

- 1.0.0 11:00 - STANDARD BUSINESS  
*Led by Professor Donna Mead, Trust Chair.*
- 1.1.0 APOLOGIES  
*Led by Prof Donna Mead (Chair)*  
*Apologies have been received from:*
  - \- Janet Pickles\, Independent Member
  - \- Susan Thomas\, Acting Executive Director of OD & Workforce
- 1.2.0 IN ATTENDANCE  
*Led by Prof Donna Mead (Chair)*  
  
*\- Karen Wright\, Assistant Director of Workforce \ (Attending on behalf of Mrs Susan Thomas\, Acting Executive Director of OD & Workforce\)*
- 1.3.0 DECLARATIONS OF INTEREST  
*Led by Professor Donna Mead, Trust Chair.*
- 1.4.0 MATTERS ARISING
- 1.4.1 Action Log  
*Led by Professor Donna Mead, Trust Chair.*
  - 1.4.1 Updated Action Log from Trust Board Part A Meeting Updates.docx
- 2.0.0 11:05 - CONSENT ITEMS  
*Led by Professor Donna Mead, Trust Chair.*
- 2.1.0 FOR APPROVAL
- 2.1.1 Minutes from the Public Trust Board meeting held on the 30th January 2020  
*Led by Professor Donna Mead, Trust Chair*
  - 2.1.1 Trust Board Minutes 30.01.2020 docx.docx
- 2.1.2 Trust Board Cycle of Business - Amendment  
*Led by Lauren Fear, Interim Director of Corporate Governance*
  - 2.1.2 Trust Board Cycle of Business Amendment - Cover paper.docx
  - 2.1.2 Appendix 1 - Trust Board Cycle of Business April 2020 to March 2021 Draft V4.docx
- 2.1.3 Chairs Urgent Action Report  
*Led by Lauren Fear, Interim Director of Corporate Governance*
  - 2.1.3 Chairs Urgent Action Matter Report -March 2020.docx
- 2.1.4 Amendment to Standing Orders & Standing Financial Instructions - WBS Wholesale Signatories, Remuneration Committee & Digital & Information Governance Committee Terms of Reference  
*Led by Lauren Fear, Interim Director of Corporate Governance*
  - 2.1.4 Amendment to Standing Orders Cover Paper - WBS Wholesale Signatories Rem Com, Audit and IG&IMT Committee ToR Cover Paper.docx
  - 2.1.4 Appendix 1 - Remuneration Committee ToR - AMENDED 05.02.20.docx
  - 2.1.4 Appendix 2 - Digital & Information Governance Terms of Reference - Tracked Changes. docx.docx
  - 2.1.4 Appendix 3 - Audit Committee Terms of Reference - redraft Feb 2020.docx
- 2.1.5 Trust Strategic Equality Objectives and Plan  
*Led by Karen Wright, Assistant Director of Workforce*
  - 2.1.5 Trust Strategic Equality Objectives and Plan (002) Cover Paper.docx
  - 2.1.5 Appendix 1 - Draft Strategic Equality Objectives & Plan 2020-2024.docx
  - 2.1.5 Appendix 2 - Public Bodies SEP 2020-2024 .docx
  - 2.1.5 Appendix 3 - Strategic Equality Objectives & Plan.docx
  - 2.1.5 Appendix 4 - Joint Trust and partnership SEP EQIA 20-24.docx
- 2.1.6 TCS Programme Scrutiny Committee Annual Report  
*Led by Carl James, Director of Transformation, Planning & Digital*
  - 2.1.6 TCS Programme Scrutiny Committee Annual Report Cover Paper.docx
  - 2.1.6 Appendix 1 - TCS Programme Scrutiny Committee Annual Report October 2019 v0.8.docx

- 2.1.7 IG & IM&T Committee Annual Report  
*Led by Stephen Harries, Interim Vice Chair*  
2.1.7 IG & IM&T - Committee Annual Report - Cover Paper.docx  
2.1.7 Appendix 1 - IG & IMT- Committee Annual Report.docx
- 2.1.8 Audit Committee Annual Report  
*Led by Martin Veale, Independent Member*  
2.1.8 Audit Committee Annual Report - Cover Paper.docx  
2.1.8 Appendix 1 - Audit Committee Annual Report Jan - Dec 2019 FINAL (002).docx
- 2.1.9 Urgent Decisions over £100k  
*Led by Mark Osland, Executive Director of Finance*  
2.1.9 TB Proc Submission Summary Mar 20 mb amended docx.pdf  
2.1.9 App 1 TCS Professional Advisors 2020-21 FINAL (rw).pdf  
2.1.9 App 2 AW Drugs Paper v3 mb amended.pdf  
2.1.9 App 3 Board Paper HLA ANTIBODY TESTING V5 mb amended.pdf  
2.1.9 App 4 NHS Resolution SLA V3 mb amended.pdf
- 2.2.0 FOR NOTING
- 2.2.1 Approved Policies Update  
*Led by Lauren Fear, Interim Director of Corporate Governance*  
2.2.1 Approved Policies Update - March 2020.docx
- 2.2.2 NHS Wales Shared Services Partnership Audit Committee Report  
*Led by Lauren Fear, Interim Director of Corporate Governance*  
2.2.3 SSPC 21012020 VUNHST Audit Committee Assurance Report.docx
- 2.2.3 NHS Wales Shared Services Partnership Committee Assurance Report  
*Led by Lauren Fear, Interim Director of Corporate Governance*  
2.2.4 SSPC Assurance Report 16 January 2020.doc
- 2.2.4 IMTP Delivery 2019-2020  
*Led by Carl James, Director of Transformation, Planning & Digital*  
2.2.5 IMTP Delivery 2019 - 2020 - Trust Board 260320.docx  
2.2.5 Appendix 1 - IMTP Level 1 Progress Report WBS for 2019\_20\_February 2020.docx  
2.2.5 Appendix 2 - IMTP Delivery 2019\_20 Level 1 Progress Report - VCC.docx
- 3.0.0 11:10 - PRESENTATION: COVID 19 UPDATE \*\* TO FOLLOW\*\*
- 4.0.0 KEY REPORTS
- 4.1.0 11:35 - Chairs Update  
*Led by Professor Donna Mead, Trust Chair*  
4.1 Chair Update Report - March 2020.docx
- 4.2.0 11:40 - Chief Executive Officer Update  
*Led by Steve Ham, Chief Executive Officer*  
4.2 CEO Update Report - March 2020.docx
- 5.0.0 11:45 - QUALITY & SAFETY  
*Presenter: Name & Title*
- 5.1.0 VUNHST Risk Register \*\*TO FOLLOW\*\*  
*Led by Lauren Fear, Interim Director of Corporate Governance.*  
  
*\\*\\*This item will follow to include Covid\19 Risk\\*\\**
- 6.0.0 12:00 - PLANNING & PERFORMANCE  
*Presenter: Name & Title*
- 6.1.0 Delivering Excellence Performance Report Period  
*Led by Cath O'Brien, Interim Chief Operating Officer*  
6.1 Delivering Excellence Performance Report - 26th March.docx  
6.1 Appendix 1 Trust-wide Workforce Performance Report - January 2020.docx  
6.1 Appendix 2 - VCC Performance Report - December 2019.pdf  
6.1 Appendix 3 - WBS Monthly Report Jan 2020 Report.pdf
- 6.2.0 Financial Report Period Month 11

*Led by Mark Osland, Executive Director of Finance*

6.2 19-20 Month 11 Finance Report Trust Board Cover paper26.03.20.docx

6.2 M11 VELINDRE NHS TRUST FINANCIAL POSITION TO FEBRUARY 2020 Final.docx

6.2 Appendix 1 - Savings Performance February 2020.xlsx

6.2 Appendix 2 - Velindre Capital Programme Summary February 2020.xlsx

6.2 Appendix 3 - TCS Programme Finance Report (January 2020).pdf

7.0.0 12:10 - INTEGRATED GOVERNANCE - COMMITTEE HIGHLIGHT REPORTS

*Presenters are asked to focus on the Alert/Escalate Areas of the Highlight Reports*

7.1.0 WF & OD Highlight Report

*Led by Janet Pickles, Independent Member*

7.1 WOD Committee Highlight Report2 -30.01.2020.docx

7.2.0 Remuneration Committee Highlight Report

*Led by Karen Wright, Assistant Director of Workforce*

7.2 Remuneration Committee Highlight Report -30.01.2020 and 20.02.2020 FINAL VERSION (2).docx

7.3.0 IG & IM & T Highlight Report

*Led by Stephen Harries, Interim Vice Chair*

7.3 IG IMT Committee Highlight - March 2020.docx

7.4.0 Audit Committee Highlight Report

*Led by Martin Veale, Independent Member*

7.4 Audit Committee Highlight Report 6th Feb 2020 DRAFT (002).DOCX

8.0.0 12:25 - ANY OTHER BUSINESS

*Prior Approval By the Chairman Required*

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

*The next meeting is scheduled for the 4th June 2020.*

10.0.0 CLOSE

*The Board is asked to adopt the following resolution:*

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

# VELINDRE NHS TRUST

## UPDATE OF ACTION POINTS FROM TRUST BOARD MEETINGS 28.11.2019 / 19.12.2019/ 30/01/2020

MINUTE NUMBER	ACTION	STATUS	LEAD
<b>Public Trust Board 28.11.2019</b>			
<b>28-11-19 2.2.5</b>	<b>Health Technology Wales – Annual Report</b>  <b>Action:</b> Paper for Trust Board of Audit Committee outlining Steve Hams role in HTW and its governance	<b>UPDATE – JANUARY 2020</b>  Ongoing – will be presented at the April 20 Audit Committee  <b>UPDATE AT MARCH BOARD</b>	<b>SC/SH</b>
<b>7.3</b>	<b>Radiotherapy Performance</b>  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.	<b>UPDATE JANUARY 2020</b>  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 will continue to manage this in the 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.  <b>UPDATE AT MARCH BOARD</b>	<b>COB</b>



9.4	<b>Academic Partnership Board Terms of Reference</b>  <b>Action:</b> Mr Colin Eaketts from Welsh Government to be invited to attend these meetings.	<b>UPDATE – JANUARY 2020</b> First meeting to be held on 18 <sup>th</sup> March, where proposed format will be recommended to hold separate meetings with each University and then an annual meeting together to review progress and share learning.  <b>UPDATE – MARCH 2020</b> First meeting deferred due to current response planning to covid-19	NW
28-09-17 4.3	<b>Velindre NHS Trust Risk Appetite Statement</b>  <b>Action:</b> Collect emerging themes and report back to the Board in 6 months.  <b>Action:</b> Training event and practical plan to implement this process  <b>The Board APPROVED on the basis that the above comments are noted and the actions taken forward.</b>	<b>UPDATE JANUARY 2020</b>  Board development session to be held before the end of April 2020 in order to feed into wider strategic risk development work.  <b>UPDATE AT MARCH BOARD</b>	LF/NW
<b>19.12.2019 – Extraordinary Public Trust Board</b>			
2.0	<b>Urgent Decisions Over £100k</b>  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.	<b>UPDATE JANUARY 2020</b>  Ongoing- Meeting held with procurement on 14 January to agree the work that needs to be completed. A plan is being drawn up to include a full review of the whole process and to determine procedural responsibilities.  Target date – APRIL 2020  <b>UPDATE AT MARCH BOARD</b>	MO/LF

