

- 1.0.0 11:00 - STANDARD BUSINESS
Led by Prof Donna Mead (Chair)
- 1.1.0 APOLOGIES
Led by Prof Donna Mead (Chair)
- 1.2.0 IN ATTENDANCE
Led by Prof Donna Mead (Chair)
- 1.3.0 DECLARATIONS OF INTEREST
Led by Prof Donna Mead (Chair)
- 1.4.0 MATTERS ARISING
Led by Prof Donna Mead (Chair)
- 1.4.1 Action Log
Led by Prof Donna Mead (Chair)
 - 1.4.1. Action Log from Trust Board Part A Meeting 04 06 2020 Updated 19 06 20.docx
- 2.0.0 11:05 - CONSENT ITEMS
Led by Prof Donna Mead (Chair)
- 2.1.0 FOR APPROVAL
- 2.1.1 Minutes from the Public Trust Board meeting held on the 4th June 2020
Led by Prof Donna Mead (Chair)
 - 2.1.1 Draft Mins_Public_Trust_Board_Meeting_-_Velindre_University_NHS_Trust__4_June_2020 v2 Published 19 06 2020.docx
- 2.1.2 Expected Urgent Expenditure
Led by Mark Osland, Director of Finance
Nil
- 2.1.3 Chair's Urgent Action Endorsements
Led by Lauren Fear, Interim Director of Corporate Governance
 - 2.1.3 25 June 2020 Trust Board Report on Chairs Urgent Action.docx
- 2.1.4 Policies for Approval
Led by Lauren Fear, Interim Director of Corporate Governance
 - 2.1.4 Policies for Approval - June 2020.docx
 - 2.1.4a Professional Registration Policy Draft June 2020 RCN Model sections included Final.docx
 - PP 10 Medical Gas Pipeline System Policy Draft 2020.docx
 - PP 11 Velindre HV Operational Policy (Contractor AP) 2020.doc
 - PP 12 Velindre HV Operational Policy 2020.doc
 - PP 13 Velindre Low Voltage Policy 2020.docx
 - PP 14 Velindre Ventilation Policy 2020.docx
- 2.2.0 FOR NOTING
Nil
- 2.2.1 Charitable Funds: Financial & legal implications in the event of cancelling a fundraising Event
Led by Mark Osland, Director of Finance
 - 8.2.0 Charitable Funds - Cancelling a Fundraising event - Board cover paper.docx
 - 8.2.0a Charity - Cancellation of Fundraising events.docx
- 3.0.0 11:10 - UPDATE: Health Technology Wales (HTW)
Led by Susan Myles, Director of HTW
Note papers have also been sent via email due to links contained with the papers
 - 3.0.0 HTW C-19 Update Board Committee.docx

- [3.0.0a COVID-19 impact statement_Final.pdf](#)
 - [3.0.0b 20200614_HTW Director's Update Report Q1_April-June 2020 FINAL.docx](#)
 - [3.0.0c 20200415-CaseStudyCOVID19TERs.docx](#)
 - [3.0.0d 20200430-CaseStudyEvidenceDigest.docx](#)
 - [3.0.0e 20200605-CaseStudyCPT.DOCX](#)
- 4.0.0 11:25 - KEY REPORTS
- 4.1.0 Chair's Update
 - Led by Prof Donna Mead (Chair)*
 - [4.1.0 Chair Update Report - June 2020 - Final.docx](#)
- 4.2.0 CEO Update
 - Led by Steve Ham, CEO*
 - [4.2.0 CEO Update Report - June 2020.docx](#)
- 4.3.0 COVID-19 Update
 - Led by Cath O'Brien, Chief Operating Officer*
 - [4.3.0 COVID update - 25th June.docx](#)
- 5.0.0 11:35 - QUALITY & SAFETY
- 5.1.0 Quality and Safety Highlight Report from Committee Meeting 22nd June 2020
 - Led by Jan Pickles, Chair of the Q&S Committee*
 - [Quality Safety Committee June 2020 Highlight Report V2.docx](#)
- 5.2.0 Nurse Staffing Act (Wales) Act 2016
 - Led by Nicola Williams, Executive Director of Nursing, Allied Health Professionals and Health Scientists*
 - [5.2.0 Nurse Staffing Levels Wales 2020\(1\).docx](#)
 - [5.2.0a Appendix 1- Reporting template 2019-20 EMB June 2020\(1\) \(Anna Harries \(Velindre - Senior Nurse Professional\)\).docx](#)
- 5.3.0 VUNHST Risk Register
 - Led by Lauren Fear, Interim Director of Corporate Governance*
 - [5.3.0 Trust Risk Register - Cover Paper - June 25thvfinal.docx](#)
 - [5.3.0a TRR - Trust Board - 25.6.20vfinal.pdf](#)
- 6.0.0 11:50 - WORKFORCE & ORGANISATIONAL DEVELOPMENT
- 6.1.0 Local Partnership Forum Update
 - Oral update by Sarah Morley, Executive Director of Workforce and Organisational Development*
- 7.0.0 11:55 - PLANNING & PERFORMANCE
- 7.1.0 Q2 VUNSHT Operational Plan
 - Led by Carl James, Director Strategic Transformation, Planning & Digital*
 - [Presentation: TB - 25th June 2020 -Q2 Operating Plan Update. - draft 2pptx.pptx](#)
 - [Appendix 1: App A 2020-06-09 Quarter 2 2020-21 Summary doc v2.docx](#)
 - [Appendix 2: Operating Framework for NHSW Q2 v2.docx](#)
- 7.2.0 Delivering Excellence Performance Report Period
 - Led by Cath O'Brien, Chief Operating Officer*
 - [7.2.0 Delivering Excellence Performance Report Cover Paper - Trust Board - 26th June 2020.docx](#)
 - [7.2.0a VCC Performance Report - April 2020.xlsx](#)
 - [7.2.0b WBS PMF Report.xlsx aP.pdf](#)
 - [7.2.0c Trust-wide Performance Report - New Template April 2020.pdf](#)
- 7.3.0 Financial Report Period 2
 - Led by Mark Osland, Director of Finance*
 - [7.3.0 20-21 Month 2 Finance Report Trust Board 25.06.2020.docx](#)
 - [7.3.0a M2 VELINDRE NHS TRUST FINANCIAL POSITION TO MAY 2020 draft Final.docx](#)
- 7.4.0 The Accountability & Accounts for 2019-20 for Velindre University NHS Trust
 - Led by Mark Osland, Director of Finance*
 - [2.0.0 Item 1 - Cover Paper - Accountability Report Annual Accounts Sign Off 2019-20.docx](#)
 - [2.0.1 Appendix 1 - Accountability Report 2019-20.doc](#)
 - [2.0.2 Appendix 2 - Letter of representation.docx](#)

2.0.3 Velindre - audit enquiries letter 2019-20 - final.docx

2.0.4 Appendix 4 NAO Governance_Statements_Fact_Sheet_observations.pdf

Velindre NHST Template 2019-20 FINAL VERSION FOR AC AND BOARD.pdf

3.0.0 Item 2 - AA Velindre NHS Trust - HIA Opinion and Annual Report 2019-20 Final 170620.pdf

4.0.0 Item 3 - Covering paper ISA 260 June 2020 v2.docx

4.0.1 Item 3 - 1920A2020-21_Velindre_ISA260_2019-20_Final.pdf

8.0.0 12:45 - INTEGRATED GOVERNANCE

8.1.0 Structured Assessment and Internal Audit Report

Led by Lauren Fear, Interim Director of Corporate Governance

Wales Audit and Internal Audit Update - 25th June.docx

Appendix 1 PA288 - Update on the AGWs programme of NHS Performance Audit work (005).pdf

Appendix 2 AC190 - Letter to Chief Executives (004).pdf

Appendix 3 Structured Assessment 2020_Briefing Note (008).pdf

Appendix 4 - 2020-21 Governance Arrangements during Covid 19 (Advisory Review) VUNHST brief (002).docx

Appendix 5 - Information Requestv1 (002).docx

Appendix 6 - Interview schedule (002).docx

8.3.0 NWSSP COVID Approval Update

Led by Mark Osland, Director of Finance

8.3.0 NWSSP COVID approval updated 16.06.20.docx v2.docx

9.0.0 ANY OTHER BUSINESS

Prior Approval By the Chairman Required

10.0.0 13:00 - DATE AND TIME OF THE NEXT MEETING

Led by Prof Donna Mead (Chair)

The next Trust Board Meeting is the 23rd July 2020 - details to be confirmed.

11.0.0 CLOSE

The Board is asked to adopt the following resolution:

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

VELINDRE NHS TRUST

UPDATE OF ACTION POINTS FROM PUBLIC TRUST BOARD MEETINGS 28.11.2019 / 19.12.2019/ 30.01.2020/26.03.2020/30.04.2020/04.06.2020

MINUTE NUMBER	ACTION	STATUS	LEAD	RECOVERY PLAN
Public Trust Board 28.11.2019				
28-11-19 2.2.5	Health Technology Wales – Annual Report Action: Paper for Trust Board of Audit Committee outlining Steve Hams role in HTW and its governance	UPDATE JULY 2020 Work to be completed for reporting to July Board The Board will receive a full update from the Director of HTW on the activities during COVID - 19 at the 25 th June Board.	SC/SH - Now, LF/SH	Now under active management (previously on Recovery Plan)
7.3	Radiotherapy Performance COB and MO will keep the Board apprised of the management of the financial risk. The detailed operational plan will be kept at operational level.	UPDATE JULY 2020 Confirmation of funding was received from Cardiff & Vale Health Board and Cwm Taf Morgannwg Health Board. The Trust is therefore proceeding on that basis. Agreement was not achieved with Aneurin Bevan Health Board and the Trust is continuing to manage the financial consequences of their non-contribution. The Trust managed this in the	COB	CLOSED for 2019/20 position. Finalising Commissioning Model: Now under active management (previously on Recovery Plan)

		financial year 2019-20 within the operational budget. The Trust is currently engaging in active discussions for the financial year 2020-2021 as part of the ongoing commissioning dialogue.		
28-09-17 4.3	Velindre NHS Trust Risk Appetite Statement <ul style="list-style-type: none"> • Action: Collect emerging themes and report back to the Board in 6 months. • Action: Training event and practical plan to implement this process <p>The Board APPROVED on the basis that the above comments are noted and the actions taken forward.</p>	UPDATE JULY 2020 <p>Board development session on Risk Appetite to be on 13th August</p>	LF	Now under active management (previously on Recovery Plan)
19.12.2019 – Extraordinary Public Trust Board				
2.0	Urgent Decisions Over £100k <p>1. Mr Mark Osland and Mrs Lauren Fear will be addressing the process supporting the “Over 100k Commitments” with Procurement colleagues in January 2020, and this will include a review of the detail captured within the reports as well as improving consistency of content. An update will be received at the January Trust Board meeting.</p>	UPDATE JULY 2020 <p>A plan has been being drawn up to include a full review of the whole process and to determine procedural responsibilities. Also now incorporated into the revised on-going process will be the learnings from the process working through the COVID response period. – to report back to September Board</p>	MO/LF	Now under active management (previously on Recovery Plan)

30.01.2020 Public Trust Board				
30.01.2020 2.2.3	SSPC Board Assurance Report The Board raised a concern that the IP5 Strategic Outline Case was discussed at the 2 December SSPC but not discussed with the Velindre University NHS Trust Board. An action was captured to look at the process for overall review and sight by VUNHST as the host organisation.	CLOSED Action relating to IP5	LF/SH/CJ	CLOSED
26.03.2020 Private Trust Board				
30.04.2020 Public Trust Board				
30.03.2020 6.0 6.2	PLANNING & PERFORMANCE Convalescent Plasma Collection by Welsh Blood Service <ul style="list-style-type: none"> Formal notice that WG is supporting this initiative is required for the Board. 	Written confirmation has now been received from WG dated the 5th June 2020	COB	CLOSED
30.03.2020 6.0 6.4	PLANNING & PERFORMANCE Charity Fundraising activity during Coronavirus in summary: <ul style="list-style-type: none"> To review the legal position with the Charity Commission should an event not go ahead – will need this information for closing the accounts. New Actions captured 4th June 2020: <ul style="list-style-type: none"> Seek legal advice on the Velindre University NHS Trust position and summarise the Charity Commission's guidance for the Board. If possible quantify the sum of money involved 	Update 25th June Board On review of this action, two further queries were raised and captured Full update to be given by MO at the 25 th June 2020 Board Meeting. Legal advice has been sort and has been	MO/Rhian Gibson	OPEN

	<p>and bring back to Board with a full update the next meeting.</p> <ul style="list-style-type: none"> Mark Osland and Prof Donna Mead to discuss the work for Charitable Funds Committee, see what is coming through the system in terms of renewals and to issue guidelines about whether we are taking new applications 	<p>included in the attached paper for information.</p> <p>MO/ES/Finance – Met with the Chair on the 18th June 2020 to discuss the financial position of the Charity and schedule of work.</p>	<p>MO/Rhian Gibson</p>	<p>CLOSED</p>
	<ul style="list-style-type: none"> Mr Steve Ham confirmed that he has informed the NHS CEO in Welsh Government on the status and will follow this up in writing – confirmation that the letter has been sent. 	<p>This action relates to the Letter of Accountability and Update will be given at the 25th June Board.</p>	<p>SH</p>	<p>OPEN</p>
04.06.2020 Public Trust Board				
2.1.3	<p>Chairs Urgent Action Endorsements:</p> <ul style="list-style-type: none"> Include the report narrative to reflect Stephen Harries contribution to the Chairs Urgent Action Endorsement Reports, noting that he is a member of the NWSSP Finance Group which this group does not approve orders. They apply due diligence and the request is then sent to the board with a recommendation for approval. 	<p>CLOSED</p> <p>The Chairs Urgent Action Matter Report has been updated to reflect the Vice Chair role on the NWSSP Financial Governance Group</p>	<p>ES</p>	<p>CLOSED</p>
4.1.0	<p>Chairs Update:</p> <ul style="list-style-type: none"> The Health and Social Care (Quality and Engagement) Wales Act 2020 is now law – Guidance will follow. It was agreed that a board briefing session was needed to discuss and fully understand the Trusts compliance with the act. It 	<p>CLOSED</p> <p>The Board Development session is currently</p>		

	<p>was acknowledged that training would be required around the duty of candour which is a key feature of the act. Steve Allan (Community Health Council) provided some detail around the Citizens Voice body which will be established under the act and agreed to attend a future board briefing to provide further background.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Stephen Allen is happy to brief the Board on the background to the Citizen Voice Body at the next Board Briefing. • Rebecca Goode will send the detail on the act to all the Board Members today (4/6/2020) – completed. 	<p>scheduled for the 9th July 2020.</p> <p>Diary Marker has been sent to Stephen Allen.</p>	RG/LF	CLOSED
4.3.0	<p>COVID-19 Update</p> <p>To confirm Mr Steve Ham will be writing an accountability letter to Welsh Government, detailing the requirements for Velindre University NHS Trust for the future and current status on where the Trust is financially. A copy of the letter will be circulated to the Board. Mr Martin Veale agreed to share the Accountability Letter that Mr Andrew Goodall submitted to the Permanent Secretary.</p> <p>Action:</p> <ul style="list-style-type: none"> • Martin Veale to share the AC Letter from the Andrew Goodall to Permanent Secretary Completed. • Mr Steve Ham to draft and share his letter of accountability with the full Board. 	<p>CLOSED</p> <p>Action already captured regarding SH Accountability letter (above) and discussion planned for 25th June 2020 Board.</p>	SH	CLOSED

5.3.0	<p>VUNHST Risk Register</p> <ul style="list-style-type: none"> • WTAIL risk – discussion separately due sensitivity and a request made to track the risk back to the original date when the risk was identified. <p>Action:</p> <ul style="list-style-type: none"> • Update the WTAIL Risk to track the risk back to the original date when the risk was identified. 	<p>CLOSED</p> <p>Updated on the Trust Risk Register</p>		<p>CLOSED</p>
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Velindre University
NHS Trust

MINUTES OF THE PUBLIC TRUST BOARD – PART A

VELINDRE UNIVERSITY NHS TRUST HQ / SKYPE THURSDAY 4TH JUNE 2020 @ 11:00AM

PRESENT:

Professor Donna Mead	Chair (Chair)
Mr Stephen Harries	Interim Vice Chair
Ms Janet Pickles	Independent Member (left the meeting at 12:30pm)
Mr Martin Veale	Independent Member
Mrs Hilary Jones	Independent Member
Mr Gareth Jones	Independent Member
Mr Steve Ham	Chief Executive
Mr Mark Osland	Executive Director of Finance and Informatics
Dr Jacinta Abraham	Executive Medical Director
Mrs Nicola Williams	Executive Director of Nursing, Allied Health Professionals and Health Scientists
Mrs Sarah Morley	Executive Director of Workforce and OD

IN ATTENDANCE:

Mr Carl James	Director of Transformation, Planning, & Digital
Mrs Lauren Fear	Interim Director of Corporate Governance
Mr Stephen Allen	Community Health Council (CHC) Representative
Ms Cath O'Brien	Interim Chief Operating Officer
Ms Annie Evans	Deputy Director of Nursing, Quality and Patient Experience
Mrs Carole Jacobi	Volunteers Manager – VCC (left the meeting at 1pm)
Miss Emma Stephens	Head of Corporate Governance
Mrs Rebecca Goode	Secretariat

Agenda No.:	Agenda Item
1.0.0	STANDARD BUSINESS Prof Donna Mead, Chair – welcomed everyone to the Velindre University NHS Trust Public Trust Board Meeting.
1.1	APOLOGIES NOTED: Paul Wilkins, Interim Director of VCC Prof Donald Fraser, Independent Member
1.2.0	IN ATTENDANCE <ul style="list-style-type: none"> • Andy Butler, NWSSP (Item 7) • Katrina Febry, Audit Wales • Stephen allen, CHC – (left the meeting at 1pm) • Military Liaison Team (left the meeting 10:15am) <p>The Chair formally thanked the Military Liaison Team for their contribution and support during the COVID-19 peak period. The Board formally wished them good luck in their new roles.</p> <p>A plaque was presented to the Trust by the Military Liaison Team to acknowledge the collaboration during COVID-19 with Velindre University NHS Trust.</p>
1.3.0	DECLARATIONS OF INTEREST Mrs Hilary Jones informed the Board that she was a member of the West Wales Regional Partnership Board. The declaration of interest was NOTED by the Board.
1.4.0	MATTERS ARISING
1.4.1	Action Log: The Chair led the review of the Velindre University NHS Trust Public Trust Board Part A action log and noted the following updates:- <ul style="list-style-type: none"> • HTW – COVID Activity Report for the Board – the action was to acknowledge their work and request an update at the next Board on the 25th June 2020.

	<ul style="list-style-type: none"> Convalescent Plasma – this action is still outstanding regarding funding with no formal notice from Welsh Government (WG) to undertake the work. Mr Alan Prosser / Mrs Cath O'Brien are following this up with WG and confirmed that an update was received on the 3rd June 2020 and awaiting the formal response shortly. The Chair is keen to ensure that the costs incurred are fully covered by WG. Charity fundraising – The Board requested clarity on the Trust's position for cancelled events and to quantify the risk of returning fundraising money (if required). Mr Mark Osland confirmed that the Charity Commission has given detailed guidance. The Fundraisers, for Velindre University NHS Trust, who had events planned were committed to rearranging the events and so not currently aware of having to pay any monies back. <p>Actions:</p> <ul style="list-style-type: none"> Seek legal advice on the Velindre University NHS Trust position and summarise the Charity Commission's guidance for the Board. If possible quantify the sum of money involved and bring back to Board with a full update the next meeting. Mr Mark Osland 25/6/2020. Mark Osland and Prof Donna Mead to discuss the work for Charitable Funds Committee, see what is coming through the system in terms of renewals and to issue guidelines about whether we are taking new applications. There are no immediate cases that are waiting approval and agreed to convene a meeting to discuss it. Mr Mark Osland. <p>The action log was NOTED and updated by the Board.</p>
2.0	CONSENT ITEMS
2.1.0	FOR APPROVAL
2.1.1	<p>Minutes from the Public Trust Board meeting held on the 30th April 2020</p> <p>The Chair confirmed the wrong version of the minutes have been included with the Board papers and apologised for the inconvenience. For the record the correct version had been loaded to the website.</p> <p>Further comments were noted as follows:</p> <p>6.4 Clarity on the Charitable Funds narrative regarding cancelled events. <i>(Confirmed that this was addressed in the final Version loaded to the website).</i></p> <p>7.3 The noting of thanks for the IMs for their support with Chairs Urgent Action <i>(Confirmed that this was addressed in the final Version loaded to the website).</i></p> <p>7.4.1 Endorse the pausing of the project – the published minutes say the pausing of the planning application. <i>(Confirmed that this was addressed in the final Version loaded to the website).</i></p> <p>7.1.b Clarity on the statement for IMTP is that the plan is approvable.</p> <p>The minutes were APPROVED, subject to the above comments being actions/</p>

2.1.2	<p>Expected Urgent Expenditure</p> <p>Mr Mark Osland confirmed that there was one item for approval – Procurement of Product for the Treatment of Haemophilia A by Welsh Blood Service (WBS).</p> <p>The expected urgent expenditure was APPROVED by the Board.</p>
2.1.3	<p>Chair's Urgent Action Endorsements</p> <p>The Chair acknowledged the significant amount of work from the Independent Members (IMs) involved in the appraisal of these requests and again noted her thanks and appreciation for the record.</p> <p>The Chair also confirmed that Mr Stephen Harries, Vice-Chair, is unable to vote on the Chair's Urgent Action as he is a member of the NWSSP Finance Group which reviews these procurement requests and a statement, to reflect this contribution, should be included in the report.</p> <p>Mr Mark Osland confirmed, for the purpose of the minutes, these are commitments over £1m which is the threshold for Chief Executive approval under the current COVID period.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Include in the report narrative to reflect Stephen Harries' contribution to the Chair's Urgent Action Endorsement Reports, noting that he is a member of the NWSSP Finance Group and this group does not approve orders. They apply due diligence and the request is then sent to the board with a recommendation for approval. Emma Stephens 25/6/2020. <p>The Board ENDORSED the Chair's Urgent Action Report.</p>
2.1.4	<p>Amendment to Standing Orders Schedule 3 - TCS Programme Scrutiny Committee ToR</p> <p>Mrs Lauren Fear confirmed the TCS Scrutiny Committee Terms of Reference (ToR) had been discussed at previous meetings and were now updated in Schedule 3 of the Standing Orders.</p> <p>The Board APPROVED the revised Schedule 3 of the Trust's Standing orders.</p>
2.2.0	FOR NOTING
2.2.1	<p>Trust Seal Report</p> <p>The Trust Seal report was RECEIVED and NOTED by the Board.</p>
2.2.2	<p>All Committee Recovery Actions Plan</p> <p>The Committee Recovery Actions Plan report was RECEIVED and NOTED by the Board.</p>
4.0.0	KEY REPORTS

4.1.0	<p>Chair's Update</p> <p>The Chair presented her report and issues to note were :</p> <ul style="list-style-type: none"> • Filming of Trust Board - Initiated discussions with the full Board around the filming of Trust Board and how to make board meetings accessible to the public during Covid 19 Lockdown. Members discussed options to film Trust Board. Noted that Trust Board is a meeting held in Public and not a public meeting, it would be possible to set expectations around public involvement. Agree the platform for the meeting with advice from Digital and the Communication Team. • The Queen's Birthday Honours has been delayed to Autumn - The queen would like to make an acknowledgement to those involved in the COVID Pandemic recognised in the honours list and the Chair encouraged applications from Velindre. • The Health and Social Care (Quality and Engagement) Wales Act 2020' is now law – Guidance will follow. It was agreed that a board briefing session was needed to discuss and fully understand the Trust's compliance with the Act. It was acknowledged that training would be required around the duty of candour which is a key feature of the Act. Steve Allan (Community Health Council) provided some detail around the Citizens Voice body which will be established under the Act and agreed to attend a future board briefing to provide further background. <p>Actions:</p> <ul style="list-style-type: none"> • Stephen Allen is happy to brief the Board on the background to the Citizen Voice Body at the next Board Briefing. • Rebecca Goode will send the detail on the Act to all the Board Members today (4/6/2020) – completed.
4.2.0	<p>CEO Update</p> <p>Mr Steve Ham, CEO summarised his report for the Board and again noted his thanks for the hard work of the staff.</p> <p>Mr Ham updated the Board on the Quarter 1 (Q1), Quarter 2 (Q2) reports and the process for submission to Welsh Government.</p> <ul style="list-style-type: none"> • To confirm Quarter 1 report was submitted to WG and the Master Rapid Review Response Paper was received with the papers attached to item 6.3.0 and the letter from Andrew Goodall regarding Quarter 1 Operational Plans for 2020-21 has been circulated following Trust Board on the 4th June 2020. Completed. • Quarter 2 draft report to be received at the 25th June Board, noting this will be a draft version and received as a late paper. The Chair is clear that this must be discussed in Part A. Mr Carl James confirmed that the timescales were tight but agreed the plan will be submitted in draft to the next board meeting and will cover the key matters for discussion so that the plan can be submitted by the deadline.

	<ul style="list-style-type: none"> Mr Stephen Allen, Community Health Council CHC, confirmed that he has feedback to WG that the timescales do not allow for public scrutiny and allow time for the Public to feedback on their observations with the plans. <p>The Board NOTED the update.</p>
4.3.0	<p>COVID-19 Update</p> <p>Mr Steve Ham confirmed that the current 'COVID' environment is very fluid and that the Trust is making preparation for the return to essential services. Mr Ham confirmed that the plan will need to be very agile and adaptable as the situation changes. Key documents to note from WG:-</p> <ul style="list-style-type: none"> Principle Framework for Hospitals Communication and Ways of Working Trace and Track plans <p>To confirm Mr Steve Ham will be writing an accountability letter to Welsh Government, detailing the requirements for Velindre University NHS Trust for the future and current status on where the Trust is financially. A copy of the letter will be circulated to the Board. Mr Martin Veale agreed to share the Accountability Letter that Mr Andrew Goodall submitted to the Permanent Secretary.</p> <p>Action:</p> <ul style="list-style-type: none"> Martin Veale to share the AC Letter from the Andrew Goodall to Permanent Secretary Completed. Mr Steve Ham to draft and share his letter of accountability with the full Board. <p>The Board NOTED the update.</p>
4.3.1	<p>VCC Clinical Framework for Defining the Clinical Model and Treatment Decision Making During the Recovery Phase of COVID-19</p> <p>Dr Jacinta Abraham, Executive Medical Director, presented the above paper and confirmed that the framework had been tested and was working well in Velindre Cancer Centre (VCC). The paper had been received in Q&S Committee. It was confirmed that the paper contained high level principles for clinical decision making, based on the safety and quality of patient care. This is to enable VCC to offer safe services which will be communicated well with patients and monitored by outcome measures.</p> <p>The Chair raised her concern about Health Boards's (HBs) resuming service and the impact that this may have on VCC because of the backlog of patients and the planning for realigning the cancer services to meet increased demand in the COVID recovery phase. The Chair felt that this should be included in the paper. Dr Abraham conveyed that this is a challenge for VCC when planning services and also the planning required for the hospital estate to ensure a safe environment for patients.</p> <p>Dr Abraham confirmed that she is meeting weekly with her peers to discuss the issue.</p> <p>The paper is APPROVED subject to the paper being updated with the current governance structure (reference to Silver and Gold Command is removed) and incorporating the comments above.</p>

5.0.0	<p>Quality & Safety Highligh Report</p> <p>Mrs Jan Pickles, Independent Member, presented the report which summarises the last 3 meetings. The Committees are very focussed, provide assurance and a full summary of the meetings are captured in the Q&S Minutes.</p> <p>The Board NOTED the update.</p>
5.2.0	<p>Local Partnership Forum Highlight Report</p> <p>Ms Sarah Morley presented the report and confirmed that the meetings have taken place weekly and conveyed some of the discussions and feedback from the Trade Unions (TU). The meetings will continue on a weekly basis and the Forum will make a decision next week on the frequency moving forward.</p> <p>The Board NOTED the update.</p>
5.3.0	<p>VUNHST Risk Register</p> <p>Mrs Lauren Fear presented the current Velindre University NHS Trust Risk Register and confirmed that there were two new risks as outlined below:-</p> <ul style="list-style-type: none"> • Financial Risk – risk regarding reimbursement of the costs as a result of COVID (noting this requires further review and monitoring of the matter). • Fire Safety – the paper outlines about £750k of work to carry out the maintenance and the compartmentalise element. Some discretionary money has been identified and the business case has been sent into WG. There is a keenness to get the work done and there are a number of controls in place to mitigate the risk. • WTAIL risk – discussion separately due to sensitivity and a request made to track the risk back to the original date when the risk was identified. <p>Action:</p> <ul style="list-style-type: none"> • Update the WTAIL Risk to track the risk back to the original date when the risk was identified. <p>The Board APPROVED the Trust Risk Register.</p>
6.0.0	<p>PLANNING & PERFORMANCE</p>
6.1.0	<p>Delivering Excellence Performance Report Period</p> <p>Mrs Cath O'Brien, Chief Operating Officer, led the discussions on the performance report and invited questions from the Board.</p> <p>The Chair was pleased with the Mandatory and Statutory Training and the sickness reports which were very positive. On page 2 of the Corporate PADR report, the Board were informed that the figures were correct but the colour coding is wrong which will be corrected.</p> <p>Mr Stephen Allen, CHC, is very keen to see the presentation of our reporting improve as the data is very difficult to read and readers have to increase the size of the font to read the report.</p>

	<p>Mrs Nicola Williams, Executive Director of Nursing, Allied Health Professions and Health Sciences is very keen to facilitate some discussions on the presentation of these reports and has already made contact with CHC.</p> <p>The Board NOTED the update on the Delivering Excellence Reports.</p>
6.2.0	<p>Welsh Blood Service Infrastructure Programme Business Case (PBC)</p> <p>Mr Carl James, Director of Strategic Transformation, Planning and Digital confirmed that he has been working with WG to progress the Infrastructure business case for WBS to ensure the resilience of the building.</p> <p>The Board were asked to note that there is some further work going on in parallel with this PBC, particularly on the formatting of the document. The annexes need to be brought forward in the document and there is a commercial case that requires further work on the procurement and working with Health Care planners to refine the detail.</p> <p>The Board is asked to approve (subject to some final amendments) and approve for submission to WG. The intention is to start the work in September.</p> <p>The Board APPROVED the WBS PBC.</p>
6.3.0	<p>Q1 VUNSHT Operational Plan</p> <p>Mr Carl James explained that the Quarter 1 (Q1) plan starts to open up discussions about how the Trust starts to plan for services in the next phase. WG have responded with general themes, questions and service delivery plans. Q1 report was about setting the scene and Q2 will be about how much we expect, in terms of demand and our capacity to respond.</p> <p>The Board were informed that WG are receiving the reports only and not approving them. Initial observation is that a summarised version would be preferred. Mr Carl James to discuss the presentation/content of these reports with CHC – part of the CHC discussions on the presentation of the reports captured as an earlier action.</p> <p>The Board APPROVED the Q1 report.</p>
6.4	<p>Financial Report Period</p> <p>Mr Mark Osland, Director of Finance, updated the Board on important issues relating to the financial position and confirmed the next set of accounts will be received on the 25th June 2020 Trust Board</p> <p>The financial presentation is as follows:-</p> <ul style="list-style-type: none"> • Slide 1 – Front page • Slide 2 - Describes the financial plan and specific items to note. Presented a balanced financial plan and some headroom to allow a savings target. • Slide 3 Summary of Trust income expenditure • Slide 4 Divisional Budget Allocations • Slide 5 Contracting Arrangements with our Commissioners and background to the model • Slide 6 Contracting Arrangements – Developments since Covid19 • Slide 7 Covid19 – Costs and Financial Risks

	<p>The Board were informed that this was the basis at the start of the financial year before the COVID pandemic and aligned with the block contract approach. Discussions now need to take place on whether the Trust should continue with the block contract to remain with some financial certainty. Mr Mark Osland was very keen to get Block contract arrangements confirmed for the next period.</p> <ul style="list-style-type: none"> Slide 8 - Summary of Covid19 Costs and Forecast Potential Commitments, noting the convalescent plasma expenditure which will need to be monitored. <p>It was confirmed by the end of June we will know the capital position and details of the Trust's allocation</p> <ul style="list-style-type: none"> Slide 9 Revenue Budget 2020-21 at the 4th June Slide 10 – All Wales Capital Programme and the Discretionary Allocation position <p>Mr Martin Veale, Independent Member, asked if there was any tapering applied to the 50/50 coverage of differences in funding but Mark Osland confirmed that was not the case.</p> <p>To confirm that this is only for noting and the financial report will be received at the 25th June 2020 meeting as planned.</p> <p>The Board NOTED the update.</p>
6.5.0	<p>TCS Scrutiny Committee Update</p> <p>Mr Stephen Harries, Vice-Chair confirmed this formally captures the update given at the last meeting. There have been some concerns raised with the new planning application and these will be discussed at the next scrutiny committee.</p> <p>The Board NOTED the update.</p>
7.00	<p>INTEGRATED GOVERNANCE</p>
7.1.1.	<p>NWSSP Audit Committee Assurance Highlight Report</p> <p>Mr Martin Veale said the highlight report is self explanatory and confirms the procurement activity as discussed earlier on the agenda.</p> <p>The Board NOTED the update.</p>
7.1.2.	<p>NWSSP Review of Standing Orders</p> <p>Mr Andy Butler from NWSSP joined the meeting and confirmed the discussions and the summary of changes agreed at the 23rd May Partnership Board.</p> <p>In summary the changes are:-</p> <ul style="list-style-type: none"> Non medical educational – transferred to HEIW Introduced a category arrangement (similar to NWIS) Amended the Scheme of Delegation up to £5m expenditure Liability of scheme

	The Board DISCUSSED the paper and APPROVED the amended SSPC Standing Orders.
7.1.3	<p>NWSSP VTB Proposed Payment Process for Existing Liability Scheme</p> <p>Mr Andy Butler summarised the paper and confirmed the proposed payment process for existing liability scheme as outlined in the paper.</p> <p>The Board:-</p> <ul style="list-style-type: none"> • NOTED: the content of the report and the change to the Scheme of Delegation, as endorsed by SSPC at their meeting on 21 May 2020; and • AGREED: the proposed payment process for the Existing Liability Scheme, NWSSP.
8.0.0	<p>ANY OTHER BUSINESS</p> <p>Nil</p>
9.0.0	<p>DATE AND TIME OF THE NEXT MEETING</p> <p>The Chair confirmed the date of the next meeting will be the 25th June 2020.</p> <p>The Chair proposed that there will not be a Board Briefing on the 11th June.</p>
10.0.0	CLOSE.



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TRUST BOARD

CHAIRS URGENT ACTION MATTER REPORT

DATE OF MEETING	25/06/2020
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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, Interim Head of Corporate Governance
PRESENTED BY	Lauren Fear, Interim Director of Corporate Governance
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Interim Director of Corporate Governance

REPORT PURPOSE	CONSIDER and ENDORSE
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
Trust Board Members – Via Email	08/06/2020	Approved
Trust Board Members – Via Email	10/06/2020	Approved

ACRONYMS

nVCC	New Velindre Cancer Centre
NWIS	NHS Wales Informatics Service
NWSSP	NHS Wales Shared Services Partnership

PPE	Personal Protective Equipment
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1. SITUATION/BACKGROUND

- 1.1 In accordance with Trust Standing Orders, there may occasionally, be circumstances where decisions, which would normally be made by the Board, need to be taken between scheduled meetings and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and Chief Executive, supported by the Board Secretary, as appropriate, may deal with the matter on behalf of the Board – after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded, and reported to the next meeting of the Board for consideration and ratification. Where issues are included in the Schedule of 'Expected Urgent Decisions' and prior approval is sought from the Board, these issues will not be reported here.
- 1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.
- 1.3 The Vice-Chair was invited and agreed to attend the NWSSP Financial Governance Group that has been established to oversee and scrutinise NWSSP procurement requests in response to COVID 19 PPE requirements. The Board has agreed that due to the role performed by the Vice-Chair on this group, the Vice-Chair will abstain from any approval requests sought via Chairs Urgent Action involving NWSSP procurement decisions.
- 1.4 This report details Chair's Urgent Action taken since the Trust Board meeting held on the 4th June 2020.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Option Appraisal / Analysis:

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

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	This action is by exception and with prior approval from the Chair. The provision to permit this urgent action is to allow for quick decisions to be made where it is not practicable to call a Board meeting and to avoid delays that could affect service delivery and quality.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required



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LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Financial impact 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 since the 4th June 2020 Trust Board Meeting as outlined in Appendix 1.

Appendix 1

The following items were dealt with by Chairs Urgent Action:

1. nVCC – Enabling Works Planning Applications

The Trust Board were sent an email on the 8th June 2020, inviting the Board to **AUTHORISE** the submission of the nVCC Enabling Works Planning Applications.

Due to the urgency of this matter it could not wait until the 25 June 2020 Trust Board meeting.

Recommendation Approved:

Professor Donna Mead, Trust Chair
Mr. Steve Ham, Chief Executive Officer
Mr. Stephen Harries, Vice Chair
Mr. Gareth Jones, Independent Member
Mrs. Janet Pickles, Independent Member
Ms. Sarah Morley, Executive Director

No objections to approval received.

2. NWSSP – COVID 19 PPE Masks

The Trust Board were sent an email on 9th June 2020, inviting the Board to **AUTHORISE** expenditure in relation to PPE in relation to COVID 19 activity.

Due to the urgency of the above activity this matter could not wait until the 25th June 2020 Trust Board meeting.

Recommendation Approved:

Professor Donna Mead, Trust Chair
Mr. Steve Ham, Chief Executive Officer
Mr. Gareth Jones, Independent Member
Mr. Martin Veale, Independent Member
Mrs. Hilary Jones, Independent Member
Ms. Sarah Morley, Executive Director

No objections to approval received.



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TRUST BOARD

POLICIES FOR APPROVAL

DATE OF MEETING

25/06/2020

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

Not Applicable - Public Report

PREPARED BY

Emma Stephens,
Interim Head of Corporate Governance

PRESENTED BY

Lauren Fear,
Interim Director of Corporate Governance

EXECUTIVE SPONSOR APPROVED

Lauren Fear,
Interim Director of Corporate Governance

REPORT PURPOSE

FOR APPROVAL

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

COMMITTEE OR GROUP

DATE

OUTCOME

Not applicable

(DD/MM/YYYY)

Choose an item.

ACRONYMS

EMB

Executive Management Board

1. SITUATION/BACKGROUND

- 1.1 In accordance with the “Policy for the Management of Policies, Procedures and other Written Control Documents”, the Trust Board will receive all approved policy documents for information under the consent agenda.
- 1.2 The purpose of this report is for the Trust Board to note the policies that have been approved since the last report in March 2020.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 As agreed in the Recovery Plan approach in April, various matters of business that would have ordinarily been dealt with in one of the Committees that are currently paused, has instead been transferred to the Trust Board. Approval is therefore sought from Trust Board for the following Policies:

Policy Title	Policy Lead / Function	Approving Committee	Effective Date If Approved
WF 21 Professional Registration and Revalidation Policy	Executive Organisational Development & Workforce	Trust Board	June 2020
PP 10 Medical Gas Piped Systems Policy	Strategic Transformation, Planning and Digital	Trust Board	June 2020
PP 11 Operational Policy for High Voltage Electrical Supply System Using a Contractor as the Authorised Person	Strategic Transformation, Planning and Digital	Trust Board	June 2020
PP 12 Operational Policy for High Voltage Electrical Supply	Strategic Transformation, Planning and Digital	Trust Board	June 2020
PP 13 Electrical Low Voltage Policy	Strategic Transformation, Planning and Digital	Trust Board	June 2020
PP 14 Ventilation Policy	Strategic Transformation, Planning and Digital	Trust Board	June 2020

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	The Trust has a defined process for the management of policies and written control documents. The purpose of which is to ensure staff are aware of their responsibilities with regards to Trust policy documents and to provide a 'model' guide and consistent approach for the development, management and dissemination of the Trusts documents
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

The Trust Board is asked to **APPROVE** the following Policies:

- WF 21 Professional Registration and Revalidation Policy
- PP 10 Medical Gas Piped Systems Policy
- PP 11 Operational Policy for High Voltage Electrical Supply System Using a Contractor as the Authorised Person
- PP 12 Operational Policy for High Voltage Electrical Supply
- PP 13 Electrical Low Voltage Policy
- PP 14 Ventilation Policy

PROFESSIONAL REGISTRATION AND REVALIDATION POLICY

WF 21

Executive Sponsor & Function:	Executive Director of OD and Workforce
Document Author:	Senior Workforce and OD Business Partner
Approved by:	Trust Board
Approval Date:	25 th June 2020 TBC
Date of Equality Impact Assessment:	September 2019
Equality Impact Assessment Outcome:	This policy has been subject to a full equality impact assessment and there are no issues identified
Review Date:	June 2022
Version:	2

1. Policy Statement

Velindre University NHS Trust recognises that professional registration and revalidation is intended to protect the public, ensuring that those who practice as a health professional are doing so safely. The purpose of this policy is to ensure that the Trust is fully able to exercise its duty to protect the public, patients and service users through the employment of registered employees.

It is a requirement that individuals who work within certain professional groups and who are employed and/or undertake work on behalf of Velindre University NHS Trust, are registered with their respective professional regulatory body. Some professional bodies also require their registrants to apply for revalidation as part of the registration process.

If an employee's professional registration lapses they will not, contractually and in many cases legally, be able to continue to carry out the duties of their post, if their post requires them to be registered.

In view of the professional and legal obligations, this policy sets out the Trust's requirements for all professionally registered employees to maintain their professional registration, and comply with revalidation requirements. In addition, this policy describes the process to be followed for checking employees' professional registration status of health practitioners employed or engaged by the Trust.

2. Scope of Policy

This policy applies to all employees within Velindre University NHS Trust, including hosted organisations whose employment requires them to be registered, and in some cases revalidate, with a respective professional regulatory organisation. The policy also applies to all individuals engaged as a bank worker, honorary contract holders, locum / agency workers and contractors.

This policy also applies to individuals attending Trust premises as a trainee or on Work Placements, where professional registration is required in respect of the role to be undertaken.

3. Aims and Objectives

The aims of this policy are to provide guidance to;

- Employees on their contractual requirements to maintain their professional registration, if this is a requirement of the role they are employed in
- Managers on the processes for checking and recording professional registration during the recruitment of employees and ensuring that all employees employed or engaged with the Trust (whether on a substantive, temporary, fixed term contract, a bank worker or engaged on an honorary appointment etc.), maintain their registration during their employment or engagement with Velindre University NHS Trust.
- All employees on the actions which may be taken if it is discovered that a health professional's registration has lapsed.

4. Responsibilities

4.1 Employees/Bank Worker/Honorary Contract Holder/Contractor

The Trust regards it as the responsibility of the individual to register with their regulatory body and to ensure that they maintain such registration as is necessary to enable them to practise their profession.

As such, it is the responsibility of the individual to:

- provide evidence of statutory registration and qualifications, prior to commencing their employment/engagement with the Trust;
- renew their registration in a timely manner in accordance with the relevant professional bodies' procedures;
- ensure that they maintain their registration throughout their employment or engagement with the Trust, including;
 - when on maternity, adoption, shared parental or paternity leave;
 - long term absence from work due to sickness ;
 - on secondment;
 - on an employment break;
 - any other period away from the workplace;
- take the responsibility of informing their line manager / Trust contact of any issues relating to their registration or re-registration and/or fitness to practice, such as being arrested or receiving a Police caution;
- ensure that their Manager/Trust contact is provided with sufficient evidence of their registration and the expiry date on renewal of their registration;
- inform the relevant statutory regulatory body and the Trust via Electronic Survey (ESR) Self Service where possible, of any change in personal circumstances e.g. change of address, name, status etc.

4.2 Managers

Managers are responsible for checking and recording (on ESR/Personnel File) the professional registration of their employees who are required to register with a regulatory body.

Managers are also responsible for taking responsibility for ensuring that the follow-up process for checking statutory registration is undertaken and that registration numbers and renewal date records are maintained appropriately in ESR. This responsibility may be designated within their Department to an appropriate managerial level.

Responsible managers must ensure that;

- they are familiar with the requirements of relevant legislation governing the employment of registered professional employees;
- they (or their nominee) verify the relevant qualifications and professional registration(s) of all employees, who require professional registration to undertake their duties, during the recruitment process and following appointment;
- they have suitable arrangements in place for a systematic review and check of their registered professional employee's registration, in accordance with their relevant regulatory bodies' renewal schedule (also see section 5.3);
- checks are made on the professional registration of those employees returning from maternity, adoption, shared parental, paternity leave, employment break, long term sickness absence, secondment or any other extended period away from the workplace to confirm no changes have occurred (also see section 5.3);
- they establish procedures within their department(s) to ensure that the registration of honorary contract holders, agency, locum, bank workers etc. are checked and verified, and appropriate records are maintained;

- immediate action is taken to protect the interests of the public, patients and service users when an employee is found not to be appropriately registered (see section 5.6 below);
- they inform employees of the impact that any delay in registration will have in relation to salary banding (refer to section 5).

4.3 Workforce and Organisational Development Department

The Workforce Information Team will;

- monitor the ongoing registration, via the ESR, for professional bodies e.g. the General Medical Council (GMC), Health and Care Professions Council (HCPC) and Nursing & Midwifery Council (NMC);
- provide timely and accurate alert reports from ESR and notify managers when their employee's registration is due for renewal, reminding them of the need to instigate their local checking procedures;
- ensure that any lapses of registration flagged up on the ESR system are immediately reported to Workforce and the relevant line manager.

The Workforce and OD Department will;

- provide guidance and advice to managers and employees should an employee's registration lapse, ensuring that swift action is taken to protect the interests of the public, patients and service users.

5. Implementation and Policy Compliance

5.1 Procedure for Validation of Statutory Registration

All existing and prospective employees of Velindre University NHS Trust are required to submit details of their professional qualifications and professional registration(s) (as appropriate), as part of the recruitment process. This also applies to Bank Workers.

Validation of professional qualifications and registration(s) will be undertaken by the appointing manager, or their nominee, during the interview and recruitment process ensuring that:

- The employee is registered with their appropriate regulatory body;
- The employee's registration covers the role being recruited to; and
- The employee's registration is not subject to any current restrictions or subject to any fitness to practice investigation(s).

This documentation will also be verified by the NHS Wales Shared Services Partnership (NWSSP) Recruitment Team, as part of the mandatory pre-employment check process. The NWSSP Recruitment Team will provide the appointing manager with a copy of all the pre-employment check documentation. The appointing manager should ensure a copy of this is retained on the individual's personal file.

Upon commencement of employment with Velindre University NHS Trust, the new employee will be required to provide their professional registration details. This information will be recorded in the ESR system and used to monitor the individual employee's registration compliance with their regulatory body.

Where an individual has been appointed to a post which requires them to be registered with a regulatory body and their registration cannot be verified, they will not be permitted to commence employment in that role with the Trust and the offer of employment may be withdrawn.

5.2 New Entrants to the Register

There may be occasions when newly qualified professional employees commence their employment within Velindre University NHS Trust prior to receipt of their registration.

In such circumstances, the individual will initially be employed and may work, under supervision, at the pay band for the relevant level for a Health Care Support Worker employed within the specific area, until the individual's registration is confirmed. Once registration has been confirmed, the employee's position and contract will be amended to reflect a registered post status. Pay will not be retrospectively adjusted, as the employee will not have worked to the job description of the registered post, during this period.

In these instances advice should be sought from the Workforce Team before this position is agreed with an individual.

5.3 Existing employees

Each departmental manager must have an active follow-up process, which ensures that regular checks of their employees' statutory registration(s) are made. Managers should utilise ESR to support this process.

An expiry notification will be sent to the employee via ESR Employee Self Service four months and one month prior to the expiry of their professional registration informing them that they need to renew.

In addition, line managers will also receive a summary listing all their employees with professional registrations due to expire in four months and one month before the expiry date

The appropriate manager, or their appointed nominee, will confirm the current registration status, including the relevant part of the register where appropriate, using the correct registration confirmation service, either on-line, by telephone or in writing (Please see **Appendix A**).

5.4 Agency / Locum Workers / Contractors / Honorary Contract Holders

The relevant agency of locum provider, contractor or substantive employer must be asked to provide the Trust, via the relevant manager or Medical Staffing Department, with the appropriate registration details (registration number, renewal date and date of birth) of the individuals booked to fill any regulated healthcare professional vacancy. This must be verified before the individual is engaged with the Trust. The individual may also be required to present evidence of their registration when they commence their engagement with the Trust.

5.5 Trainees and Work Placements

All registered individuals attending the Trust to participate in specific work placements, or participate in training, will be required to be registered with the appropriate professional body.

The substantive employer of the individual will be required to verify the statutory registration and provide the Trust with the registration details (registration number, renewal date and date of birth), prior to the commencement of their work placement or training. The individual may also be required to present evidence of their registration when they commence their engagement with the Trust.

5.6 Dealing with instances of at risk of lapsing Professional Registration

A registered employee who is unable to meet the requirements for re-registration due to any reason and is therefore at risk from lapsing from the register should seek advice from their manager at the earliest opportunity prior to registration lapsing.

If a registered employee believes that their professional body exceptional circumstances guidance applies to their situation, they should apply to them for an extension to their renewal date. This process should be facilitated by their manager.

Employees and their managers must all ensure that they communicate regularly with each other during the period of being at risk.

5.6 Dealing with instances of lapsed Professional Registration

Clear and robust audit mechanisms will ensure that there is adherence to registration and re-registration procedures, as outlined above.

From time to time, situations arise whereby registered professional employees allow their registration with the appropriate statutory professional body to lapse. Failure to have, or to renew, registration will result in the employee being managed and supported as follows;

5.6.1 Substantive employees

Where an employee has allowed their registration to lapse they can no longer continue to work in a registered role. The Trust must ensure that the employee stops undertaking their duties immediately. The employee may not practise in a capacity for which registration is required until they are able to provide evidence of current registration.

The employee will not be able to work in their registered capacity until their re-registration has been confirmed. However, it is acceptable for them to continue to work in a different capacity e.g. in an unregistered support worker role and to be paid and rostered, accordingly. Alternatively they may take annual leave that has been accrued and not taken, up to the date of the lapse of registration, paid at the band salary, at which it was accrued.

Should the employee not have enough accrued annual leave, they will be required to take unpaid leave.

Failure to maintain registration is a serious matter. In some circumstances, an employee who fails to renew their registration within the specified timescales, may be disciplined under the All Wales Disciplinary Policy which may lead to disciplinary action including dismissal. It is expected that such instances would be exceptional and would be in circumstances where due to the employee's conduct there has been a failure to maintain registration, thereby preventing them from being able to practice as a registrant.

In circumstances where lapsed registration has occurred due to the failure of the statutory regulatory body, the appropriate manager will clarify the position with the professional body concerned.

The subsequent return to the employee's substantive registered post and the resumption of pay will be subject to the confirmation and verification of the revalidation or registration status.

The employee's line manager, or their nominee, will be required to confirm re-registration, via the appropriate registration service, either on-line, via telephone or in writing.

5.6.2 Bank Workers/Honorary Contract Holders/Contractors/Trainee and Work Placements

In these instances the worker will be advised that until they have been restored to the appropriate register, the Trust cannot continue to engage them.

Bank workers will be provided with the opportunity where available, to continue to work in a different capacity e.g. in an unregistered support worker role and to be paid and rostered accordingly.

The subsequent return to the bank worker's registered post and the resumption of pay will be subject to the confirmation and verification of their revalidation or registration status.

6 Removal from the register

If an employee is removed from the register by their own professional body, they will no longer be able to be legally employed by the Trust, in a professionally registered capacity. This will be managed in accordance with the Trust's Disciplinary Policy.

7 Reporting

In all cases of lapsed registration, an initial assessment will be undertaken in accordance with the Trust's Disciplinary Policy. The department manager will ensure that the lapse is reported to Workforce and OD, Divisional Director and the appropriate professional lead for the Velindre University NHS Trust e.g., Executive Medical Director or Executive Director of Nursing Allied Health Professions and Health Sciences.

8 Notification to Registered Bodies of breaches of Professional Codes of Conduct

In circumstances where a registered professional employee is proven to have breached their relevant Professional Code of Conduct, Velindre University NHST Trust will follow the relevant professional, regulatory bodies' notification mechanism.

8.1 Fitness to Practice

Registered professional employees have a responsibility to report to their manager any matters that may arise, which may call into question their continued fitness to practice. The need for the employee to be reported to the appropriate regulatory body will vary, dependent on the circumstances and the regulatory bodies' agreed Code of Conduct/Standards. If an employee is unsure whether they should report a matter to their manager, they can discuss the matter with the appropriate regulatory body in the first instance.

Where a manager judges that a registered professional employee's fitness to practice has been called into question, they must discuss the matter with the relevant Trust Professional Lead, the Head of the Department and Workforce.

Where appropriate, a fitness to practice issue may be investigated, in accordance with the Velindre University NHS Trust's Disciplinary Policy, (where the matter is related to professional misconduct and calls into question the employee's 'fitness to practice') or the Trust's Capability Policy, if this is found to be the case.

Where it is found, on the basis of probability or available evidence, that it is appropriate to call into question an employee's fitness to practice, the Trust Professional Lead or Head of Department should inform the appropriate Regulatory Body.

Prior to the Trust Professional Lead / Head of the Department informing the appropriate Regulatory Body of their concerns, they will write to the employee member concerned, advising them that their fitness to practice has been called into question, the reason(s) for this decision and informing them that the appropriate Regulatory Body will be informed of the breach.

9. Equality Impact Assessment Statement

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

The Velindre University NHS Trust has undertaken an Equality Impact Assessment (EQIA) and received feedback on this Policy and the way it operates. The Trust wanted to know of any possible or actual impact that this Procedure may have on any groups in respect of gender (including maternity and pregnancy, as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics.

The EQIA Assessment found that there was no impact to the equality groups aforementioned.

10. References

- Disciplinary Policy - [Disciplinary Policy WF 02](#)
- Employment Break Policy - [Employment Break Scheme](#)
- Maternity, Adoption, Paternity and Parental Leave Policy - [Maternity, Paternity, Adoption and Parental Leave Policy WF 29](#)
- Shared Parental Leave Guidance - LINK
- Capability Policy - [Capability Policy WF 09](#)
- Equalities and Human Rights Act Legislation - [Equalities and Human Rights Act](#)

11. Getting Help

The Professional Registration Policy will be available via Velindre University NHS Trust's intranet site. Where employees do not have access to the intranet, their line manager must ensure that they have access to a copy of this Policy

Further information and support is available from the Workforce Department.

The relevant Professional body will be able to provide advice and support to the employee. A list of the contact details is available in Appendix A of this Policy.

12. Information, Instruction and Training

While there are no formal training programmes in place to ensure implementation of this Policy, each relevant Executive Director, Divisional Director, Clinical Director, Head of Nursing, Departmental Manager and Head of Department(s) must ensure that their managers and all of their registered professional employees are made aware of the Policy provisions and that they are adhered to at all times.

13. Policy Review

This policy will be revised and updated to reflect any amendments to the staff groups who are required to register with a regulatory body to practice within their profession.

REGISTRATION BODIES

- **General Medical Council (GMC)**

By law, Doctors need to be registered and hold a licence to practise medicine in the UK. Doctors renew their registration annually.

In addition, licensed doctors must be revalidated by the GMC every five years. This means that doctors will be asked to evidence that they have been practising medicine in line with the principles set out in the guidance booklet “Good Medical practice Full Registration”, which permits doctors to engage in any form of professional employment within the United Kingdom.

Provisional Registration – is held by newly qualified doctors for one year, to enable them to complete their Foundation Programme Year 1 posts, within a hospital setting.

Contact Details	Website Address	Online Register
https://www.gmc-uk.org/contact-us	www.gmc-uk.org	www.gmc-uk.org/doctors/medical_register.asp

- **General Pharmaceutical Council (GPhC)**

Pharmacist and Pharmacy Technicians Registration is renewable with the GPhC on an annual basis.

Contact Details	Website Address	Online Register
https://www.pharmacyregulation.org/contact-us	www.pharmacyregulation.org	www.pharmacyregulation.org/registers

- **Health and Care Professions Council (HCPC)**

HCPC Practitioners Registration – Each profession covered by the HCPC renews at a set time. These times are the same every two years and are staggered throughout the year. The practitioner groups covered (as relevant to Velindre University NHS Trust) are;

- Biomedical Scientists
- Clinical Scientists
- Dietitians
- Operating department practitioners
- Occupational Therapists
- Practitioner psychologists

- Physiotherapists
- Practitioner Psychologists
- Radiographers
- Speech and Language Therapists

For the full list of practitioner groups registered with the HCPC and up to date information on the renewal deadlines for each profession, please visit the HCPC website; <https://www.hcpc-uk.org/registration/registration-renewals/when-to-renew/>

Contact Details	Website Address	Online Register
https://www.hcpc-uk.org/contact-us/	www.hcpc-uk.org	https://www.hcpc-uk.org/check-the-register/

- **Nursing and Midwifery Council (NMC)**

Nurse and Midwifery Registration – is renewable with the NMC on an annual basis.

All nurses, midwives and health visitors must be registered with the NMC. The register is split into three parts, 1) Nursing, 2) Midwifery, and 3) Specialist Community Public Health Nursing.

In addition, registered nurses must be revalidated by the NMC every three years. Revalidation provides assurances that that Nurses practice safely and effectively, encourage Nurses to reflect on the role of the Code in their practice and demonstrate that they are 'living' the standards set out within it

The revalidation requirements can be accessed via the NMC website;
<http://revalidation.nmc.org.uk/welcome-to-revalidation.1.html>

Contact Details	Website Address	Online Register
https://www.nmc.org.uk/contact-us/	www.nmc-uk.org	https://www.nmc.org.uk/registration/search-the-register/



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Ref: PP 10

Executive Sponsor & Function:

Chief Executive

Medical Gas Piped Systems Policy

Document Author: Jonathan Fear

Estates Manager

Approved by:

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1.0 The Importance of a Managed Approach to Medical Gases

This policy is compliant with Health Technical Memorandum (HTM 02-01) and looks at the issues of operational management. The policy covers such issues as statutory requirements, functional responsibilities, operational procedures, training and communications, cylinder management, general safety, maintenance and risk assessment, control of exposure to anaesthetic agents, giving definitions and working practices throughout. This policy is intended for use by Operational Managers, Engineers, Quality Controllers, Technicians, Finance Officers and all Medical and Portering staff involved in the day to day running of a medical gas pipeline system. The primary objective of this policy is to ensure the provision of safe and reliable medical gas pipeline systems and their efficient operation and use. This objective will only be achieved if the medical and nursing users and Estates staff participate in the introduction of this operational policy designed to minimise the hazards likely to arise from misuse of the system.

It is not intended that this policy covers the use of small, manually portable gas cylinders.

At least 60% of patients are administered medical gases during their stay in hospital.

Not having safe and reliable gas supplies can be as life-threatening as not having electricity, yet responsibility for medical gases does not fit precisely into any one person's role.

According to Health Technical Memorandum (HTM) 02-01/EN737 and the National Minimum Care Standards & Regulations for Independent Health Care (NMCSR) 2002, all hospitals should at least have:

Effective system designs covering the capacity and capability of piped medical gases, including alarm systems and the siting of back-up systems.

Defined functional responsibilities requiring the nomination of an Authorised Person; Competent Person, Quality Controller and Designated Medical/Nursing Officer.

A hospital-wide medical gases operational policy based on comprehensive risk assessment and training carried out for clinical and non-clinical staff.

A demonstrable cylinder management programme in place.

1.1 Risk Assessments

Compliance by the Health Board is essential to manage the risks to patients, visitors and staff.

Site based risk assessments have been carried out by British Oxygen Company (B.O.C.). These are held by the Works and Estate department and are available for inspection upon request to the relevant Authorised Person for Medical Gas Pipeline Systems.

2.0 General Policy Statements

This policy addresses the provision of a piped medical gas pipeline system (MGPS) at Velindre University NHS Trust.

The (MGPS) provides a safe, convenient and cost-effective supply of medical gases to points where these gases can be used by clinical and nursing staff for patient care.

Velindre University NHS Trust recognises its commitment to maintaining the MGPS to required standards and the training of all personnel associated with its operation.

It is the Health Boards policy that before work on the MGPS can commence a Permit to Work Form, signed by an Authorised Person (MGPS) MUST be completed.

3.0 Scope of Policy

This policy is intended for use by all staff involved with MGPS at Velindre University NHS Trust

It applies throughout at Velindre University NHS Trust to all fixed medical gas pipeline systems and to the use and management of cylinders associated with the MGPS. It does not apply to the use of small portable cylinders used, for example, during the transportation of patients.

Compressed gas and vacuum supplies to general engineering workshops and Pathology Department equipment are separate from the general MGPS and are NOT included in this policy, although the general principles in this document should be followed for these departments.

MGPS terminal units define the limits of Estates' responsibility in this policy.

Equipment connected to the terminal units is NOT covered by this policy, other than where its mode of use may affect system operation or safety.

Medical equipment is the responsibility of the Electro Biomedical Engineering Department.

Medical gases should not be used for non-medical purposes, other than as a test gas for medical equipment.

Medical air should be used as the power source for ventilators; the routine use of oxygen as a driving gas is to be avoided.

The operational management responsibility for MGPS on Health Boards sites resides with the Estates Department and each site specific Estates Authorised Person is responsible for the completion of the site specific information to be detailed in Appendices A – D.

4.0 Responsibilities

The responsibilities detailed by job title or role in this section (section 4) are to be made specific to each site by the Authorised Person for that site. This will involve the separate completion of Appendices A – D for every location at which this policy applies.

4.1 Chief Executive

Ultimate management responsibility for MGPS rests with the Health Board's Chief Executive.

The Velindre University NHS Trust's Chief Executive is responsible for ensuring that an Authorising Engineer (AE) is appointed for MPGS. This function will be fulfilled by Welsh Health Estates.

4.2 Authorising Engineer

The duties and responsibilities of the Authorising Engineer are:

- 4.2.1** To recommend to the Estates Manager those persons who, through individual assessment, are suitable to be Authorised Persons (MGPS);
- 4.2.2** To ensure that all Authorised Persons (MGPS) have satisfactorily completed an appropriate training course;
- 4.2.3** To ensure that all Authorised Persons (MGPS) are re-assessed every three years and have attended a refresher or other training course prior to such re-assessment;
- 4.2.4** To review the management systems of the MGPS, including the Permit to Work System;
- 4.2.5** To monitor the implementation of the operational policy and procedures.

4.3 Authorised Person (MGPS)

The Authorised Person(s) (MGPS) are listed in Appendix C. The Authorised Persons (MGPS) assume effective responsibility for the day-to-day management and maintenance of the MGPS.

The Duties and Responsibilities of Authorised Persons (MGPS) are:

- 4.3.1** To ensure that the MGPS is operated safely and efficiently in accordance with the statutory requirements and guidelines;
- 4.3.2** To manage the Permit to Work System, including the issue of Permits to Competent Persons (MGPS) for all servicing, repair, alteration and extension work carried out on the existing MGPS;
- 4.3.3** To supervise the work carried out by Competent Persons (MGPS) and for the standard of that work (A Register of Competent Persons (MGPS) must be kept);
- 4.3.4** To ensure that the Health Board MGPS maintenance specification and schedule of equipment (including all plant, manifolds, pipe work, valves, terminal units and alarm systems) are kept up to date;

- 4.3.5 To liaise closely with Designated Nursing/Medical Officers, the Quality Controller (MGPS) and others, who need to be informed of any interruption, alteration and testing of the MGPS;
- 4.3.6 To provide technical advice to those responsible for the purchase of any medical equipment which will be connected to the MGPS, in order to avoid insufficient capacity and inadequate flow rates;
- 4.3.7 In accordance with the Velindre University NHS Trust's *policy* on provision of services, provide advice on the provision and or replacement of MGPS central plant and associated systems. The Estates Department will hold overall responsibility for the provision and maintenance of MGPS services within the Health Board;
- 4.3.8 To organise such training of Estates staff and/or transfer of MGPS information, as is needed for the efficient and safe operation of the MGPS.
- 4.3.9 To advise the Trust on any other training requirements, outside the Works and Estate department.

4.4 Competent Person (MGPS)

Competent Persons (MGPS) are Craft Persons, employed by Velindre University NHS Trust and are listed in Appendix C.

All Competent Persons (MGPS) shall be registered to BS EN ISO 9001 / BS EN ISO 13458, with clearly defined registration criteria.

Where sub contract labour is required to carry out the Competent Person duties then the same registration must be adhered to.

The Duties and Responsibilities of Competent Persons (MGPS) are:

- 4.4.1 To carry out work on the MGPS in accordance with the Health Board maintenance specification;
- 4.4.2 To carry out repair, alteration or extension work, as directed by an Authorised Person (MGPS) in accordance with the Permit to Work System and HTM 02-01 (2005);
- 4.4.3 To perform engineering tests appropriate to all work carried out and inform the Authorised Person (MGPS) of all test results.
- 4.4.4 To carry out system integrity tests under direct supervision of the Appointed Person;
- 4.4.5 To carry out all work in accordance with the Velindre University NHS Trust & Safety Policy.

4.5 Quality Controller (MGPS)

It is the responsibility of the Chief Executive or the designated Executive Director to appoint, in writing, on the recommendation of the Chief Pharmacist, a Quality Control Pharmacist with MGPS responsibilities.

The Authorised Person (MGPS) will be responsible for liaising with the QC (MGPS) and organising attendance as required.

The Duties and Responsibilities of the QC (MGPS) are:

- 4.5.1** To assume responsibility for the quality control of the medical gases at the terminal units, i.e. the wall or pendant medical gas outlets;
- 4.5.2** To liaise with the Authorised Person (MGPS) in carrying out specific quality and identity tests on the MGPS in accordance with the Permit to Work System and relevant Pharmacopoeia Standards;
- 4.5.3** To organise MGPS training of Pharmacy staff who may deputise for the QC (MGPS);
- 4.5.4** They should have received training on the verification and validation of MGPS and be familiar with the requirements of this MGPS Operational Policy.

Pharmacy at Velindre University NHS Trust will;

Receive delivery notes for compressed gas cylinders, check against invoices received and pass invoices for payment;

Order and supply cylinders of medical gases and special gas mixtures for the hospital;

Maintain a record of cylinder rental charges and pass rental invoices for payment;

Ensure that cylinder gases comply with Ph Eur requirements;

Ensure that other gases and gas mixtures comply with manufacturers' product licences.

4.6 Designated Medical / Nursing Officer (DMO)

The Designated Medical / Nursing Officer in charge is the person, on each site, with whom the Authorised Person MGPS liaises on any matters, affecting the MGPS and who should give permission for a planned interruption to supply. These persons should have received training on MGPS relevant to their departments and on the action to be taken in the event of an emergency.

The Duties and Responsibilities of the Designated Medical / Nursing Officer (DMO) are:

- 4.6.1** To give permission for any interruption to the MGPS and should sign the appropriate part of the permit. However, in certain circumstances such permission may be given by the Senior Clinician in charge;
- 4.6.3** To ensure that all relevant staff are aware of the interruption to the MGPS and which terminal units cannot be used.

4.7 Designated Persons

The Designated Persons are the Portering staff. They will have undergone specialist training in the identification and safe handling and storage of medical gas cylinders, associated with MGPS, including relevant manual handling training. The Portering Manager will arrange this training.

The Duties and Responsibilities of the Designated Persons in Velindre University NHS Trust.

- 4.7.1** To assist with the delivery of gas cylinders by BOC Medical or designated gas supplier;
- 4.7.2** To transfer gas delivery notes from the delivery driver to the Pharmacy Department;
- 4.7.3** To attach to and remove from cylinders, medical equipment regulators (or regulator / flow meter combinations) and manifold tailpipes;
- 4.7.4** To identify and remove from service faulty (e.g. leaking) cylinders and subsequently notify Pharmacy of the location of such cylinders;
- 4.7.5** To perform a weekly check on cylinder stocks and report any deficiencies to the Pharmacy Department;
- 4.7.6** To ensure that all cylinder contents are used within the 3-year fill / refill timescale specified by the gas supplier;

The Designated Person must work safely at all times, using the appropriate Personal Protective and Manual Handling Equipment, damage to which must be reported immediately to the Operational Services Manager.

4.8 Medical Gases Committee

A Medical Gases Committee shall consist of the Chief Pharmacist and a Senior Authorised Person (MGPS), for the Health Board, a nominated designated Nursing / Medical Officer, the Portering Manager and the QC (MGPS).

MGPS Operational Policy Review

The MGPS Operational Policy should be reviewed annually. The Authorised Person (MGPS) shall convene the review meeting and be responsible for writing and distributing the minutes of the meeting. The Committee shall report to the Works and Estate Statutory Compliance Group, which in turn reports to the Health Board Health and Safety Committee.

MGPS Record Drawings and Documentation

The Authorised Person (MGPS) will maintain copies of the following:-

- Up-to-date and accurate ‘as fitted’ record drawings (including valve / key numbers/ TU identification) for all MGPS;
- Any necessary MGPS insurance / statutory documentation;
- MGPS safety valve replacement schedule (on a 5-yearly basis);
- New and completed Permit to Work books for work on the systems (for 10 years);
- Plant history / maintenance records;
- Manufacturer’s technical data sheets / manuals for all MGPS components;
- Health Technical Memorandum 02-01, any associated supplements and NHS Model Engineering Specifications C11, all latest editions;
- MGPS contractors’ service contracts and ISO 9001(or equivalent) certificates, staff training records, equipment calibration certificates (copies);
- A list of all personnel associated with the MGPS, especially the Permit to Work System;
- Emergency and other useful telephone numbers;
- MGPS staff training records;
- Calibration certificates of the hospital test equipment;
- The MGPS Operational Policy

Pharmacy will maintain copies of the following:-

- Delivery notes – invoices V.I.E.
- Delivery notes for medical gas cylinders;
- Sales invoices for medical gas cylinders;
- Delivery Summary Form (tracks cylinder stock information);
- Cylinder rental invoices;
- Cylinder Rental Reconciliation Form (Monitors trends in cylinder use over 6 months);
- Delivery notes for special gas and industrial gas cylinders;
- Sales invoices for special gas and industrial gas cylinders;
- Rental invoices for special gas and industrial gas cylinders;
- Calibration records of QC test equipment and records of all QC tests performed;

5.0 Training

It is essential for the safety of patients that NO PERSON should operate, or work on, any part of an MGPS unless adequately trained or supervised.

MGPS Training at Velindre University NHS Trust's for all Estates staff is administered by the Works and Estates Department.

A record of those trained is kept in the Estates Department.

It is the duty of Departmental Managers to ensure that all staff using MGPS are appropriately trained and records kept.

The Authorised Person (MGPS) may request training records of contractors' staff.

Training on MGPS will be provided as follows:

Title	Training	Frequency
Authorised person	Specialist training	Refresher 3 years
Competent person	Specialist training	Refresher 3 years
Quality controller	Specialist training	Refresher 3 years
Designated Nursing/Medical Officer	On site knowledge	Annually
Portering staff	Specialist training	Refresher 3 years

6.0 The MGPS structure

The site specific locations and structure of MGPS can be found in Appendix D and is to be completed by the site Authorised Person for every site at which this policy applies, i.e. Oxygen, Medical Air 4 Bar, Surgical Air 7 Bar, Medical Vacuum, Nitrous Oxide and Entonox.

7.0 Signage

Appropriate identification and safety warnings should be displayed in accordance with current requirements.

A notice should state the location of the keys and be fixed to the Plant Room door.

8.0 Cylinder Storage

Accommodation for medical gas cylinders should comply with the following guidelines:-

8.0.1 Ventilation All cylinder stores should be well ventilated

8.0.2 Labelling All cylinder stores should be clearly labelled as appropriate with the type of cylinders contained

8.0.3 Emergency action Details of emergency action procedures and location of keys together with no smoking signs should be clearly posted on the front of the cylinder store

8.0.4 Access Clear access to all cylinder stores is required including adequate space for vehicular access and cylinder loading and unloading

8.0.5 Fire protection All cylinder stores should be free from naked flames and all sources of ignition appropriate fire extinguishers should be readily available

8.0.6 Cylinder stores for medical gasses should only contain medical gas cylinders

8.0.7 Industrial and pathology gasses cylinders should be stored in a separate designated area

8.0.8 Cylinders in use in wards or departments should be secured to ensure they cannot fall, topple or be pushed over, causing subsequent potential for personal injury and damage.

9.0 Area Valve Service Units (AVSUs)

Locked boxes, with breakable glass fronts and containing area valve service units (AVSUs), are provided at the entrance to wards and departments.

These valves provide facilities for both routine and emergency isolation of gas supplies.

These valve boxes contain an emergency inlet port (Non Interchangeable Service Terminal, or NIST)), which is gas specific. This may be used to supply gas to a ward when the main supply fails, or is shut down for essential engineering work.

General Rules and Conditions for Control of Line Valve Assemblies LVAs

Pipeline valves (called lockable line valves assemblies LVAs) in ducts, risers ceiling spaces etc. shall be locked in the normal operating position.

Pipeline valves will normally be left unlocked if they are sited in a locked Plant Room. Estates will hold keys for these valves.

10.0 Access

Under normal events, only the Authorised Persons (MGPS) using the appropriate key from the Estates medical gases key cabinet, should access AVSUs and any other locked line valves, under control of a Permit to Work.

The key cabinet contains a list identifying all AVSUs and locked line valves, with corresponding key numbers.

11.0 Key Holders:

Any of the Authorised Persons listed in the site specific information in Appendix C will be key holders for that site.

In the event of an emergency, access to the valve boxes and AVSUs may be gained by smashing the breakable glass fronts.

A SENIOR MEMBER OF THE MEDICAL OR NURSING STAFF WILL PERFORM THIS ACTION, AFTER STEPS HAVE BEEN TAKEN TO ENSURE THAT NO PATIENT IS COMPROMISED BY ISOLATION OF THE GAS SUPPLY.

12.0 Routine and Planned Procedures (The MGPS Permit to Work System)

The aim of the MGPS Permit to Work System is to safeguard the integrity of the medical gas system, and therefore the safety of the patients.

It is the policy of Velindre University NHS Trust that, with the knowledge and permission of the Authorised Person (MGPS), a Permit must be raised before any work, except changing of manifold cylinders or emergency isolation by a member of the nursing staff, can be undertaken at any part of the hospital's medical gas system.

Granting of a Permit to Work and the way in which the work is carried out must follow the directions of HTM02-01, unless otherwise defined in this Policy.

Responsibilities for signing a Permit to Work is detailed in sections 13.1 and 13.2 of this policy.

Designated Medical / Nursing Officers, or exceptionally the Senior Clinician on duty, should ensure that colleagues are advised of the interruption to the gas supply, and its estimated duration. They should also ensure via the Estates Department that all affected terminal units are appropriately labelled.

13.0 Planned or Routine Interruption

A planned interruption will be needed for repair, extension or modification to the existing MGPS. An Authorised Person (MGPS) shall supervise any planned interruption in strict accordance with the Permit to Work System in HTM 02-01:2005. The QC (MGPS) Pharmacist shall be involved in any planned interruption from the initial planning stage.

The Authorised Person (MGPS) shall assess the hazard level of the work to be carried out in accordance with the definitions that are given in the following sections for High and Low Hazard work.

13.1 HIGH Hazard Work

Any work on the MGPS, such as cutting or brazing, that will introduce hazards of cross-connection and pollution, will be classified as HIGH HAZARD.

Cross-connection, performance, identity and quality tests shall be required before the MGPS is taken back into use.

High hazard work may require at least a planned interruption to a single ward or department, or, at worst, a major shutdown of a system to a whole site.

In such events, an Authorised Person (MGPS) must ensure that key personnel for each and every ward or department are informed; if necessary, holding a site meeting.

The QC (MGPS) Pharmacist should be included in any discussions that may lead to an interruption of the MGPS.

Two weeks prior to the planned interruption, the Authorised Person (MGPS) shall liaise in person with the Designated Nursing / Medical Officer(s) of the ward(s) or department(s) concerned.

At the same time, the Authorised Person (MGPS) will complete Part 1 of the Permit to Work Form.

The Designated Medical / Nursing Officer(s) for the ward(s) or department(s) involved will be made aware that their signatures will be required on the date on which the work is due to take place.

The requirement for portable cylinders or vacuum units will be determined and confirmed, with details of the interruption, by a memorandum from Estates to the Designated Medical / Nursing Officer(s).

A copy of this memorandum will be sent to the ward(s) or departments(s) concerned. A further memorandum, requesting the services of a Quality Controller (MGPS) and detailing the requirements for portable cylinders shall be sent to Pharmacy.

It is the responsibility of the Authorised Person (MGPS) to arrange, through the Pharmacy Department, or an appropriate hire firm if necessary for portable cylinders and regulators (Stocks of regulators are held by Estates).

Any additional portable vacuum units to be supplied are the responsibilities of the Estates Department.

The Authorised Person (MGPS) will provide all details of the work to be carried out in Part 2 of the Permit to Work Form, including any other Permits, e.g. for hot works or for entry into confined spaces.

Work shall only commence when the Designated Medical / Nursing Officer or Senior Clinician(s) for the ward(s) or department(s) is / are satisfied that no patients will be put at risk by the shutdown of the MGPS and has / have signed Part 1 of the Permit to Work Form.

The Authorised Person (MGPS) will then supervise isolation of the AVSU(s). Isolation to be carried out by the Designated Medical / Nursing Officer.

Once the system(s) has / have been isolated and de-pressurised, the Competent Person (MGPS) will sign Part 2 of the Permit to Work Form and commence work.

The Competent Person (MGPS) will sign Part 3 of the Permit to certify that work has been completed, and contact the Authorised Person (MGPS), so that the installation may be examined and tested.

For all High Hazard work, the Authorised Person (MGPS) will determine and carry out, with the assistance of the Competent Person (MGPS), the necessary tests and

examination of the system(s) in accordance with HTM 02-01 'Validation and Verification'.

When these tests have been completed satisfactorily, the Authorised Person (MGPS) will initial the relevant spaces and sign Part 4 of the Permit.

The Quality Controller (MGPS), with the assistance of the Authorised Person (MGPS) will carry out identity and quality tests on the system(s) in accordance with HTM 02-01 'Validation and Verification'.

When these tests have been completed with satisfactory results, both will initial the relevant spaces and sign Part 5 of the Permit.

The Quality Controller (MGPS), will receive the pink copy of the Permit to Work Form from the Authorised Person (MGPS).

Note: It should be the normal practice of Estates to retain the white copy along with the original (yellow) copy in the Permit to Work Book. Photocopies (signed and dated by the AP (MGPS) and the CP (MGPS)) of the white copy may be issued to the Competent Person (MGPS) on request.

The Designated Nursing / Medical Officer(s) will accept the system(s) back into service by signing Part 6 of the Permit and will undertake to notify his / her colleagues that the system is fit for use.

13.2 LOW Hazard Work

Any work on the MGPS which will not introduce any hazard of cross-connection or pollution.

A performance test will be required before the MGPS is taken back into use.

If there is any doubt as to the hazard level classification of a particular Permit to Work, advice should be sought from the Senior Authorised Person (MGPS), detailed in Appendix A.

Low hazard work on terminal units is normally the result of a leak on an individual terminal unit due to a faulty valve or seal but may also include work on plant, which does not interrupt gas supplies.

This type of work is usually carried out at short notice because of the need for minimum disruption in patient care. In such events, the Authorised Person (MGPS) may have to arrange a portable cylinder or vacuum unit, so that the terminal unit can be taken out of service.

The Authorised Person (MGPS) will fill out the relevant section of Part 1 of the Permit to Work Form. The Authorised Person (MGPS) will liaise with, and fully brief, the Senior Clinician on duty within the ward / department who will then sign Part 1, if required.

The Authorised Person (MGPS) will provide all details of the work to be carried out in Part 1 of the Permit to Work Form

When satisfied with the extent of the work, the Competent Person (MGPS) will sign Part 2 and begin the work.

The Competent Person (MGPS) will sign Part 3 of the Permit to certify that the work has been completed, and contact the Authorised Person (MGPS) for the installation to be examined and tested.

The Competent Person (MGPS), with the assistance of The Authorised Person (MGPS), if necessary, will carry out flow, pressure drop, mechanical function and gas specificity tests on the serviced terminal unit(s).

Other equipment function tests, e.g. on plant, will be made to the satisfaction of the Authorised Person (MGPS).

The Authorised Person (MGPS) Competent Person (MGPS) will initial the relevant spaces, and sign Part 4 of the Permit.

When satisfied with the test results, the Authorised Person (MGPS) will sign Part 5 of the Permit.

The Designates Medical / Nursing Officer or Senior Clinician on duty within the ward or department will accept the MGPS back into service by signing Part 6 of the Permit and will undertake to notify his / her colleagues that the system is fit for use.

14.0 Actions in the Event of a Medical Gas Alarm

The diagram on page 18 (Diagram 1) shows a typical medical gas panel and the actions that should be taken at each level of alarm.

On detection of a local alarm indication e.g. in a ward area, the Senior Clinician on duty, or deputy, should contact the Switchboard to confirm that a fault has been signalled and that Estates has been informed.

In the event of an alarm condition on the central alarm panel, it is the responsibility of the Security control room to inform the appropriate staff.

Disabling the alarm system, other than when due authorisation has been obtained from an Authorised Person (MGPS), is absolutely forbidden as this may compromise patient safety.

There should always be a 'normal' light. If there is no 'normal' light, then there is a fault of some kind, possibly just with the alarm panel. However, Estates should investigate this fault.

Alarms should be tested weekly by a Competent Person (MGPS). Operation of the TEST button will confirm operation of all audible / visual indicators.

Nursing / Medical staff should be advised of this test.

The results of these tests should be recorded and stored by the Authorised Person.

14.1 Example – Oxygen

NWH = Normal Working Hours
ONWH = Outside Normal Working Hours

ALARM INDICATION	Action (Security to inform)
NORMAL	No action to be taken
PLANT FAULT	NWH - Estates ONWH - Estates (On-call rota)
PLANT EMERGENCY	NWH - Estates ONWH - Estates (On-call rota)
RESERVE LOW	NWH - Estates ONWH - Estates
PRESSURE FAULT	NWH - Estates ONWH - Estates (On-call rota)
Panel Indication (all alarm panels)	
Alarm Indication	ACTION (SECURITY TO INFORM)
Power On	No action to be taken
System Fault	NWH - Estates ONWH - Estates (On-call rota)

Diagram No. 1 Typical Medical Gas Alarm Panel

It is the responsibility of the AP (MGPS), to ensure that a procedure for each alarm indication is displayed next to the respective central alarm panel.

In the event of an Authorised Person not being available refer to M&M Medical 24hr Contact Details.

M&M Medical - Paul Sayer – 01443 227600 Mobile -07899997128

BOC – 0800 222888

Status: Awaiting Approval

Date: 03 06 2015

15.0 Cylinder Management

15.1 Connecting Cylinders to the Manifold System (by Designated Persons)

- 15.1.1** Connect the cylinder to the equipment or manifold tail pipe and tighten firmly with the recommended key.
- 15.1.2** Ensure that no leaks are present at the junction between the cylinder valve and equipment and also between the valve spindle and gland nut.
- 15.1.3** The connection between the cylinder valve and equipment should be checked for leaks using an approved leak detector.
- 15.1.4** Regulators/manifolds or other equipment should only be used with the gas for which they are designed.
- 15.1.5** Prior to opening the cylinder valve, ensure the equipment flow control valves are closed.
- 15.1.6** When the cylinder is not being used the cylinder valve should be closed and the gas trapped within the regulator should be safely vented to atmosphere by opening the flow control valve and then closing it again.

16.0 Shutdown of the MGPS for Maintenance, Extension etc.

Pre-planned work on the MGPS requiring isolation of a plant, or part of the system, will be covered by the MGPS Permit to Work System.

No isolation should take place without full liaison between the Authorised Person (MGPS) and all other relevant disciplines.

All necessary emergency / additional gas supplies should be in place before the work starts. This may involve the provision of portable emergency supply systems and / or additional provision of cylinder regulators from the Estates Department.

Attempts should be made to reduce gas consumption during the work.

17.0 Generator Operation on Mains Failure

During changeover from electrical mains to emergency generator supplies, there is always a possibility that spurious MGPS alarms or changes in plant indications may be generated.

Consideration should be given to the statutory/planned generator tests that are planned to run every four weeks.

THESE ALARMS MUST BE INVESTIGATED IMMEDIATELY, as they could represent real, rather than false conditions. The status of equipment such as compressors should also be checked, to ensure they are operating as selected: on / on stand-by / on duty mode / off.

Additionally it must be remembered that:

FAILURE OF GENERATOR AND MAINS SUPPLIES SIMULTANEOUSLY WILL RESULT IN FAILURE OF THE CENTRAL MEDICAL VACUUM SYSTEM.

It is important that medical / nursing staff are aware of this risk to the vacuum system and any patients using it.

All relevant staff must undertake training in the use of emergency vacuum equipment. In areas where vacuum supply is considered critical, locally generated vacuum will have to be provided. However with a failed electricity supply this will not be possible using the normal electrically driven portable suction units.

An alternative would be a BATTERY DRIVEN suction unit but it is important that, with this type of unit the battery is maintained in a FULLY CHARGED condition.

Medical Vacuum Units are located on every department.

Failure of both mains and electricity supplies will also mean that the medical air compressors will not function.

Estates staff must ensure that all plant equipment and alarms have reset to full operating conditions on restoration of power.

18.0 Emergency Procedures

Use of Emergency reserve manifolds.

Emergency supply manifolds are attached to all medical gas systems.

18.1 Oxygen System

In the event of failure of the primary VIE (Vacuum Insulated Evaporator) oxygen supply on applicable sites, back up VIE will automatically supply the hospital with gas. In the event of such a failure, the Estates Department are to be contacted via the numbers in Appendix C.

Where manifold provides the secondary supply.

Important: Cylinder manifolds have limited capacity in relation to the normal hospital demand supplied from a VIE, so additional manpower may be required in an emergency situation of this kind, both to change the cylinders on the manifold and to bring the replacement cylinders to the manifold.

Measures to reduce gas consumption may also need to be taken.

It is the duty of the Portering/pharmaceutical staff to ensure that sufficient J size cylinders are available to maintain the gas supply and that there is an emergency procedure in place for handling these cylinders.

NOTE THAT THE MEDICAL VACUUM SYSTEM HAS NO EMERGENCY RESERVE MANIFOLD SYSTEM. FAILURE OF THE PLANT FOR ANY REASON WILL RESULT IN TOTAL FAILURE OF THE VACUUM SERVICE

18.2 Emergency Cylinder Ordering Procedure

See Medical Gas Cylinder Policy

18.3 Failure of Mains Electricity Supply

In the event of an electricity failure, medical gas supplies should be maintained by the emergency generator system (The 'Essential' supply).

The surgical compressed air plant, vacuum plant, oxygen system, all manifolds and medical gas alarm systems are connected to the 'essential' electricity supply and will continue to provide and monitor gas supplies as normal.

18.4 In the Event of Failure of Both Mains and Generator Supplies:

The oxygen system will continue to supply gas from it's VIE or secondary supply manifold system.

The vacuum plant will not operate and central vacuum service will be lost.

Alarm panels will display a 'System Failure' red warning light and give an audible alarm.

If the electricity supply to an alarm panel only is interrupted, the panel will display a 'System Failure' red warning light and emit an audible alarm; gas supplies will not be affected.

In any of these events:

The Authorised Person (MGPS) will be informed of the situation, via the Designated Medical / Nursing Officer / Nursing staff / Telephonist.

Portering and Estates will arrange for staff to monitor manifold gas consumption, replacing empty cylinders as necessary, until the electricity supply is restored.

The Authorised Person / Q.C. will arrange emergency cylinder / regulator supplies as necessary.

The Authorised Person (MGPS) will monitor the situation and confirm re-setting of compressor and vacuum plant and system alarms following restoration of supply.

18.5 A Serious Leak of Medical Gases

In these events:

The Duty Porter and the Authorised Person (MGPS) will be contacted by the Telephonist / Duty Nurse.

Details of the leak should be confirmed: i.e. the floor level, department, room number, the gas or gases involved and if patient ventilators are in use.

Outside normal working hours the On-call Engineer will notify the Authorised Person (MGPS).

It is the responsibility of the Senior Clinician to carry out isolation of medical gases to the area, after ascertaining that no patients will be put at risk in any area(s) affected by the isolation.

The Senior Clinician will issue appropriate instructions to make the situation safe, such as to open windows in the affected area and close doors, in accordance with the hospital Fire Policy.

The Duty Porter will remain on standby to provide extra gas cylinders as required.

The Authorised Person (MGPS) will arrange for repairs to the system(s) affected to be carried out under the Permit to Work system.

18.6 Total or Partial failure of a Medical Gas Supply

In these events:

The person discovering the failure will inform the Telephonist and Duty Nurse immediately.

The Telephonist will inform the Duty Senior Manager, the Duty Porter and the Duty Authorised Person (MGPS) of the leak.

Details of the failure should be confirmed: i.e. floor level, department, room number(s), the gas or gases involved and if patient ventilators are in use.

As a precautionary measure, the Telephonist will also notify critical areas e.g. ICU that a failure has occurred on part of the system, so that they are prepared in the event of the fault extending to their departments.

It is the responsibility of the Senior Clinician to check which patients may have been put at risk by the failure and, if necessary, to arrange immediate emergency medical action.

Depending on the reason for the failure and its possible duration, the Authorised Person (MGPS) will decide the most appropriate method of long-term emergency gas provision.

This may involve establishing locally regulated cylinder supplies at ward / department entrances.

Nursing and medical staff should attempt to reduce gas consumption to a minimum during the emergency.

Portering staff will be required to monitor / replenish cylinders at any emergency stations and at Plant Room emergency supply manifolds.

Pharmacy will arrange emergency cylinder deliveries as necessary.

The Authorised Person (MGPS) will liaise with the Competent Person (MGPS) to complete emergency repairs needed to re-instate the gas supply, using the Permit to Work system.

When the supply is fully restored, the Authorised Person (MGPS) will complete a Critical Incident Form and produce a full report, which will be given to the General Manager within 24 hours of the incident.

In situations where it is envisaged that there will be long term loss of oxygen, vacuum or medical air services, the Duty Senior Manager will liaise with clinical colleagues, including the Designated Medical / Nursing Officer, the Medical Director and the Authorised Person (MGPS) on the need for transfer of critically ill patients to (premises), as department closure may be warranted in extreme events.

18.7 Contamination of a Medical Gas Supply:

It is not unusual for a smell to be noticed when using 'plastic' equipment hoses to deliver gas to a patient. This smell usually disappears rapidly after first use of the hose and will generally be familiar to operatives.

However, if either operatives or patients complain of any unusual or strong smells from equipment, the situation MUST be treated seriously and IMMEDIATE action taken to ascertain the cause.

Where it is obvious that the smell is coming from the pipeline rather than a piece of connected equipment, the GAS SUPPLY MUST NOT BE USED.

In such an event the fault should be treated as a complete gas failure to that area and the actions described above taken IMMEDIATELY.

It is very important that if such an incident occurs the Telephonist advises ALL departments of the problem, especially those involved with critical care.

18.8 Contamination of Medical Vacuum System

Contamination of the medical vacuum system will usually be detected during routine maintenance inspection and evidenced by the presence of liquid in the on-line bacteria filter drain flask. The Consultant Microbiologist should be informed immediately and should advise on any additional precautions to effect filter change safely.

Portable suction units may be used in areas where there is a possibility of the vacuum system being contaminated. (The need for portable suction units should be discussed with the Consultant Microbiologist).

It is the responsibility of the Competent Person (MGPS) to change the filter in accordance with the procedure described in HTM 02-01 and any additional advice from the Consultant Microbiologist.

If the contamination is due to system misuse, the Authorised Person (MGPS) must complete an Incident Report Form. The form is to be sent to the General Manager so that the appropriate Clinical Manager can be informed and remedial action taken.

Decontamination of pipework (if necessary) should be carried out in accordance with the procedure described in HTM 02-01 BEFORE filters are changed.

18.9 Failure of an Anaesthetic Gas Scavenging System (AGSS)

Failure of an anaesthetic gas scavenging system results in spillage of gaseous / vaporised anaesthetic agents into the area of use of the system.

In Theatres it is likely that staff exposed to the spilled gases will exceed the COSHH recommendations for exposure when working in the area for extended periods, even though ventilation rates are high.

A local alarm 'System fail' warning and failure of the air receiver flow indicator will indicate failure of the system. Both should be inspected by Operating Department staff on a regular basis.

The Authorised Person (MGPS) and the Theatre Manager will be informed of the failure by the Theatre Technician and all attempts should be made to reduce staff exposure, if operations continue with a failed system.

When repairs have been completed (under a Permit to Work signed by the Theatre Nurse Manager, or their nominated deputy) Theatre staff should be made aware (by the person signing off the Permit to Work) that the system is back in use.

18.10 Over or Under Pressurisation of One or More Gas Systems

Local alarms are designed to indicate when system pressure is more than 20% above or below its norm.

Excessively high or low pressures may cause medical equipment to malfunction.

The Senior Clinician should report all instances of local alarm operation to the Telephonist. The Telephonist will then inform the Duty Senior Manager, the Duty Porter and the Authorised Person (MGPS).

18.11 Fire

Procedures in accordance with the hospital Fire Policy should be followed in the event of a fire involving, or likely to involve the MGPS.

During a fire the Senior Brigade Officer will assume full control of the area(s) affected.

UNDER NO CIRCUMSTANCES SHOULD MEDICAL GAS SUPPLIES BE ISOLATED UNTIL THE SENIOR CLINICIAN HAS CONFIRMED THAT ALL PATIENTS LIKELY TO BE AFFECTED HAVE BEEN EVACUATED AND / OR HAVE ALTERNATIVE GAS PROVISION.

Appendix A

19.0 Policy Signatories

This policy has been prepared and will be implemented and monitored by:

Name: Signature: Date:

This policy will be monitored and reviewed on a bi-annual basis.

Training needs associated with the policy will be co-ordinated by.

The Senior Authorised Person (MGPS) for medical gas systems within the Health Board is.

This policy is accepted by:

Chief Executive

Name: Signature: Date:

Authorised Person (MGPS)

Name: Signature: Date:

Name: Signature: Date:

Name: Signature: Date:

QC Pharmacist

Name: Signature: Date:

Signature: Date:

Senior Designated Nursing / Medical Officer

Name: Signature: Date:

Security and Portering Manager

Name: Signature: Date:

Infection Control Officer

Name: Signature: Date:

Signature: Date:

Fire / Safety Officer

Name: Signature: Date:

Assistance with the interpretation of this policy, or additional copies, can be obtained by contacting (Works and Estates Manager ***** Hospital).

Appendix B

20.0 Policy Circulation List for Velindre Cancer Centre.

Title	Name	MGPS Role	Contact number (Ward)
Head of Maintenance and Operations		N/A	
Estates Manager for the site		Authorised Person	
Estates Technician		Authorised Person	
Chief Pharmacist		Chief Pharmacist	
Head of Nursing		Designated Nursing Officer	
Pharmacist		QC Pharmacist	
Portering Manager		Designated Person	
On Call M+M Medical		On call Authorised Person	

Appendix C

Contacts for Velindre Cancer Centre.

21.0 Authorised Persons (MGPS)

Name	Contact number

21.1 Competent Persons (MGPS)

Name	Contact number

21.2 Designated Medical / Nursing Officers

Name	Title	Contact Number

21.3 Other Important Telephone Numbers

Name	Contact number	Out of hours contact number
Portering	Switchboard	
Pharmacy	Switchboard	
Gas Supplier (Emergency number)	BOC	

Appendix D

22.0 Site Specific Information for Velindre Cancer Centre.

22.1 Location of Oxygen supply for the Hospital

Main supply VIE. Located opposite Cancer Research Wales entrance
Back up supply located in manifold room opposite Cancer Research Wales.

22.2 Location of Medical Vacuum for the Hospital.

Located in plant room bunker 7+8.

Appendix E

23.0 Statutory Requirements Relevant to Medical Gas Pipeline Systems

Medical Gas Pipeline Systems are regulated by the Health and Safety at Work etc. Act, 1974 and all the relevant delegated legislation, such as regulations and statutory instruments enabled by the Act.

23.1 Other Guidance Applicable to Medical Gas Pipeline Systems

- Health Technical Memorandum (HTM) 02-01 'Medical Gas Pipeline Systems', 2005
- Volume 1, Design, Installation, Validation and Verification
- Volume 2, Operational Management
- Supplement No 1 'Dental Compressed Air and Vacuum Systems' 2003
- Supplement No 2 'Piped Medical Gases in Ambulance Vehicles' 1997
- National Health Service Model Engineering Specification, C11, 'Medical Gases', 1999
- European Pharmacopoeia Standards for medical gases, including medical compressed air
- Premises Health and Safety Policy
- Premises Fire Policy
- Any other relevant local guidance

Ref: PP 11

**Operational Policy for
High Voltage Electricity Supply Systems
using a contractor as the
Authorised Person (HV)**

Executive Sponsor & Function

**Director of Transformation, Planning and
Digital**

Document Author:

Alun Evans (Environmental Officer)

Approved by:

Approval Date:

Date of Equality Impact Assessment:

Equality Impact Assessment Outcome:

Review Date:

3 years from approval date

Version:

1

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1.0 POLICY STATEMENT

Velindre University NHS Trust has issued a Policy for Management of High Voltage (HV) Electricity Supply Systems (Trust HV Policy) as part of the Corporate Health and Safety Policy.

This High Voltage Electricity Operational Policy (HV Operational Policy), using a Contractor as the Authorised Person (HV), is the practical implementation of the Trust HV Policy from which it derives its authority, it meets the requirements of *paragraph 3.2a, Health Technical Memorandum (HTM) 06-03: Electrical safety guidance for high voltage systems* and is required due to the inherent dangers.

2.0 DOCUMENT SCOPE AND PURPOSE

- 2.1 The HV systems serving the Trust healthcare properties shall be managed and operated in accordance with this document and *HTM 06-03* which should be followed as Best Practice. Adherence to these two documents should normally be sufficient to comply with the legislation relevant to HV systems (*Electricity at Work Regulations 1989*).
- 2.2 The arrangements contained in this document must be agreed in writing by the Authorising Engineer (HV).
- 2.3 The Policy applies to the HV systems in the following hospitals/buildings:

Velindre Cancer Centre
Welsh Blood Service

Summary details of the equipment at each site are detailed in Appendix 5.

3.0 ROLES AND RESPONSIBILITIES

- 3.1 The roles involved in the management and operation of HV electrical systems are defined in *HTM 00: Best practice guidance for healthcare engineering, HTM 06-03* and below. Additional roles or duties are defined below.
Appendix 1 names the individuals in the various roles.
- 3.2 **The Chief Executive** has overall responsibility for ensuring that sufficient and suitable procedures are in place to manage and maintain the Trust's HV electrical supply systems. In particular, he/she must ensure that suitably qualified personnel are employed to implement, manage and review this activity.
- 3.3 **Director of Transformation, Planning and Digital (Executive Director)** will be charged with being the Designated Person (*as referred to in HTM 06-03*). He/she is responsible for delivering the policy aims and aspirations. Has overall authority and responsibility for the HV electrical supply systems within Velindre University NHS Trust and who has a duty under the Health & Safety at Work Act, Subsidiary Regulations and HTM's

He/she should:

- Set out the standards and quality of service to be provided
- Ensure that sufficient and competent staff and resources are applied to investment, design, maintenance and performance monitoring of systems covered by this policy.
- Appoint an Authorising Engineer for High Voltage Electricity (AE(HV)).

- 3.4 **HV Manager** (This is a local arrangement not referred to in *HTM 06-03*.)

The HV Manager is appointed by the Trust and has the responsibility and authority to manage the HV systems to ensure they are operated and maintained safely.

In general, for the day to day operations, these powers will be delegated to the Trust HV Officers, see below.

The HV Manager shall manage:

- the work of the AP Contractor and may refer operational HV decisions by the AP Contractor to the Authorising Engineer (HV).
- the maintenance of non-HV work such as building work and related building services in high voltage areas.

3.5 **HV Officer** (This is a local arrangement not referred to in *HTM 06-03*)

The HV Officer (s) is an Operational Engineer with delegated authority from the HV Manager to manage the day to day operation of the HV system on a particular site.

The HV Manager and HV Officers:

- Shall be trained to recognise the danger of HV systems by the AP Contractor (see Paragraph 10)
- using the form in Appendix 6 shall transfer control of the HV systems to the AP Contractor following the guidance in Appendix 3
- shall control the keys giving entry to the HV areas.
- may issue *Limitation of Access (L.o.A.)* safety documents for non-HV work but only after consultation with the AP Contractor.

The HV Manager and HV Officers are NOT authorised to operate or maintain the HV system.

3.6 **Authorising Engineer HV**

The duties of the Authorising Engineer (AE) HV in *chapter 4, HTM 06-03*, shall apply in general to the AP Contractor, not the individual staff employed by the AP Contractor.

Audit Reports shall be sent to the Designated Person and copied to the HV Manager.

The AE (HV) may recommend the suspension of the AP Contractor or any employee to the HV Manager.

3.7 **AP Contractor** (This is a local arrangement not referred to in *HTM 06-03*)

The AP Contractor is a specialist contractor appointed by the Trust to receive Transfer and Control Certificates (TOCC), operate and maintain the HV systems, and train the HV Manager and Officers all in accordance with this policy.

The AP Contractor shall have the authority to stop any work on or around the HV systems serving the hospital which could damage the HV system or endanger lives.

The AP Contractor shall employ suitably qualified and experienced staff (Authorised and Competent Persons as defined in *HTM 06-03*).

Except in an emergency, the AP Contractor shall only undertake the duties following signed acceptance of a TOCC issued by the HV Officer.

The AP Contractor shall be fully conversant with:

- The HV distribution for the site
- *HTM 06-03, Electrical Safety Guidance for HV installations*
- This HV Operational Policy
- *The Electricity at Work Regulations 1989*
- *Health and Safety at Work etc Act 1974*
- *Report of Injuries Diseases and Dangerous Occurrences Regulations 1985 (RIDDOR)*

Any incident reports will also be copied to the HV Manager. When the incident involves high voltage then the Authorising Engineer (HV) shall also be advised and will carry out an investigation.

The AP Contractor shall give advice to an HV Officer on the issue of a LoA.

If the AP Contractor considers the work to be beyond the scope of the HV Officer, then the AP Contractor shall issue the *LoA*. See also Appendix 4.

If required by the HV Manager or the AE (HV), the AP Contractor shall remove an employee from the site and if necessary provide a replacement. Such actions would be subject to a review between the Trust and the AP Contractor.

4.0 DESIGN, OPERATION AND MAINTENANCE OF HV ELECTRICAL SYSTEMS – GENERAL PRINCIPLES AND REQUIREMENTS

- 4.1 The Trust HV Policy specifies the requirements for Design, Operation and maintenance of HV electrical systems.
- 4.2 Maintenance shall also include the buildings/enclosures and associated building engineering services but this work will normally be carried out by Trust staff or contractors working under an *L.o.A.* document.

5.0 ACCESS CONTROL TO DANGEROUS AREAS

- 5.1 HV switchrooms and other areas containing HV equipment shall be kept locked with access restricted to the HV Officer. Visitors must be accompanied by the HV Officer. See also 5.3 below.

The HV Officer can authorise access to the following people by issuing safety documents or a TOCC but has absolute authority and can deny or withdraw access at any time:

- Employees of the AP Contractor
 - Those working under an *L.o.A.* safety document
 - Anyone working with one of the above and under their direct supervision
- 5.2 Keys giving access to HV areas and equipment shall be controlled in accordance with *paragraphs 6.1-6.6, General Precautions, of HTM 06-03* except that for Authorised Person (HV) in the HTM, the text should be read as HV Officer
The *Site Logbook* shall be completed by the HV Officer on issue and receipt of keys.
 - 5.3 Where HV areas contain equipment belonging to the DNO (*electricity infrastructure provider*) their staff have a legal right to enter at any time which is usually arranged by some form of joint key arrangement.
 - 5.4 The HV Officer and the AP Contractor (*under the contract*) have the power to immediately exclude any person from the high voltage areas if they are considered to be acting in a manner likely to cause danger to themselves or others.

6.0 LIMITATION OF ACCESS SAFETY DOCUMENTS, *L.o.A.*

- 6.1 A *Limitation of Access* document and its use are defined in *Chapter 8 of HTM 06-03*. It is used for specific **non-HV** work to be undertaken in a HV area under the supervision of the HV Officer or AP (HV). An example would be the painting of a door.
- 6.2 A HV Officer can issue/cancel a *L.o.A.* as follows:
 - A *L.o.A.* for simple work will normally be issued by the HV Officer **in consultation** with the AP Contractor. Refer to Appendix 4
 - If the work to be carried out is in close proximity to HV equipment, then, for safety reasons, the AP Contractor will issue the *L.o.A.* documents. The division of responsibility will form part of the training of the HV Officer.
- 6.3 Since a craftsman is unlikely to be familiar with *HTM 06-03*, the meaning of paragraphs 4.23 to 4.29 must be explained and understood.

A printed copy of paragraphs 4.23-4.29, as well as a statement that “The CP (HV) and any assistants must NOT touch or interfere with the HV system” should be encapsulated and issued with the *L.o.A.*, the issue being recorded on the *L.o.A.*

7.0 MONITORING/REVIEW PROCEDURE

Since the HV Operational Policy has differences from *HTM 06-03*, additional audit checks will be undertaken by the AE (HV) on the following:

- Emergency procedures
- Training, certification and appointment of the HV Officers
- The use and issue of Safety Documents and Transfer Control Certificates
- A check on the work carried out by the HV Officers
- The replacement, refurbishment and maintenance programme

8.0 OPERATING DOCUMENTS

8.1 Records for the operation and maintenance of HV electrical systems shall be available together with back-up copies, as detailed in *paragraph 1.16 of HTM 06-03*.

a. Suitable documents matching those in *HTM 06-03* shall be purchased from TSO.

8.2 The following manuals and documentation must be available for the operation and maintenance of HV systems and are held in the Estates Managers Office

8.3 Operational Procedure Manual (HTM document)

This holds the information listed in *paragraphs 8.12-8.17 of HTM 06-03*, and:

- Records of Appointments/Acceptances and Certificates for HV Officers
- Copy of Trust contract with AP Contractor
- HV Operational Policy
- Policy for SF6 equipment gas escape (if applicable)
- Copies of Transfer of Control Certificates (TOCC)

8.4 Operating and Maintenance Manual (HTM document)

This holds the information listed in *paragraphs 8.18-8.20 of HTM 06-03* and:

- Site drawings showing HV system and standby generators
- Switchgear and transformer schedule for the system
- Protection grading charts for the system
- Maintenance and Inspection reports, see, *paragraphs 8.21-8.23, HTM 06-03*
- AP Contractor schedules of maintenance

8.5 Record Documentation Control

The HV Officer named in Appendix 1, has responsibility for the control and upkeep of all Operating Records as above and those in *Chapter 8 of HTM 06-03*.

