>Mr Gareth Jones noted that missing from the papers was an explanation of why the Trust was making a direct award; it would be helpful to be able to understand the risk of a procurement challenge, as a result of a direct award and this information should be part of the Board's decision making process. This would ensure that the Trust is able to comply with Standing Financial Instructions and Procurement rules for contracts. Prof. Donna Mead noted these helpful comments would be included in the review of the current process.</p> <p>Mr Steve Ham noted that what the Trust could help with is making it clear in the papers and those for the Audit Committee when we have gone through a single tender process, which required Procurement input. Prof. Donna Mead noted that during the first wave of the pandemic this information was included on the Audit Committee report for PPE (Personal Protective Equipment) orders.</p> <p>Prof. Donna Mead asked the Trust Board if any member had an issue with the remaining items, which are on the list of expenditure on the urgent decisions over £100k.</p>	

	<p>Mr Stephen Allen asked if the Trust put on its public website the process we are following for procurement. There is a need to ensure due diligence has been undertaken in this process and could the Trust give this assurance from a public person's point of view. Prof. Donna Mead felt that information on due diligence was included in the papers.</p> <p>Mr Steve Ham highlighted that there are good processes in place between the Audit Committee and the Trust Board. However, there is a need to refine the process. It was highlighted the Trust receives good Audit reports in this area and from Audit Wales.</p> <ul style="list-style-type: none"> • Bone Marrow Tissue: Mr Martin Veale highlighted the statement on page 2, which states they are considerably cheaper than their competitors, so we don't need to tender. This doesn't imply that we are testing today's market. Mr Martin Veale also questioned the totality of the contract amount and if this was for 2 years. Mrs Cath O'Brien responded that the report was not appropriately articulated and provided background to the contract. It was confirmed the Service had been out to tender competitively on the contract twice: once in collaboration with NHSBT and Anthony Nolan and then separately on a loan tender, due to changes in NHSBT. There is a plan to take a pan-European approach to this contract; unfortunately this plan has been delayed due to the impact of the pandemic. This has meant in this case the Service has had to go for a single tender approach. • WBS Bacterial Monitoring Equipment Replacement: Mr Gareth Jones raised a question in respect of Appendix 5 a Joint Procurement with Scottish National Blood Service and asked for clarification if the contract value was the whole contract value or the Trust's share of the contract value. Mrs Cath O'Brien's understanding was this was the Trust's share of the contract value. Mr Gareth Jones questioned if is this a 50/50 split and Mrs Cath O'Brien noted the split would be proportioned on the machine and on volume of samples. Mrs Cath O'Brien offered to provide Mr Gareth Jones additional information. Prof. Donna Mead requested the information on the split to be provided. <p>Mr Martin Veale noted a typo on the table of capital purchases in this document in relation to whole life figures. The paper outlines there are two models, but doesn't recommend a particular model, although costing information is provided. Is the Trust Board being asked to approve for maximum amount to allow further discussion on the potential to select the appropriate contract, as this is not clear in the report. The Trust Board agreed to remove this contract from the approval list today and obtain the answers. This contract request will then be recirculated as an out of board approval.</p> <ul style="list-style-type: none"> • WBS Flow Cytometers: Mr Martin Veale raised that the timetable on page 2 shows the contract start as 2 days ago and requested information on the circumstance of this contract already being 	
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	<p>commenced. What would be the theoretical impact if the Trust Board did not approve this contract? Mrs Cath O'Brien noted that as the contract was for new equipment any delay in approval would delay the delivery phase and validation of the new equipment. Prof. Donna Mead asked if the contract had been awarded. Mr Mark Osland responded that he did not believe the contract had started. The timescale had been drafted aiming for these dates. The equipment has not been purchased, but it was aimed to do so before the end of March 2021 provided the contract is approved by the Trust Board.</p> <p>Mr Stephen Harries raised the issue of whether there was a different way of informing the Board of urgent decisions contracts to avoid in some circumstances seeking retrospective approval, accepting that in some instances this may be due to the timings of Trust Board meetings. The information provided on the Flow Cytology appeared to be retrospective and requested clarification on the end date of the contract. Mr Steve Ham reiterated that the changes to the process should help the detail provided in the papers to reflect a more accurate position. Mrs Cath O'Brien confirmed that new flow cytometers needed to be purchased before the end of the contract, as these take 12 months to validate.</p> <ul style="list-style-type: none"> • NWIS Data Centre Capacity Appendix 10: Mr Gareth Jones raised a query in relation to paragraph 2.3 and the actions set out in the procurement route to mitigate the risk. The information included appears to set out just more research to be undertaken to understand what will be done in future. It was unclear if this was a mitigating approach to the risks that exists. It was felt that more thought was needed on procurement aspect of the papers and what is being done to mitigate risks. <p>Julie Francis explained there were a number of factors in terms of risk mitigation other than undertaking some research. These included:</p> <ul style="list-style-type: none"> ○ issuing a PIN notice to give our intention to the market that we are going to be looking at procuring a replacement contract; ○ reviewing the hosting strategy of the organisation and the wider NHS in Wales; ○ Under Regulation 72/PCR2015 Procurement Regulation: it was explained that going out for procurement would result in service interruption risk to key national services. <p>Mr Gareth Jones highlighted the need to look at what are the real mitigating factors, as telling the market we will be going out to procurement in the future, did not sufficiently mitigate the risks of extending this contract. Julie Francis responded that this de-risks, as NWIS are proposing to extend, whilst formally notifying the market and engaging with them to set out future requirements.</p> <p>Prof Donna welcomed the discussion and thanked the Trust Board for their comments which had reinforced the need to take this item</p>	Cath O'Brien
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	out of consent. The Trust Board APPROVED all of the items except appendix 5, which required additional information. This will be provided and taken via an out of committee approval.	Mark Osland /Lauren Fear
3.0.0	KEY REPORTS	
3.1.0	<p>Chairs Update</p> <p>Prof Donna Mead highlighted the following key messages:</p> <ul style="list-style-type: none"> • The vaccination programme is well underway. This is due to all the efforts of those involved and Nicola Williams' was commended to the Board for her leadership role. • The Staff Survey would be covered in the next Board Briefing session and the outcome will be reported to either the Quality Safety & Performance Committee or Trust Board. • Independent Member Champion roles are currently being refreshed. The Vice Chair is being asked to be the champion of mental health (including for staff) and discussions with Mr Stephen Harries on progressing this in a COVID-19 environment are being held. • It was noted the collaboration between the Welsh Blood Service and the Army would hopefully lead to increased donor recruitment. • The Welsh Blood Service have submitted nominations for the St David's awards. <p>The Board NOTED the contents of the update report</p>	
3.2.0	<p>CEO Update</p> <p>Mr Steve Ham highlighted the following:</p> <ul style="list-style-type: none"> • Sent his thanks to all staff for their tremendous response to the pandemic considering the impact on work and home lives. Their commitment has continued to take the organisation forward. • The Digital Charter and links to other work being undertaken on digital cohesion. <p>The board NOTED the content of the updated report from the CEO.</p>	
4.0.0	QUALITY, SAFETY & PERFORMANCE	
4.1.0	<p>Quality, Safety & Performance Committee Highlight Report</p> <p>Mrs Janet Pickles provided an update from the meeting held on 18th January 2021. Themes from the meeting included:</p> <ul style="list-style-type: none"> • COVID-19 and the vaccination programme; • System leadership; • Infection Prevention & Control and areas of compliance 	

	<ul style="list-style-type: none"> • The Committee reviewed the results of the staff survey including staff, patient and donor wellbeing. • The Welsh Blood Service was commended on their system leadership and being able to continue to meet demand. <p>Mrs Nicola Williams highlighted the work is ongoing to upgrade the changing room facilities.</p> <p>Mr Janet Pickles informed the Board she had met with Audit Wales, in terms of the structured assessment and informal feedback was positive.</p> <p>The Trust Board NOTED the update.</p>	
4.2.0	<p>Remuneration Committee Highlight Report</p> <p>Prof Donna Mead informed the Board the committee had discussed 2 VERS applications and a settlement payment were approved.</p> <p>The Trust Board NOTED the update.</p>	
4.3.0	<p>Local Partnership Forum Highlight Report</p> <p>Ms Sarah Morley provided an update from the meeting held on 2nd December 2020 and confirmed the following was discussed:</p> <ul style="list-style-type: none"> • The organisational change process in the cancer centre in relation to the Senior Management Team arrangements; • The Nuffield report and the nVCC project; • The Trust's mission/vision and the development of people strategy. <p>The Trust Board NOTED the contents of the report and actions being taken.</p>	
4.4.0	<p>Divisional Quality Safety & Performance Report as at November 2020</p> <p>Mrs Cath O'Brien provided the following highlights for the Velindre Cancer Centre:</p> <ul style="list-style-type: none"> • The impact on current services provision for Radiotherapy and SACT. This is due to the pressure on site utilisation and staff numbers. The services continue to flex for best practice and align to clinical practices. • Changes in the Radiotherapy service provision has included implementing a new technique of hyper-fractionation. An explanation was provided to support the narrative that a number of patients have been waiting quite a long time, as this was a new service being commissioned, with limited number of slots. Patients were offered treatment or an alternative. 	

	<p>anticipated harm, risk assessment and adverse outcomes. Mrs Cath O'Brien highlighted the following in respect of the Welsh Blood Service:</p> <ul style="list-style-type: none"> • Efficiency had been impacted by the COVID-19 interventions. • Work was ongoing to reduce the wastage of platelets. • Cytology performance was under normal target. All time critical and time dependant tests are always achieved; however non-time critical or time dependant tests are taking longer due to other pressures. <p>Ms Sarah Morley provided an update on Corporate services and apologised that the chart on page 3 was not displaying on ibabs and will discuss with team.</p> <ul style="list-style-type: none"> • Sickness absence data for the year to 11 January 2021 is 5.2% and running constant around that level. • Supporting colleagues off work and with the wellbeing agenda was aligned with the risk assessment process. • The All Wales Risk Assessment had been updated and was being used. • Work with managers and staff on home working risk assessments continues and understanding any needs that arise from this process. • The Trust continues to promote wellbeing offerings and reviewing the offering, as part of wellbeing recovery plan. • Statutory & Mandatory compliance was quite good; however there were areas to be improved on. • In respect of PADR's it was felt that whilst formal conversations may not have happened; wellbeing conversations are continuing to happen and there is reassurance on this. <p>The Trust Board DISCUSSED and REVIEWED the contents of the performance reports.</p>	<p>Sarah Morley</p>
4.5.0	<p>Financial Report Period Ended 30 November 2020 (M8)</p> <p>Mr Mark Osland presented the Financial Report, which includes the position to the end of November 2020. Mr Mark Osland highlighted the following:</p> <ul style="list-style-type: none"> • The Trust remain on target. The end of November 2020 position remains the case for the end of January 2021. To reassure the Board there will be continual monitoring of the position between now and the end of March 2021. • Revenue <ul style="list-style-type: none"> ○ The budget has a small variance position, however the position remains the same. It was noted the overall position has been managed with good communication. ○ It was confirmed the cost of funding COVID-19 had been secured with Welsh Government. 	

	<ul style="list-style-type: none"> ○ There was a potential risk of an underspend, due to a fluid situation and the risk exists, however, it was expected that the Trust would spend the budget. ● Capital <ul style="list-style-type: none"> ○ An update on the All Wales Capital was provided. ○ The Trust was proceeding with delivering the rest of the discretionary budget, following settlement for TCS. This was being closely monitored and fortnightly meetings held with Procurement colleagues. <p>The Trust Board discussed the impact of the Trust having either an under or over spend. Mr Martin Veale commended Mr Mark Osland, as all major targets were green, considering the current situation. .</p> <p>The Trust Board NOTED the contents of the financial year and in particular the financial performance to date, and the year-end forecast to achieve financial break-even.</p>	
4.6.0	<p>COVID-19 Update</p> <p>Mr Steve Ham provided the Board with information on the national context of the current situation and the impact of lockdown including patient length of stay. It was noted there had been a couple of outbreaks and management process was ongoing. It was highlighted that a report will be presented to a future Trust Board meeting on the options for split areas in the cancer centre. The Trust would appreciate the opportunity to engage with Mr Stephen Allen on the impact of any changes.</p> <p>Mrs Nicola Williams provided an update on the vaccination strategy. The All Wales Strategy was published on the 11 January 2021 and the paperwork included the Trust's strategy/plan, which will continue to change to allow the Trust to respond to need. It was highlighted the Trust has not been given responsibility by Welsh Government for the provision of providing vaccinations to the general public, however once the Trust was aware of its vaccination capacity, the Trust received support from Welsh Government to extend our vaccination service. Mrs Nicola Williams provided an update on the current statistics and noted the full engagement across all staff levels in delivering the vaccination programme.</p> <p>Dr Jacinta Abraham emphasised the importance of the Clinical Framework for Defining the Clinical Model and Treatment Decision Making During Wave 2 of COVID. The framework had been used throughout the pandemic and as a result in the midst of the pandemic the Trust has continued to deliver safe cancer services for patients and very little stopped. The key points to note was ensuring patient care and safety was at the heart of decision-making. The aim has remained to try to provide care at home, or as close to home as possible. The framework will continue to be refreshed as the pandemic changes, whilst incorporating national guideline changes.</p>	

	<p>The Trust Board formally confirmed the AGREEMENT of the Board to:</p> <ul style="list-style-type: none"> • APPROVE the updated Velindre Cancer Centre Clinical Framework for Defining the Clinical Model and Treatment Decision Making • NOTED the current position in relation to the COVID-19 pandemic • NOTED the Welsh Government COVID-19 vaccination strategy • NOTED the Trust's working draft COVID-19 vaccination plan 	
5.0.0	STRATEGIC DEVELOPMENT	
5.1.0	<p>Strategic Development Committee Highlight Report</p> <p>Mr Stephen Harries informed the Board the Strategic Development Committee held on 14th December 2020 had received information on the following:</p> <ul style="list-style-type: none"> • A proposal to develop a 10 year strategy; • An update on the capital plan. <p>In addition, the Committee had been updated on the Acute Oncology Service Project. This linked Velindre Cancer Centre Clinicians with Regional Clinicians to develop a coordinated approach across sites and pathways. The project had been impacted by the pandemic.</p> <p>Prof Donna Mead highlighted that given limitations due to the pandemic the progress made demonstrated our colleagues were giving serious consideration to the issue and moving forward across the region.</p> <p>The Trust Board NOTED the contents of the report and actions being taken.</p>	
5.2.0	<p>Transforming Cancer Services Programme Scrutiny Sub-Committee Highlight Report and Annual Report</p> <p>Mr Stephen Harries presented the highlight report from the meeting held on 14th December 2020. Updates were received on:</p> <ul style="list-style-type: none"> • The Programme Risk Register; • Communication and engagement activities and the Sub-Committee were pleased on the progress undertaken to separate Facebook and social media for the TCS Programme from the day-to-day clinical and operational matters. <p>A copy of the Sub-Committee's Annual Report was attached for information.</p> <p>Prof Donna Mead expressed her gratitude to Mr Stephen Harries for Charing this sub-committee on behalf of the Trust. Mr Stephen</p>	

	<p>Harries thanked the Executive Team and the Transforming Cancer Services Programme Team for making the proposals and processes, as understanding as possible for the Independent Members. Prof Donna Mead noted the Annual Report showed the breadth of the items/topics the sub-committee has dealt with.</p> <p>The Trust Board NOTED the contents of the report and actions being taken.</p>	
5.3.0	<p>Transforming Cancer Services Communication & Engagement Update</p> <p>Mrs Lauren Fear explained the report's aim is to explain the engagement and communication activity undertaken and what was planned. Last month focused on the Nuffield Report and included engagement sessions with staff, patients and external stakeholders, plus an Extraordinary Public Board Meeting. Internal activity had focused on the Clinical Futures work including engagement with clinical and operational staff on the next stages of development for the Velindre Cancer Centre.</p> <p>Future plans for the nVCC Project included:</p> <ul style="list-style-type: none"> • Senior Project Team staff attending Departmental Meetings to update staff and listen to their views. • Developing the approach to social media and new Facebook page. • Work with Partner, who can provide expertise on how to be inclusive with the public on the Trust's plans going forward. • Radiotherapy Satellite Centre engagement with patients, which has been discussed with the Patient Liaison Group. <p>Mr Stephen Allen emphasised the support which can be provided by the Community Health Councils in engaging with the public, as they move to their new Citizen Advice Body role. Prof Donna Mead suggested including this topic on the Velindre University NHS Trust/Community Health Council agenda as a standing item. Mr Stephen Allen noted the Community Health Councils are not referenced in the paper. Prof Donna Mead explained the document will continue to be refreshed and supplied to future meetings.</p> <p>The Trust Board NOTED the report.</p>	Catherine Currier
5.4.0	<p>Update on the Nuffield Trust Report</p> <p>Mr Steve Ham highlighted the following:</p> <ul style="list-style-type: none"> • Engagement had taken place with Mr Len Richards (Cardiff & Vale University Health Board) Chair of Cancer Collaborative Leadership Group (CCLG). The CCLG have received the report and accepted its recommendations. It has been agreed to schedule a workshop on how the area would like to develop, as a region. 	

	<ul style="list-style-type: none"> • The CCLG had been provided with update on Acute Oncology Service, which will be progressed via both organisations Integrated Medium Term Plan. • To aid communication from these meeting Mrs Non Gwilym attends to help draft a response, which will be shared across the region. • The Establishment of a Relationship Board with Cardiff & Vale University Health Board to take forward the recommendations of the report. • Discussions are also taking place with Cwm Taf Health Board and Aneurin Bevan University Health Board about establishing similar relationship boards. • Dr Jacinta Abraham is engaging with Health Board Medical Directors and Cancer Leads. • The Trust is also considering next steps for engagement with staff. <p>Dr Jacinta Abraham noted the positive feedback from the CCLG meeting and the region's eagerness to progress.</p> <p>Prof Donna Mead noted it was helpful to have the recommendations categorised. Mr Steve Ham confirmed the Trust Board would continue to receive updates on progress. Mrs Lauren Fear confirmed as progress was made against the recommendations the report would continue to be updated and published on the internal and external website.</p> <p>The Trust Board NOTED the update and to receive a further report, which sets out a final action plan to deliver the recommendations set out within the Nuffield Trust Report.</p>	
5.5.0	<p>Socio-Economic Duty Report</p> <p>Mrs Lauren Fear provided background to the report, and explained implementation timelines for the Duty had been pushed back by the Government due to the pandemic. Mrs Lauren Fear provided an update on the activity underway in each area.</p> <p>Prof Donna Mead noted the NHS Confederation had received a presentation recently and offered to share the presentation with Board Members.</p> <p>Ms Sarah Morley highlighted that a mapping guide had just been released, which would support the Trust to meet this obligation.</p>	Donna Mead

	<p>The Trust Board:</p> <ul style="list-style-type: none"> • SUPPORTED the on-going development of the areas of work highlighted. • SUPPORTED the oversight mechanism being through Executive Management Board in the lead up to March 2021, given also appropriate engagement and education with the Divisional Senior Management Teams and other key strategic leadership roles. • ENDORSED this paper. 	
5.6.0	<p>Progress Report on Quarter 3 Delivery Plan</p> <p>Mr Phil Hodson introduced the paper. The key objective of the Delivery Plan is to ensure the Trust can meet the demand for services and to continue to provide the best service to patients and Donors. The report provided an update against each action. It was noted Section 2 provides a summary of the outputs of the Delivery Action Plan. It was agreed that future updates would include information on cause and effect.</p> <p>Mr Martin Veale requested more context around the amber actions i.e. an updated date for the revision of the plan for social media. It was agreed to include more granularity in the next report.</p> <p>The Trust Board DISCUSSED and REVIEWED the content of the report.</p>	<p>Phil Hodson/ Carl James</p> <p>Phil Hodson/ Carl James</p>
6.0.0	INTEGRATED GOVERNANCE	
6.1.0	<p>Audit Committee Highlight Report and Annual Report</p> <p>Mr Martin Veale provided an update from the Extraordinary Audit Committee meeting held on 11th December 2020. This meeting focused on the NHS Wales Informatics Service transition to a Special Health Authority. It was explained that the Audit Committees held on 21st January 2021 and 22th March 2021 would focus on ensuring the handover is appropriately managed; staff are properly transferred and responsibilities continue to be managed until handover.</p> <p>The Audit Committee received an update on the Canisc work and from NHS Wales Shared Services Partnership on the pandemic and procurement activities.</p> <p>Mr Mark Osland provided the Trust Board with an update on discussions with Welsh Government on the transition of NHS Wales Informatics Services from a hosted organisation.</p> <p>The Trust Board was provided with a copy of the Audit Committee's Annual Report from January – December 2020, which demonstrated business done during the calendar year.</p> <p>The Trust Board NOTED the contents of the Highlight and Action report and actions being taken.</p>	

7.0.0	ANY OTHER BUSINESS <ul style="list-style-type: none"> The Trust Board was informed the Research Development & Innovation Sub-Committee had met on 27 January 2021, which had been positive and a highlight report from the Sub-Committee would be provided to the next Trust Board. 	Jacinta Abraham
8.0.0	DATE AND TIME OF THE NEXT MEETING 25th March 2021 at 10.00 am until 12.30 noon via Zoom.	
9.0.0	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).	



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TRUST BOARD

CHAIRS URGENT ACTION MATTER REPORT

DATE OF MEETING	25/03/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Emma Stephens, Head of Corporate Governance	
PRESENTED BY	Lauren Fear, Director of Corporate Governance	
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Director of Corporate Governance	
REPORT PURPOSE	CONSIDER and ENDORSE	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Trust Board Members – Via Email	11/02/2021	Approved
Trust Board Members – Via Email	24/02/2021	Approved
ACRONYMS		
NWSSP	NHS Wales Shared Services Partnership	
WBMDR	Welsh Bone Marrow Donor Registry	

1. SITUATION/BACKGROUND

- 1.1 In accordance with Trust Standing Orders, there may occasionally, be circumstances where decisions, which would normally be made by the Board, need to be taken between scheduled meetings and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and Chief Executive, supported by the Board Secretary, as appropriate, may deal with the matter on behalf of the Board – after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded, and reported to the next meeting of the Board for consideration and ratification. Where issues are included in the Schedule of 'Expected Urgent Decisions' and prior approval is sought from the Board, these issues will not be reported here.
- 1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.
- 1.3 The Vice-Chair was invited and agreed to attend the NWSSP Financial Governance Group that has been established to oversee and scrutinise NWSSP procurement requests in response to COVID 19 PPE requirements. The Board has agreed that due to the role performed by the Vice-Chair on this group, the Vice-Chair will abstain from any approval requests sought via Chairs Urgent Action involving NWSSP procurement decisions.
- 1.4 This report details Chair's Urgent Action taken between the 28 January 2021 - 9 March 2021.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Option Appraisal / Analysis:

The items outlined in Appendix 1 have been dealt with by Chairs Urgent Action.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	This action is by exception and with prior approval from the Chair. The provision to permit this urgent action is to allow for quick decisions to be made where it is not practicable to call a Board meeting and to avoid delays that could affect service delivery and quality.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.



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FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Financial impact was captured within the documentation considered by the Board.

4. RECOMMENDATION

- 4.1 The Board is asked to **CONSIDER** and **ENDORSE** the Chairs urgent action taken between the 28 January 2021 to the 9 March 2021 as outlined in Appendix 1.

Appendix 1

The following items were dealt with by Chairs Urgent Action:

1. Commitment Exceeding £100k – Bacterial Monitoring Equipment Replacement

This request for commitment of expenditure was initially considered by the Trust Board on 28 January 2021. Additional information was required in respect of the managed service v capital revenue details, together with further clarity on the procurement route. It was agreed that this would be provided and subsequently actioned via Chairs Urgent Action due to the urgency of this matter.

The Trust Board were sent an email on the 11 February 2021, inviting the Board to **AUTHORISE** the procurement of an automated system to detect microbial growth for the Welsh Blood Service.

Recommendation Approved:

- Mrs. Donna Mead, Chair
- Mr. Steve Ham, Chief Executive Officer
- Mr. Gareth Jones, Independent Member
- Mrs. Hilary Jones, Independent Member
- Mr. Martin Veale, Independent Member
- Mr. Donald Fraser, Independent Member
- Mr. Mark Osland, Executive Director of Finance

A clarification was required, and subsequently provided. No objections to approval were received.

2. Commitment Exceeding £100k – Welsh Bone Marrow Donor Registry (WBMDR) Blood Stem Cell Collection Service

The Trust Board were sent an email on the 24 February 2021, inviting the Board to **AUTHORISE** the procurement of two additional Stem Cell Apheresis collection systems to enable service provision for the Welsh Bone Marrow Donor Registry. Approval was required before the end of February 2021 in order to have the asset in place for service continuity from 1 April 2021.

Due to the urgency of this matter, it could not wait until the 25 March 2021 Trust Board meeting.

Recommendation Approved:

- Mrs. Donna Mead, Chair
- Mr. Carl James, Acting Chief Executive Officer
- Mr. Gareth Jones, Independent Member
- Mrs. Hilary Jones, Independent Member
- Mr. Martin Veale, Independent Member
- Mr. Stephen Harries, Independent Member
- Mrs. Janet Pickles, Independent Member

- Mr. Donald Fraser
- Mr. Mark Osland, Executive Director of Finance

A number of clarifications were required and subsequently provided. No objections to approval were received.

TRUST BOARD

BOARD DECISIONS REQUIRED FOR COMMITMENTS EXCEEDING £100k FOR THE PERIOD 25th March 2021 to 7th June 2021

DATE OF MEETING	25 th March 2021
PREPARED BY	Christine Thorne
PRESENTED BY	Mark Osland
EXECUTIVE SPONSOR	Mark Osland

REPORT PURPOSE	For approval.
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING:		
NAME OF COMMITTEE OR GROUP	DATE	OUTCOME
Numerous in accordance with the governance of the Division or Hosted Unit of the Trust.	Various.	Endorsed for submission to Trust Board.

ACRONYMS	Velindre Cancer Service (VCC), Welsh Blood Service (WBS), NHS Wales Shared Service Partnership (NWSSP), NHS Wales Informatics Service (NWIS)
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1. SITUATION/BACKGROUND

- 1.1. The Chief Executive's financial limit is £100k; purchases/ contracts requiring approval / extending over this amount requires Trust Board approval. For extensions, this only applies if the provision for extension was not included in the original approval granted by Trust Board.
- 1.2. The decisions expected during the period between Trust Board meetings are highlighted in this report, seeking approval for the Chief Executive and Chair to authorise approval outside of the Trust Board.

2. ASSESSMENT

- 2.1 Option Appraisal / Analysis:
Prior to the submission of this paper, each requirement will have undertaken an assessment by the Division or Hosted Unit, the outcome of which is variable and represented in the tender specification.
- 2.2 Impact Assessment:

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Due authority is being sought in advance of expenditure to ensure compliant provision of goods/services to meet operational requirements.
RELATED HEALTHCARE STANDARD	This paper cuts across many of the Healthcare Standards, as it concerns the purchase of goods and services required to support operational needs.
EQUALITY IMPACT ASSESSMENT	Undertaken on a case-by-case basis, as part of the procurement process.
LEGAL IMPLICATIONS / IMPACT	If applicable, as identified in each case as part of the service design/ procurement process.
FINANCIAL IMPLICATIONS / IMPACT	Please see table below. Order placement subject to WG funding is indicated with a '*' against the value.

For each of the schemes seeking approval, a Board decision proforma is appended to this report. The following provides a summary of the decisions being sought from the Board

Appendix No	Division	Scheme/Contract/Agreement Title	Period of Contract	Total Expected Maximum Value of Contract £ (ex VAT)
1	NWSSP	All Wales District e-Scheduling system	1 st April 2021 to 31 st March 2023. with an option to extend for a further 12 months	1,516,921

3. RECOMMENDATION

- 3.1 The Board is requested to **AUTHORISE** the Chair and Chief Executive to **APPROVE** the award of contracts summarised within this paper (and detailed within the attached Board Decision Pro-forma) and **AUTHORISE** the Chief Executive to **APPROVE** requisitions for expenditure under the named agreement.

COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION

SCHEME TITLE	ALL WALES DISTRICT NURSE E-SCHEDULING SYSTEM
DIVISION / HOST ORGANISATION	NWSSP
DATE PREPARED	11 th March 2021
PREPARED BY	HYWEL JONES
SCHEME SPONSOR	ANGELA JONES

All Divisional proposals must be consistent with the strategic and operational plans of Velindre University NHS Trust.

1. DESCRIPTION OF GOODS / SERVICES / WORKS

To secure an E-scheduling system for the District Nursing workforce in Wales to improve efficiency of scheduling patient visits, reduce paperwork, free up nursing hours and improve patient safety by scheduling patient appointments electronically via an internet enabled device. This will enable the nurse to link to a central system, allowing visits to be planned with more efficiency and emergency calls responded to faster.

Several UHBs/Trusts are currently contracted individually via G-Cloud with Malinko as their supplier for e-scheduling, please see below table:

	AB	BCU	CTM	HDda	C&V	Powys	SBU
Malinko	Yes	Yes	Yes	Yes	No	No	No

In December 2020 WG made funding available for the remaining HBs and this was accepted by them in January 2021. The Digital Workforce Project Team liaised with HB's that have the solution and the Project Team agreed to novate all existing contracts into an All Wales contract. HB's who haven't purchased the solution agreed this solution also delivers their requirements including assurances provided via several supplier demonstrations.

In January 2021 a paper was submitted to NWSSP Committee by the Digital Workforce Project Lead to pursue a direct award via G-Cloud to Malinko to support the implementation of an All Wales District Nursing E-schedule system. NWSSP Committee approved this approach.

The funding will 100% be transacted via NWSSP/Velindre ledger and recharged to HB's.

1.1 Nature of contract:

Please indicate with a (x) in the relevant box

First time



Contract Extension



Contract Renewal



1.2 Period of contract including extension options:

Expected Start Date of Contract

01/04/2021

Expected End Date of Contract

31/03/2023

Contract Extension Options

(E.g. maximum term in months)

12 months

2. STRATEGIC FIT (*Host organisations are not required to complete Section 2*)

2.1 OUR STRATEGIC PILLARS

This scheme should relate to at least one of the Trust's five strategic pillars. Please mark with a (x) in the box the relevant pillars for this scheme.

Goal 1: Be recognised as a pioneer in blood and transplantations services across Europe.



Goal 2: Be a recognised leader in specialist cancer services in Europe.



Goal 3: Be recognised as a leader in stated priority areas of research, development and innovation.



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



Goal 5: An exemplar of sustainability that supports global well-being and social value.



2.2 INTEGRATED MEDIUM TERM PLAN

Is this scheme included in the Trust Integrated Medium Term Plan?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If not, please explain the reason for this in the space provided.

2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES

This scheme should relate to at least one of the Trust's wellbeing objectives. Please mark with a (x) in the box the relevant objectives for this scheme.

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.	<input checked="" type="checkbox"/>
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	<input checked="" type="checkbox"/>
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.	<input type="checkbox"/>
Deliver bold solutions to the environmental challenges posed by our activities.	<input type="checkbox"/>
Bring communities and generations together through involvement in the planning and delivery of our services.	<input checked="" type="checkbox"/>
Demonstrate respect for the diverse cultural heritage of modern Wales.	<input type="checkbox"/>
Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovations whilst also making a lasting contribution to global well-being.	<input type="checkbox"/>

FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED

Please mark with a (x) in the box the relevant principles for this scheme.

Click [here](#) for more information

Prevention	<input type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input type="checkbox"/>
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3. OPTIONS CONSIDERED

Include 'business as usual' i.e. 'do nothing'

3.1 Please state alternative options considered and reasons for declining

Option 1 – Do nothing: Allocated funding by WG wouldn't be spent and NHS Wales will miss out on an opportunity to purchase an all Wales e-scheduling system with cost savings for HB's who currently utilise the system.

Option 2 – Full competition: Not suitable to achieve within the funding period granted.

Option 3 – Mini competition off a framework: Might result in a different supplier potentially and delay programme implementation when a solution is compliantly available. Equally, there isn't enough time to create and agree a specification across Wales.

4. BENEFITS

4.1 Outline benefits of preferred option

1. Moving to a single e-scheduling system provides the ability to harmonise scheduling principles across organisations in Wales and deploy best practice
2. Cost savings off contract list prices with the novation of all existing contracts to a single contract start date. Exact savings figures are in the process of being quantified.
3. Enables robust reporting and benchmarking of District Nursing activity/performance across NHS Wales
4. Enables collaboration between e-system suppliers to develop and enhance linkages and interoperability between E-Systems supporting District Nursing in Wales

5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
<ul style="list-style-type: none"> ▪ The funding provided by WG will not be utilised. ▪ Missed opportunity to deliver benefits defines in 4.1 	<ul style="list-style-type: none"> ▪ If the scheme is not approved, NHS Wales may ask for funding in next financial year from WG. Funding in next financial year is not guaranteed. No discretionary funding is available from HB's.

6. PROCUREMENT ROUTE

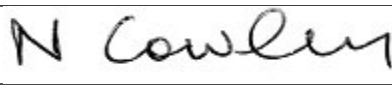
6.1 How is the contract being procured? Please mark with a (x) as relevant.	
Competition 3 Quotes <input type="checkbox"/> Formal Tender Exercise <input type="checkbox"/> Mini competition <input type="checkbox"/> Find a Tender <input type="checkbox"/> <small>(replaces OJEU Public Contract regulations 2015 still apply)</small>	Single source Single Quotation Action <input type="checkbox"/> Single Tender Action <input type="checkbox"/> Direct call off Framework <input checked="" type="checkbox"/> All Wales contract <input checked="" type="checkbox"/>
Please click here for link to Procurement Manual for additional guidance	
6.2 Please outline the procurement strategy	
<p>The procurement strategy is to award a direct Call Off from the G-Cloud 12 Framework. This guarantees the funding will be utilised before end of financial year, and ensures Health Boards who currently have the software will be able to continue with the solution without disruption to service.</p> <p>The consistency of terms and adopting an All Wales contract provides a cost reduction for HB's that currently have the solution in place.</p> <p>Please note, Malinko demonstrated their solution to all key stakeholders across NHS Wales, with the group agreeing Malinko provides a solution to meet their needs.</p> <p>The Welsh Government process for providing notification will also be applied for agreements exceeding £1m.</p> <p>The route to market will be G-Cloud so terms won't change for HBs who currently contract with Malinko.</p>	
6.3 What is the approximate time line for procurement?	
<p>Funding was provided by WG in December 2020, and the contract will be signed by end of March 2021.</p> <p>Implementation for new users will take 6-8 weeks after contract commencement.</p>	



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6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route	
Head of Procurement Name:	Nic Cowley
Signature:	
Date:	11 March 2021

7. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£k) £1,516,921	Including VAT (£k) £1,820,305
The nature of spend	Capital <input type="checkbox"/>	Revenue <input checked="" type="checkbox"/>
How is the scheme to be funded? Please mark with a (x) as relevant. Existing budgets <input checked="" type="checkbox"/> Additional Welsh Government funding <input checked="" type="checkbox"/> Other <input type="checkbox"/>		
If you have selected 'Other' – please provide further details below:		

PROFILE OF EXPENDITURE

NHS Wales is currently negotiating an all Wales price with Malinko that will be cheaper during the contract term through economies of scale and a sliding scale on licence price.

The pricing structure will include a sliding scale on the licence price which will provide savings throughout the contract.




The overall expenditure is detailed below: EXPENDITURE CATEGORY	Year 1 (exc. VAT) £k	Year 2 (exc. VAT) £k	Total Future Years (exc. VAT) £k	Total (exc.VAT) £k	Total (inc. VAT) £k
Implementation	£145,000			£145,000	£174,000
Licences	£402,480	£402,480	£402,480	£1,207,440	£1,448,928
Licences (additional contingency of 20% growth)			£80,481	£80,481	
Support & Maintenance	£28,000	£28,000	£28,000	£84,000	£100,800
Overall Total	£575,480	£430,480	£510,961	£1,516,921	£1,820,305

The expenditure is not anticipated to exceed the sum indicated in the table above as a contingency for 20% growth has been included for additional licences.

8. PROJECT MANAGEMENT (if applicable)

What are the management arrangements associated with this scheme? E.g. PRINCE 2	Prince 2 principles will be applied.
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9. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

The Lead Director, by providing email confirmation, to seek Board approval is making a declaration that all procurement rules, standing orders and standing financial instructions have been complied with. Procurement Services retain this confirmation electronically in the tender file.	
Lead Director Name:	Neil Frow – Andrew Butler
Signature:	
Service Area:	
Date:	12/03/21



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10. APPROVALS RECEIVED

List and include date of approvals received in support of this scheme.

Divisions	Date of Approval:
Business Planning Group or local equivalent	
Divisional Senior Management Team	
Executive Management Board	
Quality, Safety & Performance Committee	

Host Organisations	Date of Approval:
NWSSP / NHS Wales Shared Services Partnership Committee	January 2021
HTW – Senior Management Team	



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

TRUST BOARD

APPROVED POLICIES UPDATE

DATE OF MEETING	25/03/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Catherine Currier, Business Support Officer	
PRESENTED BY	Emma Stephens, Head of Corporate Governance	
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Director of Corporate Governance & Chief of Staff	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Not applicable	(DD/MM/YYYY)	Choose an item.
ACRONYMS		
QSP	Quality, Safety & Performance Committee	
RD&I	Research, Development & Innovation Sub-Committee	

1. SITUATION/BACKGROUND

- 1.1 In accordance with the “Policy for the Management of Policies, Procedures and other Written Control Documents”, the Trust Board will receive all approved policy documents for information under the consent agenda.
- 1.2 The purpose of this report is for the Trust Board to note the policies that have been approved since the last report in January 2021.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Following approval at the relevant Committees the policies below were uploaded to the Trust Intranet and internet site and circulated via the policy distribution list for immediate implementation.
- 2.2 The list of Policies approved since the report received by the Trust Board are outlined below:

Policy Title	Policy Lead / Function	Approving Committee	Effective Date
Intellectual Property Policy	Research & Development	Research, Development & Innovation Sub-Committee	January 2021
All Wales Governance Policy	Information Governance	Quality, Safety, Performance Committee	March 2021
All Wales Information Security Policy	Information Governance	Quality, Safety, Performance Committee	March 2021
All Wales Internet Usage Policy	Information Governance	Quality, Safety, Performance Committee	March 2021

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	The Trust has a defined process for the management of policies and written control documents. The purpose of which is to ensure staff are aware of their responsibilities with regards to Trust policy documents and to provide a

	'model' guide and consistent approach for the development, management and dissemination of the Trusts documents
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

- 4.1 The Trust Board is asked to **NOTE** the policies that have been approved since the last report in January 2021.



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INTELLECTUAL PROPERTY (IP) POLICY

Executive Sponsor & Function: Executive Medical Director and RD&I Board Lead

Document Author: Sarah Townsend, Head of Research & Development

Approved by: RD&I Sub Committee

Approval Date: 27th January 2021

Date of Equality Impact Assessment: 27th February 2014

Equality Impact Assessment Outcome: Approved

Review Date: January 2022

Version: 05

Contents

- 1. Introduction**
- 2. Policy Statement**
- 3. Scope of Policy**
- 4. Aims and Objectives**
- 5. Roles and Responsibilities**
- 6. Definition of Intellectual Property (IP) And Intellectual Property Rights (IPR)**
- 7. Implementation**
- 8. Policy Compliance**
- 9. Collaborative Research Projects**
- 10. Shared Materials**
- 11. Dispute Resolution**
- 12. Non Compliance**
- 13. Training**
- 14. Equality**
- 15. Getting Help**
- 16. References**
- 17. Acknowledgements**

1. INTRODUCTION

Intellectual Property (IP) is the term used to describe new ideas that result in the generation of some output such as a new device, document, design, or an improved way of working.

The core principles of the Policy relating to Intellectual Property is underpinned by the following three fundamental principles:

1. The management and exploitation of intellectual property must deliver benefits to patients and service users.
2. That industry has an important role to play in developing innovations.
3. That individuals who contribute intellectually to new ideas that generate an income to the Trust should be rewarded for their contributions.

2. POLICY STATEMENT

Velindre University NHS Trust recognises the importance of innovation and creativity as essential elements in the process of continual improvement. The UK Policy Framework for Health and Social Care Research 2017 places a duty on the Trust to have in place a mechanism for the exploitation of IP arising from its employees. Innovation in the NHS also occurs in the delivery of patient care and in the education and training of employees. The purpose of this document is to detail a policy for the effective management of IP within the Trust taking into account the principles referred to above and also arrangements with the Trust's Academic partners.

3. SCOPE OF POLICY

This Policy applies to IP opportunities arising from activity involving:

- All staff that are full or part-time employees of the Trust where employment activity results in the generation of any form of IP either within the course of a working day or outside normal working hours and/or away from the place of work, where IP relates to their area of employment by the Trust.
- Staff with Trust contracts of employment whose payroll costs are partially or fully funded by another party (e.g. Academic Institution, Medical Charity and Government Department) unless the contract between the Trust and that party assigns ownership of the IP to that party.
- Academic staff of associated universities with honorary clinical contracts.
- Trainee professionals and students hosted by the Trust who generate IP during the course of their training (IP generated by students engaging in research for the Trust may be owned by the Trust unless there is an agreement to the contrary).
- Independent Providers of Services who generate IP from research funded by the NHS are required to inform the appropriate party and share the benefits of its

commercialisation. Where IP is assigned to the Trust, the Independent Provider of Services will benefit under the revenue sharing scheme of the Trust.

- For individuals who hold an Honorary Contract with the Trust, the IP Policy of their substantive employer will take precedence over the Trust's policy unless circumstances (such as the Trust's contribution to the creation of the IP for example where the honorary employee has utilised Trust equipment, consumables or the time of Trust-funded staff to create the IP) require negotiation to the contrary to ensure the Trust's contribution is fairly rewarded.
- Trust staff seconded to another organisation or employees of another organisation hosted by the Trust under contract are subject to the terms defined in the contract between the Trust and that organisation.

Please note that the applicability of this IP Policy may be subject to a person's employment contract or any other terms upon which a person is engaged by the Trust.

4. AIMS & OBJECTIVES

In order to achieve its core objectives this Policy aims to ensure that:

- There is a good awareness and understanding of IP issues throughout the Trust.
- There is a process in place for disclosure, evaluation, management and exploitation of any IP uncovered by Trust employees which is timely, transparent and supportive.
- The responsibilities of staff and management are clear.
- The support role of the R&D Departments is clear.
- The ownership of IP related to the disclosure of an idea is established clearly at the outset by the R&D Department.
- The ownership and management of IP arising from collaborative projects with other organisations, e.g. universities, is clear and supports innovation.
- There is a clear framework governing the ownership and management of the results and associated IP arising from collaborative research projects.
- The apportioning of revenue from any profits of commercialisation is clear and there is a process to implement revenue sharing.
- Potentially exploitable IP is protected appropriately.
- There is a transparent process to resolve any disputes.
- Income from IP owned by the Trust is used to improve patient care and service delivery.

5. ROLES AND RESPONSIBILITIES

5.1 Staff Responsibilities It is the responsibility of all Trust employees involved in the creation of IP to report any IP developments to the Trust's R&D Department in line with divisional policy and procedure.

Should employees fail to report any IP development to the Trust's R&D Department the key principles of this policy will apply retrospectively.

5.2 The Executive Medical Director has the responsibility for IP Management and will keep the Trust's Board informed of all significant issues via the Research, Development & Innovation (RD&I) Sub Committee.

5.3 The Trust RD&I Sub Committee undertakes the role of exploitation panel and is responsible for assessing newly identified IP and determining which exploitation route, if any, should be pursued. Recommendations from the Exploitation Panel will be passed to the Trust Board for approval.

5.4 The Trust Board has the final decision on which IP should be exploited based on the recommendations of the Trust RD&I Committee.

5.5 The Head of Research & Development is the nominated Trust IP manager. The post holder will be responsible for overseeing all IP projects and will act as the point of liaison between the Trust and any All-Wales Intellectual Property Advisory Service and other stakeholders.

- Ensure that new IP is recognised
- Identify the most appropriate means of protecting the IP determine the appropriate path to take advantage of the IP & raise awareness.

5.6 The Trust R&D Department will provide advice and where appropriate signpost staff to other sources of information and support.

The role of the R&D Department will be to:

- Maintain the Trust's IP policy.
- Provide a contact point for Trust personnel seeking advice on IP.
- Increase the profile of IP and educate staff appropriately in the Trust, for example by facilitating awareness raising and training sessions for staff.
- Coordination with partners and national bodies in relation to IP management.
- Market and manage funding calls relating to innovation and IP.
- Where the RD&I Committee has identified an exploitation route the R&D Department will endeavour to secure the relevant resources to enable staff to develop their ideas and associated IP.
- Negotiate agreements where appropriate with third parties.

6. DEFINITION OF INTELLECTUAL PROPERTY (IP) AND INTELLECTUAL PROPERTY RIGHTS (IPR)

IP can be tangible or intangible. It can be defined as the products of intellectual or creative activity in the form of novel ideas, innovation or research and development that can be given legal recognition of ownership. This ownership is a tradable commodity known as the intellectual property right (IPR). This can be a patent, copyright, design rights, trademarks, know-how, as well as medical marketing authorisations and regulatory certifications (see Appendix 1). IPR can be assigned or licensed exclusively

or non-exclusively. IP can be generated where R&D, delivery or management of care or other creative work is being undertaken.

During the application process for a patent, it is imperative that the invention documentation remains confidential. Prior disclosure of this information will render the invention non-patentable in many regions of the world.

While IP can and often does arise from formal research projects, it is not limited to the outputs of research studies and can be generated in many other ways. For example, IP may arise as a result of staff trying to find a solution to a problem or designing a new device based on their experience while working with other staff and patients.

It should be noted that IP legislation is complicated and the scope of IP rights (what can be protected and what cannot be protected) is often a grey area. Members of staff are advised to contact the Trust R&D Department at the earliest opportunity to discuss in more detail the relevance of IP protection to their ideas and any expression of those ideas. In order to ensure protection of the IP in your idea the idea must be recorded in permanent form.

More information about IP is available on the Intellectual Property Office website (www.ipo.gov.uk).

7. IMPLEMENTATION

This policy will be maintained by the R&D Office.

Please refer to section 5 further information in relation to the responsibilities in connection with this policy.

The policy will be available via the Trust Intranet Site and from the R&D Office. Where staff do not have access to the intranet their line manager must ensure that they have access to a copy of this policy.

The RD&I Committee will review the operation of this policy as required. At least every two years.

8. POLICY COMPLIANCE

8.1 Identifying and Protecting IP

Staff at all levels need to be aware of the possibility that they may generate new IP during the course of their employment. The following are examples of activities where IP needs to be considered:

- A novel treatment
- A new diagnostic technique

- A new device
- A new drug or the new use of a drug
- Use of data, software, training material
- A treatment protocol
- New management system

8.2 Ideas Disclosure

Velindre University NHS Trust R&D Department has developed an “Ideas Disclosure Form” to be used by Velindre Employees if they have an innovation that, as far as is known, is not in place elsewhere. A completed form should be submitted to the R&D Department for consideration by the RD&I Committee. The RD&I Committee will evaluate the potential of the IP and if appropriate create a plan for its management and exploitation.

The ideas disclosure form is attached in appendix 3 and the general process for the disclosure of ideas in appendix 4.

The Ideas Disclosure Form asks Velindre employees to provide information on their idea, explaining its originality/inventiveness, and how it can benefit the NHS and patients, either directly or indirectly.

In seeking to establish the originality/inventiveness of an idea, employees should investigate current patents online before completing the Idea Disclosure Form. The following link will allow Velindre employees to do a preliminary patent search <https://worldwide.espacenet.com/>

Please note the R&D Department is an official function of Velindre University NHS Trust. Therefore any disclosure made to the R&D Department including to its staff, e.g. through the Ideas Disclosure Form, is deemed as a confidential disclosure and will be kept confidential by the R&D Department.

The Trust emphasises that staff should not disclose their idea to anyone apart from research collaborators with whom they are bound by a viable contract which includes provisions for confidentiality, as this might jeopardise subsequent IP protection. Employees are urged to consult the Trust’s R&D Department at the earliest possible stage if they have any questions about this and especially if they are uncertain about the implications of disclosing an idea to others.

8.3 Due diligence

When an idea or potential invention is notified to the R&D Department, a process of due diligence will be carried out to identify all of the contributors, their employment status and their contribution to the idea/invention. Staff are asked to provide all records as necessary

to facilitate this process. Incorrect identification of inventors may in some cases invalidate a patent, so it is important that all inventors are correctly identified.

8.4 Partnering with Universities or other organisations to develop IP

The Trust may partner with its neighbouring university's IP/commercialisation facility to utilise their infrastructure and expertise. In this event both the inventor and the Trust will agree in clear terms the nature of the relationship with the partner university or other organisation. This agreement should be underpinned by three clear criteria:

- Where possible, Trust costs incurred in the development of the IP should be recovered before the benefits of commercialisation are shared with the inventor or other parties;
- That the development and commercialisation of the IP delivers benefits to patients and the Trust;
- That the inventor(s) retain the rights to receive an appropriate level of income in the event that commercialisation of the IP generates profits.

8.5 Partnering with IP specialists

The Trust may also make use of external IP specialist's for advice on matters such as licensing, funding, legal, technical, spin-out to maximise new knowledge creation.

In the above circumstances, benefits to the partner organisation will need to be agreed, for example a percentage of revenue in the event that the IP generates profits. To achieve this a formal partnership agreement will be put in place with the external specialist organisation if the Trust intends to use their services.

This can be useful in helping to build long-term, productive strategic relationships between the organisations concerned.

8.6 Ownership of IP

The Trust has right of ownership to all IP produced by Trust employees in the course of their normal duties. Employees have an obligation to inform the Trust about IP generated as a result of their activities and must not sell, assign or otherwise trade IP without Trust agreement (see appendix 2 for an extract from the Trust Contract of Employment.)

Where the potential for new IP can be identified in advance, steps will be taken by the Trust to ensure that contracts/agreements contain appropriate terms and conditions to clearly indicate the assignment of intellectual property rights (IPR) and the distribution of benefits arising from the IP.

Where such agreements are not in place, or where organisations have differing agreements, the Trust will negotiate an appropriate share of benefit in accordance with the Trust procedure.

Where Velindre University NHS Trust chooses not to exploit IP arising from the work of its employees, it will, in most cases (subject to no outstanding claims such as from a funding body), assign the IP back to the inventor(s) who may wish to pursue its further development. In return for the assignment, the inventor(s) may be asked to share a small percentage of any income generated with the Trust. Additionally, the Trust will retain the right to use the work at no cost for its own non-commercial purposes.

Where IP is generated by students of higher education institutions the IP will be owned by the student or, if the student and the institution have agreed to this, by the institution. This agreement may occur, for example, by provision in the university regulations accepted by the student, or the terms of a particular funding scheme. Where Velindre University NHS Trust provides support for such research, and there is an opportunity to seek cost recovery or an appropriate share of benefit the Trust will do so. Where appropriate, any such agreement should be negotiated by the relevant parties at the outset.

8.7 Staff Rewards Policy

Velindre University NHS Trust wish to encourage full participation by our employees in the creation and commercial exploitation of IP when it has not been generated as part of their normal duties. This policy therefore lays out a set of conditions under which staff can receive tangible rewards as a result of the intellectual contributions to the generation of IP which is commercialised. This can be done in two ways:

1. To share revenue where the Trust receives any profits from IP exploitation.
2. To allow staff to participate in and hold equity in spin-out companies.

8.7.1 Revenue Sharing from IP Exploitation

In all cases the shared revenue will be the net income attributed [by the Trust] to an IP right minus any costs incurred by the Trust in bringing the product to market. The Trust, exercising probity, will put robust systems in place to administer and calculate income arising from IP commercialisation. Revenue will be shared between the Trust and the inventor(s) according to the revenue sharing formula. In cases where several staff have been involved in generating the IP, the proportion of revenue allocated to inventors will be divided between them evenly unless it can be demonstrated and agreed that the contribution of individuals varies significantly.

The Trust will ensure that any profits arising from the exploitation of IP, which have been disclosed by and generated by a member of staff identified to the R&D Department, are shared on the following terms:

- In all cases the shared revenue will be the net of any remaining monies after reasonable protection and exploitation costs have been deducted e.g. the costs

incurred by the researcher, the clinical directorate within which the research work took place, patenting fees or other legal costs, or marketing costs.

- Where the employee produces more than one item of IP, the income from subsequent IP - unless the subsequent IP is unrelated - will be aggregated with that from the first IP for the purpose of determining the employee's share according to the sliding scale of net revenue.
- Where there is a contracted agreement with a funding sponsor to share revenue from successful exploitation of IP arising from research funded by that sponsor, the cumulative net revenue to the Trust is the income from exploitation remaining after deduction of the sponsor's share and other costs as above.

8.7.2 Velindre University NHS Trust Revenue Sharing

Consideration has been given to the revenue sharing policies of University Health Boards/Trusts and Universities in Wales and is reflected in the following revenue sharing schedule:

Cumulative net income	Inventor	Department	R&D	Trust
First £10K	100%	0%	0%	0%
£10K-£20K	60%	20%	10%	10%
£20K-£100K	50%	20%	15%	15%
£100K-£250K	40%	20%	20%	20%
Over £250K	35%	20%	15%	30%

9 COLLABORATIVE RESEARCH PROJECTS

The Trust actively encourages its staff to work collaboratively with other organisations to promote research and innovation. It is widely recognised that the issue of IP in collaborative research/innovation can be complex. The Trust aims to provide a framework whereby those that generate ideas are able to use them and are rewarded for their efforts whilst ensuring that the appropriate level of control is in place to ensure that any IP arising from collaborative research always benefits patients and donors and facilitates the collaborative process.

It is therefore important before embarking on a collaborative venture that all parties, the researchers, contract managers and funders, agree the principles of the collaboration. These can be set out in a Heads of Terms (HoT) which allows research decision makers to identify in plain language what they regard as the key issues before

instructing their lawyers to draw up a formal agreement (see Template Heads of Terms at Annex 5).

10 SHARED MATERIALS

Materials are defined as equipment, reagents and biological materials, including cell lines, tissues, bacterial strains, plasmids and viruses. When such materials are distributed to other researchers or used in a project they should be subject to a Material Transfer Agreement (MTA) which will be managed via the Trust's R&D Department. This agreement should define the limitations of use of the material and recognises the interest in the IP that may arise from its use. This agreement must be in place prior to distribution and use of the material. The use of trademarks and design rights associated with the aforementioned materials should also be the subject of this agreement.

11 RESOLUTION OF DISPUTES

Where there is dispute about the inventor(s) of IP, dated written records associated with the generation of the IP will be used to establish the inventor(s) of the IP and to determine their level of contribution/remuneration. In the absence of documentary evidence, the Chief Executive of the Trust shall decide, taking such professional advice as appropriate and this decision will be final.

12 NON COMPLIANCE

If any Trust employee fails to comply with this policy, the matter may be dealt with in accordance with the Trusts Disciplinary Policy. The action taken will depend on the individual circumstances and will be in accordance with the appropriate workforce and organisational development policies.

13 TRAINING

Whilst there are no formal training programmes in place to ensure implementation of this policy, each Executive Director, Divisional Director, Clinical Director, Divisional General Manager, Divisional Nurse, Departmental Manager, Head of Nursing and Head of Departments must ensure that managers and all staff, clinical and non-clinical, are made aware of the policy provisions and that they are adhered to at all times.

14 EQUALITY

The Trust is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its Employees reflects their individual needs and does not discriminate against individuals or groups.

The Trust has undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. The Trust wanted to know of any possible or actual impact that this procedure may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues) race, disability,

sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics.

The assessment found that there was no impact to the equality groups mentioned. Where appropriate the Trust will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation

15 GETTING HELP

For further information on this Policy all Velindre University NHS Trust staff should contact the Velindre University NHS Trust R&D Department using the email address Velindre.R&DOffice@wales.nhs.uk.

AgorIP a company supported by Welsh Government, EU & Swansea University works with businesses, academics and NHS Wales providing IP advice and to bridge the gap between products and the market place www.agorip.com.

16 REFERENCES

- Excellence and Opportunity: A science and Innovation White Paper for the 21st Century
- www.dti.gov.uk/ost/aboutost/dtiwhite/
- Government Response to the Baker Report
- www.hm-treasury.gov.uk/documents/enterpriseand_productivity/research_and_enterprise/ent_sme_baker.cfm
- Welsh Assembly Government, 'Intellectual Property and Innovation in Health care in Wales' – A Framework and Guidance on the Management of Intellectual Property in the NHS in Wales, February 2005
- NISCHR template IP policy for NHS Health Boards in Wales (NISCHR NHS IP Policy January 2013).
- Innovation in Wales
- An Intellectual Property (IP) policy for activities funded by NISCHR

17 ACKNOWLEDGEMENTS

- Abertawe Bro Morgannwg University Health Board R&D Department

APPENDIX 1 - INTELLECTUAL PROPERTY (IP) PROTECTION

This appendix includes a very brief overview on some aspects of IP protection. For more detail please consult the Intellectual Property Office website "types of IP" section www.ipo.gov.uk/types.htm.

This information is provided for guidance purposes only and is not intended to constitute a definitive or complete statement of the law on IP, nor is any part of it intended to constitute legal advice for any specific situation.

Know-how

"Know how" rights arise automatically and do not require registration. Know-how (also known as a "trade secret") is any information that is not in the public domain which has an assumed value. Know-how is often the most valuable of all IP assets and rights arise automatically with no need for registration. For example, it can be the knowledge about how to perform a procedure or to create a product or process. Know-how can be identified and protected by a Non-Disclosure Agreement (NDA) agreement (also known as Confidential Disclosure Agreements, CDA). When working with other parties, NDAs can be reciprocal agreements whereby the boundaries of confidential information that is disclosed and received is identified and obligations on both receiving and disclosing parties are detailed. A template NDA may be obtained from the Trust R&D Department. Know-how and confidential information are not capable of assignment as property rights but a formal information transfer coupled with a non-use and secrecy agreement can have the same effect. They persist indefinitely, as long as they remain covered by the terms of a NDA.

Copyright

Copyright rights arise automatically and do not require registration. Copyright covers a wide range of works including written and graphical information such as leaflets, articles, assessment tools, training packs, databases, computer software, "Apps" and films/videos, drawings and the 2-D representation of 3-D structures. Copyright is an automatic unregistered right that subsists if the work is "original". The requirements for originality are low. Therefore it is best to assume that copyright will subsist in all written, graphic or photographic works generated by staff.

It is advisable to attach a statement to any works such as: Copyright Velindre University NHS Trust Date XX. All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owner. However, you may decide to designate certain areas of activity for which permission does not have to be obtained. For example "non-for-profit organisations such as NHS Health Boards and Trusts, may reproduce this

work solely for the purposes of teaching or further non-commercial research. In all other circumstances the permission of the UHB must be obtained".

Patents

Patents need to be registered to attract protection. Patents can be used to protect "technical" inventions that are new and have a utility. The vast majority of ideas will have potential utility. In Europe and the majority of countries in the world "new" means that all of the features of the invention must not have been made available to the public in a single disclosure anywhere in the world prior to the patent filing date. A public disclosure can be written, verbal or by any other means (e.g. journals, internet, meetings, posters, etc) and could merely be the result of a conversation between friends. To qualify as a patentable invention the idea must also not be obvious. The assessment of what is obvious is a complex area of patent law and in the first instance staff are advised against concerning themselves with this criterion. In the UK, some inventions are specifically excluded from patenting where those inventions consist entirely of methods of treatment by surgery or therapy or diagnostic methods. However, these inventions are patentable in other countries, notably the USA.

Excluded inventions are also a complex area of patent law and staff are advised that if they think they have an invention which lies in an excluded category to please consult the Trust R&D Department in the first instance. However, it is best not to assume an invention is excluded in the first instance.

Design Rights

Design rights arise automatically and do not require registration. Design Rights protect against the copying of the shape or configuration of an article. Design Rights may exist in addition to other forms of protection offered by patents or copyright.

The "Design Right"

The "unregistered" Design Right as it is known, similar to copyright, is an automatic right and can last up to fifteen years. It can protect the 3D features of an article, internal and external features, but there are a number of exclusions for example where the article is dependent on another article the so-called "must-fit, must match" exclusion. A surgical instrument could be protected by this right. However, unregistered design rights are generally considered to be weak IP rights and often stronger rights such as patents are sought, at least to improve levels of protection. Given the particular requirement of this "niche" aspect of IP law it is best in the first instance not to assume that the design right will protect a given article.

Registered Design Rights

Both UK and European law provide for registered design rights which last up to 25 years. Registration is required to attract protection. Registered design rights protect the appearance of a product, for example its shape, colour or texture of materials. For example, a new design of surgical gown or a patient's pillow could be the subject of a registered design right.

Trade marks

A trademark is a sign or symbol that is used to distinguish a product or service of one undertaking (e.g. a company or organisation, such as an NHS organisation) from another undertaking. Trademarks need to be registered to attract protection. Trademarks can protect words, logos, shapes, colours and even smells (e.g. the name "Coca Cola" and also the shape of the Coca Cola bottle are registered trademarks). Trademarks are the IP right that protect brands. They can last forever, providing renewal fees are paid.

Appendix 2 - Extract from Velindre University NHS Trust Contract of Employment

26. Discoveries and Inventions

- 26.1 If at any time during your employment you alone or with others make or discover any invention, discovery, improvement or modification which relates to or which may relate to any products, site process, equipment, system or activity of the Trust or which are actually or partially useful to the activities of the Trust ("Invention") you shall forthwith disclose full particulars of the same including drawings and models to the Trust.
- 26.2 You hereby agree and acknowledge that all Inventions made in connection with the business of the Trust and all rights therein made in the course of your duties shall accordingly belong to the Trust.
- 26.3 You shall at the request and expense of the Trust execute on demand all such documents as the Trust may require and do all such other things as the Trust may consider to be necessary to enable the Trust to obtain the full benefit in such manner as the Trust may require of any Invention and the rights therein to which the Trust is entitled, to vest the rights arising there from fully in the name of the Trust or as it may direct and to secure such patent, utility, model, copyright or design registration or other similar protections for such Inventions in any part of the world as the Trust may consider appropriate.
- 26.4 You hereby irrevocably appoint the Trust to be your attorney in your name and on your behalf to execute all such documents and to do all such acts as may be necessary or desirable to give *effect* to the provisions of this Clause.

Appendix 3 – Innovative Ideas Disclosure Form



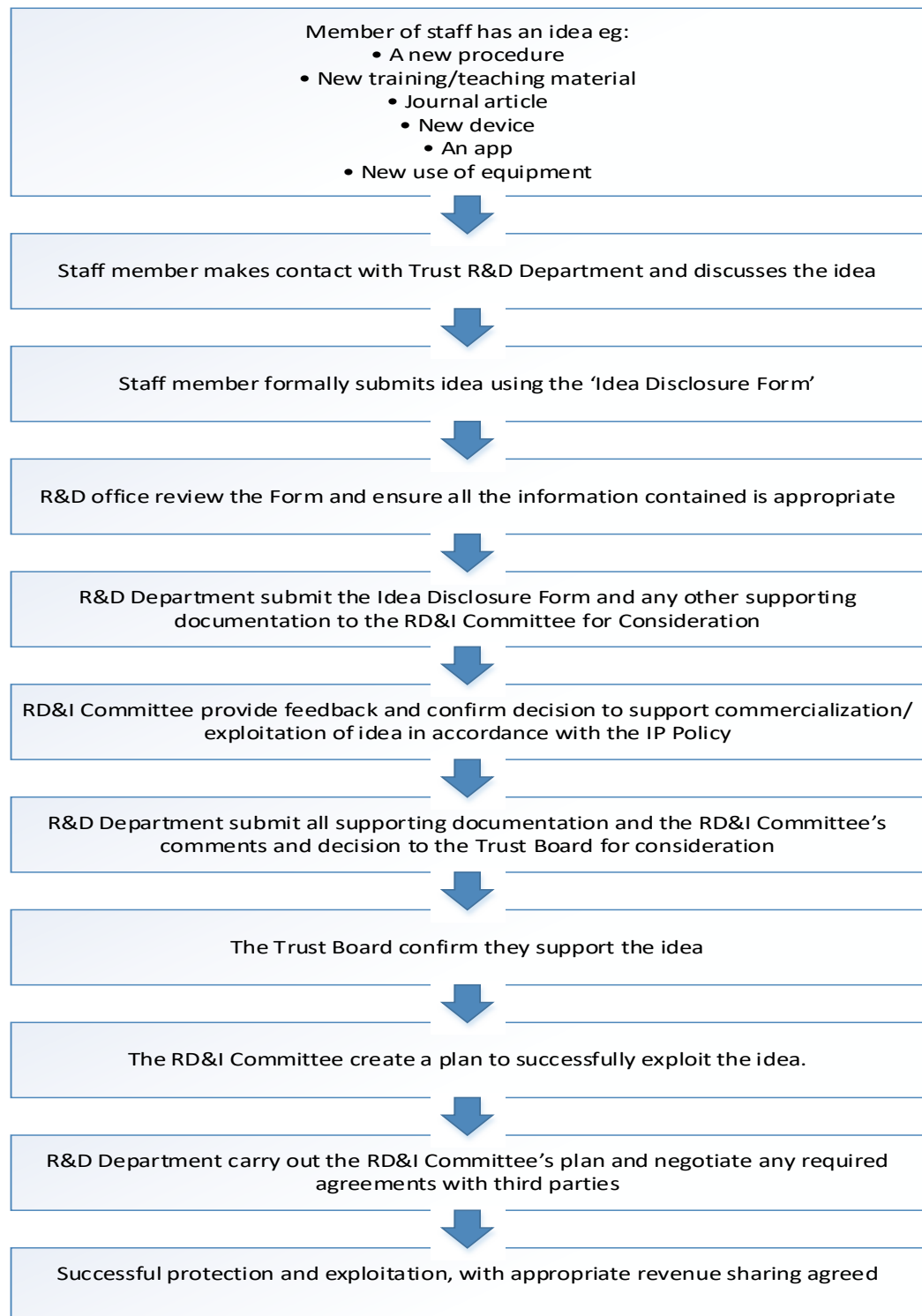
INNOVATIVE IDEAS DISCLOSURE FORM

Full Name	
Role	
Department	
Status of Employment	
The name of any collaborating individuals or parties	
Title of the project (max 60 characters)	
Idea Summary (Maximum 200 words)	
Summary of potential benefits to patients/health service (Maximum 200 words)	

<p>What were the results of your preliminary patent search? A free patent search can be undertaken using the following link</p> <p>https://worldwide.espacenet.com/</p>	
<p>Any other relevant information (max 200 words)</p>	

If applicable please include separately any supporting drawings or schematics to this application.

Appendix 4 - General Process for the Disclosure of Ideas



Appendix 5 - TEMPLATE HEADS OF TERMS (HoT)

It is important for Velindre staff engaged in research/ innovation and their managers to create the optimum conditions for a collaboration and to understand what it aims to achieve and the process for achieving it. The HoT should clearly set out the parties intentions expressly, such as “These HoT are not intended to be legally binding except as specifically set out in this letter”.

HoT enable decision makers to identify the key issues surrounding a collaborative project in plain language. The very process of creating a HoT can be a very constructive and useful way for all parties to understand the needs and expectations of the other parties at the outset and may minimise disagreements and disputes later. In this way a project is more likely to be productive. It is important to consult lawyers after you have created your draft HoT but the process itself of creating the HoT should not be confined to lawyers. A template HoT is provided below.

- The Parties
- Purpose of project
- Scope of project
- Start date and main time points
- Resources provided by each party (e.g. financial, personnel, data, existing IP etc)
- Role of each of the Parties
- Ownership of IP in results
- Access rights to IP arising in the project
- Access rights to other parties’ existing IP necessary for performing the project
- Confidentiality
- IP exploitation plan
 - Management of project IP
 - Decision making relating to IP exploitation
 - Revenue/equity
- Dispute resolution
- Termination conditions

NHS Wales Information Governance Policy

Author: Information Governance Management
Advisory Group Policy Sub Group

Approved by: Information Governance Management
Advisory Group

Approved by: Wales Information Governance Board

Version: 2

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Contents

1.	Introduction.....	4
2.	Purpose	4
3.	Scope	4
4.	Roles and responsibilities	5
5.	Policy	5
5.1	Data Protection and Compliance	5
5.1.1	Fair and Lawful Processing.....	6
5.1.2	Individual's Rights.....	6
5.1.3	Accuracy of Personal Data	6
5.1.4	Data Minimisation.....	6
5.1.5	Data Protection Impact Assessment (DPIA)	6
5.1.6	Incident Management and Breach Reporting	7
5.1.7	Information Governance Compliance.....	7
5.1.8	Information Asset Management.....	7
5.1.9	Third Parties and Contractual Arrangements.....	7
5.2	Information Security.....	7
5.3	Records Management	7
5.4	Access to Information	8
5.5	Confidentiality.....	8
5.6	Sharing Personal Data	8
5.7	Information Assets	9
5.7.1	The Control Standard.....	9
5.7.2	Asset Registers	9
5.8	Data Quality.....	9
6.	Training and Awareness	9
7.	Monitoring and compliance.....	9
8.	Review	10
9.	Equality Impact Assessment.....	10
	Annex: Policy Development - Version Control	11

1. Introduction

This document is issued under the All Wales Information Governance Policy Framework and maintained by the NHS Wales Informatics Service (NWIS) on behalf of all NHS Wales organisations.

2. Purpose

The aim of this Policy is to provide all NHS Wales employees with a framework to ensure all personal data is acquired, stored, processed, and transferred in accordance with the law and associated standards. These include Data Protection legislation, the common law duty of confidence, NHS standards such as the Caldicott Principles, and associated guidance issued by Welsh Government, Information Commissioner's Office (ICO), Department of Health and other professional bodies.

The objectives of the Policy are to:

- Set out the legal, regulatory and professional requirements;
- Provide staff with the guidance to understand their responsibilities for ensuring the confidentiality and security of personal data.

3. Scope

This policy applies to the workforce of all NHS Wales organisations including staff, students, trainees, secondees, volunteers, contracted third parties and any other persons undertaking duties on behalf of NHS Wales.

For the purpose of this policy 'NHS Wales Organisations' include all Health Boards and NHS Trusts.

It applies to all forms of information processed by NHS Wales organisations; and covers all business functions and the information, information systems, networks, physical environment and relevant people who support those business functions.

For the purpose of this policy, the use of the term "personal data" refers to information relating to both living and deceased individuals. Examples of key identifiable personal data include (but are not limited to) name, address, full postcode, date of birth, NHS number, National Insurance number, images, recordings, IP addresses, email addresses etc.

For the purpose of this policy "special category data" refers to the types of personal data that are defined by data protection legislation as relating to an individual's racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, health, sex life, sexual orientation, genetic and biometric data where processed to uniquely identify an individual. Some special category data is also protected by legislation separate to the data protection legislation. For example information relating to certain sexually transmitted diseases is subject to separate legislative provisions in certain circumstances.

4. Roles and responsibilities

The Chief Executive is responsible for ensuring the highest level of organisational commitment to the policy and the availability of resources to support its implementation and any associated legal requirements. Specific responsibilities will be delegated to the Chief Information Officer, the Data Protection Officer, Senior Information Risk Officer and the Caldicott Guardian or an Executive Director as appropriate.

NHS Wales Organisations must have the following key roles in place:

- **Chief Information Officer (CIO):** The most senior executive responsible for the management, implementation, and usability of information and computer technologies in an organisation;
- **Senior Information Risk Owner (SIRO):** An Executive Director or member of the Senior Management Board of an organisation with delegated responsibility from the CEO for an organisation's information risk policy. The SIRO is accountable and responsible for information risk across the organisation. The SIRO is accountable and responsible for information risk across the organisation;
- **Caldicott Guardian:** A senior person with delegated responsibility from the CEO for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing;
- **Data Protection Officer (DPO):** A data protection expert who is responsible for monitoring an organisation's compliance; informing and advising the organisation on its data protection obligations, and acting as a contact point for data subjects and the Information Commissioner's Office (ICO).

Managers are responsible for the implementation of this policy within their department/directorate. In addition, they must ensure that their staff are aware of this policy, understand their responsibilities in complying with the policy requirements and are up to date with mandatory information governance training.

The workforce must familiarise themselves with the policy content and ensure the policy requirements are implemented and followed within their own work area. Mandatory information governance training must be undertaken at least every two years. Breaches of the policy must be reported via local incident reporting processes and dealt with in line with the All Wales Disciplinary Policy where appropriate.

5. Policy

5.1 Data Protection and Compliance

Data protection legislation is about the rights and freedoms of living individuals and in particular their right to privacy in respect of their personal data. It stipulates that those who record and use any personal data must be open, clear and transparent about why personal data is being collected, and how the data is going to be used, stored and shared.

While the emphasis of this policy is on the protection of personal data, organisations will also own business sensitive data and provision for the security of that data will also be governed by this policy as appropriate.

5.1.1 Fair and Lawful Processing

Under data protection legislation, personal data, including special category data must be processed fairly and lawfully. Processing broadly means collecting, using, disclosing, sharing, retaining or disposing of personal data or information.

In order for the processing to be fair, NHS Wales organisations must be open and transparent about the way it processes personal data by informing individuals using a variety of methods. The most common way to provide this information is in a privacy notice. Guidance must be made available to staff to enable them to produce and make available privacy notices in line with the legislation.

5.1.2 Individual's Rights

Individuals have certain rights with regard to the processing of their personal data. NHS Wales organisations must ensure that appropriate arrangements are in place to manage these rights. Staff must follow their organisational procedures and guidance to ensure requests relating to individual rights are managed appropriately.

5.1.3 Accuracy of Personal Data

Arrangements must be in place to ensure that any personal data held by NHS Wales organisations is accurate and up to date. Staff must follow their organisational procedures and guidance to ensure that information, howsoever held is maintained appropriately.

5.1.4 Data Minimisation

NHS Wales organisations will use the minimum amount of identifiable information required when processing personal data. Where appropriate, personal data must be anonymised or pseudonymised. Staff must follow their organisational procedures and guidance to ensure the principle of data minimisation is appropriately upheld.

5.1.5 Data Protection Impact Assessment (DPIA)

All new projects or major new flows of information must consider information governance practices from the outset to ensure that personal data is protected at all times. This also provides assurance that NHS Wales organisations are working to the necessary standards and are complying with data protection legislation. In order to identify information risks a DPIA must be completed. Your information governance department will provide the required guidance and template.

5.1.6 Incident Management and Breach Reporting

NHS Wales organisations must have arrangements in place to identify, report, manage and resolve any data breaches within specified legal timescales. Lessons learnt will be shared to continually improve procedures and services, and consideration given to updating risk registers accordingly. Incidents must be reported immediately following local reporting arrangements.

5.1.7 Information Governance Compliance

NHS Wales organisations must have arrangements in place to monitor information governance compliance. Staff are required to assist in this activity when required. This may include providing evidence in relation to an investigation, or for completion of the information governance toolkit.

Any risks identified must be managed in line with local risk management arrangements.

5.1.8 Information Asset Management

Information assets will be catalogued and managed by NHS Wales organisations by using an Information Asset Register which must be regularly reviewed and kept up to date.

5.1.9 Third Parties and Contractual Arrangements

Where the organisation uses any third party who processes personal data on its behalf, any processing must be subject to a legally binding written contract which meets the requirements of data protection legislation. Where the third party is a supplier of services, appropriate and approved codes of conduct or certification schemes must be considered to help demonstrate that the organisation has chosen a suitable processor.

5.2 Information Security

NHS Wales organisations will maintain the appropriate confidentiality, integrity and availability of its information, and information services, and manage the risks from internal and external threats. Please refer to the National Information Security Policy for further details.

5.3 Records Management

NHS Wales organisations must have a systematic and planned approach to the management of records in the organisation from their creation to their disposal. This will ensure that organisations can control the quality and quantity of the information that it generates, can maintain that information in an effective

manner, and can dispose of information efficiently when it is no longer required and outside the retention period.

5.4 Access to Information

NHS Wales organisations are in some circumstances required by law to disclose information. Examples include, but are not limited to, information requested under Data Protection legislation, Access to Health Records legislation, the Freedom of Information Act, the Environmental Information Regulations.

Processes must be in place for disclosure under these circumstances. Where required, advice should be sought from the organisation's information governance department.

5.5 Confidentiality

All staff have an obligation of confidentiality regardless of their role and are required to respect the personal data and privacy of others in line with the Common Law Duty of Confidence, and the Caldicott Principles.

Staff must not access information about any individuals who they are not providing care, treatment or administration services to in a professional capacity. Rights to access information are provided for staff to undertake their professional role and are for work related purposes only. It is only acceptable for staff to access their own record where self-service access has been granted.

Appropriate information will be shared securely with other NHS and partner organisations in the interests of patient, donor care and service management. (See section 5.6 on Information Sharing for further details).

5.6 Sharing Personal Data

The WASPI Framework provides good practice to assist organisations to share personal data effectively and lawfully. WASPI is utilised by organisations directly concerned with the health, education, safety, crime prevention and social wellbeing of people in Wales.

NHS Wales organisations will use the WASPI Framework for any situation that requires the regular sharing of information outside of NHS Wales wherever appropriate. Advice must be sought from the information governance department in such circumstances.

Formal Information Sharing Protocols (ISPs) or other agreements must be used when sharing information between external organisations, partner organisations, and external providers. ISPs provide a framework for the secure and confidential obtaining, holding, recording, storing and sharing of information. Advice must be sought from the information governance department in such circumstances.

Personal data may need to be shared externally on a one-off basis in the event of an emergency, where an ISP or equivalent sharing document does not exist. The sharing of such information must be formally documented with a clear, justifiable purpose, and processed securely.

5.7 Information Assets

5.7.1 The Control Standard

The Wales Control Standard for Electronic Health and Care Records describes the principles and common standards that apply to shared electronic health and care records in Wales, and provides the mechanism through which organisations commit to them.

5.7.2 Asset Registers

A register of core national systems is maintained by the NHS Wales Informatics Service and sets out how shared electronic health and care records are held within National Systems. NHS Wales organisations will also have local information asset registers. Staff must follow their organisational procedures and guidance to ensure information asset registers are regularly updated.

5.8 Data Quality

NHS Wales organisations process large amounts of data and information as part of their everyday business. For data and information to be of value they must be of a suitable standard.

Poor quality data and information can undermine the organisation's efforts to deliver its objectives and for this reason, the NHS in Wales is committed to ensuring that the data and information it holds and processes is of the highest quality reasonably practicable under the circumstances. All staff have a duty to ensure that any information or data that they create or process is accurate, up to date and fit for purpose. NHS Wales organisations will implement procedures where necessary to support staff in producing high quality data and information.

6. Training and Awareness

Information governance is everyone's responsibility. Training is mandatory for NHS staff and must be completed at commencement of employment and at least every two years subsequently. Non NHS employees must have appropriate information governance training in line with the requirements of their role.

Staff who need support in understanding the legal, professional and ethical obligations that apply to them should contact their local information governance department.

7. Monitoring and compliance

NHS Wales trusts its workforce, however it reserves the right to monitor work processes to ensure the effectiveness of the service. This will mean that any personal activities that the employee practices in work may come under scrutiny. NHS Wales organisations respect the privacy of its employees and

does not want to interfere in their personal lives but monitoring of work processes is a legitimate business interest.

Managers are expected to speak to staff of their concerns should any minor issues arise. If serious breaches are detected an investigation must take place. Where this or another policy is found to have been breached, organisational / national procedures must be followed.

Concerns about possible fraud and or corruption should be reported to the counter fraud department.

In order for the NHS Wales organisations to achieve good information governance practice staff must be encouraged to recognise the importance of good governance and report any breaches to enable lessons learned. They must be provided with the necessary tools, support, knowledge and training to help them deliver their services in compliance with legislation. Ultimately a skilled workforce will have the confidence to challenge bad information governance practice, and understand how to use information legally in the right place and at the right time. This should minimise the risk of incidents occurring or recurring.

8. Review

This policy will be reviewed every two years or more frequently where the contents are affected by major internal or external changes such as:

- Changes in legislation;
- Practice change or change in system/technology; or
- Changing methodology.

9. Equality Impact Assessment

This policy has been subject to an equality assessment.

Following assessment, this policy was not felt to be discriminatory or detrimental in any way with regard to the protected characteristics, the Welsh Language or carers.

Annex: Policy Development - Version Control

Revision History

Date	Version	Author	Revision Summary
26/06/2018	V1	Andrew Fletcher on behalf of the IGMAG Policy Sub Group	
1/12/2020	V d 1.1	Andrew Fletcher on behalf of the IGMAG Policy Sub Group	Draft incorporating comments
14/01/2021	2	Andrew Fletcher (Chair of the IGMAG policy sub group)	Final Policy

Reviewers

This document requires the following reviews:

Date	Version	Name	Position
1/12/2020	1.1	IGMAG Policy sub group	Sub group of the Information Governance Management and Advisory Group
4/01/2021	1.1	Information Governance Management and Advisory Group	All Wales Information Governance Leads
4/01/2021	1.1	Welsh Partnership Forum	All Wales workforce leads and trade unions
7/01/2021	1.1	Equality Impact Assessment	NWIS Equality Impact Assessment Group
14/01/2021	1.1	Information Governance Management and Advisory Group	All Wales Information Governance Leads
14/01/2021	1.1	Wales Information Governance Board	Advisory Board to the Minister for Health and Social Care (Welsh Government)

Approvers

This document requires the following approvals:

Date	Version	Name	Position
4/01/2020	2	Information Governance Management and Advisory Group	All Wales Information Governance Leads
14/01/2021	2	Wales Information Governance Board	Advisory Board to the Minister for Health and Social Care (Welsh Government)

NHS Wales Information Security Policy

Author: Information Governance Management
Advisory Group Policy Sub Group

Approved by: Information Governance Management
Advisory Group

Approved by: Wales Information Governance Board

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Contents

1.	Introduction.....	4
2.	Purpose	4
3.	Scope	4
4.	Roles and responsibilities	4
5.	Policy	5
5.1	User Access Controls	5
5.1.1	Physical Access Controls.....	5
5.1.2	Passwords.....	6
5.1.3	Remote Working	6
5.1.4	Staff Leavers and Movers	6
5.1.5	Third Party Access to Systems	6
5.2	Storage of Information	6
5.3	Portable Devices and Removable Media	7
5.4	Secure Disposal.....	7
5.4.1	Paper.....	7
5.4.2	Electronic	7
5.4.3	Other Items.....	7
5.5	Transporting and relocation of information.....	8
5.5.1	Transporting Information.....	8
5.5.2	Relocating information	8
6.	Training and Awareness	8
7.	Monitoring and compliance.....	8
8.	Review	9
9.	Equality Impact Assessment.....	9
	Annex: Policy Development - Version Control	10

1. Introduction

This document is issued under the All Wales Information Governance Policy Framework and maintained by the NHS Wales Informatics Service (NWIS) on behalf of all NHS Wales organisations.

2. Purpose

The purpose of the Policy is to set out the responsibilities of NHS Wales organisations in relation to the security of the information they process. Processing broadly means collecting, using, disclosing, sharing, retaining or disposing of personal data or information.

These responsibilities include, but are not restricted to, ensuring that:

- All systems are properly assessed for security;
- The confidentiality, integrity, availability and suitability of information is maintained;
- All individuals as referenced within the scope of this policy are aware of their obligations.

This policy must be read in conjunction with relevant organisational procedures.

Information must only be shared where there is a defined purpose to do so. Nothing in this policy will restrict any organisation from sharing or disclosing any information provided they have an appropriate legal basis for doing so. Any information sharing which involves Personal Data or business sensitive information must be transferred securely.

3. Scope

This policy applies to the workforce of all NHS Wales organisations including staff, students, trainees, secondees, volunteers, contracted third parties and any persons undertaking duties on behalf of NHS Wales.

For the purpose of this policy 'NHS Wales Organisations' will include all NHS Wales organisations including all Health Boards and NHS Trusts.

It applies to all forms of information processed by NHS Wales organisations; and covers all business functions and the information, information systems, networks, physical environment and relevant people who support those business functions.

For the purpose of this policy "confidential information" refers to all personal data as defined by the data protection legislation, and information subject to the Duty of Confidence such as confidential business information and information relating to living or deceased individuals.

4. Roles and responsibilities

The Chief Executive is responsible for ensuring the highest level of organisational commitment to the policy and the availability of resources to support its implementation and any associated legal requirements. Specific responsibilities will be delegated to the Data Protection Officer, Senior Information Risk Owner and the Caldicott Guardian or an Executive Director as appropriate.

Managers are responsible for the implementation of this policy within their department/directorate. In addition, they must ensure that their staff are aware of this policy, understand their responsibilities in complying with the policy requirements, and are up to date with mandatory information governance training. Breaches of the policy must be reported via local incident reporting processes and dealt with in line with the All Wales Disciplinary Policy where appropriate.

The workforce must familiarise themselves with the policy content and ensure the policy requirements are implemented and followed within their own work area. Mandatory information governance training must be undertaken at least every two years. Breaches of this policy must be reported via local incident reporting processes.

5. Policy

5.1 User Access Controls

Access to information will be controlled on the basis of business requirements.

System Managers will ensure that appropriate security controls and data validation processes, including audit trails, will be designed into application systems that store any information, especially personal data.

The workforce has a responsibility to access only the information which they need to know in order to carry out their duties. Examples of inappropriate access include but are not restricted to:

- Accessing your own health record;
- Accessing any record of colleagues, family, friends, neighbours etc., even if you have their consent, except where this forms part of your legitimate duties;
- Accessing the record of any individual without a legitimate business requirement.

5.1.1 Physical Access Controls

All organisations are responsible for determining the security measures required based on local risk assessment. All staff are responsible for following these security measures and to ensure they maintain confidentiality and security at all times regardless of the setting (e.g. when working from home or working in the community).

Maintaining confidentiality in clinical areas can be challenging and the need to preserve confidentiality must be carefully balanced with the appropriate care, treatment and safety of the patient.

Where physical security measures exist it must be ensured that they are employed at all times (e.g. filing cabinets must be locked, security doors and windows must be closed securely, blinds to secure areas closed). Access cards, PIN codes, keycodes, etc. must be kept secure and regularly changed as required.

The workforce must ensure a clear desk and clear screen when away from their work area ensuring that confidential information, in any format, is secure and not visible to anyone who is not authorised to access it.

All central file servers and central network equipment will be located in secure areas with access restricted to designated staff as required by their job function.

5.1.2 Passwords

The workforce are responsible for the security of their own passwords which must be developed in line with NHS guidance ensuring they are regularly changed. Passwords must not be disclosed to anyone, and users must not allow anyone to access any work using their log-in details.

In the absence of evidence to the contrary, any inappropriate access to a system will be deemed as the action of the user. If a user believes that any of their passwords have been compromised they must change them immediately.

5.1.3 Remote Working

NHS Wales recognises that there is a need for a flexible approach to where, when and how our workforce undertake their duties or roles. Handling confidential information outside of your normal working environment brings risks that must be managed.

Examples of remote working include, but are not restricted to:

- Working from home
- Working whilst travelling on public/shared transport
- Working from public venues (e.g. coffee shops, hotels etc.)
- Working at other organisations (e.g. NHS, local authority or academic establishments etc.)
- Working abroad

As a control measure to mitigate risks involved in remote working, no member of the workforce will work remotely unless they have been authorised to do so. Remote working must not be authorised for anyone who is not up to date with mandatory training in information governance.

5.1.4 Staff Leavers and Movers

Managers will be responsible for ensuring that local leaving procedures are followed when any member of the workforce leaves or changes roles to ensure that user accounts are revoked / amended as required and any equipment and/or files are returned. Confidential information, including access to confidential information, must not be transferred to a new role unless authorised by the relevant heads of service or their delegate. The relevant checklist for leavers and movers must be completed in all cases.

5.1.5 Third Party Access to Systems

Any third party access to systems must have prior authorisation from the IT Department, and where personal data is involved, authorisation must also be sought from the Information Governance Department.

5.2 Storage of Information

All information stored on behalf of, or within NHS Wales organisations is the property of that organisation. All software, information and programmes developed for NHS Wales organisations by the workforce during the course of their employment will remain the property of the organisation.

Users are not permitted to use their personal devices or store confidential information on a personal device for the purpose of carrying out NHS Wales business unless they have been explicitly authorised to do so in line with a documented organisational process (e.g. a Data Protection Impact Assessment).

