

- 1.0.0 10:00 - STANDARD BUSINESS
  - Led by Prof Donna Mead OBE, Chair*
- 1.1.0 Apologies
  - Led by Prof Donna Mead OBE, Chair*
- 1.2.0 In Attendance
  - Led by Prof Donna Mead OBE, Chair*
- 1.3.0 Declarations of Interest
  - Led by Prof Donna Mead OBE, Chair*
- 1.4.0 10:10 - ACTION LOG
  - Led by Prof Donna Mead OBE, Chair*
  - 1.4.0 PUBLIC TRUST BOARD ACTION LOG v4-LF.docx
- 1.4.1 Matters Arising
  - Led by Prof Donna Mead OBE, Chair*
- 2.0.0 CONSENT ITEMS
  - Led by Prof Donna Mead OBE, Chair*
- 2.1.0 10:15 - For Approval
  - Led by Prof Donna Mead OBE, Chair*
- 2.1.1 Minutes from the Public Trust Board meeting held on 28 July 2022
  - Led by Prof Donna Mead OBE, Chair*
  - 2.1.1 Draft Public Trust Board Minutes vES\_No track changes -LF (2).docx
- 2.1.2 Chair's Urgent Actions Report
  - Led by Prof Donna Mead OBE, Chair*
  - 2.1.2 Chairs Urgent Action Report\_September 2022.docx
- 2.1.3 Commitment of Expenditure Exceeding Chief Executive's Limit
  - Led by Matthew Bunce, Executive Director of Finance*
  - 2.1.3 September 2022 Trust Board\_Commitment of Expenditure Cover Paper.docx
  - 2.1.3 Appendix 1 - Commitment of Expenditure - Renewal of WBS Contract\_Liquid Nitrogen Supply.pdf
  - 2.1.3 Appendix 2 - Commitment of Expenditure - HLA Typing.docx
  - 2.1.3 Appendix 3 - Commitment of Expenditure - Medical Evaluation.docx
  - 2.1.3 Appendix 4 - Commitment of Expenditure - WBMDR International Courier.docx
  - 2.1.3 Appendix 5 - Commitment of Expenditure.docx
  - 2.1.3 Appendix 6 - Commitment of Expenditure.docx
  - 2.1.3 Appendix 7 - Commitment of Expenditure HQ Lease Renewal.docx
  - 2.1.3 Appendix 8 - Commitment of Expenditure.docx
  - 2.1.3 Appendix 9 - Commitment of Expenditure.docx
  - 2.1.3 Appendix 10 - Commitment of Expenditure.pdf
  - 2.1.3 Appendix 11 - Commitment of Expenditure.pdf
- 2.1.4 Trust Wide Policies
  - Led by Lauren Fear, Director of Corporate Governance & Chief of Staff*
  - 2.1.4 WOD Policy and Procedure Update Sept2022v3.docx
  - Annexure 1 WF05 Equality Diversity Policy May v.4.docx
  - Annexure 2 WF44 Working Time Regulations Policy and opt out agreement.pdf
  - Annexure 3 NHS Wales Special Leave Policy December 2020.pdf
  - Annexure 4 NHS Wales Pay Progression Policy Updated 30.05.2022.pdf
  - Annexure 5 Procedure for NHS Staff to Raise Concerns May 21.docx
- 2.2.0 10:20 - For Noting

*Led by Prof Donna Mead OBE, Chair*

- 2.2.1 Transforming Cancer Services Communication and Engagement Update  
*Led by Lauren Fear, Director of Corporate Governance & Chief of Staff*  
2.2.1 TCS Communications and Engagement Update.docx
- 2.2.2 Transforming Cancer Services Programme Scrutiny Sub Committee Highlight Report 22.09.2022 **\*\*To follow**  
*Led by Stephen Harries, Vice Chair and Chair of the TCS Programme Scrutiny Sub-Committee*
- 2.2.3 10:25 - Quality, Safety & Performance Committee Highlight Report 15.09.2022  
*Led by Vicky Morris, Independent Member and Chair of the Quality, Safety & Performance Committee*  
2.2.3 Public Quality Safety Performance Committee Highlight Report 15.9.22 (v4approved).docx
- 2.2.4 Audit Committee Highlight Report 19.07.2022  
*Led by Martin Veale, Independent Member and Chair of the Audit Committee*  
2.2.4 Audit Committee Highlight Report 19 July 2022-LF.docx
- 2.2.5 Local Partnership Forum Highlight Report 06.09.2022  
*Led by Sarah Morley, Executive Director of Organisational Development and Workforce*  
2.2.5 Local Partnership Forum Highlight Report 06.09.2022.docx
- 2.2.6 Welsh Health Specialised Services Committee Joint Committee Briefing  
*Led by Lauren Fear, Director of Corporate Governance & Chief of Staff*  
2.2.6 WHSCC Joint Committee Briefing (Public) 6 Sept 2022.pdf
- 2.2.7 NHS Wales Shared Services Partnership - Assurance Report 21.07.2022  
*Led by Lauren Fear, Director of Corporate and Chief of Staff*  
2.2.7 SSPC Assurance Report 21 July 2022.doc
- 2.2.8 Trust Seal Report - April 2022 to August 2022  
*Led by Lauren Fear, Director of Corporate Governance & Chief of Staff*  
2.2.8 Trust Seal Report April to August.docx
- 3.0.0 KEY REPORTS  
*Presenter: Name & Title*
- 3.1.0 10:35 - Chair's Update  
*Led by Prof Donna Mead OBE, Chair*  
3.1.0 Chair Update 29.09.2022- LF -Final.odt
- 3.2.0 10:45 - Chief Executive's Update  
*Led by Steve Ham, Chief Executive*  
3.2.0 Chief Execs 29.09.2022 (003)-LF SH.docx  
3.2.0 Appendix 1 - 2022-07-22 Judith Paget to SH IMTP Accountability Letter.pdf
- 4.0.0 QUALITY, SAFETY AND PERFORMANCE
- 4.1.0 10:55 - Delivering Excellence Performance Report July 2022  
*Led by Cath O'Brien, Chief Operating Officer*  
4.1.0a VUNHST JULY PERFORMANCE COVER PAPER FOR SEPTEMBER TRUST BOARD FINAL 20.9.22.docx  
4.1.0b VCC Performance Report - July 2022 FINAL.docx  
4.1.0c VCC DC plan QSP v6 09092022.docx  
4.1.0d Jul 2022 PMF Report\_.pdf  
4.1.0e Trust-wide WOD Performance Report - July 2022.pdf
- 4.2.0 11:05 - Financial Report Period ended August 2022  
*Led by Matthew Bunce, Executive Director of Finance*  
4.2.0a Month 5 Finance Report Cover Paper - TRUST BOARD 29.09.2022 FINAL.docx  
4.2.0b M5 VELINDRE NHS TRUST FINANCIAL POSITION TO AUGUST 2022 - TRUST BOARD 29.09.2022 Final.docx  
4.2.0c TCS PROGRAMME.docx
- 4.3.0 11:15 - BREAK
- 4.4.0 11:25 - VUNHST Risk Register  
*Led by Lauren Fear, Director of Corporate Governance & Chief of Staff*  
4.4.0 TRUST BOARD- Trust Risk Register Paper - 29.09.2022 -vfinal2.pdf  
4.4.0b Appendix 1 - RISKS OVER 15 - 23.09.2022 -V1.pdf

5.0.0

ANNUAL REPORTS

5.1.0

11:35 - Health and Safety Annual Report

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

5.1.0a Cover Paper HS Annual Report 2021\_ (002).docx

5.1.0b HEALTH AND SAFETY ANNUAL REPORT 2021.pdf

5.2.0

11:45 - Welsh Language Annual Report

*Led by Sarah Morley, Executive Director of Organisational Development and Workforce*

5.2.0 Cover paper Welsh Language Annual Report 21-22 (002).docx

5.2.0a Adroddiad Monitro 2021 22 CYMRAEG.docx

5.2.0b Welsh language Annual Performance report 21-22 V2 ENGLISH FINAL.pdf

6.0.0

ESTATES

6.1.0

11:55 - Capital Scheme for Ventilation at Velindre Cancer Centre

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

6.2.0 Trust Board Ventilation paper 22 sept 2022 cj.docx

7.0.0

ANY OTHER BUSINESS

*Led by Prof Donna Mead OBE, Chair  
(Prior approval required by Chair)*

8.0.0

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).*

9.0.0

12:05 - LUNCH

**VELINDRE UNIVERSITY NHS TRUST**

**PUBLIC TRUST BOARD MEETING 28 JULY 2022  
ACTION LOG**

<b>ACTIONS ARISING FROM 27/01/2022</b>					
<b>No.</b>	<b>Action</b>	<b>Owner</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status (Open / Closed)</b>
<b>7.2.0</b>	<p><b>Cardiff Cancer Research Hub, Proposal for a Tripartite partnership between Cardiff and Vale UHB, Cardiff University and Velindre University NHS Trust</b></p> <p>The next phase of development to include agreement to key principles that will go on to establish a formal Heads of Terms for the model going forwards.</p>	Director of Strategic Transformation , Planning and Digital	<b>November 2022</b>	The Heads of Terms is being supported by an external consultant and an update will be provided to the Board in November 2022.	<b>OPEN</b>
<b>ACTIONS ARISING FROM 26/05/2022</b>					
<b>5.1.0</b>	<p><b>Trust Enabling Strategies for Approval</b></p> <p>The case studies that are to be included in the Trust Enabling Strategies will be circulated to the Board when finalised.</p>	Director of Strategic Transformation , Planning and Digital	<b>13 October 2022</b>	Draft case studies are being progressed and will go through a final quality assurance process prior to being circulated to the Board.	<b>OPEN</b>



**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

### ACTIONS ARISING FROM 28/07/2022

No.	Action	Owner	Target Date	Progress to date	Status (Open / Closed)
5.2.0	<b>Patient and Donor Experience Annual Report</b> The Patient and Donor Experience Annual Report to include more narrative around figures for better clarity and understanding.	Executive Director of Nursing, AHP's & Medical Scientists	<b>29 September 2022</b>	Feedback from the Board has been taken on forward in readiness for inclusion in the next report.	<b>CLOSED</b>
5.4.0	<b>Safeguarding Annual Report</b> Amendment of the date to be made to the Safeguarding Annual Report to November 2021 on Page 8 section 3.	Executive Director of Nursing, AHP's & Medical Scientists	<b>29 September 2022</b>	Safeguarding Annual Report has been updated and republished	<b>CLOSED</b>
<b>ACTIONS ARISING FROM 28/07/2022</b>					
5.6.0	<b>Local Partnership Forum Annual Report</b> Page 5 of the report will be updated to reflect that the concerns expressed by Trade Unions have since been addressed.	Executive Director of Organisational Development and Workforce	<b>29 September 2022</b>	Local Partnership Forum Annual Report has been updated and republished.	<b>CLOSED</b>



**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
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NHS Trust

### ACTIONS ARISING FROM 28/07/2022

No.	Action	Owner	Target Date	Progress to date	Status (Open / Closed)
6.2.0	<b>Delivering Excellence Performance Report for the Period Ended May 2022</b> An update on the Brachytherapy Business Case will be provided at follow up Trust Board meetings.	Chief Operating Officer	<b>29 September 2022</b>	High Dose Rate (HDR) brachytherapy service for prostate patients business case approved by VCC SLT and Velindre Futures during summer 2022. WHSSC have agreed to fund additional activity during 2022. Treatment of a small number of prostate patients per day will be piloted from October 2022 to assess feasibility of treating larger number of patients. Brachytherapy Operational Group to develop business case (within 6 months) to meet current and future needs of service.	<b>CLOSED</b>
6.2.0	<b>Delivering Excellence Performance Report for the Period Ended May 2022</b> An update to be provided on Outpatient data collection which was paused in December 2021.	Chief Operating Officer	<b>29 September 2022</b>	This work recommenced during July 2022 and is included in July's Delivering Excellence Performance Report received at Board in September 2022.	<b>CLOSED</b>
6.2.0	<b>Delivering Excellence Performance Report for the Period Ended May 2022</b> The dates (years 2020-21) in the table on page 6 of the VCC report will be reviewed and amended for future reporting to Board from September 2022 onwards.	Chief Operating Officer	<b>29 September 2022</b>	The dates have been revised and corrected for future reporting.	<b>CLOSED</b>

## MINUTES PUBLIC TRUST BOARD MEETING – PART A

### VELINDRE UNIVERSITY NHS TRUST LIVE STREAMED

28 JULY 2022 at 10:00AM

<b>PRESENT</b> Professor Donna Mead OBE Stephen Harries Hilary Jones Professor Andrew Westwell Gareth Jones Steve Ham Nicola Williams Matthew Bunce Dr Jacinta Abraham Vicky Morris Martin Veale Sarah Morley	Chair Vice Chair Independent Member Independent Member Independent Member Chief Executive Executive Director of Nursing, AHPs and Health Science Executive Director of Finance Executive Medical Director Independent Member Independent Member Executive Director of Organisational Development and Workforce
<b>ATTENDEES</b> Lauren Fear Carl James Cath O'Brien MBE Emma Stephens Kay Barrow Lenisha Wright	Director of Corporate Governance and Chief of Staff Director of Strategic Transformation, Planning and Digital Chief Operating Officer Head of Corporate Governance Corporate Governance Manager Business Support Officer, Secretariat

1.0.0	STANDARD BUSINESS	ACTION LEAD
	The Chair opened the meeting and welcomed everyone in attendance.	
1.1.0	<b>Apologies noted:</b> <ul style="list-style-type: none"> <li>Brenda Chamberlain, Community Health Council Vice Chair</li> </ul>	
1.2.0	<b>In Attendance</b>  Regular attendees: <ul style="list-style-type: none"> <li>Stephen Allen, Chief Officer Community Health Council</li> <li>Brenda Chamberlain, Community Health Council Vice Chair</li> </ul> Attendees joining the meeting for presentations for <b>Item 5.0</b> of the Agenda: <ul style="list-style-type: none"> <li>Muhammad Yaseen, Head of Infection Prevention and Control</li> <li>Tina Jenkins, Senior Nurse Safe Guarding and Public Protection</li> <li>Anna Harries, Senior Nurse Professional Standards</li> <li>Nigel Downes, Interim Deputy Director of Nursing, Quality and Patient Experience</li> </ul>	
1.3.0	<b>Declarations of Interest</b> There were no declarations of interest to <b>NOTE</b> .	

<b>1.4.0</b>	<b>MATTERS ARISING</b>	
<b>1.4.1</b>	<b>Action Log</b>  Committee members confirmed there was sufficient information contained in the log to provide assurance that all actions identified as completed could be <b>CLOSED</b> . The Action Log was <b>APPROVED</b> .	
<b>2.0.0</b>	<b>CONSENT ITEMS</b>	
<b>2.1.0</b>	<b>For Approval</b>	
<b>2.1.2</b>	<b>Commitment of Expenditure Exceeding Chief Executives Limit</b>  The Trust Board <b>APPROVED</b> the Commitment of Expenditure summarised within the paper and the supporting Appendices.	
<b>2.1.2</b>	<b>Minutes from the Public Trust Board meeting held on 26 May 2022</b>  The Trust Board <b>APPROVED</b> the Minutes of the meeting held on 26 May 2022 as an accurate and true record.	
<b>2.1.3</b>	<b>National Imaging Academy Hosting Agreement</b>  The Trust Board <b>APPROVED</b> the NHS Wales National Imaging Academy Hosting Agreement.	
<b>2.1.4</b>	<b>NHS Wales Shared Services Partnership (NWSSP) Patient Medical Records Business Case</b>  The Trust Board <b>APPROVED</b> the NHS Wales Services Partnership Patient Medical Records Business Case.	
<b>2.2.0</b>	<b>For Noting</b>	
<b>2.2.1</b>	<b>Transforming Cancer Services Programme Scrutiny Sub-Committee Highlight Reports - 19 May and 21 June 2022</b>  The Trust Board <b>NOTED</b> the contents of the Public TCS Programme Scrutiny Committee Highlight reports dated 19 May 2022 and 21 June 2022.	



<b>2.2.2</b>	<b>Transforming Cancer Services Communication and Engagement update</b>  The Trust Board <b>NOTED</b> the contents of the TCS Communication and Engagement Update report.	
<b>2.2.3</b>	<b>Local Partnership Forum Highlight Report – 5 May 2022 and 5 July 2022</b>  The Trust Board <b>NOTED</b> the contents of the Local Partnership Forum Highlight reports.	
<b>2.2.4</b>	<b>Strategic Development Committee Highlight Report – 16 May and 7 July 2022</b>  The Trust Board <b>NOTED</b> the contents of the Strategic Development Committee Highlight reports.	
<b>2.2.5</b>	<b>Welsh Health Specialised Services Committee (WHSSC) - Joint Committee Briefing – 12 July 2022</b>  The Trust Board <b>NOTED</b> the contents of the WHSSC Joint Committee Public Briefing.	
<b>2.2.6</b>	<b>NHS Wales Shared Services Partnership Committee Assurance Report 19 May 2022</b>  The Trust Board <b>NOTED</b> the work of the NHS Wales Shared Services Partnership Committee Assurance Report.	
<b>2.2.7</b>	<b>Approved Policies Update</b>  The Trust Board <b>NOTED</b> the policies that have been approved since the May 2022 Trust Board.	
<b>3.0.0</b>	<b>PRESENTATIONS AND GUEST ATTENDEES</b>	
<b>3.1.0</b>	<b>Anti-Racist Wales Action Plan</b> Sarah Morley presented the Anti-Racist Wales Action Plan highlighting the following: <ul style="list-style-type: none"> <li>• The term BAME (Black, Asian, Minority Ethnic Citizens) has been removed and will no longer be used.</li> <li>• There has been extensive Stakeholder engagement during the preparation of the plan.</li> <li>• The vision is to be: “Anti-racist Wales”. There is an understanding that the cultural change to achieve this will take time.</li> <li>• The action plan assigns timelines to identified actions.</li> <li>• The five priority actions include leadership, workforce, data, access to services and health inequalities, noting that access to services does not relate to Velindre University NHS Trust.</li> <li>• A suite of training has been identified for Board members, the timeframes of which are to be confirmed.</li> </ul>	

	<ul style="list-style-type: none"> <li>The audit of policies and procedures has been identified as a priority action. A framework will be developed, to support the anti-racism analysis of policies.</li> <li>Workforce Race Equality Standard (WRES) is currently being developed and will be incorporated into the Trust Performance Management Framework. It was noted that this will take time to implement.</li> <li>A dedicated working group on health inequalities to address barriers has been established. The best utilisation of this group will be reviewed regularly to ensure appropriate inclusion of members to the group.</li> </ul> <p>Observations, questions and discussions are summarised below:</p> <ul style="list-style-type: none"> <li>A report on progress of this work will be fed back through the Quality, Safety and Performance Committee.</li> <li>It was discussed that the NHS jobs portal to attract the right mix of candidates may not be suitable. The Trust is currently exploring other options as the traditional routes to attract candidates could be a barrier.</li> <li>The role and the person specification for Board members is undergoing review currently as part of the process to address the element of inclusion, and any potential barriers that may stop people from applying for opportunities.</li> </ul> <p>The Trust Board <b>NOTED</b> the contents of the presentation.</p>	
<b>4.0.0</b>	<b>KEY REPORTS</b>	
<b>4.1.0</b>	<b>Chair's Update Report</b>	
	The Trust Board <b>NOTED</b> the contents of the update report.	
<b>4.2.0</b>	<b>Chief Executive's Update Report</b>	
	The Trust Board <b>NOTED</b> the contents of the update report.	

<b>5.0.0</b>	<b>ANNUAL REPORTS</b>	
<b>5.1.0</b>	<b>Putting Things Right Annual Report</b> Nicola Williams introduced the item and requested Nigel Downes to take the Board through the Report.  Nigel Downes highlighted the following: <ul style="list-style-type: none"> <li>The Trust received 190 concerns with 150 managed as 'early resolution' and 40 under Putting Things Right.</li> <li>There is a 32% increase in the number of concerns managed as early resolution.</li> <li>An improvement in compliance was noted, in part due to the ownership of Divisions for Handling Concerns.</li> <li>Overall performance in the Handling of Concerns has improved.</li> <li>There were two concerns (1%) reopened which is a small number, which has been managed.</li> </ul>	

	<p>Observations, questions and discussions are summarised below:</p> <ul style="list-style-type: none"> <li>• The Quality and Safety team were commended by the Chair on behalf of the Board for the compiled Report.</li> <li>• There was comment and discussion that statistical data can be presented in a way that draws attention away from certain areas of performance.</li> <li>• Benchmarking with Health Boards is dependent on the availability of information. Comparative analysis and benchmarking may not always be possible due to the lack of data however, benchmarking will be incorporated in future Annual Reports.</li> </ul> <p>The Trust Board <b>APPROVED</b> the 2021-2022 Velindre University NHS Trust Putting Things Right Annual Report.</p>	
5.2.0	<p><b>Patient and Donor Experience Annual Report</b></p> <p>In presenting the report to the Board, Nigel Downes highlighted the following:</p> <ul style="list-style-type: none"> <li>• The data in this report demonstrates that care and treatment are at the core for both the Velindre Cancer Service and the Welsh Blood Service.</li> <li>• For the Velindre Cancer Service 91% of all patients felt cared for and 90% responded that they were always listened to.</li> <li>• For the Welsh Blood Service, 80.4% rated the service six out of six for donor satisfaction, with an overall score of 95.9% satisfaction.</li> <li>• Further detail is contained in the report for patient and donor satisfaction results.</li> <li>• Overall the Service has achieved outstanding performance.</li> </ul> <p>Observations and discussions are summarised below:</p> <ul style="list-style-type: none"> <li>• The report demonstrates good outcomes.</li> <li>• Some patients did not provide positive feedback, but the report does not highlight the negative aspects, which was discussed at QSPC. An example was provided that a rating of 75% means that one in four are not satisfied.</li> <li>• Nicola Williams noted that as an organisation we are listening to our donors and patients and this feedback is taken back to teams where discussions are held and actions undertaken. Future Annual Reports will include more narrative around the figures.</li> <li>• The organisation can demonstrate that learning has taken place as well as the subsequent changes that have been implemented. The new CIVICA system provides real time feedback with the opportunity to correct things rapidly.</li> </ul> <p>The Trust Board <b>APPROVED</b> the 2021-2022 Trust Patient and Donor Experience Annual Report.</p> <p><b>ACTION:</b> The Patient and Donor Experience Annual Report to include more narrative around figures for better clarity and understanding.</p>	ND
5.3.0	<p><b>Trust-wide Nurse Staffing Levels (2016) Act - Annual Report</b></p> <p>Nicola Williams introduced this item and invited Anna Harries to take the Board through the report.</p>	

	<p>Anna Harries highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Annual Report for Safeguarding and Vulnerable Adults is a requirement for the Nurse Staffing Levels (Wales) Act 2016.</li> <li>• A template provided by Government has been used, however some aspects of the template are not applicable to the Trust.</li> <li>• Assurance was given that systems are in place for data collection and ensuring the accuracy of that data.</li> <li>• The acuity reviews are completed daily on the First Floor Ward at the Velindre Cancer Service to ensure appropriate deployment of staff.</li> <li>• Following each audit and the availability of nationally benchmarked data, a formal review across all nursing areas within the Velindre Cancer Service is conducted. The last review was undertaken in June 2022 and was based on the January 2022 acuity data.</li> <li>• The planned roster was not met on certain occasions due to COVID restrictions and reduced bed numbers.</li> <li>• Five complaints are recorded, however none of these relate to nurse staffing levels.</li> <li>• There were no incidents recorded related to staffing levels.</li> </ul> <p>Further contributions and comments noted by the Board:</p> <ul style="list-style-type: none"> <li>• The redistribution of staff to meet service needs has produced good results.</li> <li>• Where there has been insufficient staffing levels, it is recorded in Datix for monitoring and actions.</li> <li>• A new module is in the process of being introduced called Safer Care where this type of information can be captured which is part of the National provision.</li> <li>• National guidance provided by Welsh Government was followed during the Pandemic. Welsh Government recognised the challenges experienced during the pandemic with the Service ensuring prioritisation of work.</li> </ul> <p>The Trust Board <b>APPROVED</b> the 2021/22 Nurse Staffing Levels Act (Wales) Annual Report.</p>	
5.4.0	<p><b>Safeguarding Annual Report</b></p> <p>Nicola Williams introduced the Safeguarding Annual Report advising the Board that the report focussed on a wider context. For example reporting on whether the agenda for vulnerable adults is being addressed. The safeguarding and public protection management group has been enhanced to include vulnerable adults. Nicola Williams invited Tina Jenkins to take the Board through the report.</p> <p>Tina Jenkins highlighted the following:</p> <ul style="list-style-type: none"> <li>• The safeguarding and protection group has been changed to the safeguarding and vulnerable adults group. There is an extension in the terms of reference to include Dementia, learning and disabilities and other areas of vulnerability.</li> <li>• Additional items have been included such as Dementia.</li> <li>• A Supporting Vulnerable Groups Forum has been established looking at emerging themes. Input from the Forum is fed back to the Safeguarding group. The work for the safeguarding group has started which is summarised within the report.</li> <li>• A training needs analysis was done to ensure Safeguarding training was adequate and that there is accurate reporting with regards to training.</li> </ul>	

	<ul style="list-style-type: none"> <li>There will be focus on the development of the role of the safeguarding champion with a development plan already in place.</li> </ul> <p>Observations and discussions are summarised below:</p> <ul style="list-style-type: none"> <li>It was clarified that identified risks around Disclosure and Barring Service (DBS) checks was addressed with Internal Audit providing adequate assurance in their report on this matter.</li> <li>An amendment will be made in section 3 page 8 of the report to November 2021 (currently reads November 2022).</li> <li>An action plan is in place to ensure the new Velindre Cancer Centre accommodates facilities appropriate for vulnerable people such as Dementia.</li> <li>Work will be undertaken in collaboration with Psychology teams to formulate a comprehensive plan to incorporate initiatives around general mental health, over and above the extensive work that has been done with Dementia.</li> </ul> <p>The Trust Board <b>APPROVED</b> the Safeguarding and Vulnerable Adults 2021/2022 Annual Report.</p> <p><b>ACTION:</b> Amendment of the date to be made to the Safeguarding Annual Report to November 2021 on Page 8 section 3.</p>	<p><b>TJ</b></p>
<p><b>5.5.0</b></p>	<p><b>Infection, Prevention and Control Annual Report</b></p> <p>In presenting the report Nigel Downes highlighted the following:</p> <ul style="list-style-type: none"> <li>Infection, Prevention and Control (IPC) has seen many challenges in the year with the various COVID19 waves which has affected the Trust as a whole. The IPC team have met the challenges efficiently and effectively and are applauded for the work that has been done.</li> <li>The IPC team have worked collaboratively with partners and key stakeholders (internally and externally) in relation to devising pathways to ensure the Trust continues to provide core services.</li> <li>There have been no Methicillin-resistant Staphylococcus Aureus (MRSA) reported by the Trust since November 2013.</li> <li>There have been no influenza outbreaks during the reporting period.</li> <li>Training compliance for Level 1 training for IPC is 96% for Welsh Blood Service and 81% for the Velindre Cancer Service.</li> <li>A Band 4 Surveillance Officer for IPC to enhance surveillance and audits has been appointed.</li> <li>Decontamination rooms have been refurbished.</li> <li>Skin cleansing practices remain a high priority.</li> </ul> <p>Additional comments and contributions summarised below:</p> <ul style="list-style-type: none"> <li>The remarkable work of the IPC team at the Trust was noted by the Board. It was noted that the excellent work is due to the multi-professional efforts of all in the organisation and the Leadership of the IPC team.</li> <li>There has been an outbreak in the in-patient setting but contained and managed effectively.</li> <li>It was noted that 4.2.4 of the report highlights the lack of visible cleaning schedules. The Board acknowledged the importance of supporting the IPC Team during visits and walkabouts in this regard. The work around additional</li> </ul>	

	<p>IPC initiatives including cleaning schedules is incorporated into the 15 step challenge.</p> <p>The Chair on behalf of the Board, thanked Muhammad Yaseen, Head of Infection Prevention and Control, who will shortly be leaving the Trust, for his contribution to the Trust and valuable input, wishing him well in his career.</p> <p>The Trust Board <b>APPROVED</b> the 2021/2022 Trust Infection Prevention and Control Annual Report.</p>	
<b>5.6.0</b>	<p><b>Local Partnership Forum Annual Report</b></p> <p>Sarah Morley highlighted the following:</p> <ul style="list-style-type: none"> <li>• Within the broader topics for the Local Partnership Forum (LPF), Industrial Relations and Partnership working reflected on page 5 of the report, relates to the importance of partnership working with Trade Union colleagues.</li> <li>• Discussions have been held about the importance of partnership working. A series of workshops were held in October 2021, were well attended by Trade Union Colleagues and Trust Officers. This provided a foundation for continued relationships moving forward in particular, with the agenda for change.</li> <li>• It was noted that Trade Union colleagues from different Trade Union organisations have started working together to combine efforts, promoting more informed discussions with organisations.</li> <li>• Terms of Reference are being drafted for the establishment of a Trade Union group.</li> <li>• Trade Unions have started visiting NHS sites further improving partnerships and relationships.</li> <li>• It was noted that there is a shortage of Trade Union Representatives.</li> </ul> <p>A question of clarity was raised regarding concerns expressed by Trade Unions recorded on page 5 of the report. It was clarified that specific Industrial Relations issues were raised which led to further discussion in terms of the way in which things are done. This resulted in workshops being scheduled.</p> <p>Assurance was given that all Industrial Relations matters reflected in the report have been effectively dealt with and concluded. The report will be amended to note this.</p> <p><b>ACTION:</b> Page 5 of the report will be updated to reflect that the concerns expressed by Trade Unions have since been addressed.</p> <p>The Trust Board <b>APPROVED</b> the contents of the 2021 – 2022 Local Partnership Forum Annual Report.</p>	<b>SM</b>
<b>6.0.0</b>	<b>QUALITY, SAFETY &amp; PERFORMANCE</b>	
<b>6.1.0</b>	<p><b>Quality and Safety Framework</b></p> <p>In presenting the framework to the Board, Nicola Williams highlighted the following:</p> <ul style="list-style-type: none"> <li>• There has been a delay in finalising the framework due to the pandemic. The framework was developed following extensive discussions and consultations with both staff and patients undertaken throughout the process.</li> </ul>	



	<ul style="list-style-type: none"> <li>Statutory guidance for the Duty of Quality and Duty of Candour are expected to be released in late 2022. This will have different requirements and expectations from the organisation.</li> <li>There is engagement with Improvement Cymru and the Institute of Healthcare Improvement around Quality and Safety infrastructure for the organisation.</li> <li>An Integrated Quality Governance Group will be established to bring together the triangulation of information and data.</li> <li>The paper covers priorities and goals for the coming years. Going forward, these goals will be developed in advance of the Integrated Medium Term Plan.</li> <li>An implementation plan has been included.</li> </ul> <p>Additional comments and contributions:</p> <ul style="list-style-type: none"> <li>There was expression of support for the framework.</li> <li>It was noted that the framework requires the support of the Board and all in the organisation to enable its successful implementation.</li> <li>The work undertaken through this framework will be reported through the Quality, Safety and Performance Committee.</li> <li>It was noted that this framework forms the bedrock on which the organisation is built, the implementation of which is key. The importance of this framework goes beyond Committees and Board to the organisation as a whole.</li> <li>The framework encompasses the way in which we work as an organisation encompassing the Trust values.</li> <li>The framework will be reviewed and redrafted during 2023-2024 to align with new statutory guidance and unfolding of change in the organisation.</li> <li>There will be ongoing evaluation to monitor its delivery.</li> </ul> <p>The Trust Board <b>APPROVED</b> the 2022-2024 Trust Quality &amp; Safety Framework.</p>	
<b>6.2.0</b>	<p><b>Delivering Excellence Performance Report for the Period Ended May 2022</b></p> <p>Cath O'Brien highlighted key points for the Velindre Cancer Service (VCS) and the Welsh Blood Service (WBS).</p> <p><b>Velindre Cancer Service</b></p> <ul style="list-style-type: none"> <li>There is a focus on forecasting demand and variation, based on patient referrals. An increased number of ongoing discussions have been held with Health Boards to manage demand. This has informed granularity of information and further planning.</li> <li>Discussions with Health Boards reflect their focus and plans for example, waiting time initiatives.</li> </ul> <p>In presenting performance on SACT, Cath O'Brien highlighted the following:</p> <ul style="list-style-type: none"> <li>There is an improved approach to space utilisation with the expectation of moving back to Prince Charles Hospital. This is done alongside the recruitment of additional staff.</li> <li>There are ongoing discussions with Aneurin Bevan about the utilisation of Neville Hall.</li> <li>Saturday clinics have been introduced from August 2022, which will be reflected in the September 2022 figures.</li> </ul>	