9.0 SAFETY DOCUMENTS

9.1 The AP Contractor shall prepare a *Safety Programme* and issue/cancel *Safety Documents* as defined in *HTM 06-03*.

9.2 Subject to written agreement, the AP Contractor can use his own safety documentation in place of the *HTM Safety Programme and Safety Documents*.

9.3 The AP Contractor shall send either the original or a copy of the *Safety Programme and Documents* to the HV Officer identified in Appendix 1.

9.4 If only copies of safety documents are retained on the NHS site, then the AP Contractor must demonstrate to the AE (HV) that the originals are available for inspection at any reasonable time and stored as required by *HTM 06-03*, e.g. retained for 3 years.

10.0 TRAINING OF PERSONNEL

10.1 Training of AP Contractor staff

The AP Contractor must ensure its employees are adequately trained and that a register of training is maintained.

This should include Cardio-pulmonary resuscitation.

The Trust may request at any time to view the training records and reserves the right to refuse access to employees of the AP Contractor whom the Trust considers are not adequately trained.

10.2 Training of HV Officers

The AP Contractor will provide safety training for the HV Officers who will then be assessed by the AE (HV). HV Officers will be appointed in writing by the Trust. Refer to Appendix 4.

HV Officers shall be trained in cardio pulmonary resuscitation by the Trust.

10.0 PROGRAMME FOR MAINTENANCE OF HV SYSTEMS

11.1 The work shall be carried out as required in the contract between the Trust and the AP Contractor and the schedule of maintenance included in the Operational Procedure Manual. Any additional work specified by the manufacturer must also be undertaken and details recorded.

11.2 The Schedule of Maintenance should include as a minimum:

- Inspection and cleaning of the HV equipment and associated protection relays
- Partial discharge testing of the equipment
- Maintenance and testing of the switchgear and arc control/insulating medium (as applicable) as well as protection relays, including secondary injection
- Maintenance and testing of all transformers, including any necessary testing of and replacement of insulating medium (as applicable) and cleaning
- Maintenance and testing of battery tripping units (as applicable)

11.0 OPERATIONAL EQUIPMENT

All equipment required for switching, testing, earthing and safety padlocks shall be provided by the AP Contractor who shall be responsible for maintaining such equipment in good order. This shall include specialist equipment provided as part of the HV system by the Trust.

APPENDIX 1: LIST OF NAMED INDIVIDUALS

Designated Person: _____

HV Manager: _____

**HV Officer with
responsibility for
document control:** _____

**Authorising Engineer (HV):
NHS Wales Shared Services Partnership – Specialist Estates Services**

AP Contractor: _____

APPENDIX 2: DEFINITIONS

Health Technical Memorandum (HTM)

A suite of documents issued by the Department of Health which provides guidance on technical issues with particular relevance to NHS healthcare facilities.

Due to differences in NHS policy between England and the devolved administration in Wales, the Welsh Assembly Government may modify these documents for use in Wales.

HTM 06-03, Electrical safety guidance for high voltage systems. A Trust which follows this guidance should normally be doing sufficient to satisfy the requirements of the *Health and Safety at Work etc Act 1974* and the *Electricity at Work Regulations 1989*.

Users with access to the HOWIS intranet can find and download these documents on the Shared Services Partnership website at <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=254&pid=10859>

Users who do not have access to HOWIS intranet can access the full list of HTMs and associated Status Notes on the Shared Services Partnership internet website at <http://www.nwssp.wales.nhs.uk/publications-and-information>, but not download the HTM documents.

Transfer of Control Certificate

The transfer document (see Appendix 6) allows the Trust to pass control of the HV electrical systems to the AP Contractor for switching or maintenance whilst ensuring that the effects on the hospital are fully understood and that any necessary precautions are in place to minimise effects on patient care.

APPENDIX 3: HIGH VOLTAGE PROCEDURES

PROCEDURES TO BE FOLLOWED TO ISSUE A TRANSFER OF CONTROL CERTIFICATE

Either the HV Officer will contact the AP Contractor if there is a problem with the electricity supply to the hospital. During working hours the telephone contact number is [REDACTED]. At any other time a Help Desk can be reached on [REDACTED].

Or, the HV Officer and the AP Contractor will have previously made arrangements to carry out maintenance to the HV system.

1. The HV Officer will check that the AP Contractor employee attending is suitably authorised (this requirement will be part of the contract).
2. The HV Officer will issue access keys and accompany the AP Contractor to the sub-stations to ensure the AP Contractor is familiar with their geographical location. Logbook entries are required.
3. The AP Contractor will create a Safety Programme. NOTE that this should include details of any LV switching required.
4. **The AP Contractor should identify with the HV Officer which parts of the LV system (if any) will be affected by the programme.**
5. The HV Officer will decide whether a *Permission for disconnection or interruption of electrical services* form (Copy only in *HTM 06-02*) is required and make any arrangements necessary such as back up generation. It should be cross-referenced with the Transfer of Control Certificate, Appendix 6 (TOCC), and the copy stored in the Operational Procedure Manual.
6. When arrangements are complete, parts 1 and 2 of the TOCC should be completed to pass control of the HV system to the AP Contractor.
7. **The HV Officer is not trained or authorised to approve the HV work to be carried out by the AP Contractor.**

The issue of the TOCC means only that the Trust has completed arrangements to protect the operation of the hospital (so far as possible), and the AP Contractor can start the HV work.

8. All LV switching required will be carried out by NHS staff but only when directed by the AP Contractor who will also fit any safety locks and signs.
9. On completion of the work to, the HV system, parts 3 and 4 of the TOCC will be signed off by the AP Contractor and the HV Officer. The Mimic Panel must now be adjusted by the AP Contractor to represent any changes.
10. The HV Officer shall ensure the Site Logbook for HV Systems is completed and paperwork filed.

APPENDIX 4: SAFETY TRAINING FOR Trust HV OFFICERS

1. As part of the contract, the AP Contractor shall conduct training so the HV Manager and nominated HV Officers at each site can understand the dangers of a HV installation and are considered competent to enter the HV sub-station/compounds alone without putting themselves at risk.
2. Training should also ensure each candidate:
 - Is considered competent to supervise visitors to the sub-stations/compounds and, if required, issue to (in consultation with the AP Contractor) and supervise a person working on a **L.o.A.** document for minor building works, such as painting, re-lamping, checking fire alarms. Note that all work on L.o.A. documents will require direct supervision by the HV Officer or AP Contractor.
 - Understands that neither the HV Officer nor any visitors nor persons on L.o.A. documents can under ANY circumstances touch or interfere in any way with the HV equipment (this will also be emphasised on HV Officer appointment letters from the Trust).
 - Is competent to decide when work located close to the HV systems should be risk assessed with the AP Contractor to issue the L.o.A. instead of the HV Officer.
3. If satisfied, the AP Contractor should certify competence in writing to the HV Manager for each nominated staff member to be appointed as a HV Officer using the draft form attached.
4. Each nominated HV Officer will then be interviewed by the AE (HV) who will recommend (or not) that they be appointed.

The HV Manager will then arrange for them to be appointed by the Trust using the draft forms and certificate attached.
4. **If the AP Contractor is unwilling to certify that a particular Trust employee put forward for training is competent to act as an HV Officer they should make their concerns known to the HV Manager at the time.**
5. The training and certification process should be repeated every three years and will form part of the audit procedure conducted by the Authorising Engineer (HV).
6. Cardio-Pulmonary Resuscitation training will be provided by the Trust to staff members.
7. The AE (HV) will also provide training in the use and completion of *Limitation of Access* documents.

APPENDIX 5: SUMMARY OF HV ELECTRICAL SYSTEMS

_____ Hospital, Velindre University NHS Trust

(Insert details of switchgear etc. Note that these details are provided to give an overview of each site but should not be relied upon as a definitive statement)

APPENDIX 6: TRANSFER OF CONTROL CERTIFICATE FOR HIGH VOLTAGE SUPPLY SYSTEMS

Velindre University NHS Trust

Serial Number.....

ESTATES DEPARTMENT: TRANSFER OF CONTROL CERTIFICATE FOR HIGH VOLTAGE SUPPLY SYSTEMS

Part 1

I,the representative of the AP Contractor.....wish to carry out the following high voltage works or switching at

..... Hospital.

.....
.....
.....

Safety Document No (s): will be issued for this work.

Your agreement to proceed is required taking full account of any local hospital restrictions relating to the HV/LV installation.

Signed:..... Print Name:

Designation:Date:..... Time:

Part 2

AGREEMENT by HV Officer

Agreement to the above works is made on behalf of the HB/Trust and note should be taken of the following circumstances (if none write NONE). Any arrangements necessary to protect hospital services have been completed.

Permission for disconnection form No.....
.....
.....

Signed:..... Print Name:

Designation: HV Officer .Date:..... Time:

CLEARANCE

Part 3

As the Authorised Person I hereby declare that the work for which this certificate was listed is now suspended/completed (delete as necessary) and that the system is safe and operational.

Signed:..... Print Name:

Designation:Date:..... Time:

Part 4

Clearance is noted and the HV system accepted back on behalf of Hospital

Signed:..... Print Name:

Designation: HV Officer Date:..... Time:

Ref: PP 12

Operational Policy for High Voltage Electricity Supply Systems

Executive Sponsor & Function

**Director of Transformation, Planning and
Digital**

Document Author:

Alun Evans (Environmental Officer)

Approved by:

Approval Date:

Date of Equality Impact Assessment:

Equality Impact Assessment Outcome:

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1

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1.0 POLICY STATEMENT

Velindre University NHS Trust has a statutory responsibility to manage the electricity supply systems in each of its health premises in accordance with the *Health and Safety at Work etc Act 1974* and in particular *The Electricity at Work Regulations 1989*.

In recognition of these responsibilities the Trust has issued this High Voltage (HV) Electricity Operational Policy. It meets the requirements of *paragraph 3.2a, Health Technical Memorandum (HTM) 06-03: Electrical safety guidance for high voltage systems* and is required due to the inherent dangers.

2.0 DOCUMENT SCOPE AND PURPOSE

- 2.1 The HV systems serving the Trust healthcare properties shall be managed and operated in accordance with this document and *HTM 06-03* which should be followed as Best Practice. Adherence to these two documents should normally be sufficient to comply with the legislation relevant to HV systems (*Electricity at Work Regulations 1989*).
- 2.2 The Policy must be read in conjunction with *The Electricity at Work Regulations 1989, Health Technical Memorandum (HTM) 00: Best practice guidance for healthcare engineering* and *HTM 06-03: Electrical safety guidance for high voltage systems*.
- 2.3 *HTM 06-03* must be followed as best practice, not guidance, since following it should normally be sufficient to meet the requirements of the relevant legislation. In the event of any queries or conflicts with other documents the Authorising Engineer (HV) should be consulted.

3.0 ROLES AND RESPONSIBILITIES

- 3.1 The roles involved in the management and operation of HV electrical systems are defined in *HTM 00: Best practice guidance for healthcare engineering, HTM 06-03* and below.
- 3.2 **The Chief Executive** has overall responsibility for ensuring that sufficient and suitable procedures are in place to manage and maintain the Trust's HV electrical supply systems. In particular, he/she must ensure that suitably qualified personnel are employed to implement, manage and review this activity.
- 3.3 **Director of Transformation, Planning and Digital (Executive Director)** will be charged with being the Designated Person (*as referred to in HTM 06-03*). He/she is responsible for delivering the policy aims and aspirations. Has overall authority and responsibility for the HV electrical supply systems within Velindre University NHS Trust and who has a duty under the Health & Safety at Work Act, Subsidiary Regulations and HTM's

He/she should:

- Set out the standards and quality of service to be provided
- Ensure that sufficient and competent staff and resources are applied to investment, design, maintenance and performance monitoring of systems covered by this policy.
- Appoint an Authorising Engineer for High Voltage Electricity (AE(HV)).

3.4 Authorising Engineer (HV)

The duties of the Authorising Engineer (AE (HV)) is defined in *chapter 4, HTM 06-03, paras, 4.7-4.13*.

Audit reports shall be sent to the Designated Person and copied to the Authorised Person.

3.5 **Authorised Person (HV)**

The duties of the Authorised Person (HV), is defined in *chapter 4. HTM 06-03, paras, 4.14-4.22.*

He/she should be solely responsible for:

- The practical implementation and operation of *HTM 06-03, and*
- The systems and installations for which management is in control of danger and for which the Authorised Person (HV) has been appointed.

3.6 **Competent Person (HV) (*normally an appointed contractor*)**

Is a person with adequate knowledge and training to undertake work on systems as designed by engineering managers, In particular:

- Carry out planned preventative maintenance (PPM) routines and repairs as instructed by the Estates Manager and provide feedback on performance and maintenance issues.
- To ensure all health and safety, COSHH, Trust policies and procedures and risk assessments are adhered to at all times.
- To leave work areas clean and tidy.
- To report any maintenance defects or required changes to PPM routines or asset data.
- Record work carried out on High Voltage systems, in system log books.
- Ensure that appropriate records are kept for maintenance, testing and validation work, in a format readily retrievable for audit purposes.

4.0 **DESIGN, OPERATION AND MAINTENANCE OF HV ELECTRICAL SYSTEMS – GENERAL PRINCIPLES AND REQUIREMENTS**

4.1 The Trust HV Policy specifies the requirements for Design, Operation and maintenance of HV electrical systems.

4.2 HV systems owned by the Trust shall be:

- designed, installed and tested in accordance with current standards prior to being commissioned so they are safe for use.
- operated within their safe design capacity and in accordance with the HV Operational Policy.
- protected against adverse or hazardous environmental conditions

4.3 Due to the very specialist nature of the equipment, the Trust shall employ an external specialist as the Maintenance Contractor.

5.0 **ACCESS CONTROL TO DANGEROUS AREAS**

5.1 HV switchrooms and other areas containing HV equipment shall be kept locked with access restricted to the Authorised Person (HV). Visitors must be accompanied by the Authorised Person (HV). See also 5.3 below.

The Authorised Person (HV) can authorise access to the following people by issuing safety documents or a TOCC but has absolute authority and can deny or withdraw access at any time:

- Employees of the HV Contractor
- Those working under an L.o.A. safety document
- Anyone working with one of the above and under their direct supervision

- 5.2 Keys giving access to HV areas and equipment shall be controlled in accordance with *paragraphs 6.1-6.6, General Precautions, of HTM 06-03*.
The *Site Logbook* shall be completed by the Authorised Person (HV) on issue and receipt of keys.
- 5.3 Where HV areas contain equipment belonging to the DNO (*electricity infrastructure provider*) their staff have a legal right to enter at any time which is usually arranged by some form of joint key arrangement.
- 5.4 The Authorised Person (HV) and the HV Contractor (*under the contract*) have the power to immediately exclude any person from the high voltage areas if they are considered to be acting in a manner likely to cause danger to themselves or others.

6.0 LIMITATION OF ACCESS SAFETY DOCUMENTS, L.o.A.

- 6.1 A *Limitation of Access* document and its use are defined in *Chapter 8 of HTM 06-03*. It is used for specific **non-HV** work to be undertaken in a HV area under the supervision of the Authorised Person (HV). An example would be the painting of a door.
- 6.2 Since a craftsman is unlikely to be familiar with *HTM 06-03*, the meaning of paragraphs 4.23 to 4.29 must be explained and understood.
A printed copy of paragraphs 4.23-4.29, as well as a statement that “The CP (HV) and any assistants must NOT touch or interfere with the HV system” should be encapsulated and issued with the L.o.A., the issue being recorded on the L.o.A.

7.0 MONITORING/REVIEW PROCEDURE

Auditing the safe operation and maintenance of the HV electrical system is detailed in Appendix 3 of *HTM 06-03* and, generally, is the responsibility of the Authorising Engineer (HV).

8.0 OPERATING DOCUMENTS

- 8.1 Records for the operation and maintenance of HV electrical systems shall be available together with back-up copies, as detailed in *paragraph 1.16 of HTM 06-03*.
a. Suitable documents matching those in *HTM 06-03* shall be purchased from TSO.
- 8.2 The following manuals and documentation must be available for the operation and maintenance of HV systems and are held in the Estates Managers Office
- 8.3 **Operational Procedure Manual (HTM document)**
This holds the information listed in *paragraphs 8.12-8.17 of HTM 06-03*, and:
- Records of Appointments/Acceptances and Certificates for Authorised Persons
 - Copy of Trust contract with AP Contractor
 - HV Operational Policy
 - Policy for SF6 equipment gas escape (if applicable)
 - Copies of Transfer of Control Certificates (TOCC)
- 8.4 **Operating and Maintenance Manual (HTM document)**
This holds the information listed in *paragraphs 8.18-8.20 of HTM 06-03* and:
- Site drawings showing HV system and standby generators
 - Switchgear and transformer schedule for the system
 - Protection grading charts for the system
 - Maintenance and Inspection reports, see, *paragraphs 8.21-8.23, HTM 06-03*
 - AP Contractor schedules of maintenance

8.5 Record Documentation Control

The Authorised Person named in Appendix 1, has responsibility for the control and upkeep of all Operating Records as above and those in *Chapter 8 of HTM 06-03*.

9.0 SAFETY DOCUMENTS

- 9.1 The Authorised Person (HV) shall prepare a *Safety Programme* and issue/cancel *Safety Documents* as defined in *HTM 06-03*, table 1-2.

10.0 TRAINING OF PERSONNEL

10.1 Training of AP Contractor staff

The AP Contractor must ensure its employees are adequately trained and that a register of training is maintained.

This should include Cardio-pulmonary resuscitation.

The Trust may request at any time to view the training records and reserves the right to refuse access to employees of the AP Contractor whom the Trust considers are not adequately trained.

10.0 PROGRAMME FOR MAINTENANCE OF HV SYSTEMS

- 11.1 The work shall be carried out as required in the contract between the Trust and the AP Contractor and the schedule of maintenance included in the Operational Procedure Manual. Any additional work specified by the manufacturer must also be undertaken and details recorded.
- 11.2 The Schedule of Maintenance should include as a minimum:
- Inspection and cleaning of the HV equipment and associated protection relays
 - Partial discharge testing of the equipment
 - Maintenance and testing of the switchgear and arc control/insulating medium (as applicable) as well as protection relays, including secondary injection
 - Maintenance and testing of all transformers, including any necessary testing of and replacement of insulating medium (as applicable) and cleaning
 - Maintenance and testing of battery tripping units (as applicable)

11.0 OPERATIONAL EQUIPMENT

All equipment required for switching, testing, earthing and safety padlocks shall be provided by the AP Contractor who shall be responsible for maintaining such equipment in good order. This shall include specialist equipment provided as part of the HV system by the Trust.

APPENDIX 1: DEFINITIONS

Health Technical Memorandum (HTM)

A suite of documents issued by the Department of Health which provides guidance on technical issues with particular relevance to NHS healthcare facilities.

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Transfer of Control Certificate

The transfer document (see Appendix 6) allows the Trust to pass control of the HV electrical systems to the AP Contractor for switching or maintenance whilst ensuring that the effects on the hospital are fully understood and that any necessary precautions are in place to minimise effects on patient care.

Ref: PP 13

ELECTRICAL LOW VOLTAGE POLICY

Executive Sponsor & Function

Director of Transformation, Planning and Digital

Document Author:

Alun Evans (Environmental Officer)

Approved by:

Approval Date:

Date of Equality Impact Assessment:

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1. Policy Statement

The organisation recognises and accepts its responsibilities and legal obligations in accordance with current legislation and is committed to protecting the rights of its patients, visitors and staff in respect of the operation of electrical systems.

Velindre University NHS Trust, will ensure that all electrical systems, are installed, inspected, serviced and maintained in accordance with all Statutory Instruments, NHS Guidelines, Health Technical Memoranda or similar, to ensure that such equipment does not pose a health or operational risk to either, staff, patients or members of the public.

2. Scope of Policy

This policy applies to all persons (staff, contractors, patients and members of the public) who may be affected by any electrical activity arising from works (including use or contact with equipment) carried out on Trust premises or leased property. It also applies to all electrical activities undertaken by employees and/or contractors when working at other locations.

3. Aims and Objectives

This document will detail the Trust's policy to achieve safety in all its electrical activities in compliance with its legal and statutory obligations and to ensure that all electrical equipment and systems are maintained in a safe condition and that only competent persons are permitted to work with, repair or maintain electrical systems or apparatus.

4. Responsibilities

The Trust has a management responsibility to ensure inspection, service and maintenance activities are carried out safely without hazard to staff, patients or members of the public.

4.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring that sufficient and suitable procedures are in place to manage and maintain the Trust's electrical systems. In particular, he/she must ensure that suitably qualified personnel are employed to implement, manage and review this activity.

4.2 Director of Transformation, Planning and Digital

The Executive Director will be charged with being the Designated Person, under HTM 06-02. He/she is responsible for delivering the policy aims and aspirations. Has

overall authority and responsibility for the low voltage systems within the Trust and who has a duty under the Health & Safety at Work Act, Subsidiary Regulations and HTM's.

He/she should:

- Set out the standards and quality of service to be provided.
- Ensure that sufficient and competent staff and resources are applied to investment, design, maintenance and performance monitoring of systems covered by this policy.
- Appoint an Authorising Engineer for Low Voltage Electricity (AE(LV)).

4.3 Estates Manager

The Estates Manager is responsible for ensuring that all electrical systems are inspected, serviced, verified, maintained and tested in a safe manner without hazard to staff, patients or members of the public.

The Estates Manager shall ensure that:

- All systems are identified and subjected to testing by an Authorised person.
- Maintain a register of Authorised Persons.
- Ensure that appropriate reactive and planned preventative maintenance arrangements are put in place to deliver to the aims of this policy.
- Have in place a procedure for assessing Competent Persons.
- Ensure that only individuals assessed as being competent and included on the register are used by sub-contractors. i.e. it is the individual not the contractor that needs to be assessed.
- Ensure that competent persons undertake regular maintenance on electrical systems and equipment.
- Ensure that the policy and procedures are implemented by a range of in-house or contracted services.
- Audit the effectiveness of the arrangements and arrange corrective action.
- Report any deficiencies which cannot be addressed within delegated limits of resource and authority.
- Ensure that electrical systems are independently verified annually in accordance with H.T.M 06-02 Electrical Safety Guidance for Low Voltage Systems.
- Arrange for any adverse incident to be investigated by the Authorising Engineer and for the dissemination of related advice.

4.4 Project Managers

Have the responsibilities to ensure that:

- All new installations meet the latest legal and technical standards.
- A suitably qualified person is involved in the design of all new installations and that commissioning and performance checks are undertaken and documented.
- All new installations are accessible and maintainable without resort to specialist access equipment or the need for removal of finishes/infrastructure.
- That maintenance teams have comprehensive operations and maintenance manuals (O&M), handed over on completion of schemes.
- That appropriate training and familiarisation is provided to in house and contract teams.
- That all new designs or major modification to existing systems are checked by the Authorising Engineer prior to the commencement of work.
- That all new installations are independently validated prior to contract completion.
- That all variations from the standards set out within H.T.M 06-02 Electrical Safety Guidance for Low Voltage Systems, are listed and agreed in writing by the Authorising Engineer / Estates Manager, prior to implementation.

4.5 Authorising Engineer (Low Voltage) (AE(LV))

Is defined as a person designated by management to provide independent auditing and advice on Low Voltage electrical systems and to review and witness documentation on validation/verification.

He/she shall:

- Provide a service in accordance with H.T.M 00 Policies and Principles of Healthcare Engineering.
- Advise on technical compliance with H.T.M 06-02 Electrical Safety guidance for Low Voltage Systems.
- Advise on interpretation of H.T.M 06-02 Electrical Safety guidance for Low Voltage Systems.
- Assess and make recommendations for the appointment of Authorised Persons.
- Monitor the performance of the service and undertake an annual audit.
- To investigate any adverse incident and report on any findings.
- Advise on the consequences of any proposed variation from the standards given within H.T.M 06-02 Electrical Safety guidance for Low Voltage Systems.

4.6 Authorised Person (Low Voltage) (AP(LV))

Will be an individual possessing adequate technical knowledge and having received appropriate training, appointed in writing (following advice from the AE (LV)), who is responsible for the implementation and operation of Management's safety policy and procedures relating to the engineering aspects of Low Voltage Electrical systems.

4.7 Competent Person (Low Voltage) (CP(LV))

Is a person with adequate knowledge and training to undertake work on systems as designed by engineering managers. In particular:

- Carry out planned preventative maintenance (PPM) routines and repairs as instructed by the Estates Manager and provide feedback on performance and maintenance issues.
- To ensure all health and safety, COSHH, Trust policies and procedures and risk assessments are adhered to at all times.
- To leave work areas clean and tidy.
- To report any maintenance defects or required changes to PPM routines or asset data.
- Record work carried out on individual Low Voltage Electrical systems, in system log books.
- Ensure that appropriate records are kept for maintenance, testing and validation work, in a format readily retrievable for audit purposes.

4.8 Accompanying Safety Person

Is an individual not directly involved with the work or test, should have adequate knowledge, experience and the ability to avoid danger. They are required to keep watch, prevent unauthorised interruption of the work or test, be able to apply first aid and summon help.

4.9 User

The person responsible for the management of the unit in which the electrical system is installed, for example, head of department, operating theatre manager, head of laboratory, production pharmacist, head of research or any other responsible person.

5. Definitions

5.1 Limitation-of-access

This is a safety document, which is a form of declaration, signed and issued by an Authorised Person (LV) to a person in charge of work to be carried out in an area or location which is under the control of an Authorised Person (LV) and for which a permit-to-work (LV) is not appropriate.

5.2 Permit-to-work (electrical LV)

This is a safety document, which is a form of declaration, signed and issued by an Authorised Person (LV) to a Competent Person (LV) in charge of work to be carried out. It defines the scope of the work to be undertaken and makes known exactly what equipment is dead, isolated from all live circuit conductors and safe to work on.

5.3 Safety signs

- **Caution sign** is a temporary, non-metallic sign bearing the words “caution – persons working on equipment” and “do not touch” which is to be used at a point-of-isolation.
- **Danger sign** is a temporary, non-metallic sign bearing the words “danger live equipment” and “do not touch” which is to be used where there is adjacent live equipment at the place of work.
- **Switchroom sign** is a permanent, no-metallic sign bearing the words, “electrical Switchroom” and “no unauthorised access”

5.4 Voltage range

- **Extra low voltage**, a potential not exceeding 50V ac or 120 V ripple-free dc whether between conductors or to earth.
- **Low voltage (LV)**, a potential not exceeding 1000V ac or 1500 V dc between conductors, or 600V ac or 900V dc between a conductor and earth.
- **High voltage (HV)**, a potential normally exceeding low voltage.

6. Training and other resource implications for this policy

Training should be of an appropriate level, depending on roles and responsibilities, and outlined in the Divisions/Hosted Organisations local procedures. Managers have the responsibility to inform relevant employees and contractors of any hazards that may exist when carrying out maintenance work, operation, testing or other repairs to equipment within their department. All staff, whether working for the Trust or as partners who have duties under this policy should receive appropriate training.

Tradespersons are to be made aware of the dangers from electrical shock, injury or burns. The information given should include: -

- The nature and type of risks to health where applicable
- Control measures employed
- Working procedures/policies

All records of training are to be maintained by the Estates Directorate.

Arrangements shall be made by the appropriate manager to ensure: -

- i. That all employees concerned with particular work activities are adequately informed as to the systems, plant and apparatus that are affected, and instructed in all safety procedures.
- ii. So far as is reasonably practicable, that other persons who are not employees but may be affected by the work activities also receive adequate information and/or instruction.

7. **Implementation/Policy Compliance**

The Trust Board expects those tasked with managing aspects of electrical safety to:

- diligently discharge their responsibilities as benefits their position;
- have in place a clearly defined management structure for the delivery, control and monitoring of electrical works;
- have in place a programme for the assessment and review of electrical risks
- develop and implement appropriate protocols, procedures, action plans and control measures to mitigate electrical risks, comply with relevant legislation and, where practicable, codes of practice and guidance;
- develop and disseminate appropriate action plans pertinent to each department/building/area to ensure the safety of occupants, protect the delivery of service and, as far as reasonably practicable, defend the property and environment, in regard to working on and using electrical equipment;
- develop and implement a programme of appropriate electrical safety training for all relevant staff;
- develop and implement monitoring and reporting mechanisms appropriate to the management of electrical safety.

8. **Equality Impact Assessment Statement**

A summary of the outcome of the EIA must be present on the front cover of the document.:

Either

This policy has been screened for relevance to equality. No potential negative impact has been identified.

Or

This policy has been subject to a full equality impact assessment and some issues have been identified and highlighted to ensure that due regard and weight is given to them in carrying out this policy.

9. Main Relevant Legislation and References

Statutory

- Confined Spaces Regulations 1997.
- Construction Design and Management Regulations 2015.
- Electricity at Work Regulations 1989.
- Electricity Safety, Quality and Continuity Regulations 2002.
- Health and Safety (Safety Signs and Signals) Regulations 1996.
- Health and Safety at Work etc. Act 1974.
- Management of Health and Safety at Work Regulations 1999.
- Manual Handling Operations Regulations 1992 (as amended 2002).
- Personal Protective Equipment at Work Regulations 1992 (as amended 2002).
- Provision and Use of Work Equipment Regulations 1998.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- Workplace (Health, Safety and Welfare) Regulations 1992.
- Dangerous Substances and Explosive Atmosphere Regulations 2002.

Guidance

- The Department of Health:
 - a. Health Technical Memorandum 00 – Policies and Principles.
 - b. Health Technical Memorandum 06-02 – Electrical safety guidance for low voltage systems.
 - c. Health Technical Memorandum 06-03 – Electrical safety code for high voltage systems.
- The Institution of Electrical Engineers:
 - d. Code of practice for in-service inspection and testing of electrical equipment.
 - e. Guidance Note 3 – Inspection and testing.
- The Health & Safety Executive's:
 - f. Avoidance of danger from overhead electric lines GS6.

- g. Avoiding danger from underground services HSG47.
- h. Electrical safety on construction sites HSG141.
- i. Electrical test equipment for use by electricians GS38.
- j. Electricity at work: safe working practices HSG85.
- k. Health and Safety (First Aid) Regulations 1981, Approved Code of Practice and Guidance.
- l. Keeping electrical switchgear safe HSG230.
- m. Maintaining portable and transportable electrical equipment HSG107.
- n. Memorandum of guidance on the Electricity at Work Regulations 1989 HSR25.
- o. Safety in electrical testing at work INDG354.

10. Audit and Monitoring

- The Planning, Performance and Estates Department will review the operation of the policy as necessary and at least every 3 years.

11. Policy Conformance / Non Compliance

- If any Trust employee fails to comply with this policy, the matter may be dealt with in accordance with the Trust's Disciplinary Policy. The action taken will depend on the individual circumstances and will be in accordance with the appropriate disciplinary procedures. Under some circumstances failure to follow this policy could be considered to be gross misconduct.

Ref: PP 14

VENTILATION POLICY

Executive Sponsor & Function

Director of Transformation, Planning and Digital

Document Author:

Alun Evans (Environmental Officer)

Approved by:

Approval Date:

Date of Equality Impact Assessment:

Equality Impact Assessment Outcome:

Review Date:

3 years from approval date

Version:

1

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1. **Policy Statement**

The organisation recognises and accepts its responsibilities and legal obligations in accordance with current legislation and is committed to protecting the rights of its patients, visitors and staff in respect of the operation of ventilation systems.

Velindre University NHS Trust, will ensure that all ventilation/air conditioning units (AHU's), are installed, inspected, serviced and maintained in accordance with all Statutory Instruments, NHS Guidelines, Health Technical Memoranda or similar, to ensure that such equipment does not pose a health or operational risk to either, staff, patients or members of the public.

2. **Scope of Policy**

This policy applies to all properties owned and maintained by the Trust, including properties leased, rented or occupied under lease or any other occupancy agreement.

The policy covers the maintenance of all ventilation/air handling equipment within Velindre University NHS Trust, to ensure a safe environment for both patients, staff and the public.

3. **Aims and Objectives**

The Policy has been developed to ensure compliance with existing legislation, helping ensure that good practice standards are applied to all ventilation systems in use within the organisation. The Policy will not only ensure the organisation complies with the law, it also fosters confidence amongst both public and staff that the organisation takes its responsibilities regarding maintenance of these systems seriously.

Implementation of the policy will:

- Ensure ventilation/air handling equipment is suitable for its intended use and is maintained to satisfactory performance levels.
- Contribute to the overall control of infection agenda within the Trust.
- Comply with Health and Safety legislation requirements.
- Maintain the health, comfort and environment for all patients, staff and public, by ensuring adequate heating and ventilation exists and it is fully functional.

4. **Responsibilities**

The Trust has a management responsibility to ensure inspection, service and maintenance activities are carried out safely without hazard to staff, patients or members of the public.

4.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring that sufficient and suitable procedures are in place to manage and maintain the Trust's ventilation systems. In particular, he/she must ensure that suitably qualified personnel are employed to implement, manage and review this activity.

4.2 Director of Transformation, Planning and Digital

The Executive Director will be charged with being the Designated Person, under HTM 03-01, Part B. He/she is responsible for delivering the policy aims and aspirations. Has overall authority and responsibility for the ventilation systems within the Trust and who has a duty under the Health & Safety at Work Act, Subsidiary Regulations and HTM's.

He/she should:

- Set out the standards and quality of service to be provided.
- Ensure that sufficient and competent staff and resources are applied to investment, design, maintenance and performance monitoring of systems covered by this policy.
- Appoint an Authorising Engineer for Ventilation (AE(V)).

4.3 Estates Maintenance Manager

The Estates Maintenance Manager is responsible for ensuring that all ventilation/air conditioning systems are inspected, serviced, verified, maintained and tested in a safe manner without hazard to staff, patients or members of the public.

The Estates Maintenance Manager shall ensure that:

- All systems are identified and subjected to testing by an Authorised person.
- Maintain a register of Authorised Persons.
- Ensure that appropriate reactive and planned preventative maintenance arrangements are put in place to deliver to the aims of this policy.
- Have in place a procedure for assessing Competent Persons.
- Maintain a register of Competent Persons.
- Ensure that only individuals assessed as being competent and included on the register are used by sub-contractors. i.e. it is the individual not the contractor that needs to be assessed.
- Ensure that competent persons undertake regular maintenance on ventilation systems and equipment.
- Ensure that the policy and procedures are implemented by a range of in-house or contracted services.

- Audit the effectiveness of the arrangements and arrange corrective action.
- Report any deficiencies which cannot be addressed within delegated limits of resource and authority.
- Ensure that ventilation systems are independently verified annually in accordance with H.T.M 03-01, part B Specialised ventilation for healthcare premises, Operation management performance verification.
- Arrange for any adverse incident to be investigated by the Authorising Engineer and for the dissemination of related advice.

4.4 Project Managers

Have the responsibilities to ensure that:

- All new installations meet the latest legal and technical standards.
- A suitably qualified person is involved in the design of all new installations and that commissioning and performance checks are undertaken and documented.
- All new installations are accessible and maintainable without resort to specialist access equipment or the need for removal of finishes/infrastructure.
- That maintenance teams have comprehensive operations and maintenance manuals (O&M), handed over on completion of schemes.
- That appropriate training and familiarisation is provided to in house and contract teams.
- That all new designs or major modification to existing systems are checked by the Authorising Engineer prior to the commencement of work.
- That all new installations are independently validated prior to contract completion.
- That all variations from the standards set out within H.T.M 03-01, Specialised ventilation for healthcare premises Part A: Design, installation and commissioning. Systems, are listed and agreed in writing by the Authorising Engineer / Estates Manager, prior to implementation.

4.5 Authorising Engineer (Ventilation) (AE(V))

Is defined as a person designated by management to provide independent auditing and advice on ventilation systems and to review and witness documentation on validation/verification.

He/she shall:

- Provide a service in accordance with H.T.M 00 Policies and Principles of Healthcare Engineering.

- Advise on technical compliance with H.T.M 03-01 Specialised Ventilation in Healthcare Premises, Part A and B.
- Advise on interpretation of H.T.M 03-01, Specialised Ventilation in Healthcare Premises, Part A and B.
- Assess and make recommendations for the appointment of Authorised Persons.
- Monitor the performance of the service and undertake an annual audit.
- To investigate any adverse incident and report on any findings.
- Advise on the consequences of any proposed variation from the standards given within H.T.M 03-01, Specialised Ventilation in Healthcare Premises.

4.6 Authorised Person (Ventilation) (AP(V))

Will be an individual possessing adequate technical knowledge and having received appropriate training, appointed in writing (following advice from the AE (V)), who is responsible for the implementation and operation of Management's safety policy and procedures relating to the engineering aspects of Ventilation systems.

4.7 Competent Person (Ventilation) (CP(V))

Is a person with adequate knowledge and training to undertake work on systems as designed by engineering managers. In particular:

- Carry out planned preventative maintenance (PPM) routines and repairs as instructed by the Estates Manager and provide feedback on performance and maintenance issues.
- To ensure all health and safety, COSHH, Trust policies and procedures and risk assessments are adhered to at all times.
- To leave work areas clean and tidy.
- To report any maintenance defects or required changes to PPM routines or asset data.
- Record work carried out on individual Ventilation systems, in system log books.
- Ensure that appropriate records are kept for maintenance, testing and validation work, in a format readily retrievable for audit purposes.

4.8 Infection and Prevention Control Team (IPCT)

The IPCT will provide input into Estates on Capital projects and schemes, on infection control matters. They will ensure appropriate action is taken internally and externally by Consultants and Contractors commissioned and controlled by the organisation, to thereby reduce any risk of cross infection.

The IPCT will:

- Advise on monitoring infection control and microbiological performance of systems.
- Carry out or authorise the carrying out by an accredited laboratory, any microbiological tests as required.
- Provide infection control support to Estates staff as required in relation to infection control issues related to ventilation systems.

4.9 User

The person responsible for the management of the unit in which the ventilation system is installed, for example, head of department, operating theatre manager, head of laboratory, production pharmacist, head of research or any other responsible person.

5. Definitions

For the purpose of this document the following definitions apply:

5.1 Environment

Relates to the total space of an occupier's surroundings when in a healthcare premises, whether they are a patient, member of staff or a visitor. This includes the fabric of the building and related fixtures, fittings and services such as air and water supplies.

5.2 Ventilation

Is a means of removing and replacing the air in a space. This can be achieved simply, by opening windows and doors etc. Mechanical ventilation systems provide a more controllable method. Basic systems consist of a fan attached to distribution ductwork; more complex systems may include the ability to heat and filter the air passing through them. Ventilation equipment is used to remove smells, dilute contaminants and ensure that a supply of "fresh" air enters a space.

5.3 Air Conditioning Systems(AHU's)

Have the ability to heat, cool, humidify, dehumidify and filter air. AHU's allow the climate within a space to be controlled at a specific level, regardless of changes in the outside air conditions or the activities within the space. Within the healthcare environment there are two classes of Air Conditioning system, Critical systems and Non-critical systems. Examples are given below.

5.4 Critical Systems

These are ventilation systems which if taken out of service would seriously degrade the ability of the premises to deliver optimal healthcare.

These include:

- Operating Theatres of any type, including rooms for interventional investigations (for example catheter labs).
- Patient isolation facility of any type.
- Critical care, intensive treatment, or high dependency unit.
- Neonatal unit.
- Category 3 or 4 Laboratory or room.
- Linear Accelerators.
- Pharmacy aseptic suite.
- Inspection and packing room (IAP), in a sterile services department.
- MRI, CAT and other types of imaging technologies that require stable environmental conditions, to remain in calibration.

5.5 Non Critical Systems

Non critical systems are general ventilation and extract systems in buildings.

6. Training and other resource implications for this policy

Training should be of an appropriate level, depending on roles and responsibilities, and outlined in the Divisions/Hosted Organisations local procedures. Managers have the responsibility to inform relevant employees and contractors of any hazards that may exist when carrying out maintenance work, operation, testing or other repairs to equipment within their department. All staff, whether working for the Trust or as partners who have duties under this policy should receive appropriate training. Tradespersons are to be made aware of the dangers. The information given should include: -

- The nature and type of risks to health where applicable
- Control measures employed
- Working procedures/policies

All records of training are to be maintained by the Estates Directorate.

Arrangements shall be made by the appropriate manager to ensure: -

- i. That all employees concerned with particular work activities are adequately informed as to the systems, plant and apparatus that are affected, and instructed in all safety procedures.

- ii. So far as is reasonably practicable, that other persons who are not employees but may be affected by the work activities also receive adequate information and/or instruction.

7. **Implementation/Policy Compliance**

The Trust Board expects those tasked with managing aspects of ventilation safety to:

- diligently discharge their responsibilities as benefits their position;
- have in place a clearly defined management structure for the delivery, control and monitoring of ventilation works;
- have in place a programme for the assessment and review of electrical risks
- develop and implement appropriate protocols, procedures, action plans and control measures to mitigate ventilation risks, comply with relevant legislation and, where practicable, codes of practice and guidance;
- develop and disseminate appropriate action plans pertinent to each department/building/area to ensure the safety of occupants, protect the delivery of service and, as far as reasonably practicable, defend the property and environment, in regard to working on and using ventilation equipment.

8. **Equality Impact Assessment Statement**

A summary of the outcome of the EIA must be present on the front cover of the document.:

Either

This policy has been screened for relevance to equality. No potential negative impact has been identified.

Or

This policy has been subject to a full equality impact assessment and some issues have been identified and highlighted to ensure that due regard and weight is given to them in carrying out this policy.

9. **Main Relevant Legislation and References**

Statutory

- Confined Spaces Regulations 1997.
- Construction Design and Management Regulations 2015.
- The Control of Substance Hazardous to Health (COSHH) 1998.
- Health and Safety (Safety Signs and Signals) Regulations 1996.
- Health and Safety at Work etc. Act 1974.
- Management of Health and Safety at Work Regulations 1999.
- Manual Handling Operations Regulations 1992 (as amended 2002).

- Personal Protective Equipment at Work Regulations 1992 (as amended 2002).
- Provision and Use of Work Equipment Regulations 1998.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- Workplace (Health, Safety and Welfare) Regulations 1992.
- Approved Code of Practice on the Prevention and Control of Legionella (L8) and associated documents (HSG 274 parts 1, 2 & 3)

Guidance

The Department of Health:

- a. Health Technical Memorandum 00 – Policies and Principles.
- b. Health Technical Memorandum 03-01 – Specialised Ventilation in Healthcare Premises Parts A and B
- c. Health Technical Memorandum 04-01 – The Control of Legionella, Hygiene, safe hot water, cold water and drinking water systems (Parts A, B & C).

10. Audit and Monitoring

The Director for Transformation, Planning and Digital, will maintain an audit cycle for monitoring and review of compliance of this and other Estates policies within the Trust.

An independent annual audit will be undertaken by NWSSP, on all critical ventilation systems and a report issued to the Director for Transformation, Planning and Digital.

The Report will contain key performance indicators to confirm:

- Any Critical systems are clearly identified.
- Where they exist, that appropriate validation checks have been undertaken.
- That any non-conformance on systems is clearly documented and deemed satisfactory.
- That required plant investments are designed, installed and commissioned in line with current legislation.

11. Policy Conformance / Non Compliance

If any Trust employee fails to comply with this policy, the matter may be dealt with in accordance with the Trust's Disciplinary Policy. The action taken will depend on the individual circumstances and will be in accordance with the appropriate disciplinary procedures. Under some circumstances failure to follow this policy could be considered to be gross misconduct.



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TRUST BOARD

Charitable Funds Financial & legal implications in the event of cancelling a Fundraising Event.

DATE OF MEETING	25/06/2020	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Mark Osland – Finance Director	
PRESENTED BY	Mark Osland – Finance Director	
EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance & Informatics	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		Choose an item.
ACRONYMS		

1. SITUATION/BACKGROUND

- 1.1 The current pandemic has had significant implications on planned fundraising events in support of the Charity. A number of events which were planned to take place during the first quarter of this financial year have either been cancelled or postponed until a later date.
- 1.2 The Board have enquired as to the legal and financial position of the Charity in the event that a fundraising event has had to be cancelled.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Information and advice regarding the Charity's financial and legal obligations in the situation where funds had been received for an event, which had to be subsequently cancelled or postponed has been sought from the following sources.

- NWSSP Legal & Risk Services
- Fundraising Regulator's website
- JustGiving and Virgin Money Websites

The attached paper summarises the advice and the current position of the Charity.

2.2 IMPACT ASSESSMENT

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



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FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)

3. RECOMMENDATION

3.1 The Board is asked to **NOTE** the advice provided in the attached paper.

VELINDRE UNIVERSITY NHS TRUST

Charitable Funds

Financial and legal Implications in the event of Cancelling a Fundraising Event

1. Introduction

At a recent Board meeting members of the Velindre Board enquired as to the legal and financial position of the Charity in the event that a fundraising event had to be cancelled. This has become particularly relevant since the onset of Covid 19 which has necessitated a number of planned events to either be cancelled or postponed.

Historically there have been very few occasions where events have had to be postponed or cancelled by the Charity or by other parties organising events in support of the Charity, but the current pandemic has of course had a significant impact on the Charity's planned activities. The majority of events which were planned to take place during the period March 2020 to June 2020 have been postponed until a later date or in some cases where there is for example an annual recurring event such as the London Marathon, these have been cancelled for the current year and will take place in accordance with their annual timetable in 2021.

Where the Charity has received funds in relation to planned future events, and where the circumstances have now changed, resulting in that event no longer proceeding in accordance with the original expectations, consideration has been given as to the legal position of the Charity and its obligations in respect of those funds already received.

2. Advice

Information and advice has been sought from the following sources.

- NWSSP Legal & Risk Services
- Fundraising Regulator's website
- Justgiving and Virgin Money websites

3. NWSSP Legal & Risk services

NWSSP Legal & Risk services were requested to provide the following advice.

'Advice is sought on the legal position of Velindre University NHS Trust Charitable Funds in the event that scheduled fundraising events are subsequently cancelled. Advice is required regarding the position of the Charity following receipt of funds from donors who are either participating in the event or who are donating/sponsoring another individual or are simply making a general donation for the purposes of an event taking place'.

The following email was received from NWSSP Legal & Risk services on 11 June. The highlighted sections in yellow have been highlighted by Legal & Risk services.

Dear Mark,

I write for and on behalf of Solicitor Andrew Evans, please refer any correspondence back to Andrew.

Further to my previous advice, You have requested advice concerning the legal obligations in regards to the cancellation of charitable events and funds which no longer serve their original purpose.

The Velindre NHS Trust Charitable Fund is regulated by the Fundraising Regulator who govern fundraising regulations through a Code of Practice. The Code of Practice can be found here: <https://www.fundraisingregulator.org.uk/code> it would be advantageous to familiarise yourself with this.

The Charities Act 1992 section 64B states:

- (1) Regulations under [section 64A](#) may, in particular, impose on charitable institutions requirements to do any of the following—
- (a) to comply with requirements imposed by a regulator;
 - (b) to have regard to guidance issued by a regulator;
 - (c) to pay fees to a regulator of an amount determined by the regulations or determined by the regulator in accordance with the regulations;
 - (d) to be registered with a regulator for the purpose of its regulation of charity fund-raising.

Therefore the charity must adhere to the requirements set out by the regulator.

The Fundraiser Regulators Code of Practice outlines the correct way to respond to the cancellation of an event which has received donations through fundraising.

Under Section 2.3 of the Code of Practice, it states:

2.3.1. You must not refuse or return donations, except in exceptional circumstances.

2.3.2. If you decide to refuse a donation, you must keep a record of your decision and the reasons for it.

2.3.3. You must carry out due diligence, appropriate for the size and nature of the donation, on both the financial and reputational dealings of possible partners before accepting their donations.

2.3.4. You must only refund donations in line with your charitable institution's policies or in exceptional circumstances. If it is unclear whether or not you should give a refund, consider getting legal advice.

2.3.5. You must give a refund if a donor correctly exercises their right to one.

Looking at the above section, the charity must give a refund if the donor should rightfully receive one. Expanding on this is section 11.6 of the Code of practice, which states:

11.6.1. You must make sure that sponsorship forms are clear about whether the fundraiser needs to meet any conditions in return for the sponsorship money (for example, run a marathon).

11.6.2. If sponsorship money is given under certain conditions and the sponsored event is cancelled, or a person is unable or unwilling to take part in or complete the event for any reason, the person who collected the sponsorship money must contact donors and ask if they are still happy for the money to go to your charitable institution, and issue refunds if they are not. If sponsorship money is given without conditions, it automatically belongs to your charitable institution, whether or not an activity is completed.

11.6.3. If you plan a fundraising event, you must have a plan to cover all situations you could reasonably anticipate, and make sure the people involved understand exactly what you expect of them.

On the whole it is down to the charity to work with the individuals who are part-taking in the events to organise and to clarify to the donors that the said event is not going forward and to issue refunds if the donors no longer want to donate due to the cancellation of the event. The only reason a refund should be given is if the event for which the donation was contributing to is cancelled. Going forward, the charity may want to issue disclaimers on the event briefing of this process. This is something we could help write if you would like us to. The charity must comply with the Code of Practice and the following principles which the practice outlines: legal, open, honest and respectful. As long as the charity complies with the above I do not see any potential legal issues going forward, the charity must be transparent at all costs and ensure that each donor is aware of their rights as much as reasonably possible.

Please do not hesitate to contact us further if you have any questions surrounding the above advice.

Kind Regards,

Amy Bartlett

4. Fundraising Regulator

The Fundraising Regulator is independent regulator of charitable fundraising in England, Wales and Northern Ireland. Section 11.6 within their code of practice specifically refers to cancellation of events.

Section 11.6.1.

You must make sure that sponsorship forms are clear about whether the fundraiser needs to meet any conditions in return for the sponsorship money (for example, run a marathon').

Section 11.6.2.

If sponsorship money is given under certain conditions and the sponsored event is cancelled, or a person is unable or unwilling to take part in or complete the event for any reason, the person who collected the sponsorship money must contact donors and ask if they are still happy for the money to go to your charitable institution, and issue refunds if they are not. If sponsorship money is given without conditions, it automatically belongs to your charitable institution, whether or not an activity is completed.

Additional advice has been provided by the Fundraising Regulator issued on 30 March directly related to Covid 19.

If you have been working with third-party fundraising organisations on activities or campaigns that have now been cancelled, you should review your contracts and agreements as soon as possible to be clear about where you stand.

If you have recently had to cancel or postpone fundraising events you should consider the following points:

- *Make sure you have contacted participants, volunteers and spectators so that they are aware of the changes to your event. Keep your databases and communications channels up-to-date so that you can contact people, and broadcast more widely, such as through social media, as appropriate.*
- *If you have cancelled your event, you may need to refund donations. Whether or not you need to will depend on the conditions under which the donation was made. For example, if money was donated on the condition that the fundraiser completes a marathon, donors should be asked if they are happy for funds to go to your organisation anyway, or if they want a refund.*
- *If there was no condition attached, for example the fundraising was carried out alongside someone's marathon effort but without a condition of completion, then refunds may not need to be made.*
- *If your event is postponed instead of cancelled, you should be clear with participants about the new arrangements. You'll need to have things in place to work with people who can't attend the new date, including refunding entry fees or offering alternative event entries as necessary.*
- *If your charity receives donations via online fundraising platforms, you should review their terms and conditions to establish what donors were told about refunds at the time of donating and what expectations they have set.*

5. JustGiving

Advice on what to do in the event of cancellation is provided on the JustGiving website as below.

Your Fundraising Page will remain active and able to receive donations until its expiry date, even if your event is cancelled. If your event is cancelled you should let those who donated to your page know what has happened and ask if any of them would like a refund.

Donations are automatically sent to your chosen charity on a weekly basis so we'll need the charity's permission before we can action any refunds.

Most of your supporters will be happy for the funds to still go to the charity, but if any would like a refund, please contact the charity directly and ask them to send JustGiving a refund request to refunds@justgiving.com with the details of the donations that need to be refunded, once received we will process the refunds.

6. Velindre's Position

The Fundraising team have confirmed that they maintain a regular review of good practice guidelines and advice from a number of sources and operate in accordance with the recommendations in all cases. The Charity pays a levy to the Fundraising Regulator and receive updates and relevant notices on a frequent basis.

Types of Fundraising activities and sources on income

At any one time the Charity can expect to be involved either directly or indirectly in numerous fundraising activities, often these can be in excess of 50 different events per month. The vast majority of these will be from an individual notifying the Charity that they wish to raise funds for Velindre and intend to undertake a local cake sale or maybe participate in a marathon, undertake a sky dive etc. The supporter completes an Events Registration form which collects all the relevant information about the supporter – name, address, type of event, date, expectation etc. A Velindre Fundraiser will then work with the supporter to ensure the event follows legal procedures, is Velindre branded, and will guide and motivate the supporter to ensure the event maximises its fundraising and awareness raising potential.

Velindre Fundraising also organise a small number of events each year generally one major overseas challenge event each year, either a trek or a bike ride. Dinners, Balls and lunches are organised on an ad hoc basis, usually marking the anniversary of a particular event, for instance the Class of 87 took place in September 2019 as a celebration of the Rugby World Cup. Also some events such as the annual Jonathan Davies Golf day takes place each September and the 12th version is due to take place in September 2020.

A number of the planned activities or events which were due to take place during March 2020 to June 2020 and were being organised by third parties or individuals who had informed us that they intended to undertake a fundraising event to support Velindre, did not take place and consequently the Charity has not received any money for these particular types of events and therefore no financial obligation exists.

In other cases the Charity has received funds for future planned events, where the circumstances have now changed such that the planned event has had to be postponed or cancelled.

The table below provides the position in relation to cases where fundraising campaigns have begun and money has been collected and where the event has either been postponed and a revised date agreed or has been cancelled until the next scheduled annual date.

Event	Status	Funds Received From	Amount £k	Comments
Great Wall of China trek	Postponed until 2021	Various sources – Just Giving, Virgin Money, Cheques, Bacs	21.1	All participants have been contacted and all have confirmed they wish to participate in the event in 2021. Consequently they will continue to fundraise and use any funds received to date in support of the event next year.
3 Canyons bike ride	Postponed until 2021	Various sources – Just Giving, Virgin Money, Cheques, Bacs	25.7	All participants have been contacted and all have confirmed they wish to participate in the event in 2021. Consequently they will continue to fundraise and use any funds

				received to date in support of the event next year.
Cardiff Bay 10k	Postponed until November 2020.	Various sources – Just Giving, Virgin Money, Cheques, Bacs	13.1	This is not a Velindre organised event. All participants taking part on behalf of Velindre have been contacted and have agreed to take part in November.
Carten20	Postponed until Sept 2020	Various sources – Just Giving, Virgin Money, Cheques, Bacs	18.8	This is not a Velindre organised event. All participants taking part on behalf of Velindre have been contacted and confirmed continued support.
London Marathon 2020	Cancelled for 2020. Annual event will take place in 2021	Just Giving	0.2	Funds have been received from one individual who has confirmed his participation next year.
Vietnam 2020	Postponed until 2021	Just Giving / Virgin Money	1.4	This is not a Velindre organised event. All participants taking part on behalf of Velindre have been contacted and confirmed continued support next year.
Total			80.3	

7. Summary

In the event of a Fundraising event being postponed or cancelled there is a clear obligation on the Charity to contact all those who have donated funds to explain the changed circumstances and to discuss the options they may wish to consider i.e. In the event of a cancellation, do they wish to receive a refund or are they prepared for the Charity to benefit from their donation anyway? Where there is a postponement the individuals should be contacted to explain the new arrangements and to ask if they wish to continue to participate.

The Charity has collected just over £80k since the beginning of March in relation to planned events whose circumstances have now changed. The Charity has not cancelled any fundraising activities that it organises directly itself. It has postponed 2 overseas challenges, the Great Wall of China trek in May 2021 and the 3 Canyons bike ride in September 2021. All participants have been informed and no-one has withdrawn because of the new date.

In all cases where events have been organised by a third party, or organised directly by Velindre, those that have donated funds have been contacted and the responses are highlighted in the above table.



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TRUST BOARD

HEALTH TECHNOLOGY WALES UPDATE

DATE OF MEETING	(25/06/2020)
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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	Dr Susan Myles, Director Health Technology Wales
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PRESENTED BY	Dr Susan Myles, Director Health Technology Wales
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EXECUTIVE SPONSOR APPROVED	Steve Ham, Chief Executive
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REPORT PURPOSE	FOR NOTING
-----------------------	------------

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

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

ACRONYMS

HTW	Health Technology Wales
C-19	COVID-19
WG	Welsh Government
HTA	Health Technology Assessment
NICE	National Institute for Health and Care Excellence
SMTL	Surgical Materials Testing Laboratory

SHTG	Scottish Health Technologies Group
HIQA	Health Information and Quality Authority
EUnetHTA	European Union Network for HTA
HTAi	Health Technology Assessment International
INAHTA	International Networks of Agencies for HTA

1. SITUATION/BACKGROUND

- 1.1 HTW has a national remit to facilitate the identification, appraisal and adoption of non-medicine health technologies. In recent months, HTW has diverted its research capacity and skills to focus on COVID-19 topics to inform the response to the ongoing pandemic.

Welsh Government (WG) has provided HTW with a discretionary budget to support C-19 work. To date, this fund has been used to employ an additional fixed-term researcher to provide additional capacity for C-19 work and also to commission external experts to advise and support specific C-19 activities. HTW will be submitting a business case to Welsh Government in the near future to request additional permanent researcher capacity.

A brief overview of HTWs key C-19 activities are outlined below. More detail on specific work is outlined in the C-19 summary report and example case studies, demonstrating the impact of this work so far. In addition, a copy of HTWs draft Q1 report to Welsh Government is also included to provide an overview of HTW business as usual and general work programme progress.

The C-19 projects highlighted below are all available from HTWs C-19 web page.

<https://www.healthtechnology.wales/covid-19/>

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Identification of C-19 technologies

HTW continues to horizon scan to identify new technologies that offer diagnostic and therapeutic potential in C-19 technologies using the UK wide [HealthTech Connect platform](#). To date, two technologies with promise have been identified from HealthTech Connect as follows:

- [Point of care smart phone applications \(ResAppDx-EU\) for the diagnosis of acute respiratory disease](#). HTW is currently offering free scientific advice to the company developing this technology in collaboration with NICE.

- [Cytokine adsorbers for the treatment of cytokine storm in people with severe coronavirus infection.](#) NICE has subsequently produced an updated version of this report.

In addition, HTW has produced a C-19 Evidence Digest that links to trusted quality sources that collate or synthesis evidence relating to C-19. This publication is updated weekly and has attracted significant traffic on the HTW website.

<https://www.healthtechnology.wales/covid-19/covid-19-evidence-digest/>

2.2 Appraisal of C-19 technologies

HTW has prepared a number of rapid evidence reviews to appraise the quality and quantity of evidence available to support their potential adoption and use within Wales, including:

- [Test to inform COVID-19 diagnosis.](#) Published. Two versions of this review have been published to date. HTW has received excellent feedback on the quality and impact of this work from both national and international partners. A peer review publication is in preparation based on this work.
- [Hospify messaging application for use in hospital or secondary care settings.](#)
- [Hydrogen peroxide vapour to reprocess single-use personal protective equipment.](#)
- [Convalescent plasma therapy for patients with COVID-19.](#)
- [Convalescent plasma therapy: a costing review.](#)
- [Safety of personal protective equipment gowns for health and social care workers.](#)
- [Face coverings to reduce COVID-19 transmission.](#)

Additional topics being appraised currently include:

- What is the effectiveness of monitoring using pulse oximetry in people with COVID-19 symptoms, at the onset of symptoms, to guide future management? In Progress.
- Portable ultrasound imaging to support the diagnosis, triage and management of patients with COVID-19. In Progress.

2.3 Adoption of C-19 technologies

HTW has been providing evidence appraisals and expert advice into a number of strategic Welsh Government C-19 committees, to inform the adoption, or otherwise, of C-19 technologies that offer potential including:

- WG C-19 Technical Advisory Cell

- WG C-19 Test Plan Task & Finish Group
- WG C-19 Research Cell
- WG C-19 Convalescent Plasma Therapy Group

2.4 C-19 national and international collaborations

HTW has been using its HTA networks to identify opportunities for collaborations on C-19 evidence synthesis to maximize economies of scale and minimize duplication of effort both nationally and internationally in the following ways:

- Utilising our established Memoranda of Understanding with the UK and Irish HTA bodies including, NICE (UK), SHTG (Scotland), HIQA (Ireland). This has resulted in collaboration on a number of topics.
- EUnetHTA (European Network for HTA). HTW has been invited to participate in two pan-European rolling reviews on C-19 on the topics of C-19 [antibody testing](#) and Convalescent Plasma Therapy. HTW will co-author these publications and share them with relevant Welsh groups.
- HTW has also been sharing intelligence with the two major international bodies: HTAi and INAHTA.
- Finally, HTW has been approached by several individual international HTA agencies requesting access to our publications and research work to inform their own national efforts.

2.5 C-19 General support activities

HTW is undertaking a range of other general support activities including:

- Working closely with the Surgical Materials Testing Laboratory answer specific research questions as required.
- Contracting external consultant support to screen and review medical device certification and test compliance reports for C-19 equipment.
- Contracting subject specific expertise in specific areas e.g. personal protective equipment.
- Facilitating contacts between technology developers and UK regulators on authorisation queries (e.g. Ventilators and CPAP machines).
- Triaging and signposting C-19 enquiries received by HTW that are out with our remit to appropriate support.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Effective Care
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Potential requirement for system investment in new technologies or ways of working if the evidence suggests a technology adds value in combatting C-19 following HTW appraisal.

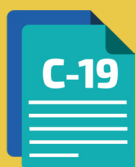
4. RECOMMENDATION

Trust Board are asked to **NOTE** HTWs work to support national COVID-19 pandemic activities and to refer to HTW technology topics for evidence appraisal that potentially offer value in combating C-19.

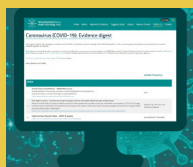


Health Technology Wales (HTW) is delivering a strategic, national approach to the identification, appraisal and adoption of new technologies into health and care settings. Our researchers have repurposed their health technology assessment (HTA) skills to respond to the coronavirus disease (COVID-19) pandemic.

We've adapted to the rapidly developing situation by synthesising the best available evidence and producing several new COVID-19 related outputs. We've shared this information with policy makers to support time-critical, evidence-informed decision making.



We've published **9**
rapid reviews
related to COVID-19



Read our reports on our
dedicated COVID-19 webpage:
www.healthtechnology.wales/covid-19

We've been providing **evidence appraisals** and **expert advice** into a number of strategic **Welsh Government** COVID-19 committees to inform the adoption, or otherwise, of C-19 technologies. They are:

- Technical Advisory Cell
- Test Plan Task & Finish Group
- Research Strategy Cell
- Convalescent Plasma Therapy Group

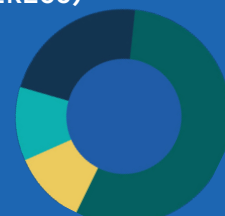
We're making the most of our national and international relationships by:

- Collaborating with the UK and Irish HTA bodies on a number of COVID-19 topics.
- Co-authoring pan-European rolling evidence reviews on antibody testing and convalescent plasma therapy.
- Sharing intelligence with major international HTA bodies.
- Offering free access to our publications and research work.
- Engaging external experts to screen and review medical device certification and test compliance reports.
- Facilitating contact between technology developers and UK regulators.

The technologies we've appraised include:

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

- Costing Reviews
- Evidence Appraisal Reports
- Rapid Summaries
- Topic Exploration Reports



Our COVID-19 Evidence Digest is updated weekly and signposts to high quality evidence sources.

12,805
views on our
web pages

3,225
visitors to our
website

3,969
social media
profile visits

#756
social media
engagements

123 new followers
on social media

“I just want to feedback how incredibly useful and robust your evidence assessment is. I have widely distributed it in the COVID testing circles and also with other devolved administrations... So definitely one that has had impact.”

Tom Fowler, Genomics England

“We have been alerted to your excellent evidence review on the effectiveness of COVID-19 PCR and antibody tests. We appreciate being able to signpost to this and draw on its conclusions for the development of our surveillance testing programme in Scotland.”

Debbie Sigerson, Public Health Scotland

Engaged with key organisations:





HEALTH TECHNOLOGY WALES REPORT TO WELSH GOVERNMENT QUARTER 1: APRIL – JUNE 2020



Background

This report sets out HTW progress for quarter 1, April - June 2020, against the purposes and targets set out for HTW in its grant award letter.



COVID-19

From April, HTW has repurposed its research capacity and skills to support the Welsh Government and wider system response to COVID-19 in Wales. HTW has welcomed this opportunity to contribute through a range of activities aiming to promote evidence-informed decision making.

We have been invited to support key Welsh Government COVID-19 response groups including the: Technical Advisory Cell; Test Plan Task & Finish Group; Research Strategy Cell; and the Convalescent Plasma Treatment (CPT) Working and Clinical Reference Groups.

HTW has been awarded up to £100K of discretionary additional funds from Welsh Government to support wider Welsh COVID-19 system response efforts including: undertaking additional research input as required and engaging external experts and consultants to assist with verification of medical device certification and screening of test and compliance reports e.g. for PPE, with HTW facilitating required commissioning and contracting processes.

Published and ongoing C-19 evidence appraisals and activities

HTW have responded to multiple requests to appraise evidence relating to technologies that have potential for use to combat C-19. Recently published, updated and ongoing topics are outlined below:

Covid-19 related activities

TOPIC TITLE	TOPIC PROPOSER	STATUS
Tests to detect the presence of SARS-CoV-2 virus	Welsh Government	Evidence Appraisal Report published (version2): https://www.healthtechnology.wales/wp-

		content/uploads/2020/05/EAR025-COVID19-diagnostics-report-v2.6.pdf
Point-of-care smartphone applications (ResAppDx-EU) for the diagnosis of acute respiratory disease	HealthTechConnect, Resapp health	Topic Exploration Report published on 27.03.2020: https://www.healthtechnology.wales/wp-content/uploads/2020/03/TER198-ResAppDx-EU.pdf
Hospify messaging application for use in hospital or secondary care settings	Gareth Cross, Welsh Government	Rapid Summary published on 27.03.2020: https://www.healthtechnology.wales/wp-content/uploads/2020/03/Rapid-Assessment-Summary-Hospify.pdf
COVID-19 Chatbot for user self-diagnosis and COVID-19 Online FAQ's/Bot	Abi Philips, Welsh Government	Device Certification Request: External expert (Trevor Lewis) provided detailed answers to questions on 25.03.2020.
Cytokine adsorbers for the treatment of cytokine storm in people with severe coronavirus infection	HealthTechConnect, LINC Medical	Topic Exploration Report published on 02.04.2020: https://www.healthtechnology.wales/wp-content/uploads/2020/04/TER201-Jafron-cytokine-adsorber.pdf
Continuous positive airway pressure (CPAP) Machine	Ifan Evans, Welsh Government	Peter Groves (HTW Chair) linked WG into relevant MHRA contacts.
Residual hydrogen peroxide after use of HPV to reprocess single use devices	Pete Philips, SMTL	Topic Exploration Report published on 01.05.2020: https://www.healthtechnology.wales/reports-guidance/hydrogen-peroxide-vapour/
Convalescent Plasma Therapy	Mark Briggs, Head of Cell & Gene Therapy, Welsh Blood Service	Topic Exploration Report published on 12.05.2020: https://www.healthtechnology.wales/wp-content/uploads/2020/05/TER-203-CPT-v1.0.pdf
Convalescent Plasma Therapy	Mark Briggs, Head of Cell & Gene Therapy, Welsh Blood Service	Economic costing report published on 12.05.20: https://www.healthtechnology.wales/wp-

		content/uploads/2020/05/Convalescent-plasma-A-costing-review.pdf
Safety of personal protective equipment gowns for healthcare workers.	Pete Phillips, SMTL	Topic Exploration Report published on 12.05.2020: https://www.healthtechnology.wales/wp-content/uploads/2020/05/TER209-Gown-safety.pdf
AI imaging diagnosis solution for coronavirus pneumonia	Peter Hood, Yitu Technology (Business Manager UK and Europe)	New Topic Proposal - initial scoping underway
Codebase 8 - label for personal protective equipment (PPE)	Alan Davies, Innovation Specialist, Smart Innovation, Welsh Government	Referred to HTW Signposting Group on 18.05.2020 to facilitate links and appropriate advice. Closed
Hydrostatic head performance and tensile strength in personal protective equipment gowns for health and social care workers	Pete Philips, SMTL	Topic Exploration Report published. https://www.healthtechnology.wales/wp-content/uploads/2020/05/TER209-Gown-safety.pdf
Patient Status Engine	Georgina Horton, Isansys Lifecare, PR and Marketing Executive	Referred to HTW Signposting Group on 29.05.2020 to facilitate links and appropriate advice. Closed
Thermal Imaging Systems	Rob Orford, Welsh Government	Rapid evidence summary produced by the Scottish Health Technologies Group and presented to WG Technical Advisory Cell. http://www.healthcareimprovementscotland.org/our_work/coronavirus_covid-19/evidence_for_scotland.aspx
Face Coverings to reduce COVID-19 Transmission	Rob Orford, Welsh Government	Rapid Summary. Published https://www.healthtechnology.wales/wp-content/uploads/2020/06/Rapid-Summary-Face-coverings.pdf
Diagnostic Ultrasound	Dr Michael Smith, Senior Lecturer, College of Biomedical and Life Sciences, Cardiff University	Topic Exploration Report in preparation.

Effectiveness of home monitoring using oximetry in people with COVID-19 symptoms to guide future management	Sara Hayes, Welsh Government	Topic Exploration Report in preparation.
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COVID-19 Diagnostic Tests

To assist the Welsh Government and Health and Social Care in Wales respond to the Coronavirus disease 2019 (COVID-19) pandemic, HTW researchers have undertaken a major appraisal of available evidence and routine surveillance of evidence on the effectiveness of COVID-19 testing methods. We have recently published the [second version of our Evidence Appraisal Report](#) on this topic. Future versions of this report will be produced through co-authorship on a pan-European collaboration between EUnetHTA members. A paper summarising HTWs work on C-19 diagnostic tests is currently in preparation for submission to the journal, Lancet Infectious Diseases.

We continue to be responsive to any new evidence appraisal requests and can produce Topic Exploration Reports (TERs), Rapid Summaries and fuller Evidence Appraisal Reports (EARs) as required.

We continue to work closely with the Surgical Materials Testing Laboratory (SMTL) to produce rapid reviews on specific research questions. HTW have also commissioned external consultants for SMTL to screen and review medical device certification and test compliance reports.

In addition, we continue to work with key partners to support the wider system response to C-19 in Wales on a number of activities, including:

- horizon scanning of diagnostic and therapeutic C-19 technologies via HealthTech Connect
- facilitating contacts between technology developers and UK regulators on authorisation queries (e.g. Ventilators and CPAP machines)
- receiving, assessing and signposting Covid-19 queries, for example on:
 - mental health organisation links;
 - an AI imaging diagnosis solution for coronavirus pneumonia;
 - triage and management of patients with COVID-19 and a label for personal protective equipment (PPE).

Topics with sufficient evidence are being funnelled through our topic exploration route, and when out of HTWs remit we continue to send topics onto our Signposting Group for comment and advice on appropriate sources of support.

HTW have produced an Evidence Digest of links to quality sources/websites which collate or synthesise evidence relating to COVID-19. This is a quick guide, and therefore not exhaustive, but it is updated weekly to provide rapid access to C-19 research resources and outputs.

The current version of the HTW Evidence Digest can be found here:

<https://www.healthtechnology.wales/covid-19/covid-19-evidence-digest/>

HTWs Covid-19 webpage can be found here: <https://www.healthtechnology.wales/covid-19/>.

C-19 HTA Collaborations

HTW continue to collaborate with EUnetHTA partners on pan-European Covid-19 efforts. We will be co-authors on a Rolling Collaborative Assessment on the role of [antibody testing](#) for novel coronavirus SARS-CoV-2 in the management of the current pandemic. This work is expected to publish at the end of June.

In addition, HTW will collaborate with EUnetHTA partner bodies leading on Convalescent Plasma Therapy (CPT), undertaking a rolling review of the literature. The aim is to prepare a full EUnetHTA Rapid Effectiveness Assessment when the evidence permits. HTW will feed this evidence review work and any further economic analysis into the new Welsh Government CPT Programme Board, as required.

HTW are realising our Memorandum of Understanding with NICE, collaborating on our scientific advice function on the ResAppDx technology. HTW recently published a Topic Exploration Report (TER) on [ResAppDx](#) and are working closely with our colleagues at NICE by reviewing a protocol for the manufacturer of the technology, which outlines plans for further evidence generation to demonstrate its value. In addition, NICE are building on the HTW topic exploration report which reviewed [Cytokine adsorbers](#) for the treatment of cytokine storm in people with severe coronavirus infection, reviewing additional recently published evidence.



Identification

The HTW work programme is full until the end of Nov 2020.

Topic Identification and our response to COVID-19

As the COVID-19 outbreak began in the UK, HTW responded by pausing some planned appraisal work to focus on topics relevant to COVID-19. This work initially focussed on identifying topics on which advice was urgently needed, and working with stakeholders in Wales and the wider UK to identify these, sharing information on them as quickly as possible. Initial work focussed on rapidly summarising emerging evidence for decision makers, either as Topic Exploration Reports or Rapid Summaries. These were produced as quickly as possible; for our first dedicated COVID-19 topics in late March, topics were identified, and the reports prepared, published and disseminated within 72 hours.

HTW Topic Referrals (Routine and COVID-19 related)

18 topic referrals have been received in this reporting period. The majority of these (16) were related to COVID-19. 7 were via the website referral form, 2 through HealthTech Connect and the remainder (9) were notified by direct contact with stakeholders.

HealthTech Connect

HTW continue to participate in and contribute to the HealthTechConnect User Group (which oversees usage and development of the system with input from data accessors and technology developers) and the Oversight and Governance Group (which deals with more strategic issues).

The sponsorship of HTC has moved to the NHS England Accelerated Access Collaborative team. Continued funding has been agreed until 31 March 2021, after which the expectation is funding will move to charging data accessors a subscription, although this has yet to be confirmed. The HTC website has undergone a redesign in collaboration with the HTC User Group; as part of this HTW contributed a case study on our use of HTC and also a summary of our processes, both of which will be added to the updated HTC website.

At the outset of the COVID-19 outbreak, HTC fast-tracked any new submissions on technologies that could help with the outbreak. Using this information, HTW identified two COVID-19 related technologies: Jafron cytokine adsorber (used for the treatment of cytokine storm in people with severe coronavirus infection) and ResAppDx-EU (a point-of-care smartphone application used for the diagnosis of acute respiratory disease). HTW Researchers produced topic exploration reports on both these technologies, both of which were published and disseminated rapidly to help with decision making at the outset of the pandemic.

In total, three topics most recently selected from HTC identified COVID-19 related technologies. In addition to those described above, Hospify (a secure messaging app) was suggested to us by Welsh Government initially and subsequently also added to HTC.

The HTW research team and Assessment Group continue to regularly review the HealthTech Connect database. 228 technologies have been added to the database since its launch in May 2019 (49 added in the last three months).

HTW have selected 16 technologies from HTC so far (4 in the last three months). HTW Assessment Group (AG) has agreed that potential topics from HTC will have a topic exploration report prepared and be submitted to AG for consideration; as with other topics, a decision over whether to produce Guidance on topics identified from HTC will be made using HTW's prioritisation framework.

Front Door Signposting Group (FDSG)

A small number of technology referrals (n=2), outside of HTWs remit, have been referred to the Front Door Signposting Group who have considered them virtually and directed them to appropriate support.



Appraisal

In light of the current Covid-19 outbreak, on March 20th, HTW took the decision to suspend the normal business of its national Appraisal Panel for the duration of the Covid-19 outbreak. As the majority of panel members are clinical, HTW wanted to avoid distracting the NHS and to release frontline staff who might otherwise be engaged in our Appraisal Panel processes. Consequently, the March HTW Appraisal Panel meeting was cancelled.

HTW also took the decision to prioritise HTA work associated with Covid-19, only publishing work on topics that are either or both a) therapeutically critical or b) address COVID-19 diagnostic or therapeutic interventions.

HTW have continued, however, appraisal of the HTA topics currently on the work programme, but have delayed seeking involvement or engagement with front line health and care services staff for 12 weeks. Clinical and expert engagement to peer review our evidence outputs will begin again from July.

HTW appraisals that did not progress to Appraisal Panel

In this reporting period (April - June 2020) two new Evidence Appraisal Reports (EARs) were published. The HTW Assessment Group made the decision not to progress these to full Guidance.

The full reason can be found in the relevant cover papers of the reports, however in summary :

EAR017 “Virtual reality distraction therapy” - The HTW Assessment Group concluded that there are uncertainties regarding the regulatory approval of VR systems for use in the management of procedural pain, and given these uncertainties, HTW Guidance should not be produced at this time. A paper for peer review publication is currently being prepared on this work.

<https://www.healthtechnology.wales/reports-guidance/therapi-tynnu-sylw-realiti-rhithwir/?lang=cy>

<https://www.healthtechnology.wales/wp-content/uploads/2020/05/EAR017-Virtual-reality-distraction-therapy.pdf>

EAR018 “Remote blood glucose monitoring” - The HTW Assessment Group concluded that there is currently insufficient evidence on remote blood glucose monitoring to inform the production of Guidance at this time.

<https://www.healthtechnology.wales/reports-guidance/monitro-lefel-y-siwgr-yn-y-gwaed-o-bell/?lang=cy>

<https://www.healthtechnology.wales/wp-content/uploads/2020/01/EAR018-Remote-blood-glucose-monitoring.pdf>

We are currently planning to hold HTW’s July 2020 Appraisal Panel virtually via Microsoft Teams. The following technology topics will be considered and HTW guidance prepared on:

- Pre-operative cardiopulmonary Exercise Testing (CPET) to assist with pre-and post-surgical care (July 2020 AP)
- Autologous haematopoietic stem cell transplantation (July 2020 AP)

HTW appraisals and guidance currently in development

- Rapid antigen detecting tests (RADT) for group A streptococcal infections (Sept 2020 AP)
- Point of care haemolysis detection (Sept 2020 AP)
- Transcatheter aortic valve implantation (TAVI) (Sept 2020 AP)
- Extracorporeal Shockwave Therapy (ESWT) (Nov 2020 AP)
- Oscillating Positive Expiratory Pressure Devices (OPEP) (Nov 2020 AP)

Topic Exploration Reports (TERs)

A total of 10 TER’s have been published in this period (April - Mid June 2020)

Appraisal Committees

- The Assessment Group (AG) has been functioning well in a virtual format, with no major issues to report.
- The Appraisal Panel (AP) had been put on hold at the outbreak of the pandemic to enable members to focus on their clinical work, but it has been agreed that the July meeting will take place, and will be run virtually.
- Prof Jeffrey Stephens, Clinical Professor of Diabetes, Swansea University, has replaced Dr Vinay Elgar as the Diabetes representative of the Appraisal Panel.
- We are still seeking an Academic representative to join the Appraisal Panel



Adoption

HTWs adoption audit work has been temporarily paused to progress COVID-19 evidence support requests. However, we expect to resume this work again soon and will report progress in quarter 2.



HTW Communications Strategy

Planning

- The vast majority of communications activity in this quarter has been related to COVID-19. When the pandemic was declared and HTW repurposed its HTA skills to support decision-makers, an internal Task & Finish Group was established and it quickly developed a communications framework.

This outlined the key features and principles that would underpin HTW's communications approach to COVID-19. These have been implemented through a range of activities, such as; case study commentary, developing an identity and bank of graphics, direct emails, dissemination of evidence reviews, e-newsletters, PR coverage, social media and website updates.

Where possible, the framework tried to retain an OASIS (Objective, Audience, Strategy, Implementation and Scoring) structure. However, the rapidly developing COVID-19 situation meant that important elements (for example: a set timeline and strategic direction from senior stakeholders in Welsh Government) were initially uncertain and subject to change. Therefore, a rigid OASIS structure would be ineffectual. Instead, HTW's communications were flexible to remain responsive.

Digital communications:

- In this quarter, HTW has been more active than ever on social media. A large part of HTW's target audience is currently working from home, therefore the importance of this channel has been heightened. All metrics of social media engagement are above HTW's usual levels of traffic.

Number of posts:	248
New followers:	123
Impressions:	91,664
Profile visits:	3,969
Link clicks:	365
Retweets or shares:	141
Likes:	250

- HTW's website has been updated with regular content in this quarter and most of it relates to COVID-19. Therefore, a dedicated webpage was launched, with a sub-page for an Evidence Digest, to offer information about HTW's COVID-19 work and congregate all content on the website that related to the work. These two new pages account for a significant portion of the website's overall traffic in this quarter, as demonstrated in the table below.

	Unique visitors:	Page views:	Average duration of session:
HTW website:	3,225	12,805	2 mins 34 secs
COVID-19 page:	1,957	2,753	2 mins 30 secs
Evidence Digest:	797	1,115	3 mins 1 sec

- The content published on the website in this quarter include: statements on the status of HTW's work programme, news items on HTW activity, case studies of completed work, reports (including EARs, TERs, rapid summaries and costing reviews) and signposting to partner and peer organisations.

Publications

- Last quarter, HTW announced two new e-publications to give stakeholders more direct news and updates. HTW Quarterly, a periodic e-newsletter that includes a round-up of activities, and HTW Guidance Alerts have both been suspended during this part of the COVID-19 pandemic. The decision was taken after HTW's routine work programme was suspended and as engagement activities were postponed.
- This quarter, subscribers to the above e-publications have instead received e-newsletters that provides specific and comprehensive updates about all of HTW's COVID-19 related work. Those e-newsletters have achieved the following engagement.

	Open rate	Click rate	Subscriber increase
Industry average (according to figures)	21.4%	2.69%	N/A

provided by Mailchimp.com)			
1 May e-newsletter	24.3%	9.4%	4
1 June e-newsletter	22.6%	7.1%	10

- [Click here to see the May e-newsletter](#) and [click here to see the June e-newsletter](#).

Coverage

- Communications content has been published on the platforms of Business News Wales, Health Tech Connect, Life Sciences Hub Wales, MediWales, NewsFromWales.co.uk and Wales247.co.uk.
- HTW has also submitted a feature for MediWales' next Life Stories magazine.
- Links to HTW's website or reports have also appeared on the external communications platforms of the All Wales Therapeutics & Toxicology Centre (AWTTC) and NHS Wales e-library for health. It will also be included on the next update of the Canadian Agency for Drugs and Technologies (CADTH) in Health's grey literature resource.
- Links to HTW's website or reports have also appeared on the internal communications of the Association of the British Pharmaceutical Industry (ABPI), the National Institute for Health and Care Excellence (NICE) and Velindre University NHS Trust.



HTW Evaluation Strategy

- Our current evaluation plan represents our key remit areas: Identify, Appraise, Adopt, with an additional map for communications (Collaboration/Engagement). We use an online evaluation mapping platform, OutNav, to map our evaluation and collate evidence on impact.
- HTW have developed a specific evaluation map for COVID-19 that specifically aims to capture our activities that support the COVID-19 efforts. These activities span across our identify, appraise, adopt remits (see our [COVID-19 webpage](#) for more detail on these activities).-Since developing the COVID-19 map in OutNav, we have collated all informal feedback we have received relating to our COVID-19 work and begun to populate areas of the map.
- To support more formalised data capture, we have developed an online 'master survey' to facilitate feedback from all stakeholder groups. In the survey they can choose to feed back for a specific activity or give more general feedback on HTW work. This will be trialled with HTW groups and then launched and implemented throughout HTW processes.
- The 'master survey' includes a section relating to our COVID-19 work. We intend to share this survey to formalise some of the feedback we have received to date. We will conduct follow up interviews with respondents on an ad hoc basis.

- On 10 June 2020, HTW were invited to speak at an OutNav community meeting to discuss how we have used OutNav to track the impact of our COVID-19 work. Our Impact leads plan to attend the **Public Service Pioneers: Tools for change and how to use them** event; this was originally intended to take place on 23 March 2020 in Cardiff but has been postponed due to COVID-19.
- We have arranged qualitative training for the HTW team (qualitative data analysis and interpretation). This will build our capacity in qualitative data analysis for evaluation and impact.
- We are attending the next Patient and Public Involvement (PPI) Standing Group meeting to introduce the HTW impact strategy and to begin a mapping exercise with the group. This will allow us to track the impact of our PPI work.
- We have postponed our first internal Evaluation Standing Group meeting to take place in Q3, 2020. The group will include the HTW Director, evaluation leads, communications officer, PPI officer and project managers.



Update on HTW Industry User Group Strategy

- HTW has established an industry user group collaboration (IUGC) to promote understanding, share knowledge and allow industry users to engage constructively in HTW's processes. The IUGC is constituted with members from companies and organisations engaged in the medical technology industry within Wales. HTW staff members will also attend, primarily in an observational capacity but will also contribute to meetings as appropriate. The HTW senior health economist will be the main point of contact for the industry user group.
- The 2nd meeting of the IUGC was scheduled for the 30th of March but was cancelled due to the COVID-19 disruptions.
- The rescheduled 2nd IUGC meeting is aimed to take place in July with a focus on the development of HTW's scientific advice function.



Update on HTW Scientific Advice Function

- HTW is developing a Scientific Advice Service that will provide information and guidance to health technology developers. The Medtech Early Technical Assessment (META) tool, developed by the National Institute for Health and Care Excellence (NICE) will be used as the basis for the service. The META tool is an online platform that provides a structured framework to help identify potential gaps in a product's evidence base or evidence collection plans. HTW researchers have received training and are approved facilitators of the META tool.
- HTW evaluated the usefulness of the META tool by piloting it with a cohort of Bevan Health Tech Exemplars that responded to invitation as well as some companies that expressed interest. The pilot demonstrated that the META tool process was a feasible and useful model for HTW to follow and that it is likely to offer value to health technology developers. Some key learning points from

the pilot were used to inform the development of a standard operating procedure that will be followed when HTW's Scientific Advice Service is launched.

- HTW have developed a business case for the Scientific Advice Service. This included setting a fee for the service based upon an analysis of the amount of time required to deliver each scientific advice assessment as well as bench-marking against the cost charged by other organisations. The fee charged is primarily intended to recover the costs of delivering the service but it may also allow for reinvestment in HTW and possibly the funding of additional personnel. HTW are working with the debtors team at Velindre to establish a finance mechanism that will allow HTW to invoice for the service.
- HTW have made preparations for the launch of the Scientific Advice Service. A new section of the HTW website has been created that will enable people to make a request for the service. A communications plan has been developed to raise awareness and generate potential leads and service users.



HTW Patient and Public Involvement Strategy

- HTW has made significant progress in establishing effective Public and Patient Involvement (PPI) throughout its work. It is important that these efforts are continued to ensure the best possible outputs, relevance of the work programme, and to keep HTW at the leading edge of HTA.
- HTW has continued to establish and strengthen links with patient organisations and PPI teams in other HTA bodies, nationally and internationally. HTW is an active member of the International Network of Agencies for Health Technology Assessment (INAHTA) Patient Engagement (PE) Learning Group which considers best practice. In addition, HTW has been developing a PE Position Statement as a member of a dedicated INAHTA Task Group. HTW continues to input into HTA International (HTAi) Patient and Citizen Interest Group (PCIG) and has recently been invited to join specific projects, both as a participant and as a member of the project team.
- The successful HTAi panel abstracts (“Achieving Effective Patient Engagement in Rapid-Cycle Medical Devices HTAs” and “Patient Participation at the Organizational Level in HTA”) are on hold as the HTAi 2020 conference was cancelled; however HTW is preparing for HTAi 2021.
- The PPI Standing Group (PPI SG) celebrated its one year anniversary and held its meeting virtually on 27th April 2020. Minutes/action log from the meeting are embedded in the file below for information:



1 -Action Log - PPI
SG 200427 v5 for WG

- The PPI event has been postponed due to Coronavirus, and rescheduling will be considered when appropriate. PPI SG supported the idea of holding webinars and preparation is underway for potentially doing so.

- The patient workshop HTW was planning to hold will be delayed due to the impact of Coronavirus; however work continues in preparation for a more appropriate time.
- The suite of PPI tools continue to be used for each topic under appraisal and HTW is working with patient organisations to adapt tools to their individual needs. The flexible approach to the use of PPI tools is proving to be effective in ensuring that the PPI is both appropriate and relevant. A new PPI tool for targeted literature searches has been developed and trialled this quarter.
- HTW carried out literature reviews to identify and summarise the experiences, perspectives and opinions of patients; completing two reviews this quarter. Reports were included in the Evidence Appraisal Report (EAR) and templates will be developed accordingly.
- Internal tools for PPI processes have been drafted to ensure smooth running and timely completion of steps, and clear identification of roles and responsibilities. Documents include: PPI plan, flow chart, standard operating procedures (SOPs), templates and tracking tools. These documents will highlight key steps and options whilst still allowing the flexibility required for effective PPI.
- The HTW PPI team have produced three plain language summaries, including one for the recent COVID-19 report.
- HTW is preparing to have a patient organisation present a submission at the Appraisal Panel for the first time.
- The PPI team is working with HTW's evaluation team ahead of considering PPI evaluation at the next PPI SG meeting.



Update on General HTW Business

HTA Networks

- HTW senior staff have facilitated links between Cardiff University and Medicines and Healthcare products Regulatory Agency (MHRA), and links with the Department for Health and Social Care (UK Government), EUnetHTA, and the International Network of Agencies for Health Technology Assessment (INAHTA).
- HTW's Principal Researcher joined a webinar hosted by Life Sciences Hub Wales to signpost industry to HTW services and seek opportunities to collaborate.
- The Wales Centre for Aging and Demetia Research (CADR) has been awarded £2.8 million in funding for the next five years. With a role to improve the quality of care in Wales, HTW were named collaborators on the successful bid. Our collaboration with CADR will help to prioritise the technologies that can make a difference in social care in Wales. HTW will also support the development of more innovative ways to support people to achieve their personal wellbeing outcomes.
- HTAi 2020 in Beijing, China has been cancelled due to C-19. However we continue to retain our sponsorship with HTAi as they will offer profile and deliver virtual content for the rest of 2020.
- HTW are currently collaborating with the other UK HTA bodies for the HTAi 2021 conference in the UK, as active members of the Local Organising Committee.
- The HTW Information Scientist has been instrumental in work undertaken via INAHATA to develop and launch the new international HTA database. All INAHTA members have been contacted to set up their contribution profiles and start using and testing the database. All participating agencies will enter details of completed and ongoing HTA studies to facilitate cooperation, minimise duplication and promote economies of scale. The URL for the database is <https://database.inahta.org/>. The full launch of the database is planned soon. The HTW Information Scientist has been invited to join the international Steering Group that will oversee the use and continued development of the database. HTW will prepare a case study outlining its key contribution to developing this major new international HTA resource imminently.
- HTW continues to engage with the EUnetHTA pan European network; specifically keeping in touch by attending key meeting to keep abreast of the work and methodological developments. EUnetHTA Joint Action 3 will conclude shortly. The mechanisms for HTW, and other UK HTA group's, continued engagement remains to be agreed post Brexit.
- In this period, HTW has agreed and signed off a Memorandum of Understanding (MoU) between HTWW and AWTTTC (All Wales Therapeutics and Toxicology Centre). This MoU will serve to align the effort and collaboration between the Welsh national medicine and non-medicine Health Technology Assessment bodies. Regular meetings have been diarised to facilitate these

collaborations. Collaborative efforts have already begun with an AWTTC staff member seconded to the HTW team part time for 6 months. In addition, HTW has begun piloting an evidence support service to support the IPFR panels that are coordinated via AWTTC.



20200424_MoU
between HTW AWTTC

Standard Operating Procedures (SOPs)

- A SOP to monitor HealthTech Connect has been prepared by the research team.
- A suite of SOPs for the HTW Programme Office are being developed currently.
- SOPs to direct HTWs new Scientific Advice Service are in preparation.

HTW Input to MW-ATTC Innovate UK

- The Midlands-Wales Advanced Therapy Treatment Centre (MW-ATTC) are undertaking a project on the evaluation of advanced therapy medicinal products (ATMPs). Health Technology Wales (HTW) are undertaking the economic evaluation and market access component of the project. As part of the requirement to develop a micro-costing toolkit, HTW has carried out a systematic literature review of the resource collection methods that have been used in economic analyses of ATMPs. The evidence identified is being used to inform the development of the micro-costing toolkit and an accompanying report is in development. Once the draft toolkit has been completed it will be sent out to stakeholders for review and feedback.
- As part of the requirement to develop an economic evaluation of ATMPs, HTW is undertaking an analysis on a revascularisation technique for patients with critical limb ischemia. This involves an analysis using Secure Anonymised Information Linkage (SAIL) data, a routinely collected data source. The analysis aims to provide a more detailed understanding of the natural progression of the disease. The project team have gained access to the SAIL data and are in the process of running the statistical analyses required to generate the estimations of disease progression, which will then be used to inform the development of an economic model.
- To meet the requirement to develop an economic analysis on a tumour-infiltrating lymphocyte (TIL) therapy for platinum resistant ovarian cancer, a disease progression model has been developed. The analysis aims to assess whether routine collection and storage of tumour samples from patients undergoing surgery for ovarian cancer is less costly overall than undergoing a specific collection surgery when TIL treatment is required. The model was informed by a clinical literature review and was used to estimate the proportion of women with stage 3 or stage 4 ovarian cancer that progress to platinum resistant disease. The company that manufactures the TIL therapy provided costs associated with collecting and storing the TIL samples and these were incorporated in the analysis alongside publicly available costs. The analysis is being finalised with feedback from a clinical expert and an accompanying report is in developed.

- HTW's patient and public involvement work on cell and gene therapies (previously reported upon) has now been written up and submitted as a paper to Nature Medicine, entitled: 'Patient and public perspectives on cell and gene therapies: a systematic review'.

Recruitment

- The HTW staff establishment is now 15.28 WTE (headcount 19). In the coming months this figure will increase to 17.28 WTE (headcount 21) as 2 fixed term researchers will join the team until the end of financial year.
- We have recently appointed a fixed term researcher for 9 months. The candidate will start w/c 15th June.
- We have received approval from WG to appoint an additional fixed term researcher for 9 months to support ongoing and new C-19 related projects. Interviews will take place mid-July. An organigram outlining the staff structure is attached in Appendix D for information.
- The HTW Chair has received written confirmation from WG for a 2 year extension to his post from April 1 2020 to March 31st 2022.

Financial

- The final year end position for FY 19-20 was £967,100 of the £1 Million annual grant funding. The underspend of £32,900K was accurately forecast and returned to WG.
- HTW has applied for additional funding to accommodate salary uplifts for its establishment staff from FY 20/21 onwards. The salary cost uplift for FY2021/2022, calculated as £38.8K, has been agreed in principle and we are awaiting written confirmation.
- We are awaiting the spend report for Q1 and will report this mid-July. It is likely to report an underspend for the first quarter due to C-19.

COVID-19

- In April, WG granted HTW up to an additional £100K discretionary funds to utilise against all C-19 expenditure.
- To date, we have spent around £10K from the additional £100K allocated (the HTW C-19 outputs have been funded from our existing resource allocation thus far).
- WG have confirmed funding of an additional fixed term researcher to support ongoing and new C-19 projects. The projected cost is £39K (pro rata) for the remaining 9 months of FY 20/21.

Appendix A

Case study: HTW's COVID-19 reports

What did we do?

Since cases of coronavirus disease (COVID-19) started to be confirmed in the United Kingdom, Health Technology Wales (HTW) has been producing rapid reports on the emerging evidence for diagnostics and therapeutics.

Our researchers have put their health technology assessment (HTA) skills to use and produced several COVID-19 related Topic Exploration Reports, what we call TERs. These reports are designed to provide a high-level briefing on new technology topics submitted for consideration.

Who with?

We've identified COVID-19 related technology topics by using HealthTech Connect, a secure online resource provided by the National Institute for Health and Care Excellence (NICE). Companies register their health technology and we use this information to identify if it's suitable for evaluation. The information is included in our TERs and used to help decision makers in care systems to consider if further evidence synthesis work would be helpful to inform technology adoption decisions.

By using HealthTech Connect, we've identified COVID-19 related technologies from two companies; LINC Medical and ResAppDX-EU.

What difference did this make?

LINC Medical's [Jafron cytokine adsorber](#) is used for the treatment of cytokine storm in people with severe coronavirus infection.

ResAppDx-EU's [point-of-care smartphone applications](#) is used for the diagnosis of acute respiratory disease.

The TERs we produced searched for evidence on the technologies clinical and cost effectiveness. The main objectives were to:

- Determine the quantity and quality of evidence available for the technology of interest.
- Identify any gaps in the evidence/ongoing evidence collection.
- Inform decisions on topics that warrant fuller assessment.

The information about these technologies has been shared with key stakeholders in Welsh Government and NHS Wales to inform their decision making during the COVID-19 pandemic. These outputs are also HTW COVID-19 outputs are also being regularly shared with other stakeholders in the UK via HealthTech Connect, and with HTA bodies nationally and internationally via the International Network of Agencies for Health Technology Assessment (INAHTA). Sharing information and expertise in this way helps to avoid duplication and maximise the global research response to COVID-19.

More:

We've also been liaising closely with Welsh Government, who requested a rapid summary for Hospify. Rapid summaries are similar to TERS but not the same; the main difference is that they aren't underpinned by exhaustive systematic literature searches due to the short turnaround time they require.

Hospify is a GDPR-compliant clinical messaging app designed to be used for staff-to-staff and staff-to-patient communication. The rapid summary we provided gave a balanced overview of the evidence base, answering a question about the use of Hospify in clinical scenarios related to COVID-19.

[Visit our dedicated COVID-19 web page.](#) This is regularly updated with new information about the ways we're working and services we offer.

Appendix B

Case study: COVID-19 Evidence Digest

What did we do?

One of the first tasks Health Technology Wales (HTW) undertook in response to the coronavirus disease (COVID-19) outbreak was to create an 'Evidence Digest.' This is a list of evidence from trusted sources that we have collated in one place to help users save time.

The digest was first published on 27 March 2020 and is updated on a weekly basis to give users up-to-date information. The digest arranges organisations into categories based on their geographical focus and includes organisations from Wales, the UK, international and global, e.g. the World Health Organization.

It's important to note that the evidence digest offers no comment on the quality of evidence, which is for users to determine for themselves.

Who with?

Our information specialist, who produces the evidence digest, has collaborated with colleagues at local, national and international levels. This includes Velindre University NHS Trust Library, the Scottish Health Technologies Group (SHTG) and wider information science mailing lists.

The digest is aimed at anyone from health, social care and beyond who is researching or looking for evidence on COVID-19. We've shared it with key decision makers in Welsh Government, health and social care, as well as peer health technology assessment (HTA) organisations.

What were the reactions?

The digest received more than 600 webpage views in the first month that it was online. It's also been included in the NHS Wales e-library for health and in the library section of the Velindre University NHS Trust's daily update for staff.

What difference did this make?

Users are now able to locate sources of evidence on COVID-19 from one place, in a reliable and timely manner. This supports faster identification of evidence and evidence-informed decisions, also allowing resources to be used more effectively.

The evidence digest was used in a literature sift by our own researchers. This was part of the process that produced an [evidence review](#) of tests to detect the presence of SARS-CoV-2 virus or antibodies to SARS-CoV-2 to inform COVID-19 diagnosis.

We've updated the digest five times so far and streamlined the number of evidence sources, focusing more on websites that provide an overview of evidence, for example database hubs and websites that have evidence summaries. This will help users to save even more time when looking for evidence on COVID-19.

Appendix C

Case study: Convalescent plasma therapy

What did we do?

Part of Health Technology Wales' role is to enable evidence-informed decision making. This has been important during the coronavirus disease (COVID-19) pandemic.

Convalescent plasma from people who have recovered from COVID-19 contains antibodies against SARS-CoV-2. Donating this convalescent plasma into someone with an ongoing SARS-CoV-2 infection could give them passive immunity.

We produced a Topic Exploration Report (TER) on convalescent plasma therapy for people with COVID-19, which aimed to assess the current level of evidence and highlight ongoing evidence generation.

We also developed an additional Costing Review to reflect the procurement and deployment of plasmapheresis machines in Wales.

Who with?

We collaborated with a range of representatives from Public Health Wales, Welsh Blood Service and Welsh Government who were looking into the practicalities of using convalescent plasma therapy for people with COVID-19.

What were the reactions?

The Public Health Wales, Welsh Blood Service and Welsh Government collaborative had a positive reaction to our TER and costing review and were reassured by the findings. The TER also received more than 100 webpage views in the first month after it was published on our website.

Our work has also attracted interest and recognition from the European Network for Health Technology Assessment (EUnetHTA), and HTW are now leading a EUnetHTA rolling Relative Effectiveness Assessment for convalescent plasma therapy.

What did people learn?

Overall, convalescent plasma therapy for COVID-19 lacks a mature evidence base. However, there are several active trials and a rapidly developing literature base. We have already published an updated TER to reflect newly available evidence, and we expect there to be further updates as the field progresses.

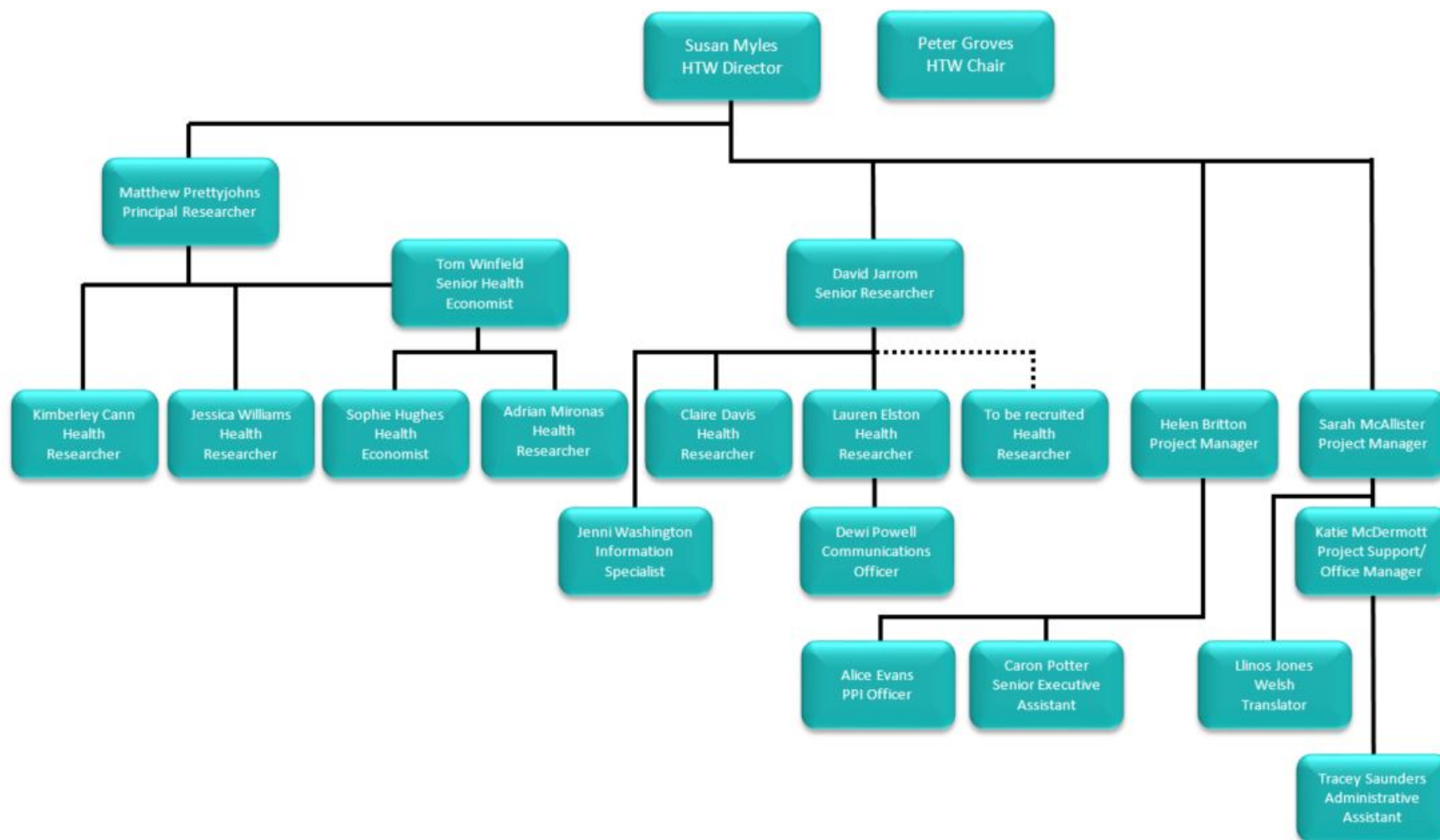
Our researchers found some evidence on the effectiveness of convalescent plasma therapy to confer passive immunity for COVID-19. This is supported by evidence from other broadly comparable disease areas. Research into related conditions, such as SARS, may help inform the development of research and use of convalescent plasma therapy.

What difference will this make?

The TER and costing review will contribute to the decision making of Public Health Wales, Welsh Blood Service and Welsh Government collaborative. It will help to define their direction and optimise health and care outcomes in Wales. This work will also inform the ongoing EUnetHTA Relative Effectiveness Assessment.

Visit our dedicated COVID-19 web page. This is regularly updated with new information about the ways we're working and services we offer.

Appendix D



Case study: HTW's COVID-19 reports

What did we do?

Since cases of coronavirus disease (COVID-19) started to be confirmed in the United Kingdom, Health Technology Wales (HW) has been producing rapid reports on the emerging evidence for diagnostics and therapeutics.

Our researchers have put their health technology assessment (HTA) skills to use and produced several COVID-19 related Topic Exploration Reports, what we call TERs. These reports are designed to provide a high-level briefing on new topics submitted for consideration.

Who with?

We've identified COVID-19 related technology topics by using HealthTech Connect, a secure online resource provided by the National Institute for Health and Care Excellence (NICE). Companies register their health technology and we use this information to identify if it's suitable for evaluation. The information is included in our TERs and used to help decision makers in care systems to consider if further evidence synthesis work would be helpful to inform technology adoption decisions.

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Astudiaeth achos: Adroddiadau COVID-19 HTW

Beth wnaethom ni?

Ers i achosion o'r clefyd coronafeirws (COVID-19) ddechrau cael eu cadarnhau yn y Deyrnas Unedig, mae Technoleg (HTW) wedi bod yn llunio adroddiadau cyflym ar y dystiolaeth sy'n dod i'r amlwg ar gyfer diagnosteg a therapiwteg.

Mae ein hymchwilyr wedi defnyddio eu sgiliau asesu technoleg iechyd (HTA) i ddefnyddio a chynhyrchu nifer o Adroddiadau Archwilio Pwnc sy'n ymwneud â COVID-19 - ac rydym yn galw'r rhain yn Adroddiadau Archwilio Pwnc (TER). Mae'r adroddiadau hyn wedi cael eu cynllunio i ddarparu briff lefel uchel ar bynciau newydd a gyflwynir i'w hystyried.

Gyda pwy?

Rydym wedi adnabod pynciau technoleg sy'n gysylltiedig â COVID-19 drwy ddefnyddio HealthTech Connect, sef adnodd ar-lein diogel sydd yn cael ei ddarparu gan y Sefydliad Cenedlaethol dros Ragoriaeth mewn lechyd a Gofal (NICE). Mae cwmnïau'n cofrestru eu technoleg iechyd, ac rydym yn defnyddio'r wybodaeth hon i weld a yw'n addas i'w werthuso. Mae'r wybodaeth yn cael ei chynnwys yn ein Hadroddiadau Archwilio Pwnc, ac yn cael ei defnyddio i helpu gwneuthurwyr penderfyniadau mewn systemau gofal i ystyried a fyddai gwaith synthesis dystiolaeth bellach yn ddefnyddiol i lywio penderfyniadau o ran mabwysiadu technolegau.