All systems supported by NHS Wales organisations will be backed up as part of their backup regime. Unless specifically told otherwise this will not include information held on local hard drives, portable devices or removable media. Users must not store information on local drives (usually referred to as the C Drive). Exceptions to this may be for legitimate work purpose to a device that is encrypted.

5.3 Portable Devices and Removable Media

Whilst it is recognised that both portable devices and removable media are widely used throughout NHS Wales, unless they are used appropriately they pose a security risk to the organisation.

Portable devices include, but are not limited to, laptops, tablets, Dictaphones®, mobile phones, cameras, and some forms of medical devices.

All portable devices must utilise appropriate technical measures to ensure the security of all data.

Users must not attach any personal (i.e. privately owned) portable devices to any NHS organisational network without prior authorisation.

Removable media includes, but is not limited to, USB 'sticks' (memory sticks), memory cards, external hard drives, CDs / DVDs and tapes, including those used in medical devices. Appropriate controls must be in place to ensure any information copied to removable media is secure.

5.4 Secure Disposal

For the purposes of this policy, confidential waste is any paper, electronic or other waste of any other format which contains personal data or business sensitive information.

5.4.1 Paper

All confidential paper waste must be stored securely and disposed of in a timely manner in the designated confidential waste bins or bags; or shredded on site as appropriate. This must be carried out in line with local retention and destruction arrangements.

5.4.2 Electronic

Any IT equipment or other electronic waste must be disposed of securely in accordance with local disposal arrangements. For further information, please contact your IT Department.

5.4.3 Other Items

Any other items containing confidential information which cannot be classed as paper or electronic records e.g. film x-rays, orthodontic casts, carbon fax/printer rolls etc, must be destroyed under special conditions. For further information, please contact your information governance team.

5.5 Transporting and relocation of information

5.5.1 Transporting Information

When information, regardless of the format, is to be physically transported from one location to another location, local procedures must be formulated and followed by staff to ensure the security of that information.

5.5.2 Relocating information

When information, regardless of format, is to be physically relocated, local procedures must be formulated and followed by staff to ensure no information is left at the original location.

6. Training and Awareness

Information governance is everyone's responsibility. Training is mandatory for NHS staff and must be completed at commencement of employment and at least every two years subsequently. Non NHS employees must have appropriate information governance training in line with the requirements of their role.

Staff who need support in understanding the legal, professional and ethical obligations that apply to them should contact their local Information Governance Department.

7. Monitoring and compliance

NHS Wales trusts its workforce, however it reserves the right to monitor work processes to ensure the effectiveness of the service. This will mean that any personal activities that the employee practices in work may come under scrutiny. NHS Wales organisations respect the privacy of its employees and does not want to interfere in their personal lives but monitoring of work processes is a legitimate business interest.

Staff should be reassured that NHS Wales organisations take a considered approach to monitoring, however it reserves the right to adopt different monitoring patterns as required. Monitoring is normally conducted where it is suspected that there is a breach of either policy or legislation. Furthermore, on deciding whether such analysis is appropriate in any given circumstances, full consideration is given to the rights of the employee.

Managers are expected to speak to staff of their concerns should any minor issues arise. If breaches are detected an investigation may take place. Where this or another policy is found to have been breached, disciplinary procedures will be followed.

Concerns about possible fraud and/or corruption should be reported to the Counter Fraud team.

In order for NHS organisations to achieve good information governance practice staff must be encouraged to recognise the importance of good governance and report any breaches to enable lessons learned. They must be provided with the necessary tools, support, knowledge and training to help them deliver their services in compliance with legislation. Ultimately a skilled workforce will have the confidence to challenge bad information governance practices, and understand how to use information legally in the right place and at the right time. This should minimise the risk of incidents occurring or recurring.

8. Review

This policy will be reviewed every two years or more frequently where the contents are affected by major internal or external changes such as:

- Changes in legislation;
- Practice change or change in system/technology; or
- Changing methodology.

9. Equality Impact Assessment

This policy has been subject to an equality assessment.

Following assessment, this policy was not felt to be discriminatory or detrimental in any way with regard to the protected characteristics, the Welsh Language or carers.

Annex: Policy Development - Version Control

Revision History

Date	Version	Author	Revision Summary
26/06/2018	V1	Andrew Fletcher (Chair of the IGMAG policy sub group)	Original
01/12/2020	V1.1	Andrew Fletcher (Chair of the IGMAG policy sub group)	Draft incorporating comments
14/01/2021	2	Andrew Fletcher (Chair of the IGMAG policy sub group)	Final Policy

Reviewers

This document requires the following reviews:

Date	Version	Name	Position
1/12/2020	1.1	IGMAG Policy sub group	Sub group of the Information Governance Management and Advisory Group
4/01/2021	1.1	Information Governance Management and Advisory Group	All Wales Information Governance Leads
4/01/2021	1.1	Welsh Partnership Forum	All Wales workforce leads and trade unions
7/01/2021	1.1	Equality Impact Assessment	NWIS Equality Impact Assessment Group
14/01/2021	1.1	Information Governance Management and Advisory Group	All Wales Information Governance Leads
14/01/2021	1.1	Wales Information Governance Board	Advisory Board to the Minister for Health and Social Care (Welsh Government)

Approvers

This document requires the following approvals:

Date	Version	Name	Position
4/01/2020	2	Information Governance Management and Advisory Group	All Wales Information Governance Leads
14/01/2021	2	Wales Information Governance Board	Advisory Board to the Minister for Health and Social Care (Welsh Government)

NHS Wales Internet Use Policy

Author: Information Governance Management
Advisory Group Policy Sub Group

Approved by: Information Governance Management
Advisory Group

Approved by: Wales Information Governance Board

Version: 3

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Contents

1.	Introduction	4
2.	Purpose.....	4
3.	Scope	4
4.	Roles and responsibilities	4
5.	Policy	5
5.1	Position Statement.....	5
5.2	Conditions & Restrictions	5
5.3	Personal Use	6
6.	Training and Awareness	6
7.	Monitoring and compliance	6
8.	Review	7
9.	Equality Impact Assessment	7
	Appendix A - Inappropriate use	8
	Annex 1: Policy Development - Version Control	10

1. Introduction

This document is issued under the All Wales Information Governance Policy Framework and maintained by the NHS Wales Informatics Service (NWIS) on behalf of all NHS Wales organisations.

2. Purpose

This policy provides assurance that NHS Wales internet facilities are being used appropriately to assist in delivering services.

The policy also sets out the responsibilities of all users when using the internet. These responsibilities include, but are not restricted to, ensuring that:

- The confidentiality, integrity, availability and suitability of information and NHS computer systems are maintained by ensuring use of internet services is governed appropriately;
- All individuals as referenced within the scope of this policy are aware of their obligations.

This policy must be read in conjunction with relevant organisational procedures.

3. Scope

This policy applies to the workforce of all NHS Wales organisations including staff, students, trainees, secondees, volunteers, contracted third parties and any persons undertaking duties on behalf of NHS Wales.

For the purpose of this policy 'NHS Wales Organisations' will include all NHS Wales organisations including all Health Boards and NHS Trusts.

The policy describes the principles which must be adhered to by all in the use of the internet, the NHS Wales Network (which is defined as a corporate Intranet) and other affiliated sites.

The terms "internet access" or "internet use" encompass any use of any resources of the internet including social media / social networking, browsing, streaming, downloading, uploading, posting, "blogging", "tweeting", chat and email. The NHS Wales Social Media Policy provides information on the appropriate use of social media.

This policy applies to all staff that make use of the NHS network infrastructure and / or NHS equipment to access internet services regardless of the location from which they accessed and the type of equipment that is used including corporate equipment, third party and personal devices.

4. Roles and responsibilities

The Chief Executive is responsible for ensuring the highest level of organisational commitment to the policy and the availability of resources to support its implementation and any associated legal requirements. Specific responsibilities will be delegated to the Data Protection Officer, Senior Information Risk Officer and the Caldicott Guardian or an Executive Director as appropriate.

Managers are responsible for the implementation of this policy within their department/directorate. In addition, they must ensure that their staff are aware of this policy, understand their responsibilities in complying with the policy requirements and are up to date with mandatory information governance training. Breaches of the policy must be reported via local incident reporting processes and dealt with in line with the All Wales Disciplinary Policy where appropriate.

The workforce must familiarise themselves with the policy content and ensure the policy requirements are implemented and followed within their own work area. Mandatory information governance training must be undertaken at least every two years. Breaches of this policy must be reported via local incident reporting processes.

5. Policy

5.1 Position Statement

Internet access is provided to staff to assist them in the performance of their duties and the provision of these facilities represents a major commitment on the part of NHS Wales in terms of investment and resources.

The NHS Wales workforce should become competent in using internet services to the level required for their role in order to be more efficient and effective in their day-to-day activities.

NHS Wales will support its workforce in understanding how to safely use internet services and it is important that users understand the legal, professional and ethical obligations that apply to its use. If used correctly, the internet can increase efficiency and safety within patient care.

5.2 Conditions & Restrictions

To avoid inadvertent breaches of this policy, inappropriate content will be blocked by default where possible. Inappropriate material must not be accessed. Exceptions may be authorised for certain staff where access to particular web pages are a requirement of the role. Subject matter considered inappropriate is detailed in appendix A.

Some sites may be blocked by default due to their general impact on network resources and access to these for work purposes can be requested by contacting the Local IT Service Desk.

Regardless of where accessed users must not participate in any online activity or create or transmit or store material that is likely to bring the organisation into disrepute or incur liability on the part of NHS Wales.

Business Sensitive Information or Personal Data (which includes photographs and video recordings) of any patient, member of the public, or member of staff taken on NHS Wales premises must not be uploaded to any form of non NHS approved online storage, media sharing sites, social media, blogs, chat rooms or similar, without both the authorisation of a head of service and the consent of the individual who is the Data Subject of that recording. The NHS Wales Social Media Policy provides information on the appropriate use of social media.

It is each user's responsibility to ensure that their internet facilities are used appropriately. Managers are reminded that, as an NHS Wales resource, the internet is in many ways similar to the telephone systems and should be managed accordingly.

5.3 Personal Use

NHS Wales organisations allow staff reasonable personal use of internet services providing this is within the bounds of the law and decency and compliance with policy.

Personal use should be incidental and reasonable. As a threshold, NHS Wales defines this as a maximum of thirty minutes in one calendar day and before or after normal working hours, or during agreed break times. These limitations are also necessary due to network demands and therefore local restrictions may apply dependent on the duration of access and the capacity of resources available. In addition to this, users must not stream or download large volumes of data (e.g. streaming audio or video, multimedia content, software packages) as these may have a negative impact on network resources.

Where local organisations have provided patients and staff with access to public Wi-Fi services, employees are encouraged to use these facilities by default on personally-owned devices instead of using NHS equipment. Local agreements will be in place for the use of and availability of these facilities.

Staff who use NHS equipment outside NHS Wales premises (for example – in a home environment) are permitted to connect to the internet. Use of the internet under these circumstances must be through the secure connection provided by the NHS Wales organisation (for example via VPN, Multi Factor Authentication). Use of the equipment for such purposes is still subject to the same conditions as laid out in this policy.

All personal use of the internet is carried out at the user's own risk. The NHS Wales does not accept responsibility or liability for any loss caused by or liability arising from personal use of the internet.

Internet access facilities must not be used to run or support any kind of paid or unpaid personal business venture outside work, whether or not it is conducted in a user's own time or otherwise.

At no time should access to the internet be used by any individual for personal financial gain (E.g. using eBay or any other auction sites).

6. Training and Awareness

Information governance is everyone's responsibility. Training is mandatory for NHS staff and must be completed at commencement of employment and at least every two years subsequently. Non NHS employees must have appropriate information governance training in line with the requirements of their role.

Staff who need support in understanding the legal, professional and ethical obligations that apply to them should contact their local information governance department.

The NHS Wales workforce should become competent in using internet services to the level required of their role in order to be efficient and effective in their day-to-day activities.

7. Monitoring and compliance

NHS Wales trusts its workforce.

NHS Wales reserves the right to monitor work processes to ensure the effectiveness of the service. This will mean that any personal activities that the employee practices in work may come under scrutiny. NHS Wales

organisations respect the privacy of its employees and does not want to interfere in their personal lives but monitoring of work processes is a legitimate business interest.

NHS Wales uses software to automatically and continually record the amount of time spent by staff accessing the internet and the type of websites visited by staff. Attempts to access any prohibited websites which are blocked is also recorded.

Staff should be reassured that NHS Wales organisations take a considered approach to monitoring, however it reserves the right to adopt different monitoring patterns as required. Monitoring is normally conducted where it is suspected that there is a breach of either policy or legislation or when a manager has concerns around employees performance, (e.g. excessive internet usage). Furthermore, on deciding whether such analysis is appropriate in any given circumstances, full consideration is given to the rights of the employee.

Managers are expected to speak to staff of their concerns should any minor issues arise. If breaches are detected an investigation may take place. Where this or another policy is found to have been breached, disciplinary procedures will be followed.

Concerns about possible fraud and/or corruption should be reported to the counter fraud team.

In order for NHS organisations to achieve good information governance practice, staff must be encouraged to recognise the importance of good governance and report any breaches to enable lessons learned. They must be provided with the necessary tools, support, knowledge and training to help them deliver their services in compliance with legislation. Ultimately a skilled workforce will have the confidence to challenge bad IG practice, and understand how to use information legally in the right place and at the right time. This should minimise the risk of incidents occurring or re-occurring.

8. Review

This policy will be reviewed every two years or more frequently where the contents are affected by major internal or external changes such as:

- Changes in legislation;
- Practice change or change in system/technology; or
- Changing methodology.

9. Equality Impact Assessment

This policy has been subject to an equality assessment.

Following assessment, this policy was not felt to be discriminatory or detrimental in any way with regard to the protected characteristics, the Welsh Language or carers.

Appendix A - Inappropriate use

For the avoidance of doubt, inappropriate use includes, but is not limited to:

- Excessive personal use.
- Allowing access to NHS Wales internet services by anyone not authorised to access the services, such as by a friend or family member.
- Communicating or disclosing confidential or sensitive information via the internet without authorisation or without the appropriate security measures being in place.
- Downloading or communicating any information or images which are unlawful, or could be regarded as defamatory, offensive, abusive, obscene, hateful, pornographic, violent, terrorist, indecent, being discriminatory in relation to the protected characteristics,; or using the email system to inflict bullying or harassment on any person.
- Downloading, uploading, transmitting, viewing, publishing, storing or distributing defamatory material or intentionally publishing false information about NHS Wales or its staff, clients or patients.
- Knowingly accessing, or attempting to access internet sites that contain obscene, hateful, pornographic, violent, terrorist, racist or otherwise illegal material. This will include such pages on social media sites.
- Knowingly and without authority view, upload, or download material that may bring NHS Wales into disrepute; or material that could cause offence to others.
- Sending or saving information or images which could be considered defamatory, obscene, hateful, pornographic, violent, terrorist, racist or otherwise illegal material.
- Downloading or installing or distributing unlicensed or illegal software.
- Downloading software without authorisation or changing the configuration of existing software using the internet without the appropriate permissions.
- Breaching copyright or Intellectual Property Rights (IPR).
- 'Hacking' into others accounts or unauthorised areas.
- Deliberately attempting to circumvent security systems protecting the integrity of the NHS Wales network.
- Any purpose that denies service to other users (for example, deliberate or reckless overloading of access links or switching equipment).
- Intentionally introducing malicious software such as Viruses, Worms, and Trojans into the NHS Wales network.
- To access sites with the intention of making a personal gain (for example - running a business).
- Access to internet based e-mail providers such as Gmail, Hotmail, Yahoo etc is prohibited for reasons of security with the exception of:
 - Access to email services provided by a recognised professional body or a trade union recognised by the employer;
 - Any UK university hosted e-mail account (accounts ending in .ac.uk);
 - Any email account hosted by a body which the employee contributes to in conjunction with their NHS role, such as a local authority or tertiary organisation.

- Altering any of the system settings on a NHS Wales owned PC or trying to change the access server in an attempt to avoid the restriction imposed by the filtering software. This will be deemed as a breach of this policy and will be dealt with under the All Wales Disciplinary Policy.

Annex 1: Policy Development - Version Control

Revision History

Date	Version	Author	Revision Summary
26/06/2018	2	Andrew Fletcher (Chair of the IGMAG policy sub group)	Original policy as approved.
1/12/2020	2.1	Andrew Fletcher (Chair of the IGMAG policy sub group)	Policy with incorporated comments
14/01/2021	3	Andrew Fletcher (Chair of the IGMAG policy sub group)	Final Policy

Reviewers

This document requires the following reviews:

Date	Version	Name	Position
1/12/2020	2.1	IGMAG Policy sub group	Sub group of the Information Governance Management and Advisory Group
4/01/2021	2.1	Information Governance Management and Advisory Group	All Wales Information Governance Leads
4/01/2021	2.1	Welsh Partnership Forum	All Wales workforce leads and trade unions
7/01/2021	2.1	Equality Impact Assessment	NWIS Equality Impact Assessment Group
14/01/2021	2.1	Information Governance Management and Advisory Group	All Wales Information Governance Leads
14/01/2021	2.1	Wales Information Governance Board	Advisory Board to the Minister for Health and Social Care (Welsh Government)

Approvers

This document requires the following approvals:

Date	Version	Name	Position
4/01/2020	3	Information Governance Management and Advisory Group	All Wales Information Governance Leads
14/01/2021	3	Wales Information Governance Board	Advisory Board to the Minister for Health and Social Care (Welsh Government)



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TRUST BOARD

TRUST SEAL REPORT - DECEMBER 2020 – FEBRUARY 2021

DATE OF MEETING	25/03/2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Emma Stephens, Head of Corporate Governance
PRESENTED BY	Lauren Fear, Director of Corporate Governance & Chief of Staff
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Director of Corporate Governance & Chief of Staff

REPORT PURPOSE	FOR APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
N/A		

ACRONYMS

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1. SITUATION/BACKGROUND

- 1.1 The contents of the Trust Board Seal Register have been approved by the Chair and the Chief Executive Officer of the Trust at every Seal request (period December 2020 – February 2021).
- 1.2 Board members are asked to view the contents of the report and further information or queries should be directed to the Director of Corporate Governance & Chief of Staff.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Option Appraisal / Analysis: Please refer to the Seal Register at Appendix 1.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below) A record that Trust Board Seal Register have been approved by the Chair and the CEO of the Trust at every Seal request.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

- 4.1 The Board is asked to **APPROVE** the contents of the Trust Board Seal Register included in Appendix 1.

Appendix 1 – Seal Register

Date	Document Details	Signed
17/12/2020	Cardiff & Vale University Health Board and Velindre University NHS Trust - Supplemental Agreement to a License dated 14 May 2019 relating to the use of road on land at Whitchurch Hospital Cardiff.	Prof Donna Mead, Chair Mr. Steve Ham, CEO
21/12/2020	Cardiff Community Housing Association Limited and Velindre University NHS Trust – License to occupy on a short term basis relating to the area known as 19 Park Road Whitchurch Cardiff, CF14 7BP	Prof Donna Mead, Chair Mr. Steve Ham, CEO
21/01/2021	Engrossment Lease relating to First Floor and part ground floor premises, Media Point Mold Business Park, Mold, CH7 1XY	Prof Donna Mead, Chair Mr. Steve Ham, CEO
26/02/2021	Deed of surrender of lease of accommodation at Velindre Hospital, Whitchurch Cardiff	Prof Donna Mead, Chair Mr. Steve Ham, CEO



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TRUST BOARD

NHS WALES SHARED SERVICES – FURTHER EXTENSION OF INCREASED FINANCIAL DELEGATION

DATE OF MEETING	25/03/2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Andy Butler, Director of Finance & Corporate Services – NWSSP
PRESENTED BY	Mark Osland, Executive Director of Finance & Informatics
EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance & Informatics

REPORT PURPOSE	FOR APPROVAL
----------------	--------------

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

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1. SITUATION/BACKGROUND

Temporary adjustments were made to the financial limits delegated to NWSSP in respect of COVID19 and pandemic related expenditure incurred on behalf of NHS Wales by the Velindre University NHS Trust Board held in March, June and September 2020. Subsequent to that agreement by the Velindre Board, a NWSSP Finance Governance Group was also established to oversee COVID19 related expenditure incurred on behalf of NHS Wales that required payments in advance and approval by the Velindre Board. The Executive Director of Finance and the Vice Chair of Velindre University NHS Trust are members of the Finance Governance Group.

It was initially agreed on 18 March 2020 to increase the delegated authorisation limits for the Chair and Managing Director for COVID 19 expenditure to £2M. This was subsequently increased to £5M from 30 March 2020. However, contracts and orders for COVID expenditure in excess of £5M still require approval of the Velindre Trust Board, which for expedience may need to be through the existing mechanism of Chair's action. Welsh Government approval is still required on all orders over £1m or advanced payments worth 25% or more of the contract value. The Trust Board agreed to extend these limits to 31 March 2021 at its September meeting.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The COVID-19 pandemic brought unprecedented challenges to health and social care provision and required significant and sometimes difficult decisions at pace.

It was recognised and appreciated that established governance and finance procedures may be disrupted by the need to act swiftly to secure the goods and services required to respond effectively to the national emergency and Welsh Government priorities. Welsh Government identified four main priorities that needed an effective supply chain:

- 1). Personal Protective Equipment (PPE);
- 2). Beds;
- 3). Ventilators; and
- 4). Oxygen.

Since early March, NWSSP has issued over 679 million items of PPE to the health and social care sectors in Wales. Over 325 million of these items have been issued to local authorities for onward distribution to social care settings. While there were initial concerns on shortages, the level of supply was maintained at the most challenging time with no stock-outs.

The NWSSP Finance Governance Group meetings have demonstrated a fair and robust governance process is operating, that has helped to expedite key procurement decisions to support the NHS in Wales. It has also helped to pre-empt questions that might reasonably be raised by the Velindre Board in its consideration of risks and appropriate mitigation.

NWSSP is still operating in a market where we are competing for supply against demand from across Europe and beyond. The very high levels of demand in the priority areas experienced since March have settled, but the following key risks remain:

- The market conditions are improving but they remain fragile. Current market prices and the reliability of supply, in terms of both quality and required volumes, have not yet fully returned to pre-COVID19 levels.

We are working to secure a reliable supply of PPE to meet current and projected demand from health and social care sectors and continue to build back up pandemic (COVID and Flu), and Business as Usual supplies.

Throughout the pandemic, focus on the use of suppliers; especially Welsh suppliers, has played a significant role and has been supported through engagement with the Life Sciences Hub. A number of Welsh Manufacturers are now being used for certain PPE lines.

We have developed a system to accurately track PPE usage and model future demand, to anticipate and respond to further spikes of COVID 19 cases and changes to user demand profiles.

- NWSSP continues to provide PPE to social care, and to other primary and community-based practitioners.

We are working with relevant partners to ensure that the required PPE is distributed effectively to health and social care settings, including GPs and dental and optometry contractors, as needed. We have also secured appropriate warehouse capacity to hold a stockpile of critical products.

There remains a limit on the certainty we can have about the assumptions we have built into our future demand model and stock holding levels.

We would advise that it would be prudent to extend the temporary limits to remain in place until 30 June 2021. This extension would allow current work and associated demand for the next three months to be completed.

The Public Contract Regulations 2015 through Regulation 32 (2) (c) provides for the direct award of business above threshold “for reasons of extreme urgency brought about by events unforeseeable by the contracting authority”. We would seek to continue to rely on this regulation given the extreme nature of the COVID-19 situation.

2.2 Internal Audit Review

Internal Audit were commissioned to undertake a review which assessed the adequacy and effectiveness of internal financial controls in operation during the Covid-19 pandemic, with particular regard to the role of the Finance Governance Group and the early payment process implemented, in ensuring that value for money is maintained. The findings of this review were positive and the report was reviewed at the NWSSP Audit Committee on 26 January 2021.

Audit Wales are also currently undertaking a review of PPE expenditure which is now drawing to a close. Key members of staff in the Trust and NWSSP have been interviewed as part of this review and the initial findings published in the first draft report are again very positive

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.



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FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	All resource requirements to be fully reimbursed by Welsh Government

4. RECOMMENDATION

- 4.1 The Board APPROVE a further extension to the financial scheme of delegation in respect of COVID 19 related contracts allowing the Chair and Managing Director of NWSSP to continue to approve contracts up to £5m, until 30 June 2021.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – MARCH 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 9 March 2021. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2020-2021-meeting-papers/>

Minutes of Previous Meetings

The minutes of the meetings of 10 November and 15 December 2020 were taken as read and approved.

Action log & matters arising

Members noted there were no outstanding actions or matters arising.

Chair's Report

The Chair's Report referred members to Chair's Actions taken to approve proposals to utilise forecast underspend in 2020-21 and a Chair's Action taken to approve the conversion of a locum plastic consultant surgeon post in the South Wales Trauma Network to a substantive post, which were ratified.

In addition, the Chair reported that Ian Phillips has agreed to stand for a further two years as an Independent Member, in accordance with the WHSSC Standing Orders. His initial term expires on 31 March. The Chair recommended his re-appointment with effect from 1 April 2021 which was supported by members.

Managing Director's Report

The Managing Director's report, including updates on the PET CT Programme Business Case and the revised WHSSC Risk Management Strategy, was taken as read.

In addition, an oral report was given on UHW2, explaining that, on 23 February, the CEO and representatives from CVUHB met with the WHSSC

Executive team to present an overview of their programme business case for the development of a new strategic model for services, including specialised services, in Cardiff including the redevelopment of hospital based services. The current proposal does not set a physical location for hospital services but rather the key elements of the service model. The CVUHB team emphasised that core to the development of the case has been partnership working with other Welsh providers and commissioners. In addition they emphasised the opportunities of strengthening and building upon academic partnerships and business partners in the field of biotechnology. Following on from the meeting the team from CVUHB have agreed to extend the scope of the engagement to NHSE providers where synergies may exist or be developed.

The WHSSC Executive team support the scope and approach to the development of the programme business case.

CAMHS Tier 4 Services

Members received a paper that sought to inform them of the current Tier 4 CAMHS commissioning issues and risks. It also highlighted a number of wider pathway concerns that are having an impact on Tier 4 and the actions being proposed to address them.

A progress update will be provided to the May Joint Committee meeting.

Members (1) noted the current Tier 4 CAMHS commissioning issues affecting service delivery outlined in the report; and (2) supported the proposed actions to address these issues including the wider pathway concerns.

2.5 Disestablishment of the All Wales Posture and Mobility Partnership Board

Members received a paper that provided a brief overview of the work that has been undertaken to improve the Posture and Mobility Service in Wales and sought support to disband the All Wales Posture and Mobility Service Partnership Board and its sub-groups with Stakeholder and Partnership Engagement events continuing twice yearly under 'business as usual' arrangements.

Members (1) noted the work undertaken by the Posture and Mobility Service and the Partnership Board; (2) supported the proposal to disband the All Wales Posture and Mobility Service Partnership Board along with the sub-groups; and (3) supported the recommendation to hold Stakeholder and Partnership Engagement events twice yearly.

Socio-economic Duty

Members received a paper that briefed them on the new Socio-economic Duty that comes into effect from 31 March 2021 and the work done by the WHSS Team to prepare for compliance with the Duty.

Members noted the content of the report.

WHSSC Joint Committee Annual Business Cycle 2021-22

Members received a paper that provided them with the Draft Joint Committee Annual Business Cycle 2021-22.

Members noted and supported the content of the report, including the schedule of meetings for 2021-22.

Integrated Commissioning Plan 2021-22 (ICP)

Members received and supported the final version of the ICP that reflected the changes agreed by the Joint Committee on 16 February 2021.

Activity Report for Month 9 2020-21

Members received a paper that highlighted the scale of the decrease in activity levels during the COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted the information presented in the report.

Financial Performance Report – Month 10 2020-21

Members received a paper that set out the financial position for WHSSC for month 10 of 2020-21, including an under spend to Month 10 of £16.7m and a forecast under spend of £14.7m at the year end.

The under spend related mainly to months 1-10 underspend on the pass through elements of Welsh provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at > 20% below agreed baseline and Q1 – Q3 2020-21 development slippage.

Members noted the current financial position and forecast year-end position.

Other reports

Members also took as read the update reports from the following joint Sub-committees and Advisory Groups:

- Management Group;
- All Wales Individual Patient Funding Request Panel;

- Quality & Patient Safety Committee; and
- Integrated Governance Committee

South Wales Neonatal Transport

Members received a letter from clinicians working in the south Wales Neonatal Transport Service expressing their concerns with the current proposal to commission a permanent 24/7 service based on a lead provider model. Members were advised that the WHSS Team had agreed the next steps in commissioning the service in discussion with C Shillabeer and the Director of the NHS Wales Health Collaborative, whereby a paper outlining the issues will be taken to the NHS Wales Health Collaborative Executive Group meeting on the 16 March 2021.





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Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

Minutes of Meeting held on 1 December 2020

Author: Mark Dickinson**Version:** 1 (Approved)**Members
present**

Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL)
 Maria Battle, Chair, Hywel Dda UHB (MB)
 Vivienne Harpwood, Chair, Powys tHB (VH)
 Gill Harris, Acting Chief Executive, Betsi Cadwaladr UHB (GH)
 Sian Harrop-Griffiths, Director of Strategy, Swansea Bay UHB (SHG)
 Alex Howells, Chief Executive, Health Education & Improvement Wales (AH)
 Charles Janczewski, Chair, Cardiff and Vale UHB (PART) (CJa)
 Chris Jones, Chair, Health Education and Improvement Wales (CJo)
 Jason Killens, Chief Executive, Welsh Ambulance Service NHS Trust (JK)
 Donna Mead, Chair, Velindre NHS Trust
 Paul Mears, Chief Executive, Cwm Taf Morgannwg UHB (PM)
 Judith Paget, Chief Executive, Aneurin Bevan UHB (JP)
 Carol Shillabeer, Chief Executive, Powys tHB (CS)
 Martin Woodford, Chair, Welsh Ambulance Service NHS Trust (MW)

**In
attendance**

Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)
 Rhys Blake, Head of Planning, NHS Wales Health Collaborative (RB)
 Mark Dickinson, NHS Wales Health Collaborative (MD)

Apologies	Tracey Cooper, Chief Executive, Public Health Wales Steve Ham, Chief Executive, Velindre NHS Trust (SHa) Marcus Longley, Chair, Cwm Taf Morgannwg UHB Steve Moore, Chief Executive, Hywel Dda UHB Tracy Myhill, Chief Executive, Swansea Bay UHB (TM) Mark Polin, Chair, Betsi Cadwaladr UHB (MP) Len Richards, Chief Executive, Cardiff and Vale UHB Jan Williams, Chair, Public Health Wales Emma Woollett, Chair, Swansea Bay UHB (EW)
Welcome and introduction	Action
AL welcomed colleagues to the meeting and noted apologies for absence.	
Approval of minutes of previous meeting (LF-2012-01)	Action
The minutes of the meeting held on 28 July 2020 were approved as a correct record.	
The minutes will be forwarded to the board secretaries of the 11 NHS Wales organisations for noting at board meetings.	MD
Collaborative Update Report – October 2020 (LF-2012-02a)	Action
RF introduced the report, noting that it had previously been issued for the meeting scheduled for October that had been postponed until now.	
RF highlighted some specific sections in the report:	
<i>Imaging COVID-19 recovery planning</i> Discussions over this issue are ongoing with Welsh Government, with Steve Moore liaising with Simon Dean. A 'mini option appraisal' has been requested and the Collaborative are pulling together relevant material.	
<i>National Endoscopy Programme</i> Again, there are ongoing discussions with WG, with additional information in support of the recovery plan having been submitted several weeks ago. Confirmation of funding has been received for this year only.	
<i>Rapid Diagnostic Centres</i> This is a new area of work being led by the Wales Cancer Network, following agreement by the Collaborative Executive Group and building on pilots conducted by Swansea Bay and Cwm Taf Morgannwg.	

Collaborative Update Report – December 2020 (LF-2012-02b)	Action
<p>RF introduced the report, noting that it was based on a report already provided to the Collaborative Executive Group.</p> <p>RF and MD highlighted some specific points from the report and responded to points and questions raised:</p> <p><i>Rapid Review of Precision Medicine Programmes</i> This review, commissioned by Len Richards, provided a rapid assessment of the infrastructure of four national programmes, with a view to identifying opportunities to work together with greater effectiveness. It was noted that LR had met recently with relevant programme leads to discuss the draft report and its recommendations. The potential value of bringing together the four separate programmes, currently managed across three organisations, was noted. No single lead organisation has been recommended. It was noted that LR would be sharing the report with CEOs and RF soon.</p> <p><i>NHS Wales Peer Review Framework</i> CJo suggested that the focus of Peer Review needs to be shifted to help the system benefit from the learning and innovation that has been generated by the response to COVID. CJa supported this, emphasising that Peer Review should become more forward looking to support transformational change. These suggestions were endorsed and welcomed and will be taken forward by the Collaborative</p> <p><i>Neonatal Network transport review</i> The Maternity and Neonatal Network has worked with provider health boards and WAST to prepare an interim 24/7 neonatal transport model. This has now been confirmed by WHSSC to go live in early January 2021. In response to a question from VH, RF clarified the governance arrangements for the interim model and referred to the supporting report.</p>	RF/MD
Collaborative Work Plan (LF-2012-03)	Action
<p>RF introduced RB as the Collaborative's Head of Planning. RF then presented an introduction to the emerging Collaborative Medium Term plan and the work that has been taking place to develop it.</p> <p>RF emphasised that the material presented was still 'work in progress'. The priorities identified are being taken through existing governance process for the various Collaborative</p>	

<p>networks and programmes. A number of common themes have been identified and there is a coordinated approach and ongoing engagement with clinical leads and partner organisations.</p> <p>RB then presented the emerging content of the plan itself, focusing on both the common themes and on whole system working with partners on cancer and mental health to illustrate the approach being taken and the emphasis on outcomes.</p> <p>A discussion followed the presentation.</p> <p>AL noted that the system working analysis is particularly helpful. In general, the approach and content were well received.</p> <p>CJo noted the need to look at transformational opportunities in the light of COVID and welcomed the emphasis on working with the special health authorities, HEIW and Digital Health and Care Wales, as both workforce and digital will be key drivers and enablers of change.</p> <p>DM stressed the importance of informatics for cancer, and expressed concerns around the pace of work to replace the current Cancer informatics system, CANISC.</p> <p>CS noted that there is considerably more work on mental health being planned which would need to be reflected on the relevant slide.</p> <p>RF noted that work to support major conditions implementation groups remains a bit anomalous as the Collaborative is not accountable for the work overseen by these groups which, as a consequence, presents challenges and risks. Further work is needed on the relevant governance and this will be discussed further through the Collaborative Executive Group.</p> <p>AL summarised by concluding that the emerging plan represents "a fine way forward", is easy to understand and will ensure that key issues are not lost.</p>	<p>RF/JP</p>
<p>Sexual Assault Referral Centres</p> <p>AL introduced this item by thanking RF for picking up this issue again, in the context of a lack of progress in implementing arrangements previously agreed. AL stressed</p>	<p>Action</p>

the need for rapid progress, but noted the need for additional resources for programme leadership and support as a prerequisite for this work to be undertaken by the Collaborative.

RF reported that she has spoken to all except one of the health board executive leads to gain an understanding of the issues from a health board perspective. RF noted that previously suggested governance arrangements were unnecessarily complicated. There is a need for a new, leaner proposed governance structure, whilst addressing the need for police forces and Police and Crime Commissioners to be involved in the governance.

A recent letter from Alun Michael, South Wales Police and Crime Commissioner, had raised three main concerns:

1. Lengthy lead time for the capital works required to provide a hub in Cardiff, which is central to the regional model, and associated ISO accreditation. The extent to which this work can be fast-tracked is being investigated.
2. Workforce challenges in the Swansea paediatrics service, for which there is no immediate solution. Further work across health board boundaries is needed, including consideration of creative new workforce/ service models, with support from HEIW in this regard.
3. The need for a clear governance framework and programme resources.

The Collaborative will provide programme oversight for addressing these issues, with MB as lead chair and Steve Moore as lead chief executive. Responsibility for operational delivery will remain with the three health boards where the hubs are located (Cardiff and Vale, Swansea Bay and Hywel Dda). Regional leadership remains with Cardiff and Vale and Hywel Dda for South East and South West Wales respectively. The Collaborative is not taking on the role of an Operational Delivery Network; this will be led and managed by Cardiff and Vale UHB in accordance with the original agreement through the six health boards.

It was noted that progress will be limited until programme leadership and support has been recruited/identified.

MB thanked RF for her work to date and what is now proposed and reiterated the need for additional resource. MB

reported that she and Steve Moore had recently met Alun Michael and Eleri Thomas (Gwent Assistant Police and Crime Commissioner) and had explained the role that the Collaborative would be undertaking. The need to involve the police, Commissioners and the third sector in governance and oversight had been discussed, along with the need for both medium and long term plans.

VH echoed the thanks for the work of the Collaborative and emphasised the need to be clear about what success will look like in five years' time.

SH-G confirmed the need to relook at paediatric provision and its viability, noting that Cardiff and Vale would need to continue to support Swansea until this could be resolved.

CJo noted that the letter from Alun Michael reflected understandable frustration and that there is a need to for the highest level of ambition for the delivery of high quality care for those who have been assaulted. There is also a need for a clear communications strategy so all parties are aware of the hurdle to be overcome and the progress made.

AL endorsed the points made. RF will progress the work needed.

RF

Date of next meeting

It was **noted** that the next meeting of the Collaborative Leadership Forum has not yet been scheduled. RF and AL will liaise over a suitable date.

TRUST BOARD

ANNUAL EQUALITY MONITORING REPORT

DATE OF MEETING	(25/03/2021)
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Ceri Harris – Equality and Diversity Manager
PRESENTED BY	Sarah Morley – Exec Director of Organisational Development and Workforce
EXECUTIVE SPONSOR APPROVED	Sarah Morley, Executive Director of Organisational Development & Workforce

REPORT PURPOSE	FOR APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	15/03/2021	ENDORSED FOR APPROVAL

ACRONYMS	

1. SITUATION/BACKGROUND

- 1.1 Each year the Trust is required to publish its Equality monitoring report. A report that includes data on its workforce's equality information. To ensure that there are no widening of diversity gaps and that the workforce is representative of the communities that it provides its services to.
- 1.2 For the past few years this data has been included in the Trust Annual report and more recently the Trust Gender Pay Audit under intersectionality. Recognizing that if you are assessing pay gaps, this cannot be done in isolation but include the areas of age, ethnicity etc. The report for the period 2018-19 was due to have been published on the 31st March 2020, but due to the emerging pandemic the Gender Pay Audit, along with other equality documents was given an extension period to March 2021. Just over a week ago this was extended again to Sept 2021. No information has been provided regarding the deadline for the annual equality monitoring report. So the original deadline stands.
- 1.3 As a result the equality monitoring data within the draft Gender Pay Audit was extrapolated to form the report attached. With the aim that analysis of data and actions will form the postponed Gender Pay Audit, so that intersectionality is included.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The attached report, provides the baseline equality data and narrative of activities, to ensure the Trust meets its legal requirements, with a commitment that the postponed Gender Pay Audit will contain the detail and actions going forward.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: Staff and Resources Staying Healthy
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Legal requirement to publish by 31 st March
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

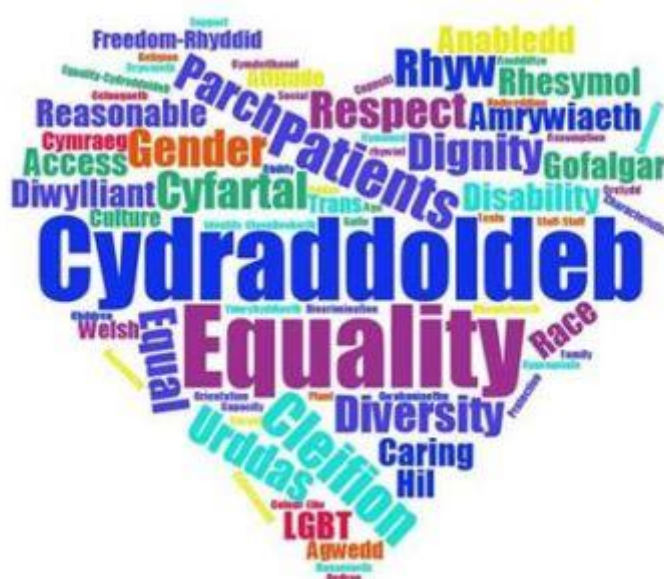
4. RECOMMENDATION

- 4.1 Trust Board **approves** the publication of current document in lieu of final Gender Pay Audit in Sept 2021

VELINDRE UNIVERSITY NHS TRUST

EQUALITY MONITORING REPORT

2018 - 2020



Introduction	3
Velindre University NHS Trust	4
• About the Trust	
Our Vision and Values	7
Legal Context	8
Our Key Achievements	10
Engagement	10
Supporting Our Workforce	11
Staff Networks	11
Monitoring Our Progress	12
Gender Equality and Reducing Pay Inequalities	13
Equality Information	13
Assessing Impact	15
Promoting Knowledge and Understanding	15
Language	16
Any Other Information that is Relevant to Meeting the General Equality Duty	17
Focus For the Future	20
Equality Data	21

Appendix A Monitoring report 1st April 2018-31st March 2019 22

Appendix B Monitoring Report 1st April 2019 – 31st March 2020

Welcome to our Equality Monitoring report covering the dates April 2018- March 2020.

This report shows how the Trust is working to meet the general and specific duties as defined in the Public Sector Equality Duty.

This document sets the scene for how the Trust intends to meet its duties to ensure equality, fairness and dignity for all. Adopting the FREDA principles of:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

We aim to build a culture within the organisation that both recognises and embraces equality and human rights as part of our everyday work.

We are committed to strengthening leadership, governance and accountability via our strategies, policies, practices and processes. By improving engagement with both staff and services users, donors, carers and visitors so that everyone is empowered and can participate in the development of meaningful services and support.

If you have any comments or suggestions in relation to the contents of this report, please forward them either by post or by e-mail to:

Equality and Diversity, Velindre University NHS Trust
Trust HQ, 2 Charnwood Court, Parc Nantgarw, Cardiff
CF15 7QZ.
Equality.email@wales.nhs.uk

Velindre University NHS Trust - Who are we?

Velindre University NHS Trust provides specialist services to the people of Wales. The operational delivery of services is managed through Velindre Cancer Centre and the Welsh Blood Service.

Velindre University NHS Trust delivers specialist cancer services for South East Wales

using a hub and spoke model. The hub of our specialist cancer services is Velindre Cancer Centre. This is a specialist treatment, teaching, research and development centre for non-surgical oncology. We treat patients with chemotherapy, Systemic Anti-Cancer Treatments (SACTs), radiotherapy and related treatments, together with caring for patients with specialist palliative care needs.

The Welsh Blood Service plays a fundamental role in the delivery of healthcare in Wales. It works to ensure that the donor's gift of blood is transformed into safe and effective blood components, which allow NHS Wales to improve quality of life and save the lives of many thousands of people in Wales every year.

The Trust Board is accountable for Governance, Risk Management and Internal Control for those services directly managed and those managed via hosting arrangements. As Accountable Officer, the Chief Executive has responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and this organisation's assets for which the Chief Executive is personally responsible. These are carried out in accordance with the responsibilities assigned by the Accounting Officer of NHS Wales.

The Trust also hosts three organisations, which are explained in more detail below. Directors of the Hosted Organisations are bound by an Annual Governance Compliance Statement (or their own Annual Governance Statement in the case of NHS Wales Shared Services Partnership) with the Velindre University NHS Trust Chief Executive and in accordance with the individual hosting agreements with Velindre University NHS Trust.

THE SERVICES WE HOST



On 11th May 2012, the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 No.1261 (W.156) was laid before the National Assembly for Wales and came into force on 1st June 2012. The NWSSP is a dedicated organisation that supports the statutory bodies of NHS Wales through the provision of a comprehensive range of high quality, customer focused support functions and services.

NWSSP is hosted by Velindre University NHS Trust via a formal Hosting Agreement, signed by each statutory organisation in NHS Wales. The Director of NWSSP holds Accountable Officer status and holds a separate Accountability Statement with the Director General for Health in the Welsh Government. The Director of NWSSP produces and signs his own Annual Governance Statement to support the Trust Chief Executive in signing the Velindre University NHS Trust Annual Governance Statement.

NHS WALES INFORMATICS SERVICES (NWIS)



NWIS operates under the direction of the Deputy Director, Digital Health and Care of the Welsh Government and is responsible for both the strategic development of Information Communications Technology (ICT) and the delivery of operational ICT services and information management across NHS Wales. NWIS has a national remit to support NHS Wales, make better use of scarce skills and resources, and facilitate a consistent approach to health informatics and the implementation of common

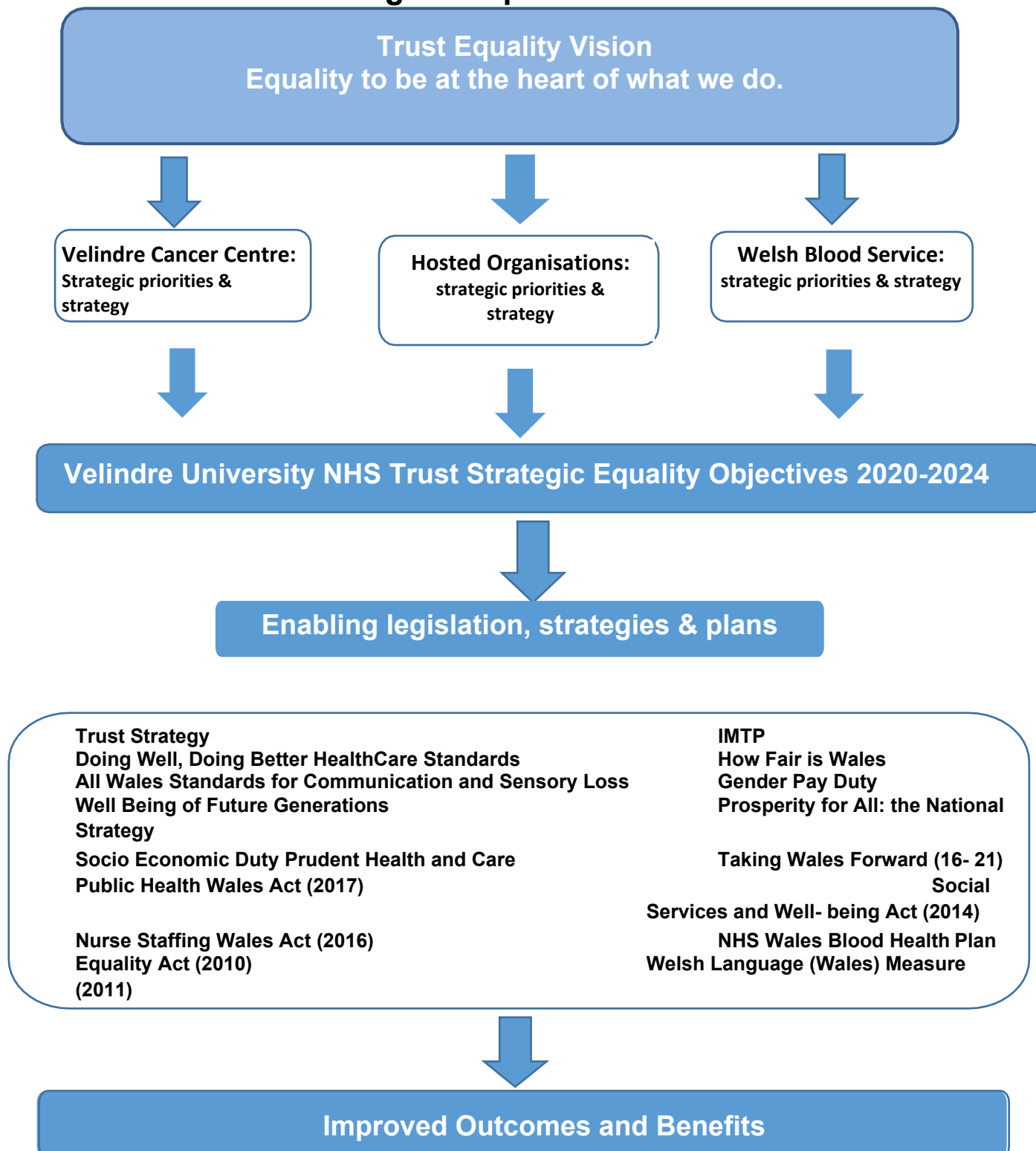
national systems. The Director of NWIS is accountable to the Deputy Director, Digital Health and Care of the Welsh Government. The Director signs an Annual Governance Compliance Statement to support the Trust Chief Executive in signing the Velindre University NHS Trust Annual Governance Statement.

HEALTH TECHNOLOGY WALES (HTW)



HTW is funded by Welsh Government under the Efficiency through Technology Programme. HTW was established to facilitate the timely adoption of clinically and cost effective health technologies in Wales, working with, but independently of, NHS Wales. Its remit covers all health technologies that are not medicines. This could be medical devices, surgical procedures, tele-monitoring, psychological therapies, rehabilitation or any health intervention that is not a medicine. HTW independently critically assesses the best available international evidence about the clinical and cost effectiveness of a health technology. This evidence is reviewed by experts and the HTW Appraisal Panel to put the evidence into the Welsh context. HTW also coordinates a Front Door process to support health technology developers to navigate NHS Wales. As well as its Front Door and appraisal functions, HTW also has roles in horizon scanning, evaluating uptake and disinvestment of technologies and providing advice to health technology developers. It does this in partnership with other organisations in NHS Wales to ensure there is no duplication of work and sharing of limited skilled assessment resources. The Director signs an Annual Governance Compliance Statement to support the Trust Chief Executive in signing the Velindre University NHS Trust Annual Governance Statement.

**Translating our Objectives into Actions
and Tangible Improvements**



Legal Context

The Public Sector Equality Duty (PSED) requires that all public authorities covered under the specific duties in Wales should produce an annual equality report by 31st March each year.

This annual report will set out;

- The steps the Trust has taken to identify and collect relevant information
- How the Trust has used this information in meeting the three aims of the general duty
- Any reasons for not collecting relevant information
- A statement on the effectiveness of the authority's arrangements for identifying and collecting relevant information
- Progress towards fulfilling each of the Trust's equality objectives.
- A statement of the effectiveness of the steps the Trust has taken to fulfil each of its equality objectives.
- Specified employment information, including information on training and pay.

The essential purpose of the specific duties under the Equality Act, in relation to monitoring, is to help authorities to have better due regard to the need to achieve the 3 aims of the general duty, which are to;

- **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **foster good relations** between people who share a protected characteristic and people who do not share it.

Having **due regard** means consciously thinking about the three aims of the Equality Duty as part of the process of decision-making. This means that consideration of equality issues must influence the decisions reached by public bodies – such as in how they act as employers; how they develop, evaluate and review policy; how they design, deliver and evaluate services, and how they commission and procure from others.

Having due regard to the need to **advance equality of opportunity** involves considering the need to:

- remove or minimise disadvantages suffered by people due to their protected characteristics;
- meet the needs of people with protected characteristics; and

- encourage people with protected characteristics to participate in public life or in other activities where their participation is low.

Fostering good relations involves tackling prejudice and promoting understanding between people who share a protected characteristic and others.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve making use of an exception or the positive action provisions in order to provide a service in a way which is appropriate for people who share a protected characteristic – such as providing computer training to older people to help them access information and services.

Taking account of disabled people's disabilities

The Equality Duty also explicitly recognises that disabled people's needs may be different from those of non-disabled people. Public bodies should therefore take account of disabled people's impairments when making decisions about policies or services. This might mean making reasonable adjustments or treating disabled people better than non-disabled people in order to meet their needs.

Therefore, as a specific duty itself, the role of annual reporting is to support the Trust in meeting the general duty. It also has a role in setting out achievements and progress towards meeting the other specific duties.

In particular, the annual report supports the Trust to have a better due regard to the duties by providing an opportunity to;

- Monitor and review progress
- Monitor and review the effectiveness and appropriateness of arrangements
- Review objectives and processes in light of new legislation and other new developments
- Engage with stakeholders around these issues, providing partners and the public with transparency.

Our Key Achievements during 2018-2020

Key Equalities achievements include:

- Revision of the Trust Strategic Objectives.
- Working in partnership with 10 other Public Bodies in Wales to develop a shared Strategic Equality Plan
- strengthening the culture within the organisation to tackle inequalities
- The Trust becoming a member of the Disability Confident Scheme.

- Using technology to provide virtual equality awareness days and events as well as training opportunities across all protected characteristics.
- influencing the national equality agenda through partnerships, consultations and leading project work;
- Developing an integrated EQIA process that includes the Welsh Measures, Wellbeing of Future Generations and the Socio Economic Duty.
- Development of a BAME Risk Assessment – Covid
- Development of a week long virtual Pride celebration.

Engagement

The Trust is committed to capturing the voice of the public in the design, planning and delivery of services, to ensure that the services we provide are meeting the needs of the communities that we serve.

To do this the Trust uses a number of engagement methods, which include;

- Patient Liaison group
- Patient and carer representation on Trust Wide strategic groups, such as Patient Dignity group, Equality Impact Assessment group, Quality and Safety committee.
- Public events such as BME Health Fair, Pride, National Eisteddfod
- Public engagement forums – Welsh Blood stakeholder sessions.
- Staff newsletter, surveys and feedback sessions.
- Monthly Patient surveys at Velindre Cancer Centre.
- Community, stakeholder and partnership engagement.

Supporting Our Workforce

The Trust recognises the commitment of our dedicated staff and the vital role they play in the delivery of quality, care and excellence. As an employer, we encourage a culture of fairness, dignity and respect. Over the past year the mental health and wellbeing of staff as a result of the pandemic has been even more crucial and will continue to be for many years as the long term impact is realised.

Supporting staff with their health and wellbeing through initiatives such as;

- Stress assessments.
- Mindfulness programs - including the use of apps
- Respite care funding
- Childcare School Holiday funding
- Complementary Treatments
- Provision of an Employee Assistance Programme
- Managerial and self referral services to Occupational Health services.

- Access to free counselling.
- Mentoring and coaching services

Staff Networks

The Trust has had a number of staff networks in place, which had been available to staff for a number of years. In the last 12 months, these networks have moved to a virtual setting, with the frequency increased from every 3 months to monthly, recognising the need for a safe space for staff to talk about concerns as well as input into policy and service provision and raise awareness of equality and diversity areas.

The Trust currently has 5 networks, the Shielding Network being a recent addition in light of the pandemic. Where staff who had been shielding personally or a family member had been shielding, felt isolated and that their need to shield was not being understood by others. The staff networks are:

- BAME Staff Network
- LGBT+ Staff Network
- Disability Staff Network
- Menopause Café
- Shielding Network

All network groups except the shielding network are open to all staff and allies so there are opportunities for learning and discussion. Late 2020, a decision was made that a safe space session will be held every 3rd month in the BAME group, focusing just on the concerns of the staff of colour. This would include speakers being involved to share best practice and learning.

All the networks play a pivotal role in raising awareness and understanding of equality areas as well as the development of the Trust strategic equality objectives and policies, supported by the Trust Equality and Diversity Manager.

Monitoring our Progress

Reviewing and revising the Strategic Equality Plan

The Trust has reviewed and revised its Strategic Equality Objectives for 2020-2024, linking with its IMTP, ensuring that the core objectives are embedded within future planning of services to meet people's needs. The Trust has worked with both staff, patients, donors and service users, in partnership with other Health Boards and public bodies to develop the objectives for the 4 year period.

Other Scrutiny and Measures

(a) Doing Well, Doing Better – Standards for Health Services in Wales

The Standards for Health Services in Wales are integral to the five year strategic framework for the NHS and key to underpinning the vision, values, governance and accountability framework for NHS Wales.

The Standards are integral to the Trust's assurance for continuous improvement in the quality and experience of services and care that our service users receive.

The current Standards include a number of cross cutting themes that organisations and services need to take account of across the range of their activities, notably sustainable development, language, and equality and diversity.

(b) Trust Programme Groups and Corporate Support Functions

Trust Programme Groups and Trust Wide Functions are scrutinised in relation to the following key areas:

- How equality, diversity and human rights are incorporated into the governance arrangements of the Trust, including reporting mechanism and links to the Strategic Equality Objectives.
- How equality and human rights are promoted within the Trust and arrangements for training staff
- How the Trust seeks to reduce health inequalities, including how and where the strategic equality objectives have informed service plans
- How the Trust takes account of the needs of individuals, including patients, donors, service users, carers and staff, ensuring that engagement activity is inclusive and represents all protected characteristics
- How Equality Impact Assessment (EqIA) informs decision making in the Trust. How the Trust Board seeks assurance of compliance with the equality duties in relation to policy and strategy development

Gender Equality and Reducing Pay Inequalities

The Trust recognises that there is still a pay gap, and this becomes more pronounced as you look at the data in higher grades in particular. The Trust is looking at organisations such as Equality and Human Rights Commission and Chwarae Teg for support and advice on how to improve representation at all grades.

The Trust recognises that new requirements to conduct Gender Pay Audits over the following years will give us an opportunity to review our evaluation processes and ensure that someone's gender is not a reason for disadvantage through pay.

Due to Covid 19, the Trust has postponed its full Gender Pay Audit, with a commitment to publish by the end of September 2021. This will include a more comprehensive review of the equality monitoring data, looking at intersectionality and the wider barriers that need to be removed.

Equality Information

Our Role as a Service Provider

The Trust has sought to improve its collection of equality data relating to patients. We recognise there are still improvements to be made. Many of these include working more collaboratively with our partners and stakeholders to improve systems and functionality including:

- Different systems in use in the Trust for recording patient information; these are linked to the referral systems of other LHB's of patients to Velindre
- Ensuring the information gathered on patient identifiable data is protected re: Information Governance and Data Protection issues.

Patient experience

Feedback allows us to make improvements when needed. We collect feedback in a number of ways:

- **Comment cards** These cards are available in hospital inpatient and outpatient areas and at blood donation clinics and are a way of gaining comments or suggestions.
- **Patient/Donor stories** These stories allow patients, donors and/or relatives to tell us what it feels like to receive care or a service and are powerful messages that remind us every patient is individual and the impact that we can make on their lives.
- **Surveys** The All Wales survey was introduced by Welsh Government to ensure that patients can provide feedback about their care.
- **Social Media** This is now the most used method of comments and feedback on our services.

Our Role as an Employer

Information relating to the equality characteristics of our workforce is gathered as part of the recruitment process via a national system and this also enables us to understand the profile of people applying to work for us and whether or not they are

successful. Data collection on internal promotions are one of the areas we are seeking to improve.

The level of declaration of equality information in the Electronic Staff Record (ESR) varies across the characteristics. As a result of the pandemic and need to undertake risk assessments. The Trust believes that the data for the next year will show a measurable improvement as staff updated their information in line with the risk assessment outcomes particularly in the areas of ethnicity and disability/impairments.

ESR is a national system for the NHS in the UK. There are currently no fields within ESR for recording the characteristic of Gender Reassignment, nor is there provision for capturing information about staff who have caring responsibilities. We have, however, continued to lobby throughout the year for system changes so that we are better able to meet our statutory reporting duties.

Assessing Impact

When it comes to assessing impact, there have been huge strides over the past 10 years. Where we have seen EQIA's established in policy and service development. In 2019 the template was revised to include Welsh Measures, Wellbeing of Future Generations and the upcoming Socio Economic duty. With the hope that an integrated assessment process becomes a development tool to improve services going forward.

Promoting Knowledge and Understanding

Since the introduction of the Equality Act 2010, the Trust has updated all its training material to reflect the legislative changes, this includes recruitment and selection and procurement.

Equality and Human Rights e-Learning

In 2014, "Treat me Fairly" was launched by NHS Wales as a equality and human rights training package.

An e-learning package was viewed as the most effective way in which large numbers of staff would be able to access the necessary training at times, and at a pace, that

could be adapted to individual circumstances. Since the first package was introduced additional modules have been developed to look at specific areas such as;

- Sensory Loss
- Transgender/ Gender identity

The package is currently being reviewed and updated on an all Wales basis.

Other Ways in Which We Promote Knowledge and Understanding

Whilst we believe that providing good quality, up to date training that helps staff understand the relevance of equality and human rights issues to their day-to-day jobs is the most effective way of improving awareness and understanding, we also promote knowledge and understanding in many other ways, including:

- Regular articles and information on equality areas shared with staff, such as national awareness days in the Equality calendar. Featured speakers and training run across the Trust and hosted organisations. Many sessions led by the Trust Staff Networks.
- Our **website** has been developed to provide information and to help signpost staff to other sources of help and support. The site remains under regular review and reflects user feedback in terms of both content and format. We also use the website to promote campaigns and other events we believe staff may be interested in
- The Trust runs many training sessions that include areas of equality and diversity including;
 - Induction – this includes information about the Trust equality policies
 - Equality and Diversity Training
 - E-learning – Treat me Fairly
 - E-learning – Welsh language awareness
 - Dignity in the workplace
 - Dignity for patients
 - Domestic abuse – it's our business
 - Work Life Balance Policies workshops
 - BTec – Equality in Healthcare
 - ILM – Equality for Managers

Language

Welsh Language

For the past nine years, we have been reporting annually to the Welsh Language

Commissioner on the implementation of our Welsh Language Scheme. This ceased on 29 May 2019 due to a requirement to comply with new Welsh Language Standards (No.7) Regulations 2018 with effect from 30 May 2019. The standards with which the Trust must comply are set out in a Compliance Notice issued by the Welsh Language Commissioner in accordance with the Welsh Language (Wales) Measure 2011. We also work to fulfil the aims of '*More Than Just Words*', the Welsh Government's strategic framework for Welsh language services in health, social services and social care. Much productive and progressive work has been done during 2019-2020, building on similar work across previous years, to improve the availability, accessibility, quality and equality of our Welsh medium services, as well as making the language more accessible internally with our staff.

Wales Interpretation and Translation Service (WITS)

Velindre NHS Trust has been a partner of the Wales Interpretation and Translation Service (WITS) as its preferred provider of interpretation and translation services since May 2010. The Trust have used the service to access quality interpretation and translation services in a variety of community languages including British Sign language which is currently one of the top 5 languages required at Velindre Cancer Centre.

In 2019 a video relay interpretation service was rolled out at Velindre Cancer centre, available from an iPad on a mobile unit as well as several laptops and devices.

Any other information that is relevant to meeting the General Equality Duty

In addition to our equality objectives and service plans, a number of other linked initiatives are being progressed within the organisation that will enable us to better demonstrate how we are advancing equality of opportunity by showing due regard to the General Equality Duty.

Supporting Carers

In 2010, the Welsh Government introduced a new law called the Carers Measure. It places a duty on us to make sure that the needs of carers are met. We have produced the Carers Strategy. It outlines how we will identify carers as soon as possible and give them the information and support they need.

Older people

In 2011, due to an increasing number of concerns expressed by older people about hospital care, the then Older Peoples' Commissioner for Wales, Sarah Rochira, visited all acute hospitals in Wales to look at the care of older people. She found that the

treatment of some older people was inadequate and made twelve recommendations for improvement. Each Health Board and Trust in Wales had to produce an action plan to meet the recommendations and submit regular progress reports to Welsh Government. We have made good progress against the recommendations and there are a number of projects in place to maintain the momentum. This includes:

- **Changes in ward environment.** Simple changes to ward environments to help older people with dementia, such as colour coded areas and large clock faces.
- **Effective communication.** Training provided to staff to support them in communicating with patients, donors and family members etc who have specific communication needs, such as lip speakers and accessible literature. Ensuring they are able to make informed choices about their care.

Human Rights in Healthcare

The Trust has adopted a Human Right based approach in providing their services passed on the FREDA Principles.

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

The work of the VCC Patient and Carers dignity group has been instrumental in identifying ways to ensure dignity and respect is mainstreamed in to our work, which can then be replicated across the Trust, such as conducting regular observations of care, improving the design of hospital gowns, and introducing a dignity code and subsequent staff awareness for the code.

Accessible Information and Communication for People with Sensory Loss

There is a legal duty under the Equality Act 2010 to ensure that reasonable adjustments are made to deliver equality of access to healthcare services for disabled people. This duty is anticipatory and requires public bodies to be proactive in making adjustments to ensure all access and communication needs are met. Effective and appropriate communication is fundamental to ensuring services are delivered in ways that promote dignity and respect. The evidence also demonstrates that ineffective communication is a patient safety issue and can result in poorer health outcomes

In May 2013 the Minister for Health and Social Services wrote to all Health Boards introducing the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. The purpose of the Standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing healthcare services. These Standards apply to adults, young people and children. On December 5th 2013 the Minister¹⁹ officially launched the Standards. Health

Boards and Trusts are required to put in place an implementation plan under the responsibility of a designated officer which identifies:

- The current picture in terms of compliance with the standards
- The areas where improvements can be made relatively quickly and easily
- Those areas of service provision where compliance with the standards causes greater challenges

The plan has been developed and identifies the policies, procedures and protocols, existing and/or in need of development, to make the changes required to deliver the Standards.

A base line assessment in terms of compliance has been undertaken in relation to the following work-streams:

- Training
- Accessing communication support for service users via the Welsh Interpretation & Translation Service (WITS)
- Referral process and appointment systems
- Medical records, flagging and alerts
- Hearing loop provision maintenance and training
- Environment and signage
- Improved accessibility of the concerns process

This has identified existing good practice, areas where improvements can be made relatively quickly and areas where compliance provides greater challenges. Existing good practice has been identified during the assessment and includes:

- Pilot patient buzzer scheme introduced for outpatients department.
- The development of interpretation and translation guidelines for staff which provide information for staff on how to access timely communication support for patients and carers across divisions.
- guidelines for the development and provision of accessible information
- The Standards have been communicated widely across Trust areas and areas for local action by divisions identified
- A hearing loop audit has been undertaken and the management of hearing loops and their maintenance clarified.
- The principles of inclusive design are built into the Terms of Reference for the accommodation review group and Improvements to signage are being planned.

Safeguarding

Reducing Domestic Abuse, Violence against Women, Sexual Violence and Honour Based Violence are key strategic target areas for the Safeguarding agenda at Velindre. This strand of the safeguarding agenda also consists of other areas associated with vulnerability that include Counter Terrorism PREVENT, Child Sexual Exploitation, Human Trafficking, Honour Based Violence (HBV) Female Genital Mutilation (FGM) and Forced Marriage (FM). The Domestic Abuse, Violence against Women, and Sexual Violence agendas have a direct impact on both Adult Protection and Child Protection. Training in these areas is made available to all staff.

Procurement

In common with most public authorities, Velindre contracts with external organisations in the private and third sectors to carry out works and/or to provide goods and/or services on our behalf.

A number of Equality representatives have been involved in an All Wales Task & Finish Group formed to explore how Equalities experts can support colleagues working for NHS Wales Shared Services Partnership (NWSSP) - Procurement to better understand the duties so that they can provide the necessary assurances about compliance to Health Boards and Trusts. This work includes:-

- A joint review of documents used in Procurement processes with recommendations for improvements to make equality considerations more explicit including the development of a group of generic equality-related questions that can be included in tender documents as appropriate;
- A review of Health Board/Trust Standing Financial Instructions to make more explicit links to the equality duties has now been concluded and the amendments have been formally approved by the Trust Audit Committee with a recommendation for similar revisions to be made to the Procurement Policy;
- Recommendations for minimum levels of training to ensure Procurement staff have a better understand the requirements of the public sector equality duties.

Focus For The Future

This section outlines some of the challenges we have met in relation to our equality objectives, and what we plan to do about them to move the agenda forward.

All Wales Standards for Accessible Communication and Information for People with Sensory Loss

We will continue to drive forward the implementation plan and work with representatives to make important changes this year to remove some of these barriers identified and improve services for people with sensory loss. We will continue to monitor progress against the Standards implemented by Welsh Government. We will drive forward the principles of inclusive design and work with planning colleagues and design teams to embed these into service developments. We will work to review signage and develop guidance to promote a consistent approach across the Trust that is accessible and inclusive.

Integrated Impact Assessment

We will seek to strengthen the synergy between the equality and quality agendas by further developing our integrated impact assessment tool. Implementation of our quality improvement strategy is a priority this year and provides an opportunity for us to embed equality and human rights principles into its application. We will work to scope opportunities to further develop the impact assessment process and develop a practical tool to assist and enrich policy development.

Staff Training:

Training in equality and human rights remains a priority. Whilst we are pleased with the number of staff who have now successfully completed both e-learning and class room sessions. We recognise there remain barriers to staff being released from clinical areas to attend workshops or to undertake the training themselves.

Specialised training, such as Mental Health and Sensory loss will be a particular focus for the Trust. Working with key partners and stakeholders to ensure inclusive training is in place.

Gender and intersectional Pay Differences

The Trust needs to have a better understanding about the factors that have given rise to differences in average pay between men and women working for Velindre alongside the other protected characteristics, such as age and ethnicity. Factors such as occupational segregation, which can be attributed, at least in part if not substantially, to societal issues and attitudes about male and female roles/occupations may take generations to effect substantial change.

Working with external partners and LHBs in sharing best practice, the Trust can seek to influence positive changes so that these barriers, both actual and perceived can be removed.

Equality Information

Whilst we have made significant improvements to the information we hold on our staff, we still do not have the ability to capture information relating to staff and gender identity or those who have caring responsibilities. This is due to the limitations of the national (UK) electronic pay and personnel systems (ESR). We continue to make representations to incorporate the necessary changes.

Equality Data

Due to the postponement of the Gender Pay Audit the data follows the period April 2018 – March 2020. A more comprehensive report will be included in the final Gender Pay Audit later this year.

What the data does demonstrate is that for a number of the more sensitive equality areas, many staff have either decided that they would prefer not to say or the data has not been captured at all. This is an area that has been identified for improvement and confidence in how the Trust will be using the data should over time hopefully see the data gaps close.

VELINDRE UNIVERSITY NHS TRUST

EQUALITY MONITORING REPORT

1st APRIL 2018 – 31st MARCH 2019

1. Introduction

We are pleased to present Velindre University NHS Trusts Equality Monitoring Report for April 2018- March 2019. This report provides the equality monitoring data in line with our duties under the Equality Act 2010.

2. Legal Context

The Public Sector Equality Duty (PSED) requires that all public authorities covered under the specific duties in Wales should produce an annual equality report by 31st March each year. The essential purpose of the specific duties under the Equality Act, in relation to monitoring, is to help authorities to have better due regard to the need to achieve the 3 aims of the general duty, which are to;

- **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **foster good relations** between people who share a protected characteristic and people who do not share it.

Therefore, as a specific duty itself, the role of annual reporting is to support the Trust in meeting the general duty. It also has a role in setting out achievements and progress towards meeting the other specific duties.

In particular, the annual report supports the Trust to have a better due regard to the duties by providing an opportunity to;

- Monitor and review progress;
- Monitor and review the effectiveness and appropriateness of arrangements;
- Review objectives and processes in light of new legislation and other new developments;
- Engage with stakeholders around these issues, providing partners and the public with transparency.

3. Equality Data

The tables below provide a breakdown of equality data in several areas, following the format requested by Welsh Government for Open Government License;

- Staff in post by their protected characteristic;
- All staff breakdown by grade;
 - Each grade broken down by sex;
- Working pattern broken down by sex;
- Employment assignment broken down by sex;
- Recruitment applications by their protected characteristics;
- All staff breakdown upon leaving the Trust;
 - Leavers by their protected characteristics.

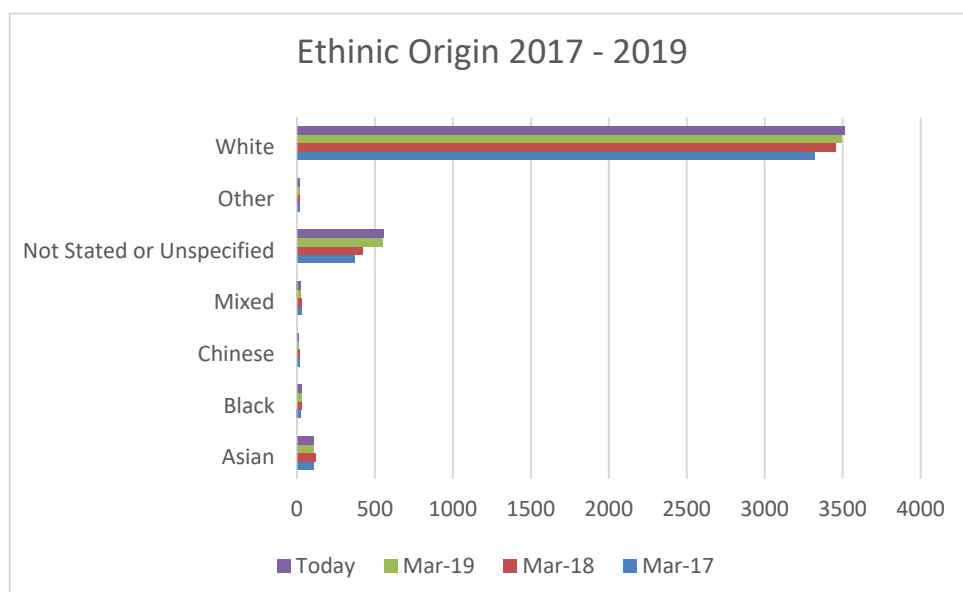
The data demonstrates that in a number of the more sensitive equality areas, many staff have either decided that they would prefer not to declare or the data has not been captured at all. Data capture is an area that has been identified for improvement.

The Trust acknowledges that it must increase employee confidence in how the data will be used, which overtime may see the data gaps close.

Note: Percentages are based on the total Headcount (4231) used for the report, which is based on the headcount on the 31st March 2019.

Interrogation of data.

When we look at progress across one of the protected characteristics of Race, it shows that in some groups there has been a decrease in diverse workforce. As a result workforce diversity as well as intersectional pay gaps are one of the five Strategic Equality Objectives for the 2020-2024 Plan.



Age Profile

Age Band	Headcount	%
<=20 Years	29	0.69
21-25	247	5.84
26-30	610	14.42
31-35	569	13.45
36-40	519	12.27
41-45	477	11.27
46-50	570	13.47
51-55	574	13.57
56-60	393	9.29
61-65	196	4.63
66-70	34	0.80
>=71 Years	13	0.31
Grand Total	4,231	100

Religious Beliefs

Religious Belief	Headcount	%
Atheism	682	16.12
Buddhism	13	0.31
Christianity	1688	39.90
Hinduism	29	0.69
I do not wish to disclose my religion/belief	619	14.63
Islam	81	1.91
Judaism	1	0.02
Other	301	7.11
Sikhism	5	0.12
Unspecified	812	19.19
Grand Total	4231	100

Sexual Orientation

Sexuality	Headcount	%
Bisexual	19	0.45
Gay or Lesbian	46	1.09
Heterosexual or Straight	3057	72.25
Not stated (person asked but declined to provide a response)	328	7.75
Other sexual orientation not listed	1	0.02
Undecided	1	0.02
Unspecified	779	18.41
Grand Total	4231	100

Gender Reassignment

The ESR system currently does not have the data fields to allow for the collection of data on gender reassignment or gender identity.

Disability

Disability	Headcount	%
No	2873	67.90
Not Declared	170	4.02
Prefer Not To Answer	1	0.02
Unspecified	1058	25.01
Yes	129	3.05
Grand Total	4231.00	100.00

Ethnic Origin

Ethnic Origin	Headcount	%
Asian	108	2.55
Black	30	0.71
Chinese	12	0.28
Mixed	27	0.64
Not Stated or Unspecified	543	12.83
Other	15	0.35
White	3496	82.63
Grand Total	4,231	100

Marital Status

Marital Status	Headcount	%
Civil Partnership	40	0.95
Divorced	234	5.53
Legally Separated	26	0.61
Married	2095	49.52
Single	1333	31.51
Unknown	477	11.27
Widowed	26	0.61
Grand Total	4231.00	100.00

Pregnancy and Maternity

On Maternity	Headcount	%
Yes	95	2.25
No	4136	97.75
Grand Total	4231	100

Sex

Male	1689	
Female	2542	
Grand Total	4,231	

Sex Categorisation

Employment Category by Sex

Employment Category	Female	Male	Grand Total
Full Time	1607	1547	3154
Part Time	935	142	1077
Grand Total	2542	1689	4231

Pay Scales by Sex

Pay Scales	Female	Male	Grand Total
Band 1	31	1	32
Band 2	217	322	539
Band 3	409	185	594
Band 4	419	153	572
Band 5	314	213	527
Band 6	342	214	556
Band 7	253	158	411

Pay Scales	Female	Male	Grand Total
Band 8 - Range A	94	105	199
Band 8 - Range B	54	58	112
Band 8 - Range C	38	47	85
Band 8 - Range D	10	15	25
Band 9	5	12	17
Medical Consultant	35	21	57
Medical SAS	1	4	5
Medical Trainee	307	167	474
Other	13	14	27
Grand Total	2542	1689	4231

Profession by Sex

Profession	Female	Male	Grand Total
Add Prof Scientific and Technic	41	18	59
Additional Clinical Services	175	60	235
Administrative and Clerical	1532	1022	2554
Allied Health Professionals	106	18	124
Estates and Ancillary	57	303	360
Healthcare Scientists	88	59	147
Medical and Dental	346	194	540
Nursing and Midwifery Registered	197	15	212
Grand Total	2542	1689	4231

Contract Type by Sex

Contract Type	Female	Male	Grand Total
Fixed Term Temp	458	258	716
Honorary	1		1
Locum	1	1	2
Non-Exec Director/Chair	1		1
Permanent	2081	1430	3511
Grand Total	2542	1689	4231

VELINDRE UNIVERSITY NHS TRUST
EQUALITY MONITORING REPORT
1st APRIL 2019 – 31st MARCH 2020

1. Introduction

We are pleased to present Velindre University NHS Trusts Equality Monitoring Report for April 2019- March 2020. This report provides the equality monitoring data in line with our duties under the Equality Act 2010.

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- Employment assignment broken down by sex;
- Recruitment applications by their protected characteristics;
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 - Leavers by their protected characteristics.

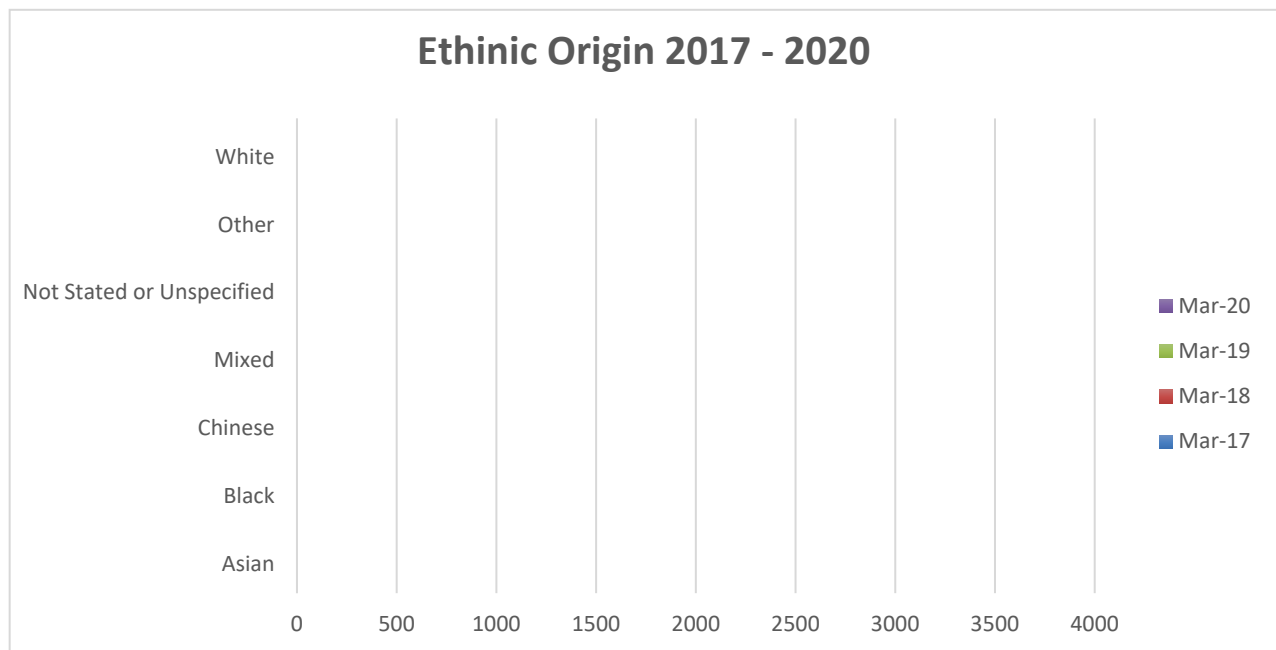
The data demonstrates that in a number of the more sensitive equality areas, many staff have either decided that they would prefer not to declare or the data has not been captured at all. Data capture is an area that has been identified for improvement.

The Trust acknowledges that it must increase employee confidence in how the data will be used, which overtime may see the data gaps close.

Note: Percentages are based on the total Headcount (4590) used for the report, which is based on the headcount on the 31st March 2020.

Interrogation of data.

When we look at progress across one of the protected characteristics of Race, it shows that in some groups there has been a decrease in diverse workforce. As a result workforce diversity as well as intersectional pay gaps are one of the five Strategic Equality Objectives for the 2020-2024 Plan.



Age Profile

Age Band	Headcount	%
<=20 Years	27.00	0.59
21-25	272.00	5.93
26-30	654.00	14.25
31-35	652.00	14.20
36-40	587.00	12.79
41-45	491.00	10.70
46-50	587.00	12.79
51-55	594.00	12.94
56-60	448.00	9.76
61-65	228.00	4.97
66-70	37.00	0.81
>=71 Years	13.00	0.28
Grand Total	4590.00	100.00

Religious Belief

Religious Belief	Headcount	%
Atheism	756.00	16.47
Buddhism	13.00	0.28
Christianity	1783.00	38.85
Hinduism	30.00	0.65
I do not wish to disclose my religion/belief	624.00	13.59
Islam	88.00	1.92
Judaism	1.00	0.02
Other	357.00	7.78
Sikhism	5.00	0.11
Unspecified	933	20.33
Grand Total	4590.00	100.00

Sexual Orientation

Sexuality	Headcount	%
Bisexual	22.00	0.48
Gay or Lesbian	61.00	1.33
Heterosexual or Straight	3282.00	71.50
provide a response)	315.00	6.86
Other sexual orientation not listed	2.00	0.04
Undecided	3	0.07
Unspecified	905	19.72
Grand Total	4590.00	100.00

Gender Reassignment

The ESR system currently does not have the data fields to allow for the collection of data on gender reassignment or gender identity.

Disability

Disability	Headcount	%
No	3117.00	67.91
Not Declared	144.00	3.14
Prefer Not To Answer	3.00	0.07
Unspecified	1161.00	25.29
Yes	165	3.59
Grand Total	4590.00	100.00

Ethnic Origin

Ethnic Origin	Headcount	%
Asian	113.00	2.46
Black	42.00	0.92
Chinese	10.00	0.22
Mixed	42.00	0.92
Not Stated or Unspecified	681.00	14.84
Other	15.00	0.33
White	3687.00	80.33
Grand Total	4590.00	100.00

Marital Status

Marital Status	Headcount	%
Civil Partnership	53	1.15
Divorced	259	5.64
Legally Separated	25	0.54
Married	2237	48.74
Single	1435	31.26
Unknown	444	9.67
Widowed	29	0.63
(blank)	108	2.35
Grand Total	4590.00	100.00

Pregnancy and Maternity

On Maternity	Headcount	%
Yes	104	2.27
No	4486	97.73
Grand Total	4590.00	100.00

Sex

Male	1840	
Female	2750	
Grand Total	4,590	

Employment Category by Sex

Employment Category	Female	Male	Grand Total
Full Time	1735	1662	3397
Part Time	1015	178	1193
Grand Total	2750	1840	4590

Pay Scales by Sex

Pay Scales	Female	Male	Grand Total
Band 2	237	330	567
Band 3	469	205	674
Band 4	432	176	608
Band 5	334	212	546
Band 6	370	229	599
Band 7	289	176	465
Band 8 - Range A	110	119	229
Band 8 - Range B	66	61	127
Band 8 - Range C	38	55	93
Band 8 - Range D	10	16	26
Band 9	6	12	18
Medical Consultant	37	25	62
Medical SAS	4	3	7
Medical Trainee	330	207	537
Other	18	14	32
Grand Total	2542	1689	4231

Profession by Sex

Profession	Female	Male	Grand Total
Add Prof Scientific and Technic	50	17	67
Additional Clinical Services	190	59	249
Administrative and Clerical	1664	1104	2768
Allied Health Professionals	111	19	130
Estates and Ancillary	68	330	398
Healthcare Scientists	84	59	143
Medical and Dental	375	237	612
Nursing and Midwifery Registered	208	15	223
Grand Total	2750	1840	4590

Contract Type by Sex

Contract Type	Female	Male	Grand Total
Fixed Term Temp	475	304	779
Honorary	5	1	6
Locum	1		1
Non-Exec Director/Chair	1		1
Permanent	2268	1535	3803
Grand Total	2750	1840	4590

Professor Peter Groves

Chair, HTW

Dr Susan Myles

Director, HTW

25th March 2021



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Annual Report 2020

Mae'r ddogfen hon hefyd ar gael yn Gymraeg
This document is available in Welsh



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Strategic Plan 2021-2025

Better Health | Evidence Driven

Mae'r ddogfen hon hefyd ar gael yn Gymraeg
This document is available in Welsh



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Health Technology Wales (HTW) remit

To provide a strategic, streamlined & nationally coordinated approach for the identification, appraisal & adoption of medical technologies across Wales.



Identification



Appraisal



Adoption



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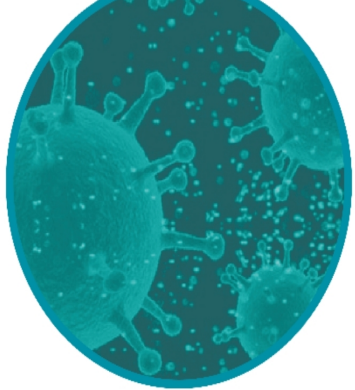
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COVID-19

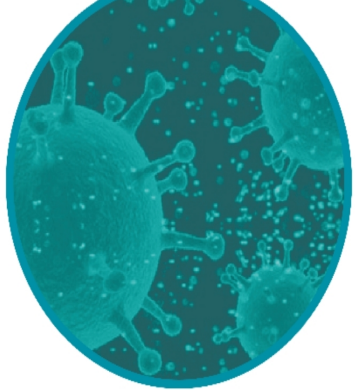
- SARS-CoV-2 Virus & Antibody tests
- Supporting Welsh decision makers
- Assisting industry
- International collaboration



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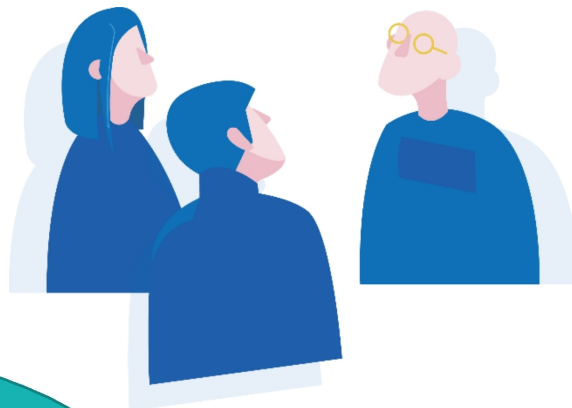
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COVID-19 Feedback

"We have been alerted to your excellent evidence review on the effectiveness of COVID-19 PCR [polymerase chain reaction] and antibody tests. We appreciate being able to signpost to this and draw on its conclusions."

- Debbie Sigerson, Programme Manager, Public Health Scotland



"I just want to feedback how incredibly useful and robust your evidence assessment is. I have widely distributed it in the COVID testing circles and also with other devolved administrations so (it's) definitely one that has had impact."

- Senior Public Health Official

"The HTW colleagues that I worked with were highly professional, had an incredible amount of expertise and were very easy to work with. They replied to requests very fast, tried to meet deadlines and were reliable."