	2. Mr Steve Ham advised that the items in relation to Transforming Cancer Services (TCS) will also be addressed in more detail at the TCS Programme Scrutiny Committee.	<b>UPDATE JANUARY 2020</b>  Ongoing - The January TCS Scrutiny Committee was cancelled but the issue will be picked up in February meeting.  <b>UPDATE AT MARCH BOARD</b>	<b>SH</b>
<b>30.01.2020 Public Trust Board</b>			
<b>Minutes from 28.11.2019 6.3</b>	<b>Minimum Wage Reference</b> The statement is correct should be rephrased for improved clarity.	<b>COMPLETE</b>	<b>ST</b>
<b>30.01.2020 2.1.4</b>	Mr Gareth Jones highlighted to the Board that there was an anomaly with the figures in item 2.1.5 appendix 1 for the provision of Design and Consultancy advice, Civil Structural Engineering Services, Enabling Works for the nVCC.  The Board approved the lower figure of £750k with an action to review the paper and re-issue the correct paper through the Chairs Urgent Action process.	<b>COMPLETE</b>  Figure confirmed and matter actioned under Chairs Urgent Action. See item 2.1.3 on the agenda.	<b>MO</b>
<b>30.01.2020 2.2.3</b>	<b>SSPC Board Assurance Report</b> 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. Lauren Fear, Steve Ham and Steve Combe to discuss and update via the action log.	<b>UPDATE AT MARCH BOARD</b>	<b>LF/SH/SC</b>
<b>30.01.2020 3.0</b>	<b>Podcast / Presentation</b> Mr Martin Veale raised a separate matter considering the work of HTW at Audit Committee. The business of HTW and the reporting requirements into Committee/Board to be considered.	<b>UPDATE AT MARCH BOARD</b>	<b>LF</b>



## **MINUTES OF THE PUBLIC TRUST BOARD – PART A**

**THURSDAY 30TH JANUARY 2020, 09:30-12:30PM  
VELINDRE UNIVERSITY NHS TRUST HQ**

### **PRESENT:**

Prof Donna Mead  
Mr Stephen Harries  
Ms Janet Pickles  
Mr Martin Veale  
Mr Phil Roberts  
Mrs Nicola Williams

Mr Mark Osland  
Dr Jacinta Abraham  
Mr Gareth Jones  
Prof Donald Fraser

Chair (Chair)  
Vice Chair  
Independent Member  
Independent Member  
Independent Member  
Executive Director of Nursing, Allied Health  
Professionals and Clinical Scientists  
Executive Director of Finance and Informatics  
Executive Medical Director  
Independent Member  
Independent Member

### **IN ATTENDANCE:**

Ms Cath O'Brien  
Mr Alan Prosser  
Mr Carl James

Ms Susan Thomas  
Mrs Lauren Fear  
Mrs Non Gwilym  
Ms Kate Febry  
Mr Steve Combe  
Ms Barbara Burbidge  
Mr Daniel Price  
Dr Susan Myles  
Mrs Rebecca Goode

Chief Operating Officer  
Interim Director of Welsh Blood Service (WBS)  
Director of Strategic Transformation, Planning,  
Performance & Estates  
Interim Executive Director of OD and Workforce  
Interim Director of Corporate Governance  
Assistant Director of Communications & Engagement  
WAO  
Interim Director of Governance  
Patient Liaison Group  
Community Health Council (CHC) Representative  
Director of HTW (presentation only)  
Meeting Secretariat

ITEM NO.	ITEM	Action
<b>1. STANDARD BUSINESS</b>		
<b>1.1</b>	<b>APOLOGIES</b>	
	Prof Donna Mead welcomed everyone to the meeting and noted apologies for Ms Sarah Morley, Executive Director of Workforce & Organisational Development and Mrs Carole Jacobi, Volunteer Manager.	
<b>1.2</b>	<b>IN ATTENDANCE</b>	
	Prof Donna Mead welcomed Mrs Susan Thomas, Assistant Director of Organisation Development (on behalf of Sarah Morley), Dr Susan Myles, Director of Health Technology Wales for agenda item (3.1) and Ms Katrina Febry from the Wales Audit Office.	
<b>1.3</b>	<b>DECLARATIONS OF INTEREST</b>	
	Nil	
<b>1.4</b>	<b>MATTERS ARISING</b>	
<b>1.4.1</b>	<b>Action Log</b>	
	<i>The action log was updated accordingly.</i>	
<b>2. CONSENT ITEMS</b>		
<b>2.1</b>	<b><u>FOR APPROVAL</u></b>	

2.1.1	<p><b>Minutes from the Public Trust Board meeting held on the 28<sup>th</sup> November 2019</b> were discussed in detail and amendments were requested as follows:</p> <ul style="list-style-type: none"> <li>Item 6.3 - Minimum Wage comment – the statement is correct but could be worded better.</li> </ul> <p><b>Action:</b> Interim Director of WF&amp;OD will advise with an improved form of words.</p> <ul style="list-style-type: none"> <li>Mr Gareth Jones, IM – attended the meeting as an observer and not as an attendee.</li> </ul>	ST
2.1.2	<p><b>Minutes from the Extra-ordinary Public Trust Board Meeting held on the 19.12.2019</b> were <b>APPROVED</b>.</p>	
2.1.3	<p><b>Chairs Urgent Action Report</b> was <b>APPROVED</b></p>	
2.1.4	<p><b>Trust Cycle of Business</b> was <b>APPROVED</b></p>	
2.1.5	<p><b>Board Decisions Required for Commitments exceeding £100k for the period 30<sup>th</sup> January – 25<sup>th</sup> March 2019.</b></p> <p>Mr Gareth Jones highlighted to the Board that there was an anomaly with the figures in item 2.1.5 appendix 1 for the provision of Design and Consultancy advice, Civil Structural Engineering Services, Enabling Works for the nVCC.</p> <p><b>Action:</b> The Board approved the lower figure of £750k with an action to review the paper and re-issue the correct paper through the Chairs Urgent Action process.</p> <p>All items were <b>APPROVED</b>.</p>	MO
2.2	<p><b><u>FOR NOTING</u></b></p>	
2.2.1	<p><b>Approved Policies Update</b> was <b>NOTED</b></p>	
2.2.2	<p><b>Trust Seal Report</b> was <b>NOTED</b></p>	

### 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 by VUNHST as the hosted organisation.

**Action:** Lauren Fear, Steve Ham and Steve Combe to discuss hosted organisation processes (as above) and updated via the action log.

LF/SH/SC

### 2.2.4 Charitable Funds (Trustee) Annual Report 2018-19

All items were **NOTED**.

## 3. PODCAST/PRESENTATIONS

**3.1** Dr Susan Myles, Director of HTW, updated the full Board on the activities of HTW and noted that they had reached their 2<sup>nd</sup> year anniversary and signposted the Board to their recently published Annual Report for comment and feedback.

The Presentation was included in the paper bundle and the following comments were captured:-

- Janet Pickles – encouraged more partnerships with Social Care Colleagues and recommended improving the literature to encourage collaborative work. Also the pathway of care work is under review with transformation of digital and technology and to link in with these groups.
- Phil Roberts – Encourage working with Celtic partners to ensure that duplication is not happening.
- Prof Donna Mead – Trinity University – ATTIC – very important for transformation, particularly with AI and user acceptability. Working with patient focus groups to develop their programmes of work.

Martin Veale raised a separate matter about considering their work at Audit Committee. Lauren Fear to consider the business of HTW and the reporting requirements into Committee/Board.

The Chair thanked Dr Susan Myles for attending Trust Board today and briefing the Board. Cath O'Brien also thanked Susan Myles for her support with the Cell-gene therapy work.

LF

## 4. KEY REPORTS

4.1.0	<b>Chair's Update</b>	
	<p>Prof Donna Mead provided the Board with an update. The Chair highlighted the following;</p> <ul style="list-style-type: none"> <li>• Positive half year review with the Minister and awaiting the feedback.</li> <li>• Confirmed that the Development Agreement (DA) for the enabling works had been signed - and formally thanked the TCS team for the all their hard work in reaching this milestone moment. Prof Mead confirmed that there were conditions within the agreement that will need to be met and that David Dodwell, Project Director was drafting a letter to address the concerns. Steve Ham personally thanked the TCS Team and Carl James for their hard work. Non Gwilym informed the Board that the PIN notice was out on the 29<sup>th</sup> January and had been picked up by the press. The Board will be kept fully signed on the market response in due course.</li> <li>• RD&amp;I Showcase – Prof Mead wanted to thank those involved in the event and to say it was an informative event that richly supported her WBS discussions at her review with the Minister.</li> </ul> <p>The Trust Board <b>NOTED</b> the update.</p>	
4.2.0	<b>CEO Update</b>	
	<p>Mr Steve Ham provided the Board with an update. The CEO highlighted the following;</p> <ul style="list-style-type: none"> <li>• <b>nVCC</b> – really pleased that the DA was signed and that Market testing had begun. Looking to start OJEU about May with first responses by the end of May. Mr Ham confirmed that good communications were in place with an anticipated questions and answers section. The next stage will be for the extra-ordinary Board to review the Procurement and Project Agreement documents planned for end of February. <b>Action:</b> The CEO is constructing a letter regarding capacity to meet demand with the TCS programme and will update the Board at the next meeting.</li> <li>• <b>Joint Executive Team meeting</b> – a positive meeting and will share the letter when it is received.</li> <li>• <b>Review of Quality Governance Arrangements at Cwm Taf Morgannwg University Health Board</b> – recently submitted to WG</li> </ul>	<p>SH</p> <p>SH</p>



	will be driven through Q&S and the Trust is awaiting the next steps. Lauren Fear will work with peer group and feedback in due course.
	The Trust Board <b>NOTED</b> the update.

## 5. QUALITY AND SAFETY

5.1.0	<b>Quality &amp; Safety (Q&amp;S) Highlight Report</b>	
	<p>Janet Pickles summarised the Highlight Report and confirmed progress around the complaints and Donor/Patient experience. The report detailed the key issues considered by the Quality &amp; Safety Committee at its meeting on the 5<sup>th</sup> December 2019.</p> <p>The Trust Board <b>NOTED</b> the update</p>	
5.2.0	<p><b>Trust Risk Register</b></p> <p>Lauren Fear briefed the Board with a presentation as follows:-</p> <ul style="list-style-type: none"> <li>• Outlining seven key deliverables by the end of May.</li> <li>• The plan to refresh the content of the Trust Risk Register</li> <li>• The enhanced approach to the Trust Risk Register</li> <li>• Develop a longer term plan for the assurance framework with a better understanding of the roles</li> <li>• Refreshed appetite approach for Board.</li> </ul> <p>The Trust Board <b>NOTED</b> the update</p>	
	<p>Lauren Fear presented the December Risk Register and confirmed that there were no new or removed risks. It was noted that the following risks being worked up as follows:-</p> <ul style="list-style-type: none"> <li>• Out Patients Department Risk</li> <li>• Two directional risk around the IMS</li> </ul> <p>Cath O'Brien updated the Board on the outpatient programme of work to include the patient flow, resource and accommodation for the department. The Chair was keen to see some immediate improvements as patient experience is not good and patients are waiting a long time.</p> <p>Dr Jacinta Abraham informed the Board of some improvements in the Breast Team involving the Specialist Nurses screening patients and the</p>	

efficiencies in the treatment pathways which will be shared with other site team.