Drwy ddefnyddio HealthTech Connect, rydym wedi darganfod technolegau cysylltiedig â COVID-19 gan ddau gwmni; LINC Medical a ResAppDX-EU.

Pa wahaniaeth wnaeth hyn?

Mae [Jafron cytokine adsorber](#) LINC Medical yn cael ei ddefnyddio i drin storm cytokine mewn pobl sydd â haint coronafeirws difrifol.

Mae [Ap ffon clyar ResAppDx-EU](#) yn cael eu defnyddio i ddiagnosio clefyd anadlol aciwt.

Chwiliodd yr Adroddiadau Archwilio Pwnc am dystiolaeth ar effeithiolrwydd clinigol a chosteffeithiolrwydd technolegau. Y prif amcanion oedd:

- Penderfynu ar faint ac ansawdd y dystiolaeth sydd ar gael ar gyfer y dechnoleg o ddiddordeb.
- Nodi unrhyw fylchau yn y dystiolaeth hyd yma a'r dystiolaeth sydd i'w chasglu yn y dyfodol.
- Llywio penderfyniadau ar bynciau sy'n haeddu asesiad llawnach.

Mae'r wybodaeth am y technolegau hyn wedi cael ei rhannu â rhanddeiliaid allweddol yn Llywodraeth Cymru a GIG Cymru i lywio eu penderfyniadau yn ystod COVID-19. Mae'r allbynnau hyn yn cael eu rhannu'n rheolaidd gyda rhanddeiliaid eraill yn y DU hefyd drwy HealthTech Connect, a chyda chyrff HTA yn genedlaethol ac yn rhyngwladol, drwy'r Rhwydwaith Rhyngwladol Asiantaethau ar gyfer Asesu Technoleg Iechyd (INAHTA). Mae rhannu gwybodaeth ac arbenigedd yn y ffordd hon yn helpu i osgoi dyblygu a gwneud y mwyaf o'r ymateb ymchwil byd-eang i COVID-19.

Mwy:

Rydym wedi bod yn cydweithio'n agos hefyd gyda Llywodraeth Cymru, a ofynnodd am grynodedd cyflym ar Hospify. Mae crynodedau cyflym yn debyg i Adroddiadau Archwilio Pynciau, ond eto'n wahanol; y prif wahaniaeth yw nad ydynt yn cael eu cefnogi gan chwiliadau llenyddol cynhwysfawr, oherwydd bod angen eu cyflwyno'n gyflym.

Mae Hospify yn ap negeseuo clinigol sy'n cydymffurfio â'r GDPR, sydd wedi'i gynllunio i'w ddefnyddio i staff gyfathrebu gyda'i gilydd a chyda cleifion. Rhoddodd y crynodeb cyflym a ddarparwyd gennym drosolwg cytbwys o'r sylfaen dystiolaeth, gan ateb cwestiwn am y defnydd o Hospify mewn senarios clinigol yn gysylltiedig â COVID-19.

[Ewch i'n tudalen we bwrpasol ar COVID-19.](#) Mae'r dudalen hon yn cael ei diweddarau'n rheolaidd gyda gwybodaeth newydd am sut rydym yn gweithio, a'r gwasanaethau rydym yn eu cynnig.

Case study: COVID-19 Evidence Digest

What did we do?

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The digest is aimed at anyone from health, social care and beyond who is researching or looking for evidence on COVID-19. We've shared it with key decision makers in Welsh Government, health and social care, as well as peer health technology assessment (HTA) organisations.

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What difference did this make?

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We've updated the digest five times so far and streamlined the number of evidence sources, focusing more on websites that provide an overview of evidence, for example database hubs and websites that have evidence summaries. This will help users to save even more time when looking for evidence.

Astudiaeth Achos: Crynodeb o Dystiolaeth COVID-19

Beth wnaethom ni ei wneud?

Un o dasgau cyntaf Technoleg Iechyd Cymru (HTW) mewn ymateb i achosion o'r clefyd coronafeirws (COVID-19) oedd creu 'crynodeb o dystiolaeth.' Rhestr yw hon o dystiolaeth o ffynonellau dibynadwy a gasglwyd ynghyd gennym mewn un lle er mwyn arbed amser i ddefnyddwyr.

Cyhoeddwyd y crynodeb am y tro cyntaf ar 27 Mawrth 2020 ac fe'i diweddarir yn wythnosol i roi gwybodaeth gyfoes i ddefnyddwyr. Mae'r crynodeb yn trefnu sefydliadau mewn categorïau yn seiliedig ar eu ffocws daearyddol ac mae'n cynnwys sefydliadau o Gymru, y DU, rhai rhyngwladol a byd-eang, e.e. Sefydliad Iechyd y Byd.

Mae'n bwysig nodi nad yw'r crynodeb o dystiolaeth yn rhoi unrhyw sylwadau ar ansawdd y dystiolaeth, y defnyddwyr sydd i benderfynu ar hynny drostynt eu hunain.

Gyda phwy?

Mae ein harbenigwr gwybodaeth, sy'n cynhyrchu'r crynodeb o dystiolaeth, wedi cydweithio â chydweithwyr yn lleol, cenedlaethol a rhyngwladol. Mae hyn yn cynnwys Llyfrgell Ymddiriedolaeth GIG Prifysgol Felindre, Grŵp Technolegau Iechyd yr Alban (SHTG) a rhestrau postio gwyddor gwybodaeth ehangach.

Mae'r crynodeb wedi'i anelu at unrhyw un ym meysydd iechyd, gofal cymdeithasol a thu hwnt sy'n cynnal ymchwil neu'n chwilio am dystiolaeth ynglŷn â COVID-19. Rydym wedi ei rannu gyda gwneuthurwyr penderfyniadau allweddol yn Llywodraeth Cymru, iechyd a gofal cymdeithasol, a hefyd sefydliadau asesu technoleg iechyd eraill.

Beth fu'r ymateb?

Edrychwyd ar dudalen we'r crynodeb dros 600 o weithiau yn ystod y mis cyntaf yr oedd ar-lein. Mae hefyd wedi cael ei gynnwys yn e-lyfrgell GIG Cymru ar gyfer iechyd ac yn adran llyfrgell diweddariad dyddiol staff Ymddiriedolaeth GIG Prifysgol Felindre.

Pa wahaniaeth wnaeth hyn?

Gall defnyddwyr nawr leoli ffynonellau tystiolaeth am COVID-19 mewn un lle, mewn modd dibynadwy ac amserol. Mae hyn yn ei gwneud hi'n haws canfod tystiolaeth a gwneud penderfyniadau sydd wedi'u llywio gan dystiolaeth, gan hefyd ganiatáu i adnoddau gael eu defnyddio'n fwy effeithiol.

Defnyddiwyd y crynodeb o dystiolaeth mewn sifft llenyddiaeth gan ein hymchwilyr ein hunain. Roedd hyn yn rhan o'r broses a gynhyrchodd [adolygiad tystiolaeth](#) o brofion i ganfod presenoldeb feirws SARS-CoV-2 neu wrthgyrff i SARS-CoV-2 er mwyn llywio diagnosis COVID-19.

Rydym wedi diweddarau'r crynodeb bump o weithiau hyd yma ac wedi symleiddio nifer y ffynonellau tystiolaeth, gan ganolbwyntio fwy ar wefannau sy'n rhoi trosolwg o dystiolaeth, er enghraifft canolfannau cronfeydd data a gwefannau sydd â chrynodebau tystiolaeth. Bydd hyn yn arbed hyd yn oed mwy o amser i ddefnyddwyr wrth chwilio am dystiolaeth.

Case study: Convalescent plasma therapy

What did we do?

Part of Health Technology Wales' role is to enable evidence-informed decision making. This has been important during the coronavirus disease (COVID-19) pandemic.

Convalescent plasma from people who have recovered from COVID-19 contains antibodies against SARS-CoV-2. Donating this convalescent plasma into someone with an ongoing SARS-CoV-2 infection could give them passive immunity.

We produced a Topic Exploration Report (TER) on convalescent plasma therapy for people with COVID-19, which aimed to assess the current level of evidence and highlight ongoing evidence generation.

We also developed an additional Costing Review to reflect the procurement and deployment of plasmapheresis machines in Wales.

Who with?

We collaborated with a range of representatives from Public Health Wales, Welsh Blood Service and Welsh Government who were looking into the practicalities of using convalescent plasma therapy for people with COVID-19.

What were the reactions?

The Public Health Wales, Welsh Blood Service and Welsh Government collaborative had a positive reaction to our TER and costing review and were reassured by the findings. The TER also received more than 100 webpage views in the first month after it was published on our website.

Our work has also attracted interest and recognition from the European Network for Health Technology Assessment (EUnetHTA), and HTW are now leading a EUnetHTA rolling Relative Effectiveness Assessment for convalescent plasma therapy.

What did people learn?

Overall, convalescent plasma therapy for COVID-19 lacks a mature evidence base. However, there are several active trials and a rapidly developing literature base. We have already published an updated TER to reflect newly available evidence, and we expect there to be further updates as the field progresses.

Our researchers found some evidence on the effectiveness of convalescent plasma therapy to confer passive immunity for COVID-19. This is supported by evidence from other broadly comparable disease areas. Research into related conditions, such as SARS, may help inform the development of research and use of convalescent plasma therapy.

What difference will this make?

The TER and costing review will contribute to the decision making of Public Health Wales, Welsh Blood Service and Welsh Government collaborative. It will help to define their direction and optimise health and care outcomes in Wales. This work will also inform the ongoing EUnetHTA Relative Effectiveness Assessment.

Visit our dedicated COVID-19 web page. This is regularly updated with new information about the ways we're working and services we offer.

TRUST BOARD

CHAIR'S REPORT

DATE OF MEETING	25/6/2020	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Lauren Fear, Interim Director of Corporate Governance	
PRESENTED BY	Professor Donna Mead, Chair	
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Interim Director of Corporate Governance	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		Choose an item.
ACRONYMS		

1. SITUATION/BACKGROUND

1.1 This reports provides information to the Board from the Chair.

1.2 Issues addressed in this report cover the following;

- Board Briefing on 9th July
- Developing our Trust strategy
- Resetting governance arrangements
- Plans for the Annual General Meeting
- World Blood Donor Day
- Armed Forces Day

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Board Briefing on 9th July

2.1.1 The Chair would like to update the Board on the planned focus for the Board briefing on 9th July. There will be two key agenda items:

2.1.2 Firstly, Steve Alan. Community Health Council will be kindly joining to update on the Citizen Voice element of the Health and Social Care (Quality and Engagement) (Wales) Bill. As context, the Act will:

- ensure that NHS bodies and ministers think about the quality of health services when making decisions
- ensure NHS bodies and primary care services are open and honest with patients, when something may have gone wrong with their care
- create a new Citizen Voice Body to represent the views of people across health and social care
- support the appointment of a new vice chair position in NHS Trusts

It is planned for the Act to come into force in spring 2022.

2.1.3 Secondly, the Chair would welcome the opportunity to discuss plans with the Board on the development of the Committee structure.

2.2 Developing our Trust Strategy

- 2.2.1 In our Board Development Day in February we spent time developing our mission, goals by 2030 and our key enablers and tools. Then as part of our COVID-19 response, in April we agreed on our mission and priorities for the COVID response period. There has been wide engagement with staff on our COVID response, in communications and in Question and Answer sessions with staff. The Chair is pleased to note that there is further engagement with staff planned to capture views on changes which have happened as a result of COVID which staff would like to keep and learning for the future in how we provide services to our patients and donors and also how we operate as an organisation.
- 2.2.2 The Chair would like to offer the support of the Board to the next phase of engagement on the Trust's long-term strategy with staff and key external stakeholders. The plan for how this next phase of engagement will take place is being adapted to focus on digital and socially distanced engagement. The Chair welcomes the feedback to the Board from this activity and to the finalising by the Board of the Trust's long-term strategy shortly.

2.3 Resetting Governance Arrangements

- 2.3.1 The Chair would like to reflect on the development of the Trust's governance arrangements as we move into the recovery period from the COVID response phase. There are four key strands:
- **Committee arrangements** – As agreed in April the Board agreed to pausing six of the Trust's Committees during the COVID response period. Rather than simply returning to the previous structure, the Chair welcomed the discussion with the Board, in the Board Briefing on 9th July, to discuss proposals to move to a new Committee structure. The aim of which is to create an enabling Committee framework to better reflect the way in which the Trust wants to fulfill its values and strategic ambition.
 - **Engagement and transparency** – Prior to entering the COVID response phase, the Trust had been making good progress from the January Trust Board in ensuring papers were published to the public in good time prior to the meeting and the meetings were available for the public to attend. During the COVID period, the Trust has been keeping pace with the good practice across Health Boards and Trusts of continuing to publish public papers in good time prior to the Board and also publishing the draft minutes a few

days after the meeting. In taking the action to [record/live stream] today's meeting, we are again keeping in line with best practice.

- **Recovery plan arrangements** – In our April Board we received a comprehensive analysis of:
 - Cycles of business, actions and points of escalation for all six of the Committees which had been paused to illustrate where this activity was being mapped to or clearly positioning it in the recovery plan.
 - The same analysis was completed for all outstanding actions in the audit action tracker, which captures all externally committed to actions from Audit Wales or Internal Audit, and was received in the April Audit Committee,
 - Since this point, we have had the transparent visibility of recovery plan activity through Board and Committee reporting structures.
 - This work was highlighted by Welsh Government as an example of best practice.
 - Progression of the analysis of which elements are brought back into active management and when, with the associated governance oversight, is now underway.
- **Decision making framework** - Since mid-March, we have been operating according to the decision making framework shared with the Board, led by the 'Clinical Principles' and followed by a focused impact assessment to determine which level of COVID governance the decision should be taken in. Gold level decisions have then had oversight via the Quality & Safety Committee. The clarity and structure this process has brought is being developed to align with the developments of Executive and Board governance arrangements for wider and longer term use.

2.4 Plans for the Annual General Meeting

- 2.4.1 The Annual General Meeting is due to take place on 24th September and the Chair would like to confirm to the Board that plans are progressing to enable a digitally facilitated and engaging event for our stakeholders.

2.5 World Blood Donor Day

- 2.5.1 The Chair would like to further extend a thank you to all the donors and supporters throughout Wales for their continued commitment over the past year, particularly

through the COVID pandemic. Since April, more than 14,000 donors have attended clinics, including over 2,500 donors giving blood for the first time.

- 2.5.2 To celebrate the occasion, Welsh Blood Service released a fantastic thank you video and we will share the link with you.

2.6 Armed Forces Day

- 2.6.1 The Chair would like to note the Board's support for the upcoming Armed Forces Day on 27th June. Armed Forces Day is a chance to show support for the men and women who make up the Armed Forces community: from currently serving troops to Service families, veterans and cadets. There will be some communications to Trust staff on this next week.
- 2.6.2 It is also with delight that we are able to congratulate Simon Lawrence on being promoted to Colonel and he will be the next Commanding Officer of 203 (Welsh) Field Hospital. Simon is a radiographer in the Cancer Centre and we are very pleased to note he will still be working with us part time also.
- 2.6.3 The Chair would like to also reiterate the thanks of the Trust for The Military Liaison Officers for their support and work with the Trust during the COVID period and we welcome a further Officer who is supporting us for the next phase.

3. IMPACT ASSESSMENT

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

4. RECOMMENDATION

4.1 The Board is asked to **NOTE** the content of this update report from the Trust Chair.



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TRUST BOARD

CHIEF EXECUTIVE'S REPORT

DATE OF MEETING	25/6/2020	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Lauren Fear, Interim Director of Corporate Governance	
PRESENTED BY	Steve Ham, Chief Executive	
EXECUTIVE SPONSOR APPROVED	Carl James, Acting Chief Executive	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		Choose an item.

1. SITUATION/BACKGROUND

1.1 This reports provides information to the Board from the Chief Executive Officer (CEO).

1.2 Issues addressed in this report cover the following;

- COVID-19 Update
- Welsh Blood Service Medicines and Healthcare Products Regulatory Agency (MHRA) inspection

- Transforming Cancer Services (TCS) Programme
- Welsh Government Campaign to encourage people to access cancer services across Wales

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Covid-19 Update

- 2.1.1 The CEO would like to thank all the staff in the Trust for their immensely hard work, resilience, agility, care of each other and care of our patients and donors during the past few months.
- 2.1.2 The Operational Plan for Quarter 2 is being finalised for submission to the Welsh Government. The Plan will set out the next steps in the re-establishment of the services provided by the Trust and expected levels of activity for July, August and September 2020.
- 2.1.3 A key focus of current efforts remains increasing capacity in order to contribute effectively to the re-establishment of essential services and the forecasting of future demand. This continues to be a complex area of work given the many variables involved such as the impact of social distancing and staff testing etc on capacity; and unavailability of data from primary care, Health Boards and Public Health Wales regarding expected activity in elective, diagnostic and screening services. The availability of information is continuing to improve and this will enable the Trust to develop plans with greater certainty as we move forward in Quarter 3 and 4.

2.2 Welsh Blood Service Medicines and Healthcare Products Regulatory Agency (MHRA) inspection

- 2.2.1 The MHRA undertook an inspection of the service over the last month we expect to be able to share the findings at the Board meeting.

2.3 Transforming Cancer Services (TCS) Programme

- 2.3.1 The CEO would like to update the Board on the progress made in a number of the key projects. Firstly, three planning applications were submitted on 9th June regarding access to the new Velindre Cancer Centre site. This is an important milestone with determination of the applications expected by September/October 2020. The submission of the applications has not been well-received by some stakeholders who believe that the Northern Meadows site should not be developed on in any capacity; in spite of the fact that the site has current planning permission for residential housing. The TCS team is

continuing to engage with all stakeholders to understand all concerns and offer the opportunity to work through them in a constructive manner.

2.3.2 Secondly, the competitive dialogue phase of the procurement of the integrated radiotherapy solution commenced on 15th June. This is a pivotal procurement for the Trust in supporting the immediate and medium term provision of high quality radiotherapy services.

2.3.3 Finally, good progress is being made on the development of the radiotherapy satellite centre project in partnership with Aneurin Bevan University Health Board. It is anticipated that the Outline Business Case will be completed by October 2020 for consideration by the Trust Board and Health Board partners.

2.4 Welsh Government Campaign to encourage people to access cancer services across Wales

2.4.1 The CEO would like to make the Board aware of the Welsh Government campaign aimed at encouraging patients to access cancer services following the initial COVID peak. The data shows a significant reduction in the number of patients seeking consultation in primary care for suspected cancer and similar reductions of activity in secondary, tertiary and palliative services. The CEO provided a quote for the campaign, alongside the Minister for Health and Social Care and other key partners.

IMPACT ASSESSMENT

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

3. RECOMMENDATION

3.1 The Board is asked to **NOTE** the content of this update report from the CEO.



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TRUST BOARD

COVID UPDATE

DATE OF MEETING	25/6/2020	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Lauren Fear, Interim Director Corporate Governance	
PRESENTED BY	Cath O'Brien, Interim Chief Operating Officer	
EXECUTIVE SPONSOR APPROVED	Cath O'Brien, Interim Chief Operating Officer	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		Choose an item.

1. SITUATION/BACKGROUND

- 1.1 Continuing to make progress against the objectives we outline in our Quarter 1 plan to Welsh Government.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Velindre Cancer Centre

2.1.1 Demand planning

Continuing to engage Welsh Government Delivery Support Unit, Health Boards and Welsh Government Essential Services group to model the demand caused by service reconfiguration during the pandemic. In addition, we are also engaged with local operational teams in the Health Boards to plan for the re-establishment of outreach services and have proposed delivery models which are subject to on-going development.

2.1.2 Capacity planning

Undertaking a review of all service delivery in the context of a Covid protected operating model with SACT and radiotherapy delivery as the key priority and within the agreed Clinical Principles [Velindre Cancer Centre Clinical Framework for Defining the Clinical Model and Treatment Decision Making During the Recovery Phase of Covid-19]. This model is based on the Test, Track and Protect and Social Distancing Cells which are working through our requirements for staff and patient testing and social distancing. The capacity planning is being completed to support the development of the Quarter 2 plan.

2.1.3 COVID protected operating model

Staff testing pilot was undertaken in week commencing 8th June and was through collaborative working between the Trust, Public Health Wales, and Cardiff and Vale University Health Board which has cemented a partnership approach between the three organisations. There has been collaborative working with support from WBS for the provision of blood collection units to accommodate the testing. The successful pilot tested 300 staff, with over 90% of invited staff participating and results are currently being analysed.

2.1.4 Operationalising the new model

Social Distancing Cell has enabled us to undertake a review of the estate, systems and ways of working to ensure compliance with the social distancing requirements. Staff have been fully engaged in the development of the plans and there is clear signage now in place to support compliance. Resultant capacity impact is being reviewed. In undertaking this work the Welsh Government guidance is informing the approach and progress is being tracked against the requirements. There has been a Trust wide virtual engagement event, which gave staff opportunity to ask any questions and in the answers from an Executive and Senior Management Team panel there was a focus on both organisational and personal responsibility.

2.1.5 New ways of working

Working on moving into next phase of a hybrid model, at appropriate timing, of home and onsite working and are working with staff on the development of working model to ensure staff feel comfortable and stay safe and well.

Work continues to enable access to Attend Anywhere for virtual patient consultation

2.2 Welsh Blood Service

2.2.1 Demand planning

Continuing to engage with Health Boards to understand the detail of their service reintroduction plans and their associated impact on WBS. Current capacity is meeting demand.

2.2.2 Capacity planning

COVID-19 Blood collection models for blood collection via a range of fixed sites is being reviewed due to pending venue availability changes and a recognition that the lifting of lockdown will result in more people returning to the workplace with potential changes in donor availability.

2.2.3 Supporting Health Boards to manage COVID-19

The business case to collect Convalescent plasma via Apheresis has been approved and working with Health Boards, Welsh Government and Public Health Wales to deliver the programme.

2.3 Communication and engagement with staff

Continue to actively provide opportunities for engagement with staff through a number of channels, including through email and online Question & Answer sessions.

We continue to work in partnership with our Trade Union partners and to engage with the Community Health Council.

IMPACT ASSESSMENT

QUALITY AND IMPLICATIONS/IMPACT	SAFETY
	There are no specific quality and safety implications related to the activity outlined in this report.

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

3. RECOMMENDATION

The Board is asked to **NOTE** the content of this update report from the Chief Operating Officer.

TRUST BOARD

HIGHLIGHT FROM THE QUALITY & SAFETY COMMITTEE

DATE OF MEETING	25 th June 2020
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Catherine Currier, Executive Support Assistant Nicola Williams, Executive Director Nursing, Allied Health Professionals, and Clinical Scientists
PRESENTED BY	Janet Pickles, Independent Member
EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director Nursing, Allied Health Professionals, and Clinical Scientists
REPORT PURPOSE	FOR NOTING
ACRONYMS	
PPE	Personal Protective Equipment

1. PURPOSE

- 1.1 This paper had been prepared to provide the Trust Board with details of the key issues considered by the Quality & Safety Committee at its meetings on the 22nd June 2020.
- 1.2 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. BACKGROUND

Since March 2020 the frequency of the Trust Quality and Safety meetings has increased from quarterly to monthly in order that the Trust can adequately discharge its responsibilities during the COVID-19 pandemic. It is planned that this will continue until at least September 2020. A formal review will be undertaken in August 2020 and a recommendation made to the Quality & Safety Committee and Trust Board in September 2020 regarding the remainder of the year. This will be informed by the situation in relation to the pandemic and how effective the Committee has been executing its responsibilities as outlined in the Welsh Government Guidance: Discharging Board Responsibilities during COVID-19.

3. HIGHLIGHT REPORT

The following areas were highlighted for reporting to the Trust Board from the Quality & Safety Committee meeting held on the 22nd June 2020.

ALERT / ESCALATE	<ul style="list-style-type: none"> No items to alert or escalate.
ADVISE	<ul style="list-style-type: none"> Equality Report - The Committee received an update on the Trust's Equality work. The following was highlighted: <ul style="list-style-type: none"> The Trust's Staff Equality Networks have been running meetings every 2-3 months for several years; however during the pandemic they have moved to monthly 'Teams' meetings. It was noted there had been an increase in the number of people joining the network since the commencement of the pandemic. The network meetings provide support and signposting to services for staff, who are concerned about COVID-19 across the equality groups. Work has been undertaken with Stonewall Workplace to develop online resources to allow organisations to provide specific support to LGBT+ staff. The Trust supports the Pride Cymru Parade and it is expected that this year's Parade will be virtual. The NHS across Wales are planning to hold its own Virtual Pride, putting together a schedule of activities and events online in the week leading up to August Bank Holiday and the Trust continues to be proud to be involved in these events. Staff Stories from the Welsh Blood Service <ul style="list-style-type: none"> The Committee received a presentation from the Collections Staff (https://youtu.be/bxSV0L72BxE), which highlighted the challenges of locating venues that were large enough to allow social distancing and were economically feasible. The Committee felt the stories provided assurance regarding the changes made to Welsh Blood Services to ensure safety during the pandemic

	<p>and expressed their thanks to all involved in maintaining this important service during the pandemic.</p> <ul style="list-style-type: none"> • Social Distancing- <ul style="list-style-type: none"> ○ During the presentation of the Performance Reports the Committee noted the difficulties being presented at both the Velindre Cancer Centre and Welsh Blood Service around social distancing. In WBS it was noted social distancing measures had reduced the productivity in the Laboratories. The Social Distancing Cell, led by Cath O'Brien (Interim Chief Operating Officer) was providing a lead for the Trust in resolving issues and introducing measures. • Review of Convalescent Plasma Governance Arrangements - a comprehensive paper was provided outlining the progress and status of the Convalescent Plasma Programme. The following was highlighted: <ul style="list-style-type: none"> ○ Welsh Blood Service have been working with the Welsh Government since March 2020 to develop a service to collect blood from patients recovering from COVID-19 infections and separate out the plasma (Convalescent Plasma) for use in clinical trials set up to find effective treatments for Covid-19 (Phase 1). The Welsh Government have now formally commissioned WBS to scale up this activity including the introduction of a plasmapheresis collection process (Phase 2). ○ Welsh Government have established a Steering Group to oversee the COVID-19 Convalescent Plasma Project, which has representation from the Trust's Executive Team. ○ Welsh Blood Service have established a Project Group, comprising members of the Senior Management Team and the Project Management team, which will report to the Welsh Government Steering Group. ○ Regulatory compliance is being managed via the established Change Management process at Welsh Blood and a Regulatory Compliance Assessment is ongoing throughout the project to ensure that the project meets all mandatory safety and quality standards and provide a robust audit trail.
ASSURE	<ul style="list-style-type: none"> • Highlight Report from the COVID-19 Cells- The Committee received highlight reports from the PPE, Social Distancing, Planning, Workforce and Quality & Safety Cells. The Committee noted the terms of reference for the two newly established cells: Social Distancing and Testing. In addition, the Committee were advised that the End of Life Cell had closed. Only two outcomes were not fully completed that are being overseen by Velindre Cancer Centre



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	Senior Management team: Do not resuscitate audit processes and mapping through bereavement support requirements
INFORM	<ul style="list-style-type: none">• The Trusts Claims 2019-20 Annual Report was received and noted (available from the Executive Director of Nursing, AHP & Health Science).• The Trusts Safeguarding and Public Protection Annual Report was received and noted (available from the Executive Director of Nursing, AHP & Health Science).• The Trust Nurse Staffing Act (Wales) 2016 Annual Report and reporting template was noted.
APPENDICES	Not applicable.

4. RECOMMENDATION

The Board is asked to **NOTE** the report.



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TRUST BOARD

NURSE STAFFING LEVELS (WALES) ACT 2016

DATE OF MEETING	25 th June 2020	
PUBLIC OR PRIVATE REPORT	Private	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Anna Harries, Senior Nurse Professional Standards & Digital & Amy Mumford, Deputy Head of Nursing Velindre Cancer Centre	
PRESENTED BY	Nicola Williams, Executive Director of Nursing, AHP & Health Science	
EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director of Nursing, AHP & Health Science	
REPORT PURPOSE	ENDORSE FOR BOARD APPROVAL	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	9 th June 2020	Endorsed
Quality & Safety Committee	22 nd June 2020	Not known at time of paper generation

1. SITUATION

This paper is provided to the Trust Board to:

- **APPROVE** the Nurse Staffing Act (Wales) 2019-20 Annual Report
- **NOTE** the actions taken during the acute phase of the COVID-19 pandemic to ensure safe staffing levels within Velindre Cancer Centre
- **NOTE** the actions being taken to further enhance monitoring and compliance with the Nurse Staffing Act (Wales) 2019-20.

2. BACKGROUND

The Nurse Staffing Levels (Wales) Act 2016 requires health service bodies to make provision for safe nurse staffing levels, and to ensure that nurses are deployed in sufficient numbers. The Act is intended to:

- Enable the provision of safe nursing care to patients at all times;
- Improve working conditions for nursing and other staff; and
- Strengthen accountability for the safety, quality and efficacy of workforce planning and management.

This report is delayed in being presented to the Board due to the impact of the COVID-19 pandemic.

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

3.1 Nurse Staffing Act Reporting

A reporting template has been developed by the All Wales Nurse Staffing Group to enable Health Boards to report compliance with the Nurse Staffing Levels (Wales) Act 2016 in a standardized way. Health Boards are required to demonstrate compliance with sections 25A, 25B, and 25C of the Act, and formerly report this information to their Board.

Velindre University NHS Trust is only required to comply with section 25A - the overarching responsibility to have regard to providing sufficient nurses in all settings to provide sensitive care to patients. The standardized reporting template has been used to capture the Trust's compliance with relevant sections of the Act, and sections that are not applicable have been marked N/A. This is attached in **Appendix 1**.

The report outlines that there is no evidence that Nurse Staffing Levels are adversely affecting patient care within Velindre Cancer Centre.

3.2 Plans to Further Enhance monitoring & compliance with Nurse Staffing Act Requirements

The following actions are being taken by Velindre University NHS Trust to further enhance its ability to robustly evidence that it is meeting the Nurse Staffing Act Requirements:

- Implementation of electronic nurse rostering – Allocate** - Velindre University NHS Trust is currently the only NHS organisation in Wales without an electronic nurse rostering system. This makes management of the nursing workforce difficult. Executive Management Board in May agreed the procurement and implementation of Allocate Nurse rostering system, in the first instance across 6 nursing areas in the Cancer Centre, pending All Wales procurement later this year. Procurement and project planning has commenced. All rosters and shift patterns will be reviewed in preparation for the Allocate roll out.
- Implementation of Allocate Safe Care Module** – The safe care module of Allocate will facilitate automated Act reporting through Velindre University NHS Trust and to NHS Wales in line with National Nurse Staffing Act reporting requirements. To date only 2 Health Boards have this module and in its current format does not meet the Act requirements. Allocate is currently amending this module and it will be rolled out to Velindre Cancer Centre later this year in line with the All Wales roll out.
- Acuity Reviews** – it is critically important to understand acuity levels across services if we are doing to appropriately deploy staff and set appropriate staffing levels. There is a 6 monthly national benchmarked acuity review undertaken at present (June & January each year, although moved to July 2020 due to COVID). Inpatient areas in Velindre Cancer Centre have moved to daily acuity capture and there are plans to increase the frequency to at least twice daily and cover other areas such as SACT. The formal January 2020 national acuity benchmarked report for the Trust is still awaited.
- Establishment Reviews** – Once January's national benchmarked data is available the Executive Director of Nursing, AHP & Health Science and Head of Nursing will undertake a formal establishment review across all nursing areas within Velindre Cancer Centre.

3.3 COVID-19 Response Phase Surge Nursing Staffing Contingency Plan

As part of the COVID-19 response phase emergency planning for unprecedented surge significant work was done to develop a robust nurse staffing plan to safely meet patient needs. These were very detailed and actively involved the Research Nurse Team, Nurses from all areas across the Cancer Centre and Nurses from

Welsh Blood Service. A plan for 'ideal' staffing levels as well as minimal levels – that were never to be worked below was agreed. It was identified that the minimal levels were not ideal and would have reduced the quality of care patients received but this was an unprecedented emergency.

In order to be as safe as possible considerable the following was undertaken:

- Upskilling and clinical skills training was provided to existing Cancer Centre Nurses, Welsh Blood Nurses and Research Nurses.
- Shadow / orientation shifts undertaken
- Leadership discussions and visits by Executive Director of Nursing, AHP & Health Scientists
- Twenty additional Healthcare Support Workers recruited onto Nurse Bank, inducted, trained and provided with shadow shifts
- Additional registrants recruited onto Nurse Bank

As patient numbers did not increase and in fact were lower than usual patient numbers the Nurse Staffing levels to date have not needed to go below 'ideal' levels. Despite there being on some occasions high absenteeism related to COVID there has continued to be sufficient nursing staff in place to care sensitively for patients.

4. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	There is a strong evidence base that links nurse staffing levels with patient experience and outcomes.
RELATED HEALTHCARE STANDARD	Safe Care
	Individual care, Timely care, Dignified Care, Staff & resources
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)

	Compliance with the relevant sections of the Nurse Staffing Levels (Wales) Act 2016 is a statutory obligation and will be subject to scrutiny
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Given the duty of the act, in the event of patient acuity and / or numbers increasing the staffing levels will need to be increased accordingly. This will have a financial impact

5. RECOMMENDATION

The Trust Board are asked to:

- **APPROVE** the Nurse Staffing Act (Wales) 2019-20 Annual Report
- **NOTE** the actions taken during the acute phase of the COVID-19 pandemic to ensure safe staffing levels within Velindre Cancer Centre
- **NOTE** the actions being taken to further enhance monitoring and compliance with the Nurse Staffing Act (Wales) 2019-20.

Health board/Trust reporting template

Health boards/trusts are advised to use this template when submitting their annual report to Board. Health boards/trust may include additional information as part of their report as determined by the organisation.

Health board/trust reporting template	
Health board	Velindre University NHS Trust
Reporting period	2019/20
Requirements of Section 25A	<p>Velindre University NHS Trust is required to be compliant with Section 25A of the Act, a process of review and recalculation using the evidence based methodology has been introduced. As a result patient acuity data is routinely collected on the inpatient ward using the Welsh Levels of Care tool. The ward configuration at Velindre Cancer Centre has changed twice during this year. In December all inpatients were being cared for on the First Floor Ward with CIU becoming a Day Unit. This changed in February 2020 to meet the COVID requirements, although staffing has been managed across one off duty.</p> <p>National Acuity Review undertaken January 2020 reported first floor ward only- outcomes are awaited.</p>
Financial Year 2019/2020	
Date annual report on the nurse staffing level submitted to the Board	July 2020 – delayed reporting due to the impact of the COVID-19 Pandemic
Number of adult acute <u>medical</u> inpatient wards where section 25B applies	N/A - The Trust does not have adult acute medical inpatient wards as defined by the Act consequently section 25B does not apply within the Trust.
Number of adult acute <u>surgical</u> inpatient wards where section 25B applies	N/A - The Trust does not have adult acute surgical inpatient wards as defined by the Act consequently Section 25B does not apply within the Trust.
Number of occasions where nurse staffing level was recalculated in addition to the bi-annual calculation	<p>Staffing levels were reviewed upon receipt of the June 2019 acuity data</p> <p>A full COVID Pandemic review was undertaken in preparation for unprecedented surge / sickness due to COVID-19 outlining 'ideal' and minimal staffing levels / skill mix. This was not enacted as, at all times patient acuity / demand and staffing availability has met 25A Nurse Staffing Act requirements.</p>

The process and methodology used to inform the triangulated approach



Within Velindre Cancer Centre a process of review and calculation of nurse staffing levels has been introduced, using the evidence based methodology. The Welsh Levels of Care document provides an evidence based workforce tool that is mandated for use as part of the triangulated method of calculating nurse staffing levels.

Using the Welsh Levels of Care, patient's nursing needs / activities of daily living are assessed. This includes taking into consideration the holistic needs of the patient, including social, psychological, spiritual and physical requirements.

When calculating nurse staffing levels, quality indicators including the extent to which patients' well-being is known to be sensitive to the provision of care by a nurse is taken into consideration including: medication administration errors, patient falls and hospital acquired pressure ulcers. To aid this a updated incident reporting DATIX has been adopted within Velindre University NHS Trust, allowing this data to be easily accessible and reportable.

Professional judgement is exercised; considering the qualifications, competencies, skills and experience of the nurses providing care to patients. Including consideration for continuing professional development and the effect on the nurse staffing level, including consideration of the use of temporary staff. In addition to this Velindre Cancer Centre are in the implementation phase of an electric nurse roster (ALLOCATE), this will provide an evidence base of key performance indicators and allowing review of rosters and temporary staff instantly through digital technology.

Patient acuity data is routinely collected on inpatient wards using the Welsh Levels of Care tool.

The ward sister/charge nurse remains supernumerary to the planned roster and the current whole time equivalent establishment includes the uplift of 26.9%.

Informing patients

Information regarding the nurse staffing levels is displayed at the entrance to each ward informing patients and relatives about the nurse staffing level.

Section 25E (2a) Extent to which the nurse staffing levels are maintained

Process for maintaining the nurse staffing level		N/A - As Section 25B of the Act does not apply to the Trust, the Trust is not required to comply with Section 25E of the Act. However there are processes in place to maintain the nurse staffing level within the Cancer Centre, which includes escalation to the Deputy/Head of Nursing. A further establishment review will be undertaken upon receipt of all Wales Acuity Benchmarking data.		
Process for monitoring the nurse staffing level		N/A - As Section 25B of the Act does not apply to the Trust, the Trust is not required to comply with Section 25E of the Act. However there are processes in place to monitor nurse staffing levels within the Cancer Centre, with oversight by the Deputy/Head of Nursing. Datix records are all reviewed daily and staffing levels are covered during site twice daily meetings. The Senior Nurse on site is responsible for ensuring safe deployment of staff in line with Act requirements on a day by day basis. There were 4 datix incidents reported during the year related to nurse staffing levels: two related to day case chemotherapy, one related to inpatient ward and one to the Acute Oncology Assessment Unit – all caused by sickness that could not be covered.		
Section 25E (2b) Impact on care of not maintaining the nurse staffing levels				
Patient harm incidents (i.e. nurse-sensitive Serious Incidents /Complaints)	Total number of closed serious incidents/complaints during last reporting period	Total number of closed serious incidents/complaints during current reporting period.	Increase (decrease) in number of closed serious incidents/complaints between reporting periods	Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor
Hospital acquired pressure damage (grade 3, 4 and unstageable).	7	2	decrease	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	0	0	Remained at zero	0
Medication related never events.	0	0	0	0

Complaints about nursing care resulting in patient harm (*) (*)This information is not required for period 2018/19	0	0	Remained at zero	0
Section 25E (2c) Actions taken if the nurse staffing level is not maintained				
Actions taken	To continue to monitor incident reports and action appropriately if required			
Next steps	Implement the electronic nursing roster and fully utilise the updated incident reporting Datix system to its full potential to ensure compliance with Act.			

TRUST BOARD

TRUST RISK REGISTER

DATE OF MEETING	25/6/2020	
PUBLIC OR PRIVATE REPORT	Private	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Sian Lewis, Quality & Safety Coordinator	
PRESENTED BY	Lauren Fear, Interim Director of Corporate Governance	
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Interim Director of Corporate Governance	
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	16/6/2020	ENDORSED FOR APPROVAL

1. SITUATION/BACKGROUND

The purpose of this report is to present to Trust Board the high level organisational risks included on the Trust Risk Register, and the management actions being taken to manage or mitigate these high level risks.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

The Trust Risk Register is received and reviewed at Trust Board, Board Committees also is received and reviewed at Executive Management Board.

The Trust Board and its Committees are asked to scrutinise risks and satisfy themselves with regard to the adequacy of management actions, and the control measures being implemented. Committees and Trust Board are requested to scrutinise decisions taken to de-escalate or close risks on the Trust Risk Register.

2.1 Development of the Risk and Assurance Framework

As reported to the January Trust Board meeting, work had been planned and resourced to develop a number of aspects of the risk and control framework, including a refresh of the risk appetite, review of the risk register, development of the assurance framework and development of the risk management strategy.

The initial outputs from the first phase of this work are now being progressed with the Executive Team during June and the workshops which are the key aspect of the next phase are being planned for July. Newly committed to dates in the Annual Accountability Report for completing this work, including Board sign off is October 2020.

The next key step for the Board will be a Risk Appetite workshop in August, with each Independent Member will be invited to a pre-meeting session to review the proposed approach in relation their particular areas of interest.

2.3 New risks assessments

There are two new risks that the Board is asked to approve for inclusion on the Trust Risk Register:

- 16080: Lack of mechanical ventilation at the Velindre Cancer Centre site (including in-patient ward areas)
- 16081: Social Distancing: There is a risk that staff could contract COVID-19 in their working environment as a result of poor social distancing or hygiene levels; and secondly there is a risk that social distancing measures will impact on site utilisation and subsequently service delivery capacity.

2.4 De-escalated risk assessments

There is one risk that the Board is asking to approve for de-escalation from the Trust Risk Register:

- 15143: Radiotherapy Planning CT scanners are nearing their end of useful life. This equipment will not have service/maintenance support after March 2020.

2.5 Closed risks

No risks have been closed during this period although risks remain on the recovery plan as agreed in April Board meeting.








3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	The high risk areas considered to have an impact on quality and safety are identified in the Trust Risk Register
RELATED HEALTHCARE STANDARD	Safe Care
	The related healthcare standard will vary for each risk identified on the Trust Risk Register.
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
	The high risk areas considered to have an impact on equality are identified in the Trust Risk Register
LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The high risk areas may have legal implications and will be identified on the Trust Risk Register
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Financial risk will vary for each individual risk reported on the Trust Risk Register In addition there have been resources allocated to support the risk framework development work over the coming months – scoping completed and tender will be progressed

4. RECOMMENDATION

The Trust Board is asked to **APPROVE** the Trust Risk Register and the actions status of individual risks.

VUNHST Risk Register June 2020

Risk Domain	Risk Ref	Summary of Risk	Risk Appetite	Initial Score	Current Score	Target Score	Last Review	Next Review	Scrutiny Committee – Updated to reflect interim Committee Structure during COVID-19 Response Period	Lead Director
Quality	15770	Implications of Coronavirus disease (COVID-19) outbreak to the patients, staff and operations of the Trust	Low	25 Date risk identified April 2020	16 Risk score remains the same 	12	26/05/20	July 2020	Board	Chief Executive Officer
	10451	The continued failure to replace the existing WTAIL IT systems means there is a significant, ongoing risk that both current and future requests to deliver new WTAIL services will not be able to be supported and that, ultimately, WTAIL will be unable to delivery critical service modernisation that will meet service user expectations, presenting both a financial and reputational risk to the Trust if alternative service provision had to be provided	Nil	12 Date risk identified January 2018	20 Risk score remains the same 	6	22/05/20	June 2020	Board	Director of Welsh Blood Service
Reputation and Public Confidence	10415	Achieving the proposed timescales for the opening of the new Velindre Cancer Centre (nVCC).	Nil	16 Date risk identified December 2016	16 Risk score remains the same 	8	26/05/20	July 2020	TCS Scrutiny Committee	New Velindre Cancer Hospital Project Director
	10416	Non delivery of the expected benefits from the Transforming Cancer Services Programme (TCS).	Nil	16 Date risk identified January 2016	16 Risk score remains the same 	9	26/05/20	July 2020	TCS Scrutiny Committee	Director of Strategic Transformation, Planning and Digital
	13819	The potential impact on staff wellbeing during the change process of the WBS Blood Supply Chain 2020 Programme.	Nil	20 Date risk identified July 2017	12 Risk score remains the same 	6	26/05/20	July 2020	Board	Director of Welsh Blood Service
Workforce & OD	14861	Achieving compliance against the new Welsh Language Standards (under the Welsh Language (Wales) Measure 2011) within the timescales set by the Welsh Language Commissioner.	Nil	20 Date risk identified October 2018	12 Risk score remains the same 	4	26/05/20	July 2020	Board	Executive Director WF&OD
Compliance	14860	Brexit – Disruption, delays or inability to provide full range of treatments and services if the government fails to achieve a withdrawal agreement when the UK leaves the EU.	Nil	16 Date risk identified Octobe 2018	8 Risk score remains the same 	3	26/05/20	July 2020	Board	Director of Strategic Transformation, Planning and Digital
	16006	Deficiencies in compartmentation (fire-resisting construction, fire doors and fire dampers) – Velindre Cancer Centre	Nil	15 Date risk identified May 2020	15 Risk score remains the same	9	26/05/20	July 2020	Board	Director of Strategic Transformation, Planning and Digital

VUNHST Risk Register June 2020

Performance & Service Sustainability	15143 Risk Deescalated	Radiotherapy Planning CT scanners are nearing their end of useful life. This equipment will not have service/maintenance support after March 2020.	High	25 Date risk identified Jan 2019	6 Risk score reduced June 2020 ↓	1	26/05/20	July 2020	Board	Chief Operating Officer
Finance	16005	The total quantum for funding for addressing Covid-19 across Wales remains fluid and uncertain. There is a risk that the organisation's operational cost of addressing the pandemic cannot be contained within available funding resulting in a potential breach of the planned outturn for 2020-21	NIL	12 Date risk identified June 2020	12 Risk score remains the same	4	26/05/20	July 2020	Board	Director of Finance
Health & Safety	16080 NEW RISK	Lack of mechanical ventilation at the VCC site (including in-patient ward areas)	Low	12 Date risk identified June 2020	New risk	4	19/06/20	July 2020	Board	Director of Strategic Transformation, Planning and Digital
	16081 NEW RISK	There is a risk that staff could contract COVID-19 in their working environment as a result of poor social distancing or hygiene levels & Secondly there is a risk that social distancing measures will impact on site utilisation and subsequently service delivery capacity.	Low	16 Date risk identified June 2020	New risk	8	19/06/20	July 2020	Board	Chief Operating Officer

Quality	13614	The availability of sufficient consultant capacity to fulfil medical resource requirements for the service.	Nil	16 Date risk identified Nov 2017	Risk in Recovery Plan	4	21/04/20	May 2020	Medical Director	Risk assessment current paused, as currently being managed within the operation as part of the incident response. Capacity and demand planning will facilitate the continued assessment of this as we move into Recovery Phase.
Performance & Service Sustainability	5808	Insufficient radiotherapy capacity at VCC to meet demand.	Nil	16 Date risk identified July 2019	Risk in Recovery Plan	4	21/04/20	May 2020	Chief Operating Officer	Risk assessment current paused, as currently being managed within the operation as part of the incident response. Capacity and demand planning will facilitate the continued assessment of this as we move into Recovery Phase.
	15713	Potential overcrowding of outpatient department	Nil	16 Date risk identified Feb 2020	Risk in Recovery Plan	6	21/04/20	May 2020	Chief Operating Officer	Risk assessment current paused, as currently being managed within the operation as part of the incident response. Capacity and demand planning will facilitate the continued assessment of this as we move into Recovery Phase.

Risk Domain: Quality Risk Ref: 15770			Director Lead: Chief Executive Assuring Committee: Board																					
Risk: Implications of Coronavirus disease (COVID-19) outbreak to the patients, staff and operations of the Trust			Date Added to Register: 21/04/2020		Date Last Reviewed by Trust Board: 04/06/2020																			
<div><div>Risk Rating (impact x likelihood)</div><table><tr><td>Initial</td><td>5x5</td><td>25</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>3x4</td><td>12</td></tr></table><div>Risk Appetite: Low</div></div> <div><div>Risk Rating</div><table><caption>Risk Rating Data</caption><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr><tr><td>Apr-20</td><td>25</td><td>12</td></tr><tr><td>May-20</td><td>16</td><td>12</td></tr><tr><td>Jun-20</td><td>16</td><td>12</td></tr></table></div>		Initial	5x5	25	Current	4x4	16	Target	3x4	12	Month	Risk Rating	Target	Apr-20	25	12	May-20	16	12	Jun-20	16	12	<div><div>Rationale for current score</div><div>In April’s assessment the rationale for the score was that the Trust was in an initial period of a whole organisation and system response focused on tackling one of the most significant risks to world healthcare for generations. However, during May and June, there has been significant progress made on operationalising the control environment and actions required to both reduce the likelihood and impact of the risk at Trust level.</div></div> <div><div>Rationale for target score</div><div>Modelling suggests the impact will be evident for at least 18 months, however, with the maturing of the control environment and continued focused management, aiming to continue to reduce the impact to moderate over the long-term</div></div> <div><div>Groups discussed risk during period</div><div>Executive Management Board 16/6/2020</div></div>	
Initial	5x5	25																						
Current	4x4	16																						
Target	3x4	12																						
Month	Risk Rating	Target																						
Apr-20	25	12																						
May-20	16	12																						
Jun-20	16	12																						
What controls have we put in place for the risk:			What actions should we take: Focus over the next period:																					
<div><div>Controls articulated in original assessment in April</div><div><div>Incident Response Structure</div><ul style="list-style-type: none">Planning for the response in three key phases: 1. Preparation; 2. Acute; and 3. Recovery and reactivationMission and priorities set and communicated and engagement with all staffManagement structure implemented: Gold strategic command; Silver tactical command; and Bronze operational command</div><div><div>Clinical model</div><ul style="list-style-type: none">Blood and transplant services: implemented a new collecting model based around a smaller number of larger sites on rotation to ensure we have sufficient blood, transplant and commercial products to support our partnersCancer services:<ul style="list-style-type: none">Implemented a new clinical quality operating framework and clinical protocols to support clinicians/ healthcare professionals in decision-makingEngagement with local Health Boards and</div></div>		<div><div>Progress made on operationalising control environment to date</div><div>Controls designed, implemented and operating effectively</div></div>	<table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>System Clinical model: Further engagement and decisions managed, as appropriate, on our continued broader role within cancer services with Local health Boards and Welsh Government</td><td>JA</td><td>Update end July 2020 On-going engagement</td></tr><tr><td>Planning & Information: Developing a one-year plan, which will identify demand and capacity requirements through the preparation, peak and recovery stages of the COVID-19 response. This will allow us to take actions to secure additional capacity to support us, e.g. additional staff, facilities</td><td>CJ</td><td>Update end July 2020 On-going – update: - including capacity risks linked to social distancing, testing strategy and winter planning</td></tr><tr><td>Effective operation of Test, Track and Protect in the context of the Trust’s accountability for staff, patients and donors</td><td>JA</td><td>Update end June 2020</td></tr></table>			Action	Lead	Date	System Clinical model: Further engagement and decisions managed, as appropriate, on our continued broader role within cancer services with Local health Boards and Welsh Government	JA	Update end July 2020 On-going engagement	Planning & Information: Developing a one-year plan, which will identify demand and capacity requirements through the preparation, peak and recovery stages of the COVID-19 response. This will allow us to take actions to secure additional capacity to support us, e.g. additional staff, facilities	CJ	Update end July 2020 On-going – update: - including capacity risks linked to social distancing, testing strategy and winter planning	Effective operation of Test, Track and Protect in the context of the Trust’s accountability for staff, patients and donors	JA	Update end June 2020							
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Effective operation of Test, Track and Protect in the context of the Trust’s accountability for staff, patients and donors	JA	Update end June 2020																						

Welsh Government on our broader role for cancer services			
Providing kit, equipment and medicines <ul style="list-style-type: none"> Developed guidance which provides staff with the clarity they need about what equipment/ PPE is required to remain safe System approach established with NHS Wales and NHS Shared Services to secure the required PPE to deliver care. Tracking mechanisms established and governed Worked with pharmaceutical/ industry to secure the supply chain for medicines and other products 	Controls designed, implemented and operating effectively	<ul style="list-style-type: none"> Continued effective operation of PPE cell. Continued effective reporting and monitoring of key data. 	
Supporting staff with their health and well-being <ul style="list-style-type: none"> Identified staff who are in the 'high-risk/ vulnerable category' and supporting them in shielding Identified staff who can work from home and provided them with the technology to enable this Established hubs for HR support and re-deployment Enhanced the range of well-being/ support service available to staff e.g. psychological services 	Controls designed, implemented and operating effectively	<ul style="list-style-type: none"> On-going monitoring of high risk staff definitions and associated guidance for ways of working. Model of well-being and support effective for the longer recovery plan period. 	
Governance <ul style="list-style-type: none"> Focused Governance structures at Board and Executive level to ensure focused management, oversight and clear public scrutiny of the Trust's response Decision making framework for both clinical and operational decisions, focused on quality, impact on staff and public confidence, and accountability levels aligned to impact and into the incident response management structures Governance recovery phase planning completed and associated structure agreed to manage 	Controls designed, implemented and operating effectively	<ul style="list-style-type: none"> Continued development of effective governance arrangements at both Executive and Board levels. 	
Additional Comments: n/a			

Risk Domain: Quality Risk Ref: 10451	Executive Lead: Director of Welsh Blood Service Assuring Committee: Digital & IG Committee	
Risk: As a result of the continued failure to replace the existing WTAIL IT systems, there is a significant ongoing risk that current and future requests to deliver new WTAIL services will not be able to be supported. Ultimately, WTAIL will be unable to delivery critical service modernisation that will meet service user expectations both a financial and reputational risk to the Trust if alternative service provision had to be provided. Failure to deliver an all Wales LIMS solution does not represent any significant risk to patient safety at present	Date Added to Register: 16/01/2018	Date Last Reviewed by Trust Board: 04/06/2020

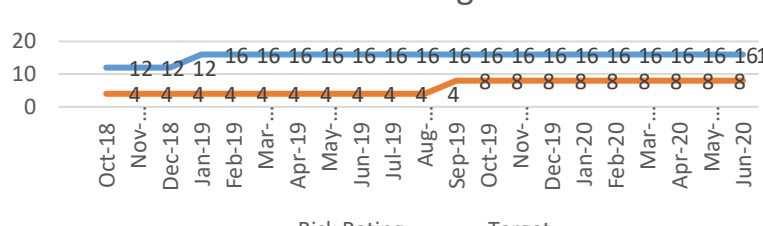
Risk Rating (impact x likelihood)			Rationale for current score	Rationale for target score	Groups reviewed risk during period
Initial	4 x 3	12	The continued failure to replace the existing WTAIL IT systems means there is a significant, ongoing risk, that both current and future requests to deliver new WTAIL services will not be able to be supported. This could ultimately mean, WTAIL will be unable to deliver critical service modernisation that will meet service user expectations. This may necessitate users seeking alternative suppliers of these services presenting both a financial and reputational risk to the Trust	Next steps to be formally agreed in writing with NWIS and Supplier post-COVID-19.	WBS SMT / Executive Management Board 16/6/2020
Current	5 x 5	20			
Target	3 x 2	6			
Risk Appetite: None			Due to ongoing expectation that a replacement system will be delivered, the current system has been subject to limited development only (e.g. regulatory changes) for a number of years. The ability to deliver service improvements and introduce new technologies has been restricted due to the outdated nature of the current WTAIL IT platform. Furthermore, a series of manual workarounds have been introduced to ensure continued service delivery. Whilst this does not introduce clinical risk, the cumulative effect of an increasing number of manual workarounds greatly increases the risk of human / operational error. Lack of system configurability and adaptability constrains service ability to respond to external changes to service delivery requirements		

Risk Rating

Month	Risk Rating	Target
Nov-18	12	4
Dec-18	12	4
Jan-19	16	4
Feb-19	16	4
Mar-19	16	4
Apr-19	16	4
May-19	16	4
Jun-19	16	4
Jul-19	16	4
Aug-19	16	4
Sep-19	16	4
Oct-19	16	4
Nov-19	16	4
Dec-19	16	4
Jan-20	16	4
Feb-20	20	4
Mar-20	20	4
Apr-20	20	4
May-20	20	4
Jun-20	20	6

What controls have we put in place for the risk: <ul style="list-style-type: none">• Initiate escalation to NWIS in respect of delayed project delivery.• New ways of working agreed with supplier in Feb 2019. Specification for outstanding software development agreed.• Updated Correction Plan agreed between NWIS and supplier.• Twice-weekly ‘scrums’ have been established to monitor progress through ongoing software development, testing and validation phases.• Development sprint 5-7 delivered July 2019. Gap developments 5 (of 7) deployed early through September 2019 to January 2020. Informal user testing ongoing.• Regular on-site (WBS) and Skype-based supplier / SME workshops to discuss progress and review newly-delivered functionality. Supplier has consistently struggled to fully resource this requirement for additional on-site workshops.• Monthly meetings of WTAIL Project Board to monitor progress.• Bi-monthly updates supplied National Pathology Board.• Recruitment of 2 WTAIL SMEs ring fenced for WTAIL project from April 2019 - completed.	What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Progress escalation with NWIS to agree ‘next steps’ with a target of completing a complete review in August.</td><td>Interim Director, WBS</td><td>August 2020</td></tr><tr><td>Supplier to ensure outstanding software development is delivered to enable UAT by 31/12/2019.</td><td>Interim Director, WBS</td><td>Delayed to March 2020 – target missed. Revised date TBC due to COVID-19.</td></tr><tr><td>WTAIL Subject Matter Experts to support ongoing software delivery through informal testing of system. (Dependant on completion of all software development activities)</td><td>Interim Director, WBS</td><td>Delayed (see above)</td></tr></table>	Action	Lead	Date	Progress escalation with NWIS to agree ‘next steps’ with a target of completing a complete review in August.	Interim Director, WBS	August 2020	Supplier to ensure outstanding software development is delivered to enable UAT by 31/12/2019.	Interim Director, WBS	Delayed to March 2020 – target missed. Revised date TBC due to COVID-19.	WTAIL Subject Matter Experts to support ongoing software delivery through informal testing of system. (Dependant on completion of all software development activities)	Interim Director, WBS	Delayed (see above)
Action	Lead	Date											
Progress escalation with NWIS to agree ‘next steps’ with a target of completing a complete review in August.	Interim Director, WBS	August 2020											
Supplier to ensure outstanding software development is delivered to enable UAT by 31/12/2019.	Interim Director, WBS	Delayed to March 2020 – target missed. Revised date TBC due to COVID-19.											
WTAIL Subject Matter Experts to support ongoing software delivery through informal testing of system. (Dependant on completion of all software development activities)	Interim Director, WBS	Delayed (see above)											
Additional Comments: n/a													

Risk Domain: Reputation and Public Confidence Risk Ref: 10415	Director Lead: nVCC Project Director Assuring Committee: TSC Scrutiny Committee
Risk: Achieving the proposed timescales for the opening of the new Velindre Cancer Centre (nVCC).	Date Added to Register: 30/12/16 Date Last Reviewed by Trust Board: 04/06/2020

<div><div>Risk Rating (impact x likelihood)</div><table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td></td><td>8</td></tr></table><div>Risk Appetite: Nil</div></div> <div><div>Risk Rating</div></div>	Initial	4x4	16	Current	4x4	16	Target		8	<div>Rationale for current score</div> <div>A preferred route of access to the nVCC site is yet to be finalised and approved, which presents a risk to the delivery of the nVCC Project within previously anticipated timescales. In addition the OBC is yet to be formally approved by the Welsh Government.</div>	<div>Rationale for target score</div> <div>The risk appetite is nil due to the high level of public and commissioner and Welsh Government interest in the nVCC Project.</div>	<div>Groups discussed risk during period</div> <div>Executive Management Board 16/6/2020</div>									
Initial	4x4	16																			
Current	4x4	16																			
Target		8																			
<div>What controls have we put in place for the risk:</div> <div><div>Planning and reporting</div><ul style="list-style-type: none">Programme Plan agreed with change control and tolerances set and reporting framework in place with associated escalation criteria linked to governance pathKey dependencies mapped with the Integrated Radiotherapy Project, which is governed through project plan, agreed resources and financial tolerances with procurementNot to exceed target cost agreed for the hospital and reporting in place<div>Framework</div><ul style="list-style-type: none">Legal and binding contract with commercial partner for access route and also optionality built into the next steps<div>Capability</div><ul style="list-style-type: none">Skills and capability built into each business case, which were complied with technical advisors and benchmarking exercise<div>Engagement</div><ul style="list-style-type: none">Effective engagement approach with Welsh Government and Commissioners</div> <div>Additional comments:</div>	<div>What actions should we take:</div> <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td colspan="3">The actions below have been impacted by COVID 19. Our current planning assumption is both actions will be completed by June 2020, particularly final versions of the Procurement Strategy and commercial and design specifications. This is subject to change due to current uncertainties with COVID 19 and the availability of Welsh Government officers to finalise OBC scrutiny.</td></tr><tr><td>Procurement strategy and commercial and design specifications to be agreed through internal governance</td><td>nVCC Project Director</td><td>July 2020</td></tr><tr><td>Secure WG approval for the OBC</td><td>nVCC Project Director</td><td>September 2020</td></tr><tr><td>Submission of planning applications for access and nVCC</td><td>nVCC Project Director</td><td>Complete</td></tr><tr><td>Clear messaging and addressing the concerns of the community through social media approach and engagement with key stakeholders</td><td>nVCC Project Director</td><td>August 2020</td></tr></table>			Action	Lead	Date	The actions below have been impacted by COVID 19. Our current planning assumption is both actions will be completed by June 2020, particularly final versions of the Procurement Strategy and commercial and design specifications. This is subject to change due to current uncertainties with COVID 19 and the availability of Welsh Government officers to finalise OBC scrutiny.			Procurement strategy and commercial and design specifications to be agreed through internal governance	nVCC Project Director	July 2020	Secure WG approval for the OBC	nVCC Project Director	September 2020	Submission of planning applications for access and nVCC	nVCC Project Director	Complete	Clear messaging and addressing the concerns of the community through social media approach and engagement with key stakeholders	nVCC Project Director	August 2020
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Risk Domain: Reputation and Public Confidence	Director Lead: Director of Strategic Transformation, Planning and Digital	
Risk Ref: 10416	Assuring Committee: TSC Scrutiny Committee	
Risk: Non-delivery of the expected benefits from the Transforming Cancer Services Programme (TCS).	Date Added to Register: 27/01/16	Date Last Reviewed by Trust Board: 04/06/2020

<div><div>Risk Rating (impact x likelihood)</div><table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td></td><td>9</td></tr></table><div>Risk Appetite: Nil</div></div> <div><div>Risk Rating</div><table><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Oct-18</td><td>16</td><td>9</td></tr><tr><td>Nov-18</td><td>16</td><td>9</td></tr><tr><td>Dec-18</td><td>16</td><td>9</td></tr><tr><td>Jan-19</td><td>16</td><td>9</td></tr><tr><td>Feb-19</td><td>16</td><td>9</td></tr><tr><td>Mar-19</td><td>16</td><td>9</td></tr><tr><td>Apr-19</td><td>16</td><td>9</td></tr><tr><td>May-19</td><td>16</td><td>9</td></tr><tr><td>Jun-19</td><td>16</td><td>9</td></tr><tr><td>Jul-19</td><td>16</td><td>9</td></tr><tr><td>Aug-19</td><td>16</td><td>9</td></tr><tr><td>Sep-19</td><td>16</td><td>9</td></tr><tr><td>Oct-19</td><td>16</td><td>9</td></tr><tr><td>Nov-19</td><td>16</td><td>9</td></tr><tr><td>Dec-19</td><td>16</td><td>9</td></tr><tr><td>Jan-20</td><td>16</td><td>9</td></tr><tr><td>Feb-20</td><td>16</td><td>9</td></tr><tr><td>Mar-20</td><td>16</td><td>9</td></tr><tr><td>Jun-20</td><td>16</td><td>9</td></tr></tbody></table></div>	Initial	4x4	16	Current	4x4	16	Target		9	Month	Risk Rating	Target	Oct-18	16	9	Nov-18	16	9	Dec-18	16	9	Jan-19	16	9	Feb-19	16	9	Mar-19	16	9	Apr-19	16	9	May-19	16	9	Jun-19	16	9	Jul-19	16	9	Aug-19	16	9	Sep-19	16	9	Oct-19	16	9	Nov-19	16	9	Dec-19	16	9	Jan-20	16	9	Feb-20	16	9	Mar-20	16	9	Jun-20	16	9	<div>Rationale for current score</div> <div>The TCS is a complex program with many projects running individually and concurrently. This may lead to individual projects failing to achieve deadlines, over-running or costs increasing.</div>	<div>Rationale for target score</div> <div>The risk appetite is nil due to the high level of public and commissioner interest in the programme and the potential benefits to all service users and other stakeholders.</div>	<div>Groups discussed risk during period</div> <div>Executive Management Board 16/6/2020</div>
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<div>What controls have we put in place for the risk:</div> <div>Planning and reporting</div> <ul style="list-style-type: none">Programme Delivery Board in place monitoring and managing programme within agreed controls and tolerancesMaster Programme in place with key deliverables, dependencies and milestone dates regularly updatedCo-joining of approach between service change and improvement today with future service planning <div>Framework</div> <ul style="list-style-type: none">Quantification of benefits as part of the TCS Programme Business CaseOptionality built into design to support to support an extent of flexibility depending on the outcomes of Project 6 in respect of target operating model <div>Engagement</div> <ul style="list-style-type: none">Joint approach with Economic Division of the Welsh Government to identify benefitsPrincipal role in Collaborative Cancer Leadership Group to both define system benefits and ensure timely decision making to support benefit realisationComprehensive staff engagement programme	<div>What actions should we take:</div> <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Refresh of the Programme Business Case which will include review of benefits realisation scope, with appropriate updates for changing context of aspects such as: Well-being Future Generations Act; Socio-economic duty; and sustainability</td><td>Director of Transformation, Planning and Digital</td><td rowspan="5">Dates will be reviewed in line with the re-planning work across the the programme</td></tr><tr><td>Review process for tracking benefit realisation and associated reporting tolerances</td><td>Director of Transformation, Planning and Digital</td></tr><tr><td>Formally align Programme to South East Wales Planning Forum</td><td>Director of Transformation, Planning and Digital</td></tr><tr><td>Assessment of capability and capacity of programme resource requirements alongside BAU and service development and operational resource requirements, including dependency analysis and agreement of ways of working</td><td>Chief Operating Officer & Director of Transformation, Planning and Digital</td></tr><tr><td>Review of scope, timing and approach to target operating model work in project 6 and it's alignment with immediate service development and service improvement</td><td>Chief Operating Officer. Director Service Transformation & Director of Transformation, Planning and Digital</td></tr></table>			Action	Lead	Date	Refresh of the Programme Business Case which will include review of benefits realisation scope, with appropriate updates for changing context of aspects such as: Well-being Future Generations Act; Socio-economic duty; and sustainability	Director of Transformation, Planning and Digital	Dates will be reviewed in line with the re-planning work across the the programme	Review process for tracking benefit realisation and associated reporting tolerances	Director of Transformation, Planning and Digital	Formally align Programme to South East Wales Planning Forum	Director of Transformation, Planning and Digital	Assessment of capability and capacity of programme resource requirements alongside BAU and service development and operational resource requirements, including dependency analysis and agreement of ways of working	Chief Operating Officer & Director of Transformation, Planning and Digital	Review of scope, timing and approach to target operating model work in project 6 and it's alignment with immediate service development and service improvement	Chief Operating Officer. Director Service Transformation & Director of Transformation, Planning and Digital																																																							
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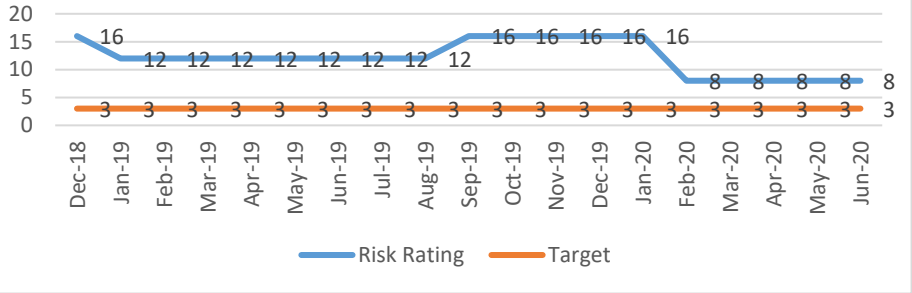
Risk Domain: Workforce & OD Risk Ref: 13819	Director Lead: Director of Welsh Blood Service Assuring Committee: Board
Risk: The potential impact on staff wellbeing during the change process of the WBS Blood Supply Chain 2020 Programme.	Date Added to Register: 18/07/17 Date Last Reviewed by Trust Board: 04/06/2020

<div><div>Risk Rating</div><div>(impact x likelihood)</div><table><tr><td>Initial</td><td>4x5</td><td>20</td></tr><tr><td>Current</td><td>3x4</td><td>12</td></tr><tr><td>Target</td><td>2x3</td><td>6</td></tr></table><div>Risk Appetite:</div><div>Nil</div></div> <div><div>Risk Rating</div><table><thead><tr><th>Date</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Sep-18</td><td>20</td><td>6</td></tr><tr><td>Oct-18</td><td>12</td><td>6</td></tr><tr><td>Nov-18</td><td>12</td><td>6</td></tr><tr><td>Dec-18</td><td>12</td><td>6</td></tr><tr><td>Jan-19</td><td>12</td><td>6</td></tr><tr><td>Feb-19</td><td>12</td><td>6</td></tr><tr><td>Mar-19</td><td>12</td><td>6</td></tr><tr><td>Apr-19</td><td>12</td><td>6</td></tr><tr><td>May-19</td><td>12</td><td>6</td></tr><tr><td>Jun-19</td><td>12</td><td>6</td></tr><tr><td>Jul-19</td><td>12</td><td>6</td></tr><tr><td>Aug-19</td><td>12</td><td>6</td></tr><tr><td>Sep-19</td><td>12</td><td>6</td></tr><tr><td>Oct-19</td><td>12</td><td>6</td></tr><tr><td>Nov-19</td><td>12</td><td>6</td></tr><tr><td>Dec-19</td><td>12</td><td>6</td></tr><tr><td>Jan-20</td><td>12</td><td>6</td></tr><tr><td>Feb-20</td><td>12</td><td>6</td></tr><tr><td>Mar-20</td><td>12</td><td>6</td></tr><tr><td>Apr-20</td><td>12</td><td>6</td></tr><tr><td>May-20</td><td>12</td><td>6</td></tr><tr><td>Jun-20</td><td>12</td><td>6</td></tr></tbody></table></div>	Initial	4x5	20	Current	3x4	12	Target	2x3	6	Date	Risk Rating	Target	Sep-18	20	6	Oct-18	12	6	Nov-18	12	6	Dec-18	12	6	Jan-19	12	6	Feb-19	12	6	Mar-19	12	6	Apr-19	12	6	May-19	12	6	Jun-19	12	6	Jul-19	12	6	Aug-19	12	6	Sep-19	12	6	Oct-19	12	6	Nov-19	12	6	Dec-19	12	6	Jan-20	12	6	Feb-20	12	6	Mar-20	12	6	Apr-20	12	6	May-20	12	6	Jun-20	12	6	<div><div>Rationale for current score</div><div>Risk reviewed at EMB and score reduced to 12.</div><div>There is a risk that the organisation may see an increase in workforce related issues (sickness absence, staff grievances etc). As the WBS move through the Organisational Change Policy process across Laboratories & Collections.</div></div> <div><div>Rationale for target score</div><div>Risk appetite is nil.</div><div>This is a significant change programme for the service requiring early staff engagement and consultation to alleviate individual staff concerns.</div><div>Robust change control should mitigate any adverse impact on staff and the service.</div></div> <div><div>Groups reviewed risk during period</div><div>Executive Management Board 16/6/2020</div></div>
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Risk Domain: Compliance Risk Ref: 14861	Director Lead: Executive Director WF&OD Assuring Committee: Board
Risk: Achieving compliance against the new Welsh Language Standards (under the Welsh Language (Wales) Measure 2011) within the timescales set by the Welsh Language Commissioner.	Date Added to Register: 17/10/18 Date Last Reviewed by Trust Board: 04/06/2020

<div><div><div>Risk Rating</div><div>(impact x likelihood)</div><table><tr><td>Initial</td><td>4x5</td><td>20</td></tr><tr><td>Current</td><td>3x4</td><td>12</td></tr><tr><td>Target</td><td>2x2</td><td>4</td></tr></table><div>Risk Appetite:</div><div>Nil</div></div></div> <div><div><div>Risk Rating</div><table><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Jan-19</td><td>20</td><td>4</td></tr><tr><td>Feb-19</td><td>20</td><td>4</td></tr><tr><td>Mar-19</td><td>12</td><td>4</td></tr><tr><td>Apr-19</td><td>12</td><td>4</td></tr><tr><td>May-19</td><td>12</td><td>4</td></tr><tr><td>Jun-19</td><td>12</td><td>4</td></tr><tr><td>Jul-19</td><td>12</td><td>4</td></tr><tr><td>Aug-19</td><td>12</td><td>4</td></tr><tr><td>Sep-19</td><td>12</td><td>4</td></tr><tr><td>Oct-19</td><td>12</td><td>4</td></tr><tr><td>Nov-19</td><td>12</td><td>4</td></tr><tr><td>Dec-19</td><td>12</td><td>4</td></tr><tr><td>Jan-20</td><td>12</td><td>4</td></tr><tr><td>Feb-20</td><td>12</td><td>4</td></tr><tr><td>Mar-20</td><td>12</td><td>4</td></tr><tr><td>Apr-20</td><td>12</td><td>4</td></tr><tr><td>May-20</td><td>12</td><td>4</td></tr><tr><td>Jun-20</td><td>12</td><td>4</td></tr></tbody></table></div></div>	Initial	4x5	20	Current	3x4	12	Target	2x2	4	Month	Risk Rating	Target	Jan-19	20	4	Feb-19	20	4	Mar-19	12	4	Apr-19	12	4	May-19	12	4	Jun-19	12	4	Jul-19	12	4	Aug-19	12	4	Sep-19	12	4	Oct-19	12	4	Nov-19	12	4	Dec-19	12	4	Jan-20	12	4	Feb-20	12	4	Mar-20	12	4	Apr-20	12	4	May-20	12	4	Jun-20	12	4	<div>Rationale for current score</div> <div>EMB agreed risk is escalated to Trust risk register but reduced score to 12 on 17th July 2019. The Welsh Language (Wales) measure 2011 introduced the need for Welsh Language standards to be placed on the NHS (round 2 of Standards). The Trust is not currently compliant with a number of the Standards.</div>	<div>Rationale for target score</div> <div>The Trust will need to comply with the Standards to ensure a fully bilingual service for patients and users.</div>	<div>Groups reviewed risk during period</div> <div>Executive Management Board 16/6/2020</div>
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<div><div>What controls have we put in place for the risk:</div><div><ul style="list-style-type: none">Impact assessment being completed against each of the WL Standards to enable prioritisation and risk management resulting in compliance;WL Commissioner monitors delivery against the Trust WL Scheme and provides feedback;WL Steering group in place to identify and monitor Trust WL priorities;Bilingual skills strategy in place;Managers guidance developed to ensure new posts assess WL requirements;WL Scheme in place;WL Steering group in place to identify and monitor Trust WL prioritiesBilingual skills strategy in place;Local arrangements in place to capture language choice in some areas.</div></div>	<div><div>What actions should we take:</div><table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Ongoing education and communication with key personnel required to ensure compliance against key areas across the Trust and its divisions (most notably: websites, intranet sites, telephony systems and HR/workforce)</td><td>Asst Director of OD /WL officer</td><td>Extended to Sept 2020 due to Covid 19</td></tr><tr><td>Develop and Monitor compliance action plan with SMT's in VCC/WBS to produce compliance report to support the Corporate action plan focusing on patient/donor areas</td><td>Asst Dir of OD/WL officer</td><td>Extended to Sept 2020 due to Covid 19</td></tr><tr><td>Update on compliance and action to EMB</td><td>Asst Director of OD/WL officer</td><td>Extended to Sept 2020 due to Covid 19</td></tr></tbody></table></div>			Action	Lead	Date	Ongoing education and communication with key personnel required to ensure compliance against key areas across the Trust and its divisions (most notably: websites, intranet sites, telephony systems and HR/workforce)	Asst Director of OD /WL officer	Extended to Sept 2020 due to Covid 19	Develop and Monitor compliance action plan with SMT's in VCC/WBS to produce compliance report to support the Corporate action plan focusing on patient/donor areas	Asst Dir of OD/WL officer	Extended to Sept 2020 due to Covid 19	Update on compliance and action to EMB	Asst Director of OD/WL officer	Extended to Sept 2020 due to Covid 19																																																						
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<div><div>Additional Comments:</div><div>The risk assessment relates to all services delivered by Velindre UNHST. Hosted organisations have a duty to comply with the WL Standards, with the accountable Officer being the CEO Velindre UNHST. Local assessments will be undertaken within the hosted organisations. Corporate action developed, updated on progress to EMB in Dec</div></div>																																																																					

Risk Domain: Performance & Service Sustainability Risk Ref: 14860		Director Lead: Director of Strategic Transformation, Planning and Digital Assuring Committee: Board	
Risk: Brexit– Disruption, delays or inability to provide full range of treatments and services if the government fails to achieve a withdrawal agreement when the UK leaves the EU.		Date Added to Register: 17/10/18	Date Last Reviewed by Trust Board: 04/06/2020

<div><div><div>Risk Rating</div><div>(impact x likelihood)</div><table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td>Current</td><td>4x2</td><td>8</td></tr><tr><td>Target</td><td>3x1</td><td>3</td></tr></table><div>Risk Appetite:</div><div>Nil</div></div></div> <div><div><div>Risk Rating</div></div></div>	Initial	4x4	16	Current	4x2	8	Target	3x1	3	<div>Rationale for current score</div> <div>Risk originally scored 16, requested to reduce score to 12 at February 2019 Score reduced further to 8 in February 2020. On 23/01/2020, The UK’s EU Withdrawal bill became law. The UK officially left the EU on 31/01/2020. An 11-month transition phase will run to 31/12/2020. This risk position and impact will be reviewed throughout the transition period, as and when the key milestones are reached. The current risk score remains at a risk rating of 8. Contingency arrangements to minimise the effects of disruption will be maintained for the immediate future & reviewed and revised following consultation with WG recommendations.</div>	<div>Rationale for target score</div> <div>Risk appetite is Nil and the Trust objective would be to maintain services at the level pre Brexit.</div>	<div>Groups reviewed risk during period</div> <div>Executive Management Board 16/6/2020</div>				
Initial	4x4	16														
Current	4x2	8														
Target	3x1	3														
<div>What controls have we put in place for the risk:</div> <div><div>1. The UK Government is putting in place plans to ensure the supply of medical devices and clinical consumables.</div><div>2. Divisional risk assessments undertaken and regularly reviewed.</div><div>3. WBS – MOU’s with UK & Ireland Blood establishments (extended to include consumables and blood components).</div><div>4. The current OJEU legislation of fairness, transparency and equal treatment will prevail. The engagement with EU entities will largely depend on the content of any trade agreements that are negotiated with the EU.</div><div>5. Fixed price agreements.</div><div>6. Workforce planning (Staff supported to apply for settled status).</div><div>7. Public Contract Regulations.</div><div>8. All Wales procurement services provided by NWSSP.</div><div>9. Management action plan being redrafted to reflect current understanding of risk profile.</div><div>10. Discussions and agreement at UK level on blood and transplantation mutual aid principle agreed for blood products and consumables.</div><div>11. Work ongoing on supply chain at VCC.</div><div>12.Contingency exercises planning events have taken in place for WBS, VCC, NWIS and NWSSP.</div><div>13.Review of critical supplier lists within both service divisions completed.</div><div>14.Undertake/review departmental Business Impact Analysis to identify key risk areas within both service divisions completed.</div><div>15.Services have identified range of contacts with EU suppliers and assessed delivery confidence.</div><div>16.Review contracts and discuss critical impact points with individual suppliers and contractors.</div><div>17.Website launched with internal / external information for patients/donors/partners and staff on issues related to Brexit.</div><div>18.Maximised critical inventory stock</div></div> <td><div>What actions should we take:</div><table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Monitor and review position within Velindre UNHS Trust BC meetings</td><td>Director VCC & WBS</td><td>On-going</td></tr><tr><td>Continued engagement in UK groups.</td><td>Director VCC & WBS</td><td>On-going</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table></td>	<div>What actions should we take:</div> <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Monitor and review position within Velindre UNHS Trust BC meetings</td><td>Director VCC & WBS</td><td>On-going</td></tr><tr><td>Continued engagement in UK groups.</td><td>Director VCC & WBS</td><td>On-going</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Action	Lead	Date	Monitor and review position within Velindre UNHS Trust BC meetings	Director VCC & WBS	On-going	Continued engagement in UK groups.	Director VCC & WBS	On-going						
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<p>19. Review of critical equipment maintenance programmes.</p> <p>20. Joint Professional Advisory Committee will consider derogations to Regulations if critical supply chain issues arise.</p> <p>21. HTA produced statutory instrument for import and export of tissues and cells.</p>	
<p>Additional Comments:</p> <p>1. VCC and WBS have completed full risk assessments; under regular review as more information becomes available.</p> <p>2. The hosted organisations have completed risk assessments. Under regular review as more information becomes available.</p> <p>3. Regular meetings of the Trust Brexit Steering Group and engagement in national groups continues.</p>	

Proposed to be De-Escalated from the Trust Board Risk Register

Risk Domain: Performance & Service Sustainability	Executive Lead: Chief Operating Officer	
Risk Ref: 15143	Assuring Committee: Board	
Risk: Radiotherapy Planning CT scanners are nearing their end of useful life. This equipment will not have service / maintenance support after March 2019.	Date Added to Register: 22.01.2019	Date Last Reviewed by Trust Board: 04/06/2020

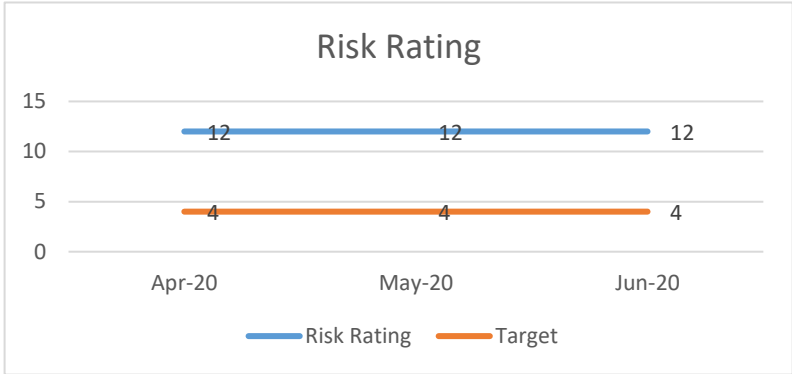
<div>Risk Rating</div> <div>(impact x likelihood)</div> <table><tr><td>Initial</td><td>5x5</td><td>25</td></tr><tr><td>Current</td><td>3x2</td><td>6</td></tr><tr><td>Target</td><td>1x1</td><td>1</td></tr></table> <div>Risk Appetite:</div> <div>Low</div>	Initial	5x5	25	Current	3x2	6	Target	1x1	1	<div>Risk Rating</div> <table><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Jan-19</td><td>25</td><td>1</td></tr><tr><td>Feb-19</td><td>25</td><td>1</td></tr><tr><td>Mar-19</td><td>25</td><td>1</td></tr><tr><td>Apr-19</td><td>25</td><td>1</td></tr><tr><td>May-19</td><td>25</td><td>1</td></tr><tr><td>Jun-19</td><td>16</td><td>1</td></tr><tr><td>Jul-19</td><td>16</td><td>1</td></tr><tr><td>Aug-19</td><td>16</td><td>1</td></tr><tr><td>Sep-19</td><td>16</td><td>1</td></tr><tr><td>Oct-19</td><td>16</td><td>1</td></tr><tr><td>Nov-19</td><td>16</td><td>1</td></tr><tr><td>Dec-19</td><td>16</td><td>1</td></tr><tr><td>Jan-20</td><td>16</td><td>1</td></tr><tr><td>Feb-20</td><td>16</td><td>1</td></tr><tr><td>Mar-20</td><td>16</td><td>1</td></tr><tr><td>Apr-20</td><td>16</td><td>1</td></tr><tr><td>May-20</td><td>16</td><td>1</td></tr><tr><td>Jun-20</td><td>16</td><td>1</td></tr></tbody></table>	Month	Risk Rating	Target	Jan-19	25	1	Feb-19	25	1	Mar-19	25	1	Apr-19	25	1	May-19	25	1	Jun-19	16	1	Jul-19	16	1	Aug-19	16	1	Sep-19	16	1	Oct-19	16	1	Nov-19	16	1	Dec-19	16	1	Jan-20	16	1	Feb-20	16	1	Mar-20	16	1	Apr-20	16	1	May-20	16	1	Jun-20	16	1	<div>Rationale for current score</div> <div>Risk reviewed. The replacement programme has progressed to a stage where the first replacement is in commissioning stage meaning two operational machines with the second replacement due in August. This creates a sustainable service provision. There is still a residual risk as the original CT2 is at end of life but still functioning.</div>	<div>Rationale for target score</div> <div>Low risk appetite and work ongoing to complete full replacement</div>	<div>Groups that reviewed risk during period</div> <div>Executive Management Board 16/6/2020</div>
Initial	5x5	25																																																																				
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<div>What controls have we put in place for the risk:</div> <div><ul style="list-style-type: none">Contingency plan outlining alternative plan and location where local patients can be scanned by CT scanner in the event of VCC being able to provide this service.Business case approved and procurement commenced for replacement equipment with adequate service level agreement attached. Project plan and timescales were delivered by required deadline(end of December 2019)</div>	<div>What actions should we take:</div> <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>New CT being delivered on June 18th 2020. Commissioning timelines still to be confirmed to 'go live' provisionally 10th August 2020.</td><td>Director VCC</td><td>August 2020</td></tr></table>			Action	Lead	Date	New CT being delivered on June 18th 2020. Commissioning timelines still to be confirmed to 'go live' provisionally 10th August 2020.	Director VCC	August 2020																																																													
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Risk Domain: Compliance Risk Ref: 16006	Director Lead: Director of Strategic Transformation, Planning and Digital Assuring Committee:	
Risk: Deficiencies in compartmentation (fire-resisting construction, fire doors and fire dampers) – Velindre Cancer Centre	Date Added to Register: 26.05.2020	Date Last Reviewed by Trust Board: 04/06/2020

<div><div>Risk Rating (impact x likelihood)</div><table><tr><td>Initial</td><td>5x3</td><td>15</td></tr><tr><td>Current</td><td>4x3</td><td>12</td></tr><tr><td>Target</td><td>3x3</td><td>9</td></tr></table><div>Risk Appetite: Nil</div></div> <div><div>Risk Rating</div><table><caption>Risk Rating Data</caption><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr><tr><td>May-20</td><td>15</td><td>9</td></tr><tr><td>Jun-20</td><td>12</td><td>9</td></tr></table></div>	Initial	5x3	15	Current	4x3	12	Target	3x3	9	Month	Risk Rating	Target	May-20	15	9	Jun-20	12	9	<div>Rationale for current score</div> <div>a) The site adopts a holistic fire strategy⁽¹⁾ whereby a number of control measures are in place to mitigate against the risk of fire and compartmentation plays an integral role in both the protection of building users (life safety) and the protection of buildings, equipment and information/data (asset protection) by limiting the spread of flame, smoke and fumes.</div> <div>b) Under current fire legislation⁽²⁾, the Trust have a number of legal duties including the ensuring that all building users are kept safe whilst in the building.</div> <div>c) Therefore, where compartmentation has been found to be in poor condition or non-existent, both life safety and property protection are jeopardised. Additionally, there is a potential impact on recovery of service and longer term resilience following a fire if the fire, smoke and fume spread beyond the room of origin. Additionally, during any investigation by the fire and rescue service, the condition of compartmentation may analysed and brought into question; especially should there be any injuries or fatalities.</div>	<div>Rationale for target score</div> <div>a) On completion of the actions recommended, both the potential for a fire to escalate and the potential consequences of a fire will be reduced to more acceptable level. However, the completion of the works will have very little impact on the likelihood for a fire to occur as this is dictated by the proactive actions taken by the Trust.</div> <div>b) Completion of the actions also demonstrates the Trust’s ongoing move towards compliance with its statutory, mandatory and moral obligations.</div>	<div>Groups discussed risk during period</div> <div>Executive Management Board 16/6/2020</div>
Initial	5x3	15																			
Current	4x3	12																			
Target	3x3	9																			
Month	Risk Rating	Target																			
May-20	15	9																			
Jun-20	12	9																			
<div>What controls have we put in place for the risk:</div> <div>1. As noted above, site has holistic fire strategy where compartmentation plays a key role</div> <div>2. Site has high level of fire detection to WHTM 05 (Firecode)</div> <div>3. Provision of fire safety training to support implementation of fire safety strategy</div> <div>4. Program of fire safety risk assessments and annual fire safety audits including the identification and assessment of compartmentation</div> <div>5. Inspection of compartmentation by 3rd party accredited surveyors and receipt of report and remedial actions in 2020</div> <div>6. In support of management and prevent, Department managers responsible for regular workplace inspections including the monitoring of local fire precautions</div> <div>7. Fire doors subject to regular visual inspection as part of Estates <i>planned preventative maintenance</i> regime</div>	<div>What actions should we take:</div> <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>1. Capital scheme to address all “maintenance” items identified in 2020 Compartmentation report – works to be completed by 3rd party accredited contractor</td><td>Associate Director of Estates</td><td>March 2021</td></tr><tr><td>2. Develop prioritised action plan and budget costs for remedial works</td><td>Associate Director of Estates</td><td>Complete</td></tr><tr><td>3. Develop work packages and tender works with 3rd party-accredited contractors</td><td>Associate Director of Estates</td><td>Phase 1 complete July, then on-going phases tbc</td></tr></table>			Action	Lead	Date	1. Capital scheme to address all “maintenance” items identified in 2020 Compartmentation report – works to be completed by 3rd party accredited contractor	Associate Director of Estates	March 2021	2. Develop prioritised action plan and budget costs for remedial works	Associate Director of Estates	Complete	3. Develop work packages and tender works with 3rd party-accredited contractors	Associate Director of Estates	Phase 1 complete July, then on-going phases tbc						
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VUNHST Risk Register June 2020

8. Consideration of fire risk assessment findings (including compartmentation issues) as part of Capital Refurbishment schemes.	4. Continue to consider fire risk assessment findings / remedial actions (including compartmentation defects) in Capital schemes.	Capital Planning Manager	CONTINUE TO MANAGE
	5. Develop cold works permit to control works involving potential disruption to compartmentation including requirement for any breaches/damage to be made good by contractors.	Estates Manager	July 2020
	6. Identify appropriate training course and train Estates staff in fire door inspections to ensure that they are competent to undertake inspections.	Estates Manager	November 2020
	7. Business Justification Case to be shared with the Board	Associate Director of Estates	July 2020
Additional Comments: 1. The fire strategy relies initially on the management of hazards and prevention of incident and <i>pro-active</i> actions; in the event of failure, the strategy falls back to <i>reactive</i> measures such as <i>detection & warning, containment (compartmentation)</i> which, in turn supports <i>evacuation</i> and also <i>extinguishment</i> (including safe access for the fire and rescue service). 2. The <i>Regulatory Reform (Fire Safety) Order 2005</i> which requires that the site protects all building users against the effects of flame, smoke and fume and demands that the building has means of escape able to protect anyone who uses them as well as any internal routes relied upon by the fire and rescue service during tactical fire-fighting.			