- Sabine Ettinger, Researcher & Scientific Project Manager, EUnetHTA



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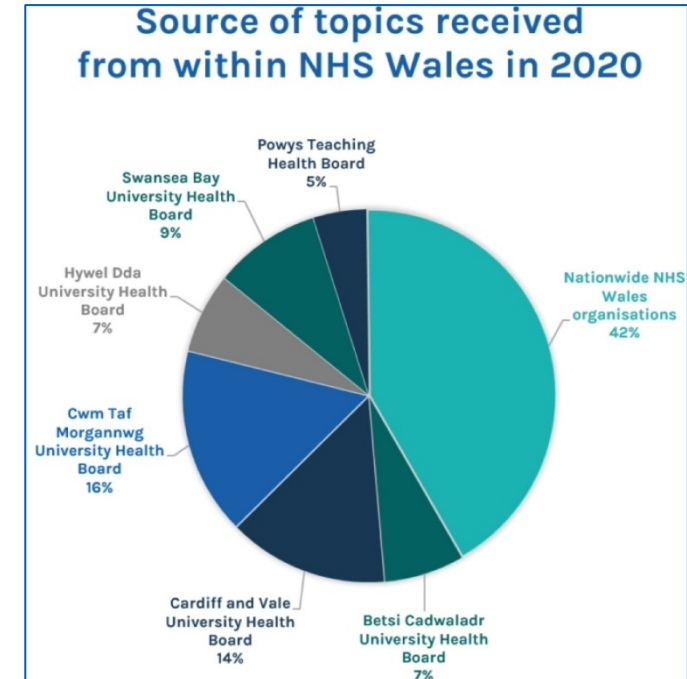
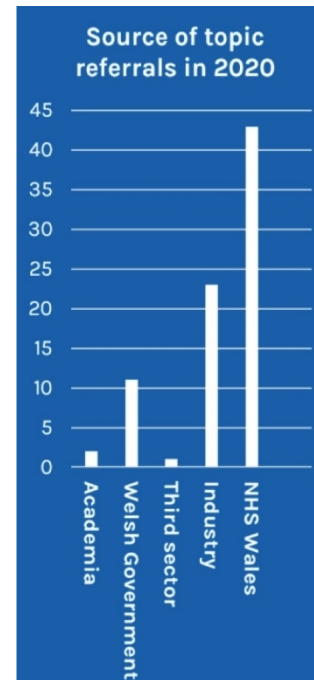
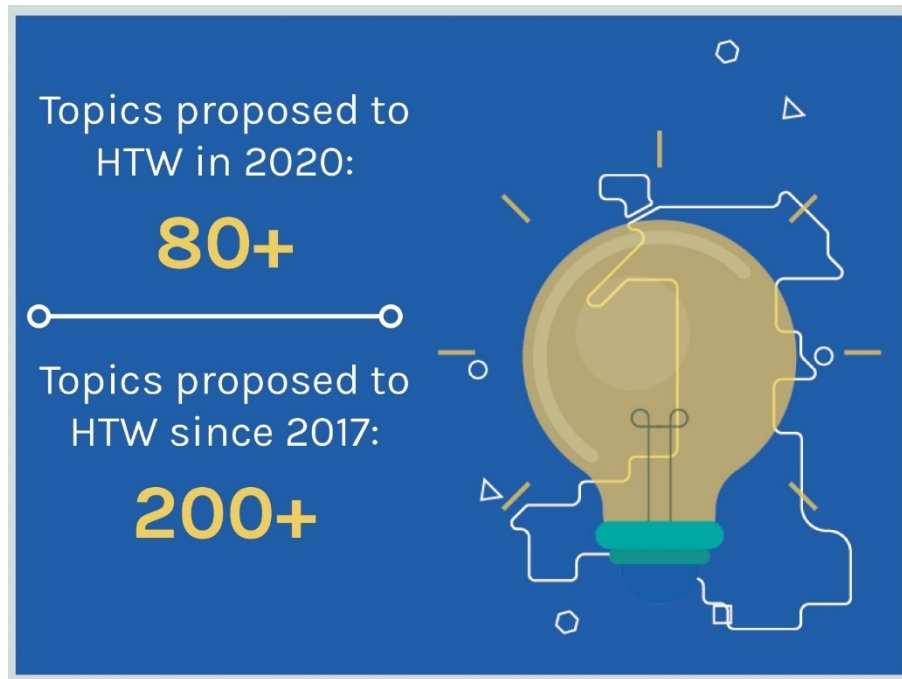


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Identification

Responsive to the needs of service users, care providers & technology developers



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Appraisal

Using the best available evidence & expertise to independently appraise health & care technologies



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Appraisal

- Occipital nerve stimulation for medically refractory chronic cluster headache (GUI013)
- Multi-grip myoelectric upper-limb prosthetics for upper limb amputees (GUI014)
- Single-operator per-oral cholangioscopy for the management of hepatobiliary-pancreatic disorders (GUI015)
- Pre-operative cardiopulmonary exercise testing for people in whom major abdominal surgery is planned (GUI016)
- Autologous haematopoietic stem cell transplantation for previously treated, relapsing-remitting multiple sclerosis (GUI019)
- Rapid antigen detecting tests for diagnosing group A streptococcal infections in the community pharmacy setting (GUI020)
- Transcatheter aortic valve implantation for the treatment of patients with severe symptomatic aortic stenosis who are at intermediate surgical risk (GUI024)





Potential impact of HTW Guidance

137,338

Total estimated people impacted (per year) by
HTW Guidance published in 2017-2020

59,706

Total estimated people impacted (per year) by
HTW Guidance published in 2020

£5,781,686

Potential cost savings (per year) from
HTW Guidance published in 2017-2020

£2,745,634

Potential cost savings (per year) from
HTW Guidance published in 2020



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Adoption

- AWMD oversight and lead peer group
- 7 LHB committees and leads nominated
- Both HTW and NICE medical technologies guidance
- Adoption audit methods in development
- Adoption monitoring plans
- Pilot & first report to WG end of 2021





Collaborating with stakeholders

Advisory committee meetings hosted:

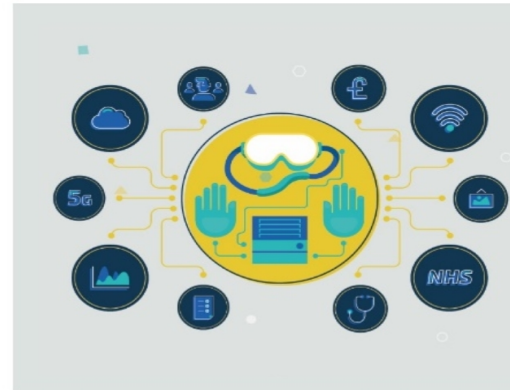
- 3 Appraisal Panels
- 12 Assessment Groups
- 2 Executive Groups
- 2 Industry User Groups
- 4 Patient and Public Involvement (PPI) Standing Groups

Website:

- 44,995 webpage views
- 10,938 unique visitors

Events:

- 4 events (including virtual webinars and workshops)
- 210+ attendees from a broad range of backgrounds



Social media:

1,527 followers	1,142 link clicks
8,709 profile visits	848 likes and reactions
383 mentions	516 retweets and shares



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What our stakeholders say

“I believe that Health Technology Wales has found its own feet, it has found its space. It makes sure that the work it does doesn't unnecessarily duplicate work that's done by other bodies, such as NICE, and makes sure that it really focuses on what's needed for the patient population of Wales.”

Luella Trickett,
Director of Value and Access,
Association of British Health Tech Industries

“My experience of working with Health Technology Wales, in particularly as member of the Appraisal Panel, has been fantastic. It's really given me the opportunity as a clinician and senior leader in North Wales to examine non-medicine technologies that are available, look at it with the robustness of evidence and hopefully apply the ones that are effective, both in terms of clinical and cost effectiveness, for the benefit of all patients in Wales.”

Arpan Guha,
Deputy Executive Medical Director,
Betsi Cadwaladr University Health Board



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HTWs future



- Funding uplift
- Welsh COVID-19 Evidence Centre
- Growing the HTW team
- Strategic Plan 2021-2025





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Strategic Plan 2021-2025

Better Health | Evidence Driven

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Strategic context

- Ensure the principles of prudent care are firmly embedded in all health and social care services
- Recognise the central role that technology has to play in improving the delivery of health and social services
- Improve the well-being of people & carers who need support, & transfigure social services in Wales
- Enhance the future social, economic, environmental and cultural wellbeing of citizens
- Transform services to provide care of the highest quality that is seamless, proactive and delivered as close to peoples' home as possible
- Re-design a whole system approach emphasising prevention, encouraging self-management, supported by integrated care services that utilise the benefits new technologies offer



Vision and mission

Vision: To develop a world-class HTA organisation that facilitates the identification, appraisal & adoption of health technologies that offer most promise to deliver improved health outcomes and value for the people of Wales.

Mission: To drive improvements in population health and care services by applying the best available evidence to inform decisions on the appropriate use of health technologies in Wales.



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Values



Quality: HTW produces authoritative, independent guidance, developed applying rigorous & transparent evidence synthesis methods, to promote use of health technologies that offer the most benefit and value for Wales.

Responsiveness: HTW offers timely input to support the decision needs of service users, policy makers, health and care providers and technology developers across Wales.

Collaboration: HTW works in partnership engaging with stakeholders across the Welsh health, social care & technology sectors to support evidence-informed decision making.



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4.1 Strategic goal: Identification

Identify the health technologies that are expected to have major impact on care services and confer most benefit for the people of Wales.

Objectives

- Expand HTWs topic identification, prioritisation and selection efforts.
- Develop and promote direct topic referral mechanisms for Local Health Boards, Regional Partnership Boards, Local Authorities, Social Care Wales and Digital Health and Care Wales.
- Prioritise the identification of topics with a significant expected impact on health and social care services.
- Ensure topic identification and selection processes are appropriate for innovative social care and digital technology interventions.
- Agree a mechanism between HTW and other UK HTA bodies to ensure a collaborative approach to topic identification and prevent duplication of effort.
- Ensure a complete life-cycle approach, identifying both technology investment and disinvestment topics for appraisal.





4.2 Strategic goal: Appraisal

Deliver a step change in the volume of HTWs evidence outputs, promoting a coordinated national approach to evidence-informed decision making on non-medicine technologies across Wales.

Objectives

- Increase significantly HTW evidence appraisal and guidance output.
- Target social and digital care innovations for appraisal.
- Support time-critical COVID-19 care and policy decision making.
- Explore collaborative opportunities with other UK HTA bodies to co-produce, adapt and co-brand medical technologies guidance.
- Provide evidence support to key Welsh decision making committees.
- Ensure continuous improvement in HTW appraisal methods and compliance with best international practice.





4.3 Strategic goal: Adoption

Improve the quality of health and social care by disseminating evidence-based national guidance that encourages adoption of technologies expected to have a major impact in Wales.

Objectives

- Pilot and roll-out of the HTW technology adoption audit function.
- Develop an adoption monitoring plan for each piece of HTW national guidance.
- Position the HTW Scientific Advice Service (SAS) to support the Welsh life science sector and innovation landscape.
- Agree and implement a national commissioning process for technologies with supportive HTW guidance.
- Establish greater parity between medicine and non-medicine technologies, levelling up incentive mechanisms and representation within key care sector policies and structures.





4.4 Strategic goal: Engagement

Promote greater understanding and use of HTWs Health Technology Assessment (HTA) outputs with key Welsh care system stakeholders.

Objectives

- Extend and refine HTW's stakeholder engagement, updating the HTW Communications Strategy.
- Improve and publish HTWs methods and processes.
- Build HTA capacity in Welsh care systems.
- Support research of national importance.
- Provide continued professional development for members of HTW decision making groups.





4.5 Top five Priority Objectives 2021-2022

- Expand HTWs topic identification, prioritisation and selection efforts.
- Increase significantly HTW evidence appraisal and guidance throughput.
- Target social and digital care innovations for appraisal.
- Support time-critical COVID-19 care and policy decision making.
- Pilot and roll-out of the HTW technology adoption audit function.





Technoleg Iechyd Cymru
Health Technology Wales

Strategic Plan 2021-2025 Implementation Proposals

Better Health | Evidence Driven

Mae'r ddogfen hon hefyd ar gael yn Gymraeg.
This document is available in Welsh



Technoleg Iechyd Cymru
Health Technology Wales



Ariennir gan
Lywodraeth Cymru
Funded by
Welsh Government

How can HTW support VUNHST?

1) Rapid evidence appraisals

- Clinical & cost-effectiveness
- Guidance for decision-makers

2) Expertise and support

- Evidence methods e.g. PPI
- Scientific advice re innovation

3) Training

- HTA methods
- Health Economics



How can VUNHST support HTW?

1) Identification of priority topics for appraisal

Target HTW evidence support to realise most value e.g. referring topics from the TCS in Velindre

2) Participate in expert review processes

Identifying appropriate clinical contacts to provide expert insight into HTW appraisals

3) Dissemination of HTW guidance

Supporting dissemination & audit of HTW guidance, particularly in cancer topics



Dio!ch | Thank you

`www.healthtechnology.wales`
`info@healthtechnology.wales`
`@HealthTechWales`



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Health Technology Wales

Strategic Plan 2021-2025



Better Health | Evidence Driven

HTW Strategic Plan 2021-2025

Developed by HTW in consultation with key stakeholders

Approved by the HTW Executive Group, March 2021

HTW's establishment phase is now complete. The HTW Strategic Plan 2021-2025 sets out our organisation's immediate and medium-term strategic goals and objectives.

This Strategic Plan was developed iteratively, using a mixed methods approach, inviting contributions from key HTW stakeholders including: Welsh Government; key opinion leaders within the care system; and members of key HTW decision making groups including the Executive Group, Appraisal Panel, Assessment Group, Patient and Public Involvement Group and Stakeholder Forum. A series of internal workshops and discussions were also held with the HTW team. Finally, the Strategic Plan was posted for public consultation on the HTW website with communications activities to encourage contributions and feedback.

Contents

- P3 Strategic context
- P4 About HTW
- P5 Mission, vision and values
- P6 Strategic goals and objectives
- P9 Implementation proposals

Our partners:



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



Ariennir gan
Lywodraeth Cymru
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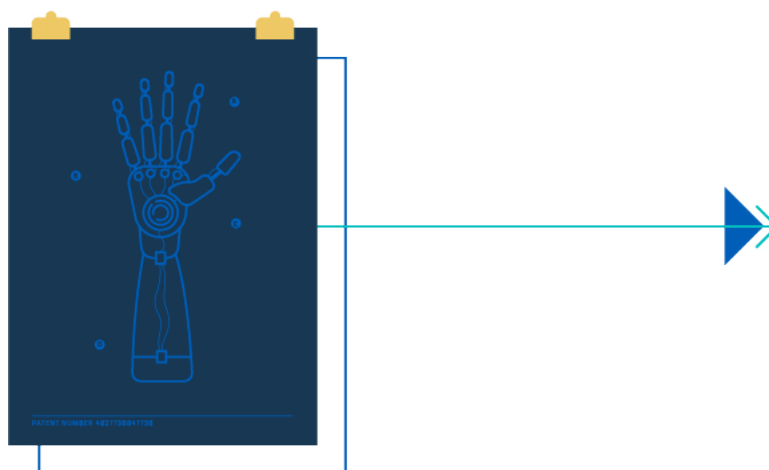
1. Strategic context

Health Technology Wales was established in the context of an ambitious and evolving health and social care policy agenda for Wales, which sets out a clear vision to:

- Ensure the principles of prudent care are firmly embedded in all health and social care services ([PHC 2013](#));
- Recognise the central role that technology has to play in improving the delivery of health and social services ([WG HSCC 2014](#));
- Improve the well-being of people and carers who need support, and transfigure social services in Wales ([SSWBA 2014](#));
- Enhance the future social, economic, environmental and cultural wellbeing of citizens ([WFGA 2015](#));
- Transform services to provide care of the highest quality that is seamless, proactive and delivered as close to peoples' home as possible ([PRHSCW 2018](#));
- Re-design a whole system approach emphasising prevention, encouraging self-management, supported by integrated care services that utilise the benefits new technologies offer ([AHW 2019](#)).



HTW will contribute significantly to delivering this vision for health and social care in Wales by appraising the scientific evidence to inform technology adoption and discard decisions. This will encourage best use of the scarce resources available to invest in care technologies and maximise the health gain they offer for the people of Wales.



2. About HTW

Health Technology Wales (HTW) is a national Health Technology Assessment (HTA) body working to improve the quality of care in Wales. Established in 2017, our remit is to “provide a strategic, streamlined and nationally coordinated approach for the identification, appraisal and adoption of medical technologies into practice across Wales.” ([MHSS 2015](#))

“HTA is a multidisciplinary process that uses explicit methods to determine the value of a health technology at different points in its lifecycle. The purpose is to inform decision-making in order to promote an equitable, efficient, and high-quality health system.”

[INAHTA, 2020](#)

We research and evaluate the best available clinical and cost-effectiveness evidence about a health technology. Based on this evidence, we publish Guidance on whether the health technology should be adopted for use in Wales.

HTW was established to address recommendation 3 of the [2014 Inquiry into Access to Medical Technologies in Wales](#) which advocated establishment of “... an all-Wales medical technologies appraisal mechanism...”

We are funded by Welsh Government, and hosted within NHS Wales, but are independent of both. Our remit covers any health technology that isn't a medicine, such as medical devices, surgical procedures, psychological therapies and digital innovations.

We collaborate with partners across the health, social care and technology sectors to ensure an All-Wales approach, and anyone can suggest a topic for us to appraise.

An [independent expert review](#) of HTW's progress in our first three years of operation concluded, “... HTW is unequivocally fulfilling its core function of providing a dedicated centre of expertise in Wales for the identification, appraisal and adoption of health technologies...”



3. Vision, mission and values

3.1 Vision

To develop a world-class HTA organisation that facilitates the identification, appraisal and adoption of health technologies that offer most promise to deliver improved health outcomes and value for the people of Wales.

3.2 Mission

To drive improvements in population health and care services by applying the best available evidence to inform decisions on the appropriate use of health technologies in Wales.

3.3 Values

Three key values - quality, responsiveness and collaboration - underpin all of HTW's work.

Quality

HTW produces authoritative, independent guidance, developed applying rigorous and transparent evidence synthesis methods, to promote use of health technologies that offer the most benefit and value for Wales.

Responsiveness

HTW offers timely input to support the decision needs of service users, policy makers, health and care providers and technology developers across Wales.

Collaboration

HTW works in partnership engaging with stakeholders across the Welsh health, social care and technology sectors to support evidence-informed decision making.



4. Strategic goals and objectives

Four strategic goals for HTW in the period 2021-2025 are outlined below, alongside our top 5 priority objectives for 2021-2022.



4.1 Strategic goal: Identification

Identify the health technologies that are expected to have major impact on care services and confer most benefit for the people of Wales.

Objectives

- Expand HTWs topic identification, prioritisation and selection efforts.
- Develop and promote direct topic referral mechanisms for Local Health Boards, Regional Partnership Boards, Local Authorities, Social Care Wales and Digital Health and Care Wales.
- Prioritise the identification of topics with a significant expected impact on health and social care services.
- Ensure topic identification and selection processes are appropriate for innovative social care and digital technology interventions.
- Agree a mechanism between HTW and other UK HTA bodies to ensure a collaborative approach to topic identification and prevent duplication of effort.
- Ensure a complete life-cycle approach, identifying both technology investment and disinvestment topics for appraisal.





4.2 Strategic goal: Appraisal

Deliver a step change in the volume of HTWs evidence outputs, promoting a coordinated national approach to evidence-informed decision making on non-medicine technologies across Wales.

Objectives

- Increase significantly HTW evidence appraisal and guidance output.
- Target social and digital care innovations for appraisal.
- Support time-critical COVID-19 care and policy decision making.
- Explore collaborative opportunities with other UK HTA bodies to co-produce, adapt and co-brand medical technologies guidance.
- Provide evidence support to key Welsh decision making committees.
- Ensure continuous improvement in HTW appraisal methods and compliance with best international practice.



4.3 Strategic goal: Adoption

Improve the quality of health and social care by disseminating evidence-based national guidance that encourages adoption of technologies expected to have a major impact in Wales.

Objectives

- Pilot and roll-out of the HTW technology adoption audit function.
- Develop an adoption monitoring plan for each piece of HTW national guidance.
- Position the HTW Scientific Advice Service (SAS) to support the Welsh life science sector and innovation landscape.
- Agree and implement a national commissioning process for technologies with supportive HTW guidance.
- Establish greater parity between medicine and non-medicine technologies, levelling up incentive mechanisms and representation within key care sector policies and structures.

4. Strategic goals and objectives

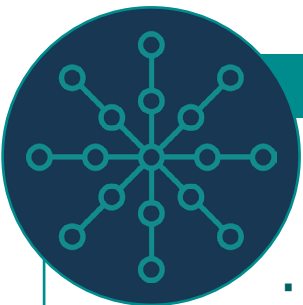


4.4 Strategic goal: Engagement

Promote greater understanding and use of HTWs Health Technology Assessment (HTA) outputs with key Welsh care system stakeholders.

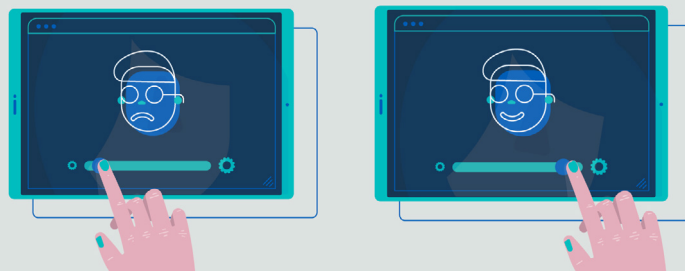
Objectives

- Extend and refine HTW's stakeholder engagement, updating the HTW Communications Strategy.
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- Expand HTWs topic identification, prioritisation and selection efforts.
- Increase significantly HTW evidence appraisal and guidance throughput.
- Target social and digital care innovations for appraisal.
- Support time-critical COVID-19 care and policy decision making.
- Pilot and roll-out of the HTW technology adoption audit function.



Detailed implementation proposals – outlining key activities proposed to deliver the HTW Strategic Plan alongside a prioritised timeline and key performance indicators to monitor progress – is available on request.

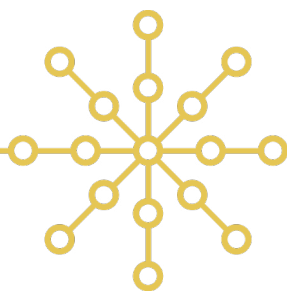


Technoleg Iechyd Cymru
Health Technology Wales

Annual Report 2020

Contents

- 3 Foreword
- 4 Introduction
- 5 Impact
- 6 COVID-19
- 14 Identification
- 19 Appraisal
- 24 Adoption
- 26 Engagement
- 36 Our future
- 37 Budget delivery
- 38 Contact us



Our partners:



Foreword

“Welcome to the Health Technology Wales (HTW) Annual Report, which describes our work to improve the quality of health and social care in Wales over the last year.

There’s no escaping the reality that 2020 provided many unforeseen and unprecedented challenges. The role of evidence-informed decision making has never been more important than during the coronavirus (COVID-19) pandemic.

As you will see in this report, we’re proud of the ways in which we have contributed our health technology assessment (HTA) skills during the COVID-19 pandemic to support key Welsh Government committees and groups in their decision-making, while also collaborating with international HTA organisations.

We temporarily suspended our routine appraisal programme at the start of the pandemic in order to release our NHS colleagues and avoid distracting them at a time of extraordinary pressure. Nonetheless, our evidence appraisal work continued in the background alongside the support we gave to the COVID-19 response. Then, in the summer, we were ready to restart formulating national HTW Guidance and our Appraisal Panel resumed in a virtual format.

During 2020, we’ve published seven pieces of HTW Guidance to support a strategic approach to the identification, appraisal and adoption of non-medicine health technologies in Wales. The total number of HTW Guidance published since launching in 2017 is now 17.

“The role of evidence-informed decision making has never been more important than during the coronavirus (COVID-19) pandemic.”

We estimate that 137,338 people would benefit with full implementation of HTW Guidance to date and the potential for over £5.7 million in cost savings to NHS Wales.

The challenge of functioning remotely and working from home has been met successfully. The HTW team deployed its expertise to make this transition as seamless as possible. We’re grateful to our multi-disciplinary colleagues from peer and partner organisations for their cooperation in adapting to the virtual environment, too.

Engaging with our local, national and international stakeholders has remained a cornerstone of our successes. Together, we’re committed to making a real difference for health and social care communities and to the people of Wales. We extend our sincere thanks to everyone who worked with us during the last year and we look forward to developing our working relationships further in 2021.”



Professor Peter Groves
Chair
Health Technology Wales

Susan Myles



Dr Susan Myles
Director
Health Technology Wales

Introduction

HTW was established by ministerial recommendation in 2017. This followed the National Assembly for Wales' inquiry into 'Access to Medical technologies in Wales.'

Since then, we've worked to understand the value and optimise the use of non-medicine health technologies in Wales. The term 'non-medicine technologies' can include (but isn't limited to) medical devices, psychological therapies, rehabilitation, surgical procedures, digital technologies and care pathways.

We're funded by the Welsh Government and hosted by Velindre University NHS Trust, but remain independent of both.

This Annual Report explores the areas we've worked on during 2020 and reflects our role as a national health technology assessment (HTA) organisation. We've divided the report into sections for COVID-19, Identification, Appraisal, Adoption and Engagement.

COVID-19

We've worked with our partners in health and social care in the response to COVID-19. Our team used their HTA skills and produced reports that provided high-level briefings to key decision makers, in and outside of Wales, amidst the rapidly developing situation. We also collaborated with the wider HTA and research communities, and led on important and in-depth pan-European projects.

Identification

We responded to the needs of healthcare providers, service users and technology developers across Wales. This includes proactive identification of upcoming technologies that may have a major impact on Wales in the future. Anyone can suggest a topic for us to appraise through a simple online form on our website. We also signpost technology developers to sources of advice and support.

Appraisal

We produced appraisal reports to summarise the evidence on a health technology. These reports include input from experts in the respective field and they're used by our multi-disciplinary groups to produce HTW Guidance.

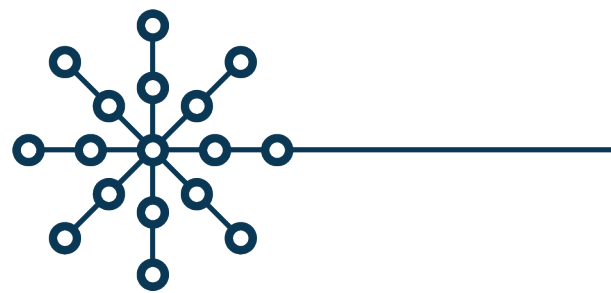
The authoritative, evidence-based HTW Guidance informs care commissioners and other decision makers on whether or not they should adopt a health technology. This is an essential function to ensure safe, high-quality care services in Wales. As part of our role, we also build capacity and skills in HTA and health economics by hosting webinars and workshops.

Adoption

Part of our remit is to monitor the uptake of non-medicine technology guidance across Wales. This includes both our own HTW Guidance and guidance from the National Institute for Health and Care Excellence (NICE). Promoting the uptake of effective, high-impact and innovative technologies is an important part of our role. We also encourage disinvestment of technologies that are no longer effective. We'll undertake these activities from 2021.

Engagement

We collaborated with a broad range of people and organisations from across the health and social care landscape, such as NHS Wales, health and social care professionals, the general public, academics, Welsh Government, patients, technology developers and carers.



Guidance impact

As a publicly funded organisation, it's crucial that we demonstrate the value of our work and how it makes a positive difference to health and social care in Wales.

From the outset, we've been committed to self-evaluation and to ensuring that our work continuously improves. The most important consideration of our Guidance is the person and system benefit for each technology we appraise.

Total estimated people impacted (each year) by HTW Guidance published in 2020:

59,706

Total estimated people impacted (each year) by HTW Guidance published in 2017-2020:

137,338

As well as the clinical impact, we've also evaluated the cost implications of adopting our Guidance for the health and social care system in Wales.

Potential cost savings (per year) from HTW Guidance published in 2020:

£2,745,634

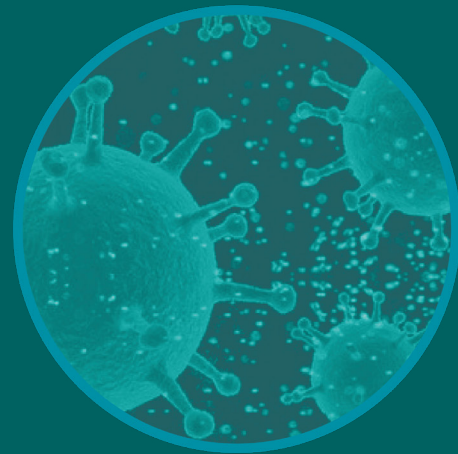
Potential cost savings (per year) from HTW Guidance published in 2017-2020:

£5,781,686

HTW Guidance in 2020		Cost increase/decrease at one year
Potential costs saved		
Single-operator per-oral cholangioscopy (GUI015)		-£610,602
Potential costs avoided		
Multi-grip upper-limb prosthetics (GUI014)		-£307,721
Occipital nerve stimulation (GUI013)		-£905,366
Transcatheter aortic valve implantation (GUI024)		-£3,320,234
Potential cost increase		
Autologous haematopoietic stem cell transplantation (GUI019)		£235,669*
Cardiopulmonary exercise testing (GUI016)		£1,447,239
Rapid antigen detecting tests (GUI020)		£715,382

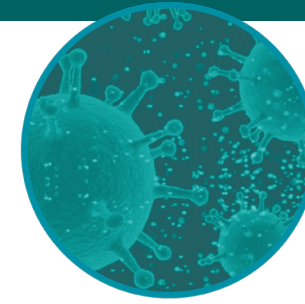
*While autologous haematopoietic stem cell transplantation was estimated to be cost increasing at one year, it was estimated to be cost saving beyond two years

[Visit our website to learn more about how we evaluate our impact.](#)



COVID-19

Supporting health and social care partners in the response to the COVID-19 pandemic



Responding to COVID-19

When cases of COVID-19 started to be confirmed in the UK, our team repurposed their diverse skillsets to support the response to the pandemic.

A field of emerging evidence

We adapted to the rapidly developing situation by synthesising the best available evidence and producing several COVID-19 outputs.

Our researchers used their HTA skills to produce rapid reports on the emerging evidence for COVID-19 diagnostics and therapeutics.

We published 11 outputs on the following COVID-19 technologies:

- Tests to inform diagnosis ([EAR025](#))
- Convalescent plasma therapy ([TER203](#))
- Cytokine adsorbers ([TER201](#))
- Point-of-care smart phone apps ([TER198](#))
- Point-of-care lung ultrasound imaging ([TER211](#))
- Reprocessing single-use PPE ([TER206](#))
- Safety of PPE gowns ([TER209](#))
- [Face coverings](#)
- [Messaging applications](#)
- [Oximetry](#)

[Visit our website to learn more about our work on COVID-19.](#)

We engaged with key organisations:



Collaboration

Colleagues from the European Network for Health Technology Assessment (EUnetHTA) have worked closely with us. We co-authored a pan-European [Rapid Collaborative Review on COVID-19 antibody testing](#).

We also led on two further reviews for [molecular diagnostic testing](#) and [convalescent plasma therapy](#).

Other ways we made the most of our national and international relationships include:

- Producing a COVID-19 Evidence Digest that signposts to high-quality evidence sources and regularly updating it (23 versions to date).
- Collaborating with the UK and Irish HTA bodies on a number of COVID-19 topics.
- Working with NICE Scientific Advice to provide rapid advice to industry.
- Sharing intelligence with major international HTA bodies.
- Offering free access to our publications and research work.
- Engaging external experts to screen and review medical device certification and test compliance reports.
- Facilitating contact between technology developers and UK regulators.



SARS-CoV-2 virus and antibody tests

What did we do?

Following a request from the Welsh Government Testing Strategy Task and Finish Group, we produced an [Evidence Appraisal Report \(EAR\) on diagnostic tests to detect the SARS-CoV-2 virus or antibodies against the SARS-CoV-2 virus](#).

The EAR provided a rapid review of published evidence on the effectiveness of virus and antibody tests that can be used to identify people with ongoing, resolving (convalescent) or past SARS-CoV-2 infection. This was a rolling EAR that we updated as more SARS-CoV-2 evidence emerged. The most recent update to the review was May 2020.

We subsequently published [an article on the review](#) in the BMJ Evidence-Based Medicine journal. This has been downloaded 14,000 times and is one of the journal's 'most read' articles.

Who with?



We sought input on the review scope and draft EAR from the Welsh Government Testing Strategy Task and Finish Group, particularly from representatives in Welsh Government and Public Health Wales. We also shared the draft EAR with additional identified experts for consultation, which included health care professionals, public health representatives, HTA representatives, and innovators.

The EAR was published on our website and shared with key Welsh health and social care decision makers. We also shared our report with other national and international HTA organisations, including the Scottish Health Technologies Group (SHTG), Health Information and Quality Authority (HIQA), the National Institute for Health and Care Excellence (NICE), the International Network of Agencies for HTA (INAHTA) and the European Network for HTA (EUnetHTA).

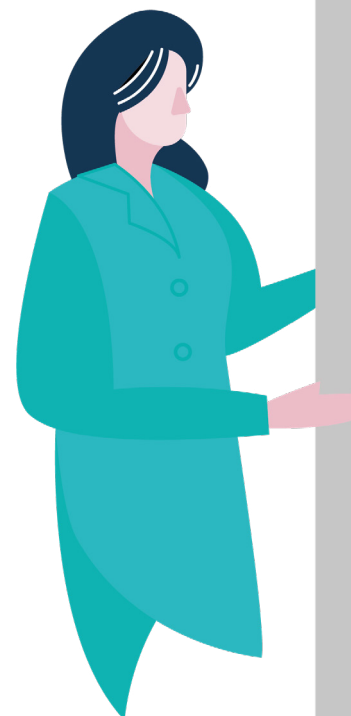
What were the reactions?

This piece of work was among the first of its kind in Europe, and has received local, national and international attention. Responses to the review have been overwhelmingly positive, with stakeholders describing the review as "incredibly useful," "valuable," and "excellent."

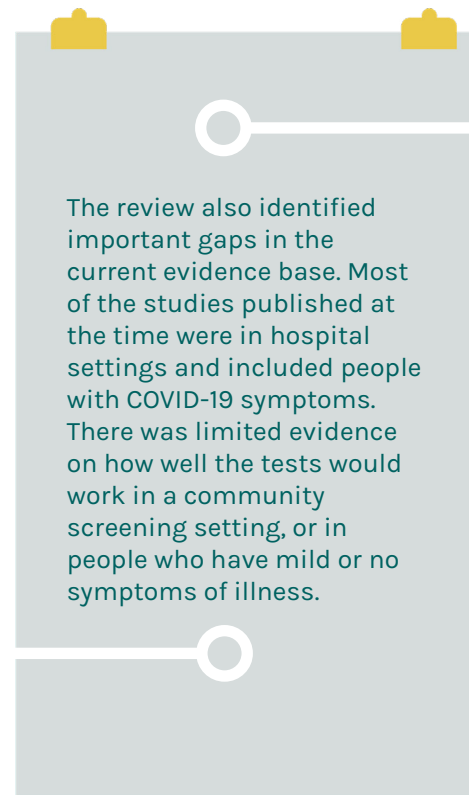
The journal publication on the review is rated as having a high **Altmetric** Attention Score compared to other outputs published at the same time. As of November 2020, the journal publication is within the top 5% of all research outputs scored by Altmetric.

HTW tweets about the EAR have received over 3,900 impressions and 60 interactions. Since publication, the report webpage has had more than 730 views and seen 600 unique visitors.

What did people learn?



In the latest version published in May 2020, our researchers identified 40 studies on tests that detect the SARS-CoV-2 virus and 25 studies on tests that detect antibodies for SARS-CoV-2. The evidence we identified gave information about the accuracy of the tests, and how factors such as how, where and when patients are tested might influence the results. However, assessing accuracy of both the virus and antibody tests is challenging because there isn't a 'gold standard' test for SARS-CoV-2 that can conclusively diagnose SARS-CoV-2 infection.



The review also identified important gaps in the current evidence base. Most of the studies published at the time were in hospital settings and included people with COVID-19 symptoms. There was limited evidence on how well the tests would work in a community screening setting, or in people who have mild or no symptoms of illness.



What difference has this made?

Iterations of the EAR on SARS-CoV-2 virus and antibody tests were shared with the Welsh Government Testing Strategy Task and Finish Group from mid-April onwards. This provided the group with vital intelligence for COVID-19 planning, as testing was scaled up across Wales.

The report has also gained interest from many parties across the world. The review was shared across many organisations, including Public Health organisations, HTA bodies, research organisations and COVID-19 testing decision-making groups. It has also been cited in other COVID-19 related reports, such as a paper on the regulatory response to COVID-19, and [EUnetHTA's project plan](#) for their Rapid Collaborative Review on the role of antibody tests for SARS-Cov-2.

The McMaster Canada National Collaborating Centre for Methods and Tools (NCCMT) used HTW's quality assessment of the evidence (QUADAS-2 risk of bias) as part of their own evidence review for the Canadian Government, saving duplication of effort and helping NCCMT meet a tight deadline. Emily Clark, Knowledge Broker, said it was "absolutely invaluable to have [our] review to build the foundation."

Our EAR work also fed into the antibody and molecular testing EUnetHTA projects, saving valuable time and resources and ensuring responsiveness to inform time-critical decisions.

You can read more about this EUnetHTA work on page 12.

[Visit our website to read the EAR](#)



Supporting Welsh decision makers

What did we do?

Beginning in March 2020, we assisted Welsh decision makers in their response to the COVID-19 outbreak. We joined a number of committees and task forces that were set up in response to the pandemic, and our support helped to make time-critical, evidence-informed decisions.

This involved responding to urgent requests for evidence support by producing Topic Exploration Reports (TERs) and rapid summaries on a range of COVID-19 interventions and devices.

Who with?

We joined the Welsh Government's Test Plan Task & Finish Group, COVID-19 Research Strategy Cell and Convalescent Plasma Therapy Working Group. We worked with these groups to identify topics where we could gather and present evidence.

Our support was also extended to the Welsh Government Technical Advisory Cell (TAC) in developing their advice to Welsh Government on face coverings. We produced and updated a rapid summary on this topic and presented our findings at TAC meetings.

The Surgical Materials Testing Laboratory (SMTL), which provides medical device testing and technical services to NHS Wales, also used our expertise to make evidence-informed decisions.

We rapidly published all of our rapid summaries and TERs on the HTW website to allow further dissemination with the wider network of stakeholders.



What were the reactions?

Stakeholders felt that the reviews were high quality and gave a useful summary of the evidence that was available at the time.

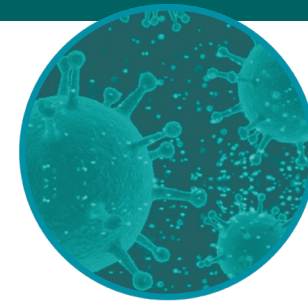
“The HTW report detailed the evidence base regarding residual hydrogen peroxide vapour... This informed the deliberations of the four nations group looking at potential solutions to enable reprocessing of PPE (Personal Protective Equipment). HTW's flexible and responsive attitude was much appreciated in undertaking this research.”

**Pete Phillips, Director,
Surgical Materials Testing Laboratory**

What difference has this made?

By rapidly repurposing the research skills of the team, we were able to support decision makers in Wales and the other UK nations to take rapid decisions on COVID-19 that took the best available evidence into consideration.

We also worked with stakeholders in Wales to identify longer-term priorities in the COVID-19 response and contribute to research in these areas, such as our ongoing work with EUnetHTA on convalescent plasma therapy.



Assisting industry

What did we do?

The National Institute for Health and Care Excellence (NICE), in response to the COVID-19 pandemic, offered free fast-track advice for researchers developing novel diagnostics related to COVID-19.

We completed a Topic Exploration Report (TER) for ResAppDx-EU, a smartphone app for the diagnosis of acute respiratory conditions, as part of our own COVID-19 efforts.

The TER provided a high-level briefing on the evidence available for ResAppDx-EU.

Following this, we provided support to the scientific advice NICE were providing to ResAppDX-EU.

Who with?

The ResAppDx-EU manufacturer submitted documentation to NICE Scientific Advice for review.

We collaborated with NICE through their scientific advice processes and provided feedback on the documentation submitted.

What were the reactions?

“NICE Scientific Advice has worked with HTW on delivery of the META Tool medtech assessments and rapid advice around digital health technologies being developed for COVID-19 indications. Our interactions have proved effective and informative to all parties. We value this developing relationship and look forward to future collaborative working with HTW.”

**Jeanette Kusel, Director,
NICE Scientific Advice**

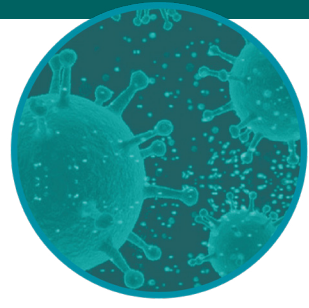
What difference has this made?

By providing input into the scientific advice offered by NICE, we were able to provide feedback on ResAppDx-EU evidence generation plans. Timely scientific advice helps manufacturers develop a high-quality evidence base that demonstrates the value of their innovative health technology, for both people with acute respiratory conditions and the healthcare system.

Improved evidence generation will give a better foundation for decision makers to make evidence-informed decisions on how these new innovative technologies could optimise health and care outcomes, ultimately benefitting patients across Wales.

[Visit our website to read our TER on ResAppDx-EU.](#)





International collaboration

The European Network for Health Technology Assessment (EUnetHTA) is a facilitator of high-quality HTA collaboration in Europe. Its mission is to support collaboration between European HTA organisations and bring added value to healthcare systems at European, national and regional levels.

In 2020, we co-authored a number of collaborative reviews with EUnetHTA in response to the COVID-19 pandemic. The reviews we were involved in cover [the role of antibody tests](#), [the diagnostic accuracy of molecular tests](#) and [convalescent plasma therapy](#).

Antibody tests

We co-authored a Rapid Collaborative Review on the role of antibody tests for novel coronavirus SARS-CoV-2 in the management of the COVID-19 pandemic. This work was carried out in collaboration with Regione Emilia-Romagna, Italy and the Institute for Quality and Efficiency in Health Care, Germany.

This was the first rapid review on COVID-19 technologies from EUnetHTA and was published in June 2020. Our earlier work in March 2020, which assessed tests to diagnose COVID-19, allowed us to share existing methods and data with EUnetHTA and help meet a tight deadline.

Luciana Ballini,
Senior Researcher,
Regione Emilia-Romagna
& EUnetHTA COVID-19 Taskforce

Diagnostic accuracy of molecular tests

We were the lead authors of the rapid collaborative review on the diagnostic accuracy of molecular testing methods that detect the presence of SARS-CoV-2 virus in people with suspected COVID-19. The work was carried out in collaboration with Healthcare Improvement Scotland and Dachverband der Sozialversicherungsträger, Austria. It was reviewed by colleagues at national HTA bodies in Belgium, Ireland and Italy.

This evidence appraisal will allow healthcare providers and public health decision-makers to determine the best ways to identify new infection, rule out the possibility of infection, or identify people in need of care escalation in management of the pandemic.

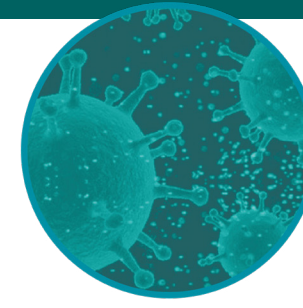
Convalescent plasma therapy

We're also leading on an ongoing rolling collaborative review of convalescent plasma therapy for the treatment of COVID-19, in collaboration with the Austrian Institute for Health Technology Assessment (AIHTA), the Department of Epidemiology Lazio Regional Health Service (DEPLazio) and the Norwegian Institute of Public Health (NIPH).

This work to date shows that there is rapidly developing evidence in the area with in excess of 100 clinical trials ongoing internationally. The first trials to report results had mixed findings. The convalescent plasma therapy review continues to provide timely information on evidence of efficacy.

Ongoing engagement

During our COVID-19 collaborations, we became an Associate Member of EUnetHTA in October 2020 and were officially welcomed by the Executive Board. This was an important step as we seek more opportunities to both lead and learn from colleagues in Europe. We're confident that this will enhance our mutual experiences and ultimately benefit our respective health and social care systems.



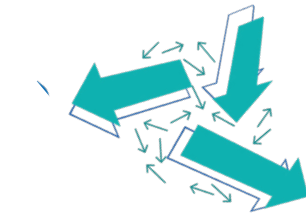
What our stakeholders say

"I just want to feedback how incredibly useful and robust your evidence assessment is. I have widely distributed it in the COVID testing circles and also with other devolved administrations so (it's) definitely one that has had impact."

Senior public health official

"The HTW colleagues that I worked with were highly professional, had an incredible amount of expertise and were very easy to work with. They replied to requests very fast, tried to meet deadlines and were reliable."

Sabine Ettinger,
Researcher & Scientific Project Manager,
EUnetHTA



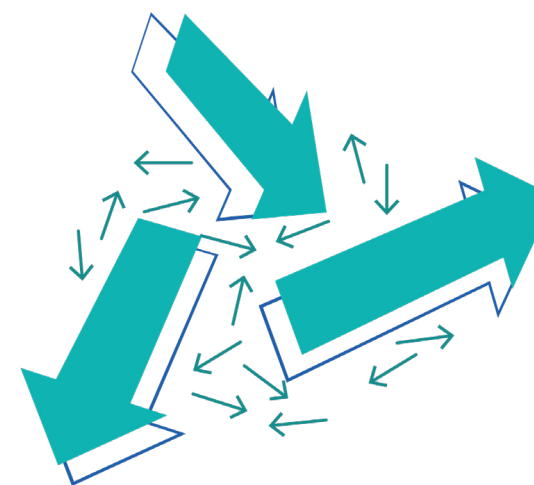
"We have been alerted to your excellent evidence review on the effectiveness of COVID-19 PCR [polymerase chain reaction] and antibody tests. We appreciate being able to signpost to this and draw on its conclusions."

Debbie Sigerson,
Programme Manager,
Public Health Scotland

"The overwhelming opinion was that the report was of an exceptionally high standard. Stand out elements include:

- The thoroughness of the review which drew upon a range of evidence sources that even some of the experts were unaware of
- The comprehensiveness of the analysis which was very well balanced
- The ability of the researcher to embed themselves in a complex field and to both accurately grasp and reflect the complexities of it."

Dr Mike Smith,
Senior Lecturer,
Cardiff University





Identification

Responsive to the needs of
service users, care providers and
technology developers



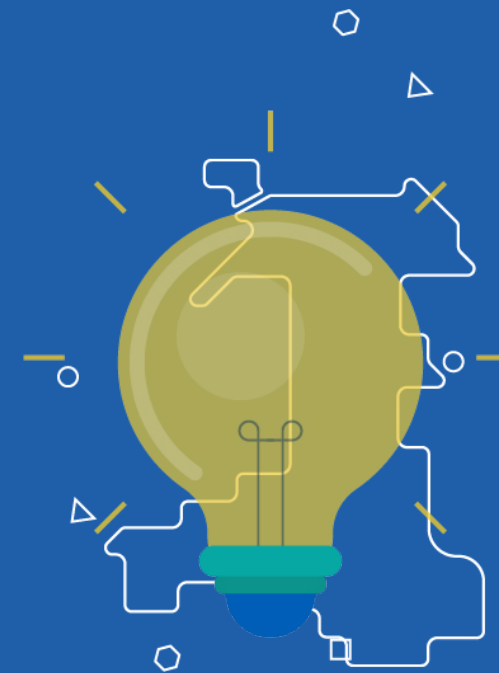
Identification

Topics proposed to
HTW in 2020:

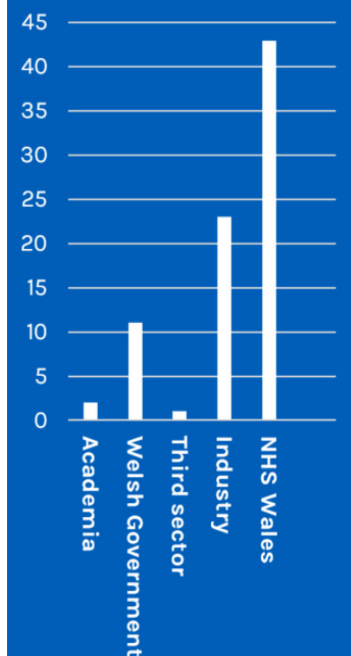
80+

Topics proposed to
HTW since 2017:

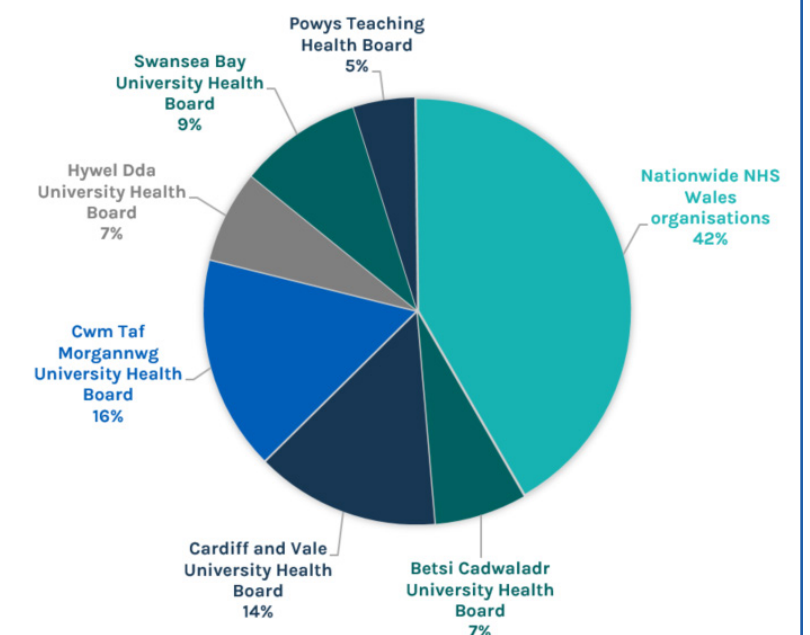
200+



Source of topic
referrals in 2020



Source of topics received
from within NHS Wales in 2020





HealthTech Connect

What did we do?

We're the lead national Data Accessor for NICE's HealthTech Connect in Wales. We've used the resource for the early identification of technologies that will be of potential benefit to the Welsh care systems and people.

HealthTech Connect is a secure online database that was developed by a range of partner organisations in the health technologies field. It supports new health technologies that offer measurable benefits as they move from inception to adoption in the UK health and care systems.

Companies can register their health technology on HealthTech Connect for free. By signing up, companies can learn what information is needed by decision makers and clarify possible routes to market access. UK HTA organisations like HTW can use the information provided by companies to identify whether the technology is suitable for evaluation.

Our research team regularly review the HealthTech Connect database and discuss potentially relevant technologies with our Assessment Group as part of our topic identification process, who quality assure our work and ensure scientific rigour in our processes.

What difference did this make?

Since we started using Health Tech Connect in March 2019, we've identified 22 innovative technologies for topic exploration. A Topic Exploration Report (TER) was produced for each technology, which informs whether a topic is suitable for further appraisal, and shared with the technology developer. Of these TERs:

- Two have been COVID-19 related.
- Two have progressed to a fuller evidence appraisal: point-of-care haemolysis detection and virtual reality distraction therapy. Evidence Appraisal Reports (EARs) are rapid evidence reviews used to help decision makers assess the clinical and economic evidence.
- One technology, Low Carb Program, is being considered as part of a wider appraisal of the evidence for low carbohydrate programmes in people with type 2 diabetes, prediabetes and obesity.

Through our Memorandum of Understanding with NICE, we collaborated on a COVID-19 technology identified on HealthTech Connect in March 2020. We produced a TER on cytokine adsorbers for the treatment of cytokine storm in people with severe coronavirus infection. In May 2020, NICE published a Medtech Innovation Briefing of the new evidence for cytokine adsorption devices for treating respiratory failure in people with COVID-19, and signposted to our TER.

We published a COVID-19 related rapid summary, on request by Welsh Government, which was identified on HealthTech Connect. Hospify is a clinical messaging app designed to be used for staff-to-staff and staff-to-patient communication. Rapid summaries are similar to TERs but they aren't underpinned by exhaustive systematic literature searches due to the short turnaround time they require.

Who with?

NICE National Institute for Health and Care Excellence

HealthTech Connect

We've used HealthTech Connect to identify technologies and engage with companies. The online platform also enabled us to view the decisions of other UK data accessors and avoid duplication of work with other HTA organisations.

We contribute to the HealthTech Connect User Group, which oversees usage and development of the database with input from data accessors and technology developers. We also contribute to the Oversight and Governance Group, which deals more with strategic issues.

We've shared our standard operating procedure with other data accessors to maintain consistency in the decision-making process for selection of technologies.

What were the reactions?

The technologies identified on HealthTech Connect that progressed to TERs and rapid summaries were shared with key stakeholders, including those in NHS Wales and Welsh Government, to inform their decision making.

They're also shared with HTA bodies, nationally and internationally, via the INAHTA International HTA Database. Sharing information and expertise in this way helps to avoid duplication and maximise our respective resources.

“Thanks for sharing. It reads really well and it all seems accurate and a fair summary. I really appreciate you doing the TER [Topic Exploration Report] and it's fantastic to see that we ticked the right boxes.”

Technology developer



Supporting innovation

We launched the HTW Scientific Advice Service (SAS) in October 2020. This is a fee-based consultancy service that helps technology developers and innovators to optimise their evidence plans and route to market.

Our expert support can lead to evidence generation that demonstrates a technology's value and meets the needs of care commissioners, care providers, patients and service users. It can also identify gaps in evidence, as well as save time and resources. As part of our SAS, we make use of the NICE Medtech Early Technical Assessment (META) Tool, an online structured framework, to deliver the service.

The HTW SAS has been offered to technology developers of all sizes; from individuals and new startups to research departments, small and medium-sized enterprises and large corporations.

It's suitable for a range of non-medicine health technologies, such as medical devices, diagnostics or procedures, therefore making it appealing to people from a broad range of backgrounds.

The HTW SAS is also being offered free to developers working on diagnostic and therapeutic technologies related to COVID-19.

Piloting the HTW SAS

Before the launch, we piloted the service with Rescape Innovation, a company based in Cardiff, and a cohort of Bevan Commission Health Technology Exemplars, a group of innovative projects chosen to be trialled in practice.

We used the NICE META tool and all parties welcomed discussions on the specific queries raised about their technologies. They were also interested to discuss evidence requirements and HTA processes more generally, too.

As an independent service, the HTW SAS can really make a difference by providing high-quality expertise in HTA. It will promote evidence-based health and care that is demonstrably effective and benefits people in Wales.

[Visit our website to learn more about HTW SAS and watch our animation.](#)

“The HTW team running the META tool were able to give us an insightful and impartial view on potential gaps and strategies and help identify what was required to further the product through to commercialisation at scale. Undertaking the META study created an opportunity to take a step back from our product development and see if we could articulate what we had created, the process we had undertaken and evidence we had gathered so far.”

Matt Wordley, CEO, Rescape Innovation

“The process really forced us to critically appraise all aspects of CHEETAH. It helped us identify areas of higher risk in terms of the health technology we are looking to introduce and those areas for which we needed to spend a bit more time understanding. As a clinician it helped me understand the process and requirements of introducing a new health technology. To appreciate not only the clinical implications but also the legal requirements around such technologies. The process was incredibly valuable...”

Helen Iliff, Lead for Project CHEETAH (CHoIEcystEcTomy – Accelerated Hospital Management) and Bevan Health Tech Exemplar



Appraisal

Using the best available evidence and expertise to independently appraise health and care technologies



Appraisal

10

topics progressed to evidence appraisals in 2020

7

pieces of HTW Guidance published in 2020

17

pieces of HTW Guidance published since 2017

[Visit our website to read HTW reports and Guidance](#)



Our Guidance

We evaluate the best available evidence to determine the clinical and cost effectiveness of health and social care technologies. Based on the evidence and the input of experts, we produce HTW Guidance.

HTW Guidance summarises the key evidence and implications for health technologies in Wales. The table below details the topics that have been through our appraisal process and received HTW Guidance.

December 2019	Occipital nerve stimulation for medically refractory chronic cluster headache (GUI013)	“Occipital nerve stimulation shows promise for treating medically refractory chronic cluster headache, but the evidence is insufficient to support routine adoption.”
December 2019	Multi-grip myoelectric upper-limb prosthetics for upper limb amputees (GUI014)	“Multi-grip myoelectric upper limb prosthetics show promise for use by people with upper limb amputation, but the evidence is insufficient to support their routine adoption.”
January 2020	Single-operator per-oral cholangioscopy for the management of hepatobiliary-pancreatic disorders (GUI015)	“Single-operator per-oral cholangioscopy (SOPC) shows promise for the evaluation and treatment of hepato-biliary-pancreatic disorders, but the evidence is insufficient to support routine adoption. SOPC should instead be considered for selective populations.”
July 2020	Pre-operative cardiopulmonary exercise testing for people in whom major abdominal surgery is planned (GUI016)	“Cardiopulmonary exercise testing (CPET) shows promise when used to inform decision-making prior to major intra-abdominal surgery. The evidence shows that the use of CPET in addition to standard risk assessment improves the identification of patients at increased risk of surgery-related morbidity and mortality and facilitates the planning of peri-operative care. The evidence therefore partially supports the adoption of CPET for people undergoing major intra-abdominal surgery.”
July 2020	Autologous haematopoietic stem cell transplantation for previously treated, relapsing-remitting multiple sclerosis (GUI019)	“The evidence supports the routine adoption of autologous haematopoietic stem cell transplantation (AHSCT) for people with relapsing-remitting multiple sclerosis (RRMS), in patients who have recurrence of symptoms despite previous treatment with disease modifying therapies (DMTs).”
October 2020	Rapid antigen detecting tests for diagnosing group A streptococcal infections in the community pharmacy setting (GUI020)	“The use of rapid antigen detection tests (RADT) within the community pharmacy setting for the diagnosis and management of people with group A streptococcal infections is promising. Nonetheless, the current evidence is limited and does not support routine adoption.”
October 2020	Transcatheter aortic valve implantation for the treatment of patients with severe symptomatic aortic stenosis who are at intermediate surgical risk (GUI024)	“Transcatheter aortic valve implantation (TAVI) is non-inferior to surgical aortic valve replacement (SAVR) in people with severe symptomatic aortic stenosis who are at intermediate surgical risk. However, the cost effectiveness evidence does not currently support the case for routine adoption.”



HTW Guidance: Autologous haematopoietic stem cell transplant

What did we do?

Following a topic submission from the Welsh Health Specialised Services Committee (WHSSC), we appraised autologous haematopoietic stem cell transplant (AHSCT) for people with highly active relapsing remitting multiple sclerosis. [The Evidence Appraisal Report \(EAR\) and HTW Guidance were published in July 2020.](#)

This work was partially adapted from an advice statement produced by the Scottish Health Technologies Group (SHTG), published in 2019.

We added to the existing evidence base by developing a new cost-utility analysis to determine the cost effectiveness of AHSCT compared with disease modifying therapies for people with highly active relapsing remitting multiple sclerosis.

Who with?

We engaged with several different stakeholder groups during the development of this appraisal. During a consultation period, we received feedback from consultant neurologists, consultant haematologists, lecturers and professors. We also shared the EAR with other HTA bodies, like SHTG (Scotland) and HIQA (Ireland), under our Memoranda of Understanding.

Following advice from the HTW Patient and Public Involvement (PPI) Standing Group, we sought engagement from two patient organisations: MS Society Cymru and the MS Trust. Both organisations provided independent patient submissions to reflect patient experiences and opinions. These submissions covered a number of areas, including what life is like for people living with MS, the current treatments and prognosis, and what difference treatment makes in terms of quality of life.

At the meeting of our Appraisal Panel, the decision-making process considered the published evidence and input of clinical and patient experts. A patient representative from MS Society Cymru provided a verbal account of their individual experience leading up to the diagnosis of MS, the investigation and the consideration of treatment options. The patient described their experience of receiving AHSCT outside the UK and how they had experienced symptomatic improvement since undergoing treatment. The patient representative recounted the physical and emotional aspects of the underlying the disease and treatments received, as well as the impact on family life and experiences outside of the home.

What were the reactions?

Clinical experts who were involved in the expert review of the EAR encouraged our researchers to publish the work in a peer review journal, and we will be preparing a manuscript of the cost-utility analysis. This will facilitate the wider dissemination of our work.

“We understood from the evidence base that this highly effective treatment offered tremendous hope to MS patients, but we also were aware that this was not available in Wales and the impact this was having to our community. In addition to submitting a written response which involved testimonies from MS patients who underwent HSCT privately, we supported one patient to give oral evidence to the appraisal panel about her experience. Our patient representative found that the panel members were most supportive and positive. She was especially pleased by the nature of their questions and that they were genuinely interested in all aspects of the process she went through from making the decision to undertake the treatment to her recovery. Overall, being part of the appraisal was an invaluable one and people living with MS were listened to throughout the process.”

Fiona McDonald, Policy, Press & Campaigns Manager, MS Society Cymru

What did people learn?

The use of AHSCT increases progression-free survival, slows the onset of disability and improves quality of life compared with disease modifying therapies. The cost-utility analysis found that treatment with AHSCT is more effective and less costly than disease modifying therapies in people with highly active relapsing remitting multiple sclerosis.

We also identified important gaps in the current evidence base, such as the need for randomised controlled trials to assess the effectiveness of AHSCT compared with high efficacy disease modifying therapies, and over longer timeframes. These gaps are being addressed in ongoing studies.

Patient groups welcomed the findings of the EAR as an important step forward in recognising the needs of people with relapsing remitting multiple sclerosis and the benefits of AHSCT. They've called for clear 'next steps' towards opening specialist treatment centres in Wales.

What difference has this made?

“The use of AHSCT to treat people with previously treated relapsing-remitting multiple sclerosis has become an increasingly valuable treatment option in recent years, particularly in those patients who have inadequately controlled disease despite having used high efficacy disease modifying therapies. WHSSC were keen to have a comprehensive, up to date evidence review to confirm their commissioning position for this treatment. Each year WHSSC runs a prioritisation process in order to rank new treatments in terms of their clinical and cost effectiveness. The rapid evidence review carried out by HTW was of high quality and provided the WHSSC Prioritisation Panel with timely and relevant information in order to inform their discussion. A decision on whether WHSSC will routinely commission this treatment will be published in April 2021.”

The WHSSC Prioritisation Panel recommended AHSCT for MS as a 'high priority' for funding in the WHSSC Integrated Commissioning Plan (ICP) for 2021-22.

Our Guidance was featured on the [MS Trust website](#) along with a report on their involvement and what the guidance means for patients.

[Visit our website to see the EAR and HTW Guidance documents.](#)

Andy Champion, Assistant Director of Evidence Evaluation, WHSSC



Adoption

Authoritative Guidance to
inform care commissioning
and promote the efficient use of
resources



Developing the HTW audit function

In February 2020, we published a report with recommendations for an audit function to assess the adoption of HTW and NICE Guidance on non-medical technologies in Wales.

This was a critical step in the spread of technological innovations and resulted in an agreed process to facilitate and monitor the routine consideration, uptake, (de)commissioning and implementation of evidence-based guidance in NHS Wales.

This work was in response to the Welsh Government inquiry into 'Access to Medical Technologies in Wales,' which prompted us to set-up an Adoption Audit Task and Finish Group in 2019. Several outcomes came from discussions held by the group and semi-structured interviews with key stakeholders from Welsh Government and NHS Wales, including procurement, commissioning, clinical and other experts.

The group proposed processes for the effective auditing of the adoption of non-medicine technology guidance. These processes would apply to guidance issued by HTW and NICE's Medical Technologies Advisory Committee (MTAC) and Diagnostics Advisory Committee (DAC).

The report highlights existing systemic variation in assessment, guidance and funding between medicines and non-medicine technologies in Wales. Their scales also differ, with approximately 60-80 new medicines on the market annually, compared to thousands of devices and other non-medicine technologies.

There are nine recommendations in the report, including the recommendation that the All Wales Medical Directors (AWMDs), with their national remit for clinical effectiveness, should be the national peer group that oversees our audit function.

The report outlines the key features of our audit function, including the objectives, scope, scale, format, frequency and audience. It also identifies the additional resources required at local and national levels to pilot, evaluate and implement our audit function.

It was also recommended that local health boards and NHS trusts in Wales should extend the remit of their relevant local committee to take on additional responsibilities to facilitate annual audits of the adoption of key HTW and NICE medical technologies guidance. The local health boards and NHS trusts began to nominate the relevant local committees in October 2020 and this was completed in November 2020.

Since the report was published, we've been working with local health boards and NHS trusts on a plan for the implementation of our audit function. We've also liaised with colleagues at the All Wales Medicines Strategy Group, the Evidence Based Procurement Board and the Welsh Health Specialised Services Committee to develop best practice and enable shared learning.

[Visit our website to read the 'Developing the Health Technology Wales \(HTW\) Audit Function to Assess the Adoption of HTW and NICE Guidance on Non-Medicine Technologies across Wales' report.](#)



Engagement

Collaborating with stakeholders
to increase evidence-informed
decision making

Engagement

Our stakeholders represent a broad spectrum that spreads across the health, social care, industry and research sectors. We engage with people and organisations in these key communities to promote the ways that Wales can benefit from evidence-informed decision making on the use of medical technologies.

In return, we also encourage our stakeholders to consider how they can improve the quality of health and social care in Wales. We do this by proactively maintaining a two-way flow of knowledge, raising awareness and sharing information in a timely and relevant manner.

In 2020, we've taken steps to strengthen our relationships with key stakeholders by agreeing Memorandums of Understanding with the All Wales Therapeutics & Toxicology Centre (AWTTC), the All Wales Medicines Strategy Group (AWMSG), the Life Sciences Hub Wales and NICE.

Advisory committee meetings hosted:

3 Appraisal Panels

12 Assessment Groups

2 Executive Groups

2 Industry User Groups

4 Patient and Public Involvement (PPI) Standing Groups

Website:

44,995 webpage views

10,938 unique visitors

Events:

4 events (including virtual webinars and workshops)

210+ attendees from a broad range of backgrounds



Social media:	
1,527 followers	1,142 link clicks
8,709 profile visits	848 likes and reactions
383 mentions	516 retweets and shares

What our stakeholders say

“I believe that Health Technology Wales has found its own feet, it has found its space. It makes sure that the work it does doesn't unnecessarily duplicate work that's done by other bodies, such as NICE, and makes sure that it really focuses on what's needed for the patient population of Wales.”

Luella Trickett,
Director of Value and Access,
Association of British Health Tech Industries

“My experience of working with Health Technology Wales, in particularly as member of the Appraisal Panel, has been fantastic. It's really given me the opportunity as a clinician and senior leader in North Wales to examine non-medicine technologies that are available, look at it with the robustness of evidence and hopefully apply the ones that are effective, both in terms of clinical and cost effectiveness, for the benefit of all patients in Wales. I think the contribution of this particular body to the patients of Wales is just absolutely immense.”

Arpan Guha,
Deputy Executive Medical Director,
Betsi Cadwaladr University Health Board

“My experience has been very positive, I feel valued in the contributions I make. I certainly feel the value of patient involvement is recognised within the organisation, it's not just a tick box exercise. I feel well supported and I like that what we've been developing has been very much a co-production approach. Health Technology Wales is certainly establishing itself as the go-to from the point of view of Guidance for health technologies [and] it's certainly leading by example.”

Sarah Peddle, Public Partner, HTW

“HTW has developed innovative approaches to patient involvement that have sought to respond flexibly to patient group needs, ensuring patient issues are considered in an efficient and impactful way. The patient involvement work of HTW is being recognised internationally and continues to evolve in response to feedback from all stakeholders.”

Karen Facey,
Evidence Based Health Policy Consultant



Industry engagement

We've taken a number of steps to promote collaboration and engagement with industry in 2020.

Awareness raising

In January 2020, we hosted an event to raise awareness of engagement opportunities. The day included a wide range of talks from industry representatives and healthcare bodies to offer insight on how best to work together to support a healthier Wales.

Over 60 stakeholders attended the event, including representation from local SMEs to large multinational companies. There were talks from the Bevan Commission, Evidence-Based Procurement Board, Health and Care Research Wales, Life Sciences Hub Wales, MediWales, NICE, SMTL and WHSSC.

Activities included a 'company profiles' panel, where companies gave an overview of a technology and our research team highlighted the ways that the HTW Scientific Advice Service could offer support. This showcased five companies: Roche, Huntleigh, ScienceBehind, EFK Diagnostics, and Rescape Innovation. The companies were also able to showcase their current products on presentation stands.

The industry event offered us an important opportunity to raise our profile and highlight our new developments, such as our Industry User Group Collaboration. We made a number of new connections and many industry representatives have since engaged with our HTA process.

Strategic partnership

We signed a Memorandum of Understanding with Life Sciences Hub Wales in July 2020. This pledged support to our complimentary remits and signalled our intention to partner together on future projects.

Both of our organisations support technology development and adoption to maximise health benefits for the people of Wales. We're continuously looking to improve our understanding of industry needs and that made for a logical link-up with Life Sciences Hub Wales. Our formal collaboration will further exchanges of knowledge, including enhanced access to networks of experts.

“Our alliances with organisations like Health Technology Wales continue to develop and have never been stronger than they are today. We are excited and motivated by the exceptional work being delivered by the sector and welcome the development of innovation and adoption like never before, and this partnership is testament to that commitment.”

Professor Sir Mansel Aylward,
Chair, Life Sciences Hub Wales



Patient and Public Involvement

We've had an exciting year incorporating Patient and Public Involvement (PPI) into our appraisals. A number of technology appraisals benefitted from engagement with patients over the past year, and we were pleased to finalise our PPI process, tools and documentation.

Through building strong relationships with organisations in Wales and the UK, the contributions of patients and their representatives ensured their voices are given the opportunity to inform decision making and impact our work.

- 11 topics with PPI
- 4 patient submissions
- 4 questionnaires/surveys circulated
- 3 patient evidence literature reviews
- 11 patient organisations engaged

Flexible approaches

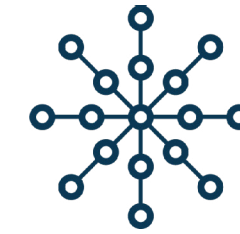
For example, we completed a suite of PPI tools to support patients and patient organisations to engage with us on topics that have the potential to impact their patient communities. When working with patient groups, our approach is flexible to make sure that we produce meaningful work. This can range from patient or service user evidence literature searches to workshops, focus groups, questionnaires, patient submissions and more.

We worked with the Cystic Fibrosis Trust for a patient submission on the use of oscillating positive expiratory pressure (OPEP) devices for airway clearance in chronic hypersecretory lung conditions. The submission document was designed to capture how Cystic Fibrosis affects the day-to-day lives of patients, how it's currently diagnosed and treated, how OPEP devices are used and what difference they make for the user. Thanks to the efforts of the Cystic Fibrosis Trust, we were able to hear directly from patients who use OPEP devices and present their accounts and experiences as evidence in the appraisal.



“Working with Health Technology Wales gave us at the Cystic Fibrosis Trust the opportunity to provide insight into what living with cystic fibrosis is truly like and the heavy burden of care they endure. The patient voice is essential to understanding health conditions and the technologies that are designed to help. It is only through collaborations between HTW and patient organisations like us that enables appropriated evidence-based decisions to be made surrounding access to health technology.”

Michaela Regan, Cystic Fibrosis Trust



Broadening the horizon of PPI

We're keen to share what we've learned and have committed to developing best practice for the international HTA community.

As part of our efforts this year, we contributed to a Patient Engagement Position Statement with the International Network of Agencies for HTA (INAHTA). We're also working on several projects for the Health Technology Assessment International (HTAi) 2021 annual conference.

Standing together

Our PPI Standing Group continues to meet regularly and celebrated its first full year in April 2020.

The group has been instrumental in advising what type and level of PPI engagement to seek for each topic accepted onto the HTW appraisal work programme. Members have also reviewed plain language summaries and patient evidence literature reviews.

Working closely alongside the PPI Standing Group, our Public Partners have represented the positions of patients and patient organisations at our key decision-making committees, the Assessment Group and Appraisal Panel.

“Patient and public involvement is key to the work of HTW. Evidence presented by the PPI Standing Group offers important insights into the everyday lives of patients and captures the impact health technologies have in supporting people with a range of health conditions. PPI informs decision-making and it is reflected in published Guidance.”

Dr Diane Seddon, Social Care Research Lead, Wales Centre for Ageing and Dementia Research and HTW Assessment Group member



Learning in lockdown

The COVID-19 pandemic presented many challenges but also many opportunities for PPI. We adapted our initial plans for face-to-face events into a series of informative and interactive webinars. Responding to the needs of patient organisations, the webinar series began in December 2020 and will run into 2021.

The webinars explore the work of HTW and the place of patient voices within HTA, unpacking the nature of HTW's PPI processes and what it means for patients.

Advanced therapy medicinal products

Over the last few years, cell and gene therapies, also known as advanced therapy medical products (ATMPs), have been developed to treat serious conditions. These therapies have the potential to make a big impact on patients and on health care systems.

As part of the Advanced Therapies Treatment Centre Network Programme, we've been collaborating with the Midlands-Wales Advanced Therapy Treatment Centre (MW-ATTC) and a large network of specialists to deliver on projects to aid the assessment and adoption of ATMPs. The projects aims to develop tools, frameworks and methodologies to aid the assessment of ATMPs and therefore to facilitate future commissioning decisions.

An ATMP micro-costing toolkit

We performed a systematic literature review of the resource collection methods employed in previous economic analyses of ATMPs. We then used this evidence and expert input to develop a micro-costing toolkit, which can be used to inform the collection of resource use data across different phases of the delivery of ATMPs. The micro-costing toolkit will facilitate the assessment of the full cost of delivering advanced therapies to the NHS. This could inform future assessments of whether different ATMPs deliver sufficient value for money.



“ [The] microanalysis costing toolkit has been well received by third parties and will be incorporated into the pan-ATTC national toolkit as an accessible NHS resource. [The] additional costing review and analysis will be used to inform commercial business models. ”

Mark Briggs, Head of Cell and Gene Therapy, Welsh Blood Service

Economic analysis of cell therapy for people with chronic limb threatening ischemia

We're using routinely collected data from the Secure Anonymised Information Linkage (SAIL) database to provide a more detailed understanding of the natural progression of critical limb ischemia. We will use the estimations of disease progression to inform the development of an economic model comparing a revascularisation technique with standard care in people with critical limb ischemia.

Economic analysis of cell therapy for platinum resistant ovarian cancer

We're developing an economic analysis on the use of tumour infiltrating lymphocytes (TILs) for platinum-resistant ovarian cancer. The model assesses whether routinely collecting and storing TILs from tumour samples when patients are undergoing surgery for ovarian cancer is less costly than patients having additional surgery to collect TILs at the point when treatment with TILs is needed.



Patient and public perspectives on cell and gene therapies

We also worked with MW-ATTC on a research project to understand patient and public knowledge and perspectives of cell and gene therapies.

Using systematic review methodology, we undertook a scoping review to identify and synthesise all available evidence on the topic, which has been published in the open access journal Nature Communications. Our paper, 'Patient and public perspectives on cell and gene therapies: a systematic review,' focuses on patient and public knowledge and perspectives of cell and gene therapies, to inform future research, education and awareness raising activities.

This review highlights the need for appropriate patient and public education on the various aspects of these therapies, which pose complex logistical, economic, ethical and social challenges for health systems.

Individual Patient Funding Requests

What did we do?

In 2020, we signed Memoranda of Understanding with the All Wales Therapeutics & Toxicology Centre (AWTTC) and the All Wales Medicines Strategy Group (AWMSG), our sister Welsh HTA group that appraises medicine technologies in Wales. The strategic alliance formalised existing relationships, which has seen us share mutual benefits and learn from each other's processes.

One example is our evidence synthesis support for Individual Patient Funding Request (IPFR) applications in Wales. IPFRs are requests to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a local health board has arranged to routinely commission. Working with AWTTC, we developed a service that checks for and summarises evidence, to support IPFR applications on non-medicine technologies.

Who with?

AWTTC and AWMSG deliver a portfolio of services in therapeutics and toxicology, including the HTA of medicines. They want to create a healthier, better informed Wales and aim to be the authority on therapeutics and toxicology in Wales. AWTTC has representation on several of our decision-making committees, including the Appraisal Panel.

Since 2015, AWTTC has worked to strengthen and improve the IPFR process in Wales. One gap identified was the comparative lack of support in summarising available evidence to support IPFR applications on non-medicine technologies. For medicines, this work is already done by AWTTC or local medicines information services.

Making use of AWTTC's processes and network of contacts, we now provide Evidence Summaries to health boards as part of IPFR applications for non-medicine technologies on request. Our Evidence Summaries provide a high-level overview of the known evidence on a treatment considered for an IPFR. They also summarise any economic considerations.

What difference has this made?

This work ensures best practice is followed for all IPFR applications in Wales, and that decision makers on IPFR panels have access to evidence searching and health economic support when considering medical technologies, ultimately benefitting patients.

What were the reactions?

IPFR co-ordinators and panels passed on their gratitude to our team for the extra support they receive through Evidence Summaries. After completing a pilot period, we'll seek detailed feedback from health boards and their IPFR panels to ensure we're providing the information they need, and identify any improvements we can make to our processes.

“With Health Technology Wales’ remit relating to non-medicine health technologies and AWTTC’s remit relating to medicines, our collaboration on national priority areas is a natural step in our work to improve the quality of care in Wales.”

Dr Susan Myles, Director, Health Technology Wales



INAHTA HTA database testing

What did we do?

In 2018, INAHTA took over production and development of the HTA Database from the Centre for Review and Dissemination (CRD). The database provides a single platform to search records of completed and ongoing HTAs from around the world.

We responded to a call from INAHTA and joined an expert advisory group to provide high-level advice on the features of a new version of the database. We tested the database on three occasions to evaluate various aspects of its functionality, including:

- Display, navigation and exporting of results
- Creating and editing records
- Comparison with the CRD search interface to the old HTA database
- Searching for results
- Boolean logic within the search functionality

After thorough evaluation, we provided detailed feedback and suggested changes to the search functionality, also contributing to two INAHTA HTA Database Steering Committee meetings.

Who with?

Our input was led by our Information Specialist. There was a worldwide approach to testing the database and it included representatives from the Scottish Health Technologies Group, the Belgian Health Care Knowledge Centre (KCE), the German Federal Joint Committee - Gemeinsamer Bundesausschuss (G-Ba), and the Center for Drug Evaluation (CDE), Taiwan.

What were the reactions?

After submitting our feedback, we were asked to attend the INAHTA HTA Database Steering Committee and then invited to become a member. This new role was alongside membership of the HTA Database Technical Advisory Group.

“HTW, as one of the newest members of INAHTA, has been an essential contributor to the development of the new HTA database. The original database was produced and housed at the Centre for Reviews and Dissemination in the UK, and INAHTA took over this important international resource but we had to rebuild it from scratch. A daunting challenge if there ever was one! INAHTA created a technical review group composed of experts in information retrieval from among our member agencies and they have been absolutely fundamental to our success in completing this ambitious project... HTW's contributions were of the highest quality, very insightful, accurate, and on time! I cannot emphasize how much the expert contributions has been instrumental in this work. Thank you, HTW!”

Tara Schuller, Executive Manager, INAHTA

What difference did this make?

Our input into the database development and testing helped improve the search functionality of the database. It has been launched and is used by health researchers around the world. The database serves as a valuable resource for locating literature and bibliographic information not freely available from any other single source. The database provides a comprehensive listing of nearly 17,000 ongoing and published HTAs.

This international collaboration has ensured that HTAs are more easily available to INAHTA members, who can receive access to up to date information. HTAs are used to support evidence-informed decision making, in order to promote an equitable, efficient and high-quality health system.

Our future

An independent expert review of our progress between 2017 and 2020 concluded that “HTW is unequivocally fulfilling its core function of providing a dedicated centre of expertise in Wales for the identification, appraisal and adoption of health technologies...”

Established to address recommendations in the 2014 inquiry into Access to Medical Technologies in Wales, we're content in saying that our first stage is now complete.

We're currently preparing our Strategic Plan for 2021-2025, which will outline our future in the immediate and medium term. Consultations are taking place with key stakeholders in health, social care and technology sectors to ensure an all-Wales approach.

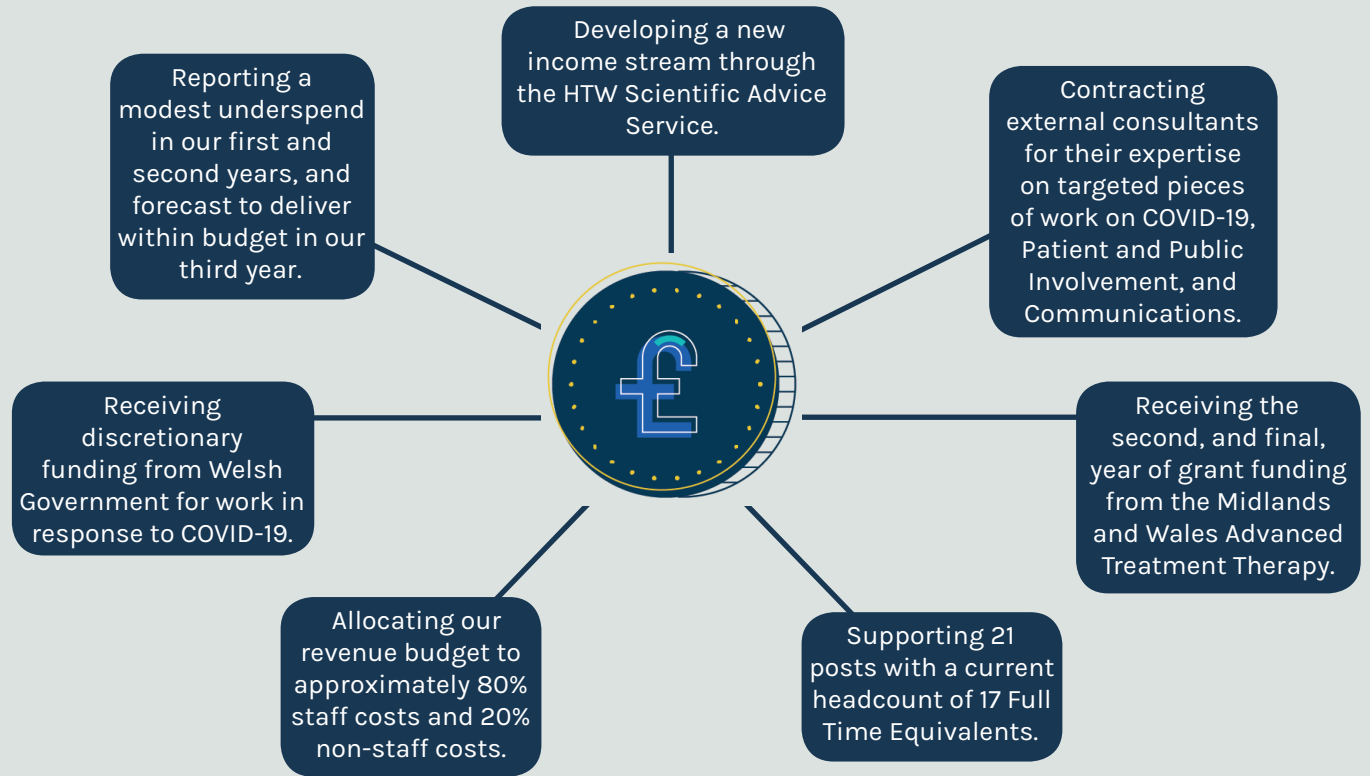
The strategic plan will include our mission, vision, values and goals for 2021-2025. It will be publicly available on our website.

Visit www.healthtechnology.wales for future updates.



Budget delivery

The Welsh Government's Efficiency Through Technology Programme granted a £3 million funding award for our first three years. This began in April 2018 and will end in March 2021.



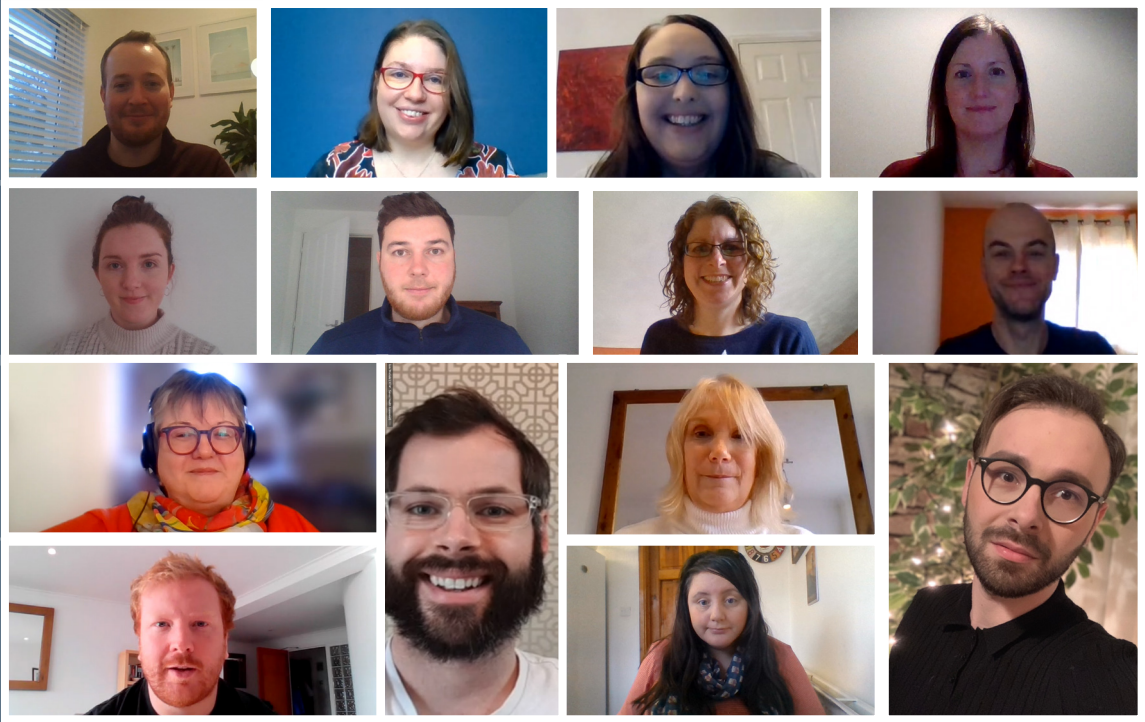
Our team

The work in this Annual Report has been delivered by the Health Technology Wales team.

Our team comprises 20 people, including health services researchers, health economists, information specialists, communications, project managers and administrators. We come from a broad range of backgrounds and skillsets.

We're especially proud of the way we've adapted to the situation in 2020 with all members of our team working from home since the COVID-19 pandemic began. This has also been replicated by our external committee members, who have ensured our work has been able to endure the challenges of this year.

Thank you for reading and learning about our role to support a national approach to the identification, appraisal and adoption of non-medicine health technologies in Wales.



Contact us



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We want to understand how our work is having an impact on health and social care outcomes that matter to people in Wales, and where we can improve in the future. Anyone is invited to complete this online survey:

www.healthtechnologywales.onlinesurveys.ac.uk/htw-feedback-survey

Health technology developers and innovators can optimise their evidence plans and route to market with help from the Health Technology Wales Scientific Advice Service.

Our expert consultancy supports developers and innovators in Wales to generate evidence and demonstrate value that meets the needs of care commissioners, care providers, patients and service users in Wales.

Start your service today:
www.healthtechnology.wales/sas





Technoleg Iechyd Cymru
Health Technology Wales

Discover more:
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TRUST BOARD

OVERARCHING CANCER R&D AMBITIONS FOR VUNHST 2021-31

DATE OF MEETING	25/03/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Choose an item.	
PREPARED BY	Prof Mererid Evans	
PRESENTED BY	Prof Mererid Evans	
EXECUTIVE SPONSOR APPROVED	Jacinta Abraham, Executive Medical Director	
REPORT PURPOSE	FOR APPROVAL	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
VUNHST RD&I Subcommittee	11/01/2021	ENDORSED FOR APPROVAL
ACRONYMS		

1. SITUATION/BACKGROUND

The Velindre Futures R&D Task & Finish group was established in Sept 2020 to:

- Develop the ambition for VUNHST R&D to inform a 10-15 year future proofed R&D strategy
- Identify the best model/s to underpin the ambition, enabling world class/UK leading research excellence, resulting in health benefits to patients and cancer clinical services as well as income generation through research activities.
- Clearly set out what will be required to achieve the Trusts' R&D ambitions and proposed delivery model.
- Secure Executive Management Board support.