	<ul style="list-style-type: none"> <li>It was noted to the Board that a new Head of Therapies has been appointed. It was acknowledged that the therapies team have achieved compliance with waiting time targets.</li> </ul> <p>Discussions, comments and clarifications are summarised below:</p> <ul style="list-style-type: none"> <li>The cover paper does not reflect or signal the poor performance for non-emergency SACT which will be reflected in future reports. Assurance was given that the Brachytherapy Business Case has been approved with processes underway.</li> <li>Assurance was given that the peer review draft report for Brachytherapy has been received and is being reviewed for comment.</li> <li>Due to the overwhelming pressures in outpatients during the pandemic, other measures for data collection are being looked at to continue to assess patient experience within outpatients.</li> </ul> <p><b>Welsh Blood Service (WBS)</b></p> <ul style="list-style-type: none"> <li>There is a campaign planned to increase recruitment of bone marrow donors which is below target.</li> <li>Stem cell collection is below the projections identified for 2022 due to the impact of COVID 19.</li> <li>Stock levels are challenging throughout the United Kingdom. Stock build planning will be worked on throughout the winter period.</li> <li>A "What's my Type" Campaign is currently being planned for implementation.</li> </ul> <p><b>Workforce and Organisational Development (WOD)</b></p> <ul style="list-style-type: none"> <li>Staff absence levels due to sickness, year to date is 5.4%. It was noted that 30% of all staff absence is related to stress, depression and anxiety.</li> <li>There is a large number of interventions in place to support staff, including the appointment of a new Psychologist for the Trust.</li> </ul> <p>Discussion and Comments relating to WOD:</p> <ul style="list-style-type: none"> <li>It was noted that staff wellbeing is taken seriously by the Executive and Leadership Teams in the Trust.</li> <li>It was noted that pay awards have been approved and will be provided to staff shortly.</li> </ul> <p>The Trust Board <b>NOTED</b> the contents of the performance reports.</p> <p><b>ACTION:</b> An update on the Brachytherapy Business Case will be provided at follow up Trust Board meetings.</p> <p><b>ACTION:</b> An update to be provided on Outpatient data collection which was paused in December 2021.</p> <p><b>ACTION:</b> The dates (years 2020-21) in the table on page 6 of the VCC report will be reviewed and amended for future reporting to Board from September 2022 onwards.</p>	<p><b>COB</b></p> <p><b>COB</b></p> <p><b>COB</b></p>
<b>6.3.0</b>	<p><b>Financial Report for the Period Ended June 2022</b></p> <p>In presenting the report, Matthew Bunce highlighted the following:</p>	



	<ul style="list-style-type: none"> <li>The Integrated Medium Term Plan (IMTP) has been signed off by Welsh Government. There will be ongoing monitoring by Welsh Government on the financial elements of the plan.</li> <li>Regarding revenue there is significant risk in terms of activity and how it links with income. The additional income related to COVID is closely monitored.</li> <li>There has been an increase in funding due to some matters such as energy costs, outside the control of the Trust.</li> </ul> <p>Additional clarifications and comments:</p> <ul style="list-style-type: none"> <li>It was clarified that £550k is the National Insurance increase and the £1.6million refers to energy increase (Page 5 of the cover paper).</li> </ul> <p>Trust Board <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>The contents of the June 2022 financial report and in particular the financial performance to date, and the year-end forecast to achieve financial break-even and key risk in relation to income to cover Covid backlog additional capacity costs.</li> <li>The TCS Programme financial report for June 2022 attached as Appendix 1.</li> </ul>	
<b>6.4.0</b>	<p><b>VUNHST Risk Register</b></p> <p>In presenting the risk register Lauren Fear highlighted the following:</p> <ul style="list-style-type: none"> <li>The Level 20 risks are being reassessed following discussions at Executive Management Board.</li> <li>In terms of the use of Datix, action plans have not been correctly completed which will be addressed in the Level 2 training.</li> <li>The new risk policy has been endorsed by Executive Management Board and considered by Audit Committee. Audit Committee requested view of the other framework documents alongside the risk policy.</li> <li>Level 2 training has been provided for over 100 participants to date over a number of sessions with more training scheduled during September and October 2022.</li> <li>Level 3 training for Board and Leadership teams has been completed.</li> </ul> <p>Trust Board <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>the risks level 20 and 16 reported in the Trust Risk Register and highlighted in this paper.</li> <li>the on-going developments of the Trust's risk framework.</li> </ul>	
<b>6.5.0</b>	<p><b>Trust Assurance Framework</b></p> <p>Lauren Fear highlighted the following:</p> <ul style="list-style-type: none"> <li>With the next phase of the risk work, the risk register will be linked to the assurance framework..</li> <li>There will be a refresh of the risks in the risk register in a Board development discussion.</li> <li>Discussions are being held about the move away from Excel to managing risks on Datix.</li> </ul> <p>Additional comment and clarification:</p> <ul style="list-style-type: none"> <li>Risks that have not yet reached the identified target risk rating must reflect actions underway. It was clarified that action plans need to capture and reflect</li> </ul>	

	<p>all actions required / underway to achieve the target risk score. The Trust Board:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSSED AND REVIEWED</b> the progress made and next steps in supporting the continued development and operationalisation of the Trust Assurance Framework.</li> <li>• <b>DISCUSSED AND REVIEWED</b> the update to the Trust Assurance Framework Dashboard, included at Appendix 1.</li> </ul>	
<b>6.6.0</b>	<p><b>Audit Committee Highlight Report</b></p> <p>Martin Veale took the Board through the report bringing attention to the following:</p> <ul style="list-style-type: none"> <li>• There was extensive discussion around risk and the assurance framework.</li> <li>• An action plan is in place for the work around private patients which will be shared in due course.</li> <li>• Processes have been put in place to effectively manage the red alert risk regarding overdue recommendations, to ensure actions and deadlines are reflected, achievable and monitored.</li> <li>• A suite of audit reports were received by Audit Committee, providing substantial and reasonable assurance.</li> </ul> <p>The Trust Board <b>NOTED</b> the contents of this report.</p>	
<b>6.7.0</b>	<p><b>Quality, Safety and Performance Committee Highlight Report 14 July 2022</b></p> <p>Vicky Morris took the Board through the highlight report bringing attention to a few matters.</p> <p>Governance arrangements for the sign off of new products in the Temporary Medicines require clarifications and an action was taken at the Committee to address this.</p> <p>The Trust Board <b>NOTED</b> the key deliberations and highlights from the meeting of the Quality, Safety and Performance Committee held on 14th May 2022.</p> <p>○</p>	
<b>7.0.0</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>There were no other items.</p>	
<b>8.0.0</b>	<p><b>DATE and TIME OF THE NEXT MEETING</b></p> <p>Thursday 29<sup>th</sup> September 2022</p>	
<b>9.0.0</b>	<p><b>CLOSE</b></p>	



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## TRUST BOARD

### CHAIRS URGENT ACTION MATTER REPORT

DATE OF MEETING	29/09/2022	
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 and Chief of Staff	
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Director of Corporate Governance and Chief of Staff	
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	09/08/2022	Approved
Trust Board Members – Via Email	10/08/2022	Approved
Trust Board Members – Via Email	20/09/2022	Approved
ACRONYMS		
CMU	Central Medicines Unit	
IRS	Integrated Radiotherapy Solution	

## 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 Director of Corporate Governance & Chief of Staff, as appropriate, may deal with the matter on behalf of the Board – after first consulting with at least two other Independent Members. The Director of Corporate Governance & Chief of Staff 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 This report details Chair's Urgent Action taken between the **01/08/2022 – 21/09/2022**.

## 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

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	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.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	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 **01/08/2022 – 21/09/2022** as outlined in **Appendix 1**.

## Appendix 1

The following items were dealt with by Chairs Urgent Action:

### 1. Raising of Legal Order Value for IRS to match funding estimates

The Trust Board were sent an email on 09/08/2022 to **APPROVE** the commitment to raise the legal order value by £43,164.15 for the Integrated Radiotherapy Solution (IRS) Project. Due to the urgency of this matter, it could not wait until the September 2022 Trust Board meeting.

#### Recommendation Approved by:

- Stephen Harries, Acting Chair
- Carl James, Acting Chief Executive Officer
- Martin Veale, Independent Member
- Gareth Jones, Independent Member
- Professor Andrew Westwell, Independent Member
- Sarah Morley Executive Director of Organisational Development & Workforce

No objections to approval were received.

### 2. Renewal of the Central Medicines Unit (CMU) Contracts – Bleeding Disorders (Commercial Products)

The Trust Board were sent an email on 10/08/2022 to **APPROVE** the commitment for expenditure for the implementation of a contract renewal for the purchase and wholesaling of Commercial blood products (Medicines) at the Welsh Blood Service. These products are blood derived and are supplied to each hospital within Wales and charged as a pass through cost.

A number of clarifications / points were raised and subsequently addressed. No objections to approval were received. However, a lessons learnt report will be provided to the Trust Audit Committee addressing the points raised during the approval process. Due to the urgency of this matter, it could not wait until the September 2022 Trust Board meeting.

#### Recommendation Approved by:

- Stephen Harries, Acting Chair
- Steve Ham, Chief Executive Officer
- Martin Veale, Independent Member
- Hilary Jones, Independent Member
- Vicky Morris, Independent Member
- Gareth Jones, Independent Member
- Professor Andrew Westwell, Independent Member
- Sarah Morley Executive Director of Organisational Development & Workforce

### 3. Renewal of the Elekta Linacs Maintenance Contract

The Trust Board were sent an email on 20/09/2022 to **APPROVE** the commitment for expenditure for Provision of Maintenance and Support of Elekta Radiotherapy equipment within the Velindre Cancer Service.

Due to the urgency of this matter, it could not wait until the September 2022 Trust Board meeting.

#### **Recommendation Approved by:**

- Professor Donna Mead, Chair
- Steve Ham, Chief Executive Officer
- Stephen Harries, Vice Chair
- Vicky Morris, Independent Member
- Professor Andrew Westwell, Independent Member
- Martin Veale, Independent Member
- Sarah Morley Executive Director of Organisational Development & Workforce

No objections to approval were received.



## TRUST BOARD

### BOARD DECISIONS REQUIRED FOR COMMITMENT OF EXPENDITURE EXCEEDING £100K FOR THE PERIOD 29 September 2022 to 24 November 2022

DATE OF MEETING	29 September 2022
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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	Matthew Bunce, Executive Director of Finance
EXECUTIVE SPONSOR APPROVED	Matthew Bunce, Executive Director of Finance

REPORT PURPOSE	APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Business Planning Group	July 2022	Endorsed for Board Approval
WBS Senior Management Team	July 2022	Endorsed for Board Approval
Executive Management Board	Aug & Sept 2022	Endorsed for Board Approval
NHS Wales Shared Services Partnership Committee	September 2022	Approved
nVCC Project Board (May 22)	May 2022	Endorsed for Board Approval

ACRONYMS	
SFIs	Standing Financial Instructions
WBS	Welsh Blood Service
VUNHST	Velindre University NHS Trust
NWSSP	NHS Wales Shared Services Partnership
nVCC	New Velindre Cancer Centre

## 1. SITUATION/BACKGROUND

- 1.1 Velindre University NHS Trust (VUNHST) has a Scheme of Delegation, as set out in its Standing Orders, together with its Standing Financial Instructions (SFIs), which ensures that there are effective governance arrangements in place for the delegation of financial authority.
- 1.2 Financial limits apply to the commitment of expenditure. If expenditure is greater than an individual's financial limit, and is more than the limit delegated to the VUNHST Chief Executive, the planned expenditure will require VUNHST Board approval. For extensions of existing contracts in place, this only applies if the provision for extension was not included in the original approval granted by the Trust Board.
- 1.3 The decisions expected during the period **29 September 2022 to 24 November 2022** are highlighted in this report and are seeking approval for the Chief Executive to authorise approval outside of the Trust Board.
- 1.4 In line with the review of the process for Commitment of Expenditure over the Chief Executive's Limit, all reports are now received by the Executive Management Board to ensure Executive oversight and scrutiny, to provide the Board with supporting recommendations and additional assurance as required.

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Please refer to **Appendices 1-11** for the detailed appraisals undertaken for each of the expenditure proposals that the Trust Board is asked to **APPROVE**. The table below provides a summary of the decisions being sought from the Trust Board:

Appendix No.	Division	Scheme / Contract Agreement Title	Period of Contract	Total Expected Maximum Value of Contract £ (Inc. VAT)
Appendix 1	WBS	Renewal of Welsh Blood Service Liquid Nitrogen Supply	Start: 01/10/2022 End: 30/09/2022 Option to extend: 12 months	£200,866
Appendix 2	WBS	HLA Tissue Typing for Bone Marrow Volunteer Donors	Start: 10/04/2022 End: 09/04/2027 Option to extend: 1+1+1	£800,000





Appendix No.	Division	Scheme / Contract Agreement Title	Period of Contract	Total Expected Maximum Value of Contract £ (Inc. VAT)
Appendix 3	WBS	WBMDR Medical Evaluations	Start: 10/04/2023 End: 09/04/2025 Option to extend: 12 months	£360,000
Appendix 4	WBS	International Stem Cell Courier Contract for WBMDR	Start: 01/03/2023 End: 28/02/2026 Option to extend: 1+1	£501,600
Appendix 5	NWSSP	Provision of Patient Pathways	Start: 07/10/2022 End: 16/09/2025 Option to extend: 24 months	£14,707,436
Appendix 6	NWSSP	All Wales Remote Advice & Guidance	Start: 18/11/2023 01/04/2023 for live service in a stable environment End: 31/03/2026 Option to extend: 24 months	£3,600,000
Appendix 7	Corporate Estates	Headquarters Lease Renewal	Start: October 2022 End: Sept 2027 Option to extend: Renegotiation required contract end of term. New tenure to be for five years with breakout clause at year three, tenant only.	£480,000
Appendix 8	nVCC Project	Technical project management support – ARCHUS Ltd	Start: 01/09/2022 End: 31/07/2023 Option to extend: 6 months	£139,000
Appendix 9	nVCC Project	Planning Consultant – The Urbanists	Start: 01/09/2022 End: 31/03/2023 Option to extend: 6 months	£72,000 Note: <i>1<sup>st</sup> contract June 2021 = £47,600, total including a second contract is: £107,600</i>
Appendix 10	WBS	Replacement Hemoflow Agitators	Start: 01/04/2023 End: 31/03/2033 Option to extend contract with an	£627,076



Appendix No.	Division	Scheme / Contract Agreement Title	Period of Contract	Total Expected Maximum Value of Contract £ (Inc. VAT)
			additional 2 years (24 months)	
Appendix 11	WBS	Donor Sample Archiving	Start: 01/02/2023 End: 31/01/2033 Option to extend: 24 months (1+1)	£1,323,460 (10 Years) £1,554,764 (12 Years)

### 3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
	Due authority is being sought in advance of expenditure to ensure the compliant provision of goods/services to meet operational requirements.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	No (Include further detail below)
	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	Yes (Include further detail below)
	Further details are provided in Appendix 1-4 of this report.

### 4. RECOMMENDATION

- 4.1 The Board is requested to **AUTHROISE** the Chief Executive to **APPROVE** the award of contracts summarised within this paper and supporting appendices and **AUTHORISE** the Chief Executive to **APPROVE** requisitions for expenditure under the named agreement.



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

SCHEME TITLE	RENEWAL OF WELSH BLOOD SERVICE CONTRACT – LIQUID NITROGEN SUPPLY
DIVISION / HOST ORGANISATION	WELSH BLOOD SERVICE
DATE PREPARED	30/06/2022
PREPARED BY	EMMA BURROWS
SCHEME SPONSOR	ALAN PROSSER

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

#### Procurement of liquid nitrogen for the storage of test samples/reagents for use in patient testing

The Welsh Transplantation and Immunogenetics Laboratory (WTAI) and the Red Cell Immunohaematology (RCI) departments at the Welsh Blood Service (WBS) use liquid nitrogen vessels for the storage of rare and unusual red cells/sera/plasma/lymphocytes/monocytes obtained from both patient and donor samples. This stored material is utilised in critical patient testing to enable the provision of key services to support patient treatment and care throughout Wales, relating to transfusion and transplantation. The long-term storage of these samples, to maintain their viability and suitability for test use, requires maintenance at a temperature below -150°C; made possible using storage in liquid nitrogen, used to supply and maintain the liquid nitrogen vessels at the required temperatures.

Current management of the liquid nitrogen is maintained locally through WBS. This enables us to manage supply efficiently and monitor usage. The limitations however, is that as a local contract, we may not be securing the most cost effective deal.

The aim and objective of procurement of liquid nitrogen via the wider medical gases contract will be to secure the best price for the supply for WBS.

1.1 Nature of contract:	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>
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Please indicate with a (x) in the relevant box					
<b>1.2 Period of contract including extension options:</b>					
<b>Expected Start Date of Contract</b>	01/10/2022				
<b>Expected End Date of Contract</b>	30/09/2025				
<b>Contract Extension Options</b> (E.g. maximum term in months)	12 months				

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

<b>2.1 OUR STRATEGIC PILLARS</b>	
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.	
<b>Goal 1:</b> Be recognised as a pioneer in blood and transplantations services across Europe.	<input checked="" type="checkbox"/>
<b>Goal 2:</b> Be a recognised leader in specialist cancer services in Europe.	<input type="checkbox"/>
<b>Goal 3:</b> Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
<b>Goal 4:</b> An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>
<b>Goal 5:</b> An exemplar of sustainability that supports global well-being and social value.	<input checked="" type="checkbox"/>

<b>2.2 INTEGRATED MEDIUM TERM PLAN</b>		
Is this scheme included in the Trust Integrated Medium Term Plan?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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

Critical supply for gas – not relevant to IMTP

## 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 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 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 type="checkbox"/>	Collaboration	<input 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

#### Do nothing/maintain current process

WBS could consider renewal of the contract for liquid nitrogen on a WBS basis. However, as the medical gases contract considers multiple gases, supplied to multiple sites, prices are negotiated based on supply and demand; greater 'buying power' when larger quantities/items purchased. Progressing a WBS only contract could result in suppliers agreeing price increases based on WBS demand only, driving up and increase in unit cost.



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#### 4. BENEFITS (Quantifiable / Non-Quantifiable)

##### 4.1 Outline benefits of preferred option

The Framework agreement offers an efficient and compliant route to market in order for Welsh Blood Service to procure liquid nitrogen at a competitive rate, All Health Boards in Wales currently utilise BOC Ltd for their supply of liquid medical gases which helps to drive economies of scale, robust contract management and efficiencies in ordering and management through a single provider. With BOC as the current provider and limited capacity within the market place the Direct Award call off will help to ensure continuity of supply and minimise disruption of replacing BOC Ltd equipment.

#### 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
WBS is not able to procure the most competitive rates for liquid nitrogen supply outside of the medical gases contract, leading to increased service costs.	WBS has a longstanding working relationship with the current liquid nitrogen supplier that may enable a competitive price to be obtained but no guarantees. There would be a delay in procurement and a duplication in work efforts over and above the existing work that will already be undertaken to secure pricing for other medical gas products utilised across wider NHS Wales services.



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## 6. PROCUREMENT ROUTE

<b>6.1 How is the contract being procured? Please mark with a (x) as relevant.</b>	
<b>Competition</b>	<b>Single source</b>
3 Quotes <input type="checkbox"/>	Single Quotation Action <input type="checkbox"/>
Formal Tender Exercise <input type="checkbox"/>	Single Tender Action <input type="checkbox"/>
Mini competition <input type="checkbox"/>	Direct call off Framework <input checked="" type="checkbox"/>
Find a Tender <input type="checkbox"/> <small>(replaces OJEU Public Contract regulations 2015 still apply)</small>	All Wales contract <input type="checkbox"/>
<b>Please <a href="#">click here</a> for link to Procurement Manual for additional guidance</b>	
<b>6.2 Please outline the procurement strategy</b>	
<p>It is proposed to undertake a direct call of under the Health Trust Europe Framework. The supply market is currently dominated by two main providers, however there are economic and efficiency benefits through purchasing all medical gases through one provider. BOC Ltd currently have equipment in place and a sound working knowledge of the requirements of the service.</p> <p>The intention is to award a direct call off to BOC Ltd for a period of 3 years with the option to extend for a further 12 months. There is limited supply capacity within the current market for competitors to take on additional contracts. This approach will ensure continuity of supply at current market competitive prices.</p> <p>The agreement will be formed using the standard Health Trust Europe Framework T's &amp; C's.</p>	
<b>6.3 What is the approximate time line for procurement?</b>	
<p>The aim is to complete the call off and for the contract to commence 1<sup>st</sup> October 2022. Please contact Alex Curley for any further queries on the procurement timelines, a procurement briefing paper is available on request.</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:

Alex Curley

Signature:

*A. Curley*

Date:

19/07/22

## 7. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£k) 167,338	Including VAT (£k) 200,866
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 type="checkbox"/>	
Other	<input type="checkbox"/>	
If you have selected 'Other' – please provide further details below:		

## PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £k	Year 2 (exc. VAT) £k	Year 3 (exc. VAT) £k	Total Future Years (exc. VAT) £k	Total (exc.VAT) £k	Total (inc. VAT) £k
Liquid Nitrogen Refill	36,205	37,291	38,410	39,562	151,468	181,762
Environment & Energy Surcharge	2,415	2,487	2,562	2,683	10,147	12,176





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Fixed Cost Deliveries	1,380	1,421	1,464	1,508	5,773	6,928
<b>Overall Total</b>	40,000	41,199	42,436	43,753	167,338	200,866

## 8. PROJECT MANAGEMENT (if applicable)

What are the management arrangements associated with this scheme? E.g. PRINCE 2	N/A
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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:	ALAN PROSSER
Signature:	
Service Area:	19/07/2022 / DIRECTOR'S OFFICE
Date:	19/07/2022

## 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	26/07/2022
Divisional Senior Management Team	Alan Prosser obtained OOC on 26/7/2022
Executive Management Board	01/08/2022
Quality, Safety & Performance Committee	N/A

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

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

<b>SCHEME TITLE</b>	<b><i>HLA TISSUE TYPING FOR BONE MARROW VOLUNTEER DONORS</i></b>
<b>DIVISION / HOST ORGANISATION</b>	WBMDR/WBS
<b>DATE PREPARED</b>	01/07/2022
<b>PREPARED BY</b>	Chris Harvey
<b>SCHEME SPONSOR</b>	Alan Prosser

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

Unrelated bone marrow volunteer donors are recruited at blood session or via Swab kit and added to the donor panel, the HLA tissue typing is outsourced to a 3<sup>rd</sup> party supplier (currently Histogenetics, USA). The Tissue typing is critical to the matching of a donor with a patient and hence the provision of a life-saving stem cell transplant.

The WBMDR has an agreed target of recruiting 4000 new donors to the WBMDR stem cell donor panel each year (~3% of the UK donor panel).

The service currently provided is HLA tissue typing for all relevant genetic markers to facilitate a stem cell transplant. For blood samples the supplier is required to also supply CCR5 testing result (mutation called delta 32 that is protective against the common HIV virus strains). For swab kit samples the supplier is required to provide CMV testing results and ABO/Rh results. These results are crucial to enhance the safety and quality of donor selection by providing the adequate information to make an informed decision avoiding any delays, postponements or cancellations based on missing data.

The current HLA Typing provision is of an excellent quality (assessed by validation and having no issues or typing discrepancies since the beginning of the contract in 2013).

The HLA typing contract is now up for renewal and will require a full OJEU tender process.



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<b>1.1 Nature of contract:</b> Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>
<b>1.2 Period of contract including extension options:</b>						
<b>Expected Start Date of Contract</b>		10/04/2023				
<b>Expected End Date of Contract</b>		09/04/2027				
<b>Contract Extension Options</b> <b>(E.g. maximum term in months)</b>		1+1+1 Maximum contract term including extensions = 7 years				

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

<b>2.1 OUR STRATEGIC PILLARS</b> 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.	
<b>Goal 1:</b> Be recognised as a pioneer in blood and transplantations services across Europe.	<input checked="" type="checkbox"/>
<b>Goal 2:</b> Be a recognised leader in specialist cancer services in Europe.	<input checked="" type="checkbox"/>
<b>Goal 3:</b> Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
<b>Goal 4:</b> An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>
<b>Goal 5:</b> An exemplar of sustainability that supports global well-being and social value.	<input checked="" type="checkbox"/>

<b>2.2 INTEGRATED MEDIUM TERM PLAN</b>		
Is this scheme included in the Trust Integrated Medium Term Plan?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Not applicable

Business as usual

### 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 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 checked="" 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 checked="" type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input checked="" 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

*Do nothing – reason for declining:*

- *Unable to add new volunteer stem cell donors to the WBMDR panel.*
- *Attrition of donors due to over age or having already provided stem cells would eventually degrade the volunteer panel resulting in a loss of stem cell requests and eventual cessation of service.*

- *Unable to provide life saving cellular products to patients in Wales and globally.*
- *Failure to fulfil the 'future well-being' objectives and will put patients at risk of a transplant with suboptimal donor or potentially denying a potential transplant to a patient.*
- *Loss of financial revenue and business due to reduction in stem cell requests.*
- *Severe reputational damage both nationally and internationally.*

*Bring in-House – reason for declining*

- *The current cost of in-house NGS (next generation sequencing) by the WBS is not competitive with the international 3<sup>rd</sup> party HLA typing companies due to the numbers that they can process which allows for a lower individual unit cost (Current cost for 3<sup>rd</sup> party service is \$40 for both swab and blood DNA extraction, all HLA typing and CMV, ABO/Rh, CCR5 results compared with WBS costs of ~£50-60 for the reagents for the NGS test alone not including DNA extraction, staff costs for extraction, testing and analysis of results)..*
- *The WBS would not be able to perform the necessary CMV testing, ABO/Rh testing on the swab DNA component.*
- *WBS currently unable to extract DNA from buccal swabs. This would mean that swab recruitment would need to be paused or abandoned.*

#### **4. BENEFITS (Quantifiable / Non-Quantifiable)**

##### **4.1 Outline benefits of preferred option**

*Continue with tender process:*

*Benefits of this option:*

- Ability to maintain stem cell provision for Welsh patients.
- Ability to maintain stem cell provision for global patients.
- Removes the risk to Welsh and global patient treatment.
- Allows for a high-quality service from an experienced service provider.
- Allows Swab donor recruitment to continue to support the blood donor recruitment.
- Sustainable business model due to constantly adding new donors to the WBDMR panel of volunteer donors.
- Complies with Procurement Regulations. The Current contract can no longer be extended and by completing a new tender process, we will implement a compliant contract, while testing the market for Value for Money.

## 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
<p>The current contract with the 3<sup>rd</sup> party service provider (Histogenetics ) would end with no extension option available. We would then be at risk of higher 3<sup>rd</sup> party service provider prices.</p> <p>Decline of volunteer donor panel, reduced cellular product requests, loss of revenue, degradation of reputation, degradation of patient care.</p>	<p>Explore other procurement options of maintaining service provider costs and obligations whilst staying within procurement law.</p> <p><i>As above.</i> <i>Also there is a possibility of bringing the service back in house however this would increase costs and degrade service due to not being able to proceed with swab recruitment – (Note: currently blood recruitment alone does not manage the donor panel attrition rate).</i></p>

## 6. PROCUREMENT ROUTE

6.1 How is the contract being procured? Please mark with a (x) as relevant.	
<p><b>Competition</b></p> <p>3 Quotes <input type="checkbox"/></p> <p>Formal Tender Exercise <input checked="" type="checkbox"/></p> <p>Mini competition <input type="checkbox"/></p> <p>Find a Tender <input checked="" type="checkbox"/> (replaces OJEU Public Contract regulations 2015 still apply)</p>	<p><b>Single source</b></p> <p>Single Quotation Action <input type="checkbox"/></p> <p>Single Tender Action <input type="checkbox"/></p> <p>Direct call off Framework <input type="checkbox"/></p> <p>All Wales contract <input type="checkbox"/></p>

Please [click here](#) for link to Procurement Manual for additional guidance

## 6.2 Please outline the procurement strategy

**Note: Procurement responsibility for WBS transferred to the National Clinical Team at the end of March 2022. Since transferring the new Team have picked up the work plan to commence renewal procurements that are overdue of which this procurement is one.**

The procurement strategy is to release an open market tender, which will be published in all relevant journals, including Find a Tender and Sell2Wales.

Timescales provided below are indicative only dependent on Trust Board approval date.

## 6.3 What is the approximate time line for procurement?

Contracting Stage	Anticipated Date/Timescales	Responsibility
Trust Board Paper In/Return / Briefing paper / Estimates return	31/10/2022	Service/Procurement
Tender Issued	21/11/2022	Procurement
Tender Return	11/01/2023	Procurement
Evaluation	17/02/2023	Procurement/Service
Ratifications Out / Return	17/03/2023	Procurement
Award Decision Published (10 day standstill commences)	20/03/2023	Procurement
Contract Start	10/04/2023	Procurement





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## 6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route	
<b>Head of Procurement Name:</b>	Joanne Liddle, Assistant Head of National Sourcing – Clinical
<b>Signature:</b>	J Liddle
<b>Date:</b>	1 July 2022

## 7. FINANCIAL ANALYSIS

<b>Maximum expected whole life cost relating to the award of contract</b>	<b>Excluding VAT (£k) 800,000</b>	<b>Including VAT (£k) 800,000</b>
<b>The nature of spend</b>	<b>Capital</b> <input type="checkbox"/>	<b>Revenue</b> <input checked="" type="checkbox"/>
<b>How is the scheme to be funded?</b> Please mark with a (x) as relevant.  Existing budgets <input checked="" type="checkbox"/> Additional Welsh Government funding <input type="checkbox"/> Other <input type="checkbox"/>		
<b>If you have selected 'Other' – please provide further details below:</b>     		



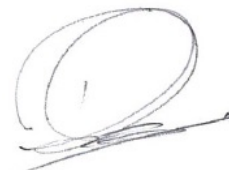
## PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £	Year 2 (exc. VAT) £	Year 3 (exc. VAT) £	Total Future Years (exc. VAT) £	Total (exc. VAT) £	Total (inc. VAT) £
Revenue Budget	160,000	160,000	160,000	320,000	800,000	800,000
<b>Overall Total</b>	160,000	160,000	160,000	320,000	800,000	800,000

## 8. PROJECT MANAGEMENT (if applicable)

<b>What are the management arrangements associated with this scheme? E.g. PRINCE 2</b>	<i>Not applicable, there is no project wrap around the requirement</i>
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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.	
<b>Lead Director Name:</b>	Alan Prosser
<b>Signature:</b>	
<b>Service Area:</b>	Director
<b>Date:</b>	07/07/2022



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## 10. APPROVALS RECEIVED

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

<b>Divisions</b>	<b>Date of Approval:</b>
Business Planning Group or local equivalent	06/07/2022
Divisional Senior Management Team	07/07/2022
Executive Management Board	01/08/2022

<b>Host Organisations</b>	<b>Date of Approval:</b>
NWSSP / NHS Wales Shared Services Partnership Committee	
HTW – Senior Management Team	

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

<b>SCHEME TITLE</b>	<b>WBMDR Medical Evaluations</b>
<b>DIVISION / HOST ORGANISATION</b>	WBMDR/WBS
<b>DATE PREPARED</b>	01/07/2022
<b>PREPARED BY</b>	Chris Harvey
<b>SCHEME SPONSOR</b>	Alan Prosser

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

The WBMDR supports stem cell transplantation programmes in the UK and globally. It recruits prospective stem cell donors both from the blood donor population at blood donation session and by the use of cheek swabs. The donors are then tissue typed and become available to be searched by accredited Transplant Centres, or laboratories acting on their behalf, for patients with leukaemia and other blood disorders. After further testing a donor may be selected as the best matched donor to provide a first donation of stem cells. To ensure donors selected to donate stem cells are not put at undue risk it is necessary for them to undergo a medical evaluation to determine their fitness to donate i.e. administration of a Granulocyte Colony Stimulating Factor (G-CSF) drug and apheresis stem cell collection or undergo general anaesthesia to donate bone marrow. Donors may also donate unstimulated peripheral blood lymphocytes. This medical evaluation must be undertaken by a registered healthcare professional who is independent of the Transplant team.

It is the responsibility of the WBS/WBMDR to ensure that all medical evaluations comply with the requirement of the Human Tissue Authority (HTA) (regulatory), Foundation for the accreditation of cellular therapy joint accreditation committee (FACT-JACIE) and the World Marrow Donor Association (WMDA).