Risk Domain: Finance Risk Ref: 16005		Director Lead: Executive Director of Finance Assuring Committee: EMB and covid-19 Command Structure																	
Risk: The total quantum for funding for addressing Covid-19 across Wales remains fluid and uncertain. There is a risk that the organisation’s operational cost of addressing the pandemic cannot be contained within available funding resulting in a potential breach of the planned outturn for 2020-21.		Date Added to Register: 29.05.20		Date Last Reviewed by Trust Board: 04/06/2020															
<div><div>Risk Rating (impact x likelihood)</div><table><tr><td>Initial</td><td>4x3</td><td>12</td></tr><tr><td>Current</td><td>4x3</td><td>12</td></tr><tr><td>Target</td><td>2x2</td><td>4</td></tr></table><div>Risk Appetite: Nil</div></div> <div><div>Risk Rating</div></div>	Initial	4x3	12	Current	4x3	12	Target	2x2	4	<div>Rationale for current score Impact - 4 The total costs estimated relating to the pandemic for Apr ’20 – Jun ’20 are:- £933k revenue £1,040k capital If the Trust were required to accommodate this level of financial commitments within its existing budget allocation this would have a serious impact on service delivery and its ability to financially breakeven. Likelihood – 3 WG have stated that where an organisation has a need to incur specific additional costs, then WG will consider making additional revenue funding available. However, to date the Trust has not had confirmation (as at 08/05/20) that the costs it has incurred will be funded. In addition, more recently there has been suggestion from WG Finance Officers that WG may not fund all COVID-19 costs.</div>	<div>Rationale for target score Based on the controls and mitigating actions and the submissions to WG seeking funding for COVID-19 costs the expectation is that the impact and likelihood of the financial risk can be reduced to 4.</div>	<div>Groups discussed risk during period Executive Management Board 16/6/2020</div>							
Initial	4x3	12																	
Current	4x3	12																	
Target	2x2	4																	
What controls have we put in place for the risk: <ul style="list-style-type: none">Grip and control<ul style="list-style-type: none">Modelling of costs relating to surge capacity have been driven by anticipated patient nos. and therefore additional bed nos., the resultant workforce, equipment and operational requirements. This has been managed through a project group and approved through the COVID-19 command structure;Financial modelling of surge capacity costs and forecasting of all COVID-19 costs is updated on a regular basis;Financial reporting to Welsh Government on local costs incurred as a result of Covid-19 to inform central and local scrutiny, feedback and decision-making;Oversight arrangements in place at Executive Management level and through the command structure.Exploring funding sources<ul style="list-style-type: none">Trust reviewing what future costs are being / can be avoided through new ways of working and reduced activity to free up existing budgets to help fund covid-19 costs;Trust reviewing what funding investments can be delayed to free up earmarked reserves funding for help fund covid-19 costs;		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Ensure all costs identified as covid-19 are captured and robust review to ensure only additional costs are included and that they can be legitimately justified as covid-19 related</td><td>Director of Finance</td><td>Monthly for 2020-21 financial year</td></tr><tr><td>Submit all legitimate costs to WG as part of the monthly Financial monitoring return</td><td>Director of Finance</td><td>Monthly for 2020-21 financial year</td></tr><tr><td>Continued review by EMB / COVID-19 Command Structure of all proposed COVID-19 commitment of expenditure to ensure it is necessary and justified</td><td>Director of Finance</td><td>Monthly for 2020-21 financial year</td></tr><tr><td></td><td></td><td></td></tr></table>			Action	Lead	Date	Ensure all costs identified as covid-19 are captured and robust review to ensure only additional costs are included and that they can be legitimately justified as covid-19 related	Director of Finance	Monthly for 2020-21 financial year	Submit all legitimate costs to WG as part of the monthly Financial monitoring return	Director of Finance	Monthly for 2020-21 financial year	Continued review by EMB / COVID-19 Command Structure of all proposed COVID-19 commitment of expenditure to ensure it is necessary and justified	Director of Finance	Monthly for 2020-21 financial year			
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<ul style="list-style-type: none"> Assumption that there will be additional funding support from Welsh Government 																												
Additional Comments:																												
Risk Domain: Health & Safety Risk Ref: 16080		Director Lead: Director of Strategic Transformation, Planning and Digital Assuring Committee: Board																										
Risk: Lack of mechanical ventilation at the VCC site (including in-patient ward areas)		Date Added to Register: To be approved by Trust Board on 25/6/2020 as to whether added to the Trist Risk Register	Date Last Reviewed: 19/06/2020																									
Risk Rating (impact x likelihood)		Rationale for current score This risk has 3 elements – 1. Potential for increased risk of infection due to a lack of mechanical ventilation, 2. Staff and patient discomfort in hot weather due to sub-optimal ventilation, and 3. Breach of Health & Safety regulations and Health & Safety Executive regulation to provide ventilation systems that are sufficient to ensure that high risk patients are protected from exposure to potentially harmful airborne microbiological organisms.	Rationale for target score Final two actions below are key to reducing the likelihood.	Groups discussed risk during period Executive Management Board 16/6/2020																								
What controls have we put in place for the risk: Taking each of the three key elements of the risk: <ol style="list-style-type: none"> Increased potential for infection due to sub-optimal ventilation <ul style="list-style-type: none"> Full infection prevention processes are in place, and any patient with suspected infection is cared for in a side room which usually has a window for natural ventilation (in the summer months). Staff and patient discomfort in warm weather due to sub-optimal ventilation <ul style="list-style-type: none"> Some mitigations are in place, but further work is required with pace to ensure the well-being of staff and patients during the rest of this summer. An external specialist will be commissioned to provide recommendations to reduce the heat, and a Task & Finish group has been set up w/c 15/06/20 to develop a hot weather business continuity plan Further mitigations are being assessed, including use of theatre scrub uniforms for nursing staff and washable cooling blankets and mattresses for patients. Non-compliance with Health & Safety standards due to sub-optimal ventilation across the VCC site <ul style="list-style-type: none"> In order to address the sub-optimal ventilation at VCC, an external specialist been commissioned to provide recommendations to feed into the business case. 		What actions should we take: Focus over the next period: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>1. Await air quality sampling results and re-review the risk based on these results</td> <td>COB</td> <td>17 Jult 2020</td> </tr> <tr> <td>2. Legal advice to be sought regarding the statutory requirements relating to the law and aged hospital estates – need clarity regarding the acceptability of tolerating this risk if the staff and patient comfort in hot weather issues is mitigated and the air quality sampling is satisfactory</td> <td>LF</td> <td>June 2020</td> </tr> <tr> <td>3. To liaise with the Welsh Estates Manager's Forum regarding national benchmarking and to see guidance regarding the approach from elsewhere in Wales</td> <td>SL</td> <td>July 2020</td> </tr> <tr> <td>4. Ensure interim mitigations are in place to maintain staff and patient comfort and safety in hot weather</td> <td>AE</td> <td>10 July 2020</td> </tr> <tr> <td>5. Ensure interim environmental mitigations are in place to reduce the heat especially in the in-patient ward areas</td> <td>SL</td> <td>17 July 2020</td> </tr> <tr> <td>6. Re-review risk rating once actions 4&5 are been completed</td> <td>AE</td> <td>17 July 2020</td> </tr> <tr> <td>7. Business case to continue to be developed to address the issue. Approach to be finalised once other above actions complete</td> <td>PH</td> <td>tbc</td> </tr> </tbody> </table>			Action	Lead	Date	1. Await air quality sampling results and re-review the risk based on these results	COB	17 Jult 2020	2. Legal advice to be sought regarding the statutory requirements relating to the law and aged hospital estates – need clarity regarding the acceptability of tolerating this risk if the staff and patient comfort in hot weather issues is mitigated and the air quality sampling is satisfactory	LF	June 2020	3. To liaise with the Welsh Estates Manager's Forum regarding national benchmarking and to see guidance regarding the approach from elsewhere in Wales	SL	July 2020	4. Ensure interim mitigations are in place to maintain staff and patient comfort and safety in hot weather	AE	10 July 2020	5. Ensure interim environmental mitigations are in place to reduce the heat especially in the in-patient ward areas	SL	17 July 2020	6. Re-review risk rating once actions 4&5 are been completed	AE	17 July 2020	7. Business case to continue to be developed to address the issue. Approach to be finalised once other above actions complete	PH	tbc
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Additional Comments: n/a																												

Risk Domain: Health & Safety Risk Ref: 16081			Director Lead: Chief Operating Officer Assuring Committee: Board																																									
Risk: Social Distancing: There is a risk that staff could contract COVID-19 in their working environment as a result of poor social distancing or hygiene levels & Secondly there is a risk that social distancing measures will impact on site utilisation and subsequently service delivery capacity.			Date Added to Register: To be approved by Trust Board on 25/6/2020 as to whether added to the Trist Risk Register		Date Last Reviewed: 19/06/2020																																							
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What controls have we put in place for the risk: <div>1. Governance arrangements – Social Distancing Cell established, reporting into Executive Management Board</div> <div>2. Site utilisation review and planning exercise</div> <div>3. Key control points outlined below, as per the Welsh Government Guidance “Operational guide for the safe return of healthcare environments to routine arrangements following the initial Covid-19 response” (3/6/2020):</div> <table><tr><td>Key Control Points as articulated in Welsh Government Guidance:</td><td>Progress made on operationalising control environment to date</td><td>Further key controls for next period</td></tr><tr><td>Communication – information clearly communicated to patients, visitors and donors prior to arrival at the hospital or healthcare facility</td><td>Updates made in line with detailed guidelines – including website, patient and donor text messages/ emails/ letters.</td><td>Updated patient information leaflet due to be send to all outpatients with effect 22nd June</td></tr><tr><td>Signage – signage to be clear and obvious</td><td>Majority of signage now in place across all sites.</td><td>Further directional and floor signage to be completed in corporate areas.</td></tr><tr><td>Social Distancing - Social distancing of 2 metres maintained, including while arriving at and departing from hospitals and healthcare facilities</td><td>All measures complete for VCC and WBS.</td><td>In corporate functions, maximum occupancy levels are being validated via independent surveying firm.</td></tr><tr><td>Infection control – Infection control instructions to be clear and obvious</td><td>All measures complete with two exceptions.</td><td>1. 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Additional Comments: n/a																																												

RISKS - RECOVERY PLAN

RISK ASSESSMENT CURRENTLY PAUSED - Risk assessment current paused, as currently being managed within the operation as part of the incident response. Capacity and demand planning will facilitate the continued assessment of this as we move into Recovery Phase.		
Risk Domain: Quality Risk Ref: 13614	Director Lead: Medical Director Assuring Committee: Workforce & Organisational Development	
Risk: The availability of sufficient consultant capacity to fulfil medical resource requirements for the service.	Date Added to Register: 29/11/17	Date Last Reviewed: 21/04/2020

<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td>Current</td><td>4x3</td><td>12</td></tr><tr><td>Target</td><td>2x2</td><td>4</td></tr></table> <div>Risk Appetite: Nil</div>	Initial	4x4	16	Current	4x3	12	Target	2x2	4	<div>Risk Rating</div> <table><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Nov-18</td><td>16</td><td>4</td></tr><tr><td>Dec-18</td><td>16</td><td>4</td></tr><tr><td>Jan-19</td><td>12</td><td>4</td></tr><tr><td>Feb-19</td><td>12</td><td>4</td></tr><tr><td>Mar-19</td><td>12</td><td>4</td></tr><tr><td>Apr-19</td><td>12</td><td>4</td></tr><tr><td>May-19</td><td>12</td><td>4</td></tr><tr><td>Jun-19</td><td>12</td><td>4</td></tr><tr><td>Jul-19</td><td>12</td><td>4</td></tr><tr><td>Aug-19</td><td>12</td><td>4</td></tr><tr><td>Sep-19</td><td>12</td><td>4</td></tr><tr><td>Oct-19</td><td>12</td><td>4</td></tr><tr><td>Nov-19</td><td>12</td><td>4</td></tr><tr><td>Dec-19</td><td>12</td><td>4</td></tr><tr><td>Jan-20</td><td>12</td><td>4</td></tr><tr><td>Feb-20</td><td>12</td><td>4</td></tr><tr><td>Mar-20</td><td>12</td><td>4</td></tr><tr><td>Apr-20</td><td>12</td><td>4</td></tr><tr><td>May-20</td><td>12</td><td>4</td></tr></tbody></table>	Month	Risk Rating	Target	Nov-18	16	4	Dec-18	16	4	Jan-19	12	4	Feb-19	12	4	Mar-19	12	4	Apr-19	12	4	May-19	12	4	Jun-19	12	4	Jul-19	12	4	Aug-19	12	4	Sep-19	12	4	Oct-19	12	4	Nov-19	12	4	Dec-19	12	4	Jan-20	12	4	Feb-20	12	4	Mar-20	12	4	Apr-20	12	4	May-20	12	4	<div>Rationale for current score</div> <div>Risk reviewed at EMB 13.02.19 and score reduced to 12.</div> <div>The Trust has several consultant vacancies. This situation could lead to an increase in waiting times and detrimental impact on patient experience and workforce stress.</div>	<div>Rationale for target score</div> <div>The risk appetite is nil due to the impact on patient quality & safety.</div>	<div>Groups discussed risk during period</div> <div>EMB 09/03/20</div>
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<div>What controls have we put in place for the risk:</div> <ul style="list-style-type: none">The Medical Business Manager meets weekly with the Clinical Director and Deputy Clinical Director to discuss medical workforce issues and agree appropriate actions to maintain service provision.Existing consultants have agreed to increase clinical sessions and to displace supporting professional activities (SPA) to outside of normal working hours to ensure the service is covered. This is not sustainable in the long term.Locum doctors have been recruited to provide short-term cover to mitigate the impact on service delivery.Recent consultant appointments have been made in Gynaecology, Urology, Colorectal, Melanoma, AOS/Assessment Unit, Lung, Anal Cancer, Phase I trials and Radiology to contribute to the relevant services.	<div>What actions should we take:</div> <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Ongoing discussion with Performance & Planning Manager to identify the demand changes in certain tumour sites and how this should be taken forward with Commissioners with a view to increasing consultant funding</td><td>Clinical Director</td><td>Ongoing</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			Action	Lead	Date	Ongoing discussion with Performance & Planning Manager to identify the demand changes in certain tumour sites and how this should be taken forward with Commissioners with a view to increasing consultant funding	Clinical Director	Ongoing																																																																
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RISK ASSESSMENT CURRENTLY PAUSED - Risk assessment current paused, as currently being managed within the operation as part of the incident response. Capacity and demand planning will facilitate the continued assessment of this as we move into Recovery Phase.		
Risk Domain: Performance & Service Sustainability Risk Ref: 5808	Executive Lead: Chief Operating Officer Assuring Committee: Planning and Performance Committee	
Risk: Insufficient radiotherapy capacity at VCC to meet demand.	Date Added to Register: 17.07.2019	Date Last Reviewed: 21.04.20

<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>1x4</td><td>4</td></tr></table> <div>Risk Appetite: High</div>	Initial	4x4	16	Current	4x4	16	Target	1x4	4	<div>Risk Rating</div> <table><caption>Risk Rating Data</caption><thead><tr><th>Date</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>43556</td><td>20</td><td>4</td></tr><tr><td>43586</td><td>20</td><td>4</td></tr><tr><td>43617</td><td>20</td><td>4</td></tr><tr><td>43647</td><td>16</td><td>4</td></tr><tr><td>43678</td><td>16</td><td>4</td></tr><tr><td>43709</td><td>16</td><td>4</td></tr><tr><td>43739</td><td>16</td><td>4</td></tr><tr><td>43770</td><td>16</td><td>4</td></tr><tr><td>43800</td><td>16</td><td>4</td></tr><tr><td>43831</td><td>16</td><td>4</td></tr><tr><td>43862</td><td>16</td><td>4</td></tr><tr><td>43891</td><td>16</td><td>4</td></tr><tr><td>43922</td><td>16</td><td>4</td></tr></tbody></table>	Date	Risk Rating	Target	43556	20	4	43586	20	4	43617	20	4	43647	16	4	43678	16	4	43709	16	4	43739	16	4	43770	16	4	43800	16	4	43831	16	4	43862	16	4	43891	16	4	43922	16	4	<div>Rationale for current score</div> <div>Risk reviewed locally and EMB agreed to escalate risk to Trust risk register June 2019. Due to increase in demand for radiotherapy, there is insufficient radiotherapy (linac) capacity within financial resource to meet current and predicated demand, and deliver this demand with the RCR waiting time targets.</div>	<div>Rationale for target score</div>	<div>Groups that reviewed risk during period</div> <div>EMB 09/03/20</div>
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<div>What controls have we put in place for the risk:</div> <div><ul style="list-style-type: none">Extended operating hours are in place on the treatment machines and in many other areas of the service to deliver increased capacityAgency radiographers in place to support additional hoursOngoing monitoring of capacity and demand and waiting times targets through weekly meetingsReports and business cases have been prepared and shared with Commissioners for their consideration of funding.Radiotherapy strategy developed and radiotherapy programme being implementedDiscussion underway regarding future radiotherapy configuration through the TCS programmeOngoing work with Health Boards to review demand and investigate potential breachesAdherence to RCR categorisation for waiting times. Consultants are aware of patients who may breach and have the opportunity to escalate patients.</div>	<div>What actions should we take:</div> <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Regular review of the risks associated with capacity are required as the patient demand and machine availability fluctuate.</td><td>Radiotherapy Services Manager</td><td>ongoing</td></tr><tr><td>Have sufficient capacity at this moment in time due to covid. Taken 2 linacs out of routine use. One linac machine is being used for treating covid + patients, the other is removed as we have halted treating prostate patients. .</td><td>Radiotherapy Services Manager</td><td>ongoing</td></tr></table>			Action	Lead	Date	Regular review of the risks associated with capacity are required as the patient demand and machine availability fluctuate.	Radiotherapy Services Manager	ongoing	Have sufficient capacity at this moment in time due to covid. Taken 2 linacs out of routine use. One linac machine is being used for treating covid + patients, the other is removed as we have halted treating prostate patients. .	Radiotherapy Services Manager	ongoing																																											
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Risk Domain: Performance & Service Sustainability Risk Ref: 15713	Executive Lead: To be confirmed Assuring Committee: Planning & Performance Committee	
Risk: Potential overcrowding of outpatient department	Date Added to Register: 05.02.20	Date Last Reviewed: 21.04.20

<div><div>Risk Rating (impact x likelihood)</div><table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>3x2</td><td>6</td></tr></table><div>Risk Appetite: 0</div></div> <div><div>Risk Rating</div><table><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Jan-20</td><td>16</td><td>6</td></tr><tr><td>Feb-20</td><td>16</td><td>6</td></tr><tr><td>Mar-20</td><td>16</td><td>6</td></tr><tr><td>Apr-20</td><td>16</td><td>6</td></tr></tbody></table></div>	Initial	4x4	16	Current	4x4	16	Target	3x2	6	Month	Risk Rating	Target	Jan-20	16	6	Feb-20	16	6	Mar-20	16	6	Apr-20	16	6	<div>Rationale for current score</div> <div>Although a number of measures have been put in place, there are still days when the Outpatient department, seeing high numbers of patients numbers attending clinics. Tuesdays and Thursdays are particularly busy. Some clinics are also overbooked meaning that the OPD can get crowded with patients and families / carers.</div>	<div>Rationale for target score</div> <div>Additional clinic rooms will be provided by the end of April 2020 rooms so clinics should be easier to manage. Ongoing monitoring of clinics and patients numbers by OPD Capacity & Planning Group.</div>	<div>Groups that reviewed risk during period</div> <div>EMB 09/03/20</div>
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Mar-20	16	6																									
Apr-20	16	6																									
<div>What controls have we put in place for the risk:</div> <ul style="list-style-type: none">Decluttered OP clinic room area and waiting areas.Undertaken fire risk assessment with a subsequent risk assessment to be reported. Staff have been instructed to take fire training for full mandatory compliance.Capital plan, phase 1a and 1b has commenced 06.02.20; phase 2 capital plan will be produced by 31.3.20	<div>What actions should we take:</div> <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td colspan="3">21.4.20 Risk Reviewed but in light of unusual circumstances with reduced activity with ongoing COVID incident no assumptions have been made regarding this risk. An action has been raised to ensure the positive action of implementing telephone, virtual clinics etc is maintained.</td></tr><tr><td>Try to reduce overbooking of clinics where possible thereby reducing overall numbers of patients and relatives in the OPD</td><td>Health Records Manager</td><td>30.3.20</td></tr><tr><td>Keep the department tidy and declutter at regular intervals</td><td>OPD Nurse Manager</td><td>30.3.20</td></tr><tr><td>Regularly review the Fire Risk Assessment</td><td>Fire Officer</td><td>30.3.20</td></tr><tr><td>Progress with Phase 2 of the OPD Capital Programme to improve the layout and size of the department</td><td>Director of Operations</td><td>30.3.20</td></tr></tbody></table>			Action	Lead	Date	21.4.20 Risk Reviewed but in light of unusual circumstances with reduced activity with ongoing COVID incident no assumptions have been made regarding this risk. An action has been raised to ensure the positive action of implementing telephone, virtual clinics etc is maintained.			Try to reduce overbooking of clinics where possible thereby reducing overall numbers of patients and relatives in the OPD	Health Records Manager	30.3.20	Keep the department tidy and declutter at regular intervals	OPD Nurse Manager	30.3.20	Regularly review the Fire Risk Assessment	Fire Officer	30.3.20	Progress with Phase 2 of the OPD Capital Programme to improve the layout and size of the department	Director of Operations	30.3.20						
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Risk Appetite Levels

Appetite Level	Described as:
None	Avoid - The avoidance of risk and uncertainty is a key organisational objective.
Low	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
Moderate	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	Open - Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	Seek - Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk. Mature - Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Risk Matrix

IMPACT	LIKELIHOOD				
	Certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
5 Catastrophic	25	20	15	10	5
4 Major	20	16	12	8	4
3 Moderate	15	12	9	6	3
2 Minor	10	8	6	4	2
1 Insignificant	5	4	3	2	1
Risk Score	Risk Level		Action and Timescale		
1-3	LOW		No action required providing adequate controls in place.		
4-6	MODERATE		Action required to reduce/control risk within 12 month period		
8-12	SIGNIFICANT		Action required to reduce/control risk within 6 month period		
15-25	CRITICAL		Immediate action required by Senior Management		

Quarter 2 Operating Plan

Velindre University NHS Trust Board Meeting

25th June 2020



Quarter 2 Operational Plan 2020/21

Welsh Government Draft Operating Framework for Q2

- Planning for COVID -19 and Routine Services operations plus winter preparedness
- Accelerating return of cancer services, including screening
- Operating in a Safe Environment for staff & patients/Compliance with Infection Prevention & Control Guidance
- Mechanisms for stakeholder, staff-side, social care and CHC engagement

Velindre NHS Trust - key considerations:

- Compliance with policies and guidance – see next slide.
- Forecast demand for NHS services & Local Health Board recovery activity- emerging detail
- Forecast demand including deferred VCC demand
- VCC Capacity – impact of social distancing /site utilisation/ zoning /patient flows/ outreach
- WBS Capacity –impact of social distancing/ venues size/availability/ location/ site utilisation of labs etc.
- Workforce – strategic and operational workforce planning - shielding /school opening/ home working/ wellbeing support/ absence management
- Patient/Donor & Staff Testing policies (Test, Track and Protect (TTP))
- Engagement with staff, patients, donors and other stakeholders

Policies & National guidance

The following Policies and Welsh Government national guidance has been received and acted upon in developing our Operational Plans and COVID-19 Response

- Maintaining Essential Health Services during COVID-19 Pandemic – summary of services deemed essential (Welsh Gov.t)
- NHS Wales Operating Framework Guidance Quarters 1 and 2 (Welsh Gov.t)
- A Principles Framework to assist return urgent and planned services in hospital settings during COVID 19 (NHS Wales)
- Maintaining essential health services operational guidance for the COVID-19 context (World Health Organisation)
- Operational guide for the safe return of healthcare environments to routine arrangements following the initial Covid-19 response (Nosocomial Transmissions Group)
- Specialty guides for patient management during the coronavirus pandemic (NHS) and in the recovery phase e.g. rehabilitation

Operational Plan 2020/21 – Key Assumptions and Principles for Q2

Principles:

- Consistency and alignment with our medium-long term plans (IMTP)
- Clinical and operational models based upon VUNHST Clinical Principles
- Continue to work with HB partners and 3rd parties on additional capacity
- Resilience to flex and adapt as pandemic changes

Assumptions:

- COVID 19 incidence and R value – easing of lockdown – no further peak Q2
 - continue to engage with Wales modelling – triggers
- Gradual phased growth in new demand from LHBs with emerging detail
- Donor engagement patterns – return to pre Covid 19
- Site utilisation - social distancing of 2m will continue in a healthcare setting environment
- Workforce assumptions relating to absence, TTP, wellbeing, leave, staff availability rates
- Financial – block contracts to remain with LHBs over Q2 – see next slide
- Digital service options e.g. virtual consultations to remain

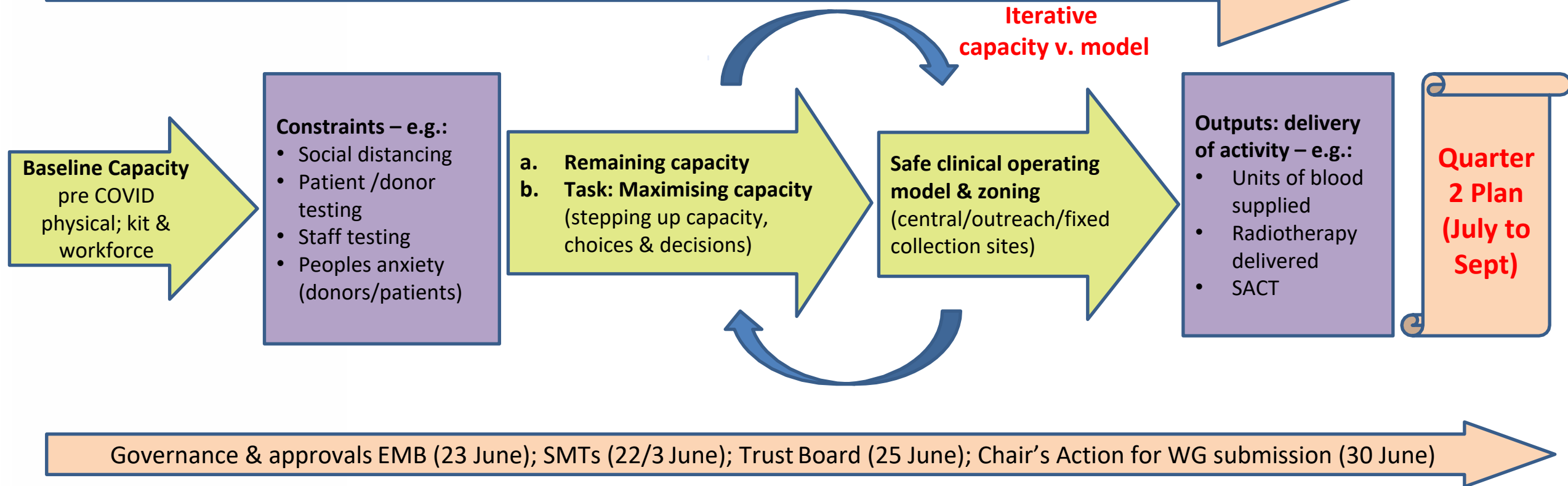
Financial Assumptions

Key Financial Assumptions:

- **There is a neutral financial impact on the Trust income from activity being different to contracted levels.** *The “Block Contract” is in discussion with Commissioners, to be concluded for Q2 in June, with review Sept for Q3 & Q4.*
- **COVID-19 related additional costs (Revenue & Capital) will be funded by Welsh Government.** *Funding for Q1 to be provided in June, the scale of which will inform the financial risk for the remainder of the financial year*
- **Reintroducing routine services – the “New normal” service costs will require an associated funding strategy.** *Costs of expanding/amending our operating capacity require funding sources to be identified, these may include: Divisional/Trust, Commissioners or Welsh Government. As operational options continue to be developed, the associated funding strategy requires determining. These additional costs are not factored into the Trust Financial Plan.*
- **Where there is non-delivery of savings targets identified in the IMTP as a result of COVID-19 there will be funding from Welsh Government to cover.** *Alternative savings plans require development, whilst recognising the workforce and capacity constraints in response to the pandemic. The identification of Trust and Divisional savings plans may compliment the mitigation of the financial risk of Welsh Government funding being restricted.*

Approach to the Development of Our Plan

WG COVID modelling (PHW v2.4 best/worst case 60/40%) & Cancer Network & WG planning DSU
LHB engagement – strategic via planning
LHB engagement – operational local
Internal VUNHST data and internal analysis



Welsh Blood Service Quarter 2 Plan

(Incorporating NHSBT Organ Donation Guidance / JPAC Donor Guidance)

Quarter 2 Operational Plan 2020/21

Status	Service Area
Workload to continue as normal with the ability to return to full capacity	<ul style="list-style-type: none"> • Welsh Bone Marrow Donor Registry • Haematopoietic Stem Cell Transplant • Patient testing and Reference testing (complex serological testing) • Wholesale blood product service • Blood processing
Recommencement of business as usual	<ul style="list-style-type: none"> • Solid organ transplant
New activity	<ul style="list-style-type: none"> • Convalescent Plasma
Service model adaptation	<ul style="list-style-type: none"> • Collection model

Overview of Quarter 2 Plan

- Continue to refine demand profiling using historic data on patterns on use in clinical areas
- Work with Health Boards to support the effective use of blood via Blood Health team and supporting service plans locally
- Reviewing and revising clinic planning venues, locations and capacity
- Continued development of the donor engagement plan to support required dentations and to minimise DNAs
- Continued development of workforce planning, including recruitment
- Delivery of the Convalescent Plasma programme

Risks and Mitigation (extreme risks only shown)

- Unable to collect enough blood to meet demand due to cancellation of fixed venue sites as a result of the venues re-opening and the lack of alternative sites that can support social distancing
- Unable to collect enough blood to meet demand due to higher DNA rates, deferral rates, lower uptake as a result of donors returning to work, schools re-opening and a more normal life returning
- Unable to collect enough blood to meet demand due their being insufficient staff, as a result of staff shielding, to support the additional chairs required
- Convalescent Plasmapheresis – Unable to implement plasmapheresis model as a result of pressure on collection teams to meet demand for blood and blood components

Velindre Cancer Centre Quarter 2 Plan



Overview of Quarter 2 Plan

- Continuing to deliver services and implement recovery plan – care close to home, admission criteria
- Continuing to plan for increase demand emerging late Q2 and increasing in Q3&4 – further on site capacity inc extended hours, 7 day working, outreach, 3rd party.
- Service review to retain transformation – hypo-fractionation, digital consultation etc.
- Continue to re-establish outreach activity as LHBs open facilities
- Site utilization- realignment and estate requirements
- Continue capacity modelling by service area, SACT, RT, Radiology etc.
- Ongoing focus on Patient Support Services – including primary care engagement

Overview of Quarter 2 Plan

- Radiotherapy
 - Recommence RT development programme based on recent RT baseline report (by Attain) and post Covid RT plan & establish additional capacity plan.
 - Continue Integrated Radiotherapy Solution project
- SACT
 - Finalise SACT plan – on site, outreach , third party.- Mobile unit, Medicines @ Home
- Outpatients
 - Virtual Clinic Hub , Phlebotomy services, revisit national OP programme .
- Acute Oncology Service
 - Flex current AU capacity, Recommence service development project
- Therapies
 - Ongoing re-establishment of reinstatement of suspended services,
 - Planning for increase in rehabilitation services (WG guidance)

VCC Risks

- Facility Capacity – Site planning @ VCC, Site limitations @ VCC- investments?, need to reinstate Outreach activity
- Workforce capacity – availability of staff with right skill sets (e.g. IP, Radiotherapy, medical physics), impact of TTP
- Change management – capacity and capability to manage change – programme approach & SMT restructure
- Emerging demand modelling – time to respond
- Agreement with commissioners

WOD

- Healthy and Engaged Workforce
 - Partnership working
 - Staff engagement – CARE plan – feedback
 - Supporting Managers to Support Staff – guidance, tools, support
- Skilled and Developed Workforce
 - Redevelopment of education offer
 - Leadership
- Planned and sustainable workforce
 - workforce planning, home working, absence



Llywodraeth Cymru
Welsh Government

Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential

This updated advice should be read in conjunction with the NHS Wales Operating Framework Quarter 2 2020/21

1. Background

This document has been updated to reflect additional guidance issued during Quarter 1. It has also been reviewed in light of the updated guidance issued by the World Health Organization (WHO) on maintaining essential health services:

<https://www.who.int/publications/i/item/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

In addition, since the last update, the Welsh Government has issued its plan for moving out of lockdown and, in particular, describing a traffic light response:

<https://gov.wales/sites/default/files/publications/2020-05/unlocking-our-society-and-economy-continuing-the-conversation.pdf>

Essential services must be maintained throughout all phases – from black to green. As lockdown restrictions are eased, and more routine services begin to come back on stream, it is important that we continue to define those services that are essential, for when any future peaks may occur and while capacity to provide services remains challenging.

It is recognised that the delivery of essential services in the context of COVID-19 is challenging. It is not only the specific redirecting of resource to COVID specific services that can reduce the capacity to deliver essential services; essential services are also impacted by constraints on facilities and staffing that are a direct consequence of action to reduce the risk of COVID transmission in healthcare settings, in order to protect patients, staff and the wider community. It is, however, important that, in this context, essential services are prioritised and that health

boards and trusts are able to rapidly identify, highlight and respond to situations where the delivery of essential services is compromised or threatened (see Assurance and Governance section below),

This framework, and all guidance issued under it, is designed to support clinical decision-making in relation to the assessment and treatment of individual patients. The ultimate aim is to ensure harm is minimised from a reduction in non-COVID activity. It is recognised that the presence of coronavirus in society and, particularly, health and care settings changes the balance of risk in relation to many aspects of healthcare, including essential services. All decisions about individual care must ultimately be made by clinicians, in discussion with patients and their families and in the best interests of each individual. Essential services should remain available across NHS Wales during the outbreak. However, this framework does not mandate that specific interventions must be provided to all patients, where that is not in their overall interest.

2. Defining Essential Services and Supporting Delivery

In its initial advice in March, and as slightly amended in June, the WHO advises that countries should identify essential services in their efforts to maintain continuity of service delivery during the pandemic. WHO advises that the following high-priority categories should be included:

- essential prevention and treatment services for communicable diseases, including immunizations;
- services related to reproductive health, including during pregnancy and childbirth;
- core services for vulnerable populations, such as infants and older adults;
- provision of medications, supplies and support from health care workers for the ongoing management of chronic diseases, including mental health conditions;
- critical facility-based therapies;
- management of emergency health conditions and common acute presentations that require time-sensitive intervention; and auxiliary services, such as basic diagnostic imaging, laboratory and blood bank services.

These categories have been used to define a detailed list of essential services for the NHS in Wales. Organisations self assessed their position against the comprehensive list during Quarter 1. This now leaves us better prepared to deal with any further peaks and disruption and the resulting need for further rapid scaling up of COVID-19 treatment capacity, while ensuring safe access to high quality essential services.

Balancing such demands and making difficult decisions need to be considered within the overriding ethical principles as articulated in the Welsh Government's 'Coronavirus: ethical values and principles for healthcare delivery framework' (<https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework.html>):

- everyone matters;
- everyone matters equally – but this does not mean that everyone is treated the same;
- the interests of each person are the concern of all of us, and of society;
- the harm that might be suffered by every person matters, and so minimising the harm that a pandemic might cause is a central concern.

Work has also progressed over the past quarter to develop all Wales advice in respect of informed consent, which will be issued shortly to aid individual decision-making.

It is important to define what we mean by 'essential'. Whilst we are familiar with categorising services according to 'emergency', 'urgent', 'soon' or 'routine', some essential services may straddle all of these categories, for instance the provision of immunisation services are routine, but they should also be classed as essential. Other services such as emergency surgery are clearly easier to immediately be classed as essential as they could be life threatening.

The identification of services considered as 'essential', in this context, therefore includes consideration of the following factors:

- Level of impact of any interruption to services on mortality and significant longer term morbidity (i.e. the degree of harm) and avoidable morbidity in life shortening illness (palliative and end of life care)
- Degree of the time sensitivity of interventions (noting that some services may not be essential in the immediate short term, but may become so over longer periods). This will become increasingly important given the backlog in service provision that will have been inevitable in managing the initial COVID-19 response.
- Value of interventions in value based healthcare.

Services deemed as essential and which must continue during the COVID-19 pandemic are, therefore, broadly defined as services that are life-saving or life impacting - i.e. where harm would be significant and irreversible, without a timely intervention. Irreversible for purposes of palliative and end of life care will include anything that will not realistically improve within the remaining life span.

3. Assurance and Governance

The latest advice from WHO makes it clear that there must be effective systems in place to monitor the provision of essential health services. This must happen at the local level in the first instance, and is key to ensuring provision of, and access to, essential services to ensure equity of provision, patient safety and experience as well as staff safety.

Board Quality and Safety Committees need to gain assurance that harm is minimised from the reduction in non-COVID activity. This should be done by triangulating timely information from different sources such as quantitative data, quality impact assessments, audit, harm reviews and risk profiles. These need to take into account clinical, operational and population risks and controls such as infection control and prevention interventions and processes. An open and transparent process to monitor and identify risks to delivery is necessary to identify where alternative solutions or ways of working may need to be determined.

NHS organisations should be routinely analysing local information to understand service gaps and outliers. This data should be disaggregated by age, sex and population group where possible to ensure equitable delivery of services.

The assurance work stream of the essential services cell has been working to consider what information could be used to monitor the provision of essential services. Some of this data will already be available routinely, and other data sources may need to be established. WHO has also suggested a sample set of indicators in their updated guidance.

4. Communications and Engagement

As set out in the WHO guidance, effective communication and community engagement are essential to maintaining trust in the health service and ensuring appropriate care-seeking behaviours. Engagement and communications also play a key role in supporting the health service in maintaining essential services during the COVID pandemic.

Work is already underway with partners in NHS Wales and other key stakeholders to communicate overall messages around essential services being safe and available during the pandemic. Specific conditions or departments have been identified through the Essential Services group and will be targeted with bespoke communications. The work has been developed in conjunction with partners in health and care and key stakeholders including the Community Health Councils and third sector organisations, such as the Wales Cancer Alliance.

5. Essential services in outline

It is important to note that not all specific services under the broad headings below are deemed to be essential. Further, more specific, definitions will be set out in service/condition specific guidance issued under this framework where required.

In providing all essential services patient and staff safety must always be paramount. This includes ensuring that all appropriate steps are taken in respect of maintaining infection prevention and control including social distancing, guidance on PPE, procedure specific requirements and testing as appropriate. This also includes continued use of remote working including video consultations.

Over the past quarter, further advice on infection prevention and control has been published following the establishment of the Nosocomial Transmission Group:

- The NHS Principles Framework to assist the NHS in Wales return urgent and planned care services in hospital settings during COVID-19
- Operational guide for the safe return of healthcare environments to routine arrangements following the initial COVID-19 response.

These are available at: <http://howis.wales.nhs.uk/sitesplus/407/home>

This and any subsequent guidance issued by the group will be relevant and underpin the provision of essential services.

The latest WHO guidance also provides advice based on life course stages. This is being mapped to the guidance issued to support the essential services detailed below.

Access to primary care services (providing essential, additional and a limited range of enhanced services that fulfil the WHO high priority categories, including immunisations)

Primary care services are fundamental to ensure the continued management of patients; albeit those with the most urgent needs during the period of the pandemic. Primary Care services remain the front door to the health service, with 90% of patient contact taking place in these settings. Clinicians will be required to consider the necessity of appointments for whatever issue is presented at this time and there is no exhaustive list. As far, as is reasonably practicable, patients should be triaged and consulted remotely to avoid unnecessary face-to-face contact. Providing services that maintain people's health and well-being of those with a known chronic condition, as well as urgent new health issues which require time sensitive medical intervention should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high-risk and high risk,

vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and reactive intervention to prevent hospitalisation. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how primary care services have been traditionally provided; including supporting the cluster hub model, as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care. The following must be maintained:

General Medical Services

Those essential services which must be provided under a general medical services contract in accordance with Regulation 15 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.

Enhanced Services to continue are the childhood immunisation scheme, pertussis immunisation for pregnant and rubella for post-natal women and oral anti-coagulation.

WG guidance issued:

- COVID-19 update for GP in Wales **issued 11/03/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>
- Temporary Primary care Contract changes **issued 17/03/20**
<http://howis.wales.nhs.uk/sitesplus/407/home>
- Referral guidance primary-secondary **issued 31/3/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>
- Repeat prescriptions and COVID-19: guidance for primary care
issued 20/03/20- <https://gov.wales/coronavirus>
- Joint letter to the GP Profession from Welsh Government and BMA
issued on 5 June -
<http://www.wales.nhs.uk/sites3/Documents/480/Letter%20to%20the%20GP%20profession%20-%20Recovery%20Plan%20June%202020.pdf>
- Link to Annex A of the letter -
<http://www.wales.nhs.uk/sites3/Documents/480/GMS%20Contract%20Changes%20-%20Recovery%20Annex%20A.pdf>

Community pharmacy services

Dispensing services, emergency medication service and emergency contraception and advice and treatment for common ailments (dependent on time and being able to maintain social distancing eg consultation by telephone); supervised consumption, discharge medicine reviews, needle & syringe service, smoking cessation and end of life care.

WG guidance issued:

- COVID 19 pharmacy weekly bulletin **23/03/20** and **30/03/20**- additional advice embedded in bulletin- <http://howis.wales.nhs.uk/sitesplus/407/home>
- Support for community pharmacies **issued 18/03/20**- <https://gov.wales/coronavirus>
- Repeat prescriptions and COVID-19: guidance for primary care <https://gov.wales/repeat-prescriptions-and-covid-19-guidance-primary-care>
- Coordination of medicines delivery during the COVID-19 pandemic <https://gov.wales/coordination-medicines-delivery-during-covid-19-pandemic>
[Community Pharmacy Toolkit to Support COVID-19](#)

Dental Services

Emergency dental care including severe swelling, trauma, bleeding and urgent suspected cancer.

Red Alert urgent/emergency dental services

WG Guidance issued:

- Dental Amber Alert – stop AGPs **issued 17/03/20**
- Dental Red Alert Urgent care only principle guidance **issued 23/3/20**- <http://howis.wales.nhs.uk/sitesplus/407/home>
- Dental care during the COVID-19 pandemic: guidance for teams- **issued 08/04/20**- <https://gov.wales/coronavirus>
- Restoration of dental services following COVID-19: guidance **issued 04/06/20** - <https://gov.wales/restoration-dental-services-following-covid-19-guidance>

- Standard Operating Process for non-COVID-19 Dental Centres Providing Aerosol Generating Procedures in Wales issued 10/06/20

Optometry services

Those essential services, in accordance with their Terms of Service outlined in the National Health Service (General Ophthalmic Services) Regulations 1986 and Wales Eye Care services for urgent and emergency care in accordance with the Wales Eye Care Services Legislative Directions (Wales) regulations 2015.

WG Guidance issued:

- Optometry correspondence and guidance **issued 17/03/20 and 19/03/20**- <http://howis.wales.nhs.uk/sitesplus/407/home>
- Ophthalmology guidance **issued 07/04/20**- <http://howis.wales.nhs.uk/sitesplus/407/home>
- NHS Wales Eye Care Services payments during the COVID-19 Pandemic) (Wales) Directions 2020 **issued 22/05/20**- <https://gov.wales/nhs-wales-eye-care-services-payments-during-covid-19-pandemic-wales-directions-2020>
- Statement on NHS eye care services payments during the COVID-19 pandemic **issued 27/05/20**- <https://gov.wales/statement-nhs-eye-care-services-payments-during-covid-19-pandemic>
- Optometry recovery guidance (amber phase): COVID-19 **issued 08/06/20**- <https://gov.wales/optometry-recovery-guidance-amber-phase-covid-19>

Community Nursing and Allied Health Professionals services

Providing services that maintain people's health and well-being of those with a known long-term condition, as well as urgent new health issues which require time sensitive nursing and / or AHP intervention, should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high risk, and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and nursing and /or AHP intervention to prevent hospitalisation or loss of independent living skills. Palliative care services to enable people to stay at home and out of hospital must be maintained, enabling people to die with

dignity in the place of their choice. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how community nursing and AHP services have been traditionally provided; integrated community rehabilitation, reablement and recovery are essential to maximising recovery and discharge from hospital. This includes supporting the cluster hub model, working in hospital at home or virtual ward community resource multi-professional teams as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care.

Urgent eye care including services that prevent loss of sight or irreversible damage

Diagnosis and treatment of potentially blinding disease. In particular, these concern Glaucoma and Macular patients requiring intra-vitreous injection therapies. In both cases, delays to review and/or treatment may result in irreversible sight loss. See separate letter and guidance issued on 7th April 2020 by the Chief Optometric Adviser and Deputy CMO.

WG guidance issued:

- Optometry correspondence and guidance **issued 17/03/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>
- Ophthalmology guidance **issued 07/04/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>

Urgent surgery including access to urgent diagnostics and related rehabilitation

The Royal College of Surgeons issued revised guidance on 10 June:
<https://www.rcseng.ac.uk/coronavirus/surgical-prioritisation-guidance/>

The guidance continues to classify patients requiring surgery during the pandemic into five categories:

- Priority Level 1a Emergency – operation needed within 24hours
- Priority level 1b Urgent – operation needed with 72 hours
- Priority level 2 Surgery that can be deferred for up to 4 weeks
- Priority level 3 Surgery that can be delayed for up to 3months

Priority level 4 Surgery that can be delayed for more than 3 months

The guide notes that these time intervals may vary from usual practice.

The guidance also contains a table of procedures by priority level

Guidance on obstetrics and gynaecology and ophthalmology is not included but links to specific advice are included.

Please note where this guidance links to NHS England guidance, the relevant NHS Wales advice should be followed as appropriate e.g. cancer.

It is also an imperative that patients do not get lost in the system and clear records of patients whose care is deferred must be held and coordinated through Health Board systems. Consideration should be given to providing pre-habilitation to those whose surgery is deferred in order to ensure they remain as fit and prepared as possible for when the surgery is scheduled.

It is expected that mutual aid support will be enacted between Health Boards where needed and surgical services (categories 1a and 1b in particular) that are currently provided on a regional/supra regional basis must be maintained. The whole surgical pathway must be provided, including the rehabilitation required as a result of surgery.

Hip Fracture Surgery

Prompt, high quality care of all people with hip and fragility fracture is a key component of improving patient outcomes and reducing acute bed occupancy during the coronavirus pandemic. Essential services guidance will be issued shortly but health boards should aim to:

- Maximise and sustain capacity for the continued delivery of those hip and fragility fracture services through a coordinated escalation and de-escalation approach both regionally and nationally;
- Focus on maintaining surgical intervention and rehabilitation as prompt surgery is the ideal analgesic, is humane and aids good nursing care;
- Only consider conservative management on an individual basis and within an ethical framework;
- Ensure that hip and fragility fracture patients are managed in a timely and efficient manner, despite the potential for reduced theatre capacity for this group;

Major Trauma

Prompt identification and effective treatment of major trauma can save lives, prevent complications, speed recovery and allow an earlier return to active life. The ability to provide high quality care to major trauma patients should be maintained to the greatest possible extent. This includes access to:

- Immediate resuscitation and stabilisation (including blood management)
- Imaging and diagnostics
- Urgent and emergency surgery

- Critical care (where required)
- Transfer to tertiary centre or major trauma centre (where appropriate)
- Repatriation to local services
- Rehabilitation

Wales Trauma Network will be producing further guidance.

Urgent Cancer Treatments, including access to urgent diagnostics and related rehabilitation.

The Chief Executive of the NHS in Wales has written to all Health Board and Trust Chief Executives stating that urgent cancer diagnosis, treatment and care must continue as well as possible during this period to avoid preventable mortality and morbidity. The Wales Cancer Network has produced a further guidance document, which provides a prioritisation and list of services that need to continue.

In addition, a Framework for the reinstatement of cancer services in Wales has been produced. The Framework recognises that whilst it is vital that access to urgent and emergency treatment is maintained during this phase, it is also important that health boards resume additional 'normal' activity and start to address the rapidly growing backlog of tests and treatments. Such decisions should be clinically led, based on risk stratified patient cohorts, individual patient assessment of risk and according to available capacity.

WG guidance issued:

- Maintaining cancer treatment during the COVID-19 response – **issued 1/4/20-** <http://howis.wales.nhs.uk/sitesplus/407/home>
- Cancer guidance- **issued 9/4/20-** <http://howis.wales.nhs.uk/sitesplus/407/home>
- A framework for the reinstatement of cancer services in Wales during Covid-19 – issued 11/5/20 - <http://howis.wales.nhs.uk/sitesplus/407/home>

Cardiac Services

Services need to be maintained for patients needing essential cardiology or cardiac surgery intervention. This includes the following conditions:

- myocardial infarction
- class IV heart failure
- arrhythmias (such as uncontrolled AF or VT)

- acute coronary syndromes –(such as Non-STEMI or unstable angina)
- endocarditis
- aortic stenosis

Services must include access to:

- Rapid access clinics can prevent admission or facilitate early discharge
- Admission and ongoing management with pathways expedited to allow rapid treatment and discharge.
- Appropriate and timely level of essential diagnostics
 - ECG
 - ECHO
 - 24 Hour ECH or event monitoring
 - CT coronary angiogram
 - Invasive coronary angiogram
 - [Stress/exercise tolerance test](#)
 - [Doppler stress echo \(DSE\)](#)
 - [Myocardial perfusion scanning](#)
 - Cardiac CT/MRI
- Appropriate intervention:
 - cardiac surgery
 - ICD implantation
 - CRT implantation
 - Cardiac ablation
 - PCI
 - NSTEMI
 - Primary PCI (PPCI)
 - congenital heart surgery
 - TAVI
- Rehabilitation

The Wales Cardiac Network are producing additional guidance but service should take account of guidance already published listed below.

WG guidance issued:

- Cardiac Specialised Services guidance – **issued 07/05/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>

NICE guidance issued:

<https://www.nice.org.uk/guidance/ng171>

Stroke

Maintaining integrity of stroke services and patient outcomes are important alongside acute COVID-19 care.

- Patients should be encouraged to seek emergency attention when they experience symptoms of a stroke as almost all acute stroke treatments should be available during the pandemic and can reduce disability.
- Healthcare providers should strive to deliver high quality stroke and TIA care, aiming to adhere to national guidelines for acute treatments and secondary prevention.
- Maximise and sustain capacity for the continued delivery of stroke services though a coordinated escalation and de-escalation approach both regionally and nationally.
- To ensure that there are clear pathways into diagnostic, primary care and secondary care follow-up services for stroke patients.
- To maintain secondary prevention, rehabilitation to minimise long-term disability and life after stroke services.
- Maintain research participation in both stroke and COVID-19 projects as resources allow.

WG guidance issued:

- Stroke services in Wales during COVID-19 – issued 18/5/20-
<http://howis.wales.nhs.uk/sitesplus/407/home>

Other Life-saving medical services including access to urgent diagnostics and related rehabilitation

Services will need to be maintained for patients needing a life-saving intervention. The resultant rehabilitation required to maximise the effectiveness of interventions must also be made available. Services include but not limited to:

- gastroenterology including diagnostic endoscopy
- Diabetic care including:
 - Diagnosis of new patients
 - DKA / hyperosmolar hyperglycaemic state
 - Severe Hypoglycaemia
 - Newly diagnosed patients especially where insulin control is problematic
 - Diabetic Retinopathy and diabetic maculopathy
 - Emergency podiatry services and limb at risk monitoring

- Neurological conditions, including dementia
- All supporting rehabilitation

Rehabilitation

- Rehabilitation complements medical, surgical and psychiatric interventions for people of all ages, helps achieve the best outcome possible and is a key strategy for achieving care and sustainability.
- The interdependence of rehabilitation within the essential service pathways is therefore a critical component of quality and high value care and patient survivorship. For example, an individual within the Major Trauma pathway may require tracheostomy weaning; dietetic support; cognitive intervention; splinting prosthetics; positioning and seating input, and psychological support.

WG Guidance issued:

<https://gov.wales/health-and-social-care-services-rehabilitation-framework-2020-2021>

Life-saving or life-impacting paediatric services including time critical vaccinations, screening, diagnostic and safeguarding services

Although children are fortunately not as affected by COVID-19 as older patients there are a range of services that will need to be maintained both in an emergency situation but particularly for children where delaying treatment could impact on the rest of their lives.

Many specialist paediatric services are already provided on a supra regional basis - for the South Wales population at UHW, Cardiff and for the North Wales population at Alder Hay Hospital Liverpool. Powys children access a range of providers in England including Birmingham Children's Hospital.

Services that need to be maintained include:

- Paediatric intensive care and transport
- Paediatric and neonatal emergency surgery and all related rehabilitation
- Urgent surgery (such as cardiac, transplantation etc)
- Urgent illness
- Emergency paediatric surgery (including for major trauma)
- Chronic conditions such as organ failure (including renal dialysis)
- Immunisations and vaccinations

- Screening – blood spot, hearing, new born and 6 week physical exam
- Community paediatric services for children with additional / continuous healthcare needs including care closer to home models and community hubs

Care will be underpinned by RCPCH guidance:

<https://www.rcpch.ac.uk/resources/COVID-19-guidance-paediatric-services>

WG guidance issued:

- Continuation of immunisation programmes during the COVID-19 pandemic letter from CMO **issued 06/04/20**
<https://gov.wales/coronavirus>

Paediatric Diabetes

Access to paediatric diabetes services needs to be maintained. The guidance takes account of overarching guidance from RCPCH as well as *The Lancet Child & Adolescent Health* ([https://doi.org/10.1016/S2352-4642\(20\)30108-5](https://doi.org/10.1016/S2352-4642(20)30108-5)) published on 9 April 2020.

WG guidance issued:

- Paediatric Diabetes services during COVID-19 **issued 20/04/20** - <http://howis.wales.nhs.uk/sitesplus/407/home>

Paediatric Specialist Services

There is a need to maximise and sustain the capability of paediatric specialised services to deliver:

- paediatric cardiology
- cystic fibrosis
- Sleep service
- Neurology and neurorehabilitation
- paediatric neurosurgery
- neonatal and paediatric surgery,
- Neonatal services
- Oncology services, including paediatric radiotherapy
- cleft Lip and Palate services,
- rheumatology services,
- renal services,
- endocrinology services,
- gastroenterology,

- inherited metabolic disease
- cochlear implants for paediatrics
- transplantation

WG guidance issued:

Paediatric specialised services surge guidance – **issued 11/06/09-**

<http://howis.wales.nhs.uk/sitesplus/407/home>

Termination of Pregnancy

Access to termination of pregnancy services needs to be delivered in line with the guidance from the RCOG. Specific guidance has been issued to Health Boards:

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-01-coronavirus-COVID-19-infection-and-abortion-care.pdf>

This guidance confirms that women and girls wanting to terminate an early pregnancy will be prescribed two pills at home instead of going to a hospital or clinic, avoiding social contact and the unnecessary risk of exposure to coronavirus. The prescription of medication will follow a remote consultation with a medical practitioner via video link or telephone conference.

WG guidance issued:

- Temporary approval of home use for both stages of early medical abortion **issued 31/03/2020-** <https://gov.wales/coronavirus>

Maternity Services

Access to maternity services for antenatal, intrapartum and postnatal care, will include provision of community services on a risk-assessed basis. Care will be underpinned by RCOG guidance: <https://www.rcog.org.uk/coronavirus-pregnancy>

WG guidance issued:

Maternity services in Wales during COVID-19 – **issued 11/05/20-**

<http://howis.wales.nhs.uk/sitesplus/407/home>

Neonatal Services

Access to special care baby units, including neonatal intensive care units, will be provided on the same basis as usual. This will include:

- Surgery for neonates

- Isolation facilities for COVID-19 positive neonates
- Usual access to neonatal transport and retrieval services.

WG guidance issued:

- Neonatal services in Wales during COVID-19 – **issued 16/4/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>

Mental Health, NHS Learning Disability Services and Substance Misuse including:

A letter was sent to health boards on 15 April by Dr Andrew Goodall setting out the Welsh Government's expectations for mental health services to continue to provide safe and sustainable responses for individuals who need access to mental health support during this period. This includes recognising the relevant legal safeguards and requirements that are in place. To support this, all the key functions of all age mental health services (including NHS led Learning Disability and Substance Misuse Services) that are considered essential and need to continue during the pandemic period have been set out in the following link: <http://howis.wales.nhs.uk/sitesplus/407/home>

To provide assurance on the capacity of services to fulfil the key functions a Mental Health Covid-19 monitoring tool has been developed. Health boards are required to complete and return the monitoring tool on weekly basis. The forms are submitted to the Mental Health Co-ordination Centre, which is facilitated by the National Collaborative Commissioning Unit, and discussed at weekly meetings with Covid-19 Mental Health Leads and CAMHS clinical leads. A copy of the mental health monitoring tools can be found on Mental Health and Learning Disability Co-ordination Centre Website

Guidance has been developed to support services during the pandemic:

- [Services under the Mental Health \(Wales\) Measure: COVID-19](#)
- [Mental Health Act 1983 hospital managers' discharge powers: coronavirus](#)
- Guidance for substance misuse and homelessness services **issued 19/03/20-** <https://gov.wales/coronavirus>
- A range of advice and support is also available on the Mental Health and Learning Disability Co-ordination Centre Website:
<http://www.wales.nhs.uk/easc/nhswalesmhcc>
- Essential Mental Health, Learning Disability and Substance Misuse Services during Covid 19 Epidemic issued **11/06/20 -**
<http://howis.wales.nhs.uk/sitesplus/407/home>

Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions

In the provision of routine care, the NHS will need to pay particular attention to the availability of medicines that support delivery of specific types of procedure or care.

Guidance will be issued shortly describing a Wales wide strategic approach to maintaining supplies of medicines to support increasing levels of routine care, whilst balancing the need to retain adequate supplies of some medicines, particularly those used in critical and palliative care. This is particularly important for those medicines which are used both in routine and critical and or end of life care and which remain in short supply as a result of increased global demand.

The guidance will be available at -

<http://howis.wales.nhs.uk/sitesplus/407/home>

Comprehensive therapeutic guidance on a range of issues associated with prescribing, therapeutic drug monitoring and medicine use are available at the All Wales Therapeutics and Toxicology Centre's (AWTTC's) COVID Therapeutics hub - <https://www.awttc.org/coronavirus-covid-19-therapeutic-advice>.

Advice on the management of specific medicines shortages is available at

<https://www2.nphs.wales.nhs.uk/contacts.nsf>

and <http://howis.wales.nhs.uk/sites3/docmetadata.cfm?orgid=428&id=501373>

(NHS intranet users only)

Renal care - dialysis

Dialysis is a life maintaining treatment and without regular therapy, normally at least three times a week over a 4 hour session, patients will die in a matter of days. Although some patients dialyse at home, the majority of dialysis is delivered in the form of haemodialysis at out-patient units by specialist dialysis nurses. Irrespective of location or modality of treatment, there are a range of dependencies to enable dialysis to be delivered safely including access surgery, uninterrupted supply of dialysis fluids, consumables and medications. Renal services across Wales have plans developed regional plans to ensure the delivery of essential renal services including outpatient dialysis.

Services should take account on NICE COVID-19 rapid guidelines:

dialysis service delivery - <https://www.nice.org.uk/guidance/ng160>

Blood and Transplantation Services

Blood and Blood components:

The Welsh Blood Service provides a range of essential services to ensure that NHS Wales has access to blood and blood components to treat patients. The provision of blood and blood components for customer hospitals across Wales will need to be maintained to ensure patients requiring blood transfusion and blood components for life saving treatments can continue during the COVID-19 outbreak.

Platelets are a critical product in the treatment plan for a number of acute health conditions including blood cancer and neonatal blood disorders. WBS is liaising with Health Boards and NHS Trust to assess the demand for blood products to treat COVID-19 patient (including plasma products) and non-COVID-19 essential services. Further guidance will be issued from WBS and Welsh Government in relation to blood collections and supply.

Bone Marrow and Stem Cells Transplantation:

Provision of blood stem cell services for acute blood cancers is time critical and essential to ensure patient status does not deteriorate beyond the treatment window into palliative care.

Services should be provided in accordance with:

European Society for Blood and Marrow Transplant (EBMT):

https://www.ebmt.org/sites/default/files/2020-04/EBMT-COVID-19-guidelines_v.6.1%282020-04-07%29.pdf

NICE COVID-19 rapid guideline: haematopoietic stem cell transplantation

<https://www.nice.org.uk/guidance/NG164>

Solid Organ Transplantation:

The safety of organ and tissue donation and patients in need of a transplant is paramount and deceased organ donation should be considered on a case by case basis. Organs are still being donated where possible and offered to the hospitals that are still performing transplants. Consideration needs to be given to maintaining donation and transplantation services, in particular for those patients on the urgent and super-urgent transplant waiting lists. Transplant teams will need to balance the patient's need for transplant against the additional challenges of being immuno-suppressed at this time. Transplant services should ensure they take account of the latest advice:

<https://www.odt.nhs.uk/deceased-donation/covid-19-advice-for-clinicians/>

In addition a NICE COVID-19 rapid guideline has been developed for renal transplantation and will shortly be published.

Retrieval services should be maintained to ensure the sustainability of the National Organ Retrieval arrangements.

Wherever possible, health boards should work with transplant centres to ensure referral for screening/assessment and follow-up pathways are maintained and transplant centres can access local services for any investigations or tests required to facilitate treatment.

Welsh Transplantation and Immunogenetics Laboratory (WTAIL)

The Welsh Transplantation and Immunogenetics Laboratory (WTAIL) along with the Welsh Bone Marrow Donor Registry (WBMDR) provide critical laboratory testing and donor stem cell provision for blood cancer patients in Wales, UK and worldwide. They are also responsible for the provision of laboratory testing for solid organ transplantation including supporting the National solid organ allocation scheme by testing deceased donors from Wales for allocation of organs to national patients. In addition, it is responsible for the regular monitoring of patients post-transplant providing information on transplant rejection and informing on requirements for time critical clinical intervention, as well as the provision of specialist screening and genetic testing of blood products including platelets.

Palliative and End of Life Care

This should occur where possible in the patient's home under the responsibility of the patient's general practitioners and community staff, supported where necessary by palliative specialists and third sector. Palliative care is specifically mentioned in the General Medical Services contract. Access to admission for palliative care purposes where necessary, to inpatient specialist palliative care expertise, and to palliative interventions should be preserved where it is possible and safe. This must be judged according to the local context. The palliative nature of the goals of care may make access more urgent. Access to the full range of allied health professionals to support end of life care is essential, including community assistive equipment, nutrition, communication and psychological care and to facilitate death in location of choice is essential.

WG guidance issued:

- Palliative Care Information and Resources Guide – published 11/05/2020

<http://howis.wales.nhs.uk/sitesplus/407/home>

Guidance

The service/speciality areas described above highlight where guidance has already been produced (as at 12 June 2020). NHS Wales specific guidance has generally been produced from existing sources including Royal Colleges, NICE and drawing on NHS England guidance.

Essential services clinical guidance for NHS Wales will continue to be published on a dedicated section of the HOWIS site at

<http://howis.wales.nhs.uk/sitesplus/407/home>

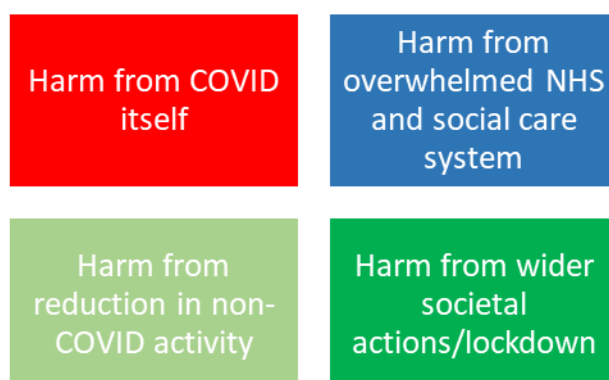
Public facing guidance will be published on the Welsh Government website at

<https://gov.wales/coronavirus>

NHS WALES COVID 19 OPERATING FRAMEWORK - QUARTER 2 (20/21)

1. PURPOSE

In line with the shorter planning cycles that we have agreed for 20/21, the purpose of this document is to provide the NHS with an Operating Framework for Q2 and a look ahead to the rest of the year. This framework will build on the themes and principles from Q1, based on a “proceed with caution” approach and will continue to focus on the four harms;



2. CONTEXT

There have been a number of developments since the publication of the Operating Framework Guidance for Q 1. In Wales lockdown measures are being eased in a steady and cautious approach, in line with the Welsh Government’s recovery plan, focused on maintaining and controlling the Rt value. In parallel with this, the Test, Trace, Protect Programme has been launched across Wales to improve access to testing and contact tracing to help contain and isolate the virus. Health Boards, Local Authorities, NWIS, Public Health Wales and our military colleagues have been working hard to implement this at scale and pace and this will continue to develop and evolve in Q2.

From an NHS perspective, although our understanding of the virus is improving there is still a high degree of uncertainty in the months ahead. This will continue to make planning challenging as we interpret modelling, and as evidence about the virus requires us to continually update guidance and policies in this area at pace.

Since the first COVID-19 peak in April the NHS in Wales has been developing and implementing its plans for a dual track approach to delivery of services across all care settings. The World Health Organisation describes Track 1 as remaining ready to provide the full range of services needed to prevent, diagnose, isolate and treat COVID-19 patients, and Track 2 addressing accumulated demand from services that were paused to reduce exposure to and provide care for during outbreak peaks. (https://www.euro.who.int/_data/assets/pdf_file/0018/440037/Strength-AdjustingMeasuresCOVID19-transition-phases.pdf?ua=1)

The pace of these plans has varied geographically, reflecting the fact that the curve of COVID 19 demand has affected different parts of Wales at different times. Whilst organisations prepared for the initial COVID-19 peak in March/ April, it is now

apparent that NHS Wales will have to adapt to coexisting with and addressing the challenges of covid-19 for some time to come, until a vaccine is developed.

We recognise that this dual track approach is a new challenge for our workforce, for patients and the public and for our services. It requires a continued focus on new ways of working, making it essential that we retain the agile and flexible approach used to respond to the challenge of COVID 19 itself. However this is also an opportunity to align the “new normal” with the ambition and direction set out in A Healthier Wales.

For our next iteration of plans we need to reset the capacity plans we developed to meet the first peak of COVID 19 to respond to a reduced but more sustained pressure. Updated advice will be issued alongside this guidance to inform capacity planning for the rest of the year.

The underlying approach for Quarter 2 is to continue to proceed with caution. The focus of this guidance remains on essential NHS services, with the introduction of routine services continuing to be a matter for local determination based on an assessment of safety, workforce, capacity, clinical support requirements and risks for patients.

Finally, although the guidance relates specifically to Q2 it is also important to start to set the scene for the rest of the year, recognising the additional risks associated with the winter period.

3. OPERATING FRAMEWORK

Test, Trace, Protect

As referenced above NHS organisations are playing a pivotal role in delivering the NHS Wales Test, Trace, Protect service which was implemented in Q1 at great pace, and which requires ongoing focus in Q2 to ensure the appropriate capacity for the effective delivery of this service. This includes

- Sufficient antigen test sampling capacity to enable members of the public who are symptomatic to access a sampling site without delay (same day access).
- Capacity and organisational arrangements to deliver testing turnaround times (test request to lab authorisation of 24 hours) consistent with international evidence of best practice for contact tracing. This requires that samples reach PHW laboratories and that laboratory capacity and throughput is consistent with the expected turnaround time.
- In collaboration with partners to deliver regionally coordinated local contact tracing teams – a mix of clinical and non-clinical staff who can support those who have tested positive and their close contacts to stay safe.
- Provision of environmental and public health responses to local outbreaks and clusters or preventative action in areas regarded as high risk.

Testing supports purposes other than contact tracing. The NHS will need to have capacity to support these other testing purposes - diagnosing the disease to help with treatment and care; population health surveillance, so that we understand the

spread of the disease; business continuity, enabling key workers to return to work more quickly and safely; knowing who has had the infection in the past, when antibody testing is widely available.

New ways of working

The Q1 guidance focused in particular on continuing to accelerate progress in implementing new digital approaches to service delivery, and this needs to be supported through a combination of both local and national investment.

However, there have been many other examples of service redesign and transformation and we need to ensure that teams continue to feel empowered and supported to do things differently. We need to nurture and develop the clinical leadership that has been demonstrated over the last few months and continue to stimulate new ideas and approaches from all of our staff. Plans for Q2 should continue to focus on this, in particular new approaches to outpatient services which have helped accelerate our vision of a modern NHS.

Equally we need to be cognisant of the fact that some changes may not work or may not have a positive impact over the longer term. It is important to evaluate the new ways of working to identify which need to be continued, adjusted or stopped. This should be also informed by the views of stakeholders, including patients, staff and Community Health Councils.

Managing COVID 19

Our services will need to be able to assess, diagnose and treat patients with COVID 19 for the foreseeable future, and to support their rehabilitation. The COVID 19 secondary care pathway <https://covid-19hospitalguideline.wales.nhs.uk/> sets out the most appropriate and effective way of providing care to COVID patients and it is important that clinical staff who may be involved with COVID patients understand this pathway and have undertaken the required training. It has recently been updated to reflect the use of Dexamethasone as a treatment option for hospitalised COVID-19 patients requiring oxygen or ventilation.

New information and evidence about the virus means that updated guidance needs to be developed, issued and implemented at pace, particularly in relation to infection prevention and control. A Nosocomial Transmission Group has been established for this purpose.

We have recently published the “Operational guide for the safe return of healthcare environments to routine arrangements following the initial Covid19 response”. This is intended to ensure that healthcare settings have a visible approach to safety and infection, for the benefit of staff, patients and visitors. This should be read in conjunction with “Reducing the risk of transmission of COVID-19 in the hospital setting” which is published on a 4 nations basis. Guidance on use of masks for health and social care has also been issued. NHS organisations need to demonstrate that they have implemented this guidance in their Q2 plans.

Infection Prevention and Control services, and cleaning services have an especially critical role to play, and organisations need to ensure that they are appropriately resourced.

The Nosocomial Transmission Group will continue to provide guidance on environments, equipment, training and clinical pathways, and will be reporting Nosocomial infection surveillance data by health board (soon to be hospital). Reporting and learning from outbreaks will be important in Q2 particularly in relation to “green areas”,

Although the emergency planning and response mechanisms have been scaled back NHS organisations will continue to require effective mechanisms to cascade and operationalise new guidance.

Surge Capacity

Until there is an effective vaccine the NHS must remain prepared for a potential peak in demand. The size, shape and timing of any potential peak depends upon a number of factors, but these have changed considerably since the modelling that underpinned actions for Q1. New capacity assumptions related to potential second COVID 19 peak will be issued shortly – this position is based on scenario planning not a predicted peak.

For Q2 Health Boards must demonstrate that their capacity plans reflect:

- The increased capacity requirement of recovering all essential services
- The impact of the environmental guidance on acute and field hospital beds
- Any further anticipated demand over winter
- Maintain reasonable levels of occupancy on acute sites ie 85-92%
- Capacity that could be freed up in a future cessation of non-essential activity
- Surge capacity that can be flexed to meet COVID 19 demand (based on national capacity assumptions)

Specific consideration needs to be given to cases to maintain non NHS capacity such as Field Hospitals, taking account of value for money, fitness for purpose, and suitability of clinical model.

It will be important to demonstrate a clear link between physical capacity and workforce plans – referenced later in document.

We have agreed that the remaining Independent Sector Hospital contracts that were negotiated on an All Wales basis will cease after August, to be replaced where necessary with local agreements. These should also be explained in Q2 plans.

Critical Care

The new modelling provides an adjusted requirement for critical care bed numbers. We need to continue to protect and enhance critical care services to ensure that they have the capacity and resilience to deliver both essential services and COVID 19 activity. Organisations need to confirm in Q2 plans that they are able to:

- Activate surge capacity plans for critical care within 2 weeks.

- Designate areas between COVID and non COVID
- Continue a zero tolerance approach to delayed discharges
- Maintain the critical care skills of the wider workforce to support surge plans
- Undertake a readiness assessment before resuming routine surgery
https://www.ficm.ac.uk/sites/default/files/ficm_bridging_guidance_for_critical_care_during_the_restoration_of_nhs_services_-_22_may_2020.pdf (FCIM)

“Essential” services

Essential services continue to be the focus of the operating framework for Q2 and the Essential Services technical document has been updated at **Appendix A** in light of continued guidance from WHO, professional bodies and NICE.

Organisations are requested to update their compliance with these services for Q2 and identify any risks relating to staff / facilities that have been repurposed to support COVID 19 work. Organisations should satisfy themselves that they have effective governance and assurance arrangements in place to ensure patient and staff safety and minimise harm. Consideration of regional solutions will continue to be important given the pressures on services and capacity.

To support the delivery of essential services organisations must assure themselves that they are implementing guidance contained in “A Principles Framework to assist the NHS in Wales to return urgent and planned services in hospital settings during COVID-19.” This is important given the emerging evidence about the impact of COVID 19 on surgical outcomes.

Specific areas to highlight in Q2 plans include:

- An update on Cancer services – in line with new Q2 guidance issues by the Wales Cancer Network <http://howis.wales.nhs.uk/sitesplus/407/home>
- Plans for diagnostic and imaging services, recognising the potential for these to become a bottleneck as a result of COVID 19 restrictions
- The restoration of solid organ transplant services in line with the clinical guidance developed and published by NHS Blood and Transplant,
- Implementation of plans for the South Wales Trauma Network by early autumn
- Mental Health
- Implementing a phased re-introduction of screening services – further details to follow from Public Health Wales
- Plans for rehabilitation in anticipation of an increased need for a wide range of physical, mental and emotional rehabilitation care and support for people whose planned care has been paused, people who have delayed accessing health services during the pandemic and people who have been shielding. This includes both adults and children. The Welsh Government will shortly publish guidance on the needs of each population group to supplement the Rehabilitation: A Framework for Continuity and Recovery.
<https://gov.wales/health-and-social-care-services-rehabilitation-framework-2020-2021#description-block>.

Essential services clinical guidance for NHS Wales is published on a dedicated section of the HOWIS site at <http://howis.wales.nhs.uk/sitesplus/407/home>

Public facing guidance will be published on the Welsh Government website at <https://gov.wales/coronavirus>

Unscheduled Care Services and Winter Planning

Q2 is an opportunity to embed new approaches to unscheduled care which will help support COVID 19 and essential services in advance of winter pressures.

The National Unscheduled Care Programme has developed six goals for urgent and emergency care which will help winter preparedness. National and local deliverables include the effective implementation of known evidence based approaches like Ambulatory Emergency Care and Discharge to Recover and Assess, alongside new innovations that have been accelerated as a result of the pandemic. Influenza vaccinations will be especially important in advance of the winter.

In addition it will be important to implement guidance on new Infection Prevention and Control approaches in Emergency Departments as part of new models of care, for example

https://www.rcem.ac.uk/docs/RCEM%20Guidance/RCEM_BPC_Guideline_COVID_IPC_090620.pdf

There is no separate requirement to develop winter plans this year, but NHS organisations are asked to demonstrate how, with their partners, they are progressing winter preparedness in their Q2 plans with specific reference to the deliverables at **Appendix B**.

“Routine” services

The delivery of routine services continues to be a matter for local decision based on an assessment of whether this can be done safely and without compromising our ability to respond to COVID 19 patients and deliver essential services. Professional bodies have developed tool kits to inform these decisions, for example, the Royal College of Surgeons checklist for restarting surgical services.

New ways of working should continue to be explored, particularly in relation to outpatient services, where the opportunities of digital platforms should continue to transform both new and follow up approaches, in line with the Outpatients Strategy.

One area that requires additional focus in Q2 is **Children’s Services**. Overall children have been less affected directly by the virus and more affected by other measures such as school closure, scaling back of NHS activity, delays in presentation, and isolation leading to less exercise and mental health difficulties. Some evidence suggests there is moderately less risk of transmission in children than adults.

Resumption of children’s services -albeit through new ways of working where appropriate- is likely to restore a better balance to children’s health. Otherwise, there is a risk that a sustained reduction in access to routine paediatric services could result in harm to children which more than offsets the specific COVID risk for this

group. The potential impact of seasonal pressures on this group is another driver for ensuring that access to services is resumed as quickly as possible. Support for areas such as neurodisability, Safeguarding and specialities reliant on investigations(e.g. endoscopy or MRI) will be crucial.

Primary care

During May further guidance was issued to support continued recovery of primary care services across all contractor professions, and many aspects of primary care are also covered in the Essential Services Technical document at Appendix A.

In Q2 there will be a particular focus on

- the development of plans to support clusters in the safety netting of those at risk and people who are symptomatic or have tested positive to COVID-19.
- Implementation of the care homes DES

Further information will be issued regarding timescales for moving dentistry and optometry from the red alert phase to the amber phase.

The Strategic Programme for Primary Care has resumed its work and has identified the following priorities for aligning the lessons from COVID to the forward work programme:

- The 24/7 workstream to work up the required infrastructure and capacity for community services taking account of Right-Sizing the Community, Rehabilitation Guidance, and the Six goals of urgent and emergency care.
- A proactive review of service models in care homes, rehabilitation settings and community hospitals, prioritising care home focussed work in Q2 and 3 recognising the fragility of the sector and the need to respond swiftly.
- A review of enhanced services aligned to the Welsh Government guidance on restarting enhanced services.
- Implementation of an outcome measures approach.
- National tools to support embedding the rapid digital solutions implemented in quarter one into the operating model for primary and community care

Urgent Primary Care (OOHs and 111) services have taken significant steps in refining the operating model and will continue to adapt in Q2 and Q3 to align with the wider 24/7 agenda and unscheduled care through

- Ongoing refinement of the on-line symptom checker for signposting and information (both for public and staff)
- Maximising the use of non-clinical and clinical telephone triage
- Enhancement of the wider MDT clinical assessment function within the 111 support hub.
- Continue to support Video Conferencing (e.g. Attend Anywhere and Consultant Connect) to support patients in their own homes and reduce the need for base visits and /or home visiting.

Workforce and Wellbeing

This continues to be a key priority for Q2 as many frontline and support staff will be feeling the impact of the initial crisis for months to come as well as potentially gearing up again for further peaks in demand. National and local efforts need to ensure that we continue our work in the following areas:

- Meaningful national and local social partnership arrangements in place to support engagement and involvement in the COVID 19 response. Local partnership working is key to effectively implement national policies such as social distancing.
- Appropriate rest and working patterns for staff, and annual leave.
- Effective training, equipment and supplies – including PPE and key transferable skills – updated as necessary in line with emergency guidance
- Wellbeing and psychological support accessible to all staff including through the NHS Wales Staff Wellbeing Covid -19 Resource
- Monitoring and review of key workforce indicators including: absence and sickness levels and reasons; retention of the workforce including retirement and resignations
- Risk assessments and actions for those staff who may be at increased risk - including BAME and older colleagues, pregnant women, returnees, and those with underlying health conditions
- Implementing and communicating the Frequently Asked Questions updated and issued regularly in social partnership, setting clear policies, key terms and conditions of service for our workforce <https://www.nhsconfed.org/regions-and-eu/welsh-nhs-confederation/nhs-wales-employers/covid19>

In addition to the above Q2 will focus on implementation of new guidance on environments and social distancing, as referenced earlier. These require ongoing cooperation and support from each individual member of staff to ensure that they take the right actions to protect themselves, therefore protecting others. Social distancing can be challenging in many environments, but as with other sectors the NHS needs to ensure that it is closely monitoring compliance as this is a critical measure to minimise transmission, alongside effective handwashing and use of PPE.

Linked to this the implications of the Test, Trace, Protect Programme require organisations to think differently about the deployment of teams, for example, using a “cohorting” approach to staffing to ensure that whole teams and services are not affected by a member of staff who tests positive for COVID 19.

Postgraduate and Undergraduate education and training activities will need to be fully restored in Q2, albeit some of this will continue to be delivered in different ways. This means that rotations and clinical placements will take place as normal to ensure that our future health professional staff can develop the appropriate skills and competences.

In terms of workforce availability NHS organisations are asked to outline workforce plans to support their adjusted surge capacity plans in their Q2 submissions. These need to take account of:

- the fact that students will now be resuming their academic programmes, or substantive posts following graduation
- a local analysis of those staff who have returned and retired on the temporary register to quantify how much resource can realistically be assumed from this source as the months go by.
- opportunities for flexible deployment of the current workforce including any training needs

If individual organisations do not believe they can staff the surge capacity, including field hospitals, this should be highlighted urgently to inform a national approach and solution.

Social Care Interface

We need to continue to provide extended support to care homes in Q2 to reflect the additional needs of residents with COVID symptoms, and the additional operational consequences on staff, supplies and occupancy levels.

The key areas for NHS action include:

- Implementation of the new care homes DES to include 100% coverage of care homes
- Support with infection prevention and control
- Assistance with training and support for example in relation to basic parameters and observations, signs of the deteriorating patient, pulse oximetry, rehabilitation, advanced care planning
- Continue to support testing of residents and staff in care homes
- Additional support through local care homes escalation framework as needed, in conjunction with partners

4. MONITORING ARRANGEMENTS

In Q2 we will continue a phased restart of monitoring arrangements through the Quality and Delivery Meetings, to review service delivery, workforce and quality indicators for individual organisations.

We will hold stocktake meetings with organisations who are in escalation during Q2.

5. FINANCE

Financial context and funding

The Q1 operating framework recognised that the decisions taken at pace to respond to anticipated demand and immediate service plans were not always able to follow normal financial governance processes, and significant resources were committed without the certainty of funding. The financial context for Q2 plans is of increasing scrutiny of the cost implications of the early decisions taken, along with a significantly

more constrained financial outlook going forward for the remainder of the financial year. As such, there is a need to ensure that affordability and financial governance considerations are given appropriate weighting in Q2 plans alongside the workforce and capacity considerations referred to elsewhere in this framework.

Welsh Government published the First Supplementary Budget for 2020-21 on 27th May, which set out the funding which has been allocated to date to the Health and Social Services budget to manage the response (<https://gov.wales/1st-supplementary-budget-2020-2021>). Funding will be allocated to NHS organisations during June to cover those areas of Q1 expenditure for which there is confirmed funding set out in the Supplementary Budget.

As the most material area of expenditure incurred during Q1, detailed reviews are currently underway on the supporting information supplied by NHS bodies for the set-up costs of field hospitals. Subject to successful scrutiny, the intention is to issue both capital and revenue funding by the end of June. This will be for set-up and equipping costs incurred to date only. Funding for local authority delivery partners will be routed via the NHS and subject to local review and approval processes prior to payment. Further infrastructure costs relating to the field hospitals, including mothballing, reactivation, decommissioning, handback and reinstatement, will be considered on an individual basis as operational plans for Q2 and beyond are developed.

Financial plans and forecasts

Recognising that the timetable for submission of the Q2 plans falls between the submission dates for months 2 and 3 financial monitoring returns, organisations should use their month 2 financial position as the basis for the Q2 plan, updated for any material issues that arise during the development of Q2 plans.

With the allocation of funding during June, there is an expectation that the year-to-date and forecast cost assessments included in the month 3 financial monitoring returns will form a critical evidence base for assessing future cost and funding requirements for Q2 and beyond. These returns will form the basis of a review and assessment process during July led by Welsh Government and the Finance Delivery Unit along with the Q2 plans submitted on the 03 July.

The Covid-19 cost submissions in April and at month 1 reflection highlighted a large degree of variation across the system in the areas of anticipated expenditure reduction, both the level of planned IMTP commitments/slippage in investments, and reduced expenditure due to activity reduction. There is an expectation that NHS organisations are deploying their baseline allocations as the default funding source for additional Covid-19 related expenditure, and that financial forecasts and plans going forward need to focus as much on the assessment of areas of cost avoidance and reduction to support the response as capturing increasing costs.

A number of Q1 plans outlined the scale of innovation and benefits of the changes that have been implemented to date as a positive outcome from the initial response phase. Organisations should seek to quantify those benefits as part of their Q2 plans and include in their month 3 assessment of redeployment of resources.

A robust communication and feedback process for finance was established in the early days of the response to the pandemic, including weekly finance directors call and the establishment of a Finance Cell comprising Welsh Government, Finance Delivery Unit and LHB representatives. These arrangements will continue during Q2 as the basis of ensuring that a transparent and collaborative financial operating environment is maintained.

Financial Governance

Organisations should be continuing to review the effectiveness of governance and decision-making arrangements that have been put in place, ensuring these remain fit for purpose. Internal audit rapid reviews should be utilised in any areas of concern, and any material commitments have to follow the appropriate governance process in line with revised scheme of delegation arrangements.

In particular, to meet the requirements of paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006, local health boards are reminded of the requirement to seek consent to enter into contracts over £1 million and trusts are required to provide formal notification. NHS trusts and health boards are also required to follow the usual reporting arrangements for contracts between £500k and £1 million.

Capital

Funding for other COVID costs (i.e. non-field hospitals) is also being progressed with reviews underway of organisational submissions. The intention is to issue funding, subject to successful scrutiny, by the end of June.

We are resuming the submission of individual scheme status reports for month 3 (i.e. to cover the first quarter). These will be completed on a monthly basis thereafter and discussed at the regular Capital Review Meetings. Status reports are due on the 12th working day of each month.

Given the current position regarding in-year affordability, we are not able to progress funding for schemes in development. At present, organisations are only able to assume funding levels as set out in the approved sections of the CRLs/ CELs (i.e. Group 1 and Group 2). Any further requirements will need to be accommodated from within discretionary allocations and subject to local risk assessment and decision-making until further notice. This will be reviewed and updates provided as soon as known.

6. KEY ACTIONS

NHS organisations to develop local operational plans for Q2 that as a minimum include:

- Test, Trace and Protect Plans
- Progress update on compliance with Essential Services and key quality and safety issues
- [NEW] Progress on implementation of guidance on infection prevention and control, including environmental factors and social distancing

- Refreshed surge capacity plans based on updated modelling assumptions – to include NHS surge as well as ongoing requirements for field hospitals and independent sector facilities. This is a critical part of the plan and will inform funding decisions for Q2.
- [NEW] Update on unscheduled care and planning for winter preparedness
- Progress update regarding routine services, including paediatrics
- Workforce plans including use of additional temporary workforce.
- [NEW] Support plans for care homes and social care interface
- Financial implications
- Risks to delivery and mitigations
- [NEW] Mechanisms for stakeholder engagement, including staff side and Community Health Councils

Whilst the above requirements will apply to most NHS organisations in Wales it is recognised that some will need to adapt and modify these for their Q2 plans - in particular WAST, HEIW, and PHW. Plans are also requested from NWIS and NWSSP.

Draft local COVID 19 Operational Plans for Q2 are requested by 03 July recognising that they will need to be formally agreed through Board and Committee structures and in line with the agreed governance principles. Following Board approval, plans should be published on websites.

Welsh Government actions for Q2 include the following

- Publish lessons learned and good practice from COVID response to date (WG)
- Continue to ensure sufficient supplies of PPE are available (WG)
- Continue to review position on cancer services and requirement for regional solutions (WG/WCN)
- Continue to support NHS organisations with surge capacity in non NHS settings for Q2, with a review of field hospitals by the end of June (WG)
- Implement a set of triggers to help monitor pressures on the system based on Rt values, doubling rate for hospital admissions and critical care occupancy (WG)
- Confirm national support for care homes including a Care Homes DES, and any temporary changes to financial and sustainability support
- Continue to implement and refine a national communication campaign on key messages for the public about safety and access, which can be adapted and built upon by individual organisations (WG)
- Assess the impact on financial plans and identify and secure funding requirements (WG, FDU, NHS organisations)
- Continue to take oversight and review implementation of the TTP programme (WG/PHW)
- Confirm proposals for the reintroduction of the national screening programmes that have been temporarily paused (PHW)
- Continue to review and disseminate guidance on infection prevention and control and revised where required (WG)

- Re-establish Quality & Delivery meetings with NHS organisations, and undertake targeted intervention and special measures stocktake meetings (WG)
- Continue to work in social partnership, through regular meetings of the Wales Partnership Forum (WG)



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NHS Trust

TRUST BOARD

DELIVERING EXCELLENCE PERFORMANCE REPORT

DATE OF MEETING	25/06/2020
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PUBLIC OR PRIVATE REPORT	Public
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PREPARED BY	Phil Hodson, Deputy Director of Planning and Performance
PRESENTED BY	Cath O'Brien, Interim Chief Operating Officer
EXECUTIVE SPONSOR APPROVED	Cath Obrien, Interim Chief Operating Officer

REPORT PURPOSE	FOR DISCUSSION / REVIEW
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	16 th June 2020	Approved

ACRONYMS	
IMTP	Integrated Medium Term Plan
PADR	Performance Appraisal and Development Review
N/A	Not Applicable

VUNHST	Velindre University NHS Trust
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1. SITUATION/BACKGROUND

- 1.1 The attached Trust performance reports are intended to provide an update to the VUNHST Board with respect to Trust-wide performance against key performance metrics.
- 1.2 The attached reports describe performance through to the end of April 2020 for the Welsh Blood Service, the Velindre Cancer Centre and for VUNHST Corporate Services respectively.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The reports set-out performance at Velindre Cancer Centre (*appendix 1*), the Welsh Blood Service (*appendix 2*) and in relation to Trust-wide staff absence, PADR compliance and staff sickness (*appendix 3*). Each report is prefaced by an '*at a glance*' section which is intended to draw attention to particular performance issues.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	The current performance reporting and monitoring system is predicated upon identifying performance issues and supporting effective decision making at service and operational levels to drive forward continuous improvement in quality, safety and the overall experience of patients and donors.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: <ul style="list-style-type: none"> • Staff and Resources • Safe Care • Timely Care • Effective Care.
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes



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LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Delivery against the performance metrics presented in the attached reports and the work associated with delivering improved performance supports sound financial governance across the Trust.

4. RECOMMENDATION

- 4.1 The VUNHST Board is asked to **REVIEW** the contents of the attached performance reports.

At a Glance Highlights - April 2020




The majority of VCC targets were met against a backdrop of unprecedented demand, complexity and operational pressures. The organisational emergency response to the COVID-19 pandemic came into effect in late March. There was disruption to patient treatment pathways and activity at Velindre Cancer Centre during that time. A number of actions identified for delivery at the time have been delayed due to the COVID pandemic. Normal performance management arrangements with the Welsh Government have also been suspended for the foreseeable future which impact on the priorities and actions arising from this report. A return to internal scrutiny will be part of the planning through the recovery phases of COVID -19.

High level Summary of Achievement

- % of patients receiving radical radiotherapy within 28-days.
- % of patients receiving palliative radiotherapy within 14-days.
- % of patients receiving emergency radiotherapy within 2-days.
- % of patients receiving non-emergency SACT treatment within 21-days.
- % of patients receiving emergency SACT treatment within 5-days.
- % of therapies inpatients seen within 2 working days.
- % of urgent therapies outpatient referrals seen within 2 weeks.
- % of routine therapies outpatient referrals seen within 6 weeks.
- % of outpatients seen within 20 minutes.
- % outpatient DNA rates.
- Number of potentially avoidable hospital acquired thrombosis (HAT).
- Number of delayed transfers of care (DToC's).
- Number of VCC acquired potentially avoidable pressure ulcers.
- Number of pressure ulcers reported to Welsh Governments as serious incidents.
- Number of VCC inpatient falls.
- Number of VCC acquired healthcare associated infections.
- % of patients who receive a diagnosis of sepsis and receive all 6 treatment elements within 1 hour.
- % of patients who rated experience at Velindre as 9 out of 10 or above.
- % clinical coding within 1 month.

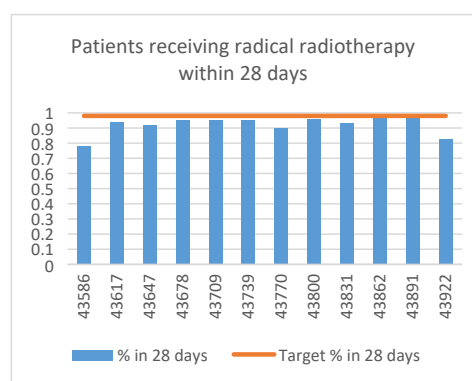
RAG rating above indicates that the individual target was achieved, not achieved or close to being achieved

The detailed performance information is reflected in the pages that follow with the arrows below describing changes to target attainment for individual targets relative to the previous month

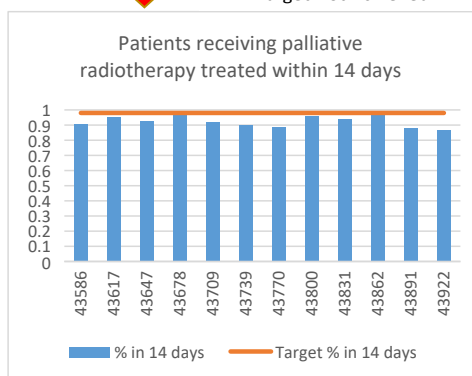
-  4 KPIs improved relative to the previous month's performance.
 5 KPIs fell below the previous month's performance.
 17 KPIs remained unchanged relative to the previous month's performance of these all 15 KPIs met or were above target.

Equitable and Timely Access to Services - Radiotherapy

Apr-20

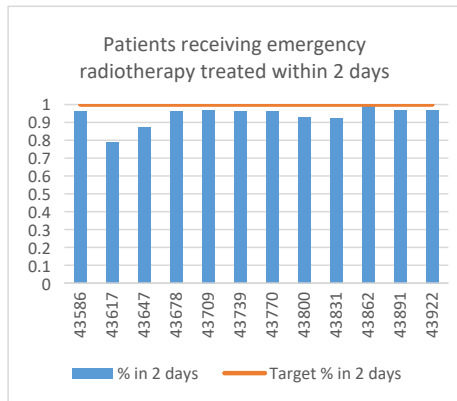


Last month   Target Not Achieved



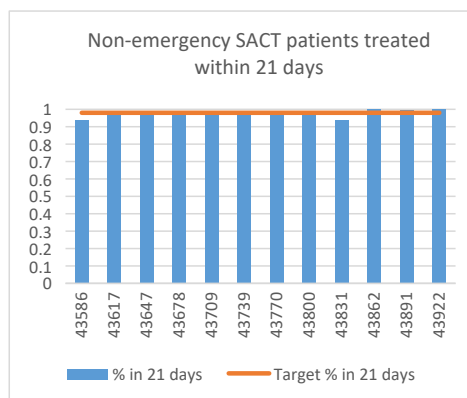
Last month   Target Not Achieved

Target: 98%	SMT lead: Radiotherapy Services Manager	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
<p>Radiotherapy services capacity was restricted as a result of COVID measures. 324 new patient referrals received in April. This was lower than the number received in March (414).</p> <p>Performance against the 28-day time to treatment target was at 83% in April. 184 radical referrals were received and 31 radical breaches recorded. Of these breaches:</p> <ul style="list-style-type: none"> • 18 commenced radiotherapy within 35 days. <p>The breaches were due to the following:</p> <ul style="list-style-type: none"> 13- treatment was delayed due to linac capacity 3 - treatment delayed due to plan not being ready <p>1 - consultant requested delay</p> <p>1 - replan required</p> <ul style="list-style-type: none"> • 8 commenced radiotherapy within 40 days. The breaches were due to the following: <ul style="list-style-type: none"> 6 - treatment was delayed due to linac capacity 1 - complexity of plan 1 - replan required <ul style="list-style-type: none"> • 3 commenced radiotherapy within 45 days. The breaches were due to the following: <ul style="list-style-type: none"> 2 - consultant requested delay 1- COVID related- available to treat date changed to last chemo <ul style="list-style-type: none"> • 2 commenced radiotherapy within 60 days. The breaches were due to the following: <ul style="list-style-type: none"> 1- rescan required 1 - consultant requested delay <p>Performance was 87% with 79 referrals and 10 Palliative breaches. Of these breaches:</p> <ul style="list-style-type: none"> • 5 commenced radiotherapy within 21 days <p>The breaches were due to the following:</p> <ul style="list-style-type: none"> 4 - treatment delayed as plan not available in time 1 - treatment delayed requested by consultant <ul style="list-style-type: none"> • 4 commenced radiotherapy within 28 days <p>The breaches were due to the following:</p> <ul style="list-style-type: none"> 3 - Change of intent from radical to palliative treatment delayed as plan not ready in time • 1 commenced radiotherapy within 35 days <p>The breach was due to the following:</p> <ul style="list-style-type: none"> 1- treatment delayed as plan not ready in time, followed by a change of intent 	<p>A1: Increased capacity has been realised in the immediate term by means of the recruitment of agency staff.</p> <p>A2: A work plan has been developed to increase capacity.</p> <p>A3: Work is progressing in collaboration with health board colleagues to fully understand recent increases in demand. This work will also inform demand and capacity and forward planning.</p> <p>A4: Breaches to be reviewed monthly with Head of Planning and Performance. Actions arising from breach analysis to form monthly improvement plan going forward.</p>	<p>E1: To be reviewed June 2020.</p> <p>E2: To be reviewed June 2020.</p> <p>E3: To be reviewed June 2020.</p> <p>E4: Commencing June 2020</p>



Last month → ✗ Target Not Achieved

Target: 98%		SMT lead: Radiotherapy Services Manager	
Reason for performance:		Actions being taken to improve performance:	Expected completion date:
<p>Performance was 97%.</p> <p>This represents 1 breach out of 37 emergency referrals.</p> <p>The breach was due to the following:</p> <p>Transport failed to transfer patient</p>		<p>A1: A review of the current measures and the means of reporting is underway which is intended to provide clarity with respect to the reporting of breaches.</p> <p>A2: Breaches to be reviewed monthly with Head of Planning and Performance. Actions arising from breach analysis to form monthly improvement plan going forward.</p>	<p>E1: To be reviewed in June 2020.</p> <p>E2: Commencing June 2020</p>



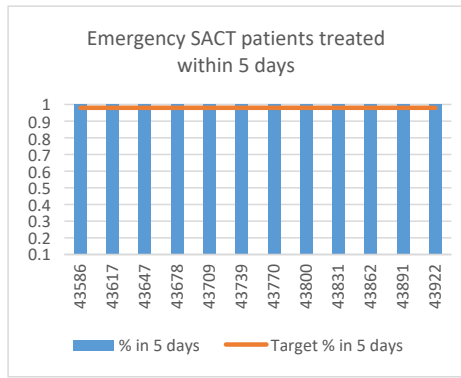
Last month


☒ Target Achieved

Target: 98%	SMT lead: Chief Pharmacist	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
<p>All patients referred began treatment within 21-days.</p> <p>221 new patients began treatment in month (of which 1 was an emergency).</p> <p>Referrals have fallen in comparison to earlier months in light of the COVID-19 pandemic. The SACT service has repatriated all services delivered in an outreach context. With effect from April, all SACT delivery is being undertaken at VCC.</p>	<p>A1: Prior to the advent of the pandemic, a plan was in development to deliver a sustainable increase to SACT (Systemic Anti-Cancer Therapy) capacity. This includes consideration of the increased capacity made available by new pharmacy aseptic production alongside the repurposing of Chemotherapy Inpatient Unit (CIU) to include a daycase facility.</p> <p>A2: The SACT service is developing a plan in response to the COVID-19 pandemic which will ensure the availability of sufficient capacity and a robust operating model.</p>	<p>E1: SACT Service capacity increased due to successful commissioning of the Pharmacy Technical Services and training of new staffing in April.</p> <p>E2: June 2020</p>

Equitable and Timely Access to Services - Emergency Systemic Anti-Cancer Therapy (SACT)

Apr-20



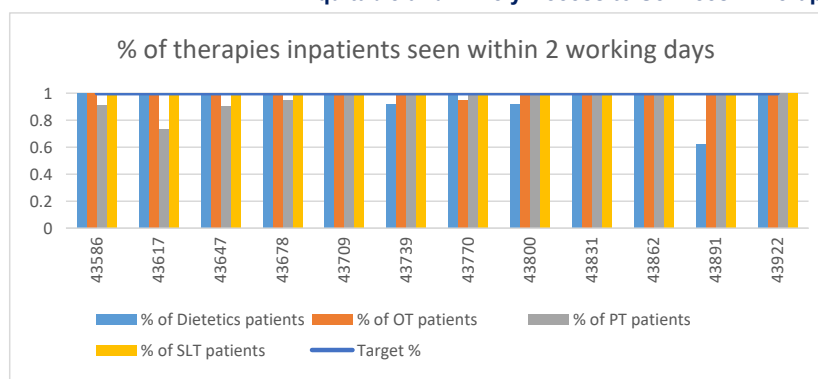
Last month →

✓ Target Achieved

Target: 98%		SMT lead: Chief Pharmacist	
Reason for performance:		Actions being taken to improve performance:	
Performance on track		Expected completion date:	

Equitable and Timely Access to Services - Therapies (Inpatients)

Apr-20



Dietetics - last month

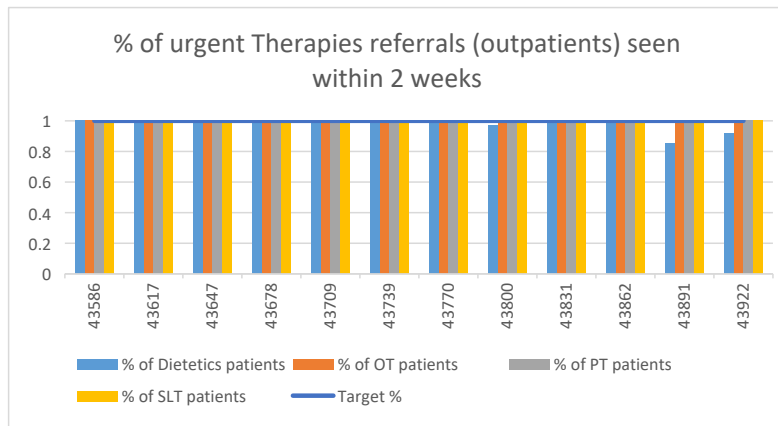
OT - last month

PT - last month

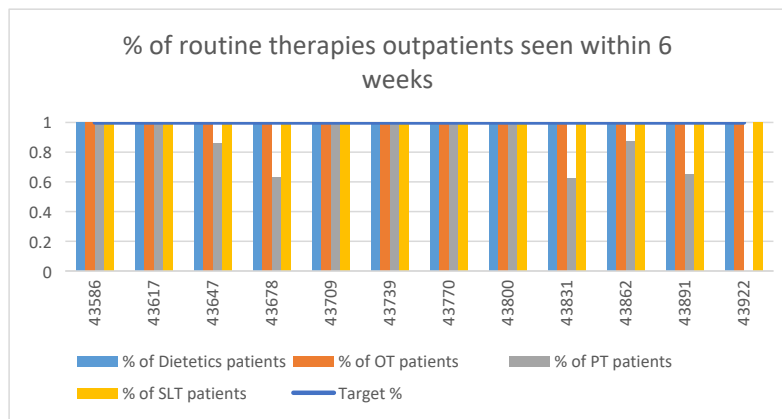
SLT - last month



Target: 100%	
Reason for performance:	
<p>100% of inpatients were seen by Physiotherapy, Speech and Language Therapy and Occupational Therapy. Workforce constraints resulted in some delays in the provision of dietetics service and 6 patients were not seen within the target time.</p> <p>Two of these patients were seen 2 days past target, one each after 3 days, 5 days, 9 days and 11 days following referral.</p> <p>Routine, face to face, outpatient appointments were suspended with effect from the 16th March as part of the Trust's response to the COVID-19 pandemic.</p>	
<p>SMT lead: Therapies Manager</p> <p>Actions being taken to improve performance:</p> <p>A1: Following workforce review, need for extra whole time equivalent dietician identified to deliver extra capacity and ensure service resilience. Business case to be developed and presented to VCC Scrutiny Panel.</p> <p>A2: Weekend working to be piloted by utilising capacity freed following suspension of routine outpatient activity. Pilot began in April and to run for an initial 6-weeks. Pilot will be evaluated and a report submitted to the VCC Senior Management Team.</p> <p>A3: Breaches to be reviewed monthly with Head of Planning and Performance. Actions arising from breach analysis to form monthly improvement plan going forward.</p>	<p>Expected completion date:</p> <p>E1: Meeting of March panel cancelled. Business case to be presented to VCC SMT May 2020.</p> <p>E2: June 2020</p> <p>E3: Commencing June 2020</p>



Target: 100%	
Reason for performance:	
<p>3 dietetic patients were not seen within the 2 week target. All delays were related to adaptations made in response to the pandemic.</p> <p>All patients were seen during the third week following referral.</p> <p>Routine, face to face, outpatient appointments were suspended with effect from the 16th March as part of the Trust's response to the COVID-19 pandemic.</p>	<p>SMT lead: Therapies Manager</p> <p>Actions being taken to improve performance:</p> <p>A1: Following workforce review, need for extra whole time equivalent dietician identified to deliver extra capacity and ensure service resilience. Business case to be developed and presented to VCC Scrutiny Panel.</p> <p>A2: Weekend working to be piloted by utilising capacity freed following suspension of routine outpatient activity. Pilot began in April and to run for an initial 6-weeks. Pilot will be evaluated and a report submitted to the VCC Senior Management Team.</p> <p>A3: Breaches to be reviewed monthly with Head of Planning and Performance. Actions arising from breach analysis to form monthly improvement plan going forward.</p> <p>Expected completion date:</p> <p>E1: Meeting of March panel cancelled. Business case to be presented to VCC SMT May 2020.</p> <p>E2: June 2020</p> <p>E3: Commencing June 2020</p>

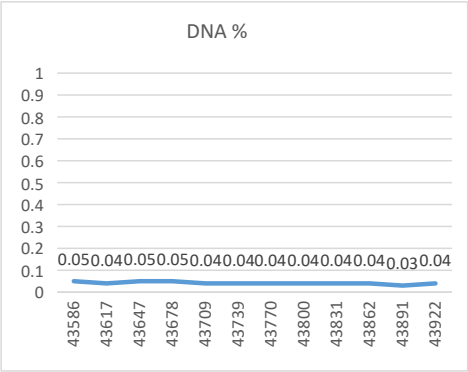


Dietetics - last month →
 OT - last month →
 PT - last month ↓
 SLT - last month →

Target: 100%	
Reason for performance:	
<p>1 physiotherapy patient was not seen within the 6-week target. This was due the COVID-19 response and the suspension of routine outpatient activity.</p> <p>Routine, face-to-face, outpatient appointments were suspended with effect from the 16th March as part of the Trust's response to the COVID-19 pandemic.</p>	
<p>SMT lead: Therapies Manager</p> <p>Actions being taken to improve performance:</p> <p>A1: Following workforce review, need for extra whole time equivalent dietician identified to deliver extra capacity and ensure service resilience. Business case to be developed and presented to VCC Scrutiny Panel.</p> <p>A2: Weekend working to be piloted by utilising capacity freed following suspension of routine outpatient activity. Pilot began in April and to run for an initial 6-weeks. Pilot will be evaluated and a report submitted to the VCC Senior Management Team.</p> <p>A3: Breaches to be reviewed monthly with Head of Planning and Performance. Actions arising from breach analysis to form monthly improvement plan going forward.</p>	<p>Expected completion date:</p> <p>E1: Meeting of March panel cancelled. Business case to be presented to VCC SMT May 2020.</p> <p>E2: June 2020</p> <p>E3: Commencing June 2020</p>

Target: <20 minutes	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
<p>The majority of outpatient activity was conducted virtually in April in response to the COVID-19 pandemic. The extremely limited number of face-to-face outpatient appointments meant that performance with respect to this metric could not be meaningfully measured.</p>	<p>A1. The Welsh Patient Administration System (WPAS) Operational Readiness Work will review length of appointments and the number of slots allocated to the clinics.</p> <p>A2. Meetings with consultants are taking place to review their clinics to ensure that they are set up correctly ahead of data migration. This should result in a balance of planned demand and available capacity.</p> <p>A3. Weekly Outpatient demand and capacity meetings continue to be held to monitor and manage capacity issues. This will address overbooking and short notice additions to clinics resulting in lengthy waits for patients and also review adherence to the clinic planning deadlines.</p> <p>A4. A new process for recording outpatient waiting times directly into CaNISC (Cancer Network Information System Cymru) is being explored. The pilot took place in September 2019 and the data has been evaluated by the Business Intelligence Team and they have confirmed that the data can be extracted and reported on. Outpatient Programme to agree method for collecting accurate, real time data. Limitation at present due to inability of staff the to input data.</p> <p>A5: Improve internal communication and data sharing by developing SST (Site Specific Team) and Consultant level data. Plans to review performance by individual consultant to enable focussed priority for actions.</p> <p>A6: Establishment of Outpatient Development Programme to bring together all aspects of current and planned improvement workstreams.</p>	<p>E1: The WPAS Operational Readiness Work stream is currently also on hold because of the COVID-19 pandemic and other work being prioritised.</p> <p>E2: Due for review in March 2020. Meetings on hold in light of pandemic response.</p> <p>E3: Originally March 2020 (dependent upon Business Intelligence support being available). On hold due to requirements of pandemic response. Being revisited for next phase capacity planning during June 2020.</p> <p>E4: Originally due for completion in March 2020. On hold due to requirements of pandemic response.</p> <p>E5: Originally March 2020 (subject to review of business intelligence capacity). On hold due to requirements of pandemic response.</p> <p>E6: Work of Outpatient Programme Group, overseeing implementation, on hold due to the requirements of the pandemic response.</p>

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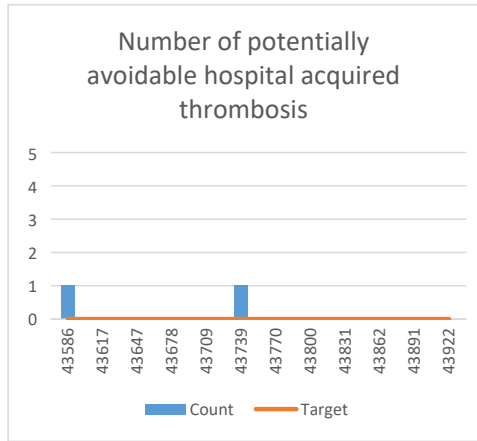


Last month ➡

✅ Target Achieved

Outpatients - Did Not Attend (DNA) Rates Apr-20

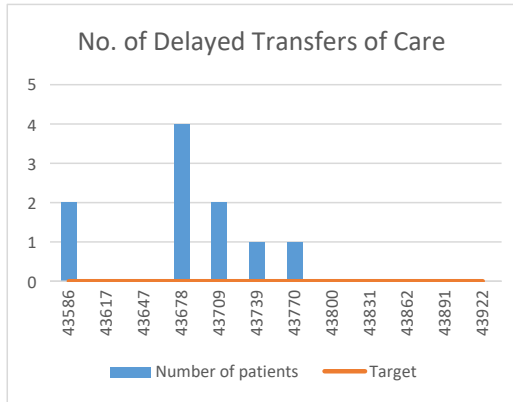
Target: <5%	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track.		



Last month →

✓ Target Achieved

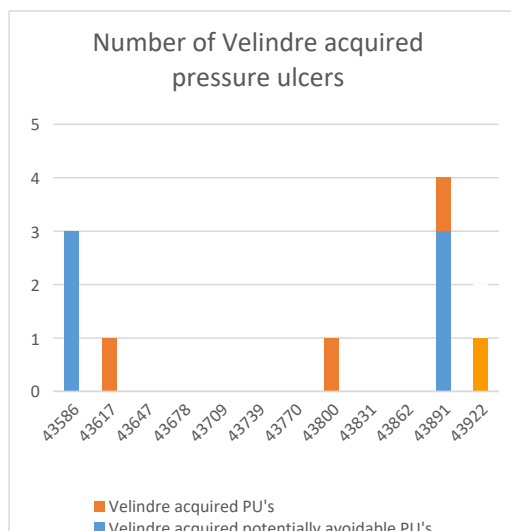
Target: zero	SMT lead: Clinical Director	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track.		



Last month →

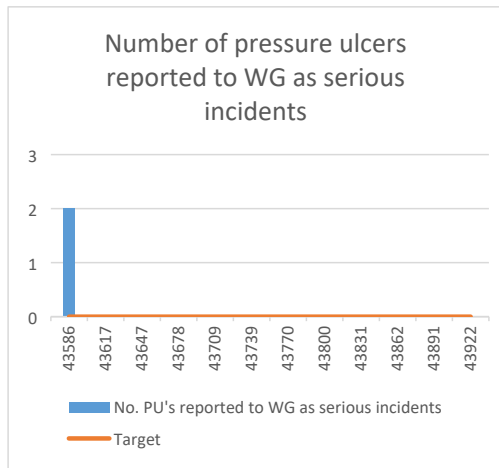
✓ Target Achieved

Target: zero	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track.	A1: Head of Nursing to continue to review all Delayed Transfers of Cares to determine underlying trends, etc.	E1: Business as usual with effect from March 2020.



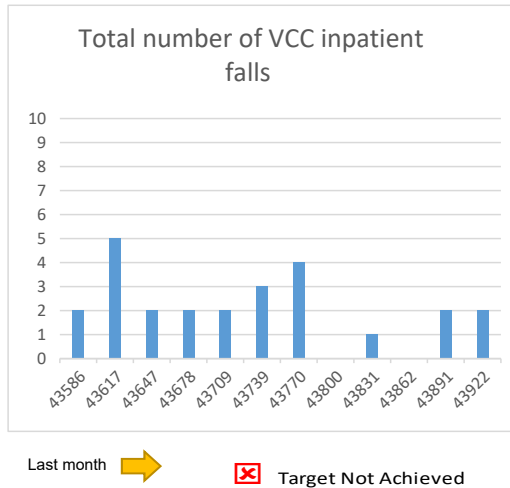
Target: zero pressure ulcers	SMT lead: Head of Nursing	Expected completion date:
Reason for performance: There was 1 reported Velindre acquired pressure ulcers in April.	Actions being taken to improve performance: A1: All-Wales Directors of Nursing due to approve an all-Wales Purpose T care plan. A2: The Pressure Ulcer Scrutiny Panel is responsible for monitoring the implementation of any agreed actions or recommendations. A full investigation was conducted. The investigation and the decision to deem the tissue damage unavoidable will be reviewed by the Panel.	E1: Pilot began in February 2020. Currently, on hold due to requirements of pandemic response. E2: May 2020

Last month ↑ ✗ Target Not Achieved



Last month ➡ ☒ Target Achieved

Target: zero	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track.		



SMT lead: Head of Nursing		
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
<p>There were two falls reported in April, no repeat falls. No injuries were reported and a post fall assessment was conducted in both cases as required by policy.</p> <p>1 patients fall was deemed avoidable:</p> <p>The patient experienced an unwitnessed fall.</p> <p>Following a full investigation, this fall was considered avoidable as a full admission, including relevant risk assessment was not completed on admission. There is documentation to suggest that history taking was difficult due to confusion and no family members were present (due to COVID19 pandemic advice). All appropriate action taken post fall to reduce the risk of further falls.</p>	<p>A1: The post falls pathway was completed in the case of all patients.</p> <p>A2: Develop a final version of a falls prevention policy for approval and adoption by the Trust.</p> <p>A3: To participate in the all-Wales Welsh Nursing Care Record (WNCR) pilot and to evaluate the 'Falls and Bone Health Multifactorial Assessment' and contribute to future development.</p> <p>A4: Contribute to development of all-Wales standardised falls prevention care plan.</p>	<p>E1: Complete</p> <p>E2: March 2020. Activity on hold due to requirements of pandemic response.</p> <p>E3: March 2020. Activity on hold due to requirements of emergency response.</p> <p>E4: March 2020. Activity on hold due to requirements of emergency response.</p>

Number of Velindre-acquired infections:


C.diff infections = 1

MRSA infections = 0

MSSA infections = 0

E.coli infections = 0*Klebsiella* infections = 0*Pseudomonas Aeruginosa* infections = 0

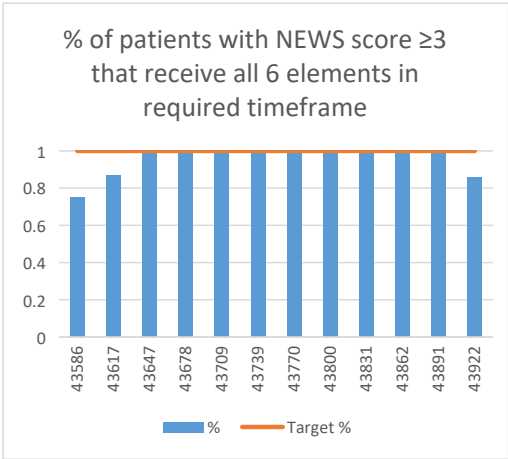
Target: 0 infections	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
There was one reported case of <i>C.diff</i> in April 2020.	A1: A full review was conducted by Infection Control.	E1: Complete.

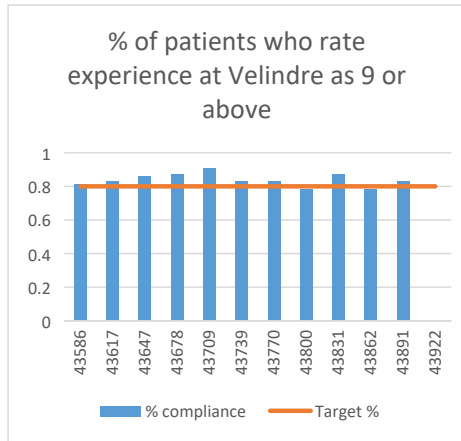
Last month  Target Not Achieved

Annual figures for Velindre-acquired infections:												
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
<i>C.Diff</i>	0	0	0	0	0	0	0	0	0	0	0	1
<i>MRSA</i>	0	0	0	0	0	0	0	0	0	0	0	0
<i>MSSA</i>	0	0	0	0	0	0	0	1	0	0	0	0
<i>E.Coli</i>	0	0	0	0	0	1	0	0	0	0	0	0
<i>Klebsiella</i>	0	0	0	0	0	0	0	0	0	0	0	0
<i>P. Aeruginosa</i>	0	0	0	0	0	0	0	0	0	0	0	0

Safe and Reliable Services - % of patients who receive a diagnosis of sepsis and receive all 6 elements of treatment within 1 hour (newly presenting patients only)

Apr-20





Last month

Target: 80%	SMT lead: Director of Operations	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
<p>In response to the COVID-19 pandemic, staff were redeployed in April and patient experience data was not collated. It is anticipated that patient experience data will be available from May onwards.</p>	<p>A1: All patients who were contactable (ie not anonymous) contacted to discuss concerns further.</p> <p>A2: Outpatient Development Programme established and will contain a dedicated workstream on patient experience and engagement. This will include a plan to increase the level of patients completing the core experience questions.</p> <p>A3: Proposal to increase patient and visitor car parking space on VCC site.</p>	<p>E1: Business as usual</p> <p>E2: March 2020. Activity on hold due to requirements of emergency response.</p> <p>E3: April 2020. Activity on hold due to requirements of emergency response.</p>

Concerns:

2 Formal concerns were received and managed under PTR. One was closed within 30 working days and the other is under investigation.

Themes included:

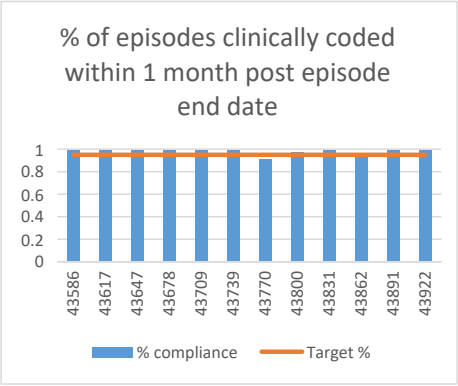
1. Clinical treatment / assessment – Delays with treatment (in line with Covid-19).
2. Monitoring / Observation issues – nursing care and treatment.

2 Early Resolution concerns were received and closed within 2 working days.

Themes included:

1. Clinical assessment – Delays with treatment (in line with COVID-19).
2. Accident / Fall - Enquiry from Health Board.

Type of concern	No.
Early resolution	2
PTR (formal concern)	2
Claims	0



Last month Target Achieved

Target: 98%	SMT lead: Head of IM&T	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track.		

VCC Measures Glossary

Measure	Target	Monthly/Annual/Rolling	National/Local
Patients Receiving Radical Radiotherapy Within 28 Days	98% or greater	Monthly	Local (Based on RCR Guidance)
Patients Receiving Palliative Radiotherapy Within 14 Days	98% or greater	Monthly	Local (Based on RCR Guidance)
Patients Receiving Emergency Radiotherapy Within 2 Days	98% or greater	Monthly	Local (Based on RCR Guidance)
Non-Emergency SACT Patients Treated Within 21 Days	98% or greater	Monthly	Local (Based on JCCO Guidance)
Emergency SACT Patients Treated Within 5 Days	98% or greater	Monthly	Local (Based on JCCO Guidance)
Percentage of Therapies Inpatients Seen Within 2 Days	100%	Monthly	Local
Percentage of Urgent Therapies Outpatients seen within 2 weeks	100%	Monthly	Local
Percentage of routine Therapies Outpatients Seen Within 6 Weeks	100%	Monthly	Local
Monthly Percentage of NPs, Ops and Chemo Assessment Appointments where patients were seen within 20 minutes of the scheduled appointment times	100%	Monthly	Local
Number of Potentially Avoidable Hospital Acquired Thrombosis	0	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance which Requires Reporting on a Quarterly Basis)
Number of Delayed Transfers of Care	0	Monthly	National
Number of Velindre Acquired Pressure Ulcers	0	Monthly	Local
Number of Pressure Ulcers Reported to the Welsh Government as Serious Incidents	0	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance)

Measure	Target	Monthly/Annual/Rolling	National/Local
Number of Velindre Acquired Healthcare Associated Infections	0	Monthly	National
Percentage of patients who receive a diagnosis of sepsis and receive all 6 elements of treatment within 1 hour (newly presenting patients only)	100%	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance)
Death within 30 days of SACT	2.2%	Monthly	Local (based on NEPOD Audit Benchmark)
Percentage of patients who rate experience at Velindre as 9 or above	80%	Monthly	Local
Percentage of episodes clinically coded within 1 month post episode end date	98%	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance)

- Activity continues to be impacted by Covid-19 pandemic.
 - whole blood collection efficiency is below the target for the second consecutive month as a consequence of the ongoing need to increase resource requirements due to COVID 19, which has resulted in 8 collection teams reducing to 5 and the surplus staff from the 3 teams being redistributed out per team to man a newly added triage point and to support the introduction of social distancing and PPE at collection venues.
 - manufacturing efficiency was also below target as the result of decreased collections due to COVID 19 and partial implementation of the ambient overnight hold.
 - platelet expiry remained high due to the continued production of pooled platelets to maintain stocks against the uncertainty of platelet demand. Platelet demand remained low in April.
 - red cell expiry was above target as the stock produced in March age/time expired in April due to drop in demand from Health Boards, despite efforts between the WBS and health boards to use older stock.

All stock groups were maintained above 3 days.

All demand for red cells was met

All clinical demand for platelets was met.