Cath O'Brien assured the Board that work is underway but in a systematic way to ensure the right improvements are being implemented at the correct time.

Carl James confirmed that the Clinicians are key to the process and the future model of care. The process will need to consider the Socio-economic duty and ensure pathways support the social and economic factors within society.

The Chair asked that we are considerate to those patients who wait in excess of 3 hours by offering them a drink.

Stephen Harries asked if some of the future models of care for the new hospital are being implemented in the service today and Cath O'Brien confirmed that the data is being looked at in detail and that all the interdependencies in the treatment pathway are aligned.

This will be captured as a risk on the Trust Risk Register and regularly reported to Board.

The Trust Board **APPROVED** the Trust Risk Register.

## 6. WORKFORCE AND ORGANISATIONAL DEVELOPMENT

### 6.1.0 Workforce & OD Highlight Report

Janet Pickles informed the Board that the last meeting of the WF&OD Committee took place on the 15<sup>th</sup> January and a full Highlight Report will be received at the March Committee.

Janet Pickles and Dr Jacinta Abraham informed the Board of concerns in relation to Junior Doctor rotation programme and that this time VCC had only secured 6 out of the 8 places on the rotation. Dr Jacinta Abraham also re-iterated the importance of the junior doctor experience and that their feedback does feed into GMC and Deanery surveys. Work is also underway with HEIW (Health Education in Wales) on a more sustainable and robust process for the future and VCC will actively engage in these discussions. The Board asked to be kept sighted on the developments in this area.

	The Trust Board <b>NOTED</b> the update.	
<b>6.2</b>	<b>Remuneration Committee Highlight Report 24<sup>th</sup> October 2019</b>	
	<p>Prof Donna Mead confirmed that Remuneration Committee had been cut short due to time pressures and will resume next week. The Board will receive the January Remuneration Report at the March Trust board.</p> <p>The Trust Board <b>NOTED</b> the Highlight Report.</p>	

## 7. PLANNING AND PERFORMANCE

<b>7.1.0</b>	<b>Planning &amp; Performance Committee Highlight Report</b>	
	<p>Mr Phil Roberts, as Chair of the Committee, gave a brief oral update from the meeting held on the 20<sup>th</sup> January 2020 which showed an improvement the SACT performance and good general performance for WBS.</p> <p>The Trust Board <b>NOTED</b> the brief update.</p>	
<b>7.2.0</b>	<b>Delivering Excellence Performance Report – September 2019</b>	
	<p>Cath O'Brien, Chief Operating Officer, invited Alan Prosser to summarise the WBS performance as follows:</p> <ul style="list-style-type: none"> <li>• Red blood cells met clinical demand at the end of November.</li> <li>• Bone Marrow Volunteers achieved the above target position with 372 added to the registry.</li> <li>• YTD stem cell collections remains above target position</li> <li>• Formal concerns and quality incident management were met in November.</li> <li>• Whole blood collection efficiency remained just below target position in November.</li> <li>• The overall part bags and failed venepuncture rate successfully remained within the target threshold demonstrating ongoing continued improvement in performance.</li> <li>• Time expired platelets and red cells successfully remained inside the target tolerance threshold.</li> <li>• Overall donor satisfaction continued to exceed target position at 94%</li> </ul>	

Alan Prosser confirmed that there will be a MHRA inspection at the same time as the March Board and key Board members will need to be at the closure meeting.

### **Velindre Cancer Centre**

As detailed in the summary and below:

- Problem with linac breakdown and challenging to meet targets
- Issue with meeting targets if change of 'treatment' intent occurs and the patient is already in the system and will therefore breach waiting times.
- Weekly waiting time meetings are in place and a full programme of work to implement quick wins and improvements
- Outpatient department (OPD) – data being looked at in detail
- Delay transfer of care being taken forward by Nicola Williams
- Looking at repatriation of patient into social care
- More detail required in the narrative on pressure ulcers
- 80% of patient's rate the experience a 9 but it would be interesting to see what the other 20% think?

### **Velindre University NHS Trust Corporate HQ**

Susan Thomas informed the Board that there was a change to the report which was now a dashboard and summarises the PADR, Sickness and M&S compliance more succinctly.

The Board **APPROVED** the Performance Reports.

## **7.3 IMTP 2020-21**

Carl James summarised the IMTP plan and the financial assumptions with Commissioners. Research, Development and Innovation requires more detail and the plan must be 100 pages in length. Note: Primary care details are to be addressed.

The Board requested a pictorial/easy to read guide for staff in due time with the organisational story and making it visible to all staff.

The Board were informed that Blogs will follow after each Board and all documents will be available on the intranet.

The IMTP plan was **APPROVED** subject to some minor tweaks.

7.4	<b>IMTP 2019-20 Performance</b>	
	<p>Cath O'Brien summarised operational performance against targets:-</p> <ul style="list-style-type: none"> <li>• Apheresis – interim solution in the next couple of weeks to maintain service</li> <li>• Ambient hold programme – awaiting a firm 'go live' date</li> <li>• VCC Outreach – better planning for Radiotherapy and clarity on definitions and more informative narrative to be included</li> </ul> <p>The Board discussed, reviewed the data and <b>NOTED</b> the report.</p>	
7.3.0	<b>Financial Report Month 9</b>	
	<p>Mark Osland presented the Financial Report for Month 9 and confirmed the report had not been received at P&amp;P Committee but an update had been given verbally.</p> <p>The report was self-explanatory with the following two points highlighted:-</p> <ol style="list-style-type: none"> <li>1. Underspend in WBS due to vacancies</li> <li>2. Short-term allocation with TCs funding to be addressed going forward.</li> </ol> <p>The Board <b>NOTED</b> the contents of the Month 9 financial report.</p>	
<b>8.0 TRANSFORMATION</b>		
8.1	<b>TCS Programme Highlight Report</b>	
	<p>Carl James presented the Transforming Cancer Services (TCS) Programme Highlight Report. Mr James noted there has been good progress across the projects, in particular the collaborative meeting on the 8<sup>th</sup> January 2020.</p> <p>The Trust Board <b>NOTED</b> the report.</p>	
8.2	<b>TCS Scrutiny Committee</b>	

Carl James presented the TCS Scrutiny Committee update and informed the Board that the main change was that with this Committee was for the whole TCS programme and not just nVCC.

The Trust Board **NOTED** the report.

## 9. RESEARCH, DEVELOPMENT AND INNOVATION (RD&I)

### 9.1.0 Research, Development & Innovation Committee Highlight Report

Prof Donna Mead presented the Research, Development & Innovation Committee Highlight Report from the 6<sup>th</sup> November 2019 which was self-explanatory, Prof Mead alerted the Board to Innovation playing a more integral part of this committee going forward.

The Trust Board **NOTED** the update.

## 10. INFORMATION GOVERNANCE & INFORMATION MANAGEMENT & TECHNOLOGY

### 10.1.0 Information Governance & Information Management & Technology (IG&IM&T) Highlight Report 10<sup>th</sup> December 2019

Mr Stephen Harries presented the IG & IM & T Committee Highlight Report from the 10<sup>th</sup> December 2019 and alerted the Board to the following updates:

- WPAS update on the data migration process
- Email policy being dealt with under a records management system

The Board **NOTED** the update.

## 11 INTEGRATED GOVERNANCE

### 11.1 WAO 2019 Annual Audit Report & Structured Assessment

Kate Febry from the WAO introduced the report and raised the following points:-

	<ul style="list-style-type: none"> <li>• Develop the BAF/Risk approach to align with the strategic priorities and include better defined processes on how the Board collectively capture/manage the risks.</li> <li>• Better define the strategic planning arrangements to underpin the IMTP plan and tracker process.</li> <li>• Recommendations from previous reports revisited.</li> <li>• WB&amp;FGA recommendation, however sympathetic as this is a new area and very much in development.</li> </ul> <p>Overall a positive report.</p> <p>Martin Veale said that the summary at the beginning of the report is captured on the contents page and somewhat out of context as no weighting is given at that part of the report. Kate Febry confirmed that this was being reviewed.</p> <p>The Board <b>NOTED</b> and <b>RECEIVED</b> the report.</p>	
<b>11.2</b>	<b>Charitable Funds Committee Highlight Report from 3<sup>rd</sup> December 2020</b>	
	<p>Prof Donna Mead presented the Charitable Funds Committee Highlight Report</p> <p>The Board were informed that there were no items for alert and that the report was self-explanatory.</p> <p>The Trust Board <b>NOTED</b> the report.</p>	
<b>11.3</b>	<b>NWSSP Audit Assurance Report</b>	
	Nil	
<b>12.0</b>	<b>ANY OTHER BUSINESS</b>	
	Nil	
<b>13.0</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>	

	The next meeting is scheduled for Thursday 26 <sup>th</sup> March at Velindre University NHS Trust Headquarters.	
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<b>13.0.0</b>	<b>CLOSE</b>	
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## TRUST BOARD

### trust board cycle of business

<b>DATE OF MEETING</b>	26/03/2020
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
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<b>PREPARED BY</b>	Cally Hamblyn, Head of Corporate Governance
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<b>PRESENTED BY</b>	Lauren Fear, Interim Director of Corporate Governance
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<b>EXECUTIVE SPONSOR APPROVED</b>	Lauren Fear, Interim Director of Corporate Governance
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<b>REPORT PURPOSE</b>	FOR APPROVAL
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#### COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME

#### ACRONYMS

EASC	Emergency Ambulance Service Committee
NWSSP	NHS Wales Shared Services Partnership Committee
WHSCC	Welsh Health Specialised Services Committee

## 1. SITUATION/BACKGROUND

- 1.1 The Trust Board should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Trust Board is effectively carrying out its role.
- 1.2 The cycle of business covers the period 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021. The Trust Board Cycle of Business has been developed to help plan the management of Board matters and facilitate the management of agendas and Committee business.
- 1.3 The Board approved the cycle of business at its January 2020 meeting, the purpose of this report is to notify the Board of an additional item to be included in the cycle of business as outlined in section 2 of this report.

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Following approval at the last meeting an additional item has been added to the cycle of business, namely, "Joint Committee Composite Report". This report going forward will encompass updates from WHSCC, EASC and NWSSP and will be prepared by the Interim Director of Corporate Governance.
- 2.2 Please refer to Appendix 1 – Trust Board Cycle of Business for further detail – the additional item is highlighted in red on page 4.

## 3. IMPACT ASSESSMENT

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	Yes (Please see detail below)
	Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore ensuring good governance within the Trust can support quality care.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.

## 4. RECOMMENDATION

- 4.1 The Trust Board is asked to **APPROVE** the Board Cycle of Business. Following the Board meeting the Cycle of Business will be published on the Trust Internet site.