The group, Chaired by Professor Mererid Evans, included departmental clinical research leads from VCC, Head of R&D for VUNHST (Ms Sarah Townsend), Executive Medical Director (Dr Jaz Abraham), VUNHST Professor of Nursing & Interdisciplinary Studies (Prof Jane Hopkinson), Cardiff University representatives & Patient & Public Representatives. Regular reports from the group were presented to the Service Leadership & Coordination Group (Chaired by Mr Steve Ham). The R&D Ambitions were presented to Executive Management Board-Shape on 18/01/2021, were enthusiastically endorsed by the VUNHST RD&I Committee on 20/01/2021 and have been presented to Velindre staff in series of internal webinars on 25/1/2021, 27/01/2021 and 28/01/2021. They have also been shared with partners including Cardiff University, Cardiff & Vale University Health Board and Health and Care Research Wales.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Trust Board are asked to approve the Velindre Futures Overarching Cancer R&D Ambitions 2021-31

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Effective Care
	If more than one Healthcare Standard applies please list below: Staff & resources Safe care Dignified care



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The financial implications will be quantified alongside the development of an implementation plan.

4. RECOMMENDATION

4.1 That Trust Board should APPROVE the Ambitions/Strategy & support the implementation of the recommendations within it.

VELINDRE UNIVERSITY NHS
TRUST

**Overarching Cancer Research
and Development Ambitions
2021-31**

Overarching Cancer Research and Development Ambitions for Velindre University NHS Trust 2021-31

Executive Summary

Velindre has a key role to play in the cancer research network in South East Wales (SEW). It provides an important link between the 3 University Health Boards in the region (Cardiff & Vale, Aneurin Bevan and Cwm Taf Morgannwg UHBs) 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 at the UHBs. Velindre is also in a prime position to provide the crucial connection between laboratory cancer researchers and patients, enabling research to 'bridge the translational gap' and bring new discoveries from the laboratory to the clinic for patient benefit.

Our vision is to work with patients and partners to design and deliver excellent research that improves the survival and enhances the lives of patients and their families.

Velindre is a patient focused organisation which performs consistently well in patient satisfaction questionnaires. As an organisation however we have not maximised opportunities to offer every patient access to research and to inter-link our research to maximise the learning opportunities from every patients' data and experience. **Putting patients first and at the centre of everything we do** and maximising every patient contribution will be a future strategic research priority. Velindre has a strong track record of leading national and international practice-changing cancer Clinical Trials, led by Velindre researchers and Sponsored by the organisation. We will build on this to develop the next generation of multi-disciplinary researchers in order to **advance new treatments, interventions and care**. The ability to seamlessly translate discovery research from the laboratory to the clinic for patient benefit and to take patient samples (or images/technology/knowledge) back to the laboratory to generate new knowledge has not previously been fully exploited. **Driving translational research** by enabling closer partnerships between academic cancer researchers in the University and clinical cancer researchers in the NHS is a future strategic priority. To optimise our ambitions it will essential to **ensure research is embedded within the organisational culture** and structures.

The Nuffield advice (published 1 Dec 2020) highlighted the importance of research and development (R&D) for delivering patient centred, future-proofed, high quality cancer care for people in SEW. The **new Velindre Cancer Centre** must be designed to enable R&D activity and make research available to all patients attending the centre. Nuffield recommended the development of **"a strong research hub at UHW"** to deliver cancer Early Phase Clinical Trials and Advanced Therapies, co-located with HDU/ITU. A tripartite Cardiff Cancer Research Hub will enable this, "collaboration with haemato-oncology research" and "opportunities for **closer working with the University**". Nuffield also recommended **Velindre@ Research Facilities** in all UHBs

to be “viewed as a key part of the research delivery network and supported accordingly” in view of their “access to large patient numbers and support from ITU and other specialities”. The Velindre NHS Trust Executive support the Nuffield Trust recommendations which will enable the vision and ambitions laid out in this paper to be delivered, enhancing research opportunities for cancer patients across SEW. The network model will require new infrastructure, regional collaboration between the Trust and UHB partners and a refreshed strategic research partnership between the Trust and Cardiff University which will, if realised, accelerate new discoveries into the clinic and build a critical mass of cancer research activity in SEW that will generate inward investment and growth and could represent a turning point for cancer research in Wales.

Contents

1. Summary

- 1A Our vision and mission
- 1B Aims
- 1C Themes
- 1D This Document

2. Background

- 2A Introduction
- 2B Context
- 2C Current Research Strengths
- 2D Current challenges
- 2E Future Opportunities

3. Realising our vision for research 2021-2031

- 3A Our vision and mission
- 3B Aims
- 3C Themes

4. Our Research Themes in Detail

- 4A Theme 1: Putting patients first and at the centre of everything we do
- 4B Theme 2: Advancing New Treatments, Interventions and Care
- 4C Theme 3: Driving translational research through connecting the laboratory and the clinic
- 4D Theme 4: Embedding research within the organisational culture & structure

5. The Nuffield Advice and Future Model for Research and Development

- 5A The Nuffield Advice
- 5B A future model for cancer R&D across South East Wales
- 5C Delivering the Service Model

6. Next Steps and Conclusions

7. References

8. Appendices

1. Summary:

1A. Our Vision:

Our vision is to work with patients and partners to design and deliver excellent research that improves the survival and enhances the lives of cancer patients and their families in Wales and beyond.

Our mission is to become a leader in cancer research nationally and internationally, transforming the culture of our organisation into one where every patient, family and staff member who wants to engage with research has the opportunity to do so.

To enable this, we will work with our NHS and academic partners, with a shared strategic focus and collaborative ethos.

1B. Our Aims:

- 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 South East Wales.

1C. Our Research Themes:

Our research will be divided into 4 interconnected strategic themes:

- **Putting patients first** and at the centre of everything we do
- **Advancing new treatments, interventions and care**
- **Driving translational research** through connecting the laboratory and clinic
- **Embedding research and innovation within the organisational culture.**

Underpinning the work in each theme will be cross-cutting departmental research strategies. High quality research will be facilitated by a governance and enabling infrastructure and delivered by an agile research support workforce based at Velindre and across South East Wales.

1D. This Document:

This document sets out our overarching ambitions for cancer research over the next 10yrs, informed by:

- The Velindre Futures Task and Finish Group of multidisciplinary Velindre and Cardiff University cancer researchers and Patient and Public Representatives (see Appendix 1 for group membership and authorship of this document).
- The Nuffield Trust advice on the proposed model for non-surgical tertiary oncology services in South East Wales.

- Welsh and UK key policies and strategies that impact on research and current strategies within Velindre (see Appendix 2).

The ambitions for Welsh Blood Service research, whilst vitally important for the Trust, are not included in this document and will need to be developed separately.

The next step for cancer research will be to develop a detailed implementation plan, in partnership with our University colleagues and University Health Board (UHB) partners across South East Wales. In parallel, we will engage with Charities, Industry and the Welsh Government as key partners in cancer research across the region and beyond.

2. Background

2A. Introduction:

Healthcare research for is vital for both patients and the NHS. It underpins the evidence needed to provide the best care and services for patients. Patients treated in research-active healthcare settings have better outcomes and receive better care, with benefits extending to patients *beyond* those actively involved in research studies (1, 2). Participating in research empowers patients and >90% have a good experience of taking part in research (3). Patients want opportunities to be involved in trials of new treatments, and the public believes that the NHS should play an important role in supporting research for new treatments (4). Conducting excellent research ensures that clinicians are well versed in research findings and the evidence base for the treatments they give. Research has wider benefits for the NHS (5, 6) - it underpins innovation and service improvements in healthcare, it can improve efficiency and effectiveness and it motivates, attracts and retains staff (7).

The Welsh Government NHS Wales Planning Framework 2020-23 (8) sets out an expectation for research involvement within NHS Wales as follows: *“Evidence indicates that research active organisations provide better care and can achieve better patient / public outcomes than those NHS organisations that conduct less research. High quality research can help break the legacy of ill health, develop a prosperous society through collaborative engagement with universities, industry and the third sector. Everyone working in the NHS should regard research as an integral part of their role.”* and *“organisations will be expected to demonstrate how the workforce are being supported to undertake research and how research and development is informing their planning, financial and decision making.”*

Cancer is the leading cause of death in Wales and incidence rates are rising at around 2% a year, as are the overall number of people in Wales living with cancer. Survival rates in Wales are poor compared to other European nations and there are significant regional disparities in incidence, prognosis and cancer outcomes across Wales. The Cancer Delivery Plan for Wales (2015-2020) states that: *“Cancer research is critical to improve outcomes for patients and for the health of people in Wales. Excellent research delivers high impact outputs that change future cancer understanding, treatment and care interventions across the whole breadth of the patient pathway, from primary through to palliative care. People in Wales affected by cancer should have equitable access to participate in clinical trials and other well designed studies.”*

2B. Context:

Velindre has a key role to play in the cancer research ecosystem in Wales (Figure 1). It is the largest provider of non-surgical oncology treatment in Wales, receiving 6000-7000 new cancer patient referrals per annum combined from Cardiff and Vale, Aneurin Bevan and Cwm Taf Morgannwg University Health Boards (UHBs). Described within Velindre Cancer Centre’s strategy *‘Shaping our Future Together 2026’* is a

vision to be an “*International leader in research, development, innovation and education.*” Velindre University NHS Trusts’ (VUNHST) strategic priority within the Integrated Medium Term Plan (IMTP) 2019-2022: is to “*transform the organisation into one synonymous with excellence in research, development and innovation at a scale well-beyond our current offering*”.

Excellent research requires **partnerships** and through its Academic Partnership Board (established in 2020) Velindre has committed to support future collaboration with Academic partners across Wales. A Memorandum of Understanding (MOU) between VUNHST and Cardiff University (CU) describes a shared commitment to develop an ever-closer strategic partnership between both organisations, bringing mutual benefits for education and research. Other key research partners include NHS Wales, Welsh Government via Health and Care Research Wales (HCRW), the Third Sector, the Wales Cancer Research Centre (WCRC), the Wales Cancer Network, (WCN), the Wales Cancer Bank (WCB), Public Health Wales, the Rutherford Centre, Genomics Partnership Wales and the Life Sciences Hub. Commercial partnerships are key in research, in terms of technology, patient experience, pharma trials and innovation.

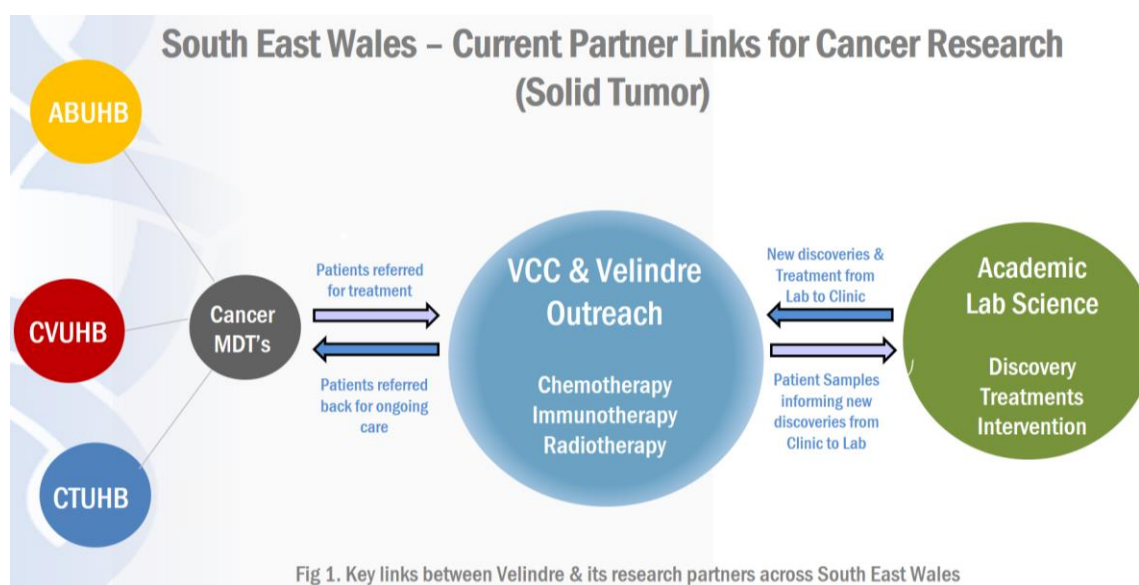


Figure 1: Key links between Velindre and its research partners across South East Wales.

Transforming Cancer Services (TCS), the new Radiotherapy Satellite Centre and the proposed new Velindre Cancer Centre (nVCC) funded through Welsh Government capital investment, provide excellent research and innovation opportunities. Such new infrastructure, if paired with investment in the research workforce and a shared and reciprocal commitment between NHS organisations and academic partners to collaborate on a regional approach to cancer research and development (R&D) could

provide the necessary critical mass required to drive and deliver a step change in Wales' future cancer research outputs.

2C. Current research strengths:

Velindre has a legacy of excellence in **Clinical Trial** leadership and our trials have influenced clinical practice nationally (9) and internationally (10). The current portfolio of clinical trials led and Sponsored by Velindre include PATHOS (11) and PEARL in head and neck cancer, CORINTH in anal cancer, SCOPE 2 in oesophageal cancer, 'MRI mapping of metabolic function in brain tumours' and STORM_Glio in brain cancer and iNATT (international Anaplastic Thyroid Cancer) in thyroid cancer (see Appendix 3 and 4A).

The 1st solid cancer **Early Phase** Clinical Trial Treatment Unit in Wales opened at Velindre in 2013, delivering a portfolio of Phase I-II Clinical Trials to test the safety and efficacy of novel agents, either alone or in combination with radiotherapy, in collaboration with Cardiff's Experimental Cancer Medicine Centre (ECMC), Wales Cancer Research Centre (WCRC) and Pharma e.g. FAKTION for metastatic breast cancer (12). As well as leading clinical trials, Velindre currently hosts >100 early to late phase studies led by other organisations, enabled by Velindre Principal Investigators (PIs) (see Appendix 4C and D).

Radiotherapy research at Velindre involves the multi-disciplinary radiotherapy workforce. Medical physics researchers have developed novel tools (e.g. EdgeVCC [13]) to automate radiotherapy planning and our research partners at CU School of Engineering are experts in computing and data analysis. Velindre is one of 4 UK centres which form the National Radiotherapy Trials Quality Assurance (RTTQA) group, leading national RTTQA programmes for gastro-intestinal and head and neck cancers. Together with research partners at CU's Brain Research Imaging Centre (CUBRIC) and Wales' PET Imaging Centre (PETIC) our researchers have led studies to understand the effects of brain radiotherapy on neurocognitive function and to adapt radiotherapy mid-treatment based on tumour response in patients with head and neck cancer. Recently, partnerships have been developed with cancer researchers in the immunology, virology and biosciences laboratories at CU, through jointly funded PhD studentships and Clinical Research Fellowships.

For **Patient focused Palliative and Supportive Care Research** Velindre has close links with the Marie Curie Palliative Care Research Centre (MCPRC) one of 2 core funded UK MCPRCs. It has a track record of studies assessing late effects of radiotherapy (EAGLE -Evaluating and Addressing Gastrointestinal Late Effects of pelvic radiotherapy), embedding qualitative studies within Phase III oncology trials to better understand patient experience and treatment trade-offs (e.g. ROCS and FOCUS IV trials), developing screening tools (e.g. ALERT-B - Assessing Late Effects of Radiotherapy-Bowel) and core outcome sets (e.g. COBra - Core Outcomes in Brain tumour trials) (see Appendix 3).

With recent advanced and consultant practitioner roles being developed, an important area of multi-professional research is emerging, conducted by nursing (14), Allied Health Professional [physiotherapy, occupational therapy, dietetics, speech and language therapy, radiographer], psychology and pharmacy researchers (referred to in the rest of this document as ‘non-medical’ researchers).

2D. Current challenges:

Over the last decade Velindre has treated an increasing number of cancer patients year on year. Despite our current activity and strengths, *most of our patients are not currently offered opportunities to access research studies* (see Appendix 4B). Constraints which limit our R&D activity are:

General:

- Personalised medicine (where treatment is tailored to an individual’s cancer) has changed clinical trial design, making trials more focused and reducing the numbers of patients recruited per trial, requiring more trials to be set-up to maximise research opportunities for patients.
- Instability of time-limited research funding and increasing competition for charitable (Third Sector) research funding, further exacerbated by COVID-19.

Local/Regional:

- Lack of a clear strategy and implementation plan for cancer research across the SEW region.
- Lack of joint cancer research strategic focus between Velindre and CU (as well as other academic partners in the region), limiting the translation of research from the laboratory to the clinic and resulting in a lack of well-defined career pathways for ‘interface posts’ between academia and the NHS – including clinical academics, nurse researchers and other multidisciplinary researchers.
- Lack of research capacity, workforce capability, succession planning and of investment in the next generation of researchers.
- An increasing need to conduct certain research activities (including Early Phase Clinical Trials) on an acute hospital site with limited facilities to do so currently.
- A need to conduct other research activities closer to patients’ homes across the SEW region.
- The difficulty of conducting research across organisational boundaries in the SEW region and of suboptimal partnership working.

2E. Future opportunities:

The **Nuffield Trust report** Dec 2020 highlights the importance of R&D for delivering “patient centred, future-proofed, high quality cancer care” for the population of SEW.

There is now a real opportunity (led by Velindre and its partners) to make a step-change in cancer research in SEW by embracing the Nuffield recommendations to develop:

- A **new Velindre Cancer Centre** (nVCC) which is designed to enable R&D activity, with the multi-disciplinary workforce capacity and capability to make research widely available to patients attending the centre. Opportunities provided by the proposed Centre for Learning and new fleet of radiotherapy machines and radiotherapy research bunker should be realised.
- A “**strong research hub at UHW**” which will bring together patients, NHS researchers (from C&VUHB and Velindre) and academic researchers (from CU School of Medicine) in one location. This tripartite hub (potentially called a **Cardiff Cancer Research Hub**) could provide a focus to join-up cancer research in Cardiff, invigorate the cancer research community and provide facilities for:
 - Delivery of Early Phase Trials and Advanced Cellular and non-Cellular Therapies for solid cancer with access to HDU/ITU and specialist services (eg surgery, cardiology, immunology, gastroenterology) to manage the complications of therapy and enabling “collaboration with haemato-oncology research” and Teenage and Young Adult (TYA) services.
 - Enabling “closer working with the university”, including clinic, office and meeting space, with direct links to the laboratory, biobank, surgery and interventional radiology.
 - An enhanced, integrated, multi-disciplinary Clinical Academic workforce, responsible for designing and delivering cancer research that is led from Wales.
- A multicentre clinical research network across SEW, with **Velindre@ Research Facilities in all UHBs** and a shared vision and infrastructure to support its activities, enabling equitable access to research for patients across the region. Nuffield recommend that these should be “viewed as a key part of the research delivery network and supported accordingly” in view of their “access to large patient numbers and support from ITU and other specialities”.

Paired with a joint focus and strategy for cancer research in Cardiff and supported by investment from the NHS and Cardiff University, as well as potentially the Third Sector and other funders, the Nuffield advice could, if implemented, represent a turning point for cancer research in Wales.

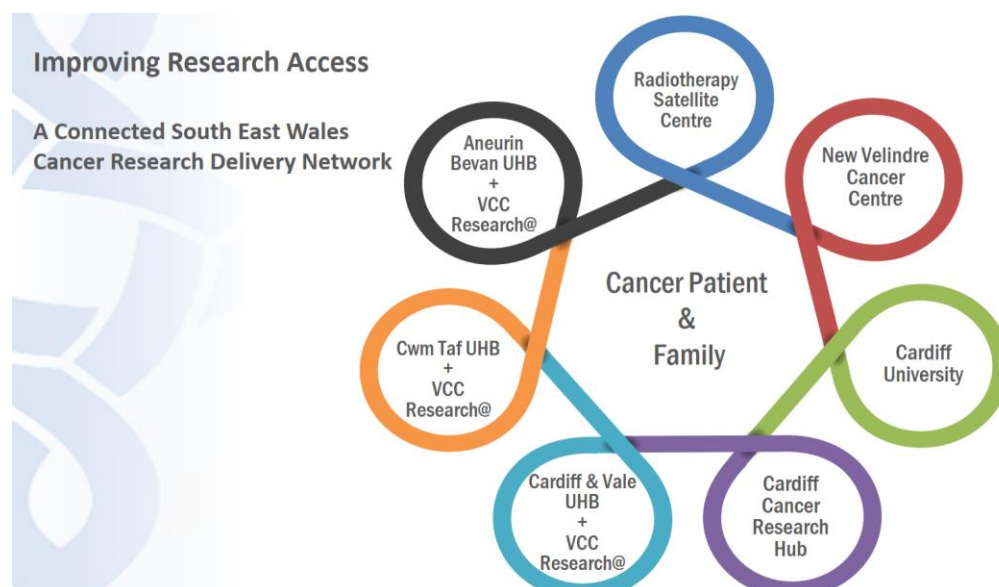


Figure 2: Improving Research Access: A connected South East Wales Cancer Research Delivery Network.

3. Realising our vision for research 2021-2031:

3A. Our Vision and Mission:

Our vision is to work with patients and partners to design and deliver excellent research that improves the survival and enhances the lives of cancer patients and their families in Wales and beyond.

Our mission is to become a leader in cancer research nationally and internationally, transforming the culture of our organisation into one where every patient, family and staff member who wants to engage with research has the opportunity to do so.

3B. Our Aims:

- 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 South East Wales.

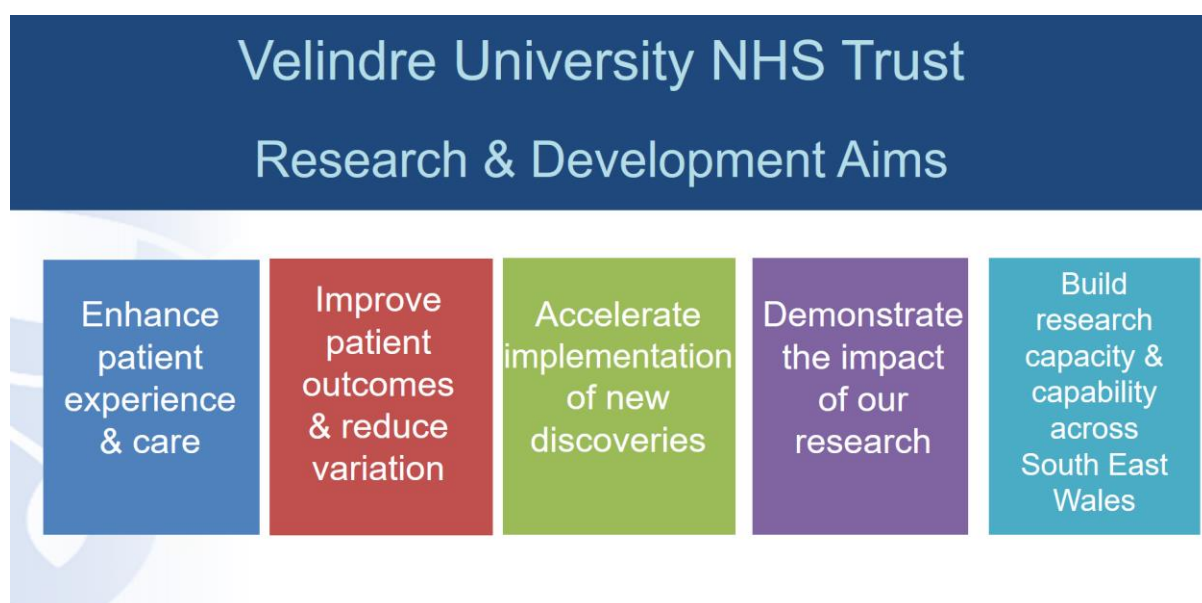


Figure 3: Our Research Aims

3C. Our Research Themes:

- **Putting patients first** and at the centre of everything we do
- **Advancing new treatments**, interventions and care

- **Driving translational research** through connecting the laboratory and clinic
- **Embedding research and innovation within the organisational culture.**

We will increase patient access to research, transform the culture within our organisation into one that can demonstrate that it truly values research and to work with our Academic, UHB and other key partners to produce a step change in our collective cancer research outputs to benefit cancer patients across the SEW region and further afield.



Figure 4: Our Research Themes

This focus and investment in research will have the following benefits for the organisation:

- Ensuring that high quality research results in excellence in care for the wider population VCC serves.
- Generating income which will be re-invested into R&D to build a critical mass of researchers and supporting infrastructure to expand our future research portfolio.
- Enhancing Velindre's reputation as a centre of excellence committed to improving future cancer patient outcomes.
- Improving staff satisfaction, leading to improved retention and attracting new staff.

Our Aims will be realised by:

- Building on our existing strengths, developing our research leaders and multi-disciplinary research workforce.

- Harnessing the potential of new Welsh Government investment in cancer services and implement the Nuffield recommendations to make a step change in our research outputs.
- Working collaboratively with our NHS, Academic and Third Sector partners across SEW and beyond with a shared purpose.
- Focusing our own research efforts on patients undergoing cancer treatment and follow-up but also supporting, where we can, wider research efforts to improve prevention, screening and early diagnosis of cancer.
- Maximising the impact of our research by rapidly implementing new discoveries and innovations into clinical practice for patient benefit.
- Demonstrating the positive impact of our research on patients, the organisation and wider NHS.

4. Our Research Themes in Detail

4A. Theme 1: Putting patients first and at the centre of everything we do

Our research will be driven by the cancer needs of patients. Our service will be designed to enable every patient and family member who wants to engage with research to do so, wherever they live across the region and whatever part of their cancer journey they are on.

What this means:

Patients will help set the research agenda. We will 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***. This represents a significant increase in the percentage of Velindre patients who take part in research. Based on a rolling average of recruitment over the last 5 years and considering the numbers of annual new patient referrals to Velindre, 6-7% of patients referred to Velindre currently take part in research studies (~400 patients per annum, range 304-498 patients, based on 2015-2020 figures – see Appendix 4B). Increasing this to >50% per annum will require a radical change in the organisational culture and regional model for research delivery.

In this theme, we will:

- Have a **patient and carer focused** perspective.
- Improve **patient experience**
- **Reduce inequality & variation** in outcomes
- Focus on safe and compassionate care for patients with **comorbidity or complex needs** and their families.
- Promote a more **integrated approach** to our research.

What we will do to achieve this:

Have a **patient and carer focused** perspective by:

- Co-producing research with patients and the public, to ensure that our research answers the questions that are important to them and adheres to best practice (15) and UK PPI national standards.
- Increasing our focus on Palliative and Supportive Care research, looking for research opportunities throughout the cancer pathway from diagnosis to end of life.
- Extending opportunities to take part in research across the network, through partnership working and Velindre@ research facilities at every UHB, working seamlessly across organisational boundaries to ensure patients can access research nearer their homes.

- Promote the importance of research to patients, the public and staff, through improved communications and engagement to increase participation in research.

Improve **patient experience** and outcomes by:

- Transforming the organisation to enable more patients and families to take part in research.
- Researching the impact of both cancer and treatment side-effects on patient health and wellbeing to understand the trade-offs between disease control and toxicity.
- Understanding the impact of living longer *with* a cancer on function and wellbeing to help guide future NHS resource use.
- Increasing our observational and qualitative research activity, balancing our portfolio of interventional studies with observational studies.
- Building capacity in the non-medical clinical research workforce in the NHS and across the clinical-academic interface, in collaboration with the MCPRC and the School of Healthcare Sciences at CU.

Reduce inequality and variation in outcomes and focus on safe and compassionate care for patients with **comorbidity or complex needs** and their families by:

- Making novel contributions to the evidence base that informs delivery and organisation of cancer care, aiming to make improvements to the lives of patients and their families within 10 years.
- Designing research studies that address inequalities in cancer outcomes, a strategic priority in the Welsh NHS Plan 2020-2023.
- Conducting studies that will focus on the compassionate consultation for shared decision-making and supported self-management to address inequalities in health and well-being outcomes in Wales and beyond.

Promote a more **integrated approach** to our research by:

- Cross-linking research across our themes through integrated and efficient research design to deliver the greatest benefit from every study. As examples, our clinical trial designs will provide patient samples for reverse translation, in turn facilitating new drug discoveries; our Palliative and Supportive Care research on treatment resilience and patient preference integrated with clinical trial design, will inform ongoing trial design and patient approach.
- Considering the clinical, translational and patient focused research questions for every patient, making every patient count more than once to ensure we maximise every patient contribution (see Figure 5 for examples of this approach).

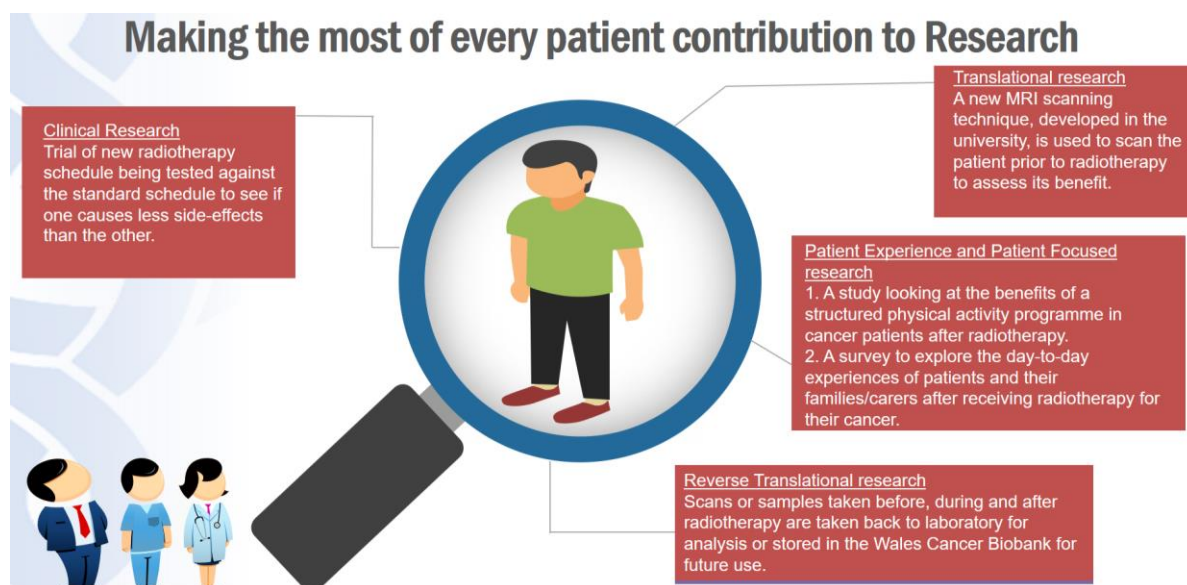


Figure 5: Making every patient count more than once.

4B. Theme 2: Advancing New Treatments, Interventions and Care

Our research will be broad and inclusive. Our resources will be deployed to support research that has the greatest potential to improve patient treatment and care.

What this means:

We will lead and take part in well-designed, high-quality Clinical Trials and other research studies, providing the evidence base required to bring new, improved treatments and interventions into the clinic to enhance patient care. We will prioritise research that is led from Wales. Work in this Theme (and Theme 1) will increase opportunities for patients to participate in research so that within 10 years most of our patients will have the opportunity to take part in research and/or innovation at some point in their cancer journey. Targets for each sub-theme within this theme are specified below.

In this theme we will:

- Increase the number of **new studies led by local researchers**
- Widen access to **Late Phase Clinical Trials** and deliver these to time and target
- Provide enhanced access to **Early Phase Clinical Trials and Solid Tumour Advanced Therapies**
- Maximise opportunities for **Radiotherapy Research** afforded by investment in new VCC
- Integrate **Novel Imaging** Research into our Clinical Studies.

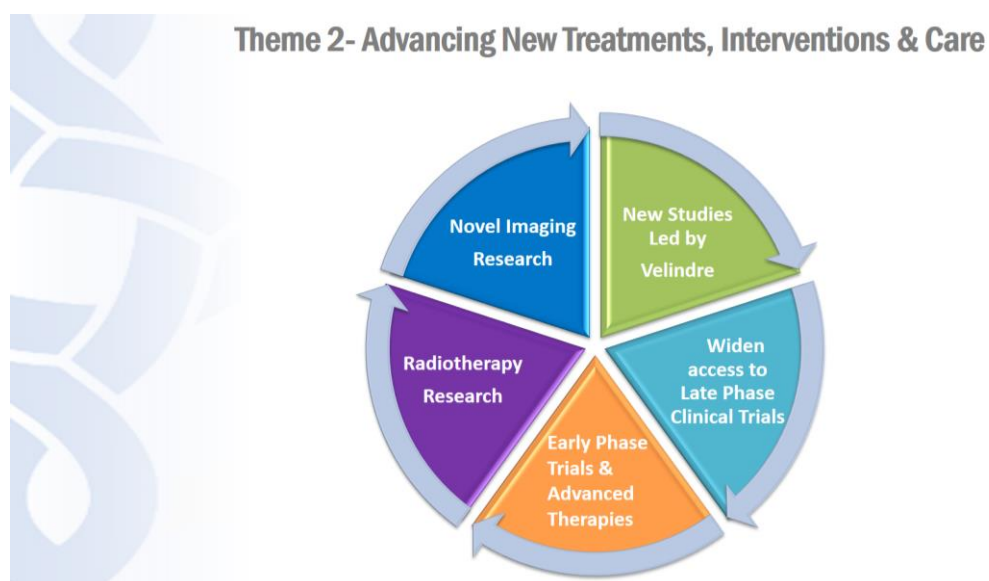


Figure 6: Advancing new treatments, interventions and care

What we will do to achieve this:

Increase the number of **new studies led by local researchers** by:

- Building the future generation of medical and non-medical Chief Investigators (CIs) to lead these studies. We will invest in the best, upskilling, mentoring and developing our future research leaders and ensuring Velindre representation on key national research groups.
- Supporting our researchers with grant and protocol writing/ethics submission and study set-up through new research office function (see Theme 4).
- Systematically looking to overcome the barriers to becoming a clinical research lead in cancer in the NHS in Wales identified in a recent (2020) survey conducted by the Centre for Trials Research (CTR, CU), Research Design and Conduct Services (CU) and WCRC, including: lack of time (identified by 91% of respondents); process and knowledge barriers (e.g. how to build a research team and identify funding opportunities) and systemic barriers preventing cross-organisational research (e.g. between the University and NHS).

Target: **to double the number of local Chief Investigators within 10 years**, from the current baseline of 18 (see Appendix 3 and 4A) to >30.

Widen access to **Late Phase Clinical Trials** and deliver these to time and target by:

- Adopting a portfolio of trials across all tumour sites so that the vast majority of patients with a cancer diagnosis will have an opportunity to participate in a clinical trial.
- Assessing all new trial opportunities with a robust selection tool that will optimise a broad portfolio of high quality studies likely to recruit to time and target with minimal overlap in patient recruitment characteristics.

- Linking more closely with Health Board and Academic colleagues to deliver multidisciplinary cancer trials which optimise all facets of research outcomes, including surgical, palliative care and translational research and streamlining R&D functions.
- Developing a mixed portfolio of commercial and investigator led trials that allows high impact research output alongside a sustainable financial model with commercial income being reinvested into R&D activity.
- Balancing our portfolio of interventional trials with observational and qualitative studies led by the multi-disciplinary workforce.
- Bringing research opportunities to patients across South East Wales and where possible deliver the research close to patients' homes.
- Funding research time for a small number of motivated clinicians, particularly to those generating significant commercial income, so that they can dedicate appropriate time to being Principal Investigators (PIs) to satisfy Contract Research Organisation/Sponsor requirements and also so that they can develop their own research expertise.
- Embrace research from all clinical disciplines (medical and non-medical).

Target: *to ensure that within 10 years most of our patients are involved in research* at some point in their cancer journey.

Provide enhanced access to **Early Phase Clinical Trials** by:

- Developing an integrated working plan with our Haemato-oncology colleagues and driving plans to deliver Early Phase Trials across Velindre and UHW sites as per the Nuffield recommendations (see below*¹ and Section 5).
- Advancing collaborations with Cardiff University scientists, ECMC and WCRC to deliver at least one bench to bedside project with a Cardiff generated molecule/therapy.
- Designing and delivering 4 investigator-led Early Phase Clinical Trials with Cardiff Chief Investigators through interaction with Industry, Academic colleagues, CRUK and Cancer Research Wales.
- Developing a broad, well-balanced Early Phase Clinical Trial portfolio including both commercial and academic investigator-led studies, aiming to have 15-20 studies open to recruitment at any one time (an approximate doubling of current numbers).
- Expanding our portfolio of Early Phase Drug-Radiotherapy Combination Clinical Trials and joining a network with other UK centres being currently set-up to deliver these.
- Re-investing a proportion of the income generated to provide sustainability of existing posts, an expansion of an expert workforce and infrastructure.
- Contributing to the global understanding, and build on local clinical expertise when these new treatments become available as part of NHS standard care.

Target: *to double patient recruitment to Early Phase Trials within 10 years*, from a baseline of 25 patients per annum (average annual recruitment 2015-2020, range 17-36 patients) to over 50 patients per annum.

*1The primary endpoint of 'first-in-human' Phase I trials is safety and given the changing landscape of Early Phase Trials towards testing immuno-oncology and other intravenous drugs, either alone or in combination, the majority of future Early Phase Trials for solid cancer will require delivery on an acute hospital site with direct access to HDU and ITU. This is recognised in the Nuffield Trust report which recommends the development of a 'strong research hub' at UHW to enable Phase I trial delivery and closer working with haemato-oncology, other services and Cardiff University colleagues. Advanced Therapies will also need to be delivered on an acute site and the infrastructural and workforce requirements for their delivery must be considered alongside our future plans for Early Phase trial delivery. Although the majority of these trials will require delivery on an acute site, some 'lower risk' studies may be suitable for delivery at the nVCC and a robust process for identifying these studies will be developed.

Provide access to **Solid Tumour Advanced (Cell and Gene) Therapies** by:

- Seeking opportunities to lead with our partners (particularly at C&V UHB) the delivery of Clinical Trials to test the benefit of Advanced Therapies in solid cancers (involving gene therapy, cell and tissue based therapies and tissue engineered products) for the population of South Wales.
- Learning from the experience and expertise of our haemato-oncology colleagues of delivering Advanced Therapies (e.g. CAR-T therapy) in haematological malignancies and supporting closer working and co-localisation to expedite necessary knowledge transfer and delivery capability.
- Investing in the infrastructure and workforce required to deliver these therapies as part of our Early Phase Trials delivery team.
- Joining a collaborative network of R&D delivery teams across the UK to share experience and best practice in this emerging field of research.
- Pro-actively seeking out and developing links with academic and commercial developers to partner with in advanced therapy clinical translation and trial delivery.
- Utilising the knowledge gained in delivering Advanced Therapies in a trials setting to facilitate and expedite their adoption and equitable availability as routine standard of care when fully licenced and commissioned.

Target: Within 2 years – to open at least one solid tumour non-cellular advanced therapy trial (e.g. an oncolytic virus) and one cellular advanced therapy trial annually. Within 5 years – to open two solid tumour non-cellular and cellular advanced therapy trials annually. *Within 10 years – to open 5 solid tumour non-cellular and up to 5 cellular advanced therapy trials annually.*

Maximise opportunities for **Radiotherapy Research** afforded by investment in nVCC by:

- Ensuring RD&I engagement in the procurement process for the Integrated Radiotherapy Solution (IRS) and driving plans and opportunities for the Radiotherapy Research Bunker associated with nVCC (see below^{*2}).
- Providing opportunities for Welsh patients to access Proton Beam Therapy (PBT) Clinical Trials, by collaboration with the Rutherford Cancer Centre (RCC) and HCRW; working with UK collaborators to develop future PBT trials for a range of cancers (Brain/Oesophagus/ Lung/Head and Neck).
- Expanding the multi-disciplinary radiotherapy research workforce, enabling non-medical (e.g. radiographers) as well as medical researchers to lead future radiotherapy studies.
- Supporting Medical Physics research in advanced technical radiotherapy e.g. to evaluate the potential of automated planning via EdgeVCC (Experience Driven plan Generation Engine by Velindre Cancer Centre) to increase the quality and efficiency of planning and facilitate RTTQA across the UK.
- Collaborating with CU School of Engineering on artificial intelligence (AI), radiomics and image analysis research e.g. to further develop ATLAAS (Automatic Decision Tree Algorithm for Advanced Segmentation) a machine learning tool to delineate cancers on PET-CT scans.
- Establishing an IT infrastructure ('CardiffCAT' – Computer Aided Theragnostics) within the NHS in Velindre linking routine NHS clinical data with radiotherapy planning, RTTQA and image analysis data to better predict and understand treatment response.

Target: *to design and deliver at least one research study with a radiotherapy focus per annum for the next 10 years.*

^{*2}The investment in nVCC will include a fleet of new, cutting-edge Linear Accelerators (LINACS) and a new Integrated Radiotherapy Solution (IRS) with innovative workflow processes which will streamline radiotherapy pathways, increasing efficacy and treatment quality. A Radiotherapy Research Bunker, which (pending funding) will accommodate a dedicated radiotherapy research machine and significantly increase our capacity and capability to conduct cutting-edge radiotherapy research. Developing and expanding Medical Physics R&D will be crucial to fully exploit research and innovation opportunities arising from the IRS in 5 years+ time, as will developing radiographer research capacity enabling integration of patient focused research into every radiotherapy study.

Integrate **Novel Imaging** into our clinical studies by:

- Making greater use of local imaging expertise and the state-of-the-art imaging facilities at CUBRIC and PETIC to develop internationally-competitive research in cancer imaging.

- Developing a programme of local investigator-led innovative imaging research studies, incorporating both smaller standalone hypothesis-generating research studies and studies embedded within translational components of larger research trials that are led from Wales. These studies, led by medical or non-medical researchers, will aim to:
 - Improve precision of tumour delineation prior to starting a course of radiotherapy
 - Image tumours during a course of radiotherapy and adapt radiotherapy treatment according to early markers of tumour response
 - Accurately verify tumour and patient position during radiotherapy
 - Image tumours after a course of radiotherapy to more accurately define tumour response to treatment
 - Study the effect of radiotherapy on normal tissues.
 - Integrate novel imaging into the everyday radiotherapy patient pathway, thereby increasing participation in research and learning from every patient.
- Collaborating with partners at the CU School of Engineering to further develop the SPARCC (Automate Analysis and Radiomics Computing) pipeline, using data from medical images to tell us about disease behaviour and/or treatment response (radiomics).

Target: *to design and deliver at least one research study with an imaging focus per annum for the next 10 years.*

Further details our radiotherapy and imaging research plans are included in the VUNHST Radiotherapy (RT) Research Strategy 2020-2025. We will establish leadership for each research domain in this theme, develop the multi-disciplinary research workforce (to include medics, physicists, radiographers, research fellows) and work with CU collaborators (e.g. for imaging, through establishing on-site presence at CUBRIC and/or PETIC for 1 day/week), mentor the next generation of researchers and develop an infrastructure to support our research (see Theme 4).

4C. Theme 3: Driving translational research through connecting the laboratory and the clinic

We will develop a portfolio of clinical and technical translational research, focusing where appropriate, on a few key tumour sites so that we are nationally competitive and can attract inward investment in these areas.

What this means:

Velindre has a key role to play in translating new research findings from the laboratory (the 'bench') to the clinic (the 'bedside') for patient benefit and encouraging a culture change around research translation for the benefit of health as highlighted in CRUK's report 'Bench to Bedside: Building a Collaborative Medical Research Environment in

Wales' (16). This includes translation of new technological discoveries into the clinic, as well as laboratory research. Translational research cannot happen without close and collaborative working between academic researchers (laboratory, pre-clinical or basic scientists) and clinical researchers in the NHS and on developing posts which link across the clinical-academic boundaries. Working with CU and other academic partners we will be part of a shared and coordinated focus, fostering areas of excellence in which we can compete for funding with the best researchers in the UK and internationally. In recent years, Cardiff's bids to renew CRUK Centre status (2017) and become a CRUK Radiation Network (RadNet) Centre of Excellence (2019) were unsuccessful. Feedback from CRUK on both bids highlighted a *lack of infrastructure and critical mass of cancer researchers* in Cardiff which must be addressed in order to build research excellence and make us (and Wales) nationally and internationally competitive to attract future investment.

Translational 'bench to bedside' research can include bringing novel agents, developed in the laboratory, to the clinic to assess their safety and activity in patients (Figure 7). It can also involve bringing new imaging techniques and/or technological developments from academia into the clinic. 'Reverse translation' ('bedside to bench') research is where patient samples are taken to the laboratory to generate new knowledge (that can subsequently be 'translated' back to the clinic e.g. in the form of new treatments) and it is also crucially important and Velindre has a critical role to play here.

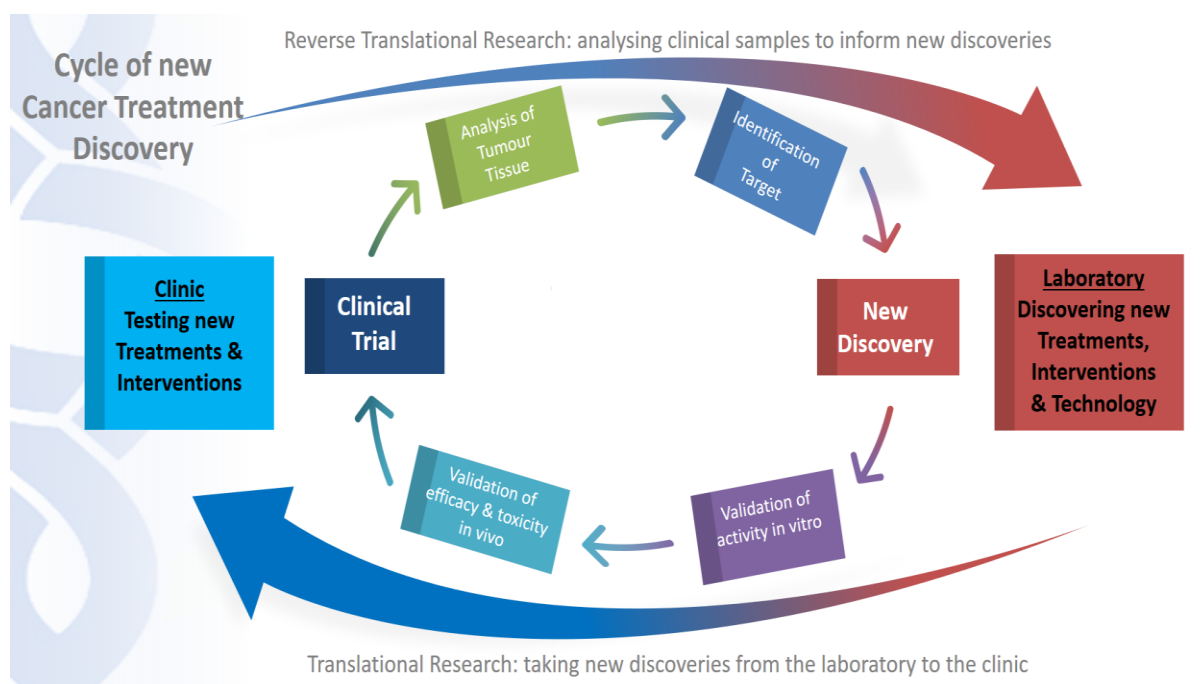


Figure 7: Driving translational research through connecting the laboratory and the clinic

In this theme, we will:

- Develop a **nationally competitive portfolio of translational research** with our partners
- **Develop career pathways** for clinical academic and other academic-NHS 'interface' posts
- Improve **dialogue and collaboration** between the NHS and academia
- Be a partner in **regaining CRUK Centre Status** in Cardiff

What we will do to achieve this:

Develop a **nationally competitive portfolio of translational research** with our partners by:

- Working closely with academic researchers within the Cancer Theme at CU to identify areas of strength in basic cancer research.
- Linking-up clinical researchers within the NHS at Velindre and basic science researchers at CU to 'bridge the translational gap' between the laboratory and clinic.
- Mapping out a clear path to translation of scientific discoveries in the laboratory, linking basic science to the clinic by focusing on translation and developing a pipeline to bring novel therapies from the laboratory through to the clinic for testing in Early Phase Trials.
- Utilising fully the unique infrastructure for translational imaging research available in Cardiff and Wales, including the CUBRIC and chemistry expertise at Wales' PET Imaging centre.
- Increasing the translational richness of all our Clinical Trials and maximising reverse translational opportunities in every study as they are conceived.

Develop career pathways for clinical academic and other academic-NHS 'interface' posts by:

- Supporting research leaders by creating defined clinical academic, nurse/AHP researcher, healthcare scientist career pathways.
- Supporting early career researchers in medical and non-medical disciplines at MSc and PhD level, mentoring them towards Fellowships (targeting prestigious MRC, CRUK and NIHR awards) and supporting their development to become future research leaders (see Theme 4).

Increasing the number of honorary academic appointments. We support the following statement in the Academy of Medical Science report in 2020 (17): "academic HEIs should increase number of honorary academic appointments for NHS staff who contribute significantly to research (evidenced in job plans), recognise contribution in REF & allow access to: grant-making machinery, career development, mentoring, training, promotion opportunities; and opportunities for student supervision".

Improve **dialogue and collaboration between** the NHS and academia by:

- Encouraging staff to join the WCRC's Multidisciplinary Research Groups (MDRGs) and other fora through which the ideas of academic researchers can be heard and facilitated and to bring academic researchers closer to cancer patients' priorities and opportunities for research.
- Improving our links and representation with national research organisations such as Medical Research Council (MRC), National Institute for Health Research (NIHR), National Cancer Research Institute (NCRI) and UK Research and Innovation (UKRI).

Help to **regain CRUK Centre Status** in Cardiff by:

- Strengthening multidisciplinary academic collaborations, bringing our clinical expertise, researchers and research proposals to consolidate a strengthened cancer research critical mass that enables the expansion of research excellence and attracts inward investment.
- Working to support other important bids, including Cardiff's ECMC application.

4D. Theme 4: Embedding research and innovation within the organisational culture and structure.

We will establish an organisational culture which prioritises, values and supports research for the long term. It is important to note whilst our major focus will be clinical research, we recognise the value of other research (such as Health Services, Implementation and Operational research) that will be conducted to improve our services. To embed all research in and across organisational structures we will develop a unified governance process for clinical and non-clinical research to oversee these activities enabling better cross linking of research and prioritising Trust resource allocation.

What this means:

The Welsh Government is committed to creating a healthcare system that truly values research across NHS Wales. Our Board like that of every NHS Trust, has responsibility for valuing and promoting research across the organisation. Research is good for patient care but there are barriers to greater adoption of research into day-to-day service which may, in part, be because research success has traditionally been portrayed in very academic terms and it is not the currency the NHS recognises. In contrast, patient care and patient benefit is the currency of success for a healthcare worker and healthcare organisation. As a consequence, NHS staff may not consider research to be part of their remit, however, because of the strong relationship with patient care, it is totally the business of everyone working in the NHS at Velindre. This theme ensures research feeds into the mechanisms for the uptake of best practice, innovation and service change and that service changes and the impact on patient care are evaluated and shared.

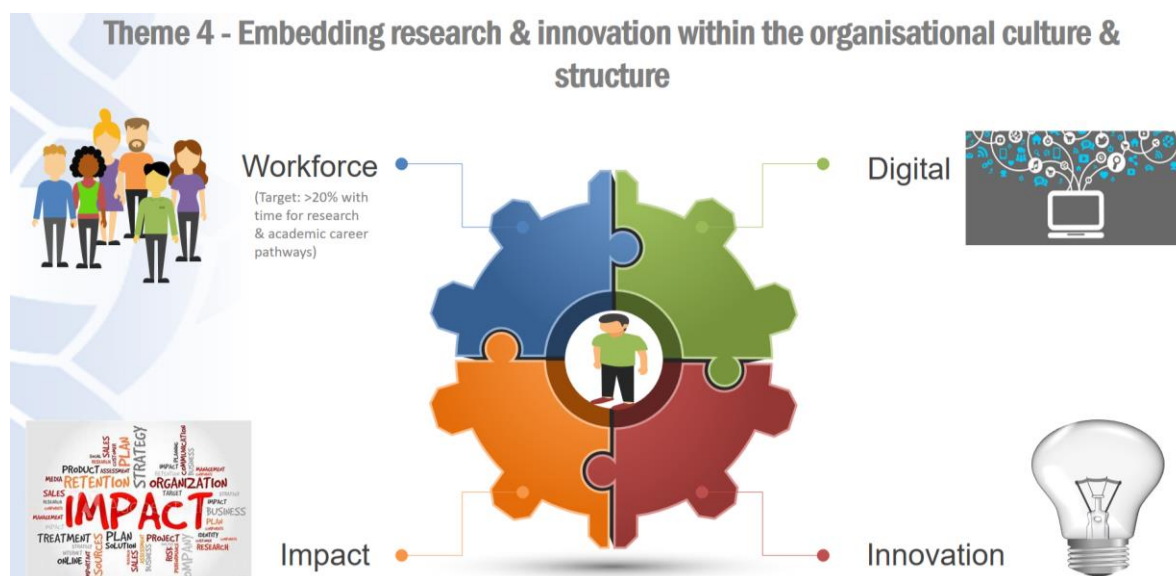


Figure 8: Embedding research and innovation within the organisational culture and structure.

In this theme we will:

- Establish a **culture that values research** and every member of the research workforce.
- Build **capacity, capability** and a critical-mass within the research workforce
- Create a **supporting infrastructure** to underpin our research.
- Innovate to **implement** new knowledge into clinical practice.
- Demonstrate the **impact** of our research on patient care and the NHS in a systematic way.

What we will do to achieve this:

Establish an organisational culture that truly values research by:

- Increasing the understanding of research and its benefits across the organisation, dispelling the perception that research is only carried out by certain staff.
- Celebrating research success across the organisation and promoting our work through communication and engagement with patients, staff and partners.
- Engaging with plans for the 'Centre for Learning' in the nVCC, fostering partnerships that can benefit research and innovation.
- Improving our integration in academic health science partnerships such as all Wales Multidisciplinary Research Groups (MDRGs) and inter-professional research sandpits that stimulate internal cross fertilisation and synergy in research approach.

Build capacity, capability and a critical-mass within the research workforce by:

- Providing opportunities for NHS staff of all disciplines to develop research skills, ensuring research informed practice is a core principle across the multi-professional workforce and incorporating research professional development into staff education and workforce development strategies.
- Providing dedicated, ring-fenced research time for NHS staff (Medics, Physicists, Radiographers, AHPs, Healthcare scientists, Nurses, Pharmacists, Psychologists and other staff) which is formally acknowledged in job plans to build capacity and a robust and sustainable multi-disciplinary workforce. We will ***aim to fund 20% of the Velindre workforce to dedicate 20% of their time to research within 10 years.***
- Enabling more clinical researchers to be Principal Investigators (PIs), building confidence and understanding and allowing time in job plans for this important activity which is critical to expand our portfolio of clinical and supportive care research.
- Ensuring succession planning across the clinical workforce to ensure research activity is future proofed.
- Allowing clinical research staff to work flexibly across organisational boundaries, 'following the patient' to provide research opportunities for patients across SEW.
- Supporting early career researchers in medical and non-medical disciplines at MSc and PhD level, mentoring them towards Fellowships (targeting prestigious MRC, CRUK and NIHR awards) and supporting their development by ensuring a Clinical Research Fellow career pathway for them to become future research leaders.
- Working closely with our academic partners, we will target talented researchers and enable the Clinical Academic career pathway to build critical mass in certain areas and establish our future research leaders (in medical and non-medical disciplines). We will invest in the best, developing business cases to support research time for targeted individuals, with a view to establishing tenured academic posts for those who fulfil pre-determined university metrics (for research and teaching) within 5 years. ***We will aim to identify and support at least 1 talented individual per annum along the Clinical Academic career pathway, in collaboration with our University partners.***

Create a **supporting infrastructure** to underpin our research by:

Creating a supporting **digital infrastructure**:

- Embracing opportunities for research and innovation afforded by the NHS digital transformation. Digital healthcare technologies are defined in the Topol review 2019 as genomics, digital medicine, artificial intelligence (AI) and robotics and a number of emerging technologies, including low-cost sequencing, telemedicine, smartphone apps, biosensors for remote diagnosis and monitoring, speech recognition and automated image interpretation, will be particularly important for the healthcare.

- Creating a digital infrastructure and a capacity within the digital workforce to enable clinical research activities. This includes linking clinical researchers with nominated members of the Trust's digital team and developing a 'Living platform for research' which we envisage will be a virtual 'repository of ideas' accessible to researchers across the Trust as a forum to discuss of new research ideas and to link researchers together.
- Enabling clinical researcher to exploit the potential of 'Big Data' obtained from radiotherapy, chemotherapy, radiology, clinical sources to research cancer outcomes at scale in order to make every patients' experience count. Furthermore, to interrogate secure data held in the National Data Resource (NDR) to study All Wales outcomes and trends, as per the Welsh Government 'A Healthier Wales: our Plan for Health and Social Care'.
- Engaging with Health Technology Wales (HTW), hosted by VUNHST, to appraise new developments and innovations.

Creating a research **infrastructure that** enables research delivery and development of new research:

- Establishing a strategic leadership team representing the research themes to drive the research and innovation agenda, ensuring oversight of alignment, partnerships, investment and performance.
- Transforming our research portfolio processes, optimising resource utilisation, prioritisation, financial transparency and efficiencies to widen research participation.
- Ensuring our research delivery workforce has capacity and is appropriately skilled, experienced, and agile to deliver high quality research support and patient care.
- Support the development of new research by providing practical support and advice for staff (such as research costings, study design, research approval) and transparent signposting pertinent information and funding opportunities to new researchers.
- Research is becoming increasingly complex to set-up and deliver, because of the associated trial regulation, legislation and paperwork which is made more cumbersome when working across organisational boundaries. Streamlining processes across the network by alignment of R&D offices and procedures should be explored, learning from the Joint Research Office initiative already established between C&V UHW and CU.

Innovate to **implement** new knowledge into clinical practice by:

- Using innovation as a key enabler for NHS Wales to deliver 'A Healthier Wales'..." Linking research seamlessly with innovation to ensure that new knowledge is implemented into clinical practice as set out in the NHS Wales Planning Framework 2020-23. Innovation "should be organisationally aligned with and follow research, translating new knowledge into better practice."

- Working with others, particularly universities and industry partners, must be a key part of our approach to innovation.
- Developing an Innovation strategy for VUNHST to align with this R&D ambition document and other organisational and regional priorities for service improvement etc.

Demonstrate the **impact** of our research on **patient care and the NHS** by:

- Collecting information on patient outcomes, patient care, service delivery and cost-effectiveness in a comprehensive and systematic way, including data on all grant awards and all publications by our researchers.
- Increasing research income – through grant income, commercial partnerships and fundraising.
- Publicising our research and research findings on the Trusts' webpages, social media and other platforms.

As well as the culture and infrastructure in this theme, partnership working will be key to our success (see Section 5). We will develop effective and mutually beneficial R&D partnerships with our regional UHBs and Academic institutions and seek out diverse strategic collaborations across different sectors (Patients, Public, NHS Wales, Academia and the Third Sector) for research benefit. We will look to work with a range of industry and commercial sectors (commercial trials, diagnostics, medical technology), as well as with associated industries such as digital, design and artificial intelligence. We will develop ongoing dialogue with all partners reporting on our research work where research investment has been made, seeking partner feedback to improve our partnership approaches.

5. The Nuffield Advice and Future Model for Research and Development

5A. The Nuffield Advice

Our current service model and a future stand-alone new Velindre Cancer Centre, in isolation, do not enable the full range of research ambition described in this document. In particular:

- Based on current data, we estimate that >50% of future Early Phase Clinical Trials, which test the safety of novel systemic therapies and most trials of solid tumour Advanced Cellular Therapies and vaccines can only be safely delivered on an acute hospital site, where the ability to rapidly escalate care to on-site HDU/ITU and to access other specialist services to manage treatment toxicities (e.g. gastroenterology, cardiology, immunology) is available. Furthermore, opportunities to share research facilities and staff with other cancer disciplines (Haemato-oncology and Teenage and Young Adult [TYA] services) cannot be realised.
- It is challenging to translate basic research, undertaken by academic scientists in the laboratory at CU, into the clinic for patient benefit. Collection of bio-resources to underpin research programmes, includes taking biopsies of patients' tumours (as well as blood/saliva etc.) which requires surgical and interventional radiology services, supported by on-site HDU/ITU.
- Expanding our portfolio and providing more opportunities for patients to take part in research requires facilities closer to their homes.

The landscape of emerging systemic treatments has changed dramatically over the last five years from relatively safe oral small molecules to higher risk intravenous immune checkpoint inhibitor therapies. This trend is likely to continue for the foreseeable future with the emergence of Advanced Cell and Gene Therapies, meaning that patients will be increasingly unable to participate in cutting edge research on a stand-alone site. Cancer research in general has changed too, with large-scale infrastructural funding (e.g. from CRUK for CRUK Centres, ECMCs, RadNet centres and CTRs) becoming concentrated in fewer institutions with a 'critical mass' of cancer researchers and well-developed research infrastructure capable of undertaking a wide range of academic research and clinical trials of new cancer treatments. Establishing this infrastructure in Cardiff is essential to attract investment, build capacity and expertise, and ensure that research becomes seamlessly integrated into clinical care to improve outcomes for the population of SEW.

The Nuffield Trust report (Dec 2020) states that "*successful research is a key element of high-quality cancer provision*". It acknowledges the limitations to our current service model and provides solutions to overcome these limitations in the future, in the context that a new Velindre Cancer Centre is built close to its existing site and that full co-location of the new Velindre Cancer Centre on CU/UHW site is not feasible, at least

for the next 15 years. It concludes that there is a need for a **“strong research hub at UHW and also at other hubs across the network”**.

Section 5 of the Nuffield Trust report ‘Building research excellence’ makes the following recommendations:

- *“An agreed research strategy is clearly a priority. This needs to include research in its widest definition, including research led by disciplines other than medicine.*
- *There is more work to do to make the network model work well and in particular to remove some of the governance and bureaucratic barriers to research across sites and LHBs.*
- *There is a close alignment between the strategy for cancer services, the development of the research network and our recommendation for a research hub at UHW* to be developed alongside the enhanced Velindre-supported AOS. This should work closely with the haemato-oncology service and include much better-coordinated working with other specialties. This would enable Phase 1 trials to take place at UHW that require ITU support and also other Phase 1, 2 and 3 trials at the VCC and in Velindre@ locations. Phase 1 trials are important but the capability to do a wide range of trials across the network is even more so.*
- *The other Velindre@ units in LHBs need to be viewed as a key part of the research delivery network** and supported accordingly as they also have access to large numbers of patients and support from ITU and other specialties.*
- *One of the experts we spoke to would encourage this group to ensure it has benchmarked the research approach and capabilities with other comparable research networks.*
- *Some members of the research group have a preference for the location of the radiotherapy research bunker to be at UHW rather than at the new VCC. However, opinions differ and there is an efficiency penalty for this. There are some emerging research areas in which immunotherapy is combined with radiotherapy, which might suggest that location should be considered. However, given the uncertainties around the future of the UHW site, practical obstacles and the efficiency penalty, we suggest that at present the linear accelerators should be provided in a single bank at VCC with arrangements made to transport patients or research staff where required”.*

*In addition to synergies with other clinical disciplines the report states that the research hub at UHW “offers opportunities for closer working with the university, which are going to be increasingly important in a number of areas as the need for multidisciplinary research expands.”

**The report suggests that a strong research network across the whole of SEW will (based on existing literature) require “the following common elements:

- *a shared vision*
- *formal governance policies and terms of reference*

- *an infrastructure team dedicated to the goals and activities of the network*
- *regular and effective communication*
- *a framework for holding members to account*
- *a succession planning strategy to address membership change over time*
- *multiple strategies to engage network members*
- *regular reviews of goals and timelines*
- *a balance between structure and creativity.*

Clearly, there is a lot of work to do to ensure that some of these elements are in place”.

5B. A future model for cancer R&D across South East Wales:

Based on the Nuffield recommendations, we envisage the following regional model for cancer R&D across South East Wales:

- A **new Velindre Cancer Centre** which is designed to enable R&D with the workforce capacity and capability to make research widely available to patients attending the centre. It is envisaged that R&D supporting infrastructure will be located within the proposed **Centre for Learning (C4L)** at nVCC, co-located with innovation. Clinical research including ‘low risk’ phase II and III Clinical Trials, Supportive and Palliative Care research led by the multi-professional non-medical and medical research workforce, including Medical Physics and radiotherapy research will be undertaken here. Developing the portfolio of radiotherapy research to optimise opportunities afforded by the new fleet of radiotherapy LINACS and making the case for the radiotherapy research bunker will be a priority.
- A **Cardiff Cancer Research Hub** on CU/UHW C&VUHB site which will bring together cancer patients, NHS cancer researchers (from C&VUHB and Velindre) and academic cancer researchers (from CU School of Medicine) in one location. This tripartite hub will provide a focus to join-up cancer research in Cardiff, invigorate the cancer research community and provide facilities for:
 - Delivery of Early Phase Trials and Advanced Cellular Therapies for solid cancer with access to HDU/ITU and specialist services (eg surgery, cardiology, immunology, gastroenterology) to manage the complications of therapy and enabling “collaboration with haemato-oncology research” and Teenage and Young Adult (TYA) services.
 - Translational research by enabling “closer working with the university”, including clinic, office and meeting space for basic (academic) and clinical researchers, with direct links to the laboratory, biobank, surgery and interventional radiology.
 - An enhanced, integrated, multi-disciplinary Clinical Academic workforce, responsible for designing and delivering cancer research that is led from Wales.

The hub will work closely with other cancer disciplines (TYA oncology, haemato-oncology, medical genetics) to share facilities and staff where that is the best model. It would also be ideally located alongside an Acute Oncology facility, with mutual benefits, so that Clinical and Research Models could be integrated. It will provide potential advantages to training and education from being co-located with the School of Medicine, attracting the attention of medical, nursing and other students and inspire multi-disciplinary staff groups to take an interest in oncology early on in their careers.

- **Velindre@ Research Facilities** at Aneurin Bevan UHB (including the Radiotherapy Satellite at Nevill Hall), Cwm Taf Morgannwg UHB, as well as within the Cardiff Cancer Research Hub at CVUHB, forming a multicentre clinical research network across SEW, which will be critical to increase opportunities for patients to access research across the region, through a 'hub and spoke' mode. It is envisaged that these will be centres for delivery of Phase II-III Clinical Trials, Supportive and Palliative Care studies led by the multi-professional non-medical and medical research workforce and (at the Radiotherapy Satellite) Radiotherapy studies.

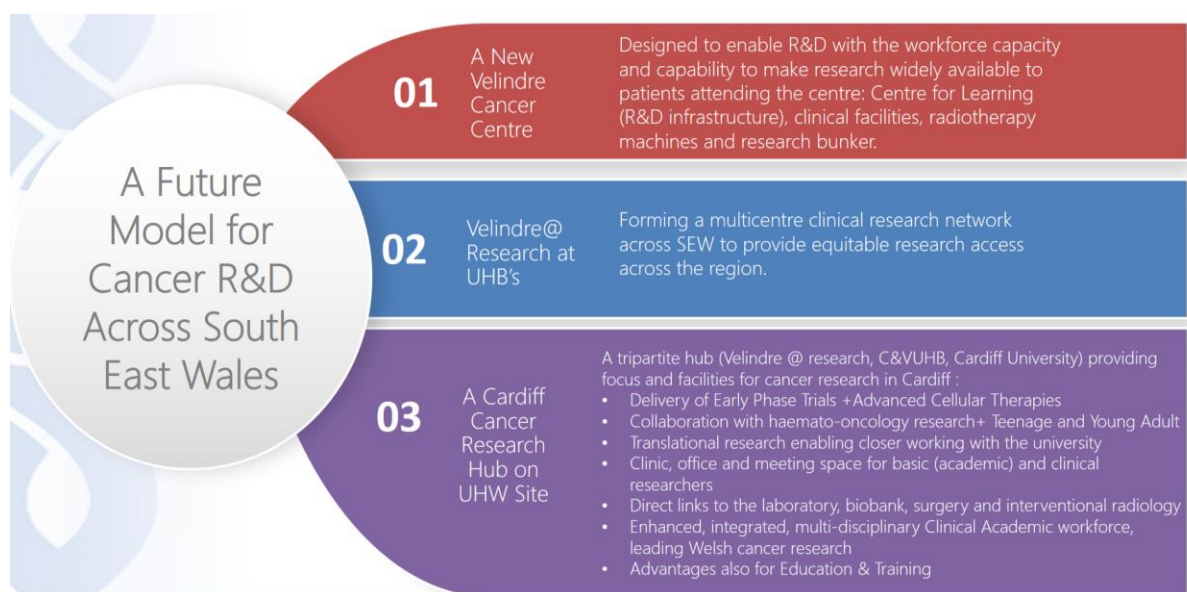


Figure 9: A future model for Cancer R&D across South East Wales.

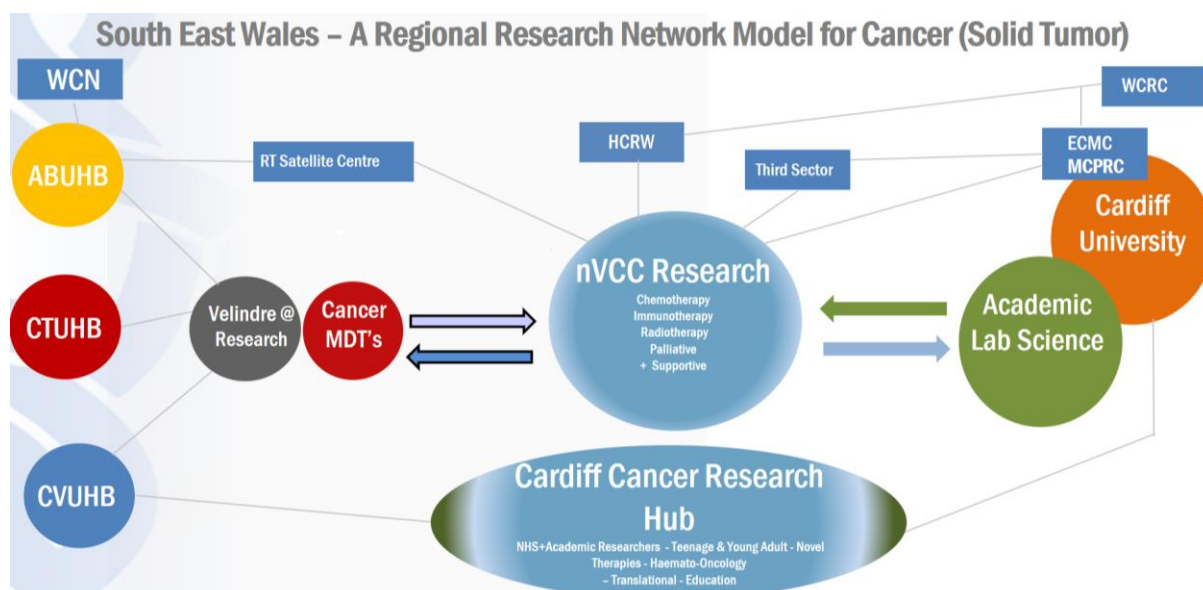


Figure 10: South East Wales – A Regional Research Network for Solid Tumour Cancer Research.

[WCRW – Wales Cancer Research Centre; ECMC – Experimental Cancer Medicine Centre; MCPRC – Marie Curie Palliative Care Research Centre; HCRW – Health and Care Research Wales; WCU - Wales Cancer Network; ABUHB – Aneurin Bevan University Health Board; CTUHB – Cwm Taf Morgannwg UHB; CVUHB – Cardiff and Vale UHB; Cancer MDTs – Cancer Multidisciplinary Teams]

5C. Delivering the Service Model:

Establishing the R&D model described above will require people, funding and infrastructure, as well as close working with UHBs and Academic partners across the SEW region. There will be elements that will need to be delivered internally by VUNHST via the ongoing **Velindre Futures programme**. There will be others that will need to be delivered in partnership with CU via a refreshed **Velindre-Cardiff University Partnership Board** with the remit to develop a joint strategic research partnership. Finally, there will be elements that will need to be delivered regionally with our UHB partners (C&VUHB, ABUHB and CTUHB) and, as well as infrastructure, consideration will need to be given in the detailed implementation plan of how the multi-disciplinary research workforce will work across organisational boundaries to deliver research studies close to patients' homes. This will be facilitated through the regional **SEW Cancer Collaborative Leadership Group (CCLG)**, which is complementary to the national Wales Cancer Implementation Group (CIG) with delivery and implementation responsibilities for the SEW region. Currently, plans for a **Regional Cancer RD&I Group** to be set-up under the overarching CCLG structure are being developed. It is envisaged that this could be the key group responsible for improving collaboration between NHS Wales organisations to enable successful cross-organisation working and turn the regional ambitions and proposed delivery model in this paper into detailed plans which can be incorporated into the future TCS Programme Business Case and delivered across the SEW region.

6. Next Steps and Conclusions:

6A. Next Steps

i) Consultation and Engagement

We will engage with Velindre staff, our University Health Board and Academic partners to share the ambitions laid out in this document. Thereafter, we will engage with Charities, Industry and the Welsh Government who will be key partners to ensuring cancer research delivery, sustainability and growth across the region and beyond.

ii) Benchmarking

Benchmarking (as recommended by Nuffield) with 4 UK Cancer Centres across both strategic and operational management approaches to R&D to identify key areas, infrastructure, service models, factors and processes and that contribute to the Centres' R&D success.

Aims of benchmarking will be to:

- Inform VCC's strategic thinking and operational planning for the next decade
- Share best practices, enabling opportunities for adoption of new processes/ new ways of working, reducing duplication of effort.
- Provide better understanding to explain differences in performance data
- Promote VCC's R&D capability, strengths and interests with the aim of future research collaboration and creating *ongoing* informal alliances allowing periodic benchmarking.

iii) Detailed Implementation Plan with Timelines

A detailed implementation plan will need to be set-out, in discussion with our UHB and Academic partners, HCRW and others, detailing how these ambitions and Nuffield recommendations for R&D will be realised. It will need to include key milestones and key performance indicators across all areas of research portfolio including:

- Infrastructural requirements for a Cardiff Cancer Research Hub and Velindre@ Research Facilities at each UHB across SEW.
- Description of the research network required to deliver research to patients across SEW.
- Requirements for developing a multidisciplinary research workforce within the NHS as well as developing clinical academic career pathways for research leaders with Cardiff University and other academic partners.
- Short (what can be done now), medium (in 5 years' time) and longer-term plans (in 10+ years) for implementation for each of the key research themes in this document.

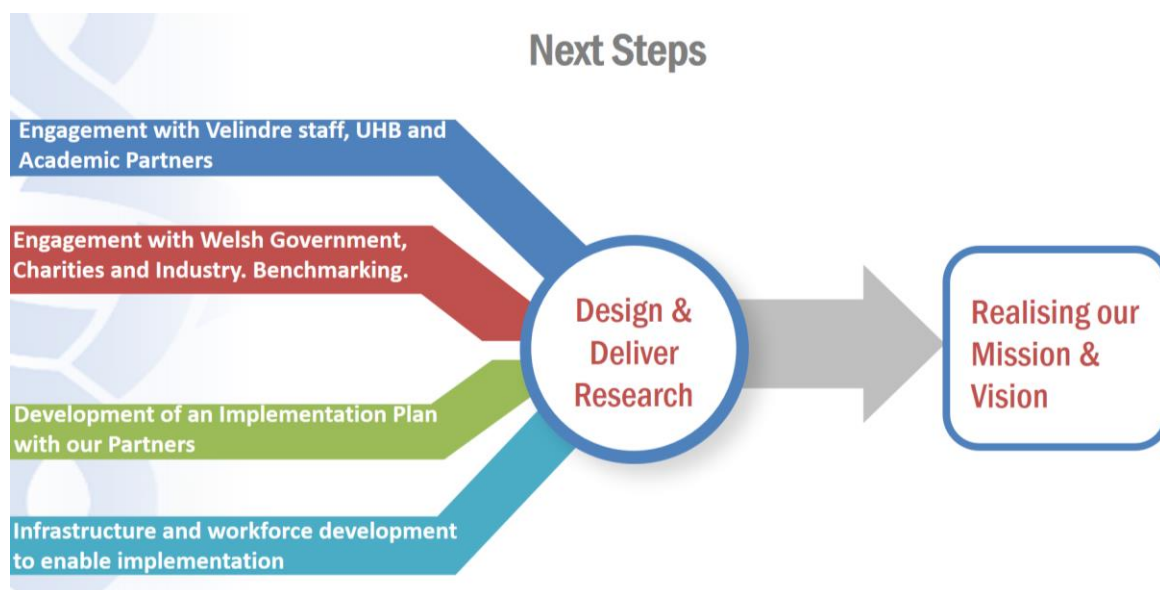


Figure 11: Next Steps

6B. Conclusions

The ambitions and strategic priorities laid out in this paper, if delivered, will not only develop long-lasting partnerships which will drive and enable cancer research, they will bring forward benefits for cancer patients (now and for the future) across SEW. The network model will require new infrastructure, regional collaboration between the Trust and UHB partners and a joint strategic research partnership between the Trust and Cardiff University which will, if realised, accelerate new discoveries into the clinic and build a critical mass of cancer research activity in SEW that will generate inward investment and growth, enabling research success and with it research sustainability.

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8. Appendices:

Appendix 1. Authorship Group

Name	Title	Institution
Prof Mererid Evans CHAIR	Associate Medical Director of R&D	VUNHST
Dr Jacinta Abraham	Executive Medical Director / Lead for Research Development and Innovation	VUNHST
Mrs Libby Batt	Research, Innovation and Improvement Co-ordination Lead	VUNHST
Dr Robert Jones	Clinical Director of R and D VCC	CU/VCC
Dr Mark Briggs	Head of Cell & Gene Therapy / Lead for RD&I Strategy	VUNHST
Prof Jane Hopkinson	Velindre Professor of Nursing and Interdisciplinary Cancer Care	CU/VCC
Dr Paul Shaw	Director for Radiotherapy Research	VCC
Dr James Powell	Leading Proton Beam Research	VCC
Dr Cath Matthams	Radiotherapy R&D Lead	VCC
Prof Anthony Byrne	Consultant in Palliative Care & Medical Director Marie Curie Palliative Care Research Centre	CU/VCC
Mrs Sarah Townsend	Head of Research & Development	VUNHST
Dr Phil Wheeler	Clinical Scientist- Medical Physics	VCC
Dr Emiliano Spezi	Leader, Medical Engineering group and Cancer Imaging and Data Analytics team	CU
Prof Awen Gallimore	Cancer College Theme Lead	CU
Mrs Sophie Harding	Pharmacy Research Lead	VCC
Ms Francesca Carpanini	Engagement and Communications Manager	VUNHST
Prof Alan Parker	Professor of Translational Viro-therapies	CU

Mr Bob McAlister	Public Representative	-
Mr Alan Buckle	Patient Representative	-
Mrs Sandra Cusack	Medical Director Personal Assistant	VUNHST
Mrs Emma Duggan	Research & Development Secretary	VUNHST

[The group would like to thank Ms Laura Tolley (Business Support Officer, Velindre Corporate Services) for her assistance in producing the Figures in this document].

Appendix 2. Aligning our R&D ambitions to National Policies and Strategies.

The list below details strategies, reports and current Velindre University NHS Trust strategies that have informed the **Overarching Cancer Research and Development Ambitions and Strategy for Velindre University NHS Trust 2021-31** document.

<u>Welsh Policies</u>	<u>Welsh Strategies</u>	<u>UK Strategies</u>	<u>Reports</u>	<u>Internal</u>
<p>A Healthier Wales -WG 2018.</p> <p>Well Being of Future Generations Act-WG 2015.</p> <p>Prosperity for All: the national strategy-WG 2017.</p> <p>The Reid Review (Review of government funded research and innovation in Wales) on behalf of WG 2018.</p> <p>End of Life Care Delivery Plan – WG.</p> <p>Cancer Delivery Plan 2016-2020 –WG.</p>	<p>CREST – A Cancer Research Strategy for Wales 2020 (pending) WCN/WCRC/WCA</p> <p>Cell and Gene Therapy Statement of Intent WG 2019.</p> <p>HCRW Support and Delivery Service. 2017-2022. A Strategic Framework.</p>	<p>Life Sciences: industrial strategy- A report from life sciences sector (Bell) UK Gov 2017.</p> <p>UK International Research and Innovation Strategy. HM. GOV. 2019.</p> <p>NCRI Accelerating Cancer Research –A strategy for collaboration between cancer research funders UK (2017-2022.)</p> <p>The UK Standards for Public Involvement in</p>	<p>CRUK Bench to Bedside: Building a Collaborative Medical Research Environment in Wales 2019.</p> <p>Transforming health through innovation: Integrating the NHS and Academia. Academy of Medical Sciences. Jan 2020.</p> <p>The Topol Review - Preparing the Health care workforce to deliver the Digital Future. NHS Constitution 2019.</p>	<p>VUNHST Invigorate - An Innovation, Education and Life Sciences R and D Strategy.</p> <p>VUNHST Radiotherapy Research Strategy 2020-2025.</p> <p>Early Phase Clinical Trials Strategy 2017-2022.</p> <p>Transforming Cancer Services (TCS): A Collaborative Centres for Learning, Technology and Innovation Briefing Paper. 2020.</p> <p>VUNHST Delivering Excellence –</p>

NHS Planning Framework Wales 2020 - 2023 –WG 2019.		Research NIHR 2019.		Integrated Medium Term Plan 2019-2022.
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Appendix 3. Velindre Sponsored Cancer Clinical Studies led by Velindre Chief Investigators (data updated 21-01-2021)

Acronym	Trial Title	Chief Investigator/s
PATHOS	<p>A Phase III trial of risk-stratified, reduced intensity adjuvant treatment in patients undergoing transoral surgery for Human papillomavirus (HPV)-positive oropharyngeal cancer https://www.cardiff.ac.uk/centre-for-trials-research/research/studies-and-trials/view/pathos</p> <p>Funder: Cancer Research UK (CRUK)</p>	CIs: Professor Mererid Evans and Professor Terry Jones
PEARL	<p>A prospective, interventional, non-randomised, phase II feasibility study for patients with good prognosis Human Papillomavirus (HPV)-associated oropharyngeal squamous cell cancer (OPSCC) who are suitable for treatment with concurrent chemo-radiotherapy (CCRT). https://www.clinicaltrials.gov/ct2/show/NCT03935672</p> <p>Funder: Cancer Research Wales (CRW) and Velindre Advancing Radiotherapy Fund</p>	CIs: Professor Mererid Evans and Dr Thomas Rackley
SCOPE2	<p>A Randomised Phase II/III Trial to Study Radiotherapy Dose Escalation in Patients With Oesophageal Cancer Treated With Definitive Chemo-radiation With an Embedded Phase II Trial for Patients With a Poor Early Response Using Positron Emission Tomography (PET) https://www.cardiff.ac.uk/centre-for-trials-research/research/studies-and-trials/view/scope2</p> <p>Funder: CRUK</p>	CI: Professor Tom Crosby
STORM_Glio	<p>Study of Radiomics in High Grade Glioma</p> <p>Funder: Engineering and Physical Sciences Research Council (EPSRC) and Velindre Headfirst Brain Tumour Appeal Charitable Fund</p>	CIs: Dr James Powell and Dr Emiliano Spezi
MRI Mapping of Metabolic	An integrated MRI tool to map brain microvascular and metabolic function: improving imaging diagnostics for human brain disease.	CI: Professor Richard Wise

Brain function	Funder: Engineering and Physical Sciences Research Council (EPSRC).	Co-investigator: Dr James Powell
iNATT	interNational Anaplastic Thyroid Cancer Tissue Bank and Database (NATT) https://clinicaltrials.gov/ct2/show/NCT01774279 Funder: Thyroid Cancer Support Group – Wales	CI: Dr Laura Moss
VIP-Epi	A study to record the incidence and severity of post epirubicin chemical phlebitis (PECP) and patient reported pain following Epirubicin chemotherapy administered using the Plum 360 volumetric infusion pump.	CI: Dr Rosie Roberts
Application of VR in an Oncology Healthcare context	Virtual Reality in an Oncology healthcare context; improving patient experience and increasing treatment acceptance	CI: Dr Caroline Coffey
ASPIRE	A study to train and test an artificial intelligence (AI) algorithm to automatically outline oesophageal tumours using computed tomography (CT) and positron emission tomography (PET) scans, using Intel's advanced computing hardware. Funder: Welsh Government and Intel	CIs: Professor Tom Crosby, Dr Emiliano Spezi, Dr Kieran Foley
CHROME (in set-up)	A study to improve the accuracy of cancer staging by using information from radiology, pathology and genetics to develop a tool that can predict the likelihood of metastatic spread in different tumour types.	CI: Dr Kieran Foley
SABR_IT	A study to investigate immune responses following Stereotactic Ablative Radiotherapy (SABR). Funder: Velindre Advancing Radiotherapy Fund (ARF) and Wales Cancer Research Centre (WCRC)	CIs: Dr Thomas Rackley, Dr Catherine Pembroke, Professor Awen Gallimore
BEST OF	A randomized phase III study comparing swallowing function after surgery versus radiotherapy in patients with early stage squamous cell carcinoma of the oropharynx. International study led by EORTC, VUNHST is UK Legal Representative Funder (in UK): CRUK	CIs (UK): Professor Mererid Evans/Professor Terry Jones
ADVANCE-POCT	The purpose of this study is to find out if we can use this point of care equipment to improve the management pathway for cancer patients receiving chemotherapy that present with suspected or border-line neutropenic sepsis.	CI: Professor Richard Adams

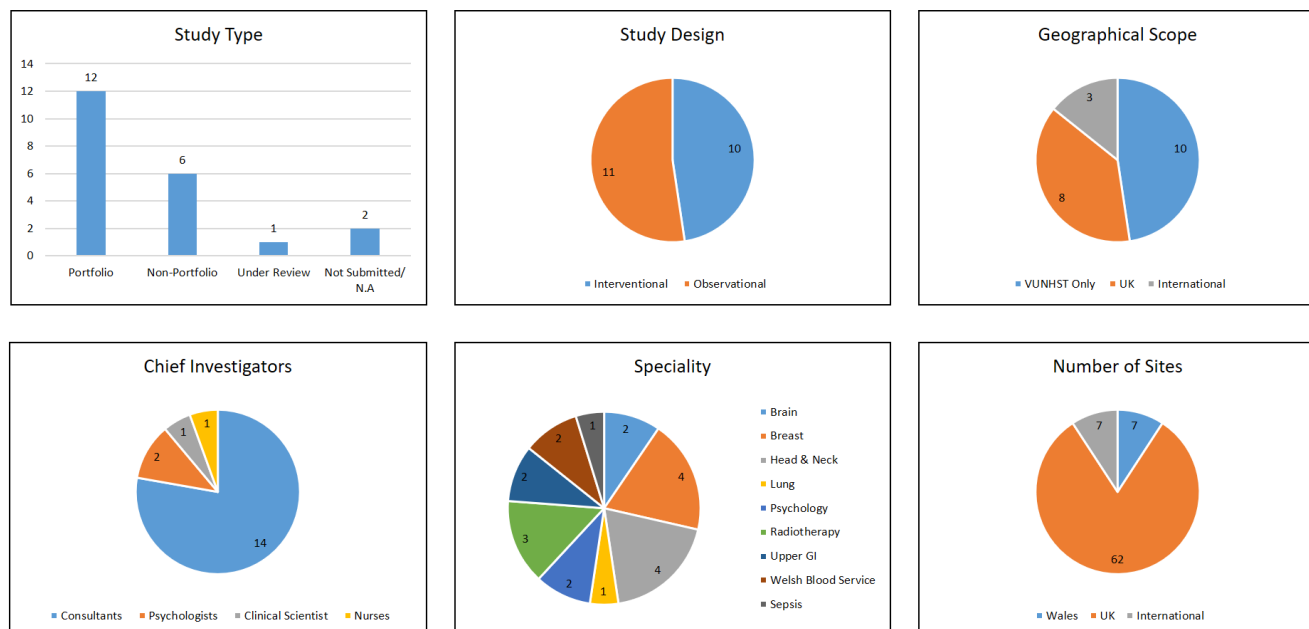
CORINTH	A phase Ib/II trial of checkpoint inhibitor (pembrolizumab an anti PD-1 antibody) plus standard IMRT in HPV induced stage III/IV carcinoma of the anus. https://www.cardiff.ac.uk/centre-for-trials-research/research/studies-and-trials/view/corinth Funder: MSD	CI: Dr Marcia Hall and Prof Richard Adams (co-CI)
FAKTION (closed)	A Phase 1b/2 Randomised Placebo Controlled Trial of Fulvestrant +/- AZD5363 in Postmenopausal Women With Advanced Breast Cancer Previously Treated With a Third Generation Aromatase Inhibitor https://clinicaltrials.gov/ct2/show/NCT01992952 https://clinicaltrials.gov/ct2/bye/rQoPWwoRrXS9-i-wudNgpQDxudhWudNzlXNiZip9Ei7ym67VZRFnERF8ER0tA6h9Ei4L3BUgWwNG0it . Funder: CRUK and Astra Zeneca	CI: Dr Rob Jones/ Dr Sacha Howells
FURVA (closed)	Vandetanib plus fulvestrant versus placebo plus fulvestrant after relapse or progression on an aromatase inhibitor in metastatic ER positive breast cancer (FURVA): A randomised, double-blind, placebo-controlled, phase II trial https://www.annalsofoncology.org/article/S0923-7534(20)42330-0/fulltext Funder: CRUK and Astra Zeneca	CI: Dr Rob Jones/ Dr Mark Beresford
EAGLE (closed)	EAGLE: Improving the wellbeing of men by addressing the late effects of radical treatment for prostate cancer	Professors John Staffurth/Ann-Marie Nelson
ROCS (closed)	Palliative radiotherapy in addition to self-expanding metal stent for improving outcomes of dysphagia and survival in advanced oesophageal cancer	Professor Anthony Byrne/Dr D Adamson
ALERT_B (closed)	A screening tool for the detection of gastroenterological late effects after radiotherapy for prostate cancer. bmjopen.bmj.com/content/bmjopen/6/10/e011773.full.pdf	Authors Professors John Staffurth/Ann-Marie Nelson
COBRA	Patient Reported Core Outcomes in Brain Tumour Trials Funder: The Brain Tumour Charity	Professor Anthony Byrne

[Studies led by Velindre Chief Investigators sponsored by other organizations not included]

Appendix 4. Current Clinical Trial Portfolio VUNHST

4A: Portfolio of Clinical Trials led (by Velindre Chief Investigators) and Sponsored by Velindre (open, in set-up and in follow-up).