Conversion rates for Bone Marrow Volunteer recruits was a record high in April

92% of quality incidents were closed within the required 30 days. this is above target.

Overall donor satisfaction continued to exceed target position at **97%**.



15 Key Performance Indicators achieved target.



6 Key Performance Indicators did not achieve target

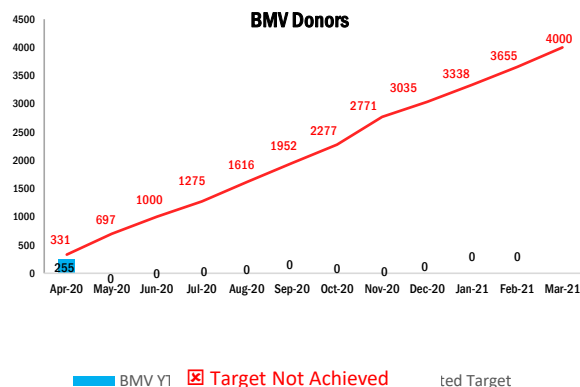
Reference Table

Measure	Target	Timeframe	National / Local
Number of new bone marrow donors aged 18-30 recruited to the Welsh Bone Marrow Donor Registry (WBMDR)	4,000	Annual	Local
Number of days when the Red Blood Cell (RBC) stockholding for O, A & B- fell below 3 days cover	0 days	Monthly	Local
Number of bags of RBCs manufactured as a % of the number of issues to hospitals (% Red Cell Demand Met)	100%	Monthly	Local
Number of bags of platelets manufactured as a % of the number of issues to hospitals (% Platelet Demand Met)	100%	Monthly	Local
Number of Confirmatory Tests (CTs) requested and bled as a % of the total CTs requested (Confirmatory Tests Bled)	65%	Monthly	Local
Number of Stem Cell Collections	80	Annual	Local
Number of antenatal patient results provided to customer hospitals within 3 working days from receipt of sample (Antenatal Turnaround Times)	90%	Monthly	Local
Number of samples referred for red cell reference serology work ups provided to customer hospitals within 2 working days. (Reference Serology Turnaround Times)	80%	Monthly	Local
% of Quality Incident Records (recorded in DATIX), closed within 30 days over a rolling 3 month period	90%	Rolling	Local
Number of critical non-conformances through external audits or inspections	0	Annual	Local
Number of Serious Adverse Blood Reactions & Events (SABRE) reported to the Medicines and Healthcare products Regulatory Agency (MHRA)	0	Annual	Local
Number of whole blood donations that are collected on session which are below the minimum viable volume, as a % of the total number of whole blood donations collected (% Part Bags)	3%	Monthly	Local
Number of donors where venepuncture is attempted to be performed on but no blood enters the bag, as a % of the number of donors who have reached the donation chair (% Unsuccessful Venepuncture)	2%	Monthly	Local
The number of blood components (weighted) collected per Standardised FTE (Blood Collection Efficiency)	1.25 WTE	Monthly	Local
Number of components manufactured per Standardised FTE. (Manufacturing Efficiency)	392	Monthly	Local
Number of platelets which have time expired as a % of the total number of platelets manufactured (Time Expired Platelets)	10%	Monthly	Local
Number of RBC units which become non-viable during the manufacturing process which could have been avoided, as a % of the number of complete whole blood donations (Controllable Manufacturing Losses)	0.5%	Monthly	Local
Number of bags of RBC, including Paediatric bags, which have time expired as a % of the total number of RBC bags manufactured (Time Expired Red Cells)	1%	Monthly	Local
Number of donors that scored 5 or 6 out of 6 (6 being totally satisfied and 1 being totally dissatisfied with their overall donation experience after they have been registered on clinic to donate (Donor Satisfaction)	71%	Monthly	Local
Number of 'formal' and 'informal' concerns received from blood donors	~	~	~
% of 'formal' concerns received and treated under 'Putting things Right Regulations within 30 working days	100%	Monthly	National
% of all concerns (formal and informal) acknowledged within 2 working days as required by the 'Putting things Right' Regulations	100%	Monthly	National
Number of new Whole Blood Donors recruited to the donor panel	2,750	Quarterly	Local
Number of new Apheresis Donors recruited to the donor panel	14	Quarterly	Local
Number of Deceased Donor Typing / Cross Matching reported within given period	80%	Quarterly	Local
Number of Anti D & -c Quantitation patient results provided to customer hospitals within 5 working days	90%	Quarterly	Local

Monthly Reporting

Equitable and Timely Access to Services

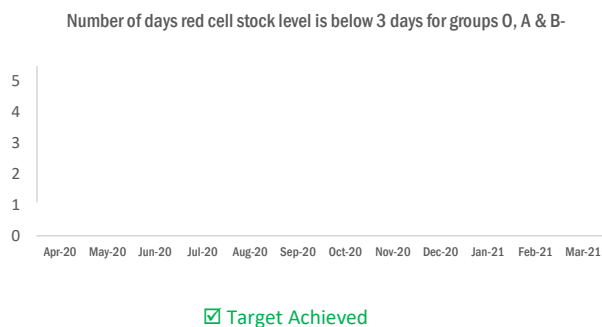
Apr-20



Annual Target: 4000	SMT Lead: Jayne Davey / Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
There were 255 new bone marrow volunteers added to the Welsh Bone Marrow Donor Registry (WBMDR) in April. Conversion rates for BMV recruits was at a record high in April, as 28% of those who were eligible to join the register took the opportunity to join.	Develop a new donor recruitment and retention strategy for the WBMDR aligned with the development of the revised WBS strategic intent. The new Donor Recruitment & Retention Strategy will be informed by: - a review of the existing donor panel to assess the required growth; - a review of the outcomes of the new bone marrow pilot recruitment to provide proof of concept and operational readiness for a recruitment strategy that is not solely dependent on blood-donors.	May 2020

Safe and Reliable Service

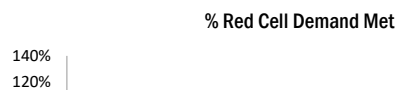
Apr-20



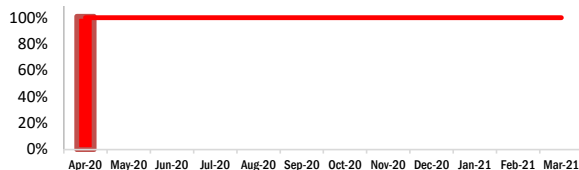
Monthly Target: 0	SMT Lead: Jayne Davey / Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
All stock groups were maintained above 3 days. Stock levels are robust. Effective collaboration between the Collections and Laboratory teams within the Supply Chain supported the maintenance of robust stock levels.	Daily Resilience meetings are held in a collaboration of blood collection and manufacturing teams; this forum facilitates operational actions in response to challenges in maintaining adequate stock levels in order to minimise blood shortages. In addition, the Demand Planning Leadership Group meet on a weekly basis to monitor and review performance.	Business as Usual

Safe and Reliable service

Apr-20



Monthly Target: 100%	SMT Lead: Jayne Davey/ Tracey Rees	
What are the reasons for performance?	Actions(s) being taken to improve performance	By When



☑ Target Achieved

All demand for red cells was met. Stock levels remain robust across the blood groups. This is the result of established daily communications between the Collections and Laboratory teams enabling agile responses to variations of stock levels and service needs.

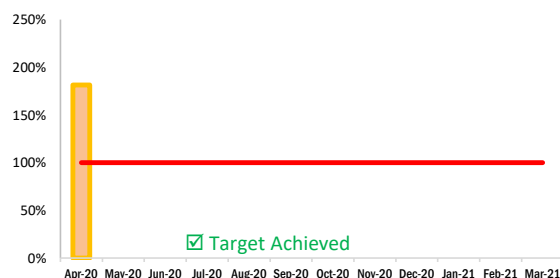
Daily Resilience meetings are held in a collaboration of blood collection and manufacturing teams; this forum facilitates operational actions in response to challenges in maintaining adequate stock levels in order to minimise blood shortages. In addition, the Demand Planning Leadership Group meet on a weekly basis to monitor and review performance.

Business as Usual

Safe and Reliable service

Apr-20

% Platelets Demand Met



☑ Target Achieved

Monthly Target: 100%
What are the reasons for performance?
All clinical demand for platelets was met. This is the result of established daily communications between the Collections and Laboratory teams enabling agile responses to variations of stock levels and service needs.

SMT Lead: Jayne Davey / Tracey Rees

Actions(s) being taken to improve performance

By When

A review of clinic planning for extended Bank Holiday periods has been initiated to review opportunities to apply learning following business continuity review.

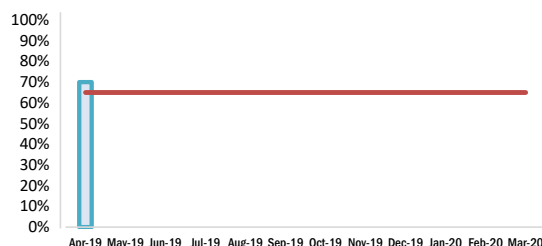
Work has also been initiated to review the WBS Platelet Production Strategy that will facilitate optimum supply chain management aligned with a wider programme of work in response to the recently revised SaBTO guidance on plasma production. This work has been put on hold as a result of COVID and is under constant review.

July 2020

Safe and Reliable service

Apr-20

Confirmatory Typing (CT) Requests Bled



CT requests bled are reported a month in arrears

☑ Target Achieved

Monthly Target: 65%
What are the reasons for performance?
The number of CT requests for April was 34:
- 21 donors were bled (70%) (4 cancellations)
- 86% of samples were bled within 7 days
- 100% of requests were completed within 14 days.
(Industry KPI's are 50% and 80% respectively)

SMT Lead: Tracey Rees

Action(s) being taken to improve performance

By When

We have an ongoing system to keep donor details up to date and will continue to review all cancellations to apply learning to future practice wherever possible.

We are engaging with stakeholders to improve understanding around turnaround times for donor requests and improve transplantation options for patients.

Business as Usual

Safe and Reliable service

Apr-20

Stem Cell Collections

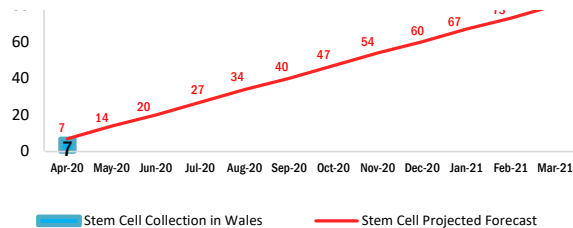
Annual Target: 80

SMT Lead: Tracey Rees

What are the reasons for performance?

Action(s) being taken to improve performance

By When

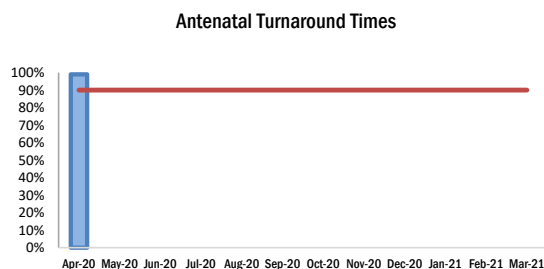


☑ Target Achieved

There were 6 Stem Cell Collections in April with YTD collections on target position.	Define and agree future strategy for Stem Cell collection as part of wider review of future strategy for the WBMDR, outlined earlier on page 3 of this report.	May 2020
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Safe and Reliable service

Apr-20

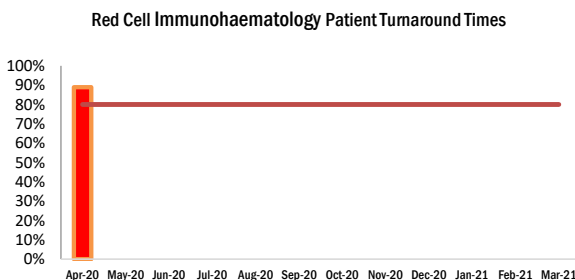


☑ Target Achieved

Monthly Target: 90%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Turnaround times for routine Antenatal tests in May remained above target at 97%. Continued monitoring and active management is in place.	Continuation of existing processes which are maintaining high performance against current target.	Business as Usual

Safe and Reliable service

Apr-20



☑ Target Achieved

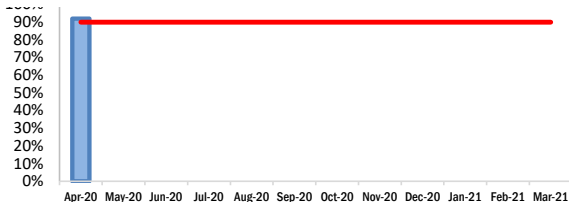
Monthly Target: 80%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Turnaround times for specialist referrals in May above target at 88%. Workload continues to be below average (109 referrals in May compared to average of 219 in 2019).	A review of complex patient referrals will be undertaken as part of a laboratory modernisation project which is currently being scoped. This will be supported by a benchmarking exercise to review current turnaround time KPIs with UK counterparts.	June 2020

Safe and Reliable service

Apr-20



Monthly Target: 90%	SMT Lead: Peter Richardson	
What are the reasons for performance?	Action(s) being taken to improve performance	By When



☑ Target Achieved

<p>Performance in April is above the target position, with 92% of quality incidents closed within the required 30 days. This indicates a 7% increase in performance.</p> <p>The number of incidents reported in the three month rolling period has decreased by 9 (71 reports); 6 reports were not closed within this period.</p>	<p>The agreed SMT action plan will remain in place to ensure that the improved performance is sustained.</p>	<p>Continue with close monitoring and feedback issues to SMT huddle weekly.</p>
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Safe and Reliable service

Apr-20

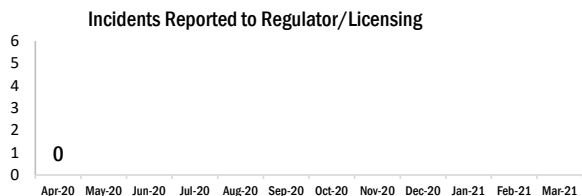


☑ Target Achieved

Target: 0	SMT Lead: Peter Richardson	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
<p>There were no external audits/inpections undertaken in April.</p> <p>For information, the following details were not reported in the March PMF:</p> <p>A desktop UKAS inspection of WASPS (Welsh Assessment of Serological Proficiency Scheme) against ISO17043 was undertaken</p>	No new actions required.	<p>Business as usual.</p> <p>MHRA will carry out a remote inspection of the South Wales facility and activities in</p>

Safe and Reliable service

Apr-20

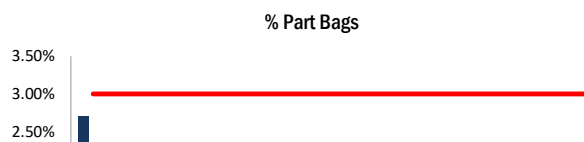


☑ Target Achieved

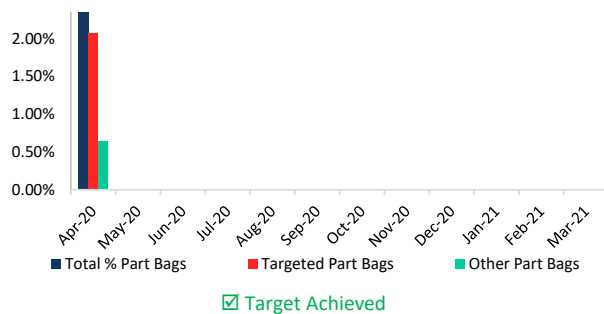
Annual Target: 0	SMT Lead: Peter Richardson	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
No Serious Adverse Events (SAE) were reported to the Medicines and Healthcare products Regulatory Agency (MHRA) in April.	No action required	Business as usual

Spending Every Pound Well

Apr-20



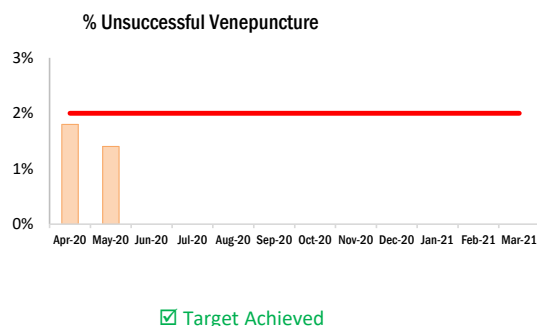
Monthly Target: Maximum 3%	SMT Lead: Janet Birchall	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
The overall Part Bag rate for April 2020 remains within the 3.0% tolerance at 2.7% of donors who donated.	Ongoing work to keep the part bag rate under tolerance includes (but is not limited to) the following:	Business as usual



- Ongoing cycle of Points of Care Audit	Usual
- Review of Audit findings and implementation of associated action plans	Business as Usual
- Task and Finish groups with clinical teams with trend of exceedance tolerance levels to determine and implement service improvement projects	Business as Usual
The factors that comprise the 'reasons for part bags' will continue to be monitored on an individual team and collective basis.	Business as Usual

Spending Every Pound Well

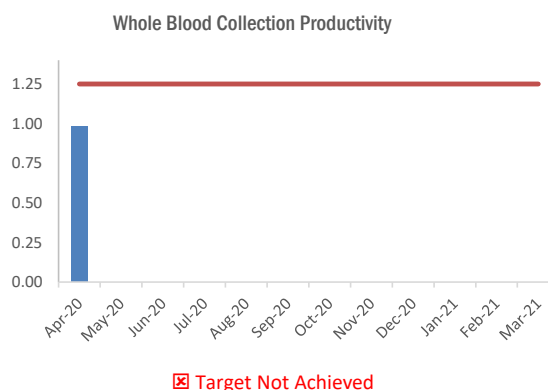
Apr-20



Monthly Target: Maximum 2%	SMT Lead: Janet Birchall	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
The overall Failed Venepuncture (FVP) rate in April 2020 successfully remained within the tolerance threshold at 1.80%.	Monitoring of FVP rates by team continues.	Business as Usual

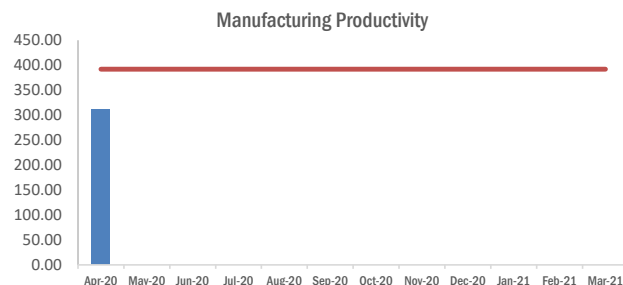
Spending Every Pound Well

Apr-20



Monthly Target: 1.25	SMT Lead: Jayne Davey	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Collection efficiency is below the target of 1.25 for the second consecutive month as a consequence of the ongoing need to increase resource requirements due to COVID 19, which has resulted in additional staffing being sent out per team to man a newly added triage point, and to support the introduction of social distancing and PPE. Depending on the number of chairs put out, this could see an increase of up to 3 staff per team.	The changes which were due to be brought in under the Blood Supply Chain 2020 have been put on hold during the COVID 19 pandemic. This is under constant review in light of COVID as the service develops plans to return to business as usual in line with Q2 operational plan, there is planning for a slight increase in collections in response to increase in demand from hospitals by end of September 2020	September 2020

Spending Every Pound Well

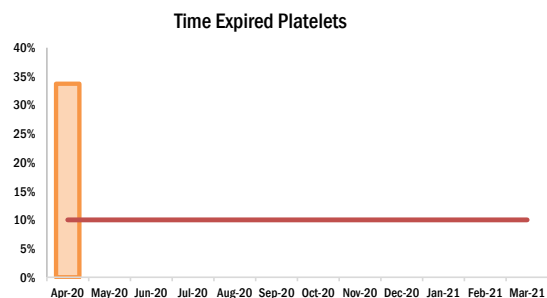


☒ Target Not Achieved

Monthly Target 392	SMT Lead: Trcaey Rees	
What are the reasons for performance?	Actions(s) bring taken to improve performance	By When
Manufacturing efficiency in April was below the target. This is the result of deceased collections due to Covid 19 and increased staffing due to implementation of th ambient overnight hold staffing model.	Target to be reviewed in line with processing / staff changes as part of the Blood Supply Chain 2020 initiative. Blood Supply Chain 2020 on hold due to COVID. This is currently under ongoing review. Recruitment of staff to replace leavers and bring staffing in line with the ambient overnight hold model is underway. Staffing is expected to reamin under pressure through February with improvement as staff are recruited and trained in March 2020.	September 2020

Spending Every Pound Well

Apr-20

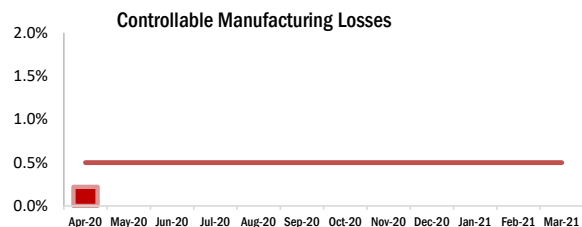


☒ Target Not Achieved

Monthly Target: Maximum 10%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Platlelet export remained high in April, this is due to continued production of pooled platlelets to maintain stocks againts the uncertainty of platelet demand. Platelet demand remained low in April.	Keep platelet issues under review and consider reduction in production. Work has been initiated to review the WBS Platelet Production Strategy to enable a Prudent Supply Chain and reduce the potential for waste in the system. This will include working with hospitals via the Blood Health Team and the Transfusion Laboratory Managers forum. As part of this work the WBS will also be reviewing the impact of the recent revised guidance by the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) on vCJD. The WBS will commence an incremental 12 month transition to increase domestic plasma	July 2020

Spending Every Pound Well

Apr-20



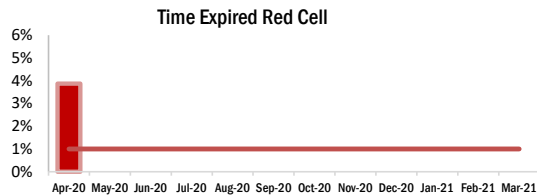
Monthly Target: Maximum 0.5%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Controllable losses were below the target in April 2020. Heat Seal Failure : 6 Automated Blood Press : 5 Incorrect Storage : 1	Local reporting and manangement of incidents where they occur for monitoring of losses and lessons learnt.	Business as Usual

☑ Target Achieved

Excess Storage : 1
Poor Packing : 1

Spending Every Pound Well

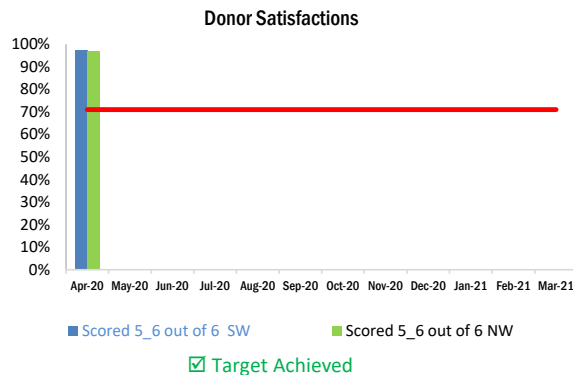
Apr-20



Monthly Target: Maximum 1%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Red cell waste was above the target in April 2020. This was due to aging stock against reduced demand	A review of a number of multifactorial contributory factors is underway in order to determine route cause of increased time expiry and any learning to inform future demand planning arrangements Due to COVID there has been a reduction in	September 2020

First Class Donor Experience

Apr-20



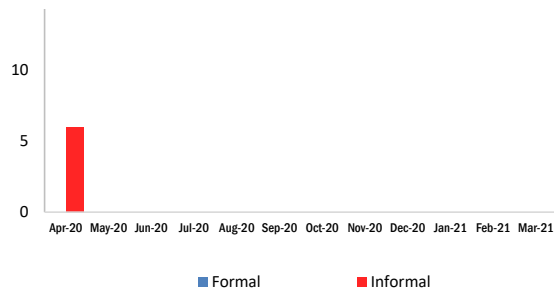
Monthly Target: Minimum 71%	SMT Lead: Jayne Davey	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Overall donor satisfaction continued to exceed target at 96.5%. In total there were 1,063 respondents who shared their donation experience, 221 were from North Wales and 831 were from South Wales (where location was able to be defined).	A review of the revised donor satisfaction survey tool that has been trialled over the past few months is to be presented to the February SMT for evaluation.	June

First Class Donor Experience

Apr-20

Number of Concerns Received

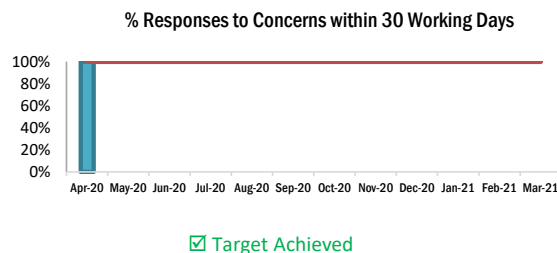
Target: N/A	SMT Lead: Alan Prosser	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
	Concerns education pack developed to be delivered to managerial staff with	Delivering of training package



	<p>delivered to managerial staff with responsibility for concerns management to ensure clear understanding of Putting Things Right requirements, individual roles and responsibilities and WBS concerns process to ensure consistent concerns response across the service.</p> <p>All concerns have been investigated and lessons learnt identified and actioned as appropriate. Work continues to robustly respond to COVID19 pandemic and consistently improve communication and training regarding required actions and donor communication in line with national</p>	<p>training package on return to business as usual, delayed due to COVID19 response.</p>
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First Class Donor Experience

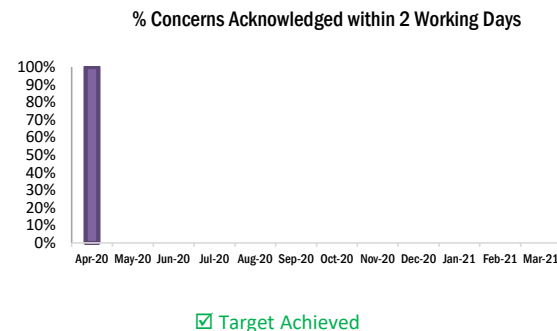
Apr-20



Monthly Target: 100%	SMT Lead: Alan Prosser	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
100 % compliance- All formal written responses were completed within the required 30 working day timescale.	Continue to monitor 30 day response compliance.	Business as Usual

First Class Donor Experience

Apr-20



Monthly Target: 100%	SMT Lead: Alan Prosser	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
100% compliance- All concerns were acknowledged within 2 working days of receipt.	Continue to closely monitor concern management timescales reinforced within training package	Business as Usual

Workforce Report provides the following:

- Overview of Key Performance Indicators for Sickness, PADR and Statutory and Mandatory training
- A 12 monthly trend report for Sickness, PADR and Statutory and Mandatory training with narrative to explain the data
- Snapshot of how we compare with NHS Wales and UK benchmarking data

At a Glance for Velindre (Excluding Hosted)

Velindre (Excluding Hosted)	Current Month	Previous Month	Target
	Apr-20	Mar-20	
PADR	67.51	71.89	85%
Sickness	5.06	4.73	3.54%
S&M Compliance	82.00	82.08	85%

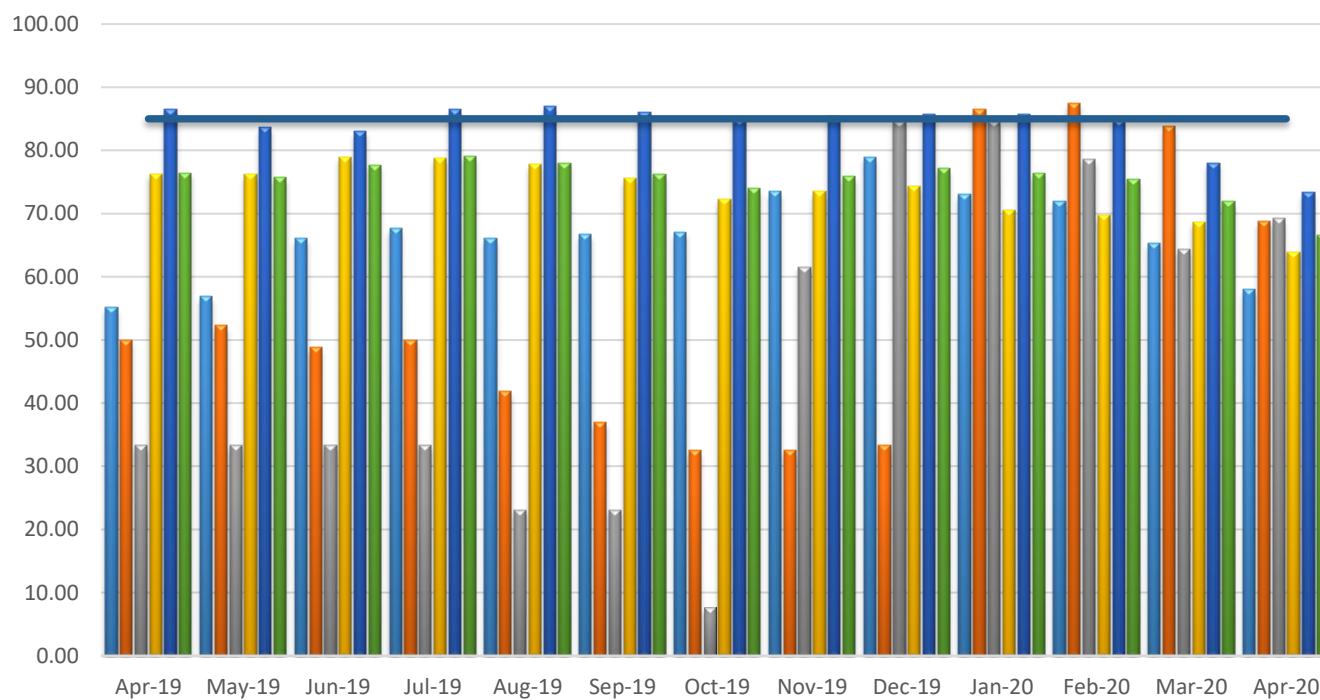
Workforce Dashboard Highlights

Data below highlights rolling figures for workforce KPI's. This provides a running total of the values of the last 12 months of an indicator providing trend data for the indicators. Granular monthly data is generated for divisions as separate reports. Data Rag Rated for ease of reading.

Key	85%-100%		50% - 84.99%		0% - 49.99%								
PADR	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Corporate	55.14	56.88	66.04	67.62	66.02	66.67	66.99	73.53	79.00	73.00	71.88	65.35	59.80
Research, Development & Innovation	50.00	52.27	48.78	50.00	41.86	36.96	32.50	32.50	33.33	86.49	87.50	83.72	71.43
Transforming Cancer Services	33.33	33.33	33.33	33.33	23.08	23.08	7.69	61.54	84.62	84.62	78.57	64.29	69.23
Velindre Cancer Centre	76.26	76.22	78.96	78.80	77.79	75.58	72.31	73.46	74.31	70.49	69.66	68.68	64.78
Welsh Blood Service	86.55	83.58	83.00	86.52	87.00	86.04	84.92	85.43	85.68	85.75	84.75	78.00	73.57
Velindre Organisations	76.44	75.67	77.72	79.02	77.97	76.29	73.99	75.94	77.09	76.38	75.43	71.89	67.51
Target 85%	85	85	85	85	85	85	85	85	85	85	85	85	85
Key	85%-100%		50% - 84.99%		0% - 49.99%								
Stat and Mand Compliance (10x CSTF)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Corporate	77.24	79.32	81.47	80.17	80.17	76.81	76.42	76.89	77.11	77.04	76.47	74.21	72.36
Research, Development & Innovation	64.20	63.88	63.06	61.25	61.57	60.59	60.20	61.04	59.58	68.57	74.00	74.51	75.10
Transforming Cancer Services	78.33	74.17	72.50	71.67	70.77	72.31	70.00	69.23	80.00	82.31	77.50	77.65	74.38
Velindre Cancer Centre	72.09	74.07	74.89	76.54	75.93	75.47	75.55	76.62	77.05	78.10	79.11	78.16	77.94
Welsh Blood Service	92.34	93.13	93.90	93.49	92.37	90.90	91.22	90.96	91.88	90.85	90.68	92.26	92.87
Velindre Organisations	78.89	80.33	81.16	81.79	81.02	79.94	80.00	80.60	81.15	81.75	82.30	82.08	82.00
Key	0% - 3.54%		3.55% - 4.49%		4.5 % & Above								
Sickness	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Corporate	3.72	3.93	4.25	4.44	4.48	4.65	4.79	4.91	4.90	4.82	4.67	4.69	4.73
Research, Development & Innovation	3.41	2.91	2.76	2.66	3.12	3.44	3.54	3.42	3.91	4.07	4.02	4.21	4.40
Transforming Cancer Services	10.02	10.39	10.92	11.52	11.28	10.02	8.57	7.17	5.77	4.90	4.17	3.91	4.00
Velindre Cancer Centre	4.83	4.65	4.42	4.20	4.09	4.01	4.02	4.05	4.14	4.25	4.30	4.64	5.13
Welsh Blood Service	5.14	5.07	5.02	4.91	4.78	4.79	4.79	4.77	4.78	4.73	4.80	4.99	5.14
Velindre Organisations	4.88	4.76	4.64	4.50	4.40	4.36	4.36	4.37	4.42	4.45	4.48	4.73	5.06
Target 3.54%	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54

PADR – The Figures

PADR Status - last 12 Months by Division



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Corporate	55.14	56.88	66.04	67.62	66.02	66.67	66.99	73.53	79.00	73.00	71.88	65.35	57.94
Research, Development & Innovation	50.00	52.27	48.78	50.00	41.86	36.96	32.50	32.50	33.33	86.49	87.50	83.72	68.75
Transforming Cancer Services	33.33	33.33	33.33	33.33	23.08	23.08	7.69	61.54	84.62	84.62	78.57	64.29	69.23
Velindre Cancer Centre	76.26	76.22	78.96	78.80	77.79	75.58	72.31	73.46	74.31	70.49	69.66	68.68	63.89
Welsh Blood Service	86.55	83.58	83.00	86.52	87.00	86.04	84.92	85.43	85.68	85.75	84.75	78.00	73.37
Velindre Organisations	76.44	75.67	77.72	79.02	77.97	76.29	73.99	75.94	77.09	76.38	75.43	71.89	66.64
Target 85%	85	85	85	85	85	85	85	85	85	85	85	85	85

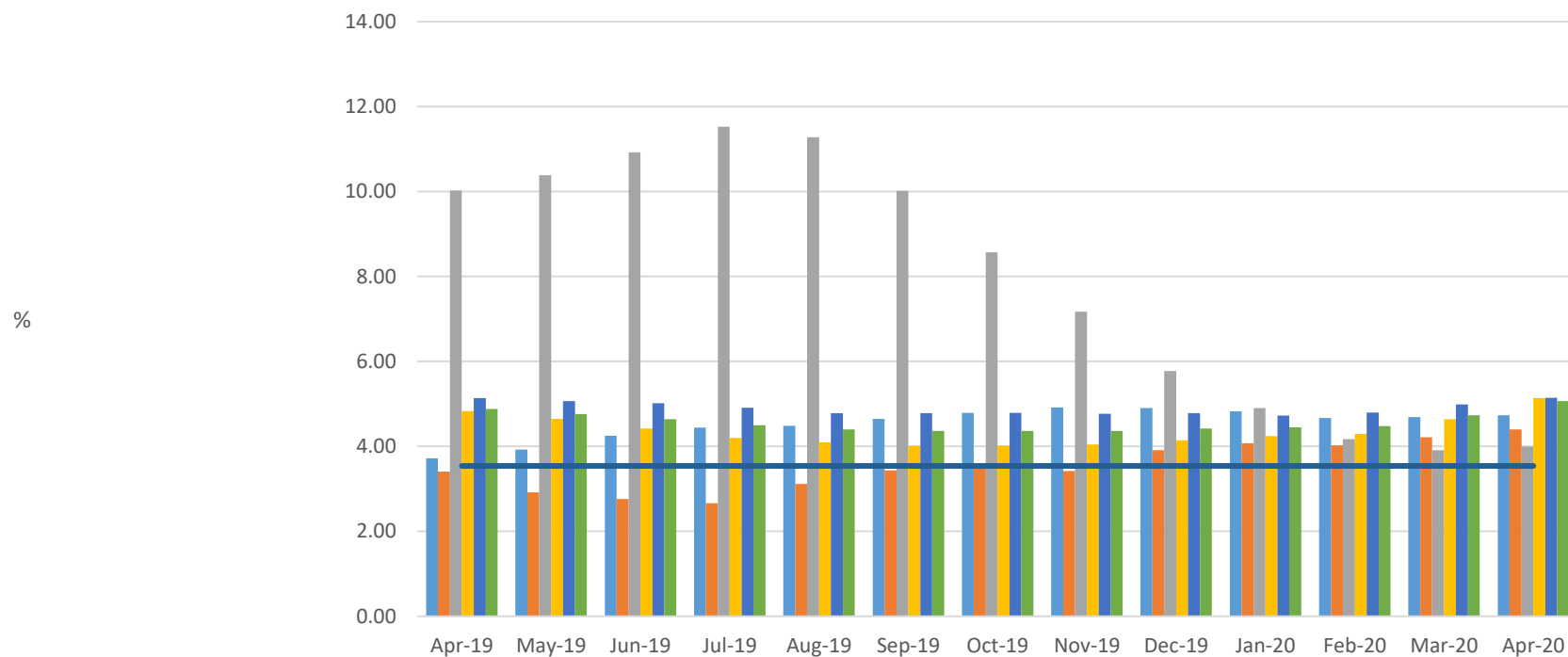
PADR – The Narrative

Organisational Context PADR	Issue	Actions	Timelines
<ul style="list-style-type: none"> Impact of COVID in March and April impacting on PADR completions 	Compliance below 85% KPI rate	As we return to BAU local target plans to improve compliance and target hotspots ongoing. Local plans will include aligning PADR dates with pay progression	Local plan monitored via SMT monthly meetings, WOD committee and Senior WOD Team meetings
		Guidance on PADR completion rolled out via WOD Business Partners and Workforce information supporting to ensure PADRs on ESR	Guidance issued, ongoing support
		Sharing of good PADR practice compliance via the Education and Training Steering group	PADR standing agenda item on the Education and Training Steering Group
		Focus on managing development and succession planning to support PADR conversations and development	Re introduction of talent management pathways development work, completed for informatics, medical physics, management development

	Performance Management of PADRs	Triangulation of data in hotspot areas of poor PADR compliance is ongoing to ensure data provides effective information on the issues HR linked to hotspot areas and implementing an appraise and support approach to effective PADR management, ensuring best practice is shared	Triangulated performance reports provided to SMT Ongoing development of report to benchmark in NHS Wales and UK wide
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Sickness Data – The Figures

Sickness - Last 12 Months by Division



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Corporate	3.72	3.93	4.25	4.44	4.48	4.65	4.79	4.91	4.90	4.82	4.67	4.69	4.73
Research, Development & Innovation	3.41	2.91	2.76	2.66	3.12	3.44	3.54	3.42	3.91	4.07	4.02	4.21	4.40
Transforming Cancer Services	10.02	10.39	10.92	11.52	11.28	10.02	8.57	7.17	5.77	4.90	4.17	3.91	4.00
Velindre Cancer Centre	4.83	4.65	4.42	4.20	4.09	4.01	4.02	4.05	4.14	4.25	4.30	4.64	5.13
Welsh Blood Service	5.14	5.07	5.02	4.91	4.78	4.79	4.79	4.77	4.78	4.73	4.80	4.99	5.14
Velindre Organisations	4.88	4.76	4.64	4.50	4.40	4.36	4.36	4.37	4.42	4.45	4.48	4.73	5.06
Target 3.54%	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54

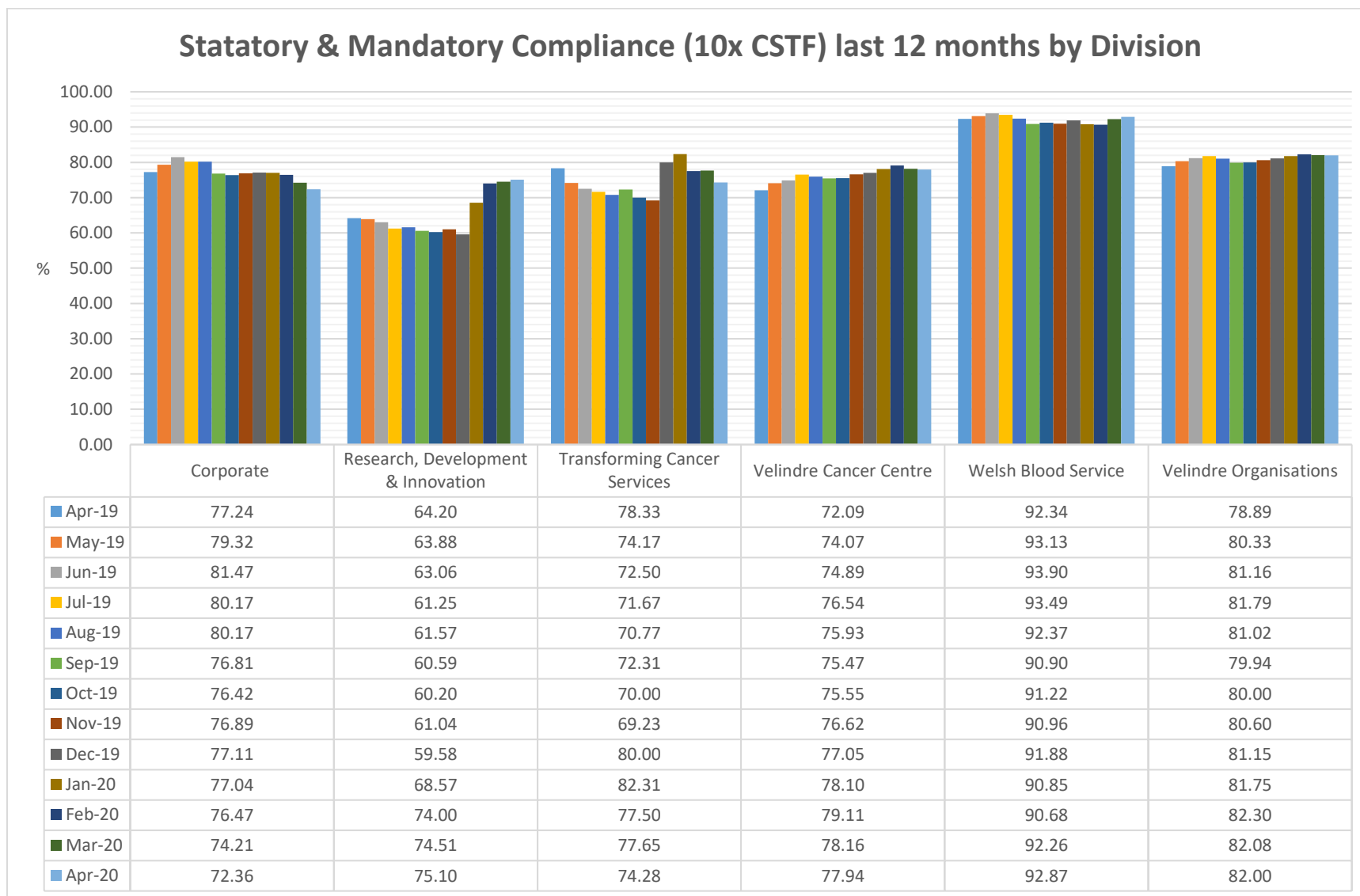
Sickness – The Narrative

Organisational Context Sickness	Issue	Actions	Timelines
<ul style="list-style-type: none"> • COVID Related absence sickness not always work related • Dedicated focus on staff's physical and psychological wellbeing 	COVID related absence	<ul style="list-style-type: none"> - Daily wellbeing updates in Trust communications to signpost internal and external interventions and resources, this includes webinars; support lines; tools; resources for families etc - Creation of the Trust H&WB internet and intranet pages to support all staff during and after the pandemic, ranging from Self Care, EAP, Financial Wellbeing, Manager Support - Staff support via the Psychology Team – Maggie's Relax and Recharge Hub; 1-2-1 support; including support to colleagues not based at VCC; Virtual sessions for managers on supporting your team (delivered via MSTeams) - Also includes WOD support available via 	Monitored via Workforce Cell

		<p>interventions such as coaching</p> <ul style="list-style-type: none"> - Offering staff places to recharge – Maggie's / Wellbeing Room at WBS - WOD & Psychology Team developing a session for managers on 'Identifying the Signs of Stress / Anxiety and Having those conversations with your team' - EAP reminder to staff included in Trust Communications and outlined clearly on H&WB pages (including Manager Assist) 	
		Development of an anonymous staff feedback tool – Work In Confidence – enabling and encouraging a safe environment to raise concerns; put forward ideas etc.	July 2020
		Linking in with national agenda (NHS Wales; NHS Improvement) to prepare and enhance interventions to support staff in recovery phase (e.g. monitoring; wellbeing champions; refocus as 'Time to Change Wales' employer – MH Awareness training etc;)	Ongoing reviewed in Workforce Cell

		Currently developing H&WB plan into recovery phase where staff are more likely to require support (based upon CARE model – create, assist, rapid, engage)	June 2020
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Statutory and Mandatory Figures – The Figures



Statutory and Mandatory Figures – The Narrative

Organisational Context	Issue	Actions	Timelines
<ul style="list-style-type: none"> Baseline is compliant with the 10 Core Skills Training Framework Level 1 Essential requirement for staff training is within individual compliance matrix, learning page in ESR Accuracy of data within ESR on what mandatory and statutory requirements 	Compliance below 85% Welsh Government requirement	Mandatory and Statutory Focus Group set up to share best practice, membership includes Trust trainers and Subject Matter Experts	Held quarterly
		Guidance leaflets produced and circulated on how to access training	Guidance issued – on going support
	Staff unclear what training they need to undertake for their role	Training needs analysis produced identifying levels of CSTF needed for each staff group and what is mandatory, this now includes COVID related training	CSTF data uploaded into ESR, COVID data available June 2020
	New staff requirements not aligning to current position numbers	Monthly reports from ESR on new starters given to the Education and Development team to check requirements and alignments	Beginning of each month commencing 2020.
	Not all staff are familiar in the usage of ESR	Dedicated computer training sessions, with laptops and support for all staff organised on	Regular sessions planned throughout the Trust for 2020

	and access to training	different dates/times to accommodate shifts patterns – drop in sessions	
<ul style="list-style-type: none"> Culture of Education and Development 	Training is not highly regarded with some areas of the Trust	Education Steering Group established to identify priority through IMTP, agree KPI's for work plans and hold to account, support divisions to provide detailed plans for educational support	Meetings held quarterly
		Provision of detailed reports to departments/Committees on staff compliance	Ongoing
		Department encouraged to develop action plans to increase compliance	M&S Focus Group action
		High level compliance encouraged to provide visibility and leadership	Executive /Senior Managers
	Release of staff to attend training	Virtual Reality project underway with Fire Clinical Training, current requirement to attend classroom, future will be staff can access this training at a time and place which is convenient making access to training more flexible	Pilot within Integrated Nursing March 2020 rollout delayed due to COVID

How do we compare?

	Velindre December 2019	NHS Wales* December 2019	UK Benchmarking**
Sickness	4.42	5.5	4.15
PADR	77.9	73.2	92.56
Statutory and Mandatory Compliance	81.5	79.9	92.02

*Information is shown as comparison for December 2019, source data Workforce Performance Measures supplied by HIEW.

** Data source references being collated – Clatterbridge Cancer Centre NHS Foundation Trust December 2019



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

TRUST BOARD

FINANCE REPORT FOR THE PERIOD ENDED 31ST MAY 2020 (M2)

DATE OF MEETING	25/06/2020	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Steve Coliandris, Financial Planning & Reporting Manager	
PRESENTED BY	Mark Osland, Executive Director of Finance & Informatics	
EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance & Informatics	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
ACRONYMS		

1. SITUATION/BACKGROUND

1.1 See attached report

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 See attached report

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The Trust financial position at the end of May 2020 is an underspend of £3k with a year-end forecast break-even position in accordance with the approved IMTP

4. RECOMMENDATION

4.1 Trust Board is asked to **NOTE** the contents of the May 2020 financial report and in particular:

- the financial performance to date and the year-end forecast to achieve financial break-even of the Trust position
- also the TCS financial position as at the end of May attached as appendix 1.

FINANCIAL PERFORMANCE REPORT

FOR THE PERIOD ENDED MAY 2020/21

**TRUST
BOARD MEETING**

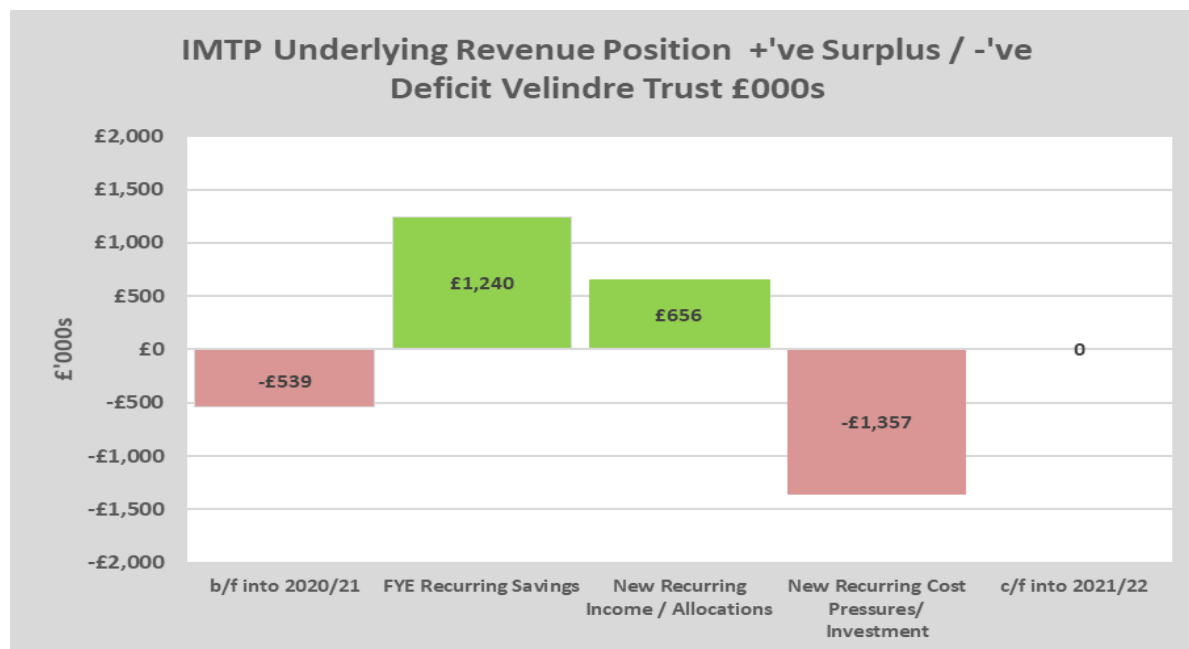
25 JUNE 2020

The purpose of this report is to outline the financial position and performance for the year to date, performance against financial savings targets and highlight the financial risks and forecast for the financial year, outlining the actions required to deliver the IMTP Financial Plan for 2020-21.

2. Background / Context

The Trust Financial Plan for 2020-21 was set within the following context.

- The Trust submitted a balanced Integrated Medium Term Plan (IMTP), covering the period 2020-21 to 2022-23 to the Welsh Government on 31 January 2020. The IMTP was submitted on the basis of delivering financial balance for each of the three years.
- For 2020-21 the IMTP included;
 - an underlying **deficit of £539k brought forward from 2019-20**
 - new cost pressures/ Investment** in 20-21 of **£1,517k** (Recurring FYE effect £1,357k),
 - offset by **new recurring Income allocation of £656k**,
 - and **savings schemes of £1,400k**, (£1,240k FYE recurring), which can be further split between savings schemes £1,000k (£940k FYE recurring), and income generating schemes of £400k (£300k: FYE recurring).
- The Trust is expecting to fully eliminate the underlying position in line with the approved IMTP, partly through the utilisation of growth funding, and partly through internal savings in order to take a balanced position into 2021-22. **However in order achieve a balanced carry forward position the savings target set for 2020-21 must be achieved.**



Underlying Position +Deficit/(-Surplus) £000s	b/f into 2020/21	Recurring Savings	New Recurring Income / Allocations	FYE New Cost Pressures/ Investment	c/f into 2021/22
Velindre NHS Trust	- 539	1240	656	- 1357	-

3. Executive Summary

Summary of Performance against Key Financial Targets (Excluding Hosted Organisations)

(Figures in parenthesis signify an adverse variance against plan)

Table 1 - Key Targets

KPI Target	Unit	Current Month £000	Year to Date £000	Year End Forecast £000
Revenue (To ensure net operating costs do not exceed income)	Variance	(1)	3	0
Capital (To ensure that costs do not exceed the Capital Expenditure limit)	Actual Spend	86	420	4,595
Public Sector Payment Performance (Administrative Target – To pay 95% of non NHS invoices within 30 days measured against number of invoices paid).	%	98.4	96.3	95.0

Performance against Planned Savings

Efficiency Savings /	Variance	(71)	(137)	0
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Revenue

The Trust has reported a **£(1)k** in-month overspend for May '20, with a cumulative position of **£3k** underspent, and an outturn forecast of **Breakeven**.

Capital

The approved Capital Expenditure Limit (CEL) as at May 2020 is currently **£4,595k** for 2020-21. This represents all Wales Capital funding of £2,745k and, Discretionary funding of £1,850k.

The current cumulative spend against the programme as at the end of May is **£1,015k**, (which includes £595k of Covid-19 expenditure) with a forecasted spend of **£4,595k** to match the current CEL.

PSPP (Excluding Hosted Organisations)

During May'20 the Trust (core) achieved a compliance level of **98.4%** (April '20: 94.8%) of Non-NHS supplier invoices paid within the 30 day target, which gives a cumulative compliance figure of **96.3%** to the end of May compared to the target of 95%. The Trust continues to work with its staff and NWSSPP Accounts Payable to ensure prompt authorisation of invoices and receipting of goods.

Efficiency/ Savings

The Trust is currently forecasting a full year underachievement of **£(275)k** against the savings plans, £(137)k year to date, which is a direct result of Covid-19. The Trust is currently working to the assumption that any savings which are not achieved and are directly related to Covid-19 will be fully funded by WG.

4. Revenue Position

Cumulative				Forecast		
£2,570 Underspent				Breakeven		
Type	YTD Budget (£'000)	YTD Actual (£'000)	YTD Variance (£'000)	Full Year Budget (£'000)	Full Year Forecast (£'000)	Forecast Variance (£'000)
Income	(24,497)	(24,130)	(366)	(143,949)	(143,949)	0
Pay	10,599	10,610	(11)	63,402	63,402	0
Non Pay	13,897	13,518	380	80,547	80,547	0
Total	0	(3)	3	0	0	0

The overall position against the profiled revenue budget to the end of May is an overspend of £3k, with a significant underachievement against income offset by an underspend on Non pay. This is further analysed in the tables below.

The Trust continues to report a year end forecast breakeven position.

4.1 Income Analysis

	Cumulative			Year End Forecast		
	£(366)k Underachievement			Breakeven		
Income Type	YTD Budget (£'000)	YTD Actual (£'000)	YTD Variance (£'000)	Full Year Budget (£'000)	Full Year Forecast (£'000)	Forecast Variance (£'000)
Core Income - HB / WHSSC	11,117	11,117	0	70,000	70,000	0
Nice/ High Cost Drugs	5,750	5,750	0	34,902	34,902	0
WBS Wholesale Blood Products	1,574	1,577	3	13,131	13,131	0
Home Care Drugs	92	102	11	575	575	0
Private Patient	289	289	0	1,938	1,938	0
VCC Over Activity	256	256	0	1,734	1,734	0
RD&I*	543	508	(36)	3,861	3,861	0
Radiation Protection	40	39	(1)	736	736	0
Staff Recharges	313	259	(54)	1,753	1,753	0
WDMBR	233	194	(39)	1,439	1,439	0
One Wales Palliative and EOL Care	2,491	2,303	(188)	4,447	4,447	0
Velindre Charity	429	381	(48)	2,672	2,672	0
Other Charity	176	189	13	954	954	0
Other Operating Income	1,193	1,166	(28)	5,808	5,808	0
Total	24,497	24,130	(366)	143,949	143,949	0

*RD&I full year budget includes £857k of Velindre Charity income.

The Trust has reported a cumulative year to date underachievement of **£(366)k** on Income.

- RD&I £(36)k and Welsh Bone Marrow Data Register Activity (WDMBR) £(39)k are lower than planned due to under activity.
- Staff recharges are underachieving by £(54)k due to vacancies which are not being recharged to other organisations to recoup the income, and will be offset by an underspend in staff.
- Velindre Charity income is also under target by £(48)k due to vacancies within the service which are not being recharged.
- The underachievement of £(188k) on One Wales is a timing issue due to invoicing, and is offset with an under spend against expenditure.

4.2 Pay Analysis by Staff Group

STAFF GROUP	Cumulative £(11)k Overspent			Year End Forecast Breakeven		
	YTD	YTD	YTD	Full Year	Full Year	Forecast
	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Forecast (£'000)	Variance (£'000)
ADD PROF SCIENTIFIC AND TECHNICAL	376	368	8	2,327	2,327	0
ADDITIONAL CLINICAL SERVICES	1,052	977	75	6,283	6,283	0
ADMINISTRATIVE & CLERICAL	3,424	3,234	189	19,907	19,907	0
ALLIED HEALTH PROFESSIONALS	1,018	1,167	(150)	6,131	6,131	0
ESTATES AND ANCILLIARY	317	346	(29)	1,901	1,901	0
HEALTHCARE SCIENTISTS	1,295	1,226	69	7,787	7,787	0
MEDICAL AND DENTAL	1,858	1,823	36	11,069	11,069	0
NURSING	1,547	1,464	83	9,418	9,418	0
STUDENTS	25	5	20	25	25	0
SAVINGS & VACANCY FACTOR TARGET*	(312)	0	(312)	(1,446)	(1,446)	0
Total	10,599	10,610	(11)	63,402	63,402	0

* Full year budget - VCC Vacancy Factor £450k, Savings £350k, WBS Vacancy Factor £450k, Savings £76k, R&D Vacancy Factor £120k

The Trust has reported a cumulative year to date position overspend of **£(11)k** on Pay.

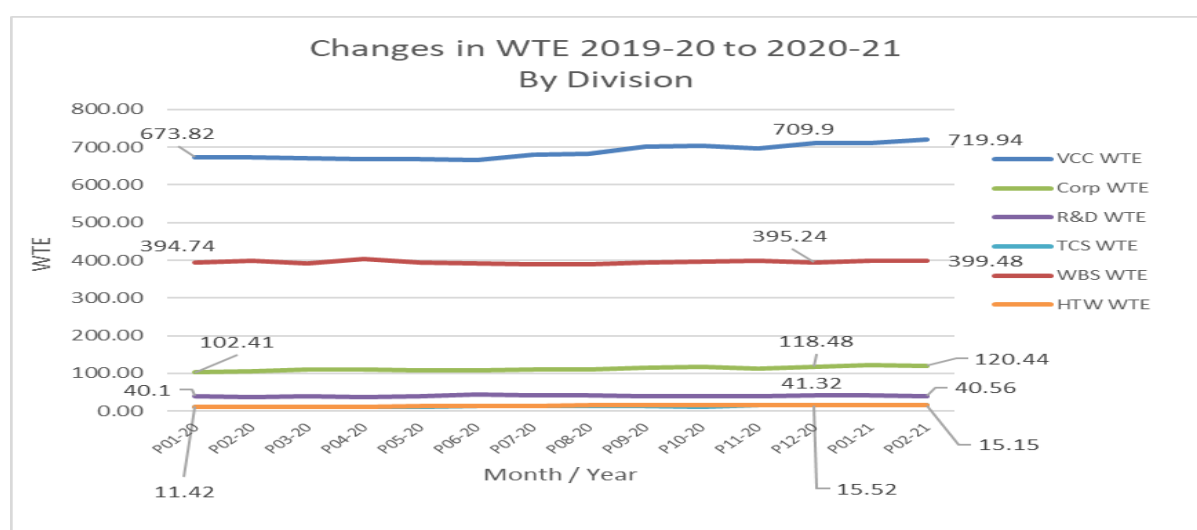
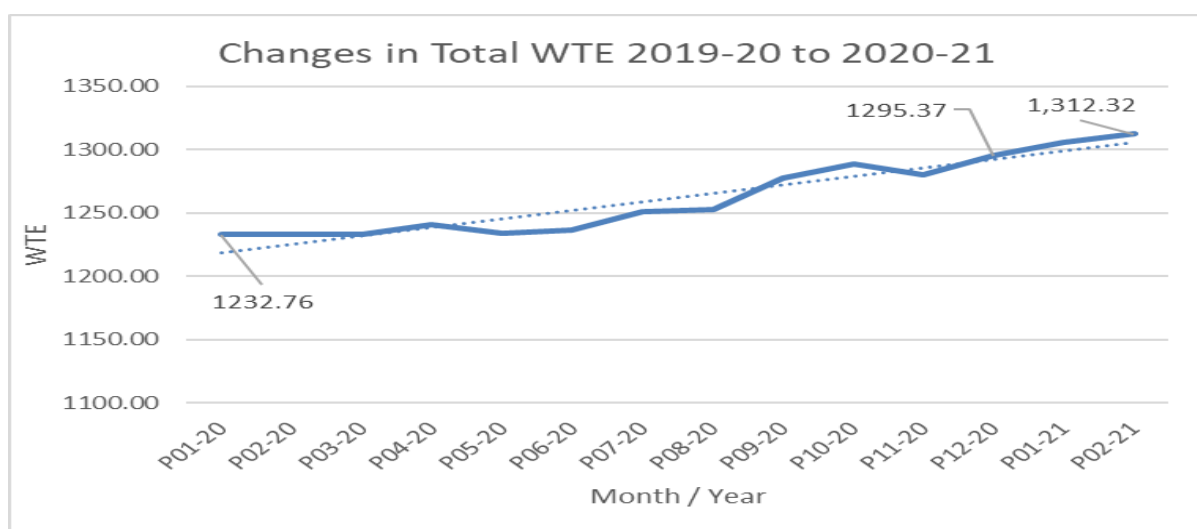
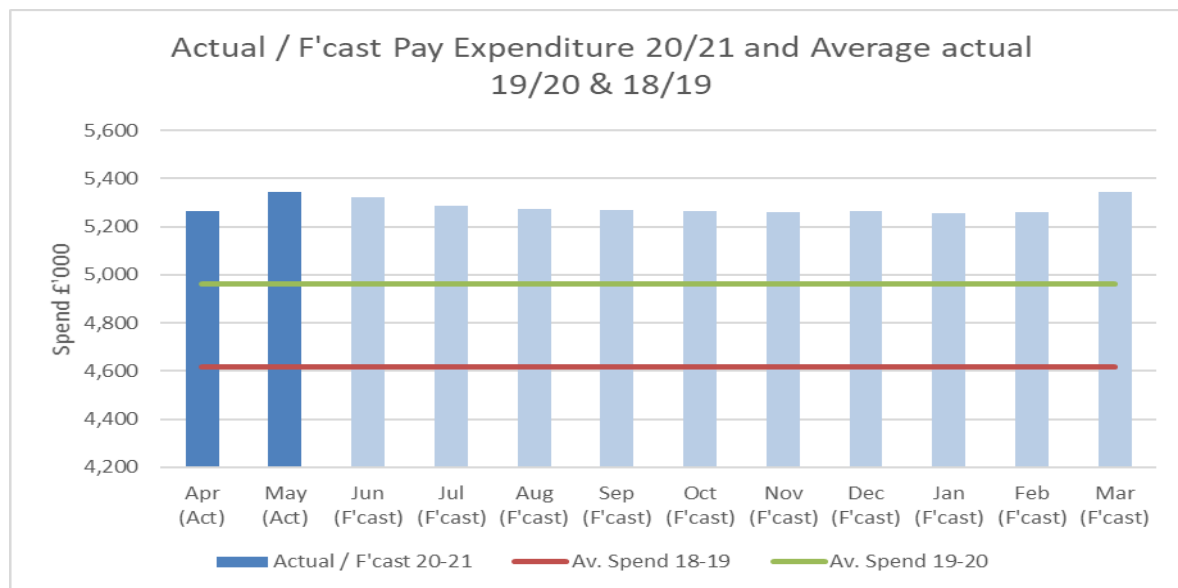
Included within the various staff group expenditure values showing within the above table, the total Agency spend for May was £224k (April £225k), giving a cumulative year to date spend of **£449k**.

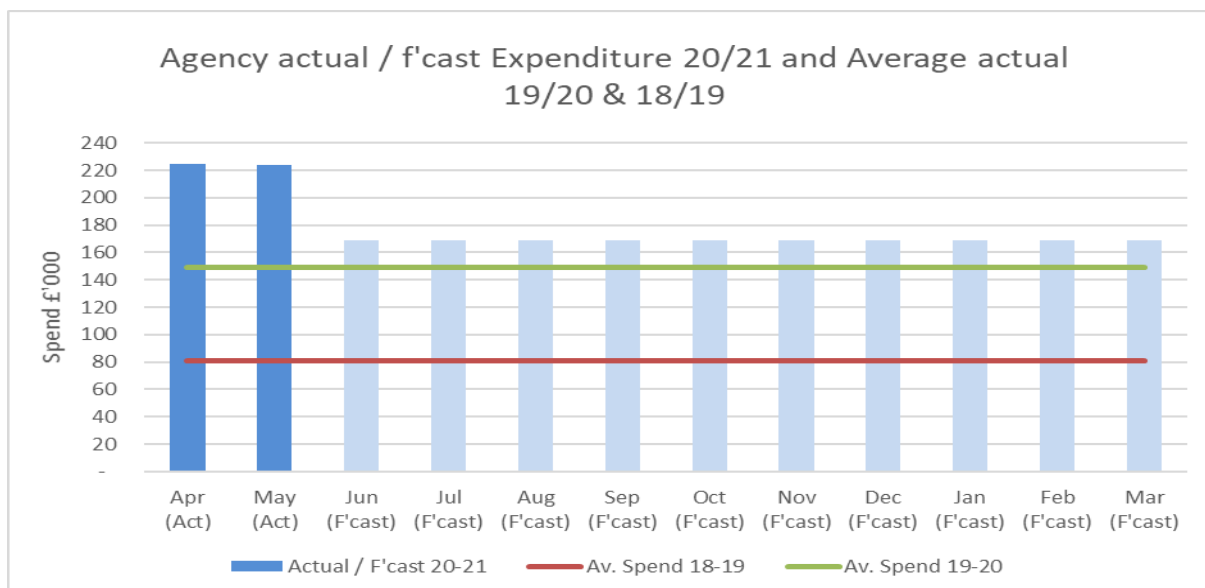
- Current vacancies against underspending staff groups are Clinical Services (11.69 wte), Admin & Clerical (25.18 wte), Healthcare Scientists (15.33 wte), Medical & Dental (11.95 wte), Nursing (16.71 wte).
- Allied Health Professionals are experiencing an over spend of £(150)k which is due to the use of agency in Radiotherapy to cover the additional capacity.
- The underachievement of £(312)k that is being reflected against the divisional savings and vacancy factor target is being achieved through underspends across numerous staffing groups as illustrated in the above table.

Pay Spend Trends (Run Rate)

The pay spend for 19-20 was 12% above av. pay 18-19. 3% can be attributed to the pay award. 1.3% (£822k in total) relates to an increase in use of agency staff, and 6.3% the Increase in pension award which was accounted for in month 12. The remaining difference is a result of the additional staff recruited since the end of March'19 (c63wte).

The pay spend for 20-21(excluding the 6.3% increase in pension) is 6.9% above av. pay in 2019-20. 3% can be accounted for by the pay award, 2.8% can be accounted for by an increase in use of agency, with the remaining being the additional staff recruited over the latter part of 19/20, and since the beginning of 2020/21 (c17wte).





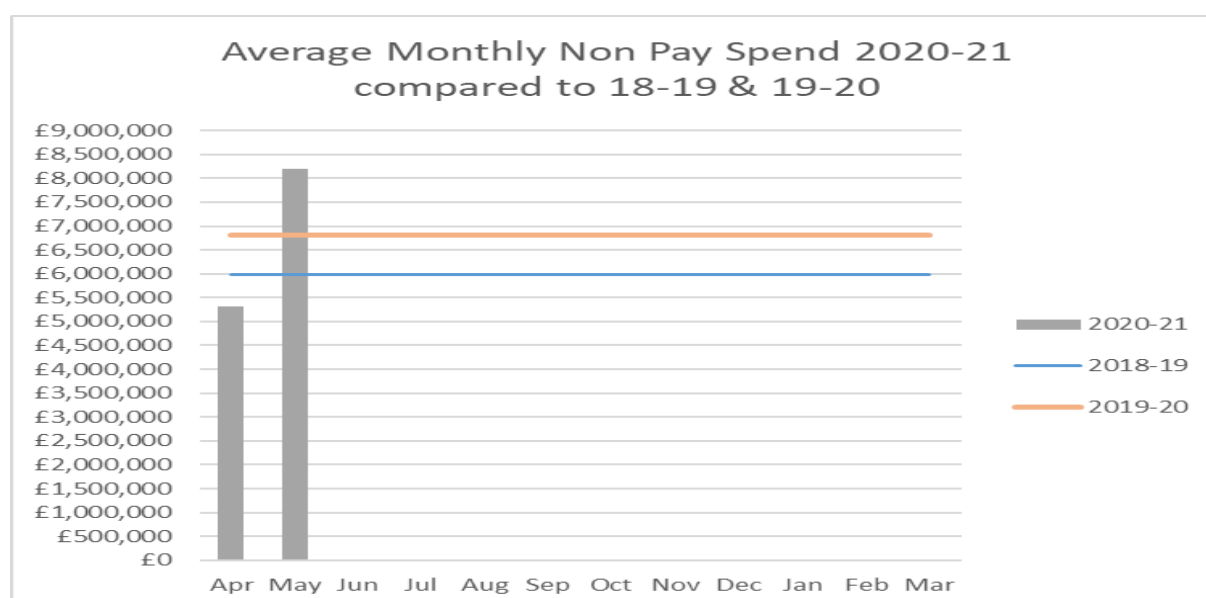
4.3 Non Pay Analysis

Income Type	Cumulative			Year End Forecast		
	£380k Underspent			Breakeven		
	YTD Budget (£'000)	YTD Actual (£'000)	YTD Variance (£'000)	Full Year Budget (£'000)	Full Year Forecast (£'000)	Forecast Variance (£'000)
Nice & High Cost Drugs	5,657	5,657	0	34,389	34,389	0
Blood Wholesaling	1,586	1,582	4	13,204	13,204	0
Depreciation	1,069	1,069	0	6,416	6,416	0
Clinical Services & Supplies	806	803	3	4,993	4,993	0
Facilities Management	122	190	(68)	732	732	0
Maintenance & Repairs	478	485	(8)	2,834	2,834	0
General Drugs	453	350	103	2,581	2,581	0
Utilities/ Rent /Rates	359	375	(15)	2,191	2,191	0
General Services & Supplies	151	103	48	1,203	1,203	0
Blood Components	220	183	37	1,649	1,649	0
Transport	171	171	(1)	1,071	1,071	0
Printing / Stationary / Postage	134	101	33	814	814	0
Computer Maintenance & Supplies	112	153	(40)	674	674	0
Travel & Subsistence	56	29	26	559	559	0
Equipment & Consumables	204	80	124	383	383	0
Education & Development	43	34	9	312	312	0
NHS SLA	14	16	(2)	299	299	0
Audit Fees	55	51	4	279	279	0
Telecoms	29	33	(4)	174	174	0
One Wales End of Life Care	2,277	2,046	231	3,164	3,164	0
General Reserves / Savings Target	(99)	4	(102)	2,625	2,625	0
Total	13,897	13,517	380	80,547	80,547	0

The Trust has reported a cumulative year to date position of **£380k** underspend on Non-Pay.

- Facilities Management which includes Catering, Cleaning, Domestics and Security is reporting an overspend of (£68k), which is largely due to the increase in cost of cleaning equipment and materials in response to Covid-19.
- General Reserves / Savings Target is currently reporting an overspend of £(102)k due to non-achievement of savings related to Covid-19.
- General drugs is underspending by £103k as at end of month 2 due to low activity.
- The Equipment and Consumables budget within VCC has been inflated in response to Covid-19, with the costs apportioned across a number of non-pay area such as PPE, Cleaning, and Health & Safety.
- The One Wales End of Life Care underspend variance of £231k is a timing issue where invoices received and paid do not match the budget. One Wales is fully funded by WG and any variances will be netted off in future months. During 2020-21 WG requested that Velindre pass through £2,100k of End of Life funding from WG to the Hospices.

Non-pay (c£81.6m) av. monthly spend increased by c£800k (10%) from £6m in 18-19 to £6.8m in 19-20. The monthly av. for 20-21 to M2 has currently remained static at c£6.8m.



*The expenditure in period 2 includes extra £2,100k of end of life expenditure fully funded by WG.

5. Savings

The Trust established as part of the IMTP a savings requirement of £1,400k for 2020-21, (£1,200k) recurrent and (£200k) non-recurrent, with £1,000k being categorised as actual saving schemes and £400k being income generating schemes. Following a review of the schemes since the IMTP submission in January the savings are now categorised as £800k being actual saving schemes, and £600k being income generating schemes.

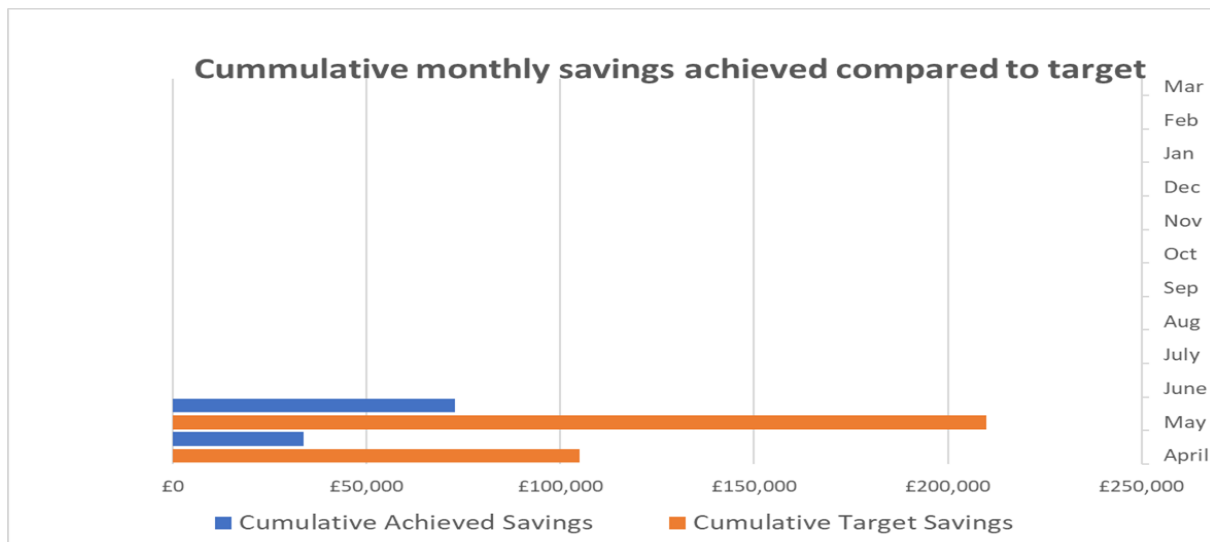
Within the identified savings, £950 of the schemes are now RAG rated as green, and £350k are RAG rated amber, with the amber schemes still being in development. **The divisions will need to ensure that any schemes that are still amber are immediately reviewed with a view to turn them green.**

The Trust is currently forecasting a full year underachievement of **£(275)k** against the savings plans, £(137)k year to date, which is a direct result of Covid-19. The Trust is currently working to the assumption that any savings that are directly affected by Covid-19 will be fully funded by WG.

The Trust agreed as part of the IMTP submission that a balanced position will be carried into the next financial year. It is important that the full year effect of recurrent savings is recognised in order to maintain future financial positions.

ORIGINAL PLAN		TOTAL £000	Planned YTD £000	Actual YTD £000	Variance YTD £000	Fcast Full Year £000	Variance Full Year £000
VCC TOTAL SAVINGS		850	143	10	(133)	575	(275)
			93%			91%	
WBS TOTAL SAVINGS		450	51	46	(5)	450	0
			99%			105%	
CORPORATE TOTAL SAVINGS		100	17	17	0	100	0
			100%			100%	
TRUST TOTAL SAVINGS IDENTIFIED		1,400	210	73	(137)	1,125	(275)
TRUST ADDITIONAL NON-RECURRENT SAVINGS		0	0		0	275	275
TRUST TOTAL SAVINGS		1,400	210	73	(137)	1,400	0
			35%			100%	

Scheme Type			RAG RATING	TOTAL £000	Planned YTD £000	Actual YTD £000	Variance YTD £000	Fcast Full Year £000	Variance Full Year £000
Savings Schemes									
Service Redesign	Green	50			9	0	(9)	28	(22)
Premium of Agency Staffing	Green	150			25	0	(25)	75	(75)
Supportive Structures	Amber	150			25	0	(25)	75	(75)
Procurement National and Local Value Plan	Amber	50			8	0	(8)	45	(5)
Non Pay targeted Savings	Green	84			14	14	0	84	0
Non Recurrent Gains - Stock Management	Green	100			17	12	(5)	100	0
Review of Staffing	Green	116			20	20	0	116	0
Changes in Staffing Establishment	Green	100			17	17	0	100	0
Total Income Generation				800	135	63	(72)	623	(177)
Income Generation									
Productivity Gains	Green	200			33	0	(33)	100	(100)
Maximising Meds@Home opportunities	Green	50			8	10	2	52	2
Medicines Management (Secondary Care)	Green	100			17	0	(17)	100	0
Maximum income opportunities	Green	100			17	0	(17)	100	0
Increased Sale of Products	Amber	150			0	0	0	150	0
Total Income Generation				600	75	10	(65)	502	(98)
TRUST ADDITIONAL NON-RECURRENT SAVINGS					0	0	0	275	275
Trust Total Savings				1,400	210	73	(137)	1,400	(0)
					35%			100%	



6. Reserves

The financial strategy for 2020-21 facilitated the development of a recurrent and non-recurrent reserve in support of the Trust transformation and delivery agenda. This could only be accommodated on the basis that all income expectations are received, planned savings schemes are delivered and new emerging cost pressures are managed. In addition the Trust holds an emergency reserve of 522k.

The current available funding is shown below:-

	Recurring £k	Non Recurring £k
Unallocated Budget	239	110

Emergency Reserve	522	0
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7. End of Year Forecast / Risk Assessment

The Trust is currently reporting a year end breakeven position against its revenue budget, however there are a number of risks which are being managed and closely monitored.

The table below summarises the key financial risks & opportunities highlighted to Welsh Government.

Overview Of Key Risks & Opportunities	FORECAST YEAR END	
	£'000	Likelihood
Risks (negative values)		
Covoid 19: Expenditure incurred funding not received from WG	(2,328)	High
Covoid 19: Savings Slippage	(275)	High
Under delivery of Amber Saving Schemes	(100)	Medium
Private Patient Income	(150)	Medium
Further Opportunities (positive values)		
Additional in Year Vacancy Factor	250	Medium

Risks

Covid-19 (High)

Covid-19 Revenue Spend		
Expenditure Type	YTD	Full Year
	Actual (£'000)	Forecast (£'000)
Pay	148	1,168
Non Pay	320	1,410
Reduction of non pay costs due to reduced elective activity	(90)	(250)
Non Delivery of Finalised (M1) Savings	92	275
Total	470	2,603

The total forecasted expenditure on Covid-19 is £2,603k. This includes £1,168k of pay costs, £1,410k of non-pay costs, £(250)k of cost reduction, and £275k of slippage expected on delivery of savings. The year to date spend is £470k. The Trust is currently assuming full recovery of costs from WG in relation to Covid-19.

Non- Delivery of savings (Medium)

The Trust as part of the IMTP identified £1,400k of savings to be achieved during 2020/21. Of the savings plans £100k remains in amber relating to the Procurement National and local value plan schemes, which although not directly attributed to Covid-19 may see a delay/ slippage due to current service demand. A contingency will be put in place (within opportunities) if these savings scheme fail to deliver.

Private Patient Income (Medium)

The Trust has lost c£150k income to the Rutherford Cancer Centre and from a number of insurance companies reducing the funding they are prepared to pay the Trust for the provisions of drugs, on which the Trust was including a mark-up on cost. This is in addition to any loss of income associated with Covid-19.

Other Risks not included in table

Update on Contracting Arrangement with Commissioners

Due to the uncertainties associated with Covid 19 a revised approach for period April to June has been agreed to ensure providers are not financially de-stabilised as a result of the likely non-delivery of planned care. The all Wales Directors of Finance have agreed to a simple approach to LTA & SLA funds flow during the first quarter of 2020-21. For Velindre this means that for quarter 1, contracting income will be based on the 2019-20 outturn plus the agreed baseline uplifts.

At this point no agreement has been reached on the arrangements from 1 July 2020.

Due to the complexities and uncertainties around forecasting future activity levels and contracting arrangements we are currently planning on a neutral impact regarding our Marginal activity income.

NHS Pension final pay controls

From April 2014, if a member of the pension scheme receives an increase to pensionable pay that exceeds the allowable amount then the Trust will be liable for a final pay control charge. It is extremely difficult to calculate the potential cost of the NHS pension final pay as the information required is not readily available. We are however continually monitoring any person that could potentially fall into this category, and where possible minimising any further potential risk.

Opportunities

Additional vacancies that could arise during the year could bring a potential opportunity above what is currently planned and will be used to help offset potential risks £250k.

8. CAPITAL EXPENDITURE

Administrative Target

- *To ensure that net Capital expenditure does not exceed the Capital Expenditure Limit (CEL) approved by the Welsh Government.*
- *To ensure the Trust does not exceed its External Financing Limit*

	Approved CEL £000s	YTD Spend £000s	Committed Orders Outstanding £000s	Budget Remaining @ M2 £000s	Forecast Year End Spend £000s	Year End Variance £000s
All Wales Capital Programme						
Transforming Cancer Services	0	358	0	(358)	9,107	(9,107)
TCS - Radiotherapy Procurement Solution	548	76	0	472	548	0
IT - WPAS (CANISC replacement phase 2)	0	65	0	(65)	892	(892)
VCC CT Sim Replacement x2	1,957	89	0	1,868	1,957	0
WBS DNA Extracting Kit	50	0	0	50	50	0
WBS Foetal D	54	0	0	54	54	0
VCC - Treatment Planning System	44	1	0	43	44	0
Total All Wales Capital Programme	2,653	589	0	2,064	12,652	(9,999)
Covid-19						
COVID-19 - WBS Plasmapheresis	0	0	0	0	397	(397)
COVID-19 - Digital Devices	92	0	0	92	92	0
COVID- 19 - Other		595	0	(595)	968	(968)
Total Covid-19	92	595	0	(503)	1,457	(1,365)
Discretionary Capital	1,850	11	0	0	1,850	0
Sub Total	4,595	1,195	0	1,561	15,959	(11,364)
Charitable Funded Capital Schemes	45	0	0	45	45	0
TOTAL	4,640	1,195	-	1,606	16,004	(11,364)

The approved Capital Expenditure Limit (CEL) as at May 2020 was £4,595k for 2020-21 (excl Charity). This includes All Wales Capital funding of £2,653k, Covid-19 funding to date of £92k, and discretionary funding of £1,850k.

TCS

The TCS Programme is primarily funded from a capital budget allocation provided by WG. The medium to longer term capital requirements are outlined in the formal business cases that have been submitted to WG. Whilst we await WG approval of the business cases we have submitted an interim request for funding of £1.1m for the period April 2020 to September 2020.

This has not yet been approved as the primary focus of the WG capital team is to deal with capital issues associated with Covid-19. In the meantime we are having to rely on our discretionary capital budget to fund the on-going commitments which amount to a forecasted circa £150k to £200k per month.

Covid-19

The Trust is forecasting to spend £1,457k (£595k to end of May) on Covid-19 related capital expenditure. A submission was made to WG on the 5th June requesting funding to support these costs. The Trust has since received confirmation of funding from WG for the Digital Devices £92k, and the Convalescent Plasma Collection Devices £397k, although the Plasma device does not currently form part of the CEL. The Trust is expecting to receive a response from WG on the other capital items by the end of June 20.

WPAS

Funding of £892k for WPAS has been agreed and will be transferred from NWIS in 2020/21.

Major Schemes in Development

- VCC – PBC (compliance and safety issues prior to opening of the new hospital)
- Fire Safety – c **£700k**
- Ventilation – c **£2m**
- WBS PBC – Mechanical / Electrical infrastructure – c **£21m over 4 years**

Performance to date

The actual cumulative expenditure to May 2020 on the All Wales Capital Programme schemes was £589k, with the largest area of spend being the TCS Programme £358k.

The year to date spend related to Covid-19 is £595k.

There has been little movement on the Discretionary capital funding programme with the current uncertainty around covid-19. The Trust is however developing schemes that will be ready to proceed once the Trust receives confirmation of funding from WG on both Covid-19 and the TCS programme.

Year-end Forecast Spend

The year-end forecasted outturn is currently expected to be managed to a breakeven position.

Risks associated with the Capital Programme

Significant capital requirements identified across the Trust

- Unlikely to be 100% successful with bids to the All Wales Programme
- Currently using Discretionary funds to support the TCS programme
- Expenditure directly related to Covid-19 estimated to be circa £1.233m. Reimbursement not guaranteed.
- Uncertainty over funding creates delays in decision making for use of Discretionary funds and impacts on deliverability.

9. BALANCE SHEET (Including Hosted Organisations)

The Balance Sheet in NHS Financial Statements is known as the Statement of Financial Position. It provides a snapshot of the Trust's financial position at a point in time.

The statement shows the Trust's assets and liabilities. As part of the Trust SFIs there is a mandatory requirement to report movement in working capital.

Balance Sheet key movements between opening balance as at 1st Apr '20 and 31st May '20 and forecast closing balance as at 31st March '21.

Non -Current Assets

The **Increase of £3,428k** from 1st April to 31st May will relate to the agreed purchase from the Trust Capital programme offset against the depreciation charges on Property, Plant & Equipment and Intangible assets.

Current Assets

Inventories (stock)

The **increase in stock of £9,666k** from 1st April to 31st May relates mainly to purchases of stock within NWSSP relating to Covid-19. The Trust is also still holding £7,000k of contingency stock from 2018-19 which WG asked both NWSSP and WBS to purchase in preparation for Brexit.

The Trust is intending to unwind the contingency stock during 2020-21 to repay the £7,000k cash provided by WG to purchase the Brexit, however given the precarious situation which has arisen due to Covid-19 the Trust is currently continuing to hold this stock

Cash and cash equivalents

Due to the high levels of purchases relating to Covid-19 within NWSSP, the cash levels are fluctuating significantly on a daily/ weekly basis. Cash levels are being continually monitored using a cash flow forecast in order to maintain appropriate levels.

Trade and other receivables

Trade and other receivables will move up and down each month depending on timing of when invoices are raised, and when the cash is physically received from debtors.

Current Liabilities & Non-Current Liabilities

Current Liabilities

Current Liabilities will move up and down each month depending on timing of when commitments are made, and invoices are received and paid.

	Opening Balance Beginning of Apr 20	Closing Balance End of May-20	Movement from 1st April to May-20	Forecast Closing Balance End of Mar 21
	£'000	£'000	£'000	£'000
Non-Current Assets				
Property, plant and equipment	129,552	132,980	3,428	129,552
Intangible assets	17,646	17,646	0	17,646
Trade and other receivables	861,947	861,947	0	861,947
Other financial assets				
Non-Current Assets sub total	1,009,145	1,012,573	3,428	1,009,145
Current Assets				
Inventories	13,134	22,800	9,666	13,134
Trade and other receivables	415,297	556,883	141,586	415,297
Other financial assets				
Cash and cash equivalents	18,227	27,610	9,383	18,227
Non-current assets classified as held for sale				
Current Assets sub total	446,658	607,293	160,635	446,658
TOTAL ASSETS	1,455,803	1,619,866	164,063	1,455,803
Current Liabilities				
Trade and other payables	(166,041)	(770,435)	(604,394)	(166,041)
Borrowings	0	0	0	0
Other financial liabilities	0	0	0	0
Provisions	(273,929)	166,539	440,468	(273,929)
Current Liabilities sub total	(439,970)	(603,896)	(163,926)	(439,970)
NET ASSETS LESS CURRENT LIABILITIES	1,015,833	1,015,970	137	1,015,833
Non-Current Liabilities				
Trade and other payables				
Borrowings				
Other financial liabilities				
Provisions	(862,084)	(862,084)	0	(862,084)
Non-Current Liabilities sub total	(862,084)	(862,084)	0	(862,084)
TOTAL ASSETS EMPLOYED	153,749	153,886	137	153,749
FINANCED BY:				
Taxpayers' Equity				
PDC	112,984	113,118	134	112,984
Retained earnings	12,432	28,333	15,901	12,432
Revaluation reserve	28,333	12,435	(15,898)	28,333
Other reserve				
Total Taxpayers' Equity	153,749	153,886	137	153,749

10. CASH FLOW (Includes Hosted Organisations)

Cash held in the Trusts bank account is a key indicator of its financial health in terms of income, expenditure and surplus or deficit. The Trust is mainly reliant on its commissioners for cash, however if the Trust has a deficit it would need to secure a loan from Welsh Government to cover the cash shortfall created by the deficit.

The cash-flow forecast is important to enable the Trust to plan for sufficient cash availability throughout the financial year to pay its debts, such as payroll, services provided by other health bodies and private companies. The cash-flow forecast ensures that the Trust has an early understanding of any cash-flow difficulties and can liaise with Welsh Government to secure a loan.

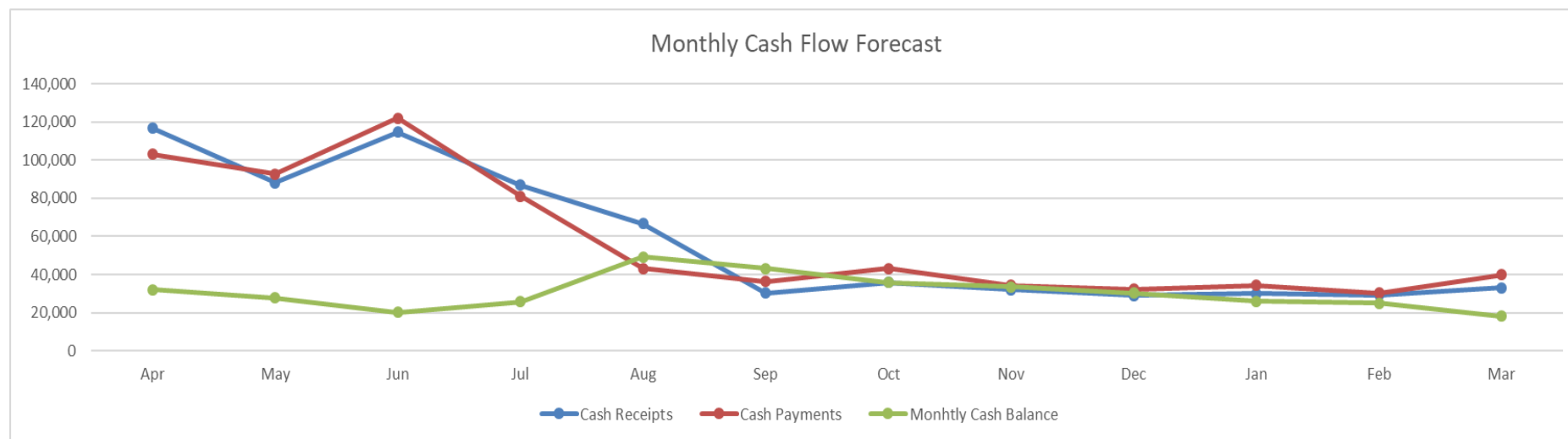
As part of the Brexit emergency planning an additional £5m of stock had been purchased by NWSSP and an additional £2m of commercial blood products have been purchased by WBS, to provide resilience for NHS Wales due to the precarious decision around Brexit.

To aid the Trust's cash flow while the stock was being held for Brexit, Welsh Government have provided the Trust with additional cash of £7m during 2019/20 with the intention that it is repaid during 2020/21. WBS did intend on starting to run down the stock from April, however given the precarious situation with Covid-19 the Trust will continue to hold this stock until further notice. NWSSP are currently reviewing the timing of the All Wales Brexit stock run down.

Due to the high levels of purchases relating to Covid-19 within NWSSP the cash levels are expected to be significantly higher than usual for the first five months of the year and are also considerably fluctuating on a daily/ weekly basis.

Cash levels are being continually monitored using a cash flow forecast in order to maintain appropriate levels.

		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Totals £'000
	RECEIPTS													
1	LHB / WHSSC income	20,362	26,383	18,936	26,573	18,795	19,395	25,115	19,095	18,395	19,495	18,795	19,695	251,036
2	WG Income	93,193	44,297	87,365	58,223	46,052	8,860	8,790	11,141	8,769	8,765	8,679	11,231	395,364
3	Short Term Loans													0
4	PDC	149												149
5	Interest Receivable	3	4	4	4	4	4	4	4	4	4	4	4	47
6	Sale of Assets													0
7	Other	3,162	17,499	8,363	2,025	1,875	1,950	1,950	1,875	1,875	1,800	1,800	2,025	46,199
8	TOTAL RECEIPTS	116,869	88,184	114,668	86,825	66,726	30,210	35,859	32,116	29,043	30,064	29,278	32,956	692,795
	PAYMENTS													
9	Salaries and Wages	15,946	15,958	15,905	15,930	15,940	15,982	15,999	16,020	16,032	16,045	16,051	16,055	191,863
10	Non pay items	84,539	75,671	104,603	63,801	26,175	19,590	19,310	17,190	14,905	16,475	12,600	16,230	471,089
11	Short Term Loan Repayment													0
12	PDC Repayment												5,508	5,508
14	Capital Payment	2,551	1,004	1,700	1,400	1,100	700	980	1,100	1,400	1,800	1,600	2,000	17,335
15	Other items							7,000						7,000
16	TOTAL PAYMENTS	103,036	92,633	122,208	81,131	43,215	36,272	43,289	34,310	32,337	34,320	30,251	39,793	692,795
17	Net cash inflow/outflow	13,832	(4,450)	(7,540)	5,694	23,511	(6,062)	(7,430)	(2,194)	(3,294)	(4,256)	(973)	(6,837)	
18	Balance b/f	18,227	32,059	27,610	20,070	25,764	49,275	43,213	35,782	33,588	30,294	26,037	25,064	
19	Balance c/f	32,059	27,610	20,070	25,764	49,275	43,213	35,782	33,588	30,294	26,037	25,064	18,227	



DIVISIONAL ANALYSIS

(Figures in parenthesis signify an adverse variance against plan)

Core Trust

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Variance
	£000	£000	£000	£000	£000	£000
VCC	5,788	5,878	(90)	34,652	34,652	0
RD&I	(11)	(35)	24	(473)	(473)	0
WBS	3,196	3,138	58	21,176	21,176	0
Sub-Total Divisions	8,973	8,981	(8)	55,355	55,355	0
Corporate Services Directorates	927	916	11	5,426	5,426	0
Delegated Budget Position	9,900	9,898	3	60,781	60,781	0
TCS	81	82	(0)	488	488	0
Health Technology Wales	0	0	(0)	0	0	0
Non recurrent measures to achieve financial breakeven	0	0	0	0	0	0
Trust Position	9,981	9,979	3	61,269	61,269	0

VCC

	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	7,885	7,802	(83)	47,820	47,820	0
Expenditure						
Staff	6,071	6,186	(115)	36,609	36,609	0
Non Staff	7,602	7,494	108	45,864	45,864	0
Sub Total	13,673	13,680	(7)	82,472	82,472	0
Total	5,788	5,878	(90)	34,652	34,652	0

VCC Key Issues:

The reported financial position for the Velindre Cancer Centre at the end of May 2020 was an overspend of **£(90)k** representing 0.11% of the division's annual budget.

Income at month 2 was **£(83)k** under achieved, this primarily relates to non-achievement of the Income savings target of £(89)k, also gift shop takings are down by £(6)k due to the fact the shop

is currently closed in response to Covid-19. Offset with overachievement of Physics Management HSST income £(7)k, and other small variances.

Staff was **£(115)K** overspent as at month 2. There are underspends across the division due to vacancies which is above vacancy factor and service redesign savings target of £166k. Total agency costs to May are £(281)k, with Radiotherapy being the largest area of spend £(194)K. The main areas of overspend are in Operational Services £(10)K this is due to service change as a result of COVID. The full impact of Service change in Operational Services is being costed for forecasting purposes.

Non Pay Expenditure at month 2 was **£108k** underspent. The main reason for the underspend is on the general drugs budget due to low activity amounting to **£103K** to date, various small underspends across other services due to low activity, such as nursing £(20)k, and patient appliances (wigs) £(10)k, Partly offset with an overspend in Pharmacy due to one off maintenance costs for Chemo Care of £28K. and £16k non achievement of savings plans.

WBS

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	2,300	2,249	(51)	16,962	16,962	0
Expenditure						
Staff	2,705	2,659	46	16,187	16,187	0
Non Staff	2,791	2,728	63	21,951	21,951	0
Sub Total	5,496	5,387	109	38,138	38,138	0
Total	3,196	3,138	58	21,176	21,176	0

WBS Key Issues:

The reported financial position for the Welsh Blood Service at the end of May 2020 was an under spend of **£58k** representing 0.15% of the division's annual budget.

Income underachieved target in month by **£(51)k**, Plasma sales and Bone Marrow activity lower than planned due to COVID19 suppressed activity. There is also an income risk that the RENAL marginal activity does not fall under SLA block income, though currently provided as such (approx £35k months 1&2).

Staffing underspend continues to be high with a **£46k** under spend reported to May which is above the divisions vacancy factor target. Vacancies remain significant as unable to introduce meaningful recruitment due to COVID-19.

Non Pay underspend of **£63k** is largely due to reduced costs from suppressed activity, Underspend on collections £120k, Laboratory Services £35k and WTAIL £111k, offset by £(75)k of COVID19 related expenditure, General Service £(30)k, and rephrasing of £(90)k non-pay contingency into M12 to support increased activity and staff recruitment post Covid-19.

Corporate

	YTD Budget £000	YTD Actual £000	YTD Variance £000	Annual Budget £000	Full Year Forecast £000	Year End Projected Variance £000
Income	2,501	2,315	(185)	4,205	4,205	0
Expenditure						
Staff	1,160	1,161	(1)	6,598	6,598	0
Non Staff	2,267	2,070	197	3,032	3,032	0
Sub Total	3,427	3,231	196	9,631	9,630	0
Total	927	916	11	5,426	5,425	0

Corporate Key Issues:

The reported financial position for the Corporate Services Division at the end of May 2020 was an under spend of **£11k** representing 0.11% of the division's annual budget.

Due to a timing issue on incurring expenditure and raising invoices against the One Wales budget both the income and non-staff budgets are reflecting fairly large variances. This will be corrected for month 3.

RD&I

	YTD Budget £000	YTD Actual £000	YTD Variance £000	Annual Budget £000	Full Year Forecast £000	Year End Projected Variance £000
Income	543	508	(36)	3,861	3,861	0
Expenditure						
Staff	462	407	55	2,744	2,744	0
Non Staff	70	66	4	643	643	0
Sub Total	533	473	59	3,388	3,388	0
Total	(11)	(35)	24	(473)	(473)	0

RD&I Key Issues

The reported financial position for the RD&I Division at the end of May 2020 was an under spend of **£24k** representing 0.70% of the total divisional budget.

Under achievement of **£(36)k** on income, matching underspend on fully funded projects in expenditure, (early phase £(18)k, and MW-ATTC £(13)k).

Additional underspend in Staff due to vacancy within the innovation team £16k.

TCS

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	0	0	0	0	0	0
Expenditure						
Staff	81	77	4	487	487	0
Non Staff	0	4	(4)	0	0	0
Sub Total	81	82	(0)	488	487	0
Total	81	82	(0)	488	487	0

TCS Key Issues

The reported financial position for the TCS Programme at the end of May 2020 was **Breakeven**.

A small overspend on non-staff £(4)k staff was offset by a small underspend in staff £4k.

HTW

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	151	140	(11)	1,100	1,100	0
Expenditure						
Staff	120	119	0	777	777	0
Non Staff	31	20	11	323	323	0
Sub Total	151	140	11	1,101	1,100	0
Total	0	0	(0)	0	0	0

HTW Key Issues

The reported financial position for Health Technology Wales at the end of May 2020 was **Breakeven**.

A small underachievement on income £(11)k was offset by a small underspend in non-staff £11k.

HTW are fully funded by WG, with any variance against income, staff or non-pay being dealt with by an overall balanced position.

Appendix

TCS PROGRAMME DELIVERY BOARD

TCS PROGRAMME FINANCIAL REPORT FOR 2020-21 MAY 2020

DATE OF MEETING	
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PUBLIC OR PRIVATE REPORT	Private
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IF PRIVATE PLEASE INDICATE REASON	Commercially Sensitive
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PREPARED BY	Mark Ash, Assistant Director of Finance - TCS Programme
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PRESENTED BY	Mark Osland, Executive Director of Finance
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EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance
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REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		Choose an item.

ACRONYMS	
TCS	Transforming Cancer Services
Trust	Velindre University NHS Trust
nVCC	New Velindre Cancer Centre
WG	Welsh Government
PMO	Programme Management Office

1. PURPOSE

- 1.1 The purpose of this report is to provide a financial update to the TCS Programme Delivery Board for the financial year 2020-21, outlining spend to date against budget as at Month 02 and current forecast.

2. BACKGROUND

- 2.1 In January 2015 the Minister for Health and Social Services approved the initial version of the Strategic Outline Programme 'Transforming Cancer Services in South East Wales'. Following the completion of the Key Stage Review in June/July 2015, approval was received from the Minister to proceed to the next stage of the Programme.
- 2.2 It should be noted that as at March 2020, the Cabinet Secretary for Health, Well-being and Sport, has approved capital and revenue funding for the TCS Programme and its associated Projects, namely the nVCC Project and Enabling Works Project, amounting to a cumulative value to date is £17.321m and revenue funding of £2.163m. The total cumulative expenditure as at the end of March 2020 was £17.321m for Capital and £2.682m for Revenue.
- 2.3 In addition to WG funding, NHS Commissioners agreed in December 2018 to provide annual revenue funding towards the TCS Programme, £0.400m of which was provided in 2018/19, £0.420m in 2019-20, and £0.420m in 2020-21.
- 2.4 In the financial year 2019-20, the Trust provided the nVCC Project and Enabling Works Project with £0.060m revenue funding toward project delivery costs.
- 2.5 The Radiotherapy Procurement Solution PBC (Project 3 – Equipment and Digital) was endorsed by WG in 2019-20. Capital funding of £1.110m was approved from July 2019 to December 2022, with £0.347m provided in 2019-20. Re-profiling of the funding resulted in a revised funding allocation of £0.250m for the 2019-20 financial year. The slippage of £0.097m has been reprovided in the next financial year, increasing the allocation for the financial year 2020-21 from £0.451m to £0.548m.

3. FUNDING

Funding provision for the financial year 2020-21 is outlined below. The following should be noted:

- 3.1 A capital funding request of c£1.141m has been submitted to Welsh Government for the Enabling Works and nVCC Projects from April 2020 to September 2020 inclusive.
- 3.2 No revenue funding has been provided by Welsh Government to date to cover project delivery costs for 2020-21 for the Enabling Works and nVCC Projects.

Description	Funding	
	Capital	Revenue
Programme Management Office There is no capital funding requirement for the PMO at present Allocation from funding provided from Commissioners for 2020-210 to cover direct clinical/management support and PMO	£nil	£0.240m
Project 1 – Enabling Works for nVCC Project 2 – nVCC <i>WG Capital Funding</i> Capital funding from WG to be confirmed <i>Revenue Funding</i> No Revenue funding provided by WG for the financial year 2020-21 to date	£nil	£nil
Project 3 – Equipment and Digital £0.451m capital funding provided in 2020-21 plus £0.097m capital funding reprovided from 2019-20	£0.548m	£nil
Project 4 – Radiotherapy Satellite Centre Project is led and funded by the hosting organisation, Aneurin Bevan University Health Board, and no funding requirement is expected from the Trust for 2020-21	£nil	£ nil
Project 5 – SACT and Outreach Funding has been requested for this project however none has been provided to date	£ nil	£nil
Project 6 – Service Delivery, Transformation and Transition No capital funding requirement at present Allocation from funding provided from Commissioners for 2020-210 to cover direct clinical/management support and PMO Funding transferred from Trust Corporate Finance toward the costs of the Project Director post Funding transferred from Velindre Cancer Centre toward the costs for the Project Manager post	£ nil	£0.180m £0.067m £0.049m

Description	Funding	
	Capital	Revenue
Project 7 – VCC Decommissioning No funding requested or provided for this project to date	£nil	£nil
Total funding provided to date: £1.084m	£0.548m	£0.536m

4. FINANCIAL SUMMARY AS AT 30TH APRIL 2020

- 4.1 The summary financial position for the TCS Programme for the year 2020-21 is outlined below:

TCS Programme Budget & Spend 2020-21						
Description	Current Month			Financial Year		
	Budget to May-20 £	Spend to May-20 £	Variance to May-20 £	Annual Budget £	Annual Forecast £	Annual Variance £
CAPITAL						
PAY						
nVCC Project and Enabling Works Project Staff	0	140,314	-140,314	0	1,122,478	-1,122,478
Other Project Staff	0	19,699	-19,699	0	118,195	-118,195
NON-PAY - PROJECTS						
nVCC Project Delivery	0	5,492	-5,492	0	88,979	-88,979
Project 1 - Enabling Works	0	101,666	-101,666	0	7,193,320	-7,193,320
Project 2 - New Velindre Cancer Centre	0	90,826	-90,826	0	584,364	-584,364
Project 3 - Radiotherapy Procurement Solution	91,333	75,931	15,402	548,000	548,000	0
CAPITAL TOTAL	91,333	433,928	-342,595	548,000	9,655,335	-9,107,335
REVENUE						
PAY						
Programme Management Office	40,000	40,499	-499	240,000	244,408	-4,408
Service Change Team	49,265	49,518	-253	295,591	295,591	0
NON-PAY						
nVCC Project Delivery	0	4,172	-4,172	0	26,672	-26,672
REVENUE TOTAL	89,265	94,189	-4,924	535,591	566,671	-31,080
TCS PROGRAMME TOTAL	180,598	528,117	-347,519	1,083,591	10,222,006	-9,138,415

5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 31ST MAY 2020

CAPITAL SPEND

WG Funded Staffing

- 5.1 An in year **spend of c£0.140m** for posts funded by WG reflects the current 'interim' posts, with a **forecast spend of c£1.122m** for the year. The budget is to be confirmed.

Other Project Staff

- 5.2 There is an in-year **spend of c£0.020m** to date against a nil budget for project staff not funded by WG, with a **forecast spend of c£0.118m** for the year.

Project Delivery Costs

- 5.3 There is a capital cost of **c£5k** for the year to date for project support and running costs for Projects 1 and 2. The budget is to be confirmed.