Due to the nature of the service required, the WBS/WBMDR will not commit to either a minimum or maximum level of activity, although it is anticipated that normal activity would be a total of around 100 medical evaluations annually. The WBMDR recruits donors throughout the whole of Wales and for



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logistic reasons wishes to have one or more provider who are able to provide this service at a single or multiple geographic locations throughout Wales.

Please note: The financial analysis, section 7 below, is based on current supplier and true cost of service may not be known until after the tender process.

**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**

10/04/2023

**Expected End Date of Contract**

09/04/2025

**Contract Extension Options**

12 Months

**(E.g. maximum term in months)**

Maximum contract duration including all extensions = 3 years

**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?								<b>Yes</b>	<b>No</b>
								<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>If not, please explain the reason for this in the space provided.</p> <p>Not applicable</p> <p>Business as usual</p>									
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 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 checked="" 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 <a href="#">here</a> for more information									
Prevention	<input checked="" type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input checked="" type="checkbox"/>

### 3. OPTIONS CONSIDERED

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

#### 3.1 Please state alternative options considered and reasons for declining

*Do nothing – reason for declining:*

- *Catastrophic impact to WBMDR operations. If unable to provide medical evaluation of prospective stem cell donors the WBMDR would not be able to operate.*
- *National and International reputational damage*
- *Regulatory (HTA) licence would be put at risk*
- *Significant financial impact to the Service, WBS and the wider Trust as without medical evaluations no stem cell collections can take place.*

*Bring in-House – reason for declining*

- *Due to the nature of the work and the facilities required it is not feasible to bring this service in-house*
- *Would require additional WBS medic to be recruited*
- *Cost/benefit ratio for the number of medical evaluations performed would be too low at this point in time.*

### 4. BENEFITS (Quantifiable / Non-Quantifiable)

#### 4.1 Outline benefits of preferred option

*Continue with tender process:*

*Benefits of this option:*

- Ability to maintain stem cell provision for Welsh patients
- Ability to maintain stem cell provision for global patients
- Removes the risk to Welsh and global patient treatment
- Sustainable business model
- Fulfils regulatory obligations
- Complies with Procurement Regulations. The Current contract was tendered for in 2016, therefore, by completing a new tender process, we will implement a compliant contract, while testing the market for Value for Money.



## 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
Unable to facilitate the collection of stem cells in manner that complies with the Human Tissue Authority (HTA) regulations.  <i>Extension of current contract is outside of procurement law</i>	<i>There is no mitigation that could reduce this risk as the HTA regulations are clear that medical evaluations are required to be performed by a registered medical practitioner and that any 3<sup>rd</sup> party supplier of a service is required to be held under contract or SLA.</i>  <i>No Mitigation exists</i>

## 6. PROCUREMENT ROUTE

<b>6.1 How is the contract being procured? Please mark with a (x) as relevant.</b>	
<b>Competition</b>  3 Quotes <input type="checkbox"/>  Formal Tender Exercise <input checked="" type="checkbox"/>  Mini competition <input type="checkbox"/>  Find a Tender <input checked="" type="checkbox"/> (replaces OJEU Public Contract regulations 2015 still apply)	<b>Single source</b>  Single Quotation Action <input type="checkbox"/>  Single Tender Action <input type="checkbox"/>  Direct call off Framework <input type="checkbox"/>  All Wales contract <input type="checkbox"/>
Please <a href="#">click here</a> for link to Procurement Manual for additional guidance	
<b>6.2 Please outline the procurement strategy</b>	





**Note: Procurement responsibility for WBS transferred to the National Clinical Team at the end of March 2022. Since transferring the new Team have picked up the work plan to commence renewal procurements that are overdue of which this procurement is one.**

The procurement strategy is to conduct an Open procedure tender, which will be published in Find a Tender Service via Sell2Wales and will be accessible in all applicable journals.

Timescales provided below are indicative and dependent on timescale of Trust Board approval.

### 6.3 What is the approximate time line for procurement?

Contracting Stage	Anticipated Date/Timescales	Responsibility
Trust Board Paper In and Return (Approval) / Briefing paper / Estimates return	31/10/2022	Service/Procurement
Tender Issued	21/11/2022	Procurement
Tender Return	11/01/2023	Procurement
Evaluation	17/02/2023	Procurement/Service
Ratifications Out / Return	17/03/2023	Procurement
Award Decision Published (10 day standstill commences)	20/03/2023	Procurement
Contract Start	10/04/2023	Procurement



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NHS Trust

## 6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route	
<b>Head of Procurement Name:</b>	Joanne Liddle, Assistant Head of National Sourcing-Clinical
<b>Signature:</b>	J Liddle
<b>Date:</b>	1 July 2022

## 7. FINANCIAL ANALYSIS

<b>Maximum expected whole life cost relating to the award of contract</b>	<b>Excluding VAT (£)</b> 300,000	<b>Including VAT (£)</b> 360,000
<b>The nature of spend</b>	<b>Capital</b> <input type="checkbox"/>	<b>Revenue</b> <input checked="" type="checkbox"/>
<b>How is the scheme to be funded?</b> Please mark with a (x) as relevant.  Existing budgets <input checked="" type="checkbox"/> Additional Welsh Government funding <input type="checkbox"/> Other <input type="checkbox"/>		
<b>If you have selected 'Other' – please provide further details below:</b>     		



## PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £	Year 2 (exc. VAT) £	Year 3 (exc. VAT) £	Total Future Years (exc. VAT) £	Total (exc. VAT) £	Total (inc. VAT) £
Revenue Budget	60,000	60,000	60,000	120,000	300,000	360,000
<b>Overall Total</b>	60,000	60,000	60,000	120,000	300,000	360,000

## 8. PROJECT MANAGEMENT (if applicable)

<b>What are the management arrangements associated with this scheme? E.g. PRINCE 2</b>	<i>Not applicable, there is no project wrap around the requirement</i>
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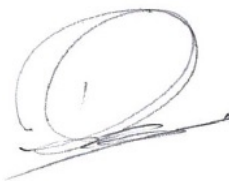


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## 9. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

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.

<b>Lead Director Name:</b>	Alan Prosser
<b>Signature:</b>	
<b>Service Area:</b>	Directors
<b>Date:</b>	07/07/2022

## 10. APPROVALS RECEIVED

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

<b>Divisions</b>	<b>Date of Approval:</b>
Business Planning Group or local equivalent	06/07/2022
Divisional Senior Management Team	07/07/2022
Executive Management Board	01/08/2022

<b>Host Organisations</b>	<b>Date of Approval:</b>
NWSSP / NHS Wales Shared Services Partnership Committee	
HTW – Senior Management Team	

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

<b>SCHEME TITLE</b>	International Stem Cell Courier Contract for WBMDR
<b>DIVISION / HOST ORGANISATION</b>	WBMDR/WBS
<b>DATE PREPARED</b>	01/07/2022
<b>PREPARED BY</b>	Chris Harvey
<b>SCHEME SPONSOR</b>	Alan Prosser

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

The Procurement of a courier to transport stem cells from international centres on behalf of the University hospital of Wales, Cardiff.

**The full expenditure of this service is fully recoverable, at cost, from the University Hospital of Wales. WBS facilitate the import of cells, paying up front and then recover cost in full from Hospital.**

The Welsh Bone Marrow Donor Registry [WBMDR] has a requirement to transport clinical material to Transplant Centres of WBMDR (currently UHW), from various locations throughout the world. Such transportation must comply with UK law (Human Tissue Act 2004) and WMDA guidelines.

Due to the nature of the product and the critical importance of timely delivery to the destination, transportation must be via a suitably trained courier, who will accompany the product from the time of collection at the collection centre until handover to a transplant centre representative within University Hospital of Wales (Cardiff).

Transportation of the cells by the courier must be undertaken against agreed deadlines with very little room for deviation and using specialist and validated equipment such as transport boxes utilising temperature loggers that monitor the cells from departure at the collection centre to arrival at the transplant centre.

**Please Note:** *The distribution of imported products for UHW over the last 3 years has been ~60% international imports and ~40 imports from UK registries. This evaluation is based on a*



*scenario that all UHW imports of cellular products would be from international sources. We cannot predict where a donor would be sourced as it is dependent on many multi-layered complex factors.*

Please note: The financial analysis, section 7 below, is based on current supplier and true cost of service may not be known until after the tender process.

**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**

01/03/2023

**Expected End Date of Contract**

28/02/2026

**Contract Extension Options**

1+1

**(E.g. maximum term in months)**

Maximum contract period including all extensions = 5 years

**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**

☐
☒

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

Not applicable

Business as usual

## 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.

☒

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

☒

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

☐

Deliver bold solutions to the environmental challenges posed by our activities.

☐

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

☐

Demonstrate respect for the diverse cultural heritage of modern Wales.

☐

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.

☒

## 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

☒

Long Term

☒

Integration

☒

Collaboration

☒

Involvement

☒

### 3. OPTIONS CONSIDERED

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

#### 3.1 Please state alternative options considered and reasons for declining

*Do nothing – reason for declining:*

- Catastrophic impact to patient treatment if the WBMDR were unable to facilitate the import of stem cells for Welsh patients awaiting transplant
- National and International reputational damage which would undermine the ability to recover to normal levels of service and impact on the export of Welsh donor cells to non-Welsh patients as well as the import activities.
- Regulatory (HTA) licence would be put at risk
- Significant financial impact to the Service, WBS and the wider Trust

*Bring in-House – reason for declining*

- The logistical complexity of arranging the pick-up of stem cell from another country including arranging a volunteer courier, arranging flights including contingency flights for second day collections, arranging all border control documentation etc
- Identifying volunteer couriers that have the time and ability to complete the task
- Risk involved with transport of cells including experience at border control, reactive to bumped or cancelled flights.
- WBMDR staff would need to be in an on-call type situation to react to issues and problems highlighted by the volunteer courier – this could be at ANY time from the moment the courier leaves the WBS to the moment they arrive at UHW

### 4. BENEFITS (Quantifiable / Non-Quantifiable)

#### 4.1 Outline benefits of preferred option

*Continue with tender process:*

*Benefits of this option:*

- Ability to maintain stem cell provision for Welsh patients
- Removes the risk to Welsh patient treatment
- Sustainable business model





- Complies with Procurement Regulations. The Current contract was tendered for in 2012, therefore, by completing a new tender process, we will implement a compliant contract, while testing the market for Value for Money.

## 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
Unable to facilitate the import of stem cells in manner that complies with the Human Tissue Authority (HTA) regulations.  <i>Extension of current contract is outside of procurement law</i>	<i>There is no mitigation that could reduce this risk as the HTA regulations are clear that any 3<sup>rd</sup> party supplier of a service is required to be held under contract or SLA.</i>  <i>No Mitigation exists</i>

## 6. PROCUREMENT ROUTE

<b>6.1 How is the contract being procured? Please mark with a (x) as relevant.</b>	
<b>Competition</b>  3 Quotes <input type="checkbox"/>  Formal Tender Exercise <input checked="" type="checkbox"/>  Mini competition <input type="checkbox"/>  Find a Tender <input checked="" type="checkbox"/> (replaces OJEU Public Contract regulations 2015 still apply)	<b>Single source</b>  Single Quotation Action <input type="checkbox"/>  Single Tender Action <input type="checkbox"/>  Direct call off Framework <input type="checkbox"/>  All Wales contract <input type="checkbox"/>
<b>Please <a href="#">click here</a> for link to Procurement Manual for additional guidance</b>	
<b>6.2 Please outline the procurement strategy</b>	

**Note: Procurement responsibility for WBS transferred to the National Clinical Team at the end of March 2022. Since transferring the new Team have picked up the work plan to commence renewal procurements that are overdue of which this procurement is one.**

The procurement strategy is to release an open market tender, which will be published in all relevant journals, including Find a Tender and Sell2Wales.

### 6.3 What is the approximate time line for procurement?

Contracting Stage	Anticipated Date/Timescales	Responsibility
Briefing paper / Estimates return	30 <sup>th</sup> September 2022	Service
Tender Issued	21 <sup>st</sup> October 2022	Procurement
Tender Return	21 <sup>st</sup> November 2022	Procurement
Evaluation	16 <sup>th</sup> December 2022	Procurement/Service
Clarifications to Suppliers	10 <sup>th</sup> January 2023	Procurement
Board Paper In		Service
Board Paper Approval		Board
Ratifications Out / Return	10 <sup>th</sup> February 2023	Procurement
Publish Award (prior to 10 day standstill period)	14 <sup>th</sup> February 2023	Procurement



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Contract Start	1 <sup>st</sup> March 2023	Procurement

#### 6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route	
Head of Procurement Name:	Ian Emptage
Signature:	I. Emptage
Date:	27th June 2022

#### 7. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£) 418,000	Including VAT (£) 501,600
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 type="checkbox"/> Other <input type="checkbox"/>		
If you have selected 'Other' – please provide further details below:		



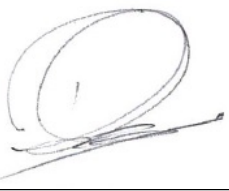
## PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £	Year 2 (exc. VAT) £	Year 3 (exc. VAT) £	Total Future Years (exc. VAT) £	Total (exc.VAT) £	Total (inc. VAT) £
Revenue Budget	83,600	83,600	83,600	167,200	418,000	501,600
<b>Overall Total</b>	83,600	83,600	83,600	167,200	418,000	501,600

## 8. PROJECT MANAGEMENT (if applicable)

<b>What are the management arrangements associated with this scheme? E.g. PRINCE 2</b>	<i>Not applicable, there is no project wrap around the requirement</i>
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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.	
<b>Lead Director Name:</b>	Alan Prosser
<b>Signature:</b>	
<b>Service Area:</b>	Directors
<b>Date:</b>	07/07/2022

## 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	06/07/2022
Divisional Senior Management Team	07/07/2022
Executive Management Board	01/08/2022

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

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

<b>SCHEME TITLE</b>	PROVISION OF PATIENT PATHWAYS
<b>DIVISION / HOST ORGANISATION</b>	NWSSP
<b>DATE PREPARED</b>	15 <sup>th</sup> September 2022
<b>PREPARED BY</b>	Gareth Rees
<b>SCHEME SPONSOR</b>	Judith Paget (Welsh Government)

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

The Clinical Pathways interface is a new initiative that will provide and manage a digital website for the publication of nationally agreed, but locally delivered, clinical pathways, processes, and procedures to be used by NHS Wales clinicians. This will support evidence-based care organised around the individual and their family, as close to home as possible.

Implementation will support, at both national and local levels, the development of skills and organisational cultures in NHS organisations to create, adapt, and implement such clinical pathways at scale and at pace. The intended outcome of the implementation support is to maximise the speed of adoption of the Clinical Pathways Interface by all clinicians in all NHS Wales organisations.

Cardiff and Vale UHB NHS Trust have been successfully delivering a similar Pathways initiative locally over the past three years and the national initiative will build on pathways already delivered for the benefit of NHS Wales.

#### 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:

<b>Expected Start Date of Contract</b>	17/10/2022
<b>Expected End Date of Contract</b>	16/09/2025
<b>Contract Extension Options</b> <b>(E.g. maximum term in months)</b>	24 months

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

<b>2.1 OUR STRATEGIC PILLARS</b>	
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.	
<b>Goal 1:</b> Be recognised as a pioneer in blood and transplantations services across Europe.	<input type="checkbox"/>
<b>Goal 2:</b> Be a recognised leader in specialist cancer services in Europe.	<input type="checkbox"/>
<b>Goal 3:</b> Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
<b>Goal 4:</b> An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>
<b>Goal 5:</b> An exemplar of sustainability that supports global well-being and social value.	<input type="checkbox"/>

<b>2.2 INTEGRATED MEDIUM TERM PLAN</b>		
Is this scheme included in the Trust Integrated Medium Term Plan?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
This is a Welsh Government sponsored procurement with funding flowing from Welsh Government to NWSSP. Delivery of the project will be managed by a NHS Wales Clinical Lead and supported by National Clinical Networks and National Implementation Boards. A funding letter has been provided by Welsh Government for the initial 3 year contract term. An optional extension of a further 2 years has also been included, the execution of which is dependent on funding being available from Health Boards to continue access to the website and pathways.		

The reason the paper is being presented to Velindre Trust Board for approval is that the value of the procurement exceeds the current threshold in the Scheme of Delegation of £1 million, for agreements let directly by NWSSP Procurement Services.

A paper was also presented to NWSSP Partnership Committee on the 22<sup>nd</sup> September seeking endorsement of the agreement and for onward forwarding to the Trust for approval.

### 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 checked="" type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input checked="" 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

**Do nothing** – A platform for Patient Pathways would not be delivered and pathways would not be developed. This would not meet the aspirations of Welsh Government through A Healthier Wales (Welsh Government, 2018), or the National Clinical Framework. The Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021) states: "We need to invest in electronic systems that ensure consistency of practice. We also need to monitor use of



these systems and measure outcomes from clinical interventions”. In particular Action 7 states “Welsh Government to work with NHS organisations to implement vital electronic systems to support safe care”.

**Business as usual** – this would lead to individual Health Boards delivering their own platforms through existing finances and developing their own pathways. This was discounted as it would not deliver any coordinated approach, consistency, economies of scale and funding would be an issue.

**Individual Health Board provision** – Welsh Government could provide additional funding directly to Health Boards, but this was discounted as it would not be managed by the National Clinical Lead and National Clinical Networks and would not deliver any coordinated approach, consistency, or economies of scale.

#### 4. BENEFITS (Quantifiable / Non-Quantifiable)

##### 4.1 Outline benefits of preferred option

The preferred option of Welsh Government providing funding through NWSSP and NWSSP having a single contract with the supplier delivers the following benefits: -

1. A coordinated approach through the delivery of a single implementation plan and development of consistent pathways.
2. A single agreement contract managed through the National Clinical Lead and supporting team with appropriate national and local governance.
3. Economies of scale delivered where pathways that have been developed can be refined on a local basis if required rather than incur additional cost of technical writing.
4. Welsh Government funding for the first 3 years of the contract arrangement will deliver a platform and pathways that could allow for flexibility in future provision dependent on funding available.
5. Finances will be managed more efficiently with a central sign-off of implementation costs and pathways developed through the National Clinical Lead and supporting team.

#### 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
Funding from Welsh Government to NWSSP would be unavailable to co-ordinate the project.	Individual Health Boards may provide the development of Patient Pathways locally through their existing funding streams.

Not meeting the aims of Welsh Government in providing Health Boards with a coordinated approach to the provision of Patient Pathways across Wales. (The National Clinical Framework (WHC 2021/03) Welsh Government, March 2021)

Without NWSSP as a key enabler Welsh Government would be unable to implement this programme within NHS Wales in a coordinated manner or achieve the changes required in clinician behaviour to improve patient outcomes and experience.

Not being able to address the growing backlog in outpatient appointments and procedures, and increased delays in unscheduled care, during the COVID-19 pandemic to provide the urgency to develop these clinical pathways at scale and pace.

## 6. PROCUREMENT ROUTE

**6.1 How is the contract being procured?** Please mark with a (x) as relevant.

### Competition

3 Quotes ☐

Formal Tender Exercise ☒

Mini competition ☐

Find a Tender ☐

(replaces OJEU Public Contract regulations 2015 still apply)

### Single source

Single Quotation Action ☐

Single Tender Action ☐

Direct call off Framework ☐

All Wales contract ☐

Click [here](#) for link to Procurement Manual for additional guidance

**6.2 Please outline the procurement strategy**

The procurement strategy is to conduct an Open procedure competition. There is a limited number of suppliers who will provide a response to this requirement therefore a Restricted Procedure is not necessary. The expectation from market research and attendance at the Supplier Day is that no more than five suppliers will respond.

It is intended to use the standard NHS Shared Services Partnership Terms and Conditions for Services for the procurement with appropriate schedules included to meet the requirements of a supplier hosted software solution.

This contract will be awarded on the basis of Most Economically Advantageous Tender for a period of 3 years with an option to extend for 2 years (1+1) to a single supplier. The review periods prior to any extension options being executed will enable NHS Wales to assess future direction and whether the solution will continue to meet requirements. Also the opportunity for WG to consider the funding of the extension period.

### 6.3 What is the approximate time line for procurement?

It is anticipated the contract will start on the 17<sup>th</sup> October 2022 following approval and standstill notification to tenderers as follows: -

NWSSP Committee Approval – 22<sup>nd</sup> September 2022

Award Approval – 29<sup>th</sup> September 2022

Welsh Government notification – 29<sup>th</sup> September 2022

Standstill start – 3<sup>rd</sup> October 2022

Standstill end – 14<sup>th</sup> October 2022.

Contract start – 17<sup>th</sup> October 2022.

### 6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route

<b>Head of Procurement Name:</b>	Lena Boghossian
<b>Signature:</b>	Via email
<b>Date:</b>	15 <sup>th</sup> August 2022

<b>Maximum expected whole life cost relating to the award of contract</b>	<b>Excluding VAT (£k)</b> <b>£11,422,863</b>	<b>Including VAT (£k)</b> <b>£13,707,436</b>
<b>The nature of spend</b>	<b>Capital</b> <input type="checkbox"/>	<b>Revenue</b> <input checked="" type="checkbox"/>
<b>How is the scheme to be funded?</b> Please mark with a (x) as relevant.		
Existing budgets <input type="checkbox"/> Additional Welsh Government funding <input checked="" type="checkbox"/> Other <input type="checkbox"/>		
<b>If you have selected 'Other' – please provide further details below:</b>		

## 7. FINANCIAL ANALYSIS

### PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £k	Year 2 (exc. VAT) £k	Year 3 (exc. VAT) £k	Total Future Years (exc. VAT) £k	Total (exc. VAT) £k	Total (inc. VAT) £k
Health Pathways Programme Support Service	1,189,125	1,189,125	1,189,125	1,679,610	5,246,985	6,296,382
Community Health Pathways License Fees & Technical Writing	1,438,446	1,438,446	1,438,446	1,679,610	5,994,948	7,193,938
Community Health Pathways Set up and Training	180,930	0	0	0	180,930	217,116
<b>Overall Total</b>	2,808,501	2,627,571	2,627,571	3,359,220	11,422,863	13,707,436

## 8. PROJECT MANAGEMENT (if applicable)

<b>What are the management arrangements associated with this scheme?</b> E.g. PRINCE 2	The scheme will be project managed by the National Clinical Lead in Welsh Government and their team reporting into the Welsh Government National Board for Patient Pathways
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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 procedures, standing orders and standing financial instructions requirements have been appropriately discharged and observed and that where relevant, appropriate advice and confirmation has been obtained to that effect. Procurement Services retain this confirmation electronically in the tender file.

<b>Lead Director Name:</b>	Neil Frow	Andy Butler
<b>Signature:</b>		
<b>Service Area:</b>	Managing Director of NWSSP	Director of Finance NWSSP
<b>Date:</b>	20 September 2022	

## 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	N/A
Divisional Senior Management Team	N/A
Executive Management Board	N/A

Host Organisations	Date of Approval:
NWSSP / NHS Wales Shared Services Partnership Committee	22 <sup>nd</sup> September 2022
HTW – Senior Management Team	N/A

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

<b>SCHEME TITLE</b>	ALL WALES REMOTE ADVICE & GUIDANCE
<b>DIVISION / HOST ORGANISATION</b>	NWSSP / WG
<b>DATE PREPARED</b>	15 <sup>th</sup> September 2022
<b>PREPARED BY</b>	Hywel Jones
<b>SCHEME SPONSOR</b>	Judith Paget

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

A Remote Advice and Guidance and Software Communication System was introduced as an emergency response to COVID across all of Wales in 2020 under pandemic protocols, in order to provide a way for primary care services to gain consistent and immediate access to expert clinical advice at a time when access to secondary care services was limited.

The system provides a tool that can link care providers to expert clinical advice within and across organisational boundaries. The service provides synchronous and asynchronous communication channels in line with current and future UK privacy legislation.

The existing solution is a flexible system that can be adapted according to user needs and support whole system transformation by building on learning from the COVID pandemic. It supports the restoration of elective care service and provides access to urgent care resources to ensure timely access to care for the population of Wales in line with Prudent Healthcare, A Healthier Wales and The National Clinical Framework.

The current system facilitates the delivery of Remote Advice and Guidance from Clinical Experts by:

- Providing a bespoke directory of service based upon location and professional group.
- Ability to configure services to support pan-Wales national services.
- Providing a link with social services and local authority services to support whole system communications.
- Enable live reporting of activity including usage, missed calls and outcomes.



- Provide a digital record of A&G provided to users for use in clinical audit, service evaluation, education and appraisal in line with health board Information Governance agreements.

**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**

18/11/2023 for implementation

01/04/2023 for live service in a stable environment

**Expected End Date of Contract**

31/03/2026

Contract Extension Options

(E.g. maximum term in months)

24 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 type="checkbox"/>	<input checked="" type="checkbox"/>

This is a Welsh Government sponsored procurement with funding flowing from Welsh Government to NWSSP. Delivery of the project will be managed by a NHS Wales Clinical Lead and supported by National Clinical Networks and National Implementation Boards. A funding letter has been provided by Welsh Government for the initial 3 year contract term. An optional extension of a further 2 years has also been included, the execution of which is dependent on funding being available from Health Boards to continue access to the website and pathways.

## 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:** Allowing the existing contract to cease would not support the continued need across NHS Wales. Allowing the contract to 'roll on' would be a breach of procurement rules.

**Option 2 – Open Competition:** Supplier engagement has confirmed that other suppliers in the market place are able to provide a comparable product at this present time.

The original contract was sanctioned, requested and authorised by WG as a direct award in April 2020 under Reg 32 (2) (c) of the Public Contract Regulations 2015 during the first wave of the COVID pandemic. Consultant Connect Ltd was awarded the contract. Following clinical review, there is a need to continue with the service and funding has been confirmed by WG to now open the requirement to competition.

## 4. BENEFITS

### 4.1 Outline benefits of preferred option

**Option 2 – Open Competition** will allow NHS Wales the opportunity to transparently test the market and demonstrate the delivery of value for money.

## 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"> <li>Legal challenge from the market place if an open competition is not undertaken.</li> </ul>	<ul style="list-style-type: none"> <li>Undertaking an Open competition will allow NHS Wales the opportunity to test the market and demonstrate value for money has been achieved via competitive means.</li> </ul>

## 6. PROCUREMENT ROUTE

6.1 How is the contract being procured? Please mark with a (x) as relevant.	
<b>Competition</b>  3 Quotes <input type="checkbox"/>  Formal Tender Exercise <input type="checkbox"/>  Mini competition <input type="checkbox"/>  Find a Tender <input checked="" type="checkbox"/> <small>(replaces OJEU Public Contract regulations 2015 still apply)</small>	<b>Single source</b>  Single Quotation Action <input type="checkbox"/>  Single Tender Action <input type="checkbox"/>  Direct call off Framework <input type="checkbox"/>  All Wales contract <input checked="" type="checkbox"/>
Please <a href="#">click here</a> for link to Procurement Manual for additional guidance	
<b>6.2 Please outline the procurement strategy</b>  <p>The procurement strategy is to conduct an Open procedure competition. There is a limited number of suppliers who will provide a response to this requirement therefore a Restricted Procedure is not necessary. The expectation from market research and attendance at the Supplier Day is that no more than five suppliers will respond.</p> <p>It is intended to use the standard NHS Shared Services Partnership Terms and Conditions for Services for the procurement with appropriate schedules included to meet the requirements of a supplier hosted software solution.</p> <p>This contract will be awarded on the basis of Most Economically Advantageous Tender for a period of 3 years with an option to extend for 2 years (1+1) to a single supplier. The review periods prior to any extension options being executed will enable NHS Wales to assess future direction and whether the solution will continue to meet requirements. Also the opportunity for WG to consider the funding of the extension period.</p>	
<b>6.3 What is the approximate time line for procurement?</b>  <p>It is anticipated the contract will start on the 18<sup>th</sup> November 2022 following approval and standstill notification to tenderers as follows: -</p> <ul style="list-style-type: none"> <li>NWSSP Committee Approval – 22<sup>nd</sup> September 2022</li> <li>Trust Board Approval – 29<sup>th</sup> September 2022</li> <li>Approval of the Contract Ratification Briefing – 14<sup>th</sup> October 2022</li> <li>Standstill start – 14<sup>th</sup> October 2022</li> <li>Welsh Government notification issued 14<sup>th</sup> October 2022</li> </ul>	



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Standstill ends – 24<sup>th</sup> October 2022  
Contract start – 18<sup>th</sup> November 2022  
Actual Service Commencement date – 1<sup>st</sup> April 2023

## 6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route	
<b>Head of Procurement Name:</b>	Lena Boghossian
<b>Signature:</b>	Via Email
<b>Date:</b>	Pending

## 7. FINANCIAL ANALYSIS

<b>Maximum expected whole life cost relating to the award of contract</b>	<b>Excluding VAT (£k)</b> £3,000,000	<b>Including VAT (£k)</b> £3,600,000
<b>The nature of spend</b>	<b>Capital</b> <input type="checkbox"/>	<b>Revenue</b> <input checked="" type="checkbox"/>
<b>How is the scheme to be funded?</b> Please mark with a (x) as relevant.		
Existing budgets <input type="checkbox"/>		
Additional Welsh Government funding <input checked="" type="checkbox"/>		
Other <input type="checkbox"/>		
<b>If you have selected 'Other' – please provide further details below:</b>		

## PROFILE OF EXPENDITURE

The overall expenditure is detailed below:	Year 1 (exc. VAT)	Year 2 (exc. VAT)	Year 2 (exc. VAT)	Total (exc.VAT)	Total (inc. VAT)
<b>EXPENDITURE CATEGORY</b>	£k	£k	£k	£k	£k



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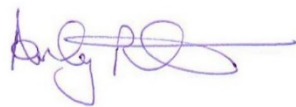
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Service	£1,000,000	£1,000,000	£1,000,000	£,000,000	£3,600,000
<b>Overall Total</b>	£1,000,000	£1,000,000	£1,000,000	£3,000,000	£3,600,000

## 8. PROJECT MANAGEMENT (if applicable)

<b>What are the management arrangements associated with this scheme?</b> E.g. PRINCE 2	The scheme will be project managed by the National Clinical Lead in Welsh Government and their team reporting into the Welsh Government National Board for Patient Pathways
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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 procedures, standing orders and standing financial instructions requirements have been appropriately discharged and observed and that where relevant, appropriate advice and confirmation has been obtained to that effect. Procurement Services retain this confirmation electronically in the tender file.		
<b>Lead Director Name:</b>	Neil Frow	Andy Butler
<b>Signature:</b>		
<b>Service Area:</b>	Managing Director of NWSSP	Director of Finance NWSSP
<b>Date:</b>	20 September 2022	

## 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	N/A
Divisional Senior Management Team	N/A
Executive Management Board	N/A

Host Organisations	Date of Approval:
NWSSP / NHS Wales Shared Services Partnership Committee	22 <sup>nd</sup> September 2022
HTW – Senior Management Team	N/A

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

<b>SCHEME TITLE</b>	VELINDRE TRUST - HEADQUARTERS LEASE RENEWAL
<b>DIVISION / HOST ORGANISATION</b>	Corporate Estates, Environment and Capital
<b>DATE PREPARED</b>	16/08/2022
<b>PREPARED BY</b>	Jason Hoskins Assistant Director Estates, Environment and Capital
<b>SCHEME SPONSOR</b>	Carl James Director of Strategic Transformation, Planning, and Digital

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

- **Headquarters Lease Renewal**
  - VUNHST existing arrangements are such that staff operate out of both owned and leased buildings. The Head Quarters (HQ) Building sited at Nantgarw is on a lease agreement. It is recommended that the lease be extended.
  - The HQ building's primary function is to provide an address denoting the corporate residence for the Trust, and housing the executive and corporate functions that support the Trust consisting of Finance, Human Resources, Capital Planning and Estates.
  - The building houses 64 staff, which equates to 4% of the trust workforce. The function of the space is to provide a facility to conduct business through provision of offices, seating and desks for the CEO, executives, and corporate staff, and provision of meeting rooms.
  - The proposed extension will be a five-year tenure with a breakout clause at year three to align with the Trust Capital Works Programme (construction nVCC, WBS Refurbishment), development of agile working policies and active travel initiatives.



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<b>1.1 Nature of contract:</b> Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>
<b>1.2 Period of contract including extension options:</b>						
<b>Expected Start Date of Contract</b>		October 2022				
<b>Expected End Date of Contract</b>		September 2027				
<b>Contract Extension Options</b> (E.g. maximum term in months)		Renegotiation required contract end of term. New tenure to be for five years with breakout clause at year three, tenant only.				