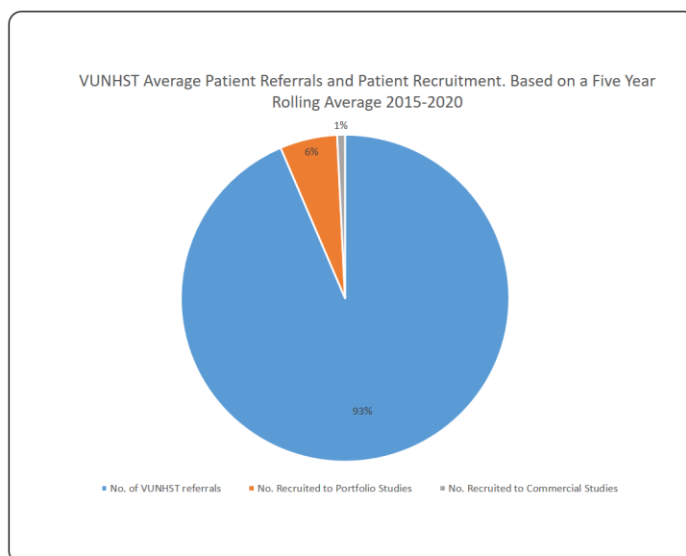
VUNHST Sponsored Studies (data cut 13/1/2021)



4B: Percentage of new Velindre referrals recruited to Clinical Trials 2015-2020

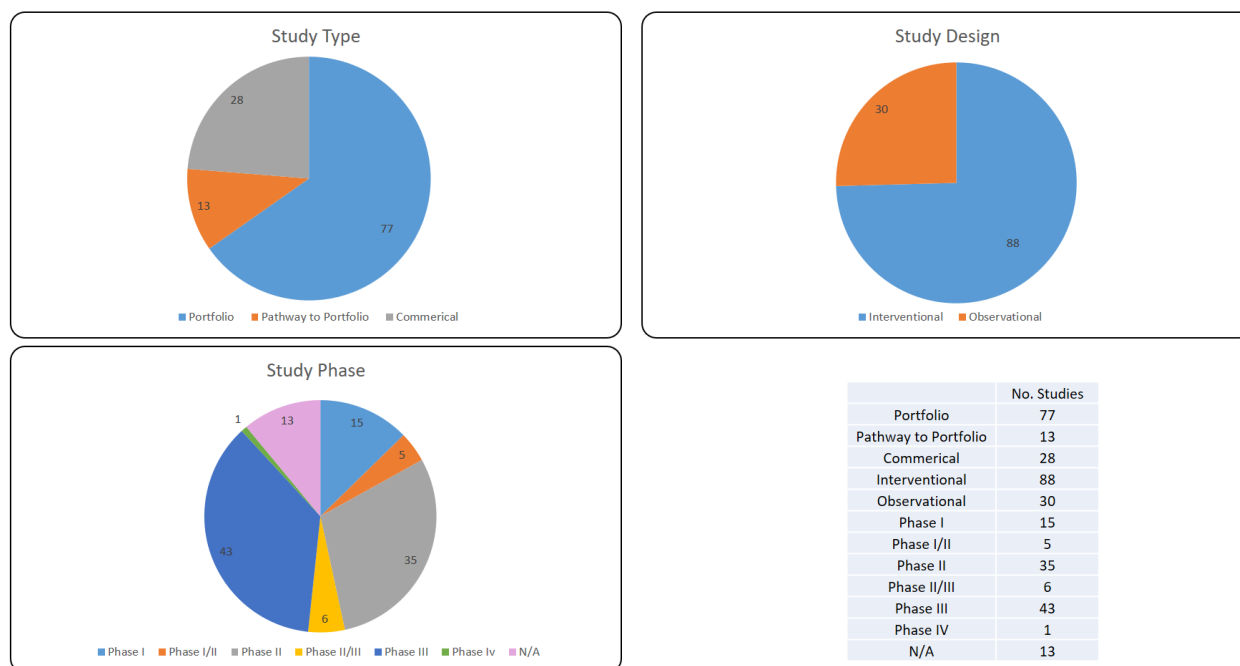
VUNHST Recruitment to research studies FY15/16 to FY19/20

	No. of VUNHST referrals	No. Recruited to Portfolio Studies	No. Recruited to Commercial Studies
FY2015/16	6475	353	64
FY2016/17	6438	342	53
FY2017/18	6437	341	74
FY2018/19	6837	437	27
FY 2019/20	6645	508	51



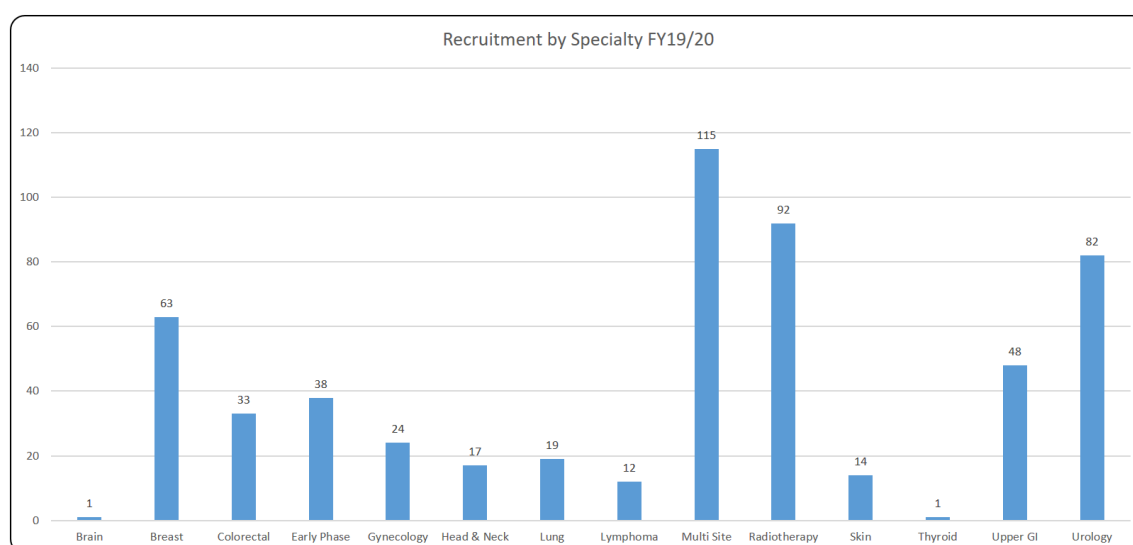
4C: Portfolio of Clinical Trials Hosted by Velindre – by type and phase

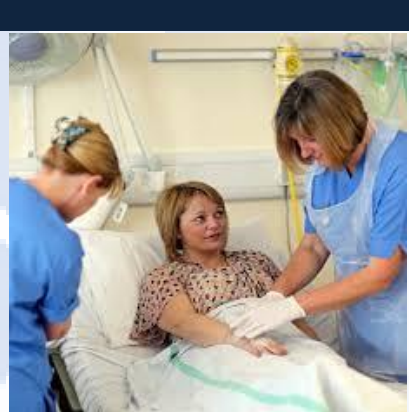
Current Snap Shot of VUNHST Hosted Studies (data cut 13/1/2021)



4D: Portfolio of Clinical Trials Hosted by Velindre – by tumour site (with Velindre Principal Investigators)

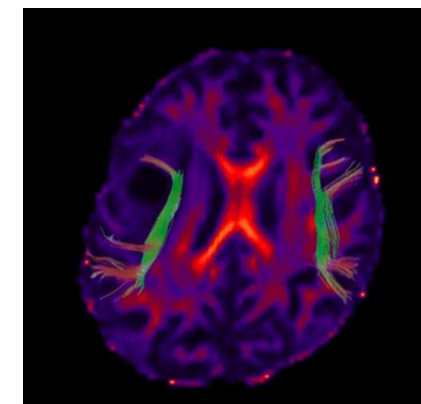
VUNHST Recruitment by Speciality 2019/20





Cancer Research & Delivery Ambitions 2021-31

Webinar – January 2021



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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Why is Healthcare Research important?

Better Outcomes

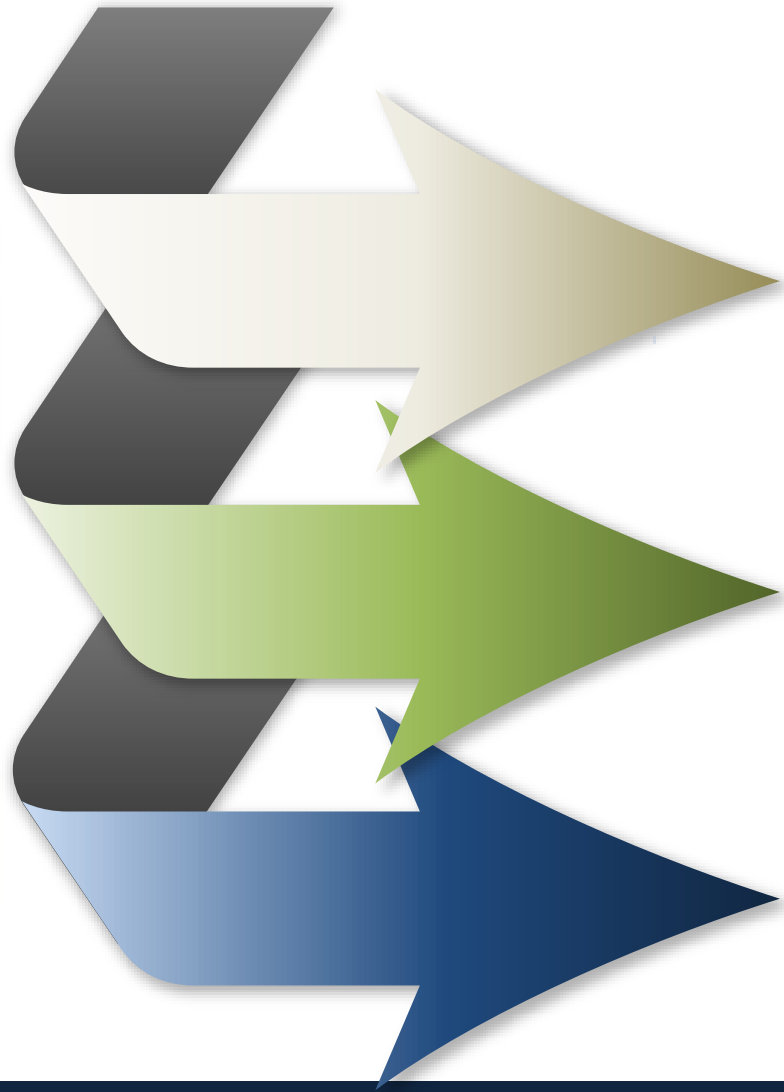
Empowers Patients

**Evidence for Better
Treatments**

**Motivates &
Retains Staff**



Welsh Government NHS Wales Planning Framework 2020-23:



“Quality research can help break the legacy of ill health, develop a prosperous society through collaborative engagement with universities, industry and the third sector

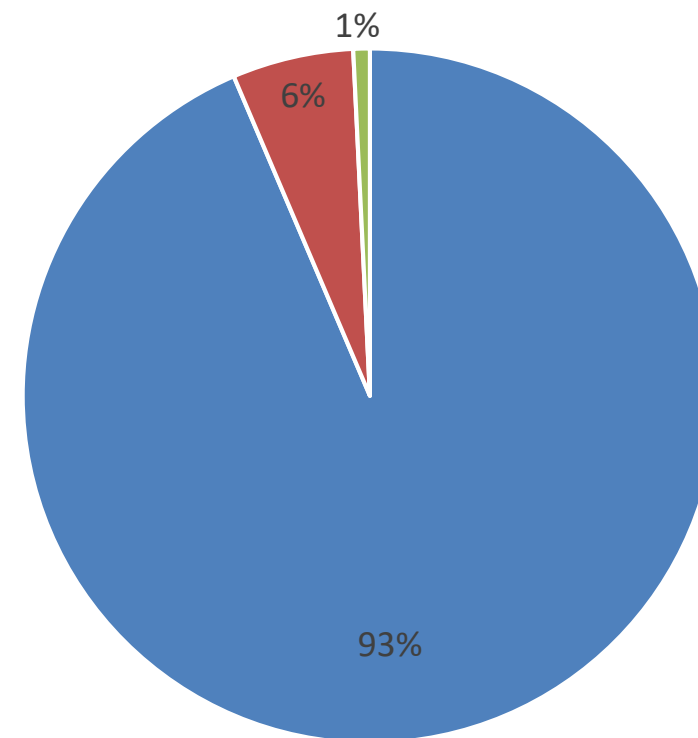
Organisations will be expected to demonstrate how the workforce are being supported to undertake research and how research and development is informing their planning, financial and decision making.

Everyone working in the NHS should regard research as an integral part of their role”.

Velindre recruitment to research studies 2015-2020

	No. of Velindre Cancer Centre referrals	No. Recruited to Portfolio Studies	No. Recruited to Commercial Studies
FY2015/16	6475	353	64
FY2016/17	6438	342	53
FY2017/18	6437	341	74
FY2018/19	6837	437	27
FY 2019/20	6645	508	51

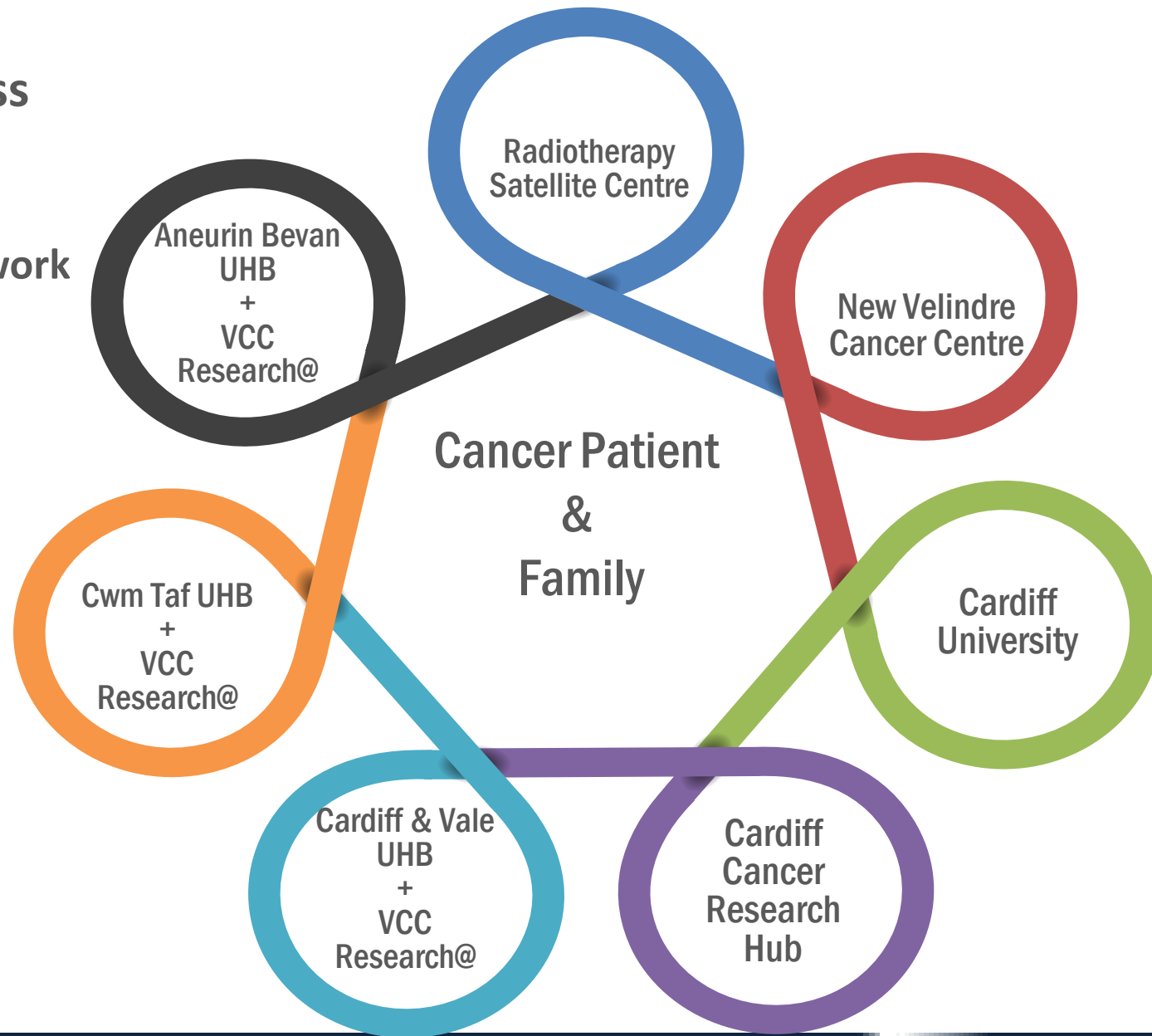
Velindre Cancer Centre average patient referrals & patient recruitment per annum [5yr average 2015-20]



■ No. of VUNHST referrals ■ No. Recruited to Portfolio Studies ■ No. Recruited to Commercial Studies

Improving Research Access

A Connected South East Wales Cancer Research Delivery Network



Research & Development

Mission

To become a leader in cancer research nationally & internationally, transforming the culture of our organisation into one where every patient and every staff member who wants to engage with research has the opportunity to do so.

Vision

Our vision is to work with patients and partners to design & deliver excellent research that improves the survival & enhances the lives of cancer patients living in Wales & beyond.

4 Themes 2021-31

Advancing new
treatments,
interventions & care

Putting patients first
& at the centre of
everything
we do

Embedding
research
& innovation
within the
organisational
culture &
structure

Driving
translational research
through connecting the
laboratory &
the clinic

Velindre University NHS Trust

Research & Development Themes

Putting
patients first
& center of
everything we
do

Advancing
new
treatments,
interventions
& care

Driving
translational
research
through
connecting the
Lab & Clinic

Embedding
research &
innovation
within the
organisational
culture &
structure

Velindre University NHS Trust

Research & Development Aims

Enhance
patient
experience
& care

Improve
patient
outcomes
& reduce
variation

Accelerate
implementation
of new
discoveries

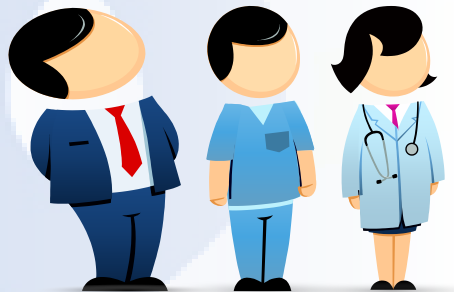
Demonstrate
the impact
of our
research

Build
research
capacity &
capability
across
South East
Wales

Theme 1- Putting patients first & center of everything we do

Co-produce research with patients & involve them in setting priorities

Reduce inequality and variation: in research access & in outcomes



Promote a more integrated approach to our research

Clinical Research

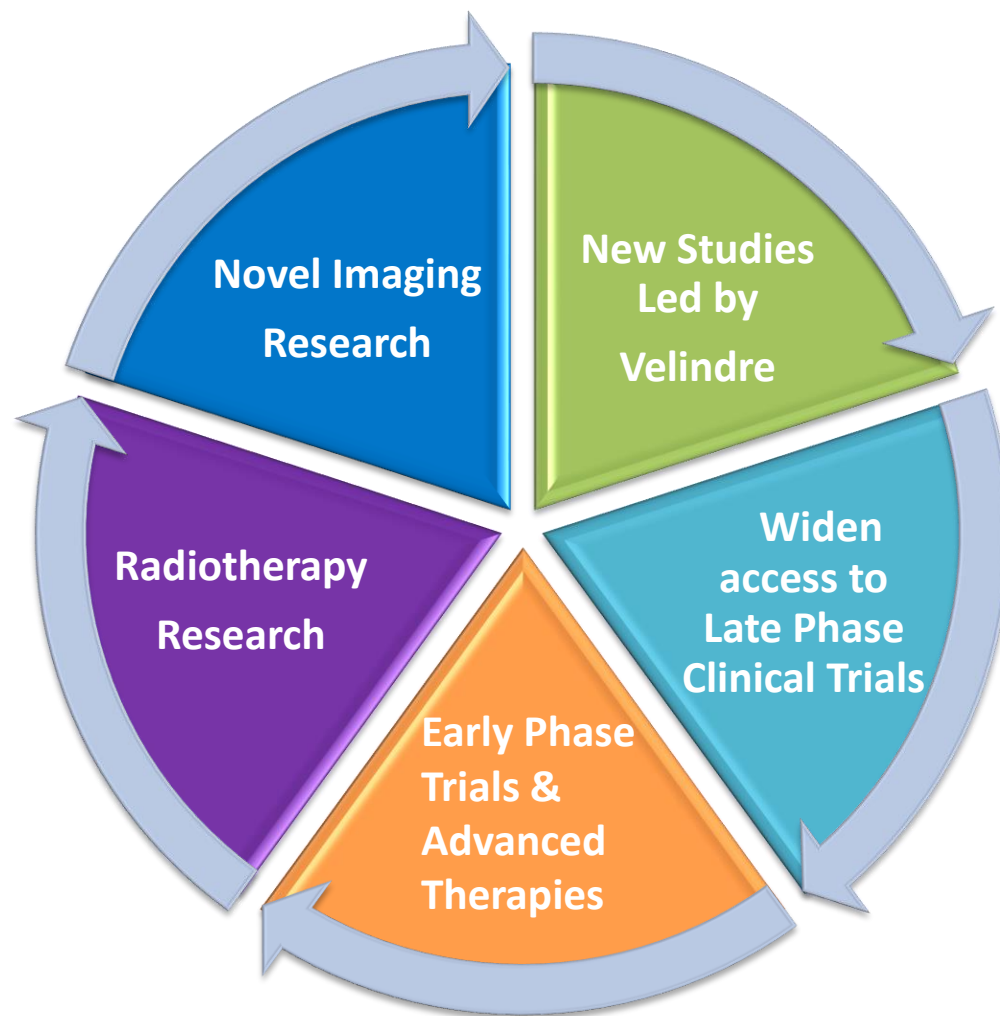
Patient Experience & Patient Focused Research

Sample collection for lab based research

Making every patient contribution count

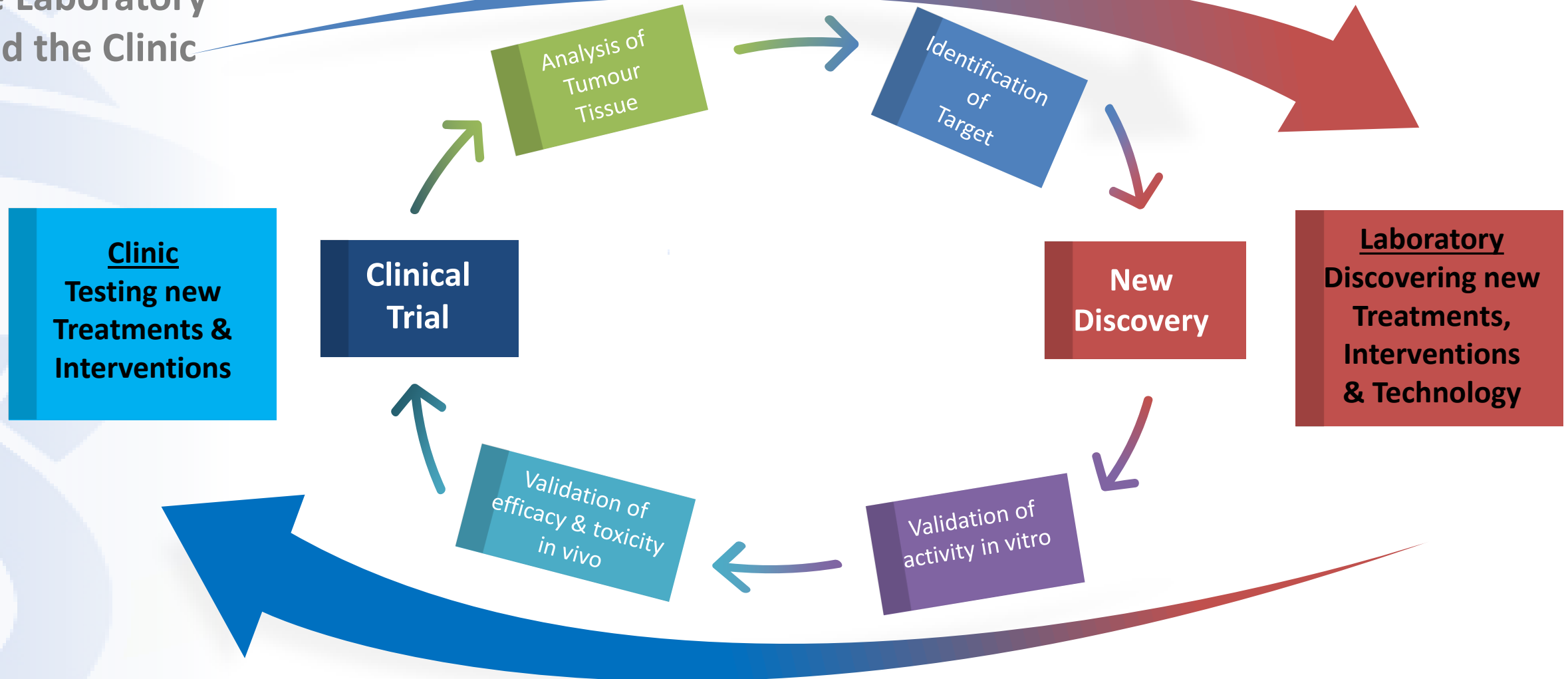
(Target: >50% to have research opportunities within 10yrs)

Theme 2- Advancing New Treatments, Interventions & Care



Theme 3 – Linking the Laboratory and the Clinic

Reverse Translation: analysing clinical samples to inform new discoveries



Translational Research: taking new discoveries from the laboratory to the clinic

Theme 4 - Embedding research & innovation within the organisational culture & structure



Workforce

(Target: >20% with time for research & academic career pathways)

Digital



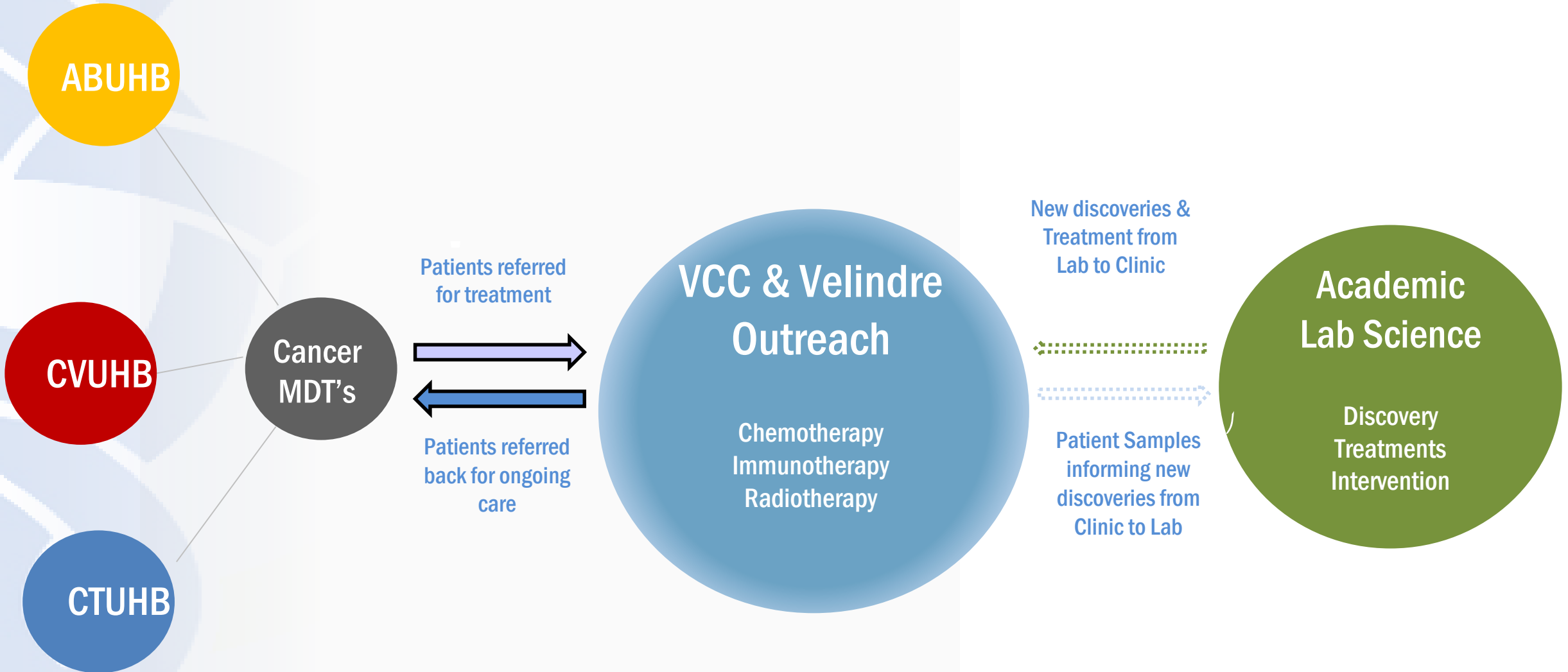
Impact

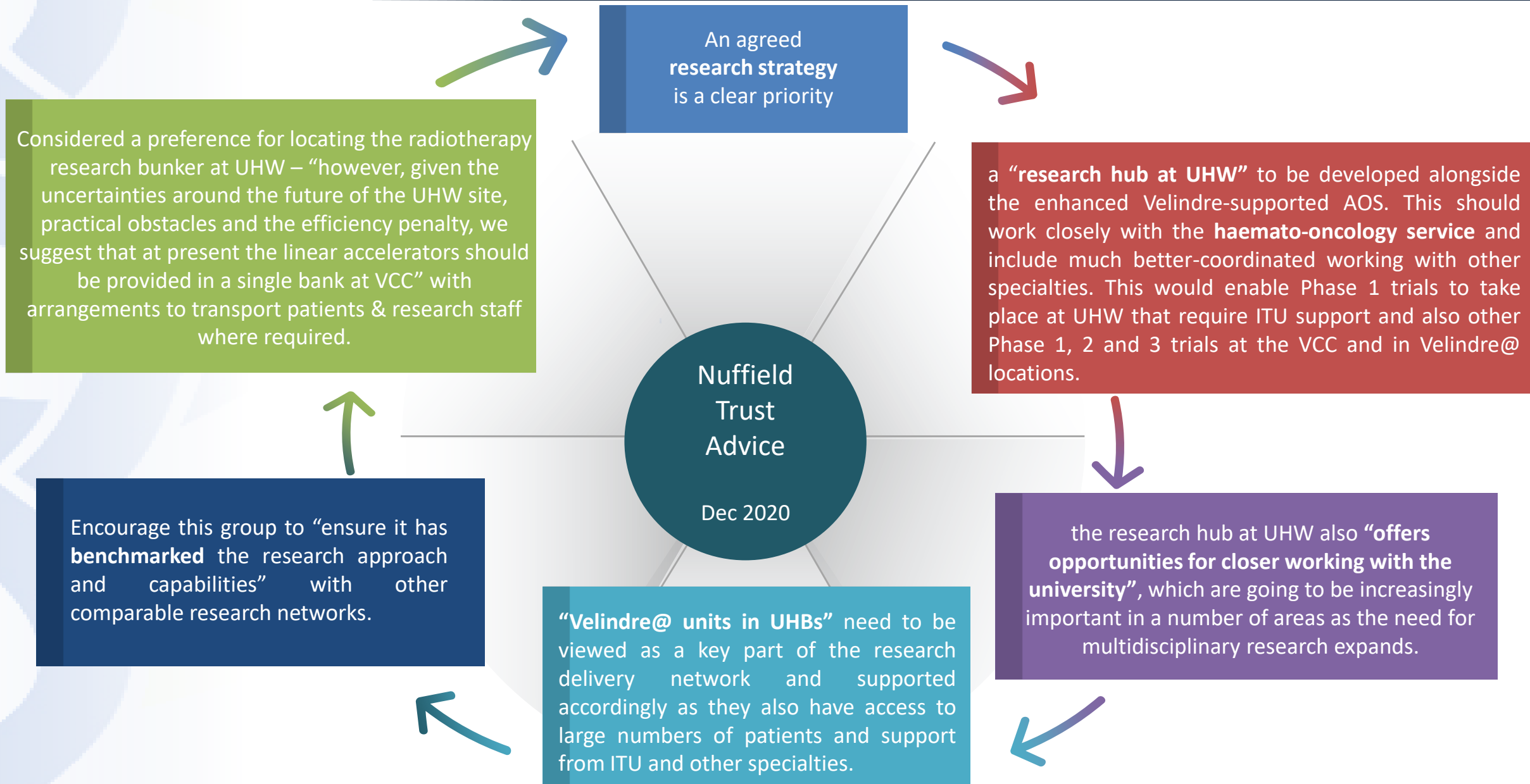


Innovation



South East Wales – Current Partner Links for Cancer Research (Solid Tumor)





A Future Model for Cancer R&D Across South East Wales

01

A New Velindre Cancer Centre

Designed to enable R&D with the workforce capacity and capability to make research widely available to patients attending the centre: Centre for Learning (R&D infrastructure), clinical facilities, radiotherapy machines and research bunker.

02

Velindre@ Research at UHB's

Forming a multicentre clinical research network across SEW to provide equitable research access across the region.

03

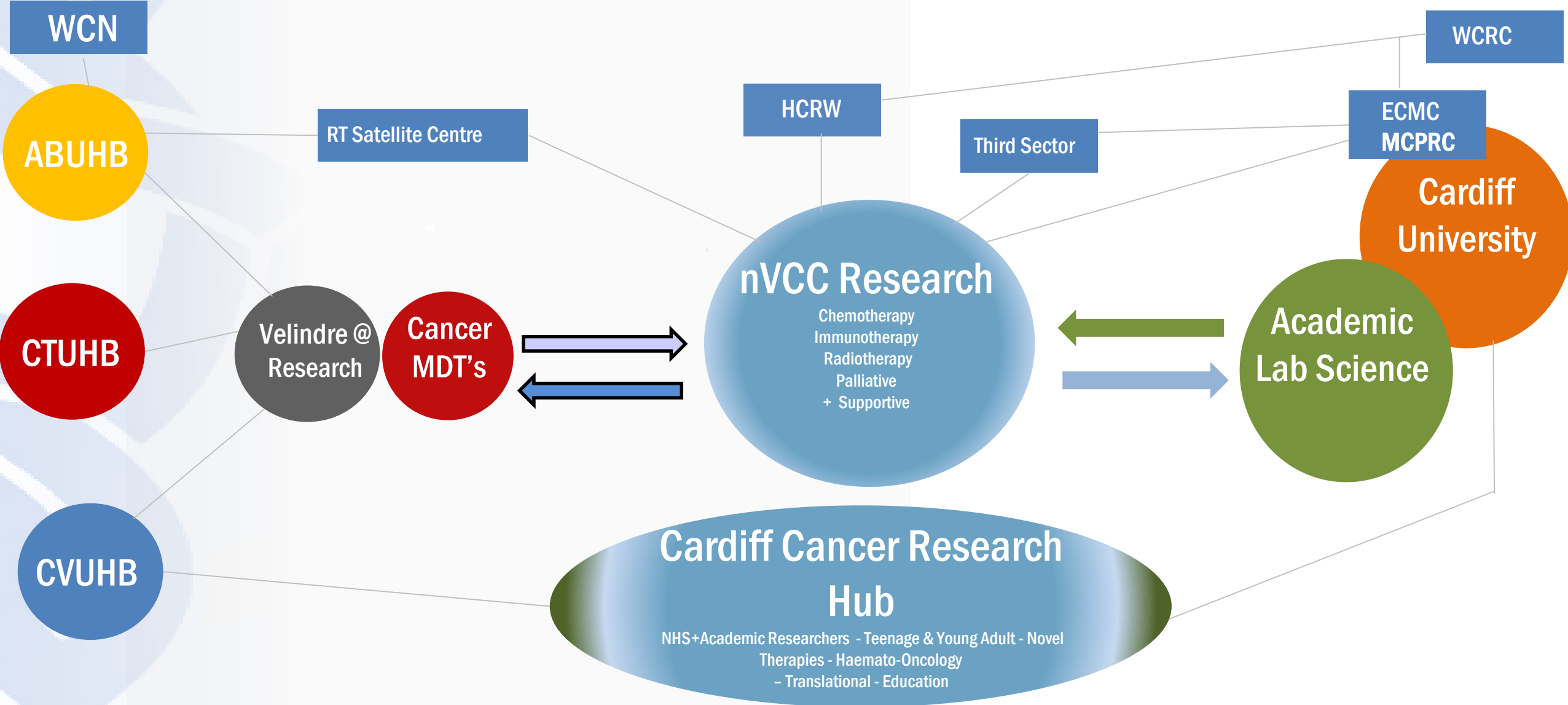
A Cardiff Cancer Research Hub on UHW Site

A tripartite hub (Velindre @ research, C&VUHB, Cardiff University) providing focus and facilities for cancer research in Cardiff :

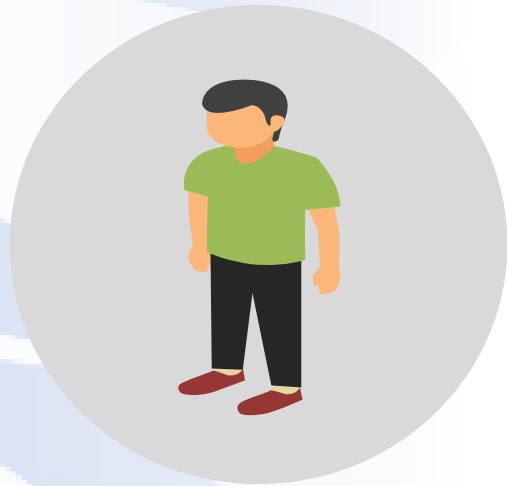
- Delivery of Early Phase Trials +Advanced Cellular Therapies
- Collaboration with haemato-oncology research+ Teenage and Young Adult
- Translational research enabling closer working with the university
- Clinic, office and meeting space for basic (academic) and clinical researchers
- Direct links to the laboratory, biobank, surgery and interventional radiology
- Enhanced, integrated, multi-disciplinary Clinical Academic workforce, leading Welsh cancer research
- Advantages also for Education & Training



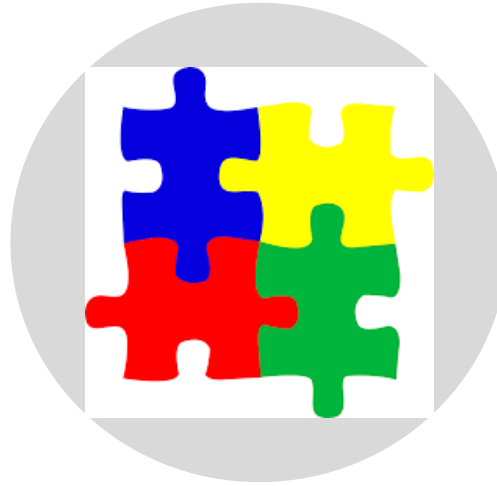
South East Wales – A Regional Research Network Model for Cancer (Solid Tumor)



Realising our research ambitions – key elements



Patients

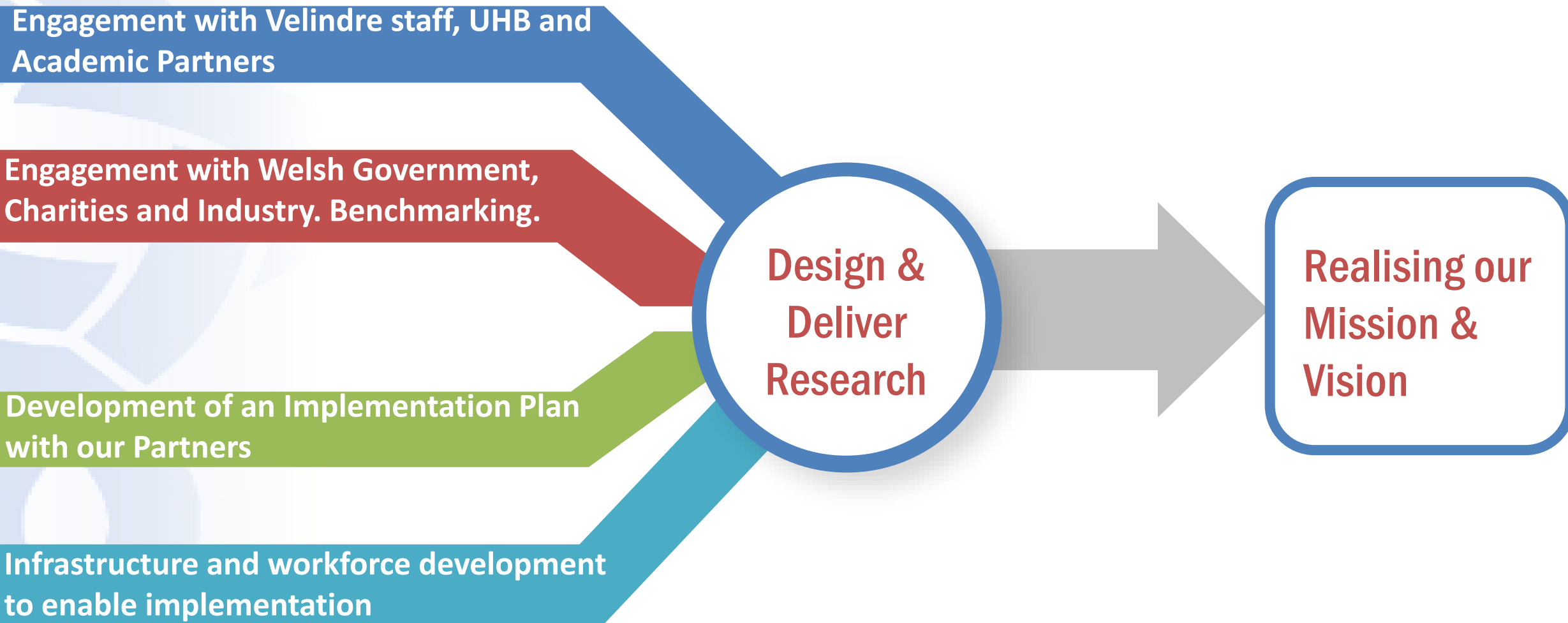


Partners



People

Next Steps



Diolch yn fawr



Any Questions

TRUST BOARD

CHAIR'S REPORT

DATE OF MEETING	25 th March 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Lauren Fear, Director of Corporate Governance	
PRESENTED BY	Professor Donna Mead, Chair	
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Director of Corporate Governance	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		
ACRONYMS		

1. SITUATION/BACKGROUND

1.1 This report provides information to the Board from the Chair.

1.2 Issues addressed in this report cover the following:

- Board Briefing Sessions
- Plan going forward for Board Development and Board Briefing Sessions
- Stephen Harries Extension of Appointment
- Mid-year Appraisal
- Triennial Review of University Trust Status
- Honours Nominations New Year 2022

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Board Briefing Sessions

2.1.1 The Chair would like to summarise matters discussed at the recent Board Briefing sessions. Further context on the on-going use of Board Briefing sessions is summarised in the following section.

2.1.2 During the session on **11th February 2020** the Board:

- The Board received an update on: the National COVID-19 picture; an update on delivery of the vaccination programme; an update on the operational service delivery plans for Velindre Cancer Centre and Welsh Blood Service; the workforce position for COVID-19 and related absence; and the support arrangements in place for well-being across the Trust. The latest view across all COVID-19 matters is contained within the report later in this agenda.
- The Board received an update on Brexit, with one supplier issue for the Welsh Blood Service highlighted to the Board but this was not escalated as it remains under the business continuity management of the Trust.
- The Board spent further time reflecting on the NHS Wales Staff Survey 2021 results which had been received at the Quality, Safety and Performance Committee in January.
- The Board received a brief update that the Temporary Medicines Unit, under the management of Shared Services Partnership, had been opened with license approval from the Medicines and Healthcare products Regulatory Agency (MHRA). The wider quality governance framework and assurance will be further worked up by Shared Service Partnership, with support from the Trust and will be shared with the Board in the next governance cycle.

2.1.3 During the session on **25 February 2021** the Board:

- The Board were delighted to welcome members from across the Welsh Blood Service to showcase their teams and achievements over the past year. The Board would like to thank the teams again for their brilliant energy and enthusiasm in achieving so much for the benefit of our donors and partners during this challenging period.
 - Evolution of Resilience & Supply COVID Challenges
 - National Policy Initiatives e.g. Participation in the FAIR study, Blood Health National Oversight Group
 - Business Continuity – Infection Prevention & Control
 - Change Management Developments
 - Scientific Challenges and WBS response during COVID
 - Research, Development & Innovation – response during COVID, key achievements and next steps
- The Board received an update on: the National COVID-19 picture; an update on delivery of the vaccination programme; an update on the operational service delivery plans for Velindre Cancer Centre and Welsh Blood Service; the workforce position for COVID-19 and related absence; and the support arrangements in place for well-being across the Trust. The latest view across all COVID-19 matters is contained within the report later in this agenda.
- The Board received an update on Brexit, with no matters to escalate to the Board.

2.1.4 During the session on **11 March 2021** the Board:

- The Board were very pleased to welcome Professor Peter Groves, Chair and Dr Susan Myles, Director, Health Technology Wales, to an informal discussion with the Board. The updates provided are contained with the Annual report 2020 as part of this agenda.
- The Board received an update on: the National COVID-19 picture; an update on delivery of the vaccination programme; an update on the operational service delivery plans for Velindre Cancer Centre and Welsh Blood Service; the workforce position for COVID-19 and related absence; and the support arrangements in place for well-being across the Trust. The latest view across all COVID-19 matters is contained within the report later in this agenda.
- The Board received an update on Brexit, with no matters to escalate to the Board.
-

2.2 Plan going forward for Board Development and Board Briefing Sessions

An updated and refreshed approach to Board development and Board Briefing sessions had been developed during January 2020 and had commenced in February 2020. However, the schedule was then paused as a result of COVID-19 ways of working. The Board Briefing format that is currently being held fortnightly will now also

likely to finish in April, in line with changes expected to the incident management approach of the Trust.

It is proposed to restart largely with the previous agreed approach with a first session in May. At this session the Board development programme will be progressed together with agreement of the schedule of topics for the forward plan. The full schedule of topics will then commence from July onwards. The pattern of the sessions will be the last Thursday of the months in which there is not a Trust Board meeting. Invites for 2021/22 dates will follow shortly.

Previously agreed categories:

Part 1 - Morning Session - “Board Learning & Development”

The activity that could fall under this heading could include, but is not exhaustive, of the following:

- Opportunities to refresh and update skills and knowledge
- Opportunities for the Board to learn together – *exploring the applicability of new or innovative ways of working in the board, or when developing new skills and capabilities, for example new developments in quality improvement, innovation etc.*
- Opportunities to learn from others – Good Practice

Part 2 – Afternoon Session – “Board Briefings”

The activity that could fall under this heading could include, but is not exhaustive, of the following:

- Key updates on any urgent matters of business
- Strategic Direction Activity
- Learning Lessons / Reflection on External / National / UK Inquiries
- Showcases/Presentational updates e.g. Transformational Programmes, Innovation Activity and Functional led Activity.
- Planning Activity e.g. IMTP Development/Progress
- Topical Issues / Horizon Scanning
- Legislative Updates

The executive teams are proposing an initial draft for the forward schedule of these sessions and the Independent Members will also have an opportunity to input prior to the first session in May.

2.3 Stephen Harries Extension of Appointment

The Chair is delighted to notify the Board formally that Stephen Harries has been invited to continue to serve as an Independent Member of the Trust for a further four years. Stephen will continue to serve as Interim Vice-Chair. On behalf of the Board, we are all very grateful to Stephen for accepting.

Stephen is an invaluable member of the Board and has contributed wonderfully across his wide Board portfolio to date and will continue to now do so for the opportunities and challenges in the years ahead.

2.4 Mid-year Appraisal

The Chair would like to provide an update to the Board on the mid-year appraisal process with the Minister for Health and Social Services. As for all NHS Chairs the previous mid-year appraisal process was paused in recognition of the unprecedented pressure placed on the NHS due to the third wave and prevalence of the virus, whilst also needing to focus efforts on the vaccine programme. Instead a summary against objectives was submitted in October 2020 and was referenced to the Board in the November meeting. To ensure a record was effectively maintained, Chairs have been invited to submit a further written assessment under each of the areas highlighted below:

- Oversight and scrutiny of Q3/4 Plans and delivery of essential services
- Oversight and scrutiny of regional and partnership working
- Arrangements in place to ensure quality of care and prevention of nosocomial infections
- Oversight of the Board with regard to technology and digital innovation, ensuring momentum is maintained whilst evaluating benefits to service users and organisation
- Leadership provided to the organisations workforce
- Consider the *four harms* from COVID-19.

The Minister emphasised that the appraisal should focus on the chair's performance and not on the performance of the organization per se.

The Chair would like to thank all those who contributed to the document which will be shared with the Board following feedback from the Minister, given the shared ownership across the Board team of what we have achieved and the value we have added to date in 2020/21.

2.5. Triennial Review of University Trust Status.

Earlier this month a meeting was held to discuss the Trust's University Status. A panel comprised of colleagues from Health Care and Research Wales, Welsh Government and Health Education and Improvement Wales met with Trust Colleagues. A presentation of

Trust developments, achievements and ambitions was given followed by a Question and Answer Session. I attended as chair of the Academic Partnership Board. I was delighted by the content of the presentation. The Trust has a strong story to tell. We await feedback from the event which will be shared.

2.6 Honours Nominations New Year 2022

Welsh Government have invited the Trust to submit nominations for consideration for the Queen's New Year 2022 Honours List. The Director General for Health and Social Services Group writes: 'Over the past 12 months, our health service has faced what can only be described as once-in-a-lifetime challenges. Our colleagues have truly gone above and beyond to care for the people of Wales, and whilst I am acutely aware of the continued pressures we face, I also wish to ensure those individuals considered to have made an exceptional contribution do not go unnoticed. I encourage you to consider potential nominees from your organisation at all levels of award including the highest award levels.'

If the Board or any of our partners would like to suggest a nomination, or receive further detail on the criteria and process, can you please discuss with either the Chair or Director Corporate Governance. Nominations are to be submitted by 16th April.

3.0 Impact Assessment

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4.0 RECOMMENDATION

4.1 The Board is asked to **NOTE** the content of this update report from the Trust Chair.

TRUST BOARD

CHIEF EXECUTIVE'S REPORT

DATE OF MEETING	25/3/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Lauren Fear, Director of Corporate Governance	
PRESENTED BY	Steve Ham, Chief Executive	
EXECUTIVE SPONSOR APPROVED	Steve Ham, Chief Executive	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		

1. SITUATION/BACKGROUND

1.1 This reports provides information to the Board from the Chief Executive Officer (CEO).

1.2 Issues addressed in this report cover the following;

- Vaccination programme
- Thank you to NHS Wales Informatics Service (NWIS)
- Triennial Review of University Status Assessment Panel
- WBS Commended for Commitment to HSST Programme

- Consultant Therapeutic Radiographer at the Velindre Cancer Centre (VCC) has been awarded PhD

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Vaccination Programme

There is a detailed update on the progress in the COVID-19 Update paper. However, I wanted to express my own thank you once again for the way in which staff right across the Trust are responding to the challenge. The resulting achievement is outstanding, with the Trust going beyond our statutory duty to vaccinate patients and staff from other organisations, including WAST and Cardiff & Vale UHB. On behalf of the Executive Management Team, I wanted to thank every member of staff in the Trust – for those directly involved and for those who are supporting through their own efforts in maintaining the services, whilst we also undertake this as an organisation.

2.2 Thank you to NHS Wales Informatics Service (NWIS)

The NHS Wales Informatics Service was established in 2010 with responsibility to develop, deliver and support the health and care technology used throughout Wales. It has been a hosted organisation of the Trust during this time for statutory, compliance and governance purposes.

Outside of the effective operational and Board processes, there is are excellent relationships between the two organisations and, on behalf of the Trust, I would like to thank the NWIS teams for their time with us and wish them all the best for their journey to a new Special Health Authority, Digital Health and Care Wales, which launches on 1st April 2021.

The oversight of the transfer of account abilities arrangements have been overseen by the Audit Committee and final close out report for all aspects of the hosting agreements will be brought through the next Trust Board governance cycle.

2.3 Triennial Review of University Status Assessment Panel

Last week the Trust had an assessment with cross Government teams, who were assessing whether to maintain the University status of the Trust. I would like to thank all those involved in the huge amount of collaborative work in preparing for the session and then the Trust Panel Team. The presentation was only requested to be brief (and is attached for Board Members) and this was followed by an engaging discussion across all the key aspects of research and development, innovation and training and education. The CEO will update the Board further when formal feedback received from Government.

2.4 Welsh Blood Service Commended for Commitment to HSST Programme

The Welsh Blood Service (WBS) has been recognised by the National School of Healthcare Science for the Services' participation in the Higher Specialist Scientist Training Programme (HSST). In a recent review of trainee progression, the Service's HSST trainees and the training departments were highly commended for their efforts in actively engaging in the programme.

The HSST is a five-year workplace-based training programme that enables healthcare scientists to gain the skills necessary to become a Consultant Clinical Scientist in their respective field. This requires completion of FRCPath examinations, leadership and management courses, a portfolio of work-place evidence and a PhD level research project. The programme is very much workplace orientated, so candidates developing their clinical skills in their day-to-day roles, implementing service improvement projects and sharing key learning points.

2.5 PhD Award

Jane Mathlin, Consultant Therapeutic Radiographer at the Velindre Cancer Centre (VCC) has been awarded her PhD. Jane has worked tirelessly to attain this superb achievement, whilst developing her role and the Trust is extremely proud that she has been able to achieve this in such difficult circumstances during the pandemic. This is not only an achievement for her personally, but also for the Radiotherapy Service at VCC, where she is a trail blazer for the role of non-medical Clinical Consultant Posts and a role model for her colleagues. Jane has been invited to share her work at an up-coming Research, Development & Innovation Sub-Committee of the Board.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

The Board is asked to **NOTE** the content of this update report from the CEO.

Velindre University NHS Trust

- A Welsh Government University Trust since 2018



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



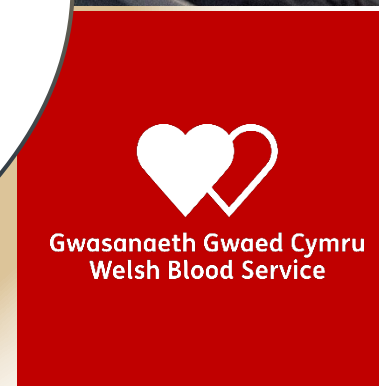
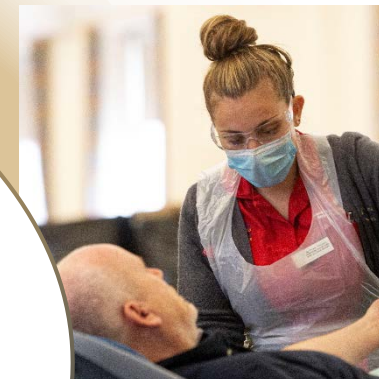
Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David



Cardiff
Metropolitan
University



Swansea
University
Prifysgol
Abertawe



Our ambition: to be a leader in research, education and innovation through partnership working across Wales and beyond



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Looking back to look forward

Research & Development

- **FAIR Study** collaboration – supporting landmark change in donor selection criteria
- **Professor of Nursing & Interdisciplinary Cancer Care**
- Pharma partnership for **Early Phase Trials** including Faktion
- 1st of kind Velindre-Cardiff University **co-sponsorship model** for PATHOS international
- Small Grant Scheme to pump prime research
- **Advancing Radiotherapy Fund** – supporting projects with CUBRIC & PETIC



Innovation

- **Digital** Innovation
- Data Science Partnership
- Production and Provision of **Convalescent Plasma** for UK COVID trials
- Improving Patient Information via **RiTta**, a AI Chatbot
- Advanced Therapies –Identifying Solutions for Adoption and Delivery
- **RIIC** Role



Training & Education

- **Multi-professional higher degrees** - MSc & PhD successes
- **Studentships** KESS/KESSII, pre-reg nursing placements, physician associates
- Student placements – partners with multi HEIs
- Leading role in application for Digital Intensive Learning Academy
- **Innovators in Education** -CU Oncology Project, International FRCR, Primary Care Onc Course
- **Bevan Exemplars/Fellows** – leading practical health care changes -primary care, palliative RT



Support & Delivery since 2017/18



1,699

Participants recruited
into research studies



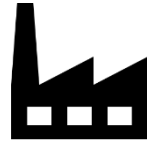
51

R&D projects
commenced in WBS



335

Peer Review
Publications



42

industry partners

£2.8M

income

Support & Delivery during Covid-19



84

Studies hosted in 2020/21
during the pandemic

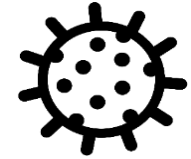
27

New research studies
opened



333

Participants recruited into
hosted research studies
during the pandemic



15,000+

Samples shared with
PHW for Covid-19
surveillance

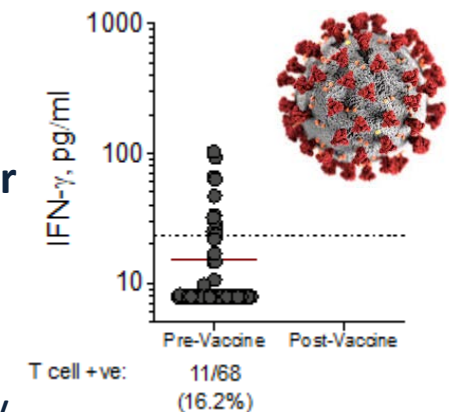


Convalescent plasma: UK COVID clinical trials for potential treatment option

A collaborative partnership
with the department of
Chief Medical Officer,
Welsh Government

COVID-Immune: Comparing SARS-CoV-2 Vaccine immunogenicity between Healthy Community and Cancer Cohorts

A Cardiff University, Velindre
University NHS Trust and Wales
Cancer Bank collaborative study



Cancer Research & Development Ambitions

Mission

To become a leader in cancer research nationally & internationally, transforming the culture of our organisation into one where every patient and every staff member who wants to engage with research has the opportunity to do so.

Vision

Our vision is to work with patients and partners to design & deliver excellent research that improves the survival & enhances the lives of cancer patients living in Wales & beyond.

4 Themes 2021-31

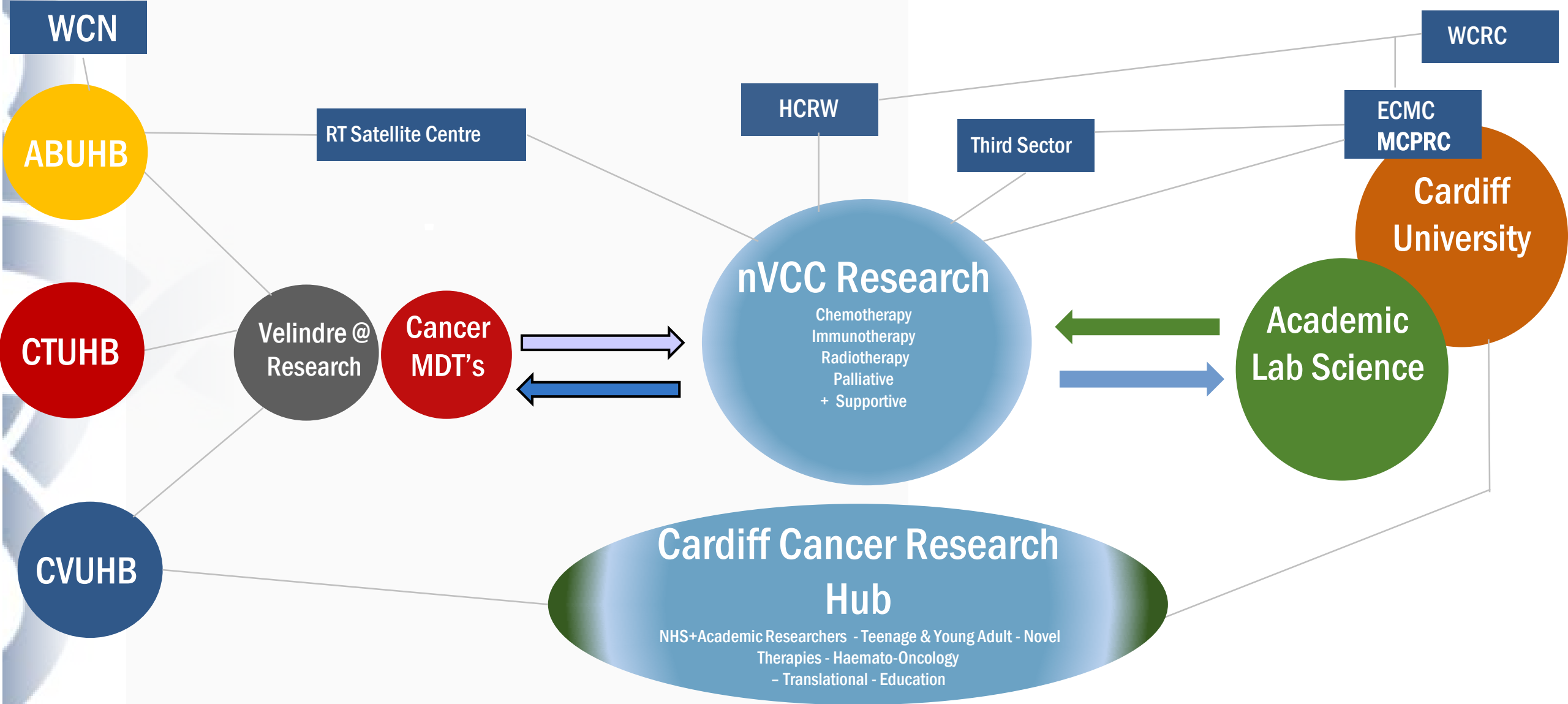
Advancing new
treatments,
interventions &
care

Putting patients
first & at the
centre of
everything
we do

Embedding
research
& innovation
within the
organisational
culture &
structure

Driving
translational
research through
connecting the
laboratory &
the clinic

South East Wales – A Regional Research Network Model for Cancer (Solid Tumor)



Academic Partnership Board



Steering Partnership and Collaboration with Academic Partners

Digital & Academia

Driving our Trust Digital Strategy, Regional Working, the development of the nVCC & the Centre for Learning, Technology & Innovation

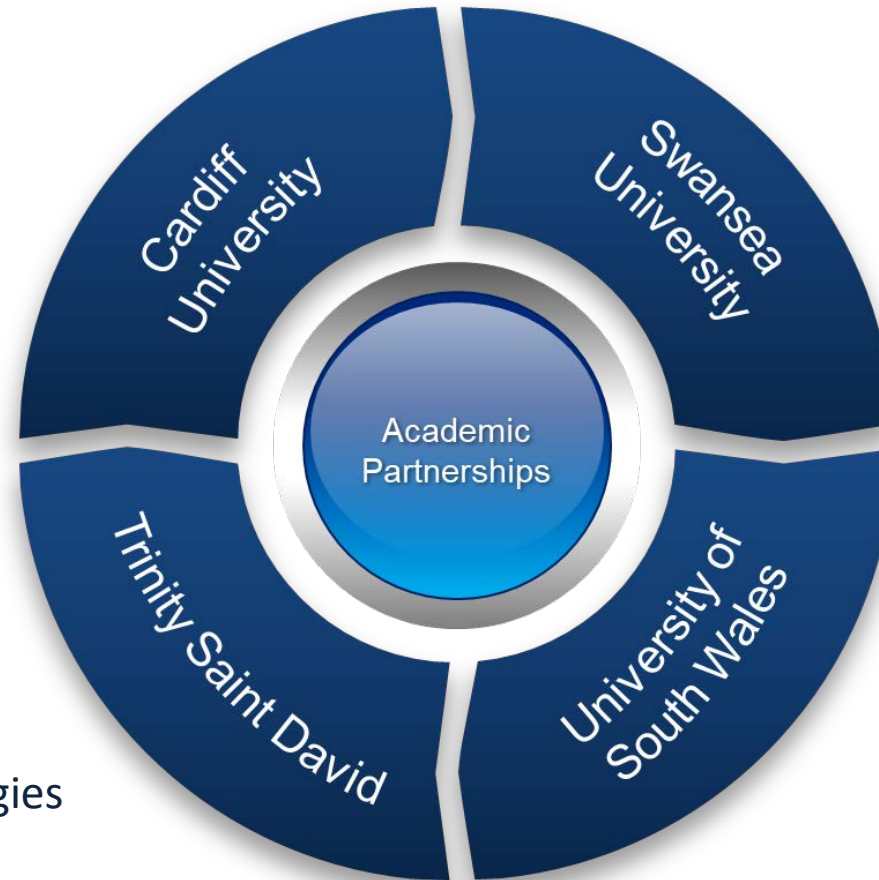


Operational Research
AI Radiotherapy Planning
Data Science Academy
AI Chatbot Technology



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Assistive Learning Technologies
Digital Apprenticeships
Research Fellow – Digital Inclusion



Prifysgol Abertawe
Swansea University

Data & Visualisation
Human Based
Artificial Intelligence
PhD – Data & PROMS



Digital ILA
Data Science Pipeline
Network 75
App Development & Wearables



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Organisational learning and future priorities

- Velindre has a key role to play with partners in the research & innovation ecosystem in Wales
- Aim to lead a **regional delivery network** reducing inequity of access & a tripartite **Cancer Research Hub** enabling Early Phase/Advanced Therapy trials and bench to bedside research
- Aim to reach a **new frontier in blood component R&D** and to expand transplant options
- **Innovation investment** (leadership and innovation team) supporting/facilitating innovation
- Maximise research, training and education opportunities for staff of all professional groups to grow the **next generation of clinicians, researchers, innovators, educators and leaders**
- **Optimise digital, academic and other partnerships** across South Wales and beyond to realise our collective ambitions

TRUST BOARD

QUALITY, SAFETY & PERFORMANCE COMMITTEE HIGHLIGHT REPORT

DATE OF MEETING	25 th March 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Jade Coleman, Business Support Officer
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PRESENTED BY	Stephen Harries, Independent Member
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EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director Nursing, Allied Health Professionals, & Health Scientists
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REPORT PURPOSE	FOR NOTING
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ACRONYMS	
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VCC	Velindre Cancer Centre
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WBS	Welsh Blood Service
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1. PURPOSE

This paper has been prepared to provide the Trust Board with details of the key issues and items considered by the Quality, Safety & Performance Committee at its meeting held on the 15th March 2021.

The Board is requested to **NOTE** the contents of the report and actions being taken.

2. BACKGROUND

This was the third meeting of the Quality, Safety and Performance Committee following the establishment of a new Board Committee structure in November 2020. The Quality, Safety and Performance Committee meets on a bi-monthly basis.

3. HIGHLIGHT REPORT

The following areas were highlighted for reporting to the Trust Board from the meeting of the Quality, Safety & Performance Committee held on the 15th March 2021:

ALERT / ESCALATE	There were no items for alerting or escalating to the Trust Board.
ADVISE	<ul style="list-style-type: none"> COVID Impact <p>The Committee wanted to advise the Trust Board that the major triangulated theme emerging from the meeting was the ongoing impact COVID-19 is having on the Trust. This includes staff availability, incidences / outbreaks of COVID-19, and performance within both Divisions.</p> Infection Prevention & Control Management Group Report <p>The Committee received the report from the Trusts Infection Prevention & Control Management Group meeting that had been held on the 24th February 2021 which also included a copy of the Infection Control detailed COVID-19 report. The Infection Prevention & Control Management Group continues to meet monthly, although as we move into wave two recovery the frequency will reduce back to bi-monthly and then quarterly.</p> <p>The report detailed that swift action had been taken to fully implement new national guidance in relation to the use of ultrasound gel and that there had been no further outbreaks of COVID-19 since the First Floor Ward Outbreak was declared over on the 5th January 2021.</p> <p>The Committee approved revised Terms of Reference for the Infection Prevention & Control Management Board that reflect the development of enhanced local infection control meeting and monitoring arrangements at the Cancer Centre and therefore</p>

	<p>reflected in revised Group Membership. These changes are due to take effect from April 2021.</p> <p>The report detailed three areas for escalation to the Committee relating to the Cancer Centre. These included: ongoing low compliance in a small number of areas in relation to hand hygiene training; the required refurbishment of the decontamination facilities within theatres; and, required enhancements to the staff changing facilities. The Committee noted that urgent resolution was being managed via the Cancer Centre Senior Management Team.</p> <ul style="list-style-type: none"> • Highlight Report from the Safeguarding & Public Protection Meeting <p>The Committee received a detailed report from the Safeguarding and Public Protection Group. The report identified two areas for alerting / escalating to the Committee:</p> <ul style="list-style-type: none"> ○ Workforce are continuing to review the Trust's historic Disclosure & Barring Service processes and position. The Committee recognised that this is an important aspect of Safeguarding risk for the Trust. Proposals to address any areas of concern will be presented to the Executive management Board in April 2021. ○ Mental Capacity Act training is currently not available due to the inability to provide classroom training. The Senior Nurse for Safeguarding will benchmark how other areas are delivering and new virtual training will be developed as a priority.
<p>ASSURE</p>	<ul style="list-style-type: none"> • Nurse Staffing Levels Act – Internal Audit Report <p>The Committee received the Internal Audit report in relation to the Trust's compliance with the Nurse Staffing Levels (Wales) Act 2016. The nurse staffing level is the number of registered nurses appropriate to provide care to patients that meets all reasonable requirements in the relevant situation. The Trust is currently responsible for delivering Section 25(a) of the Act.</p> <p>The report detailed substantial assurance in relation to the effectiveness of the system of internal controls in place to manage</p>



the risks associated with meeting the Nurse Staffing Levels Act (Wales) 2016 requirements. There were no recommendations made. The Committee commended the work undertaken in this area and recognised the positive correlation between nurse staffing levels, patient outcomes and experience and, staff experience.

- **Progress Report against Quarter 3 and 4 Delivery Plan**

The Committee received a report that details the progress the Trust is making in respect of its Quarter 3 and Quarter 4 delivery plans. The report detailed that there were no issues to escalate. However, the following areas were highlighted:

Velindre Cancer Centre:

- Continued pressures on SACT services (chemotherapy), as referrals have returned to a position higher than pre COVID-19 levels during January and February 2021. Which has affected waiting times.
- Radiotherapy services are maintaining a greater than 90% compliance with waiting time targets due to reduced demand and changes to treatment pathways.
- Outreach services for outpatients are still being managed wholly at the Velindre Cancer Centre. This has been compounded by a significant increase in Phlebotomy attendances at Velindre Cancer Centre as Health Board provision diminished during the first wave of COVID-19. SACT outreach has returned at 30% capacity at Cwm Taf Morgannwg University Health Board, but not at Aneurin Bevan University Health Board. This continues to place the Cancer Centre under extreme pressure to accommodate the volume of patients in line with COVID safety measures.
- The impact of COVID-19 on Velindre Cancer Centre physical site capacity, workforce availability and infection control and prevention measures, have meant that a number of Velindre Cancer Centre Quarter 3 and 4 actions have been deferred and / or superseded as our cancer services focused on recovery.

Welsh Blood Service



- The aim was to meet demand across all service areas, including collections, diagnostics and transplantation, within the operational constraints of infection control measures at an individual person and population level. The pandemic has provided significant challenges for the Welsh Blood Service with a number of programmes of work having to be paused as resources were transferred to managing the impact of the pandemic and keep critical services going.

The Committee congratulated teams for the areas that have been delivered and for keeping critical services going during this time and were pleased to note that the Progress reports identified no areas for escalation.

- **COVID-19 Vaccination Programme / Cell Report**

The Committee received an update from the Trust COVID-19 Vaccination Programme / Cell that included information on the current position for the Trust's involvement in the National vaccination programme.

The Committee noted that as of the 1st March 2021 the Trust have administered 6,388 first doses and 1,294 second doses of the Covid-19 vaccine. All second dose appointments have been brought forward to administer as near to 8 weeks post first dose as possible to align with Welsh Government's 8-11 week second vaccination requirement.

Velindre has supported the national vaccination effort whilst the mass vaccination centres were being established. Now that these are fully operational it is anticipated that Velindre Trust will cease population COVID-19 vaccinating from 1st May 2021. Pathways for any new cancer patients requiring pre-treatment vaccinations into mass vaccination centres have been agreed.

The Committee congratulated all involved in the programme as staff are running this in addition to their day jobs on a volunteer /additional shift /s basis.

- **Safety Alerts Report**

The Committee approved the revised Terms of Reference for the Trust Safety Alerts Coordinating Group. The Terms of Reference had been updated to reflect the requirement to undertake a

monitoring role and to undertake an annual audit of alerts for compliance.

- **Quarter 3 Concerns Report**

The Committee received a comprehensive Quarter 3 Concerns report. The report was structured around the Trust's 'Concerns Pledges' and the Concerns Key Performance Indicators (approved by the Executive Management Board at its January 2021 meeting). This was the first report using the revised structure and feedback was welcomed from the Committee on the level of assurance provided from the report.

The Committee noted the following key highlights:

- The Trust has continued to exceed its level of compliance against the Welsh Government 30 working day response timescale (75%) by achieving 78% compliance for quarter 3. Year to date compliance against the 30 day response timescale is currently 97%
- 68% of all concerns closed were managed as 'Early Resolution' (within 48 hours) indicating a strong commitment from staff to resolve concerns at source.
- The Trust has a low percentage of re-opened concerns where only 4% of concerns investigated during quarter 2 and quarter 3 were subsequently re-opened.
- No new Public Services Ombudsman for Wales (PSOW) cases were opened.

- **Quarter 3 Incident Report**

The Committee received a comprehensive quarter 3 incident report and noted that during this period 461 incidents were reported: 435 related to Velindre Cancer Centre and 26 to the Welsh Blood Service. The majority of incidents resulted in no harm or low harm. The report outlined a number of examples of actions taken and improvements made from incidents.

- **Divisional Quality, Safety & Performance Reports**

- ***Welsh Blood Service***

The Committee received a detailed Quality, Safety and Performance report from the Welsh Blood Service for period up to January 2021. Assurance was provided that all clinical demand was met although stock levels for some blood groups were of concern and red cell units had been imported. All blood stock groups were maintained above the required 3 day target and all clinical demand for platelets were met. The Committee were advised that 74% of quality incidents closed within the required 30 days and no Serious Adverse Events were reported to the Medicines and Healthcare products Regulatory Agency.

There were 14 informal concerns received during December 2020 and January 2021, 13 of which were resolved within 2 days. One further informal concern could not be resolved within 2 days and was managed as a formal concern. Overall donor satisfaction has been greater than 96%.

The Committee recognised that the Welsh Blood Services had been involved in every aspect of the Covid-19 pandemic and were commended for the ongoing system leadership role.

- **Velindre Cancer Centre**

The Committee received a detailed Quality, Safety and Performance report from the Velindre Cancer Centre for the period up to January 2021. Despite the impact that COVID-19 has had on the Cancer Centre the December 2020 performance shows improved performance in the radiotherapy and SACT waiting times. The demand for radiotherapy still remains below previous requests and the demand for SACT has now reached pre-COVID levels.

Demand modelling and scenario planning continues to be undertaken to try to understand the surge demand required following the pandemic.

A decision was made by Gold Command to cease the collection and analysis of patient feedback during the COVID-19 pandemic due to staffing challenges. The Trust is planning to recommence this through implementation of the revised national patient feedback system.

- **Financial Report**



The Committee received and discussed the Finance report. The Committee noted the overall position against the profiled revenue budget at the end of January, was an underspend of £12,000, with a forecast breakeven position for the end of the financial year. Savings and income targets have been affected by COVID19, these have been identified separately and will be covered by the additional COVID19 funding from Welsh Government.

The Committee were informed that there were no issues identified that indicated the Trust would not be meeting its statutory financial responsibilities.

- **Digital Service Operational Report - Review of Strategic Informatics Programme**

The Committee received a comprehensive report of key projects of work underway for digital services and the impact that COVID19 has had on two areas within the programme:

The Committee were advised there has been unforeseen issues with implementing the Enterprise Master Patient Index between Canisc and Welsh Patient Administration System which is designed to keep patient demographics in sync between now and go-live. This delay has had an impact on the overall data migration timeline, the date for completion has moved from the 31 March 2021 to 26 April 2021 (subject to agreement by the project team)

The feasibility study on the IRMER replacement (Radiotherapy requesting and workflow) is delayed due to the complexity of the options and the cross over with the IRS procurement. Further investigation and risk assessments are required before a final decision can be made.

- **Research and Development Highlight Report from RD&I Sub Committee**

The Committee received an update on key activities relating to Research & Development.

The Committee noted that the Research and Development Sub-Committee have approved the Intellectual Property Policy, which will be received by the March Trust Board. The Committee were advised that there are several issues that continue to arise in relation to

	<p>Intellectual Property, a workshop is to be organised to help support training needs across the Trust.</p> <ul style="list-style-type: none"> Triangulation The Committee received reports, which enabled the integration of performance, with quality & safety reporting, together with finance, digital and workforce for the third time since its inaugural meeting. The impact of the COVID-19 pandemic continues to be the central theme across the Trust and its impact on core service delivery. The Committee noted the impact of COVID-19 on staff wellbeing and options for staff support are being explored at a Trust wide level.
INFORM	There were no items to inform the Trust Board on.
APPENDICES	

4. RECOMMENDATION

The Trust Board is asked to **NOTE** the contents of this report.

TRUST BOARD

REMUNERATION COMMITTEE HIGHLIGHT REPORT

DATE OF MEETING	25 TH March 2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Mel Findlay, Business Support Officer
PRESENTED BY	Donna Mead, Chair
EXECUTIVE SPONSOR APPROVED	Sarah Morley, Director of Organisational Development and Workforce
REPORT PURPOSE	FOR NOTING
ACRONYMS	

1. PURPOSE

- 1.1 This paper had been prepared to provide the Trust Board with details of the key issues considered by the Remuneration Committee on 25.02.2020.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	<ul style="list-style-type: none"> Nothing of note to report
ADVISE	Voluntary Early Redundancy Payments (VERS) <ul style="list-style-type: none"> The committee discussed one Voluntary Early Release and requested additional information before approval could take place out of Committee
ASSURE	Partnership Working with Trade Union Colleagues <ul style="list-style-type: none"> The Trust will continue to work in partnership to support the development of trade union colleagues in the organisation.
INFORM	<ul style="list-style-type: none"> Nothing of note to report
APPENDICES	NOT APPLICABLE

TRUST BOARD

HIGHLIGHT REPORT FROM THE CHAIR OF THE LOCAL PARTNERSHIP FORUM

DATE OF MEETING	25.03.2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Sarah Morley, Executive Director of OD & Workforce
PRESENTED BY	Sarah Morley, Executive Director of OD & Workforce
EXECUTIVE SPONSOR APPROVED	Sarah Morley, Executive Director of Organisational Development & Workforce
REPORT PURPOSE	FOR NOTING
ACRONYMS	

1. PURPOSE

- 1.1 This paper had been prepared to provide the Trust Board with details of the key issues considered by the Local Partnership Forum at its meeting on the 03rd March 2021.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	<ul style="list-style-type: none"> Nothing to note
ADVISE	<p>Updates</p> <ul style="list-style-type: none"> The Local Partnership Forum received updates from WBS, VCC and the Brexit Group. <p>Velindre Futures</p> <ul style="list-style-type: none"> Velindre Futures plans and approach were shared with LPF and noted. <p>Workforce Compliance Data</p> <ul style="list-style-type: none"> LPF received detail around Workforce compliance figures and plans in place to manage sickness, PADR and training, as well as job planning for medical staff. <p>Industrial Relations and Partnership Working</p> <ul style="list-style-type: none"> Industrial Relations and Partnership working were discussed at length, looking at a way to move this work forward in partnership and build on working relationships. <p>Staff Survey</p> <ul style="list-style-type: none"> LPF received an update on the work being done to disseminate and act on the feedback from the staff surveys that were carried out in 2020.
ASSURE	<p>Living Wage</p> <ul style="list-style-type: none"> The application of the Living Wage and differentials to Agenda for Change pay rates and their application to contracted out services was discussed and the Local Partnership Forum heard that an options paper is being developed for decisions to be made on this issue.
INFORM	<ul style="list-style-type: none"> Nothing to note
APPENDICES	NOT APPLICABLE

Trust Board

DIVISIONAL QUALITY SAFETY AND PERFORMANCE REPORT AS AT JANUARY 2021

DATE OF MEETING	25/03/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Peter Gorin, Head of Corporate Strategic Planning and Performance and Anna Marie Jones	
PRESENTED BY	Cath O'Brien, Interim Chief Operating Officer	
EXECUTIVE SPONSOR APPROVED	Cath O'Brien, Interim Chief Operating Officer	
REPORT PURPOSE	FOR DISCUSSION / REVIEW	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	8 th March 2021	DISCUSSED & NOTED
Quality and Safety Committee	15 th March 2021	DISCUSSED & NOTED
ACRONYMS		
VUNHST	Velindre University NHS Trust	
UHB	University Health Board	

VCC SMT	Velindre Cancer Centre Senior Management Team
WBS SMT	Welsh Blood Service Senior Management Team
PADR	Performance Appraisal and Development Review
KPIs	Key Performance Indicators
SACT	Systemic Anti-Cancer Therapy
WTE	Whole Time Equivalent (staff)
EMB	Executive Management Board

1. SITUATION/BACKGROUND

- 1.1 The attached Trust performance reports provide an update to the Quality Safety and Performance Committee with respect to Trust-wide performance against key performance metrics through to the end of January 2020 for the Velindre Cancer Centre, the Welsh Blood Service and for VUNHST Corporate Services respectively.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The reports set-out performance at Velindre Cancer Centre (**appendix 1**), the Welsh Blood Service (**appendix 2**) and in relation to Trust-wide staff absence, PADR compliance and staff sickness (**appendix 3**). Each report is prefaced by an '*at a glance*' section which is intended to draw attention to key areas of performance across the Trust. A number of areas from these reports is highlighted below.
- 2.2 The divisional performance reports were initially presented to the WBS and VCC Senior Management Teams (SMTs) and have been reviewed by the Executive Management Board (EMB) at their meeting held on 8th January 2021.

2.3 Velindre Cancer Centre:

Our cancer services continue to be severely disrupted due to the increased prevalence of COVID-19, and the impact of tougher National lockdown measures. Operational constraints have also affected performance, requiring robust compliance with social distancing and infection control measures, in respect to Outpatient services and SACT.

Physical capacity at VCC remains reduced as a result of the requirement to comply with COVID-19 social distancing and infection prevention guidelines and policies.

During January there were 11 KPIs that were green, 5 that were amber and only 3 that were red.

2.3.1 Therapies service

Therapy services continue to deliver high performance achieving green for all waiting times targets.

2.3.2 SACT Waiting Times

The waiting times for commencement of treatment are determined by the number of new patients commencing treatment and the number of existing treatments being undertaken. In January we saw a rise in the new patient referrals to 6% over pre Covid levels, although overall attendances are circa 6% below those levels. We continue to ensure that all patients are clinically prioritised in line with the agreed clinical principles. All emergency SACT was delivered in line with the target waiting times.

2.3.3 Radiotherapy Waiting Times

For all Radiotherapy waiting times we are reporting amber. We continue to experience slightly lower referral rates at 9% below pre covid levels. The changes in service provision mean that this is now equating to circa 30% less patient attendances however these is variation across different tumour sites. Again the treatment commencement times are determined by new referrals and patients already receiving treatment as well as the need to have Linac configured for specific treatments. We continue to work under pressure in medical physics in treatment planning. There were 6 breaches of the waiting time for patients in January, 5 awaiting treatment on a specific machine and one awaiting other treatment prior to radiotherapy.

The radiotherapy treatment pathway and each patient journey on this are subject to monitoring and review via a comprehensive management process that address each individual patient need and to enable us to minimise any potential for harm. This is outlined at **appendix 4**.

To understand potentially deleterious impacts on patients associated with delays to treatment delivery, the Wales Cancer Network is currently facilitating an initiative with health boards and Trusts to develop pathway reviews akin to the harm reviews currently undertaken in the English NHS system. The radiotherapy service and other services at VCC will proactively contribute to that work. Locally, the radiotherapy service adheres to clear, agreed clinical prioritisation protocols which have been developed with a deliberate focus on reducing the likelihood of poor outcomes. This work will be reported through Quality and Safety Committee as it progresses.

2.3.3 Brachytherapy Update

An update on the work with WHSSC on Brachytherapy and the ongoing service planning with WHSSC to maintain capacity in line with the service levels commissioned in October was included in the November PMF which was taken to the QS&P meeting in January 2021. WHSSC has indicated that it will include in its Integrated Commissioning Plan for 2021/22 provision to support both the HDR brachytherapy service and the SABR service at VCC at the rate agreed in the autumn of 2020 as part of the COVID-19 response. No specific workforce or other capacity issues have been identified in response to changing activity patterns to date. Both services will continue to be monitored closely.

2.3. Outpatient waiting times

The department is operating under its Covid IPC arrangements. While we have over 50% of consultations being undertaken virtually, we are still seeing considerable patient numbers on site at VCC due to the centralisation of services from local hospital sites. The delivery phlebotomy services continues to create a challenge and increased attendance. As a result, we are relocating the service to a new area of the site and also moving the phlebotomy for radiotherapy patients to within that department. The waiting time audit shows that currently 50% of patients are seen within 20 minutes of their appointment time. The mean waiting time was 26 minutes.

Patient experience monitoring has temporarily ceased due to staff shortage but planning is underway to implement a new patient experience system in the forthcoming months.

2.3.4 Other areas;

There were two red areas of falls and healthcare associated infections. Both of these areas had mitigation deeming them unavoidable, however we have still identified learning and improvement as a result of reviews.

Further detailed performance data is provided in **Appendix 1**.

2.4 Welsh Blood Service

Supply of all blood components to meet demand continues to be sustained in the current difficult operating environment. However, we are continuing to experience difficulties in booking blood collection venues under strengthened Covid restrictions.