Project 1 – Enabling Works for nVCC

- 5.4 There is an in-year capital spend of **c£0.102m**, with a forecast spend for the year of **c£7.193m**. The budget is to be confirmed.

Work package	Spend
Planning (inc TCAR & Asda)	£0.010m
Master Planning & Feasibility Study	£nil
Asda Undertakings	£0.020m
Enabling Works - Design & Employers Requirements	c£0.067m
Enabling Works – Works	£nil
Miscellaneous works	£0.005m

Project 2 – nVCC

- 5.5 There is an in-year capital spend of **c£0.091m**, with a forecast spend for the year of **c£0.584m**. The budget is to be confirmed.

Work package	Spend
Project Agreement (PA)	£0.050m
Procurement Documents (PD)	£0.034m
Competitive Dialogue Preparedness	£0.007m
Land Transfer	£nil
Competitive Dialogue - PQQ & Dialogue	£nil
Miscellaneous works	£nil

Project 3 – Equipment and Digital

- 5.6 There is an in-year spend of **c£0.076m** for the Integrated Radiotherapy Solutions Procurement Project against a budget of **c£0.091m**. The underspend of c£0.015m is due to a delay in advisory work being undertaken and meetings and workshops taking place due to COVID-19. The Project is currently forecasting a break even position against a budget for the year of **£0.548m**.

Project 4 – Radiotherapy Satellite Centre

- 5.7 This project is being led and funded by the hosting organization, Aneurin Bevan University Health Board. As such there has been no spend by the Trust for 2020-21.

REVENUE SPEND

Programme Management Office

- 5.8 The PMO revenue spend for to date is a pay cost of **c£0.040m** against a budget of the same. There is a forecast outturn of **c£0.244m** against a budget **£0.240m** for the financial year 2020-21. This overspend of c£4k is due to part of the costs for the Director of Commercial & Strategic Partnerships being borne by the PMO from April 2020. There are no non pay costs identified by the PMO at present.

Projects 1 and 2 Delivery Costs

- 5.9 There is a revenue delivery cost for the nVCC and Enabling Works Projects of **c£4k** to date. No budget has been provided as yet.

Project 6 – Service Delivery, Transformation and Transition (Service Change)

- 5.10 Spend to the end of May 2020 is a pay cost of **c£0.049m** against a budget the same. The project is forecast to break even for the year against a budget of **c£0.296m**. There are no non pay costs identified by the Project at present.

6. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Staff and Resources
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	See above.

7. RECOMMENDATION

The TCS Programme Board are asked to **NOTE** the financial position for the TCS Programme and



AUDIT COMMITTEE

ACCOUNTABILITY REPORT & ANNUAL ACCOUNTS 2019-20

DATE OF MEETING	25 th June 2020
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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	<ul style="list-style-type: none">Claire Bowden, Head of Financial OperationsTracy Hughes, Financial Services and Accounting ManagerKaren Wright, Assistant Director of WorkforceEmma Stephens, Interim Head of Corporate Governance
PRESENTED BY	<ul style="list-style-type: none">Claire Bowden, Head of Financial OperationsEmma Stephens, Interim Head of Corporate Governance
EXECUTIVE SPONSOR APPROVED	<ul style="list-style-type: none">Mark Osland, Executive Director of FinanceSarah Morley, Executive Director of Organisational Development & WorkforceLauren Fear, Interim Director of Corporate Governance

REPORT PURPOSE	FOR APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
None		

ACRONYMS	
WG	Welsh Government
AW	Audit Wales

1. SITUATION/BACKGROUND

- 1.1 In line with WG and HM Treasury Guidance, the Trust has produced an Accountability Report and Annual Accounts (Appendix 1) for the financial reporting period 2019-20.
- 1.2 The Accountability Report in conjunction with the Annual Accounts will be submitted to Welsh Government by midday on the 30 June 2020.
- 1.3 The Annual Report including the Accountability Report, Annual Accounts and Performance Report should be finalised and submitted to WG by the 31st August 2020 as one unified document.
- 1.4 The Annual Report will be presented at the Trust's Annual General Meeting (AGM) on the 24th September 2020.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 In line with Welsh Government and HM Treasury Guidance, the Trust has produced an Accountability Report for the financial reporting period 2019-20. The purpose of the Accountability Report, which sits within the suite of Annual Report documents, is to report to the National Assembly for Wales in respect of the key accountability requirements and captures the following key areas:

1. Corporate Governance Report

2. Financial Accountability Report

3. Remuneration and Staff Report

4. National Assembly for Wales Accountability and Audit Report

- 2.2 The Annual Accounts outline the financial performance up to year end 31st March 2020.
- 2.3 The Trust Governance Statement, which is contained within the Accountability Report, is supported by a separate Governance Statement from the Director of NHS Wales Shared Services Partnership and a Governance Compliance Statement signed by the Director of the NHS Wales Informatics Service and the Director of Health Technology Wales. These are not contained within the Annual Report, however, are available from the Interim Director of Corporate Governance.
- 2.4 The Accountability Report has been reviewed in draft form at various stages by the Trust, Audit Wales and Welsh Government during April - June 2020. Any comments from these reviews have been incorporated as appropriate.



3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	The suite of Annual Report Documents are intended for the public, and provide information in an honest and transparent way about the services provided by the Trust.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
	An Equality Impact Assessment will be completed by the 31 st July 2020.
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The Accountability Report will be translated in Welsh which will have a cost implication for translation.

4. RECOMMENDATION

The Audit Committee is asked to:

- **NOTE** the contents of the Accountability Report & Annual Accounts (Appendix 1), Letter of Representation (Appendix 2), and Trust Response to Audit Wales regarding Governance and Remuneration Report (Appendix 3).
- **NOTE** the National Audit Office (NAO) Fact Sheet on Governance Statements (Appendix 4) which has been reviewed to ensure best practice has been taken into consideration in the development of the Governance Statement section of the Accountability Report.
- **ENDORSE APPROVAL** of the Accountability Report and Annual Accounts for 2019-20.

Next Steps:

Formal approval by the Trust Board on the 25th June 2020.

The Accountability Report in conjunction with the Financial Accounts will be submitted to Welsh Government by midday on the 30th June 2020.

Velindre University NHS Trust

ACCOUNTABILITY REPORT 2019-20



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



Canolfan Ganser Felindre
Velindre Cancer Centre



Gwasanaeth Gwaed Cymru
Welsh Blood Service

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VELINDRE UNIVERSITY NHS TRUST SCOPE OF RESPONSIBILITY

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

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

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

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

At the time of preparing this Annual Governance Statement Velindre University NHS Trust and the NHS in Wales is facing unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by COVID-19, whilst also planning to resume other activity where this has been impacted.

The required response has meant the whole organisation has had to work very differently both internally and with our staff, partners and

stakeholders and it has been necessary to revise the way the governance and operational framework is discharged. In recognition of this, Dr Andrew Goodall, Director General Health and Social Services/NHS Wales Chief Executive wrote to all NHS Chief Executives in Wales, with regard to "COVID-19 Decision Making and Financial Guidance". The letter recognised that organisations would be likely to make potentially difficult decisions at pace and without a firm evidence base or the support of key individuals, which under normal operating circumstances would be available. Nevertheless, the organisation is still required to demonstrate that decision-making has been efficient and will stand the test of scrutiny with respect to compliance with Managing Welsh Public Money, demonstrating Value for Money after the COVID-19 crisis has abated, and the organisation returns to more normal operating conditions.

To demonstrate this, Velindre University NHS Trust is recording how the effects of COVID-19 have impacted on any changes to normal decision making processes. Where relevant these, and other actions taken have been explained within this Annual Governance Statement.

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

NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP)

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

NWSSP is hosted by Velindre University NHS Trust via a formal Hosting Agreement, signed by each statutory organisation in NHS Wales. The Director of NWSSP holds Accountable Officer status and holds a separate Accountability Statement with the Director General for Health in the

Welsh Government. The Director of NWSSP produces and signs his own Annual Governance Statement to support the Trust Chief Executive in signing the Velindre University NHS Trust Annual Governance Statement.

NHS WALES INFORMATICS SERVICES (NWIS)

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

The Director signs an Annual Governance Compliance Statement to support the Trust Chief Executive in signing the Velindre University NHS Trust Annual Governance Statement.

In September 2019, it was announced that NHS Wales Informatics Services will transition to a new standalone NHS Wales organisation, reflecting the importance of digital and data in modern health and care. The new organisation will be a Special Health Authority, like the recently established Health Education and Improvement Wales. It will have an independent chair and board, appointed by Welsh Ministers. The Trust will be working with NWIS to support their transition to a Special Health Authority.

HEALTH TECHNOLOGY WALES (HTW)

The Trust received grant funding to continue the operation of Health Technology Wales during 2019-2020. HTW is funded by Welsh Government under the Efficiency through Technology Programme. HTW was established to facilitate the timely adoption of clinically and cost effective health technologies in Wales, working with, but independently of, NHS Wales. Its remit covers all health technologies that are not medicines. This could be medical devices, surgical procedures, telemonitoring, psychological therapies, rehabilitation or any health intervention that isn't a medicine.

HTW independently critically assesses the best available international evidence about the clinical and cost effectiveness of a health technology. This evidence is reviewed by experts and the HTW Appraisal Panel to put the evidence into the Welsh context. HTW also coordinates a Front Door process to support health technology developers to navigate NHS Wales. As well as its Front Door and appraisal functions HTW also has roles in horizon scanning, evaluating uptake and disinvestment of technologies and providing advice to health technology developers. It does this in partnership with other organisations in NHS Wales to ensure there is no duplication of work and sharing of limited skilled assessment resources. The Director signs an Annual Governance Compliance Statement to support the Trust Chief Executive in signing the Velindre University NHS Trust Annual Governance Statement.

SCOPE OF THE ACCOUNTABILITY REPORT

In line with Welsh Government and HM Treasury Guidance, the Trust has produced an Accountability Report for the financial reporting period 2019-2020.

The purpose of the Accountability Report, which sits within the suite of Annual Report documents, is to report to the National Assembly for Wales in respect of the key accountability requirements.

The Accountability Report will be signed and dated by the Trust's Accountable Officer - Chief Executive and is made up of the following four sections:

1. CORPORATE GOVERNANCE REPORT
2. FINANCIAL ACCOUNTABILITY REPORT
3. REMUNERATION AND STAFF REPORT
4. NATIONAL ASSEMBLY FOR WALES ACCOUNTABILITY AND
AUDIT REPORT

CORPORATE GOVERNANCE REPORT

The purpose of the Corporate Governance Report is to explain the composition of the Trust and its governance structures and how these support the achievement of the Trust's objectives.

The Corporate Governance Report includes the following sub sections:

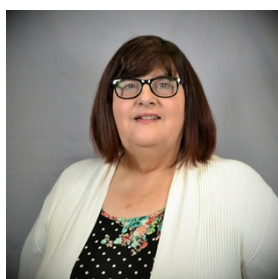
- DIRECTORS' REPORT
- THE STATEMENT OF ACCOUNTABLE OFFICERS RESPONSIBILITIES
- THE STATEMENT OF DIRECTORS RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS
- GOVERNANCE STATEMENT

DIRECTORS' REPORT

This Directors' report brings together information about the Trust Board including the Independent Members and Executive Directors, the composition of the Trust Board and other elements of its governance and risk management structure. It also includes the disclosures and reporting required by the Trust relating to the day to day execution of the Trust's business.

The Trust Board is made up of Executive Directors, who are employees of the Trust, and Independent Trust Board Members (IMs), who were appointed to the Trust Board by the Minister via an open and competitive public appointment process.

CHAIR AND INDEPENDENT MEMBERS OF THE TRUST – 2019-2020



Professor Donna Mead, OBE, Chair

Appointment:

Professor Mead was appointed Chair of Velindre University NHS Trust in May 2018.

Area of Expertise:

Education, Partnerships and Collaboration.

Trust Board Committee Membership

Professor Mead Chairs the Trust Board meeting, Remuneration Committee, Advisory Consultant Appointment Committee, Charitable Funds Committee, Research, Development & Innovation Committee and the Academic Partnership Committee.

Professor Mead is supported by six other Independent Members.



**Mr. Stephen Harries, Interim Vice
Chair/Independent Member**

Appointment:

Mr. Harries was appointed as an Independent Member of the Trust in April 2017. In November 2018, Mr. Harries was appointed as Interim Vice Chair.

Area of Expertise:

Information Governance & Information Management and Technology.

Trust Board Committee Membership

Mr. Harries is Chair of the Information Governance & Information Management & Technology Committee and Transforming Cancer Services Programme Scrutiny Committee. He is a member of the Remuneration Committee, Quality & Safety Committee, Planning & Performance Committee, Workforce and Organisational Development Committee and Shared Listening and Learning Sub Committee.

Champion Role:

Trust Champion for Information. Trust Board's Independent Member link with the Velindre Cancer Centre.



**Professor Jane Hopkinson, Independent
Member**

Appointment:

Professor Hopkinson was appointed as an Independent Member of the Trust in August 2012. Professor Hopkinson's term came to an end on the 31st August 2019.

Area of Expertise:

University Representative.

Trust Board Committee Membership

Professor Hopkinson Chaired the Research, Development & Innovation Committee, and is a member of Information Governance & Information Management & Technology Committee.

Champion Role:

Trust Champion for Research.



Professor Donald Fraser, Independent Member

Appointment:

Professor Fraser was appointed as an Independent Member of the Trust in December 2019.

Area of Expertise:

University Representative.

Trust Board Committee Membership

Professor Fraser Chairs the Shared Listening & Learning Sub Committee and is a member of the Research, Development & Innovation, Quality & Safety Committee, Workforce & Organisational Development Committee and the Academic Partnership Board.

Champion Role:

Trust Champion for Research.



Mrs. Janet Pickles, Independent Member

Appointment:

Mrs. Pickles was appointed as an Independent Member of the Trust in October 2012.

Area of Expertise:

Quality & Safety

Trust Board Committee Membership

Mrs. Pickles Chairs the Quality & Safety Committee and is a member of the Audit Committee, Charitable Funds Committee and the Shared Listening and Learning Sub Committee and Advanced Radiotherapy Programme Committee.

Champion Role:

Trust Champion for Infection Control, Patients and Older People, equality and is the Trust Board's Independent Member link with the Welsh Blood Service.



Mr. Phil Roberts, Independent Member

Appointment:

Mr. Roberts was appointed as an Independent Member of the Trust in March 2012. In September 2018, Mr. Roberts accepted the invitation to continue to serve as Independent Member with the Trust for a further 11 months, 1st April 2019 to 29th February 2020.

Area of Expertise:

Estates & Planning

Trust Board Committee Membership

Mr. Roberts is Chair of the Planning & Performance Committee and TCS Programme Scrutiny Committee, and a member of the Information Governance & IM&T Committee.

Champion Role:

Trust Champion for Design, Sustainability, Welsh Language, Public & Patient Involvement.



Mrs Hilary Jones, Independent Member

Appointment:

Mrs Hilary Jones was appointed as an Independent Member of the Trust from 1st March 2020.

Area of Expertise:

Estates & Planning

Trust Board Committee Membership

Mrs Jones will Chair the Planning & Performance Committee and will be a member of the IG&IM&T Committee, Workforce & OD Committee and the Advance Radiotherapy Programme Committee.

Champion Role:

Trust Champion for Design, Sustainability, Welsh Language, Public & Patient Involvement.



Judge Ray Singh, Independent Member

Appointment:

Judge Singh was appointed as an Independent Member of the Trust in November 2011. Judge Singh accepted the invitation to continue to serve as Independent Member to the Trust in October 2018 and was re-appointed for 12 months from 1st November 2018 to 31st October 2019.

Area of Expertise:

Legal.

Trust Board Committee Membership

Judge Singh was a member of the Audit Committee (Trust), Audit Committee (NHS Wales Shared Services Partnership), Quality & Safety Committee, Remuneration Committee and the Investment Performance Review Sub Committee which is a Sub Committee of the Charitable Funds Committee.

Champion Role:

Trust Champion for Violence & Aggression, Safeguarding and Putting Things Right.



Mr Gareth Jones, Independent Member

Appointment:

Mr Jones was appointed as an Independent Member of the Trust in December 2019.

Area of Expertise:

Legal.

Trust Board Committee Membership

Mr Jones Chairs the Workforce & OD Committee and is a member of the Audit Committee, Planning & Performance Committee and TCS Programme Scrutiny Committee.

Champion Role:

Trust Champion for Violence & Aggression, Safeguarding and Putting Things Right.



Mr. Martin Veale, JP, Independent Member

Appointment:

Mr. Veale was appointed as an Independent Member of the Trust in April 2017. Mr Veale's second term with the Trust will commence in April 2020.

Area of Expertise:

Finance, Audit & Governance.

Trust Board Committee Membership

Mr. Veale is Chair of the Audit Committee (Trust), Audit Committee (NHS Wales Shared Services Partnership) and the Investment Performance Review Committee (which is a Sub Committee of the Charitable Funds Committee). Mr. Veale is also a member of the Remuneration Committee and the Charitable Funds Committee.

Champion Role:

Trust Champion for Finance and Governance.

EXECUTIVE DIRECTORS (BOARD MEMBERS)



Mr. Steve Ham, Chief Executive (Accountable Officer)

Trust Board Committee Membership

Mr. Ham is a member of the Charitable Funds Committee, Local Partnership Forum, Remuneration Committee and Advisory Consultant Appointments Committee.



Dr. Jacinta Abraham, Medical Director

Trust Board Committee Membership

Dr. Abraham is a member of the Research, Development & Innovation Committee and Advisory Consultant Appointments Committee.

Lead Function: Medical Director & Research



Mrs. Jayne Elias, Interim Executive Director of Nursing & Service Improvement Mrs. Elias was appointed as Interim Executive Director of Nursing & Service Improvement on the 1st March 2019 to the 26th August 2019.

Trust Board Committee Membership

Mrs. Elias is a member of the Research, Development & Innovation Committee.

Lead Function: Quality & Safety and Nursing.



Mrs Nicola Williams, Executive Director of Nursing, AHP's and Health Scientists

Mrs Williams commenced her appointment with the Trust on the 26th August 2019.

Trust Board Committee Membership

Mrs. Williams is a member of the Research, Development & Innovation Committee.

Lead Function: Quality & Safety and Nursing.



Ms. Sarah Morley, Executive Director of Organisational Development & Workforce

Lead Function: Organisational Development & Workforce

Ms. Morley is Joint Chair of the Local Partnership Forum.



Mr. Mark Osland, Executive Director of Finance

Trust Board Committee Membership

Mr. Osland is a member of the Charitable Funds Committee, the Charitable Funds Sub Committee – Investment Performance Review Sub-Committee and the Local Partnership Forum.

Lead Function: Finance and Charitable Funds.

EXECUTIVE TEAM MEMBERS (NON BOARD MEMBERS)



Mr. Carl James, Director of Transformation, Planning, & Digital

Responsible for strategic developments and planning and the continuous improvement of performance on behalf of the Trust.

Lead Function: Strategic Transformation, Planning, Digital & Estates



Mrs. Georgina Galletly, Director of Corporate Governance/Board Secretary

Principal advisor to the Trust Board and the organisation as a whole on all aspects of governance and ensuring that the Trust meets the standards of good governance set for the NHS in Wales.

Mrs Galletly is on a 12 month secondment to Cwm Taf Morgannwg Health Board, the last day with the Trust was the 26th July 2019.

Lead Function: Governance.

Steve Coombe

Mr. Steve Coombe, Interim Director of Trust Assurance

Principal advisor to the Trust Board and the organisation as a whole on all aspects of governance and ensuring that the Trust meets the standards of good governance set for the NHS in Wales.

Mr. Steve Coombe commenced a fixed term position with the Trust commencing on 23 July 2019 until the 31st March 2020.

Lead Function: Governance.



Mrs. Lauren Fear, Interim Director of Corporate Governance/Board Secretary

Principal advisor to the Trust Board and the organisation as a whole on all aspects of governance and ensuring that the Trust meets the standards of good governance set for the NHS in Wales.

Mrs Fear commenced a fixed term position with the Trust commencing on the 2nd December 2019.

Lead Function: Governance.



Ms Cath O'Brien, Interim Chief Operating Officer

Ms O'Brien was appointed as Interim Chief Operating Officer a new role within the Trust with effect from the 1st March 2019.

Prior to that position Ms O'Brien was the Divisional Director of the Welsh Blood Service.



Mr Alan Prosser, Interim Director – Welsh Blood Service

Mr Prosser has taken up the Interim Director position. Prior to that Mr Prosser was the Deputy Director of the Welsh Blood Service.

Mr Prosser is responsible for the operational management of the Service Division.



Mrs. Andrea Hague, Director Velindre Cancer Centre

At the September 2019 Board meeting, the Chief Executive Officer reported that Andrea Hague would be spending more of her time focussing on the TCS programme and to facilitate that the Trust would be backfilling the post of Director VCC for two years.



As a result, the CEO is delighted that **Mr Paul Wilkins**, has been appointed to the position of **Interim Director, Velindre Cancer Centre** for the next two years.

As Interim Director of Velindre Cancer Centre, Mr Wilkins is responsible for the operational management of the Service Division.

Further information in respect of the Trust Board and Committee Activity, the System of Internal Control and the Trust Assurance Framework are captured in the Governance Statement section of this report, which starts on page 23 and Appendix 1.

PUBLIC INTEREST DECLARATION

Each Trust Board Member has stated in writing that they have taken all the steps that they ought to have taken as a Director in order to make the Trust's auditors aware of any relevant audit information.

All Trust Board Members and Senior Managers within the Trust (including Directors of all Hosted Organisations) have declared any interests in companies, which may result in a conflict with their managerial responsibilities. No material interests have been declared during 2019-2020: a full register of interests for 2019-2020 is available upon request from the Director of Corporate Governance.

DISCLOSURE STATEMENTS

The Trust would make the following disclosure statements for 2019-2020:-

- During 2019/2020, the Trust reported two personal data breach incidents to the Information Commissioners Office (ICO). Both notifications were submitted in line with the 72 hour breach reporting timeframe.
 1. Reported July 2019 - Incident reported in an advisory capacity only, and was not raised as a specific Trust attributed ICO reportable data breach incident. No action taken by the ICO against the Trust.

2. Reported December 2019 – A Dictaphone, containing personal and special category data about 5 patients reported as lost within the Trust. Initial investigation identified the device had insufficient security measures to protect against unauthorised access. During January 2020, the Trust received notification the device had been found. Dictaphone found in a safe location. ICO notified, and subsequent ICO closure email received. No action taken by the ICO against the Trust.
- Whilst there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments, Velindre University NHS Trust has undertaken an assessment against the main principles as they relate to an NHS public sector organisation in Wales. This assessment has been informed by the Trust's assessment of governance undertaken by the Trust Board in April 2020 and also evidenced by internal and external audits. The Trust is complying with the main principles of the Code where applicable, and follows the spirit of the Code to good effect and is conducting its business openly and in line with the Code. The Trust Board recognises that not all reporting elements of the Code are outlined in this Governance Statement but are reported more fully in the Trust's wider Annual Report.

There have been no reported/identified departures from the Corporate Governance Code during the year.

- Welsh Government have an ambition for the public sector to be carbon neutral by 2030. This ambition sits alongside the Environment (Wales) Act 2016 and Wellbeing of Future Generations (Wales) Act 2015 as legislative drivers for decarbonisation of the Public Sector in Wales.

The Trust's five year Carbon Reduction Strategy continues to be implemented throughout the Trust and its hosted organisations. As part of this Strategy carbon reduction projects have been identified and prioritised for implementation. For the period 2018 – 2021, the Trust Sustainable Development Plan has been embedded into the Integrated Medium Term Plan development process and Strategic Objectives have been merged with the Trust's Well-being Goals.

Moving forward the Trust will continue work previously undertaken on carbon footprint monitoring in line with the recommendations of the recently published NHS Wales Carbon Footprint document. In particular, it will review CO2e emissions arising from the use of electricity consumption (Scope 2), and those emissions associated with the use of Fleet vehicles (Scope 3).

The Trust recognises that its day to day operational activities have a direct impact upon the environment and is committed to meeting the legislative drivers set out by Welsh Government.

- As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

**STATEMENT OF THE CHIEF EXECUTIVE'S
RESPONSIBILITIES AS ACCOUNTABLE OFFICER OF
VELINDRE UNIVERSITY
NHS TRUST**

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the Velindre University NHS Trust.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

The Accountable Officer is required to confirm that, as far as he or she is aware, there is no relevant audit information of which the entity's auditors are unaware, and the Accountable Officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

The Accountable Officer is required to confirm that the annual report and accounts as a whole is fair, balanced and understandable and that they take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Date:

Mr. Steve Ham
Chief Executive

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the NHS Trust and of the income and expenditure of the NHS Trust for that period.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury
- make judgments and estimates which are responsible and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction by the Welsh Ministers.

By Order of the Board

Signed:

Professor Donna Mead, OBE
Chair

Dated:

Mr. Steve Ham,
Chief Executive

Dated:

Mr. Mark Osland,
Executive Director of Finance

Dated:

ANNUAL GOVERNANCE STATEMENT

THE TRUST'S ASSURANCE FRAMEWORK

This Governance Statement details the arrangements in place for discharging the Chief Executive's responsibility to manage and control Velindre University NHS Trust's resources, and the organisations, which it hosts, during the financial year 2019-2020.

Due to the unique Accountable Officer status of the Managing Director of Shared Services Partnership (NWSSP), an Annual Governance Statement for NWSSP has been requested and submitted by the Director of NWSSP to the Trust's Chief Executive. This is available from the Director of Corporate Governance upon request and helps to inform this report.

The Directors from the other bodies hosted by Velindre University NHS Trust where appropriate have signed and submitted a '*Governance Compliance Statement*' detailing and declaring compliance with Velindre University NHS Trust governance arrangements which is submitted at the end of March each year to the Velindre University NHS Trust Chief Executive to provide assurance that Trust policy, systems and processes are being complied with to support good governance.

DISCHARGING RESPONSIBILITIES

The Trust Board has been constituted to comply with the National Health Service Wales, Velindre University NHS Trust (Establishment) Order 1993 No.2838 and subsequent Amendment Orders (1995 No. 2492, 1999 No.808, 1999 No 826, 2002 No.442 (W.57) and 2002 No.2199 (W.219 2009 No.2059, 2012 No.1261, 2012 No.1262, 2015 No.22, 2017 No.912, 2018 No.887). In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Trust Board members also fulfil a number of "champion" roles where they act as ambassadors for these matters. The Trust Board discharges its responsibilities through its Committees (listed in the table on page 24) and scheme of delegation, which is set out in its Standing Orders.

There are 13 Committees/Partnership Forums reporting directly to the Trust Board, which is supported by sub-Committees/groups in the discharge of functions;

Committee	Sub Committee
Advisory Consultant Appointments Committee.	N/A
Audit Committee (Trust)	N/A
Audit Committee (For Shared Services to consider NHS Wales Shared Services Partnership (NWSSP) Matters)	N/A
Charitable Funds Committee	Investment Performance Review Sub-Committee
Information Governance & IM&T Committee	N/A
Planning & Performance Committee	N/A
Quality & Safety Committee	Shared Listening and Learning Sub-Committee
Remuneration Committee	N/A
Research, Development and Innovation Committee	N/A
Workforce & Organisational Development Committee	N/A
Transforming Cancer Services Programme Scrutiny Committee	N/A
Local Partnership Forum	N/A
Academic Partnership Board	N/A

At a local level, the Trust Board has agreed Standing Orders (SOs) for the regulation of proceedings and business.

The *Trust Standing Orders and Standing Financial Instructions* have been adopted from the Welsh Government's Model Standing Orders for NHS Trusts in Wales and are designed to translate the statutory requirements set out in the *National Health Service Trusts (Membership and Procedures) Regulations 1990 (1990/2024)* into day to day operating practice. Together with the adoption of a scheme of matters reserved to the Trust Board; a scheme of delegations to officers and others; and Standing Financial Instructions, the SOs provide the regulatory framework for the business conduct of the Trust and define - its 'ways of working'.

These documents, together with the range of policies set by the Trust Board make up the Governance and Accountability Framework.

Welsh Government issued revised Model Standing Orders during the period for approval by the Trust Board by the end of November 2019. In addition, to this the Standing Orders have been periodically updated to account for alterations in year; details in respect of the reviews are outlined on page 30.

The dates the Trust Board and Committees met during the period 2019-2020 is captured in Appendix 1.

It is acknowledged that in these unprecedented times, there are limitations on Boards and Committees being able to physically meet where this is not necessary and can be achieved by other means. In accordance with the Public Bodies (Admission to Meetings) Act 1960, the organisation is required to meet in public. As a result of the public health risk linked to the pandemic the UK and Welsh Government stopped public gatherings of more than two people and it is therefore not possible to allow the public to attend meetings of our Board and Committees from 24 March 2020. To ensure business was conducted in as open and transparent manner as possible during this time the following actions were taken:-

- The Trust is inviting all regular attendees to its Public Board, Audit Committee and Quality & Safety Committee via technological solutions.
- The meetings are closed session i.e. public are not invited to join the meetings in person. This allows the Trust to act in accordance with social distancing guidelines.

- To retain openness and transparency during this time the Trust is committed to ensuring that the papers are published in advance of the meeting and the minutes or a briefing within 48 hours of the meeting having met.
- All Board Committees other than Audit and Quality & Safety Committee have been stood down until the end of June 2020.

An assessment was also made to ensure that decisions were time critical and could not be held over until it is possible to allow members of the public to attend meetings. As the duration of the pandemic and the subsequent measures to be taken to mitigate spread are not yet known it will be necessary to keep this under review.

COMMITTEE ACTIVITY

In line with Standing Orders, each Committee formally reports annually to the Trust Board on its work during the year detailing the business, activities, attendance and main issues dealt with by the Committee in the reporting year. Copies of the Committee Annual Reports for 2019, which outline the activity of each of the Committees for the year ending 31st December 2020, will be published on the Trust Internet site by September 2020, once they have been formally received as part of the agreed Formal Governance Recovery Plan to COVID-19.

In addition, each Trust Board meeting receives a highlight report outlining the issues and activity considered and addressed by each Committee at its last meeting. The Trust has a process where committees schedule a pause at the end of each meeting to discuss the key issues they want to raise with the Trust Board through the highlight report process under the following headings:

- Escalate/Alert
- Advise
- Assure
- Inform

The highlight reports are presented to the Trust Board by the Committee Chair. Similarly to the annual reports the highlight reports are available within the Trust Board papers on the Trust's Internet site (<http://www.velindre->

tr.wales.nhs.uk/the-board-committees) or from the Head of Corporate Governance.

The Terms of Reference for each Committee are reviewed annually in line with the Trust Standing Orders, or more frequently if deemed necessary by the Committee or Trust Board. The Terms of Reference for all Committees are available from the Head of Corporate Governance or can be found in the Trust Standing Orders and Standing Financial Instructions.

Key highlights and issues considered by the Trust Board and its Committees during 2019-2020 are included at Appendix 1 of the Governance Statement.

Minutes and papers of all Public Trust Board and Committee meetings are published on the Trust Internet site via the following link: <http://www.velindre-tr.wales.nhs.uk/current-trust-board-meetings-2018>.

During 2019-2020, key aspects of Trust Board business and issues delegated to the Audit Committee for consideration and advice, including action taken included;

- Agreement of the Internal and External Audit Plans for the year.
- Receiving Internal and External Audit Reports and subsequently monitoring progress against Audit Action Plans. The Audit Action Plan, which tracks the implementation of the recommendations of Audits is regularly reviewed by the Audit Committee.
- Agreeing the Annual Counter Fraud Plan and monitoring counter fraud activities.
- Regular review of the Declaration of Interests and Gifts, Hospitality, Sponsorship and Honoraria Register.
- Monitoring the development and draft content of the Trust's Accountability Report.
- Monitoring of Governance Arrangements across the organisation, including hosted bodies.
- Monitoring the legislative Compliance Register.
- Monitoring overall risk management process by reviewing the Trust Risk Register at each meeting.
- Approved an Interim Board Assurance Framework (see more detail below).

BOARD ASSURANCE FRAMEWORK

The Audit Committee and Trust Board approved an interim Board Assurance Framework (BAF) in November 2019.

A more complete BAF will be developed ensuring appropriate up to date risk management arrangements and is planned for implementation by October 2020.

Further detail in respect of the activity on the Audit Committee during 2019-2020 is captured in Appendix 1 on page 59.

ENGAGEMENT WITH THE LOCAL PARTNERSHIP FORUM

In support of the Trust Board, the Trust also has a Local Partnership Forum that met twice during 2019-2020, with Joint Chairs who are each nominated from the Trade Union Representatives and Executive Directors. The role of the Local Partnership Forum is to supply the main (but not only) forum within the Trust where the Directors of the Trust and Trade Union Representatives can discuss together and develop appropriate directions and responses to all major service development and change management issues.

Examples of engagement with the Local Partnership Forum during 2019-2020 are outlined in Appendix 1 on page 60.

TRUST BOARD DEVELOPMENT AND EFFECTIVENESS

The Board Development Sessions which were held during 2019-2020 are outlined below:

April 2019 –Board Briefing Session

- Exploring the NHS Staff Survey Results
- Radiotherapy Performance Update
- Commercial Partnerships Update
- nVCC Project Update

September 2019 – Board Development / Board Briefing Session

- Strategic Development. Interactive Session - where are we now and developing a new mission and vision for the Trust
- Organisational Design Presentation
- Integrated Medium Term Plan (IMTP) – Update
- Paediatric Radiotherapy
- Brexit Briefing

October 2019 – Board Development / Board Briefing Session

- Strategic Development - emerging themes and options for the Trust mission and vision
- Presentation on the Welsh Blood Service – Blood Supply Chain and Blood Health Plan
- Presentation on the Evaluation of the Acute Assessment Unit

November 2019 – Board Development / Board Briefing Session

- Strategic Development – Developing Strategic Goals
- Presentation on the Integrated Medium Term Plan (IMTP) – Update
- Cwm Taf Morgannwg Reviews and Reflections
- Education Showcase

December 2019 – Board Development / Board Briefing Session

- Cwm Taf Reflections – All Wales Self-Assessment of Quality Governance Arrangements
- Mount Vernon Findings and Reflections
- Integrated Medium Term Plan (IMTP) – Update

February 2020 – Board Development / Board Briefing Session

- Organisational Narrative and Canterbury Reflections
- Wellbeing of Future Generations Act (WBFGA)– the Board was joined by Sophie Howe, WBFGA Commissioner
- Socio Economic Duty Update
- Strategic Development
- Blood Collection Operating Model
- Information Governance Core Skills Training

STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

The Trust approved a revised set of Standing Orders and Standing Financial Instructions for the regulation of proceedings and business to ensure the following issues were addressed:

June 2019 – Amendments to the Charitable Funds Committee and Local Partnership Forum Terms of Reference.

July 2019 – Amendments to the Charitable Funds Committee, Information Governance & IM&T Committee, Quality & Safety Committee and Research, Development and Innovation Committee Terms of Reference.

September 2019 – Amendments to the nVCC Scrutiny Committee Terms of Reference.

November 2019 – Revised Model Standing Orders issued by Welsh Government were implemented and approved by the Board in November 2019.

March 2020 – Amendments to the Remuneration and Terms of Service Committee and Information Governance and IM&T Committee Terms of Reference.

March 2020 - Variation to Standing Orders Board Committee Management during COVID-19.

TRUST BOARD APPOINTMENTS DURING 2019-2020

The Trust made the following Trust Board appointments/reappointments:

Independent Members

- Professor Donald Fraser, Independent Member University commenced his first term with the Trust on the 2nd December 2019.
- Mr Gareth Jones, Independent Member Legal commenced his first term with the Trust on the 2nd December 2019.
- Mrs Hilary Jones, Independent Member Estates & Planning commenced her first term with the Trust on the 1st March 2020.

- Mr Martin Veale, Independent Member Finance, Audit and Governance will commence his second term with the Trust on the 1st April 2020.
- Professor Donna Mead, Chair will commence her second term with the Trust on the 1st May 2020.

Executive Directors

- Nicola Williams, Executive Director of Nursing, Allied Health Professions and Health Sciences commenced in post on 26th August 2019.

Executive Team (Non Board Members)

- Mr Steve Coombe commenced as Interim Director of Trust Assurance on the 23rd July 2020.
- Mrs Lauren Fear commenced as Interim Director of Corporate Governance on the 2nd December 2019.
- Mr Alan Prosser commenced as Interim Director of the Welsh Blood Service in March 2019.
- Mr Paul Wilkins commenced as Interim Director of the Velindre Cancer Centre in September 2019.

On 23 March 2020, the Welsh Government suspended all Ministerial Public Appointment campaigns with immediate effect. At the time of this suspension the Trust was due to commence an appointment campaign for a new Independent Member as Mrs Jan Pickles third term is coming to end on 31 September 2020. Action to be taken in respect of this appointment will be confirmed by early July 2020.

PURPOSE OF THE SYSTEM OF INTERNAL CONTROL (TRUST ASSURANCE FRAMEWORK)

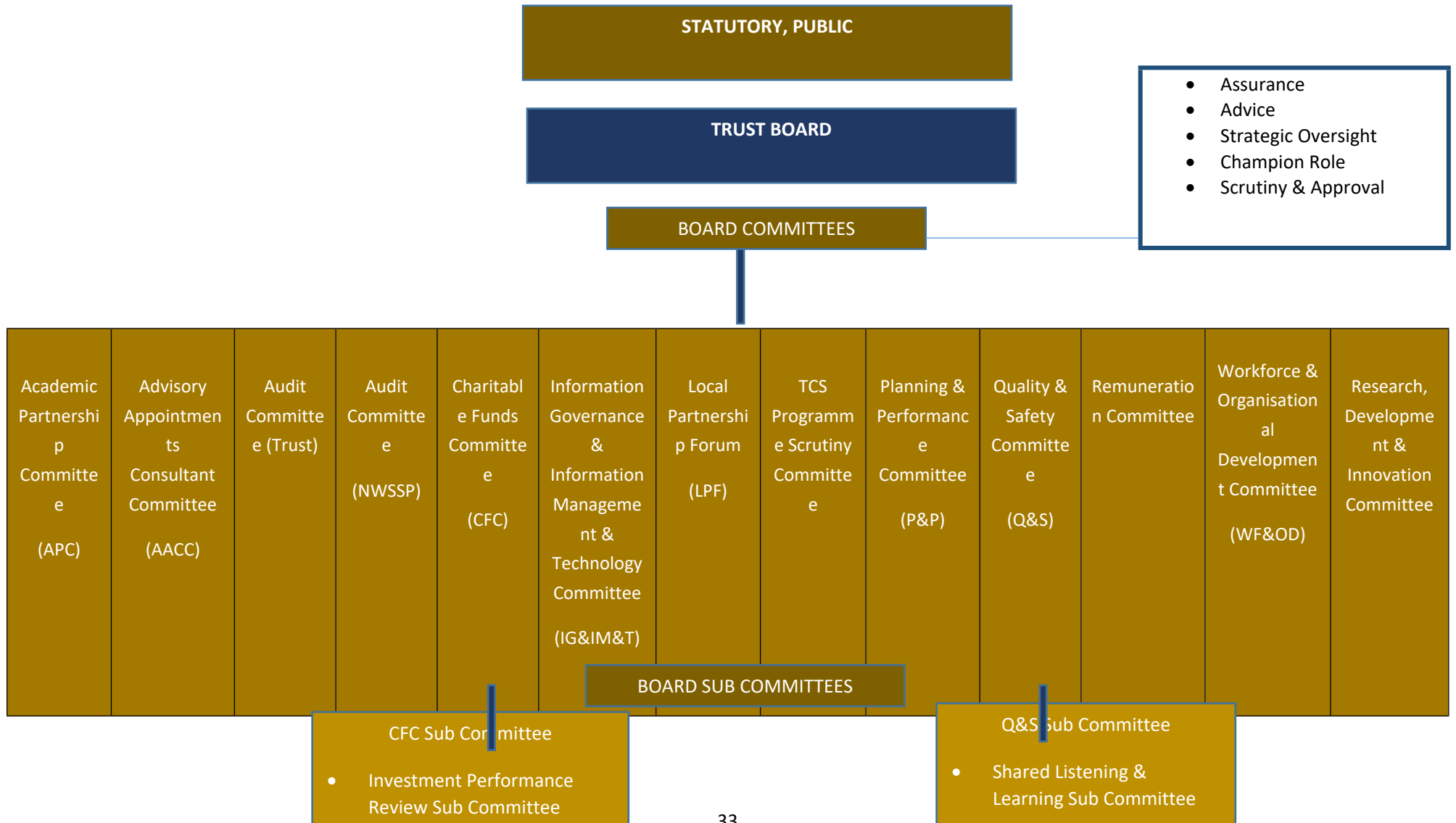
The system of internal control (Trust Assurance Framework) is designed to manage risk to a reasonable level rather than to eliminate all risks, it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year

ended 31st March 2020 and up to the date of approval of the 2019-2020 annual report and accounts.

The Welsh Government requires that the Trust operates within the wider governance framework set for the NHS in Wales and incorporating the standards of good governance set for the NHS in Wales (as defined within the Citizen Centred Governance principles and Standards for Health Services in Wales), together with its planning and performance management frameworks.

An overarching summary of the Trust's Governance Accountability Framework is illustrated below;



GOVERNANCE OF THE CHARITABLE FUNDS

The Velindre University NHS Trust Board was appointed as Corporate Trustee of the Charitable Funds by virtue of the Velindre National Health Service Trust (Establishment) Order No. 2838 that came into existence on 1st December 1993, and the Trust Board serves as its agent in the administration of the charitable funds held by the Trust.

As part of their induction programme, new Executive Directors and Independent Members of the Trust are made aware of their responsibilities as Board Members of Velindre University NHS Trust and as Corporate Trustees of Velindre University NHS Trust Charity.

The Trust Board as Corporate Trustee is ultimately accountable for charitable funds given to Velindre University NHS Trust Charity. In order to facilitate the administration and management of these funds the Trust Board has established a Charitable Funds Committee (CFC) to provide advice and recommendations to the Board. Committee meetings are held every three months and otherwise as the Committee Chair deems necessary. At least two members must be present to ensure the quorum of the Committee.

The CFC is supported by the Charitable Funds Operational Management Group that meets as and when required through a face to face or virtual format.

The CFC is also supported by an Investment Performance Review - Sub Committee, to oversee the investments made by the Charity.

Further information in respect of the Charitable Funds is available in the Trustee's Annual Report which can be accessed via the Charitable Funds page on the Trust website: <http://www.velindre-tr.wales.nhs.uk/key-publications>. The Charitable Funds Committee Annual Report for 2019 will be formally received and approved during the Trust Recovery Phase to COVID 19. Thereafter, the Annual Report for 2019 will be published on the Trust website by September 2020.

Hosted organisations utilise the existing Trust's Committee Structure illustrated earlier in this report.

A separate Velindre University NHS Trust Audit Committee is held to consider issues relating specifically to NWSSP, having the same Chair and Independent Membership as the Velindre University NHS Trust Audit Committee. Information relating to the governance arrangements in NWSSP is contained within the Director's Annual Governance Statement to the Velindre University NHS Trust Chief Executive which is available from the Director of Corporate Governance upon request.

NWSSP has a 'NHS Wales Shared Services Partnership Committee' which was established as a sub-committee of Velindre University NHS Trust Board in 2012 to comply with Ministerial Directions. The NWSSP Committee has membership from each statutory body in NHS Wales, and is chaired by an Independent Chair. The NWSSP Committee reports to Velindre University NHS Trust Board and all other health body Boards in Wales via their representative member on the Committee. NWSSP have their own Standing Orders which are appended to the Velindre University NHS Trust Standing Orders.

As a result of a number of independent reviews undertaken relating to NWIS, in January 2018 the Trust Board approved an "NWIS Hosting Assurance Requirements Framework", the purpose of which was to clarify the assurance requirements from NWIS to the Velindre University NHS Trust Board as host and how these assurances will be gained from NWIS.

The role of the Audit Committee in respect of this framework is to receive regular, standing agenda reporting on:

1. Internal and External Audit Plans
2. Internal and External Audit Reports with completed management action plans
3. Progress reports against audit recommendations (to be highlighted to Welsh Government if progress is deemed unsatisfactory)
4. Risk Register
5. Compliance and activity governed by the Trust Standards of Behaviour Policy (i.e. Declarations of Interest, Gifts & Hospitality)
6. Single Tender Actions

This new approach was implemented with effect from the February 2018 Audit Committee and was reviewed and strengthened during March / April 2019.

Currently, organisations hosted by Velindre University NHS Trust are able to link with Trust Board Committees and Management Groups where appropriate to ensure assurance is provided for the governance arrangements including statutory compliance for the areas remaining within the Trust's area of responsibility.

CAPACITY TO HANDLE RISK

The organisations hosted by Velindre University NHS Trust maintain and manage their own risk registers and comply with the Trust escalation processes to ensure the Trust Board is made aware of any significant relevant risks relating to the Trust Board's responsibilities via the Trust Risk Register as necessary.

Risks relating to hosted organisations will only be escalated to the Velindre University NHS Trust risk register where matters directly affecting the Trust are apparent. Matters relating to service delivery and performance are a matter for hosted bodies to receive, manage, and escalate as necessary to the relevant sponsor body.

The Trust involves its public stakeholders in managing risks that impact on them. For example, there is ongoing public engagement as an integral part of the development process of the Transforming Cancer Services (TCS) Programme and the Infrastructure Project. A series of stakeholder events have been undertaken, and will continue throughout the lifespan of the TCS Programme. Risks from the TCS Programme are reviewed and monitored by the TCS Programme Scrutiny Committee, and are escalated to the Trust risk register in accordance with the Trust risk escalation process. Information on the risks managed and mitigated during 2019-2020 is detailed in the Trust Risk Register which is received by the Trust Board. Trust Board papers are available on the Trust Internet site, via the following [link](#).

RISK MANAGEMENT

The Trust has an approved Risk Assessment Policy in place. The Policy details a robust risk assessment process to identify, assess and manage organisational risks which are reported on a risk register to the Trust Board.

The Trust Board is ultimately responsible for overseeing the Trust's risk register and holding the Executive to account for ensuring management action is taken to minimise risk. The Trust Board delegates' responsibility to the Trust's Quality & Safety Committee for overseeing the risk management process and the Trust's Audit Committee retains the oversight to ensure the system of risk management is effective. The overall aim of the Trust's Risk Management approach is to progress a comprehensive risk management programme to ensure that:

- There is compliance with statutory legislation
- All sources and consequences of risk are identified
- Risks are assessed and either eliminated or minimised
- Damage and injuries are reduced, and people's health and well-being is optimised
- Resources diverted away from patient/service user care to fund risk reduction are minimised
- Lessons are learnt from concerns in order to share best practise and prevent reoccurrence.

The Trust has a series of controls in place to manage and mitigate these risks.

The Chief Executive, as Accountable Officer for the Trust, has overall accountability and responsibility for having an effective risk management system in place within the Trust, including hosted organisations. The Chief Executive is responsible for meeting all statutory requirements and adhering to guidance issued by the Welsh Government Department of Health & Social Services in respect of governance. Within the Trust's Risk Management Policy, the Chief Executive has set clear measurable risk management objectives for the Executive Directors and Service Directors with delegated responsibility for risk management and governance.

The Director of Corporate Governance has organisational lead responsibility to the Chief Executive and the Board for risk management. Each Executive Director is responsible for overseeing effective management of risk within their area of responsibility, and Executive Directors are supported in these duties by the Service Directors and Senior Managers across the organisation.

Every member of staff, including clinicians, is responsible for ensuring that their own actions contribute to the wellbeing of patients/service users, staff, visitors and the organisation. They are expected to contribute to the identification, reporting and assessment of risks and to take positive action to manage them appropriately.

Risk management is embedded in Trust decision making and service delivery. This is supported by continually considering and assessing Trust compliance with key clinical guidance including:

- Guidance and technology appraisals from the National Institute for Health and Care Excellence (NICE)
- National Service Frameworks (NSFs)
- National Enquiries for example Confidential Inquiries
- Patient Safety Alerts
- Professional Guidelines for example from Royal Colleges
- Guidelines or standards from other national/local bodies
- Local and national audit
- Research & Development
- Participation in clinical trials
- Health and Care Standards (Wales)

Risk Management and risk resourcing is managed by Divisional Directors through their business plans. All divisions/departments have processes for assessing risk and risk registers are created as appropriate. Risks are updated and reviewed within the service divisions. The divisional Strategic Management Team (SMT) works with their supporting groups/Committees to ensure effective controls are in place for their risks to be managed at a tolerable level.

Risks are referred to the appropriate Committees of the Trust Board for scrutiny and to identify additional control measures. In turn, the Committees provide assurance to

the Trust Board that all reasonably practicable steps have been taken to reduce the risk, that effective controls are in place and the risk is being managed at a tolerable level.

TRUST RISK REGISTER

The organisation's risk profile is visible through the Trust Risk Register. Risks are identified at the commencement of new or amended activities and through the ongoing review of existing risks. Risk assessments are undertaken to assess the impact upon the service and other stakeholders. Public Stakeholders are involved in the assessment of risk through public consultations, Patient Liaison Group representation and Community Health Council at Trust Board and Committee meetings, feedback received in respect of Patient Experience surveys and Donor Forums and learning from Concerns received from patients, donors, relatives and/or carers.

All risks are assessed and awarded a score, informed by potential impact and likelihood. Risks are escalated resulting in the highest level of risk being referred to the Executive Management Trust Board for appraisal prior to inclusion on the Trust's risk register and reported to Trust Board and relevant Trust Board Committee/s. Each risk entered onto the Trust register is given a 'target' score informed by the appetite for the risk, which is the level of risk the Trust Board is prepared to accept before action is deemed necessary to reduce it. The risk appetite is used in decision making to inform the prioritisation of actions and the resources required to mitigate risks on the Trust risk register.

The significant risks on the Trust Risk Register as at the 31st March 2020 and up to the date of approval of the annual report and accounts are outlined below. Further details in respect of the Trust's key risks are outlined within the Trust's Annual Quality Statement (AQS). The AQS is included within the Trust Annual Report, which is held on the Trust Internet site under key publications.

The Trust uses a Risk Quantification Matrix to evaluate its risk rating. A simple risk quantification is identified by multiplying the Impact X Likelihood = Risk Rating.

Impact	Description	IMPACT	Likelihood	Description	LIKELIHOOD	Risk Score	Risk Level	Risk Rating
1	Insignificant	No injury	5	Almost Certain	Will happen frequently		Score	Risk Rating
2	Minor	Minor injury	4	Likely	Probably will happen, not regularly		1-3	Low
3	Moderate	Moderate injury RIDDOR reportable	3	Possible	Might happen occasionally		4-6	Moderate
4	Major	Major Injury Severe	2	Unlikely	Not expected to happen		8-12	Significant
5	Catastrophic	Death	1	Rare	Never happened		15-25	Critical

As previously highlighted the need to plan and respond to the COVID-19 pandemic presented a number of challenges to the organisation. A number of new and emerging risks were identified. Whilst the organisation did have a major incident and business continuity plan in place, as required by the Civil Contingencies Act 2004, the scale and impact of the pandemic has been unprecedented. Significant action has been taken at a national and local level to prepare and respond to the likely impact on the organisation and population. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer term delivery of services by the Trust, although I am confident that all appropriate action has been taken. The identified risks are as follows:

- Implications of COVID-19 outbreak to the patients, staff and operations of the Trust (Risk Score of 25). This encompasses a number of key risk areas:
 - Maintaining appropriate stock levels of Personal Protective Equipment
 - Workforce capacity / capability due to COVID-19 related workforce absence
 - Workforce well-being
 - Digital capacity / capability
 - Blood supply to customer hospitals
 - Changes in upstream clinical pathways / capacity
 - System unable to cope with forecast demand / acuity & impact on cancer patients / staff

Velindre University NHS Trust continues to work closely with a wide range of partners, including the Welsh Government as it moves beyond the response phase into the recovery phase. It will be necessary to ensure that this is underpinned by robust risk management arrangements and the ability to identify, assess and mitigate risks, which may impact on the ability of the organisation to achieve their strategic objectives.

In addition to the risks arising as a result of the COVID-19 pandemic there are other risks facing the organisation. Some of these risks will have been exacerbated as a result of the COVID-19 response. As at the 31st March 2020, and up to the date of approval of the annual report and accounts, the organisations risk profile relating to non-COVID-19 risks includes:

Quality Risk Domain:

- The continued failure to replace the existing Welsh Transplantation and Immunogenetics Laboratory (WTAIL) Information Management Systems, means there is a significant, ongoing risk that both current and future requests to deliver new WTAIL services will not be able to be supported and that, ultimately, WTAIL will be unable to deliver critical service modernisation that will meet service user expectations, presenting a quality, financial and reputational risk to the Trust if alternative service provision had to be provided (Risk Score 20).

Reputation and Public Confidence:

- Achieving the proposed timescales for the opening of the new Velindre Cancer Centre (nVCC) (Risk Score 16).
- Non-delivery of the expected benefits from the Transforming Cancer Services Programme (TCS) (Risk Score 16).

Workforce and Organisational Development:

- The potential impact on staff wellbeing during the change process of the Welsh Blood Service Blood Supply Chain 2020 Programme (Risk Score 12).

Compliance:

- Achieving compliance against the new Welsh Language Standards (under the Welsh Language (Wales) Measure 2011) within the timescales set by the Welsh Language Commissioner (Risk Score 12).
- Brexit – Disruption, delays or inability to provide full range of treatments and services if the government fails to achieve a withdrawal agreement when the UK leaves the EU (Risk Score 8).
- Deficiencies in compartmentation (fire-resisting construction, fire doors and fire dampers) – Velindre Cancer Centre (Risk Score 15).

Performance & Service Sustainability:

- Radiotherapy Planning CT scanners are nearing the end of useful life. This equipment will not have service/maintenance support after March 2020 (Risk Score 6).

Finance:

- The total quantum for funding for addressing COVID-19 across Wales remains fluid and uncertain. There is a risk that the organisation's operational cost of addressing the pandemic cannot be contained within available funding resulting in a potential breach of the planned outturn for 2020-2021 (Risk Score 12).

Health & Safety:

- Lack of mechanical ventilation at the VCC site (including in-patient ward areas) (Risk Score 12).
- There is a risk that staff could contract COVID 19 in their working environment as a result of poor social distancing or hygiene levels & secondly there is a risk that social distancing measures will impact on site utilisation and subsequently service delivery capacity (Risk Score 16).

Further information on how risks are being managed and mitigated is detailed in the Trust Risk Register which is received by the Trust Board. Trust Board papers are available on the Trust Internet site, via the following [link](#).

RISK MANAGEMENT STRATEGY

The Trusts' current Risk Management Strategy was written for the period 2015-2018. The content is still extant but is now under further review. This was commenced in 2019 but not yet completed. Timescales will be aligned to the implementation of the Board Assurance Framework, which is due for implementation in October 2020.

Risk management continues to be an integral component of the Trust's service delivery, and will ensure alignment to the three year Integrated Business Plan and other supporting strategies.

RISK APPETITE STATEMENT

The Trust faces a broad range of risks reflecting its responsibilities. The risks arising from its responsibilities can be significant. These risks are managed through detailed processes that emphasise the importance of integrity, intelligent inquiry, maintaining high quality staff and public accountability.

The Trust makes resources available to control operational risks at acceptable levels and we recognise that it is not possible or indeed necessarily desirable to eliminate some of the risks inherent in our activities. Acceptance of some risk is often necessary to foster innovation within the services for which we are responsible.

The Trust's Risk Appetite Statement was reviewed and approved at Trust Board in September 2018, and considers the most significant risks to which the Trust is exposed. It provides an outline of the approach to managing these risks. All strategic and business plans for operational areas must be consistent with this Statement. Given the range of the Trust's activities and responsibilities, it is not appropriate to make a single overarching statement of the Trust's attitude to risk. Instead, a range of risk appetite statements arising from the different areas of our work has been developed in the following areas:

- Safety
- Quality
- Compliance

- Research & Development
- Partnerships & Innovation
- Reputation & Public Confidence
- Performance & Service Sustainability
- Financial Sustainability
- Workforce & Organisational Development
- Partnerships

The full Risk Appetite Statement is available is available via this [link](#).

The Risk Appetite Statement will be further reviewed by October 2020 aligned to the implementation of the Board Assurance Framework and review of the Risk Management Strategy.

HEALTH AND CARE STANDARDS FOR WALES

The Health and Care Standards published in April 2015, set out the requirements for the delivery of health care in Wales at every level and in every setting. The onus is on all NHS organisations to demonstrate that the standards are being used and are met on a continuous basis.

The Trust has an established framework through which self-assessments are undertaken and action taken to implement improvements and changes required to enable the Trust to deliver the highest quality of services to the people of Wales.

The Trust's service divisions and hosted organisations use the Standards to self-assess at all levels and across all activities to:


- Map against professional standards and operational plans
- Assess how well they currently meet the standards
- Identify what they do well and what could be shared wider
- Identify what they do less well and what can be done to improve delivery
- Make changes which contribute to overall quality improvement within their service.

In addition to the Trust undertaking a self-assessment, a selection of Standards were validated by Internal Audit during May 2020:

- Standard 1.0 – Governance, Leadership & Accountability
- Standard 2.1 - Managing risk and promoting Health & Safety
- Standard 3.2 - Communicating Effectively
- Standard 4.1 - Dignified Care

The audit of the Health & Care Standards in Wales conducted by Internal Audit sought to provide assurance that the Trust has adequate procedures in place to ensure that it is operating in accordance with the Standards and that appropriate self-assessment against the Standards is undertaken.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with establishment controls within the Health and Care Standards is **Reasonable Assurance**.

RATING	INDICATOR	DEFINITION
Reasonable assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

Guidance for the completion of the Health & Care Standards self -assessments have been made available to all relevant staff, Divisional and Executive leads along with Independent Members.

There is a timetable in place that detailed key actions and related dates for the self-assessment process. Appropriate leads at Divisional, Corporate and Executive level had been identified for the Standards, as well as Independent Members appointed to each area, but due to the current issues with COVID 19 the approval process had to be amended. These amendments were submitted and approved at the Executive Management Board.

Due to the on-going issues relating to COVID-19, regular updates on the self-assessment process have been submitted to the Executive Management Board.

There have been regular progress reports on the Health and Care Standards Improvement Plan 2018 /2019 to the Trust's Quality and Safety Committee along with the Executive Management Board.

GOVERNANCE & ACCOUNTABILITY ASSESSMENT/TRUST BOARD EFFECTIVENESS

The Board is required to undertake an annual self-assessment of its effectiveness. The approach taken this year was to bring together the various sources of assurance internal and external that would support the Board in considering its overall level of maturity for the Trust in respect of good governance and Board effectiveness.

At the Trust's Annual Board Governance and Effectiveness Assessment meeting on the 15th May 2020, Board members were taken through the process and concluded that the Trust's self-assessment of the overall maturity level for 2019-2020 was assessed at Level 4; this remained the same as the 2018-2019 assessment.

Governance, Leadership & Accountability – Self Assessment	1. Do not yet have a clear, agreed understanding of where they are (or how they are doing) and what / where they need to improve.	2. are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	3. Are developing plans and processes and can demonstrate progress with some of their key areas for improvement.	4. Have well developed plans and processes and can demonstrate sustainable improvement throughout the organisation / business.	5. Can demonstrate sustained good practice and innovation that is shared throughout the organisation/ business, and which others can learn from.
Rating				4	

The above process has been subject to independent internal assurance by the organisation's Head of Internal Audit. The internal audit review confirmed that a satisfactory process exists for the review and completion of the Governance and Accountability assessment, involving Executives and, Independent Members. There

were no recommendations received in respect of the completion of the Governance and Accountability assessment.

REVIEW OF EFFECTIVENESS

As Accountable Officer, the Chief Executive has responsibility for reviewing the effectiveness of the system of internal control. The Chief Executive's review of the effectiveness of the system of internal control is informed by the work of Internal and External Auditors, the Executive Directors and other assessment and assurance reports including the work of Healthcare Inspectorate Wales. The Chief Executive has listened to the Board on their views of the strengths and opportunities in the system of internal control and been advised by the work of the Audit Committee and other Committees established by the Board.

The Chief Executive's performance in the discharge of these personal responsibilities is assessed by the Director General of the Department of Health & Social Services/Chief Executive of NHS Wales.

At the Annual Board Governance and Effectiveness Assessment meeting (mentioned above) the Trust Board concluded an overall maturity level for 2019-2020 as Level 4; which is defined as 'having well developed plans and processes and can demonstrate sustainable improvement throughout the organisation'.

The scrutiny of these arrangements is in part informed through the internal mechanisms already referred to, but also through the independent and impartial views expressed by a range of bodies external to the Trust, these include;

- Children's Commissioner
- Community Health Councils
- Health & Safety Executive
- Healthcare Inspectorate Wales
- Welsh Language Commissioner
- Other accredited bodies
- Older Peoples Commissioner
- Audit Wales
- Welsh Government
- Internal Audit (NHS Wales Shared Services)
- Welsh Risk Pool Services
- Equality & Human Rights Commission

INTERNAL AUDIT OPINION & SCORES FOR 2019-2020

Internal audit provides the Chief Executive and the Board through the Audit Committee with a flow of assurance on the system of internal control. The Chief Executive and Internal Audit agreed a programme of audit work, which was approved by the Audit Committee, and delivered in accordance with public sector internal audit standards by the NHS Wales Internal Audit Service, part of the NHS Wales Shared Services Partnership. The programme of audit work is designed to focus on significant risks and local improvement priorities. The subject areas covered during 2019-2020 were:

1. Corporate Governance, Risk Management and Reporting
2. Strategic Planning, Performance Management and Reporting
3. Financial Governance and Management
4. Clinical Governance Quality & Safety
5. Information Governance and Information Technology Security
6. Operational Service and Functional Management
7. Workforce Management
8. Capital and Estates Management

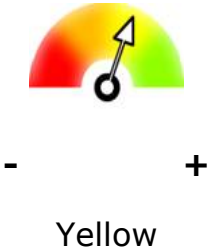
The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

THE HEAD OF INTERNAL AUDIT OPINION

As a result of the COVID-19 pandemic and the response to it from the Trust, Internal Audit has not been able to complete its audit programme in full. However, the Head of Internal Audit is satisfied that sufficient audit work has been undertaken during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards. Regular audit progress reports have been submitted to the Audit Committee during the year.

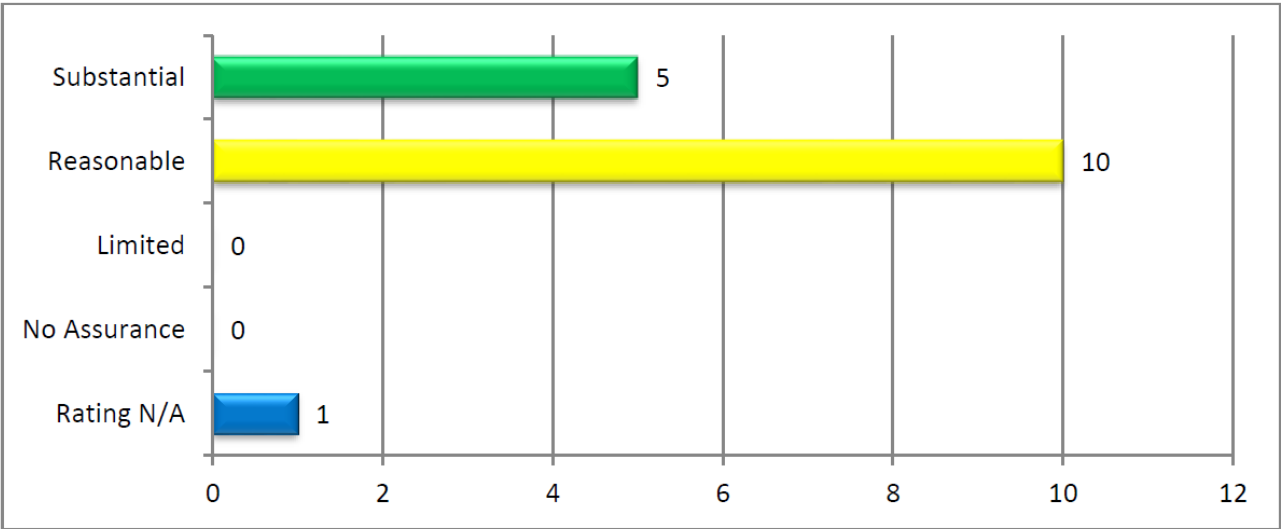
The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement.

The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management, and control is set out below. The overall opinion was classified as Reasonable Assurance.

<div>Reasonable assurance</div>	<div></div>	<div>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</div>
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In reaching this opinion the Head of Internal Audit identified that the majority of reviews during the year concluded positively with robust control arrangements operating in some areas. From the reports issued during the year, five were allocated Substantial Assurance and ten were allocated Reasonable Assurance. No reports were allocated limited or no assurance. In total 16 audits were reported during the year. Figure 1 presents the assurance ratings and the number of audits derived for each.

Figure 1 Summary of audit ratings



The management response to all assurance reports will be reviewed by the Audit Committee and progress against management actions will be monitored at each Audit Committee meeting until all actions have been appropriately implemented.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited or no assurance was reported. Further, where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year.

Where changes were made to the audit plan then the reasons were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review; the Head of Internal Audit has considered the impact of changes made to the plan when forming their overall opinion.

The Internal Audit Reports which outline the management responses and detailed actions which have been agreed to address the weaknesses identified are published within the Trust Audit Committee papers which are available on the Trust Internet site by [clicking here](#). The table in Appendix 1 details the dates of the meetings when the reports were received.

AUDIT WALES STRUCTURED ASSESSMENT 2019

The Trust's External Auditors, Audit Wales, conducted a Structured Assessment during 2019 that focussed on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. This year, auditors paid critical attention to the progress made to address recommendations and opportunities for improvement identified in 2018 and previous years. The report grouped findings under four themes – the Trust's governance arrangements, strategic planning, managing financial resources and managing the workforce.

The main conclusions from the 2019 report are outlined below;

- **Governance Arrangements:** The Board and its sub-committees are generally effective, but risks and related controls and assurances are not mapped to strategic priorities and there are gaps in information flows relating to clinical audit. Positive progress is being made to redesign the organisational structure to better support the transformation of cancer and blood services.

- **Strategic Planning:** The Trust continues to strengthen its strategic planning arrangements, however, whilst the Board is beginning to scrutinise delivery against plans, the effectiveness of scrutiny is limited by the absence of signposting of progress made against delivering strategic priorities.
- **Managing financial resources:** The Trust has effective financial planning, management and monitoring arrangements and has identified more realistic and sustainable financial savings.
- **Managing workforce productivity and efficiency:** The Trust is taking positive steps to improve staff retention and recruitment and has a comprehensive and proactive approach to staff health and wellbeing.

Recommendations are being addressed by the Executive Management Board and progress will be monitored by the Audit Committee by scrutiny of the Audit Action Plan. Velindre University NHS Trust– Structured Assessment 2019 report is published and available from the Audit Wales internet site by [clicking here.](#) The Trust’s management response to the 2019 structured assessment recommendations is captured within the WAO report.

INFORMATION GOVERNANCE

The Trust has established arrangements for Information Governance to ensure that appropriate use and access to information the Trust and its associated organisations hold, including confidential patient and donor information is managed in line with the relevant Information Governance law, regulations and Information Commissioner’s Office guidance. This is guided by such legislation and guidance that includes General Data Protection Regulation, Data Protection Act 2018 and Caldicott. The Medical Director is the Trust’s Caldicott Guardian, and supported by designated Caldicott Guardian roles at both respective Trust Divisions, the Director of Finance is the Senior Information Risk Owner (SIRO) and the Trust has appointed a Data Protection Officer (DPO).

Since its inception in May 2018, and during 2019/2020 the Trust has continued to integrate the requirements of the General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA) into its “Business as Usual” activities. Information Asset Register and Data Protection Impact Assessment processes have been established, and in recognition of the evolving Trust Information Governance agenda, the Trust continues to implement processes and communication of associated national

and local GDPR and DPA guidance's via its Information Governance Peer Working Group (IGPWR). The IGPWR consists of membership of IG leads from within the respective Divisions and Hosted Organisations of the Trust, with regular reports on all IG related matters provided at Trust-wide forums, namely the Information Governance & Information Management & Technology Committee.

The Trust continues to be proactive in the NHS Wales Information Governance management support framework to ensure consistency of policy and standards of rules across NHS Wales organisations.

During 2019/2020, the Trust completed the inaugural NHS Wales IG Toolkit for Health Boards and Trusts. A Toolkit that enabled the Trust to measure a level of compliance against National Information Governance Standards and data protection legislation to ascertain whether information was being handled and protected appropriately across the organisation.

The statement on the quality of data reported to the Trust Board is included within the Annual Quality Statement within the Velindre University NHS Trust Annual Report. In 2019/20, the Annual Quality Statement timing is not aligned to the production of the Annual Governance Statement due to the review of timelines. In summary, information is provided from our data management and quality improvement systems. To the best of our knowledge, this information is accurate and gives a true reflection of the organisation.

BUSINESS CONTINUITY AND EMERGENCY PREPAREDNESS

The Trust continues to make significant progress in its business continuity and emergency preparedness framework.

A Trust wide business continuity steering group supports the framework and governance within the Trust. Additionally supported by a Trust wide policy, communications plan and command and control guidance.

The changing environment of risk results in the strategies and plans being reviewed regularly. Emerging threats are considered in the development and enhancement of risk mitigation strategies and the organisation's response mechanisms. These plans are commensurate with the level of risk the Trust anticipates to be exposed to.

Plans have been tested in the last 12 months, and include Major Incident Communications test, Clinical Emergency Communication tests, participation in Exercise Wales Connect, Pandemic Flu workshops and Brexit related workshops. Engagement in exercises has allowed the Trust to encompass lessons learned and to further improve the current procedures.

The Trust has undertaken a significant amount of work with regard to Brexit and specifically undertaken detailed planning in relation to the UK's transition from the EU with regard to a 'No Deal' Brexit. The planning has been multi-faceted and based on risk, across a number of varying themes and integrated with NHS Wales, Local Authorities, the Welsh Government and the Local Resilience Forums (LRFs) it partners with. There has been a specific focus on key risks which include supply chain continuity for medicines, medical devices and clinical consumables. In addition, the Welsh Blood Service has worked closely with UK blood services and enhanced the mutual aid arrangements between services to ensure the safety of the blood supply chain.

The Trust has actively engaged with Welsh Government and Public Health Wales Trust on the Coronavirus Planning & Response Group.

The Trust continues to engage with LRFs around key strategies for workload, training and exercises. The Trust has continued to explore training needs analysis for Strategic and Tactical officers for Emergency Management.

INTEGRATED MEDIUM TERM PLAN (IMTP)

Velindre University NHS Trust is a very ambitious organisation striving to provide services which are recognised as excellent by the people who use them, the people who work in them and by our key partners.

Velindre University NHS Trust vision is:

'To be recognised locally, nationally, and internationally as a renowned organisation of excellence for patient and donor care, education and research'

This vision is supported by a clear set of goals, values and a small number of strategic themes, which provide a framework to operate within.

The NHS in Wales is a planned system and each Health Board and the Trust is required to have a fully costed three-year rolling Integrated Medium Term Plan (IMTP). The IMTP outlines the key actions which will be taken to support the Trust in delivering its strategy.

In accordance with the set statutory duty, the Trust had its IMTP, covering the period 2019-2022, approved by the Welsh Government. Having an approved IMTP provides the Trust with a degree of earned operational autonomy and demonstrates to all of our stakeholders that the organisation possesses the requisite level of maturity to plan and deliver our services with confidence over a three year period.

Delivery of the IMTP during 2019-2020 was subject to scrutiny and assurance through the Planning and Performance Committee and the Trust Board. Through this scrutiny and review process it is clear that great progress has been made across the organisation in working towards the realisation of the Velindre Cancer Centre (VCC) and the Welsh Blood Service (WBS) strategic objectives. Key achievements are described in some detail in the Trust's Annual Performance Report, but noteworthy progress against divisional strategic objectives in 2019/20 is summarised below.

SUMMARY OF OUR KEY ACHIEVEMENTS IN 2019-2020

Achievements at VCC in 2019 / 2020

Patient Support Unit for patients undergoing treatment for cancers of the Head and Neck open and fully operational from October 2019. The Unit provides a focused service for patients which has resulted in a reduction in unavoidable hospital admissions.

VCC's palliative care service was awarded a 2019 Excellence in Patient Care Award by the Royal College of Physicians and received a 2019 European Association Award for Palliative Care Researcher of the Year at the organisation's World Congress in Berlin.

Achieved Welsh Government's two antimicrobial stewardship prescribing improvement goals in 2019/20 ensuring the on-going safety of patients.

Granted a Defence Employer Recognition Scheme Silver Award recognising our commitment to providing support and advocate on behalf of members of the defence and armed forces communities.

Welsh Point of Care Testing implemented in July 2019.

Further increased the range of treatments available and the number of patients accessing the Medicines@Home service, eliminating pharmacy waits for these patients.

Established a psychological support service to support the Wales Infected Blood Support Scheme.

VCC's Welfare Rights Team were awarded a Benefits Advice Quality Standard.

Achievements at WBS in 2019/20

Five external regulator audits have been successfully completed. In particular, we have retained our NEQAS and WMDR accreditations as well as all mandatory licenses.

Prudent and sustainable blood supply - The WBS has continued to realign the way in which the service plans, collects, manufactures and distributes blood components across Wales via the Blood Supply Chain 2020 transformation programme, which is entering its final phase of delivery.

The Welsh Transplantation and Immunogenetics Laboratory (WTAI) participated in the Organ Donation Transplant initiative to treat patients with organs from Hepatitis C positive donors. This medical breakthrough allows patients to receive a transplant, before then receiving treatment to cure the infection afterwards.

Completed a major update to its core Blood Establishment Computer System – ePROGESA. The delivery of the “semester patch” represents a key milestone for the WBS, as it enables the future delivery of a number of central components of our wider IT strategy.

Supported a study examining the possibility of overcoming immunological barriers to kidney transplantation. The Welsh Bone Marrow Donation Registry (WBMDR) is increasing the support of UK and international donors: receipting matched research.

Establishment of Blood Health National Oversight Group and five key workstreams to deliver against the Blood Health Plan strategic aims.

In collaboration with Betsi Cadwaladr University Health Board we have successfully completed a trial to reduce platelets wastage by 50% across.

In respect of financial performance, the Trust reported a balanced position against its income and expenditure position for the year ending 31st March 2020, as reflected in the Annual Accounts.

We recognise the success we have had in working towards our strategic objectives. However, we are aware that we must focus our attention on certain areas given the challenging context in which we work. Again, we discuss these issues at greater length in the Trust’s Annual Performance Report.

Looking ahead the Trust has updated its plan for 2020-2023 and the Trust Board approved the IMTP for 2020-2023 in accordance with the NHS Wales Planning Framework on the 30th January 2020. The Trust was due to have received an approval decision, in regard to its 2020-2023 IMTP, from the Welsh Government by 31st March 2020. The Trust was notified on 19th March that the IMTP Welsh Government review and approval process was to be paused due to the challenges caused by COVID-19. However, the Trust were informed that:

'Following a robust assessment, your IMTP is considered to be approvable, which stands you in good stead for the future and provides a baseline for future planning discussions'.

The final version of the IMTP for 2020-2023 is available upon request from the Director of Corporate Governance.

Further information in respect of progress against the IMTP is captured within the Performance Report in the "Performance Summary" section.

MINISTERIAL DIRECTIONS

Whilst Ministerial Directions are received by Local Health Boards, these are not always applicable to Velindre University NHS Trust. Those considered of relevance to the Trust are listed below:

- **Ministerial Direction regarding the NHS Pension Tax Proposal 2019-2020**

The Trust has disseminated this direction as appropriate and reported it to the Trust Remuneration Committee.

All Ministerial Directions issued throughout the year are available on the Welsh Government website.

Welsh Health Circulars issued by Welsh Government are logged by the Governance Function and assigned an Executive Lead to assess the impact to the Trust and take forward necessary actions as appropriate. A register and action log is maintained by the Governance Function. A list of Welsh Health Circulars issued by the Welsh Government during 2019-2020 is available at: <https://gov.wales/health-circulars>

EQUALITY & DIVERSITY

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The control measures include:

- Trust Strategic Equality Plan and Objectives (2020 – 2024);
- Trust the Gender Pay Gap Report which includes the Equality Monitoring Report;
- Equality reports to Quality and Safety Committee on the Trust's Equality Objectives and Actions;
- Reports to the Equality and Human Rights Commissions' enquiries;
- Report to the Welsh Government Equalities Team;
- Provision of evidence to the Health Care Standards Audit, specifically Standard 2;
- Equality Impact Assessments.

CONCLUSION

As indicated throughout this statement, the need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2020/21 and beyond. I will ensure our Governance Framework considers and responds to this need.

The system of internal control has been in place for the year ended 31st March 2020 and up to the date of approval of the 2019-2020 annual report and accounts.

There have been no significant governance issues identified during this period.

Signed by:

Mr. Steve Ham
Chief Executive

Date:

APPENDIX 1 – GOVERNANCE STATEMENT – TRUST BOARD AND COMMITTEE ACTIVITY 2019-2020

The table below outlines the key highlights and activity considered by the Trust Board and its Committees during 2019-20, please note this is not an exhaustive list.

Meeting:	Meeting Dates:	Activity:
<p>Velindre University NHS Trust - Public Trust Board meeting.</p> <p>Meeting Agendas, Minutes and Papers are available on the Trust Internet site</p>	<ul style="list-style-type: none"> • 28.05.2019 • 27.06.2019 • 25.07.2019 • 26.09.2019 • 28.11.2019 • 19.12.2019 • 30.01.2020 • 26.03.2020 <p>All meetings were quorate.</p>	<p>Programme/Project Updates:</p> <ul style="list-style-type: none"> • Transforming Cancer Services Programme. • New Velindre Cancer Centre (nVCC) Project. • Blood Supply Chain 2020. <p>Finance:</p> <ul style="list-style-type: none"> • Updating the Board on the financial position of the Trust. • Approving the Annual Accounts and Accountability Report in May 2019. <p>Performance:</p> <p>Considered and scrutinised the Delivering Excellence Performance reports at each meeting.</p> <p>Planning:</p> <ul style="list-style-type: none"> • Progress updates and approval in respect of the Integrated Medium Term Plan (IMTP) and consideration of IMTP Service Plans. <p>Risk Management:</p> <ul style="list-style-type: none"> • Scrutiny of the Trust's Risk Register. <p>Integrated Governance:</p> <ul style="list-style-type: none"> • Audit Wales Structured Assessment Report 2019 and Annual Audit Report 2019 • Revisions to the Standing Orders • Highlight Reports from Board Committees • Hosting Assurance Arrangements • Updates in respect of the Infected Blood

Meeting:	Meeting Dates:	Activity:
		<p>Inquiry (IBI).</p> <ul style="list-style-type: none"> • Updates in respect of the Welsh Language Standards Implementation and Risk Assessment. • Updates in respect of Brexit.
Advisory Consultant Appointments Committee	<p>Panels were held:</p> <p>20.05.2019</p> <p>02.09.2019</p> <p>02.10.2019</p> <p>11.02.2020</p>	<p>As and when required the Advisory Consultant Appointment Committee meet to manage the arrangements for appointments to NHS Consultant posts within the Trust.</p>
<p>Trust Audit Committee</p> <p>Meeting Agendas, Minutes and Papers are available on the Trust Internet site</p>	<ul style="list-style-type: none"> • 11.04.2019 • 28.05.2019 • 24.07.2019 • 05.11.2019 • 06.02.2020 <p>All meetings were quorate.</p>	<p>The purpose of the Audit Committee is to:</p> <p>Advise and assure the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the Trust's system of assurance - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.</p> <p>Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.</p> <p>The Audit Committee Annual Report for 2019, which outlines the activity of the Committee for the year ending 31st December 2019 will be formally approved during the Recovery Phase to COVID-19, and subsequently published on the Trust Internet site by September 2020.</p>
NHS Wales Shared Services Partnership Audit Committee	<ul style="list-style-type: none"> • 9 April 2019 • 9 July 2019 • 22 October 2019 	<p>The NWSSP Audit Committee Annual Report for 2018-19 was received at their meeting in July 2019</p>

Meeting:	Meeting Dates:	Activity:
	<ul style="list-style-type: none"> • 21 January 2020 <p>All meetings were quorate.</p>	<p>and is available via the following link:</p> <p>NWSSP Audit Committee Annual Report 2018-19</p> <p>The 2019-20 Annual Report will be published after the meeting in July 2020.</p>
<p>Charitable Funds Committee</p> <p>Meeting Agendas, Minutes and Papers are available on the Trust Internet site</p>	<ul style="list-style-type: none"> • 05.06.2019 • 24.09.2019 • 03.12.2019 • 20.03.2020 (<i>stood down due to COVID 19</i>) <p>All meetings were quorate.</p>	<p>The Velindre Trust Board was appointed as corporate trustee of the charitable funds by virtue of the Velindre National Health Service Trust (Establishment) Order No. 2838 that came into existence on 1st December 1993, and that its Board serves as its agent in the administration of the charitable funds held by the Trust.</p> <p>The purpose of the Committee” is to make and monitor arrangements for the control and management of the Trust’s Charitable Funds.</p> <p>The Charitable Funds Committee Annual Report for 2019, which outlines the activity of the Committee for the year ending 31st December 2019 will be formally approved during the Recovery Phase to COVID-19, and subsequently published on the Trust Internet site by September 2020.</p>
<p>Information Governance & IM&T Committee (IG&IMT)</p> <p>Meeting Agendas, Minutes and Papers are available on the Trust Internet site</p>	<ul style="list-style-type: none"> • 07.05.2019 • 10.09.2019 • 10.12.2019 • 28.02.2020 <p>All meetings were quorate.</p>	<p>The purpose of the Information Governance & IM&T Committee “the Committee” is to provide:</p> <ul style="list-style-type: none"> ○ evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the: <ul style="list-style-type: none"> • technological advancements and structures • sustainability and creativity • Expertise and development • quality and integrity; • safety and security; and • appropriate access and use of information

Meeting:	Meeting Dates:	Activity:
		<p>and information technology to support its provision of high quality healthcare; and</p> <ul style="list-style-type: none"> ○ assurance to the Board in relation to the Trust's arrangements for developing, creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information and information technology in accordance with its: <ul style="list-style-type: none"> • stated objectives; • legislative responsibilities, e.g., the Data Protection Act and Freedom of Information Act; and • any relevant requirements and standards determined for the NHS in Wales. <p>The Information Governance & IM&T Committee Annual Report for 2019, which outlines the activity of the Committee for the year ending 31st December 2019 will be formally approved during the Recovery Phase to COVID-19, and subsequently published on the Trust Internet site by September 2020.</p>
Local Partnership Forum (LPF)	<ul style="list-style-type: none"> • 24.6.2019 • 28.10.2019 <p>All meetings were quorate.</p>	<p>The purpose of the Local Partnership Forum (LPF) is;</p> <ul style="list-style-type: none"> ○ To provide a formal mechanism where the Trust, as employer and trade unions/professional bodies representing Trust employees (hereafter referred to as staff organisations) work together to improve health services for the citizens served by the Trust – achieved through a regular and timely process of consultation, negotiation and communication. In doing so, the LPF must effectively represent the views and interests of

Meeting:	Meeting Dates:	Activity:
		<p>the Trust's workforce.</p> <ul style="list-style-type: none"> ○ It is the forum where the Trust and staff organisations will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on health matters. ○ The Trust may specifically request advice and feedback from the LPF on any aspect of its business and the LPF may also offer advice and feedback even if not specifically requested by the Trust. The LPF may provide advice to the Board: <ul style="list-style-type: none"> • In written advice or • In any other form specified by the Board. <p>The Local Partnership Forum Annual Report for 2019, which outlines the activity of the Committee for the year ending 31st December 2019 will be formally approved during the Recovery Phase to COVID-19, and subsequently published on the Trust Internet site by September 2020.</p>
<p>Planning & Performance Committee</p> <p>Meeting Agendas, Minutes and Papers are available on the Trust Internet site</p>	<ul style="list-style-type: none"> • 16.05.2019 • 09.07.2019 • 12.09.2019 • 14.11.2019 • 20.01.2020 • 12.03.2020 (<i>stood down due to COVID 19</i>) <p>The January 2020 meeting was not quorate.</p>	<p>The purpose of the Planning & Performance Committee is to:</p> <p>To advise and assure the Trust Board on all aspects of planning and performance and the associated arrangements across the Trust.</p> <p>Where appropriate, the Committee will advise the Board and the Accountable Officer on where and how the Trust-wide approach to planning and the Trust's Performance Management Framework may be strengthened and further developed.</p>

Meeting:	Meeting Dates:	Activity:
		<p>The Planning & Performance Committee Annual Report for 2019, which outlines the activity of the Committee for the year ending 31st December 2019 will be formally approved during the Recovery Phase to COVID-19, and subsequently published on the Trust Internet site by September 2020.</p>
<p>Quality & Safety Committee</p> <p>Meeting Agendas, Minutes and Papers are available on the Trust Internet site</p>	<ul style="list-style-type: none"> • 17.06.2019 • 04.09.2019 • 05.12.2019 • 30.03.2020 <p>All meetings were quorate.</p>	<p>The purpose of the Quality & Safety Committee “the Committee” is to provide:</p> <p>Evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare; and</p> <p>Assurance to the Board in relation to the Trust’s arrangements for safeguarding and improving the quality and safety of patient and service user centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.</p> <p>The Quality & Safety Committee Annual Report for 2019, which outlines the activity of the Committee for the year ending 31st December 2019 will be formally approved during the Recovery Phase to COVID-19, and subsequently published on the Trust Internet site by September 2020.</p>
<p>Remuneration Committee</p>	<ul style="list-style-type: none"> • 18.04.2019 • 27.06.2019 • 11.09.2019 • 24.10.2019 • 30.01.2020 • 20.02.2020 	<ul style="list-style-type: none"> • Considered Voluntary Early Release applications received during the year for approval. • Agenda for Change Pay Award 2019 / Pay Deals for NHS Staff 2019 • Considered cases of potential redundancies. • Board Appointments/Recruitment Updates

Meeting:	Meeting Dates:	Activity:
	All meetings were quorate.	<ul style="list-style-type: none"> • Executive Appraisal and Objectives • Terms of Reference Review • Pension Tax Proposal
<p>Research, Development & Innovation (RDI) Committee</p> <p>Meeting Agendas, Minutes and Papers are available on the Trust Internet site</p>	<ul style="list-style-type: none"> • 27th June 2018 • 26th September 2018 • 5th December 2018 • 21st February 2019 <p>All meetings were quorate.</p>	<p>The purpose of the RD&I Committee is to provide:</p> <ul style="list-style-type: none"> • Strategy and policy oversight for Innovation and Research activities at the Trust and advise on and monitor performance in these areas. • Promotion and encouragement of an Innovation and Research ethos and culture which is integral to the Trusts vision, mission and values. • Evidence based timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regards to the quality and safety of Innovation and Research activity. In the relation to research this includes activity carried out within the Trust both as a research sponsor and host organisation. • Assurance to the Board in relation to the Trust's arrangements for ensuring compliance with the , and the EU Clinical Trials Directive 2004 as amended from time to time. • Foster collaboration and make recommendations on adoption and dissemination. • Consideration of relevant matters with reference to the parameters identified for risk appetite in relation to research, development and innovation as set by the Board. <p>The R,D&I Committee Annual Report for 2019, which outlines the activity of the Committee for the year ending 31st December 2019 will be formally approved during the Recovery Phase to COVID-19, and subsequently published on the Trust Internet site by September 2020.</p>

Meeting:	Meeting Dates:	Activity:
<p>Workforce & Organisational Development (WF&OD) Committee</p> <p>Meeting Agendas, Minutes and Papers are available on the Trust Internet site</p>	<ul style="list-style-type: none"> • 02.05.2019 • 08.10.2019 • 15.01.2020 <p>All meetings were quorate.</p>	<p>The purpose of the Workforce and Organisational Development Committee ("the Committee") is:</p> <ul style="list-style-type: none"> • To advise and assure the Trust Board on all aspects of Workforce & Organisational Development matters and the associated arrangements across the Trust. <p>The Workforce & OD Committee Annual Report for 2019, which outlines the activity of the Committee for the year ending 31st December 2019 will be formally approved during the Recovery Phase to COVID-19, and subsequently published on the Trust Internet site by September 2020.</p>

APPENDIX 2–Board Member Attendance-Trust Board Meetings 2019-20

	28.05.19	27.06.19	25.07.19	26.09.19	28.11.19	19.12.19	30.01.20	26.03.20
Professor Donna Mead, Chair	✓	✓	✓	✓	✓	✓	✓	✓
Mr. Stephen Harries, Interim Vice Chair	✓	✓	✓	✓	✓	✓	✓	✓
Mr Martin Veale, Independent Member	✓	✓	✓	✓	✓	✓	✓	✓
Mrs. Janet Pickles, Independent Member	✓	Apologies	✓	✓	✓	✓	✓	✓
Mr Phil Roberts, Independent Member	Apologies	✓	✓	✓	✓	✓	✓	
Mrs Hilary Jones, Independent Member								✓
Judge Ray Singh, Independent Member Until 31.10.19	✓	✓	✓	✓				
Mr Gareth Jones, Independent Member						Apologies	✓	✓
Professor Jane Hopkinson, Independent Member until 31.8.2019	✓	✓	✓	✓				

	28.05.19	27.06.19	25.07.19	26.09.19	28.11.19	19.12.19	30.01.20	26.03.20
Professor Donald Fraser Independent Member						Apologies	✓	Apologies
Mr Steve Ham, Chief Executive	✓	✓	✓	✓	Apologies	✓	✓	✓
Mr Mark Osland, Executive Director of Finance	✓	✓	✓	Apologies	✓	✓	✓	✓
Dr Jacinta Abraham, Executive Medical Director	Apologies	✓	✓	✓	✓	Apologies	✓	✓
Ms Sarah Morley, Executive Director of Organisational Development & Workforce	✓	✓	✓	Apologies	✓	Apologies	Apologies	Apologies
Mrs Susan Thomas, Acting Executive Director of Organisational Development & Workforce						✓	✓	Apologies
Mrs Nicola Williams, Executive Director of Nursing, AHP's & Health Sciences – Commenced August 2019				✓	✓	✓	✓	✓

	28.05.19	27.06.19	25.07.19	26.09.19	28.11.19	19.12.19	30.01.20	26.03.2020
Mrs Jayne Elias, Acting Executive Director of Nursing & Quality until August 2019	✓	✓	✓					

FINANCIAL ACCOUNTABILITY REPORT

The Trust continues to operate in a challenging financial environment. Opportunities to make efficiency savings and identify recurring reductions in costs whilst maintaining services are sought wherever possible by Directors, finance teams and staff across the organisation.

Despite these challenges the Trust was able to achieve all three financial targets set by Welsh Government in 2019/2020, most notably that of expenditure not exceeding income. This will remain a difficult task in 2020/2021 and the foreseeable future, and therefore will continue to be of priority focus for the organisation.

FINANCIAL TARGETS

The Trust has met all three of its financial targets for the year ended 31 March 2020:

- Breakeven duty - The Trust achieved a surplus of £24,000 in 2019/2020 (2018/2019: surplus of £31,000), resulting in a surplus of £104,000 over a three year period. The Trust has therefore achieved its statutory financial duty to achieve financial breakeven over a rolling three year period.
- The Trust submitted an Integrated Medium Term Plan for the period 2019/2020 - 2021/2022 in accordance with the NHS Wales Planning Framework, which was subsequently approved by the Cabinet Secretary. The Integrated Medium Term Plan relates only to the Trust's core activities and does not apply to the organisations hosted by the Trust. The Trust has therefore met its statutory duty to have an approved plan for the period 2019/2020 to 2021/2022.
- Creditor payments - The Trust is required to pay 95% of the number of non-NHS bills within 30 days of the receipt of goods or a valid invoice (whichever is the later). The Trust has met this target, paying 97% (2018/2019: 97%) within the required time.

The Trust ordinarily would have four financial targets to meet: the fourth being the External Finance Limit (EFL). The Welsh Government has temporarily removed this target for 2019/2020.

FEES AND CHARGES - AUDITOR REMUNERATION

Fees paid to the Audit Wales for their statutory audit and performance audit work were £208,996.

MATERIAL REMOTE CONTINGENT LIABILITIES

The Trust hosts the Welsh Risk Pool (WRP) as part of NHS Wales Shared Services Partnership (NWSSP). The WRP returns from Welsh Health Organisations estimate that in 2019/2020 the Trust has remote contingent liabilities of £38m (2018/2019: £17.5m) which relate to potential litigation claims against NHS Wales that could arise in the future due to known incidents. Due to the nature and uncertainty of these potential claims, no provision has been made for them within the accounts.

LONG TERM EXPENDITURE TRENDS

	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020
	£000	£000	£000	£000	£000
Total Revenue	440,033	637,132	712,828	525,607	572,642
Pay	132,653	144,112	149,866	160,551	182,684
Non Pay	289,643	478,901	549,774	352,075	373,015
Depreciation	16,629	15,989	17,595	16,466	17,186
Total Expenditure	438,925	639,002	717,235	529,092	572,885
Non-operating revenue and costs	927	1,725	5,613	3,295	440
Total Consolidated surplus/(deficit)	2,035	(145)	1,206	(190)	197

The table above includes the income and expenditure of the Trust's charitable fund and assets that have been donated to the Trust. The Trust's annual surplus / (deficit) excluding the charitable fund and donated assets is shown below:

	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020
	£000	£000	£000	£000	£000
Surplus/(deficit) excluding charitable fund and donated assets	40	35	49	31	24

Notes

During 2015/2016 Health Courier Services and GP trainees transferred to the Trust.

During 2016/2017 the Trust established a National Technology Adoption Hub. The Surgical Material Testing Laboratory transferred to, and Health and Care Research Wales Workforce, transferred from the Trust.

During 2018/2019 – the Wales Workforce Education & Development Services (WEDS), which was part of the NHS Wales Shared Services Partnership (NWSSP), was transferred from the Trust into the newly established Health Education & Improvement Wales (HEIW). The transfer of WEDS resulted in a significant reduction in the income and expenditure reported within the above table but had no impact on the surplus / deficit for the year.

During 2019/2020 two new All Wales services were established within NWSSP – the Medical Examiner Scheme and the General Medical Practice Indemnity Scheme.

MODERN SLAVERY ACT 2015 – TRANSPARENCY IN SUPPLY CHAINS STATEMENT 2019/2020

This statement is made to comply with Section 54 of the Modern Slavery Act 2015 and the Welsh Government's Code of Practice: Ethical Employment in Supply Chains. The Statement sets out the steps that Velindre University NHS Trust has taken and is continuing to take, to make sure that modern slavery and / or human trafficking is not taking place within the Trust or supply chain during the year ending 31 March 2020.

Modern slavery encompasses slavery, servitude, human trafficking and forced labour. The Trust has a zero-tolerance approach to any form of modern slavery (slavery, servitude, human trafficking and forced labour). We are committed to acting ethically and with integrity and transparency in all business activity and to establish effective

systems and controls, to safeguard against any form of modern slavery occurring within the Trust's supply chain.

The Trust is also fully committed to complying with its legal obligations. In doing so, it is committed as an NHS employer, to eradicate modern slavery and human trafficking, by combating unlawful and unethical employment practices and to support those affected.

The Trust will not undertake any employment practices that;

- Support modern slavery and human rights abuses;
- Support or abet the operation of blacklist / prohibited lists;
- Facilitate false self-employment;
- Permits the use of unfair umbrella schemes;
- Provide employees or workers with zero hours contracts; and
- Facilitate the payment of salaries which are lower than the National Living Wage.

Current Policies and Initiatives

The Trust is fully aware of its responsibilities towards patients, donors, service users, employees and the local community, and expects all employees and suppliers to act ethically and with integrity, in all our business relationships. During 2019, the Trust identified and reported suspected modern slavery cases, in compliance with legislation and our Safeguarding of Adults and Children Policies.

The Trust produced its first 'Ethical Employment Statement' in 2019, which was approved by the Trust Board and published in the 2019/2020 Annual Report and on the Trust's Internet / Intranet sites. This report set out the Trust's commitment to producing an annual written statement, in relation to its obligations under the Modern Slavery Act (2015) in 2019.

The following steps have been taken by the Trust during 2019/2020, to ensure that there is no modern slavery or human trafficking in our supply chains or in any part of our business:

People

- The Trust is fully compliant with the six NHS pre-employment check requirements, to verify that applicants meet the preconditions of the role they are applying for. This includes a right to work in the UK check;
- The Trust has a robust IR35 policy and processes in place, which ensures that there is no unfair use of false self-employed workers or workers being engaged under umbrella schemes. This process ensures the fair and appropriate engagement of all workers and prevents individuals from

avoiding paying Tax and National Insurance contributions. ;

- The Trust does not engage or employ employees or workers on Zero Hours Contracts. The Trust does employ Bank Staff, but these staff are provided with the opportunity to apply for substantive posts should they wish to
- The Trust pays our lowest paid employees on Pay Band 2 (the lowest NHS Wales pay band). This salary is compliant with the National Living Wage. This was achieved by closing Pay Band 1 to all new appointees during December 2018. All existing Pay Band 1 employees were transferred onto Band 2 during March 2019;
- The Trust has an Equality and Diversity Policy and a range of processes and procedures which ensures that no potential applicant, employee or worker engaged by the Trust is in any way unduly disadvantaged in terms of pay, employment rights, employment, training and development and career opportunities;
- The Trust has in place a Raising Concerns Policy which confirms that all Trust employees, workers, contractors etc. can raise concerns (using a variety of methods) about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals.
- The Trust has in place a range of workforce policies e.g. Grievance Policy, Dignity at Work Procedure, Anonymous Communications, Violence, Domestic Abuse and Sexual Violence in the Workplace; etc. Our policies enable our employees to raise concerns about poor working practices;
- The Trust has an online 'Your Voice' service which provides our employees with an alternative platform to raise concerns about poor working practices;
- The Trust complies fully with the Transfer of Undertaking (Protection of Employment) Regulations ensuring that Trust employees that may be required to transfer to a new organisation, will retain their current NHS Terms and Conditions of Service; and
- The Trust does not make use of blacklist / prohibited list information;

Procurement and our Supply Chain

- The Trust's Procurement Team operates within the current UK and NHS procurement regulations and includes a mandatory exclusion question regarding the Modern Slavery Act 2015:
- The Trust's NWSSP Supplier Policy sets out the manner in which we behave as an organisation and how we expect procurement employees and suppliers to act;
- The Trust's Procurement Team's approach to procurement and our supply chain includes:
 - Ensuring that our suppliers are carefully selected through robust supplier selection criteria/processes;

- Requiring that the main contractor provides details of its sub-contractor(s), to enable the Procurement Team on behalf of the Trust to check their credentials;
 - Randomly request that the main contractor provide details of its supply chain;
 - Ensuring invitation to tender documents contain a clause on human rights issues;
 - Ensuring invitation to tender documents also contains clauses giving the Trust the right to terminate a contract for failure to comply with labour laws;
 - Using a Supplier Selection Questionnaire which includes a section on Modern Day Slavery;
 - Trust staff must contact and work with the Procurement Team when looking to work with new suppliers, to ensure that appropriate checks can be undertaken;
 - Ensuring supplier adherence to the Trust and NHS Wales values. We are zero tolerant to slavery and human trafficking and thereby expect all our direct and indirect suppliers /contractors to be compliant;
- Assurances are sought from suppliers, via the tender process, that they do not make use of blacklists/prohibited lists. The Trust is also able to provide confirmation and assurances that the Trust does not make use of blacklist/prohibited list information;
 - The Transparency in Supply Chain (TISC) Report – Modern Slavery Act (2015) compliance tracker is used, through contracts procured by NWSSP Procurement Services on the Trust's behalf.

Training

- Advice and training about modern slavery and human trafficking is provided to employees through our mandatory safeguarding children and adults training programmes, our safeguarding policies and procedures and our safeguarding lead. The Trust is exploring new ways to continuously increase awareness within our organisation, and to ensure a high level of understanding of the risks involved with modern slavery and human trafficking, in our supply chains and in our business.

Policies and Initiatives 2020 /2021

In the forthcoming year, the Trust is committed to taking the following actions to continue to ensure that modern slavery and / or human trafficking is not taking place within our organisation or supply chain during the year ending 31 March 2021.

People

- The Trust will review its IR35 Policy and process in 2020 to ensure compliance with the revisions to the IR35 Legislation, which comes into effect on the 6th April 2021;
- The Trust will use internal communications to promote and raise employee awareness of modern slavery and human trafficking.
- The Trust will publicise and promote Anti-Slavery Day on the 18th October 2020, to encourage all employees to take action, as appropriate, within their role, to address this issue.
- The Trust will purchase and implement a new digital 'Speaking up with Confidence' system, to replace the current 'Your Voice' email system. The new system will facilitate a two way anonymous communications system and process, using an independent third party.
- The Trust's Safeguarding lead will be updating the Safeguarding Guidance Booklet for staff to include the modern slavery pathway.

REMUNERATION & STAFF REPORT

The details of the Remuneration Relationship are reported on page 86 of this document, and note 10.6 of the Annual Accounts.

The pay and terms and conditions of employment for the Executive Team and senior managers have been, and will be determined by the Velindre University NHS Trust Remuneration and Terms of Service Committee, within the framework set by the Welsh Government. The Remuneration and Terms of Service Committee also considered and approved applications relating to the voluntary early release scheme. The Trust Remuneration Committee members are Independent Members of the Board and a Trade Union Representative. The Committee is chaired by the Trust Chair. Details of the membership of the Remuneration & Terms of Service Committee are captured on pages 9-20 of the Directors' Report section of this report.

Existing public sector pay arrangements apply to all staff including members of the Executive Team. All members of the Executive Team are on pay points and not pay scales. In accordance with the Welsh Government Pay Letter ESP (W) 1/2019, all

members of the Executive Team were entitled to a 2% consolidated pay increase, with effect from the 1st April 2019.

The performance of members of the Executive Team is assessed against personal objectives and against the overall performance of the Trust. The Trust does not operate a performance related pay scheme.

All Executive Directors have the option to have a lease car, under the terms of the Trust's lease car agreement.

The Chief Executive and Executive Directors are employed on permanent contracts, which can be terminated by giving due notice unless for reasons of misconduct.

There have been no payments to former Executives or other former senior managers during the year.

The remuneration report is required to contain information about senior managers' remuneration. The senior management team consists of the Chief Executive, the Executive Directors and the Independent Members (Non-Executive Directors), the Director of Transformation, Planning, and Digital, the Chief Operating Officer and the Director of Corporate Governance / Trust Secretary. Full details of senior managers' remuneration are shown later in the table on page 79.

The totals in some of the following tables may differ from those in the Annual Accounts as they represent staff in post at 31st March 2020 whilst the Annual Accounts (note 10.2) shows the average number of employees during the year.

Transparency of senior remuneration in the devolved Welsh Public Sector – ANNEX 10.

Guide to Tackling Unfair Employment Practices and False Self-Employment - <https://gov.wales/docs/dpsp/publications/valuwales/170620-unfair-employment-en.pdf> - ANNEX 10

STAFF COMPOSITION BY GENDER

A breakdown of the workforce by gender is set out in the table below. This figure represents the composition as at 31st March 2020.

*FTE – Full-time Equivalent

Gender	Headcount	FTE*	% of Headcount
Female	2,710	2,393.32	60
Male	1,823	1,759.73	40
Grand Total	4,533	4,153.05	100.00

A breakdown of the Board Members and Senior Managers by gender is set out in the table below. This figure represents the composition as at 31st March 2020. The data confirms that there are more female than male Trust Board Members and Senior Managers. Female employees are employed in five out of the nine Trust Board and Senior Manager posts.

Job Title	Gender	Headcount	FTE	% of Headcount
Chief Executive	Male	1	1.00	12.35
Interim Chief Operating Officer	Female	1	1.00	12.35
Executive Director of Finance	Male	1	1.00	12.35
Medical Director	Female	1	0.80	9.00

Job Title	Gender	Headcount	FTE	% of Headcount
Executive Director of Nursing, AHP and Healthcare Science	Female	1	1.00	12.35
Executive Director of Workforce and Organisational Development	Female	1	1.00	12.35
Director of Transformation, Planning & Digital	Male	1	1.00	12.35
Director of Corporate Governance / Trust Secretary	Female	1	1.00	12.35
Interim Director of Trust Assurance	Male	1	0.41	4.55
Grand Total		9	8.21	100.00
	Male	4		44.5
	Female	5		55.5

STAFF COMPOSITION BY STAFF GROUP

During 2019/20 the average full time equivalent (FTE) number of staff permanently employed by the Trust was 4,016. The average number of employees is calculated as the full time equivalent number of employees in each week of the financial year divided by the number of weeks in the financial year. The table below provides a breakdown of the workforce by staff grouping and in addition to permanently employed staff, shows staff on inward secondment, agency staff, and other staff.

Average FTE Number of Employees						
	Permanently Employed	Staff on Inward Secondment	Agency Staff	Other Staff	2019/20 Total	2018/19 Total
Administrative, Clerical and Board Members	2,477	23	43	14	2,557	2,402
Ambulance Staff	0	0	0	0	0	0
Medical and Dental	513	1	0	5	519	476
Nursing and Midwifery Registered	188	0	1	0	189	185
Professional, Scientific and Technical Staff	56	0	0	0	56	52
Additional Clinical Services	198	0	0	3	201	201
Allied Health Professionals	114	0	11	0	125	119
Healthcare Scientists	135	1	0	2	138	133
Estates and Ancillary	335	0	14	7	356	336
Students	0	0	0	0	0	0
Total	4,016	25	69	31	4,141	3,904

SICKNESS ABSENCE DATA 2019/20

The data shows an overall increase in sickness absence levels during 2019/20 and as a result the Trust did not achieve the Welsh Government Sickness Absence Rate of 3.54% during this period.

	2019/20	2018/19	Variance
Total Days Lost (Long Term):	50,813	40,847	9,966.0
Total Days Lost (Short Term):	20,397	15,009	5,388.0
Total Days Lost:	71,210	55,856	15,354.0
Total Staff Years Lost: (Average Staff Employed in the Period – Full Time Equivalent)	4,015.17	4,119	-103.83
Average Working Days Lost:	9.82	7.90	1.90
Total Staff Employed in Period (Headcount):	4,384	4,223	161
Total Staff Employed in Period with No Absence (Headcount):	1,988	2,305	-317
Percentage Staff with No Sick Leave:	45.35	54.58	-9.23

The Workforce Team has continued to provide Managing Attendance at Work (MAAW) training sessions for managers in partnership with trade union representatives. The Workforce Team has also been providing regular coaching of managers on undertaking sickness audits, which assists them to effectively manage their new and ongoing sickness cases in accordance with the Trust's Policy. This approach is also helping to embed a culture whereby the organisation takes a more proactive approach to the management of attendance at work. The Workforce team are also providing managers, the Executive Management Board and Senior Management Teams with monthly sickness absence data via a dashboard. The dashboard provides both high level and detailed analysis of absences across the Trust, including the reasons for absence. The Trust is using this data to develop appropriate health and wellbeing interventions for our staff, which address the top three reasons for sickness absence.