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

<b>2.1 OUR STRATEGIC PILLARS</b> 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.	
<b>Goal 1:</b> Be recognised as a pioneer in blood and transplantations services across Europe.	<input checked="" type="checkbox"/>
<b>Goal 2:</b> Be a recognised leader in specialist cancer services in Europe.	<input checked="" type="checkbox"/>
<b>Goal 3:</b> Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
<b>Goal 4:</b> An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>
<b>Goal 5:</b> An exemplar of sustainability that supports global well-being and social value.	<input type="checkbox"/>

<b>2.2 INTEGRATED MEDIUM TERM PLAN</b>		
Is this scheme included in the Trust Integrated Medium Term Plan?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

A paper has been circulated to EMB outlining the possible options surrounding the future of a Headquarters Building. Due to the current position it is recommended that the Trust representative be instructed to negotiate the most flexible arrangement for the Trust with fallback position being a five-year lease agreement with break at year three.

### 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 type="checkbox"/>
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.	<input checked="" 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 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 type="checkbox"/>	Collaboration	<input 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	Benefits	Dis-Benefits	Qualitative Appraisal Result
1. Extend the current lease	<ul style="list-style-type: none"> <li>Stability both financial and working practice</li> </ul>	<ul style="list-style-type: none"> <li>Building not fully utilised due to social distancing although this area has relaxed</li> <li>Limited flexibility</li> <li>Doesn't support the Sustainability and estates objectives</li> <li>Cost</li> </ul>	
2. Acquire New Building (buy or lease)	<ul style="list-style-type: none"> <li>Provides current functionality (space/rooms/parking etc)</li> <li>Ability to lease and fit out a building that meets exact requirements.</li> </ul>	<ul style="list-style-type: none"> <li>May not require more estates (medium term – doesn't support the Sustainability/estates strategy (to reduce where possible)</li> <li>Cost – Fit out of new tenancy, and cost to restore existing HQ</li> <li>Doesn't support the Sustainability and estates objectives</li> </ul>	<ul style="list-style-type: none"> <li>Discount</li> <li>- Cost likely to increase</li> <li>- Possible disruption for move for limited benefits</li> </ul>
3. Identify a facility owned / leased by another partner to share with	<ul style="list-style-type: none"> <li>Flexibility</li> <li>Cost reduction</li> <li>Closer to meeting sustainability &amp; estates objectives</li> <li>Promotes cross organisation working</li> </ul>	<ul style="list-style-type: none"> <li>Can be a complex arrangement</li> <li>Cost (may increase or not)</li> <li>Doesn't fully realise sustainability and estates objectives</li> </ul>	<ul style="list-style-type: none"> <li>Discount</li> <li>- No building identified</li> <li>- Possible disruption for move for limited benefits</li> </ul>
4. Use Existing Estate	<ul style="list-style-type: none"> <li>Cost effective</li> <li>Meets sustainability and estates objectives</li> <li>Removes them and us ethos by demonstrating use of shared space and shared ways of working Trust wide</li> </ul>	<ul style="list-style-type: none"> <li>Access to areas of the estate - need for room booking system/process or repurpose areas</li> <li>Availability of space not fully established</li> <li>Needs of the teams currently using HQ not clearly defined</li> </ul>	<ul style="list-style-type: none"> <li>Discount</li> <li>- Until 'unknowns' are turned into knowns e.g. Agile working etc</li> </ul>

### 4. BENEFITS (Quantifiable / Non-Quantifiable)

#### 4.1 Outline benefits of preferred option

- Preferred option is to extend the lease (Option 1)
- Extending the lease provides stability both financially and in terms of working practice while Trust-wide plans and initiatives are being developed and delivered
- Certainty with progression of the construction of a new Cancer Centre & development of OBC for WBS Headquarters Refurbishment, coupled with progression of agile working arrangements and consideration of active travel supports a review of the requirements of the Headquarters building which aligns with these trust-wide projects and initiatives.
- Anticipated timeframe to execute alternative options: 18 months

## 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"> <li>No address denoting the corporate residence for the Trust and housing the executive and corporate functions that support the Trust consisting of Finance, Human Resources, Capital Planning and Estates.</li> <li>Requirement to identify space for 64 staff</li> <li>Loss of offices, seating and desks for the CEO, executives, and corporate staff along with meeting rooms</li> </ul>	<ul style="list-style-type: none"> <li>Risks cannot be fully mitigated</li> </ul>

## 6. PROCUREMENT ROUTE

6.1 How is the contract being procured? Please mark with a (x) as relevant.	
<b>Competition</b>  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>	<b>Single source</b>  Single Quotation Action <input type="checkbox"/>  Single Tender Action <input type="checkbox"/>  Direct call off Framework <input type="checkbox"/>  All Wales contract <input type="checkbox"/>
Click <a href="#">here</a> for link to Procurement Manual for additional guidance	
6.2 Please outline the procurement strategy	
Lease renewal is negotiated by NWSSP Property Services on terms set by the Trust	



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### 6.3 What is the approximate timeline for procurement?

There is no timeline, this will be a straight roll over of tenure as neither party has provided notice to alter the current arrangements

### 6.4 Procurement Route approval

The Head of Procurement / Delegated Authority has approved the preferred procurement route

<b>Head of Procurement Name:</b>	Carl Waskiewicz (NWSSP - SES - Property Management)
<b>Signature:</b>	<i>C Waskiewicz</i>
<b>Date:</b>	19/08/2022

## 7. FINANCIAL ANALYSIS

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




## PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £k	Year 2 (exc. VAT) £k	Year 3 (exc. VAT) £k	Year 4 (exc. VAT) £k	Year 5 (exc. VAT) £k	Total Future Years (exc. VAT) £k	Total (exc.VAT) £k	Total (inc. VAT) £k
Building Lease Year 1	£80	£80	£80	£80	£80	N/A	£400	£480
<b>Overall Total</b>	£80	£80	£80	£80	£80	N/A	£400	£480

## 8. PROJECT MANAGEMENT (if applicable)

<b>What are the management arrangements associated with this scheme? e.g. PRINCE 2</b>	<i>N/A all negotiation and contractual arrangements to be via NWSSP and the Trust Solicitor</i>
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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 procedures, standing orders and standing financial instructions requirements have been appropriately discharged and observed and that where relevant, appropriate advice and confirmation has been obtained to that effect. Procurement Services retain this confirmation electronically in the tender file.	
<b>Lead Director Name:</b>	Carl James
<b>Signature:</b>	
<b>Service Area:</b>	Director of Strategic Transformation, Planning and Digital
<b>Date:</b>	21/09/2022



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## 10. APPROVALS RECEIVED

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

<b>Divisions</b>	<b>Date of Approval:</b>
Business Planning Group or local equivalent	N/A
Divisional Senior Management Team	N/A
Executive Management Board	22/06/2022

<b>Host Organisations</b>	<b>Date of Approval:</b>
NWSSP / NHS Wales Shared Services Partnership Committee	N/A
HTW – Senior Management Team	N/A

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

<b>SCHEME TITLE</b>	Technical project management support – ARCHUS Ltd
<b>DIVISION / HOST ORGANISATION</b>	nVCC Project
<b>DATE PREPARED</b>	23 September 2022
<b>PREPARED BY</b>	Mark Ash, Assistant Project Director
<b>SCHEME SPONSOR</b>	Steve Ham, Chief Executive

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

The nVCC and EW Project(s) have been in place since 2015 to develop a new Velindre Cancer Centre. To support the Project(s) a range of technical and professional advisers are required to provide advice on a range of key matters.

The benefits of using such advisers are the technical skills and detailed knowledge that they have on key subject matters. In addition, they have worked on infrastructure projects, especially PPP projects. It is imperative that both Project(s) secure such resource to ensure the delivery of the master Programme and the timeline to achieve the development and opening of the new Velindre Cancer Centre in 2025.

The nVCC and EW Project requires technical project management support that provides significant experience to provide technical project management support with prior knowledge of capital project delivery.

Support a wide range of matters:

- D&B contract;
- Planning matters;
- ITSFT technical documentation;
- Asda works project management



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<b>1.1 Nature of contract:</b> Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>
<b>1.2 Period of contract including extension options:</b>						
<b>Expected Start Date of Contract</b>		01/09/2022				
<b>Expected End Date of Contract</b>		31/07/2023				
<b>Contract Extension Options</b> (E.g. maximum term in months)		6 months				

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

<b>2.1 OUR STRATEGIC PILLARS</b> 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.	
<b>Goal 1:</b> Be recognised as a pioneer in blood and transplantations services across Europe.	<input type="checkbox"/>
<b>Goal 2:</b> Be a recognised leader in specialist cancer services in Europe.	<input checked="" type="checkbox"/>
<b>Goal 3:</b> Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
<b>Goal 4:</b> An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>
<b>Goal 5:</b> An exemplar of sustainability that supports global well-being and social value.	<input type="checkbox"/>

<b>2.2 INTEGRATED MEDIUM TERM PLAN</b>		
Is this scheme included in the Trust Integrated Medium Term Plan?	<b>Yes</b>	<b>No</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If not, please explain the reason for this in the space provided – N/A

### 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 type="checkbox"/>
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	<input type="checkbox"/>
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.	<input checked="" 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 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 type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input 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

Business as usual for the nVCC Project.  
The Project(s) have used these Advisers to date and so provide continuity of service and detailed knowledge of the Project(s).





#### 4. BENEFITS (Quantifiable / Non-Quantifiable)

##### 4.1 Outline benefits of preferred option

The benefits of using such advisers are the technical skills and detailed knowledge that they have on key subject matters. In addition, they have worked on infrastructure projects, especially PPP projects. It is imperative that both Project(s) secure such resource to ensure the delivery of the master Programme and the timeline to achieve the development and opening of the new Velindre Cancer Centre in 2025.

#### 5. RISKS & MITIGATION

##### 5.1 Please state risks of not proceeding with the scheme

The delivery of the technical elements of the EW and nVCC Project(s) are compromised. The Project does not have these skills in-house.

##### 5.2 Please state any mitigation to reduce the risk if the scheme is not approved

There is no mitigation as the adviser provide skills that are not available in the Trust.

#### 6. PROCUREMENT ROUTE

##### 6.1 How is the contract being procured? Please mark with a (x) as relevant.

###### Competition

3 Quotes ☐

Formal Tender Exercise ☐

Mini competition ☐

Find a Tender ☐

(replaces OJEU Public Contract regulations 2015 still apply)

###### Single source

Single Quotation Action ☐

Single Tender Action ☐

Direct call off Framework ☒

All Wales contract ☐



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NHS Trust

Click [here](#) for link to Procurement Manual for additional guidance

#### 6.2 Please outline the procurement strategy

Lot 12 – Ancillary Services of the NHS SBS Construction Consultancy Services 2 framework. This Lot provides additional construction advisory services in accordance with professional standards and competencies. Core services include the provision of multidisciplinary project teams spanning all disciplines, Six Facet Surveys, BIM Services, Medical Planning, Town Planning, Business Case Authoring, Estates Strategy, Preparing and Issuing Tender Documentation, NEC Supervisor, and clerks of works duties.

#### 6.3 What is the approximate time line for procurement?

Implemented immediately as it is a contract extension.

#### 6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route

Head of Procurement  
Name:

Helen James

Signature:

Date:

23/09/2022

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£k) 116	Including VAT (£k) 139
The nature of spend	Capital <input checked="" type="checkbox"/>	Revenue <input type="checkbox"/>



**How is the scheme to be funded?** Please mark with a (x) as relevant.

Existing budgets ☐  
Additional Welsh Government funding ☒  
Other ☐

**If you have selected 'Other' – please provide further details below:**

## 7. FINANCIAL ANALYSIS


### PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £k	Year 2 (exc. VAT) £k	Year 3 (exc. VAT) £k	Total Future Years (exc. VAT) £k	Total (exc.VAT) £k	Total (inc. VAT) £k
Capital	116				116	139
<b>Overall Total</b>	116				116	139

## 8. PROJECT MANAGEMENT (if applicable)

<b>What are the management arrangements associated with this scheme?</b> E.g. PRINCE 2	PRINCE 2 with the PMO.
--	------------------------

## 9. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

The Lead Director, by providing email confirmation, to seek Board approval is making a declaration that all procurement procedures, standing orders and standing financial instructions requirements have been appropriately discharged and observed and that where relevant, appropriate advice and confirmation has been obtained to that effect. Procurement Services retain this confirmation electronically in the tender file.	
<b>Lead Director Name:</b>	David Powell
<b>Signature:</b>	
<b>Service Area:</b>	nVCC Project
<b>Date:</b>	23/09/2022

## 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	N/A
Divisional Senior Management Team	N/A
Executive Management Board	nVCC Project Board (May 22)

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

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

<b>SCHEME TITLE</b>	Planning Consultant – The Urbanists
<b>DIVISION / HOST ORGANISATION</b>	nVCC Project
<b>DATE PREPARED</b>	23 September 2022
<b>PREPARED BY</b>	Mark Ash, Assistant Project Director
<b>SCHEME SPONSOR</b>	Steve Ham, Chief Executive

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

The nVCC and EW Project(s) have been in place since 2015 to develop a new Velindre Cancer Centre. To support the Project(s) a range of technical and professional advisers are required to provide advice on a range of key matters.

The benefits of using such advisers are the technical skills and detailed knowledge that they have on key subject matters. In addition, they have worked on infrastructure projects, especially PPP projects. It is imperative that both Project(s) secure such resource to ensure the delivery of the master Programme and the timeline to achieve the development and opening of the new Velindre Cancer Centre in 2025.

Provision of Town and Country Planning advisory services to support the EW and nVCC Project(s).

Velindre University NHS Trust requires a competent Planning Adviser with significant experience of local and national planning requirements relating to large-scale enabling works projects, and public service developments (such as hospitals) to provide consultancy advice throughout the nVCC Enabling Works Project and the nVCC Competitive Dialogue process and evaluation stages of the nVCC project.

Scope of services have been agreed based on call-off of days.

In June 2021, the Project procured the Urbanists via a Direct Award through the SEWTAPS framework (managed by Cardiff Council) for an amount of **£47,600**. The total commission would then be **£107,600**, which is within the direct award threshold.

**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**

01/09/2022

**Expected End Date of Contract**

31/03/2023

**Contract Extension Options**

(E.g. maximum term in months)

6 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?	<b>Yes</b>	<b>No</b>							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
If not, please explain the reason for this in the space provided.									
<b>2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES</b> 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 type="checkbox"/>								
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	<input type="checkbox"/>								
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.	<input checked="" 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 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"/>								
<b>FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED</b> Please mark with a (x) in the box the relevant principles for this scheme. Click <a href="#">here</a> for more information									
Prevention	<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>

### 3. OPTIONS CONSIDERED

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

<b>3.1 Please state alternative options considered and reasons for declining</b>

Business as usual for the nVCC Project  
The Project(s) have used these Advisers to date and so provide continuity of service and detailed knowledge of the Project(s).

#### 4. BENEFITS (Quantifiable / Non-Quantifiable)

##### 4.1 Outline benefits of preferred option

The benefits of using such advisers are the technical skills and detailed knowledge that they have on key subject matters. In addition, they have worked on infrastructure projects, especially PPP projects. It is imperative that both Project(s) secure such resource to ensure the delivery of the master Programme and the timeline to achieve the development and opening of the new Velindre Cancer Centre in 2025.

#### 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
<p>Planning approvals are not secured.</p> <p>Additional support covers the S73 planning application, revised emergency access planning application, discharging of various planning conditions, TCAR2 non-material amendment application, PROW S257 application et al.</p>	<p>There is no mitigation as the adviser provide skills that are not available in the Trust.</p>

#### 6. PROCUREMENT ROUTE

**6.1 How is the contract being procured?** Please mark with a (x) as relevant.





Competition	Single source
3 Quotes <input type="checkbox"/>	Single Quotation Action <input type="checkbox"/>
Formal Tender Exercise <input type="checkbox"/>	Single Tender Action <input type="checkbox"/>
Mini competition <input type="checkbox"/>	Direct call off Framework <input checked="" type="checkbox"/>
Find a Tender <input type="checkbox"/> (replaces OJEU Public Contract regulations 2015 still apply)	All Wales contract <input type="checkbox"/>
Click <a href="#">here</a> for link to Procurement Manual for additional guidance	
<b>6.2 Please outline the procurement strategy</b>	
<p>The Project identified a procurement framework to appoint a Planning Consultant. The South-East Wales Technical and Professional Services (SEWTAPS) framework in a consultancy framework operated by Cardiff City Council for the Public Sector. The framework allows for a Direct Award (All Lots) where a single Supplier could meet your requirements based on the pricing and other information available. The Authority can simply choose the supplier who demonstrates best value for money when judged against speed of available response; quality; and price. The SEWTAPS recommended direct award threshold is £150,000, however organisations may exceed this recommendation if they are able to demonstrate value for money.</p>	
<b>6.3 What is the approximate time line for procurement?</b>	
<p>Implemented immediately as it is a contract extension.</p>	


#### 6.4 PROCUREMENT ROUTE APPROVAL

<p>The Head of Procurement / Delegated Authority has approved the preferred procurement route</p>
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<b>Head of Procurement Name:</b>	Helen James
<b>Signature:</b>	
<b>Date:</b>	23/09/2022

## 7. FINANCIAL ANALYSIS

<b>Maximum expected whole life cost relating to the award of contract</b>	<b>Excluding VAT (£k) 60</b>	<b>Including VAT (£k) 72</b>
<b>The nature of spend</b>	<b>Capital</b> <input checked="" type="checkbox"/>	<b>Revenue</b> <input type="checkbox"/>
<b>How is the scheme to be funded?</b> Please mark with a (x) as relevant.  Existing budgets <input type="checkbox"/> Additional Welsh Government funding <input checked="" type="checkbox"/> Other <input type="checkbox"/>		
<b>If you have selected 'Other' – please provide further details below:</b>		

## PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £k	Year 2 (exc. VAT) £k	Year 3 (exc. VAT) £k	Total Future Years (exc. VAT) £k	Total (exc.VAT) £k	Total (inc. VAT) £k
Capital	60				60	72



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**NHS**  
WALES


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Prifysgol Felindre  
Velindre University  
NHS Trust

<b>Overall Total</b>	60				60	72

## 8. PROJECT MANAGEMENT (if applicable)

<b>What are the management arrangements associated with this scheme? E.g. PRINCE 2</b>	PRINCE 2 with the PMO.
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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 procedures, standing orders and standing financial instructions requirements have been appropriately discharged and observed and that where relevant, appropriate advice and confirmation has been obtained to that effect. Procurement Services retain this confirmation electronically in the tender file.	
<b>Lead Director Name:</b>	David Powell
<b>Signature:</b>	
<b>Service Area:</b>	nVCC Project
<b>Date:</b>	23/09/2022

## 10. APPROVALS RECEIVED

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

<b>Divisions</b>	<b>Date of Approval:</b>
Business Planning Group or local equivalent	N/A
Divisional Senior Management Team	N/A
Executive Management Board	nVCC Project Board (May 22)

<b>Host Organisations</b>	<b>Date of Approval:</b>
NWSSP / NHS Wales Shared Services Partnership Committee	N/A

HTW – Senior Management Team	N/A
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## COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION

<b>SCHEME TITLE</b>	<b>REPLACEMENT HEMOFLOW AGITATORS</b>
<b>DIVISION / HOST ORGANISATION</b>	<b>Welsh Blood Service</b>
<b>DATE PREPARED</b>	<b>August 2022</b>
<b>PREPARED BY</b>	<b>Sally Gronow / Angela Robins</b>
<b>SCHEME SPONSOR</b>	<b>Jayne Davey / Alan Prosser</b>

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

The complete replacement of old Hemoflow Agitators for the whole collection operations across Wales.

Across the whole blood Collection Teams, Welsh Blood Service (WBS) own 118 Hemoflow Agitators. These are routinely serviced on an annual basis, as well as adhoc repairs throughout the year as and when required.

The recommended asset life as advised by the manufacturer is currently 7-9 years. Current devices are between 10 and 12 years and are therefore outside of the advised asset life. As the age of the devices increases, there is a risk the devices will become unreliable and inevitably fail. If this failure occurs, there will be a detrimental impact on the ability to collect blood and the distribution of blood products to the Health Boards throughout Wales and a risk of adversely affecting donor care and safety.

Agitators are essential to the process of collecting whole blood from donors. They are a mechanism that undertakes the weighing and shaking of blood packs during the donation process. Agitators ensure the volume of blood collected and is accurate and collected blood is appropriately mixed with anticoagulant fluid which stops the blood from clotting and which is already present in the blood pack.

Agitators send an audible alarm to alert the donor carer to a number of different events, including slow bleed, end of bleed and imbalance of the shaker action. The function provided by the agitators ensures that whole blood donors are monitored throughout the donation process



enabling the correct amount of blood to be collected from each donor as prescribed by the Joint UK Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (JPAC).

**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**

01/04/2023

**Expected End Date of Contract**

31/03/2033

**Contract Extension Options**

**(E.g. maximum term in months)**

Option to extend contract with an additional 2 years (24 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**

☒
☐

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 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 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 checked="" 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 type="checkbox"/>	Collaboration	<input 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 and continue to use existing equipment until point of failure.

Option 2 – To replace 118 Hemoflow Agitators

Option 1 – This option is not viable as current devices are between 10 and 12 years. As the age of the devices increase, it is predicted that servicing of the devices will increase and at some point will not be suitable for repair and will inevitably fail. If this failure occurs, there will be a detrimental impact on the delivery of blood collection throughout Wales.

Our preferred is Option 2 – To replace All Wales Hemoflow Agitators. Ensuring sustainability of core blood services delivered to the required regulatory and professional standards. This replacement will provide continuity to the supply blood across Wales. .

Option 2 would also allow the standardisation of the service enabling digitalisation of the donation process by linking the agitators to the WBS Blood Establishment Computer System, eProgesa.

At present, two of the teams across Wales currently operate an older model of agitator which is unable to be linked with eProgesa. The programme will harmonise the service model across the whole of Wales and will result in a prudent, easy to use, safe and sustainable service for blood donation to support NHS Wales for future generations, with a healthy, motivated and caring workforce.

#### **4. BENEFITS (Quantifiable / Non-Quantifiable)**

##### **4.1 Outline benefits of preferred option**

This will ensure that the Welsh Blood Service is able to continue to collect and supply whole blood donations across Wales.

This objective is highlighted on the Velindre University NHS Trust IMTP for 2019-2022 and forms part of the revised strategy securing a successful future for a modern blood and transplantation service.

The link to ePROGESA will provide digitalisation of traceability and will support monitoring and performance of individual donors' journey, supporting increased donor personalisation, increased automation of the supply chain and improved technological capability. Digitalisation will reduce human error in the recording of donation statistics.

#### **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
<p>Potential of increased maintenance costs on aging devices.</p> <p>Failed devices will no longer be serviceable and unable to be utilised within the clinics.</p> <p>The inability to collect and distribute blood due to device failure.</p>	<p>Source alternative agitator devices that would require the purchase of compatible alternative donation chairs at a significant cost pressure.</p> <p>Revert to previous model of manual mixing of blood which would require a 1 to 1 ratio of staff to donor. This would require an increase in staffing, additional equipment and training requirements.</p>

## 6. PROCUREMENT ROUTE

6.1 How is the contract being procured? Please mark with a (x) as relevant.	
<b>Competition</b>  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>	<b>Single source</b>  Single Quotation Action <input type="checkbox"/>  Single Tender Action <input type="checkbox"/>  Direct call off Framework <input checked="" type="checkbox"/>  All Wales contract <input type="checkbox"/>
Please <a href="#">click here</a> for link to Procurement Manual for additional guidance	
6.2 Please outline the procurement strategy	
To procure utilizing the NHSBT Framework referenced NHSBT1351 Supply and Maintenance of New Blood Agitators.	
6.3 What is the approximate time line for procurement?	
The current estimated Delivery Timeline is 17 Weeks (4 months) therefore working backwards need to place PO by end of November 2022 to ensure delivery before financial year end (March 2023).	

## 6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route	
<b>Head of Procurement Name:</b>	Joanne Liddle, Assistant Head of National Sourcing - Clinical
<b>Signature:</b>	<i>J Liddle</i>
<b>Date:</b>	5 <sup>th</sup> September 2022

## 7. FINANCIAL ANALYSIS

<b>Maximum expected whole life cost relating to the award of contract</b>	<b>Excluding VAT (£k)</b> <b>£522,563</b>	<b>Including VAT (£k)</b> <b>£627,076</b>
<b>The nature of spend</b>	<b>Capital</b> <input checked="" type="checkbox"/>	<b>Revenue</b> <input checked="" type="checkbox"/>
<b>How is the scheme to be funded?</b> Please mark with a (x) as relevant.		
Existing budgets	<input checked="" type="checkbox"/>	Revenue will be funded through existing budgets (£324,500 plus VAT = £389,400)
Additional Welsh Government funding	<input checked="" type="checkbox"/>	Capital Funding only (£198,063 plus VAT = £237,676).
Other	<input type="checkbox"/>	
<b>If you have selected 'Other' – please provide further details below:</b>		

## PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £k	Year 2 (exc. VAT) £k	Year 3 (exc. VAT) £k	Total Future Years (exc. VAT) £k	Total (exc.VAT) £k	Total (inc. VAT) £k
<b>CAPITAL</b>						
Equipment						
HemoFlows	£176,174	£0	£0	£0	£174,174	£211,409
Dual Transport Case	£11,505	£0	£0	£0	£11,505	£13,806
Power Supply	£4,248	£0	£0	£0	£4,248	£5,098
Deep Bag Tray	£6,136	£0	£0	£0	£6,136	£7,363



**GIG**  
CYMRU  
**NHS**  
WALES

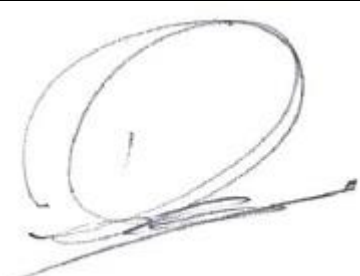
Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

<b>REVENUE</b> Maintenance - 12 Years (10 years + 2 years option to extend)	£0	£29,500	£29,500	£265,500	£324,500	£389,400
<b>Overall Total</b>	£198,063	£29,500	£29,500	£265,500	£522,563	£627,076

## 8. PROJECT MANAGEMENT (if applicable)

<b>What are the management arrangements associated with this scheme?</b> E.g. PRINCE 2	N/A
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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.	
<b>Lead Director Name:</b>	Alan Prosser
<b>Signature:</b>	
<b>Service Area:</b>	Welsh Blood Service
<b>Date:</b>	06.09.2022

## 10. APPROVALS RECEIVED

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

Divisions	Date of Approval:
WBS Capital Planning Procurement Group (CPPG)	07.09.22
WBS Senior Management Team (SMT)	14.09.22
Executive Management Board (EMB)	27.09.22
Quality, Safety & Performance Committee	N/A
Trust Board	

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



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NHS  
WALES

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Prifysgol Felindre  
Velindre University  
NHS Trust

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

SCHEME TITLE	DONOR SAMPLE ARCHIVING
DIVISION / HOST ORGANISATION	Welsh Blood Service / Velindre University NHS Trust
DATE PREPARED	30/08/2022
PREPARED BY	Ann Jones
SCHEME SPONSOR	Alan Prosser

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

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

All blood donations are tested for a number of infectious disease markers such as Human Immunodeficiency Virus (HIV) Hepatitis B, C, and E, Human T-cell lymphotropic virus (HTLV) and Treponemal Pallidum (which causes Syphilis).

A plasma sample is also stored to enable Transfusion Transmitted Infection (TTI) look-back investigations.

Look-back investigations are initiated on recognition that there may have been a risk of transmitting infection from a donor to a recipient. Such a situation may arise in the following circumstances:

- donors identified as infected through the introduction of a new screening test applied to all donations. As is the current situation with Anti-Hepatitis B core screening.
- donors identified to be infected through seroconversion during their blood donation career
- donors identified to be infected and reported to the Blood Service from an outside source
- donors identified to be responsible for transmission of infection to a recipient.

The recent introduction of Anti- Hepatitis B core testing to detect Occult Hepatitis B infections (OBI) in donors is an excellent example of the value of these stored samples – referred to as the archive samples. As of the end of August 366 archive samples have been re-called since the commencement of testing on 31<sup>st</sup> May 2022. This has been invaluable in the assurance of the safety of the supply chain



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through the donation history of the confirmed positive donors. It will also enable a targeted approach to recipient contacting.

The stored plasma sample is stored on site at Talbot Green for 2 months at below -20°C and then transferred offsite to a contracted third-party supplier, for the remainder of the year storage interval

The current Joint United Kingdom Blood Transfusion Services Professional Advisory Committee (JPAC) JPAC (Chapter 10.3) guidelines stipulates a minimum requirement for storage of donor samples for lookback investigation documented as 3 years.

Whilst the minimum retention periods are followed by all UK Blood Services there is no consensus on current sample retention. Following a recent review, agreement to extend archive storage from 3 to 10 years was approved by EMB on 01/07/2022 to enable improved look back capability. The EMB paper is attached to this TB Paper for reference.

The main functions of the provider will be to:

- Provide a secure and 24/7 temperature monitored storage facility to store samples below -20°C for a period of 10 years.
- Provide WBS with monthly temperature monitoring data detailing any excursions and stating actions taken.
- Retrieve and return requested samples in accordance with agreed KPI's.

Collect archive samples in a temperature-controlled vehicle at the request of WBS to maintain temperature of -20°C for the duration of the transit.

<b>1.1 Nature of contract:</b> Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>
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**1.2 Period of contract including extension options:**

<b>Expected Start Date of Contract</b>	01/02/2023
<b>Expected End Date of Contract</b>	31/01/2033
<b>Contract Extension Options</b> (E.g. maximum term in months)	24 Months (1 + 1)



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	Maximum contract term including extensions = 144 months (12 years)
--	--

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

<b>2.1 OUR STRATEGIC PILLARS</b> 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.	
<b>Goal 1:</b> Be recognised as a pioneer in blood and transplantations services across Europe.	<input checked="" type="checkbox"/>
<b>Goal 2:</b> Be a recognised leader in specialist cancer services in Europe.	<input type="checkbox"/>
<b>Goal 3:</b> Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
<b>Goal 4:</b> An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>
<b>Goal 5:</b> An exemplar of sustainability that supports global well-being and social value.	<input type="checkbox"/>

<b>2.2 INTEGRATED MEDIUM TERM PLAN</b>		
Is this scheme included in the Trust Integrated Medium Term Plan?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If not, please explain the reason for this in the space provided. Not applicable  Business as usual		
<b>2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES</b> 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"/>	



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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 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"/>
<b>FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED</b> Please mark with a (x) in the box the relevant principles for this scheme. Click <a href="#">here</a> for more information	
Prevention	<input checked="" type="checkbox"/>
Long Term	<input checked="" type="checkbox"/>
Integration	<input type="checkbox"/>
Collaboration	<input type="checkbox"/>
Involvement	<input type="checkbox"/>

### 3. OPTIONS CONSIDERED

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

<b>3.1 Please state alternative options considered and reasons for declining</b>
<p><b>1. Do nothing</b>          Declined – On-site capacity for storage is a maximum of 3 months and the requirements in The Joint United Kingdom Blood Transfusion Services Professional Advisory Committee (JPAC) JPAC (Chapter 10.3) is for a 3 year sample archive to be retained as a minimum.</p> <p><b>2. Maintain a 3 year sample archive (as per JPAC guidelines)</b>          Declined - benefits of improved patient safety and reduction of harm not realised. Does not permit look back beyond this time period which may require tracing of recipients and subsequent testing. Executive Board approval to extend to 10 years as per attached paper.</p> <p><b>3. Retain sample archive between 3 and 10 years.</b>          Declined - not in line with evidence base for best possible opportunity for investigation of potential transfusion transmitted infections.</p> <p><b>4. Retain a 10 year sample archive on-site.</b>          Declined - estimates based on current volumes indicate that 120 freestanding freezers would be required not allowing for any resilience. In addition to automated inventory software systems and staff to manage storage. WBS do not currently have the infrastructure to support this, and it is likely to be cost prohibitive.</p> <p><b>5. Store samples indefinitely</b></p>





Declined - Financial implications not justified for the additional lookback samples that this will provide over and above 10 years storage.

**6. Retain a 10 year sample archive and procure sample storage from a third party.**  
Preferred option - predicted to enable the majority of lookbacks required in an efficient manner, enabling recipient testing to be kept to an absolute minimum.

#### 4. BENEFITS (Quantifiable / Non-Quantifiable)

##### 4.1 Outline benefits of preferred option

Protects WBS reputation.

Enhances donor and patient safety.

Facilitates comprehensive lookback –particularly when new testing regimes are mandated.  
Ability to partake in UK sero-prevalence surveys/studies over a longer time period.

#### 5. RISKS & MITIGATION

##### 5.1 Please state risks of not proceeding with the scheme

Benefits of improved patient safety and reduction of harm not realized.