In January, accessing venues continued to be problematic as a result of suitable venues being used for the national Vaccination programme. The Blood Collection team worked with Health Boards to request that no service be compromised through competing venue usage between blood collection and vaccination centres.

Whilst the overall position was managed, a number of blood groups were of concern and imports were received from NHSBT for O+, A+ and O- blood groups to supplement the overall stock position when the service experienced several venues whose heating failed resulting in clinic closure.

Further detailed performance data is provided in **Appendix 2**.

2.4.1 Whole Blood Collection Efficiency (Target 1.25 units by WTE per hour)

Collection efficiency is again below the target at 0.98 for the tenth consecutive month, as a consequence of the ongoing need to increase resource requirements due to COVID 19. This has resulted in additional staffing being sent to resource newly added triage points and to support the continued use of PPE and social distancing. This is likely to continue for the long term while COVID 19 is present within the community.

Whilst there was some improvement in performance, demand dropped slightly and alongside the increase in new starters in January, this contributed to the efficiency scoring dipping.

It should be noted that the changes proposed to the service collection model under Blood Supply Chain 2020 (BCS2020) have been put on hold during the COVID pandemic as the model was required to change to support social distancing. The current model (fewer fixed sites) will continue whilst social distancing measures remain in place.

2.4.2 Manufacturing Efficiency (392 Components per FTE)

Production efficiency for January was higher than the target figure. Principle reasons relate to staffing pressures due to long terms absences/vacancies, replacement of staff who have moved elsewhere and increased collections.

It is recognized that the target needs to be reviewed in line with changes to the processing and staffing model. This was an objective of BSC2020 as noted above this work has been paused due to COVID pandemic.

2.4.3 Time Expired Platelets (Target 10% expired)

Platelet expiry was high in January, driven by increased production around Christmas/New Year bank holidays. In addition, platelet issuing dropped for the first two weeks of January based on issuing average at the end of 2020. This has also contributed to increased platelet expiry.

The introduction of the ambient overnight hold (AONH) process has increased flexibility in the production plan for platelets and adjustments on the weekly production are being made to better align with demand.

2.4.4 Safety

There were no Serious Adverse Events (SAE) reported to the MHRA in January. 74% of quality incidents were closed within the required 30 days against a target of 90%. This indicates a decrease in performance from the previous month and may be attributable to holidays taken over the Christmas and New Year period.

A revised process for managing low-impact incidents has been developed. It is anticipated this will release more resource to focus on timely investigation of more serious incidents. This revised process was due to be piloted in Q3 but was delayed due to the external supplier availability in the reconfiguration of QPulse system. It is anticipated that this system should 'go live' by the end of Q4.

2.4.5 Donor Feedback

WBS invites every blood donor to complete a feedback survey in the month after their donation. Overall donor satisfaction for the month of January continued to exceed target position at 96.3%. In total there were 984 respondents who have made a full donation and shared their donation experience.

2.5 Workforce & Wellbeing

Detailed performance data is provided in **Appendix 3**.

2.5.1 PADR Compliance (Target 85%)

The overall VUNHST compliance rate has decreased marginally from 70.32% in December, to 70.19% in January, primarily as a result of COVID-19 operational impacts. Individual 'hot spots' are being addressed and both Divisions and corporate functions have

improvement plan trajectories in place to increase compliance, whilst continuing to deliver against service requirements

Going forward there will be a focus on improved recording, with guidance on PADR completion and triangulation of data in hotspot areas of poor PADR compliance to ensure data provides effective information on the issues.

2.5.2 Sickness Absence (Target 3.54%)

Sickness absence remains above target at 5.26% in January. The operational workforce team are working with departments identified as 'hot spots,' to encourage timely conversations, as well as to ensure that staff are aware of/access the wide range of wellbeing offerings that are available to them.

VCC continue to have a couple of cases of 'long covid' absence, which are being supported in line with the Maximizing Attendance at Work (MAAW) Policy. Discussions are ongoing with the Occupational Health Service to establish any additional support or adjustments that could be put in place to enable said staff to return to work.

Sickness absence cases continue to be discussed during regular department meetings to ensure the appropriate application of the MAAW Policy; more detailed analysis by sickness type is given in **Appendix 3**.

2.5.3 Mandatory and Statutory Compliance (Target 85%)

The overall VUNHST compliance rate is 83%, against a target of 85%. This has decreased slightly since November's compliance of 85.6%, as a result of COVID-19 operational impacts.

Within WBS, all departments are achieving 87% compliance or above.

In VCC, Manual Handling Training is now the focus of attention and discussions have already taken place with the Education and Development Team and with the Director of Operations to consider the best way to support staff and managers in achieving this competency.

Education and Development will continue to work with tutors to review the current provision of training, and provide more flexible and accessible options where this is possible, and continue to monitor the data through SMT in all Divisions and in Corporate Divisions

3. IMPACT ASSESSMENT

QUALITY AND SAFETY	Yes (Please see detail below)
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IMPLICATIONS/IMPACT	The current performance reporting and monitoring system is predicated upon identifying performance issues and supporting effective decision making at service and operational levels to drive forward continuous improvement in quality, safety and the overall experience of patients and donors.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: <ul style="list-style-type: none"> • Staff and Resources • Safe Care • Timely Care • Effective Care.
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Delivery against the performance metrics presented in the attached reports and the work associated with delivering improved performance supports sound financial governance across the Trust.

4. RECOMMENDATION

- 4.1 The Velindre University NHS Trust Board **DISCUSS** and **REVIEW** the contents of the attached performance reports.

Appendices 1-3 as separate documents

Appendix 4

Oversight of Radiotherapy Breaches

The process for reviewing time-to-radiotherapy breaches is robust, collaborative and transparent. Further, there are structures in place at VCC charged with identifying and addressing issues which might result in delays to patient treatment.

Service operational issues, including time-to-radiotherapy breaches, are overseen by the Radiotherapy Management Group (RMG). The Group, which is currently chaired by a senior consultant oncologist and includes the department leads for Radiotherapy and Medical Physics among its membership, meets every week and devotes a meeting each month to a comprehensive review of those breaches which have occurred over the course

of the previous month. The outputs of this activity are reported, for assurance purposes, to the Radiotherapy Strategy Group (RSG) which currently includes the Director of Cancer Services and other members of the VCC Senior Leadership Team (SLT) among its membership.

Each time-to-radiotherapy breach is considered individually. Every review is holistic and takes account of all activity across the entire pathway. The Group is provided with the following information in each case:

Treatment intent.

The identity of the consultant clinician responsible for the patient's care.

Tumour site and sub-diagnosis.

Time line of events (beginning with 'decision to treat', designated as day zero, and concluding with the commencement of radiotherapy treatment). Each event is referenced by the number of days since 'decision to treat' and the actual calendar date.

Reason identified for the breach.

These metrics allow RMG members to undertake a full and thorough interrogation of each case.

The review process offers an opportunity for feedback and learning. The lead clinician is provided with an opportunity to comment on the delay and the RMG is able to query and positively challenge.

A recent review undertaken by the RMG identified a number of themes and concluded that the majority of breaches were due to systemic reasons which might be mitigated by discreet pathway improvement work. The results of that review is appended here.

Additionally, live capacity and performance issues in radiotherapy and medical physics have been the subject of daily scrutiny at the VCC Bronze Command group in recent months. In turn, issues identified as having the possible effect of causing time-to-radiotherapy breaches have been escalated to the VCC Silver Command group and the Trust's Gold Command group, as appropriate. The emergency response groups at VCC will be replaced by a new performance management structure which will require input from all key service areas, including radiotherapy and medical physics. Again, issues resulting in delays will be identified by a focus on agreed Key Performance Indicators and mitigated. The work of this group will be supplemented by a waiting times group.

Further, the radiotherapy service operate weekly capacity meetings which address immediate issues of patient flow.

- All clinical demand was met with overall stock position of red cells was met. Stock levels are balanced across all groups, total available red cell stock as of 8am on 31/01/2021 was 1965. There was x1 bulk red cell import which consisted of x50 'O+', x125 'A+', x50 'O-'
- All stock groups were maintained above 3 days.
- All clinical demand for platelets was met.
- Collection efficiency is below the target of 0.98 for the tenth consecutive month as a consequence of the ongoing need to increase resource requirements due to COVID 19, which has resulted in additional staffing being sent out per team to man a newly added triage point, and to support the introduction of social distancing and PPE. Demand has dropped slightly and increase in new starters has contributed to the efficiency score dipping again.
- Production efficiency is higher than the target figure. Principle reasons are staffing pressure due to long term absences and replacement of staff who have moved on or been promoted and increased collections during January.
- Time expired red cells are below the target of 1%. Red cell collections and demand very closely aligned with minimal wastage.
- Platelet expiry was high in January. This was driven by increased production around the Christmas / New Year bank holidays followed by increased time expiry. Management of stock has increased complexity due to the number of bank holidays so platelet production was increased to reduce risks around platelet shortage
- 74% of quality incidents closed within the required 30 days. Performance in January indicates a further 3% decrease in performance from the previous month
- There were no Serious Adverse Events (SAE) reported to the MHRA in January.
- There was 1 formal concern received in January 2021.
- 90% of concerns were acknowledged within 2 working days of receipt. The (x1), concern not managed within the 48 hour contact time was due to the donor refusing telephone contact. The donor was contacted via letter, taking longer to address.
- Overall donor satisfaction continued to exceed target at 96.3%.
- The number of CT requests for December was 30 (January not available): 15 donors were bled (52%) note: 1 cancelled by TC, 3 traced no response, 11 medical reject/failures.
- There were 8 new apheresis donors in January 2020, to meet target for the quarter, six more donors must be recruited by March 31 2021.



6 Key Performance Indicators were above the previous month's performance



3 Key Performance Indicators remained the same as the previous month's performance, all achieved target.



13 Key Performance Indicators were down on the previous month's performance, however 3 achieved target..

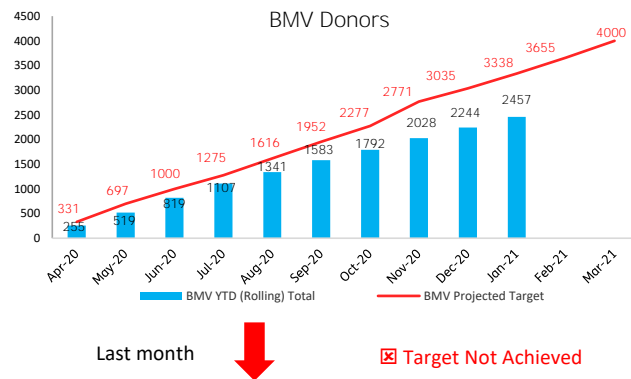
Reference Table

Measure	Target	Timeframe	National / Local
Number of new bone marrow donors aged 18-30 recruited to the Welsh Bone Marrow Donor Registry (WBMDR)	4,000	Annual	Local
Number of days when the Red Blood Cell (RBC) stockholding for O, A & B- fell below 3 days cover	0 days	Monthly	Local
Number of bags of RBCs manufactured as a % of the number of issues to hospitals (% Red Cell Demand Met)	100%	Monthly	Local
Number of bags of platelets manufactured as a % of the number of issues to hospitals (% Platelet Demand Met)	100%	Monthly	Local
Number of Confirmatory Tests (CTs) requested and bled as a % of the total CTs requested (Confirmatory Tests Bled)	65%	Monthly	Local
Number of Stem Cell Collections	80	Annual	Local
Number of antenatal patient results provided to customer hospitals within 3 working days from receipt of sample (Antenatal Turnaround Times)	90%	Monthly	Local
Number of samples referred for red cell reference serology work ups provided to customer hospitals within 2 working days. (Reference Serology Turnaround Times)	80%	Monthly	Local
% of Quality Incident Records (recorded in DATIX), closed within 30 days over a rolling 3 month period	90%	Rolling	Local
Number of critical non-conformances through external audits or inspections	0	Annual	Local
Number of Serious Adverse Blood Reactions & Events (SABRE) reported to the Medicines and Healthcare products Regulatory Agency (MHRA)	0	Annual	Local
Number of whole blood donations that are collected on session which are below the minimum viable volume, as a % of the total number of whole blood donations collected (% Part Bags)	3%	Monthly	Local
Number of donors where venepuncture is attempted to be performed on but no blood enters the bag, as a % of the number of donors who have reached the donation chair (% Unsuccessful Venepuncture)	2%	Monthly	Local
The number of blood components (weighted) collected per Standardised FTE (Blood Collection Efficiency)	1.25 WTE	Monthly	Local
Number of components manufactured per Standardised FTE. (Manufacturing Efficiency)	392	Monthly	Local
Number of platelets which have time expired as a % of the total number of platelets manufactured (Time Expired Platelets)	10%	Monthly	Local
Number of RBC units which become non-viable during the manufacturing process which could have been avoided, as a % of the number of complete whole blood donations (Controllable Manufacturing Losses)	0.5%	Monthly	Local
Number of bags of RBC, including Paediatric bags, which have time expired as a % of the total number of RBC bags manufactured (Time Expired Red Cells)	1%	Monthly	Local
Number of donors that scored 5 or 6 out of 6 (6 being totally satisfied and 1 being totally dissatisfied with their overall donation experience after they have been registered on clinic to donate (Donor Satisfaction)	71%	Monthly	Local
Number of 'formal' and 'informal' concerns received from blood donors	~	~	~
% of 'formal' concerns received and treated under 'Putting things Right Regulations within 30 working days	100%	Monthly	National
% of all concerns (formal and informal) acknowledged within 2 working days as required by the 'Putting things Right' Regulations	100%	Monthly	National
Number of new Whole Blood Donors recruited to the donor panel	2,750	Quarterly	Local
Number of new Apheresis Donors recruited to the donor panel	14	Quarterly	Local
Number of Deceased Donor Typing / Cross Matching reported within given period	80%	Quarterly	Local
Number of Anti D & -c Quantitation patient results provided to customer hospitals within 5 working days	90%	Quarterly	Local

Monthly Reporting

Equitable and Timely Access to Services

Jan-21

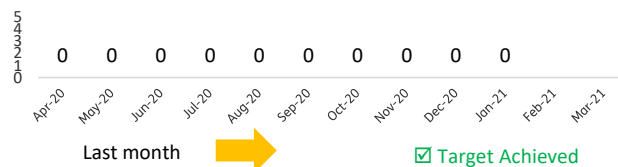


Annual Target: 4000	SMT Lead: Jayne Davey / Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
There were 213 new bone marrow volunteers added to the Welsh Bone Marrow Donor Registry (WBMDR) in January. The inability to hold whole blood donation clinics in schools and Universities, has hindered recruitment of new BMV's	<p>Develop a new donor recruitment and retention strategy for the WBMDR aligned with the development of the revised WBS strategic intent.</p> <p>The new Donor Recruitment & Retention Strategy will be informed by:</p> <ul style="list-style-type: none"> - a review of the existing donor panel to assess the required growth; - a review of the outcomes of the new bone marrow pilot recruitment to provide proof of concept and operational readiness for a recruitment strategy that is not solely dependent on blood-donors. 	TBC - original deadlines delayed due to COVID. Task and Finish group has been established to take forward recruitment of non blood donors

Safe and Reliable Service

Jan-21

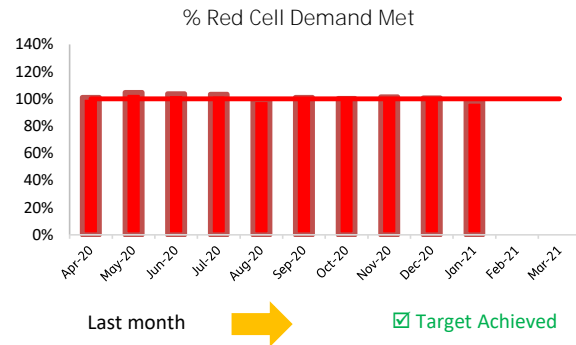
Number of days red cell stock level is below 3 days for groups O, A & B-



Monthly Target: 0	SMT Lead: Jayne Davey / Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
<p>All stock groups were maintained above 3 days. Stock levels are balanced across all groups but total stock levels have declined.</p> <p>Effective collaboration between the Collections and Laboratory teams within the Supply Chain supported the maintenance of robust stock levels. There was x1 bulk red cell import which consisted of x50 'O+', x125 'A+', x50 'O-'</p>	<p>Daily Resilience meetings are held in a collaboration of blood collection and manufacturing teams; this forum facilitates operational actions in response to challenges in maintaining adequate stock levels in order to minimise blood shortages.</p> <p>The Demand Planning Leadership Group was stopped in January.</p>	Business as Usual

Safe and Reliable service

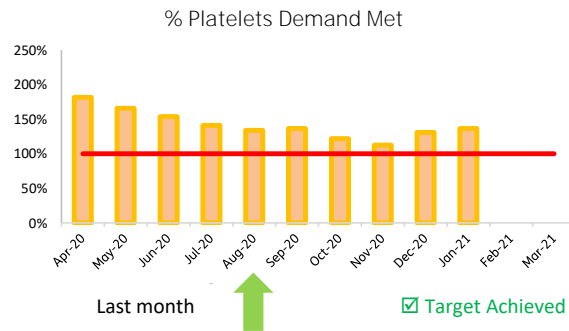
Jan-21



Monthly Target: 100%	SMT Lead: Jayne Davey/ Tracey Rees	
What are the reasons for performance?	Actions(s) being taken to improve performance	By When
<p>All demand for red cells was met.</p> <p>This is the result of established daily communications between the Collections and Laboratory teams enabling agile responses to variations of stock levels and service needs.</p> <p>Pressure is being placed on stocks as a result in difficulties in collecting sufficient donations due to Covid-19 restrictions in collections.</p>	<p>Daily Resilience meetings are held in a collaboration of blood collection and manufacturing teams; this forum facilitates operational actions in response to challenges in maintaining adequate stock levels in order to minimise blood shortages. The Demand Planning Leadership Group was stopped in January.</p>	Business as Usual

Safe and Reliable service

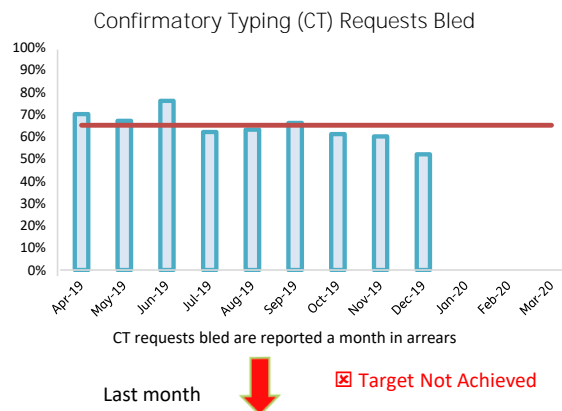
Jan-21



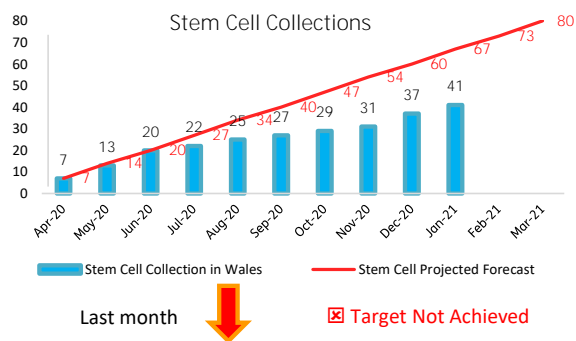
Monthly Target: 100%	SMT Lead: Jayne Davey / Tracey Rees	
What are the reasons for performance?	Actions(s) being taken to improve performance	By When
<p>All clinical demand for platelets was met.</p> <p>This is the result of established daily communications between the Collections and Laboratory teams enabling agile responses to variations of stock levels and service needs.</p>		TBC Currently on hold due to other priorities as a result of COVID

Safe and Reliable service

Jan-21



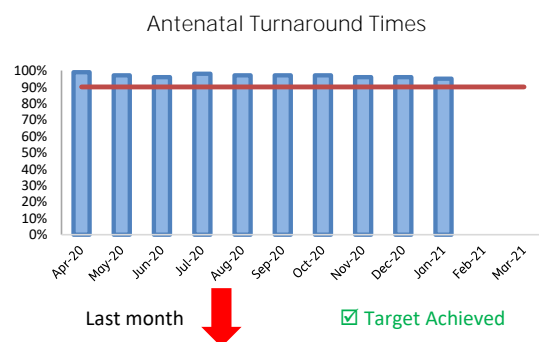
Monthly Target: 65%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
<p>The number of CT requests for December was 30 (January not available):</p> <ul style="list-style-type: none"> -15 donors were bled (52%) note: 1 cancelled by TC, 3 traced no response, 11 medical reject/failures. - 80% of samples were bled within 7 days - 100% of requests were completed within 14 days. (Industry KPI's are 50% and 80% respectively) - 90% of donors contacted 	<p>We have an ongoing system to keep donor details up to date and will continue to review all cancellations to apply learning to future practice wherever possible.</p> <p>We are engaging with stakeholders to improve understanding around turnaround times for donor requests and improve transplantation options for patients.</p>	Business as Usual



Safe and Reliable service

Jan-21

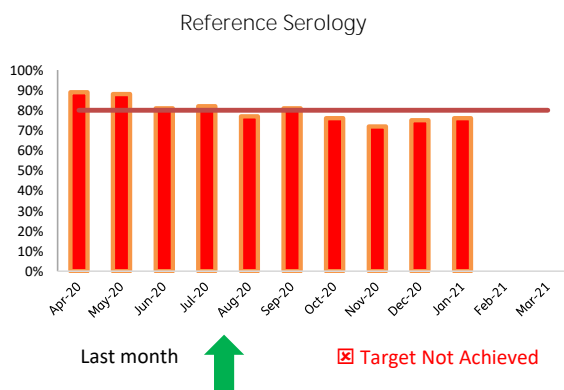
Annual Target: 80	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
There were 4 Stem Cell Collections in January with YTD collections below target position. 0 x PBL also Collected 2 x Cancellations at work up stage. 1 x Failed medical	Define and agree future strategy for Stem Cell collection as part of wider review of future strategy for the WBMDR.	TBC delayed due to COVID but will form part of the Collection Centre review



Safe and Reliable service

Jan-21

Monthly Target: 90%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Turnaround times for routine Antenatal tests in January remained above target at 95%. Continued monitoring and active management is in place.	Continuation of existing processes which are maintaining high performance against current target.	Business as Usual



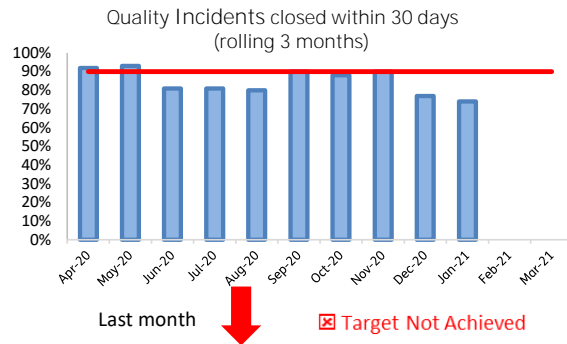
Safe and Reliable service

Jan-21

Monthly Target: 80%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Turnaround times for specialist referrals in January below target at 76%. Workload remains high (213 hospital patient referrals compared to average of 181 year to date). All compatibility testing (>60% of referrals) completed to required time/date (which remains RCI priority).	A review of complex patient referrals will be undertaken as part of a laboratory modernisation project which is currently being scoped. This will be supported by a benchmarking exercise to review current turnaround time KPIs with UK counterparts. The laboratory modernisation programme has been suspended due to COVID. It is anticipated this will recommence early Autumn 2020	March 2021

Safe and Reliable service

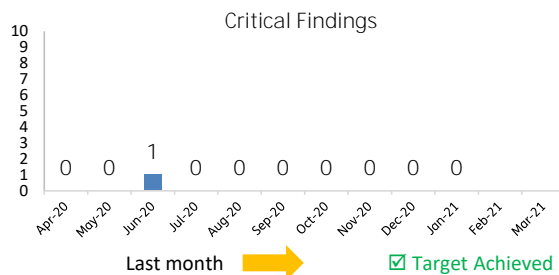
Jan-21



Monthly Target: 90%	SMT Lead: Peter Richardson	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
<p>Performance in January has failed to meet the target position, with 74% of quality incidents closed within the required 30 days. This indicates a further 3% decrease in performance from the previous month, possibly attributable to holidays taken over the Christmas and New Year period.</p> <p>The number of incidents reported in the three month rolling period has decreased slightly (77 reports, 5 less than the previous period); 20 were not closed within this period (compared to 19 in the previous reporting period).</p>	<p>The agreed SMT action plan will remain in place to ensure that the improved performance is sustained.</p> <p>A revised process for managing low-impact incidents has been developed; this will release more resource to focus on timely investigation of more serious incidents. The revised process was due to go into pilot in Q3, however this has been delayed due to the availability of the QPulse supplier who was unable to support QPulse configuration until late November. Pilot of the revised process is now expected to commence in Q4.</p>	<p>Continue with close monitoring.</p>

Safe and Reliable service

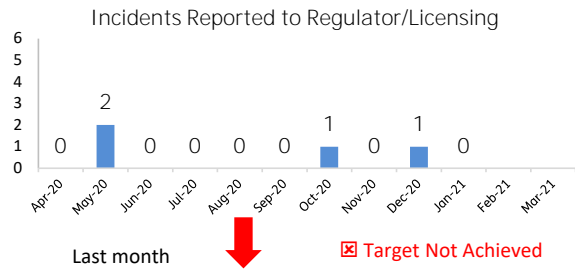
Jan-21



Target: 0	SMT Lead: Peter Richardson	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
<p>There were no external audits or inspections undertaken in January.</p>	<p>None required.</p>	<p>No further action required.</p> <p>MHRA action plan being managed as BAU.</p>

Safe and Reliable service

Jan-21



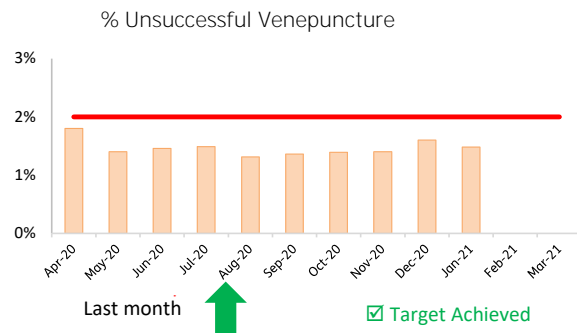
Annual Target: 0	SMT Lead: Peter Richardson	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
There were no Serious Adverse Events (SAE) reported to the MHRA in January.	None required	N/A
The confirmatory report for SABRE 96 (notification report sent in December) has been submitted to MHRA via the SABRE website. No further action is required by WBS, however a root cause analysis report is still awaited from the supplier (Haemonetics).		

Spending Every Pound Well

Jan-21



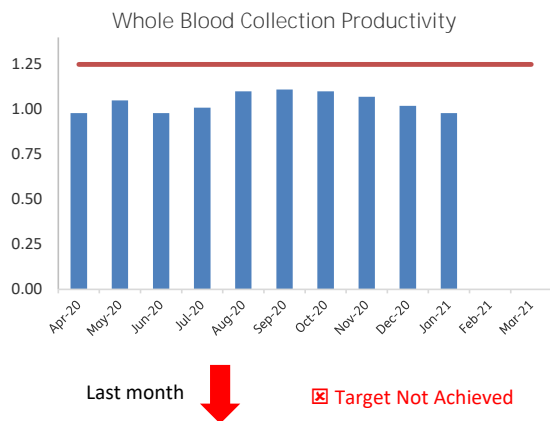
Monthly Target: Maximum 3%	SMT Lead: Janet Birchall	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
The overall Part Bag rate for January 2021 remains within the 3.0% tolerance at 2.86% of donors who donated.	Ongoing work to maintain the part bag rate under tolerance threshold include (but is not limited to) the following:	Business as Usual
The overall Part Bag figure gives general reassurance that this is not an area of concern. Figures by team are also collated and trends noted and addressed at individual team level.	- Ongoing cycle of Points Of Care Audit	Business as Usual
Following agreement, the breakdown of reasons for part bags will no longer be collected as this is no longer an area of concern that requires that level of scrutiny.	- Review of Audit findings and implementation of associated action plans	Business as Usual
	- Work with clinical teams with trend of exceedance of tolerance levels to determine cause and implement action plan	Business as Usual



Spending Every Pound Well

Jan-21

Monthly Target: Maximum 2%	SMT Lead: Janet Birchall	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
The overall Failed Venepuncture (FVP) rate in January 2021 successfully remained within the tolerance threshold at 1.48% of donors where a donation was attempted	Monitoring of FVP rates by team continues.	Business as Usual



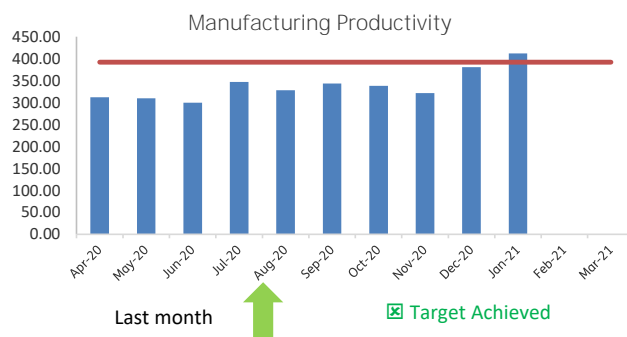
Spending Every Pound Well

Jan-21

Monthly Target: 1.25	SMT Lead: Jayne Davey	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Collection efficiency is below the target of 0.98 for the tenth consecutive month as a consequence of the ongoing need to increase resource requirements due to COVID 19, which has resulted in additional staffing being sent out per team to man a newly added triage point, and to support the introduction of social distancing and PPE. Depending on the number of chairs put out, this could see an increase of up to 3 staff per team. This is likely to continue for the long term while COVID 19 is present within the community. Although there had been some improvement, demand has dropped slightly and increase in new starters has contributed to the efficiency score dipping again.	The changes which were due to be brought in under the Blood Supply Chain 2020 have been put on hold during the COVID 19 pandemic.	March 2021

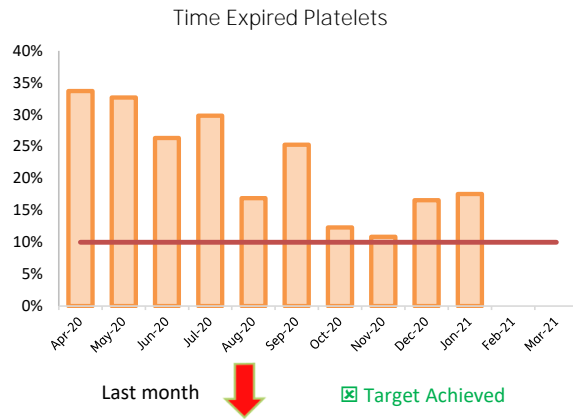
Spending Every Pound Well

Monthly Target 392	SMT Lead: Tracey Rees	
What are the reasons for performance?	Actions(s) bring taken to improve performance	By When
Production efficiency is higher than the target figure. Principle reasons are staffing pressure due to long term absences and replacement of staff who have moved on or been promoted and increased collections during January.	Target to be reviewed in line with processing / staff changes as part of the Blood Supply Chain 2020 initiative.	BSC2020 put on hold due to COVID pandemic. Initial meeting recommenced October 2020.



Spending Every Pound Well

Jan-21



Monthly Target: Maximum 10%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
<p>Platelet expiry was high in in January. This was driven by increased production around the Christmas / New Year bank holidays followed by increased time expiry. Management of stock has increased complexity due to the number of bank holidays so platelet production is increased to reduce risks around platelet shortage.</p> <p>Platelet issuing dropped to an average of 170.5 units per week for the first two weeks of January. This is a drop of 20 per week from the average at the end of 2020. This will also contribute to increased platelet expiry.</p>	AONH process allows flexibility in the production plan for platelets and adjustments on the weekly production are being made to better align with demand.	ongoing

Spending Every Pound Well

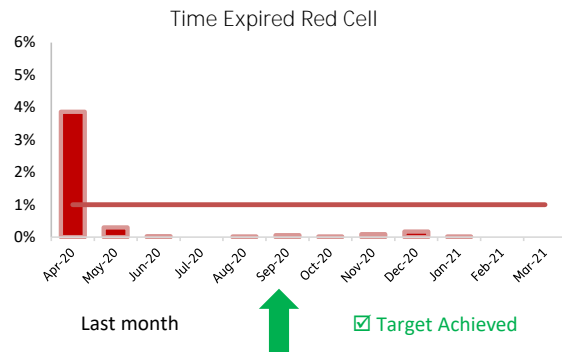
Jan-21



Monthly Target: Maximum 0.5%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
<p>The controllable red cell losses remained consistently within target.</p> <p>For the month of Januray were:</p> <p>Operator Centrifuge : 11 Weld Failure :1 Blood Press : 1</p>	Local reporting and management of incidents where they occur for monitoring of losses and lessons learnt.	Business as Usual

Spending Every Pound Well

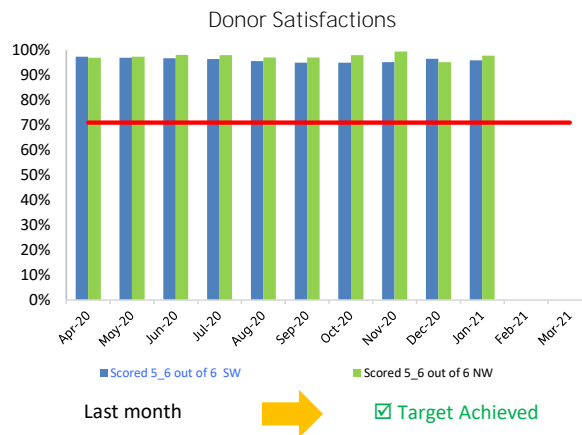
Jan-21



Monthly Target: Maximum 1%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Time expired red cells are below the target of 1%. Red cell collections and demand very closely aligned with minimal wastage.	Monitoring continues	Business as usual

First Class Donor Experience

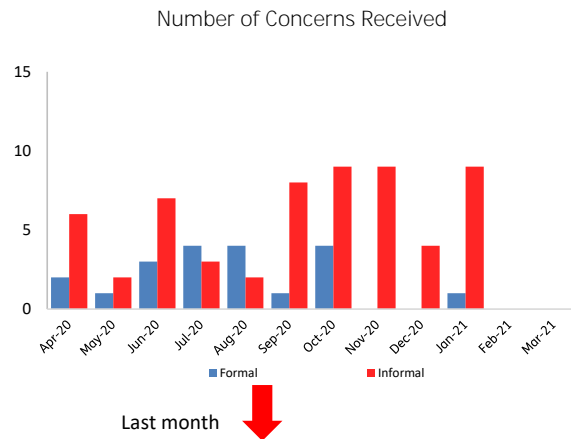
Jan-21



Monthly Target: Minimum 71%	SMT Lead: Jayne Davey	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Overall donor satisfaction continued to exceed target at 96.3%. In total there were 984 respondents, who had made a full donation and shared their donation experience, 196 were from North Wales and 781 were from South Wales (where location was able to be defined).	Findings to be reported to management at Collections OSG meeting for actions from individual teams.	Business as usual

First Class Donor Experience

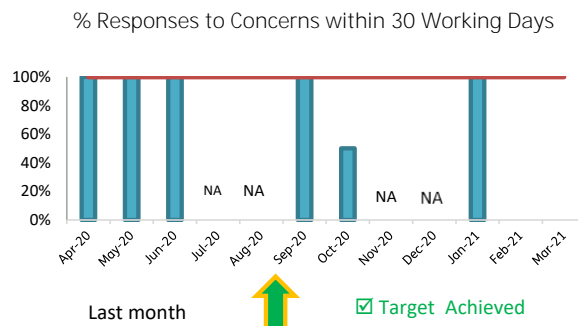
Jan-21



Target: N/A	SMT Lead: Alan Prosser	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
<p>In January approximately 7,000 donors were registered at donation clinics.</p> <p>10 concerns (0.14%) were reported within this period:</p> <p>.9 concerns were managed as early resolution.</p> <p>.1 concern was managed as a formal under PTR</p> <p>Concern themes during this period include:</p> <p>1/Turned away from session for being late</p> <p>2/ Asked to remove FFP 2 mask and replace with provided surgical grade mask</p> <p>3/ Unable to wear a face covering due to medical exemption</p> <p>4/Turned away at triage (lack of confidentiality)</p> <p>5/Not asked to clean hands throughout donation</p> <p>6/No appointment system available on team to re-book next appointment X 2</p> <p>7/ turned away from session too soon to donate</p>	<p>All concerns have been investigated and lessons learnt identified and actioned as appropriate.</p> <p>Examples of action taken include:</p> <p>1/ Op's manager asked RN's to assess each case on an individual basis</p> <p>2/ Process reviewed, team staff/DCC received training awareness and SOP update. Website updated to reflect review (donors now able to wear own medical type face mask to donate) TA 01-2021 (02)</p> <p>3/ Process reviewed. Full explanation given to donor</p> <p>4/ Reminder to staff of sensitivity and confidentiality when speaking to donors. (use a confidential area)</p> <p>5/ Full explanation given to donor. Training awareness 01-2021 (01)</p> <p>6/ Appointment system removed from PDCA to align supply & demand of blood. Statement sent to team staff to share with donors.</p> <p>7/ Full explanation given to donors too soon to donate</p>	Business as usual

First Class Donor Experience

Jan-21

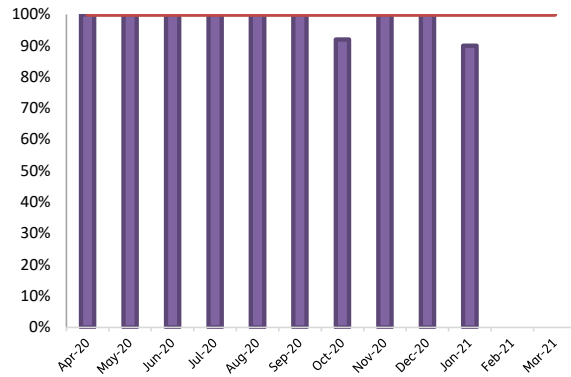


Monthly Target: 100%	SMT Lead: Alan Prosser	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
There was 1 formal concern received in January 2021	Continue to monitor 30 day response compliance.	Business as Usual

First Class Donor Experience

Jan-21

% Concerns Acknowledged within 2 Working Days



Last month



☒ Target Not Achieved

Monthly Target: 100%	SMT Lead: Alan Prosser	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
?	Continue to monitor concern management timescales Reinforced within training package so roles and responsibilities are clear.	ongoing

At a Glance Highlights - January 2021

During January there were 11 KPIs that were green, 5 that were amber and only 3 that were red. Therapy services continue to deliver high performance achieving green for all waiting times targets. For all Radiotherapy waiting times we are reporting amber. For SACT, waiting times emergency was green, non emergency was red. The quality indicators demonstrated broad compliance with standards, however there were two red areas of falls and healthcare associated infections. Both of these areas had mitigation deeming them unavoidable, however we have still identified learning and improvement as a result of reviews.

To note: Patient Experience Monitoring has temporarily ceased due to staff shortage.

High level Summary of Achievement

- % of patients receiving radical radiotherapy within 28-days.
- % of patients receiving palliative radiotherapy within 14-days.
- % of patients receiving emergency radiotherapy within 2-days.
- % of patients receiving non-emergency SACT treatment within 21-days.
- % of patients receiving emergency SACT treatment within 5-days.
- % of therapies inpatients seen within 2 working days.
- % of urgent therapies outpatient referrals seen within 2 weeks.
- % of routine therapies outpatient referrals seen within 6 weeks.
- % of outpatients seen within 20 minutes.
- % outpatient DNA rates.
- Number of potentially avoidable hospital acquired thrombosis (HAT).
- Number of delayed transfers of care (DToc's).
- Number of VCC acquired potentially avoidable pressure ulcers.
- Number of pressure ulcers reported to Welsh Governments as serious incidents.
- Number of VCC inpatient falls.
- Number of VCC acquired healthcare associated infections.
- % of patients who receive a diagnosis of sepsis and receive all 6 treatment elements within 1 hour.
- % of patients who rated experience at Velindre as 9 out of 10 or above.
- % clinical coding within 1 month.

RAG rating above indicates that the individual target was achieved, not achieved or close to being achieved



The detailed performance Information is reflected in the pages that follow with the arrows below describing changes to target attainment for individual targets relative to the previous month



Performance against 2 KPIs improved relative to performance in the previous month.



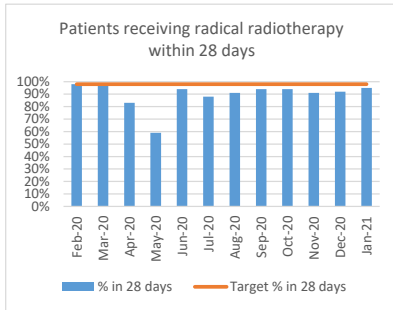
Performance against 2 KPI fell below performance in the previous month.



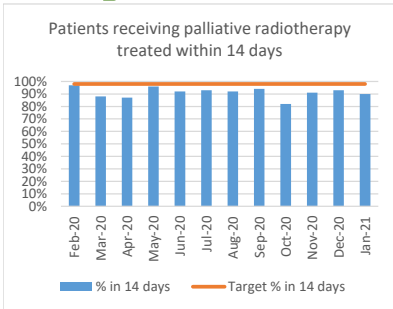
Performance against 14 KPIs remained unchanged. Of these, all 14 KPIs met or were above target.

Equitable and Timely Access to Services - Radiotherapy

Jan-21



Last month   Target Not Achieved

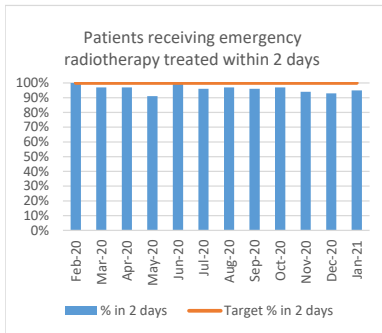


Last month   Target Not Achieved

Target: 98%	SMT lead: Radiotherapy Services Manager	
Reason for performance:	Actions being taken to improve performance:	Expected completion date
<p>Demand for radiotherapy services has decreased with 250 new patient referrals received in January against 308 in December. In light of the COVID pandemic, a number of clinical staff are unable to provide patient facing care. To ensure a robust service and patient safety, a linear accelerator (linac) has been stood down and capacity on a second has been dedicated to the treatment of COVID positive or suspected-positive patients. Such changes have reduced available linac capacity and impaired the service's overall flexibility.</p> <p>28 Day Radical Treatment: 153 patients were referred for treatment with radical intent. 6 did not begin treatment within 28-days (performance rate of 96%). Of these 6 patients:</p> <ul style="list-style-type: none"> • 1 required chemotherapy prior to radiotherapy which resulted in a delay of a day. • 5 were as a result of lack of capacity on the breast treatment units. <p>Of the 6 patients 2 were treated within 30 days, 4 were treated within 35 days,</p> <p>14 Day Palliative Treatment: 78 patients were referred for treatment with palliative intent 8 did not begin treatment within 14-days (performance rate of 90%). Of these 8 patients:</p> <ul style="list-style-type: none"> • 3 were as a result of change of intent • 3 were attributed to timeliness of production of 3D plan • 1 was as a result of delays in completion of pre-treatment planning MRI. • 1 was as a result of requested start date <p>Of the 8 patients 4 were treated within 20 days, 3 were treated within 25 days and 1 was treated within 30 days.</p>	<p>A1: Radiotherapy short- and long-term workforce requirements under review.</p> <p>A2: Further demand modelling sessions scheduled. Aim is maximise the service's ability to anticipate and to react to changes in demand for radiotherapy.</p> <p>A3: Radiotherapy patient pathway project to be initiated. Project will identify efficiencies for implementation and areas for overall improvement.</p> <p>A4: Radiotherapy Management Group to establish process to facilitate formal liaison with Radiology department with respect to MRI capacity.</p> <p>A5: Medical Directorate Manager to review delays in pre radiotherapy part of the pathway.</p>	<p>E1: March</p> <p>E2: March</p> <p>E3: To commence in March</p> <p>E4: March</p>

Equitable and Timely Access to Services - Radiotherapy (Cont.)

Jan-21

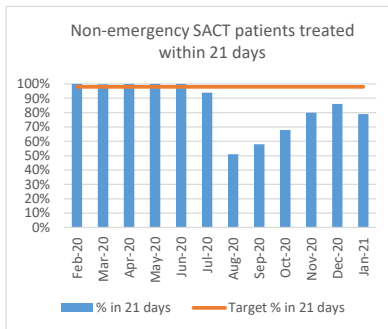


Last month   Target Not Achieved

Target: 98%		SMT lead: Radiotherapy Services Manager	
Reason for performance:	Actions being taken to improve performance:	Expected completion c	
<p>19 patients were referred for emergency treatment. Of these, 18 patients were treated within 2-days (performance 95%).</p> <p>One patient did not commence radiotherapy treatment within 2 days of referral. The patient began treatment on day 3.</p>	<p>A1: Due to the increase in non Radiotherapy service breach reasons, the Site Specific Team (SST) leadership team to be more formally engaged in providing remedial actions monthly.</p>	<p>E1: Instigated in November 2020, now ongoing.</p>	

Equitable and Timely Access to Services - Non-Emergency Systemic Anti-Cancer Therapy (SACT)

Jan-21

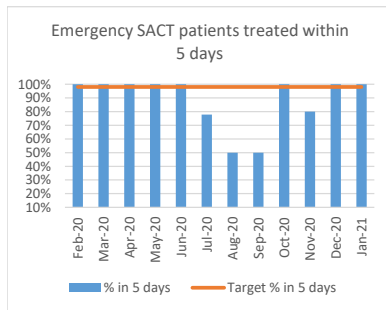


Last month  Target Not Achieved 

Target: 98%	SMT lead: Chief Pharmacist	
Reason for performance:	Actions being taken to improve performance:	Expected completion c
<p>318 non-emergency new patients began treatment in January 2021, which was an increase from the 298 during December. 66 of these patients were not treated within 21-days due to capacity issues. Of these, 46 began treatment within 28-days, 18 within 35-days and 2 on day 36. This represents a compliance rate of 79% (against a 98% target) for January.</p> <p>The repatriation of SACT delivery services to VCC as part of the response to the pandemic, whilst a necessary means to optimise patient safety during the early phases, has had the effect of severely limiting capacity.</p> <p>All SACT delivery continues to be undertaken at VCC (with exception of the Mobile Unit located at Nant Garw) and a reduced service at the Macmillan Unit at the Prince Charles Hospital. The reintroduction of deferred patient treatments from July onwards has been the primary cause of the bottleneck.</p>	<p>A1: Patient pathway under review. Key issues restricting flow and/or capacity will be identified and mitigating steps implemented. This will include aseptic manufacture, SACT chair utilisation, workforce and other issues.</p> <p>A2: Nursing staff redeployed from inpatient contexts, as required, to maintain SACT delivery capacity. This is a response to rising demand and capacity challenges and ensures robust service provision.</p> <p>A3: Working with Aneurin Bevan UHB to reopen Neville Hall outreach service.</p>	<p>E1: March 2021</p> <p>E2: April 2021</p> <p>E3: March 2021</p>

Equitable and Timely Access to Services - Emergency Systemic Anti-Cancer Therapy (SACT)

Jan-21



Last month   Target Achieved

Target: 98%		
SMT lead: Chief Pharmacist		
Reason for performance:	Actions being taken to improve performance:	Expected completion c
There were 6 emergency patients treated in January. 100% of patients were treated within the 5 day target. Performance target achieved.	A1: Clinical prioritisation process in place and ring fencing of emergency chair capacity.	E1: In place and active.

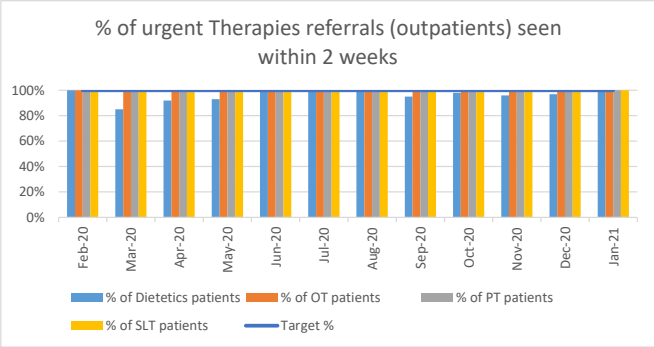
Jan-21



<p>Target: 100%</p>
<p>Reason for performance:</p>
<p>All inpatients seen within 2 days. Performance target achieved.</p>
<p>Demand for dietetic services at VCC is increasing. More nasogastric tubes (NGTs) are typically being used to support patient feeding requirements in secondary care in stead of more invasive alternatives due to the constraints of the pandemic response. NGTs require greater dietetic input.</p>

Equitable and Timely Access to Services - Therapies (Outpatients) Urgent Referrals Seen Within 2 Weeks

Jan-21



Dietetics - last month

OT - last month

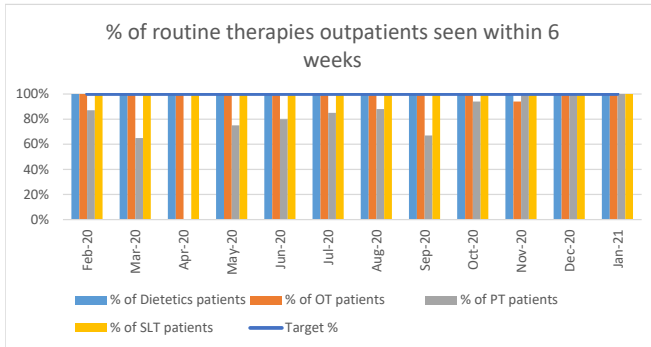
PT - last month

SLT - last month

SMT lead: Therapies Manager		
Actions being taken to improve performance:		Expected completion date:
A1: Initiated process to recruit new full-time dietician.		E1: February 2021

Target: 100%
Reason for performance:
All urgent patients seen within 2 weeks. Performance target achieved.
Demand for dietetic services at VCC is increasing. More nasogastric tubes (NGTs) are typically being used to support patient feeding requirements in secondary care instead of more invasive alternatives due to the constraints of the pandemic response. NGTs require greater dietetic input.

Jan-21



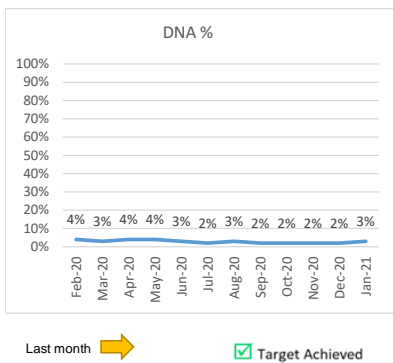
- Dietetics - last month
- OT - last month
- PT - last month
- SLT - last month

Target: 100%	
Reason for performance:	
All routine patients seen within 6 weeks. Performance target achieved.	

Equitable and Timely Access to Services - Outpatient Waiting Times

Jan-21

Target: <20 minutes	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
<p>Since the beginning of the pandemic significant numbers of patients have been required to access phlebotomy services at VCC because of restricted access at GP surgeries, etc..</p> <p>Outpatient clinics are observing an increasing number of patients attending face-to-face clinics.</p> <p>These issues are presenting acute physical capacity challenges.</p> <p>In January 2021:</p> <p>50% of patients were seen within 20 minutes of their scheduled appointment.</p> <p>65% were seen within 30 minutes</p> <p>The mean waiting time was 26 minutes</p> <p>The average for the last 12 months is 56%.</p> <p>** N.B. ** This data is obtained from a manual data collection exercise undertaken by nursing staff for one week each month. This can result in some clinic & waiting times data not being fully captured. Therefore, this data only provides a snap shot of waiting times information. This data also only includes patients who have a face-2-face attendance.</p>	<p>A1: Phlebotomy service to be introduced within the radiotherapy department for patients undergoing radiotherapy. Implementation will reduce foot-fall in the Outpatients department.</p> <p>A2: Utilisation of phlebotomy appointment times following introduction of extended days, etc. to be actively reviewed. Review will seek to ensure most efficient use of capacity.</p> <p>A3: Use of large mobile unit to provide extra phlebotomy following completion of COVID-19 vaccination programme to be explored.</p> <p>A4: Project to relocate phlebotomy service to an alternative location within the VCC estate in progress. Relocation will release physical capacity within the Outpatient department.</p>	<p>E1: March</p> <p>E2: March</p> <p>E3: April</p> <p>E4: April</p>



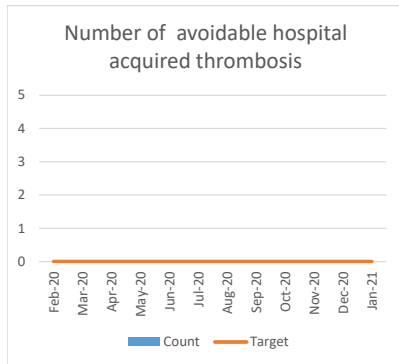
Outpatients - Did Not Attend (DNA) Rates

Jan-21

Target: <5%	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
DNA rates at 3% in January 2021.	Performance on track.	

Safe and Reliable Services - Avoidable Hospital Acquired Thrombosis (HAT)

Jan-21



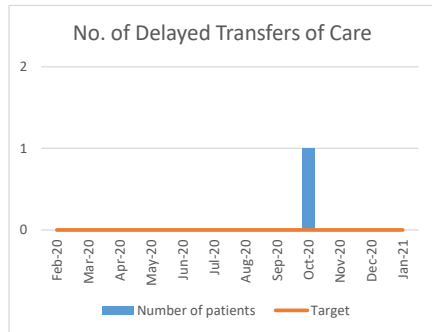
Last month →

✓ Target Achieved

Target: zero	SMT lead: Clinical Director	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
There were no avoidable hospital acquired Thrombosis cases reported in January 2021.	Performance on track.	

Safe and Reliable Services - Delayed Transfers of Care (DToC's)

Jan-21

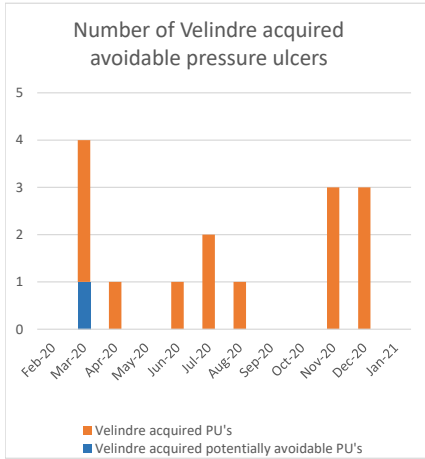


Last month Target Achieved

Target: zero	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track. There were no Delayed Transfers of Care reported in January 2021.		

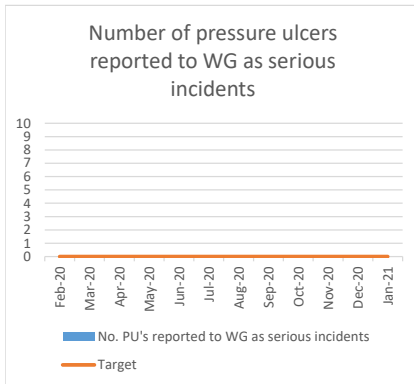
Safe and Reliable Services - Velindre Acquired Avoidable Pressure Ulcers

Jan-21



Last month Target Achieved

Target: zero pressure ulcers		SMT lead: Head of Nursing
Reason for performance: Performance on track. No Velindre acquired avoidable pressure ulcers were reported in January 2021.	Actions being taken to improve performance: A1:The Pressure Ulcer Scrutiny Panel is responsible for monitoring the implementation of any agreed actions or recommendations.	Expected completion date: E1: In place and active

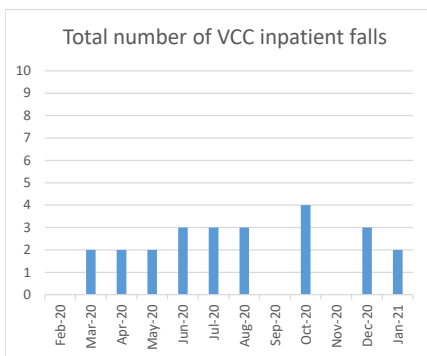


Last month Target Achieved

Target: zero	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track. No pressure ulcers were reported to Welsh Government as Serious Incidents in January 2021.		

Safe and Reliable Services - Falls

Jan-21



Last month   Target Not Achieved

SMT lead: Head of Nursing		Expected completion date:
Reason for performance:	Actions being taken to improve performance:	
During January 2021 there was one inpatient fall reported on first floor ward. A full investigation was undertaken which has been considered by the falls scrutiny panel. The panels conclusion was that the fall was unavoidable. The patient was exercising to a video observed by staff, however the patient tripped on pyjama bottoms and bruised an arm. Learning was identified. There is no evidence to suggest that the patient was wearing the appropriate clothing and footwear to conduct an exercise session, however the patient had capacity and chose to ignore the risks of falling.	A1:The Falls Scrutiny Panel is responsible for monitoring the implementation of any agreed actions or recommendations. A2 Good practice and lessons learned have been identified and actioned following this incident: 1) Manual handling plan updated 2) Falls risk assessment completed and patient advised to use call bell and wear appropriate footwear 3) Post falls pathway was appropriately followed 4) Patient was reviewed by the Dr. 5) Regular reviews by physio.	E1 In place and active February 2021 February 2021 February 2021 February 2021 February 2021

Number of Velindre-acquired infections:

C.diff infections = 1

MRSA infections = 0

MSSA infections = 0

E.coli infections = 0

Klebsiella infections = 0

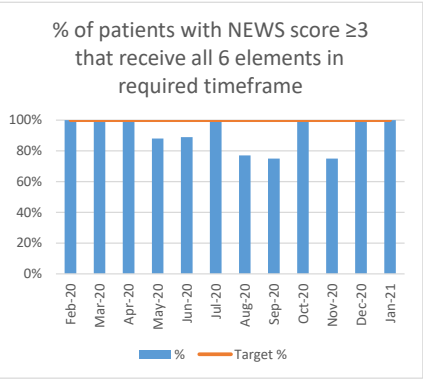
Pseudomonas Aeruginosa infections = 0

Target: 0 infections	SMT lead: Clinical Director	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
There was one <i>C difficile</i> case reported in January 2021. This patient had had extensive antibiotic therapy (3/12) due to management of cellulitis, and Clinamycin documented as could cause <i>C.diff</i> was annotated in Canisc. The patient was isolated on admission and did not use any shared facilities. The Infection Prevention and Control meeting agreed that extensive courses of antibiotics was the most likely cause for the CDI. Also to note this has been reported as a cluster code single case.	A1 Ensure that we ascertain what medicines the patient was taking in their previous care setting prior to admission i.e. ask about antibiotics in past 3 months. Clinicians to gather data on antibiotic history before prescribing antibiotics in clinic. A 2 Clinicians to seek advice from microbiology earlier if patient not improving after multiple courses of antibiotics. A 3 Ensure patients are counselled in clinic in relation to ABX and to report diarrhoea/problems in a timely manner.	E1 - E3 March 2021

Last month   Target Not Achieved

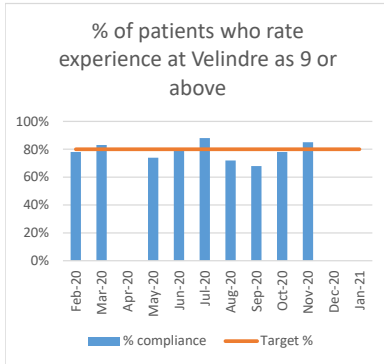
Annual figures for Velindre-acquired infections:												
	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
<i>C.Diff</i>	0	0	1	0	0	0	0	1	0	0	0	1
<i>MRSA</i>	0	0	0	0	0	0	0	0	0	0	0	0
<i>MSSA</i>	0	0	0	0	0	0	0	0	0	0	0	0
<i>E.Coli</i>	0	0	0	0	1	1	0	0	0	0	0	0
<i>Klebsiella</i>	0	0	0	0	0	0	0	0	0	0	0	0
<i>P. Aeruginosa</i>	0	0	0	0	0	0	0	0	0	0	0	0

Safe and Reliable Services - % of patients who receive a diagnosis of sepsis and receive all 6 elements of treatment within 1 hour Jan-21
(newly presenting patients only)



Last month   Target Achieved

Target: 100%	SMT lead: Clinical Director	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
In January 2021, 3 patients met the criteria for sepsis and all 3 received the sepsis bundle within 1 hour. 100% compliance. Of these 3 patients only 1 patient went on to receive diagnosis of sepsis.	Performance on track.	



Last month

Target: 80%	SMT lead: Director of Operations	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
<p>The VCC Patient Experience lead is unexpectedly off work. Due to the on-going demands of the response to the COVID-19 pandemic, we are unable to back-fill into the post. The Executive Team and VCC Senior Management Team have jointly agreed to temporarily pause activity given pandemic imposed pressures. This will recommence upon the return of the post holder.</p> <p>In addition, a new national patient experience system has been procured and it is anticipated that this will be rolled out early in the new financial year.</p>		

Concerns:

The Trust Board's Quality and Safety Committee receive a report on the detail of all concerns received.

3 Early Resolution concerns were received and closed within 2 working days.

Out of Time Enquiry - lack of communication with NHS providers and VUNHST. The Trust Complaints Manager is currently obtaining consent from the patient to potentially investigate concerns jointly with the health board.

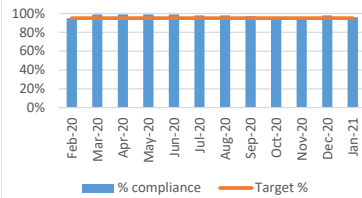
Themes included:

1. Communication

2. Environmental - facilities available while waiting for Outpatients Department.

Type of concern	No.
Early Resolution	3
PTR (formal concern)	0
Claims	0

% of episodes clinically coded
within 1 month post episode
end date



Last month   Target Achieved

Target: 95%	SMT lead: Head of IM&T	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
96% compliance was achieved in January 2021.	Performance on track.	

VCC Measures Glossary

Measure	Target	Monthly/Annual/Rolling	National/Local
Patients Receiving Radical Radiotherapy Within 28 Days	98% or greater	Monthly	Local (Based on RCR Guidance)
Patients Receiving Palliative Radiotherapy Within 14 Days	98% or greater	Monthly	Local (Based on RCR Guidance)
Patients Receiving Emergency Radiotherapy Within 2 Days	98% or greater	Monthly	Local (Based on RCR Guidance)
Non-Emergency SACT Patients Treated Within 21 Days	98% or greater	Monthly	Local (Based on JCCO Guidance)
Emergency SACT Patients Treated Within 5 Days	98% or greater	Monthly	Local (Based on JCCO Guidance)
Percentage of Therapies Inpatients Seen Within 2 Days	100%	Monthly	Local
Percentage of Urgent Therapies Outpatients seen within 2 weeks	100%	Monthly	Local
Percentage of routine Therapies Outpatients Seen Within 6 Weeks	100%	Monthly	Local
Monthly Percentage of NPs, Ops and Chemo Assessment Appointments where patients were seen within 20 minutes of the scheduled appointment times	100%	Monthly	Local
Number of Potentially Avoidable Hospital Acquired Thrombosis	0	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance which Requires Reporting on a Quarterly Basis)
Number of Delayed Transfers of Care	0	Monthly	National
Number of Velindre Acquired Pressure Ulcers	0	Monthly	Local
Number of Pressure Ulcers Reported to the Welsh Government as Serious Incidents	0	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance)

VCC Measures Glossary - Cont.

Measure	Target	Monthly/Annual/Rolling	National/Local
Number of Velindre Acquired Healthcare Associated Infections	0	Monthly	National
Percentage of patients who receive a diagnosis of sepsis and receive all 6 elements of treatment within 1 hour (newly presenting patients only)	100%	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance)
Death within 30 days of SACT	2.2%	Monthly	Local (based on NEPOD Audit Benchmark)
Percentage of patients who rate experience at Velindre as 9 or above	80%	Monthly	Local
Percentage of episodes clinically coded within 1 month post episode end date	98%	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance)

Workforce Report provides the following:

- Overview of Key Performance Indicators for Sickness, PADR, Statutory and Mandatory training in all Divisions of the Trust, including Corporate Divisions, TCS and Research and Development (excluding hosted);
- Corporate Divisions include Finance, Workforce and OD, Corporate Estates and Planning, Corporate IT, Clinical Governance, Infection Control, Fundraising and Trust Management and Board;
- The report provides a 12 monthly trend report for Sickness, PADR, Statutory and Mandatory training;
- Hotspots identified, with in month actions to explain improvement trajectory work. Hotspots defined as areas where KPIs are not met and there has been a downward trend over the last three months;
- In month Job Planning figures with narrative to notify areas of improvement;
- An overview of the main findings and themes from the Work in Confidence Platform.

At a Glance for Velindre (Excluding Hosted)

Velindre (Excluding Hosted)	Current Month	Previous Month	Target
	Jan-21	Dec-20	
PADR	70.19	70.32	85%
Sickness	5.26	5.27	3.54%
S&M Compliance	82.81	82.66	85%

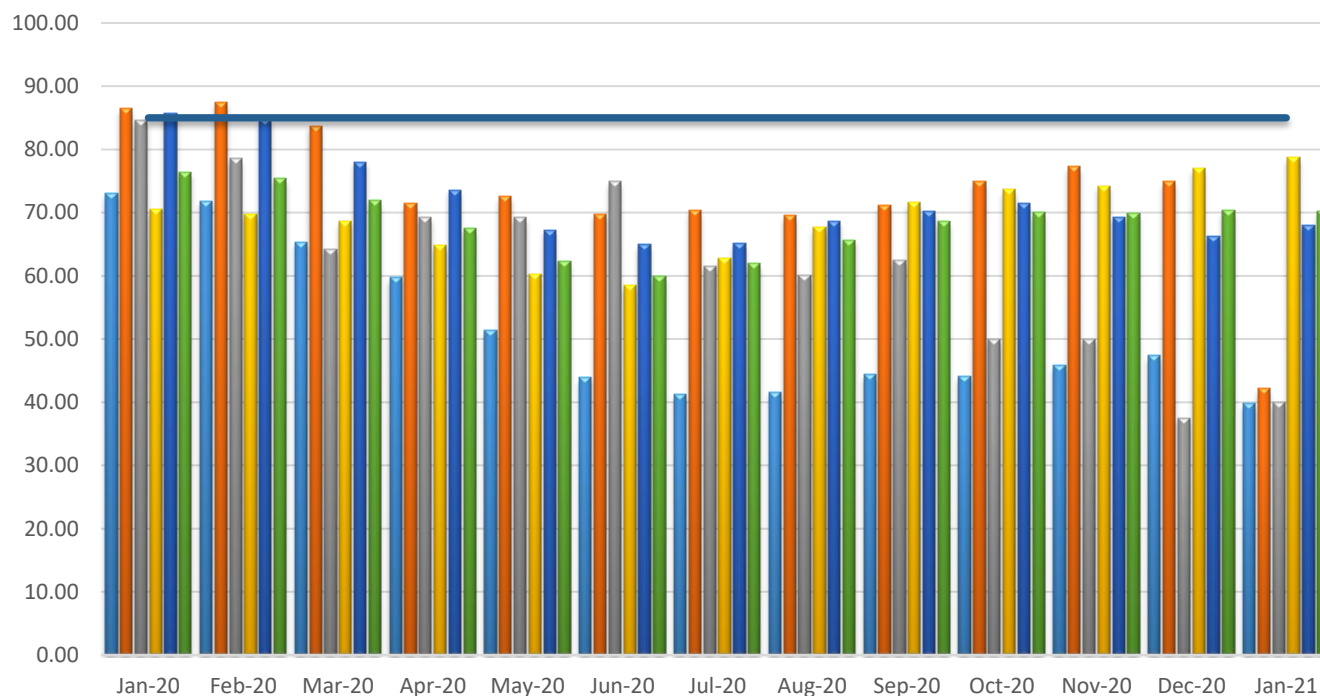
Workforce Dashboard

Data below highlights rolling figures for workforce KPI's. This provides a running total of the values of the last 12 months of an indicator providing trend data for the indicators. Granular monthly data is generated for divisions as separate reports. Data Rag Rated for ease of reading.

Key	85%-100%	50% - 84.99%	0% - 49.99%										
These figures exclude Trainee Doctors, those on Maternity, Starters within first 6 Months, those currently off on sickness absence.													
PADR	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Corporate	73.00	71.88	65.35	59.80	51.46	43.93	41.28	41.59	44.35	44.07	45.76	47.46	39.82
Research, Development & Innovation	86.49	87.50	83.72	71.43	72.50	69.77	70.45	69.57	71.11	75.00	77.27	75.00	42.22
Transforming Cancer Services	84.62	78.57	64.29	69.23	69.23	75.00	61.54	60.00	62.50	50.00	50.00	37.50	40.00
Velindre Cancer Centre	70.49	69.66	68.68	64.78	60.26	58.52	62.75	67.60	71.61	73.63	74.23	76.98	78.68
Welsh Blood Service	85.75	84.75	78.00	73.57	67.25	64.94	65.11	68.69	70.22	71.46	69.32	66.18	67.97
Velindre Organisations	76.38	75.43	71.89	67.51	62.28	59.89	61.92	65.67	68.61	70.02	69.89	70.32	70.19
Target 85%	85	85	85	85	85	85	85	85	85	85	85	85	85
Key	85%-100%	50% - 84.99%	0% - 49.99%										
These figures exclude those on Maternity and those currently off with sickness absence													
Stat and Mand Compliance (10x CSTF)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Corporate	77.04	76.47	74.21	72.36	70.73	68.94	70.00	72.80	66.67	70.00	69.45	70.47	71.61
Research, Development & Innovation	68.57	74.00	74.51	75.10	75.92	76.27	75.96	80.79	72.41	75.71	76.73	76.25	77.45
Transforming Cancer Services	82.31	77.50	77.65	74.38	69.41	65.29	66.67	70.99	70.00	65.26	70.56	70.56	71.18
Velindre Cancer Centre	78.10	79.11	78.16	77.94	77.76	77.62	78.82	79.87	77.79	78.94	80.13	80.23	80.69
Welsh Blood Service	90.85	90.68	92.26	92.87	93.27	93.79	93.79	91.99	90.65	89.69	91.67	91.42	90.43
Velindre Organisations	81.75	82.30	82.08	82.00	81.83	81.74	82.49	82.99	80.57	81.26	85.59	82.66	82.81
Key	0% - 3.54%	3.55% - 4.49%	4.5 % & Above										
Sickness Rolling %	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Corporate	4.84	4.70	4.77	4.85	4.85	4.87	4.91	5.20	5.38	5.39	5.18	5.19	5.26
Research, Development & Innovation	4.07	4.02	4.16	4.36	4.68	5.01	5.14	4.88	4.68	4.51	4.65	4.64	4.50
Transforming Cancer Services	4.90	4.17	3.91	3.99	3.81	3.69	3.08	2.46	2.38	2.31	2.24	2.46	2.41
Velindre Cancer Centre	4.25	4.30	4.62	5.07	5.26	5.44	5.57	5.63	5.73	5.74	5.76	5.87	5.88
Welsh Blood Service	4.76	4.83	4.99	5.13	5.09	4.92	4.76	4.61	4.53	4.43	4.43	4.42	4.37
Velindre Organisations	4.46	4.49	4.73	5.03	5.13	5.19	5.21	5.21	5.25	5.22	5.21	5.27	5.26
Target 3.54%	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54
Monthly Special Leave Absence %	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Corporate	0.19	0.26	0.31	0.36	0.43	0.43	0.41	0.40	0.42	0.39	0.38	0.37	0.30
Research, Development & Innovation	0.18	0.27	0.45	0.50	0.60	0.58	0.61	0.69	0.70	0.65	0.64	0.67	0.71
Transforming Cancer Services	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02	0.02	0.02	0.16	0.32	0.51
Velindre Cancer Centre	0.28	0.29	0.32	0.34	0.35	0.34	0.34	0.36	0.37	0.38	0.39	0.40	0.42
Welsh Blood Service	0.38	0.41	0.44	0.49	0.52	0.52	0.53	0.55	0.57	0.62	0.63	0.69	0.75
Velindre Organisations	0.29	0.32	0.36	0.39	0.42	0.41	0.41	0.43	0.45	0.46	0.47	0.50	0.52
Monthly Special Leave Absence %	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Corporate	0.00	0.00	0.09	0.27	0.35	0.42	0.49	0.57	0.58	0.59	0.59	0.58	0.58
Research, Development & Innovation	0.00	0.00	0.53	0.96	1.25	1.53	1.82	1.97	1.96	1.94	1.99	1.98	1.96
Transforming Cancer Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Velindre Cancer Centre	0.00	0.01	0.33	0.79	1.13	1.39	1.61	1.74	1.83	1.87	1.97	2.16	2.31
Welsh Blood Service	0.00	0.00	0.17	0.50	0.77	1.03	1.22	1.32	1.39	1.45	1.52	1.61	1.68
Velindre Organisations	0.00	0.00	0.26	0.65	0.94	1.18	1.37	1.49	1.56	1.60	1.68	1.81	1.91








PADR – The Figures






PADR Status - last 12 Months by Division



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Corporate	73.00	71.88	65.35	59.80	51.46	43.93	41.28	41.59	44.35	44.07	45.76	47.46	39.82
Research, Development & Innovation	86.49	87.50	83.72	71.43	72.50	69.77	70.45	69.57	71.11	75.00	77.27	75.00	42.22
Transforming Cancer Services	84.62	78.57	64.29	69.23	69.23	75.00	61.54	60.00	62.50	50.00	50.00	37.50	40.00
Velindre Cancer Centre	70.49	69.66	68.68	64.78	60.26	58.52	62.75	67.60	71.61	73.63	74.23	76.98	78.68
Welsh Blood Service	85.75	84.75	78.00	73.57	67.25	64.94	65.11	68.69	70.22	71.46	69.32	66.18	67.97
Velindre Organisations	76.38	75.43	71.89	67.51	62.28	59.89	61.92	65.67	68.61	70.02	69.89	70.32	70.19
Target 85%	85	85	85	85	85	85	85	85	85	85	85	85	85

PADR – The Narrative

Performance Indicator	RAG / change from previous month	Dec Figure	Hotspot Areas	%	Comment to include reasons for change / rates high or low
PADR Compliance (85%)	70.1% 	70.3%	WBS - Directors Section	33.33% 	Only 6 people in this section. 4 outstanding are not within Directors management responsibility.
			WBS - General Section	45.83% 	All departments have similar compliance within General Services.
			WBS - Collection Service	57.22% 	A number of departments contributing to low figure for Collections WOD to work with team to improve compliance.
			VCC - Medical Staffing	35.09% 	Medical appraisal recorded via MARS system shows 82% compliance, but this is not reflected in ESR. Appraisals continue to be scheduled, despite a further letter from WG advising that appraisals for Medical staff can be deferred until end of March 2021.
			VCC Outpatients	63.64% 	Sickness, turnover and isolation of senior staff has impacted on the PADR rate. The 8 remaining PADRs are being booked in.
			Palliative	42.11% 	Increase as a result of the Medical appraisal data being entered onto ESR.

		VCC CSMO	57.69% 	A decrease from 62.96% in December 2020.
		Corporate	39.82% 	3 departments have compliance above 50%. The other 8 are between 0 and 40%. Managers indicate some is due to data lag, as well as some being sue to challenge during this phase of COVID
		RD+I	42.22% 	This has significantly decreased from last month. The WOD Team will look further into the data.
		TCS	46.67% 	WOD will continue to work with the department to ensure the action plan for improved compliance is implemented and support provided.
		HTW	85.71% 	Same position as last month.

Action/ initiatives:

WBS

- Understand reasons for low compliance in General and Collection Services and support mangers in identifying actions to improve compliance.
- Operational workforce team will work with these department Managers to develop plan to increase compliance.

VCC

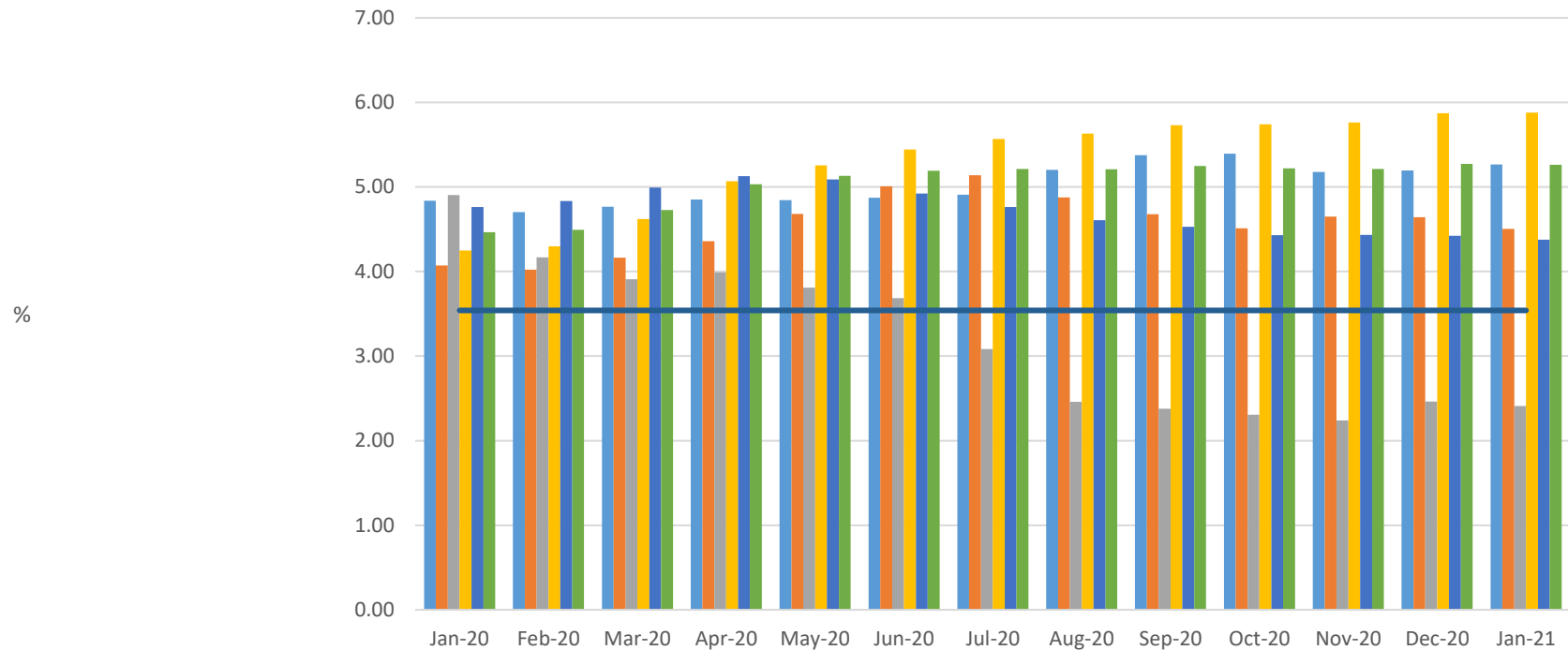
- SMT to continue to monitor the PADR improvement plans monthly, addressing areas of concern and supporting Departments where barriers or staffing issue are identified.
- During monthly meetings with WOD, all managers are aware of the ongoing requirement to provide PADRs and are endeavoring to complete these as soon as possible.

Corporate Areas (including RD&T, HTW & TCS)

- Hotspot areas will be discussed in meetings with department managers and improvement plans developed/monitored.






Sickness Data – The Figures





Sickness - Last 12 Months by Division



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Corporate	4.84	4.70	4.77	4.85	4.85	4.87	4.91	5.20	5.38	5.39	5.18	5.19	5.26
Research, Development & Innovation	4.07	4.02	4.16	4.36	4.68	5.01	5.14	4.88	4.68	4.51	4.65	4.64	4.50
Transforming Cancer Services	4.90	4.17	3.91	3.99	3.81	3.69	3.08	2.46	2.38	2.31	2.24	2.46	2.41
Velindre Cancer Centre	4.25	4.30	4.62	5.07	5.26	5.44	5.57	5.63	5.73	5.74	5.76	5.87	5.88
Welsh Blood Service	4.76	4.83	4.99	5.13	5.09	4.92	4.76	4.61	4.53	4.43	4.43	4.42	4.37
Velindre Organisations	4.46	4.49	4.73	5.03	5.13	5.19	5.21	5.21	5.25	5.22	5.21	5.27	5.26
Target 3.54%	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54

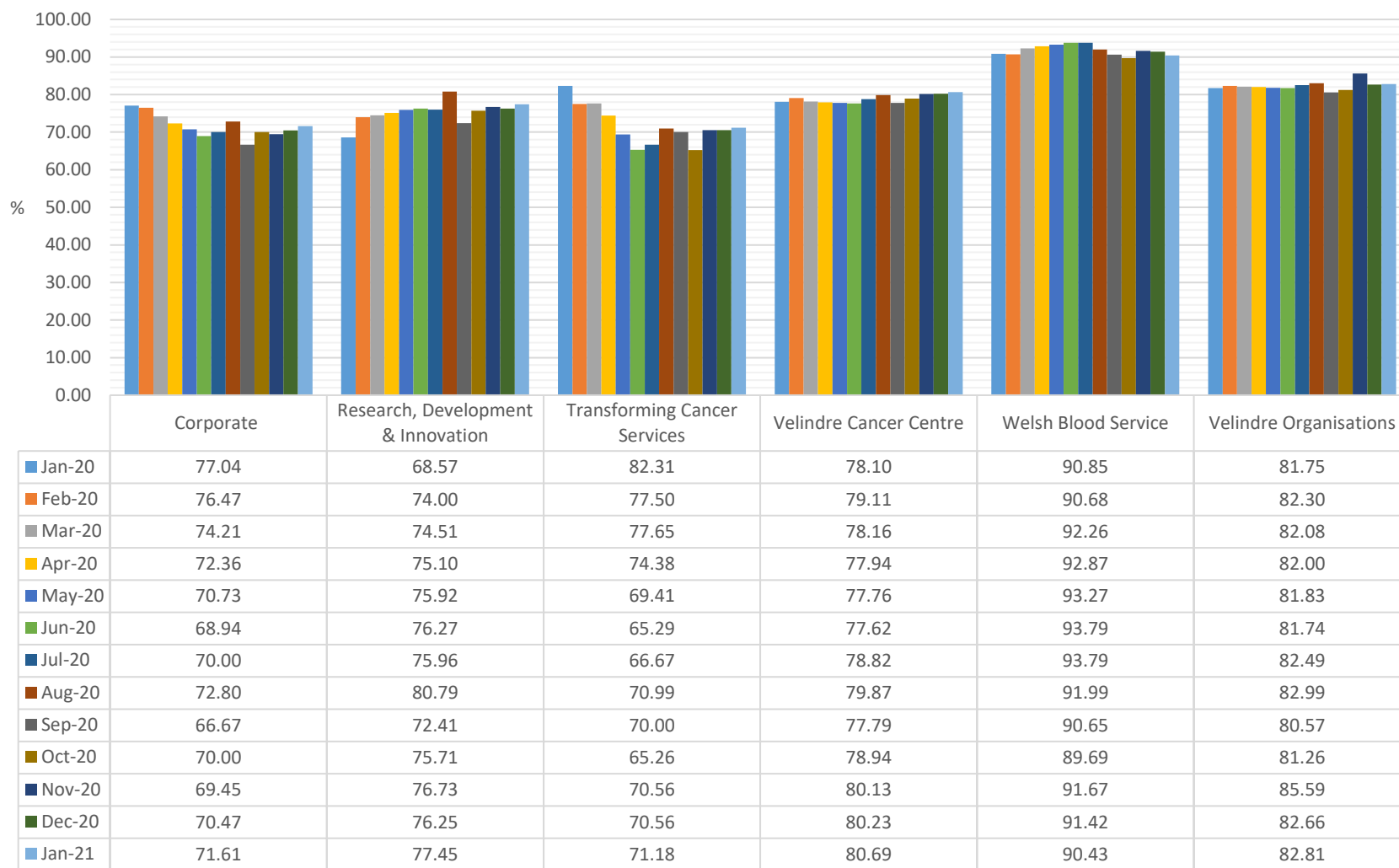
Sickness – The Narrative

Performance Indicator	RAG/ Change from previous month	Dec Figure	Hotspot	%	Comment to include reasons for change / rates high or low
Sickness absence (3.42%)	5.26% 	5.27%	WBS - Collection Service	5.25% 	All departments, with the exception of 4, have rates well below target 3.54%. 1 area has a rate of 1% above target and 3 have rates over 6.5%. 2 of the 3 maintain a downward trend over the last 3 months.
			WTAIR	4.36% 	1.2 % increase from previous month. Cumulative figure remains well below target.
			VCC - Information Section	6.65% cumulative 8.63% in month 	Medical Records continue to experience increased levels of absence (both COVID and non COVID related). Last month it was noted there was also stress related absence, married with a report to Silver of delays in outputs. To support 2 bank transcriptionists were appointed to alleviate delays in typing, improving timeliness of outputs and alleviating pressure on remaining colleagues. The ER issues within this area are still ongoing and will likely be having an adverse impact on staff.
			VCC - Operational Services	10.15% cumulative 11.93% in month 	The Department had a number of COVID absences, as well as long term absences due to musculoskeletal. Musculoskeletal continues to be a more common cause of absence within Operational Services. This will be raised with the manager at the next monthly meeting to ensure that all appropriate support and preventative actions are being undertaken.



		Pharmacy	9.29% cumulative 8.94% in month 	6 long term sickness absence cases remain open – all are being supported appropriately. The decreased in month rate is largely attributable to less short term sickness absence in January than December.
		Corporate	5.26% cumulative 5.05 in month 	0.96% of in month absence Covid related (50% increase on last month). 70.9% of absence due to stress/anxiety/depression – double elsewhere in the Trust.
		RD+I	4.50% cumulative 5.76% in month 	0.33% of in month absence Covid related. Reduction in long and short term absence. 52% of absence due to stress/anxiety/depression – high compared with elsewhere in the Trust. As this is a small department even 1 absence can have significant impact on percentages.
		TCS	2.41% cumulative 0.00% in month 	No Covid absence reported.
		HTW	3.73% cumulative 3.53% in month	No Covid absence reported. Headcount of 16. 34.4% of rolling 12 month absence is cardiac. 25% stress and anxiety, which is lower than the Trust average.




Statutory and Mandatory Figures – The Figures

Statutory & Mandatory Compliance (10x CSTF) last 12 months by Division



Statutory and Mandatory Figures – The Narrative

Performance Indicator	RAG/ Change from previous month	Dec Figure	Hotspot	%	Comment to include reasons for change / rates high or low
Stat & Mand Training (85%)	82.8% 	82.7%	VCC	Manual Handling 60.75%	There are no major hotspot areas within VCC this month, although Manual Handling Training requires attention and improvement across the patch. Discussions have already started to take place with the Education and Development Team and with the Director of Operations to consider the best way to support staff and managers in achieving this competency. To be progressed through Q&S.
			Corporate	71.61% 	Slight increase in compliance. All managers committed to getting staff to undertake S+M training. Some practical limitations with staff who do not have access to IT usually.

		RD&I	77.45%		Manager encouraging staff to undertake modules via e-learning.
		TCS	71.18%		Slight increase from December's compliance.
		HTW	86.67%		Same position as last month.

Action/ initiatives:

WBS

- All departments within WBS are above 87% compliance.

VCC

- The overall increase in M&S training compliance that have been seen over the last few months should be noted in the context of increasing staff absence, and ongoing service pressures.
- Where Departments have seen decreases in compliance, this has been by a small percentage and should be noted in the above context.

Corporate Areas (including RD&T, HTW & TCS)

Statutory and Mandatory training compliance will be addressed at a departmental level, with the support of the WOD Team, to establish whether there are any barriers to improving this.

Job Planning Figures

VCC

Role	Assignments	With Expired Plan	% With Expired Plan	Current Plan (Signed & Not Signed)			
				With Current Plan (within 1 Year)	% With Current Plan	With Current but Unsigned Plan	% With Current but Unsigned Plan
Consultant	58	25	43%	33	57%	13	39%
Medical Director	1	1	100%	0	0%	0	0%
Specialty Doctor	0	0	0%	0	0%	0	0%
GP	1	1	100%	0	0%	0	0%
Grand Total	60	27	45%	33	55%	13	39%

Key points:

- COVID continues to provide a significant challenge in terms of ensuring that job planning/review sessions are undertaken in a timely manner;
- Job planning sessions are being booked in each month to cover off all Consultants; the challenge continues to be around ensuring that all job plans are signed off, however solutions are being sought in relation to this.
- The Medical Workforce Team are currently looking at the job plans against the activity by Consultant and SST.
- Further to last month's update, the Medical Workforce Team have received the most up to date job plan data for Palliative Care Drs and this will be reflected in March's figures.