The Trust also offers and provides staff with free access to a diverse range of traditional medical, psychological and complementary therapy interventions, to assist them to proactively and reactively manage their health and wellbeing. This includes an Employee Assistance Programme, which family members can also access for free. The Trust recognises that menopause related health and wellbeing issues can have a significant impact on the whole workforce, not just our female employees.

The top reason for sickness absence across the Trust continues to be psychological ill health. To provide staff with appropriate support in year, the Trust has focused on interventions to support the psychological wellbeing of our staff. This has included continuing to provide menopause education and awareness sessions for managers and staff and launching the MIND 'Time to Change Pledge', to show our commitment to changing how we think and act about mental health at every level of the organisation.

STAFF POLICIES

During 2019/20 in accordance with the Trust workforce policy review schedule, a significant number of policies and procedures were reviewed and approved by the Workforce and Organisational Development Committee. The Trust achieved an 86% compliance rate in year. All Trust policies and procedures are equality impact assessed against the nine protected characteristics, to ensure that they do not discriminate against people who apply to work in the Trust or are employed by the Trust. All Trust policies and procedures are available to access via the Trust Internet website, via the [link](#).

SALARY AND PENSION DISCLOSURE TABLES (AUDITED) – SINGLE TOTAL FIGURE OF REMUNERATION

This Remuneration Report includes a single total figure of remuneration. The amount of pension benefits for the year which contributes to the single total figure is calculated based on guidance provided by the NHS Business Services Authority Pensions Agency.

The amount included in the table for pension benefit is based on the increase in accrued pension adjusted for inflation. This will generally take into account an

additional year of service together with any changes in pensionable pay. This is not an amount which has been paid to an individual by the Trust during the year; it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a person's salary, whether or not they choose to make additional contributions to the pension scheme from their pay, and other valuation factors affecting the pension scheme as a whole.

The salary and pension disclosures reflect the senior managers' information. As indicated on page 59 the senior management team consists of the Chief Executive, the Executive Directors and the Independent Members (Non-Executive Directors), the Director of Transformation, Planning, and Digital, the Chief Operating Officer, and the Director of Corporate Governance / Trust Secretary.

SALARY AND PENSION DISCLOSURE TABLES (AUDITED) – SINGLE TOTAL FIGURE OF REMUNERATION (CONTINUED)

	2019/2020					2018/2019				
Name and Title	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (to the nearest £100)	Pension benefits (to the nearest £1,000)	Total (to the nearest £5,000)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (to the nearest £100)	Pension benefits (to the nearest £1,000)	Total (to the nearest £5,000)
Executive Directors and Senior Managers										
Steve Ham Chief Executive	140-145	0	0	17	155-160	135-140	0	0	12	145-150
Mark Osland Executive Director of Finance ¹	105-110	0	0	26	130-135	100-105	0	0	25	125-130
Jacinta Abraham Medical Director ²	110-115	25-30	1	38	175-180	110-115	25-30	1	172	310-315
Catherine O'Brien Interim Chief Operating Officer	115-120	0-5 ³	0	45	160-165	5-10	0	0	2	10-15
Georgina Galletly Director of Corporate Governance/Trust Secretary ⁴	25-30	0	0	29	55-60	65-70	0	0	62	130-135
Steve Combe Interim Director of Trust Assurance	30-35	0	0	0 ⁵	30-35	-	-	-	-	-
Lauren Fear Interim Director of Corporate Governance ⁶	25-30	0	0	7	35-40	-	-	-	-	-
Jayne Elias Interim Executive Director of Nursing & Service Improvement	40-45	0	0	- ⁷	-	5-10	0	0	-	-

Name and Title	2019/2020					2018/2019				
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (to the nearest £100)	Pension benefits (to the nearest £1,000)	Total (to the nearest £5,000)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (to the nearest £100)	Pension benefits (to the nearest £1,000)	Total (to the nearest £5,000)
Nicola Williams Executive Director of Nursing, AHP and Healthcare Science	60-65	0	0	- ⁸	-	-	-	-	-	-
Sarah Morley Executive Director of Workforce and Organisational Development	90-95	0	0	21	115-120	90-95	0	0	0	90-95
Susan Thomas Interim Executive Director of Workforce and Organisational Development	10-15	0	0	- ⁹	-	-	-	-	-	-
Carl James Director of Transformation, Planning, and Digital ¹⁰	115-120	0	52 ¹¹	26	145-150	110-115	0	26	24	135-140

Notes:

1 – M Osland's role title has changed during 2019/2020 from Executive Director of Finance and Informatics to Executive Director of Finance.

2 – J Abraham's benefits in kind relate to taxable mileage payments and other remuneration relates to clinical responsibilities.

3 – C O'Brien's other remuneration relates to on call payments.

4 – G Galletly was seconded to Cwm Taf Morgannwg UHB from 26/07/2019.

5 – S Combe was appointed on an interim basis on the 23/07/2019 to undertake the duties of G Galletly following her secondment to Cwm Taff Morgannwg UHB. S Combe chose not to be covered by the NHS pension arrangements during the reporting year.

6 – L Fear was appointed on an interim basis from 02/12/2019.

7 – J Elias was appointed on an interim basis for the period 01/03/2019 to 31/08/2019. The Pensions Agency are unable to provide comparator information for 2018/2019 as it was not generated at the time and cannot be reproduced at a later date. Therefore the total remuneration figure cannot be calculated.

8 – N Williams was appointed to the role of Executive Director of Nursing, AHP and Clinical Scientists on 27/08/2019. The Pensions Agency are unable to provide comparator information for 2018/2019 as it was not generated at the time and cannot be reproduced at a later date. Therefore the total remuneration figure cannot be calculated.

9 – S Thomas was appointed on an interim basis to the role of Executive Director of Workforce and Organisational Development to cover a period of absence from 10/02/2020 to 09/05/2020 for S Morley. The pension benefit has not been provided by the NHS Pensions Agency and therefore the total remuneration cannot be disclosed.

10 – C James' role title has changed during 2019/2020 from Director of Strategic Transformation, Planning, Performance and Estates to Director of Transformation, Planning and Digital.

11 – C James' benefits in kind relate to the use of a Trust lease car and taxable mileage payments.

SALARY AND PENSION DISCLOSURE TABLES (AUDITED) – SINGLE TOTAL FIGURE OF REMUNERATION (CONTINUED)

Name and Title	2019/2020					2018/2019				
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (to the nearest £100)	Pension benefits (to the nearest £1,000)	Total (to the nearest £5,000)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (to the nearest £100)	Pension benefits (to the nearest £1,000)	Total (to the nearest £5,000)
Independent Members/Non -Executive Directors										
Donna Mead	40-45	0	0	0	40-45	35-40	0	0	0	35-40
Ray Singh ¹	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Phil Roberts ²	5-10	0	0	0	5-10	10-15	0	0	0	10-15
Jane Hopkinson ³	0-5	0	0	0	0-5	5-10	0	0	0	5-10
Janet Pickles	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Martin Veale	5-10	0	0	0	5-10	5-10	0	0	0	5-10
Stephen Harries	30-35	0	0	0	30-35	15-20	0	0	0	15-20
Donald Fraser ⁴	0-5	0	0	0	0-5	-	-	-	-	-
Gareth Jones ⁵	0-5	0	0	0	0-5	-	-	-	-	-
Hilary Jones ⁶	0-5	0	0	0	0-5	-	-	-	-	-

Notes:

- 1 – R Singh's term ended 31/10/2019.
- 2 – P Roberts' term ended 29/02/2020.
- 3 – J Hopkinson's term ended 31/08/2019.
- 4 – D Fraser's term started 02/12/2019.
- 5 – G Jones' term started 02/12/2019.
- 6 – H Jones' terms started 01/03/2020.

SALARY AND PENSION DISCLOSURE

CASH EQUIVALENT TRANSFER VALUES

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or an arrangement to secure pension benefits in another pension scheme or an arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

REAL INCREASE IN CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

SALARY AND PENSION DISCLOSURE TABLES (AUDITED) – BOARD MEMBER AND VERY SENIOR MANAGER PENSIONS

Name and Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2020 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2020	Cash Equivalent Transfer Value at 31 March 2019	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Steve Ham Chief Executive	0-2.5	2.5-5	35-40	115-120	-1	906	-	0
Mark Osland Executive Director of Finance	0-2.5	0	5-10	0	108	74	17	0
Jacinta Abraham Medical Director	2.5-5	0-2.5	40-45	95-100	842	764	40	0
Catherine O'Brien Interim Chief Operating Officer	2.5-5	0	20-25	0	309	253	33	0
Georgina Galletly Director of Corporate Governance/Trust Secretary ²	0-2.5	2.5-5	25-30	55-60	432	343	21	0
Steve Combe Interim Director of Trust Assurance ³	0	0	0	0	0	0	0	0
Lauren Fear Interim Director of Corporate	0-2.5	0	0-5	0	5	0	1	0

Name and Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2020 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2020	Cash Equivalent Transfer Value at 31 March 2019	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Governance ⁴								
Jayne Elias Interim Executive Director of Nursing and Service Improvement ⁵	-	-	40-45	-	902	-	-	0
Nicola Williams Executive Director Nursing, AHP and Healthcare Science ⁶	-	-	40-45	125-130	885	-	-	0
Sarah Morley Executive Director of Workforce and Organisational Development	0-2.5	(0-2.5)	25-30	60-65	532	486	21	0
Susan Thomas Interim Executive Director of Workforce and Organisational Development ⁷	-	-	-	-	-	-	-	0
Carl James Director of Transformation, Planning & Digital	0-2.5	0	45-50	0	594	545	20	0

Notes:

1 – S Ham - no CETV will be shown for senior managers over Normal Pension Age (NPA).

2 – G Galletly was seconded to Cwm Taf Morgannwg UHB from 26/07/2019. Pension benefits relate to benefits accrued during the year, not just the period relating to their senior management service.

3 – S Combe chose not to be covered by the NHS pension arrangements during the reporting year.

4 – L Fear was appointed on an interim basis from 02/12/2019. She was not previously a member of the NHS Pension Scheme.

5 – J Elias - the Pensions Agency are unable to provide comparator information for 2018/2019 as it was not generated at that time and cannot be reproduced at a later date.

6 – N Williams was appointed on the 27/08/2019. The Pensions Agency are unable to provide comparator information for 2018/2019 as it was not generated at that time and cannot be reproduced at a later date.

7 – S Thomas was the Interim Director of Workforce and Organisational Development from 10/02/2020 to 09/05/2020. The Pensions Agency are unable to provide comparator information for 2018/2019 as it was not generated at that time and cannot be reproduced at a later date. The information for 2019/2020 was not generated by the Pensions Agency as the temporary appointment started after the deadline for information requests had passed.

As Independent Members do not receive pensionable remuneration, there are no entries in respect of pensions for Independent Members. The method used to calculate CETVs changed, to remove the adjustment for Guaranteed Minimum Pension (GMP) on 08/08/2019. If an individual was entitled to a GMP, this will affect the calculation of the real increase in CETV.

REPORTING OF OTHER COMPENSATION SCHEMES – EXIT PACKAGES

During 2019/2020 exit packages were approved for 8 staff with a value of £209,837 (16 staff, value £434,256 2018/2019). £102,501 exit costs were paid in 2019/2020, the year of departure (£222,143 2018/2019). These packages were paid in accordance with recognised NHS terms and conditions of service/Trust Policy. None of the exit packages reported related to senior officers and none of the payments related to a special severance payment. The actual date of departure might be in a subsequent period.

REMUNERATION RELATIONSHIP

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid Director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid Director in Velindre University NHS Trust in the financial year 2019/2020 was £140,000 - £145,000 (2018/2019, £135,000 - £140,000). This was 4.9 times (2018/2019, 5.0) the median remuneration of the workforce, which was £29,009 (2018/2019, £27,581).

In 2019/2020, 9 (2018/2019, 14) employees received remuneration in excess of the highest paid Director.

Remuneration for all staff ranged from £17,700 to £207,000 (2018/2019 £17,500 to £202,700).

Total remuneration includes salary and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Overtime payments are included in the calculation of both elements of the relationship.

In establishing the highest paid Director (Chief Executive) the Trust has taken into account the proportion of remuneration received by Directors for clinical and director responsibilities.

EXPENDITURE ON CONSULTANCY

During 2019/2020 the Trust spent £3,600,569 of its revenue funding on external consultancy fees (£2,067,470 related to the NHS Wales Informatics Service and £836,096 to the NHS Wales Shared Services Partnership); and £2,613,765 of its capital funding (£1,385,920 related to the NHS Wales Informatics Service and £71,205 to the NHS Wales Shared Services Partnership).

Examples include:

- Accountancy fees
- Legal fees
- Design fees
- Project management fees & support costs
- IT consultancy and advice
- Fees relating to building management, including surveyor & electrical costs.

TAX ASSURANCE FOR OFF-PAYROLL ENGAGEMENTS

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, departments must publish information on their highly paid and/or senior off-payroll engagements. The information, contained in the three tables below, includes all off-payroll engagements as at 31 March 2020 for those earning more than £245 per day and that last longer than six months for the core department, its executive agencies and its arm's length bodies.

Table 1: For all off-payroll engagements as of 31 March 2020, for those earning more than £245 per day and that last for longer than six months

No. of Existing Engagements as of 31 March 2020	37
Of which the number that have existed:	
for less than one year at time of reporting.	11
for between one and two years at time of reporting.	17
for between two and three years at time of reporting.	7
No. that have existed for between three and four years at time of reporting.	2
No. that have existed for four or more years at time of reporting.	0

Within the total number of off-payroll engagements disclosed, seven engagements related to staff seconded from other NHS Wales Organisations.

All the off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax, and where necessary, that assurance has been sought.

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	7
Of which:	
No. assessed as caught by IR 35	6
No. assessed as not caught by IR 35	1
No. engaged directly (via PSC contracted to department) and are on the departmental payroll.	0
No. of engagements reassessed for consistency/assurance purposes during the year	4
No. of engagements that saw a change to IR 35 status following the consistency review	0

Within the total number of new off-payroll engagements disclosed, one engagement related to staff seconded from another NHS Wales Organisation.

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both off-payroll and on-payroll engagements.	0

NATIONAL ASSEMBLY FOR WALES ACCOUNTABILITY AND AUDIT REPORT

Where the Trust undertakes activities that are not funded by the Welsh Government the Trust receives income to cover its costs. Further detail of income received is published in the Trust's annual accounts; within note 4 headed 'other operating revenue'.

The Trust confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

The Trust ensures public funds are used appropriately and to deliver the intended objectives. Expenditure is compliant with the relevant legislation. Charges for services provided by public sector organisations pass on the full cost of providing those services.

The Trust hosts the Welsh Risk Pool (WRP) as part of NHS Wales Shared Services Partnership (NWSSP) and therefore its accounts include the estimates of remote contingent liabilities from Welsh Health Organisations for potential litigation claims that could arise in the future due to known incidents. In 2019/2020, the financial statements of the Trust are reporting total remote contingent liabilities of £38m.

THE CERTIFICATE AND INDEPENDENT AUDITOR'S REPORT OF THE AUDITOR GENERAL FOR WALES TO THE SENEDD

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

I certify that I have audited the financial statements of Velindre University NHS Trust and its group for the year ended 31 March 2020 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Consolidated Statement of Comprehensive Income, the Consolidated Statement of Financial Position, the Consolidated Cash Flow Statement and the Consolidated Statement of Changes in Taxpayers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Velindre University NHS Trust and its group as at 31 March 2020 and of its surplus for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Trust and its group in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that

the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Emphasis of matter

I draw attention to Note 24 of the financial statements, which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS Clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year. The Trust has disclosed the existence of a contingent liability at 31 March 2020, and my opinion is not modified in respect of this matter.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the trust's or its group's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the

knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities, which govern them.

Report on other requirements

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Annual Governance Statement has been prepared in accordance with Welsh Ministers' guidance;
- the information given in the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Accountability Report has been prepared in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the trust and its group and its environment obtained in the course of the audit, I have not identified material misstatements in the Accountability Report or the Annual Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- proper accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

Report

I have no observations to make on these financial statements.

Responsibilities

Responsibilities of Directors and the Chief Executive

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities set out on pages 22 and 21 of the Accountability Report, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the trust's and its group's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the

aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities, which govern them.

Adrian Crompton
Auditor General for Wales
2 July 2020

24 Cathedral Road
Cardiff
CF11 9LJ

Final Letter of Representation

Auditor General for Wales
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

25 June 2020

Representations regarding the 2019-20 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Velindre University NHS Trust for the year ended 31 March 2020 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers/HM Treasury, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;
 - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
 - prepare them on a going concern basis on the presumption that the services of Velindre University NHS Trust will continue in operation.
- ensuring the regularity of any expenditure and other transactions incurred.
- the design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- our knowledge of fraud or suspected fraud that we are aware of and that affects Velindre University NHS Trust and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- the identity of all related parties and all the related party relationships and transactions of which we are aware.
- our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



Pencadlys Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University NHS Trust Headquarters

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Heol Billingsley
Parc Nantgarw
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CF15 7QZ

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The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by Velindre University NHS Trust

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Velindre University NHS Trust on 25 June 2020.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Chief Executive: Steve Ham

Date: 25 June 2020

Signed by:

Trust Chair: Donna Mead

Date: 25 June 2020



Appendix 1

Matters in relation to fraud

International Standard for Auditing (UK and Ireland) 240 covers auditors' responsibilities relating to fraud in an audit of financial statements.

The primary responsibility to prevent and detect fraud rests with both management and 'those charged with governance', which for the Velindre University NHS Trust (the Trust) is the Board. Management, with the oversight of those charged with governance, should ensure there is a strong emphasis on fraud prevention and deterrence and create a culture of honest and ethical behaviour, reinforced by active oversight by those charged with governance.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error. We are required to maintain professional scepticism throughout the audit, considering the potential for management override of controls.

What are we required to do?

As part of our risk assessment procedures we are required to consider the risks of material misstatement due to fraud. This includes understanding the arrangements management has put in place in respect of fraud risks. The ISA views fraud as either:

- the intentional misappropriation of assets (cash, property, etc.); or
- the intentional manipulation or misstatement of the financial statements.

We also need to understand how those charged with governance exercises oversight of management's processes. We are also required to make enquiries of both management and those charged with governance as to their knowledge of any actual, suspected or alleged fraud, for identifying and responding to the risks of fraud and the internal controls established to mitigate them.

Enquiries of management - in relation to fraud

Question	2019-2020 Response	2018-2019 Response
1. What is management's assessment of the risk that the financial statements may be materially misstated due to fraud and what are the principal reasons?	<p>The Trust's Standing Financial Instructions are designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business: they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders, a Schedule of decisions reserved to the Board and a Scheme of delegation to officers and others, they provide the regulatory framework for the business conduct of the Trust.</p> <p>This regulatory framework, together with detailed and regular financial reporting throughout the year significantly mitigates the risk of the financial statements being materially misstated due to fraud. This risk is further mitigated by issuing clear guidance and instructions to management and budgetary holders regarding their financial management responsibilities,</p>	<p>The Trust's Standing Financial Instructions are designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business: they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders, a Schedule of decisions reserved to the Board and a Scheme of delegation to officers and others, they provide the regulatory framework for the business conduct of the Trust.</p>
2. What processes are employed to identify and respond to the risks of fraud more generally and specific risks of misstatement in the financial statements?	<p>The Trust has in place a Counter Fraud Policy which is intended to provide direction and help to those officers and directors who find they have to deal with suspected cases of theft, fraud or corruption. It gives a framework for response, advice, and information on various aspects and implications of an investigation.</p>	<p>The Trust has in place a Counter Fraud Policy which is intended to provide direction and help to those officers and directors who find they have to deal with suspected cases of theft, fraud or corruption. It gives a framework for response, advice, and information on various aspects and implications of an investigation.</p>

Enquiries of management - in relation to fraud

Question	2019-2020 Response	2018-2019 Response
	<p>The fundamental financial systems are robustly reviewed by internal audit on a cyclical basis to test that they are being used appropriately and that adequate controls are in place.</p> <p>The Trust has other policies that would support this in identifying and reporting risks, such as:</p> <ul style="list-style-type: none"> • Counter Fraud Policy and contact details for the Local Counter Fraud Policy (as mentioned above) • Incident Reporting Policy • Raising Concerns (Whistle blowing Policy) <p>A series of Counter Fraud awareness events are held at the Trust which staff are encouraged to attend. A short summary of the Counter Fraud strategy and contact details are also available on the Trust intranet pages.</p>	<p>The fundamental financial systems are robustly reviewed by internal audit on a cyclical basis to test that they are being used appropriately and that adequate controls are in place.</p> <p>The Trust has other policies that would support this in identifying and reporting risks, such as:</p> <ul style="list-style-type: none"> • Counter Fraud Policy and contact details for the Local Counter Fraud Policy (as mentioned above) • Incident Reporting Policy • Raising Concerns (Whistle blowing Policy) <p>A series of Counter Fraud awareness events are held at the Trust which staff are encouraged to attend. A short summary of the Counter Fraud strategy and contact details are also available on the Trust intranet pages.</p>
<p>3. What arrangements are in place to report fraud issues and risks to the Audit Committee?</p>	<p>As noted in (2) above the Trust has in place a Counter Fraud Policy which provides direction and help to those officers and directors who find they have to deal with suspected cases of theft, fraud or corruption. It gives a framework for response, advice, and information on various aspects and implications of an investigation.</p>	<p>As noted in (2) above the Trust has in place a Counter Fraud Policy which provides direction and help to those officers and directors who find they have to deal with suspected cases of theft, fraud or corruption. It gives a framework for response, advice, and information on various aspects and implications of an investigation.</p>

Enquiries of management - in relation to fraud

Question	2019-2020 Response	2018-2019 Response
	<p>This Policy is approved by the Audit Committee and managed by the Local Counter Fraud Specialist who also attends the Audit Committee and presents reports at each meeting.</p>	<p>This Policy is approved by the Audit Committee and managed by the Local Counter Fraud Specialist who also attends the Audit Committee.</p>
<p>4. How has management communicated expectations of ethical governance and standards of conduct and behaviour to all relevant parties, and when?</p>	<p>The Standards of Behaviour Framework Policy outlines how the Trust is committed to ensuring that its employees and Independent Members practice the highest standards of conduct and behaviour. This policy sets out those expectations and provides supporting guidance so that all employees and Independent Members are supported in delivering those requirements. There is also a dedicated webpage supporting this policy including Frequently Asked Questions, guidance documents, and contact details for support on the Trust's intranet pages.</p> <p>As stated in (2) above it is a requirement that annual declaration of interests are obtained from specific groups of employees and Independent Members, and this is completed in March each year.</p> <p>Annual Performance Appraisals and Development Reviews undertaken support and reinforce the code of conduct and</p>	<p>The Standards of Behaviour Framework Policy outlines how the Trust is committed to ensuring that its employees and Independent Members practice the highest standards of conduct and behaviour. This policy sets out those expectations and provides supporting guidance so that all employees and Independent Members are supported in delivering those requirements. There is also a dedicated webpage supporting this policy including Frequently Asked Questions, guidance documents, and contact details for support on the Trust's intranet pages.</p> <p>As stated in (2) above it is a requirement that annual declaration of interests are obtained from specific groups of employees and Independent Members, and this is completed in March each year.</p> <p>Annual Performance Appraisals and Development Reviews undertaken support and reinforce the code of conduct and performance expected from Trust employees.</p>

Enquiries of management - in relation to fraud

Question	2019-2020 Response	2018-2019 Response
	performance expected from Trust employees.	
5. Are you aware of any instances of actual, suspected or alleged fraud within the audited body since 1 April 2019?	Yes - As part of their meetings, the Audit Committee receives a Counter Fraud Progress Report which includes relevant reference to any new cases, significant changes with ongoing investigations, together with outcomes from cases that are already in the public domain.	Yes - As part of their meetings, the Audit Committee receives a Counter Fraud Progress Report which includes relevant reference to any significant changes with ongoing investigations, together with outcomes from cases that are already in the public domain.
1. How does the Board, exercise oversight of management's processes for identifying and responding to the risks of fraud within the audited body and the internal control that management has established to mitigate those risks?	<p>The Audit Committee are charged with reviewing and approving key policies in this area, such as:</p> <ul style="list-style-type: none"> • Counter Fraud Policy • Standards or Behaviour Framework Policy <p>And as such receive updates and reports relating to this area of activity at each meeting, for example, declaration of interest report, any incidents of fraudulent activity etc.</p> <p>There is also a full Internal Audit programme reviewed at each Audit Committee meeting with a highlight report presented to each main Board meeting.</p>	<p>The Audit Committee are charged with reviewing and approving key policies in this area, such as:</p> <ul style="list-style-type: none"> • Counter Fraud Policy • Standards or Behaviour Framework Policy <p>And as such receive updates and reports relating to this area of activity at each meeting, for example, declaration of interest report, any incidents of fraudulent activity etc.</p> <p>There is also a full Internal Audit programme reviewed at each Audit Committee meeting with a highlight report presented to each main Board meeting.</p>

Enquiries of management - in relation to fraud

Question	2019-2020 Response	2018-2019 Response
	<p>Incidents of fraud are reported to the Audit Committee by the Local Counter Fraud Specialist.</p> <p>An overview of any fraudulent activity is provided in the Head of Internal Audit's Opinion, received via a formal report on annual basis by the Audit Committee.</p> <p>Any irregularities or reports outlining that fraudulent activity may have been detected or that there is a potential risk to the organisation would be reported to the Committee throughout the year. The Committee would be provided with investigation reports, explanations and assurances to the action taken and control measures in place. If appropriate risks will be added to the Trust risk register.</p>	<p>Incidents of fraud are reported to the Audit Committee by the Local Counter Fraud Specialist.</p> <p>An overview of any fraudulent activity is provided in the Head of Internal Audit's Opinion, received via a formal report on annual basis by the Audit Committee.</p> <p>Any irregularities or reports outlining that fraudulent activity may have been detected or that there is a potential risk to the organisation would be reported to the Committee throughout the year. The Committee would be provided with investigation reports, explanations and assurances to the action taken and control measures in place. If appropriate risks will be added to the Trust risk register.</p>
<p>2. Are you aware of any instances of actual, suspected or alleged fraud with the audited body since 1 April 2019?</p>	<p>Yes - As part of their meetings, the Audit Committee receives a Counter Fraud Progress Report which includes relevant reference to any new cases, significant changes with ongoing investigations, together with outcomes from cases that are already in the public domain.</p>	<p>Yes - As part of their meetings, the Audit Committee receives a Counter Fraud Progress Report which includes relevant reference to any significant changes with ongoing investigations, together with outcomes from cases that are already in the public domain.</p>

Appendix 2

Matters in relation to laws and regulations

International Standard for Auditing (UK and Ireland) 250 covers auditors' responsibilities to consider the impact of laws and regulations in an audit of financial statements.

Management, with the oversight of those charged with governance (the Board), is responsible for ensuring that Trust's operations are conducted in accordance with laws and regulations, including compliance with those that determine the reported amounts and disclosures in the financial statements.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error, taking into account the appropriate legal and regulatory framework. The ISA distinguishes two different categories of laws and regulations:

- laws and regulations that have a direct effect on determining material amounts and disclosures in the financial statements;
- other laws and regulations where compliance may be fundamental to the continuance of operations, or to avoid material penalties.

What are we required to do?

As part of our risk assessment procedures we are required to make inquiries of management and the Board as to whether the Trust is in compliance with relevant laws and regulations. Where we become aware of information of non-compliance or suspected non-compliance we need to gain an understanding of the non-compliance and the possible effect on the financial statements.

Enquiries of management – in relation to laws and regulations

Question	2019-2020 Response	2018-2019 Response
<p>1. How have you gained assurance that all relevant laws and regulations have been complied with?</p>	<p>Employees and Senior Officers within the Finance Function are professionally qualified and experienced and are required as part of their role within the Trust to ensure that they remain aware of any legislative or regulatory changes.</p> <p>All Wales groups such as the Directors of Finance Forum, Deputy Directors of Finance Forum, and the All Wales Technical Accounting Group help facilitate this shared learning.</p> <p>Cyclical audits on systems and processes applied in the Trust are reviewed in light of expected current practice and would highlight any breaches or compliance issues in respect of current legislation and/or regulation.</p> <p>Also the Trust compiles a Legislative & Regulatory Compliance Register which is presented to the Audit Committee on a quarterly basis. The purpose of the register is to ensure the Trust has a comprehensive and up-to-date list of the legislation that applies to it. It is also a mechanism which demonstrates that the Trust can ensure that by regular</p>	<p>Employees and Senior Officers within the Finance Function are professionally qualified and experienced and are required as part of their role within the Trust to ensure that remain aware of any legislative or regulatory changes.</p> <p>All Wales groups such as the Directors of Finance Forum, and the All Wales Technical Accounting Group help facilitate this shared learning.</p> <p>Cyclical audits on systems and processes applied in the Trust are reviewed in light of expected current practice and would highlight any breaches or compliance issues in respect of current legislation and/or regulation.</p>

	updating and monitoring of the register there is a process in place that ensures compliance with legislation is being managed effectively.	
2. Have there been any instances of non-compliance or suspected non-compliance with relevant laws and regulations since 1 April 2019, or earlier with an ongoing impact on the 2019-2020 financial statements?	<p>HMRC commenced a review of the Trust's treatment of VAT and employment taxes during 2017-2018.</p> <p>Following HMRC's review of Trust records, there was an assessment in June 2019 of unpaid VAT and default interest. Both have been paid to HMRC and are recorded in the 2019/2020 financial statements.</p> <p>A further review commenced in 2019, and indicates there may be a small number of instances of non-compliance identified in another area. Where appropriate, provision has been made in the 2019/2020 financial statements to recognise this potential liability.</p>	<p>HMRC commenced a review of the Trust's treatment of VAT and employment taxes during 2017-18.</p> <p>Following HMRC's review of Trust records, there was an assessment in January 2019 of unpaid VAT and interest, and a further assessment in March 2019. Both have been paid to HMRC and are recorded in the 2018/19 financial statements.</p> <p>The review is currently ongoing and indicates there may be a further small number of instances of non-compliance identified. Where appropriate, provision has been made in the 2018/19 financial statements to recognise this further potential liability.</p>
3. Are there any potential litigations or claims that would affect the financial statements?	<p>The Director of Finance and the Head of Financial Operations monitor and are not aware of any litigation claims against the Trust which could impact the financial statements.</p> <p>Losses and Redress reports detailing claims are received at each meeting of the Audit Committee.</p>	<p>The Director of Finance and the Head of Financial Operations monitor and are not aware of any litigation claims against the Trust which could impact the financial statements.</p> <p>Losses and Compensation reports detailing claims are received at each meeting of the Audit Committee.</p>

	In respect of civil litigation claims against the Trust, quantum values of each case are provided and based on the probability of success, the Trust accrues the relevant cost against each case as appropriate. This ensures that the quantum value assigned to each case is monitored and reported within the financial accounts.	In respect of civil litigation claims against the Trust, quantum values of each case are provided and based on the probability of success, finance accrue the relevant monies against each case as appropriate. This ensures that the quantum value assigned to each case is monitored and accounted for in the financial accounts.
4. Have there been any reports from other regulatory bodies, such as HM Revenues and Customs which indicate non-compliance?	HMRC commenced a review of the Trust's treatment of VAT and employment taxes during 2017-18. Following HMRC's review of Trust records, there was an assessment in June 2019 of unpaid VAT. There have not been any reports from other regulatory bodies indicating non-compliance.	HMRC commenced a review of the Trust's treatment of VAT and employment taxes during 2017-18. Following HMRC's review of Trust records, there was an assessment in January 2019 of unpaid VAT and interest, and another in March 2019. There have not been any reports from other regulatory bodies indicating non-compliance.

Enquiries of those charged with governance – in relation to laws and regulations

Question	2019-2020 Response	2018-2019 Response
1. How does the Board, in its role as those charged with governance, obtain assurance that all relevant laws and regulations have been complied with?	<p>Audit reports provide the Audit Committee with assurance as to whether appropriate control measures are in place and whether the Trust is compliant with current standard practice.</p> <p>The Audit Committee provide a highlight report to each Trust Board meeting to provide assurance and inform them of any issues.</p>	<p>Audit reports provide the Audit Committee with assurance as to whether appropriate control measures are in place and whether the Trust is compliant with current standard practice.</p> <p>The Audit Committee provide a highlight report to each Trust Board meeting to provide assurance and inform them of any issues.</p>
2. Are you aware of any instances of non-compliance with relevant laws and regulations?	The Board is not aware of any non-compliance issues in relation to relevant laws and regulations. Any such incidents	The Board is not aware of any non-compliance issues in relation to relevant laws and regulations. Any such incidents would be reported to the Board via the

would be reported to the Board via the Audit Committee if they occurred as happens in instances of non-compliance with for example, Standing Orders or Standing Financial Instructions.

Audit Committee if they occurred as happens in instances of non-compliance with for example, Standing Orders or Standing Financial Instructions.

Appendix 3

Matters in relation to related parties

International Standard for Auditing (UK and Ireland) 550 covers auditors' responsibilities relating to related party relationships and transactions.

The nature of related party relationships and transactions may, in some circumstances, give rise to higher risks of material misstatement of the financial statements than transactions with unrelated parties.

Because related parties are not independent of each other, many financial reporting frameworks establish specific accounting and disclosure requirements for related party relationships, transactions and balances to enable users of the financial statements to understand their nature and actual or potential effects on the financial statements. An understanding of the entity's related party relationships and transactions is relevant to the auditor's evaluation of whether one or more fraud risk factors are present as required by ISA (UK and Ireland) 240, because fraud may be more easily committed through related parties.

What are we required to do?

As part of our risk assessment procedures, we are required to perform audit procedures to identify, assess and respond to the risks of material misstatement arising from the entity's failure to appropriately account for or disclose related party relationships, transactions or balances in accordance with the requirements of the framework.

Enquiries of management – in relation to related parties

Question	2019-2020 Response	2018-2019 Response
<p>1. Confirm that you have disclosed to the auditor:</p> <ul style="list-style-type: none"> the identity of any related parties, including changes from the prior period; the nature of the relationships with these related parties; details of any transactions with these related parties entered into during the period, including the type and purpose of the transactions. 	<p>The Statement of Accounts discloses the identity of related parties and is compliant with the requirements of accounting legislation.</p>	<p>The Statement of Accounts discloses the identity of related parties and is compliant with the requirements of accounting legislation.</p>
<p>2. What controls are in place to identify, authorise, approve, account for and disclose related party transactions and relationships?</p>	<p>Statements are included in the Statement of Accounts acknowledging the relationships. These statements are produced by experienced and qualified officers with an in-depth knowledge of Trust operations.</p> <p>Audit reviews are undertaken to ensure appropriate control measures are in place.</p> <p>Annual declaration of interests are obtained from specific groups of Employees and Independent Members.</p> <p>Access is provided to the Trust to examine Welsh Ministers interest delegations.</p>	<p>Statements are included in the Statement of Accounts acknowledging the relationships. These statements are produced by experienced and qualified officers with an in-depth knowledge of Trust operations.</p> <p>Audit reviews are undertaken to ensure appropriate control measures are in place.</p> <p>Annual declaration of interests are obtained from specific groups of Employees and Independent Members.</p> <p>Access is provided to the Trust to examine Welsh Ministers interest delegations.</p>

Enquiries of the those charged with governance – in relation to related parties

Question	2019-2020 Response	2018-2019 Response
<p>1. How does the Board, in its role as those charged with governance, exercise oversight of management's processes to identify, authorise, approve, account for and disclose related party transactions and relationships?</p>	<p>The Audit Committee receives the Statement of Accounts and receives assurance from Senior Officers and through audit mechanisms that they are accurate.</p> <p>The Audit Committee are able to scrutinise, challenge and query any aspect of the accounts and request further supporting information or initiate any additional work to assure themselves this area is addressed.</p> <p>Any relevant issues are subsequently reported to the Board.</p>	<p>The Audit Committee receives the Statement of Accounts and receives assurance from Senior Officers and through audit mechanisms that they are accurate.</p> <p>The Audit Committee are able to scrutinise, challenge and query any aspect of the accounts and request further supporting information or initiate any additional work to assure themselves this area is addressed.</p> <p>Any relevant issues are subsequently reported to the Board.</p>

Governance Statements: good practice observations from our audits

Introduced in 2011-12, Governance Statements are important public accountability documents. Departments, their executive agencies and arm's-length bodies must provide a Governance Statement in their annual report and accounts.

Governance Statements replace and build on the old Statement on Internal Control (SIC). Aiming to support better governance and drive more consistent, coherent and transparent reporting, the Governance Statement, for the first time, brings together in one place in the annual report and accounts all disclosures relating to governance, risk and control.

To address “the fungus of boiler-plate”, reporting has moved away from the template-based approach adopted for SICs. *Managing Public Money* encourages organisations to tailor their reporting to better reflect their own circumstances, whilst specifying “essential features” that should always be reported on (Box 1).

In 2012, we considered over 350 Governance Statements as part of our audits of government's accounts. Here we highlight the key messages and good practice we identified from our work. Organisations need to build on the foundations laid in year-one so that the intended benefits of Governance Statement reporting can be more fully and consistently realised. Organisations can use our good practice observations and “challenge questions” (Box 2) to help support better governance and drive more transparent reporting.

Key Messages From Our Work

Organisations materially complied with HM Treasury's requirements and the information presented was consistent with our wider knowledge of organisations.

There is a sense of evolution from the “old” SICs, but some organisations have made more progress than others. While some have reviewed and strengthened their approach to governance reporting, others have, essentially, re-badged the prior year SIC and “bolted-on” the new requirements.

Under *Clear line of sight*, group Governance Statements are helping to present a clearer picture of risk across government. Some organisations have identified a need to strengthen their group-risk escalation and assurance processes so that they can be confident that they are sighted on the right risks at the right time and can report transparently on them.

There was wide variation in the robustness of evidence underpinning Governance Statements and in how comprehensive and open the disclosures were about each “essential feature”. Statements were often process-heavy, providing less insight into outcomes achieved or the risks faced.

Organisations have adopted a range of approaches to Governance Statement preparation and reporting. Organisations generally welcomed the more flexible reporting approach, but some expressed uncertainty as to whether they had “got it right”.

Corporate Governance Code Compliance

Departments disclosed few departures from *Corporate governance in central government departments: Code of good practice (the Code)*. Disclosed departures commonly related to Nominations and Governance Committee arrangements and board composition.

Some non-departmental bodies were unsure how the Code applied to them. A statement confirming compliance to the extent that it is relevant and meaningful should be made.

Better Governance Statements Are:

- concise and transparent. They help the reader “see the wood for the trees” by sign-posting key messages and avoiding long-winded process descriptions;
- comprehensive, tailored to organisational circumstances, focussed on outcomes – not on process, and include open and honest risk disclosures;
- drafted by a suitably senior member of staff with a strategic understanding of the organisation;
- underpinned by robust evidence and assurance and not treated as a one-off annual exercise;
- driven by the early engagement of the Accounting Officer and Board and subject to robust scrutiny and challenge by the Audit Committee and Non-Executive Members, with ample opportunity provided for debate.

Box 1

Essential features of the Governance Statement

- the governance framework of the organisation, including information about the Board's committee structure, its attendance records, and the coverage of its work;
- the Board's performance, including its assessment of its own effectiveness;
- highlights of Board committee reports, notably by the Audit and Nomination committees;
- an account of corporate governance, including the Board's assessment of its compliance with the *Corporate governance in central government departments: Code of good practice*, with explanations of any departures;
- information about the quality of the data used by the Board, and why the Board finds it acceptable;
- where relevant (for certain central government departments), an account of how resources made available to certain locally governed organisations are distributed and how the department gains assurance about their satisfactory use; and
- a risk assessment, including the organisation's risk profile, and how it is managed, including, subject to a public interest test:
 - any newly identified risk;
 - a record of any ministerial directions given; and,
 - a summary of any significant lapses of protective security (e.g. data losses).

Box 2

Challenge Questions

The Accounting Officer, Board and Audit Committee can use these questions to help inform their review of the Governance Statement (the Statement).

- How do we have assurance that the process for producing the Statement is adequate, covers all areas of our operations and has been followed?
- To what extent does the Statement comply with HM Treasury's requirements and include all the "essential features" (Box 1)?
- How clearly does the Statement give an understanding of the control structure and stewardship of our organisation, and a sense of its risks, vulnerabilities and resilience to challenges?
- What evidence have management presented to support the Statement and are we satisfied it is robust?
- How do we have assurance that all relevant matters are disclosed, including material issues from arm's-length bodies? How have any governance matters we have raised been dealt with?
- How has compliance with *the Code* been assessed and have all departures been explained and disclosed? What evidence underpins this assessment and are we satisfied it is robust?
- What involvement has internal audit or any other internal oversight body had in reviewing and/or challenging assurance statements and other evidence provided by management?
- How have we assured ourselves that management has responded appropriately to all observations on the draft Statement made by the internal and external auditors?

Other NAO Guidance

We have produced a number of publications to help support those involved in the preparation or scrutiny of Governance Statements.

Fact Sheet: Governance Statements

www.nao.org.uk/governance-statements

Corporate governance in central government departments: Code of good practice 2011: Compliance Checklist

www.nao.org.uk/support_to_boards

The messages in our previous guides to the Statement on Internal Control also remain appropriate to the arrangements and processes supporting the production of the Governance Statement.

A Good Practice Guide to the Statement on Internal Control

www.nao.org.uk/governance-statements

Statement on Internal Control: A guide for Audit Committees

www.nao.org.uk/governance-statements

Other Useful Guidance

Managing Public Money (HM Treasury), Annex 3.1, The Governance Statement: www.hm-treasury.gov.uk/d/mpm_annex3.1.pdf

Corporate governance in central government departments: Code of good practice 2011: www.hm-treasury.gov.uk/d/corporate_governance_good_practice_july2011.pdf

Assurance Frameworks: www.hm-treasury.gov.uk/d/psr_governance_risk_assurance_frameworks_191212.pdf

This fact sheet is available to download at www.nao.org.uk/governance-statements

For further information contact your usual NAO team or the NAO's Financial Management and Reporting team: Z5-FMGP@nao.gsi.gov.uk

Velindre University NHS Trust

Foreword

These accounts for the period ended 31 March 2020 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by Public Health Wales NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

Statutory background

The Trust was established by Statutory Instrument on 1 April 1994, and at that time was a single specialty Trust providing only Cancer Services. Over the last 26 years, the Trust has significantly evolved and expanded. The main function of the Trust is to provide all-Wales and regional clinical health services to the NHS and the people of Wales. The Trust consists of two clinical divisions: the Welsh Blood Service and Velindre Cancer Centre.

In addition to the above services, the Trust is host to a number of organisations. At period ended 31 March 2020, these included:

- NHS Wales Informatics Service (NWIS) which was established as a hosted body on 1 April 2010;
- NHS Wales Shared Services Partnership (NWSSP) which was set up on 1 April 2011; following which the functions of a number of separate services were transferred into NWSSP. NWSSP became a hosted body within Velindre NHS Trust on 1 June 2012. Two new All Wales services were established within NWSSP during 2019-2020 - the Medical Examiner Scheme and the General Medical Practice Indemnity Scheme.
- Health Technology Wales (HTW) which continued to receive grant funding from Welsh Government under the Efficiency through Technology Programme.

Performance Management and Financial Results

This Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2019-2020. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-2017.

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4 2(2). Each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account. The first assessment of performance against the 3-year statutory duty under Schedules 4 2(1) and 4 2(2) was at the end of 2016-2017, being the first three year period of assessment.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2020

	Note	2019-20 £000	2018-19 £000	2019-20 £000	2018-19 £000
		NHS Trust		Consolidated	
			Reclassified		Reclassified
Revenue from patient care activities	3	429,374	410,449	429,374	410,449
Other operating revenue	4	142,612	114,597	143,268	115,158
Operating expenses	5.1	(572,235)	(528,132)	(572,885)	(529,092)
Operating (deficit)/surplus		(249)	(3,086)	(243)	(3,485)
Investment revenue	6	109	100	259	254
Other gains and losses	7	2	45	2	45
Finance costs	8	179	2,996	179	2,996
Consolidated Total				197	(190)
Retained surplus	2.1.1	41	55		
Other Comprehensive Income					
Items that will not be reclassified to net operating costs:					
Net gain/(loss) on revaluation of property, plant and equipment		1,007	849	1,007	849
Net gain/(loss) on revaluation of intangible assets		0	0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	(518)	146
Movements in other reserves		0	0	0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0	0	0
Impairments and reversals		0	0	0	0
Transfers between reserves		0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0	0
Sub total		1,007	849	489	995
Items that may be reclassified subsequently to net operating costs					
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0	0
Sub total		0	0	0	0
Total other comprehensive income for the year		1,007	849	489	995
Total comprehensive income for the year		1,048	904	686	805

2018/2019 revenue from 'other operating revenue' has been reclassified as 'revenue from patient care activities'. Further detail of this amendment is provided in notes 3 and 4 to these accounts.

The notes on pages 6 to 73 form part of these accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2020

		Note	31 March 2020	31 March 2019	31 March 2020	31 March 2019
			NHS Trust		Consolidated	
			£000	£000	£000	£000
Non-current assets	Property, plant and equipment	13	129,554	126,554	129,554	126,554
	Intangible assets	14	17,644	15,043	17,644	15,043
	Trade and other receivables	17.1	862,962	798,646	862,962	798,646
	Other financial assets	18	0	0	4,606	5,406
	Total non-current assets		1,010,160	940,243	1,014,766	945,649
Current assets	Inventories	16.1	13,134	8,960	13,134	8,960
	Trade and other receivables	17.1	414,260	384,216	414,353	383,846
	Other financial assets	18	0	0	0	0
	Cash and cash equivalents	19	18,263	20,949	19,735	22,384
			445,657	414,125	447,222	415,190
	Non-current assets held for sale	13.2	0	0	0	0
	Total current assets		445,657	414,125	447,222	415,190
Total assets			1,455,817	1,354,368	1,461,988	1,360,839
Current liabilities	Trade and other payables	20	(166,270)	(122,983)	(166,450)	(123,099)
	Borrowings	21	(21)	(24)	(21)	(24)
	Other financial liabilities	22	0	0	0	0
	Provisions	23	(272,376)	(283,743)	(272,376)	(283,743)
	Total current liabilities		(438,667)	(406,750)	(438,847)	(406,866)
Net current assets/(liabilities)			6,990	7,375	8,375	8,324
Total assets less current liabilities			1,017,150	947,618	1,023,141	953,973
Non-current liabilities	Trade and other payables	20	0	0	0	0
	Borrowings	21	(8)	(29)	(8)	(29)
	Other financial liabilities	22	0	0	0	0
	Provisions	23	(863,259)	(799,411)	(863,259)	(799,411)
	Total non-current liabilities		(863,267)	(799,440)	(863,267)	(799,440)
Total assets employed			153,883	148,178	159,873	154,533
Financed by Taxpayers' equity:						
	Public dividend capital		113,118	108,461	113,118	108,461
	Retained earnings		12,432	12,353	12,432	12,353
	Revaluation reserve		28,333	27,364	28,333	27,364
	Other reserves		0	0	0	0
	Funds Held on Trust Reserves				5,990	6,355
	Total taxpayers' equity		153,883	148,178	159,873	154,533

The financial statements were approved by the Board on 25 June 2020 and signed on behalf of the Board by:

Steve Ham, Chief Executive and Accountable Officer

Date: 25 June 2020

The notes on pages 6 to 73 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000	FHOT Reserves £000	Consolidated Total £000
2019-20						
Changes in taxpayers' equity for 2019-20						
Balance as at 31 March 2019	108,461	12,353	27,364	148,178	6,355	154,533
Adjustment	0	0	0	0	0	0
Balance at 1 April 2019	108,461	12,353	27,364	148,178	6,355	154,533
Retained surplus/(deficit) for the year		41		41		41
Net gain/(loss) on revaluation of property, plant and equipment		0	1,007	1,007		1,007
Net gain/(loss) on revaluation of intangible assets		0	0	0		0
Net gain/(loss) on revaluation of financial assets		0	0	0	(518)	(518)
Net gain/(loss) on revaluation of assets held for sale		0	0	0		0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0		0
Impairments and reversals		0	0	0		0
Other reserve movement		0	0	0		0
Transfers between reserves		38	(38)	0		0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0		0
Reserves eliminated on dissolution	0			0		0
Total in year movement	0	79	969	1,048	(518)	530
New Public Dividend Capital received	4,522			4,522		4,522
Public Dividend Capital repaid in year	0			0		0
Public Dividend Capital extinguished/written off	0			0		0
Other movements in PDC in year	135			135		135
FHoT - Endowment					0	0
FHoT - Restricted					0	0
FHoT - Unrestricted					153	153
Balance at 31 March 2020	113,118	12,432	28,333	153,883	5,990	159,873

The notes on pages 6 to 73 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public Dividend Capital £000	Retained earnings £000	Restated Revaluation reserve £000	Total £000	Funds held on Trust Reserves £000	Consolidated Total £000
2018-19						
Changes in taxpayers' equity for 2018-19						
Balance at 31 March 2018	93,567	13,945	26,478	133,990	6,461	140,451
Adjustment for Implementation of IFRS 9	0	(1,610)	0	(1,610)	0	(1,610)
Balance at 1 April 2018	93,567	12,335	26,478	132,380	6,461	138,841
Retained surplus/(deficit) for the year		55		55		55
Net gain/(loss) on revaluation of property, plant and equipment		0	849	849		849
Net gain/(loss) on revaluation of intangible assets		0	0	0		0
Net gain/(loss) on revaluation of financial assets		0	0	0	146	146
Net gain/(loss) on revaluation of assets held for sale		0	0	0		0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0		0
Impairments and reversals		0	0	0		0
Other reserve movement		0	0	0		0
Transfers between reserves		(37)	37	0		0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0		0
Reserves eliminated on dissolution	0			0		0
Total in year movement	0	18	886	904	146	1,050
New Public Dividend Capital received	14,894			14,894		14,894
Public Dividend Capital repaid in year	0			0		0
Public Dividend Capital extinguished/written off	0			0		0
Other movements in PDC in year	0			0		0
FHoT - Endowment					0	0
FHoT - Restricted					0	0
FHoT - Unrestricted					(252)	(252)
Balance at 31 March 2019	108,461	12,353	27,364	148,178	6,355	154,533

The notes on pages 6 to 73 form part of these accounts.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2020

	Note	2019-20 £000	2018-19 £000	2019-20 £000	2018-19 £000
Cash flows from operating activities		NHS Trust		Consolidated	
Operating surplus/(deficit)	SOCI	(249)	(3,086)	(243)	(3,485)
Movements in working capital	30	(52,654)	(17,393)	(52,849)	(16,772)
Other cash flow adjustments	31	171,398	145,485	171,398	145,485
Provisions utilised		(101,749)	(110,409)	(101,749)	(110,409)
Interest paid		(2)	(3)	(2)	(3)
Net cash inflow (outflow) from operating activities		16,744	14,594	16,555	14,816
Cash flows from investing activities					
Interest received		109	100	259	254
(Payments) for property, plant and equipment		(15,279)	(25,366)	(15,279)	(25,366)
Proceeds from disposal of property, plant and equipment		10	45	10	45
(Payments) for intangible assets		(8,768)	(3,188)	(8,768)	(3,188)
Proceeds from disposal of intangible assets		0	0	0	0
Payments for investments with Welsh Government		0	0	0	0
Proceeds from disposals with Welsh Government		0	0	0	0
(Payments) for financial assets		0	0	(1,385)	(328)
Proceeds from disposal of financial assets		0	0	1,461	343
Net cash inflow (outflow) from investing activities		(23,928)	(28,409)	(23,702)	(28,240)
Net cash inflow (outflow) before financing		(7,184)	(13,815)	(7,147)	(13,424)
Cash flows from financing activities					
Public Dividend Capital received		4,522	14,894	4,522	14,894
Public Dividend Capital repaid		0	0	0	0
Loans received from Welsh Government		0	0	0	0
Other loans received		0	0	0	0
Loans repaid to Welsh Government		0	0	0	0
Other loans repaid		0	0	0	0
Other capital receipts		0	0	0	0
Capital elements of finance leases and on-SOFP PFI		(24)	(23)	(24)	(23)
Cash transferred (to)/from other NHS Wales bodies		0	0	0	0
Net cash inflow (outflow) from financing activities		4,498	14,871	4,498	14,871
Net increase (decrease) in cash and cash equivalents		(2,686)	1,056	(2,649)	1,447
Cash [and] cash equivalents at the beginning of the financial year	19	20,949	19,893	22,384	20,937
Cash [and] cash equivalents at the end of the financial year	19	18,263	20,949	19,735	22,384

The notes on pages 6 to 73 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of NHS Trusts (NHST) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2019-2020 Manual for Accounts. The accounting policies contained in that manual follow the 2019-2020 Financial Reporting Manual (FRoM), which applies European Union adopted IFRS and Interpretations in effect for accounting periods commencing on or after 1 January 2019, except for IFRS 16 Leases, which is deferred until 1 April 2021; to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the NHST Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the NHST for the purpose of giving a true and fair view has been selected. The particular policies adopted by the NHST are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

From 2018-2019, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FReM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated in 2019-2020 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, and in Wales the additional 6.3% would be funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA, the NHS Pensions Agency).

However, NHS Wales organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in the 2019-2020 annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Note 37 'Other Information' starting on page 71 of these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are

under single managerial control; or

- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2017-2018 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Income (SoCI).

From 2015-2016, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCI. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This ensures that asset carrying values are not materially overstated.

For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of

increases in development costs and technological advances.

1.8 Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCI. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCI. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9 Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCI on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCI. On disposal, the balance for the asset on the revaluation reserve, is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.11.1 The NHS Wales organisation as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in calculating the NHS Trust's surplus/deficit charged.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11.2 The NHS Wales organisation as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS Wales organisation net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the NHS Wales organisation's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.12 Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14 Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it.

The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1 Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operate a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in 2019-2020. The WRPS is hosted by Velindre University NHS Trust.

1.14.2 Future Liability Scheme (FLS)

General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GP services in Wales.

In March 2019, the Minister issued a Direction to Velindre University NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

1.15 Financial Instruments

From 2018-2019 IFRS 9 Financial Instruments is applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales organisations is a change to the calculation basis for bad debt provisions: changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

1.16 Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses.

All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1 Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value' through SoCI; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2 Financial assets at fair value through SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCI. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4 Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCI on de-recognition.

1.16.5 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Expenditure and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.16.6 Other financial assets

Listed investments are stated at market value. Unlisted investments are included at cost as an approximation to market value. Quoted stocks are included in the balance sheet at mid-market price, and where holdings are subject to bid / offer pricing their valuations are shown on a bid price. The shares are not held for trading and accordingly are classified as available for sale. Other financial assets are classified as available for sale investments carried at fair value within the financial statements.

1.17 Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired. Loans from Welsh Government are recognised at historical cost.

1.17.1 Financial liabilities are initially recognised at fair value through SoCI

Financial liabilities are classified as either financial liabilities at fair value through the SoCI or other financial liabilities.

1.17.2 Financial liabilities at fair value through the SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18 Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCI. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21 Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCI on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRPS).

The NHS Wales organisation accrues or provides for the best estimate of future payouts for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5-50%, the liability is disclosed as a contingent liability.

1.22 Pooled budget

The NHS Wales organisation has not entered into pooled budgets with Local Authorities.

1.23 Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the WRPS.

1.25 Provisions

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the WRPS which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisations, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Contingent Liability.
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
	Contingent Liability for all other estimated expenditure.	
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

** Personal injury cases - Defence fee costs are provided for at 100%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of -0.75%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

Discounting provisions

The WRPS discounts estimate future lump sums within the provisions which are assumed to settle over a 3 year period.

A proportion of the lump sum estimates are assumed to settle with RPI indexed annual payments and the remainder as Annual Survey of Hours and Earnings (ASHE) indexed annual payments.

The HM Treasury short term nominal discount rate of 0.51% (2018/19: 0.76%) is applied to the RPI proportion of the lump sum estimate using the retail price index (RPI) inflation rate of 3.35%.

The remainder is discounted by applying the Annual Survey of Hours and Earnings (ASHE) real discount rate of 0.7%.

PPO Provisions

The majority of high value (>£1M) claims settle with a Periodical Payment Order (PPO) where part or all of the final settlement value is paid over the life time of the claimant.

When cases settle with a PPO arrangement, an individual provision is created by multiplying the claimants' index linked annual payment value by the number of years' life expectancy.

Future cashflows are modelled based on individual claim data and include any agreed future steps in payment value.

The number of years' life expectancy is discounted according to the Ogden table multipliers using HM Treasury's nominal discount rate for general provisions issued annually in the Public Expenditure System (PES) paper and an inflation factor.

For 2019-20, the nominal short, medium, long and very long term rates are; 0.51%, (0-5 years), 0.55%, (+5-10 years) 1.99%(+10-40 years) and 1.99% (over 40 years) respectively.

The inflation factor applied is dependent upon the rate agreed as part of the settlement of the claimant's case. Where annual payments are required to be uplifted by the RPI, the RPI rate of 3.35% has been used. Where annual payments are required to be uplifted based on market data for carers' wages, the annual survey of hours and earnings (ASHE) discount rate of 0.7% has been applied.

The probabilities of survival for each claimant are based on estimated life expectancy, agreed by medical experts in each case.

1.26 Private Finance Initiative (PFI) transactions

The Trust has no PFI arrangements.

1.27 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.28 Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

For transfers of functions involving NHS Wales Trusts in receipt of PDC the double entry for the fixed asset NBV value and the net movement in assets is PDC.

1.29 Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM:

IFRS14 Regulatory Deferral Accounts Not EU-endorsed.*

Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 16 Leases is to be effective from 1 April 2021.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.30 Accounting standards issued that have been adopted early

During 2019-2020 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.31 Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established that as it is the corporate trustee of the Velindre University NHS Trust Charitable Fund. It is therefore considered for accounting standards compliance to have control of Velindre University NHS Trust Charitable Fund as a subsidiary, and with the agreement of Welsh Government has made the decision to consolidate the Velindre University NHS Trust Charitable Fund within the statutory accounts of the Trust.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Velindre University NHS Trust Charitable Fund or its independence in its management of charitable funds.

Welsh Government as the ultimate parent of the NHS Wales organisations will disclose the Charitable Accounts in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties notes.

1.32 Subsidiaries

Material entities over which the NHS Wales organisation has the power to exercise control so as to obtain economic or other benefits are classified as subsidiaries and are consolidated. Their income and expenses; gains and losses; assets, liabilities and reserves; and cash flows are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the NHS Wales organisation or where the subsidiary's accounting date is before 1 January or after 30 June.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.33 Borrowing costs

Borrowing costs are recognised as expenses as they are incurred.

1.34 Public Dividend Capital (PDC) and PDC dividend

PDC represents taxpayers' equity in the NHS Wales organisation. At any time the Minister for Health and Social Services with the approval of HM Treasury can issue new PDC to, and require repayments of, PDC from the NHS Wales organisation. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

From 1 April 2010 the requirement to pay a public dividend over to the Welsh Government ceased.

2. Financial Performance

2.1 STATUTORY FINANCIAL DUTIES

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4(2).

The Trust is required to achieve financial breakeven over a rolling 3 year period.

Welsh Health Circular WHC/2016/054 replaced WHC/2015/014 'Statutory and Financial Duties of Local Health Boards and NHS Trusts' and further clarifies the statutory financial duties of NHS Wales bodies.

2.1.1 Financial Duty

	Annual financial performance			2017-18 to 2019-20 Financial duty £000
	2017-18 £000	2018-19 £000	2019-20 £000	
Retained surplus	54	55	41	150
Less Donated asset / grant funded revenue	(5)	(24)	(17)	(46)
Adjusted surplus/ (Deficit)	49	31	24	104

Velindre University NHS Trust has met its financial duty to break even over the 3 years 2017-2018 to 2019-2020.

2.1.2 Integrated Medium Term Plan (IMTP)

The NHS Wales Planning Framework issued to NHS Trusts places a requirement upon NHS Trusts to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The Trust has submitted an Integrated Medium Term Plan for the period 2019-2020 to 2021-2022 in accordance with NHS Wales Planning Framework.

		Financial duty 2019-20 to 2021-22
The Minister for Health and Social Services approval	Status Date	Approved 26/03/2019

Velindre University NHS Trust has met its annual financial duty to have an approved financial plan for the period 2019-2020 to 2021-2022.

2. Financial Performance (cont)

2.2 ADMINISTRATIVE REQUIREMENTS

2.2.1. External financing

Due to the circumstances that arose as a result of Coronavirus Covid 19:

- the suspension of the National loan fund temporary deposit facility, and
- the requirement to issue year-end capital adjustments,

the requirement to achieve the administrative External Financing Target has been suspended for 2019-2020.

2.3. Creditor payment

The Trust is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The Trust has achieved the following results:

	2019-20	2018-19
Total number of non-NHS bills paid	74,370	70,966
Total number of non-NHS bills paid within target	72,416	69,141
Percentage of non-NHS bills paid within target	97.4%	97.4%

The Trust has met the target.

3. Revenue from patient care activities	Reclassified		Reclassified	
	2019-20	2018-19	2019-20	2018-19
	NHS Trust		Consolidated	
	£000	£000	£000	£000
Local health boards	72,603	65,772	72,603	65,772
Services Committees (WHSSC & EASC)	46,281	40,451	46,281	40,451
Welsh NHS Trusts	1,654	1,506	1,654	1,506
Health Education and Improvement Wales (HEIW)	228	0	228	0
Foundation Trusts	60	0	60	0
Other NHS England bodies	20	754	20	754
Other NHS Bodies	1	0	1	0
Local Authorities	0	0	0	0
Welsh Government	5,856	3,130	5,856	3,130
Welsh Government Welsh Risk Pool Reimbursements				
NHS Wales Secondary Health Sector	170,523	128,124	170,523	128,124
NHS Wales Primary Sector Future Liability Scheme Reimbursement	0	0	0	0
NHS Wales Redress	2,056	2,514	2,056	2,514
Other	0	0	0	0
Welsh Government - Hosted Bodies	128,426	166,082	128,426	166,082
Non NHS:				
Private patient income	1,375	2,089	1,375	2,089
Overseas patients (non-reciprocal)	0	0	0	0
Injury Costs Recovery (ICR) Scheme	0	0	0	0
Other revenue from activities	291	27	291	27
Total	429,374	410,449	429,374	410,449

Injury Cost Recovery (ICR) Scheme income

	2019-20	2018-19
	%	%
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	21.79	21.89

4. Other operating revenue	Reclassified		Reclassified	
	2019-20	2018-19	2019-20	2018-19
	NHS Trust		Consolidated	
	£000	£000	£000	£000
Income generation	1,273	1,323	1,273	1,323
Patient transport services	0	0	0	0
Education, training and research	5,725	4,507	5,725	4,507
Charitable and other contributions to expenditure	3,587	3,654	1,444	892
Incoming FHoT Revenue				
Unrestricted - donations and legacies			2,799	3,323
Restricted - donations and legacies			0	0
Receipt of donations for capital acquisitions	18	24	18	24
Receipt of government grants for capital acquisitions	0	0	0	0
Non-patient care services to other bodies	652	499	652	499
Rental revenue from finance leases	0	0	0	0
Rental revenue from operating leases	0	0	0	0
Other revenue:				
Provision of pathology/microbiology services	0	0	0	0
Accommodation and catering charges	200	163	200	163
Mortuary fees	0	0	0	0
Staff payments for use of cars	99	53	99	53
Business unit	0	0	0	0
Other	131,058	104,374	131,058	104,374
Total	142,612	114,597	143,268	115,158

Other revenue comprises:

NHS Wales Shared Services Partnership	96,991	75,763	96,991	196,131
NHS Wales Informatics Services	31,095	25,890	31,095	70,790
Other	2,971	2,721	2,971	3,535

Total	131,057	104,374	131,057	270,456
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On 1st April 2019 employer pension contributions increased by 6.3%. Welsh Government funded this by making payment directly to the NHS Business Services Agency on the Trust's behalf. The notional income of £7,714,537 is reported above under 'Welsh Government' and 'Welsh Government Hosted Bodies' lines and has been allocated as follows:

Welsh Government	£2,656,537 (Trust's core divisions)
Welsh Government - Hosted Bodies	£5,058,000 (split NWIS £1,445,000 and NWSSP £3,613,000)

2018/2019 reclassified: income received by Trust hosted bodies NWIS and NWSSP from Welsh Government previously reported in note 4 as 'other' has been reclassified to note 3 as 'Welsh Government - Hosted Bodies'.

5. Operating expenses	2019-20	2018-19	2019-20	2018-19
5.1 Operating expenses	£000	£000	£000	£000
	NHS Trust		Consolidated	
Local Health Boards	7,927	5,671	7,927	5,671
Welsh NHS Trusts	222	330	222	330
Health Education and Improvement Wales (HEIW)	0	0	0	0
Goods and services from other non Welsh NHS bodies	0	0	0	0
WHSSC/EASC	0	37	0	37
Local Authorities	75	68	75	68
Purchase of healthcare from non-NHS bodies	0	0	0	0
Welsh Government	0	0	0	0
Other NHS Trusts	495	0	495	0
Directors' costs	1,280	1,098	1,280	1,098
Staff costs	181,403	159,453	181,403	159,453
Supplies and services - clinical	62,651	53,984	62,651	53,984
Supplies and services - general	49,001	41,660	49,001	41,660
Consultancy Services	3,601	1,759	3,601	1,759
Establishment	15,814	14,569	15,814	14,569
Transport	2,329	2,230	2,329	2,230
Premises	52,715	42,100	52,715	42,100
FHoT Resources expended				
Costs of generating funds			285	551
Charitable activities			365	409
Governance Costs			0	0
Impairments and Reversals of Receivables	0	0	0	0
Depreciation	11,677	9,439	11,677	9,439
Amortisation	5,509	7,027	5,509	7,027
Impairments and reversals of property, plant and equipment	0	0	0	0
Impairments and reversals of intangible assets	0	0	0	0
Impairments and reversals of financial assets	0	0	0	0
Impairments and reversals of non current assets held for sale	0	0	0	0
Audit fees	209	209	209	209
Other auditors' remuneration	0	0	0	0
Losses, special payments and irrecoverable debts	172,357	133,496	172,357	133,496
Research and development	0	0	0	0
Other operating expenses	4,970	55,002	4,970	55,002
Total	572,235	528,132	572,885	529,092

On 1st April 2019 employer pension contributions increased by 6.3%. Welsh Government funded this by making payment directly to the NHS Pensions Agency on the Trust's behalf. The notional expenditure of £7,714,537 is reported above under staff costs.

5. Operating expenses (continued)**5.2 Losses, special payments and irrecoverable debts:****Charges to operating expenses****Increase/(decrease) in provision for future payments:**

	Reclassified		Reclassified	
	2019-20	2018-19	2019-20	2018-19
	£000	£000	£000	£000
	NHS Trust		Consolidated	
Clinical negligence;-				
Secondary care	161,267	126,928	161,267	126,928
Primary care	0	0	0	0
Redress Secondary Care	3,350	4,455	3,350	4,455
Redress Primary Care	0	0	0	0
Personal injury	4,653	748	4,653	748
All other losses and special payments	0	1	0	1
Defence legal fees and other administrative costs	2,675	985	2,675	985
Structured Settlements Welsh Risk Pool	412	379	412	379
Gross increase/(decrease) in provision for future payments	172,357	133,496	172,357	133,496
Contribution to Welsh Risk Pool	0	0	0	0
Premium for other insurance arrangements	0	0	0	0
Irrecoverable debts	0	0	0	0
Less: income received/ due from Welsh Risk Pool	0	0	0	0
Total charge	172,357	133,496	172,357	133,496

The Clinical Negligence figure includes £1,431,502 (2018/2019 £1,671,439) in respect of payments made under Redress for the first 9 months of 2019/2020. A further £624,370 for the final quarter is within the creditor balance pending reimbursement in 2019/2020. Redress was previously administered directly by Welsh Government prior to 2018/2019.

2018/2019 clinical negligence costs and redress costs have been reclassified to show the split between secondary and primary care costs.

	2019-20	2018-19
	£	£
Permanent injury included within personal injury:	0	0

6. Investment revenue	2019-20	2018-19	2019-20	2018-19
Rental revenue :	£000	£000	£000	£000
PFI finance lease revenue:				
Planned	0	0	0	0
Contingent	0	0	0	0
Other finance lease revenue	0	0	0	0
Interest revenue:				
Bank accounts	109	100	109	100
Other loans and receivables	0	0	0	0
Impaired financial assets	0	0	0	0
Other financial assets	0	0	150	154
Total	109	100	259	254

7. Other gains and losses	2019-20	2018-19	2019-20	2018-19
	£000	£000	£000	£000
Gain/(loss) on disposal of property, plant and equipment	(2)	45	(2)	45
Gain/(loss) on disposal of intangible assets	0	0	0	0
Gain/(loss) on disposal of assets held for sale	4	0	4	0
Gain/(loss) on disposal of financial assets	0	0	0	0
Gains/(loss) on foreign exchange	0	0	0	0
Change in fair value of financial assets at fair value through income statement	0	0	0	0
Change in fair value of financial liabilities at fair value through income statement	0	0	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0	0	0
Total	2	45	2	45

8. Finance costs	2019-20	2018-19	2019-20	2018-19
	£000	£000	£000	£000
Interest on loans and overdrafts	0	0	0	0
Interest on obligations under finance leases	2	3	2	3
Interest on obligations under PFI contracts:				
Main finance cost	0	0	0	0
Contingent finance cost	0	0	0	0
Interest on late payment of commercial debt	0	0	0	0
Other interest expense	0	0	0	0
Total interest expense	2	3	2	3
Provisions unwinding of discount	(279)	(2,604)	(279)	(2,604)
Periodical Payment Order unwinding of discount	98	(395)	98	(395)
Other finance costs	0	0	0	0
Total	(179)	(2,996)	(179)	(2,996)

9. Operating leases

9.1 Trust as lessee

Operating lease payments represent rentals payable by Velindre University NHS Trust for properties and equipment.

Payments recognised as an expense

	2019-20	2018-19	2019-20	2018-19
	£000	£000	£000	£000
	NHS Trust		Consolidated	
Minimum lease payments	2,905	3,009	2,905	3,009
Contingent rents	0	0	0	0
Sub-lease payments	0	0	0	0
Total	2,905	3,009	2,905	3,009

Total future minimum lease payments

	2019-20	2018-19	2019-20	2018-19
	£000	£000	£000	£000
	NHS Trust		Consolidated	
Payable:				
Not later than one year	2,752	2,994	2,752	2,994
Between one and five years	5,462	6,606	5,462	6,606
After 5 years	756	1,599	756	1,599
Total	8,970	11,199	8,970	11,199

Total future sublease payments expected to be received	0	0	0	0
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9. Operating leases (continued)

9.2 Trust as lessor

There are no significant leasing arrangements where the Trust is the lessor.

Rental Revenue

Receipts recognised as income

	2019-20 £000	2018-19 £000	2019-20 £000	2018-19 £000
	NHS Trust		Consolidated	
Rent	0	0	0	0
Contingent rent	0	0	0	0
Other	0	0	0	0
Total rental revenue	0	0	0	0

Total future minimum lease payments
Receivable:

	2019-20 £000	2018-19 £000	2019-20 £000	2018-19 £000
	NHS Trust		Consolidated	
Not later than one year	0	0	0	0
Between one and five years	0	0	0	0
After 5 years	0	0	0	0
Total	0	0	0	0

10. Employee costs and numbers

					2019-20 £000	2018-19 £000
10.1 Employee costs	Permanently employed staff	Staff on Inward Secondment	Agency Staff	Other Staff		
	£000	£000	£000	£000	£000	£000
Salaries and wages	141,037	1,458	3,342	994	146,831	133,253
Social security costs	13,272	48	0	1	13,321	12,129
Employer contributions to NHS Pensions Scheme	25,324	37	0	0	25,361	16,299
Other pension costs	29	0	0	0	29	14
Other post-employment benefits	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0
Total	179,662	1,543	3,342	995	185,542	161,695
Of the total above:						
Charged to capital					2,983	1,255
Charged to revenue					182,559	160,440
Total					185,542	161,695

Net movement in accrued employee benefits (untaken staff leave accrual included above) (139) (21)

Other staff includes temporary workers paid directly by Velindre University NHS Trust and staff sub-contracted or recharged from other NHS or public bodies.

In 2019/2020, the Welsh Government paid £7.715m on behalf of Velindre University NHS Trust to the NHS Business Services Agency in respect of an increase in employer's pension contribution of 6.3%. This is recognised in the 'employer contributions to NHS pensions Scheme' line above, in the 'permanently employed staff' column.

10.2 Average number of employees

	Permanently Employed	Staff on Inward Secondment	Agency Staff	Other Staff	2019-20 Total	2018-19 Total
	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	2,477	23	43	14	2,557	2,402
Ambulance staff	0	0	0	0	0	0
Medical and dental	513	1	0	5	519	476
Nursing, midwifery registered	188	0	1	0	189	185
Professional, scientific and technical staff	56	0	0	0	56	52
Additional Clinical Services	198	0	0	3	201	201
Allied Health Professions	114	0	11	0	125	119
Healthcare scientists	135	1	0	2	138	133
Estates and Ancillary	335	0	14	7	356	336
Students	0	0	0	0	0	0
Total	4,016	25	69	31	4,141	3,904

The average number is calculated using the full time equivalent (FTE) of employees.

10.3. Retirements due to ill-health

	2019-20	2018-19
Number	4	5
Estimated additional pension costs £	278,470	668,774

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

10.5 Reporting of other compensation schemes - exit packages

	2019-20	2019-20	2019-20	2019-20	2018-19
Exit packages cost band (including any special payment element)	Number of compulsory redundancies Whole numbers only	Number of other departures Whole numbers only	Total number of exit packages Whole numbers only	Number of departures where special payments have been made Whole numbers only	Total number of exit packages Whole numbers only
less than £10,000	1	1	2	0	2
£10,000 to £25,000	0	3	3	0	7
£25,000 to £50,000	0	2	2	0	6
£50,000 to £100,000	0	1	1	0	1
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	1	7	8	0	16

	2019-20	2019-20	2019-20	2019-20	2018-19
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies £	Cost of other departures £	Total cost of exit packages £	Cost of special element included in exit packages £	Total cost of exit packages £
less than £10,000	7,434	9,240	16,674	0	8,397
£10,000 to £25,000	0	59,622	59,622	0	114,307
£25,000 to £50,000	0	81,873	81,873	0	240,309
£50,000 to £100,000	0	51,668	51,668	0	71,243
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	7,434	202,403	209,837	0	434,256

Redundancy, voluntary early release, and other departure costs have been paid in accordance with the provisions of the relevant schemes / legislation. Where the Trust has agreed early retirements or compulsory redundancies, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table (see note 10.3 for details of ill health retirement costs).

The disclosure reports the number and value of exit packages agreed in the year in line with the Welsh Government manual for accounts.

£102,501 exit costs were paid in 2019-2020, the year of departure (2018-2019 £222,143).

10.6 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / employee in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in Velindre University NHS Trust in the financial year 2019-2020 was £140,000 to £145,000 (2018-2019, £135,000 to £140,000). This was 4.9 times (2018-2019, 5.0 times) the median remuneration of the workforce, which was £29,009 (2018-2019, £27,581).

In 2019-2020, 9 (2018-2019, 14) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £17,700 to £207,000 (2018-2019, £17,500 to £202,700).

Total remuneration includes salary and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Overtime payments are included for the calculation of both elements of the relationship.

11. Pensions

PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,136 and £50,000 for the 2019-2020 tax year (2018-2019 £6,032 and £46,350).

Restrictions on the annual contribution limits were removed on 1st April 2017.

12. Public Sector Payment Policy

12.1 Prompt payment code - measure of compliance

The Welsh Government requires that trusts pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the trust financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery or receipt of a valid invoice, whichever is the later.

	2019-20	2019-20	2018-19	2018-19
	Number	£000	Number	£000
NHS				
Total bills paid in year	2,425	42,009	2,396	34,421
Total bills paid within target	2,165	35,768	1,904	26,558
Percentage of bills paid within target	89.3%	85.1%	79.5%	77.2%
Non-NHS				
Total bills paid in year	74,370	243,194	70,966	248,731
Total bills paid within target	72,416	220,230	69,141	244,073
Percentage of bills paid within target	97.4%	90.6%	97.4%	98.1%
Total				
Total bills paid in year	76,795	285,203	73,362	283,152
Total bills paid within target	74,581	255,998	71,045	270,631
Percentage of bills paid within target	97.1%	89.8%	96.8%	95.6%

12.2 The Late Payment of Commercial Debts (Interest) Act 1998	2019-20	2018-19
	£	£
Amounts included within finance costs from claims made under legislation	0	0
Compensation paid to cover debt recovery costs under legislation	0	0
Total	0	0

13. Property, plant and equipment :

2019-20

	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total	FHoT	Consolidated Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2019	18,106	65,544	258	21,601	32,131	5,817	26,258	1,277	170,992	0	170,992
Indexation	(178)	1,285	5	0	0	0	0	0	1,112	0	1,112
Additions - purchased	0	569	0	5,888	1,189	637	5,105	271	13,659	0	13,659
Additions - donated	0	0	0	0	18	0	0	0	18	0	18
Additions - government granted	0	0	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	38	0	(2,506)	0	0	2,468	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(8)	0	0	(1,022)	(645)	(303)	(97)	(2,075)	0	(2,075)
At 31 March 2020	17,928	67,428	263	24,983	32,316	5,809	33,528	1,451	183,706	0	183,706
Depreciation											
At 1 April 2019	0	6,003	17	0	19,752	3,061	14,884	721	44,438	0	44,438
Indexation	0	105	0	0	0	0	0	0	105	0	105
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(8)	0	0	(1,023)	(637)	(303)	(97)	(2,068)	0	(2,068)
Charged during the year	0	2,650	9	0	2,605	631	5,635	147	11,677	0	11,677
At 31 March 2020	0	8,750	26	0	21,334	3,055	20,216	771	54,152	0	54,152
Net book value											
At 1 April 2019	18,106	59,541	241	21,601	12,379	2,756	11,374	556	126,554	0	126,554
Net book value											
At 31 March 2020	17,928	58,678	237	24,983	10,982	2,754	13,312	680	129,554	0	129,554
Net book value at 31 March 2020 comprises :											
Purchased	17,928	54,214	237	24,983	10,909	2,754	13,299	680	125,004	0	125,004
Donated	0	4,464	0	0	73	0	13	0	4,550	0	4,550
Government Granted	0	0	0	0	0	0	0	0	0	0	0
At 31 March 2020	17,928	58,678	237	24,983	10,982	2,754	13,312	680	129,554	0	129,554
Asset Financing:											
Owned	17,928	58,542	237	24,983	10,982	2,754	13,285	680	129,391	0	129,391
Held on finance lease	0	136	0	0	0	0	27	0	163	0	163
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0	0	0
At 31 March 2020	17,928	58,678	237	24,983	10,982	2,754	13,312	680	129,554	0	129,554
The net book value of land, buildings and dwellings at 31 March 2020 comprises :											
		£000	£000	£000							
Freehold		60,301	0	60,301							
Long Leasehold		11,501	0	11,501							
Short Leasehold		5,040	0	5,040							
Total		76,842	0	76,842							

The NHS Trust Land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institution of Chartered Surveyors' Valuation Standards, 6th Edition. Trusts are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

Additional capital purchases were made in relation to the COVID-19 pandemic: £46k for the Trust's core divisions and £334k for NWSSP. Whilst NWIS had placed orders with suppliers for capital items, none were fulfilled prior to 31st March 2020. Further detail is available within note 37.2 to these accounts.

13. Property, plant and equipment :

2018-19

	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total	FHoT	Consolidated Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2018	17,751	53,144	255	12,530	29,987	4,574	24,340	1,099	143,680	0	143,680
Indexation	355	523	3	0	0	0	0	0	881	0	881
Additions - purchased	0	11,662	0	9,540	2,231	1,577	2,886	262	28,158	0	28,158
Additions - donated	0	0	0	0	0	0	15	0	15	0	15
Additions - government granted	0	0	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	469	0	(469)	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	(21)	0	0	(21)	0	(21)
Disposals other than by sale	0	(254)	0	0	(87)	(313)	(983)	(84)	(1,721)	0	(1,721)
At 31 March 2019	18,106	65,544	258	21,601	32,131	5,817	26,258	1,277	170,992	0	170,992
Depreciation											
At 1 April 2018	0	4,002	8	0	17,209	2,908	11,895	687	36,709	0	36,709
Indexation	0	31	1	0	0	0	0	0	32	0	32
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	(21)	0	0	(21)	0	(21)
Disposals other than by sale	0	(254)	0	0	(87)	(313)	(983)	(84)	(1,721)	0	(1,721)
Charged during the year	0	2,224	8	0	2,630	487	3,972	118	9,439	0	9,439
At 31 March 2019	0	6,003	17	0	19,752	3,061	14,884	721	44,438	0	44,438
Net book value											
At 1 April 2018	17,751	49,142	247	12,530	12,778	1,666	12,445	412	106,971	0	106,971
Net book value											
At 31 March 2019	18,106	59,541	241	21,601	12,379	2,756	11,374	556	126,554	0	126,554
Net book value at 31 March 2019 comprises :											
Purchased	18,106	55,008	241	21,601	12,272	2,756	11,353	556	121,893	0	121,893
Donated	0	4,533	0	0	107	0	19	0	4,659	0	4,659
Government Granted	0	0	0	0	0	0	2	0	2	0	2
At 31 March 2019	18,106	59,541	241	21,601	12,379	2,756	11,374	556	126,554	0	126,554
Asset Financing:											
Owned	18,106	59,391	241	21,601	12,378	2,756	11,326	556	126,355	0	126,355
Held on finance lease	0	150	0	0	1	0	48	0	199	0	199
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0	0	0
At 31 March 2019	18,106	59,541	241	21,601	12,379	2,756	11,374	556	126,554	0	126,554

The net book value of land, buildings and dwellings at 31 March 2019 comprises :

	£000	£000	£000
Freehold	62,181	0	62,181
Long Leasehold	11,163	0	11,163
Short Leasehold	4,544	0	4,544
Total	77,888	0	77,888

The NHS Trust Land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institution of Chartered Surveyors' Valuation Standards, 6th Edition. Trusts are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

13. Property, plant and equipment :

Disclosures:

i) Donated Assets

Velindre University NHS Trust received the following donated assets during the year:

Medical Equipment	£17,658
Total	£17,658

ii) Valuations

The Trust's land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors' Valuation Standards, 6th edition.

The Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

iii) Asset Lives

Depreciated as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

iv) Compensation

An insurance claim was submitted for the vehicle related to the Welsh Blood Service (WBS) that was "deemed beyond economical repair". The asset had a NBV of £7.4k which is shown in note 7 "Other Gains & Losses". The Trust later received an insurance payout of £5.5k.

v) Write Downs

The Trust revised the life of the assets associated with the Data centre in Blaenavon. It was agreed that the life of the assets in the hall at the time of an incident were to be reduced by an average 1 year as of 01/06/2019. Due to this action the Trust incurred an additional £1.073m depreciation charge, which was agreed by Welsh Government.

vi) The Trust does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period.

There are no assets being held for sale as at 31/03/2020. Assets that have been sold within the year are reported under note 7 "Other Gains & Losses". A brief summary of these assets can also be found below.

vii) Consultancy Services

The Trust capitalised a total of £2.614m on consultancy fees in 2019/2020. These figures are included within the additions (category dependant) in notes 13 and 14.

Gain/(Loss) on Sale

Asset description	Reason for sale	Gain/(Loss) on sale £000
WBS Vehicle	Write off	(2)
NWSSP Vehicles (13)	Assets fully depreciated	4
		<hr/>
		<hr/> 2 <hr/>

13.2 Non-current assets held for sale

	Land	Buildings, including dwellings	Other property plant and equipment	Intangible assets	Other assets	Total	FHoT assets	ConsolidatedTotal
	£000	£000	£000	£000	£000	£000	£000	£000
Balance b/f 1 April 2019	0	0	0	0	0	0	0	0
Plus assets classified as held for sale in year	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0	0	0
Balance c/f 31 March 2020	0	0	0	0	0	0	0	0
Balance b/f 1 April 2018	0	0	0	0	0	0	0	0
Plus assets classified as held for sale in year	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0	0	0
Balance c/f 31 March 2019	0	0	0	0	0	0	0	0

NWSSP own a piece of land in Denbigh that is being held for sale as 31/03/2020. In accordance with IFRS 5 the land is being held at the NBV of £5k. Given that the fair value less costs to sell is higher than the carrying value, no adjustment has been made to these accounts.

14. Intangible assets

	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	CRC Emission Trading Scheme	Total	FHoT	Consolidated Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2019	45,523	5,962	4,862	0	0	0	56,347	0	56,347
Revaluation		0			0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Additions									
- purchased	6,143	1,925	43	0	0	0	8,111	0	8,111
- internally generated	0	0	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	(3,747)	(475)	0	0	0	0	(4,222)	0	(4,222)
At 31 March 2020	47,919	7,412	4,905	0	0	0	60,236	0	60,236
Amortisation									
At 1 April 2019	35,669	2,812	2,823	0	0	0	41,304	0	41,304
Revaluation		0			0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Charged during the year	3,920	618	971	0	0	0	5,509	0	5,509
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	(3,746)	(475)	0	0	0	0	(4,221)	0	(4,221)
Accumulated amortisation at 31 March 2020	35,843	2,955	3,794	0	0	0	42,592	0	42,592
Net book value									
At 1 April 2019	9,854	3,150	2,039	0	0	0	15,043	0	15,043
Net book value									
At 31 March 2020	12,076	4,457	1,111	0	0	0	17,644	0	17,644
Net book value									
Purchased	13,214	3,309	1,111	0	0	0	17,634	0	17,634
Donated	10	0	0	0	0	0	10	0	10
Government granted	0	0	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0	0	0
At 31 March 2020	13,224	3,309	1,111	0	0	0	17,644	0	17,644

14. Intangible assets

	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	CRC Emission Trading Scheme	Total	FHoT	Consolidated Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2018	45,075	3,512	4,862	0	0	0	53,449	0	53,449
Revaluation		0			0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Additions									
- purchased	648	2,540	0	0	0	0	3,188	0	3,188
- internally generated	0	0	0	0	0	0	0	0	0
- donated	10	0	0	0	0	0	10	0	10
- government granted	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	(210)	(90)	0	0	0	0	(300)	0	(300)
At 31 March 2019	45,523	5,962	4,862	0	0	0	56,347	0	56,347
Amortisation									
At 1 April 2018	30,216	2,508	1,853	0	0	0	34,577	0	34,577
Revaluation		0			0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Charged during the year	5,663	394	970	0	0	0	7,027	0	7,027
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	(210)	(90)	0	0	0	0	(300)	0	(300)
Accumulated amortisation at 31 March 2019	35,669	2,812	2,823	0	0	0	41,304	0	41,304
Net book value At 1 April 2018	14,859	1,004	3,009	0	0	0	18,872	0	18,872
Net book value At 31 March 2019	9,854	3,150	2,039	0	0	0	15,043	0	15,043
Net book value									
Purchased	9,839	0	2,039	0	0	0	11,878	0	11,878
Donated	16	0	0	0	0	0	16	0	16
Government granted	0	0	0	0	0	0	0	0	0
Internally Generated	0	3,149	0	0	0	0	3,149	0	3,149
At 31 March 2019	9,855	3,149	2,039	0	0	0	15,043	0	15,043

14. Intangible assets

Disclosures:

i) Donated Intangible Assets

There were no intangible assets donated this year.

Intangible assets comprise of licenses for use of purchased IT software such as financial systems, internally generated IT software and various licences and trade marks.

An assessment is performed on an annual basis to determine that the assets are still available for use and that there is a continued market for their use. The fair values are based on the original cost and amortised based upon finite lives detailed below, and are as detailed in the note to the accounts.

The useful lives and amortisation rates used is 5 years and no intangible assets are assessed as having indefinite useful lives.

No intangible assets have been acquired by Government Grant.

15. Impairments

Impairments in the period arose from:	2019-20		2018-19	
	Property, plant & equipment	Intangible assets	Property, plant & equipment	Intangible assets
	£000	£000	£000	£000
Loss or damage from normal operations	0	0	0	0
Abandonment of assets in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Other	0	0	0	0
Reversal of impairment	0	0	0	0
Impairments charged to operating expenses	0	0	0	0

Analysis of impairments :

Operating expenses in Statement of Comprehensive Income	0	0	0	0
Revaluation reserve	0	0	0	0
Total	0	0	0	0
FHoT Operating expenses in SoCNI	0	0	0	0
FHoT reserves	0	0	0	0
NHS Consolidated Total	0	0	0	0

There have been no impairments during the year ended 31st March 2020.

16. Inventories**16.1 Inventories**

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Drugs	1,523	1,152	1,523	1,152
Consumables	9,034	5,719	9,034	5,719
Energy	0	0	0	0
Work in progress	0	0	0	0
Other	2,577	2,089	2,577	2,089
Total	13,134	8,960	13,134	8,960
Of which held at net realisable value:	0	0	0	0

£3.1m of the additional stock held in 2019/2020 has been purchased by NWSSP. Approximately £2.1m of this additional stock is being held in respect of Brexit, with a further £1m attributable to COVID-19 requirements across NHS Wales.

16.2 Inventories recognised in expenses

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Inventories recognised as an expense in the period	54,225	48,525	54,225	48,525
Write-down of inventories (including losses)	29	33	29	33
Reversal of write-downs that reduced the expense	0	0	0	0
Total	54,254	48,558	54,254	48,558

Velindre University NHS Trust Annual Accounts 2019-2020
17. Trade and other receivables
17.1 Trade and other receivables

	Reclassified		Reclassified	
	31 March	31 March	31 March	31 March
	2020	2019	2020	2019
	£000	£000	£000	£000
Current	NHS Trust		Consolidated	
Welsh Government	376,844	354,914	376,844	354,914
WHSSC & EASC	167	855	167	855
Welsh Health Boards	16,765	10,616	16,765	10,616
Welsh NHS Trusts	708	579	708	579
Health Education and Improvement Wales (HEIW)	259	435	259	435
Non - Welsh Trusts	56	133	56	133
Other NHS	28	59	28	59
Welsh Risk Pool Claim reimbursement:-	0	0	0	0
NHS Wales Secondary Health Sector	99	105	99	105
NHS Wales Primary Sector FLS Reimbursement	0	0	0	0
NHS Wales Redress	0	0	0	0
Other	0	0	0	0
Local Authorities	151	98	151	98
Capital debtors- Tangible	84	0	84	0
Capital debtors- Intangible	0	0	0	0
Other debtors	4,771	6,316	4,814	5,840
FHoT debtor			50	106
Provision for impairment of trade receivables	(1,809)	(1,931)	(1,809)	(1,931)
Pension Prepayments				
NHS Pensions Agency	0	0	0	0
NEST	0	0	0	0
Other prepayments	12,390	9,371	12,390	9,371
Accrued income	3,747	2,666	3,747	2,666
Sub-total	414,260	384,216	414,353	383,846
Non-current				
Welsh Government	861,947	798,646	861,947	798,646
WHSSC & EASC	0	0	0	0
Welsh Health Boards	0	0	0	0
Welsh NHS Trusts	0	0	0	0
Health Education and Improvement Wales (HEIW)	0	0	0	0
Non - Welsh Trusts	0	0	0	0
Other NHS	0	0	0	0
Welsh Risk Pool Claim reimbursement				
NHS Wales Secondary Health Sector	0	0	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0	0	0
NHS Wales Redress	0	0	0	0
Other	0	0	0	0
Local Authorities	0	0	0	0
Capital debtors- Tangible	0	0	0	0
Capital debtors- Intangible	0	0	0	0
Other debtors	0	0	0	0
FHoT debtor			0	0
Provision for impairment of trade receivables	0	0	0	0
Pension Prepayments				
NHS Pensions Agency	0	0	0	0
NEST	0	0	0	0
Other prepayments	1,015	0	1,015	0
Accrued income	0	0	0	0
Sub-total	862,962	798,646	862,962	798,646
Total trade and other receivables	1,277,222	1,182,862	1,277,315	1,182,492

The great majority of trade is with other NHS bodies. As NHS bodies are funded by Welsh Government, no credit scoring of them is considered necessary.

The value of trade receivables that are past their payment date but not impaired is £7,845,000 (£3,955,000 in 2018/2019).

2018/2019 Welsh Risk Pool debtors have been restated to show the split between secondary and primary care, and redress cases where appropriate.

Included within the Welsh Government debtor is £790k to fund NWIS COVID-19 related revenue costs.

17.2 Receivables past their due date but not impaired

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
By up to 3 months	7,242	3,209	7,242	3,209
By 3 to 6 months	486	210	486	210
By more than 6 months	117	536	117	536
Balance at end of financial year	7,845	3,955	7,845	3,955

The increase in receivables past their due date by up to 3 months but not impaired is primarily due to an increase in the stock issued to and subsequent invoices raised to other NHS Wales organisations towards the end of January and in February 2020, due to the requirements of the COVID-19 pandemic.

17.3 Expected Credit Losses (ECL) Allowance for bad and doubtful debts

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Balance at 31 March		(314)		(314)
Adjustment for Implementation of IFRS 9		(1,610)		(1,610)
Balance at 1 April	(1,931)	(1,924)	(1,931)	(1,924)
Transfer to other NHS Wales body	0	0	0	0
Provision utilised (Amount written off during the year)	143	10	143	10
Provision written back during the year no longer required	0	0	0	0
(Increase)/Decrease in provision during year	(25)	(17)	(25)	(17)
ECL/Bad debts recovered during year	4	0	4	0
Balance at end of financial year	(1,809)	(1,931)	(1,809)	(1,931)

17.4 Receivables VAT

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Trade receivables	250	62	250	62
Other	0	0	0	0
Total	250	62	250	62

18. Other financial assets

	31 March 2020 £000 NHS Trust	31 March 2019 £000	31 March 2020 £000 Consolidated	31 March 2019 £000
Current				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCI	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCI	0	0	0	0
Available for sale at FV	0	0	0	0
Total	0	0	0	0
Non-Current				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCI	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCI	0	0	4,606	5,406
Available for sale at FV	0	0	0	0
Total	0	0	4,606	5,406

19. Cash and cash equivalents

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
			Consolidated	
Opening Balance	20,949	19,893	22,384	20,937
Net change in year	(2,686)	1,056	(2,649)	1,447
Closing Balance	18,263	20,949	19,735	22,384
Made up of:				
Cash with Government Banking Service (GBS)	18,225	20,934	18,225	20,934
Cash with Commercial banks	0	0	1,472	1,435
Cash in hand	38	15	38	15
Total cash	18,263	20,949	19,735	22,384
Current investments	0	0	0	0
Cash and cash equivalents as in SoFP	18,263	20,949	19,735	22,384
Bank overdraft - GBS	0	0	0	0
Bank overdraft - Commercial banks	0	0	0	0
Cash & cash equivalents as in Statement of Cash Flows	18,263	20,949	19,735	22,384

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are:

Lease Liabilities £nil

PFI liabilities £nil

The movement relates to cash, no comparative information is required by IAS 7 in 2019/2020.

20. Trade and other payables at the SoFP Date	Reclassified		Reclassified	
	31 March	31 March	31 March	31 March
	2020	2019	2020	2019
	£000	£000	£000	£000
Current	NHS Trust		Consolidated	
Welsh Government	7,103	16	7,103	16
WHSSC & EASC	24	24	24	24
Welsh Health Boards	113,389	72,394	113,389	72,394
Welsh NHS Trusts	1,899	2,799	1,899	2,799
Health Education and Improvement Wales (HEIW)	13	0	13	0
Other NHS	415	263	415	263
Taxation and social security payable / refunds:				
Refunds of taxation by HMRC	0	0	0	0
VAT payable to HMRC	0	0	0	0
Other taxes payable to HMRC	7	1,364	7	1,364
National Insurance contributions payable to HMRC	6	1,880	6	1,880
Non-NHS trade payables - revenue	9,194	12,114	9,194	12,114
Local Authorities	192	119	192	119
Capital payables-Tangible	6,375	7,911	6,375	7,912
Capital payables- Intangible	1,299	1,956	1,299	1,956
Overdraft	0	0	0	0
FHoT payables	0	0	180	115
Rentals due under operating leases	0	0	0	0
Obligations due under finance leases and HP contracts	0	0	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0	0	0
Pensions: staff	2,483	2,268	2,483	2,268
Non NHS Accruals	21,886	17,332	21,886	17,332
Deferred Income:				
Deferred income brought forward	2,543	2,950	2,543	2,950
Deferred income additions	1,280	1,060	1,280	1,060
Transfer to/from current/non current deferred income	0	0	0	0
Released to the Income Statement	(1,838)	(1,467)	(1,838)	(1,467)
Other liabilities - all other payables	0	0	0	0
PFI assets – deferred credits	0	0	0	0
PFI - Payments on account	0	0	0	0
Sub-total	166,270	122,983	166,450	123,099

The Trust aims to pay all invoices within the 30 day period directed by the Welsh Government.

Included within the above is £857k payable by NWIS, £374k payable by NWSSP and £34k by the Trust's core divisions to suppliers for COVID-19 related costs.

2018/2019 capital payables have been reclassified and split between tangible and intangible payables.

20. Trade and other payables at the SoFP Date (cont)

	Reclassified		Reclassified	
	31 March 2020 £000 NHS Trust	31 March 2019 £000	31 March 2020 £000 Consolidated	31 March 2019 £000
Non-current				
Welsh Government	0	0	0	0
WHSSC & EASC	0	0	0	0
Welsh Health Boards	0	0	0	0
Welsh NHS Trusts	0	0	0	0
Health Education and Improvement Wales (HEIW)	0	0	0	0
Other NHS	0	0	0	0
Taxation and social security payable / refunds:				
Refunds of taxation by HMRC	0	0	0	0
VAT payable to HMRC	0	0	0	0
Other taxes payable to HMRC	0	0	0	0
National Insurance contributions payable to HMRC	0	0	0	0
Non-NHS trade payables - revenue	0	0	0	0
Local Authorities	0	0	0	0
Capital payables- Tangible	0	0	0	0
Capital payables- Intangible	0	0	0	0
Overdraft	0	0	0	0
FHoT payables			0	0
Rentals due under operating leases	0	0	0	0
Obligations due under finance leases and HP contracts	0	0	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0	0	0
Pensions: staff	0	0	0	0
Non NHS Accruals	0	0	0	0
Deferred Income:				
Deferred income brought forward	0	0	0	0
Deferred income additions	0	0	0	0
Transfer to/from current/non current deferred income	0	0	0	0
Released to the Income Statement	0	0	0	0
Other liabilities - all other payables	0	0	0	0
PFI assets –deferred credits	0	0	0	0
Payments on account	0	0	0	0
Sub-total	0	0	0	0
Total	166,270	122,983	166,450	123,099

21. Borrowings**Current**

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Bank overdraft - Government Banking Service (GBS)	0	0	0	0
Bank overdraft - Commercial bank	0	0	0	0
Loans from:				
Welsh Government	0	0	0	0
Other entities	0	0	0	0
PFI liabilities:				
Main liability	0	0	0	0
Lifecycle replacement received in advance	0	0	0	0
Finance lease liabilities	21	24	21	24
Other	0	0	0	0
Total	21	24	21	24

Non-current

Bank overdraft - GBS	0	0	0	0
Bank overdraft - Commercial bank	0	0	0	0
Loans from:				
Welsh Government	0	0	0	0
Other entities	0	0	0	0
PFI liabilities:				
Main liability	0	0	0	0
Lifecycle replacement received in advance	0	0	0	0
Finance lease liabilities	8	29	8	29
Other	0	0	0	0
Total	8	29	8	29

21.2 Loan advance/strategic assistance funding

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Amounts falling due:				
In one year or less	0	0	0	0
Between one and two years	0	0	0	0
Between two and five years	0	0	0	0
In five years or more	0	0	0	0
Sub-total	0	0	0	0
Wholly repayable within five years	0	0	0	0
Wholly repayable after five years, not by instalments	0	0	0	0
Wholly or partially repayable after five years by instalments	0	0	0	0
Sub-total	0	0	0	0
Total repayable after five years by instalments	0	0	0	0

The Trust has not received a loan advance or strategic funding from the Welsh Government.

22. Other financial liabilities

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Current				
Financial Guarantees				
At amortised cost	0	0	0	0
At fair value through SoCI	0	0	0	0
Derivatives at fair value through SoCI	0	0	0	0
Other				
At amortised cost	0	0	0	0
At fair value through SoCI	0	0	0	0
Total	0	0	0	0

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Non-current				
Financial Guarantees				
At amortised cost	0	0	0	0
At fair value through SoCI	0	0	0	0
Derivatives at fair value through SoCI	0	0	0	0
Other				
At amortised cost	0	0	0	0
At fair value through SoCI	0	0	0	0
Total	0	0	0	0

23. Provisions

2019-20

Reclassified

	At 1 April 2019	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2020
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	260,174	(32,011)	(18,252)	(41,351)	0	233,169	(74,236)	(82,810)	(279)	244,404
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	1,941	0	0	(7)	0	4,099	(1,880)	(818)	0	3,335
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	2,240	0	0	(31)	0	5,408	(2,049)	(765)	0	4,803
All other losses and special payments	1	0	0	0	0	1	0	(1)	0	1
Defence legal fees and other administration	4,641	0	0	(430)	0	3,645	(1,608)	(1,634)	0	4,614
Structured Settlements - WRPS	13,819	627	0	0	0	14,693	(13,972)	(710)	98	14,555
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	19		(6)	26	0	0	(20)	0	0	19
Restructurings	0		0	0	0	0	0	0		0
Other	908		0	0	0	537	0	(800)		645
Total	283,743	(31,384)	(18,258)	(41,793)	0	261,552	(93,765)	(87,538)	(181)	272,376
FHoT	0	0	0	0	0	0	0	0	0	0
Consolidated Total	283,743	(31,384)	(18,258)	(41,793)	0	261,552	(93,765)	(87,538)	(181)	272,376
Non Current										
Clinical negligence:-										
Secondary Care	386,660	0	0	41,163	0	63,700	(7,693)	(52,792)	0	431,038
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	1,138	(29)	(1,069)	0	40
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	300	0	0	31	0	24	0	(14)	0	341
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	2,992	0	0	625	0	1,209	(262)	(545)	0	4,019
Structured Settlements - WRPS	408,696	31,384	0	0	0	4,326	0	(17,898)	0	426,508
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	102		0	(26)	0	14	0	0	0	90
Restructurings	0		0	0	0	0	0	0		0
Other	661		0	0	0	562	0	0		1,223
Total	799,411	31,384	0	41,793	0	70,973	(7,984)	(72,318)	0	863,259
FHoT	0	0	0	0	0	0	0	0	0	0
Consolidated Total	799,411	31,384	0	41,793	0	70,973	(7,984)	(72,318)	0	863,259
TOTAL										
Clinical negligence:-										
Secondary Care	646,834	(32,011)	(18,252)	(188)	0	296,869	(81,929)	(135,602)	(279)	675,442
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	1,941	0	0	(7)	0	5,237	(1,909)	(1,887)	0	3,375
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	2,540	0	0	0	0	5,432	(2,049)	(779)	0	5,144
All other losses and special payments	1	0	0	0	0	1	0	(1)	0	1
Defence legal fees and other administration	7,633	0	0	195	0	4,854	(1,870)	(2,179)	0	8,633
Structured Settlements - WRPS	422,515	32,011	0	0	0	19,019	(13,972)	(18,608)	98	441,063
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	121		(6)	0	0	14	(20)	0	0	109
Restructurings	0		0	0	0	0	0	0		0
Other	1,569		0	0	0	1,099	0	(800)		1,868
Total	1,083,154	0	(18,258)	0	0	332,525	(101,749)	(159,856)	(181)	1,135,635
FHoT	0	0	0	0	0	0	0	0	0	0
Consolidated Total	1,083,154	0	(18,258)	0	0	332,525	(101,749)	(159,856)	(181)	1,135,635

Expected timing of cash flows:

	In year to 31 March 2021 £000	Between 01-Apr-21 to 31 March 2025 £000	Thereafter £000	Totals £000
Clinical negligence:-				
Secondary Care	244,404	303,331	127,707	675,442
Primary Care	0	0	0	0
Redress Secondary Care	3,335	40	0	3,375
Redress Primary Care	0	0	0	0
Personal injury	4,803	341	0	5,144
All other losses and special payments	1	0	0	1
Defence legal fees and other administration	4,614	4,019	0	8,633
Structured Settlements - WRPS	14,555	60,910	365,598	441,063
Pensions - former directors	0	0	0	0
Pensions - other staff	19	68	22	109
Restructuring	0	0	0	0
Other	645	1,128	95	1,868
Total	272,376	369,837	493,422	1,135,635
FHoT	0	0	0	0
Consolidated Total	272,376	369,837	493,422	1,135,635

2018/2019 clinical negligence provisions have been reclassified between secondary and primary care, and redress secondary and primary care.

23. Provisions NHS Trust
2019-20

Reclassified

	At 1 April 2019	Structured settlement cases transferr-ed to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2020
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-										
Secondary Care	0	0	0	0	0	114	(114)	0	0	0
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	15	0	0	0	0	0	0	(15)	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	1	0	0	0	0	8	(8)	(1)	0	0
All other losses and special payments	1	0	0	0	0	1	0	(1)	0	1
Defence legal fees and other administration	22	0	0	0	0	106	(14)	(43)	0	71
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	19		(6)	26	0	0	(20)	0	0	19
Restructurings	0		0	0	0	0	0	0		0
Other	908		0	0	0	537	0	(800)		645
Total	966	0	(6)	26	0	766	(156)	(860)	0	736
FHoT	0	0	0	0	0	0	0	0	0	0
Consolidated Total	966	0	(6)	26	0	766	(156)	(860)	0	736
Non Current										
Clinical negligence:-										
Secondary Care	0	0	0	0	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0	0	0	0
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	102		0	(26)	0	14	0	0	0	90
Restructurings	0		0	0	0	0	0	0		0
Other	661		0	0	0	562	0	0		1,223
Total	763	0	0	(26)	0	576	0	0	0	1,313
FHoT	0	0	0	0	0	0	0	0	0	0
Consolidated Total	763	0	0	(26)	0	576	0	0	0	1,313
TOTAL										
Clinical negligence:-										
Secondary Care	0	0	0	0	0	114	(114)	0	0	0
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	15	0	0	0	0	0	0	(15)	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	1	0	0	0	0	8	(8)	(1)	0	0
All other losses and special payments	1	0	0	0	0	1	0	(1)	0	1
Defence legal fees and other administration	22	0	0	0	0	106	(14)	(43)	0	71
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	121		(6)	0	0	14	(20)	0	0	109
Restructurings	0		0	0	0	0	0	0		0
Other	1,569		0	0	0	1,099	0	(800)		1,868
Total	1,729	0	(6)	0	0	1,342	(156)	(860)	0	2,049
FHoT	0	0	0	0	0	0	0	0	0	0
Consolidated Total	1,729	0	(6)	0	0	1,342	(156)	(860)	0	2,049
Expected timing of cash flows:										
	In year to 31 March 2021 £000	Between 01-Apr-21 to 31 March 2025 £000	Thereafter £000	Totals £000						
Clinical negligence:-										
Secondary Care	0	0	0	0						
Primary Care	0	0	0	0						
Redress Secondary Care	0	0	0	0						
Redress Primary Care	0	0	0	0						
Personal injury	0	0	0	0						
All other losses and special payments	1	0	0	1						
Defence legal fees and other administration	71	0	0	71						
Structured Settlements - WRPS	0	0	0	0						
Pensions - former directors	0	0	0	0						
Pensions - other staff	19	68	22	109						
Restructuring	0	0	0	0						
Other	645	1,128	95	1,868						
Total	736	1,196	117	2,049						
FHoT	0	0	0	0						
Consolidated Total	736	1,196	117	2,049						

2018/2019 clinical negligence provisions have been reclassified between secondary and primary care, and redress secondary and primary care.