[illegible]

ITEM	LEAD FUNCTION	FREQUENCY	APR 2020	MAY 2020 <small>EXTRA ORDINARY BOARD – ANNUAL ACCOUNTS AND ANNUAL REPORT</small>	JUN 2020	JUL 2020	AUG 2020	SEPT 2020	OCT 2020	NOV 2020	DEC 2020 <small>EXTRA ORDINARY BOARD - IMTP</small>	JAN 2021	FEB 2021	MAR 2021
Local Partnership Forum (LPF) Highlight Report	Workforce & OD	The next Board following LPF meeting			R	R		R		R				R
Local Partnership Forum Annual Report	Workforce & OD	Annually								R				
Remuneration Committee Highlight Report	Workforce & OD	Verbal at All Regular Meetings			R	R		R		R		R		R
Advisory Appointments Committee Highlight Report (Meets as and when required)	Workforce & OD	The next Board following AAC meeting <sup>1</sup>												
Gender Pay Gap report	Workforce & OD	Annually												R
<b>PLANNING, PERFORMANCE &amp; ESTATES</b>														
Financial Report	Finance	All Regular Meetings			R	R		R		R		R		R
Annual Statutory Accounts	Finance	Annually		R										
Contract Acceptance & Expected Urgent Decisions over £100,000 (Procurement)	Procurement / Finance	All Regular Meetings			R	R		R		R		R		R
Delivering Excellence Performance Report	Planning, Performance & Estates	All Regular Meetings			R	R		R		R		R		R
Integrated Medium Term Plan Approval (including FGA Wellbeing Statement)	Planning, Performance & Estates	Annually									R Draft	R Approval		
Planning & Performance Committee Highlight Report	Planning, Performance & Estates	The next Board following PPE Committee			R March and May			R		R	R	R		R
ITEM	LEAD FUNCTION	FREQUENCY	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEPT 2020	OCT 2020	NOV 2020	DEC 2020	JAN 2021	FEB 2021	MAR 2021

<sup>1</sup> The AAC Committee meets as and when required and therefore dates will be captured during the year.

				EXTRA ORDINARY BOARD – ANNUAL ACCOUNTS AND ANNUAL REPORT							EXTRA ORDINARY BOARD - IMTP			
Planning & Performance Committee Annual Report	Planning, Performance & Estates	Annually												R
Health Emergency Planning Annual Report	Planning, Performance & Estates	Annually												R
Estates Performance Report & Statutory Compliance	Planning, Performance & Estates	Bi -Annually						R						
Health & Safety Management Annual Report	Planning, Performance & Estates	Annually						R						
TCS Programme Committee Highlight Reports	Strategic Transformation	The next Board following the Committee			R	R		R		R	R	R		R
TCS Committee Annual Report	Strategic Transformation	Annually										R		
Transforming Cancer Services (TCS) Programme Update Report	Strategic Transformation	All Regular Meetings			R	R		R		R		R		R
<b>DIGITAL AND INFORMATION GOVERNANCE &amp; IM&amp;T</b>														
Information Governance & IM&T Committee Annual Report	IG&IM&T	Annually												R
Information Governance & IM&T Committee Highlight Reports	IG&IM&T	The next Board following the IG&IM&T Committee			R					R		R		
<b>RISK, AUDIT &amp; ASSURANCE (INTEGRATED GOVERNANCE)</b>														
Chairs Urgent Action Endorsements	Governance	All Regular Meetings as appropriate			R	R		R		R		R		R
ITEM	LEAD FUNCTION	FREQUENCY	APR 2020	MAY 2020 EXTRA ORDINARY BOARD – ANNUAL	JUN 2020	JUL 2020	AUG 2020	SEPT 2020	OCT 2020	NOV 2020	DEC 2020 EXTRA ORDINARY BOARD - IMTP	JAN 2021	FEB 2021	MAR 2021

				ACCOUNTS AND ANNUAL REPORT										
Trust Board Cycle of Business	Governance	Annually											R	
Trust Seal Report	Governance	Quarterly			R			R				R		
Joint Committee Composite Report	Governance	All Regular Meetings where applicable			R	R		R		R		R		R
Wales Audit Office Annual Letter	Governance	Annually				R								
Declaration of Interests, Gifts, Hospitality and Honoraria Register	Governance	Available upon request at all regular meetings			R	R		R		R		R		R
Accountability Report	Governance	Annually		R		R AGM								
Trust Annual Report	Governance & Communications	Annually				R AGM								
Review of Standing Orders & Standing Financial Instructions	Governance	Annually			R									
Review Trust Board Effectiveness	Governance	Annually			R									
Annual Meeting of Trustees	Charitable Funds	Annually								R				
Approved Policies Update	Governance	All Regular Meetings			R	R		R		R		R		R
Charitable Funds Committee (CFC) Highlight Report	Charitable Funds	The next Board following CFC Committee			R			R		R				R
ITEM	LEAD FUNCTION	FREQUENCY	APR 2020	MAY 2020 EXTRA ORDINARY BOARD – ANNUAL ACCOUNTS AND ANNUAL REPORT	JUN 2020	JUL 2020	AUG 2020	SEPT 2020	OCT 2020	NOV 2020	DEC 2020 EXTRA ORDINARY BOARD - IMTP	JAN 2021	FEB 2021	MAR 2021

Charitable Funds Committee Annual Report	Governance/ Charitable Funds	Annually												
Charitable Funds Trustee Annual Report	Charitable Funds	Annually												
Audit Committee Annual Committee Report	Finance	Annually												
Audit Committee Highlight Report	Finance	The next Board following Audit Committee												
NHS Wales Shared Services Partnership (NWSSP) Committee Assurance Report	Director – NWSSP	The next Board following SSP Committee												
NWSSP Audit Committee Highlight Report	Director – NWSSP	The next Board following the meeting												
<b>RESEARCH, DEVELOPMENT AND INNOVATION (RDI)</b>														
Research, Development & Innovation Committee Annual Report	Research & Development	Annually												
Research, Development & Innovation Committee Highlight Report	Research & Development	The next Board following RDI Committee												



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## TRUST BOARD

### chairs urgent action matter report

DATE OF MEETING	26/03/2020	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Cally Hamblyn, 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	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Trust Board Members – Via Email	6.2.2020	Approved.
Trust Board Members – Via Email	28.2.2020	Approved.
ACRONYMS		
	Nil Identified.	



## 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 This report details Chair's Urgent Action taken since the Trust Board meeting held in January 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

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

## 4. RECOMMENDATION

- 4.1 The Committee is asked to **CONSIDER** and **ENDORSE** the Chairs urgent action taken since the January 2020 Trust Board Meeting as outlined in Appendix 1.

## Appendix 1

The following items were dealt with by Chairs Urgent Action.

### 1. Contract over £100k for Design Services for the Enabling Works - nVCC

The Trust Board were sent an email on the 6<sup>th</sup> February 2020, inviting the Board to **AUTHORISE** expenditure to in relation to Design Services for the Enabling Works.

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

#### Recommendation Approved:

Professor Donna Mead, Trust Chair  
Mr. Steve Ham, Chief Executive Officer  
Mr. Stephen Harries, Interim Vice Chair  
Mr. Phil Roberts, Independent Member  
Mr. Gareth Jones, Independent Member  
Mr. Martin Veale, Independent Member  
Prof. Donald Fraser, Independent Member

#### No objections to approval received

### 2. Approval of Decisions over £100k

The Trust Board were sent an email on the 27<sup>th</sup> February 2020, inviting the Board to **AUTHORISE** expenditure to in relation to the following activity:

- Transforming Cancer Services Programme Communications and Engagement
- Welsh Blood Services Purchase and Maintenance of Automated Molecular Testing Equipment for Fetal RHD Screening
- Copyright Agency Licence
- GP WIFI Infrastructure

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

#### Recommendation Approved:

Professor Donna Mead, Trust Chair  
Mr. Steve Ham, Chief Executive Officer  
Mr. Stephen Harries, Interim Vice Chair  
Mr. Gareth Jones, Independent Member

#### No objections to approval received



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### 3. Approval of Decisions over £100k

The Trust Board were sent an email on the 16<sup>th</sup> March 2020, inviting the Board to **AUTHORISE** expenditure to in relation to the following activity:

- Additional IT Infrastructure

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

#### **Recommendation Approved:**

Professor Donna Mead, Trust Chair  
Mr. Steve Ham, Chief Executive Officer  
Mr. Stephen Harries, Interim Vice Chair  
Mr. Martin Veale, Independent Member

**No objections to approval received**

## TRUST BOARD

### AMENDMENT TO STANDING ORDERS & Standing financial instructions

<b>DATE OF MEETING</b>	26/03/2020
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
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<b>PREPARED BY</b>	Cally Hamblyn, Head of Corporate Governance
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<b>PRESENTED BY</b>	Lauren Fear, Interim Director of Corporate Governance
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<b>EXECUTIVE SPONSOR APPROVED</b>	Lauren Fear, Interim Director of Corporate Governance
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<b>REPORT PURPOSE</b>	FOR APPROVAL
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#### COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
Remuneration Committee	20.02.2020	Endorsed for Approval
Information Governance & IM&T Committee	28.02.2020	Endorsed for Approval

#### ACRONYMS

	None identified.
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## 1. SITUATION/BACKGROUND

- 1.1 The Velindre University NHS Trust Standing Orders form the basis upon which the Trust's governance and accountability framework is developed and, together with the adoption of the Trust's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales. All Trust Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content.

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

### 2.1 Amendment to the **Remuneration Committee Terms of Reference**

The terms of reference are included at Appendix 1 and changes have been identified in red.

### 2.2 Amendment to the **Information Governance & IM&T Committee Terms of Reference**

The terms of reference are included at Appendix 2 and changes have been tracked within the document for ease of reference. The main change is the name of the meeting to **Digital & Information Governance** Terms of Reference.

### 2.3 Amendment to the **Audit Committee Terms of Reference**

The terms of reference are included at Appendix 3 and changes have been tracked within the document for ease of reference.

### 2.4 Amendment to **Financial Limits for WBS Wholesale Products**

Financial limits are awarded to Trust Officers to aid effective decision making at the most appropriate level to support operational service provision. Delegated financial limit for wholesale products is set at £800k to ensure business continuity for the wholesale service. A core activity within WBS is the provision of a blood product wholesale service to NHS hospitals. Blood products are purchased and stored within WBS, and issued to NHS Hospitals at cost. The turnover for these products is approx. £13.5m per annum and there are 10 main suppliers. WBS are required to provide a safe, secure and robust ordering system for the provision of routine wholesale products as required under a Wholesale Dealers Licence.

WBS stocks products that are on the All Wales Medicines Register and listed as approved for use in Wales. WBS operates within the National Framework that is used by NHS organisations in England, Northern Ireland, Scotland and Wales. The Commercial Medicines Unit part of the DHSC awards National Framework Agreements to cover the supply of commercial products. The purchasing of products via the National Framework provides price consistency for the NHS and eliminates the necessity for each Trust / Treatment Centre to undertake their own Procurement exercise for products.

Changes to the Trust Senior team structure has resulted in changes to the Senior Management Team within WBS. An amendment is requested to apply a change in financial authorisation limits for blood wholesale products at the proposed level of £800k to the following post:

- Add the post of Laboratory Services Manager

The proposal to allow the change in authorisation limits would be a practical solution to help ensure there was no breakdown in business continuity.

At its meeting on 6<sup>th</sup> February 2020 the Trusts Audit Committee endorsed the changes for approval by the Board.