WBS

Role	Assignments	With Expired Plan	% With Expired Plan	With Unsigned Plan	% With Unsigned Plan	With Current Plan (within 1 Year)	% With Current Plan
Consultant	2	0	0%	0	0%	0	0%
Medical Director	1	1	100%	0	0%	0	0%
Specialty Doctor	1	0	0%	1	100%	0	0%
GP	0	0	0%	0	0%	0	0%
Grand Total	4	1	25%	1	25%	0	0%

Key points:

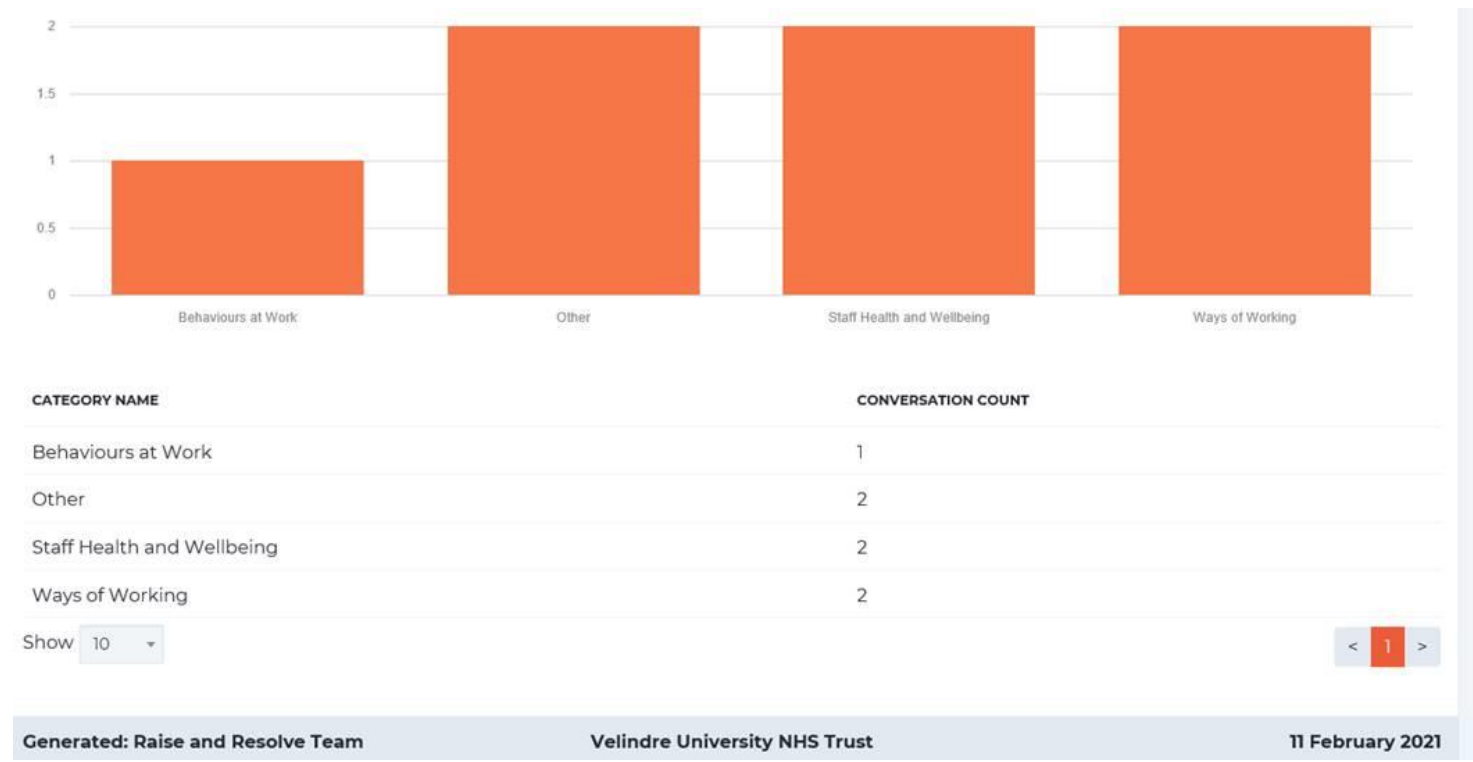
The position remains the same as previous months, i.e. the remaining x1 consultant and x1 specialty doctor have been in post for less than one year (with start dates of mid-February and mid-August respectively), although they have both had interim reviews.

Work In Confidence (WIC)

The WOD team continue to respond to a variety of different concerns/issues via the WIC platform. To date, we have:

- Number of Users: 20
- Activated Accounts: 19

The graph below categorises the type of conversations that have taken place:



As part of these conversations, the following themes have emerged:

- Unfair implementation of the COVID Home Working Policy (i.e. staff not being able to work from home)
- Annual Leave – equity across the organisation and staff groups
- Lack of rest/wellbeing spaces for staff
- Unfair recruitment/change management practices

In all of the above cases, staff members have been encouraged, where appropriate, to share their concerns with their Line Manager (or next appropriate Manager), in order to achieve an early, informal resolution. In some cases, the WOD Team have been involved in facilitating said discussions.



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NHS Trust

TRUST BOARD

FINANCE REPORT FOR THE PERIOD ENDED 31 JANUARY 2021 (M10)

DATE OF MEETING	25/03/2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Matthew Bunce – Deputy Director of Finance
PRESENTED BY	Mark Osland – Executive Director of Finance
EXECUTIVE SPONSOR APPROVED	Mark Osland – Executive Director of Finance

REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	08/03/2021	NOTED
Quality, Safety and Performance Committee	15/03/2021	NOTED

ACRONYMS

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1. SITUATION/BACKGROUND

- 1.1 The attached report outlines the financial position and performance for the period to the end of January 2021.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Performance against Key Financial Targets:

KPI Target	Unit	Current Month £000	Year to Date £000	Year End Forecast £000
Revenue (To ensure net operating costs do not exceed income)	Variance	(7)	12	0
Capital (To ensure that costs do not exceed the Capital Expenditure limit)	Actual Spend	400	5,232	9,771
Public Sector Payment Performance (Administrative Target – To pay 95% of non NHS invoices within 30 days measured against number of invoices paid).	%	97.2%	97.1%	95.0

2.2 Revenue Budget

The overall position against the profiled revenue budget to the end of January is an underspend of **£12k**, with a forecast breakeven position for the end of the financial year.

Within the detailed report (*section 4 on page 4*), the forecast breakeven position is broken down between income, pay and non pay. There is an expected underachievement against income which is offset by an underspend on Pay. The forecast position at year end reflects a balanced non pay position due to new cost pressures offsetting other underspending budget areas.

A large element of the underachievement on planned income relates to WBS WTAIL and Blood Components & RD&I due to the impact of Covid, for which the Trust has received WG funding to cover. The other main area is staff costs which are not being recharged to other organizations' due to vacancies, which will be directly offset by underspend on pay.

There has been some reduction in the pay underspend to date and forecast to year end as more vacancies are filled.

The WBS Division year-end forecast has now moved from a £300k to a £500k underspend, which is being managed as part of the overall Trust financial planning to achieve breakeven.

Cost pressures which have surfaced during the year, in line with normal budgetary control procedures, are managed by budget holders to ensure the delegated expenditure control limits are not exceeded.

2.3 Savings

Savings and income targets have been affected by Covid and have been identified separately and covered by the confirmation of additional Covid funding from WG. Further details of the savings position is shown within *section 5 on page 10* of the detailed report.

At the beginning of the financial year, the Trust agreed as part of the IMTP submission that a balanced position will be carried into the next financial year. Covid has had a significant impact on delivery (£700k - 50% under-achieved) against the recurrent savings target this year, although the position has been supported by non recurrent funding from WG as part of its overall Covid support. Consequently the £700k underachievement against the 2020-21 savings target will be carried forward into 2021-22 as an underlying deficit.

This position has been discussed with WG and is not dissimilar to the position presented by other NHS organisations. This underlying deficit will again form part of our Covid funding request alongside the other projected Covid related costs for 2021-22.

2.4 Covid Expenditure

Covid-19 Revenue Spend		
Expenditure Type	YTD	Full Year
	Actual (£'000)	Forecast (£'000)
Pay	2,052	2,533
Non Pay	6,825	7,197
Non Delivery of Savings Plans	583	700
Reduction of non pay costs due to reduced elective activity	(515)	(625)
Total	8,945	9,805

The overall gross expenditure directly associated with Covid has reduced and is now forecast to be £9.8m. This includes Hospice funding of £5m which is passing through the Trust. The funding also includes £400k associated with the Convalescent Plasma project costs (due to delays in the project timetable and recruitment this has reduced from an original forecast of £1.1m, revised to £0.750m during last year).

The Trust is currently expecting to spend circa £160k on the Mass Covid Vaccination Programme during 2020/21, which includes the WBS storage and distribution of vaccines for NHS Wales, delivery of vaccinations to front line staff in both Velindre and WAST, and the rollout of the Patient Vaccination Programme. The forecast spend has reduced due to the switch to second dose vaccination requiring fewer clinics. These costs will be funded from within the envelope of funding received from Welsh Government.

The gross forecast of £9.8m also incorporates estimated costs of £0.9m specifically to provide additional capacity to meet an expected increase in demand during the final months of the year.

Since the modelling exercise was undertaken to inform the quarter 3 and 4 operational plan, the latest position suggests that the expected increase in demand is unlikely to be to the level originally modelled and therefore the additional capacity required is less in the current financial year.

2.5 Financial Risks

Actions continue to be taken to ensure that Covid funding is fully utilised to deliver a year-end financial position close to budget.

Other financial risks that would impact on the Trust delivering a breakeven position have been mitigated as far as possible and this position is not expected to change over the remaining months of 2020-21.

2.6 Capital

a) All Wales Programme

Performance against the current agreed All Wales Programme budget allocations are generally on course to deliver as expected although there are forecast year end underspends on some schemes, including TCS (circa £200k), but these will be utilised to implement other priorities within the discretionary programme, so the Trust still anticipates spending close to its Capital Expenditure Limit (CEL).

The Trust is in dialogue with WG to seek reassurance that its discretionary allocation will not be affected in 2021-22 as a result of the forecast TCS underspend.

Further funding of £250k from the All Wales Programme has recently been received from WG to commence Fire safety and WBS HQ works. There is limited scope to what can be delivered by the end of the financial year, but a significant proportion of these schemes will need to continue into 2021-22 with WG All Wales Programme funding required.

Other Major Schemes in development that will be considered during 2021/22 in conjunction with WG include, VCC Ventilation & Infrastructure and Blood Gas Analysers.

b) Discretionary Programme

The budget allocation from WG to fund TCS has removed the limitations on allocation of the discretionary budget, with the Capital Planning and Delivery Group (CPDG) now working with the service to ensure effective delivery of the remaining discretionary Programme and progress other priorities to utilise slippage in All Wales Schemes.

A detailed paper on the plan for the discretionary capital Programme for the remainder of the year was submitted to the Strategic Development Committee on 14.

Having now received the allocation from WG to fund TCS it is imperative that the agreed Discretionary Programme is efficiently progressed in order to deliver before the financial year end.

c) Covid-19

The Trust has received confirmation that its Capital Expenditure Limit (CEL) has been increased to reflect the total funding request in relation to capital expenditure directly associated with Covid. **This is £1.845m.** This funding is currently forecast to underspend by £48k which will be managed as part of the overall Capital Programme.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The Trust financial position at the end of January 2021 is an underspend of £12k with a year-end forecast break-even position in accordance with the approved IMTP

4. RECOMMENDATION

- 4.1 QSP is asked to **NOTE** the contents of the January 2021 financial report and in particular the financial performance to date, and the year-end forecast to achieve financial break-even.



Ymddiriedolaeth GIG
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NHS Trust



FINANCIAL PERFORMANCE REPORT

FOR THE PERIOD ENDED JANUARY 2020/21

TRUST BOARD

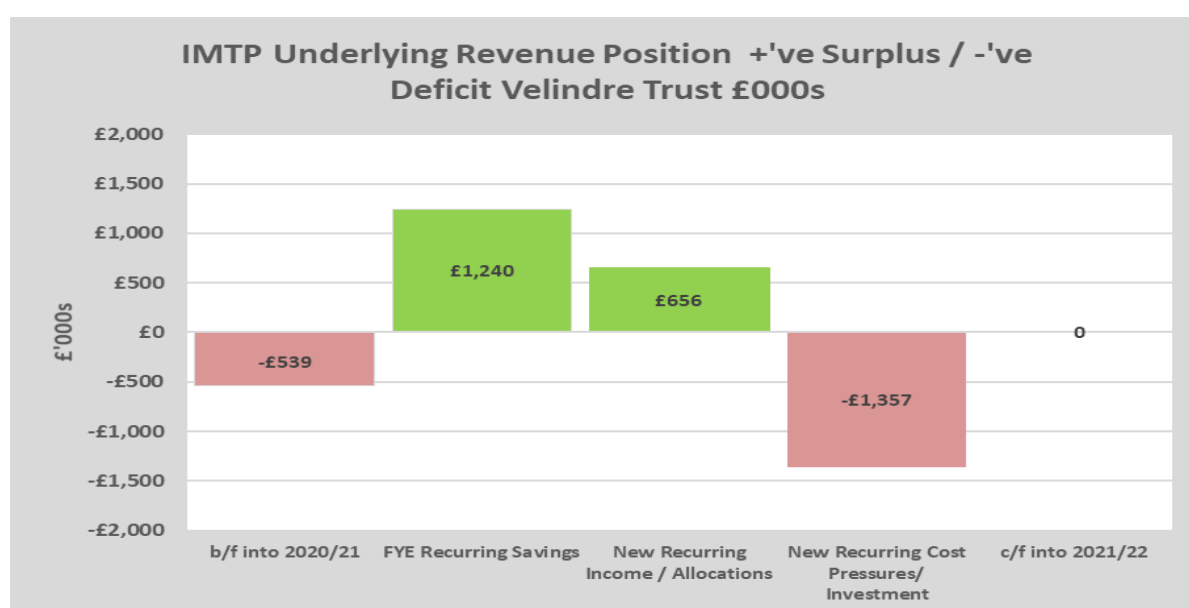
1. Introduction

The purpose of this report is to outline the financial position and performance for the year to date, performance against financial savings targets and highlight the financial risks and forecast for the financial year, outlining the actions required to deliver the IMTP Financial Plan for 2020-21.

2. Background / Context

The Trust Financial Plan for 2020-21 was set within the following context.

- The Trust submitted a balanced Integrated Medium Term Plan (IMTP), covering the period 2020-21 to 2022-23 to the Welsh Government on 31 January 2020. The IMTP was submitted on the basis of delivering financial balance for each of the three years.
- For 2020-21 the IMTP included;
 - an underlying **deficit of £539k brought forward from 2019-20**
 - **new cost pressures/ Investment** in 20-21 of **£1,517k** (Recurring FYE effect £1,357k),
 - offset by **new recurring Income allocation of £656k**,
 - and **savings schemes** of **£1,400k**, (£1,240k FYE recurring), which can be further split between savings schemes £1,000k (£940k FYE recurring), and income generating schemes of £400k (£300k: FYE recurring).
- The Trust is expecting to fully eliminate the underlying deficit in line with the approved IMTP, partly through the utilisation of growth funding, and partly through internal savings in order to take a balanced position into 2021-22. **However, in order achieve a balanced carry forward position the savings target set for 2020-21 must be achieved.**



Underlying Position +Deficit/(-Surplus) £000s	b/f into 2020/21	Recurring Savings	New Recurring Income / Allocations	FYE New Cost Pressures/ Investment	c/f into 2021/22
Velindre NHS Trust	- 539	1240	656	- 1357	-

3. Executive Summary

Summary of Performance against Key Financial Targets (Excluding Hosted Organisations)

(Figures in parenthesis signify an adverse variance against plan)

Table 1 - Key Targets

KPI Target	Unit	Current Month £000	Year to Date £000	Year End Forecast £000
Revenue (To ensure net operating costs do not exceed income)	Variance	(7)	12	0
Capital (To ensure that costs do not exceed the Capital Expenditure limit)	Actual Spend	400	5,232	9,771
Public Sector Payment Performance (Administrative Target – To pay 95% of non NHS invoices within 30 days measured against number of invoices paid).	%	97.2%	97.1%	95.0

Performance against Planned Savings

Efficiency Savings /	Variance	0	0	0
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The Trust has now received confirmation of funding from WG for all costs that are associated with Covid. This includes the actual expenditure incurred, any loss of income or savings that have been directly impacted by the pandemic.

Revenue

The Trust has reported a **£(7)k** in-month overspend for January '21, with a cumulative position of **£12k** underspent, and an outturn forecast of **Breakeven**.

Capital

The approved Capital Expenditure Limit (CEL) as at January 2021 is currently **£9,771k** for 2020-21. This represents all Wales Capital funding of **£6,076**, Discretionary funding of **£1,850k** and funding for Covid of **£1,845k**.

PSPP (Excluding Hosted Organisations)

During January '21 the Trust (core) achieved a compliance level of **97.2%** (December '20: 96.3%) of Non-NHS supplier invoices paid within the 30 day target, which gives a cumulative compliance figure of **97.1%** to the end of January compared to the target of 95%. The Trust continues to work with its staff and NWSSPP Accounts Payable to ensure prompt authorisation of invoices and receipting of goods.

Efficiency/ Savings

The Trust is currently forecasting a full year underachievement of **£(700)k** against the savings plans which is a direct result of Covid. WG have confirmed that the loss of savings that has been directly impacted by Covid will be funded.

4. Revenue Position

Cumulative				Forecast		
£11,628 Underspent				Breakeven		
Type	YTD Budget (£'000)	YTD Actual (£'000)	YTD Variance (£'000)	Full Year Budget (£'000)	Full Year Forecast (£'000)	Forecast Variance (£'000)
Income	(128,094)	(127,386)	(708)	(156,758)	(155,854)	(905)
Pay	55,381	54,865	516	67,154	66,230	924
Non Pay	72,712	72,509	204	89,605	89,624	(19)
Total	(1)	(13)	12	0	0	0

The overall position against the profiled revenue budget to the end of January is an underspend of **£12k**, with an underachievement against income offset by an underspend on both Pay and Non Pay. This is further analysed in the tables below.

4.1 Income Analysis

Income Type	Cumulative			Year End Forecast		
	£(708)k Underachievement			£(905)k underachievement		
	YTD Budget (£'000)	YTD Actual (£'000)	YTD Variance (£'000)	Full Year Budget (£'000)	Full Year Forecast (£'000)	Forecast Variance (£'000)
Core Income - HB / WHSSC	56,183	56,183	0	70,241	70,241	0
Nice/ High Cost Drugs	34,016	34,016	(0)	40,577	40,577	0
WBS Wholesale Blood Products	9,596	9,605	8	11,907	11,907	0
WBS WTAIL	2,680	2,192	(488)	3,169	2,591	(579)
WBS Blood Components	296	143	(153)	385	168	(217)
Home Care Drugs	482	730	248	587	876	289
Private Patient	1,459	1,734	275	1,789	2,081	292
VCC Over Activity	1,278	1,278	0	1,534	1,534	0
Radiation Protection	637	639	2	800	871	70
Staff Recharges	1,696	1,412	(283)	2,030	1,726	(304)
One Wales Palliative and EOL Care	7,109	7,109	0	7,500	7,500	0
Velindre Charity	2,086	2,018	(68)	2,525	2,428	(97)
Other Charity	855	783	(71)	1,010	924	(86)
RD&I*	2,902	2,782	(119)	3,671	3,477	(194)
HTW	791	791	0	1,000	1,000	0
Other Operating Income	2,742	2,684	(58)	3,240	3,159	(81)
WG Covid Income	3,286	3,286	0	4,793	4,793	0
Total	128,094	127,386	(708)	156,758	155,854	(905)

*RD&I full year budget includes £917k of Velindre Charity income.

One Wales YTD includes £5,012k of income for the Hospices which is pass through support funding from WG in relation to Covid

The Trust has reported a cumulative year to date underachievement of **£(708)k** on Income, and is currently forecasting an outturn underachievement position of circa **£(905)k**.

- Welsh Transplantation and Immunogenetics Laboratory (WTAI), and WBS Blood Components are forecasting a large underachievement of circa £(796)k due to underactivity as a result of Covid. WG Covid funding will replenish the loss of income.
- Home Care Drugs overachievement is due to the increased homecare service of Oral drugs provided in relation to SACT since the beginning of the year.
- Private Patient's overachievement in drug recharges to Insurance companies.
- Staff recharges are forecasting an underachievement of £(304)k due to vacancies which are not being recharged to other organisations to recoup the income, and will be offset by an underspend in pay.
- RD&I forecasting a £(194)k under recovery where the division will not be drawing down on the planned Astra Zeneca money this year.
- Other operating income is forecasting to underperform in both Corporate and VCC. Corporate underachievement is due to the Trust no longer receiving interest on cash balances held within the bank. VCC underperformance is due to amongst other small variances the temporary closure of the gift shop, and reduced customers in the canteen.
- The Trust has received WG funding for Covid of £4,793k excl. the Hospices income (reduced from £5,093k due to reduction in Convalescent Plasma Costs in 2020-21), which will fully support all Covid related expenditure, including the impact from the loss of both income generation and savings.

4.2 Pay Analysis by Staff Group

STAFF GROUP	Cumulative			Year End Forecast		
	£516k Underspend			£924k Underspend		
	YTD	YTD	YTD	Full Year	Full Year	Forecast
	Budget	Actual	Variance	Budget	Forecast	Variance
	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
ADD PROF SCIENTIFIC AND TECHNICAL	1,903	1,892	10	2,314	2,291	23
ADDITIONAL CLINICAL SERVICES	5,593	5,237	356	6,663	6,191	472
ADMINISTRATIVE & CLERICAL	17,329	16,801	528	20,928	20,395	533
ALLIED HEALTH PROFESSIONALS	5,130	5,476	(346)	6,152	6,583	(432)
ESTATES AND ANCILLIARY	2,020	1,963	56	2,549	2,435	113
HEALTHCARE SCIENTISTS	6,750	6,373	377	8,102	7,736	366
MEDICAL AND DENTAL	9,635	9,674	(40)	11,537	11,568	(30)
NURSING	8,035	7,358	677	9,636	8,932	705
STUDENTS	47	46	0	50	49	0
SAVINGS & VACANCY FACTOR						
TARGET*	(1,059)	43	(1,103)	(776)	50	(826)
Total	55,381	54,865	516	67,154	66,230	924

The Trust has reported a cumulative year to date position underspend of **£516k** on Pay and is forecasting a yearend outturn overspend position of circa **£924k**.

Included within the various staff group expenditure values shown within the above table, the total Agency spend for January was £194k (December £198k), giving a cumulative year to date spend

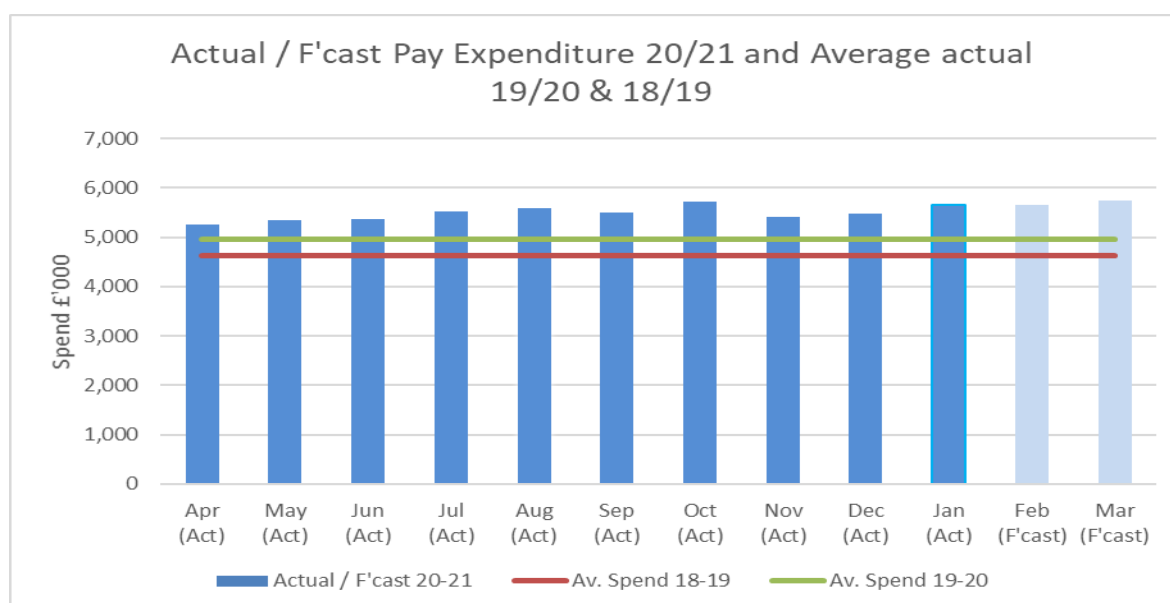
of **£2,140k** and a forecasted spend of circa **£2,588k**. Of these totals the year to date spend on agency directly related to Covid-19 is £455k and forecasted spend is circa £518k.

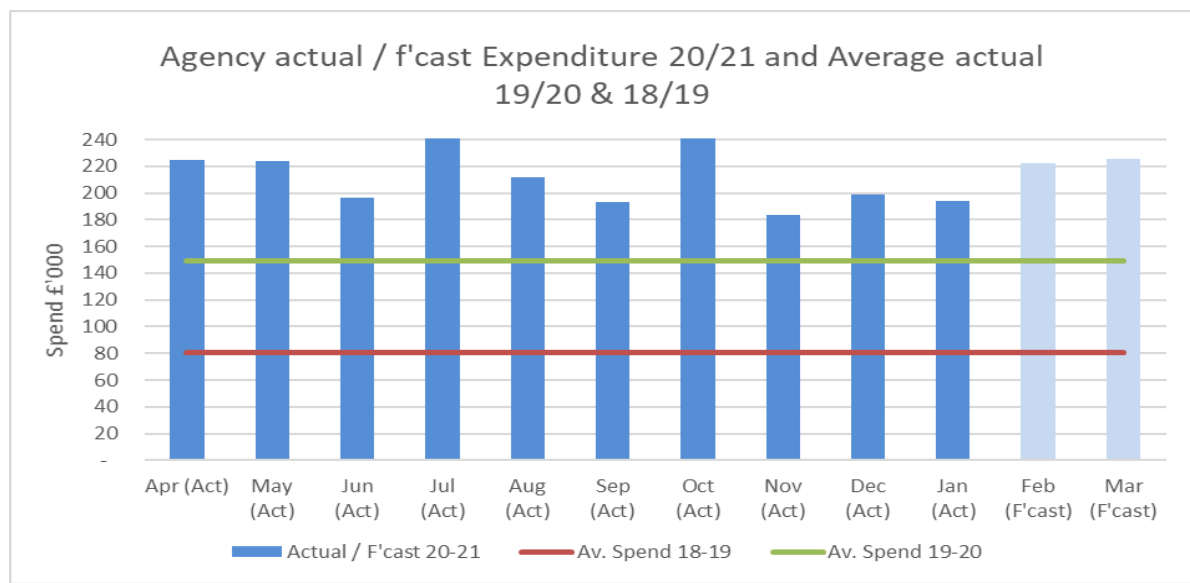
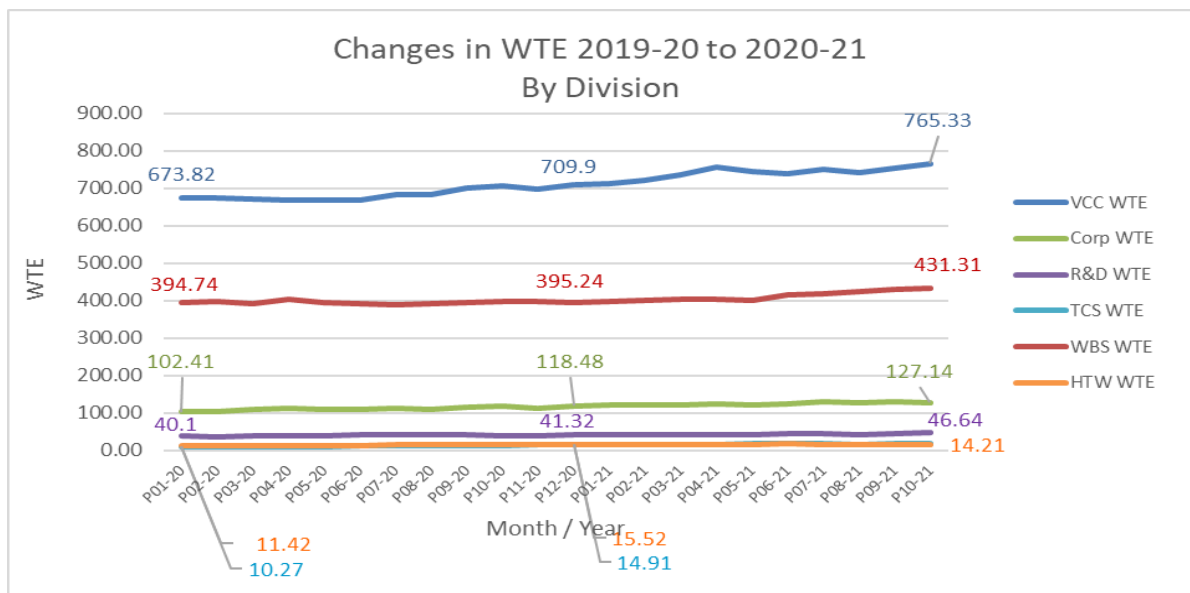
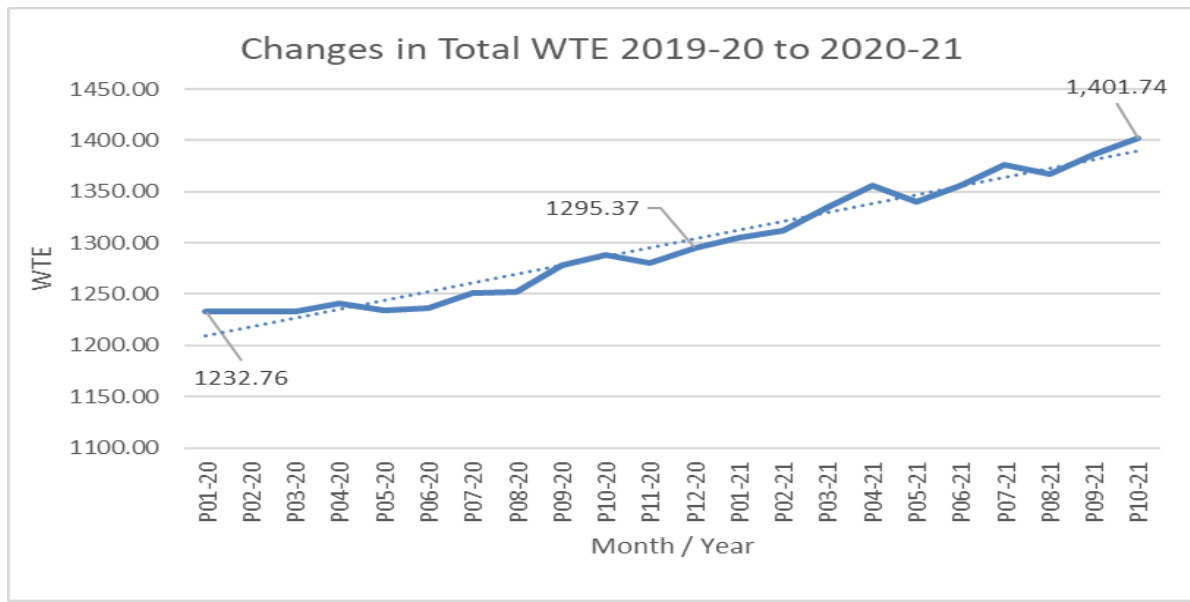
- Current vacancies against underspending staff groups are: Admin & Clerical (4.95 wte), Healthcare Scientists (5.99 wte), and Nursing (9.26 wte). The level of Vacancies across the Trust has reduced over the course of the year.
- Allied Health Professionals are experiencing an over spend of £(346)k which is due to the use of agency in Radiotherapy and Medical Physics to cover staff vacancies that the Trust has been unable to recruit to permanently, and staff who have been off sick, or self-isolating due to Covid.
- Due to the impact of Covid, the Trust has been unable to enact service redesign to generate planned staffing efficiencies, so the Trust is not expecting to achieve £350k of staff savings this year. The loss of savings will be funded by WG, with the budget currently being held in month 12 as shown in the table above. The remaining underachievement against the savings and vacancy factor targets within the divisions is being achieved through underspends across numerous staffing groups, as illustrated in the above table.

Pay Spend Trends (Run Rate)

The pay spend for 19-20 was 12% above av. pay 18-19. 3% can be attributed to the pay award. 1.3% (£822k in total) relates to an increase in use of agency staff, and 6.3% the Increase in pension award, which was accounted for in month 12. The remaining difference is a result of the additional staff recruited since the end of March'19 (c.63 wte).

The pay spend for 20-21 (excluding the 6.3% increase in pension) is forecast to be circa 10.2% above av. pay in 2019-20. 3% can be accounted for by the pay award, 4.36% can be accounted for by an increase in use of agency, with the remaining being the additional staff recruited over the latter part of 19/20, and since the beginning of 2020/21 (c. 106 wte), and the expected pay costs associated with Covid.





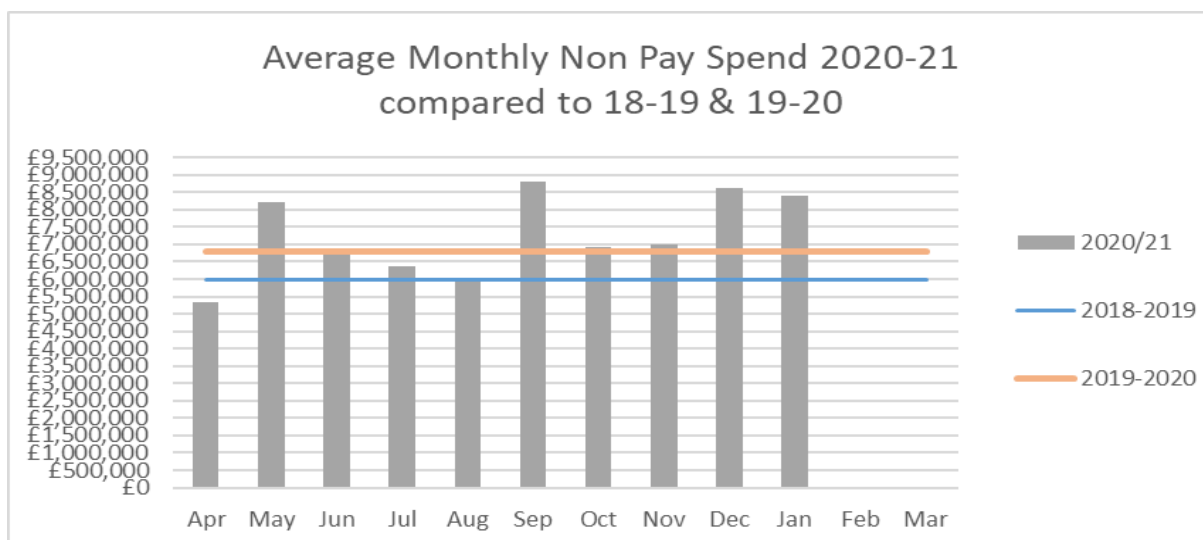
4.3 Non Pay Analysis

Income Type	Cumulative			Year End Forecast		
	£204k Underspend			£(19)k Overspend		
	YTD	YTD	YTD	Full Year	Full Year	Forecast
	Budget	Actual	Variance	Budget	Forecast	Variance
	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
Nice & High Cost Drugs	33,545	33,545	0	40,001	40,001	0
Blood Wholesaling	9,657	9,737	(79)	11,981	12,021	(40)
Depreciation	5,347	5,348	(1)	6,416	6,416	0
Clinical Services & Supplies	4,568	4,596	(28)	5,260	5,258	2
Facilities Management	693	760	(67)	815	867	(52)
Maintenance & Repairs	2,437	2,524	(86)	2,923	3,063	(139)
General Drugs	2,301	2,037	264	2,750	2,432	318
Utilities/ Rent /Rates	1,873	1,905	(31)	2,209	2,255	(46)
General Services & Supplies	2,377	1,907	470	3,770	3,573	197
Blood Components	1,555	1,440	116	1,837	1,709	128
Transport	865	829	36	1,057	996	61
Printing / Stationary / Postage	651	484	167	844	594	250
Computer Maintenance & Supplies	677	775	(98)	813	932	(120)
Travel & Subsistence	446	299	147	576	404	172
Equipment & Consumables	309	387	(78)	346	442	(96)
Education & Development	224	184	40	319	218	102
NHS SLA	(875)	(875)	0	(855)	(918)	62
Audit Fees	231	230	1	306	276	31
Telecoms	243	335	(92)	273	392	(119)
One Wales End of Life Care	6,033	6,033	0	6,246	6,246	0
General Reserves / Savings Target	(445)	32	(477)	1,717	2,448	(730)
Total	72,714	72,510	204	89,605	89,624	(19)

The Trust has reported a cumulative year to date position of **£204k** underspent on Non-Pay and is forecasting an a small outturn overspend of **£(19)k**.

- Maintenance & Repairs, along with Computer Maintenance & Supplies are seeing a general increase in costs, which is currently under review.
- General drugs & Blood Components are underspending due to reduced activity because of covid.
- General Services, Transport, Travel & subsistence and Education are all underspending due to reduced activity in the Trust largely related to Covid.
- Printing / Stationary & Postage is underspending due to a reduction in office based activity and paper based communications given homeworking because of Covid.
- Telecoms associated costs have increased due to the emergence of virtual hubs in response to Covid.
- General Reserves / Savings Target is currently reporting an overspend of £(447)k to date as a result of the Cost improvement Plans (CIP) held centrally within divisions. These CIP's are being achieved throughout other areas of non-pay as illustrated in the table above. The investment expenditure funded from reserves is phased into the last two months of the year in line with decisions made recently at both Trust and Divisional level.

Non-pay (c£81.6m) av. monthly spend increased by c£800k (10%) from £6m in 18-19 to £6.8m in 19-20. The monthly av. for 20-21 to January has increased bringing the monthly average to 7.2m just exceeding the 19-20 average.



*Non Pay includes £5.012m (£2.1m May, £1m Sep, £1.5m Dec 0.3m Jan) of Covid pass through expenditure to the hospices funded via WG.

* VCC drug spend increased by circa £1.4m in both September & December, which is additional spend in each month along with a catch up on invoice processing.

4.4 Covid-19

Covid-19 Revenue Spend		
Expenditure Type	YTD	Full Year
	Actual (£'000)	Forecast (£'000)
Pay	2,052	2,533
Non Pay	6,825	7,197
Non Delivery of Savings Plans	583	700
Reduction of non pay costs due to reduced elective activity	(515)	(625)
Total	8,945	9,805

The Trust has now received funding confirmation for all Costs associated with Covid, which includes the non-delivery of saving plans.

The total year to date net additional expenditure on services directly related to Covid is £8,945k. This incorporates actual gross expenditure of £8,877k, plus non delivery of savings of £583k, offset by a reduction in activity related costs of £(515)k.

The full year net additional forecast cost amounts to £9,805k. (Reduced by £350k due to a reduction in Convalescent Plasma costs). Included within this forecast is gross expenditure of £5,012k relating to Hospice funding which is passing through the Trust and fully funded by WG.

Additionally £400k (previously £750k) relates to the all Wales Convalescent Plasma service pilot, which Welsh Government asked the Trust to implement. The revised costs have been provided to WG.

Mass Vaccinations

The Trust is now expecting to spend circa £160k on the Mass Covid Vaccinations during 2020/21, with an updated cost model being produced to align with the revised clinical model of moving to the majority of second doses from 14th February. The £160k revenue spend requirement for 2020/21 includes the costs associated with the WBS storage and distribution for NHS Wales, delivery of vaccinations to front line staff in both Velindre and WAST, and the rollout of the Patient Vaccination programme.

5. Savings

The Trust established as part of the IMTP a savings requirement of £1,400k for 2020-21, (£1,200k) recurrent and (£200k) non-recurrent, with £1,000k being categorised as actual saving schemes and £400k being income generating schemes. Following a review of the schemes since the IMTP submission in January '20, the savings are now categorised as £800k being actual saving schemes, and £600k being income generating schemes.

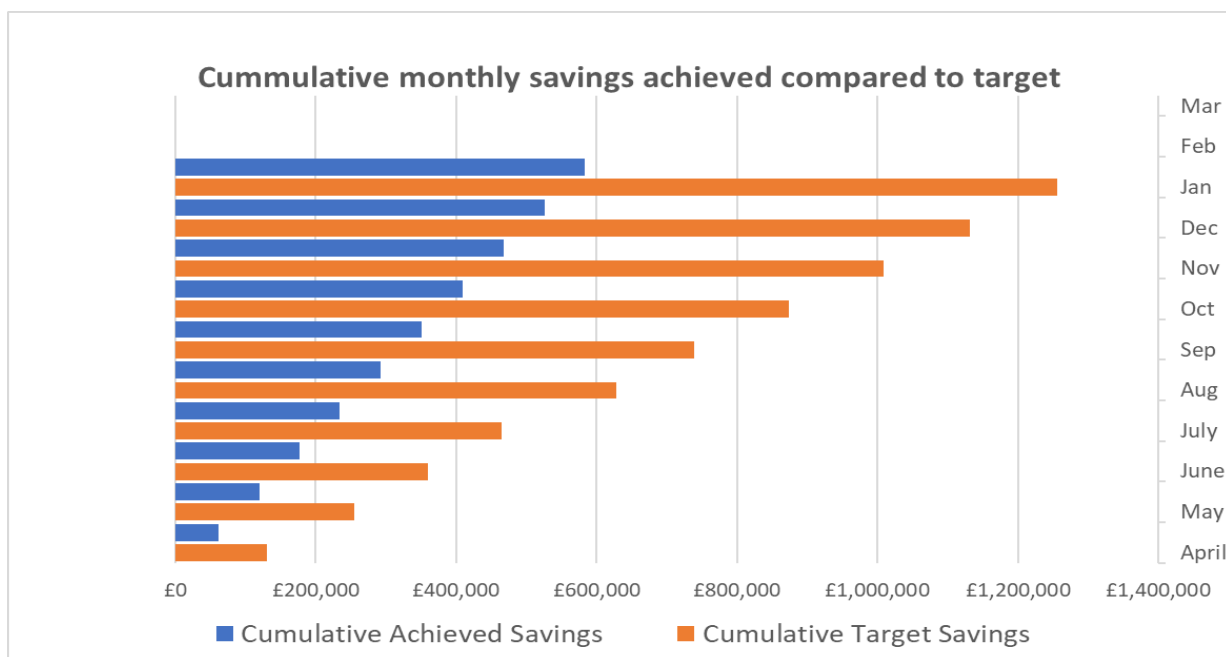
Within the identified savings, £650k of the schemes are now RAG rated as green, £700k have turned red due to the impact of Covid, and a further £50k has turned red but with non-recurrent schemes being generated in its place. A significant proportion of the savings were expected to be delivered through service redesign and workforce rationalisation, which has been impossible to enact due to the capacity workforce requirement of delivering within the Covid environment.

The Trust is currently forecasting a full year underachievement of **£(700)k** against the savings plans, which is a direct result of Covid and is being funded via WG. The £(700)k is made up of four schemes within VCC (£550k) and one scheme within WBS (£150k).

The Trust agreed as part of the IMTP submission that a balanced position will be carried into the next financial year. Covid is having a huge impact on delivery (50% under-achieved) against the savings target this year, so it is extremely important that both the Budget Holders and Executive team consider the longer-term impact of Covid, which is now expected to have an effect on 2021-22. The £(700)k underachievement against the 2020-21 savings target will be carried forward into 2021-22 as an underlying deficit.

ORIGINAL PLAN		TOTAL £000	Planned YTD £000			Actual YTD £000	Variance YTD £000		F'cast Full Year £000		Variance Full Year £000
VCC TOTAL SAVINGS		850	708			144	(565)		201		(649)
			20%					24%			
WBS TOTAL SAVINGS		450	350			243	(107)		335		(115)
			69%					74%			
CORPORATE TOTAL SAVINGS		100	83			83	0		100		0
			100%					100%			
TRUST TOTAL SAVINGS IDENTIFIED		1,400	1,142			470	(672)		636		(764)
TRUST ADDITIONAL NON-RECURRENT SAVINGS			114			114	0		64		64
WG COVID FUNDING FOR LOSS OF SAVINGS			0			672	672		700		700
TRUST TOTAL SAVINGS		1,400	1,256			1,256	0		1,400		0
			100%					100%			

Scheme Type			RAG RATING	TOTAL £000	Planned YTD £000			Actual YTD £000	Variance YTD £000		F'cast Full Year £000		Variance Full Year £000
Savings Schemes													
Service Redesign - (Covid)			Red	50		42	0	(42)		0	(50)		
Premium of Agency Staffing - (Covid)			Red	150		125	0	(125)		0	(150)		
Supportive Structures - (Covid)			Red	150		125	0	(125)		0	(150)		
Procurement National and Local Value Plan			Red	50		42	0	(41)		0	(50)		
Non Pay targeted Savings			Green	84		70	70	0		84	0		
Non Recurrent Gains - Stock Management			Green	100		83	76	(7)		135	35		
Review of Staffing			Green	116		97	97	0		116	0		
Changes in Staffing Establishment			Green	100		83	83	0		100	0		
Total Saving Schemes				800		667	326	(340)		435	(365)		
Income Generation													
Productivity Gains - (Covid)			Red	200		167	0	(167)		0	(200)		
Maximising Meds@Home opportunities			Green	50		42	44	3		50	0		
Medicines Management (Secondary Care)			Green	100		83	24	(59)		50	(50)		
Maximum income opportunities			Green	100		83	75	(8)		100	0		
Increased Sale of Products - (Covid)			Red	150		100	0	(100)		0	(150)		
Total Income Generation				600		475	144	(331)		201	(399)		
TRUST ADDITIONAL NON-RECURRENT SAVINGS						114	114	0		64	64		
WG COVID FUNDING FOR LOSS OF SAVINGS							672	672		700	700		
Trust Total Savings				1,400		1,256	1,256	0		1,400	0		
						100%				100%			



6. Reserves

The financial strategy for 2020-21 facilitated the development of a recurrent and non-recurrent reserve in support of the Trust transformation and delivery agenda. These reserves could only be accommodated on the basis that all income expectations are received, planned savings schemes delivered and new emerging cost pressures managed. In addition, the Trust holds an emergency reserve of 522k.

The current remaining available funding is shown below:-

Summary of Total Reserves Remaining Available in 2020/21	
Recurrent Reserve Available 2020/21	87
Non-Recurrent Reserve Available 2020/21	591
	678

7. End of Year Forecast / Risk Assessment

There are a number of financial risks and opportunities that arise during the year, which for 2020/21 we have now managed to mitigate from within the overall Trust position.

The only remaining risk, not incorporated in the current forecasted outturn position, is described below, however we have not yet identified any employees that fall into this category so the risk for this year is extremely low:

NHS Pension final pay controls

From April 2014, if a member of the pension scheme receives an increase to pensionable pay that exceeds the allowable amount then the Trust will be liable for a final pay control charge. It is

extremely difficult to calculate the potential cost of the NHS pension final pay as the information required is not readily available. We are however continually reviewing payroll & workforce information to assess if any person could potentially fall into this category, and where possible quantify and provide for the financial risk as well as minimise any future potential risk.

8. CAPITAL EXPENDITURE

Administrative Target

- To ensure that net Capital expenditure does not exceed the Capital Expenditure Limit (CEL) approved by the Welsh Government.
- To ensure the Trust does not exceed its External Financing Limit

	Approved CEL £000s	YTD Spend £000s	Committed Orders Outstanding	Budget Remaining @ M9 £000s	Forecast Year End Spend	Year End Variance £000s
All Wales Capital Programme						
Transforming Cancer Services	3,031	1,891	0	1,140	2,831	200
TCS - Radiotherapy Procurement Solution	548	426	0	122	548	0
IT - WPAS (CANISC replacement phase 2)	792	549	0	243	792	0
VCC CT Sim Replacement x2	1,557	782	532	244	1,527	30
WBS DNA Extracting Kit	50	53	0	(3)	50	0
WBS Foetal D	54	34	0	20	34	20
VCC - Treatment Planning System	44	1	0	43	44	0
Total All Wales Capital Programme	6,076	3,735	532	1,809	5,826	250
Covid-19						
COVID-19 WBS Plasmapheresis	397	271	0	126	349	48
COVID-19 Digital Devices	92	0	0	92	92	0
COVID-19 Other	946	946	0	0	946	0
COVID-19 (Tranche 4)	44	44	0	0	44	0
COVID-19 2020/21 Final Draw Down	366	0	0	366	366	0
Total Covid-19	1,845	1,261	0	584	1,797	48
Discretionary Capital	1,850	236	369	1,245	2,148	(298)
Sub Total	9,771	5,232	901	3,638	9,771	(0)
Charitable Funded Capital Scheme	0	0	0	0	0	0
TOTAL	9,771	5,232	901	3,638	9,771	(0)

The approved 2020/21 Capital Expenditure Limit (CEL) as at January 2020 was £9,771k (excl Charity). This includes All Wales Capital funding of £6,076k, Covid funding of £1,845k, and discretionary funding of £1,850k.

Covid-19

The total Capital expenditure on Covid during 2020/21 is expected to be £1,797k, (spend to January £1,261k). This includes £349k (previously £397k) for Convalescent Plasma, £92k for Digital Devices, £946k for other related Covid expenditure such as Medical and IT equipment, Gas Supply resilience, and certain social distancing measures. As part of the Tranche 4 funding from WG the Trust received £44k to purchase the WBS Freezers for NHS Wales Mass Vaccination (£17k), and the purchase of Defibrillators (£27k) bought via NWSSP. The final draw down in 2020/21 is in relation to additional IT requirements, the purchase of the Tenovous lease, and further social distancing measures such as virtual hubs.

The Convalescent plasma funding of £397k, Digital Devices £92k, Covid funding 946k, along with the £44k requirement for Tranche four has been added to the Trust CEL. The final draw down of £366k has been confirmed and can be drawn down based on spend.

The underspend on the Convalescent Plasma will be made available to the discretionary programme for use during 2020/21.

All Wales Schemes

A couple of the All Wales Schemes including TCS have started to reflect a year end outturn underspend against the agreed funding. The underspend as with the Convalescent will be utilised for the discretionary programme.

The Trust is in dialogue with WG to seek reassurance that our discretionary allocation will not be affected in 2021-22 for the TCS underspend.

Major Schemes in Development

In addition to the request for additional capital to cover future Covid related costs, the Trust has also been in discussions with WG over other project funding which it is seeking to secure from the All Wales Capital programme. The Trust continues to discuss those schemes that it will be able to deliver in the current financial year, but given the limited time remaining and the ability to deliver the schemes before the end of the financial year the Trust is now focusing on the following two schemes for 2020/21:

Fire Safety £100k
WBS HQ £150k

Other Major Schemes in development that will now be considered during 2021/22 in conjunction with WG include:

VCC Ventilation
VCC Infrastructure
Blood Gas Analysers

Performance to date

The actual cumulative expenditure to January 2021 on the All Wales Capital Programme schemes was £3,735k, this is broken down between spend on the TCS Programme £1,891, Radiotherapy Procurement Solution £426k, WPAS £549k, TPS £1k, CT SIM Replacement £782k WBS DNA Extracting Kit £53k, and Foetal D £34k.

The year to date spend related to Covid-19 is £1,261k.

There has only been a small level of expenditure on the Discretionary capital programme due to previous uncertainty around funding for the TCS programme. Having now received the allocation from WG to fund TCS it is imperative that the agreed Discretionary programme is efficiently progressed in order to deliver before the financial year-end.

Year-end Forecast Spend

The year-end forecast outturn is currently expected to be managed to a breakeven position.

9. BALANCE SHEET (Including Hosted Organisations)

The Balance Sheet in NHS Financial Statements is known as the Statement of Financial Position. It provides a snapshot of the Trust's financial position including the hosted divisions at a point in time.

The statement shows the Trust's assets and liabilities. As part of the Trust SFIs there is a mandatory requirement to report movement in working capital.

Balance Sheet key movements between opening balance as at 1st April '20 and 31st December '20 and forecast closing balance as at 31st March '21.

Non-Current Assets

The **increase of £14,803k** from 1st April to 31st January will relate to the agreed purchase from the Trust Capital programme, offset against the depreciation charges on Property, Plant & Equipment and Intangible assets.

Current Assets

Inventories (stock)

The **increase in stock of £89,524k** from 1st April to 31st January relates mainly to purchases of stock within NWSSP in response to Covid, which will be passed out to the HB's. The Trust is still holding £7,000k of contingency stock from 2018-19, which WG asked both NWSSP and WBS to purchase in preparation for Brexit supply chain risks.

NWSSP have highlighted that there may be some misstatements in the balance sheet relating to stock held for Covid items. NWSSP colleagues are currently working through the detail and have assured us that further information will be provided to Welsh Government if this is likely to be an issue.

The Trust was intending to unwind the Brexit contingency stock during 2020-21 to repay the £7,000k cash provided by WG to purchase it, however given the impact of Covid on supply chains the Trust is currently continuing to hold this stock.

Cash and cash equivalents

Due to the high levels of purchases relating to Covid within NWSSP, the cash levels are fluctuating significantly on a daily / weekly basis. Cash levels are being continually monitored using a cash flow forecast in order to maintain appropriate levels.

Trade and other receivables

Trade and other receivables will move up and down each month depending on timing of when invoices are raised, and when the cash is physically received from debtors.

Current Liabilities & Non-Current Liabilities

Current Liabilities

Current Liabilities will move up and down each month depending on timing of when commitments are made, and invoices are received and paid.

	Opening Balance Beginning of Apr 20	Closing Balance End of Jan-21	Movement from 1st April Jan-21	Forecast Closing Balance End of Mar 21
	£'000	£'000	£'000	£'000
Non-Current Assets				
Property, plant and equipment	129,554	136,763	7,209	129,554
Intangible assets	17,644	14,175	(3,469)	17,644
Trade and other receivables	862,962	874,025	11,063	862,962
Other financial assets	0	0	0	0
Non-Current Assets sub total	1,010,160	1,024,963	14,803	1,010,160
Current Assets				
Inventories	13,134	102,658	89,524	21,117
Trade and other receivables	414,260	487,756	73,496	406,341
Other financial assets	0	0	0	0
Cash and cash equivalents	18,263	88,053	69,790	18,263
Non-current assets classified as held for sale	0	0	0	0
Current Assets sub total	445,657	678,467	232,810	445,721
TOTAL ASSETS	1,455,817	1,703,430	247,613	1,455,881
Current Liabilities				
Trade and other payables	(166,270)	(412,186)	(245,916)	(166,270)
Borrowings	(21)	0	21	0
Other financial liabilities	0	0	0	0
Provisions	(272,376)	(272,545)	(169)	(272,469)
Current Liabilities sub total	(438,667)	(684,731)	(246,064)	(438,739)
NET ASSETS LESS CURRENT LIABILITIES	1,017,150	1,018,699	1,549	1,017,142
Non-Current Liabilities				
Trade and other payables	0	0	0	0
Borrowings	(8)	0	8	0
Other financial liabilities	0	0	0	0
Provisions	(863,259)	(863,259)	0	(863,259)
Non-Current Liabilities sub total	(863,267)	(863,259)	8	(863,259)
TOTAL ASSETS EMPLOYED	153,883	155,440	1,557	153,883
FINANCED BY:				
Taxpayers' Equity				
General Fund	0	0	0	0
PDC	113,118	113,119	1	113,118
Retained earnings	12,432	12,571	139	12,432
Revaluation reserve	28,333	29,750	1,417	28,333
Other reserve	0	0	0	0
Total Taxpayers' Equity	153,883	155,440	1,557	153,883

10. CASH FLOW (Includes Hosted Organisations)

Cash held in the Trusts bank account is a key indicator of its financial health in terms of income, expenditure and surplus or deficit. The Trust is mainly reliant on its commissioners for cash, however if the Trust has a deficit it would need to secure a loan from Welsh Government to cover the cash shortfall created by the deficit.

The cash-flow forecast is important to enable the Trust to plan for sufficient cash availability throughout the financial year to pay its debts, such as payroll, services provided by other health bodies and private companies. The cash-flow forecast ensures that the Trust has an early understanding of any cash-flow difficulties and can liaise with Welsh Government to secure a loan.

As part of the Brexit emergency planning an additional £5m of stock had been purchased by NWSSP and an additional £2m of commercial blood products have been purchased by WBS, to provide resilience for NHS Wales due to the precarious decision around Brexit.

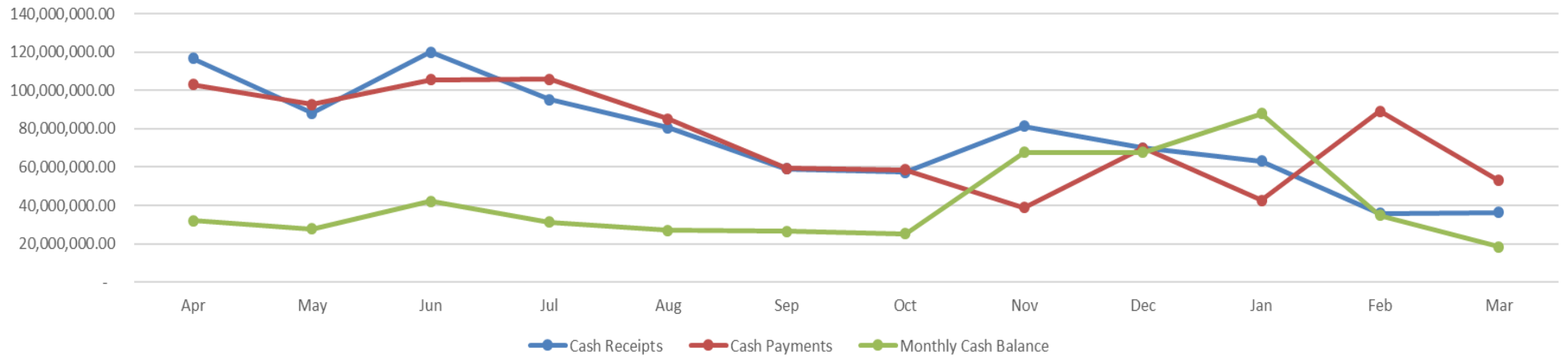
To aid the Trust's cash flow while the stock was being held for Brexit, Welsh Government have provided the Trust with additional cash of £7m during 2019/20 with the intention that it is repaid during 2020/21. WBS did intend to run down the stock from April, however given the precarious situation with Covid the Trust will continue to hold this stock until further notice. NWSSP are currently reviewing the timing of the All Wales Brexit stock run down.

Due to the high levels of purchases relating to Covid within NWSSP the cash levels have been significantly higher than usual during the year and may continue to be higher with ongoing need for Covid related purchases. The cash balance can fluctuate significantly on a daily / weekly basis.

Cash levels are monitored on a daily basis using a detailed cash flow forecast in order to ensure the Trust has sufficient cash balances to meet anticipated commitments.

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Totals £'000
RECEIPTS													
LHB / WHSSC income	20,362	26,383	20,839	55,869	25,973	18,500	22,300	28,851	27,041	33,983	24,599	22,175	326,875
WG Income	93,193	44,297	70,821	25,015	47,924	38,900	32,800	49,784	33,186	25,150	9,856	2,641	473,567
Short Term Loans													0
PDC	135	0	0	0	0	0	0	0	0	0	0	9,433	9,568
Interest Receivable	3	4	0	4	4	0	0	0	0	0	0	0	15
Sale of Assets	0	0	0	0	0	0	0	0	13	0	0	0	13
Other	3,162	17,499	28,494	14,317	6,817	1,664	2,150	2,702	9,696	4,046	1,481	2,025	94,053
TOTAL RECEIPTS	116,855	88,184	120,154	95,205	80,718	59,064	57,250	81,337	69,936	63,179	35,936	36,274	904,091
PAYMENTS													
Salaries and Wages	15,946	15,958	16,323	16,424	18,048	19,137	20,067	19,055	19,746	20,198	21,605	23,032	225,539
Non pay items	84,539	75,671	88,129	87,538	65,800	38,200	36,600	19,140	50,861	19,902	63,288	17,574	647,243
Short Term Loan Repayment													0
PDC Repayment													0
Capital Payment	2,551	1,004	1,167	2,030	1,380	2,100	1,980	653	(686)	2,629	4,200	5,300	24,308
Other items												7,000	7,000
TOTAL PAYMENTS	103,036	92,633	105,619	105,992	85,228	59,437	58,647	38,849	69,921	42,729	89,093	52,906	904,091
Net cash inflow/outflow	13,818	(4,450)	14,535	(10,787)	(4,510)	(373)	(1,397)	42,488	14	20,450	(53,157)	(16,632)	
Balance b/f	18,263	32,081	27,632	42,167	31,380	26,870	26,497	25,100	67,588	67,603	88,053	34,895	
Balance c/f	32,081	27,632	42,167	31,380	26,870	26,497	25,100	67,588	67,603	88,053	34,895	18,263	

Monthly Cash Flow Forecast



DIVISIONAL ANALYSIS

(Figures in parenthesis signify an adverse variance against plan)

Core Trust

Velindre Trust Core Divisional Finance Performance

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Variance
	£000	£000	£000	£000	£000	£000
VCC	28,486	28,486	0	34,543	34,543	0
RD&I	(162)	(171)	9	(474)	(474)	0
WBS	16,823	16,579	244	21,200	20,700	500
Sub-Total Divisions	45,147	44,893	253	55,269	54,769	500
Corporate Services Directorates	5,120	5,115	5	6,233	6,233	0
Delegated Budget Position	50,267	50,008	258	61,503	61,002	500
TCS	517	517	(0)	616	616	0
Health Technology Wales	21	18	3	0	0	0
Non recurrent measures to achieve financial breakeven general reserves	0	(250)	(250)	0	(500)	(500)
Trust Position	50,805	50,294	12	62,118	61,118	0

VCC

	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	46,907	47,040	133	56,217	56,437	221
Expenditure						
Staff	31,902	32,034	(132)	38,233	38,451	(219)
Non Staff	43,490	43,491	(0)	52,528	52,530	(2)
Sub Total	75,393	75,525	(133)	90,760	90,981	(221)
Total	28,486	28,486	0	34,543	34,544	0

VCC Key Issues:

The reported financial position for the Velindre Cancer Centre at the end of January 2021 was breakeven, with an expected outturn position also of **breakeven**.

Income at Month 10 overachieved by **£133k**, this is caused by higher than expected income above target for SACT Homecare, and an increase in private patient drug recharges (incl. top-up), which

is being partly offset by the under-achievement of management savings income, the gift-shop closure and a reduction in catering income from reduced activity in relation to Covid.

Staff was **£(132)k** overspent as at Month 10. The major factor contributing to the overspend is the cost of agency which totals **£(1,352)k** as at the end of January, with additional activity in Radiotherapy and Medical Physics being the main cause. There are underspends across the division due to vacancies which are above vacancy factor and the service redesign savings target, which is helping to offset some of the agency costs.

Non Staff Expenditure at Month 10 was breakeven. There are underspends on general drugs, along with various underspends across other services due to low activity, such as Nursing, Radiology, and patient appliances (wigs), also having reduced costs in the gift shop due to closure. This is partly offset with an overspend in Pharmacy due to one off maintenance costs for Chemo Care, Medical Oncotype spending, and the non-achievement of savings plans amongst other license and rate increases in the service.

WBS

Welsh Blood Service (WBS)

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	14,104	13,460	(644)	17,859	17,050	(810)
Expenditure						
Staff	13,941	13,474	467	17,322	16,419	903
Non Staff	16,986	16,565	421	21,738	21,331	407
Sub Total	30,927	30,039	888	39,060	37,749	1,310
Total	16,823	16,579	244	21,200	20,700	500

WBS Key Issues:

The reported financial position for the Welsh Blood Service at the end of January 2021 was an underspend of **£244k** representing 0.6% of the division's annual budget. WBS is currently expecting to achieve an outturn position of **£500k underspent**, which will be managed as part of the overall Trust breakeven position.

Income underachievement to date is **£(644)k**, where activity is lower than planned on Plasma Sales, Bone marrow and Nequas due to Covid suppressed activity. Any income loss on this activity will be recovered from WG Covid funding.

Staffing underspend continues to be high with **£467k** reported to January, which is above the divisions vacancy factor target. Having received confirmation of WG Covid funding for additional staff costs the outturn underspend is expected to grow to circa £903k.

Non Staff underspend of **£421k** is largely due to reduced costs from suppressed activity, underspend on collections services, Laboratory Services, and WTAIL, (business Systems & Centre service), and Clinical Services.

Corporate

Corporate Services

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	7,208	7,130	(78)	7,717	7,596	(121)
Expenditure						
Staff	6,181	6,075	105	7,584	7,441	143
Non Staff	6,147	6,170	(22)	6,367	6,388	(22)
Sub Total	12,328	12,245	83	13,951	13,829	121
Total	5,120	5,115	5	6,233	6,233	0

Corporate Key Issues:

The reported financial position for the Corporate Services Division at the end of January 2021 was an underspend of **£5k** representing 0.04% of the division's annual budget. The Corporate division is currently expecting to achieve an outturn position of **breakeven**.

Income position is expected to underachieve by circa **£(78)k** due to a reduction in bank interest following the rate changes earlier in the year, full year effect £(90)k.

Staff underspends **£105k** are due to vacancies which are partly being offset by the use of agency staff with a forecast outturn of circa **£143k** by year-end.

The forecast Non pay overspend circa **£(22k)** is due to unachieved savings target, and an overspend in VCC Estates, which will be offset by debt recovery savings. In addition a lot of spend has been front loaded in the first six months of the year.

RD&I

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	2,902	2,782	(119)	3,724	3,530	(193)
Expenditure						
Staff	2,253	2,177	76	2,673	2,576	96
Non Staff	486	434	52	577	480	97
Sub Total	2,740	2,611	129	3,250	3,056	193
Total	(162)	(171)	9	(474)	(474)	0

RD&I Key Issues

The reported financial position for the RD&I Division at the end of January 2021 was an underspend of **£9k** representing 0.3% of the total divisional budget. RD&I is currently expecting to achieve an outturn position of **breakeven**.

Income that was expected to be received in the final quarter of the year in relation to the FAKTION agreement will now be received during 2021/22 causing an underachievement of £193k on income.

Staff cost underspends of £76k are due to Vacancies and maternity leave in the Trials delivery team.

Non-Staff related underspends £52k are due to Savings from a reduction in Trials activity.

TCS – (Revenue)

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	0	0	0	0	0	0
Expenditure						
Staff	446	447	(0)	536	536	0
Non Staff	71	71	0	80	80	0
Sub Total	517	517	(0)	616	616	0
Total	517	517	(0)	616	616	0

TCS Key Issues

The reported financial position for the TCS Programme at the end of January 2021 was breakeven with a forecasted outturn position of **breakeven**.

HTW

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	791	791	0	1,000	1,000	0
Expenditure						
Staff	659	659	0	809	809	0
Non Staff	153	150	2	191	191	0
Sub Total	812	809	3	1,000	1,000	0
Total	21	18	3	0	0	0

HTW Key Issues

The reported financial position for Health Technology Wales at the end of January 2021 was **£3k** underspent, with a forecasted outturn position of **breakeven**.

Appendix 1

TCS PROGRAMME DELIVERY BOARD

TCS PROGRAMME FINANCIAL REPORT FOR 2020-21 JANUARY 2021

DATE OF MEETING	22 nd February 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Mark Ash, Assistant Director of Finance - TCS Programme
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PRESENTED BY	Mark Ash, Assistant Director of Finance - TCS Programme
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EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance
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REPORT PURPOSE	ENDORSE FOR BOARD APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		Choose an item.

ACRONYMS	
TCS	Transforming Cancer Services
Trust	Velindre University NHS Trust
nVCC	New Velindre Cancer Centre
WG	Welsh Government
PMO	Programme Management Office

1. PURPOSE

- 1.1 The purpose of this report is to provide a financial update to the TCS Programme Delivery Board for the financial year 2020-21, outlining spend to date against budget as at Month 10 and current forecast.

2. BACKGROUND

- 2.1 In January 2015 the Minister for Health and Social Services approved the initial version of the Strategic Outline Programme 'Transforming Cancer Services in South East Wales'. Following the completion of the Key Stage Review in June/July 2015, approval was received from the Minister to proceed to the next stage of the Programme.
- 2.2 It should be noted that as at March 2020, the Cabinet Secretary for Health, Well-being and Sport, has approved capital and revenue funding for the TCS Programme and its associated Projects. The total cumulative expenditure as at the end of March 2020 was £17.375 Capital and £2.621m for Revenue.
- 2.3 In addition to WG funding, NHS Commissioners agreed in December 2018 to provide annual revenue funding towards the TCS Programme, £0.400m of which was provided in 2018/19, £0.420m in 2019-20, and £0.420m in 2020-21.
- 2.4 In the financial year 2019-20, the Trust provided the nVCC and Enabling Works projects with £0.060m of revenue funding from its own baseline revenue budget. Previously direct revenue support for these projects had been provided by WG. .
- 2.5 The Radiotherapy Procurement Solution PBC (Project 3 – Equipment and Digital) was endorsed by WG in 2019-20. Capital funding of £1.110m was approved from July 2019 to December 2022, with £0.347m provided in 2019-20. Re-profiling of the funding resulted in a revised funding allocation of £0.250m for the 2019-20 financial year. The slippage of £0.097m has been reprovided in the next financial year, increasing the allocation for the financial year 2020-21 from £0.451m to £0.548m.

3. FUNDING

Funding provision for the financial year 2020-21 is outlined below. The following should be noted:

- 3.1 In October 2020, Welsh Government provided capital funding for the nVCC and EW Projects of £3.261m. However, it should be noted that £0.257m was subject to Ministerial agreement of the Enabling Works OBC. WG have released £0.027m of this funding for GI works. Therefore, the approved capital funding released was £3.031m.
- 3.2 A review has been undertaken by the Enabling Works Project and the assumption is that the funding provided for the Reserved Matters Application fee of c£0.200m is not required. The capital funding will be allocated to the Trusts Discretionary Capital Programme. The revised approved capital funding is c£2.8m.
- 3.3 A revenue budget of £30k was also provided in October 2020 from the Trust's core revenue budget to cover project delivery costs for 2020-21 for the Enabling Works and nVCC Projects.

Description	Funding	
	Capital	Revenue
Programme Management Office There is no capital funding requirement for the PMO at present Allocation from funding provided from Commissioners for 2020-21 to cover direct clinical/management support and PMO	£nil	£0.240m
Project 1 – Enabling Works for nVCC Project 2 – nVCC <i>WG Capital Funding</i> Capital funding from WG was provided in October 2020 Funding for Reserved Matters Application Fee released to the Trust's Discretionary Capital Programme <i>Revenue Funding</i> Revenue funding to cover project delivery costs was provided by the Trust in October 2020	£3.031m -£0.199m	£0.030m
Project 3a – Radiotherapy Procurement Solution £0.451m capital funding provided in 2020-21 plus £0.097m capital funding reprovided from 2019-20	£0.548m	£nil
Project 4 – Radiotherapy Satellite Centre Project is led and funded by the hosting organisation, Aneurin Bevan University Health Board, and no funding requirement is expected from the Trust for 2020-21	£nil	£ nil
Project 5 – SACT and Outreach Funding has been requested for this project however none has been provided to date	£nil	£nil
Project 6 – Service Delivery, Transformation and Transition No capital funding requirement at present Allocation from funding provided from Commissioners for 2020-21 to cover direct clinical/management support and PMO Funding provided from the Trust's core revenue budget towards the costs of the Project Director post Funding transferred from Velindre Cancer Centre toward the costs for the Project Manager post Funding provided from the Trust's core revenue budget for the Acute Oncology Service Business Justification Case	£nil	£0.180m £0.067m £0.049m £0.050m

Description	Funding	
	Capital	Revenue
Project 7 – VCC Decommissioning No funding requested or provided for this project to date	£nil	£nil
Total funding provided to date: £3.996m	£3.380m	£0.616m

4. FINANCIAL SUMMARY AS AT 31ST JANUARY 2021

4.1 The summary financial position for the TCS Programme for the year 2020-21 is outlined below:

TCS Programme Budget & Spend 2020/21						
CAPITAL	Current Month			Financial Year		
	Budget to Jan-21	Spend to Jan-21	Variance to Jan-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Project Leadership	141,102	132,043	9,058	176,073	161,150	14,922
Project 1 - Enabling Works	66,510	64,550	1,960	85,687	85,593	94
Project 2 - New Velindre Cancer Centre	560,160	551,358	8,802	728,409	670,422	57,986
Project 3a - Radiotherapy Procurement Solution	346,667	325,325	21,341	416,000	391,570	24,430
Capital Pay Total	1,114,439	1,073,277	41,162	1,406,169	1,308,736	97,433
NON-PAY						
nVCC Project Delivery	40,754	39,900	855	76,850	61,343	15,507
Project 1 - Enabling Works	538,777	538,428	348	879,315	956,621	-77,307
Project 2 - New Velindre Cancer Centre	572,498	567,786	4,712	885,697	846,014	39,683
Project 3a - Radiotherapy Procurement Solution	29,167	100,332	-71,166	132,000	156,430	-24,430
Capital Non-Pay Total	1,181,196	1,246,446	-65,250	1,973,861	2,020,408	-46,547
CAPITAL TOTAL	2,295,634	2,319,723	-24,088	3,380,030	3,329,144	50,886

REVENUE	Current Month			Financial Year		
	Budget to Jan-21	Spend to Jan-21	Variance to Jan-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Programme Management Office	175,000	168,363	6,637	210,000	208,665	1,335
Project 6 - Service Change Team	246,326	248,837	-2,511	295,591	298,273	-2,682
Revenue Pay total	421,326	417,200	4,126	505,591	506,938	-1,347
NON-PAY						
nVCC Project Delivery	20,979	21,575	-596	30,000	30,000	0
Programme Management Office	25,000	1,220	23,780	30,000	23,880	6,120
Project 6 - Service Change Team	50,000	50,223	-223	50,000	50,267	-267
Revenue Non-Pay Total	95,979	73,018	22,961	110,000	104,147	5,853
REVENUE TOTAL	517,305	490,218	27,087	615,591	611,085	4,506

5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 31ST JANUARY 2021

CAPITAL SPEND

Projects 1 and 2 Pay Costs

- 5.1 ***WG Funded Staffing*** - An in-year spend of **£0.748m** for posts funded by WG reflects the current 'interim' posts against a budget of **£0.768m**. The underspend of £0.020m is due to a delay in staff recruitment and loss of staff. There is a forecast spend of **£0.917m** for the year against a budget of **£0.990m**. The pay costs have been analysed by each element of the Project(s).

Projects 1 and 2 Non-Pay Costs

- 5.2 ***nVCC Project Delivery*** - There is a capital cost of **£0.040m** for the year to date for project support and running costs for Projects 1 and 2 against a budget of **£0.041m**. This is made internal audit fees, IT purchases, travel and subsistence, and general office costs. The forecast spend for the financial year 2020-21 is **£0.061m** against a budget of **£0.077m**. The forecast underspend of £16k is due to a delay in the procurement of additional document portal services.
- 5.3 ***Enabling Works*** - There is an in-year capital spend of **£0.603m**, with a forecast spend for the year of **£1.042m**, against budgets of **£0.605m** and **£0.965m** respectively.

Work package	Spend to 31 st January 2021
Pay	£0.065m
Planning (inc TCAR & Asda)	£0.093m
Master Planning & Feasibility Study	£nil
Third Party Undertakings	£0.077m
Enabling Works - Design & Employers Requirements	£0.371m
Enabling Works – Works	£0.001m
Miscellaneous Works – Fol Legal Advice	-£0.004m

- 5.4 ***nVCC*** - There is an in-year capital spend of **£0.1.251m**, with a forecast spend for the year of **£1.678m**, against budgets of **£1.274m** and **£1.790m** respectively.

Work package	Spend to 31 st January 2021
Pay (including Project Leadership)	£0.683m
Project Agreement (PA)	£0.083m
Procurement Documents (PD)	£0.130m
Land Transfer	£0.021m
nVCC Technical Support	£0.333m
Competitive Dialogue Preparedness	£nil
Miscellaneous Works – Fol Legal Advice	£nil

Project 3a – Radiotherapy Procurement Solution

- 5.5 There is an in-year spend of **£0.426m** (£0.325m pay, £0.100m non-pay) for the Integrated Radiotherapy Solutions Procurement Project against a budget of **£0.376m**. An underspend in staff costs due to movements in pay costs and a delay in recruitment, and an overspend in non-pay costs due to increased advisory services, has resulted in an overall overspend to date of £0.050m. The Project is currently forecasting a break even position against a budget for the year of **£0.548m**.

REVENUE SPEND

Programme Management Office

- 5.6 The PMO spend to date is **£0.170m** against a budget of **£0.200m**, made up of pay costs of £0.168m and non-pay costs of £1.2k. The underspend of £0.030m is due to the reduced costs for the Associate Director of Programmes and a delay in recruitment. The resulting forecast outturn for the financial year 2020-21 of **£0.233m** against a budget of **£0.240m**, an overall underspend of £7k.

Projects 1 and 2 Delivery Costs

- 5.7 There is a revenue project delivery cost for the nVCC and Enabling Works Projects of **£22k** to date against a budget of **£21k**, with an expected spend for the year of **£30k**, against a budget of the same. The cost is made up of rates and other running costs.

Project 6 – Service Delivery, Transformation and Transition (Service Change)

- 5.8 Service Change spend to date is **£0.299m** against a budget of **c£0.276m**. This is made up of pay costs of £0.249m and non-pay costs of £0.050m for Healthcare Planner support for the Acute Oncology Services Business Justification Case (AOS BJC). The Project is forecasting a spend of **£0.349m** against an adjusted budget of **£0.346m**.

6. CONSIDERATIONS FOR BOARD

- 6.1 An extract of this report is reported in the Trust Boards Finance Report.

7. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Staff and Resources
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required

LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	See above.

8. RECOMMENDATION

- 8.1 The TCS Programme Board are asked to **ENDORSE** the financial position for the TCS Programme and Associated Projects for 2020-21 as at 31st January 2021.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

TRUST BOARD

COVID 19 UPDATE REPORT

DATE OF MEETING

25th March 2021

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

Not Applicable - Public Report

PREPARED BY

Cath O'Brien – Interim Chief Operating Officer
Nicola Williams, Executive Director of Nursing, AHP & Health Scientists
Sarah Morley, Executive Director Workforce and Organisational Development

PRESENTED BY

Cath O'Brien – Interim Chief Operating Officer
Nicola Williams, Executive Director of Nursing, AHP & Health Scientists
Sarah Morley, Executive Director Workforce and Organisational Development

EXECUTIVE SPONSOR APPROVED

Cath O'Brien, Interim Chief Operating Officer
Nicola Williams, Executive Director of Nursing, AHP & Health Scientists
Sarah Morley, Executive Director Workforce and Organisational Development

REPORT PURPOSE

FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING**COMMITTEE OR GROUP****DATE****OUTCOME**

GOLD

Meetings in
Feb and
March

ACRONYMS	
PPE	Personal Protective Equipment
VCC	Velindre Cancer Centre
SACT	Systemic Anti-Cancer Therapy
IMTP	Integrated Medium Term Plan

1. SITUATION

This paper has been prepared to provide the Trust Board with an update in relation to the impact of COVID on the Trust and the mitigations put in place to ensure our staff, patients and donors are safe and protected.

The Trust Board is asked to **NOTE** the current position in relation to the COVID pandemic

2. BACKGROUND

The COVID-19 pandemic has presented various challenges to our staff, patients, donors and the delivery of our services. Our staff have had to adapt to working whilst wearing Personal Protective Equipment (PPE) and changing working practices whilst continuing to give the best care to our patients and donors. Equally our patients and donors are having to adapt to new guidance and advice when they come for treatment or to donate.

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

3.1 Response Command Arrangements

Upon commencement of the second wave of the pandemic the Trust reinstated its command infrastructure. This included an Executive level Gold Command chaired by the Chief Executive, Silver Command at a Divisional level and bronze at operational delivery level. This infrastructure has co-ordinated the Trust response to the developing pandemic and the frequency of meetings have throughout been determined by the situation and have ranged from daily to weekly.

At the Gold Command meeting held on the 17th March 2021 given the improving situation it was agreed to 'pause' the current command arrangements. A paper detailing

how any remaining open actions and ongoing aspects of the pandemic will be managed by the Trust is being prepared and will be considered at the Executive Management Board at its meeting on the 6th April 2021.

3.2 COVID-19 Incidents / Outbreaks:

Since the last Board meeting there have been no COVID outbreaks.

There has been only one incident relating to a blood collection team within the Welsh Blood Service where social distancing had not occurred during lunch time. The lessons from this incident have been shared across all areas of the Trust with particular focus on Welsh Blood Service Collection Teams.

3.3. Velindre Cancer Centre

3.3.1 Velindre Cancer Centre site utilisation

Our site utilisation remains as reported in January with a framework approach that enable us to flex space depending on the patient demand space based on advice taken for Public Health Wales to maintain red and amber zones as required whilst taking all measures to keep as much of the site green as possible. This is managed under the direction of the Head of Nursing and reviewed via the VCC Silver command and assured by Gold but will become part of the way that we routinely work as we move through the phases of the pandemic.

We are maintaining an approach to maximise working from home to ensure we minimise foot fall on site. We continue to ensure that only staff who have a specific need to attend site do so and we continue to maintain over 50% of outpatient contacts via telephone or video consultation. However, with the ongoing changes to Welsh Government Covid 19 guidance and the gradual lifting of lockdown, we have commenced work to plan the return of more staff to the workplace in an appropriate way.

A new entrance to the Assessment Unit has been created to remove the need for patients to access via the main site corridors.

3.3.2 Staff facilities

Work is underway to remodel the recently acquired former Bobath site to create staff facilities.

3.3.3 Systemic Anti-Cancer Therapy (SACT)

Plans are still in development to repatriate SACT and wider outpatient services to the LHB sites and this is currently reliant on the work at these sites to reconfigure their wider service provision. We continue to provide the SACT service that had been re-established at Prince Charles.

We continue to experience increases in demand for SACT and are now providing patient attendances in excess of those delivered in 2019. We are realigning service provision for Phlebotomy services as we are still delivering twice the demand of April 20 and are planning to site capacity in both radiotherapy area and on an additional site in addition to the current outpatient provision.

3.3.4 Inpatient Services

As outlined above we continue to adapt the site to meet patient demand and to ensure we are able to flex our inpatient staff to cover other services when inpatient demand allows this. In December 2020, there was an outbreak of COVID-19 on the first floor ward involving patients and staff. As a result, an outbreak control group was established to manage the incident chaired by Nicola Williams, Director of Nursing, AHP's & Medical Scientists, together with key members of Senior Management Team. Advice was provided by Public Health Wales colleagues and the incident was declared closed on 5th January 2021. A number of recommendations and actions were made to reduce the risk of transmission on the first floor ward and to ensure all lessons learnt were responded to. A number of options for site configuration were developed and are attached in the paper as appendix 1. It was recognized that should there be a high level of prevalence of COVID-19 in the community and increase of positive patients, a configuration would have to be used to ensure we can maintain inpatient services and make the best and safest use of the facilities. This option is outline in the attached paper and the board is asked to note the summary of the position outlined in appendix one and to agree the potential future implementation of this configuration should infection levels increase in the community and also in our patient population.

3.3.5 Radiotherapy

We continue to benefit from the LINAC capacity provided by the implementation of hypo fractionation technique, however the associated increase in demand that this creates for radiotherapy planning remains a limit to service delivery. We are continuing to work through the options to further develop capacity.

3.4 Welsh Blood Service

3.4.1 Blood Supply Collection

We are continuing to locate new venues and re-plan our traditional cycle of work to ensure we can access large enough venues to accommodate the requirements for social distancing and donor triage. There is some competition for venues with requirements for hosting vaccination clinics and we are continuing to work as widely as possible with organisations and donors to meet this challenge.

3.4.2 Blood demand

The Blood Health Team are continuing to liaise with hospital blood banks on prudent use of blood components and to enable us to track hospital stock levels.

Hospital stocks are currently good and stand at 5.9 days of stock, Blood collection appointments this week are at 94% (1834).

3.4.3 Welsh Bone Marrow Donor Registry

We are maintaining importation and exportation of donations across Europe under new EU rules.

3.4.3 Convalescent Plasma

The programme is being reviewed with Welsh Government as the clinical trials are brought to a close.

The Chief Medical Officer for Wales, Dr Frank Atherton, sent out an update on Convalescent Plasma on the 17th of March 2021. Results from the RECOVERY trial, a randomised, controlled, open-label, adaptive platform trial, showed no significant clinical benefit from treatment with high-titre convalescent plasma in patients hospitalised with COVID-19.

The REMAP-CAP trial, an international randomised, embedded, multifactorial, adaptive platform trial has also announced that no significant benefit was seen from treatment with convalescent plasma (up to two ABO-compatible units administered over 48 hours) in patients requiring organ support in an intensive care setting.

So it has been recommended that convalescent plasma is NOT used in the management of hospitalised patients with confirmed or suspected SARS-CoV-2 infection.

3.5 COVID-19 Vaccine Update

The Trust has continued to support the national vaccination campaign by vaccinating not only Velindre employees but also supporting WAST and neighbouring Health Boards in the vaccination of their staff but also vaccinating patients and members of the public. As the mass vaccination centres are not all fully operational, and as Velindre University NHS

Trust does not have statutory responsibility for population health, primary / community care provision in the same way as Health Boards Velindre will pause its vaccination programme after the 1st May 2021. Velindre has advised Welsh Government that it would be able to re-mobilise to further support if required and would continue with any future employee vaccination requirements. Rapid referral pathways are now in place into mass vaccination centres for any new cancer centre patients who require vaccination prior to commencing treatment in line with national priority groups.

To date the Trust has administered 8,988 COVID-19 vaccines: 6,527 first doses and 2,461 second doses.

3.6 Workforce Update

3.6.1 Levels of absence directly related to COVID fluctuate on a daily basis but are running at levels well below 1%. Annual rolling absence levels are at 5.28%%, the highest levels attributable to anxiety, stress of depression. The Workforce team support staff and managers via a Workforce Hub to provide advice and guidance and also run manager drop in sessions to support managers. A Health and Wellbeing Plan has been developed aligned to staff feedback during COVID, this plan includes a range of support for staff wellbeing. This will be rolled out fully in the Trust over the forthcoming months, the plan provides additional support to wellbeing offers that are already in place.

3.6.2 Risk assessments are being completed on an ongoing basis to reflect the ongoing challenges COVID represents and to ensure we keep our staff safe whether at home or within the workplace. Staff working from home are being supported by managers to complete risk assessments of their work environment to ensure they have the correct equipment necessary to comply with DSE regulations

With shielding pausing as of the 31st March staff concerned about returning to work are encouraged to discuss all issues and concerns to agree a plan of return to work. To support staff and managers Workforce are holding drop in sessions to support and advise the process of return to work.

3.6.4

3 IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4 RECOMMENDATION

The Trust Board is asked to:

- **NOTE** the current position in relation to the COVID pandemic
- **NOTE** and **APPROVE** the configuration option in appendix 1.

5.0 Appendix 1



Covid-19 Wave 2 -
Reconfiguration of tl

TRUST BOARD

COVID-19 WAVE 2: RECONFIGURATION OF THE INPATIENT SETTINGS

DATE OF MEETING25th March 2021**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE INDICATE
REASON**

Not Applicable - Public Report

PREPARED BYPaul Wilkins, Director of Cancer Services, Velindre
Cancer Centre**PRESENTED BY**

Cath O'Brien, Interim Chief Operating Officer

**EXECUTIVE
APPROVED****SPONSOR**

Cath O'Brien, Interim Chief Operating Officer

REPORT PURPOSE

FOR APPROVAL

**COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR
TO THIS MEETING****COMMITTEE OR GROUP****DATE****OUTCOME**

Gold Command

26/1/21

ENDORSED FOR APPROVAL

ACRONYMS

VCC

Velindre Cancer Centre

SMT

Senior Management Team

1. SITUATION / BACKGROUND

COVID-19 poses considerable challenges in healthcare environments with multiple transmission routes and complex transmission networks involving asymptomatic, pre-symptomatic and symptomatic patients and healthcare workers in both community and hospital settings (*Rickman HM, Nosocomial transmission of COVID-19: Retrospective Study of Hospital Acquired Cases*).