This may cause unnecessary anxiety in patients who have received blood and impact on WBS reputation.

##### 5.2 Please state any mitigation to reduce the risk if the scheme is not approved

The Joint United Kingdom Blood Transfusion Services Professional Advisory Committee (JPAC) JPAC (Chapter 10.3) mandated retention period is 3 years.

Develop communication pathways for potentially impacted patients to allay anxiety and maintain WBS reputation / minimize reputational damage.



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## 6. PROCUREMENT ROUTE

**6.1 How is the contract being procured? Please mark with a (x) as relevant.**

### Competition

- 3 Quotes ☐
- Formal Tender Exercise ☒
- Mini competition ☐
- Find a Tender ☐  
(replaces OJEU Public Contract regulations 2015 still apply)

### Single source

- Single Quotation Action ☐
- Single Tender Action ☐
- Direct call off Framework ☐
- All Wales contract ☐

Please [click here](#) for link to Procurement Manual for additional guidance

### 6.2 Please outline the procurement strategy

Market research has been conducted to ascertain whether there is a national Framework Agreement that could accommodate this requirement but there is not. Therefore, in accordance with Trust Standing Financial Instructions and Public Contract Regulations (2015), the total value of the contract will exceed the current Find a Tender Service (FTS)/OJEU threshold requiring an FTS/OJEU Tender process.

The market for this specialist storage is quite limited and an Open procedure tender will be utilised to award the contract to a sole supplier.

The scope of the tender will factor in the ability to increase samples numbers based on fluctuations in collection of whole blood and the potential increase as result of the introduction of plasma collection by apheresis.

To ensure procurement meets the renewal contract start date of 01/02/2023 it is proposed that the procurement commence in parallel to the Trust Board approval process. If not, there will be a requirement to extend the current contract at risk requiring a Single Tender Action and publication of VEAT notice which we would prefer to avoid as timescales are achievable.

### 6.3 What is the approximate time line for procurement?

Contracting Stage	Anticipated Date/Timescales	Responsibility
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Trust Board Paper and Briefing Paper Submitted & Return	TB Paper CPPG - 07/09/2022 SMT - 14/09/2022 EMB Run - 03/10/2022 Trust Board – 24/11/2022	Ann Jones/Jo Liddle
Tender Issued	03/10/2022	Jo Liddle/Mathew Williams
Tender Return	09/11/2022	Jo Liddle/Mathew Williams
Evaluation	25/11/2022	All
Ratification Paper Out/Return	16/12/2022	Jo Liddle/Mathew Williams
Award Decision Published (10 calendar day standstill period commences)	04/01/2023	Jo Liddle/Mathew Williams
Contract Start	01/02/2023	All

This will now go to Board on 27/09/2022 - AH (23/09/2022)

#### 6.4 PROCUREMENT ROUTE APPROVAL

The Head of Procurement / Delegated Authority has approved the preferred procurement route	
Head of Procurement Name:	Jo Liddle, Assistant Head of National Sourcing - Clinical
Signature:	<i>J Liddle</i>
Date:	02/09/2022

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£k)	Including VAT (£k)
	£1,102,883 (10 Years) £1,295,637 (12 Years)	£1,323,460 (10 Years) £1,554,764 (12 Years)
	Does not include any inflationary increases	
The nature of spend	Capital <input type="checkbox"/>	Revenue <input checked="" type="checkbox"/>



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**How is the scheme to be funded? Please mark with a (x) as relevant.**

Existing budgets ☒  
Additional Welsh Government funding ☐  
Other ☐

**If you have selected 'Other' – please provide further details below:**

## 7. FINANCIAL ANALYSIS

### PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £k	Year 2 (exc. VAT) £k	Year 3 (exc. VAT) £k	Year 4 (exc. VAT) £k	Year 5 (exc. VAT) £k	Year 6 (exc. VAT) £k	Year 7 (exc. VAT) £k	Year 8 (exc. VAT) £k	Year 9 (exc. VAT) £k	Year 10 (exc. VAT) £k	Total Futur e Years (exc. VAT) £k	Total (exc. VAT) £k	Total (inc. VAT) £k
Revenue	87,676	96,377	96,377	96,377	96,377	96,377	96,377	96,377	96,377	96,377	96,377	955,069	1,102,882.8

Increase year 1 to year 2 due to requirement to reach 10 year archive storage. Once 10 year storage is achieved cost will stabilize.

## 8. PROJECT MANAGEMENT (if applicable)

**What are the management arrangements associated with this scheme? E.g. PRINCE 2**

N/A



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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:	ALAN PROSSER
Signature:	
Service Area:	WELSH BLOOD SERVICE.
Date:	08/09/2022

## 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	09/09/2022
Divisional Senior Management Team	14/09/2022
Executive Management Board	27/09/2022
Quality, Safety & Performance Committee	Not Applicable

Host Organisations	Date of Approval:
NWSSP / NHS Wales Shared Services Partnership Committee	Not Applicable
HTW – Senior Management Team	Not Applicable





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## TRUST BOARD

### WORKFORCE AND ORGANISATIONAL DEVELOPMENT POLICY AND PROCEDURE UPDATE

DATE OF MEETING	29/09/2022	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Lenisha Wright, Business Support Officer	
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	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	01/08/2022	ENDORSED FOR APPROVAL & ADOPTION
Quality, Safety & Performance Committee	15/09/2022	ENDORSED FOR APPROVAL & ADOPTION
ACRONYMS		
EMB	Executive Management Board	
QSP	Quality, Safety & Performance 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 is required to approve all Trust Workforce and Organisational Development (WOD) related policies. However, a number of the WOD policies and procedures have been developed on an NHS Wales wide basis, which the Trust Board is required to agree to adopt for use within the Trust.
- 1.2 The purpose of this report is to provide an overview of the updates made to the WOD policies, bringing them up to date with current employment legislation and best practice.

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The following are the changes or additions to current Trust policies to bring them up to date with current legislation and best practice that the Executive Management Board and Quality, Safety and Performance Committee have endorsed for approval by the Trust Board:

### 2.1.1 **WF05 Equality and Diversity Version 4 – Annexure 1**

- Minor amendments to sentence structure and language
- Amendment to format in line with Policy for The Management of Policies and Other Written Control Documents

### 2.1.2 **WF44 Working Time Regulations Policy Version 3 – Annexure 2**

- Glossary of Terms to explain legal definition within the Working Time Regulations, 1998
- Change of links from Wikipedia to legislation.gov.uk website
- Change section on Mobile Workers due to additional legislation, The Road Transport Working Time Regulations, 2005, that defines Working Time for all workers who are required to drive a vehicle for transport of passengers or goods on the road, not just drivers of vehicles over 3.5 tones.
- Removal of section on different terms for ‘Bank Workers’ as Working Time Regulations apply to casual workers as well as employees.
- New ‘Opting Out’ agreement form
- Amendment to format in line with Policy for The Management of Policies and Other Written Control Documents



2.2 The following are new or amended NHS Wales Policies and Procedures that have been endorsed by both the Executive Management Board and Quality, Safety and Performance Committee for the Trust Board to agree to adopt for use within the Trust:

**2.2.1 WF14 NHS Wales Special Leave Policy December 2020 – Annexure 3**

- Amendments made in national partnership and document control is managed by NHS Employers.

**2.2.2 WF50 NHS Wales Pay Progression Policy Updated May 2022 (for go live in October 2022) – Annexure 4**

- New Policy developed in national partnership and document control is managed by NHS Employers.

**2.2.3 WF24 Procedure for NHS Staff to Raise Concerns (Whistleblowing) May 2021 – Annexure 5**

- Amendments made at national levels and version control is managed by NHS Employers. Although titled a procedure this document replaces both the policy and procedure for Whistleblowing within NHS Wales.

2.3 Following approval of the Trust WOD Policies and agreement to adopt the NHS Wales Policies and Procedures for use within the Trust, the Policies and Procedures will be uploaded to the Trust Intranet, published on the Trust's Website and circulated via the policy distribution list for immediate implementation.

### 3. IMPACT ASSESSMENT

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	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
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	Staff and Resources

<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Yes
	Each policy has been individually assessed to ensure compliance with EQIA's
<b>LEGAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)
	Not complying with Trust policy and procedure can result in legal challenges from staff at Employment Tribunal.  Not complying with legislative requirements could result in fines and prosecutions against the Trust from respective government agencies.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)
	Non-compliance could result in significant costs due to legal challenges, fines and prosecutions against the Trust.

#### 4. RECOMMENDATION

4.1 The Trust Board is asked to:

- **APPROVE** the following Trust WOD Policies that have been endorsed for approval by the Executive Management Board and Quality, Safety and Performance Committee:
  - WF05 Equality and Diversity Version 4 – Annexure 1.
  - WF44 Working Time Regulations Policy Version 3 – Annexure 2.
- **AGREE** to adopt the following NHS Wales WOD Policies and Procedures for use within the Trust that have been endorsed for approval by the Executive Management Board and Quality, Safety and Performance Committee:
  - WF14 NHS Wales Special Leave Policy December 2020 – Annexure 3
  - WF50 NHS Wales Pay Progression Policy Updated May 2022 (for go live in October 2022) – Annexure 4
  - WF24 Procedure for NHS Staff to Raise Concerns (Whistleblowing) May 2021 – Annexure 5

**Ref: WF05**

## **EQUALITY AND DIVERSITY POLICY**

<b>Executive Sponsor &amp; Function</b>	Director of Workforce and OD
<b>Document Author:</b>	Equality, Diversity and Inclusion OD Manager
<b>Approved by:</b>	Trust Board
<b>Approval Date:</b>	
<b>Date of Equality Impact Assessment:</b>	January 2019
<b>Equality Impact Assessment Outcome:</b>	No impact identified
<b>Review Date:</b>	September 2025
<b>Version:</b>	4

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## **1. PURPOSE**

This policy aims to ensure equality and fairness throughout Velindre University NHS Trust and to comply with the provisions of the Equality Act 2010, the Public Sector Equality Duty, National Terms and Conditions of Service for all NHS Employees, and good practice guidance. The policy specifically relates to workforce issues.

## **2. POLICY STATEMENT**

Velindre University NHS Trust aims to eliminate unlawful discrimination, harassment and victimisation, and other conduct that is prohibited by the Act; advance equality of opportunity between people who share a relevant protected characteristic and those who do not; foster good relations between people who share a protected characteristic and those who do not under the Public Sector Equality Duty.

‘Protected characteristics include:

- Age
- Gender reassignment
- Sex
- Disability
- Pregnancy and maternity
- Sexual orientation
- Race – including ethnic or national origin, colour, or nationality
- Religion or belief – including lack of belief

The Duty applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination. People who share a protected characteristic are sometimes referred to as ‘protected groups’. An overview of the Equality Act 2010 is detailed in Appendix 1.

All employees of the Trust should be able to achieve their full potential and be treated with dignity and respect.

## **3. PRINCIPLES**

Velindre University NHS Trust will seek to employ a workforce that is representative of all sections of society within the communities for which it provides its services.

Every employee will feel respected and able to be their authentic self and give their best to their roles.

Employees will be supported and encouraged to develop their full potential and the talents and resources of the workforce will be fully utilised to maximise the efficiency of the organisation.

Individual differences will be recognised and valued and no form of intimidation, bullying, or harassment will be tolerated.

Employees will be supported where they feel they are being unfairly treated and encouraged to report any incidents of hate crimes against them or people around them.

All of the Velindre University NHS Trust employment policies and practices and service developments will be equality impact assessed to avoid discrimination and to ensure mitigation where protected groups could be adversely affected.

#### **4. SCOPE**

This policy shall apply to all employees including volunteers (including those working within our hosted organisations) and potential employees of the Velindre University NHS Trust.

#### **5. LEGISLATION AND NHS REQUIREMENTS**

This policy complies fully with the following legislative and NHS requirements;

- Equality Act 2010 and Public Sector Equality Duty;
- National Terms and Conditions of Service (Agenda for Change) Equality and Diversity Statement;
- Human Rights Act 1998.

#### **6. PROCEDURE**

The principles of this policy will underpin all policies and practices of Velindre University NHS Trust. Equality in the workplace is good management practice and makes sound business sense. It can also contribute to prudent healthcare.

Velindre University NHS Trust will seek to achieve its objectives of achieving equality and fairness through its Strategic Equality Plan which can be found on the Velindre University NHS Trust website. The Strategic Equality Plan is fully supported by The Board and has been agreed upon with local and where applicable full-time trade union representatives.

To ensure that the Strategic Equality Plan is appropriate and current, every effort will be made to improve the collection of staff equality data.

Progress towards achievement of the Strategic Equality Plan and information contained in the Workforce Profile will be discussed by the Local Partnership Forum, Senior Workforce Team, and reported to the Corporate Quality and Safety Committee, Executive Management, and Trust Boards.

Where any shortfall or cause for concern is identified, further analysis will be undertaken and appropriate action plans agreed upon and monitored. This may include positive action.

Equality in pay and grading will also be considered as part of the gender pay element of the Public Sector Equality Duty and action plans developed where there is cause for concern, looking at intersectionality and pay. Gender Equality cannot be viewed in isolation, people's lives and identities are shaped by many factors. So within this Gender Pay report, it is only right that we look at the Trust workforce in all of its intersectionality. This means that we recognise how power structures based on factors such as sex/gender, race, sexuality, disability, age, and faith interact with each other and may create inequalities, discrimination, and barriers.

Velindre University NHS Trust will regularly review its employment practices and procedures to ensure fairness and compliance with the law and good practice on an ongoing basis. All new and existing policies will be impact assessed using the Trust's Equality Impact Assessment tool to ensure that they comply with legislation and good practice and to ensure that this can enable greater mainstreaming of equality so that it is considered at every opportunity. This will also apply to service change and developments.

The Trust's Recruitment processes aim to ensure all potential and actual applicants will have equality of opportunity in applying for our posts and following their appointment. The Trust will seek to employ a workforce that is representative of all sections of society within the communities from which it is drawn. It will also aim to promote gender equality as well as equality for all protected groups e.g. through appropriately designed posts that take full account of flexibility, use of appropriate language throughout the recruitment process, and positive practices aimed at avoiding direct or indirect discrimination. This is relevant to every stage of the process, from the initial identification of the post and its approval to the appointment. In some cases, positive action may be taken following appointment e.g. through the provision of mentoring or coaching opportunities to unsuccessful candidates particularly if they belong to under-represented groups.

Equality principles will also apply to other aspects of employment such as the practice of 'retire and return' so that the individual's request can be considered against the needs of the service but also of any other issues within the department, including under-representation of particular groups and the need to consider opportunities for existing employees too.

Full account shall be taken of the Welsh Language Standards, the Trust's Bilingual Skills Strategy, and the promotion of the Welsh Language.

A range of policies has been developed to support the promotion of equality and diversity. These will be updated to reflect legislative and other changes. Specific policies will also be developed in due course to address particular strands of the Equality Act 2010.

Employee engagement will be promoted throughout the organisation through the encouragement of the development of groups based on membership of particular protected groups and/or a broader group composed of members of a range of groups and/or the development of equality champions depending on the interest and availability of our employees.

Specific arrangements may need to be made to accommodate particular groups in terms of facilities, catering, adaptations to the workplace, etc.

Where an individual feels they have been treated unfairly from an equality perspective, they should raise the issue with their manager in the first instance. Where the issue relates to their treatment by another person, the situation may be addressed by the Trust's Dignity at Work procedure or the Grievance Policy if it relates to their inappropriate treatment by their manager. If the individual feels stressed by their situation, recourse should be made to the Management of Stress Policy.

If the issue relates to their application for employment, they may wish to raise their concern with the appointing officer and, where the matter is not resolved, via the complaints process. Whatever the circumstance, the Trust will endeavour to deal with the issue promptly and fairly.

Equality and Diversity training is now part of the Trust's core skills training requirements. As such employees will be required to undertake the 'Treat Me Fairly' e-learning package and/or classroom Equality Training sessions on a 3-yearly basis. This may be supplemented by further more detailed or specific training by request or to support specific initiatives as determined by the Trust. Wherever possible equality will be mainstreamed into other training delivered within the Trust by internal and external providers.

Every effort will be made to keep employees informed of news, initiatives, and developments about equality and diversity to also engage with staff by encouraging them to ask questions and discuss relevant issues. Further engagement will be undertaken through the NHS Wales Annual Staff Survey and the introduction of employee engagement and support groups. Examples of quality communication methods can be found in Appendix 2

## **7. TRAINING**

Training will be delivered to managers via e-learning, formal training programmes, and on an informal basis to discuss specific equality issues e.g. equality impact assessment. Managers will be expected to raise awareness with their employees. Management development and organisational development programmes will also include equality elements wherever possible.



## **8. REVIEW, MONITOR, AND AUDIT ARRANGEMENTS**

The policy will be monitored on an annual basis as described above and reviewed on a three-yearly basis.

## **9. MANAGERIAL RESPONSIBILITIES**

Responsibilities at all levels of the organisation are detailed in Appendix 3.

## **10. NON-CONFORMANCE**

Breaches of this equality policy will be regarded as misconduct and could lead to disciplinary proceedings.

## **11. EQUALITY IMPACT ASSESSMENT**

This policy has been impact assessed and has not been found to be discriminatory in accordance with the Equality Act 2010 and the Human Rights Act.

## 12. APPENDIX 1: PROTECTED CHARACTERISTICS AND THE PROVISIONS OF THE EQUALITY ACT 2010

The Equality Act 2010 (the Act) brought together and replaced the previous anti-discrimination laws with a single Act. It simplified and strengthened the law, removed inconsistencies, and made it easier for people to understand and comply with it. The majority of the Act came into force on 1 October 2010.

The Act includes a **public sector equality duty** (the 'general duty'), replacing the separate duties on race, disability, and gender equality. This came into force on 5 April 2011.

The general duty covers the following protected characteristics:

- Age
- Gender reassignment
- Sex
- Race – including ethnic or national origin, colour, or nationality
- Disability
- Pregnancy and maternity
- Sexual orientation
- Religion or belief – including lack of belief

It applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination.

The general duty aims to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a fairer society through advancing equality and good relations in their day-to-day activities. It is an integral and important part of the mechanisms for ensuring the fulfillment of the aims of the Equality Act 2010. The duty ensures that equality considerations are built into the design of policies and the delivery of services and that they are kept under review. This will achieve better outcomes for all.

In exercising their functions, public bodies are required to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation, and other conduct that is prohibited by the Act.
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

This guidance refers to these three elements as the three 'aims' of the general duty and so when we discuss the general duty we mean all three aims.

The Act explains that having due regard for advancing equality of opportunity in the second aim involves:

- removing or minimising disadvantages experienced by people due to their protected characteristics
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

The Act describes fostering good relations in the third aim as tackling prejudice and promoting understanding between people who share a protected characteristic and those who do not. Meeting the duty may involve treating some people more favourably than others, as long as this does not contravene other provisions within the Act.

### **13. APPENDIX 2: EQUALITY COMMUNICATION**

PLEASE NOTE THIS APPLIES TO SERVICE USERS AS WELL AS EMPLOYEES

Given the size of the Equality agenda, particularly in relation to the Public Sector Equality Duty and the All Wales Standards for Communication and Information for People with Sensory Loss, it is important to develop a two-way Communications Strategy. The key aims of the Communication Strategy will be to:

- Effectively convey and communicate key Equality, Diversity, and Human Rights activity and messages to all employees, the Trust, the public including difficult to reach groups, public sector, and third sector partners and any other key stakeholders
- Explore and deploy a series of appropriate communications mechanisms to enable the Forum to receive feedback and receive communication from all of the above parties e.g. in relation to service and policy development, this will be particularly beneficial in the equality impact assessment process.
- To support the training agenda by providing information, resources, toolkits, etc which can be easily accessed as appropriate.

#### **Recommended Approaches**

A multi-pronged Communication Strategy will be deployed in order to achieve the above aims. Several potential communication avenues are listed below;

- Newsletter Trust Talk (online and/or paper-based), Chief Executive's blog, news carousel on the Trust's Intranet Site. Wherever possible the timing of these will be linked to significant dates on the 'Equality calendar';
- Equality and Accessible Healthcare (AHS) sensory loss website pages, both internal and external, which both share information and resources and provide our employees and the public with the ability to feedback and communicate with the Equality Manager;
- Formal communication and engagement events;
- Development of networks e.g. employees who share 'protected characteristics', also link to existing groups e.g. Stakeholder reference groups, groups established by Third Sector organisations;
- Media - social media, press releases;
- Marketing events e.g. for the Treat Me Fairly package;

- Questionnaires e.g. at local events;
- Suggestion boxes;
- Link to existing Trust communications process e.g. the Concerns Team, Patient Experience; Partnership work;
- Inclusion of Equality information in internal training delivery;
- Exploration of new creative methods of communicating Equality information on an ongoing basis.

It will also be appropriate to ensure that the Trust's communication strategy is underpinned by equality considerations and regular communication will take place with the Communications Team to facilitate this. The need to provide information and ensure communication in accessible formats will be fundamental to this.

## APPENDIX 3: RESPONSIBILITIES

It is important for all employees of Velindre University NHS Trust to be aware of the equality duty so that it is considered in their work where relevant.

- Board members – in how they set strategic direction, review performance and ensure good governance of the organisation with particular emphasis on ensuring equality impact assessment is undertaken in all policy and service development;
- Senior managers – in how they oversee the design, delivery, quality, and effectiveness of the organisation's functions and in how they recruit and manage their employees;
- Equality Manager – in how they raise awareness and build capacity about the general and specific duties within the organisation and how they support employees to deliver on their responsibilities within their roles and the workplace;
- Workforce & OD Officers – in how they build equality considerations into the development and application of employment policies and procedures and every element of the business partnership process;
- Communications Officers – in how they ensure information is available and accessible to all employees, service users, and the community taking account of their protected characteristics;
- Workforce Information Officers – in how they support the organisation in gathering information on equality characteristics and in providing regular workforce information reports to enable the monitoring of the effect of Trust policies and practices on people from protected groups;
- Frontline Employees – in how they meet the needs of people from protected groups;
- Trade union representatives – in contributing to the equality agenda and supporting their members, particularly where they have concerns about equality.

**Ref: WF44**

## **WORKING TIME REGULATIONS**

<b>Executive Sponsor &amp; Function</b>	Director of Workforce and OD
<b>Document Author:</b>	Head of Workforce
<b>Approved by:</b>	Trust Board
<b>Approval Date:</b>	TBC
<b>Date of Equality Impact Assessment:</b>	Statutory Legislation
<b>Equality Impact Assessment Outcome:</b>	No impact identified
<b>Review Date:</b>	September 2025
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## 1. GLOSSARY OF TERMS

The Regulations	The Working Time Regulations, 1998
Adult Worker	A person working aged 18 years and older
Young worker	A person working aged 16 – 18 years old
Night Worker	Is a person who works at least 3 hours of the working time at night time (between the hours of 23:00 and 06:00)
Agreement to Exclude the Maximum	The written agreement between the employer and a person working to be excluded from the provisions set out in The Regulations.
Mobile Worker	A person whose work activities or duties require the operation of a motor vehicle to provide a service to passengers or the transport of goods by road

## **2. INTRODUCTION AND AIM**

The Working Time Regulations, 1998 (The Regulations) is a legal requirement in UK law, that puts the European Working Time Directive into practice. This came into force in the UK on 1<sup>st</sup> October 1998. The Regulations place controls on working hours and are regarded as an integral element of managing health and safety at work and promoting health and wellbeing.

The Regulations introduced new limits on weekly working time, rest entitlements, annual leave and made special provisions for working hours and health assessments, in relation to night workers. They also implemented the provisions set out in the Young Workers Directive, which relates to the working time of a young worker.

Velindre University NHS Trust is committed to protecting the health and safety of all staff and the Trust recognises that control on working hours is an integral element of managing health and safety at work and will therefore comply with the principles The Regulations, as far as the needs of the service permit.

The Trust will endeavour to ensure that working hours arrangements introduced as a consequence of this policy do not discriminate against employees. Employees will therefore not suffer any detriment, should they exercise any of their entitlements as contained in the Regulations.

## **3. OBJECTIVES**

This document will explain individual roles and responsibilities to enact The Regulations and summarise some of the key requirements of The Regulations. It is important to note that this document should be read alongside the full legislation <https://www.legislation.gov.uk/ukxi/1998/1833/contents/made>

## **4. SCOPE**

The procedure applies to all Trust employees and workers (including hosted organisations).

## **5. ROLES AND RESPONSIBILITIES**

Managers are expected to ensure that all Trust employees and workers are working within the parameters of The Regulations.

Managers are required to ensure that The Regulations are applied and that appropriate monitoring arrangements are implemented within their departments, to monitor the hours that their employee's work, rest periods etc.

Managers should therefore not develop shifts or working patterns, which encourage or involve excessive working hours.

All employees are expected to act responsibly and comply with The Regulations.

All employees are required to notify the Trust if they undertake secondary employment, in accordance with the terms and conditions of their contract of employment.

## **6. SUMMARY OF THE WORKING TIME REGULATIONS AND LEGISLATIVE REQUIREMENTS**

The main principles and requirements of The Regulations which affect the Trust and its employees and workers are:

### **6.1 WORKING TIME**

Working Time as set out in the regulations is;

- Any period which a worker is at the disposal of the employer to carry out activities or duties
- Any period which a worker is receiving relevant training
- Any additional periods which can be treated as working time within The Regulations

Working Time is not considered;

- Any period of travel between their home and workplace;
- Any time resting at the end of the working day, when required to stay overnight
- Attending an event and not carrying out work related activities or duties
- Time spent on-call, when away from the workplace and not carrying out work related activities or duties
- Rest and break periods

### **6.2 WORKING WEEK**

A typical full-time working week will follow a notional working week of 37.5 hours. The maximum working week is an average of 48 hours worked per week, including overtime, calculated over a 17 week reference period. The average of 48 hours per week, should also take into account any time worked by the employee or worker in additional posts or for another employer.

#### **6.2.1 JUNIOR DOCTORS**

It should be noted that a junior doctor's average working week should not exceed 48 hours. Their reference period will be calculated over a 26 week period.

#### **6.2.2 YOUNG WORKERS**

Employee's ages 16 – 18 years old cannot enter into an Agreement to Exclude the Maximum, as such they are not permitted to work in excess of 8 hours a day or 40 hours per week.

### **6.3 ON-CALL STAFF**

Employees and workers who are required to work on-call, will be regarded as working from the time they are required to undertake any work related activity. Where an employee is on-call but is otherwise free to use the time as their own, this time will not be counted as working time, but will be used to calculate the on-call payment.

### **6.4 AGREEMENT TO EXCLUDE THE MINIMUM**

Adult workers may choose to work more than the 48 hours average weekly limit, on a voluntary basis, if this is agreed with their manager. Should an employee choose to agree to work more than 48 hours per week, they will be required to sign a Working Time Regulations Opt Out Agreement Form. In so doing they will be confirming that they wish to be excluded from the maximum 48 hour week provision.

An Agreement to Exclude the Minimum may either relate to a specified period or apply indefinitely. Employees can rescind this agreement at any time, by giving at least seven calendar days' notice, in writing.

The employee's manager is required to review with the employee, on an annual basis, whether or not it is appropriate for the employee to continue to work in excess of the 48 hour week. This may be reviewed on a more regular basis, if the arrangement appears to be affecting the employee's work performance or / and their health and wellbeing. It may, in such circumstances, be appropriate for the manager to seek advice from the Workforce and OD Department.

Where an employee chooses to work in excess of the 48 hour limit, consideration must be given by the Trust, as to whether the employee's working hours foster and support safe working practice.

A risk assessment should be carried out to establish whether or not working in excess of the limit impacts on safe working arrangements. The Trust reserves the right to suspend or refuse to approve an Agreement to Exclude the Maximum, if there is a belief, held by the manager that the hours worked by the employee could result in harm to patients, donors, service users or colleagues. The reasons for suspending or refusing an Agreement to Exclude the Maximum will be explained to the employee, in writing by their manager.

### **6.5 REST AND BREAK PERIODS**

An adult worker is entitled to the following rest periods and breaks:

- An uninterrupted weekly rest period of 24 hours for each 7 days worked for the Trust
- 11 consecutive hours daily rest in every 24 hour period worked (alternatively, compensatory rest can be given).

- A minimum of 20 minutes uninterrupted break if working 6 hours or more in a work day.

Young workers are entitled to the following rest period and breaks:

- An uninterrupted weekly rest period of 48 hours for each 7 days worked for the Trust
- 12 consecutive hours daily rest in every 24 hour period worked
- A minimum of 30 minutes uninterrupted break if working 4.25 hours or more in a work day

In line The Regulations, a weekly rest period must not include any part of the 11 consecutive hours daily rest period, unless this is justified by objective or technical reasons or reasons concerning the organisation of work.

Should any employee believe that the hours they are required to work are excessive and/or disruptive to adequate rest, they should bring the matter to the attention of their manager, as soon as practicably possible. In such circumstances, the manager must take account of the employee's concerns and the employee must not be compelled to continue working excessive hours, irrespective of whether or not the employee has previously signed an opt out agreement.

Reasonable adjustments to rest requirement will be made for employees as a result of any disability, as provided for in the Equality Act (2010).

## **6.6 COMPENSATORY REST**

Compensatory rest will be given to employees that have a rest period interrupted, e.g. staff on-call. This time will be reallocated in accordance with local on-call agreements.

Where it is not possible for an employee to achieve 11 hours rest between shifts, compensatory rest should be given at another time. In practice there may be less than 11 hours rest between shifts one day and much longer than 11 hours on another day. Therefore, on average, the 11 hours requirement should be met.

The 11 hours consecutive rest can be varied as long as compensatory rest is given, for example, where it is impractical to change shift patterns or the continuity of care is required. Departmental arrangements should be agreed to ensure that a period of equivalent compensatory rest is provided.

The Trust will require staff to be flexible at times of unforeseen circumstances, e.g. major incident or unforeseeable changes in activity. Under these circumstances where rest breaks may not be practicable, compensatory rest can be given at a later time.

Managers are required to keep and maintain records of allocated compensatory rest, as evidence of their compliance with The Regulations.

## **6.7 NIGHT WORKERS**

It is a requirement of the Trust that all new employees and workers undergo pre-employment occupational health screening. When an individual is appointed to a post that will require them to work night hours, the appointing manager must ensure that the Occupational Health Department is informed that the appointee will be required to work nights and seek advice on whether or not they are fit to undertake night work.

All night workers will be offered a free and confidential annual health assessment by the Occupational Health Department, to ensure their continued suitability to undertake night work. Occupational Health will keep records of these assessments.

If an employee and worker that works nights develops an illness or medical condition that may impact on their ability to continue to perform night work, the manager is responsible for arranging a health assessment appointment with the Occupational Health Department to determine whether they are fit to continue undertaking their contractual night work. Should this assessment determine that the employee or worker is not fit to undertake night work on a temporary or permanent basis, alternative daytime employment will be sought, wherever possible, via the Trust's Redeployment Procedure.

## **6.8 MOBILE WORKERS**

The Road Transport Working Time Regulations, 2005 covers employees and workers who are required to drive a vehicle for transport of passengers or goods on the road.

Under The Road Transport Working Time Regulations, 2005 working time must not exceed:

- an average of 48 hours per week over a 17 week reference period
- 60 hours in any single week, including overtime
- 10 hours in any 24 hour period, if working at night

Mobile workers must not work more than 6 hours without a break.

- Mobile workers, working time over 6 hours but is less than 9 hours are entitled to a break lasting at least a 30 minutes;
- Mobile workers, working time over 9 hours they are entitled to a break lasting at least 45 minutes;
- Each break can be made up of separate periods, but each period of break must be at least 15 minutes

Mobile workers are not permitted to opt out of the average weekly working limit set out in The Road Transport Working Time Regulations.

## **6.9 SECONDARY EMPLOYMENT**

All employees are required to notify their manager if currently have or wish to undertake secondary employment (this includes any self-employed work).

The Trust has a duty of care to protect the health and safety of our patients, donors, service users and employees. Therefore employees that have secondary employment must ensure they have adequate rest periods and that their combined working hours are not excessive, to the extent that they could endanger their own health, safety and wellbeing and that of the Trust's patients, donors, service users and colleagues.

Employees are therefore required to inform their manager any secondary employment, using the Declaration of Secondary Employment Form. Should their secondary employment results in them working more than a combined average of 48 hours, over a 17 week reference period (or a 26 week reference period for junior doctors).

Where an employee has informed their manager that they undertake secondary employment, the manager will review the secondary employment declaration annually with the employee. This may be reviewed on a more regular basis, if the arrangement appears to be affecting the employee's work performance or / and their health and well being. It may, in such circumstances, be appropriate for the manager to seek advice from the Trust's Occupational Health Department.