23. Provisions WRP
2019-20

Reclassified

	At 1 April 2019	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2020
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	260,173	(32,011)	(18,252)	(41,351)	0	233,199	(74,157)	(82,810)	(279)	244,512
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	1,940	0	0	(7)	0	4,099	(1,894)	(803)	0	3,335
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	2,239	0	0	(31)	0	5,400	(2,041)	(764)	0	4,803
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	4,620	0	0	(430)	0	3,726	(1,657)	(1,591)	0	4,668
Structured Settlements - WRPS	13,819	627	0	0	0	14,693	(13,972)	(710)	98	14,555
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
Restructurings	0		0	0	0	0	0	0		0
Other	0		0	0	0	0	0	0		0
Total	282,791	(31,384)	(18,252)	(41,819)	0	261,117	(93,721)	(86,678)	(181)	271,873
FHoT	0	0	0	0	0	0	0	0	0	0
Consolidated Total	282,791	(31,384)	(18,252)	(41,819)	0	261,117	(93,721)	(86,678)	(181)	271,873
Non Current										
Clinical negligence:-										
Secondary Care	386,660	0	0	41,163	0	63,700	(7,693)	(52,792)	0	431,038
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	1,138	(29)	(1,069)	0	40
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	300	0	0	31	0	24	0	(14)	0	341
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	2,992	0	0	626	0	1,209	(262)	(545)	0	4,020
Structured Settlements - WRPS	408,696	31,384	0	0	0	4,326	0	(17,898)	0	426,508
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
Restructurings	0		0	0	0	0	0	0		0
Other	0		0	0	0	0	0	0		0
Total	798,648	31,384	0	41,820	0	70,397	(7,984)	(72,318)	0	861,947
FHoT	0	0	0	0	0	0	0	0	0	0
Consolidated Total	798,648	31,384	0	41,820	0	70,397	(7,984)	(72,318)	0	861,947
TOTAL										
Clinical negligence:-										
Secondary Care	646,833	(32,011)	(18,252)	(188)	0	296,899	(81,850)	(135,602)	(279)	675,550
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	1,940	0	0	(7)	0	5,237	(1,923)	(1,872)	0	3,375
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	2,539	0	0	0	0	5,424	(2,041)	(778)	0	5,144
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	7,612	0	0	196	0	4,935	(1,919)	(2,136)	0	8,688
Structured Settlements - WRPS	422,515	32,011	0	0	0	19,019	(13,972)	(18,608)	98	441,063
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
Restructurings	0		0	0	0	0	0	0		0
Other	0		0	0	0	0	0	0		0
Total	1,081,439	0	(18,252)	1	0	331,514	(101,705)	(158,996)	(181)	1,133,820
FHoT	0	0	0	0	0	0	0	0	0	0
Consolidated Total	1,081,439	0	(18,252)	1	0	331,514	(101,705)	(158,996)	(181)	1,133,820

Expected timing of cash flows:

	In year to 31 March 2021 £000	Between 01-Apr-21 to 31 March 2025 £000	Thereafter £000	Totals £000
Clinical negligence:-				
Secondary Care	244,512	303,331	127,707	675,550
Primary Care	0	0	0	0
Redress Secondary Care	3,335	40	0	3,375
Redress Primary Care	0	0	0	0
Personal injury	4,803	341	0	5,144
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	4,668	4,020	0	8,688
Structured Settlements - WRPS	14,555	60,909	365,599	441,063
Pensions - former directors	0	0	0	0
Pensions - other staff	0	0	0	0
Restructuring	0	0	0	0
Other	0	0	0	0
Total	271,873	368,641	493,306	1,133,820
FHoT	0	0	0	0
Consolidated Total	271,873	368,641	493,306	1,133,820

The provisions relate to amounts over £25,000 in respect of ongoing claims against the NHS in Wales, the outcome of which will not be determined until the case has been finalised.

Timings of cashflow have been profiled to match total current liabilities. However, the total will include cases which may settle with a structured settlement, so the underlying cashflows will be over a number of years. Also, there can be delays in settlement dates anticipated for next year which will further impact the cash flow timings.

2018/2019 clinical negligence provisions have been reclassified between secondary and primary care, and redress secondary and primary care.

23. Provisions (continued)

2018-19

NHS Trust and Welsh Risk Pool

	At 1 April 2018	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2019
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	258,701	(65,119)	(2,819)	76,292	0	184,678	(85,387)	(103,568)	(2,604)	260,174
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	4,455	(2,514)	0	0	1,941
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	6,672	0	0	(18)	0	4,073	(4,862)	(3,625)	0	2,240
All other losses and special payments	0	0	0	0	0	1	0	0	0	1
Defence legal fees and other administration	4,543	0	0	579	0	3,090	(1,189)	(2,382)	0	4,641
Structured Settlements - WRPS	11,187	2,148	0	0	0	13,372	(12,054)	(439)	(395)	13,819
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	20		(7)	25	0	0	(19)	0	0	19
Restructurings	0		0	0	0	0	0	0		0
Other	743		0	0	0	999	(834)	0		908
Total	281,866	(62,971)	(2,826)	76,878	0	210,668	(106,859)	(110,014)	(2,999)	283,743
FHoT	0	0	0	0	0	0	0	0	0	0
Consolidated Total	281,866	(62,971)	(2,826)	76,878	0	210,668	(106,859)	(110,014)	(2,999)	283,743
Non Current										
Clinical negligence:-										
Secondary Care	420,776	0	0	(76,488)	0	53,662	(3,446)	(7,844)	0	386,660
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	6	0	0	(6)	0	300	0	0	0	300
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	3,178	0	0	(359)	0	644	(104)	(367)	0	2,992
Structured Settlements - WRPS	358,279	62,971	0	0	0	4,024	0	(16,578)	0	408,696
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	132		0	(25)	0	(5)	0	0	0	102
Restructurings	0		0	0	0	0	0	0		0
Other	283		0	0	0	378	0	0		661
Total	782,654	62,971	0	(76,878)	0	59,003	(3,550)	(24,789)	0	799,411
FHoT	0	0	0	0	0	0	0	0	0	0
Consolidated Total	782,654	62,971	0	(76,878)	0	59,003	(3,550)	(24,789)	0	799,411
TOTAL										
Clinical negligence:-										
Secondary Care	679,477	(65,119)	(2,819)	(196)	0	238,340	(88,833)	(111,412)	(2,604)	646,834
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	4,455	(2,514)	0	0	1,941
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	6,678	0	0	(24)	0	4,373	(4,862)	(3,625)	0	2,540
All other losses and special payments	0	0	0	0	0	1	0	0	0	1
Defence legal fees and other administration	7,721	0	0	220	0	3,734	(1,293)	(2,749)	0	7,633
Structured Settlements - WRPS	369,466	65,119	0	0	0	17,396	(12,054)	(17,017)	(395)	422,515
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	152		(7)	0	0	(5)	(19)	0	0	121
Restructurings	0		0	0	0	0	0	0		0
Other	1,026		0	0	0	1,377	(834)	0		1,569
Total	1,064,520	0	(2,826)	0	0	269,671	(110,409)	(134,803)	(2,999)	1,083,154
FHoT	0	0	0	0	0	0	0	0	0	0
Consolidated Total	1,064,520	0	(2,826)	0	0	269,671	(110,409)	(134,803)	(2,999)	1,083,154

2018/2019 clinical negligence provisions have been reclassified between secondary and primary care, and redress secondary and primary care.

24 Contingencies

24.1 Contingent liabilities

Provision has not been made in these accounts for the following amounts:

	Reclassified		Reclassified	
	31 March	31 March	31 March	31 March
	2020	2019	2020	2019
	£000	£000	£000	£000
	NHS Trust		Consolidated	
Legal claims for alleged medical or employer negligence;			0	
Secondary care	1,097,725	936,248	1,097,725	936,248
Primary Care	71	0	71	0
Secondary care - Redress	1,174	0	1,174	0
Primary Care - Redress	0	0	0	0
Doubtful debts	0	0	0	0
Equal pay cases	0	0	0	0
Defence costs	0	0	0	0
Other: Damage to third party equipment	1,020	117	1,020	117
Total value of disputed claims	1,099,990	936,365	1,099,990	936,365
Amount recovered under insurance arrangements in the event of these claims being successful	(1,099,883)	(936,133)	(1,099,883)	(936,133)
Net contingent liability	107	232	107	232

Other litigation claims could arise in the future due to known incidents. The expenditure which may arise from such claims cannot be determined and no provision has been made for them.

Liability for Permanent Injury Benefit under the NHS Injury Benefit Scheme lies with the employer. Individual claims to the NHS Pensions Agency could arise due to known incidents.

Contingent liabilities includes claims relating to alleged clinical negligence, personal injury and permanent injury benefits under the NHS Injury Benefits Scheme. The above figures include contingent liabilities for all Health Bodies in Wales. They also include a liability for damage to equipment which is included in a claim NWIS are making (see note 24.3 contingent assets below).

From 2019/2020 legal claims for alleged medical or employer negligence claims are analysed separately between primary and secondary care, and also for redress claims. The 2018/2019 values shown in the table above have been reviewed and only relate to secondary care (non redress) cases.

Pensions tax annual allowance - Scheme Pays arrangements 2019/2020

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that:

- clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-2020 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement;
- The Trust will then pay them a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

This scheme will be fully funded by the Welsh Government with no net cost to the Trust. Clinical staff have until 31 July 2021 to opt for this scheme and the ability to make changes up to 31 July 2024.

Using information provided by the Government Actuaries Department and the NHS Business Services Authority, a national average discounted value per nomination (calculated at £3,345) could be used by NHS bodies to estimate a local provision by multiplying it by the number of staff expected to take up the offer.

At the date of approval of these accounts, there was no evidence of take-up of the scheme by our clinical staff in 2019/2020 and no information was available to enable a reasonable assessment of future take up to be made. As no reliable estimate can therefore be made to support the creation of a provision at 31 March 2020, the existence of an unquantified contingent liability is instead disclosed.

24.2. Remote contingent liabilities

	31 March	31 March	31 March	31 March
	2020	2019	2020	2019
	£000	£000	£000	£000
	NHS Trust		Consolidated	
Guarantees	0	0	0	0
Indemnities	38,006	17,465	38,006	17,465
Letters of comfort	0	0	0	0
Total	38,006	17,465	38,006	17,465

24.3 Contingent assets

	31 March	31 March	31 March	31 March
	2020	2019	2020	2019
	£000	£000	£000	£000
	NHS Trust		Consolidated	
Damage to equipment	2,821	0	2,821	0

0	0	0	0
0	0	0	0
2,821	0	2,821	0

The above contingent asset relates to a claim being made by NWIS for damage to equipment. Associated with this is a claim being made against NWIS by a third party which is shown as a contingent liability in note 24.1 above.

25. Capital commitments

Commitments under capital expenditure contracts at the statement of financial position sheet date were:

	31 March	31 March	31 March	31 March
	2020	2019	2020	2019
	NHS Trust		Consolidated	
	£000	£000	£000	£000
Property, plant and equipment	6,406	904	6,406	904
Intangible assets	2,842	2,678	2,842	2,678
Total	9,248	3,582	9,248	3,582

26. Losses and special payments

Losses and special payments are charged to the Income statement in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out or written-off during the financial year

	Amounts paid out during year to 31 March 2020	
	Number	£
Clinical negligence	331	66,827,409
Personal injury	32	1,169,944
All other losses and special payments	349	1,874,601
Total	712	69,871,954

Analysis of cases:

Case Reference	Number	Case Type	Amounts paid out in year	Cumulative amount
Cases where cumulative amount exceeds £300,000			£	£
Aneurin Bevan UHB	7	Clinical Negligence	4,299,898	4,299,898
Betsi Cadwaladr UHB	12	Clinical Negligence	10,290,889	12,304,262
Cardiff & Vale UHB	9	Clinical Negligence	17,213,712	21,680,743
Cwm Taf Morgannwg UHB	3	Clinical Negligence	1,130,730	1,130,730
Hywel Dda UHB	5	Clinical Negligence	2,583,207	3,028,063
Powys THB	0		0	0
Swansea Bay UHB	8	7 x Clinical Negligence; 1 x Damage to Property	8,019,423	13,719,424
Public Health Wales NHST	2	Clinical Negligence	2,130,098	2,130,098
Velindre UNHST	0		0	0
Welsh Ambulance Service NHST	0		0	0
Health Education & Improvement Wales	0		0	0
Sub-total	46		45,667,957	58,293,218
All other cases	666		24,203,997	109,618,449
Total cases	712		69,871,954	167,911,667

26.2 Velindre NHS Trust excluding WRP Losses and special payments

Losses and special payments are charged to the Income statement in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out or written-off during the financial year

	Amounts paid out during year to 31 March 2020	
	Number	£
Clinical negligence	0	0
Personal injury	1	7,647
All other losses and special payments	116	159,077
Total	117	166,724

Analysis of cases:

Case Reference	Number	Case Type	Amounts paid out in year	Cumulative amount
Cases where cumulative amount exceeds £300,000			£	£
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
Sub-total	0		0	0
All other cases	117		166,724	166,724
Total cases	117		166,724	166,724

26. 3 WRP Losses and special payments

Losses and special payments are charged to the Income statement in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out or written-off during the financial year

	Amounts paid out during year to 31 March 2020	
	Number	£
Clinical negligence	331	66,827,409
Personal injury	31	1,162,297
All other losses and special payments	233	1,715,524
Total	595	69,705,230

Analysis of cases:

Case Reference	Number	Case Type	Amounts paid out in year	Cumulative amount
Cases where cumulative amount exceeds £300,000			£	£
Aneurin Bevan UHB	7	Clinical Negligence	4,299,898	4,299,898
Betsi Cadwaladr UHB	12	Clinical Negligence	10,290,889	12,304,262
Cardiff & Vale UHB	9	Clinical Negligence	17,213,712	21,680,743
Cwm Taf Morgannwg UHB	3	Clinical Negligence	1,130,730	1,130,730
Hywel Dda UHB	5	Clinical Negligence	2,583,207	3,028,063
Powys THB	0		0	0
Swansea Bay UHB	8	7 x Clinical Negligence; 1 x Damage to Property	8,019,423	13,719,424
Public Health Wales NHST	2	Clinical Negligence	2,130,098	2,130,098
Velindre UNHST	0		0	0
Welsh Ambulance Service NHST	0		0	0
Health Education & Improvement Wales	0		0	0
Sub-total	46		45,667,957	58,293,218
All other cases	549		24,037,273	109,451,726
Total cases	595		69,705,230	167,744,944

27. Finance leases**27.1 Finance leases obligations (as lessee)**

Velindre University NHS Trust leases certain items of plant and equipment, which are mainly printers, under finance leases. The average lease term is 5 years. All leases are on a fixed repayment basis and no arrangements have been entered into for contingent rental payments.

The fair value of Velindre University NHS Trust's lease obligations is approximately equal to their carrying amount. Velindre University NHS Trust's obligation under finance leases are secured by the lessors' rights over the leased assets disclosed in note 13.

Amounts payable under finance leases:

LAND	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Minimum lease payments				
Within one year	0	0	0	0
Between one and five years	0	0	0	0
After five years	0	0	0	0
Less finance charges allocated to future periods	0	0	0	0
Minimum lease payments	0	0	0	0
Included in:				
Current borrowings	0	0	0	0
Non-current borrowings	0	0	0	0
Total	0	0	0	0
Present value of minimum lease payments				
Within one year	0	0	0	0
Between one and five years	0	0	0	0
After five years	0	0	0	0
Total present value of minimum lease payments	0	0	0	0
Included in:				
Current borrowings	0	0	0	0
Non-current borrowings	0	0	0	0
Total	0	0	0	0

27.1 Finance leases obligations (as lessee) continued**Amounts payable under finance leases:****BUILDINGS**

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Minimum lease payments				
Within one year	0	0	0	0
Between one and five years	0	0	0	0
After five years	0	0	0	0
Less finance charges allocated to future periods	0	0	0	0
Minimum lease payments	0	0	0	0
Included in: Current borrowings	0	0	0	0
Non-current borrowings	0	0	0	0
Total	0	0	0	0
Present value of minimum lease payments				
Within one year	0	0	0	0
Between one and five years	0	0	0	0
After five years	0	0	0	0
Total present value of minimum lease payments	0	0	0	0
Included in: Current borrowings	0	0	0	0
Non-current borrowings	0	0	0	0
Total	0	0	0	0

OTHER

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Minimum lease payments				
Within one year	21	26	21	26
Between one and five years	9	30	9	30
After five years	0	0	0	0
Less finance charges allocated to future periods	(1)	(3)	(1)	(3)
Minimum lease payments	29	53	29	53
Included in: Current borrowings	21	24	21	24
Non-current borrowings	8	29	8	29
Total	29	53	29	53
Present value of minimum lease payments				
Within one year	21	24	21	24
Between one and five years	9	29	9	29
After five years	(1)	0	(1)	0
Total present value of minimum lease payments	29	53	29	53
Included in: Current borrowings	21	24	21	24
Non-current borrowings	8	29	8	29
Total	29	53	29	53

27.2 Finance lease receivables (as lessor)

The Trust has no finance lease receivables.

Amounts receivable under finance leases:

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Gross investment in leases				
Within one year	0	0	0	0
Between one and five years	0	0	0	0
After five years	0	0	0	0
Less finance charges allocated to future periods	0	0	0	0
Present value of minimum lease payments	0	0	0	0
Included in:				
Current borrowings	0	0	0	0
Non-current borrowings	0	0	0	0
Total	0	0	0	0
Present value of minimum lease payments				
Within one year	0	0	0	0
Between one and five years	0	0	0	0
After five years	0	0	0	0
Less finance charges allocated to future periods	0	0	0	0
Total present value of minimum lease payments	0	0	0	0
Included in:				
Current borrowings	0	0	0	0
Non-current borrowings	0	0	0	0
Total	0	0	0	0

27.3 Finance Lease Commitment

The Trust does not have any commitments becoming operational in a future period.

28. Private finance transactions

Private Finance Initiatives (PFI) / Public Private Partnerships (PPP)

The Trust has no PFI or PPP Schemes.

29. Financial Risk Management

IFRS 7, Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

NHS Trusts are not exposed to the degree of financial risk faced by business entities. Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. NHS Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing NHS Trusts in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust treasury activity is subject to review by the Trust's internal auditors.

Liquidity risk

The Trust's net operating costs are incurred under annual service agreements with various Health bodies, which are financed from resources voted annually by parliament. NHS Trusts also largely finance their capital expenditure from funds made available from the Welsh Government under agreed borrowing limits. NHS Trusts are not, therefore, exposed to significant liquidity risks.

Interest-rate risks

The great majority of NHS Trust's financial assets and financial liabilities carry nil or fixed rates of interest. NHS Trusts are not, therefore, exposed to significant interest-rate risk.

Foreign currency risk

NHS Trusts have no or negligible foreign currency income or expenditure and therefore are not exposed to significant foreign currency risk.

Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures are in receivables from customers as disclosed in the trade and other receivables note.

General

The powers of the Trust to invest and borrow are limited. The Board has determined that in order to maximise income from cash balances held, any balance of cash which is not required will be invested. The Trust does not borrow from the private sector. All other financial instruments are held for the sole purpose of managing the cash flow of the Trust on a day to day basis or arise from the operating activities of the Trust. The management of risks around these financial instruments therefore relates primarily to the Trust's overall arrangements for managing risks to their financial position, rather than the Trust's treasury management procedures.

30. Movements in working capital

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Movements in working capital				
(Increase) / decrease in inventories	(4,174)	(2,937)	(4,174)	(2,937)
(Increase) / decrease in trade and other receivables - non-current	(64,316)	(16,407)	(64,316)	(16,135)
(Increase) / decrease in trade and other receivables - current	(30,044)	(6,396)	(30,507)	(5,986)
Increase / (decrease) in trade and other payables - non-current	0	0	0	0
Increase / (decrease) in trade and other payables - current	43,287	9,751	43,351	9,677
Total	(55,247)	(15,989)	(55,646)	(15,381)
Adjustment for accrual movements in fixed assets - creditors	2,193	(2,639)	2,194	(2,640)
Adjustment for accrual movements in fixed assets - debtors	84	(153)	84	(153)
Other adjustments	316	1,388	519	1,402
Total	(52,654)	(17,393)	(52,849)	(16,772)

31. Other cash flow adjustments

	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
	NHS Trust		Consolidated	
Other cash flow adjustments				
Depreciation	11,677	9,439	11,677	9,439
Amortisation	5,509	7,027	5,509	7,027
(Gains)/Loss on Disposal	0	0	0	0
Impairments and reversals	0	0	0	0
Release of PFI deferred credits	0	0	0	0
Donated assets received credited to revenue but non-cash	(18)	(24)	(18)	(24)
Government Grant assets received credited to revenue but non-cash	0	0	0	0
Non-cash movements in provisions	154,230	129,043	154,230	129,043
Total	171,398	145,485	171,398	145,485

32. Events after reporting period

The need to plan and respond to the Covid-19 pandemic has impacted significantly on the Trust, wider NHS and society as a whole. This has required a dynamic response which has presented a number of opportunities in addition to risks. The need to respond and recover from the pandemic will be with the Trust and wider society throughout 2020/2021 and beyond, and the Trust's Governance Framework will need to consider and respond to this need on an on-going basis.

33. Related Party transactions

The Trust is a body corporate established by order of the Welsh Minister for Health and Social Services.

The Welsh Government is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely:

	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	15,287	239,041	7,103	1,238,790
WHSSC	96	46,720	24	167
Aneurin Bevan UHB	12,748	40,611	13,441	2,903
Betsi Cadwaladr UHB	18,801	21,808	14,264	1,905
Cardiff and Vale UHB	26,838	34,826	23,201	5,696
Cwm Taf Morgannwg UHB	8,347	30,214	32,773	2,648
Hywel Dda UHB	7,998	13,561	19,049	1,525
Powys THB	667	3,143	492	173
Swansea Bay UHB	17,195	17,564	10,169	1,915
Public Health Wales NHS Trust	2,956	4,643	788	491
Welsh Ambulance Service NHS Trust	1,478	1,845	1,021	217
Health Education & Improvement Wales	76	24,717	13	259
Welsh Risk Pool	0	0	0	99
Welsh Local Authorities	2,630	13	192	151
City Hospice	3	220	3	22
Cardiff University	2,181	17	238	87
Swansea University	174	48	23	11
Cardiff Metropolitan University	25	0	1	0
University of South Wales	292	5	46	1
University of Wales	170	0	15	0
Bangor University	0	0	5	0
Glyndwr University	0	0	0	0
Other	0	0	0	0
	117,962	478,996	122,861	1,257,060

In addition, the Trust has had a number of material transactions with other Government departments and other central and local Government bodies. The majority of these transactions have been with universities as disclosed above; other transactions include payments to English, Scottish and Irish NHS organisations amounting to £2,217,062 (2018/2019 £493,181); of this total £1,310,014 related to an English Trust that provides a lease car salary sacrifice scheme to Trust employees.

The Trust Board is the corporate trustee of Velindre University NHS Trust Charitable Funds. During the year the Trust received £2,143,000 (2018/2019 £2,762,000) from Velindre University NHS Trust Charitable Funds.

Transactions with City Hospice have been disclosed as an Independent Member of the Trust was a Trustee of City Hospice for part of the 2019/2020 financial year, and the transactions are deemed to be of a material value to City Hospice.

The Welsh Government receipts exclude £4,522,000 that relates to Public Dividend Capital (PDC) received during 2019/2020 (2018/2019 £14,894,000).

34. Third party assets

The Trust held £nil cash at bank and in hand at 31 March 2020 (31 March 2019, £nil) which relates to monies held by the Trust on behalf of patients. Cash held in Patient's Investment Accounts amounted to £nil at 31 March 2020 (31 March 2019, £nil).

35. Pooled budgets

Velindre University NHS Trust has no pooled budgets.

Velindre University NHS Trust Annual Accounts 2019-2020

36. Operating Segments

IFRS 8 requires organisations to report information about each of its operating segments.

36. Operating Segments

	VELINDRE		NWIS		NWSSP		WRP		TOTAL		FHOT		ELIMINATIONS		CONSOLIDATED	
	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Operating Revenue																
Segmental Income	148,916	127,487	88,461	70,790	162,088	196,130	172,521	130,638	571,986	525,045	2,799	3,323	(2,143)	(2,762)	572,642	525,606
	148,916	127,487	88,461	70,790	162,088	196,130	172,521	130,638	571,986	525,045	2,799	3,323	(2,143)	(2,762)	572,642	525,606
Operating Expenses	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Welsh Government	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WHSC & EASC	0	0	0	0	0	37	0	0	0	37	0	0	0	0	0	37
Local Health Boards	299	291	3,978	1,646	3,650	3,735	0	0	7,927	5,672	0	0	0	0	7,927	5,672
Welsh NHS Trusts	0	0	152	163	70	168	0	0	222	331	0	0	0	0	222	331
Other NHS Trusts	0	0	0	0	495	0	0	0	495	0	0	0	0	0	495	0
Goods and services from other NHS bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Purchase of healthcare from non-NHS bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Welsh Local Authorities	0	27	75	40	0	0	0	0	75	67	0	0	0	0	75	67
Other Local Authorities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Directors' costs	1,280	1,098	0	0	0	0	0	0	1,280	1,098	0	0	0	0	1,280	1,098
Staff costs	66,112	54,322	31,338	27,906	83,955	77,225	0	0	181,405	159,453	0	0	0	0	181,405	159,453
Supplies and services - clinical	62,112	53,473	18	21	521	490	0	0	62,651	53,984	0	0	0	0	62,651	53,984
Supplies and services - general	790	592	203	263	48,008	40,805	0	0	49,001	41,660	0	0	0	0	49,001	41,660
Consultancy Services	697	313	2,067	1,109	836	336	0	0	3,600	1,758	0	0	0	0	3,600	1,758
Establishment	2,523	2,342	7,218	4,912	6,073	7,315	0	0	15,814	14,569	0	0	0	0	15,814	14,569
Transport	967	928	23	15	1,339	1,286	0	0	2,329	2,229	0	0	0	0	2,329	2,229
Premises	7,297	6,493	35,555	26,897	9,863	8,710	0	0	52,715	42,100	0	0	0	0	52,715	42,100
Costs of generating funds	0	0	0	0	0	0	0	0	0	0	518	743	(233)	(192)	285	551
Charitable activities	0	0	0	0	0	0	0	0	0	0	2,175	2,935	(1,810)	(2,526)	365	409
Governance Costs	0	0	0	0	0	0	0	0	0	0	100	44	(100)	(44)	0	0
Impairments and Reversals of Receivables	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Depreciation	6,041	5,944	3,638	2,052	1,999	1,444	0	0	11,678	9,440	0	0	0	0	11,678	9,440
Amortisation	420	383	4,748	6,344	339	302	0	0	5,507	7,029	0	0	0	0	5,507	7,029
Impairments and reversals of property, plant and equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of financial assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of non current assets held for sale	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Audit fees	209	209	0	0	0	0	0	0	209	209	0	0	0	0	209	209
Other auditors' remuneration	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Losses, special payments and irrecoverable debts	(446)	(203)	0	0	102	61	172,702	133,637	172,358	133,495	0	0	0	0	172,358	133,495
Research and development	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other operating expenses	689	1,331	(552)	(578)	4,832	54,247	0	0	4,969	55,000	0	0	0	0	4,969	55,000
Total	148,990	127,543	88,461	70,790	162,082	196,161	172,702	133,637	572,235	528,131	2,793	3,722	(2,143)	(2,762)	572,885	529,091
Investment Revenue	109	100	0	0	0	0	0	0	109	100	150	154	0	0	259	254
Other Gains and Losses	(2)	0	0	0	4	45	0	0	2	45	0	0	0	0	2	45
Finance Costs	(2)	(3)	0	0	0	0	181	2,999	179	2,996	0	0	0	0	179	2,996
SURPLUS / (DEFICIT)	31	41	0	0	10	14	0	0	41	55	156	(245)	0	0	197	(190)

37. Other Information**37.1. 6.3% Staff Employer Pension Contributions - Notional Element** ☐

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2019 to 31 March 2020. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2019 and February 2020 alongside Trust data for March 2020.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

**STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 MARCH 2020****£'000**

Revenue from patient care activities	2019-20	7,715
Operating expenses	2019-20	7,715

3. Analysis of gross operating costs**3. Revenue from patient care activities**

Welsh Government	2019-20	2,657
Welsh Government - Hosted Bodies	2019-20	5,058

5.1 Operating expenses

Directors' costs	2019-20	76
Staff costs	2019-20	7,639

37. Other Information (continued)

37.2 COVID-19 Income and Expenditure

Towards the end of the 2019-2020 financial year, the COVID-19 pandemic required some additional financial expenditure to be incurred. This expenditure was not significant in comparison to the overall income and expenditure reported within these accounts, but is summarised below for information.

Information has also been provided within some specific notes to these accounts where appropriate.

Trust's Core Divisions

Total revenue expenditure was £34k and was funded from existing budgets with no additional funding sought or provided. The majority of this expenditure related to Personal Protective Equipment (PPE), cleaning, additional signage and additional software licences.

Capital expenditure of £46k was incurred to purchase laptops and software to enable reporting of scans within the Velindre Cancer Centre Radiology department. Funding for these items was provided by Welsh Government as an addition to the agreed 2019/2020 Capital Programme.

NHS Wales Shared Services Partnership (NWSSP)

NWSSP revenue expenditure was £648k and largely related to both pay and non pay costs incurred by the Health Courier and Procurement Services in addition to non-pay costs of PPE purchased centrally and provided to NHS Wales. £507k funding was received by Welsh Government with the remainder funded by NWSSP.

Capital expenditure of £334k was provided for ventilators that were purchased and capitalised within NWSSP. During the pandemic these are being treated as national assets to provide flexibility so that ventilators can be transferred to areas of need. Funding for these items was provided by Welsh Government as an addition to the agreed 2019/2020 Capital Programme.

NHS Wales Informatics Services (NWIS)

NWIS revenue expenditure was £857k and primarily related to additional licences and text message functionality for GPs, for which additional funding was provided by Welsh Government.

No capital orders were fulfilled by suppliers prior to 31st March 2020, so there is no capital expenditure linked to COVID-19 reported for NWIS within these accounts.

37. Other Information (continued)

37.3 IFRS 16

HM Treasury agreed with the Financial Reporting Advisory Board (FRAB), to defer the implementation of IFRS 16 Leases until 1 April 2021, because of the circumstances caused by COVID-19. To ease the pressure on NHS Wales Finance Departments the IFRS 16 detailed impact statement has been removed by the Welsh Government Health and Social Services Group, Finance Department.

The Trust expects the introduction of IFRS 16 will not have a significant impact and this will be worked through for disclosure in the 2020-2021 financial statements.

37.4 Brexit

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. The triggering of Article 50 started a two-year negotiation process between the UK and the EU. On 11 April 2019, the government confirmed agreement with the EU on an extension until 31 October 2019 at the latest, with the option to leave earlier as soon as a deal has been ratified.

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

NHS TRUSTS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2010 and subsequent financial years in respect of the NHS Wales Trusts in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the NHS Wales Trusts shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year for which the accounts are being prepared, as detailed in the NHS Wales Trust Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the Trust for the year ended 31 March 2010 and subsequent years shall comprise a foreword, an income statement, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied to the NHS Wales Manual for Accounts, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2010 and subsequent years, the account of the Trust shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated : 17.06.2010

1 Please see regulation 3 of the 2009 No 1558(W.153); NATIONAL HEALTH SERVICE, WALES; The National Health Service Trusts (Transfer of Staff, Property Rights and Liabilities)

Velindre University NHS Trust

HEAD OF INTERNAL AUDIT OPINION & ANNUAL REPORT 2019/20

June 2020

**NHS Wales Shared Services Partnership
Audit and Assurance Services**

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Report status:**Draft report issued:****Final report issued:****Author:****Executive:****Audit Committee:**

FINAL

May 2020

June 2020

Head of Internal Audit

Director of Finance & Interim

Director of Corporate Governance

25 June 2020

1. EXECUTIVE SUMMARY

1.1 Purpose of this Report

Velindre University NHS Trust's (the 'Trust' or the 'organisation') Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element in that flow of assurance is the overall assurance opinion from the Head of Internal Audit.

This report sets out the Head of Internal Audit opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance in comparison to the plan and an assessment of conformance with the Public Sector Internal Audit Standards (these are the requirements of Standard 2450).

1.2 Head of Internal Audit Opinion

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is biased towards risk and therefore the Board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement.

The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

1.3 Delivery of the Audit Plan

The Internal Audit plan has been delivered substantially in accordance with the agreed schedule, as approved by the Audit Committee. Regular audit progress reports have been submitted to the Audit Committee during the year.

Our External Quality Assessment (EQA), conducted by the Chartered Institute of Internal Auditors, and our Quality Assurance and Improvement Programme have both confirmed that our internal audit work 'generally conforms' to the requirements of the Public Sector Internal Audit Standards for 2019/20. We are now able to state that our service 'conforms to the IIA's professional standards and to PSIAS.'

1.4 Summary of Audit Assignments

This report summarises the outcomes from the Internal Audit plan undertaken in the year and recognising Internal Audit provides a continuous flow of assurance that may include the results of legacy audit work reported subsequent to the prior year opinion. The report also references assurances received through the internal audit of control systems operated by NWSSP for transaction processing on behalf of the Trust.

The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

Overall we can provide the following assurances to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the following areas:

- **Substantial Assurance** – Annual Quality Statement, Claims Reimbursement, Declarations of Interests, Gifts and Hospitality, Safeguarding and Hosted Governance – Health Technology Wales.
- **Reasonable Assurance**– Welsh Patient Administration System, Patient Safety Alerts, Welsh Blood Supply Chain 2020, Hosted Governance – NHS Wales Informatics Service, Velindre Cancer Centre Divisional Review, Welsh Blood Service Divisional Review, Sustainability Reporting, Fire Safety Follow-up, Capital Systems: Financial Safeguarding and Health and Care Standards.

Management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Annual Governance Statement where appropriate.

Please note that our assessment across each of the domains has also taken into account, where appropriate, the number and significance of any audits that have been deferred during the course of the year (see also Sections 2.4.1 and 5.7).

2. HEAD OF INTERNAL AUDIT OPINION

2.1 Roles and Responsibilities

The Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is a statement made by the Accountable Officer, on behalf of the Board, setting out:

- How the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives.
- The purpose of the system of internal control, as evidenced by a description of the risk management and review processes, including compliance with the Health & Care Standards.
- The conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's risk management process and system of assurance should bring together all of the evidence required to support the Annual Governance Statement.

In accordance with the Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through an audit plan that has been focussed on key strategic and operational risk areas and known improvement opportunities, agreed with executive management and approved by the Audit Committee, which should provide an appropriate level of assurance.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based audit work formulated around a selection of key organisational systems and risks. As such, it is a key component that the Board takes into account but is not intended to provide a comprehensive view.

The Board, through the Audit Committee, will need to consider the Internal Audit opinion together with assurances from other sources including reports issued by other review bodies, assurances given by management and other relevant information when forming a rounded picture on governance, risk management and control for completing its Governance Statement.

2.2 Purpose of the Head of Internal Audit Opinion

The purpose of my annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board of Velindre NHS Trust which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

This opinion will in turn assist the Board in the completion of its Annual Governance Statement, and may also be taken into account by regulators including Healthcare Inspectorate Wales in assessing compliance with the Health & Care Standards in Wales, and by Wales Audit Office in the context of their external audit.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

2.3 Assurance Rating System for the Head of Internal Audit Opinion

The assurance rating framework for expressing the overall audit opinion was refined in 2013/14 in consultation with key stakeholders across NHS Wales. In 2016/17, following further discussion with stakeholders, it was amended to remove the weighting given to three of the eight domains when judging the overall opinion. The framework applied in 2016/17 has been used again to guide the forming of the opinion for 2019/20.

Given the specialist nature of NHS Trusts and their associated audit plans the overall opinion is expressed in overall terms rather than at individual domain level.

The assurance rating system based upon the colour-coded barometer and applied to individual audit reports remains unchanged. The descriptive narrative used in these definitions as clarified in 2012/13 has proven effective in giving an objective and consistent measure of assurance in the context of assessed risk and associated control in those areas examined.

This same assurance rating system is applied to the overall Head of Internal Audit opinion on governance, risk management and control as to individual assignment audit reviews. The assurance rating system together with definitions is included at **Appendix D**.


The individual conclusions arising from detailed audits undertaken during the year have been summarised by the assurance ratings received. The aggregation of audit results gives a better picture of assurance to the Board and also provides a rational basis for drawing an overall audit opinion. However, please note that for presentational purposes we have shown the results using the eight assurance domains that were used to frame the audit plan at its outset (see section 2.4.2 and Appendix B).

A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

2.4 Head of Internal Audit Opinion

2.4.1 Scope of opinion

The scope of my opinion is confined to those areas examined in the risk based audit plan which has been agreed with senior management and approved by the Audit Committee. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

Reasonable assurance		<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>
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This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised. Particular focus should be placed on the agreed response to any Limited Assurance reports issued during the year and the significance of the recommendations made (of which there were none in 2019/20).

2.4.2 Basis for Forming the Opinion

The audit work undertaken during 2018/19 and reported to the Audit Committee has been aggregated at **Appendix B**.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements.
- The results of any audit work related to the Health & Care Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the Governance, Leadership and Accountability module; and
- Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3 – Other Work for details).

As stated above, these detailed results have been aggregated to build a picture of assurance across the Trust.

In reaching this opinion I have identified that the majority of reviews during the year concluded positively with robust control arrangements operating in some areas.

From the reports issued during the year, five were allocated Substantial Assurance and ten were allocated Reasonable Assurance. No reports were allocated limited or no assurance.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited or no assurance was reported. Further, where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. Where changes were made to the audit plan then the reasons were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review; the Head of Internal Audit has considered the impact of changes made to the plan when forming their overall opinion.

A summary of the findings in each of the domains as per the structure of the plan, is shown below, whilst noting the opinion for the Trust is based on an overall aggregated position.

Corporate Governance, Risk Management and Regulatory Compliance

Hosted Governance – NHS Wales Informatics Service and Health & Care Standards were each allocated Reasonable Assurance.

Substantial Assurance was given to Claims Reimbursement, Declaration of Interests, Gifts and Hospitality and Hosted Services – Health Technology Wales.

Strategic Planning, Performance Management & Reporting

The audit of Welsh Blood Supply Chain 2020 was allocated Reasonable Assurance.

Financial Governance and Management

Core financial Systems is the only audit planned within this domain and it is work in progress at the time of this report. The audit was paused due to Covid-19 pressures.

Clinical Governance Quality & Safety

The audit of Annual Quality Statement was allocated Substantial Assurance. Overall the audit found that the processes in place for the production of the Annual Quality Statement were of a good standard. The audit of Safeguarding also received a Substantial Assurance rating.

The audit of Patient Safety Alerts was allocated Reasonable Assurance.

Information Governance & IT Security

The audit of the Welsh Patient Administration System (WPAS) was allocated Reasonable Assurance.

Operational Service and Functional Management

The divisional governance audits of both the Welsh Blood Service Division Velindre Cancer Centre Division were allocated a Reasonable Assurance rating.

Workforce Management

Workforce Planning is the only audit planned within this domain and it is work in progress at the time of this report. The audit was paused due to Covid-19 pressures.

Capital & Estates Management

The audit of Environmental Sustainability Reporting received a Reasonable Assurance rating.

The audit of Estates Assurance – Fire Safety follow up concluded with Reasonable assurance demonstrating an improvement in implementing remaining recommendations from the previous audit.

Capital systems: Financial Safeguarding was allocated Reasonable Assurance.

A follow up review of the recommendations made following the audit of the new Velindre Cancer Centre project was also concluded and we reported that all actions had been addressed.

2.4.3 Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

As mentioned above the scope of the audit opinion is restricted to those areas which were the subject of audit review through the performance of the risk-based Internal Audit plan. In accordance with auditing standards and with the agreement of senior management and the Board Internal Audit work is deliberately prioritised according to risk and materiality. Accordingly the Internal Audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in the Annual Governance Statement.

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and cyclical coverage on key control systems.

2.4.4 Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to the Board and subject to the key financials and other mandated items being completed in-year the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

By previous agreement with the Trust, audit work reported to draft stage has been included in the overall assessment, all other work in progress will be rolled-forward and reported within the overall opinion for next year.

The majority of audit reviews will relate to the systems and processes in operation during 2019/20 unless otherwise stated and reflect the condition of internal controls pertaining at the point of audit assessment. Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide a limited scope update on the current condition of control and a measure of direction of travel.

There are also some specific assurance reviews which remain relevant to the reporting of the Trust's Annual Report required to be published after the year end. These specific assurance requirements relate to the following two public disclosure statements:

- Annual Quality Statement; and
- Environmental Sustainability Report.

The specified assurance work on these statements has been aligned with the timeline for production of the Trust's Annual Report and accordingly will be completed and reported to management and the Audit Committee subsequent to this Head of Internal Audit opinion. However, the Head of Internal Audit's assessment of arrangements in these areas is legitimately informed by drawing on the assurance work completed as part of this current year's plan albeit relating to the 2018/19 Annual Report and Quality Statement, together with the preliminary results of any audit work already undertaken in relation to the 2019/20 Annual Report and Quality Statement.

2.5 Required Work

There are a number of pieces of work that Welsh Government has required previously that Internal Audit should review each year, where applicable. These pieces cover aspects of:

- Health & Care Standards, including the Governance, Leadership and Accountability standard;
- Annual Governance Statement;
- Annual Quality Statement;
- Environmental Sustainability Report;
- Carbon Reduction Commitment; and
- Welsh Risk Pool.

Where appropriate, our work is reported in Section 5 – Risk based Audit Assignments and at **Appendix B**.

Please note that there are discussions ongoing with Welsh Government as to whether this work will be required in future years.

2.6 Statement of Conformance

The Welsh Government determined that the Public Sector Internal Audit Standards (PSIAS) would apply across the NHS in Wales from 2013/14.

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with PSIAS is central to our audit approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. The work of internal audit is also subject to an annual assessment by the Wales Audit Office. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute of Internal Auditors (IIA) in February and March 2018. The IIA concluded that NWSSP's Audit & Assurance Services conforms with all 64 fundamental principles and 'it is therefore appropriate for NWSSP Audit & Assurance Services to say in reports and other literature that it conforms to the IIA's professional standards and to PSIAS.'

The NWSSP Audit and Assurance Services can assure the Audit Committee that it has conducted its audit at Velindre NHS Trust in conformance with the Public Sector Internal Audit Standards for 2019/20.

Our conformance statement for 2019/20 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2018/19 which will be reported formally in the Summer of 2019;
- the results of the work completed by Wales Audit Office; and
- the results of the External Quality Assessment undertaken by the IIA.

We have set out, in **Appendix A**, the key requirements of the Public Sector Internal Audit Standards and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2019/20 QAIP report. There are no significant matters arising that need to be reported in this document.

2.7 Completion of the Annual Governance Statement

While the overall Internal Audit opinion will inform the review of effectiveness for the Annual Governance Statement the Accountable Officer and the Board need to take into account other assurances and risks when preparing their statement. These sources of assurances will have been identified within the Board's own performance management and assurance framework and will include, but are not limited to:

- direct assurances from management on the operation of internal controls through the upward chain of accountability;
- internally assessed performance against the Health & Care Standards;

- results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management;
- reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
- reviews completed by external regulation and inspection bodies including the Wales Audit Office and Healthcare Inspectorate Wales.

3. OTHER WORK IMPACTING ON THE TRUST

As our internal audit work covers all NHS organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health organisation's audit programme, will cover activities relating to other Health bodies. The Head of Internal Audit has had regard to these audits, which are listed below.

NHS Wales Shared Services Partnership (NWSSP)

As part of the Internal Audit programme at NHS Wales Shared Services Partnership (NWSSP), a hosted body of Velindre NHS Trust, a number of audits were undertaken which are relevant to the Trust. These audits of the financial systems operated by NWSSP, processing transactions on behalf of the Trust, derived the following opinion ratings:

- Procurement - Accounts Payable (Reasonable)
- Employment Services – Payroll (Reasonable)

Please note that other audits of NWSSP activities are undertaken as part of the overall NWSSP Internal Audit programme. In forming my opinion for the Trust, I have been mindful of the outcomes from the audit results from the wider NWSSP audit plan and the overall annual opinion of Reasonable Assurance that has been given by the Head of Internal Audit for NWSSP.

In addition, as part of the Internal Audit programme at Cwm Taf Morgannwg University Health Board (UHB) a number of audits were undertaken in relation to both the Welsh Health Specialist Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC). These audits are listed below and derived the following opinion ratings:

Welsh Health Specialised Services Committee

- Cardiac Review (Reasonable)
- Information Governance (Reasonable)

Emergency Ambulance Services Committee

- Non-emergency patient transport service – (no opinion given)

NHS Wales Informatics Service (NWIS)

We have also undertaken two audits relating to the processes and operations of NWIS.

- Infrastructure / Network Management (Reasonable)

- Service provision (Reasonable)
- Supplier management (Limited)
- Follow up change control (Substantial)
- GDPR – (Limited)
- Pharmacy project – (Reasonable)

While these audits do not form part of the annual plan for the Trust, they are listed here for completeness as they do impact on the Trust's activities, and the Head of Internal Audit does consider if any issues raised in the audits could impact on the content of our annual report.

Full details of the NWSSP audits are included in the NWSSP Head of Internal Audit Opinion and Annual Report, and are summarised in the Velindre NHS Trust Head of Internal Audit Opinion and Annual Report along with the NWIS audits; the WHSSC and EASC audits are detailed in the Cwm Taf Morgannwg UHB Head of Internal Audit Opinion and Annual Report

4. DELIVERY OF THE INTERNAL AUDIT PLAN

4.1 Performance against the Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit Committee during the year. Audits which remain to be reported and reflected within this Annual Report will be reported alongside audits from the 2020/21 operational audit plan.

The assignment status summary is reported at section 4 and **Appendix B**.

4.2 Service Performance Indicators

In order to be able to demonstrate the quality of the service delivered by Internal Audit, a range of service performance indicators supported by monitoring systems have been developed. These have become part of the routine reporting to the Audit Committee during 2019/20. The key performance indicators are summarised in the **Appendix C**.

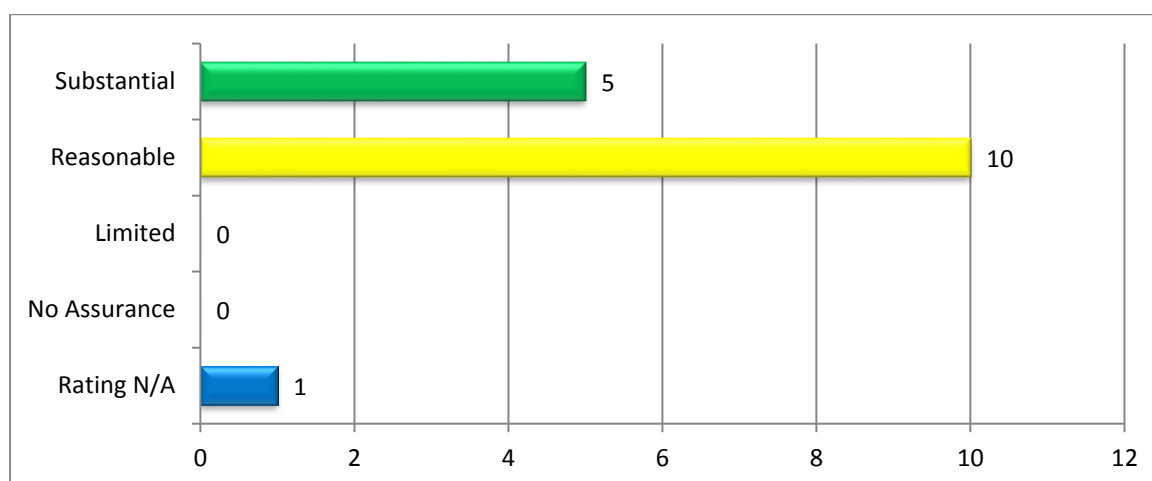
5. RISK BASED AUDIT ASSIGNMENTS

The overall opinion provided in Section 1 and our conclusions on individual areas is limited to the scope and objectives of the reviews we have undertaken, detailed information on which has been provided within the individual audit reports.

5.1 Overall summary of results

In total eighteen audits were reported during the year. Figure 1 below presents the assurance ratings and the number of audits derived for each.

Figure 1 Summary of audit ratings



The assurance ratings and definitions used for reporting audit assignments are included in **Appendix D**.

The following sections provide a summary of the scope and objective for each assignment undertaken within the year along with the assurance rating.

5.2 Substantial Assurance



In the following review areas the Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Those few matters that may require attention are compliance or advisory in nature with low impact on residual risk exposure.

Review Title	Objective
Annual Quality Statement	The overall objective of the review was to assist the Trust with accuracy checking, including the triangulation of data and evidence, before the publication of the Annual Quality Statement.
Claims Reimbursement	The purpose of this review was to provide assurance to the Audit Committee that the claims reimbursement process is in compliance with the Welsh Risk Pool Standard.
Declaration of Interests, Gifts & Hospitality	The purpose of this review was to establish if the Trust has appropriate processes in place to ensure that its employees and Independent Members practice the highest standards of conduct and behaviour.
Safeguarding	The objective of this review was to evaluate and determine the adequacy of the systems and controls in place in relation to safeguarding.
Hosted Governance – Health Technology Wales	The overall objective of this review was to assess the adequacy of internal control and governance processes in place within Health Technology Wales.

5.3 Reasonable Assurance



In the following review areas the Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
Welsh Patient Administration System (WPAS)	The overall objective of this review was to provide assurance to the Trust that arrangements are in place for appropriate management of the WPAS project in order to enable the successful implementation of the system.
Patient Safety Alerts	The objective of this review was to evaluate and determine the adequacy of the systems and control in place in relation to Patient Safety Alerts.
Welsh Blood Supply Chain 2020	<p>The overall objective of this review was to assess the adequacy of internal control and governance processes in place for the Initiative.</p> <p>The scope of the audit was limited to a high level review for the objectives with a small sample of testing undertaken within the governance structures and work streams selected.</p>
Hosted Governance – NHS Wales Informatics Service	<p>The overall objective of this review was to assess the adequacy of internal control and governance processes in place within NWIS.</p> <p>The scope of the audit was limited to a high level review with limited testing undertaken within the workforce and financial management objectives.</p>

Review Title	Objective
Velindre Cancer Centre Divisional Review	The objective of this audit was to assess the adequacy of a sample of internal control and governance processes in place within the Velindre Cancer Centre.
Welsh Blood Service Divisional Review	The objective of the audit was to assess the adequacy of a sample of internal control and governance processes in place within the Welsh Blood Service.
Health and Care Standards (Draft)	The overall objective of this review was to ensure that the Trust has adequate procedures in place to ensure that it is operating in accordance with the Standards and that appropriate self-assessment against the Standards is undertaken.
Sustainability Reporting	The overall objective of this review was to assess the adequacy of management arrangements for the production of the Sustainability Report within the Annual Report.
Estates Assurance – Fire Safety Follow-up (Draft)	The objective of this audit was to follow-up remaining recommendations from our original 2017/18 audit which received a Limited Assurance rating.
Capital Systems: Financial Safeguarding (Draft)	This review sought to affirm that there were effective controls and systems operating to deter and safeguard against potential fraud within the capital, estates and facilities function.

5.4 Limited Assurance



There are no audited areas in which the Board can take only **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

5.5 No Assurance



There are no audited areas in which the Board has **no assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively, or where action remains to be taken to address the whole control framework with high impact on residual risk exposure until resolved.

5.6 Assurance Not Applicable

There were no audits undertaken as part of the audit plan and reported or closed by correspondence without the standard assurance rating indicator, owing to the nature of the audit approach.

Review Title	Objective
New Velindre Cancer Centre follow up	The objective of this review was to confirm if actions from the original audit had been completed and we reported that this was the case.

Additionally, the audits of Core Financial Systems, Workforce Planning and Water Safety were paused due to Covid-19 pressures and remained work in progress at the time of this report. The work undertaken to date does not highlight any issues that impact upon this Annual Opinion.

6. ACKNOWLEDGEMENT

In closing I would like to acknowledge the time and co-operation given by directors and staff of the Trust to support delivery of the Internal Audit assignments undertaken within the 2019/20 plan.

James Quance

Head of Internal Audit

Audit and Assurance Services

NHS Wales Shared Services Partnership

May 2020

ATTRIBUTE STANDARDS:	
1000 Purpose, authority and responsibility	Internal Audit arrangements are derived ultimately from the NHS organisation's Standing orders and Financial Instructions. These arrangements are embodied in the Internal Audit Charter adopted by the Audit Committee on an annual basis.
1100 Independence and objectivity	Appropriate structures and reporting arrangements are in place. Internal Audit does not have any management responsibilities. Internal audit staff are required to declare any conflicts of interests. The Head of Internal Audit has direct access to the Chief Executive and Audit Committee chair.
1200 Proficiency and due professional care	Staff are aware of the Public Sector Internal Audit Standards and code of ethics. Appropriate staff are allocated to assignments based on knowledge and experience. Training and Development exist for all staff. The Head of Internal Audit is professionally qualified.
1300 Quality assurance and improvement programme	Head of Internal Audit undertakes quality reviews of assignments and reports as set out in internal procedures. Internal quality monitoring against standards is performed by the Head of Internal Audit and Director of Audit & Assurance. WAO complete an annual assessment. An EQA was undertaken in 2018.
PERFORMANCE STANDARDS:	
2000 Managing the Internal Audit activity	The Internal Audit activity is managed through the NHS Wales Shared Services Partnership. The audit service delivery plan forms part of the NWSSP integrated medium term plan. A risk based strategic and annual operational plan is developed for the organisation. The operational plan gives detail of specific assignments and sets out overall resource requirement. The audit strategy and annual plan is approved by Audit Committee. Policies and procedures which guide the Internal Audit activity are set out in an

	Audit Quality Manual. There is structured liaison with WAO and LCFS.
2100 Nature of work	The risk based plan is developed and assignments performed in a way that allows for evaluation and improvement of governance, risk management and control processes, using a systematic and disciplined approach.
2200 Engagement planning	The Audit Quality Manual guides the planning of audit assignments which include the agreement of an audit brief with management covering scope, objectives, timing and resource allocation.
2300 Performing the engagement	The Audit Quality Manual guides the performance of each audit assignment and report is quality reviewed before issue.
2400 Communicating results	<p>Assignment reports are issued at draft and final stages. The report includes the assignment scope, objectives, conclusions and improvement actions agreed with management. An audit progress report is presented at each meeting of the Audit Committee.</p> <p>An annual report and opinion is produced for the Audit Committee giving assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.</p>
2500 Monitoring progress	An internal follow-up process is maintained by management to monitor progress with implementation of agreed management actions. This is reported to the Audit Committee. In addition audit reports are followed-up by Internal Audit on a selective basis as part of the operational plan.
2600 Communicating the acceptance of risks	If Internal Audit considers that a level of inappropriate risk is being accepted by management it would be discussed and will be escalated to Board level for resolution.

AUDIT RESULTS GROUPED BY ASSURANCE DOMAIN

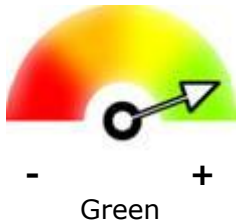
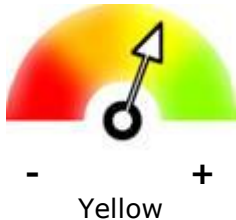
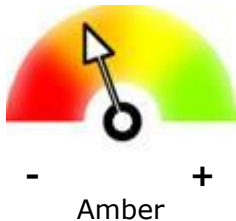
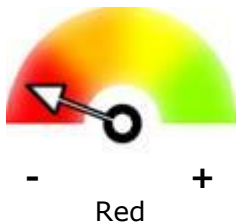
Assurance domain		Not rated	No assurance	Limited assurance	Reasonable assurance	Substantial assurance
Corporate Governance, Risk and Regulatory Compliance					<ul style="list-style-type: none"> ● Hosted Governance – NHS Wales Informatics Service ● Health and Care Standards 	<ul style="list-style-type: none"> ● Claims Reimbursement ● Declarations of Interest, Gifts and Hospitality ● Hosted Governance – Health Technology Wales
Clinical Governance, Quality and Safety					<ul style="list-style-type: none"> ● Patient Safety Alerts 	<ul style="list-style-type: none"> ● Annual Quality Statement ● Safeguarding
Financial Governance and Management						
Strategic Planning, Performance Management and Reporting					<ul style="list-style-type: none"> ● Welsh Blood Supply Chain 2020 	
Information Governance and Security					<ul style="list-style-type: none"> ● Welsh Patient Administration System 	
Operational Service and Functional Management					<ul style="list-style-type: none"> ● Welsh Blood Service Divisional Audit ● Velindre Cancer Centre Divisional Audit 	
Workforce Management						

Assurance domain		Not rated	No assurance	Limited assurance	Reasonable assurance	Substantial assurance
Capital and Estates Management		nVCC Follow-up			<ul style="list-style-type: none"> Estates Compliance – Fire Safety Follow-up Capital Systems: Financial Safeguarding Sustainability Reporting 	
		1			● 10	● 5

PERFORMANCE INDICATORS

Indicator Reported to NWSSP Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2019/20	G	April 2019	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported against adjusted plan for 2019/20	G	100%	100%	$v > 20\%$	$10\% < v < 20\%$	$v < 10\%$
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	100%	80%	$v > 20\%$	$10\% < v < 20\%$	$v < 10\%$
Report turnaround: time taken for management response to draft report [15 working days]	A	70%	80%	$v > 20\%$	$10\% < v < 20\%$	$v < 10\%$
Report turnaround: time from management response to issue of final report [10 working days]	G	100%	80%	$v > 20\%$	$10\% < v < 20\%$	$v < 10\%$

Key: v = percentage variance from target performance

RATING	INDICATOR	DEFINITION
Substantial assurance		The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.
Reasonable assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
Limited assurance		The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.
No assurance		The Board has no assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with high impact on residual risk exposure until resolved.

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

In the event that, pursuant to a request which the client has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report, it will notify the Head of Internal Audit promptly and consult with the Head of Internal Audit and Board Secretary prior to disclosing such report.

The Trust shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Trust. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and Internal Auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal Audit work should not be seen as a

substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, Internal Audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.



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Gwasanaethau Archwilio a Sicrwydd

Shared Services
Partnership
Audit and Assurance Services

Office details: Audit and Assurance Services
South Central Team
Cardiff

Contact details: james.quance@wales.nhs.uk

AUDIT COMMITTEE

WALES AUDIT OFFICE – AUDIT OF ACCOUNTS (ISA 260) REPORT

DATE OF MEETING	25/06/2020	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Claire Bowden, Head of Financial Operations	
PRESENTED BY	Gillian Gillett, Financial Audit Manager, Audit Wales	
EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
ACRONYMS		
WAO	Wales Audit Office	

1. SITUATION/BACKGROUND

- 1.1 The WAO's Audit of Accounts Report at June 2020 is attached for the Committee's information.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The report has been prepared as part of WAO work undertaken in accordance with statutory functions.

3. IMPACT ASSESSMENT

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

4. RECOMMENDATION

- 4.1 The Committee are asked to review and note the report.

Audit of Accounts Report – Velindre University NHS Trust

Audit year: 2019-20

Date issued: June 2020

Document reference: 1920A2020-21

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

We intend to issue an unqualified audit report on your Accounts There are some issues to report to you prior to their approval.

Audit of Accounts Report

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Audit of Accounts Report

Introduction

- 1 We summarise the main findings from our audit of your 2019-20 financial statements in this report.
- 2 We have already discussed these issues with the Executive Director of Finance and his team.
- 3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled.
- 4 We set this level at £5.7 million for this year's audit.
- 5 There are some areas of the accounts that may be of more importance to the reader and we have set a lower materiality level for these, as follows:
 - Remuneration report / senior pay disclosure - £5,000
 - Related parties - £5,000 for individuals, £25,000 for companies and other bodies
- 6 We have now substantially completed this year's audit. At the time of drafting this report, the following areas of work remain outstanding:
 - final stage review;
 - review of the revised financial statements; and
 - review of events after the balance sheet date.
- 7 We will update the Audit Committee on the above at its meeting scheduled for 25 June 2020.
- 8 In our professional view, we have complied with the ethical standards that apply to our work; remain independent of yourselves; and, our objectivity has not been compromised in any way. There are no relationships between ourselves and yourselves that we believe could undermine our objectivity and independence. We have previously notified you of a potential threat to auditor independence and objectivity arising from a trainee secondment and confirm that the planned safeguards set out in our Audit Plan have operated as intended.

Impact of COVID-19 on this year's audit

- 9 The COVID-19 pandemic has had a significant impact on all aspects of our society and continues to do so. You are required by law to prepare accounts and it is of considerable testament to the commitment of your accounts team that you have succeeded in doing so this year in the face of the challenges posed by this pandemic. We are extremely grateful to the professionalism of the team in supporting us to complete our audit in such difficult circumstances.

- 10 The pandemic has unsurprisingly affected our audit and we summarise in **Exhibit 1** the main impacts. Other than where we specifically make recommendations, the detail in **Exhibit 1** is provided for information purposes only to help you understand the impact of the COVID-19 pandemic on this year's audit process.

Exhibit 1 – impact of COVID-19 on this year's audit

Timetable	<ul style="list-style-type: none">• The deadline for completing your accounts was changed by Welsh Government from 28 April 2020 to 22 May 2020.• We received the draft accounts on 22 May 2020.• Our deadline for completing our audit was changed from 29 May 2020 to 30 June 2020.• We expect your audit report to be signed on 2 July 2020.
Electronic signatures	If still necessary at the time of approval and signing, we will accept electronic signatures and electronic transfer of files. We anticipate that your audit report will be signed electronically.
Audit evidence	<p>As in previous years, we received the majority of audit evidence in electronic format. We have used various techniques to ensure its validity. Where we have been unable to obtain access to paper documents because of COVID-19 restrictions, we have devised alternative audit methodologies to obtain sufficient audit evidence. Specifically:</p> <ul style="list-style-type: none">• Trust officers provided electronic working papers in accordance with our agreed Audit Deliverables Report;• Trust officers provided audit evidence to the audit team through file sharing via the Trust's shared server; and• Audit Wales also secured remote read only access to the Trust's Oracle ledger which enabled the audit team to query the ledger and hence reduce the burden on officers to provide this information.
Other	<ul style="list-style-type: none">• Officers were available by video conferencing for discussions which enabled the audit team to correspond effectively with officers throughout the audit; and• video-conference based Audit Committee meetings have enabled us to proficiently discharge our responsibility for reporting to those charged with governance.

- 11 We will be reviewing what we have learned for our audit process from the COVID-19 pandemic and whether there are innovative practices that we might adopt in the future to enhance that process.

Proposed audit opinion

- 12 We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**.
- 13 We issue a 'qualified' audit opinion where we have material concerns about some aspects of your accounts; otherwise we issue an unqualified opinion.
- 14 Our proposed audit report is set out in **Appendix 2**. This includes an emphasis of matter, drawing the reader's attention to Note 24 of the accounts. This note describes the impact of the Ministerial Direction that NHS bodies should fund clinician's pension tax liabilities.
- 15 The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards along with confirmation of other specific information you have provided to us during our audit.

Significant issues arising from the audit

Uncorrected misstatements

- 16 There are no misstatements identified in the accounts, which remain uncorrected.

Corrected misstatements

- 17 There were initially misstatements and disclosure errors in the draft financial statements. These have now been corrected by management and have no impact on the Trust's retained surplus. However, we believe that these should be drawn to your attention and they are set out with explanations in **Appendix 3**.

Other Significant Issues arising from the Audit

- 18 In the course of the audit, we consider a number of matters relating to the accounts and report any significant issues arising to you. There was an issue arising in these areas this year as shown in **Exhibit 2**:

Exhibit 2 – significant issues arising from the audit

Contingent liability arising from the ministerial direction relating to NHS clinicians pension tax liabilities	I have requested that the Trust sets out in Note 24 - Contingent liabilities – additional narrative to disclose the potential liability resulting from the ministerial direction to the Welsh Government to fund pensions tax liabilities above the pension savings annual allowance threshold in 2019-20.	The Trust has included the additional contingent liability. I have also drawn the reader's attention to this disclosure in an emphasis of matter paragraph in my audit report. My opinion is not modified in respect of this matter.
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Recommendations

- 19 We intend to report a number of recommendations in a separate report to the Trust which will be presented to the Audit Committee scheduled for the Autumn 2020.

Appendix 1

Final Letter of Representation

Velindre University NHS Trust Letterhead

Auditor General for Wales
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

25 June 2020

Representations regarding the 2019-20 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Velindre University NHS Trust for the year ended 31 March 2020 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;
 - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
 - prepare them on a going concern basis on the presumption that the services of Velindre University NHS Trust will continue in operation.
- ensuring the regularity of any expenditure and other transactions incurred.

- the design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- our knowledge of fraud or suspected fraud that we are aware of and that affects Velindre University NHS Trust and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- the identity of all related parties and all the related party relationships and transactions of which we are aware.
- our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by Velindre University NHS Trust

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Velindre University NHS Trust on 25 June 2020.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Chief Executive:

Date:

Signed by:

Trust Chair:

Date:

Appendix 2

Proposed audit report

The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

Report on the audit of the financial statements

Opinion

I certify that I have audited the financial statements of Velindre University NHS Trust and its group for the year ended 31 March 2020 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Consolidated Statement of Comprehensive Income, the Consolidated Statement of Financial Position, the Consolidated Cash Flow Statement and the Consolidated Statement of Changes in Taxpayers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Velindre University NHS Trust and its group as at 31 March 2020 and of its surplus for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the trust and its group in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Emphasis of matter

I draw attention to Note 24 of the financial statements, which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS Clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year. The Trust has disclosed the existence of a contingent liability at 31 March 2020, and my opinion is not modified in respect of this matter.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the trust's or its group's ability to continue to adopt the going concern basis of accounting for a period of at least 12 months from the date when the financial statements are authorised for issue.

Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Report on other requirements

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial

statements and the Annual Governance Statement has been prepared in accordance with Welsh Ministers' guidance; and

- the information given in the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Accountability Report has been prepared in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the trust and its group and its environment obtained in the course of the audit, I have not identified material misstatements in the Accountability Report or the Annual Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- proper accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

Report

I have no observations to make on these financial statements.

Responsibilities

Responsibilities of Directors and the Chief Executive

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities set out on pages ... and ... of the Accountability Report, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the trust's and its group's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

Adrian Crompton
Auditor General for Wales
2 July 2020

24 Cathedral Road
Cardiff
CF11 9LJ

Appendix 3

Summary of Corrections Made

During our audit we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process.

Exhibit 3: summary of corrections made

Value of correction	Nature of correction	Reason for correction
£135,000 £nil impact on disclosed surplus	Statement of Changes in Taxpayers' Equity Increase in public dividend capital received in the year to include all amounts issued by Welsh Government. There was a corresponding increase in debtors to reflect that this had not been paid over by Welsh Government.	To correctly disclose public dividend capital
£1,626,000 £nil impact on disclosed surplus	Note 10.1 Employee costs Classification error between the salaries and wages, social security and employers pension costs of permanently employed staff.	To correctly disclose the analysis of staff costs
117 FTEs	Note 10.2 Average number of employees The number of permanent staff disclosed in Note 10.2 was higher than the number recorded on HR records.	To correctly disclose the average number of employees

Value of correction	Nature of correction	Reason for correction
£28,100 £nil impact on disclosed surplus	Note 10.6 Remuneration relationship The remuneration of the highest paid employee was decreased as it had been incorrectly calculated.	To correctly disclose the range of staff remuneration
£1,148,000 £nil impact on disclosed surplus	Note 14 Intangible assets Software developed internally had been misclassified as purchased software.	To correctly disclose software additions
£1,015,000 £nil impact on disclosed surplus	Note 17 Trade and other receivables Classification error between current and non-current prepayments.	To correctly disclose non-current prepayments
£3,778,000 £nil impact on disclosed surplus	Note 17 Trade and other receivables Audits of the underlying Welsh risk pool claim reimbursements at health bodies identified amendments where current receivables had been incorrectly classified as non-current receivables.	To correctly disclose current and non-current Welsh Risk Pool claim reimbursements
£21,313,000 £nil impact on disclosed surplus	Note 24 Contingent liabilities Audits of the underlying contingent liabilities at health bodies identified amendments to contingent liabilities.	To correctly disclose medical negligence contingent liabilities

Value of correction	Nature of correction	Reason for correction
Not applicable	Note 24 Contingent Liabilities Additional narrative in Note 24 to describe the potential impact of a decision to fund NHS Clinicians' pension tax liabilities.	To disclose a contingent liability which could be material by nature.
£1,658,000 £nil impact on disclosed surplus	Note 25 Capital commitments Increase capital commitments to include all know capital commitments.	To correctly disclose capital commitments.
£212,000 £nil impact on disclosed surplus	Note 33 Related parties Additional disclosure of a transaction with a related party.	To disclose all transactions with related parties
Various	Remuneration report A number of amendments have been made to the 'single total figure of remuneration' and the pension disclosures.	To correctly disclose senior officers' remuneration
There have also been a number of minor amendments and disclosure updates as a result of our work		



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We welcome correspondence and
telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.



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Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

TRUST BOARD

UPDATE ON AUDIT WALES & INTERNAL AUDIT UPCOMING REVIEWS

DATE OF MEETING	25/6/2020	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Lauren Fear, Interim Director Corporate Governance	
PRESENTED BY	Lauren Fear, Interim Director Corporate Governance	
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Interim 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
N/A		Choose an item.

1. SITUATION/BACKGROUND

Audit Wales and Internal Audit have shared their plans on two upcoming reviews.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Audit Wales

- Audit Wales have set out the work programme for the coming weeks and months. This is included as Appendix 1. This also refers to a letter from the Auditor General from 30th April, included as Appendix 2.
- The Structured Assessment approach for 2020 is then outlines in further detail in Appendix 3. The Project Brief explains that this year's work has been designed in the context of the on-going response to the pandemic. It notes that a suitably pragmatic approach will be taken which allows the work to be undertaken remotely and with minimal impact on NHS bodies.
- The review will seeks to address the following question: "Are the organisation's arrangements supporting good governance and the efficient, effective and economical use of resources." The work will be structured under the following themes:
 - Leadership and governance;
 - Financial management; and
 - Operational planning

The key lines of enquiry are set out in Exhibit 1 of Appendix 3.
- It also notes that Auditors will pay attention to progress made to address previous recommendations where these relate to important aspects of organisational governance and financial management, in order to ensure business is conducted as effectively as possible in the current circumstances. To note that these actions are tracked through the Audit Committee as part of its standard business.
- The work is now being set up with final report due at end of September 2020.

2.2. Internal Audit

- Internal Audit are conducting a review of governance arrangements during Covid-19. The review is an advisory piece and there will not be an assurance opinion given. The Advisory Review Brief is included as Appendix 4.
- The review will assess the adequacy and effectiveness of internal controls in operation during the Covid-19 outbreak, with particular regard to the Principles set out by the Welsh Government regarding maintaining financial governance. The Brief explains that the review will focus on the following Principles:
 - governance and risk management;
 - delegation and escalation; and
 - departures from existing policies and processes.

- The Brief explains that as this is an advisory review, there will not be an assurance rating but advice and recommendations will be provided to facilitate change and improvement. Each recommendation will, however, be categorised as high/medium/low in order to assist with the prioritisation of response.
- Fieldwork is due commence shortly. The Information request and interview schedule are attached as Appendices 5 and 6. Director Corporate Governance and Executive Director Finance will be coordinating this work.
- To note that Board Members are included in the interview list and we will be in touch to arrange these times shortly.

2.2 Link between the two pieces of work

- Both Audit Wales and Internal Audit have been clear that there are aspects of their work which cross-over and have been keen to emphasise the collaborative approach being taken in order to minimise the impact to the organisation. With approval from the Trust, will be sharing of key documents between the organisations and there will likely to be representatives from both organisations attending the interviews. However each organisation will be reporting their findings separately in line with their own roles and responsibilities.

IMPACT ASSESSMENT

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

3. RECOMMENDATION

- 3.1** The Board is asked to **NOTE** the content of this update report from the Interim Director of Corporate Governance.

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To: Chief Executives, NHS bodies

Cc: Chairs

Audit Committee Chairs

Board Secretaries

Reference: PA288/DT/hcj

Date issued: 11 June 2020

Dear all

Update on the AGW's programme of NHS Performance Audit work

I trust this letter finds you all well as the service continues to navigate its way through the next phases of the COVID-19 outbreak. It truly has been an unprecedented challenge for the NHS and its partners, and I'd just like to echo the sentiments expressed by the Auditor General in his letter of 30 April to public sector Chief Executives (attached again here in case you missed first time around), thanking public servants for the phenomenal work they are doing for the people of Wales. More specifically, myself and colleagues at Audit Wales are really grateful to NHS bodies for the way they've maintained engagement with us throughout the crisis. It has helped us stay connected to developments and also to appreciate the tremendous amount of work that has been undertaken in such a short space of time to respond to the challenges presented by COVID-19.

In his letter, the Auditor General provided some information on how we were adapting our work in response to COVID-19 and I'd like to use this opportunity to provide a further specific update on our programme of NHS performance audit work. As you know we took the early decision to suspend on-site performance audit work at all NHS bodies and to progress our work remotely as far as we can. That continues to be the situation and as part of our own business continuity planning, we've been looking afresh at our current programme of work to assess how it gets taken forward in the context of COVID-19. The Annex attached to this letter provides an update on our current plans for each of the main strands of work in our programme.

In addition to re-shaping the existing elements of our work programme as set out in the Annex, we are keen to ensure that we focus our attention on issues that are specific to the current situation. We're currently reviewing the information in the Welsh Government's supplementary budget and accompanying explanatory memorandum as we consider those areas that merit some specific work. At a more local level, our 2020 structured assessment work will allow us to understand how NHS bodies are maintaining their corporate and financial governance arrangements in the context of COVID-19, as well as the progress being made on recovery planning. Further information on our 2020 structured assessment work is provided in the attached project specification, which has recently been shared with Board Secretaries.

As referenced in the Auditor General's letter, we have also started work on a "COVID-19 learning project" that will seek to identify and share examples of new ways of working that have been introduced as a result of the pandemic, and wider learning points that can help with the plans to continue to control the virus and rebuild a stronger and better NHS. We are aware that there is already quite a lot of activity in this area within the NHS, so we are working closely with the NHS Confederation and Welsh Government to ensure that what we do in this space complements and adds value to existing activities.

The information I've set out in this letter represents the current position and our latest thinking but we'll continue to adopt an agile approach and where necessary adjust the content and focus of our work to ensure we are deploying our resources to areas where outputs from ourselves will add most value in the current environment. We'll continue to keep you informed of any further developments to our programme through our local engagement channels and communications such as this.

Whilst this update primarily concerns our performance audit work, I thought it would also be useful to provide a brief update on our accounts work. Our teams have continued to liaise with Directors of Finance and the wider Finance teams as we are drawing our work to a close. The Auditor General is planning to sign off the opinions on the financial statements of NHS bodies on the 2nd July 2020.

I trust this update is helpful and my thanks once again for your positive on-going engagement with our audit teams, and for all the hard work that is being done by yourselves and your organisations in response to the current situation. If you had any queries about the any aspect of this update, then please don't hesitate to contact me.

Your sincerely



David Thomas
Audit Director

ANNEX: NHS PERFORMANCE AUDIT WORK PROGRAMME UPDATE

A: Work included in local audit plans

Review	Update
Structured Assessment 2020	<p>Our annual structured assessments are one of main ways in which the AGW discharges his statutory requirement to examine the arrangements NHS bodies have in place to secure efficiency, effectiveness and economy in the use of their resources. In the context of COVID-19, we have designed an approach which allows us to undertake structured assessment work remotely and with minimal impact on NHS bodies in terms of time and resource to support the work. Our lines of enquiry will be based on the same broad areas as previous years' work but our audit questions in this year's work will have a COVID-19 context, taking note of Welsh Government guidance and frameworks issued in response to the pandemic, and including a focus on recovery planning. We are aware that the internal audit service has been asked to undertake some early work on aspects of governance related to COVID-19. We've had a constructive dialogue with internal audit colleagues and we are devising approaches at each NHS body to ensure our respective programmes of work are co-ordinated and mutually informed.</p>

Review	Update
Reviews of quality governance arrangements at NHS bodies	<p>Following the Joint Review of quality governance arrangements at Cwm Taf Morgannwg UHB, we had been developing a programme of work to examine these arrangements at all relevant NHS bodies. The cessation of on-site fieldwork as a result of COVID-19 has meant that we've had to put this work on hold. In the interim will use this year's structured assessment to get an overview of quality governance arrangements at NHS bodies and how they have been maintained during the pandemic. Subject to how the COVID-19 situation pans out, we hope to be in a situation where we can resume some form of on-site work later in the year. However, if that is not possible, we will look to design an alternative approach to capturing information we require, collaborating with Healthcare Inspectorate Wales, and other stakeholders as necessary in the design of that work.</p>
Follow up work on orthopaedic services (and the national AGW follow up study on elective NHS waiting times)	<p>At the point the pandemic hit we were preparing local and national reports to summarise the progress made in response to the recommendations we made in 2015. However, in the context of the Minister's decision to suspend routine elective NHS work to create capacity to deal with the expected surge in COVID-19, it seemed inappropriate to issue these reports in the format which they had been drafted. We are therefore looking to reshape these outputs so that they inform the recovery planning discussions that are starting to take place locally and nationally, and to help identify where there are opportunities to do things differently as the service looks to tackle the significant elective backlog challenges.</p>

Review	Update
Governance review of Welsh Health Specialised Services Committee	<p>We had made good progress with this review up to March of this year, but we do still need to gather in views on the current arrangements for specialised services commissioning from leaders in NHS bodies. We hope to be able to do this remotely over the coming month, potentially through the use of survey software, although we will take soundings from some key contacts in the service to test our thinking and inform our approach before we progress this. Subject to being able to collect this additional information, we would envisage having a draft output to share for comment by the end of the summer.</p>
Whole system review of unscheduled care	<p>We have split this work into two phases. The first phase has involved collection of data across the unscheduled care pathway with the aim of creating an interactive database that can shared with external stakeholders and used to inform the focus of audit work in the second phase. Our ability to undertake more focused audit work in the second phase will largely be shaped by the restrictions associated with COVID-19 and stakeholders' ability to engage with the audit work. In the short term, i.e. through to the end of July, we will focus on preparing the database and discussing the most productive ways of sharing this information with external stakeholders. We have continued to take this work forward in close collaboration with Healthcare Inspectorate Wales</p>

Review	Update
<p>Locally specific performance audit reviews</p>	<p>In several NHS bodies, our work programme had included reviews that were specific to local circumstances in those organisations. These reviews were at various stages of completion at the point the COVID-19 restrictions were introduced. Where we can, we have continued to progress these pieces of work remotely and our performance audit leads at each site will continue to liaise with Board Secretaries to keep them up to speed with individual reviews and check on the NHS body's ability to support the remainder of the work required, including the ability to provide comments on the factual accuracy of products at the draft report stage.</p>

B: Other AGW NHS Performance Audit Work

Review	Update
Counter Fraud Services	The AGW has undertaken a public sector wide review of counter fraud services and is due to publish his findings on 14 July. That national report will be supported by summaries of our local findings at individual NHS bodies. We'll shortly be issuing those local reports for final factual accuracy checks ahead of them being ready to be shared with Audit Committees at their autumn meetings alongside the national output
Clinical Coding	We are currently preparing a short publication that aims to share some key messages from our recent local follow up work on clinical coding. We plan on publishing this work towards the end of July and think it will be a timely aid to discussion on the importance of clinical coding in ensuring good information flows to support decision making in response to COVID-19.
Welsh Community Care Information System (WCCIS)	We will shortly be commencing the clearance process through the WCCIS Leadership Board and the Welsh Government and, where relevant, with individual NHS bodies. This will be with a view to report publication in early autumn.
Follow up: Local public health team collaborative working	Comments on the factual accuracy of our draft report have been received and reviewed. A finalised output is in preparation with a view to publication later this summer.
Other cross sector work	Scoping work is currently underway on several pieces of work which are not NHS-specific but which are likely to involve some evidence gathering from NHS bodies. These topics include digital resilience in the public sector, collaborative working across emergency services and work on the General Equality Duty.

Reference: AC/190/caf

Date issued: 30 April 2020

Dear Colleague

Audit Wales work programme

I am writing to update you on some important aspects of the work that my office will be undertaking over the coming weeks and months. Firstly though, I would like to pay tribute to all the public servants who are working so hard to see our country through this crisis. As the organisation responsible for scrutinising so many of these public bodies, we have a privileged insight into how vital they are to everyone's lives, every day – and even more so at a time like this. As Auditor General, on behalf of everyone at Audit Wales, and simply as a member of the public - thank you.

As you know, last month I decided to pull back from all on-site audit work as the public service focused on the pandemic. We have continued to make progress on other activity whilst working and engaging with you remotely. I remain committed to ensuring that our audit work does not have a detrimental impact on the efforts of severely stretched public bodies to deal with the national emergency. That is not to say, however, that I want us to be entirely passive. Well targeted and well delivered public audit has a vital part to play at this time in ensuring value for money, good governance and accountability. This letter explains how we will be approaching our work over the coming months.

Well-being of Future Generations report

In line with statutory requirements, we have published our Annual Plan for 2020-21, recognising that much of the performance audit work programme described in it will now need to be re-shaped or deferred.

One important exception to this is my national report under the Well-Being of Future Generations (Wales) Act 2015, which I am required by statute to lay by 5 May 2020. I have decided to lay my report 'without fanfare' before the Senedd on 5 May, and to defer any significant engagement with public service leaders and others regarding the key report messages until later in the year. I consider this to be a pragmatic way of discharging my statutory duty under the 2015 Act, whilst minimising any unnecessary distractions for the wider public sector at this difficult time. I hope the delay in engagement will also help to ensure that the impact of this important report in supporting constructive change is not significantly diminished.

Real-time audit work in respect of COVID-19

It is already apparent to my audit teams that people and organisations right across the Welsh public services are developing novel and innovative ways of working in response to COVID-19. The crisis is forcing us all to innovate and address long-standing issues with urgency. Both opportunities and risks will doubtless emerge during this period which, if acted upon sooner rather than later, can generate real-time benefits and help to mitigate other risks.

To that end, I want to deploy the capability and capacity of Audit Wales for the good of the wider public sector. Specifically, I propose to undertake work providing real-time capture and sharing of learning and experience across our audited bodies. This will involve our staff in gathering novel and other practice as it emerges and analysing it rapidly to draw out relevant points of learning. We are developing a software tool to assist us in gathering and processing this information. We will share the resulting insights swiftly to our key contacts across the Welsh public service.

I am acutely conscious that we will need to conduct any activity in a manner that doesn't impede the very important work that is happening across Wales, and which can add substantial value in informing that work. My intention is therefore to work closely with audited bodies to support them to improve their evolving responses to COVID-19, whilst preserving my objectivity and independence as Auditor General.

I am pleased to say that we have received support for this proposal from the Permanent Secretary and other senior officials at Welsh Government, the WLGA and the NHS Wales Confederation. As soon as we are able, my staff will be in touch to discuss practicalities which, as I say, will be designed to be as least intrusive as possible.

I attach a short summary of the project for your information. If you have any queries or concerns with this approach, or if you can suggest particular areas where it could be usefully directed, please let me or a member of my team know.

Other audit work in respect of Wales' response to COVID-19

Given the impact of COVID-19, I will be re-shaping my previously planned programmes of audit work. You won't be surprised, for example, that I am tracking the various COVID-19 funding flows from both UK and Welsh Governments and considering how best I can assure the people of Wales that those funds are well managed and that there is appropriate governance and accountability for the use of public money. Looking a little further ahead, I envisage a focus on what the impact of the current crisis means both in terms of the resilience and the future shape of public services in Wales. Of course, timing is everything, and I will ensure that our work does not prejudice the efforts of the public sector to tackle the crisis, whilst still reporting sufficiently thoroughly and promptly to support both scrutiny and learning.

Audit of accounts

My Engagement Directors have written to each of you about the impact of the COVID-19 emergency on your audit plan. This includes specific audit risks, as well as

revisions to the audit timetable and accounting requirements (where relevant). My staff will continue our close engagement with you and your senior team over the coming weeks and months to ensure that we deliver a high quality audit of your accounts in these changed circumstances.

Other matters

As well as considering how best to deploy Audit Wales resources to support the COVID-19 effort through our audit work, I am very aware that staff resources across public services are being stretched as never before. I want to let you know that, subject to availability and provided that the future independence of our work is not compromised, I am very willing to consider how my staff can assist wherever their skills and expertise may be required. Please let me (or a member of my team) know if there is anything specific that we can do to assist.

And finally, you will have noticed the identity and name change in this letter. Such a secondary issue in the current climate, I know, but in response to feedback on how we communicate and engage, we took the decision last year to bring together the various strands of our work under a new, clearer umbrella identity – Audit Wales. While not affecting our formal legal status, we will operate as Audit Wales henceforth in the vast majority of our public facing work. It is just one part of a wider programme of change for our audit reports; our website; our communications style and the way we engage more generally, that I hope you will recognise and value.

In closing, I would like to pay tribute once again to my colleagues across the Welsh public service and the phenomenal work they are doing for the people of Wales.

Yours sincerely



ADRIAN CROMPTON
Auditor General for Wales

Title

Project Briefing note:

The Auditor General for Wales plans to support the rapid collection, analysis and sharing of knowledge and insights during COVID-19

Novel Practice Emerges During a Crisis.

During any emergency or crisis people will develop solutions and work in ways that are novel. Practices will emerge that are outside the range of what could be described as business as usual.

The prolonged duration of COVID-19 provides the opportunity to capture and consider this novel practice from three perspectives:

1. The identification of opportunities to improve the current response to the situation, in as close to real time as possible;
2. The identification of emerging risks (for example widespread fraud attempts) that can then be mitigated before they develop to a large scale; and
3. The recording and consolidation of novel practice, that could be shared more widely in real time and also incorporated as good practice into 'business as usual' once COVID-19 has subsided.

Collecting and Recording Novel Practice

Organisations that are experienced in emergency and crisis situations often deploy observers / information gatherers alongside their recovery teams, to identify the novel practice as it emerges. This role is recognised as a vital part of learning from what has happened and facilitates being better prepared to face the future.

The collection of information can be achieved through a range of approaches that include impartial observation, conversations and document review. It is supported by rapid analysis to draw out key insights and feedback learning. This 'closes the loop' and supports a process of real time learning and improvement.

The role of Audit Wales in supporting the Welsh Public Services response to COVID-19

The Auditor General's statutory remit places Audit Wales in a unique position to observe activity wherever public resources are being used. Our staff have strong networks and trusted relationships with people across the Welsh public services. Consistent with preserving his independence, the Auditor General plans to deploy Audit Wales staff in the three areas identified above, in support of the 'team Wales' efforts to respond to COVID-19.

Importantly, the approach taken will not impose an additional burden upon public bodies and will be predicated upon sharing useful information and analysis in real time alongside collecting what might be useful insights and learning for others.

Specifically, this will involve:

- Audit Wales staff collecting information through methods including reviews of documents and published materials, discussions with individuals and groups and observations of meetings (generally via remote working);
- The collation of this material within and across our audit teams, using our SenseMaker data tool, to provide rapid analysis; and
- The rapid dissemination of insights, additional knowledge and potential shared learning points to their original data sources, and more widely across Welsh public services where appropriate.

We anticipate that this will be an ongoing process of 'collect, analyse, share and repeat'. Greater value will potentially be generated over time as more information is gathered and shared with the people who can use it to support their response to COVID-19. We will also keep the process itself under close review and adjust it as needed in response to feedback and changing circumstances.

The overall approach taken will be consistent with how our Good Practice work has been developed over the last decade - working with public services to support them to improve, whilst maintaining the objectivity and independence that is required of the Auditor General.

Reference: 1888A2020-21

Date issued: 08 June 2020

Structured Assessment 2020 - Project Brief

Background

- 1 The Auditor General has a statutory requirement to satisfy himself that NHS bodies have proper arrangements in place to secure economy, efficiency and effectiveness in the use of their resources as set out in Section 61 of the Public Audit Wales Act 2004. To help in the discharge of this responsibility, the Auditor General introduced the concept of a Structured Assessment in 2010, as an evolution of the work that auditors previously undertook to enable the Auditor General to draw a 'Value for Money Conclusion' for each NHS body. This briefing sets out the approach that will be adopted for Structured Assessment work in 2020.
- 2 Of course, this year's Structured Assessment work takes place at a time when NHS bodies are responding to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. On 13 March 2020, the Minister for Health, Social Services and Sport issued a framework of actions to help prepare the system for the expected surge in Covid-19 cases. The framework included the cessation of non-urgent planned activity and the relaxation of targets and monitoring arrangements across the health and care system. Emergency funding arrangements were also introduced to facilitate the wide range of actions needed to respond urgently to the COVID-19 pandemic.
- 3 On 6 May 2020, a Quarter one Operating Framework for the NHS was published setting out key considerations for the planning of the next phase of the pandemic, for maintaining delivery of essential services, and a movement towards recovery and gradual reinstatement of some services.
- 4 This year's Structured Assessment work has therefore been designed in the context of the on-going response to the pandemic. A suitably pragmatic approach has been designed which helps the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continue to respond to the next phase of the COVID-19 pandemic.

Why are we doing this work

- 5 The COVID-19 pandemic required NHS bodies to quickly adapt their arrangements in respect of governance and decision making to ensure timely action was taken to respond to the predicted surge in emergency COVID-19 demand and ensure the safety of staff and patients. In making these changes, Welsh Government expects

NHS bodies to maintain a focus on their arrangements for good governance and ensuring value for money. It is important that NHS boards, the public and key stakeholders are assured that governance arrangements remain effective.

Audit approach

- 6 As in previous years, our work is focused on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors will pay attention to progress made to address previous recommendations where these relate to important aspects of organisational governance and financial management, to ensure business is conducted as effectively as possible in the current circumstances. The work will be structured under the following themes:
- Leadership and governance;
 - Financial management; and
 - Operational planning.
- 7 The review will seek to address the following question: **Are the organisation's arrangements supporting good governance and the efficient, effective and economical use of resources?** Exhibit 1 sets out the key lines of enquiry we will consider.

Exhibit 1: key lines of enquiry

Are the organisation's arrangements supporting good governance and the efficient, effective and economical use of resources?

1. Is the organisation well led and well governed?

- a. Is the Board and its sub-committees working effectively?
- b. Is board assurance underpinned by an effective system of internal control?

In answering the questions in the context of COVID-19 we will consider, for example, the smooth continuation of governance arrangements in line with Welsh Government guidance, appropriate governance around decision making, and well documented processes for departures from standard operating practices.

2. Are financial resources well managed?

- a. Is the organisation achieving key financial objectives?
- b. Are required financial controls in place?
- c. Are arrangements for financial monitoring and reporting satisfactory?

In answering the questions in the context of COVID-19 we will consider, for example, the continuation of financial governance arrangements in line with Welsh Government guidance, including maintaining financial controls and monitoring and reporting COVID related expenditure.

3. Is there an effective approach to planning?

- a. Has the organisation developed a realistic short to medium term operational plan?
- b. Does the plan identify the resources needed to deliver it?
- c. Is there effective board level scrutiny, assurance and decision making in relation to the plan?

In answering the questions in the context of COVID-19, we will consider the progress made in developing an operational plan to support the continued response to the pandemic balanced against the provision of other essential services in accordance with Welsh Government's operating framework for quarter 1 (2020/21).

- 8 Auditors will work remotely to carry out this year's Structured Assessment work given our on-site work remains suspended in accordance with government advice on social distancing, and our desire to ensure our work does not impede NHS bodies' continuing response to the pandemic. Our work will be based on a review of relevant documentation, virtual observations at board and committee meetings and a structured discussion with the Board Secretary.
- 9 It is not our intention to conduct the normal range of formal interviews this year, although it may be necessary to speak to some members of staff other than the Board Secretary to ensure we fully understand the current arrangements in place within the NHS body. We will continue to keep our delivery arrangements under review to ensure that our audit work does not have a detrimental impact on the organisation.
- 10 We are aware that several NHS bodies have asked Internal Audit to carry out rapid governance reviews as part of their internal audit plans. We are liaising with the NHS Wales Audit and Assurance Service to coordinate our work and information collected by our auditors and the NHS Wales Audit and Assurance Service respectively may be shared to avoid any duplication in evidence gathering where this is feasible. This may include personal data, such as opinion information, and our privacy notice is available below at Appendix 1. Please note that this does not affect our statutory rights of access to information. Where possible and subject to our own testing, we may place reliance on the work of others, including Internal Audit.

- 11 We will work with the Board Secretary to agree the precise timing and focus of any structured discussion, and any information required to support our work that is not in the public domain.
- 12 Where we process personal data, this is in accordance with data protection legislation, including the Data Protection Act 2018 and the General Data Protection Regulation. Further information is set out in our fair processing notice attached at [Appendix 1](#). We ask that you share this project brief with Board members to ensure they understand the purpose and scope of our review and how information may be used and shared.

Timing of the work

- 13 The indicative timescales for the key stages of the work are shown in [Exhibit 2](#).

Exhibit 2: timing of the work

Key stage	Timing
Set up	June 2020
Evidence gathering	June to July 2020
Draft report	End of August 2020
Final report	End of September 2020

Reporting our findings

- 14 We will agree a mechanism for informal feedback with the Board Secretary as the work progresses, particularly where any concerns emerge. We will prepare a short report for individual NHS bodies setting out local findings and any recommendations arising from the work. In line with Audit Wales arrangements for public reporting, we will publish the report on our website once it has been formally considered by the relevant Board committee.

Appendix 1 – Fair Processing Notice

This privacy notice tells you about how the Wales Audit Office processes personal data provided by you in connection with our Structured Assessment of NHS Trusts and Health Boards in Wales.

Who we are: The Auditor General for Wales examines how public bodies manage and spend public money, and the Wales Audit Office (WAO) provides staff and resources to enable him to carry out his work.

Data Protection Officer (DPO): Our DPO is Martin Peters, who can be contacted by telephone on 029 20320500 or by email at: infoofficer@audit.wales.

The relevant laws (legal basis): We process personal data in accordance with the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR). Our lawful basis for processing is the statutory powers and duties under the Public Audit (Wales) Act 2004, the Government of Wales Act 1998 and Well-being of Future Generations (Wales) Act 2015.

Purpose of processing: We are collecting opinions and information to help us carry out our Structured Assessment of health bodies. Some of this information may be about identifiable individuals, which would make it personal information, even though the purpose of our work is not in itself to collect information about identifiable individuals. The information collected will be used for this work and may also be used in our wider statutory audit work.

Who will see the data? The Auditor General and the WAO audit team will have access to the information you provide. We may share some information with senior management at the audited bodies involved, and our published report may include some information. We may share some data with the NHS Wales Audit and Assurance Service for the purpose of its internal audit and such information will be processed in accordance with the NHS Wales Audit and Assurance Service privacy policies.

How long we keep the data? We will keep the information collected, including your personal data, for a period of 6 years following publication of our report, or 25 years if published within a report, and we will hold your data securely in accordance with our Information Security Policy.

Your rights: You have rights to ask for a copy of the current personal information held about you or to object to data processing that causes unwarranted and substantial damage and distress. Contact the Information Officer, Wales Audit Office, 24 Cathedral Road, Cardiff, CF11 9LJ or email infoofficer@audit.wales.

The Information Commissioners Office: If you require further information in relation to your rights under data protection law or are dissatisfied with how we are handling your personal data you may contact the Information Commissioner at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, or email casework@ico.gsi.gov.uk or telephone 01625 545745.

Governance Arrangements during Covid-19 Pandemic

ADVISORY REVIEW BRIEF 2020/21

Velindre University NHS Trust

Private and Confidential

**NHS Wales Shared Services Partnership
Audit and Assurance Services**

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Appendix A - Action plan risk rating

Please note:

This brief has been prepared for internal use only. Audit & Assurance Services briefs are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Briefs and reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Velindre University NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

The NHS in Wales is currently facing unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by Covid-19. Alongside this is the need for organisations to balance continuing to provide and commission life-saving and life impacting essential services.

The Welsh Government in its response (dated 26 March 2020) to a letter received on behalf of the Board Secretaries Group, agreed the Governance Principles (the 'Principles') that are designed to help focus consideration of governance matters.

The Principles are:

- public interest and patient safety;
- staff wellbeing and deployment;
- governance and risk management;
- delegation and escalation;
- departures from existing policies and processes;
- one Wales (acting in the best interest of the whole of Wales); and
- communication and transparency.

In particular, the Welsh Government reiterated the importance of continuing the role of both the Audit Committee and the Quality and Patient Safety Committee during the Covid-19 outbreak, in supporting the Board with discharging its responsibilities.

Further detailed guidance was issued regarding financial governance in Covid-19 Financial Guidance to NHS Wales' Organisations and the Covid-19 Decision Making and Financial Governance Letter from Welsh Government dated 30th March 2020.

2. Scope and Objectives

The advisory review will assess the adequacy and effectiveness of internal controls in operation during the Covid-19 outbreak, with particular regard to the Principles set out by the Welsh Government regarding maintaining financial governance. Any weaknesses will then be brought to the attention of management and advice issued on how particular problems may be resolved and control improved to minimise future occurrence.

The review will focus on the following Principles:

- governance and risk management;

- delegation and escalation; and
- departures from existing policies and processes.

The areas that we will seek to review are:

- to ensure that appropriate key decisions are made through the revised management arrangements, with risk, impact and value for money adequately assessed;
- to confirm that the (revised) Scheme of Delegation and escalation requirements are adhered to;
- to ensure appropriate oversight and scrutiny remains by the Board over applicable matters – for example, the risk appetite level set;
- to ensure that departures from existing standards, frameworks, policies and procedures are appropriately documented and reviewed regularly, but still in accordance with the Principles; and
- to determine if the command structure established (i.e. Gold, Silver and Bronze) is appropriate – for example, achieving the Principles set out by the Welsh Government.

3. Associated Risks

The potential risks considered in the review are as follows:

- decisions are not completed in the best interest of the public;
- statutory requirements are not met;
- inappropriate expenditure and financial commitments;
- insufficient scrutiny of the risks associated with each key decision;
- the Welsh Government Principles are not adhered to; and
- inappropriate governance arrangements.

4. Assignment Approach

As this is an advisory review, the assignment will not be allocated an assurance rating, but advice and recommendations will be provided to facilitate change and improvement.

The review will be undertaken utilising a detailed evidence checklist based upon the requirements of Welsh Government and other relevant guidance. The checklist will be used to record the evidence obtained through interviews and review of documents.

5. Key Contacts

To be completed at initial review set-up meeting:

▪ Health Board

Name	Designation
Mark Osland	Director of Finance
Lauren Fear	Interim Director of Governance

▪ Internal Audit

Name	Designation
James Quance	Head of Internal Audit
Jayne Gibbon	Internal Audit Manager

6. Timing of the Review

Target dates for the progression of the review fieldwork are to be agreed with the client at the initial review set-up meeting.

Audit area	Target dates
Fieldwork	June/July 2020
Debrief meeting	July 2020
Executive Team	July 2020
Audit Committee	TBC

7. Brief Agreement

The client is requested to formally agree this advisory review brief by e-mail.

APPENDIX A - Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

Covid-19 Governance Review – Information Request

Strategic Governance
Board and Committee Meetings <ol style="list-style-type: none">1. Board papers and minutes (if not publicly available)2. Schedule of committees that are continuing in operation3. Papers and minutes of QPS and Audit Committees4. Documented decisions and approvals for Board and Committee changes5. Revised Standing Orders / committee terms of reference6. Evidence of communication with key stakeholders, ie CHC Scheme of Delegation <ol style="list-style-type: none">7. Latest version of Scheme of Delegation and previous version (if amended)8. Documentary approval of updated Scheme of Delegation Emergency Powers and Decision-making <ol style="list-style-type: none">9. Executive Team/Board papers and minutes10. Covid-19 decision making framework11. Decision Register from command structure (bronze / silver and gold)12. Papers and minutes from key decision making forums in command structure/decision log13. Assurance / escalation reports since March 202014. Schedule of business cases or papers for significant investment decisions15. Supporting papers for completed scrutiny process for significant decisions Other Changes to Governance Arrangements <ol style="list-style-type: none">16. Copy of process for dealing with conflicts of interest during Covid-1917. List of conflicts identified and details of mitigation implemented where conflict has been identified Risk Management <ol style="list-style-type: none">18. Corporate / Covid Risk Register

Financial Governance

Standing Financial Instructions (SFIs)

19. SFIs and documented approval of amendments

Authorised Signatories/Electronic Approval Hierarchy/Delegated Limits

20. Schedule of amendments to Financial Control Procedures (FCPs) and approvals

21. Copy of Authorised Signatory list (ASL) and schedule of changes

22. Schedule of Oracle authorisation limits highlighting any changes during Covid-19

Systems and Processes

23. Schedule of changes to other policies and procedures during Covid-19

Covid-19 Expenditure

24. Schedule of Covid-19 expenditure

25. List of assets > £5k purchased for Covid-19

26. Finance Business Continuity Plan

27. Details of indemnities and legal advice for new sites, ie testing stations

28. Procedure for identifying high risk areas and how staff are re-deployed into them

29. Losses and special payments schedule and list of write offs during Covid-19

30. Schedule of prepayments made during Covid-19

Payments to Agency, Locum and Substantive Staff

31. Schedule of employees starting employment during Covid-19, listed by permanent, locum and bank

32. Schedule of agency and locum costs during Covid-19 and any changes to standard rates

33. Schedule of enhancements/overtime paid to permanent staff

34. Establishment plan, including changes during Covid-19

2020/21 Budget and Month end Processes

35. Budget for 2020-21

36. Most recent Finance report identifying financial position split by Covid-19 and non-Covid-19

37. WG monitoring returns March – May

Savings

38. 2019/20 Outturn analysis

39. Details of status of savings programme

Capital

40. Schedule of capital expenditure incurred during Covid-19

Partnership Arrangements/Enhanced Discharge Support Services

41. Details of partnership communication, ie PSBs and use of Integrated Care Fund

Field Hospitals

42. Scheme of Reservation and Delegation for field hospitals (if applicable)

Covid-19 Governance Review – Interview Schedule

The following interviews are expected to take place as part of the review:

- Board Secretary
- Director of Finance
- Chief Executive
- Chair
- Chair of Audit Committee
- Chair of Quality and Patient Safety Committee
- One other Independent Board Member
- Senior Finance Staff
- Senior Governance staff
- Senior Workforce staff
- 1-2 other Executive leads
- Any specific positions created during COVID-19

PUBLIC TRUST BOARD

NHS Wales Shared Services Partnership Scheme of delegation – COVID19 expenditure

Meeting Date:	25 th June 2020
Author:	Neil Frow – Managing Director Andy Butler, Director of Finance & Corporate Services
Sponsoring Executive Director:	Mark Osland, Director of Finance
Report Presented by:	Mark Osland, Director of Finance

Trust Resolution to: (please tick) <input checked="" type="checkbox"/>							
APPROVE:	<input checked="" type="checkbox"/>	REVIEW:	<input type="checkbox"/>	INFORM:	<input type="checkbox"/>	ASSURE:	<input type="checkbox"/>
Recommendation:	For the Board to review and NOTE.						

This report supports the following Trust objectives as set out in the Integrated Medium Term Plan: (please tick) <input checked="" type="checkbox"/>	
Equitable and timely services	<input checked="" type="checkbox"/>
Providing evidence based care and research which is clinically effective	<input type="checkbox"/>
Supporting our staff to excel	<input type="checkbox"/>
Safe and reliable services	<input type="checkbox"/>
First class patient/donor experience	<input type="checkbox"/>
Spending every pound well	<input checked="" type="checkbox"/>
Acronyms:	
NWSSP – NHS Wales Shared Services Partnership SSPC – Shared Services Partnership Committee SMT – Senior Management Team	WAO – Wales Audit Office IMTP – Integrated Medium Term Plan
Executive Summary:	
The purpose of this report is seek approval to extend to 30 September 2020 the temporary financial limits delegated to NWSSP in respect of COVID 19 related expenditure incurred on behalf of NHS Wales.	

Background

Temporary adjustment were made to the financial limits delegated to NWSSP in respect of COVID19 and pandemic related expenditure incurred on behalf of NHS Wales by the Velindre University NHS Trust Board on 18 and 30 March 2020.

Subsequent to that agreement by the Velindre Board, a NWSSP Finance Governance Group was also established to oversee COVID19 related expenditure incurred on behalf of NHS Wales that required payments in advance and approval by the Velindre Board. The Director of Finance and the Vice Chair of Velindre University NHS Trust are members of the Finance Governance Group.

Limits

It was initially agreed on 18 March 2020 to increase the delegated authorisation limits for the Chair and Managing Director for COVID 19 expenditure to £2M. This was subsequently increased to £5M from 30 March 2020. However, contracts and orders for COVID expenditure in excess of £5M will still require approval of the Velindre Trust Board, which for expedience may need to be through the existing mechanism of Chair's action.

Welsh Government approval is still required on all orders over £1m or advanced payments worth 25% or more of the contract value.

It was agreed that these increased limits for COVID expenditure would end on 30 June 2020.

Review

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

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

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

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

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

- The market conditions are improving but they remain fragile. Current market prices and the reliability of supply, in terms of both quality and required volumes, have not yet returned to anywhere near pre-COVID19 levels.
- The uncertainty about the timing of a potential 'Second Wave' and consequent impact on the availability and price of the above listed priority areas.
- The recent agreement for NWSSP to provide PPE to Social Care in Wales and the expectation that demand will increase significantly as elective work is reintroduced in hospitals

- The growing expectation that NWSSP will be asked to provide PPE to other sectors in Wales. This may not be limited to social care, but potentially include unpaid carers, schools and other primary and community based practitioners.
- The potential requirement to provide facemasks for staff in non-clinical settings and for visitors

This limits the certainty we can have about the assumptions we have built into our future demand model and stock holding levels.

We would advise that until there is a greater level of certainty concerning these risk areas it would be prudent to extend the temporary limits to remain in place until 30 September 2020. An extension would also allow for the future demand model to be more fully tested.

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

Internal Audit Review

We have commissioned Internal Audit to undertake a review which will assess the adequacy and effectiveness of internal financial controls in operation during the Covid-19 pandemic, with particular regard to the role of the Finance Governance Group and the early payment process implemented, in ensuring that value for money is maintained.

The findings of this review will be reported to the NWSSP Audit Committee before 30 September 2020.

Recommendation

The Board **APPROVE** an extension to the revised financial scheme of delegation in respect of COVID 19 related contracts until 30 September 2020, when they will be reviewed again.