The current approval hierarchy for wholesale products is:

<b>Financial Limits for Blood Wholesale Products</b>	<b>Revenue £'000</b>
<b>Corporate Services:</b>	
Chief Executive	800
Director of Finance	800
<b>Welsh Blood Service:</b>	
Director	800
Deputy Director	800
Medical Director	800
Assistant Director of Operations	800

The proposed approval hierarchy for wholesale products is to include the additional post in red:

<b>Financial Limits for Blood Wholesale Products</b>	<b>Revenue £'000</b>
<b>Corporate Services:</b>	
Chief Executive	800
Director of Finance	800
<b>Welsh Blood Service:</b>	
Director	800
Deputy Director	800
Medical Director	800
Assistant Director of Operations	800
<b>Laboratory Services Manager</b>	<b>800</b>

### 3 IMPACT ASSESSMENT

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	Yes (Please see detail below)
	Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore ensuring good governance within the Trust can support quality care.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.

### 4 RECOMMENDATION

- 4.1 The Trust Board is asked to **APPROVE** the amendments to the Trust Standing Orders and Standing Financial Instructions as outlined in section 2 of this report.

# Remuneration & Terms of Service Committee

## Terms of Reference & Operating Arrangements



## 1. INTRODUCTION

- 1.1 The Trust's standing orders provide that *"The Board may and, where directed by the Assembly Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees"*.
- 1.2 In line with standing orders (and the Trust's scheme of delegation), the Board shall nominate annually a Committee to be known as the **Remuneration & Terms of Service Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

## 2. PURPOSE

- 2.1 The purpose of the Remuneration & Terms of Service Committee "the Committee" is to provide:
- **advice** to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government; and
  - **assurance** to the Board in relation to the Trust's, **including hosted bodies**, arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

and to perform certain, specific functions on behalf of the Board.

## 3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Board had delegated the following specific powers to the Committee;
- To consider and ratify Voluntary Early Release scheme applications and severance payments in line with Standing Orders and extant Welsh Government guidance.
- 3.2 With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:
- remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and

terms of service as determined from time to time by Welsh Government are applied consistently;

- objectives for Executive Directors and other VSMs and their performance assessment;
- performance management system in place for those in the positions mentioned above and its application;
- proposals to make additional payments to consultants to include any additional sessions or allowances payable to Senior Medical Staff for managerial duties; and
- proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Assembly Government guidance.

### **Authority**

3.3 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Trust, relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other Committee, Sub Committee or Group set up by the Board to assist it in the delivery of its functions.

3.4 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3.5 Approve policies relevant to the business of the Committee as delegated by the Board.

### **Access**

3.6 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

## Sub Committees

- 3.7 The Committee may, subject to the approval of the Trust Board, establish Sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

## 4. MEMBERSHIP

### Members

- 4.1 A minimum of two (2) members, comprising:

Chair or Vice Chair of the Board (Non Executive Director)

Members At least one other independent member of the Board (Non Executive Director). For the avoidance of doubt, Independent Members are not staff.

The Chair of the Audit Committee (or equivalent) will be appointed to this Committee either as Vice Chair or a member.

The Trust Chair may decide the business of the Remuneration Committee requires the attendance of all Independent Members and as such extend an invite to all Independent Members

### In attendance

- 4.2 By invitation The Committee Chair may invite:

- the Chief Executive
- the Executive Director of Organisational Development & Workforce
- any other Trust officials; including a Trade Union Representative from the Trust Board and/or
- any others from within or outside the organisation
- to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

### Secretariat

- 4.3 Secretary As determined by the Director of Corporate Governance

## Member Appointments

- 4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, and subject to any specific requirements or directions made by the Welsh Government.
- 4.5 Members shall be appointed for a maximum of 3 consecutive years before formally reviewing their role on the Committee with reference to Velindre University NHS Trust Chair.

### **Support to Committee Members**

- 4.6 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
  - ensure the provision of a programme of organisational development for Committee members as part of the Trust's overall Organisational Development programme developed by the Executive Director of Organisational Development & Workforce.

## **5. COMMITTEE MEETINGS**

### **Quorum**

- 5.1 At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

### **Frequency of Meetings**

- 5.2 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the Trust's annual plan of Board Business.

### **Withdrawal of individuals in attendance**

- 5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

## **6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability in relation to its role as Corporate Trustee.
- 6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees and Groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework. *This will be achieved primarily through the Independent Members Group who will include 'Integrated Governance' on their agenda at least twice a year.*

- 6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

- 7.1 The Committee Chair shall:
- report formally and on a timely basis to the Board on the Committee's activities, in a manner agreed by the Board;
  - bring to the Board's specific attention any significant matter under consideration by the Committee;
  - ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant Committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.
- 7.2 The Committee shall provide a written, annual report to the Board on its work. The report will also record the results of the Committee's self-

assessment and evaluation.

- 7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

~~The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any Sub Committees established.~~

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum – as per section 5.1 above.

Cross reference with the Trust Standing Orders

## **9. REVIEW**

- 9.1 These terms of reference and operating arrangements shall be reviewed ~~on an annual basis.~~

## **10. CHAIR ACTION ON URGENT MATTERS**

- 10.1 ~~There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board, after first consulting with one other Independent Member of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.~~
- 10.2 ~~Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision. Declarations of interest include family members.~~

# **Digital & Information Governance ~~& IM&T~~ Committee**

## Terms of Reference & Operating Arrangements

Reviewed:	February <del>2019</del> <u>2020</u>
Next Review Due:	February <del>2020</del> <u>2021</u>

## 1. INTRODUCTION

- 1.1 The Trust's standing orders provide that *"The Board may and, where directed by the Assembly Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees"*.
- 1.2 In line with standing orders and the Trust's scheme of delegation, the Board nominate annually a Committee to be known as the **Digital & Information Governance & IM&T Committee**. The detailed terms of reference and operating arrangements agreed by the Board in respect of this Committee are set out below.

## 2. PURPOSE

- 2.1 The purpose of the **Digital & Information Governance & IM&T Committee** "the Committee" is to provide:
- evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the:
    - technological advancements and structures
    - sustainability and creativity
    - Expertise and development
    - quality and integrity;
    - safety and security; and
    - appropriate access and use of information and information technology to support its provision of high quality healthcare; and
  - **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:
    - stated objectives;
    - legislative responsibilities, e.g., the **General Data Protection Act Regulations, Network & Information Security (NIS) Directive** and Freedom of Information Act; and
    - any relevant requirements and standards determined for the NHS in Wales.
- 2.2 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.



### 3. DELEGATED POWERS AND AUTHORITY

3.1 The Committee will, in respect of its provision of advice to the Board:

- oversee the initial development of the Trust's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- consider the information governance implications arising from the development of the Trust's corporate strategies and plans or those of its stakeholders and partners
- consider the Digital & Information Governance ~~and IM&T~~ implications for the ~~Trust's of Trust and~~ review reports and actions arising from the work of external reviewers;

3.2 The Committee will, in respect of its assurance role, seek assurances that Digital & information governance ~~and IM&T~~ arrangements are appropriately designed and operating effectively to ensure the development, sustainability, creativity, safety, security, integrity and effective use of information and information systems to support the delivery of high quality, safe healthcare across the whole of the Trust's activities.

3.3 To achieve this, the Committee's programme of work will be designed to ensure that, in relation to all aspects of ~~Information Governance~~ Digital and Information ~~Management and Technology Governance~~:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability; acknowledging that Local and All Wales responsibilities are clearly defined and considered to ensure organisational decision taking supports information strategies for NHS Wales;
- ensuring that ~~Information Governance~~ Digital and Information ~~Management and Technology Governance~~ Policies, Procedures and Strategies consistent with internal and external requirements are approved and implemented as appropriate;
- ensure prioritisation off Capital ~~IT~~ spending for inclusion in the Trust Capital Programme is achieved;
- the organisation, at all levels (division/ clinical team) has a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information systems;
- the handling and use of information and information systems across the organisation (division/clinical team) is consistent, and based upon agreed standards;

- the workforce is appropriately selected, trained, supported and responsive to requirements in relation to the effective handling and use of information and information systems – consistent with the interests of patients and the public;
- there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (*in accordance with the Wales Accord for the Sharing of Personal Information and Caldicott requirements*);
- risks are actively identified and robustly managed at all levels of the organisation;
- the integrity of data and information is protected, ensuring valid, accurate, complete and timely data and information is available to support decision making across the organisation;
- and that systems used to maintain the above reflect the current responsibilities of the Trust at both a local and national level;
- there is coherent and consistent ~~IT~~Digital strategy that will lead and innovate in the uses of information systems and the information held on them;
- the board is further assured that key decisions on the development of Digital and Information Governance ~~and IM&T~~ Strategies are consistent with those that preside over the legislative requirements of ~~both~~ the General Data Protection ~~Act~~Regulations, the Network and Information Security Directive and Freedom of Information Act;
- there is continuous improvement in the handling, management and use of information systems and data across the whole organisation – evidenced through the Health and Care Standards – Health in Wales;
- promote and develop a culture of information openness that supports current legislation;
- the Trust is meeting its legislative responsibilities, e.g., the General Data Protection Regulations, the Network and Information Security Directive and Freedom of Information ~~Acts~~Act, as well as complying with national Information Governance policies and guidance;
- the strategy encapsulates the requirements for robust ~~Information Governance~~ Digital and Information Management & Technology Governance audit arrangements to ensure the identification of Key Actions;
- the strategy is developed to ensure that the new systems meet local clinical and business drivers and that the new technologies are aligned with service improvement, workforce development and system reform initiatives. The demands of stakeholder

engagement and communication, benefits realisation and dependency management are robust enough to cope with future demands of the service-

- to ensure there is clarity about the contribution of IM&TDigital to Trust goals over different timeframes so that the benefits of IM&TDigital investment can be assessed-
- ~~To~~to ensure the IM&TDigital governance arrangements that oversee the use of resources and the achievement of the strategic IM&TDigital development plan are accurate and adequate to ensure there is a stronger relationship with the Trust Board and so a greater strategic attention to relationships with stakeholders and neighbouring NHS partners-
- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that:
  - Sources of internal assurance are reliable, and have the capacity and capability to deliver;
  - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis; and
  - Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through reported incidents, complaints and claims.

- 3.4 The Committee will advise the Board on the adoption of a set of key indicators in relation to the quality and effectiveness of information systems against which the Trust's performance will be regularly assessed.

#### **Authority**

- 3.5 The Committee is authorised by the Board to investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Trust relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other Committee, Sub Committee or group set up by the Board to assist it in the delivery of its functions.

- 3.6 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

- 3.7 Approve policies relevant to the business of the Committee as delegated by the Board.

### Access

- 3.8 The Chair of the ~~IG & IM&T~~Digital & Information Governance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

### Sub Committees

- 3.9 The Committee may, subject to the approval of the Trust Board, establish Sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

## 4. MEMBERSHIP

### Members

- 4.1 A minimum of two (2) members, comprising:

Chair	Independent member of the Board (Non-Executive Director)
Members	At least one other independent member of the Board (Non-Executive Director)

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

### Attendees

- 4.2 In attendance

Chief Executive  
Executive Director of Finance ~~& Informatics~~  
Director of Transformation, Strategic Planning, Estates and Digital  
Associate Director of Informatics  
Data Protection Officer  
Caldicott Guardians  
Divisional Senior Management Team Representatives  
Information Governance Manager  
Head of Business Systems – Welsh Blood Service  
Head of IM&T – Velindre Cancer Centre  
Workforce & Organisational Development Representative  
Head of Corporate Governance

By invitation

The Committee Chair may invite:

- the Chair of the organisation
- any other Trust officials; and/or
- any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

### **Secretariat**

- 4.3 Secretary As determined by the Director of Corporate Governance

### **Member Appointments**

- 4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.5 Members shall be appointed for a maximum of 3 consecutive years before formally reviewing their role on the Committee with reference to Velindre [University](#) NHS Trust Chair.