## **6.10 ANNUAL LEAVE**

The Working Time Regulations provides employee and workers with a minimum annual leave entitlement, which includes bank holidays.

Employees will receive contractual annual leave and bank holiday entitlements, which are in excess of The Regulation requirements, in line with their respective Terms and Conditions of Employment. More details can be found in Annual Leave and Bank Holiday Policy.

Bank Workers will receive statutory annual leave and bank holiday entitlements.

## **7. MONITORING AND REVIEWING THE POLICY**

All Trust managers are responsible for implementing and monitoring compliance with The Regulations, in their areas of responsibility. Managers should ensure there is appropriate evidence of compliance to The Regulations on the employee or workers employment record. These records must be able to demonstrate the limits are being adhered to in respect of the:

- maximum working week;
- rest breaks;
- daily rest;
- weekly rest;
- night work

Where there is an entitlement to compensatory rest, this must be evidenced on the employee or workers employment record.

Opt Out Agreements and Declaration of Secondary Employment records must also be added to the employment record for the employee or worker.

All Working Time records, must be kept for a minimum of two years, from the date on which they were made, to ensure compliance with the regulatory requirement.

This document will be reviewed and updated when necessary to reflect any subsequent legislation or legal advice.

## **8. GETTING HELP**

Further information and advice on The Regulations is available from the Trusts Workforce and OD Department.

Should an employee have a concern relating to The Regulations or the application of The Regulations, it will be dealt with in accordance with the Trust's Respect and Resolution Policy.





**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth  
GIG Felindre  
Velindre NHS Trust

## WORKING TIME REGULATIONS – OPT OUT AGREEMENT

The Agreement complies with the Working Time Regulations Statutory Instrument 1998/1833 Regulations (5) 1.

The Agreement provides for you a voluntary offer to enter into an agreement with Velindre University NHS Trust to opt out of the 48 hour limit in respect of total weekly average hours required in your case over an average 17 week period (excluding Junior Doctors in training as their average weekly working time is calculated using a 26 week reference period).

Your minimum weekly hours of work will continue to be specified in your contract of employment with the Trust.

Your signature is require for The Agreement to be accepted.

Name			
Job title on appointment			
Payroll Number			
Division / Organisation		Department	
Start Date in Post			

### The Agreement

Please tick to confirm each of the following:

I agree that the 48 hour average weekly limit specified in the Working Time Regulations 1998 Regulation 4 (1) shall not apply in my case/	<input type="checkbox"/>
I understand that this agreement will apply from and will continue indefinitely, or until such a time that I provide notice to withdraw The Agreement. I am aware that I am under no obligation to sign this agreement and that it is illegal for me to be subjected to any detriment if I decline to sign.	<input type="checkbox"/>
Despite agreeing to opt out of the limit of 48 hours over an average 17 week period, (or 26 week period for Junior Doctors in training) I confirm that both the Trust and I have agreed to ensure extra hours worked do not impair my efficiency or expose colleagues, the public or property to risk.	<input type="checkbox"/>
I confirm that I agree that both the Trust and I will keep accurate records of my working hours in accordance with the regulation requirements.	<input type="checkbox"/>
I agree to give, in writing, a minimum of 7 days' notice to bring this agreement to an end. Less notice will be considered under exceptional circumstances.	<input type="checkbox"/>
I understand I have a legal obligation to inform the Trust if I currently work for, or subsequently plan to work for a second employer (or undertake self-employment).	<input type="checkbox"/>
I understand that if I work for a second employer (or undertake self-employment) and wish to continue working over a total of 48 hours per week, I must sign a waiver for my second employer as well as for the Trust.	<input type="checkbox"/>

This sections must include signatures:

Full Name	
-----------	--

Signature (Employee)	
Manager Name	
Manager Job Title	
Signature (Manager)	

**Completed agreements must be kept on the employment record for at least 2 years**

One copy to be retained by the employee or worker for their record.

An annual review of The Agreement is to be undertaken by the manager and the employee or worker that should also be recorded on the employment record.

DRAFT

A light green map of Wales is centered on a teal background. The map shows the outline of Wales and its internal county boundaries. The text 'All Wales' is positioned to the left of the map, 'Velindre University NHS Trust' is centered over the map, and 'Special Leave Policy' is positioned to the left of the map.

**All Wales**

**Velindre University NHS Trust**

**Special Leave Policy**

# Sections

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**01**

**Special Leave  
Policy**

**02**

**Appendix A:  
Application for  
Special Leave**



# 01

## Special Leave Policy

**Approved by: Welsh Partnership Forum**

**Issue Date: December 2020**



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# 01 Special Leave Policy

## 1. Policy Statement

The Core Principles of NHS Wales are:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to

resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.

- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support staff working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued



dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

## 2. Introduction

This policy sets out the approach of the

**Velindre University NHS Trust**

to special leave and the procedure for dealing with applications for special leave.

This policy is intended to ensure that the

**Velindre University NHS Trust**

complies with section 57A of the Employment Rights Act 1996, as amended by the Employment Relations Act 1999, and the Civil Partnership Act 2004. This legislation provides a right for employees to request a reasonable amount of time off work to deal with unexpected or sudden emergencies and to make any necessary long-term arrangements; section 50 of the Employment Rights Act 1996, ensures that employees are allowed reasonable time off work to perform certain public duties.

In line with the Equality Act 2010, the

**Velindre University NHS Trust**

is committed to implementing the policy in a way which promotes the fair and equal treatment of all employees and eliminates discrimination on the grounds of race, disability, gender,

gender reassignment, marriage and civil partnership, age, sexual orientation, religion or belief, language and human rights. It is the responsibility of managers and employees to ensure that they implement this policy/procedure in a manner that recognises and respects the diversity of the workforce and the different needs of all employees.

**Velindre University NHS Trust**

recognises the right of all employees subject to this policy to be treated fairly and with dignity and respect.

**Velindre University NHS Trust**

also recognises it has a legal duty to make any reasonable adjustments to the workplace, or to the way work is done, to ensure that a disabled employee is not substantially disadvantaged.

**Velindre University NHS Trust**

attaches considerable importance to assisting employees in balancing the responsibilities of their work with their domestic and family responsibilities.

It is recognised that in the majority of instances these commitments can be planned and are therefore outside of the remit of this policy.

**Velindre University NHS Trust**

supports its employees, at times of urgent and unforeseen need, by consideration of the provision of additional leave according to circumstance.

The situations that this policy is intended to deal with are:

- Emergency carers and dependant leave
- Unexpected crisis leave
- Bereavement leave

**Leave granted under this policy is not intended for long term or foreseeable domestic and family situations, which may be provided for in other ways, e.g. annual leave, unpaid leave, reduced working hours etc.**

The policy will also consider the awarding of reasonable time off to staff to enable them to undertake civil and public duties requiring them to be away from the





workplace in the following circumstances:

- Time off for public duties
- Jury service
- Reserve and cadet forces
- Attending job interviews

(This list is not exhaustive)

Special Leave is not an entitlement; however, requests for special leave will be considered sympathetically in the light of individual circumstances and may be granted at the discretion of the line manager. It is important for employees to consider the needs of the

**Velindre University NHS Trust**

and to make every effort to make alternative arrangements wherever possible.

### **3. Scope of Policy**

This policy applies equally to all employees and aims to give clear guidelines to employees and managers when dealing with requests for paid and/or unpaid special leave.

There is no minimum service requirement to make a request for special leave.

This policy recognises that there are 2 types of special leave; unforeseen/unplanned need for personal reasons; and time off to perform public duties. Section 7 of the policy looks at the differential between the two distinct types of leave in detail.

### **4. Principles**

Managers should interpret the policy in a flexible and caring way. Managers will wherever possible and appropriate seek to grant requests for special leave, within the scope of the policy, bearing in mind workplace demands in the case

of planned leave (see section 7.2). An underlying principle of the approach of the policy is that managers should “know their employees” and be familiar with any issues that the employee may have and be aware of needs of their employees. The manager in “knowing their employee”, has the ability to apply discretion in the application of the policy.

Treating all employees in a trusting and respectful manner, at such times, is good management practice, which can bring positive long-term benefits to the employment relationship, between the manager and the employee.

Employees will need to openly discuss with their manager the reasons and circumstances that have led to their special leave request. There should be an acknowledgment by the employee that special leave may only be granted by the agreement of their manager, in consultation with their Workforce & OD department, if appropriate.

This policy includes the provision for staff to be granted a period of paid or unpaid leave, dependent upon the circumstances. It is also important to stress that it is not necessary for employees to use up their annual leave entitlement before they can apply for special leave.

All special leave must be applied for and granted consistently throughout the

**Velindre University NHS Trust**

### **5. Responsibilities under the policy**

#### **5.1 Line Managers**

Line managers are responsible for:

- ensuring that employees are aware of the policy;
- all requests for paid and unpaid special leave are made on the relevant application form (appendix A);



- decisions about special leave requests are made on the basis of the employee's individual circumstances and are consistent with the policy;
- considering flexible working, in consultation with the employee, if there is pattern emerging of utilising leave, sickness and special leave to cover short-term issues
- monitor the usage of special leave and where refused identify what alternatives have been offered;
- retaining relevant documentation within the employee's personal file;
- ensuring notification of any period of paid or unpaid special leave to payroll, including completion of the Electronic Staff Record (ESR) on Self Service where available;
- maintaining regular contact where appropriate with individual staff members;
- offering/signposting counselling as appropriate.

## **5.2 Employees**

Employees are responsible for:

- ensuring they are familiar with this policy;
- ensuring they have relevant and appropriate arrangements, including contingency arrangements to allow them to fulfil their contractual obligations;
- ensuring that they tell their employer as soon as possible the reason for their absence and how long they expect to be absent;
- ensuring all requests for paid and unpaid special leave are made using the relevant special leave application form (appendix A), having been discussed with their line manager.

## **6. Types of Leave**

### **6.1 Definition of paid leave**

The pay that an individual would normally have expected to receive for the shift(s)

had they been in work.

### **6.2 Unpaid leave**

Leave taken when an employee's time off from work is not covered by existing benefits such as sick leave, annual leave and is not remunerated.

### **6.3 Time off in lieu**

Time that an employee who has worked additional hours (unpaid not overtime) over and above their contracted hours may take off from work with the agreement of their employer.

### **6.4 Annual leave**

Annual leave is paid time off from work granted by employers to employees to be used for whatever reason the employee wishes (see NHS Terms and Conditions of Service – Section 13 and Terms and Conditions of Service – Specialty Doctor (Wales), Terms and Conditions – Associate Specialist (Wales) and National Health Service Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) Terms and Conditions of Service as amended).

### **6.5 Flexitime leave**

Leave to be taken from time built up as part of a formal or informal flexitime arrangement.

### **6.6 Parental leave**

Leave for eligible employees for the purpose of caring for their child (see NHS Terms and Conditions of Service Section 33 and Terms and Conditions of Service – Specialty Doctor (Wales), Terms and Conditions – Associate Specialist (Wales)



Conditions - Associate Specialist (Wales) and National Health Service Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) Terms and Conditions of Service as amended).

## **7. Different types of Special Leave**

### **7.1 Unplanned/Times of unforeseen need**

#### **7.1.1 Emergency carers and dependant leave**

An employee has a right to take a reasonable amount of time off work when it is necessary to:

- (a) provide assistance when a dependant falls ill, gives birth, is injured or assaulted;
- (b) make longer-term care arrangements for a dependant who is ill or injured;
- (c) take action required in consequence of the death of a dependant;
- (d) deal with the unexpected disruption, termination or breakdown of arrangements for the care of a dependant (such as a child-minder falling ill); and/or
- (e) deal with an unexpected incident involving their child while a school or another educational establishment is responsible for them.

A **dependant** is:

- (a) the employee's spouse, civil partner, parent or child;
  - (b) a person who lives in the same household as the employee, but who is not their tenant, lodger, boarder or employee; or
  - (c) anyone else who reasonably relies on the employee to provide assistance, make arrangements or take action of the kind referred to above
- (see NHS Terms and Conditions of Service Section 33).

A **carer** is:

someone who provides unpaid help and support to a relative, friend or neighbour who could not manage on their own, due to chronic or life limiting illness, disability, frailty, physical impairment, mental ill health or substance misuse.

It should be noted that this does not include any situations, which are pre-planned or where the employee has prior knowledge of the arrangements. In these instances, special leave will not apply, and the expectations will be for the employee to make alternative arrangements such as requesting annual leave.

Usually no more than 3 days may be granted per episode, or no more than 6 days paid leave pro rata in any rolling 12-month period, as other types of leave may be taken to extend the period of absence. As an alternative or in addition to the above, "home working" may be an option in some circumstances.

#### **7.1.2 Unexpected crisis leave**

There may be times when employees may need to deal with situations not mentioned in the policy but are nevertheless considered important enough to affect the ability of the employee to attend work and which may be resolved by limited time off. An example of such a situation may be the need to deal with urgent unexpected house repairs or following a burglary or flood. Usually no more than 1 day will be granted to deal with the initial crisis. This type of leave is not meant for example to await delivery of a household item or awaiting a pre-arranged engineer to call as these would not be regarded as emergencies.

#### **7.1.3 Bereavement**

An employee will be allowed to take a reasonable amount of time off, for



bereavement, as follows:-

- For bereavement purposes, individual, social, cultural, religious and geographical circumstances should be considered when granting special leave. Depending on these circumstances managers are able to grant either:
  - Special leave for the period up to and including the day after the funeral (if there are specific religious and/or cultural requirements for example in some religions/cultures individuals may be buried within 24 hours, discretion should be used when considering the amount of time required);
  - Special leave for the day of the funeral and/or the day of/after bereavement;
  - Annual leave, flexi-leave or unpaid leave for the day of the funeral.

It is recognised that grieving can go on for much longer than the initial bereavement and therefore the use of the managing attendance at work policy, annual leave, flexible working and unpaid leave should be considered.

- Death of a child, in respect of which the employee is the child's parent or for which an employee has had primary caring responsibility. Section 23 of the NHS Terms and Conditions of Service Handbook provides for two weeks paid leave. In line with the bullet point above, a significant period of time off in excess of two weeks may be required and appropriate conversations will need to be held on an ongoing basis between the employee and manager in a sensitive manner about the amount of ongoing special leave required and flexibility and support for the employee on their return to work. Section 23 also provides further detail regarding the wider provisions of support for employees in such difficult circumstances.
- The provisions equivalent to those contained in section 23 will apply to medical and dental staff.

#### **7.1.4 Staff Experiencing Domestic Abuse**

The effect of domestic abuse is wide ranging. Members of staff may need time off work to access legal or financial advice, to arrange child care or alternative accommodation and to seek medical advice. Managers should be flexible when supporting a member of staff who is experiencing domestic abuse and treat each instance sensitively and individually. Members of staff should not be expected to provide proof of their circumstances. Generally, up to 3 days may be granted for each required leave period with up to 10 days paid leave pro rata in any rolling 12-month period. Other types of leave may be taken to extend the period of absence

#### **7.1.5 Medical Appointment**

Reasonable time off for medical and dental appointments is covered in the All Wales Managing Attendance at Work Policy.

### **7.2 Planned Time Off**

#### **7.2.1 Time off for public duties**

Individuals have the right to reasonable paid time off work to carry out certain public duties and services. These rights will vary depending on the type of work, and what the duty or service is. When contemplating undertaking such roles, staff should discuss this with their line manager and together they should consider the likely impact this will have on their work attendance and the needs of the service.

Individuals are allowed reasonable time off work for public duties (up to 18 days pro rata) if they are one of the following:

- a magistrate, sometimes known as a justice of the peace



- an elected local councillor
- a member of a police authority
- a member of any statutory tribunal (e.g. an Employment Tribunal, Fitness to practice hearings)
- a member of the managing or governing body of an educational establishment
- a member of the General Teaching Council for Wales
- a member of the Natural Resources Wales
- a member of the prison independent monitoring boards
- a member of any other applicable organisation referred to in section 50(2) of the Employment Rights Act 1996

Individuals requesting time off for public duties need to discuss these arrangements with their line manager in a timely manner, confirming the nature of the duties and the amount of time to be taken.

Any individual who has been allowed paid time off for public duties must refrain from then claiming or accepting any fee or allowance for undertaking that public duty. For the avoidance of doubt, in this context, 'fee or allowance' is not intended to cover any subsistence payment or reimbursement of expenses incurred in the performance of the public duties.

### **7.2.2 Job Interviews**

Requests for leave to attend job interviews within the NHS or Welsh Government's Health and Social Care Department will not be unreasonably refused. However, NHS organisations may insist that annual leave is taken to attend interviews outside of the NHS rather than special leave granted.

### **7.2.3 Jury Service/Court Witnesses**

Individuals will initially continue to be paid by the NHS organisation for an initial period of jury service or court attendance as a witness that they are required to

undertake. The individual should discuss with their line manager whether or not they will continue to be paid as normal during the entire period of jury service or court attendance as a witness, and consequently, whether they will need to make a loss of earnings claim to the Court or elsewhere.

Individuals should provide documentary evidence of the request for jury service/ court attendance as a witness and discuss with their line manager in a timely manner.

Employees must be aware that if the court advises that they are not required for court service on any given day or if the court finishes early the employee must contact work and agree working arrangements for the period.

Alternative arrangements to cover this e.g. home working / annual leave may be agreed through discussion with their line manager.

### **7.2.4 Reserve and Cadet Forces**

Refer to Reserve Forces – Training and Mobilisation Policy.

### **7.2.5 Fertility Treatments**

It is recognised that infertility can cause considerable distress and

**Velindre University NHS Trust**

is supportive of employees who may decide to undertake fertility treatment.

**Velindre University NHS Trust**

will provide limited paid leave for this purpose, where the request is supported by documentary evidence, from the employee's GP or consultant/specialist.

As fertility treatment can be a lengthy process, managers should discuss with the employee concerned, the likely duration of their treatment, together with the number of occasions and where possible dates, when they are likely to need time off work, to attend hospital for





their fertility treatment appointments.

It should be noted that following implantation, in law the employee will be considered to be pregnant and as such should be treated as pregnant and the normal pregnancy provisions applied.

**Velindre University NHS Trust**

will provide an employee who is to receive fertility treatment, with normally up to three days paid leave and a period of agreed unpaid special leave, in any rolling 12-month period. Each case should be treated on its own merits and alternative arrangements may also be considered, e.g. annual leave.

Where an employee experiences side effects or ill health as a result of their fertility treatment, which renders them unfit for work, such absences must be reported, certified and recorded in accordance with the sickness absence policy.

**Velindre University NHS Trust**

will provide an employee who is the partner of someone receiving fertility treatment with support and reasonable time off.

### **7.2.6 Wales for Africa**

Requests for leave to attend initiatives as part of the “Wales for Africa” programme will be given fair consideration where not covered in local policies.

## **8. Appeals**

An individual who considers the

**Velindre University NHS Trust**

has failed to comply with the provisions described previously in this policy should refer to the appeal process within the

**Velindre University NHS Trust**

Grievance Policy and Procedure.

## **9. Training and awareness**

All staff will be made aware of this policy upon commencement of employment with the NHS Organisation. Copies can also be viewed on the NHS Organisation’s Intranet or obtained via the Workforce and OD department and/or line manager.

## **10. Equality**

**Velindre University NHS Trust**

recognises and values the diversity of its workforce. Our aim is to provide a safe environment where all employees are treated fairly and equally and with dignity and respect.

**Velindre University NHS Trust**

recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights.

## **11. Personal Data**

Whenever

**Velindre University NHS Trust**

processes personal data about employees in connection with this policy, we will process it in accordance with our Data Protection Policy. We will only process employee personal data if we have a lawful basis for doing so. We will notify you of the purpose or purposes for which we use it.

## **12. Freedom of Information Act 2000**

All NHS Organisations’ records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act



2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the NHS organisation may be found in the

publications scheme.

### **13. Records Management**

All documents generated under this policy are official records of the

and will be managed and stored and utilised in accordance with the

Records Management Policy.

### **14. Monitoring**

An accurate record of all special leave requests should be maintained on the Electronic Staff Record (ESR), to enable the organisation to consider whether there any issues that may be contributing to unintended discrimination. This information must be capable of being disaggregated by each of the protected characteristics and routinely collected, analysed and reported on to ensure that the process is fair and equitable for all individuals and groups, and to demonstrate that the

is meeting its employment equality monitoring duties.

### **15. Review**

This policy will be reviewed in two years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

**Signed on behalf of the Staff Side:**

**Signed:**

**Name:**

**Title:**

**Date:**

**Signed on behalf of the Management Side:**

**Signed:**

**Name:**

**Title:**

**Date:**



# 02

## **Appendix A: Application for Special Leave**





Please note that if your organisation is using ESR self-service then special leave should be recorded through this mechanism

Velindre University NHS Trust

## Application for special leave

### Personal Details

Full name:

Employee number:

Position:

Organisation (Department):

Work base:

Contact telephone number:

### Circumstances of leave

Emergency carers & dependant leave – Section 7.1.1 of policy (please give details)

Unexpected crisis leave – Section 7.1.2 of policy (please give details)

Bereavement – Section 7.1.3 of policy (please give details)

Time off for public duties – Section 7.2.1 of policy (please give details)

Job Interviews – Section 7.2.2 of policy (please give details)

Jury service/Attendance at court as a witness – Section 7.2.3 of policy (please give details)

--

Fertility Treatments – Section 7.2.5 of policy (please give details)

--

Wales for Africa – Section 7.2.6 of policy (please give details)

--

Other reason (please specify)

--

### **Number of days requested**

Total number of days requested:

From (date):

To (date):

**Signed:**

**Date:**

### **To be completed by Line Manager**

Special leave granted (this episode):

<b>Yes</b>
<b>Paid</b>

Is the special leave paid or unpaid?:

Number of days granted:

Number of days granted (in last 12-month period)

From (date):

To (date):

If not granted, please give reason:

**Signed:**

**Date:**

**Name:**

**Position:**

**Copy to be placed on employee's personal file. This form can be completed retrospectively as long as permission for the special leave has been granted verbally.**





# Pay Progression Policy

# Sections

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**Pay Progression  
Policy**

**02**

**The Pay Progression  
Process**

**03**

**Appendix 1:  
Legal issues**

**04**

**Appendix 2:  
Principles and  
Best Practice to  
be integrated in  
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EQUALITY  
IMPACT  
ASSESSMENT**



# 01

## Pay Progression Policy

**Approved by: Welsh Partnership Forum**

**Issue Date: January 2020**

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## 1. The Core Principles of NHS Wales:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimisation of any patient, service user or member of employees.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support employees working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.



These principles have been developed to help address some of the pressures felt by employees in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

## **2. Policy Aims, Summary and The Appraisal Process**

### **Policy Aims**

- **2.1** This policy applies to all members of staff on NHS Terms and Conditions of Service and has been developed in line with Annex 23 of the NHS Terms and Conditions Handbook and must be used in conjunction with local PADR and KSF policies and with the PADR/Appraisal principles.
- **2.2** This policy sets out the reasons for pay progression and the procedure to be followed to deal with the pay step process. It clarifies the performance ratings to be used and includes a description of each rating.

The policy also covers issues arising relating to pay step progression and deferment and the process for handling any disagreement and it aims to ensure consistency of approach and application.

- **2.3** The aim of the pay progression approach is to improve performance and productivity as well as support the implementation of change by helping staff to understand more clearly what is expected of them in terms of behaviours and new ways of working. The aim is to provide a framework that seeks to get value for money by linking pay progression with performance rather than time served in a role.
- **2.4** The Pay Progression Policy needs to work closely with the Appraisal Process and therefore sets out some best practice principles for appraisal that all organisations should embed in their local processes.

These principles are:

- We will agree and understand what's expected of us in terms of what we should be doing and how we should be doing it
- We will all receive constructive and timely feedback on how we have done
- We will all ensure that we actively seek to develop and improve what we are doing for the benefit of patients
- **2.5** The Pay Progression Policy together with local Appraisal Policies will encourage and reward all staff to give their best contribution whatever their job is and to ensure that when pay steps are awarded they are a reward for performance not because of time in employment.
- **2.6** The Chief Executive of NHS Wales will ensure that the policy is implemented fairly.

- **2.7** This policy will be subject to a full review in April 2021 when a full year of data on pay progression will be available. This review will include an impact assessment of the number of first and final written disciplinary warnings against the protected characteristics outlined in the Equality Act.

### 3. Pay Progression summary

- **3.1** To help us give the best possible care and services, whatever our role, it is important that we understand what is expected of us, how our contribution helps the organisation achieve its aims and that we are rewarded for doing the right things well and not because of another year in post. Therefore, pay steps will only be given after we've achieved what's expected of us in 3 areas:

*Doing the right things, Doing them the right way, Doing things better.*

- **3.2** The reason for introducing pay progression linked to performance is to help improve your performance and productivity and that of the organisation. It will better support the implementation of change by helping you and your manager agree what is expected of you in terms of your behaviours and new ways of working. It is important to understand that this has been introduced to increase value for money and to promote fairness by linking pay progression with performance rather than basing incremental progression simply on time served in the role.
- **3.3** Alongside this rationale, Annex 23 of the NHS Terms and Conditions of Service sets out five specific pay progression standards which set out requirements which need to be demonstrated before you are able to progress to your next pay step point

on your pay step date.

These standards are:

- i. The appraisal process has been completed within the last 12 months and outcomes are in line with the organisation's standards.
  - ii. There is no formal capability process in place.
  - iii. There is no formal disciplinary sanction live on your record (this policy expands on the specific application of this provision in paragraph 5.4.4).
  - iv. Statutory and/or mandatory training has been completed.
  - v. For line managers only – appraisals have been completed for all your staff as required.
- **3.4** Your pay step submissions will only take place after two, three or five years depending on your pay band. Your appraisals will continue to take place annually.
  - **3.5** All pay bands will have either one or two step points with specified minimum periods before you become eligible to progress. Your pay step point is set in relation to your start date in that pay band. It is expected that if you meet the required standards at your pay step date you will progress to your next pay step point.
  - **3.6** Each year, you and your manager will review how well you have met your objectives, whether you have met the pay progression standards and agree whether your performance is satisfactory or unsatisfactory. In the year when a pay step is due your performance will need to be satisfactory for you to progress to the next pay step point.



If it is unsatisfactory then you will not receive your pay step and you will work with your manager to agree a plan to help you meet the requirements in order that you receive your pay step once the relevant requirements are shown to have been met.

you are at the top of the scale.

Importantly, there will be checks in place to make sure that if you have not been able to meet what was expected of you, through no fault of your own, then you should receive the next pay step.

- **3.7** Pay progression works in parallel with appraisal however they remain as two separate processes. The flow diagram overleaf shows how the two work together.

## 4. The Appraisal Process

- **4.1** This Pay Progression Policy does not replace or change Appraisal policies but does set out three principles that will be embedded into local appraisal processes. They are:
  - *We will agree and understand what's expected of us in terms of what we should be doing and how we should be doing it*
  - *We will all receive constructive and timely feedback on how we have done*
  - *We will all ensure that we actively seek to develop and improve what we are doing for the benefit of patients*
- **4.2** The details of best practice appraisal techniques which will support performance linked pay progression are included in appendix 2 and should be embedded in your local appraisal processes.
- **4.3** Your appraisals should continue to take place on an annual basis at the very least, regardless of whether it is a year which includes a pay step date, or

# 02

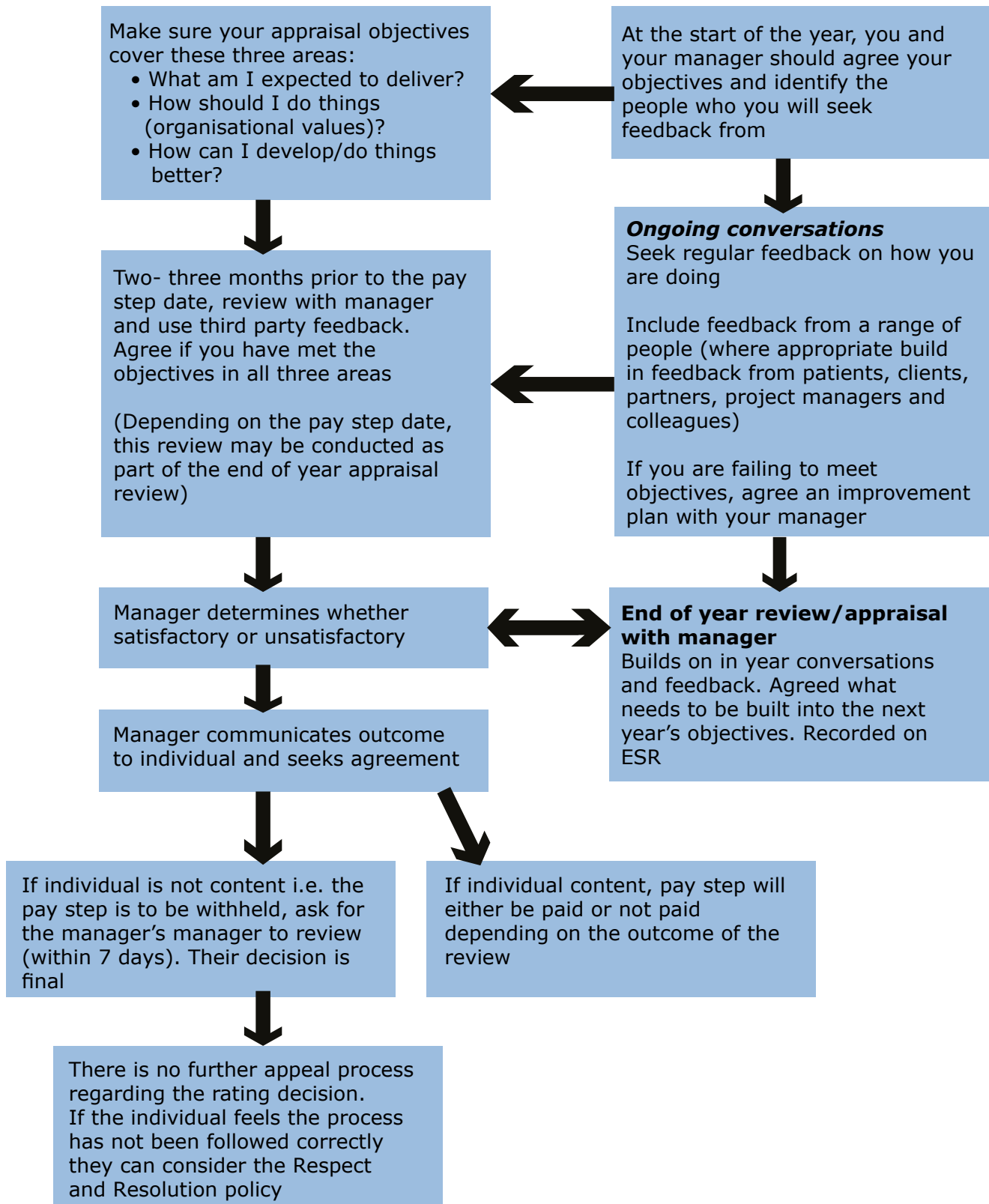
## The Pay Progression Process

# 2

## The Pay Progression Process

### Pay Progression Process

### Appraisal Process



## 5. Who does what and when?

### 5.1 Agreeing Objectives

As part of the annual appraisal process, you and your manager will agree a set of objectives which cover:

- what you need to do i.e. the things you need to deliver;
- how you need to do things, i.e. your behaviours, and the way you demonstrate the values;
- ways in which you can seek to develop and improve what you are doing.

You should play an active role in setting the objectives and checking that you understand what your manager expects of you as the extent to which you meet these objectives will determine whether or not you receive your pay step when it is due.

### 5.2 Feedback

Both you and your manager should actively seek feedback and information from different people (e.g. patients, colleagues, partners), any relevant results/data, project/improvement work you have been involved in. This feedback will help you and your manager prepare for your pay progression review and support the rating you are given.

### 5.3 Pay Step Review

You should have a review 8-12 weeks before your pay step is due which will be arranged by your manager. Both you and your manager should prepare in advance. At the meeting you should discuss examples of how you have met your objectives, where appropriate using feedback from other people. Depending on your pay step date, this meeting may also be your end of year appraisal/PADR review. It is good practice to have regular conversations and feedback through out the year so there should be no surprises.

If you have been struggling to meet your objectives, this should have been discussed earlier in the year and an improvement plan agreed.

### 5.4 Agreeing the rating

- **5.4.1** At the end of your pay step review, your manager will tell you your rating i.e. whether you are satisfactory or unsatisfactory and their reasons for the decision. If you both agree the rating, your manager will inform the W&OD department and payroll and undertake the necessary steps in relation to ESR. If the rating is satisfactory your pay step uplift will be paid, if the rating is unsatisfactory you will not receive the pay step.