The utilisation of the VCC site has undergone a number of reconfigurations as we adapt to meet the challenges posed by COVID-19 infection prevention and control interventions whilst maintaining our services. Our ambition during wave 2 of this pandemic was to maintain VCC as a COVID green site (COVID free). However, December 2020 was an extremely challenging time. There was a significantly increasing community prevalence of COVID-19 and a subsequent outbreak of COVID-19 on the First Floor ward involving patients and staff. As a result during some of December 2020 and early January 2021 we had patients on the First floor ward who were COVID positive and COVID negative. Given the community prevalence, and as the hospital receives unplanned admissions (patients who require urgent support and therefore cannot be tested before admission) as well as planned admissions (can be tested before admission) the Trusts Infection Control Doctor advised that maintaining the hospital as a COVID Green site would not be possible.

The First Floor Ward Outbreak was managed through Outbreak Control meetings chaired by the Executive Director of Nursing, Allied Health Professionals & Health Scientists and as well as being attended by key members of the Cancer Centre Senior Management team was also attended by Public Health colleagues. The outbreak was managed tightly and was formally declared over on the 5th January 2021, and the close down Outbreak Control Group was held on the 14th January 2021. During the course of the meetings a number of recommendations and actions were made to reduce risk and ensure all required lessons were learnt. The majority of these have been fully completed and the small number remaining are now being monitored through the Cancer Centre Senior Management Team. One recommendation made on the 15th December 2020 was to segregate the ward into two separate locations to operate a red zone (area where known COVID-19 patients are nursed) and an amber zone (where patients have tested negative for COVID or are presumed negative but are awaiting results). It was recognized by the Outbreak Control Group that this recommendation may not be easily implemented and required a detailed review and therefore, despite the Group knowing that there had been probable transmission of COVID-19 between the two halves of the ward they approved splitting the ward into two separate halves (achievable due to layout of ward) to operate a red zone on one half and an amber on the other. They also approved continuing to admit patients 'at risk' who required cancer centre care / treatment to the first floor ward to the amber side of the ward, as long as patients were fully informed of the situation. This was in conjunction with enhanced patient swabbing for COVID-19 and a number of stringent infection control and staff control measures.

A full review of the options to achieve this recommendation was immediately commenced by the Cancer Centre Senior Management Team. The Velindre

Cancer Centre has limited space and capacity and has an extremely limited foot print (it is for this reason that a new hospital build is required). In addition, the hospital is facing increasing demand for the provision of critical chemotherapy and radiotherapy in a COVID environment that requires increased spacing between chemotherapy chairs and increased cleaning times between patients resulting in extremely limited options to re-provide critical clinical services.

Since early January 2021 the First Floor Ward situation has changed, the outbreak was declared over on the 5th January 2021 and there have been only a small number of patients (no more than one at any one time) admitted who required the care of the cancer centre admitted knowing they were COVID positive and no patients or staff acquiring COVID. In addition, the community prevalence has reduced considerably. Therefore, there is not currently the need to maintain two different zones. Rather, two single rooms will be allocated as 'red' zones with separate staffing in the event of any patients being suspected as having / or be known to have COVID.

This paper therefore, is to:

- Advise the Board of the recommendation made by the Outbreak Control Group, and the actions taken by the Cancer Centre Senior Management team to assess options and risks in relation to delivery of critical treatments for cancer patients and the outcome of this work.
- Seek the Boards approval that, in the event of the prevalence of COVID-19 increasing and / or possible further transmissions events the option that is proposed to be instigated in relation to red and amber inpatient areas.

Advise the Board with a summary of the Infection Prevention and Control (IPC) interventions that have been put in place or are in train together with an outline of the approach that will be taken to provide ongoing assurance on compliance with the continuing IPC measures. These are shown in Appendix 2.

2.0 Assessment/ Matters for consideration

2.1 Creation of Red and Amber Zones – options appraisal

Genomic sequence testing of patient and staff cases in the December outbreak concluded that transmission of COVID-19 occurred involving patients and staff and that there was, despite control measures being in place transmission between the female and male side of First Floor ward.

Whilst the Senior Management team were undertaking their site assessment for achieving the recommendation and were exploring five possible options Public Health Wales's Consultant Nurse was asked to provide some further advice and guidance and undertook a site visit on the 4th January 2021. This resulted in a report that was used by the Senior Management Team to inform their options

appraisal. The report concluded that was appropriate to keep the ward on one floor and also included a number of additional recommendations that needed to be put in place to enact this safely and further reduce infection transmission risk. These are being / have been enacted by the Senior Management Team and the Trust's Gold Command will be receiving a weekly assurance report to ensure that these have been fully implemented as well as assurance regarding infection control mandatory training compliance and audit outcomes.

Experience of patient demand and incidence of patients who are Covid 19 positive has identified the need to take a flexible approach to the ward and site configuration to respond to the changing position and requirements.

The five options considered, were formally risk and impact assessed and included the physical move of the beds provided on one side of the first floor ward to enable them to be relocated in a range of other sites including Acute Assessment Unit, ambulatory care, head and neck support unit and day-case services facility (options detailed in **Appendix 1**) The risk and impact assessments were undertaken by the Clinical Director, Head of Nursing, Head of Operations and Delivery, Infection Control Team, Chief Pharmacist / SACT Lead and a number of senior clinical colleagues. There was been full discussion with the Estates and Fire Safety Team.

2.2 Impact of options on service provision

The principle consideration in the case of all options was that the risk of possible transmission of COVID-19 be minimised by ensuring the physical separation of infected or potentially infected patients from other patients and staff. Furthermore, consideration was given to the timeliness with which any option could be delivered and the likely level of disruption to the estate and associated impact on the service.

The options appraisal identifies that there is considerable operational impact on each of the relocation options (Options 2-5). The impact on other service provision is considerable including a reduction in the capacity for systemic anticancer therapy (SACT) delivery and ambulatory care treatments. By this we mean that we will either need to find somewhere else to treat them on site at VCC (as identified above) and the impacts of that are in the options detailed above or that we would try to repatriate patient to their Health Board for some treatments which would not easily be actioned at this time and would have inevitable delays. In addition, there is also a risk in terms of the limits that relocation would place on the bed capacity.

In assessing the options it is clear that there are limitations in the reconfiguration if other services are not to be disrupted and the associated impact that brings to patient care for a wide group of patients and the risk that brings. It is clear that we

cannot reduce the capacity for the delivery of SACT and other support services and that we have to take a balanced approach.

As a result, the assessment with the advice from PHW suggests that the inpatient ward provision remain on the first floor area, as this provides a balance of enabling the continuity of services on site while ensuring enhanced risk reduction for transmission of COVID-19 through additional estate and staff interventions.

The configuration would result in designation of zones across both sides of the ward and will require an arrangement with male and female patients being managed within a ward area, however the additional interventions that are in place and active management planning will ensure privacy and dignity. This situation on the first floor ward may require mixing of male and female inpatients in adjacent bays to manage patient flow and ensure that the current IPC recommendations are maintained. It is to note however that there is no mixing of male and female patients in the same bay. A risk assessment for the mixing of male and female patients has been completed. The use of two cubicles as a red zone should make this situation unlikely and it would only be enacted if absolutely required.

The configuration in **option 1** presents the scenario that will be enacted if required, however in the meanwhile further flexibility of configuration will be managed on a day to day basis to ensure that, in line with these established principles and interventions, we are able to make the best use of the VCC inpatient space to continue to provide unscheduled care and planned admission for SACT delivery.

These control measures, together with an enhanced process for assurance of compliance will ensure that all of the recommendations are delivered and that there is ongoing regular monitoring of IPC interventions by the ward manager, deputy head of nursing, Bronze, Silver and Gold command.

The full options appraisal, risk assessment and impact assessment were considered by Gold command who, given the risk to delivering critical cancer treatments and receipt of the Public Health Wales Consultant Nurse report supported, in the event of this situation arising again implementation of Option 1. The decision impact assessment identified that this option carries a potential residual risk of further nosocomial transmission and that based on potential consequences of this, there would be a potential of impact level 5 "Catastrophic," which according to the agreed command structure decision making process, required a decision by Board.

2. KEY POINTS

A range of enhanced IPC interventions have been put in place since the December outbreak.

The designation of Red and Amber zones on the first floor ward creates a limitation on bed occupancy if numbers of patients with Covid 19 increase and reconfiguration is not undertaken.

A flexible approach is being maintained and managed on a day to day basis.

The governance of the assurance monitoring will then form part of VCC reporting into the Trusts Infection Prevention & Control Management Group, Gold Command, Executive Management Board and the Quality, Safety & Performance Committee.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
RELATED HEALTHCARE STANDARD	Timely Care Effective Care Safe Care Individual Care Dignified Care
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
	Requirements assessed on case by case basis
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	To be further worked through

4. RECOMMENDATION

The Board is asked **APPROVE Option 1** to reconfigure the First Floor Ward.

The triggers for moving to this scenario would be:-

- If we experience subsequent rises in COVID-19 in the community resulting in increased admission of COVID-19 positive patients

- Further transmissions that requires this configuration to sustain inpatient services.

It is proposed that the decision will also be on the basis that appropriate assurance and monitoring of controls is reported by VCC to Infection Prevention & Control Management Board, Gold Command, the Executive Management Board and to Quality, Safety & Performance Committee.

Appendix 1

Summary of the 5 options for First Floor Ward reconfiguration

Option	High Level Summary	Physical Impact Summary
1	<ul style="list-style-type: none"> First Floor Ward Male Side Red Zone First Floor Ward Female Side Amber Zone 	<ul style="list-style-type: none"> No services displaced
2	<ul style="list-style-type: none"> Chemotherapy Inpatient Unit co-located with Assessment Unit Red Zone First Floor Ward Female Side Amber Zone 	<ul style="list-style-type: none"> Ambulatory Care Unit displaced (approximately 30 patients per week) FF male end Patient Support Unit displaced (approximately 20 patients per week) displaced to Therapies Inability to accommodate Apheresis Service
3	<ul style="list-style-type: none"> Chemotherapy Inpatient Unit Red Zone First Floor Ward Female Side Amber Zone 	<ul style="list-style-type: none"> Ambulatory Care Unit displaced (FF male end) Patient Support Unit displaced (Therapies) Assessment Unit displaced (approximately 40 patients per week) (RDU) Rhosyn Day Unit (mobile unit)
4	<ul style="list-style-type: none"> Chemotherapy Inpatient Unit co-located with Assessment Unit Red Zone Assessment Unit to remain located on the Chemotherapy Inpatient Unit First Floor Ward Amber Zone 	<ul style="list-style-type: none"> Ambulatory Care Unit displaced (RDU) Patient Support Unit displaced (Therapies) Rhosyn Day Unit (mobile unit)
5.	<ul style="list-style-type: none"> Chemotherapy Inpatient Unit Red Zone First Floor Ward Amber Zone 	<ul style="list-style-type: none"> Ambulatory Care Unit displaced – service to cease Patient Support Unit displaced – service to cease Assessment Unit displaced – service to cease

Appendix 2

Interventions to enhance IPC measures for the implementation First Floor Ward reconfiguration.

Estate & Facilities Management

- Additional doors
- Additional partitions
- Additional sinks
- New plastic curtains between beds
- Donning and doffing area
- Pathway flows marked- defined flow pathways from amber to red
- Ongoing review of compliance with cleaning schedule
- Ongoing air sampling and ward ventilation 5 mins per hour
- Management and decontamination of shared medical devices
- Masks when moving round ward
- Advised no socialising with other patients
- Patients requiring aerosol generating procedure managed as per the relevant guidance
- Management of patient bathroom facility use based on Covid status

Staff

- Segregation of staff where possible no movement between clinical areas for smaller staff groups reduced movement between clinical areas and safe scheduling i.e. patients seen at the end of session.
- Lateral Flow testing of staff
- Adherence with all IPC measures including social distancing, hand hygiene, donning and doffing PPE – with audit and ongoing review
- Staff vaccination

Patients

- Patient testing regime day 1 and 5 with location management (cubicle/non cubicle) in line with agreed approach with PHW based on risk assessment.

TRUST BOARD

NURSE STAFFING ACT

DATE OF MEETING	25 th March 2021
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PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Nicola Williams, Executive Director Nursing, Allied Healthcare Professionals, and Health Scientists
PRESENTED BY	Nicola Williams, Executive Director Nursing, Allied Healthcare Professionals, and Health Scientists
EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director Nursing, Allied Healthcare Professionals, and Health Scientists

REPORT PURPOSE	FOR APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		

1. SITUATION

This paper is provided for the Trust Board to **ENDORSE** the proposal that Velindre Cancer Centre's First Floor Ward is recognized as a medical ward in line with the requirements of the Nurse Staffing Levels (Wales) Act 2016.

2. BACKGROUND

The Nurse Staffing Levels (Wales) Act 2016 requires health service bodies to make provision for safe nurse staffing levels, and to ensure that nurses are deployed in sufficient numbers. The Act is intended to:

- Enable the provision of safe nursing care to patients at all times;
 - Improve working conditions for nursing and other staff; and
- Strengthen accountability for the safety, quality and efficacy of workforce planning and management.

The Nurse Staffing Act Statutory Guidance is attached in **Appendix 1**. Health Boards / Trusts are required to demonstrate compliance with sections 25A, 25B, and 25C of the Act, and formerly report this information to their Board.

For the first three years of the Act Velindre University NHS Trust had been identified as only being required to comply with section 25A - the overarching responsibility to have regard to providing sufficient nurses in all settings. This decision had been made using a purest definition of a medical / surgical ward.

Section 25B (Duty to calculate and take steps to maintain nurse staffing levels) places a duty for Health Boards and Trusts in Wales (where applicable) to calculate and take all reasonable steps to maintain nurse staffing levels and inform patients of the level. The nurse staffing level is the number of nurses appropriate to provide care to patients that meets all reasonable requirements in the relevant situation. The number of nurses means the number of registered nurses (this being those with a live registration on Sub Parts 1 or 2 of the Nursing and Midwifery Council register). In calculating the nurse staffing level, account can also be taken of nursing duties that are undertaken under the supervision of, or delegated to another person by a registered nurse. In accordance with section 25B, the duty to calculate nurse staffing levels currently applies to adult acute medical inpatient wards.

Section 25B sets out that where a LHB or Trust in Wales provides nursing services in a clinical setting to which that section applies, it must designate a person or a description of a person, known as the "designated person" to calculate the nurse

staffing level for that setting. The designated person must act within the Health Board's/ Trusts governance framework authorising that person to undertake this calculation on behalf of the Chief Executive Officer of the Health Board / Trust. In view of the requirement to exercise nursing professional judgement when calculating nurse staffing levels, the designated person should be registered with the Nursing and Midwifery Council.

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

It is proposed that the inpatient Ward at Velindre Cancer Centre does fit within the wider definition of a medical ward (non-surgical oncology wards in other parts of Wales e.g. Singleton Hospital Ward 12 are included in 25B,C &D of the Act), and therefore should from the 1st April 2021 become part of the full requirements of the Act and its full reporting requirements. The Chief Nursing Officer for Wales has identified that medical oncology wards should be included as a medical ward.

This proposal has been discussed and endorsed by the Head of Nursing, Velindre Cancer Centre and the Trusts Executive Management Board.

This places a new duty on the Trust and the Board to fully meet the Act's requirements and report instances through to the Board where the required staffing levels were not maintained. The new all Wales procured Allocated system and its Safer Care Module is the mechanism by which this will be reported and monitored. A three yearly public report is required in relation to compliance with the Act. The Trust will not be required to produce a report for the first three year period – due in May 2021 as the Trust had not been identified as having a medical ward for that period.

The cancer Centre has fully complied with the twice yearly national benchmarked Acuity Review. In addition, since in post the current Executive Director of Nursing, Allied Health Professionals & Health Scientists has ensured that twice yearly establishment reviews have been undertaken and therefore this duty will not place any additional work on front line staff at the Cancer Centre.

4. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	The areas considered to have an impact on quality and safety are identified in the Health & Care Standards
RELATED HEALTHCARE STANDARD	All related to the health & care standards.
EQUALITY IMPACT ASSESSMENT	All areas considered to have an impact on equality are identified in the Standards.
LEGAL IMPLICATIONS / IMPACT	No areas have legal implications
FINANCIAL IMPLICATIONS / IMPACT	Requirement to have sufficient & safe staffing levels

5. RECOMMENDATION

The Trust Board is requested to **ENDORSE** the proposal that the First Floor Ward at Velindre Cancer Centre is now identified formally as a medical ward in accordance with the Nurse Staffing Levels (Wales) Act 2016.



Llywodraeth Cymru
Welsh Government



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Nurse Staffing Levels (Wales) Act 2016

Statutory Guidance Version 2

Contents

	Page
<u>Introduction</u>	2
<u>Section 25B (Duty to calculate maintain nurse staffing levels)</u>	2
Designated person	2
Reasonable Requirements	3
Nurse Staffing Levels	3
Reasonable Steps	4
Informing Patients	5
Situations where Section 25B applies	6
<u>Section 25C (Nurse staffing levels: method of calculation)</u>	8
Introduction	8
Professional judgement	9
Evidence-based Workforce Planning Tools	11
Indicators of patient well-being which are particularly sensitive to care provided by a nurse	11
Varying Nurse Staffing Levels	12
<u>Review</u>	12

Introduction

1. This guidance should be read in conjunction with the provisions inserted into the National Health Service (Wales) Act 2006 (“the 2006 Act”) by the Nurse Staffing Levels (Wales) Act 2016 (“the 2016 Act”), the Explanatory Notes to the 2016 Act, and the 2021 regulations extending the legislation’s scope to include paediatric inpatient wards.
2. This document provides statutory guidance on sections 25B & 25C of the 2006 Act. It is the statutory guidance Welsh Ministers are required to issue pursuant to section 25D of the 2006 Act.
3. In accordance with section 25D, Local Health Boards (LHBs) and NHS Trusts (Trusts) to which the duties in sections 25B and 25C apply must have regard to this guidance when exercising their duties under those sections.

Section 25B (Duty to calculate and take steps to maintain nurse staffing levels)

4. Section 25B introduces a duty for LHBs and Trusts in Wales (where applicable) to calculate and take all reasonable steps to maintain nurse staffing levels and inform patients of the level. The nurse staffing level is the number of nurses appropriate to provide care to patients that meets all reasonable requirements in the relevant situation. The number of nurses means the number of registered nurses (this being those with a live registration on Sub Parts 1 or 2 of the Nursing and Midwifery Council register). In calculating the nurse staffing level, account can also be taken of nursing duties that are undertaken under the supervision of, or delegated to another person by a registered nurse.
5. In accordance with section 25B(3), the duty to calculate nurse staffing levels currently applies to adult acute medical inpatient wards, adult acute surgical inpatient wards. Section 25B(3)(c) gives Welsh Ministers the power to make regulations to extend the duty to calculate nurse staffing levels to other settings. Regulations [have been] made under this section that will extend the duty at section 25B to calculate and take steps to maintain nurse staffing levels to - paediatric inpatient wards.

Designated Person

6. Section 25B(1)(a) sets out that where a LHB or Trust in Wales provides nursing services in a clinical setting to which that section applies, it must designate a person or a description of a person, known as the “designated person” to calculate the nurse staffing level for that setting.

7. The designated person must act within the LHB's (or Trust's) governance framework authorising that person to undertake this calculation on behalf of the Chief Executive Officer of the LHB (or Trust). In view of the requirement to exercise nursing professional judgement when calculating nurse staffing levels, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment.
8. The designated person should also be a person of sufficient seniority within the organisation, such as the Executive Director of Nursing for the LHB or Trust.

Reasonable Requirements

9. The designated person must calculate the number of nurses appropriate to provide patient-centred care that meets all reasonable requirements in that situation using the triangulated methodology set out in the guidance below.
10. *Reasonable requirements* means taking into consideration the holistic needs of the patient, including social, psychological, spiritual and physical requirements. The ward sister/charge nurse is responsible for ensuring that these needs are assessed and classified using the descriptors in the relevant Welsh Levels of Care tool, as set out in the relevant operational guidance for that care situation.

Nurse Staffing Level

11. The calculation undertaken by the designated person must result in the nurse staffing level for the ward area. In practice, the nurse staffing level will be the required establishment and the planned roster. The maintenance of the nurse staffing level should be funded from the LHB's (or Trust's) revenue allocation, taking into account the actual salary points of staff employed on its wards.

Term	Definition
Required Establishment	The total number of staff to provide sufficient resource to deploy a planned roster (determined using the triangulated method in section 25C) that will enable nurses to provide care to patients that meets all reasonable requirements in the relevant situation. This includes a resource to cover all staff absences, e.g. absence due to maternity leave and sick leave; and other staff functions that reduce the time available to staff to care for patients. Supernumerary persons such as students and ward sisters/charge nurses/managers should not be included in the planned roster.

12. The calculation should be undertaken: at least every six months; when entering the workforce planning tool data; when there is a change of use/service which is likely to alter the nurse staffing level; or if the designated person deems it necessary, for example following exception reporting by a ward sister/charge nurse. There should be a formal annual presentation by the designated persons to the Board of their respective LHB or Trust of the nurse staffing level of each individual ward to which sections 25B to 25E of

the Act pertain. In addition, they should receive a written update of the nurse staffing level of each individual ward (to which sections 25B to 25E of the Act pertain) when there is a change of use/service that has resulted in a changed nurse staffing level, or if the designated person deems it necessary.

Reasonable steps

13. Section 25B(1)(b) requires LHBs and Trusts to take all reasonable steps to maintain the nurse staffing level. Maintaining means having the number of registered nurses the required establishment and its planned roster require. This should be met with permanent staff, however-temporary workers can be deployed-if required. (See the professional judgement section for guidance on the effect of the use of temporary staff on the calculation.)
14. It is recognised that the clinical environment is complex and therefore the planned roster may, on rare occasions, be appropriately varied to respond to patients' dependency and acuity across the system. The ward sister/charge nurse and senior nurse should continuously assess the situation and keep the designated person formally apprised. The designated person should consider if a recalculation of the nurse staffing level is required (e.g. in the circumstances set out in paragraph 12).
15. LHBs and Trusts should put into place systems that allow them to review and record every occasion when the number of nurses deployed varies from the planned roster.
16. The responsibility for decisions relating to the maintenance of the nurse staffing level rests with the LHB (or Trust) and should be based on evidence provided by - and the professional opinions of - the Executive Directors with the portfolios of Nursing, Finance, Workforce, and Operations. The LHB (or Trust) should agree the operating framework for these decisions to include actions to be taken, and by whom.
17. Reasonable steps - which should be taken at national and LHB/Trust level to maintain nurse staffing levels - are considered to include:

National steps

- The sharing and benchmarking of corporate data.

Strategic corporate steps

- Workforce planning for a continued supply of required staff assessed using the Welsh Planning System.
- Active recruitment in a timely manner at local, regional, national, and international level.
- Programmes of continuous professional development for staff.
- Retention strategies that include consideration of the NHS Wales Staff Survey results.
- Well-being at work strategies that support nurses in delivering their roles.

Operational steps

- Use of temporary staff from a nursing bank appropriate to the skill mix set out in the planned roster.
 - Use of temporary staff from a nursing agency appropriate to the skill mix set out in the planned roster.
 - Temporary use of staff from other areas within the organisation.
 - The temporary closure of beds.
 - Consideration of changes to the patient pathway.
18. When undertaking these steps, LHBs and Trusts should consider and take due regard of the duty placed upon them in section 25A to have sufficient nurses to allow the nurses time to care sensitively for patients wherever nursing services are provided or commissioned.
19. These steps and the operating framework should be included in each Board's escalation policy and business continuity plans.

Informing Patients

20. Section 25B(1)(c) provides that LHBs and Trusts must make arrangements to inform patients of the nurse staffing level.
21. The LHB's (or Trust's) public Board papers should annually include the nurse staffing level of each individual ward to which sections 25B to 25E of the Act pertain. In addition the LHB (or Trust) should receive a written update from the designated person of the nurse staffing level of each of those wards when there is a change of use/service that has resulted in a changed nurse staffing level, or if the designated person deems it necessary.
22. Patients must be informed of the nurse staffing level on each ward to which sections 25B to 25E of the Act pertain and should also be informed of the date the nurse staffing level was presented to the Board of each LHB (or Trust). This should be easily visible to anyone attending the ward.
23. Patients should have easy access to 'frequently asked questions' on the Nurse Staffing Levels (Wales) Act 2016 and associated regulations. This should include how to raise concerns about nurse staffing levels.
24. The information should be set out in an easily accessible format that patients can understand.
25. Each LHB (or Trust) must comply with any relevant obligations to which they are subject under the Welsh Language Standards for the provision of this information.

Situations Where Section 25B Applies

26. Section 25B(3) stipulates the situations in which the duty to calculate, and to maintain, nurse staffing levels under section 25B applies. Section 25B currently applies to adult acute medical inpatient wards, adult acute surgical inpatient wards and, with effect from 1 October 2021, paediatric inpatient wards.

27. In all circumstances the definitions of wards set out below will apply according to the primary purpose of the ward.

Adult acute medical inpatient wards

28. “Adult acute medical inpatient ward” means an area where patients receive active treatment for an acute injury or illness requiring either planned or urgent medical intervention, provided by or under the supervision of a consultant physician. Patients on these wards will be aged 18 and over, however individuals up to their 18th birthdays may receive treatment in an adult acute medical inpatient ward on occasions where professional judgement deems it to be more appropriate based on the clinical needs of the patient while also taking into consideration the existing risk assessment protocols as well as the right of the child/guardian to take part in the decision. Patients are deemed to be receiving active treatment if they are undergoing interventions prescribed by the consultant, and/or their team, and/or advance practitioners for their acute injury or illness.

Exclusions:

The following care settings are not considered to fall within the definition of “adult acute medical inpatient wards”:

- acute admission/assessment units that have short term admissions for assessment purposes that are demonstrably different to acute medical inpatient wards;
- intensive care units;
- high dependency units;
- coronary care units;
- renal dialysis units;
- maternity services;
- mental health services;
- learning disability services;
- day care units or wards; and
- rehabilitation wards.

Note: this list is not exhaustive.

Adult acute surgical inpatient wards

29. “Adult acute surgical inpatient ward” means an area where patients receive active treatment for an acute injury or illness requiring either planned or urgent surgery, provided by or under the supervision of a consultant surgeon. Patients on these wards will be aged 18 and over, however individuals up to their 18th birthdays may receive treatment in an adult acute surgical inpatient ward on occasions where professional judgement deems it to be more appropriate based on the clinical needs of the patient while also taking into consideration the existing risk assessment protocols as well as the right of the

child/guardian to take part in the decision.. Patients are deemed to be receiving active treatment if they are undergoing interventions prescribed by the consultant, and/or their team, and/or advance practitioners for their acute injury or illness.

Exclusions:

The following care settings are not considered to fall within the definition of “adult acute surgical inpatient wards”:

- acute surgical decision units that have short term admissions for assessment purposes that are demonstrably different to acute surgical inpatient wards;
- intensive care;
- high dependency units;
- maternity services;
- day surgery units or wards;
- learning disability services; and
- mental health services.

Note: this list is not exhaustive.

Paediatric inpatient wards

30. “Paediatric inpatient ward” means an area where patients receive active treatment for an injury or illness requiring either planned or urgent medical or surgical intervention, provided by - or under the supervision of - a consultant physician or surgeon. Patients on these wards will be aged 0-17, however individuals up to their 18th birthdays may receive treatment in an adult inpatient ward on occasions where professional judgement deems it to be more appropriate based on the clinical needs of the patient while also taking into consideration the existing risk assessment protocols as well as the right of the child/guardian to take part in the decision.. Patients are deemed to be receiving active treatment if they are undergoing intervention(s) for their injury or illness prescribed by the consultant, and/or their team, and/or advanced practitioners.

Exclusions:

The following care settings are not considered to fall within the definition of “paediatric inpatient wards”:

- Acute admission/assessment units that have short term admissions for assessment purposes that are demonstrably different to paediatric inpatient wards;
- Paediatric intensive care units which are separately located;
- High dependency units which are separately located;
- Day case units which are separately located;

- Neonatal units;
- Specialised oncology units;
- Specialised cardiac wards;
- Specialised renal dialysis units and renal wards;
- Mental health units;
- Learning disability units;
- Paediatric outpatient units;
- Paediatric emergency departments.

Note: this list is not exhaustive.

31. LHBs and Trusts should determine which ward areas meet the definitions for the above wards. This should be included in the formal presentation of the nursing staff level to the Board of each LHB (or Trust) as set out in paragraphs 12 and 21.

Section 25C (Nurse staffing levels: method of calculation).

Introduction

32. Section 25C prescribes the method that the designated person must use to calculate the nurse staffing level. This method reflects a triangulated approach.

33. When calculating the nurse staffing level a designated person must:

- exercise professional judgement;
- take into account the average ratio of nurses-to-patients appropriate to provide care to patients that meets all reasonable requirements, estimated for a specific period using evidence-based workforce planning tools; and
- take into account the extent to which the well-being of patients is known to be particularly sensitive to the provision of care by a nurse.



34. The triangulation process facilitates validation of data outcomes from the evidence-based workforce planning tool and increases confidence through cross-verification from more than two sources.
35. These three elements are independent considerations which must be triangulated to calculate the nurse staffing level. There is no hierarchy for consideration; it is at the discretion of the designated person to determine the prioritisation in each situation. The rationale for this determination should be recorded.
36. The calculation made by the designated person should be informed by the registered nurses within the ward and the nursing management structure where the nurse staffing level applies. This means that the opinions of the ward sister/charge nurse, the senior nurse/matron/lead nurse, and the directorate/division nurse director/chief nurse/clinical board nurse, should be provided to the designated person.
37. The mechanism by which these views have been taken into consideration should form part of the operating framework referred to in paragraph 16 and the annual report of the nurse staffing levels to the Board of each LHB (or Trust) referred to in paragraph 12.

Professional Judgement

38. Professional judgement exercised by the designated person when making each calculation should include all the following aspects:
- I. The qualifications, competencies, skills and experience of the nurses providing care to patients. This includes consideration of the continuing professional development, revalidation, and mandatory training requirements of the nurses employed in the ward, and enabling nursing staff to have the time to receive the appropriate training for the care they are required to provide.

- II. The effect on the nurse staffing level of the use of temporary staff, for example consideration of the continuity of care for patients and the range of activities that temporary staff are able to undertake.
 - III. The conditions in which care by a nurse is provided including considerations of the patients' cultural needs. For example, taking into account religious and cultural practices which could impact on nurse staffing requirements.
 - IV. The conditions in which care by a nurse is provided including multi-professional team dynamics. For example, where treatment is provided by multi-professionals in addition to inpatient care.
 - V. The potential impact on care by a nurse of the physical condition and layout of the ward or other situation in which the care is provided. For example, the effect of multiple single rooms.
 - VI. The turnover of patients receiving the care and the overall bed occupancy. This includes other activities in the ward such as outpatient clinics/treatments and the use of flexible beds.
 - VII. Services or care provided to patients by other health professionals or other staff (for example, health care support workers), and their qualifications, competencies, skills and experience; in relation to the care that needs to be given, and the requirement for registered nurses to support, delegate and supervise. For example, the service of food and drinks, and the one-to-one supervision of patients.
 - VIII. Any requirements set by a regulator to support students and learners.
 - IX. The extent to which the nurses providing care are required to undertake administrative functions.
 - X. The complexity of the patients' needs in addition to their medical or surgical nursing needs. For example, patients with learning disabilities.
 - XI. A patient's linguistic needs and delivering the active offer of providing a service in Welsh without someone having to ask for it, as set out in the More Than Just Words strategic framework.
39. The professional judgement of the designated person should be informed by consideration of any relevant expert professional nurse staffing guidance, principles, research and current best practice standards.
40. Following consideration of these factors, an uplift of 26.9% should be levied once - before triangulation with the other elements - to cover staff absence from the ward (26.9% was agreed in 2011 as the evidence-based uplift factor for use in Wales by Nurse Directors). LHBs and Trusts will be informed of any

change to this uplift by the office of the Chief Nursing Officer (“CNO”) for Wales.

Evidenced-based Workforce Planning Tool

41. An evidence-based workforce planning tool must be used in the ward area. This is a tool that is either:

- An established theoretical tool that has been validated for use by establishing an evidence base of its applicability in Welsh clinical settings;
- Or
- A tool developed for use in NHS Wales that has been validated for use by establishing an evidence base of its applicability in Welsh clinical settings.

42. LHBs and Trusts will be informed of the tools that fulfil the definition set out in paragraph 41 by the office of the CNO. The CNO will determine that the tools utilise the best available evidence including ratios for total registered nursing time against patient need in its calculations.

43. Operational guidance on the use of the tools is issued by the CNO and NHS Executive Nurse Directors in Wales and updated as required. This operational guidance should be followed.

Indicators of patient well-being which are particularly sensitive to care provided by a nurse

44. The designated person must consider circumstances where patient well-being is particularly sensitive to care provided by a nurse as part of the triangulated method each time the nurse staffing level is calculated. On all wards to which sections 25B - 25E of the Act pertain, this consideration should include analysis of the data for the relevant care situation on the following quality indicators:

- a. Pressure ulcers - the designated person should consider any pressure ulcers a patient has developed and/or shown deterioration whilst receiving inpatient care.
- b. Medication administration errors - the designated person should consider any error in the preparation, administration or omission of medication by nursing staff.

On adult acute medical and surgical inpatient wards, this consideration should also include:

- c. Patient falls - the designated person should consider any fall that a patient has experienced.

On paediatric inpatient wards, this consideration should also include:

- d. Infiltration/extravasation injuries – the designated person should consider any injury experienced by a patient during an intravenous infiltration.

In each case, consideration of the data relating to (a)-(d) above should include a review of whether the nurse staffing level was maintained at the relevant time, and if not, whether the failure to maintain the nurse staffing level contributed to the fall, ulcer, or error and to any harm suffered by the patient.

45. In addition to the indicators set out above, the designated person may consider any other indicator that is sensitive to the nurse staffing level they deem appropriate for the ward where the nurse staffing level is being calculated. Examples of other relevant indicators could be:

- patient experience;
- unmet care needs;
- failure to respond to patient deterioration;
- staff experience;
- staff well-being;
- staff ability to take annual leave entitlement;
- staff compliance with mandatory training and performance development reviews.

Varying Nurse Staffing levels

46. Section 25C(2) allows a designated person to calculate different nurse staffing levels in relation to different periods of time and depending on the conditions in which care is provided by a nurse. This should be present in the planned roster that is presented to the Board of each LHB (or Trust).

Review

47. This guidance will be kept under review and updated as necessary following consultation with LHBs, Trusts, and others likely to be affected by any changes to the guidance.

Velindre University NHS Trust Annual Operating Plan (IMTP) 2021-2022

**Velindre University NHS Trust Board
25th March 2021**



Presentation Summary

1. Welsh Government Planning Guidance and Requirements - 2021-2022
2. Service Delivery Plans – VCC and WBS
3. Overview of Financial Plan

Required IMTP Structure 2021-22 (Andrew Goodall Letter)

“Annual Plans need to be prepared in line with Ministerial Priorities, with emphasis on immediate priorities including vaccination, workforce, and stabilisation to early recovery actions”.

- Narrative Plans should be approximately 30 pages and set direction.
- Firm dates and commitments expected for the first quarter recognising the fluid Covid position (indicative information provided for Q2 and beyond).
- Priority areas should be highlighted and risks addressed.
- The Minimum Data Set will be updated quarterly to track progress and update ‘indicative’ data to ‘firm’ at each point.
- Wider partnership working and dependencies should be highlighted.

Therefore, IMTP 2021-22 closer to an Operational Plan, focusing on service sustainability and post COVID -19 recovery planning

Welsh Blood Core Service Delivery 2021-2022

Priority 1: Excellence in service delivery	Providing services that are safe, modern, sustainable and responsive to technological advances, improving service user experience and patient outcomes, delivered by a skilled, competent and sustainable workforce
Priority 2: Delivering state-of-the-art supply chain	We will continue to implement the Blood Supply Chain 2020 (BSC2020) in partnership with donors, citizens and organisations, to ensure access to sustainable donor panels and optimisation of clinic provision and processes for blood donation and production.
Priority 3: Provision of progressive Histocompatibility & Immunogenetics	We will continue to develop and evolve transplant and advanced therapies services to meet the needs of the patients and donors in Wales and beyond, including the development of a revised Bone Marrow Volunteer Strategy.
Priority 4: Digitally enabled to deliver in the modern world	Optimisation and implementation of modern, innovative, resilient and secure digital infrastructure, which supports WBS in delivering its organisation objectives is essential to the success of our service.
Priority 5: Research, Development & Innovation	We will actively seek partners from across the UK and internationally, with whom we will collaborate and work in partnership on key programmes of research, development and innovation (RD&I) and explore the further utilisation of the use of UK Plasma to support patients in Wales.
Priority 6: Effective clinical systems to support improved outcomes in partnership	We will also work in partnership with Digital Health and Care Wales and other agencies to facilitate the delivery of secure and effective clinical systems, including the Welsh Laboratory Information Management System (WLIMS) and LINC (WLIMS2).

Welsh Blood Core Service Delivery 2021-22

- Sustainable services through ongoing pandemic collection restrictions
 - Recognised that the impact of COVID will remain with us until Quarter 3 2021/22
 - The table below outlines the assumptions that have been made upon which our delivery model has been compiled:

	Period	Assumption	period on which activity is based
Quarter 1	April – June 2021	Covid-19 pandemic still impacting on issuing	2020/21 data for Q2/3 as more stable reflection of COVID impact
Quarter 2	July – September 2021	Covid-19 will still be present but have a reduced impact on 2021 issuing	Three year data including 2020/21 and two year data prior to COVID-19 data for same quarter
Quarter 3	October – December 2021	Return to a “normal” issuing pattern	Three years data (excluding 2020/21)*
Quarter 4	January – March 2022	Return to a “normal” issuing pattern	Three years data (excluding 2020/21)*

*As data is based on previous years activity and has taken into account end of year surge activity due to waiting list initiative activity. It should be recognised that as bed capacity is finite this is likely to continue into Q1 2022/23 in contrast to previous years.

- Service Priorities for 2021-22
 - Infrastructure development of Talbot Green
 - Digital integration and advancement
 - Plasma supply for fractionation
 - Sustainable workforce

Velindre Cancer Centre Core Service Delivery 2021-22

Priority 1:

Ensuring that staff and patients are safe at our treatment locations and that we minimise the risk of COVID-19 transmission – including enhanced infection control measures, vaccination and testing strategies during 2021/22.

Priority 2:

Delivery of appropriate capacity to meet patient demand while continuing to operate in a COVID-19 pandemic environment, responding to further phases and existing / new government guidance. This will include the adaptation of our clinical model as appropriate and reinstatement of local services with Health Boards.

Priority 3:

Deliver business critical initiatives through the Velindre Futures Programme as well as our service development plans.

Priority 4:

Engagement with Health Boards and regional service planning – including developing the regional approach in line with the Nuffield recommendations.

Priority 5:

Patient Experience and Engagement – recognising and responding to the impact of COVID-19.

Planning Modelling work

- Working with DSU@ WG and LHBs in pathway demand planning tool – gives 6 week horizon
- WG work to model recovery options – delivered at Cancer Summit:
 - Diagnostic capacity @ 85% through 2021.
 - 50% of suppressed demand presents (over 3,500 patients in Wales).
 - Demand continues @ 100% of pre-Covid levels.
 - Variability by tumour site.
- VCC demand analysis – existing patients, Covid deferred existing patients, new patients:
 - Pre-Covid - service projections 5% SACT (but experiencing 9%), 9% Radiology, 2% other.
 - Pre-Covid - 23% of referrals into SACT and Radiotherapy were internally created.
 - During Covid 33% of referrals into SACT and Radiotherapy were internally created.
 - During January and February 2021 42% of referrals into SACT and Radiotherapy were internally created.
- Proposal - 20% increase in capacity by September 2021 to address forecast surge in referrals from Primary Care and Local Health Boards
- Continue modelling to respond to the emerging detail from WG and LHBs

2021-22 Financial Planning Assumptions

- **Commissioner pass through funding to Trust for:-**
 - Core VCC LTA / WBS SLA uplift of 2% within allocation letter (of which 1% is part of pay Inflation)
 - Pay Inflation unknown at this stage but expected to be funded by WG
 - NICE / AWMSG approved drug & infrastructure costs
 - VCC LTA Block Contract Protection assumed for Qtr 1
 - WBS Commercial Blood Product Price & Volume cost pressures
- Prioritised service developments will be considered by Commissioners for funding as part of the IMTP process
- Employers pension contribution increase from 14.3% to 20% will be funded by WG
- Costs which can be evidenced as directly relating to Covid will be supported by WG. This also includes the non delivery of savings which directly result from underachievement due to the Covid environment.
- Implementation of the new contracting model will be assessed with Commissioners as per review outlined in 20/21 LTA. Consequences of the post COVID “new normal” will require a review of currencies & costs.
- Expectation is other cost pressures not brought through the IMTP are either absorbed by divisions, avoided/mitigated as far as possible.



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HIGHLIGHT REPORT FROM THE CHAIR OF THE STRATEGIC DEVELOPMENT COMMITTEE

DATE OF MEETING	25 th March 2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Laura Tolley, Business Support Officer
PRESENTED BY	Stephen Harries, Vice-Chair
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning & Digital
REPORT PURPOSE	FOR NOTING
ACRONYMS	

1. PURPOSE

- 1.1 This paper has been prepared to provide the Trust Board with details of the key issues considered by the Strategic Development Committee held on 9th February 2021.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	There were no items identified for Alert / Escalation to the Trust Board.
ADVISE	COVID-19 Wave 2 Recovery Plan: The Committee received and noted the COVID-19 Wave 2 Recovery Plan.
ASSURE	<p>IMTP Progress Update: The Committee received an informative update on the progress of the Trust's IMTP. The Committee were made aware that guidance from Welsh Government had been received in December 2020 which outlined the key themes for the IMTP Annual Plan which were sustainability and recovery, along with other areas of focus being the four harms of COVID-19. The Committee were advised that due to the pandemic, the IMTP Annual Plan would be more operationally focused than previous years.</p> <p>The Committee were advised of the following:</p> <p>Key challenges from Velindre Cancer Centre:</p> <ul style="list-style-type: none"> • Cancer patients were increasing; • Continued variation and inequalities in outcomes; • Gap between forecasting demand and capacity. <p>Two key areas of focus for Velindre Cancer Centre were:</p> <ol style="list-style-type: none"> 1. Back log of patients; 2. Service Change ambitions – this required prioritisation to ensure that the Trust could move from CANISC and implement a new Digital & Healthcare Record system.



Key challenges from Welsh Blood Service were explained as:

- Collection of blood;
- Wholesale distribution of blood products;
- Blood guidance and regulations being met;
- Maintaining a healthy donor panel;
- Forecasting demand and capacity.

Finance highlighted the following:

- Demand and capacity planning was vital for finance planning;
- The Trust had an underlying deficit of £700,000.00;
- A 2% Core Uplift was anticipated from Welsh Government;
- NWIS funding was being actively addressed;

Cost pressure themes and risks identified included:

- Agenda for Change Incremental Drift;
- Medical Commitment Awards;
- Service Model for Radiology Pump;
- Acute Oncology On Call Cover
- COVID funding planned but not received;
- RD&I annual contribution to be assessed and aligned;
- Establishment of Senior Leadership Team and Supportive Structures;
- Reliance of soft monies;
- Operating models under review with potential investment requirement

Highlights from Workforce were:

- Staff wellbeing at the heart of IMTP, with risk assessments being carried out regularly to ensure staff safety;
- Sickness rates – Work was being undertaken to arrive at assumptions but it was expected this would be higher in 2021-22 than previous years;
- Staff would continue to work from home regularly;
- Annual Leave – Staff were encouraged to take this for their wellbeing, this was a central message;
- Health & Wellbeing Plan would be published.

The Committee received also received assurance that engagement with the Community Health Council and Commissioners was planned, and whilst Welsh Government required an annual plan, the organisation would develop a longer term IMTP plan to ensure that Trust ambitions were developed and progressed accordingly.



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INFORM

There were no items identified to inform the Trust Board.

APPENDICES

QUALITY, SAFETY, AND PERFORMANCE COMMITTEE

HIGHLIGHT REPORT FROM THE CHAIR OF THE TCS PROGRAMME SCRUTINY SUB-COMMITTEE

DATE OF MEETING	15.03.2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Katie Foward, TCS Programme Coordinator	
PRESENTED BY	Stephen Harries, Independent Member	
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning and Digital	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
n/a	n/a	n/a
ACRONYMS		
nVCC TCS WG	New Velindre Cancer Centre Transforming Cancer Services Welsh Government	

1. PURPOSE

- 1.1 This paper has been prepared to provide the Board with details of the key issues considered by the TCS Programme Scrutiny Sub-Committee at its Public meeting on the 24th February 2021.
- 1.2 This is not considered a full update on the Programme but a high level record of the matters of business conducted by the TCS Programme Scrutiny Sub-Committee.
- 1.3 Key highlights from the meeting are reported in section 2.
- 1.4 The Committee is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	
ADVISE	<p>TCS Programme Financial Report</p> <p>The report outlines the current spend position for the Programme and the Deputy Director of Finance noted that the Programme remains within the forecast budget and there are no financial issues to note within the reporting period. The overall Programme spend against capital and revenue funding continues to be monitored closely.</p>
ASSURE	<p>Nuffield Trust Report – Progress Update</p> <p>The Sub-Committee were advised that early phase plans have now been drafted in response to the recommendations in the Nuffield Trust Report. A number of recommendations need to be undertaken with Health Board partners and plans are in place with each Health Board to ensure these can now be progressed. It was advised that current performance management arrangements would remain in place and action plans would be developed in alignment with the same responsible owners across sites. The TCS Programme Director was tasked with an action to work with the Welsh Ambulance Service to ensure future calls are correctly categorised, because binary data, released with no context to the call, has caused confusion. An exercise will also take place to map the recommendations to the responsible Committee with overall management sitting within the TCS Programme with assurance provided by this Sub-Committee.</p>
INFORM	<p>Communications and Engagement</p> <p>The Sub-Committee were advised that WG have determined that a Plenary Debate will be held at the Senedd on the 3rd March 2021. The Trust, at the time of the meeting, had not been aware of the motion but had been advised that both the supporting and objecting petitions would be heard.</p>

	<p>The next steps for engagement across the Programme were outlined and the Sub-Committee were advised that the Velindre Matters Facebook page has officially launched. Engagement is ongoing relating to recent press articles and the Trust have worked with Health Board partners to release a joint statement to the most recent article in the South Wales Echo. A letter from the BMA was published publically at the meeting for the first time, outlining the BMA's recognition of recent engagement with staff in relation to the Programme and this letter will be made available to the Plenary Debate.</p>
APPENDICES	Not Applicable

TRUST BOARD

HIGHLIGHT REPORT FROM THE CHAIR OF THE TCS PROGRAMME SCRUTINY SUB-COMMITTEE

DATE OF MEETING	25.03.2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Katie Foward, TCS Programme Coordinator	
PRESENTED BY	Stephen Harries, Independent Member	
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning and Digital	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
n/a	n/a	n/a
ACRONYMS		
nVCC TCS WG	New Velindre Cancer Centre Transforming Cancer Services Welsh Government	

1. PURPOSE

- 1.1 This paper has been prepared to provide the Board with details of the key issues considered by the TCS Programme Scrutiny Sub-Committee at its Public meeting on the 18th March 2021.
- 1.2 This is not considered a full update on the Programme but a high level record of the matters of business conducted by the TCS Programme Scrutiny Sub-Committee.
- 1.3 Key highlights from the meeting are reported in section 2.
- 1.4 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	
ADVISE	<p>TCS Programme Financial Report</p> <p>The report outlines the current spend position for the Programme and it was noted that the Programme remains within the forecast budget and there are no financial issues to note within the reporting period. The report outlines a small underspend on both the capital and revenue funding. The report outlines the cumulative spending to date as financial year end approaches.</p>
ASSURE	<p>Nuffield Trust Report – Progress Update</p> <p>The Sub-Committee were advised that early phase plans have now been drafted in response to the recommendations in the Nuffield Trust Report. A number of recommendations need to be undertaken with Health Board partners. The report will be taken to the Collaborative Cancer Leadership Group to determine actions and next steps for works that are required to be undertaken in partnership with local Health Boards.</p> <p>A mapping exercise was undertaken against the Trust Board and Committee structure to determine management of each of the recommendations, this was accepted by the Sub-Committee and will now be developed as part of the wider Trust governance process. Overall management of the recommendations remains within the TCS Programme.</p> <p>TCS Programme Risk Register</p> <p>The Committee noted work undertaken by the Programme Planner and Risk Advisor. The cover paper accompanying the register provides a summary breakdown of the changes made to each of the risks for audit purposes. The Programme risks are now under regular review with each of the Project Managers and Programme risk owners. All changes to the actions this month have been captured and there is a clear audit trail of all work undertaken.</p>



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	The number of higher rated risks within the Programme has reduced further this month with clear prioritisation and management plans in place.
INFORM	<p>Communications and Engagement</p> <p>The Sub-Committee were advised that the Plenary debate was held at the Senedd on the 3rd March 2021.</p> <p>A key focus has been social media engagement through the Velindre Matters Facebook page. Internal engagement on the Velindre Futures Programme is ongoing.</p> <p>Public engagement with Cardiff County Council and Cardiff University has now commenced to seek to involve a new generation of designers in the development of the nVCC.</p> <p>It was noted that the survey for the design of the Radiotherapy Satellite Centre had been successful with a large number of responses from patients. Key themes from these responses are now being collated and will be used to assist design work going forward.</p>
APPENDICES	Not Applicable

TRUST BOARD

Communications and Engagement Update

DATE OF MEETING	18 th March 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report	
PREPARED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE	
REPORT PURPOSE	For noting	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	11/03/21	Noted
TCS Programme Scrutiny Sub-Committee	18/03/2021	Noted
ACRONYMS		
	None	

1. BACKGROUND

1. This paper provides the Board with an update on Programme communications and engagement since February 2021.

2. The Programme Board approved the Transforming Cancer Services (TCS) Programme Communications and Engagement strategy in December 2019. The strategy emphasises the importance of good one-to-one stakeholder engagement, building positive relationships and informing our patients, staff and communities of interest.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

Over the reporting period we focused our efforts on:

- Providing factual information about the new Velindre Cancer Centre project in the context of the Senedd debate on two relevant petitions on 3 March 2021;
- Supporting the development of the Velindre Futures initiative particularly the development of a statement of intent, associated design needs and a communications and engagement menu for the Senior Leadership Team's consideration;
- Responding to correspondence from a wide range of stakeholders;
- Engagement with the local MS and MP;
- Managing content and responses to the Velindre Matters Facebook page;
- Managing multiple media requests;
- Managing the post OBC Radiotherapy Satellite Centre patient engagement;
- Updated the six-month plan to support programme milestones.

Velindre Matters

Velindre Matters promoted the online Radiotherapy Satellite Centre Patient survey during the period. It had:

- i. 960 engagements in total
 - ii. An average 3,500 reach across posts
- Positive engagement with page (insights up to 5 March)
 - i. 5,790 people reached
 - ii. 363 engagements
 - iii. 82% of followers are women
 - iv. More than a third of followers are aged 45-54

Internal Communications and Engagement

We are refreshing and standardising the approach we take to collating feedback from staff after team/all-staff engagement events.

We are updating the initial narrative for Velindre Futures which will take into account the impact of the Nuffield Trust report and recommendations including the evolving regional programme being taken forward by the Cancer Collaborative Leadership Group (CCLG). When a narrative is agreed it will be supported by the development of visual assets (videos, infographics) to enable effective communication with staff.

Radiotherapy Satellite Centre (RSC)

Work is underway to produce a communications and engagement strategy, which will be supported by a comprehensive implementation plan. This strategic document is currently under review by the Aneurin Bevan University Health Board communications team and will be presented as a draft at the RSC project board on 11 March.

To date, the patient engagement survey has seen almost 300 responses and continues to be promoted internally, as well as through the Velindre Matters Facebook page and our partner health boards. The survey closes on Friday 5 March, where analysis of responses will then take place.

Political Engagement

We continue to meet the local constituency MS and MP on a fortnightly basis.

On 3 March 2021 the Senedd debated two petitions about the proposed new Velindre Cancer Centre. The debate is available [here](#).

As part of his response to the debate, the Minister for Health and Social Services suggested that a decision on the OBC was due within the coming weeks.

Engagement planning - supporting planning process needs.

Subject to the Welsh Government's decision on the Outline Business Case, Down to Earth are in the process of developing a digital consultation project that will focus on the design development and community benefits which will inform the competitive dialogue process for the new Velindre Cancer Centre. This will be supplemented by additional citizen science activity, which is part of a wider funded project being undertaken by the organisation.

The Down to Earth team will be considered an extension of the communications and engagement function within Transforming Cancer Services for the duration of their contract. This will provide the appropriate level of support and delivery opportunities for agreed activities.

Public Engagement

The communications planning for the Minecraft for Education campaign with Cardiff City Council and Cardiff University is underway and there is consideration as to the opportunity to extend engagement with children and young people beyond the immediate vicinity of the new Velindre Cancer Centre site.

Next Steps

For the next month, our priorities will be as follows:

- Ongoing management of the Velindre Matters page;
- Responding to a potential decision on the OBC;
- Planning community engagement activity between April – September, subject to announcement;
- Ongoing management of the Down to Earth engagement plans;
- Producing patient consultation evaluation analysis report for RSC project team;
- Establishing communications plan for Minecraft for Education campaign;
- Supporting CCLG communications;
- Supporting the Velindre Futures communications and engagement needs;
- Developing a set of KPIs to measure impact of nVCC/Enabling Works projects' comms activity;
- Finalising new regular external stakeholder bulletin;
- Supporting the ongoing staff engagement sessions.

Recommendation

The Board is asked to note the update.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

4.1 The Trust Board is asked to **NOTE** the paper.



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TRUST BOARD

PROGRESS REPORT ON QUARTER 3 & 4 DELIVERY PLAN

DATE OF MEETING	25/03/2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Peter Gorin, Head of Corporate Strategic Planning and Performance
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PRESENTED BY	Cath O'Brien, Interim Chief Operating Officer
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EXECUTIVE SPONSOR APPROVED	Cath O'Brien, Interim Chief Operating Officer
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REPORT PURPOSE	FOR DISCUSSION / REVIEW
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	8 th March 2021	NOTED
Quality, Safety & Performance Committee	15 th March 2021	NOTED

ACRONYMS

VUNHST	Velindre University NHS Trust
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VCC	Velindre Cancer Centre
WBS	Welsh Blood Service
SACT	Systemic Anti-Cancer Therapy
KPIs	Key Performance Indicators
LHB	Local Health Board

1. SITUATION/BACKGROUND

- 1.1 This report has been developed with the intent of providing an update on progress with respect to actions included in the Velindre University NHS Trust (VUNHST) Operational Plan for Quarters 3 and 4 of 2020/21. The actions are outlined in Annex 1 – Annex 3.
- 1.2 The Operational Plan was developed as a means to describe the Trust's operational planning intentions by quarter for the current financial year, specifically, within the context of the COVID-19 pandemic. However, operational pressures due to the resurgence of COVID-19 infection following the summer and autumn of 2020 has inevitably affected the delivery of actions in a number of areas.
- 1.3 With respect to services delivered by the Velindre Cancer Centre (VCC), plans were developed with reference to '*A Framework for the Reinstatement of Cancer Services in Wales during COVID-19*'.
- 1.4 For WBS the aim was to meet demand across all service areas, including collections/diagnostics/transplantation, within the operational constraints of infection control measures at an individual person and population level.
- 1.5 The divisional Operating Plan Quarterly progress reports were initially presented to the WBS and VCC Senior Management Teams (SMTs) and have been reviewed by the Executive Management Board (EMB) on 8th March 2021.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Velindre Cancer Centre

- 2.1.1 Continued pressure on SACT services as referrals have returned to a position higher than pre COVID levels in Jan/Feb 2021. This has resulted in 80% compliance with waiting times targets.

- 2.1.2 Radiotherapy services are maintaining over 90% compliance with waiting times targets mainly as a result of reduced demand and changes to treatment pathways.
- 2.1.3 Outreach services for outpatients are still being managed wholly at VCC. This has been compounded by a significant increase in Phlebotomy attendances at VCC as HB provision diminished during the first wave of COVID. SACT outreach has returned at 30% capacity at CTMUHB, but not at ABUHB. This continues to place the site under extreme pressure to accommodate the volume of patients safely.
- 2.1.4 The impact of COVID-19 on VCC physical site capacity, workforce availability and infection control and prevention measures, have meant that a number of VCC Quarter 3 and 4 actions have been deferred and/or superseded as our cancer services focused on recovery, details in **Annex1**.

2.2 **Welsh Blood Service**

The year 2020/21 has provided significant challenge for WBS due to the COVID pandemic. A number of programmes of work were paused as resources were transferred to managing the impact of the COVID 19 Pandemic. There has been further review of these programmes of work in Q4.

As we continued through Q3 and Q4, the challenges associated with COVID pandemic, including the 2nd wave, have remained in place and have had an impact on plans to return to normal operating capacity.

2.2.1 **Collection of Blood and blood components, processing and distribution**

The challenges experienced during Q1 & Q2 due to venue cancellations, enforced removal of the WBS' mobile donation units, social distancing constraints at collection venues, staffing levels dropping through COVID related absence and donor levels falling, have continued throughout Q3 and Q4. They have been further exacerbated by competition with Health Boards and the Vaccination Programme for venues, which has resulted in the loss of a number of donation suitable venues and the introduction of some weekend clinics.

Fluctuating demand for red blood cells throughout Q3 and Q4 suggests we have not as yet returned to pre COVID demand levels. Discussions are taking place with Health Boards, via the annual service level agreement meetings and the Blood Health Team to try to develop a more detailed understanding of Health Board plans to return to normal operations and therefore demand for WBS components, which will help plan the forward looking collection model.

2.2.2 **Wholesale Distribution of Commercial Blood Products**

The distribution of commercial blood products has been sustained throughout 2020/21. As with all imported commercial products ongoing monitoring of availability of stocks and a contingency plan to address any shortages will continue.

Q4 has seen additional pressure in relation to increasing and maintaining critical stocks, in response to the UK leaving the EU, which came into being in January 2021. It is the intention of the service that a 4 to 6 month supply is retained in order to ensure sufficient supply of these critical blood products. This will need to continue until such a time that there is confidence in the continued unrestricted supply of products.

2.2.3 Healthy and Sustainable Workforce

WBS has continued to see the impact of COVID related absence on service delivery. In order to meet the workforce requirement to support the service delivery model, we have continued to recruit throughout Q3 and Q4. There remains ongoing challenges associated with retaining staff, which is a focus of our IMTP 2021/22. A task and finish group supported by workforce colleagues has been established at WBS to focus on this area of work. WBS is continuing to encourage staff to utilize annual leave in order to support their own health and well-being.

2.2.4 Convalescent plasma

The Convalescent plasma Collection Project was temporarily suspended in Q4, in line with national guidance. This later resumed for an interim period to allow consideration of a new research trial, with a focus on high titre plasma only.

Meetings are ongoing with Welsh Government regarding future funding/re-purposing arrangements for this service given the lifting of the plasma collection ban announced in late February 2021.

2.2.5 WBS Quarter 3 and 4 detailed actions and progress are given by **Annex 2**.

2.3 Corporate Services

2.3.1 Workforce

Quarter 3 work priorities in the area of Workforce and Organisational Development focused on:

Managing within the COVID Operational Workforce Framework: key areas of focus here have included provision of an ongoing infrastructure to ensure staff are safe within a work and home environment, via effective risk assessment, staff's wellbeing is supported via a raft of wellbeing offers and ongoing monitoring of workforce availability via daily provision of workforce reports

Staff Engagement: the results of the National and local staff surveys have been analyzed and presented to Divisions and trade union colleagues. An action plan has been developed in a 'you said we did approach'. Key area of focus in Quarter 4 will be staff wellbeing. An Anonymous staff feedback tool – Work In Confidence – enabling and encouraging a safe environment to raise concerns; put forward ideas, enabling and

supporting a culture of engagement and change is not in full operation supporting staff to raise and resolve issues

Providing skills and development for staff: despite the Pandemic management development training has been adapted to be developed in a hybrid virtual way. The Trust, working with HEIW, has developed a Leadership and Management Hub to provide a variety of management support including masterclasses and short practical guides to management, aligned to challenges faced in the pandemic.

2.3.2 Digital

Digital resources during the period have been focused on the delivery of core services, the continued support for key strategic projects (i.e. Velindre Futures and Regional Cancer Services), the introduction of a new Trust wide Digital Service Desk, support for the Trust response to the Vaccination Programme and continued activities regarding the Digital Health & Care Project (i.e. replacement of the CANISC system)

As such progress against the Patient Held Record Pilot, the implementation of the #KeepMeSafe App and Consultant Connect have been more limited.

It is important to note that the Patient Held Record pilot and Phase 2 of Consultant Connect are on hold awaiting approval to proceed.

2.3.3 Finance

Good progress has been made against Quarter 3 actions and ongoing actions from Quarter 2.

LHB Block Contracts: have been agreed for full Financial Year 20/21, and discussions have commenced with Commissioners for Financial Year 21/22.

Acute Oncology Service: supporting the development of the business case via Finance sub-group established with representation from each LHB and Trust with planning & service representation.

Supporting TCS: with Commissioners engaged frequently to ensure understanding and discuss financial impact of ongoing business cases

2.3.4 Corporate Quarter 3 and 4 detailed actions and progress are given by **Annex 3**.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
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	All plans are subject to the Trust quality assurance framework and the processes established during the Covid 19 outbreak.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: <ul style="list-style-type: none"> • Staff and Resources • Safe Care • Timely Care • Effective Care • Staying Healthy
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Financial impact of all service changes are being monitored and reviewed with finance colleagues for onward engagement with Welsh Government on Covid related costs.

4. RECOMMENDATION

4.1 The Trust Board is asked to **DISCUSS and REVIEW** the content of this report.

VELINDRE UNIVERSITY NHST OPERATIONAL PLAN QUARTERLY (Q2&Q4) ACTION PLANS ANNEX 1 - VELINDRE CANCER CENTRE								Progress Updates from Quarterly Action Leads
ID	REF	Agreed Quarterly Actions	Work Area	Action Leads	Start Date	End Date	BRAG Rating	Date: 12 January 2021
VQ2	VQ 2.3	Continue to manage repatriated patient activity until safe plans are agreed with HBs	VCC	SACT Lead	1.7.20	30.9.20	Amber	PCH returned to 30% capacity, however remaining patients continue to be treated at VCC. Awaiting ABUHB and CTMUHB plans for return of Outreach provision
VQ2	VQ 2.4	Develop plans with all HB partners to deliver a safe return of SACT outreach services	VCC	Planning Leads/SACT Lead	1.7.20	31.8.20	Amber	PCH returned to 30% capacity, however remaining patients continue to be treated at VCC. Awaiting ABUHB and CTMUHB plans for return of Outreach provision
VQ2	VQ 2.6	Implement capacity increase delivery options to meet demand changes	VCC	Senior Management Team.	1.7.20	30.9.20	Amber	Agency staff to support service agreed and being implemented. Option appraisal by RMG in February for sustainable capacity
VQ2	VQ 2.10	Workforce development and recruitment plan to be developed to support options	VCC	W & OD Lead	1.7.20	30.11.20	Green	Workforce plans in place for recruitment, retention.
VQ2	VQ 2.16	Develop a service model for running virtual and face to face clinics which will be adopted by all SSTs	VCC	Medical Directorate Manager with SST Leads	1.7.20	30.9.20	Amber	Hub completed. Ongoing Discussions with SST leads to maximize throughput.

VQ2	VQ 2.20	Gather patient feedback on the use of virtual appointments	VCC	Patient Experience Manager/ OPD Business Manager	1.7.20	30.9.20	Amber	Survey tool developed and patient feedback is delayed due to staff absence and work pressure. Will be finalized in Q4.
VQ2	VQ 2.22	Ultra sonographer to be trained to perform neck US so allowing more capacity	VCC	Radiology Lead Clin Lead Neck US	1.7.20	30.9.20	Amber	Training requirements identified and currently being progressed.
VQ2	VQ 2.23	Further work in establishing weekend therapy community services in the post COVID-19 phase.	VCC	Therapy Lead	1.7.20	30.9.20	Amber	Active engagement with community teams is ongoing.
VQ2	VQ 2.24	Continue physio cover for Saturday and Sunday	VCC	Therapy Lead	1.7.20	31.8.20	Amber	Workforce plan currently being developed.
VQ3/4	VQ 3/4.3	Continue to treat all patients utilizing clinical prioritization plans developed during the recovery phase	VCC	Directorate Leads	1.10.20	31.03.21	Green	Clinical prioritization plans being reviewed in light of current status.
VQ3/4	VQ 3/4.1	Continue to increase Oral SACT and at home provision	VCC	Directorate Leads	1.10.20	31.03.21	Green	Uptake monitored monthly
VQ3/4	VQ 3/4.2	Deliver increased activity at VCC site in advance of outreach return including utilizing unused HB Pharmacy/Nursing resources	VCC	Directorate Leads	1.10.20	31.03.21	Green	Additional chair capacity in place September, pharmacy support from CTMUHB HB's commenced September, ABUHB commenced October. Activity being monitored weekly
VQ3/4	VQ 3/4.8	Deliver and manage the private sector additional capacity provision in line with contractual requirements	VCC	Directorate Leads	1.10.20	30.11.20	Amber	Ongoing negotiation with third sector/private provider. Extra day secured for Tenovus bus SACT delivery .

VQ3/4	VQ 3/4 5	Continue to treat all patients utilizing clinical prioritization plans developed during the recovery phase	VCC	Directorate Leads	1.10.20	31.03.21	Green	Ongoing process being delivered.
VQ3/4	VQ 3/4.6	Deliver of additional capacity plans including the implementation of extended day working	VCC	W & OD Lead	1.7.20	31.1.21	Amber	Option appraisal considered by RMG in February for sustainable capacity options.
VQ3/4	VQ 3/4 4	Deliver and manage the private sector additional capacity provision in line with contractual requirements	VCC	Directorate Leads	1.10.20	30.11.20	Green	Contracts in place with third sector/private provider.
VQ3/4	VQ 3/4 12	Relocate Phlebotomy service to support effective social distancing in outpatient department and to increase OP throughput	VCC	Directorate Leads	1.10.20	31.03.21	Amber	Permanent solution identified, building work to be completed by March 2021.
VQ3/4	VQ 3/4 12	Continue to offer Phlebotomy services and monitor activity levels while initiating discussions on sustainable service model with Health Boards	VCC	Directorate Leads	1.10.20	31.03.21	Amber	Limitations on DGH and GP surgery access. No progress on HB engagement in this. Extreme pressure on OP space as a result.

VELINDRE UNIVERSITY NHST OPERATIONAL PLAN QUARTERLY (Q2&Q3) ACTION PLANS ANNEX 2 – WELSH BLOOD SERVICE								Progress Updates from Quarterly Action Leads
ID	REF	Agreed Quarterly Actions	Work Area	Action Leads	Start Date	End Date	BRAG Rating	Date: 12 January 2021
BQ2	BQ 2.11	Implement in-house HNA antibody testing to enable convalescent plasma collected from female donors to be used if model shows this to be a viable option	WBS	Chief Scientific officer	1.7.20	30.9.20	Green	Further work being undertaken prior to implementation
BQ3	BQ3.1	Recruitment of laboratory staff to support Manufacturing, Testing and Distribution of convalescent plasma	WBS	General Services Manager	1.10.20	31.12.20	Complete	Actioned
BQ3	BQ3.2	Increased plasma freezer capacity in Talbot Green and Wrexham Stock Holding Unit	WBS	General Services Manager	1.10.20	31.12.20	Complete	Change controls and validation activities completed
BQ3	BQ3.3	Plasmapheresis collection model in place	WBS	General Services Manager	1.10.20	31.12.20	Complete	Completed model in place

VELINDRE UNIVERSITY NHST OPERATIONAL PLAN QUARTERLY (Q2&Q3) ACTION PLANS ANNEX 3 – CORPORATE SERVICES								Progress Updates from Quarterly Action Leads
ID	REF	Agreed Quarterly Actions	Work Area	Action Leads	Start Date	End Date	BRAG Rating	Date: 12 January 2021
CQ2	CQ2.5	Revised plan for use of Trust social media	COMMS	Asst Dir of Comms	1.7.20	31.7.20	Amber	In development
CQ2	CQ2.6	Deliver new Trust website	COMMS	Asst Dir of Comms	1.7.20	30.9.20	Amber	In development - initial live Beta website early November followed by a phased implementation
CQ2	CQ2.7	Provide support for Trust strategy engagement	COMMS	Asst Dir of Comms	1.7.20	15.7.20	Green	Programme for developing the Trust strategy completed and engagement strategy in development.
CQ2	CQ2.9	Continue direct communication on key topics with special emphasis on PPE, wellbeing, TTP and social distancing as we prepare for safe workplaces	COMMS	Asst Dir of Comms	1.7.20	30.9.20	Green	Process of daily communication to all staff implemented and embedded into ways of working. Specific VCC/WBS communications campaigns delivered during reporting period as and when required in an agile response to the COVID19 context.
NQ2	NQ2.5	VCC Electronic Nurse Rostering Implement Allocate electronic rostering system & bank management system during June 2020	N & Q	Dep Dir Nursing & Quality	1.7.20	31.8.20	Green	Good progress being made. Allocate Erostering 'go live' date is October 2020.
NQ2	NQ2.6	Quality & Safety Framework to be completed and implementation commenced Commence recruitment of Quality & Safety Project Manager	N & Q	Dep Dir Nursing & Quality	1.7.20	30.9.20	Green	Progress is being made against this action and a revised completion date will be developed following recruitment to the Q&S project manager role.

NQ2	NQ2.9	A Review of all Staff who have received a COVID-19 positive swab to have had the screening & review undertaken in line with Staff diagnosed with COVID-19 Policy.	N & Q	Dep Dir Nursing & Quality	1.7.20	30.9.20	Green	Good progress being made and > 50% completed
NQ2	NQ2.10	Review the Quality Metrics and outcome measures within Trust Performance Management Framework	N & Q	Dep Dir Nursing & Quality	1.7.20	30.9.20	Green	Good progress being made, but metrics not yet agreed / finalised.
NQ2	NQ2.11	Undertake service level to Board quality & assurance mapping across Divisions feeding into Trust wide assurance mechanisms	N & Q	Dep Dir Nursing & Quality	1.7.20	30.9.20	Green	Good progress being made re quality and governance assurance frameworks, with new structures being implemented. However, not yet fully finalised
FQ2	FQ2.2	Development of revised RD&I Financial Strategy & Plan	FIN	Dep Dir Finance Head of Fin Bus Partner	1.7.20	31.8.20	Amber	Development is ongoing but completion date has been revised to 31.01.21. Financial Strategy is an enablement and response to the RD&I service strategy which remains in development
FQ2	FQ2.5	Supporting to the PET CT Strategic Programme Board	FIN	Dep Dir Finance Head of Fin Bus Partner	1.7.20	ongoing	Green	Monthly meetings are on-going – nothing significant to report
FQ2	FQ2.6	Supporting Acute Oncology Service business case	FIN	Dep Dir Finance Head of Fin Bus Partner	1.7.20	31.7.20	Green	Finance sub-group established with representation from each HB and Trust with Trust planning & service representation. Purpose of the group is to support development of the

								<p>economic case and provide financial information for financial case as well as validating the resources & costs of the three options.</p> <p>Ongoing meetings with HB & Trust Nursing and AHP's as well as Medical Staff for HB Finance leads to understand and validate the workforce requirements of each option.</p> <p>Essential that Health Board Planning, Cancer Services Management and Service clinical leads supported by finance take forward agreement of the resource requirement and costs as the business case will require their internal approval and financial investment if CCLG support</p>
FQ2	FQ2.13	Support new services being provided by NWSSP:Single lead employer model for Junior Doctors and establishment of Collaborative Bank	FIN	Dep Dir Finance/ Head of Financial Operations	1.7.20	ongoing	Amber	<p>Services being provided whilst ongoing resources required are assessed. Expectation is that these will be provided. HQ Finance team experiencing pressure to complete statutory reporting and make payments to HMRC on time (no</p>

								deadlines missed as yet but is a risk). Impact on cash flow (payment of junior doctors salary is growing and will be significant when all are transferred to NWSSP) is being highlighted to NWSSP Finance colleagues working to resolve.
FQ2	FQ2.14	Support financial elements of NWIS transition to SHA	FIN	Dep Dir Finance / Head of Financial Operations	1.7.20	ongoing	Green	Regular Project meetings taking place with respective actions progressing. This includes the establishment of a bank account for transfer to the SHA, and assessment of the financial assets & liabilities being transferred.
FQ2	FQ2.15	Engage with Finance colleagues across Wales and the NWSSP Central E Business Team to upgrade the Oracle Financial System	FIN	Dep Dir Finance / Head of Operations	1.7.20	ongoing	Amber	Engagement is continuing. This is likely to be a considerable piece of work for the HQ Finance team and resources to support will need to be allocated.
FQ2	FQ2.17	Engage with the Internal Audit of COVID-19 Financial Governance and any other Internal Audit relevant to Finance (likely Core Financial Systems Audit to commence in Q3)	FIN	Dep Dir Finance / Head of Financial Operations	1.7.20	ongoing	Green	Positive feedback from Audit on response to COVID-19 in terms of financial governance. Ongoing audits of Core Financial Systems and Commissioning Contract Currencies
FQ2	FQ2.19	Hold on site meeting with HMRC to review previous information submission and the Trust's Business Risk Review	FIN	Dep Dir Finance / Head of Financial Operations	1.7.20	31.12.20	Green	No date advised by HMRC. Due to the increase in COVID-19 it is anticipated that this will not take place until Q4 at the earliest.
WQ3	WQ3.1	Anonymous staff feedback tool – Work In Confidence – enabling and encouraging a safe	WOD	Director of OD & Workforce	1.10.20	31.12.20	Complete	Completed



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

		environment to raise concerns; put forward ideas, enabling and supporting a culture of engagement and change						
WQ3	WQ3.2	Staff surveys to be completed to support culture of listening and action – you said – we did approach	WOD	Director of OD & Workforce	1.10.20	31.12.20	Green	Ongoing
WQ3	WQ3.3	Staff Networks and Staff Forum in place to support transition and change in VCC	WOD	Director of OD & Workforce	1.10.20	31.10.20	Green	Ongoing
WQ3	WQ3.4	Management development offer in place to support in changing times	WOD	Director of OD & Workforce	1.10.20	31.10.20	Green	Ongoing
WQ3	WQ3.5	Focus on PADRs to support targeted and effective development and support talent management	WOD	Director of OD & Workforce	1.10.20	31.12.20	Green	Ongoing
WQ3/4	WQ3/4.1	COVID operational infrastructure in place to be flexed depending on second waves	WOD	Director of OD & Workforce	1.10.20	31.1.21	Green	Ongoing
WQ3/4	WQ3/4.2	Shaping of a Talent Management Pathway for the Trust	WOD	Director of OD & Workforce	1.10.20	31.1.21	Green	Ongoing
WQ3/4	WQ3/4.3	Leadership development in place	WOD	Director of OD & Workforce	1.10.20	31.12.20	Green	Ongoing
WQ4	WQ4.4	Board development in place	WOD	Director of OD & Workforce	1.10.20	31.1.21	Complete	In place

WQ4	WQ4.5	Structural change completed	WOD	Director of OD & Workforce	1.10.20	31.1.21	Complete	In place
DQ4	DQ4.2	Strategic Projects: Digital Innovation for Out of Hospital Care	DIG	Deputy Chief Digital Officer	1.10.20	31.03.21	Green	Pilots are ready to commence with PKB and Keep Me Safe. Support ongoing for video consultation and work commenced with C&V to understand more opportunities for Consultant Connect. Approval to adopt the Digital Inclusion Charter, exploring a South East Wales adoption under CCLG.
NQ3	NQ3.1	To continue to minimise the risk of Covid19 at WBS and VCC: 1. Recruit to Respiratory Protection Advisor and IPC 2. Recruit to the additional 2 Consultant Microbiology sessions 3. FiT testing machine to be purchased swifter testing of staff 4. Liaise with PHW re regular peer review audits to optimal IPC management re Covid prevention 5. Covid-19 minimisation and management plan in place.	N & Q	Director of Nursing AHP Med Scientists	1.10.20	31.12.20	Green	Ongoing through 2020/21
NQ3	NQ3.2	Deliver the Flu and Covid vaccination programmes (aim for 90% target for frontline staff for the Flu vaccine)	N & Q	Director of Nursing AHP Med Scientists	1.10.20	31.12.20	Green	Ongoing through 2020/21

NQ3	NQ3.3	Undertake a clinical risk review of services at VCC with clear actions to address	N & Q	Director of Nursing AHP Med Scientists	1.10.20	31.12.20	Green	Ongoing through 2020/21
NQ3	NQ3.4	Strengthen the Quality & Safety Framework for the Trust with a clear Q&S structure and strategy – for WBS and VCC	N & Q	Director of Nursing AHP Med Scientists	1.10.20	31.03.21	Green	Ongoing through 2020/21
NQ3	NQ3.5	Develop a Nursing strategy for the 2021-2024 – 3 year strategy to deliver the vision for nursing at VUNHST	N & Q	Director of Nursing AHP Med Scientists	1.10.20	31.03.21	Green	Ongoing through 2020/21
NQ3	NQ3.6	Develop a 2021-2024 patient experience and engagement strategy for VUNHST	N & Q	Director of Nursing AHP Med Scientists	1.10.20	31.03.21	Green	Ongoing through 2020/21
NQ3	NQ3.7	Implement the Welsh Nursing Care Record (WNCR) in line with WG requirements	N & Q	Director of Nursing AHP Med Scientists	1.10.20	31.03.21	Green	Ongoing through 2020/21
NQ3	NQ3.8	Develop a vulnerable adults Committee and strategy (2021-2024) for VUNHST (to include LD, Dementia and safeguarding)	N & Q	Director of Nursing AHP Med Scientists	1.10.20	31.03.21	Green	Ongoing through 2020/21
FQ3	FQ3.3	LTAs with all HB's & WHSSC signed securing core income - although operating block arrangement for Q1 & Q2 as per National DoF agreement. Review Sept 20	FIN	Dep Dir Finance	1.10.20	31.12.20	Completed	LTA Block Contract for full Financial Year 20/21. Discussions commencing with Commissioners for Financial Year 21/22.

CQ3/4	CQ3.1	Support the ongoing needs of the Transforming Cancer Services programme including the internal communications and engagement needs of the Velindre Futures programme at the Velindre Cancer Centre	COMMS	Asst Dir of Comms	1.9.20	31.3.21	Green	Ongoing
CQ3/4	CQ3.2	Continue to promote key external messages to maintain the blood supply chain	COMMS	Asst Dir of Comms	1.10.20	31.3.21	Green	Ongoing through 2020/21
CQ3/4	CQ3.3	Continue to celebrate the achievements of Velindre Cancer Centre and Welsh Blood Service staff to maintain public confidence in service delivery	COMMS	Asst Dir of Comms	1.10.20	31.3.21	Green	Ongoing through 2020/21
CQ3/4	CQ3.4	Deliver, in partnership with the relevant Community Health Councils and third sector stakeholders, a new patient engagement strategy by December 2020 aligned to the engagement principles enshrined in the Future Generations Act.	COMMS	Asst Dir of Comms	1.10.20	31.12.20	Green	Ongoing
CQ3/4	CQ3.5	Continue to work closely with colleagues across NHW Wales and Welsh Government to ensure the delivery of consistent and complementary public messages .	COMMS	Asst Dir of Comms	1.10.20	31.3.21	Green	Ongoing through 2020/21
FQ3	FQ3.26	Supporting All Wales Radiology Information System Procurement	FIN	Dep Dir Finance	1.10.20	31.3.21	Green	Ongoing support provided

FQ3	FQ3.27	Supporting TCS and associated Programmes and Procurements such as the Integrated Radiotherapies Solution and Satellite Centre at Neville Hall	FIN	Dep Dir Finance Head of Fin Bus Partner	1.10.20	31.3.21	Green	Commissioners engaged frequently to ensure understanding and discuss considerations of financial impact of ongoing business cases, for example contracting mechanisms and revenue funding requirements.
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Quarterly Progress BRAG Rating	
Action Successfully Completed	BLUE
Challenges causing problems	RED
Issues identified and being resolved	AMBER
Satisfactory progress being made	GREEN

TRUST BOARD

HIGHLIGHT REPORT FROM THE CHAIR OF THE AUDIT COMMITTEE

DATE OF MEETING	25 th March 2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Claire Bowden, Head of Financial Operations
PRESENTED BY	Martin Veale, Independent Member
EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance
REPORT PURPOSE	FOR NOTING

ACRONYMS

CE	Chief Executive
IA	Internal Audit
IMTP	Integrated Medium Term Plan
NWIS	NHS Wales Informatics Service
PPE	Personal Protective Equipment

1. PURPOSE

- 1.1 This paper has been prepared to provide the Trust Board with details of the key issues considered by the Audit Committee at its meeting on the 21st January 2021.
- 1.2 Key highlights from the meeting are reported in section 2.

1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	n/a
ADVISE	<p>NWIS</p> <p>NWIS's transition to the Strategic Health Authority is a standing agenda item at Audit Committee meetings. The Committee received verbal updates from the Director of Finance at NWIS and from a representative from Welsh Government, and received a verbal & written update from the Executive Director of Finance / Deputy Project Director for the Velindre Transfer of Accountabilities Project.</p> <p>The Committee heard from both NWIS, WG and Trust Officers how work was being planned and was progressing.</p> <p>The main area of discussion was in relation to the potential withdrawal of the fee of approximately £730k per annum which is currently paid to Velindre in connection with the original hosting arrangements for NWIS. The Committee heard that conversations had been taking place with senior Welsh Government colleagues for some time, and whilst the matter was not resolved at that point, it would be pursued with some urgency due to the proximity to the new financial year and preparation of the IMTP, and the Board kept informed of progress.</p> <p>It was identified that the next Audit Committee meeting would routinely be scheduled for April 2021 which would be post transfer, and therefore it was agreed to move that meeting forward to March 2021, prior to transfer.</p> <p>The regular suite of NWIS governance & financial documents were also presented to the Committee.</p>

<p>ASSURE</p>	<p>Internal Audit Programme</p> <p>The Committee received the IA Progress Report and were informed that the following reports have been finalised during the period:</p> <ul style="list-style-type: none"> Core Financial Systems Environmental Sustainability report – Reasonable Assurance <p>Concerns were raised regarding the recommendations in relation to the chasing of Private Patient debts by the Private Patient team at VCC, and the clearing of unapplied & unallocated receipts by the HQ Finance team. A report was requested to respond to those concerns at the next meeting.</p> <ul style="list-style-type: none"> Nurse Staffing Levels Act (Wales) 2016 report - Substantial Assurance <p>No recommendations were raised in this report.</p> <p>Audit Action Tracker</p> <p>The Committee received the report which showed actions completed since the last meeting, and those which had now become overdue. Some action owners had requested extensions to deadlines which the Committee agreed, and the Committee were joined by a colleague from the Estates team to discuss a number of issues that had been outstanding for some time.</p>
<p>INFORM</p>	<p>Counter Fraud</p> <p>The Committee received a progress report at 31st December 2020 from the Local Counter Fraud Specialist, and a copy of the December 2020 Counter Fraud newsletter.</p> <p>Other Business</p> <p>The Committee also received written or verbal reports under the following agenda items:</p> <ul style="list-style-type: none"> Letter from the Auditor General regarding Data Analytics Letter from the Auditor General to CEs - PPE Finance Technical Update relating to the New International Financial Reporting Standard 16 – Accounting for Leases Procurement Compliance Report Audit Committee Annual Report Losses & Special Payments Report Audit Committee Effectiveness Survey Findings 2020 Audit Wales & Internal Audit updates



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

	<ul style="list-style-type: none">Audit Wales report regarding the Audit of the 2019/2020 Charitable Funds Accounts
APPENDICES	NOT APPLICABLE

TRUST BOARD

CHARITABLE FUNDS COMMITTEE HIGHLIGHT REPORT

DATE OF MEETING	25/03/2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Alison Davies, Business Support Officer
PRESENTED BY	Donna Mead, Chair
EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance
REPORT PURPOSE	FOR NOTING
ACRONYMS	
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1. PURPOSE

This paper has been prepared to provide the Trust Board with details of the key issues and items considered by Charitable Funds Committee at its meeting held on the 11 February 2021.

The Board is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

The following areas were highlighted for reporting to the Trust Board from the meeting of the Charitable Funds Committee held on the 11 February 2021:

ALERT / ESCALATE	There were no items for alerting or escalating to the Trust Board.
ADVISE	<p>Financial Position</p> <p>Despite the impact of COVID-19, the Charity has so far managed to raise £2,235k as at the end of December, which is an overachievement of £851k against the revised target which was set during the first quarter of the year. Included within the total income received is a one-off donation of £500k from the Moondance Foundation and to date the charity has received £455k of legacies, which has notably helped the year to date performance.</p> <p>The revised forecast of income for the 2020-21 financial year, to include donations and legacies now stands at £2,426k.</p> <p>The unrestricted fund, which includes legacies, is currently £830k higher than planned for the period due to the one-off donation as highlighted above.</p> <p>During 2019-2020, the Trust received £815k of income from Astra Zeneca (AZ) for the sale of Intellectual property on its trials data. This £815k has been ring-fenced and a strategy for apportioning this income decided.</p> <p>Annual Delivery Plan</p> <p>The Committee approved the Charity's Annual Delivery Plan, which outlined the Charity's key priorities and deliverables for 2021-22</p> <p>Recognising the continuing COVID-19 environment The plan has set an income target of £1.3m for 2021-22 which will be sufficient to meet existing liabilities and commitments.</p> <p>However the Fundraising team are optimistic that, in the second half of 2021, they will be able to organise more events thereby increasing the</p>

fundraising efforts and consequently it is hoped that an improved forecast will be provided

Business Cases

The Committee received three business case requests:

1. Improving the effectiveness of Research, Development & Innovation through enhanced clinical leadership
2. Building capacity in research through the establishment of a Trust small grant scheme
3. Data Therapies Manager

The Committee agreed to fund the first business case for one year from money ring-fenced from the AZ trials income. The Committee agreed to support the second and third business case in principle with a view to seek potential funding from the Research General Purpose Fund as due to the precarious situation surrounding COVID and the inability to fundraise in the current climate, the Committee are very cautious about committing from the unrestricted general purpose fund.

Fundraising

The Committee were advised of the fundraising activities and the level of income received to date as noted above.

Three new Charity Ambassadors have been appointed:

- Morgan Stoddard
- Beverley Parry
- Richard Bradbury who continues to draw caricatures.

The Committee were also informed that the new Young Ambassadors programme has been launched together with new Regular Giving programme.

The Committee were informed of the position with certain major overseas events.

Fundraising are hoping to go ahead with the 3 Canyons event in September 2021.

The China event has been moved to May 2022,

Kilimanjaro event is being moved to June 2022.

A decision is to be made in February regarding the Lions event.



ASSURE	<p>Business Case & Fundraising Evaluation Reports</p> <p>The committee considered three Business Case and Fundraising Evaluation Reports, which provide assurance that projects funded by the Charity have delivered or are delivering their expected outputs. This included:</p> <ul style="list-style-type: none">- Spiritual and Pastoral Care Service (previously Chaplaincy Service)- Supportive Care Lead Nurse- Gardening Services at Velindre <p>The Committee noted the first two evaluation reports, but additional information was requested in respect of the Gardening Services report for final clarity and assurance This was agreed to be concluded outside of the Committee.</p> <p>A review of the business case evaluation process is to be undertaken with recommendation for improvement brought back to the next meeting of the Committee.</p>
INFORM	
APPENDICES	

3. RECOMMENDATION

The Trust Board is asked to **NOTE** the contents of this report.