### **Support to Committee Members**

- 4.6 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
  - Ensure the provision of a programme of organisational development for Committee members as part of the Trust's overall OD programme developed by the Director of Workforce & Organisational Development.

## **5. COMMITTEE MEETINGS**

### **Quorum**

- 5.1 At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair.

### **Frequency of Meetings**

- 5.2 Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with the Trust Board Cycle of Business.

### **Withdrawal of individuals in attendance**

- 5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 6.1 Although the board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the safety, security and use of information to support the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees and Groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework. *This will be achieved primarily through the Independent Members Group who will include 'Integrated Governance' on their agenda at least twice a year.*

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity, the submission of written highlight reports throughout the year and an annual Committee Report
- bring to the Board's specific attention any significant matters under consideration by the Committee
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive or Chairs of other relevant Committees/Groups of any urgent/critical matters that may affect the operation and/or reputation of the Trust

7.2 The Committee shall provide a written, annual report to the Board on its work. The report will also record the results of the Committee's self-assessment and evaluation.

7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum – as per section 5.1 above.

Cross reference with the Trust Standing Orders.

## **9. REVIEW**

- 9.1 These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.

## **10. CHAIR'S ACTION ON URGENT MATTERS**

- 10.1 There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board, after first consulting with one other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 10.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

# Audit Committee

## Terms of Reference & Operating Arrangements

Reviewed:	<del>December 2018</del> <u>February 2020</u>
Next Review Due:	<del>December 2019</del> <u>January 2021</u>



## 1. INTRODUCTION

- 1.1 The Trust's standing orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees"*.
- 1.2 In line with standing orders and the Trust's scheme of delegation, the Board shall nominate annually a Committee to be known as the **Audit Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.
- 1.3 These Terms of Reference and Operating Arrangements are based on the model Terms of Reference as detailed in the NHS Wales Audit Committee Handbook June 2012.

## 2. PURPOSE

- 2.1 The purpose of the Audit Committee ("the Committee") is to:
- **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.
- 2.2 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.

## 3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:
- The adequacy of the Trust's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement, providing reasonable assurance on:
    - the organisation's ability to achieve its objectives,

- compliance with relevant regulatory requirements, standards, quality and service delivery requirements and other directions and requirements set by the Welsh Government and others,
- the reliability, integrity, safety and security of the information collected and used by the organisation,
- the efficiency, effectiveness and economic use of resources, and
- the extent to which the organisation safeguards and protects all its assets, including its people

to ensure the provision of high quality, safe healthcare for its citizens;

- The Board's Standing Orders, and Standing Financial Instructions (excluding the Terms of Reference of other Committees; and including associated framework documents, as appropriate);
- The accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors;
- The Schedule of Losses and Compensation;
- The planned activity and results of internal audit, external audit, clinical audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports);
- The adequacy of executive and managements' response to issues identified by audit, inspection and other assurance activity via monitoring of the Trust's audit action plan;
- Anti-fraud policies, whistle-blowing processes and arrangements for special investigations as appropriate; and
- Any particular matter or issue upon which the Board or the Accountable Officer may seek advice from the Committee.

3.2 The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by reviewing:

- All risk and control related disclosure statements (in particular the Annual Governance Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances), prior to endorsement by the Board;

- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
  - The policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
  - The policies and procedures for all work related to fraud and corruption as set out in Welsh Government Directions and as required by the NHS Counter Fraud Authority.
- 3.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from other assurance providers, regulators, directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
- 3.4 This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on:
  - The **comprehensiveness** of assurances in meeting the Board and the Accountable Officer's assurance needs across the whole of the Trust's activities, both clinical and non clinical; and
  - The **reliability and integrity** of these assurances.
- 3.5 To achieve this, the Committee's programme of work will be designed to provide assurance that:
  - There is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
  - There is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
  - There is an effective clinical audit function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
  - There are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's Committees through the effective completion of Audit Recommendations and the

Committee's review of the development and drafting of the Trust's Annual Governance;

- The work carried out by key sources of external assurance, in particular, but not limited to the Trust's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- The work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;
- The systems for financial reporting to the Board, including those of budgetary control, are effective; and that
- The results of audit and assurance work specific to the Trust, and the implications of the findings of wider audit and assurance activity relevant to the Trust's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisation's governance arrangements.

In carrying out this work, the Committee will follow and implement the Audit Committee's Annual Work plan and will be evidenced through meeting papers, formal minutes, and highlight reports to Board and annually via the Annual Governance Statement and Annual Report to the Board.

### **Authority**

- 3.6 The Committee is authorised by the Board to investigate or have investigated any activity (clinical and non clinical) within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Trust relevant to the Committee's remit, and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:
- Employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
  - Any other Committee, sub Committee or group set up by the Board to assist it in the delivery of its functions.
- 3.7 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.
- 3.8 The Committee is authorised by the Board to approve policies relevant to the business of the Committee as delegated by the Board.

### **Access**

- 3.9 The Head of Internal Audit and the Auditor General for Wales and his representatives shall have unrestricted and confidential access to the Chair of the Audit Committee at any time, and the Chair of the Audit Committee will seek to gain reciprocal access as necessary.
- 3.10 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.
- 3.11 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

### **Sub Committees**

- 3.12 The Committee may, subject to the approval of the Trust Board, establish sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. At this stage, no sub Committees/task and finish groups have been established.

## **4. MEMBERSHIP**

### **Members**

- 4.1 A minimum of three (3) members, comprising:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	One independent member of the Board

*[one member should be a member of the Quality & Safety Committee]*

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

The Chair of the organisation shall not be a member of the Audit Committee.

### **Attendees**

- 4.2 In attendance
- Chief Executive (*who should attend once a year as a minimum to discuss with the Committee the process for assurance that supports the Annual Governance Statement.*)
- Executive Director of Finance & Informatics
- Director of Corporate Governance
- Head of Internal Audit
- Local Counter Fraud Specialist

## Representative of the Auditor General for Wales

By invitation

The Committee Chair may invite:

- the Chair of the organisation
- any other Trust officials; and/or
- any others from within or outside the organisation

to attend all or part of a meeting to assist it with its discussions on any particular matter.

### Secretariat

- 4.1 Secretary As determined by the Director of Corporate Governance

### Member Appointments

- 4.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.3 Members shall be appointed for a maximum of 3 consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.

### Support to Committee Members

- 4.4 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
  - Ensure the provision of a programme of organisational development for Committee members as part of the Trust's overall OD programme developed by the Executive Director of Workforce & Organisational Development.

## 5. COMMITTEE MEETINGS

### Quorum

- 5.1 At least two members must be present to ensure the quorum of the Committee.

### Frequency of Meetings

- 5.2 Meetings shall be held no less than 4 times per year, and otherwise as the Chair of the Committee deems necessary – consistent with the Trust's annual plan of Board Business.

The External Auditor or Head of Internal Audit may request a meeting with the Chair if they consider that one is necessary.

#### **Withdrawal of individuals in attendance**

- 5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

### **6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES / GROUPS**

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, the Board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees to provide advice and assurance to the Board by taking into account:
- Joint planning and co-ordination of Board and Committee business; and
  - Sharing of information
- in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.
- 6.4 The Committee will consider the assurance provided through the work of the Board's other Committees and sub Committees to meet its responsibilities for advising the Board on the adequacy of the Trust's overall system of assurance by receipt of their annual work plans.
- 6.5 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

### **7. REPORTING AND ASSURANCE ARRANGEMENTS**

- 7.1 The Committee Chair shall:
- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of written highlight reports throughout the year;
  - Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;

- Ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant Committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.
- 7.2 The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committee's self-assessment and evaluation.
- 7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub Committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum *[as per section on Committee meetings]*
  - Notice of meetings
  - Notifying the public of Meetings
  - Admission of the public, the press and other observers

Cross reference with the Trust Standing Orders.

## **9. REVIEW**

- 9.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

## **10. CHAIR'S ACTION ON URGENT MATTERS**

- 10.1 There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee, after first consulting with two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 10.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.



Date Terms of Reference Approved:

Date: ~~4th December 2018~~<sup>6th</sup> February 2020



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

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

## TRUST BOARD

## STRATEGIC EQUALITY OBJECTIVES & PLAN

<b>DATE OF MEETING</b>	26/03/2020
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
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<b>PREPARED BY</b>	Ceri Harris – Equality Manager
<b>PRESENTED BY</b>	Susan Thomas, Interim Executive Director of OD and Workforce
<b>EXECUTIVE SPONSOR APPROVED</b>	Susan Thomas, Interim Executive Director of OD and Workforce

<b>REPORT PURPOSE</b>	FOR APPROVAL
-----------------------	--------------

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

<b>COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
Executive Management Board	09/03/2020	ENDORSED FOR APPROVAL

### ACRONYMS

SEP	Strategic Equality Objectives
LGBT	Lesbian, Gay, Bisexual and Transgender
ESOL	English as Second Language
BAME	Black, Asian and Minority Ethnic
IMTP	Integrated Medium Term Plan

## **1. SITUATION/BACKGROUND**

- 1.1 The Equality Public Sector duty came into force in April 2011, requiring the Trust to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.
- 1.2 Since 2012 Public bodies have been required to publish their Strategic Equality Objectives (SEP) and accompanying action plans every 4 years. This is the 3<sup>rd</sup> SEP for the Trust.

## **2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION**

- 2.1 Velindre has been working in collaboration with a number of National Bodies in a partnership to develop its Strategic Equality Objectives, recognising the benefits of a partnership where we can share best practise resources and create a wider engagement. In the development of these objectives the partnership has engaged in a series of wide engagement and inclusion events across Wales including an online and paper based survey. Diverse Cymru were brought in to undertaking the engagement and surveys on our behalf, where they can utilise their existing networks and links. In addition to this Velindre has worked closely with Cardiff and Vale University Local Health Board on a series of smaller engagement events, sharing resources and contacts such as South Wales Carers Network, Learning Disability Networks, engagement at established events such as the Cardiff Mela and BAME Health fair, held in Cardiff in September and November. The focus of these engagement events were around accessibility and services and community engagement. These were to strengthen the responses around equality objectives and health that might be missed in the National Bodies partnership.
- 2.2 The organisations that make up the partnership are;
  - Velindre University NHS Trust
  - Cardiff & Vale University Local Health Board
  - Health Education & Improvement Wales
  - Sports Wales
  - Arts Council for Wales
  - Careers Wales
  - Higher Education Funding Council for Wales
  - National Museums Wales
  - Natural Resources Wales
  - Welsh Language Commissioner
  - Welsh Revenue Authority
- 2.3 The findings of the engagement events and surveys and final partnership report have now been added as an appendix to the Trust Strategic Equality Objectives and plan which has been completed, recognising the objectives identified by the various engagement partnerships.