#### Satisfactory

Has successfully met core objectives and demonstrated satisfactory progress in achieving other objectives and met the national pay progression principles set out overleaf

#### Unsatisfactory

Has been unsuccessful in meeting core objectives and/or has not demonstrated satisfactory progress in achieving other objectives and/or has not met the national pay progression principles set out overleaf

Individual organisations will need to determine what will constitute a satisfactory or unsatisfactory performance on a departmental, team or individual basis. It will depend on the type and nature of the role but should be based on clear, reasonable, agreed objectives.



Managers should agree a core set of achievable objectives on which pay progression is assessed but also include furthermore ambitious objectives as part of a wider performance review process. It must, however, be made clear what level of performance would amount to satisfactory and therefore what would be an unsatisfactory level of performance.

- **5.4.2** In addition to achieving objectives the following national pay progression standards will also need to be demonstrated:
  - i. The appraisal process has been completed within the last 12 months and outcomes are in line with the organisation's standards.
  - ii. There is no formal capability process in place.
  - iii. There is no formal disciplinary sanction live on the staff member's record (the specific application of this provision is set out in paragraph 5.4.4).
  - iv. Statutory and/or mandatory training has been completed.
  - v. For line managers only – appraisals have been completed for all their staff as required.
- **5.4.3** It is expected that you will achieve the required standards at the point of your pay step date. It is also expected that you and your line manager should have had regular discussions about any problems in reaching the required standards before the pay step date. This will allow time for issues to be raised and possible solutions found to enable the pay step point to be opened on time.
- **5.4.4** Your manager must use the pay step review meeting to discuss the standards. If any of the standards have not been met, there should be a review of the previous discussions about these to consider any mitigating factors and to record the decision.

With regard to live disciplinary sanctions, if you are in receipt of a first written warning, your progression won't be delayed because of the warning. Your manager will however, consider the reasons and circumstances giving rise to the sanction, as well as your performance and behaviour since the sanction was applied. This will form part of the information which your manager will use in determining a pay progression rating. If following due consideration your manager determines that you should receive a satisfactory rating, then you will progress to the next pay step. If you receive an unsatisfactory rating your pay step will be delayed. The decision will be clearly recorded, noting the rationale for withholding the pay step. A final warning will always result in a pay step delay.

- **5.4.5** Importantly, if you have not been able to meet what was expected of you, through no fault of your own, then you should receive the pay step.
- **5.4.6** Pay step points will be closed on the payroll system. Once the pay step review has been successfully completed your manager must take the necessary action to open the pay step point.
- **5.4.7** Managers must ensure that the pay step submission process is completed in a timely fashion to ensure that pay step points can be implemented in time for the staff member's pay step date. This must take account of local payroll timescales and ESR requirements.
- **5.4.8** Although you must have successfully completed your last appraisal to move to your next pay step point, the date the appraisal takes place does not have to be linked to your pay step date. If your last appraisal outcome was not satisfactory but remedial actions have been successfully completed by the time of the pay step date you will be able to progress without delay if you meet the other standards.



## 5.5 Decisions to delay a pay step

- **5.5.1** In situations where standards have not been met and there are no mitigating factors sufficient to justify this, your pay step will be delayed. Your line manager will discuss and agree a plan with you for any remedial action needed to ensure that the required standards for pay progression are met, including a timescale, and how any training and support needs will be met. In such circumstances you must take all necessary steps to meet the requirements as soon as possible and your line manager must provide you with the necessary support.
- **5.5.2** A further pay step review meeting should be arranged at an agreed date to review progress and, where satisfactory, initiate the opening of the pay step. The effective date for progressing to the next pay step should be the earliest date that the relevant requirements are shown to have been met. The pay step date for future years will remain unchanged.
- **5.5.3** Where a pay step is delayed due to a live disciplinary sanction, or a formal capability process, your line manager should initiate a pay step review meeting before the expiry of the sanction or capability plan. This should be used to confirm that all other requirements have been met and to ensure that you progress to the next pay step, effective the day after the sanction expires. Any future pay step dates will remain unchanged.

## 5.6 Integrating outcomes into next year's appraisal

- **5.6.1** The pay step review should be part of your ongoing performance management discussions with your manager and will provide a useful source of feedback to take into account in the end of year appraisal review and future objective setting.

If you are rated satisfactory then you and your manager can discuss whether you require further development opportunities etc. If you are rated unsatisfactory you and your manager should agree a plan to help you improve and get your performance back on track. These objectives should be included and reviewed in your next appraisal.

- **5.6.2** If your manager identifies that you have been unable to meet your objectives through no fault of your own, then you and your manager will need to work together to reset your objectives or remove the barriers to their achievement

## 5.7 Dealing with disagreement

Very occasionally, you and your manager may disagree on how well you have met your objectives and therefore on the rating you are given. Wherever possible, you should try to resolve issues with your manager. If your manager rates you unsatisfactory and you feel that you have demonstrated satisfactory progress in achieving your objectives and you have met the national pay progression principles, and you can't resolve the reason for an unsatisfactory rating directly with your manager, then you can ask your manager's manager to review the decision.

This process will take place within the provisions of the Respect and Resolution Policy and should be undertaken within 14 calendar days of notification to your manager that you wish to.

The notification requirements for requesting a formal resolution within the Respect and Resolution policy should be used, setting out the grounds upon which you consider the rating should be reviewed. Your manager's manager will want to understand both you and your manager's points of view. She/he will then make a decision on the rating and will communicate their reasons to both you and your manager.





If you are unhappy with the process, have other concerns not linked directly to the result of your appraisal, or believe that you have been discriminated against in any way, then please raise a formal request for resolution in line with the Respect and Resolution policy. Your manager will then inform the W&OD department and payroll, and update ESR. If it is agreed that you should receive your pay step it will be backdated to the original pay step date.

## **5.8 Band 8c/d and 9 Roles**

We recognise that rewarding good performance with pay steps is a significant and positive change. We also recognise that senior leaders are in the main already expected to be setting and reviewing objectives in this way. They are also more likely to be used to asking for and receiving feedback from a number of people. Additionally, we know it's important for leaders to model the behaviours we want from others.

Therefore, for Band 8c, 8d and 9 roles, there are the following differences:

In the year after you have reached the top of bands 8c, 8d or 9, 5 per cent or 10 per cent of basic salary will become re-earnable. Where a satisfactory performance is agreed, your salary will be retained at the top of the band.

If your performance is deemed to be unsatisfactory, your salary may be reduced by 5 per cent or 10 per cent \* from the pay step date. You will be able to restore your salary to the top of the band at the end of the following year by meeting the required standards. You have the right to contest a decision to reduce your pay using the Dealing with Disagreement process outlined above.

\*the NHS Staff Council Executive has advised that there are plans to develop some criteria in relation to the application of the re-earnable 5% and 10% of salary and this section of the policy will include the appropriate details once these have been determined.

# 03

## **Appendix 1: Legal issues**

# 3 Appendix 1: Legal issues

## Absence from Work When a Pay Step Is Due

If you are absent from work for reasons such as sickness or parental leave when a pay step is due, the principle of equal and fair treatment should be followed so that no detriment is suffered as a result.

In the case of planned long-term paid absence such as maternity, adoption and shared parental leave your pay step review can be conducted early if this is reasonable and practical, allowing the pay step to be applied on your pay step date in your absence.

If you are on long-term paid absence such as maternity, adoption and shared parental leave and a pay step review cannot be conducted prior to the pay step date, the pay step point should be automatically applied in your absence provided that there are no disciplinary sanctions or formal capability processes in place.

If there is a live disciplinary sanction in place at the point you go on leave, the pay step point should be applied in your absence if appropriate, effective from the day after the sanction expires.

If there was an active formal capability process underway at the point you go on leave, the pay step point can be delayed. The improvement process should be resumed immediately upon your return. On satisfactory completion, the period of absence should be set aside, and the pay step point backdated to an agreed date as if you had completed the improvement process without being absent.

Suspension from work on full pay is a neutral act. In order to ensure this is the case, your employer should ensure that your pay step point is applied from your pay step review date where you are suspended on that date, provided your performance was deemed satisfactory and you have met the national pay progression standards.

These standards are:

- i. The appraisal process has been completed within the last 12 months and outcomes are in line with the organisation's standards.
- ii. There is no formal capability process in place.
- iii. There is no formal disciplinary sanction live on your record (this policy expands on the specific application of this provision in paragraph 5.4.4.
- iv. Statutory and/or mandatory training has been completed.
- v. For line managers only – appraisals have been completed for all your staff as required.

If it is unsatisfactory then you will not receive your pay step and you will work with your manager to agree a plan to help you meet the requirements in order that you receive your pay step once the relevant requirements are shown to have been met.

Importantly, there will be checks in place to make sure that if you have not been able to meet what was expected of you, through no fault of your own, then you should receive the next pay step.

Sabbaticals/career breaks are by definition your choice, therefore if you choose to take a sabbatical/career break at any stage during your career your pay progression will be 'frozen' at the incremental point you have achieved at your last working day.

You, therefore, will return to work at the same incremental point you left on.

An assessment will need to be undertaken within a few weeks of returning to identify your training and development needs.

## **Equality Monitoring**

will monitor the application of the policy against the protected characteristics in line with the Equality Act 2010. This may be done a sample basis. A report will then be provided to the Board or appropriate sub committee on an annual basis.

## **Other Extenuating Circumstances**

recognises that there may be other extenuating circumstances that have not already been covered in this section. In cases where it is believed there are extenuating circumstances for not achieving the progression criteria, advice should be sought from your line manager and a relevant member of the W&OD department.



# 04

## **Appendix 2: Principles and Best Practice to be integrated in to Local Appraisal processes**



# 4

## Appendix 2: Principles and Best Practice to be integrated in to Local Appraisal processes

To help us give the best possible care and services, whatever our role, it is important that we understand what is expected of us and how our personal contribution helps our teams and the organisation achieve its aims.

Appraisal discussions should be ongoing and:

- Provide feedback on how we have done - feedback should be honest, constructive and timely and where possible we should seek feedback from a range of people we work with (e.g. colleagues, stakeholders, patients, project managers)
- Ensure each of us agree and understand what's expected of us and how we should be doing things i.e. what we need to deliver and the behaviours and ways of working that are expected of us
- Ensure that we develop ourselves to do things better and/or move to another role and have a plan of what learning we are going to do

Managers involved in reviewing, assessing, agreeing objectives and supporting personal development plans, must ensure that they are competent and confident to do this role. Learning and development teams can help support managers where this is needed.

### Agreeing Objectives

It is vital that we know what is expected of us. Importantly, we should agree our specific objectives so that we own them. Objective setting should always be a two-way conversation.

For objectives to be meaningful, they must be SMART: specific, measurable, realistic, time-based and achievable; they must particularly be "within our circle of control". You should not agree objectives on things you can do nothing about. Good objectives are ones where the outcomes are as a result of what we do and how we behave, i.e. they are things we can control.

### Agreeing Development Needs

As part of the review or setting of objectives, it is likely that you will have identified things and/or ways you can do better. These are likely to need us to spend time developing ourselves and you should agree the best way to do this with your manager. Often a formal training course may not be the only or the best solution and you should think about the time you need to spend on your development, not just the budget you may need.

### Keeping Records

Keeping accurate records is important and any records that you and your manager keep should be within the General Data Protection Regulations 2018 requirements. Managers must ensure that all details of appraisal meetings are recorded on ESR.



# 05

## **Appendix 3: EQUALITY IMPACT ASSESSMENT**

## 1. General

<b>Title of document</b>	Pay Progression Policy (non-medical staff)
<b>Purpose of document</b>	To set out the procedure to be followed for linking pay progression to performance, to describe the process for handling annual incremental reviews, addressing issues arising relating to incremental progression and deferment and to ensure consistency of approach and application. The document shows how pay progression and appraisal processes align and reiterated the need for all staff to have a clear understanding of their expected role and function and have the opportunity to receive feedback about their performance in order that they may develop to their maximum potential.
<b>Intended scope</b>	All non-medical and dental staff employed by NHS Wales.

## 2. Consultation

<b>Which groups/associations/bodies or individuals were consulted in the formulation of this document?</b>	NHS Wales Partnership Forum (including all unions recognised by NHS Wales); Strategic Pay Taskforce Implementation Group; NHS organisations; Line Managers.
<b>What was the impact of any feedback on the document?</b>	Amendments were made and a commitment given to a full review in April 2021 when a full year of data will be available. See paragraph 2.7.
<b>Who was involved in the approval of the final document?</b>	NHS Wales Partnership Forum & Strategic Pay Taskforce Implementation Group.
<b>Any other comments to record?</b>	

## 3. Equality Impact Assessment

<b>Does the document unfairly affect certain staff or groups of staff? If so, please state how this is justified.</b>	No.
<b>What measures are proposed to address any inequity?</b>	None
<b>Can the document be made available in alternative format or in translation?</b>	Yes, on request to Workforce & OD Directors.



#### 4. Compliance Assessment

<b>Does the document comply with relevant employment legislation? Please specify.</b>	Yes.

#### 5. Document assessed by:

<b>Name</b>	Pay Progression Partnership Review Group
<b>Post Title/Position</b>	
<b>Date</b>	June 2019





# **Velindre University NHS Trust**

## **Procedure for NHS Staff to Raise Concerns**

## Introduction

The Core Principles of NHS Wales are:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support staff working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

The safety and wellbeing of patients and service users are seen as the responsibility of everyone involved in the provision of health and social care services. Velindre University NHS Trust Board and senior management are committed to providing an environment which facilitates open dialogue and communication so as to ensure that any concerns which staff may have are raised as soon as possible.

This procedure refers in the main to 'raising concerns' rather than 'whistleblowing' because the latter has come to denote a sudden, drastic or last resort act which can hold negative connotations.

Velindre University NHS Trust is working towards a culture that encourages the raising of any concerns by staff to be embedded into routine discussions on service delivery and patient care, (e.g. problem solving, service review, performance improvement, quality assessment, training and development) as these are the most effective mechanism for early warning of concerns, wrongdoing, malpractice or risks and line managers are accordingly best placed to act on, deal with and resolve such concerns at an early stage. This procedure should also be used by staff to raise any concerns with regard to practices within the supply chains through which Velindre University NHS Trust sources its goods and services (in line with the Supporting Ethical Employment in Supply Chains Code of Practice Commitments). Staff should also recognise that elements of wrongdoing that involve aspects of Fraud, Bribery or Corruption, have a separate reporting process, which should be presented to your Local Counter Fraud team for investigation.

It is, however, acknowledged that such processes take time to develop and embed into the organisation and until such time as such a culture exists comprehensively across Velindre University NHS Trust that a clear process needs to be in place to guide individuals who wish to raise concerns about a danger, risk, malpractice or wrongdoing in the workplace. This procedure sets out Velindre University NHS Trust's commitment to support individuals who raise concerns as well as setting out the processes for individuals to raise such concerns and to provide assurance on how such concerns will be listened to, investigated and acted upon as necessary.

'Whistleblowing' is the popular term applied to a situation where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action. The types of situation where this will be appropriate are outlined in Appendix 1. "Protected disclosure" is the legal term for whistleblowing and is referenced in the context of describing the protection that is afforded to the person raising the concern in the interest of the public (see appendix 2).

The development of this procedure is an ongoing process and is a part of the wider work across NHS Wales to ensure that an open culture exists to provide the highest standards of care and experience across all services. This procedure does not form part of an employee's contract of employment and may need to be amended from time to time.

## 1. A Commitment to Support Those Who Raise Concerns

- 1.1 Velindre University NHS Trust actively encourages feedback and has a transparent and open approach to listening to and responding to all concerns.
- 1.2 Velindre University NHS Trust aims to ensure that individuals:
  - Are fully supported to report concerns and safety issues;
  - Are treated fairly, with empathy and consideration when raising concerns; and
  - Have their concerns listened to and addressed when they have been involved in an incident or have raised a concern.
- 1.3 Velindre University NHS Trust aims to develop and maintain a culture across all parts of the organisation that provides an environment where people feel able to raise concerns and are treated with respect and dignity when raising concerns.
- 1.4 Safety is at the heart of all care and must be underpinned by a culture which is open and transparent. This leads to increased reporting, learning and sharing of incidents and development of best practice. Velindre University NHS Trust recognises that this is the responsibility of everyone involved in the provision of health and social care services. Velindre University NHS Trust is committed to working towards ensuring that all individuals are treated in a service which is open to feedback and encourages as well as supports its staff to raise concerns.
- 1.5 Velindre University NHS Trust will ensure that individuals always feel free to raise concerns through local processes and are supported to do so directly with Velindre University NHS Trust, their professional regulatory body, professional association, regulator or union.
- 1.6 Velindre University NHS Trust facilitate an individual to raise an issue or concern in Welsh and they should be advised of this at the outset. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.
- 1.7 Velindre University NHS Trust is committed to: -

- Working in partnership with other organisations to develop a positive culture by promoting openness, transparency and fairness;
- Fostering a culture of openness which supports and encourages staff to raise concerns;
- Sharing expertise to create effective ways of breaking down barriers to reporting incidents and concerns early on;
- Exchanging information, where it is appropriate and lawful to do so, in the interests of patient and public safety; and
- Signposting individuals to support and guidance to ensure that they are fully aware of and understand their protected rights under the Public Interest Disclosure Act 1998.

1.8 A definition of whistleblowing is included at appendix 1.

1.9 Velindre University NHS Trust will monitor the use of this procedure and report to the Board or a sub committee, as appropriate.

## 2. About this Procedure

2.1 The aims of this procedure are:

- (a) To encourage staff to discuss concerns and safety issues as soon as possible, in the knowledge that their concerns will be taken seriously and acted upon as appropriate,
- (b) To encourage staff to report more serious concerns and suspected wrongdoing as soon as possible, in the knowledge that their concerns will be taken seriously and investigated as appropriate, and where requested that their confidentiality will be respected.
- (b) To provide staff with guidance as to how to raise those concerns.
- (c) To assure staff that they should be able to raise genuine concerns without fear of reprisals, even if they turn out to be mistaken.

2.2 This procedure applies to all employees, officers, consultants, contractors, students, volunteers, interns, casual workers and agency workers.



### 3. Raising a Concern

- 3.1 All healthcare settings and workplaces should encourage ongoing open dialogue and feedback on matters relating to provision of care/service delivery through supervision, team or departmental meetings, staff forums. These ongoing mechanisms are the place where Velindre University NHS Trust will actively seek suggestions for improvement and regularly review the safe and effective delivery of services and ways of working.
- 3.2 All managers will ensure that there is a shared responsibility to focus positively on the quality of service/care, continuous improvement and/or problem solving.
- 3.3 If concerns are held by an individual or individuals Velindre University NHS Trust will ensure that such concerns are addressed and responded to with the outcome being verbally communicated, as a minimum, to the individual or individuals raising the concern. An individual may raise a concern in Welsh and they should be advised of this at the beginning of any proceedings. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.

#### 3.4 **More Serious Concerns**

##### **Confidentiality**

As noted in section 1.3 of this procedure “Velindre University NHS Trust aims to develop and maintain a culture across all parts of the organisation that provides for an environment where people feel able to raise concerns”. It is therefore hoped that all staff will feel able to voice concerns openly under this procedure. However, if an individual wants to raise a concern confidentially this will be respected. It is sometimes difficult however, to investigate a concern without knowing the individual’s identity. In such circumstances if it is considered absolutely necessary to share the identity of the person raising the concern this will be discussed with them prior to any disclosure being made, and their permission sought.

### Stage 1 – Internal (Informal)

If an individual has a concern about any issue involving malpractice/wrongdoing they are encouraged to raise it first either verbally or in writing with their line manager or the manager responsible for that area of work, unless it relates to fraud or corruption (see paragraph overleaf relating to this issue). They may also wish to involve their Trade Union/Staff Representative. Medical staff should report the issue to their Lead clinician.

It is important to remember that raising a concern is different from raising a personal complaint or grievance and in such circumstances the All Wales Respect and Resolution Policy may be appropriate (see appendix 1). If the concern is around the abuse of children or adults with vulnerabilities then the [Wales Safeguarding Procedures](#) should be followed and initiated immediately.

and/or

*To ensure effective operation of the Procedure for Raising Concerns, Velindre University NHS Trust must provide an alternative route for issues to be raised where going through the line manager is not appropriate e.g.*

- *the member of staff feels there is an immediate issue of significant risk to safety which would not be addressed by line management*
- *the concern raised relates to the conduct or practice of one or more individuals in the line management accountability structures who would normally consider the concern*
- *the member of staff has strong experiential evidence that the line manager(s) would not address the concern*
- *the member of staff feels that similar concerns raised in the past had been ignored*
- *the member of staff feels that the raising of concern would place him/her at risk of harassment or victimisation from colleagues or managers*

*Accordingly, Velindre University NHS Trust should set up their own arrangements, e.g.*

- *Workforce & OD (HR) staff*
- *Governance staff*
- *Professional heads*
- *“Raising concerns” champion (this should be a nominated member of the Board)*
- *Telephone hotline*
- *Safe Haven*

The individual will be entitled to a verbal response, as a minimum, and where appropriate detail needs to be conveyed a written response to their concern may be appropriate, provided that they have not wished to remain anonymous. The responsibility for providing this response will be either the manager to whom the concern was addressed, or the individual identified to provide such responses in any local processes in place to ensure that concerns can be raised as described in the previous paragraph.

Any concerns regarding potential fraud or corruption should be raised initially with the Local Counter Fraud Specialist (LCFS) via [CounterFraudEnquiries.cav@wales.nhs.uk](mailto:CounterFraudEnquiries.cav@wales.nhs.uk). Alternatively, reports can be made via the Fraud and Corruption Reporting Line or within the NHSCFA website <https://cfa.nhs.uk/>. Full contact details are available via the Counter Fraud pages of the Health Board / Trust intranet site.

These concerns will then be managed in line with Velindre University NHS Trust’s Counter Fraud Policy.

## **Stage 2 – Internal (Formal)**

If, having followed the approach outlined in stage 1, the individual’s concerns remain, or they feel that the matter is so serious that they cannot discuss it with any of the above then they can move on to use the more formal steps as follows.

The individual should make their concerns known to an appropriate senior manager in writing. The WB1 forms in appendix 3 are included to help an individual formulate concerns but they do not need to be used if an individual chooses to use a different approach.

They may also wish to involve their Trade Union/Staff Representative.

When a concern is raised it is helpful to know how the individual considers the matter might be best resolved.

The senior manager will meet with the individual raising the concern within seven working days. The outcome of the meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.

Once an individual has told someone of their concern, whether verbally or in writing, Velindre University NHS Trust will consider the information to assess what action should be taken. This may involve an informal review or a more formal investigation.

The individual will be told who is handling the matter, how they can contact them and what further assistance may be needed. If there is to be a formal investigation the manager to whom they have reported their concern will appoint an Investigating Officer. If an internal investigation takes place this will be undertaken thoroughly and as quickly as possible (usually within 28 days) in light of the matters to be investigated. At their request, the individual will be written to summarising their concern, and setting out how it will be handled along with a timeframe.

*Velindre University NHS Trust* will aim to keep the individual informed of the progress of the investigation and its likely timescale. However, sometimes the need for confidentiality may prevent specific details of the investigation or any disciplinary action from being disclosed. All information about the investigation should be treated as confidential.

If the matter falls more appropriately within the remit of other W&OD policies, the employees should be advised that they should pursue the matter through the relevant policy and that the Procedure for NHS Staff to Raise Concerns will not be followed (see appendix 1).

*Velindre University NHS Trust* does not expect any individual reporting a matter under this procedure to have absolute proof of any misconduct or malpractice that they report, but they will need to be able to show reasons for their concerns, so any evidence that they have such as letters, memos, diary entries etc. will be useful. These will need to be redacted if they contain any patient identifiable information.

If the alleged disclosure is deemed to be serious enough, then Velindre University NHS Trust may follow the process laid down in the Disciplinary policy and procedure, where the issues raised could relate to individual misconduct, when considering the most appropriate line of action.

The aim of this procedure is to provide an effective process for serious concerns to be raised. If it is concluded that an individual has deliberately made false allegations maliciously or for personal gain, then *NHS Organisation* will instigate an investigation into the matter in accordance with the Disciplinary policy and procedure.

Subject to any legal constraints, *Velindre University NHS Trust* will inform the individual(s) who raised the concern, of an outline of any actions taken. However, it may not always be possible to divulge the precise action, e.g., where this would infringe a duty of confidentiality of *Velindre University NHS Trust* towards another party.

### Stage 3 – Executive Director

If an individual is either dissatisfied with a decision to only undertake an informal review or is dissatisfied with the outcome of stage 2 through the mechanisms outlined previously, they should raise their concerns in writing with the Chief Executive, and/or an appropriate Executive Director. If the concern relates to the Chief Executive or Executive Director, concerns should be raised with the Chair. Exceptionally, an individual should be able to go directly to this stage if the concerns are so serious as to warrant it **or** the previous stages have failed to address their concerns.

The Chief Executive or Chair (or a nominated representative not previously involved) will meet the individual within 28 working days. Again, the outcome of this meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.

### Stage 4 - Serious or Continued Concerns and Regulatory/Wider Disclosure

The aim of this procedure is to provide an internal mechanism for reporting, investigating and remedying any wrongdoing/inappropriate practices in the workplace. In most cases individuals should not find it necessary to alert external parties.

However, the law recognises that in some circumstances it may be appropriate to report concerns to an external body. It will very rarely if ever be appropriate to alert the media. It is strongly encouraged that an individual seeks advice before reporting a concern to external parties. The independent charity, Protect operates a confidential helpline to support individuals in determining the appropriate course of action. They also have a list of prescribed regulators for reporting certain types of concern. Protect details are included later in this procedure.

All staff have an individual responsibility to safeguard people from harm or suspected harm, by making known their concerns about abuse. Children and adults with vulnerabilities can be subjected to abuse by those who work with them in any setting; all allegations of abuse must therefore be taken seriously and treated in accordance with the [Wales Safeguarding Procedures](#). These procedures may dictate that any investigation should be handled by a partner organisation such as Social Services or the Policy which would take precedence over internal procedures, therefore advice from a safeguarding professional should be sought at the earliest opportunity.

If an individual has followed the above procedure to deal with the matter and still has concerns or if they feel that the matter is so serious that they cannot discuss it in any of the ways outlined previously, then in exceptional circumstances they may wish to contact: -

The National Fraud and Corruption reporting Line on 0800 028 40 60, or alternatively via the online reporting facility at <https://cfa.nhs.uk/reportfraud> (if your concern is about aspects of Fraud, Bribery or Corruption).

*Velindre University NHS Trust* hopes that this procedure will provide individuals with the reassurances required to raise any matters of concern internally or exceptionally with the organisations referred to above. However, there may be circumstances where individuals are required under their professional regulations to report matters to external bodies such as the appropriate regulatory bodies, including: -

- ❖ General Medical Council ([www.gmc-uk.org](http://www.gmc-uk.org))
- ❖ Nursing and Midwifery Council (<https://www.nmc.org.uk/>)
- ❖ Health and Care Professions Council ([www.hpc-uk.org](http://www.hpc-uk.org))

- ❖ General Pharmaceutical Council ([www.pharmacyregulation.org](http://www.pharmacyregulation.org))

*Velindre University NHS Trust* would rather the matter is raised with the appropriate regulatory body than not at all. Other regulatory bodies may include;

- Health and Safety Executive
- Health Inspectorate Wales
- Wales Audit Office
- Police

(This list is not exhaustive).

If an individual needs further advice they can contact the charity Protect on 020 3117 2520 or by email at [whistle@protect-advice.org.uk](mailto:whistle@protect-advice.org.uk). Protect can advise individuals how to go about raising a matter of concern in the appropriate way <https://protect-advice.org.uk/>. Alternatively, the Department of Health also provide a free, independent confidential advice service for NHS and Social Care employees and employers in England and Wales known as Speak Up. They can be contacted on 08000 724 725 or via their website at <https://speakup.direct/>.

## What is whistleblowing?

Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually because it threatens or poses a risk to others (e.g., patients, colleagues or the public).

This may include:

- Systematic failings that result in patient safety being endangered, e.g., poorly organised emergency response systems, or inadequate/broken equipment, inappropriately trained staff;
- Poor quality care;
- Acts of violence, discrimination or bullying towards patients or staff;
- Malpractice in the treatment of, or ill treatment or neglect of, a patient or client;
- Disregard of agreed care plans or treatment regimes;
- Inappropriate care of, or behaviour towards, a child /vulnerable adult;
- Welfare of subjects in clinical trials;
- Staff being mistreated by patients;
- Inappropriate relationships between patients and staff;
- Illness that may affect a member of the workforce's ability to practise in a safe manner;
- Substance and alcohol misuse affecting ability to work;
- Negligence;
- Where a criminal offence has been committed / is being committed / or is likely to be committed (or you suspect this to be the case);
- Where fraud or theft is suspected;
- Disregard of legislation, particularly in relation to Health and Safety at Work;
- A breach of financial procedures;
- Undue favour over a contractual matter or to a job applicant has been shown;
- Information on any of the above has been / is being / or is likely to be concealed.

This procedure should not be used for complaints relating to your own personal circumstances, such as the way you have been treated at work. In these cases, the Respect and Resolution Policy should be used. Link [here](#).





## Appendix 2

### Protection of those making disclosures

It is understandable that individuals raising concerns are sometimes worried about possible repercussions. *Velindre University NHS Trust* aims to encourage openness and will support staff who raise genuine concerns under this procedure, even if they turn out to be mistaken. In addition, there are statutory provisions for individuals who make what are termed “protected disclosures”.

In law individuals must not suffer any detrimental treatment as a result of raising a concern. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. If an individual believes that they have suffered any such treatment, they should inform a member of the Workforce and Organisational Development department, immediately. If the matter is not remedied, they should raise it formally using the All Wales Respect and Resolution Policy.

Those who raise concerns must not be threatened or retaliated against in any way. If an individual is involved in such conduct, they may be subject to disciplinary action. [In some cases, the individual raising a concern could have a right to sue for compensation in an employment tribunal.]

*Velindre University NHS Trust* aims to protect and support staff to raise legitimate concerns internally within the organisation where they honestly and reasonably believe that malpractice/wrongdoing has occurred or will be likely to occur. Staff who make what is referred to as a “protected disclosure”, i.e., a disclosure concerning an alleged criminal offence or other wrongdoing, have the legal right not to be dismissed, selected for redundancy or subjected to any other detriment (demotion, forfeiture of opportunities for promotion or training, etc.) for having done so and the protections are set out in law in the Public Interest Disclosure Act 1998.

If an individual is raising a matter of serious or continued concern the same protection applies as for internal disclosure. This is intended to promote accountability in public life and there is no requirement that such concerns should first be raised with *Velindre University NHS Trust* although it is preferred that the *Velindre University NHS Trust* should be given an opportunity to resolve the matter first.

If an individual is raising a matter with a regulatory body defined within the Public Interest Disclosure Act 1998 they will be protected where they honestly and reasonably believe that the malpractice/wrongdoing has occurred or is likely to occur and in addition they honestly and reasonably believe that the information and any allegation contained in it are substantially true. The Public Interest Disclosure (Prescribed Persons) Order 2014 amends the list of prescribed persons

and came into force on 1 October 2014 and applies to disclosures made on or after this date. The new list of prescribed persons in respect of matters relating to healthcare services is set out below: -

Relevant matters	Prescribed person
Matters relating to the registration and fitness to practice of a member of a profession regulated by the relevant council and any other activities in relation to which the relevant council has functions.	The Nursing and Midwifery Council, Health and Care Professions Council, General Medical Council, General Chiropractic Council, General Dental Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council.

For healthcare services in Wales (specifically):

Relevant matters	Prescribed person
Matters relating to the registration of social care workers under the Care Standards Act 2000.	Care Council for Wales
Matters relating to: <ul style="list-style-type: none"> <li>• The provision of Part II services as defined in section 8 of the Care Standards Act 2000 and the Children Act 1989.</li> <li>• The inspection and performance assessment of Welsh local authority social services as defined in section 148 of the Health and Social Care (Community Health and Standards) Act 2003.</li> <li>• The review of, and investigation into, the provision of health care by and for Welsh NHS bodies as defined under the Health and Social Care (Community Health and Standards) Act 2003.</li> <li>• The regulation of registered social landlords in accordance with Part 1 of the Housing Act 1996 (as amended by the Housing (Wales) Measure 2011).</li> </ul>	Welsh ministers

If an individual is making a wider disclosure (for example to the police, or an Assembly Member (AM) (other than the Welsh Ministers) there are rigorous conditions for such wider qualifying disclosures to be protected:

**Belief.** The individual must reasonably believe that the information disclosed, and any allegation contained in it, are substantially true.