- 2.4 The actions within the plan are a combination of IMTP approved actions and equality based commitments and recognising the Workforce Plan, Well-Being of Future Generations objectives, and Healthcare Standards and divisional action plans. The Strategic Equality Objectives and plan for the next 4 years is now ready for approval, translation and published by the legal deadline of the 1<sup>st</sup> April 2020

### 3. IMPACT ASSESSMENT

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	Yes (Please see detail below)
	Provide quality care and support to staff, patients, donors and stakeholders.
<b>RELATED HEALTHCARE STANDARD</b>	Safe Care
	<b>1.1 Health Promotion, Protection &amp; Improvement</b> <b>2.1 Managing Risk and Promoting Health &amp; Safety</b> <b>2.2 Preventing Pressure &amp; Tissue Damage</b> <b>2.3 Falls Prevention</b> <b>2.5 Nutrition &amp; Hydration</b> <b>2.6 Medicines Management</b> <b>2.7 Safeguarding Children &amp; Safeguarding Adults at Risk</b> <b>2.8 Blood Management</b> <b>3.1 Safe &amp; Clinically Effective Care</b> <b>3.2 Communicating Effectively</b> <b>3.4 Information Governance &amp; Communications Technology</b> <b>3.5 Record Keeping</b> <b>4.1 Dignified Care</b> <b>4.2 Patient Information</b> <b>5.1 Timely Access</b> <b>6.1 Planning Care to Promote Independence</b> <b>6.2 Peoples Rights</b> <b>6.3 Listening and Learning from Feedback</b> <b>7.1 Workforce</b>
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Yes
	The areas included focus on meeting duties under the Equality Act 2010 and protected characteristics.
<b>LEGAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)
	Meet our duties under the Equality Act 2010
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)
	Each action identified to be allocated a budget or business plan completed.

### 4. RECOMMENDATION

- 4.1 The Board are asked to **APPROVE** the contents of this report.



# Strategic Equality Objectives & Plan 2020-2024

## Foreword

Welcome to our third Strategic Equality Plan. We believe this plan demonstrates our continuous commitment to promote and deliver equality, diversity and human rights in all that we do. The Trust has always strived to demonstrate its commitment to ensuring equality for everyone as a provider of health care services and as an employer.

The Trust has seen over the last few years the growing challenging facing the NHS as it responds to unprecedented service pressure, new medical technologies, a changing workforce and different health issues. We have had to adapt our services and move to work hand in hand with our community, its public services partners, our volunteers and our employees to ensure Velindre University NHS Trust continues to provide a high standard of care and services ensuring we meet our commitments to deliver quality, care and excellence.

The Trust recognises that for positive changes to happen within our Trust and the wider society we need to identify the barriers that exist to access services, infrastructure, socio economic impact and diverse workforces and work together in partnership to remove those barrier so we all have equality of outcome.

So in developing this plan Velindre has joined together in partnership with other public bodies. A collaboration not just with health bodies, but art, culture, education and sport, gaining wider perspectives, providing inclusive collaboration and visibility with our communities.

This plan acknowledges the evidence and recommendations in the Commission for Equality and Human Rights report, *Is Wales Fairer?* and aims to incorporate the recommendations into its plans, both within the SEP and key Trust documents such as the Integrated Medium Plan (IMTP) and Trust Strategy.

The Trust believes that equality is about providing personalised care based on an individual's needs. It is about treating everyone with the dignity and respect. Ensuring that we communicate effectively, meeting individual needs and our services are accessible.

The Trust would like to thank everyone who has taken the time to provide their views, ideas and feedback. It has shaped our priorities for action and forms the basis of our objectives within our Action Plan.

Signed

Donna Mead OBE FRCN  
Chair

Steve Ham  
Chief Executive

## What are Strategic Equality Objectives?

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

- What does the Trust want to accomplish?
- What is not working?
- How can things improve?

### Our Drivers



Trust Values



Protected Characteristics



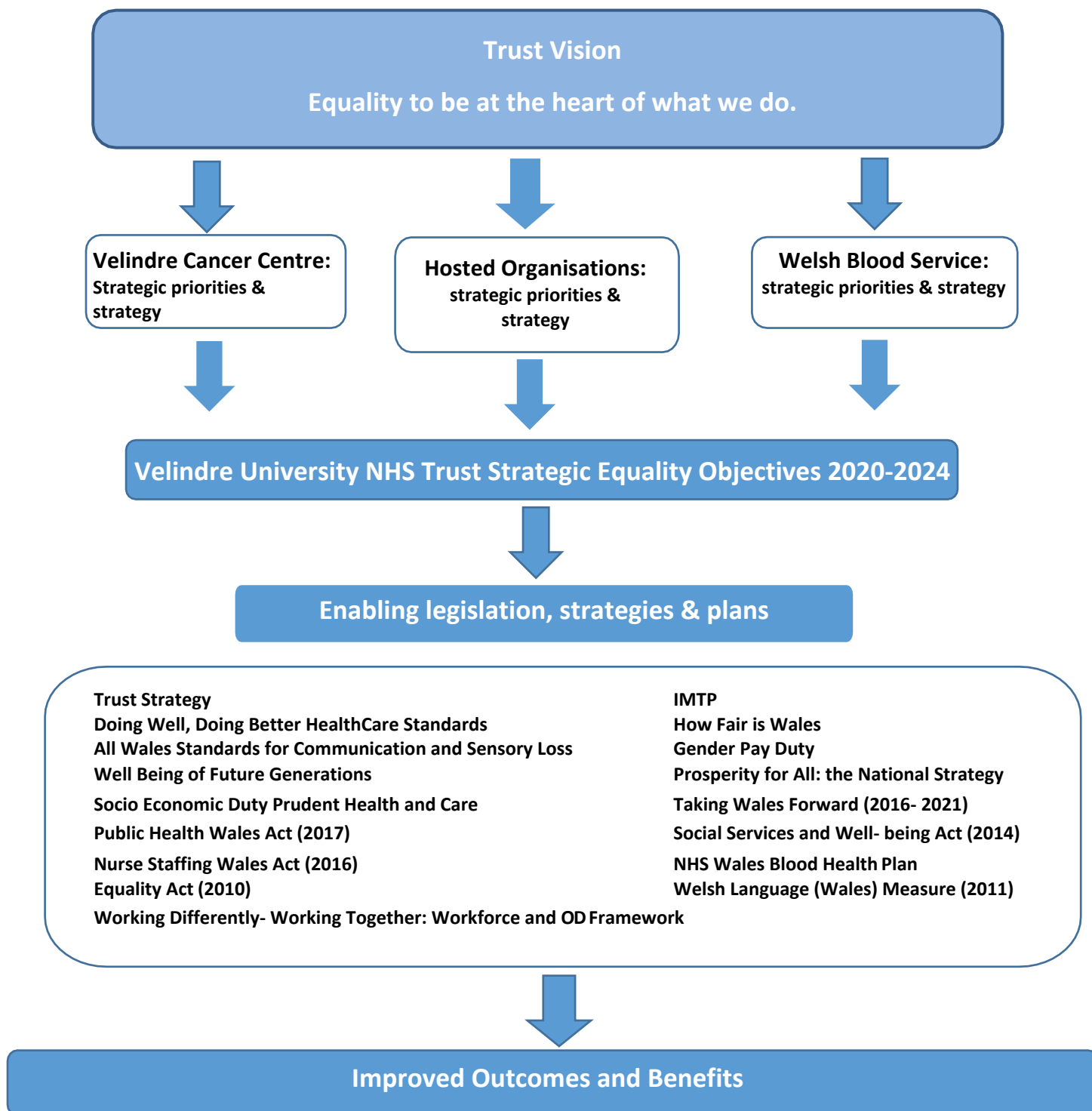
Wellbeing of Future Generations

## How were these objectives developed?

The Trust adopted a collaborative approach to the development of its objectives, recognising that a focusing on health alone will not meet the diverse needs of the people we employ, who use our services and society as a whole and that to support an inclusive diverse society we need to look at all areas from public, private and third sector and the only way to do this is in partnership.

Over the past year Velindre has been a partner with 11 other public bodies, together through public engagement we have identified 5 shared objectives. The Trust has included a further objective around ensuring communication needs. The shared Public Bodies SEP is included to the Trust SEP via Appendix 1. In addition Velindre has collaborated with Cardiff & Vale University Health Board on health focused engagement at public and community events such as the Cardiff Mela, BAME Health Fairs, Carers Wales Meetings and Learning disability events to ensure involvement and collaboration in all health matters is shared.

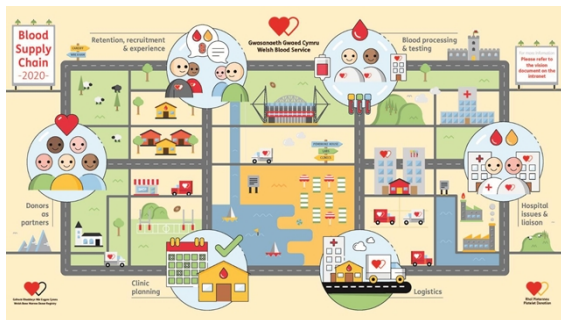
## Translating our Objectives into Actions and Tangible Improvements







**The Welsh Blood Service** has daily interactions with members of its community of donors as well as diverse communities in Wales, building close links and partnerships with community groups, sports teams, businesses, education providers and other socially engaged groups that have an influence in their localities. Committed to listening to our donors, via face to face and by providing a comprehensive survey to every donor that enters a donation session each month. Also having a presence at events such as the National Eisteddfod, Cardiff Mela and BAME Health Fairs.



**Interpreter on wheels:** Velindre Cancer Centre introduced a new Video Relay Service called Interpreter on Wheels in 2019, which provides real time video interpretation services, from British Sign Language to other community languages. This service can be used in emergency situations, e.g if an interpreter has not turned up to assist a patient, in patient conversations when an interpreter has not been booked and if a patient come in without an appointment etc. An interpreter should always be booked for a known appointment. It is hoped that this service can also be used in other areas of the Trust in the future.



**Staff Networks and Awareness Events:** The Trust provides 3 Staff Networks, LGBT+, BAME and Staff with Disabilities or impairments. Each network is also supported by Allies. So that they are as assessable as possible each group is run at 3 different locations across the Trust, to have a minimal impact on business and clinical needs. Attendance to the network meetings is protected and staff within the networks are invited to develop and support inclusive initiatives such as Black History Month, Sensory Loss Awareness Month and LGBT+ History Month.



These have included events such as screenings of the BBC Documentary, “How Black Nurses Saved the NHS”, Taking part in Pride parade each year, Sensory Loss Awareness events and interfaith visits. In January the Trust invited Eva Clarke BEM to give her story about being born in a concentration camp. Looking at how we all have a role to play ensure that hate and prejudice is challenged.



to



**Menopause Policy & Workplace Café's:** The Trust introduced a Menopause Policy as it recognised how the menopause had been impacting staff across all services. Alongside this support sessions called Menopause Café's were held. The concept behind the Menopause Café was the brainchild of Rachel Weiss from Rowan Consultancy who was keen to remove some of the barriers that have so often made the menopause an uncomfortable and off-limits subject for discussion for so many women and their families. Velindre first workplace organisation in Wales to sign up to the Menopause Café which is open to all genders and ages, recognising that menopause impacts on us all, therefore increased awareness and support is vital. Initially the cafes held in Velindre were just for staff, but it was recognised that the concept of support would also benefit our cancer patients and their families who might be experiencing menopause as a consequence of their treatment.