**Not for gain.** The individual must not make the disclosure for the purposes of personal gain (but rewards offered under statute, for example by HMRC, are ignored).

The individual must:

- have **previously disclosed** substantially the same information to their employer or to a prescribed person; or
- reasonably believe, at the time of the disclosure, that they will be subjected to a **detriment** by their employer if they make disclosure to the employer or a prescribed person; or
- reasonably believe (where there is no prescribed person) that material evidence will be **concealed or destroyed** if disclosure is made to the employer.

**Reasonableness.** In all the circumstances of the case, it must be reasonable for them to make the disclosure.

Protect or a Trade Union will be able to advise on the circumstances in which an individual should use this procedure and where they may be able to contact an outside body without losing the protection afforded under the Public Interest Disclosure Act 1998.

### Appendix 3 - Velindre University NHS Trust

#### Form WB1 – Recording a concern raised under the procedure

Concern raised by (name):			
Designation			
Ward / Department			
Confidentiality requested:	yes		No
Nature of concern raised:	Delivery of care/services to patients		
	Value for money		
	Health and safety		
	Unlawful conduct		
	Fraud, theft or corruption		
	The cover-up of any of the above		
Details of concern raised: (Continue overleaf is necessary)			

Evidence to support the concern (if available): (Continue overleaf if necessary)		
Any suggestions from employees as to a resolution?		
How will the matter be handled?	Informal review	
	Internal investigation	
Concern reported to:		
Contact name:		
Designation:		
Telephone no:		
Signed:		
Date:		
<b>N.B. Once completed, this form should be retained on a case file</b>		

#### Appendix 4 - Velindre University NHS Trust

#### Form WB2 Concerns Raised Under the Procedure: Summary of findings and outcome of investigation

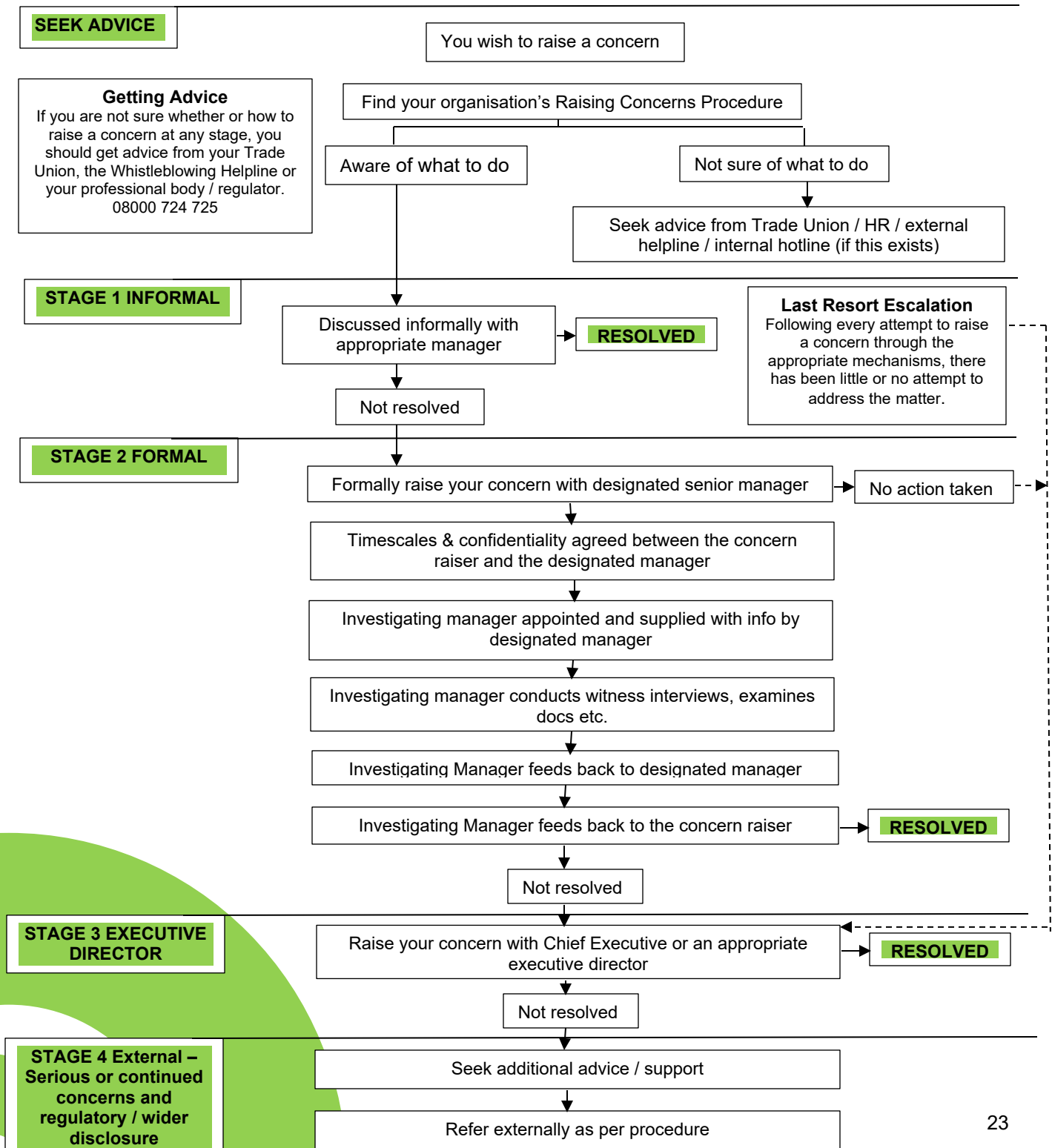
Concern raised by (name):	
Designation:	
Informal review undertaken by:	
Investigation undertaken by:	
Summary of findings of review / investigation: (continue overleaf if necessary)	
Outcome: Action taken: (continue overleaf if necessary)	

No action taken for the following reasons:	
Further action (if appropriate): (e.g., report the matter to Welsh Government / Regulator)	
Name:	
Signed:	
Designation:	
Date:	
<b>N.B. Once completed, this form should be retained on a case file.</b>	



## Appendix 5 – Flowchart of Raising Concerns Process

This flowchart sets out the stages in raising a concern and shows the management levels for internal disclosure. In a small organisation, there may not be more than one or two levels of management to whom you can escalate your concerns. In these cases, you should consider escalating your concern to the regulator or other prescribed person at an earlier stage than is shown on the flowchart.





**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

## TRUST BOARD – PUBLIC MEETING

### Transforming Cancer Services Communications and Engagement Update

DATE OF MEETING	29 September 2022	
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
nVCC/Enabling works project board	14/9/22	Noted
TCS Programme Board #	15/9/22	Noted
TCS Scrutiny Committee	22/9/22	Noted
ACRONYMS		
nVCC	New Velindre Cancer Centre	

## **1. SITUATION**

## **2. BACKGROUND**

This paper provides the TCS Programme Scrutiny Sub-Committee with an update on communications and engagement since the June meeting.

## **3. ASSESSMENT**

### **3.1 Supporting the Competitive Dialogue.**

The [announcement of the successful participant of the competitive dialogue was announced on 27 July 2022](#). A comprehensive communications pack was developed and information shared with our internal and a wide range of external stakeholders including the architectural and trade press.

### **3.2 Commencement of Enabling Works Communications and engagement support**

The [announcement of the commencement of enabling works](#) for the new Velindre Cancer Centre project was published in August 2022, accompanied by the publication of a public leaflet that aimed to outline the works and raise public awareness of VUNHST's intention to host a series of public drop-ins in September to enable the public to ask questions and learn more about the project. A comprehensive communications pack was developed and information shared with our internal and a wide range of external stakeholders.

### **3.3 Summer Jamboree**

A full programme of activity was arranged in support of the project and the Hefyd programme during August. A full evaluation report was considered by the TCS programme board and TCS Scrutiny Committee and is included as Annex A.

### **3.4 Preparing for local community engagement programme**

A series of drop-in events were planned for September, in partnership with the Acorn team. The events were postponed following the sad passing of Her Majesty Queen Elizabeth II and the subsequent requirements of the national mourning period. The meetings are being rescheduled for early October and we shall start

promoting them again following the State Funeral. The events will provide an opportunity for members of the local community, staff and patients to hear about our plans, meet the team and “ask the experts”.

### **3.5 Visit to Down to Earth**

On 25 August, VUNHST officials and Julie Morgan MS visited the Down to Earth headquarters in Gower. The purpose of the visit was to better understand the engagement methodology employed by Down to Earth for sustainable construction, to visit some of the buildings on site and consider the benefits offered by their work in the context of the opportunities raised by the development of the new Velindre Cancer Centre.

### **3.6 Managing social media commentary and output** - Content driven in the main by proactive posts associated with the commencement of the Enabling Works.

### **3.7 Responding to correspondence from a wide range of stakeholders.**

The main themes of correspondence received during the reporting period include:

- Clarity on school drop off times and traffic management which has been addressed
- Positive feedback about the community newsletter
- Public safety measures and banksmen around Whitchurch Hospital site.
- The current and future plans for the emergency access route.

### **3.8 Political stakeholder meetings**

During the reporting period, meetings with the local MS MP have taken place and a site visit with the local Councillors.

### **3.9 Supporting planning applications**

Communications packs to support the imminent submission of planning applications have been developed.

### **3.10 Engagement with Whitchurch Sports Clubs**

A meeting between VUNHST and representatives of Whitchurch sports clubs was held on 1 September 2022. During the meeting, we discussed the proposals for the potential Whitchurch Sports Pavilion and how both organisations could work together in the future. Key considerations for the future include:

- Awareness of and potential involvement in each other's engagement events;
- Opportunities for knowledge and information sharing – e.g. local site surveys;

## 4 NEXT MONTH

### 4.1 Launching the nVCC Community Panel



- 4.2** A community panel is being developed as part of the Heyfd workstream, providing involvement opportunities for those across the Velindre region. Members of the Community Panel will be invited to regular online and in-person events across various locations, showcasing different aspects of our work. Members will also be first to be offered the opportunity to take part in our green volunteering activities and arts projects, and to give their views on our ongoing and upcoming work. Interest in joining the panel will be registered via our Getting Involved website page and promoted via our social channels, as well as during the September drop-in events.
- 4.3** Issuing communications to local residents to support the commencement of the section 278 works on Park Road.
- 4.4** Supporting the communications and engagement needs related to the Reserved Matters submission.
- 4.5** Supporting the communications and engagement needs related to an application to move the emergency access route from the Hollybush estate to the southern access route.
- 4.6** Supporting the communications and engagement needs related to the commencement of the Asda works due to begin in October. We are working with

Asda to develop communications materials for their customers and residents in advance of commencement of works.

- 4.7** Supporting the emerging communications needs in support of the Integrated Radiotherapy Solution project.

## 5. IMPACT ASSESSMENT

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.

## 6. RECOMMENDATION

The Trust Board is recommended to **NOTE** the paper.

## TRUST BOARD

### PUBLIC QUALITY, SAFETY & PERFORMANCE COMMITTEE HIGHLIGHT REPORT

<b>DATE OF MEETING</b>	29 <sup>th</sup> September 2022
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
<b>PREPARED BY</b>	Kyle Page, Business Support Officer
<b>PRESENTED BY</b>	Vicky Morris, Chair of the Quality, Safety & Performance Committee
<b>EXECUTIVE SPONSOR APPROVED</b>	Nicola Williams, Executive Director of Nursing, Allied Health Professionals & Health Science
<b>REPORT PURPOSE</b>	FOR NOTING

#### ACRONYMS (change the order appropriately)

MHRA	Medicines and Healthcare Products Regulatory Agency
TOIL	Time Off In Lieu
SACT	Systemic Anti-Cancer Therapy
PADR	Personal Appraisal Development Review
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
HIW	Healthcare Inspectorate Wales
SAE	Serious Adverse Event
GMC	General Medical Council
HEIW	Health Education and Improvement Wales

## **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 15<sup>th</sup> September 2022.

## **2. BACKGROUND**

The Quality, Safety and Performance Committee meets on a bi-monthly basis and provides an opportunity to triangulate information and data in respect of quality, safety, finance, workforce, performance and digital. The Committee is continuing to embed and mature, actively seeking opportunities for continuous improvement together with the ongoing development of reporting formats, additional assurance mechanisms, including additional COVID-19 related matters as required.

## **3. HIGHLIGHT REPORT: 15<sup>th</sup> September 2022**

### ***3.1 Triangulated Themes:***

**3.1.1 Workforce:** The Committee identified that the ongoing triangulated core theme arising across a number of the reports received has continued to be workforce, impacting on finance and operational delivery.

Although there are detailed plans in place to address the increasing workforce risk across a number of areas a comprehensive transformational multi professional workforce plan is required designed around the needs of our donors and patients predicated on 'top of license principles'. In addition, recruitment and retention plans have been refined to facilitate active and timely recruitment into hotspot areas and a number of continued support mechanisms and interventions to protect the wellbeing of staff. A plan to increase capacity in areas of immediate concern affecting provision of critical services such as SACT have also been developed to accommodate ongoing and predicted increasing service demands.

**3.1.2 Welsh Language:** Welsh Language Active Offer provision was also a theme emerging across a number of reports. The Committee identified the requirement for a more extensive active offer of services through Welsh Language. The Committee identified the need for more focus on the active offer (signage and clearer identification of bilingual staff) and the need to further strengthen the recruitment of Welsh speakers.

It was also noted that the triangulation process could be applied to a number of other Committee reports, such as the progress evidenced within Health & Safety reporting and improvements in Putting Things Right. Additionally, improved performance and



communication of Trust objectives across divisions would resolve emerging risks within Medical Education.

### 3.2 Summary of Committee Highlights

The following areas were highlighted for reporting to the Trust Board by the Committee:

<b>ALERT / ESCALATE</b>	There are no items for alert / escalation to the Board.
<b>ADVISE</b>	<p><b>Velindre Cancer Service – Patient Story</b> The Committee had received in advance a slide set, documenting the journey of a Velindre Cancer Service patient from their initial cancer diagnosis, surgery (and resulting physical disabilities) and struggles with side effects of treatment.</p> <p>The story was presented by Ceri Stubbs (Acute Oncology Clinical Nurse Specialist) and it related to a patient who had utilised the treatment helpline service on numerous occasions, receiving effective triage and signposting to relevant services. Review of the patient on the Assessment Unit had avoided inpatient admission and the treatment helpline facilitated ongoing support from multiple acute services and teams and the patient's condition improved.</p> <p>The Assessment Unit (opened in September 2018) is the central hub of the Acute Oncology Service, working collaboratively as an integrated, multi-disciplinary team to manage often complex patients.</p> <p>The patient wished to inform the Committee that he had 'felt safe and cared for' during his treatment and that a significant difference can be made to a patient's psychology and wellbeing by simple gestures and giving an extra few seconds or minutes' time; a level of care he had not experienced outside Velindre. The patient is willing to film his story, which will be facilitated at a later date.</p> <p>The Committee commended the service provided by the team and the compassionate sentiment conveyed by Ceri in her presentation.</p> <p><b>Velindre Quality &amp; Safety Committee for NHS Wales Shared Services</b> The CIVAS@IP5 Service Performance Report was received, setting out current levels of performance against Good Manufacturing Practice</p>

Standards in addition to the Action Plan which had been developed following the MHRA (Medicines and Healthcare products Regulatory Agency) inspection on 15<sup>th</sup> February 2022 (Against the Human Medicines Regulations 2012). The following key items were highlighted:

- Ongoing maintenance of 100% compliance with the internal audit schedule and Controlled Drugs checks.
- 92% of documentation review target dates are being met.
- No service complaints.
- 96% of manufactured products suitable for patient administration (against target of at least 95%).
- All target dates for actions resulting from the MHRA inspection have been met, with the exception of the implementation of a microbiological reporting system (project delayed nationally).

### **Workforce and Associated Finance Risks**

The report was discussed in detail that highlighted the key workforce and associated financial risks currently faced by the Trust and the required management action to appropriately mitigate the risks as far as possible and to continue the delivery of core services. The following was discussed:

- A review of fixed term contracts is underway, with a view to moving as many as appropriate to substantive posts by the end of September 2022.
- A recruitment and retention project has been established to attract colleagues to key hotspot areas.
- Current focus is on managing attendance and appointing to vacancies. Finance and Workforce & Organisational Development are collaboratively working to reduce cost by implementing alternatives to agency staff where possible. However, this may be impeded by high sickness levels and vacancy levels.
- *Finance Risk* – Continuing high levels of sickness have resulted in the Trust incurring premium costs for use of agency staff, the recruitment of some permanent COVID response staff, overtime costs and productivity lost through provision of 'Time Off In Lieu'.

### **Financial Report**

The end of July 2022 financial report was discussed and the following was highlighted:

- *Revenue* – A balanced position is forecast in line with expectations with a projected year-end position of breakeven, (assuming receipt of COVID-19 cost reimbursement, planned additional income and achievement of savings targets).

- *Capital* – It is anticipated that the Trust will remain within the capital expenditure limit.
- *Public Sector Payment Performance* – The administrative target of payment of 95% of non-NHS invoices within 30 days has returned to an on-target position (at 95.59%).
- *Risk* – Discussions underway with the Trust's Commissioners in relation to the COVID-19 funding requirement for 2022-2023, as this poses a significant finance risk should these costs not be met. It is still expected that COVID-19 response costs will be funded by Welsh Government.

### **Velindre Cancer Service Quality, Safety & Performance Divisional Report**

The Velindre Cancer Service end of July 2022 performance report was discussed and the following areas were highlighted:

- Evidence of improvement in relation to patients receiving radical radiotherapy within 28 days and SACT (Systemic Anti-Cancer Therapy) within 21 days.
- Challenges relating to treatment of breast cancer patients remain, due to specialist requirements preventing the use of LINAC for treatment, in addition to the loss of Rutherford Cancer Centre capacity. Further work to reduce waiting times will be undertaken.
- *Outpatients* - Data collection in relation to the 30 minute waiting time has been reinstated. This will be linked to the new CIVICA system and wider patient experience to support a better understanding of service delivery within Outpatients.

### **Welsh Blood Service Performance Report**

The Welsh Blood Service end of July 2022 performance report was discussed and the following areas were highlighted:

- *Supply Chain Activity* – The Service remained under blue alert status during August (which was lifted in September) and the ability of the UK as a whole to support other services remains very limited via the established mutual support agreement.
- High sickness absence and level of required staff training continue to present challenges in terms of team capacity. Volunteers are currently supporting additional collection clinics and regular planning meetings are addressing meeting demand / stock recovery.
- The Service is seeking to open a bank (not previously operated) to support balancing demand and capacity.
- Donor satisfaction is at 96%.
- 99% of Quality Incident Records were closed within the 30-day timeframe (exceeding the target of 90%).

- *Bone Marrow Donor Recruitment* – The number of new bone marrow volunteers remains below target and an Autumn campaign to promote recruitment at Colleges, Sixth Forms and Universities is underway.

### **Staff Wellbeing Update**

The Staff Wellbeing update report provided an update on the current position and activities underway to support staff wellbeing, including:

- Opening of a wellbeing hub at Velindre Cancer Centre.
- An established network of trained Mental Health First Aiders.
- Incorporation of skills to support wellbeing of staff into training agenda for 2022/23.
- Work in confidence platform remains in place for raising concerns anonymously.
- Increased focus on Financial Wellbeing and the cost of living crisis.

### **Health & Safety Annual Report 2021/2022**

The Health & Safety Annual Report, which provided an overview of the management of Health and Safety within the Trust for the period 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022 was discussed. The following was highlighted:

- Evidence of continuous improvement over the year, creating a safer environment for patients, donors and staff. However, further improvements will be made to enable further mitigation of preventable incidents.
- Training compliance is reasonable; however 10-30% of staff still require the appropriate level of training in some areas. This is being addressed with managers and staff via multiple routes.

It was **AGREED** that Trust Board members would receive Health & Safety training over and above core requirements once exact requirements had been confirmed.

It was **AGREED** that further information / **ASSURANCE** in relation to fire, electrical, water safety risk assessments would be reported to the Quality, Safety & Performance Committee and this would be incorporated into the Committee Cycle of Business going forward.

The Committee **ENDORSED** the Health & Safety Annual Report for Board **APPROVAL**.

### **Welsh Language Annual Report 2021/2022**

	<p>The Committee received the 2021/2022 Welsh Language Annual Report, which provided an overview of the Trust's compliance against Welsh Language Standards. The following was highlighted:</p> <ul style="list-style-type: none"> <li>• It was noted that the Trust is currently reporting approximately 50% compliance with Welsh Language Standards.</li> <li>• Welsh Language training has seen an increase over the year and the recruitment process has been strengthened, identifying when and why Welsh Language is required.</li> <li>• The 'active offer' of Welsh Language featured in the recent Health Inspectorate Wales inspection report and 15-step visits requiring more detailed audit work across organisation, review of bilingual signage, visibility on staff uniforms of Welsh speaking staff.</li> </ul> <p>The Committee <b>ENDORSED</b> the Welsh Language 2021/2022 Annual Report for Board <b>APPROVAL</b>.</p>
<p><b>ASSURE</b></p>	<p><b>Workforce Performance Report</b></p> <p>The Trust wide Workforce performance report was discussed and the following was highlighted:</p> <ul style="list-style-type: none"> <li>• Personal Appraisal Development Review (PADR) – 69.29% (Trust-wide). There is significant focus required on improvement across Corporate functions.</li> <li>• Sickness Absence – 6.36% (as at 13/09/2022). It was noted that COVID-19-related sickness is reducing.</li> <li>• Statutory &amp; Mandatory Compliance – 85.27% (Trust-wide). It was identified that improvement focus needed across Corporate functions.</li> </ul> <p><b>Putting Things Right Report – Quarter 1</b></p> <p>The Quarter 1 Putting Things Right Report, providing a summary of concerns (complaints) and incidents received during the period 1<sup>st</sup> April 2022 to the 30<sup>th</sup> June 2022, was discussed and the following highlighted:</p> <ul style="list-style-type: none"> <li>• No National Reportable Incidents were reported.</li> <li>• During the quarter: <ul style="list-style-type: none"> <li>○ 50 <b>concerns</b> raised (3 relating to COVID-19) 98% of which were graded at level 1 (low). 100% of formal concerns were investigated and responded within the required 30-working day timeframe. Trends were: appointments, communication &amp; clinical treatment.</li> <li>○ 475 <b>incidents</b> raised, 96% graded at low or no harm.</li> <li>○ 3 Ionising Radiation (Medical Exposure) Regulations incidents were reported to Healthcare Inspectorate Wales.</li> </ul> </li> </ul>

- Formal investigation training is underway for all key staff.

### **Serious Adverse Blood Events Update**

3 Serious Adverse blood related Events (SAEs) were reported to the MHRA. Proposed corrective actions have been accepted by the MHRA and an action plan is in place, to include system updates and a review of written procedures to reduce the opportunity for human error.

### **Trust Risk Report**

The report provided oversight of the current risk profile across the Trust as identified on the Datix system. The following was highlighted:

- An extensive review of Velindre Cancer Service risks had been undertaken and completion of all actions had been prioritised by the VCS Senior Leadership Team.
- Migration of all new WBS risks and Board Level reporting risks to Datix has been completed.
- Level 2 Risk training has been completed via Teams by over 100 staff to date.

### **Medical Education Governance Framework**

The Committee received the report, which provided **ASSURANCE** around the governance in relation to Medical Education activities and the current position against the 2016 General Medical Council (GMC) standards for training. Reporting had been delayed due to the COVID-19 pandemic; therefore the report covered activity from July 2022 to August 2022. The following was highlighted:

- A significant number of 'green flags' following the GMC survey reflects the high quality of medical education provided by the Trust.
- No patient safety concerns, bullying or undermining concerns were raised and there were no areas for escalation.
- Clinical and Medical Oncology Consultants have reported inadequate time and training resources. These concerns will be addressed via the HEIW (Health Education and Improvement Wales) risk register, including development and implementation of an action plan.

### **Medical Examiner's Service & Mortality Framework**

The Committee received the report, which provided an update on the implementation of the Medical Examiner Service Requirements within the Trust and progress made since the last update. The following was highlighted:

- Following communication from Welsh Government and National



Medical Examiner, it is anticipated that the statutory introduction of the system will commence in April 2023. All statutory requirements to be in place by this date are currently being met by the Trust via interim arrangements.

- A Standard Operating Procedure and reviewed Terms of Reference for the new process have been developed, awaiting formal sign off.
- An overarching group will be established to review all deaths (inpatient and outside of Velindre Cancer Service), identifying trends and themes, capturing actions / learning and instigating discussions with Health Boards to facilitate effective reporting.

### **VCS Demand & Capacity Update (Radiotherapy & SACT)**

The Velindre Cancer Service Demand & Capacity Plan was received, setting out the impact of the loss of the Rutherford Cancer Centre and current position, in addition to the recovery plan. The following was discussed:

#### *Radiotherapy*

- Evidence of an increase in referrals over and above projected numbers due to an increase in activity within Health Boards with a national increase of 8% anticipated by year end (March 2023).
- A number of issues have impacted capacity; increased sickness absence rates, difficulty appointing to specialist posts and the loss of use of the Rutherford Cancer Centre. This will be addressed via a targeted recruitment campaign in addition to the arrival of newly qualified streamlined staff from HEIW.
- An increase in service requirements for breast referrals will require further management due to the loss of additional capacity contracted from the Rutherford Cancer Centre and constraints on LINAC capacity.
- It is the intention to increase capacity / activity within Radiotherapy via a phased extension of LINAC working hours. This is contingent on the recruitment of newly qualified trainees (during September 2022) and identification of additional treatment planning capacity.

#### *SACT*

- Evidence of an increase in referrals over and above projected numbers due to an increase in activity within Health Boards with a national increase of 12% anticipated by year end (March 2023).
- Demand for oral SACT has increased by approximately 30% from pre-pandemic levels, presenting significant challenges in managing demand.

	<ul style="list-style-type: none"> <li>A multi-disciplinary task and finish group has developed a plan to increase capacity within Velindre Cancer Service and Outreach units, focusing on restructuring the service and more effective utilisation of other areas and current capacity within the Cancer Centre. Additional capacity in Outreach services will be contingent on the availability of fully trained nursing staff and capacity within pharmacy to support the proposed increase in treatments.</li> </ul>
<b>INFORM</b>	<p>The Committee <b>ENDORSED</b> the <b>Capital Scheme for Ventilation at Velindre Cancer Centre Report</b> for consideration at Trust Board, on the proviso that a cost benefit analysis will be included within the board paper.</p> <p>The Committee <b>APPROVED</b> the following revised policies:</p> <ul style="list-style-type: none"> <li>WF05 – Equality &amp; Diversity Policy</li> <li>WF44 – Working Time Regulations Policy</li> <li>NHS Wales Special Leave Policy</li> <li>NHS Wales Pay Progression Policy</li> <li>Procedure for NHS Staff to Raise Concerns (Whistleblowing)</li> </ul> <p>The Committee was <b>INFORMED</b> that the ‘15 step challenge’ process continues to mature, with an increase in frequency of visits to monthly. It is the intention to widen the process to include all Executive Directors and Independent Members and a thematic review of findings to date will be included at the November 2022 meeting of the Quality, Safety &amp; Performance Committee.</p>
<b>APPENDICES</b>	N/A

#### 4. RECOMMENDATION

The Trust Board is asked to **NOTE** the key deliberations and highlights from the meeting of the Quality, Safety & Performance Committee held on the 15<sup>th</sup> September 2022.



## TRUST BOARD

### AUDIT COMMITTEE HIGHLIGHT REPORT

<b>DATE OF MEETING</b>	19/07/2022
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
<b>PREPARED BY</b>	Alison Hedges, Business Support Officer
<b>PRESENTED BY</b>	Martin Veale, Chair
<b>EXECUTIVE SPONSOR APPROVED</b>	Matthew Bunce, Executive Director of Finance
<b>REPORT PURPOSE</b>	FOR NOTING
<b>ACRONYMS</b>	
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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 Audit Committee at its meeting held on the 19 July 2022.

Key highlights from the meeting are reported in Section 2.

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 Audit Committee held on the 19 July 2022:

<b>ALERT / ESCALATE</b>	There was nothing to be escalated.
<b>ADVISE</b>	<p><b>PRIVATE PATIENT SERVICE REVIEW</b> The Audit Committee <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>• The updated Action Plan and <b>AGREED</b> to the extension of deadlines for the strategic actions.</li> <li>• The governance arrangements for reviewing progress against the actions in the plan and providing assurance around delivery to Independent Members through Audit Committee, Quality Safety &amp; Performance Committee and Strategic Development Committee.</li> <li>• The establishment of a Private Patient Project Board with the Executive Director of Nursing, AHP's &amp; Medical Scientists as SRO to oversee implementation of the Improvement Plan, first meeting arranged in July '22.</li> <li>• The contract agreement for external specialist support to undertake a review of the private patient income base and identify opportunity for increasing income over the next 7 – 8 months.</li> <li>• The proposed procurement of further external support to support the shaping of the service strategic direction and delivery of certain of the specialist areas of service improvement identified in the management response and action plan.</li> </ul> <p><b>GOVERNANCE OF THE TRACKER</b> The Audit Committee <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>• The need for the audit action tracker to be part of the Risk Register management process linked to the Trust assurance framework.</li> <li>• The need to get the right actions to enable adequate response to recommendations.</li> <li>• The need to present to EMB to collectively have Executive site on all actions for assurance and scrutiny before it come to Audit Committee.</li> </ul> <p>The Audit Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the mechanisms to improve engagement that Internal Audit have identified which they are putting in place for 2022-23 and what is required from Trust staff.</li> <li>• <b>APPROVED</b> the draft procedure for the Management of Internal and External Audit Actions.</li> <li>• <b>APPROVED</b> the changes already made to the action tracker, summary and oversight reports proposed, possible further changes and additional information for inclusion in the Audit Action Tracker.</li> <li>• <b>NOTED</b> the areas for improvement in the Audit Action Tracker design and process identified in the Internal Audit Follow up audit.</li> </ul>
<b>ASSURE</b>	<p><b>TRUST RISK REGISTER</b> The Audit Committee <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>• The progress made of final stages of the framework implementation</li> <li>• Ongoing framework to be structured into the risk and assurance program of work to which more detail will come to Audit Committee October 2022.</li> <li>• Finalising of the policy and procedure</li> <li>• Significant step forward on training</li> </ul>

	<ul style="list-style-type: none"> <li>Provides an overview of the framework and development</li> <li>WBS on track for migration onto Datix 14.</li> </ul> <p>The Committee <b>REVIEWED</b> the Risk Management Policy and agreed to progress for inclusion at September Trust Board, following review of other key documents in the framework.</p> <p><b>TRUST ASSURANCE FRAMEWORK</b></p> <p>The Audit Committee <b>DISCUSSED AND REVIEWED</b> the progress made and next steps in supporting the continued development and operationalisation of the Trust Assurance Framework.</p> <p>The Committee <b>NOTED</b> updates on key developments on the Trust Assurance Framework:</p> <ul style="list-style-type: none"> <li>Link to risk register, performance framework and the quality framework.</li> <li>Work is being developed and will be taken to Strategic Development and then Audit Committee in October 2022.</li> <li>Looking at mapping the Trust Assurance Framework to the Governance Cycle is a key piece of work and to look at the audit tracker link.</li> </ul>
<b>INFORM</b>	<p><b>INTERNAL AUDIT REPORTS</b></p> <p>The Committee received the following internal audit reports: Final 2021/22 Internal Audit Reports from the 2021/22 Core Internal Audit Plan</p> <ul style="list-style-type: none"> <li>Wellbeing of Future Generations Act - Advisory Report</li> <li>Follow Up: Previous Recommendations – Reasonable Assurance</li> <li>nVCC Financial Reporting – Substantial Assurance</li> <li>nVCC MIM Procurement – Substantial Assurance</li> <li>nVCC Enabling Works Security Contract –Advisory Report</li> </ul> <p><b>OTHER BUSINESS:</b></p> <p>The Committee also received written or verbal reports under the following agenda items:</p> <ul style="list-style-type: none"> <li>Losses and Special Payments</li> <li>Legislative &amp; Regulatory Compliance Register</li> <li>2022/23 Internal Audit Progress Update Report</li> <li>External Audit Position Update</li> <li>External Audit 21-22 accounts memorandum report</li> <li>Counter fraud Annual CF Report 2021-2022</li> <li>Counter fraud Counter Fraud Progress Report Quarter 1</li> <li>Procurement Compliance Report</li> <li>Private Patient Service Dent Position</li> <li>All Wales Chairs of NHS Audit Committee Minutes</li> <li>Agreement of Committee Cycle of Business</li> </ul>
<b>APPENDICES</b>	<b>NONE</b>

### 3. RECOMMENDATION

The Trust Board is asked to **NOTE** the contents of this report.