**RiTTA (Realtime information Technology Towards Activation) – The World's First Virtual Assistant Trained in Oncology :**



Supporting patients as they live with cancer is a key requirement for a cancer center. Over the past 2 years, Velindre Cancer Centre has been having meaningful conversation with patients, carers and their families about how best to support their information needs and their desire to want to have a measure of control, empowerment and independence as they make their care choices. A key area of need was the gaps in between existing services and the lack of tools for patients to have good quality conversations, at any time or place and access to relevant quality information to support their choices and decisions about their emotional, psychological and physical wellbeing. This included the need to incorporate diversity, from understanding language needs, including text type speech to 'thinking' outside the heteronormative base with regards to relationships and gender identity. Through a person centred, design thinking process, Velindre in conjunction with Pfizer Oncology and IBM Watson have developed the world's first Artificial Intelligence (AI) enabled virtual assistant trained in oncology to proof of concept. This dialogue agent is currently trained to answer a small number of 'patient related queries' to demonstrate capability.

**Velindre Mindfulness Ap:** The Trust has developed a Mindfulness App to provide guided mindfulness and relaxation exercises aim to improve mental health and wellbeing before, during or after hospital treatment. The App is deliberately non-cancer specific so that anyone can use mindfulness as a tool to manage stress and anxiety. There is also a relaxation element to the App which has been provided courtesy of the Occupational Therapy team here at Velindre. The app is designed to walk listeners through mindfulness practice, gain an understanding of how mindfulness works and give some insight into how it can be used to handle real life situations more effectively.





## **How will we know if the Trust has met its objectives and improved?**

The Trust publishes within the Trust Annual report, progress it has made on each objective, and on the actions that have been identified within the Equality Scheme Action Plan.

To ensure progress of each of the objectives, the Trust Equality Scheme Action plan will be monitored internally by the Trust Quality and Safety Committee on a quarterly basis, which in turn reports to Trust Board. In addition to this the Patient Liaison group and external stakeholders will be provided with status reports bi-annually. This report will also be made available on the Trust website. The public is welcome at any time to comment on any aspect of the objectives or scheme and action plan.

Each year the Trust is required to complete the Health Care Standards, “Doing Well, Doing Better”. Equality and Human Rights evidence is required during this process and the outcomes of the Health Care Standards are published annually.

## **Do you have any comments?**

The Trust values all feedback positive and negative that will enable us to improve our services.

### **By Post;**

#### **Equality and Diversity manager**

Velindre Trust HQ  
2 Charnwood Court  
Parc Nantgarw  
Cardiff  
CF15 7QZ

### **By Email;**

[Ceri.Harris3@wales.nhs.uk](mailto:Ceri.Harris3@wales.nhs.uk)

Equality Objective	Link to	Action	Intended Outcome By 2024	Outcome Measure	Protected Characteristic or Wellbeing Goal
1. Increase workforce diversity and inclusion	How Fair is Wales?	Workforce Planning to include work placements and apprenticeships, working with community groups and 3 <sup>rd</sup> sector.	Improve levels within 'Doing Well, Doing better' to ensure better health outcomes and dignity for all		
	Integrated Medium Term Plan				
	Doing Well, Doing Better HealthCare Standards	Achieve Level 3 Leader for Disability Confident. Workforce group to be established to progress.	By 2021 achieve Leader in Disability Confident programme.		
	Gender Pay Duty	The Trust to submit its response to the Stonewall Workplace Index annually.	By 2021 the All Wales Rainbow Badge scheme and training will be developed and rolled out across the NHS.		
	Public Bodies Shared Objective	Staff Networks	By 2024 the Trust will be		

		<p>to take a role in policy development.</p> <p>Velindre to lead on the development of an All Wales NHS Rainbow Badge Scheme.</p> <p>Alignment of employment data reporting.</p> <p>The Trust promotes and provides awareness sessions, information, training and workshops for key awareness events such as Carers Week, Black History Month, LGB History Month and Sensory Loss Awareness</p>	<p>identified in the top 100 Stonewall Workplace Index.</p> <p>By 2022, we will have aligned our own employment data reporting to match that of the Welsh Government in both format and reporting dates. By 2024 we will have evidence of how we reach out to minority groups and those living in poverty to gain employment with us.</p> <p>By 2021 Review patient engagement activity and revise strategy</p>		
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		<p>Month.</p> <p>WBS – engage with North Wales equality based groups to improve take up</p> <p>WBS – Review data categories to look at accurate recording of gender to include transgender data. Recognising that MX is already available.</p> <p>Analysis of staff equality data to assist in identifying actions if pay gap exists or a need for specialist training and positive action programmes.</p>	<p>for existing services and future developments within TCS programme and establish revised tools and techniques</p> <p>Review the ways of working of the Patient and Carer Liaison Group</p> <p>Develop and implement a scheme to identify and support inpatients with additional needs.</p> <p>Improve information resources available to people affected by cancer</p>		
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		<p>Involve more patients and carers in work to improve their experiences</p> <p>Deliver improved engagement with donors, citizens &amp; organisations in shaping our services.</p>	<p>By 2021 implement new customer service standards for blood donors and bone marrow volunteers.</p>		



Equality Objective	Link to	Action	Intended Outcome By 2024	Outcome Measure	Protected Characteristic or Wellbeing Goal
<b>2. Eliminate pay gaps</b>	<b>How Fair is Wales?</b>  <b>Integrated Medium Term Plan</b>  <b>Doing Well, Doing Better HealthCare Standards</b>  <b>Gender Pay Duty</b>  <b>Public Bodies Shared Objective</b>	<p>Ensure all new positions undergo job evaluations</p> <p>Workforce and O D to look at Talent Management and succession planning</p> <p>Ensure all staff receive Personal Development Plans in a timely manner.</p> <p>Support personal and professional development.</p> <p>Analysis of Equality Monitoring information to identify possible support and training needs</p>	<p>Accurate data across the public sector which provides analysis across protected characteristics.</p> <p>Improved staff feedback and experiences</p> <p>Potential decrease in staff absence and staff turnover.</p> <p>Decrease in grievances</p>		

		and develop positive action initiatives. Review staff survey responses to measure improvements.			
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Equality Objective	Link to	Action	Intended Outcome By 2024	Outcome Measure	Protected Characteristic or Wellbeing Goal
<b>3. Engage with the community.</b>	<b>How Fair is Wales?</b>	Equality and dignity themes collected from monthly patient surveys	Improved Patient/donor Access and Experiences		
	<b>Integrated Medium Term Plan</b>	Partnership project - All Wales Blood Service to work with community groups, to improve awareness and increase donations	Better Health Outcomes for all		
	<b>Doing Well, Doing Better HealthCare Standards</b>		By 2021 engagement video to be competed from project and published.		
	<b>Transforming Cancer Services</b>		By 2024 we will be able to demonstrate and evidence co-production of our strategies, policies, service changes and decisions		
	<b>All Wales Blood Service</b>	Work in partnership with LHBs, CHCs and the 3 <sup>rd</sup> Sector to identify need and patient and donor experiences.	By 2022 deliver Blood Health		
	<b>Public Bodies Shared Objective</b>				

		<p>Take part in community events such as Health Fairs, Pride and 3<sup>rd</sup> Sector events.</p> <p>Deliver transfusion education across Wales</p>	<p>Education Strategy, facilitated by BHT with delivery by end users.</p> <p>Deliver revised NABT Programme under new commission agreement</p>		
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Equality Objective	Link to	Action	Intended Outcome By 2024	Outcome Measure	Protected Characteristic or Wellbeing Goal
<b>4. We communicate with people in ways that meet their needs</b> (whether this is via written communication, face to face, signage, Welsh or other community languages including British Sign Language)	<b>All Wales Standards for Accessible Communication and information for people with Sensory Loss.</b>  <b>Integrated Medium Term Plan</b>  <b>Transforming Cancer Services Programme</b>  <b>All Wales Blood Service Programme</b>  <b>Welsh language Standards</b>	Improve collection of language information and communicate effectively with patients, their carers, donors and families in the language of their choice.  Interpreter on Wheels programme to be available on additional mobile devices, laptops throughout the Trust. Explore potential for this technology to be used in Welsh Blood donor	By 2024 a measurable improvement in recorded, (face to face, survey etc) Improved Patient/donor Access and Experiences  By 2024 demonstrable evidence of the inclusion of Artificial Intelligence and Digital technology into accessibility needs such as sensory loss support, learning disability and socio economic disadvantage. IBM to look at		

		<p>settings.</p> <p>Access Matters group – improve all areas of access and communication at VCC including signage.</p> <p>RiTTA – development of inclusive communication and diverse cultural intelligence.</p> <p>WBS – Engagement programme with North Wales Equality Group</p> <p>Provision of 21<sup>st</sup> Century Digital Services for donors.</p>	BSL interpretation.		
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Equality Objective	Link to	Action	Intended Outcome By 2024	Outcome Measure	Protected Characteristic or Wellbeing Goal
5. Ensure service delivery reflects individual need.	How Fair is Wales?	Involvement of community groups, organisations and individuals in the final design of the new hospital.	By 2024, collective evidence of engagement and involvement of development of the new hospital.		
	Integrated Medium Term Plan	Inclusive access, from services, public transport, use of technology and physical environment.	By 2024, we will be able to evidence operational systems and ways of working that ensure individual needs are understood and respected whilst accessing and receiving services.		
	Doing Well, Doing Better HealthCare Standards	Ensure all new blood donation session venues are accessible and revise current venues for accessibility.	By 2024 we will		
	Gender Pay Duty	Work in partnership with			
	Public Bodies Shared Objective				



		<p>LHBs, CHCs and the 3<sup>rd</sup> Sector to improve accessible healthcare.</p> <p>Support personal and professional development.</p> <p>The Trust has developed and Integrated EQIA process, that includes Wellbeing of Future Generations Principles, Welsh Measure, Socio Economic Duty and positive action, this will be evaluated over the first 12 months.</p> <p>Policy development and procedures in place to provide support</p>	<p>have collaborative systems in place for co-producing.</p> <p>By 2022 a framework for adopting and sharing good practice</p> <p>Business case to be submitted to charitable funds to support pet care for homeless and vulnerable patients. Working with local charity to provide pet care service such as dog sitting to enable homeless patients to attend appointments, treatment and care.</p>		
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		<p>and safeguarding to patients who come under the umbrella term of homeless.</p> <p>Redesign patient pathways to improve flow, patient experience and capability.</p> <p>Develop strategic plan for extended hours/days of service to facilitate increased capacity or to meet increase in demand ensuring alignment with the Satellite RT service and wider Transforming Cancer Services clinical model.</p>	<p>By 2021 a scoping project to look at provision of food vouchers for patients carers and family members in need. To include food bank access. Outcome of project to then look at funding options.</p> <p>By 2024 Demonstrate Contribution towards achieving the Single Cancer Pathway Improved efficiency Outpatient clinic utilisation rate of 85% by 2022 Improve Proms/Premis</p>		
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		<p>In collaboration with Cardiff and Vale UHB, develop an integrated cancer Prehabilitation Service</p>	<p>for Therapies          Improve waiting times          Improve patient experience          Improve staff experience and wellbeing.          By 2023 the opening of the Satellite Unit.          By 2021 develop and establish a proof of concept model with C&amp;V UHB          Commence implementation on phased approach for 3 tumour sites</p>		
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## Appendix 1



# Wales's Public Body Equality Partnership Strategic Equality Objectives 2020-2024

## Foreword

The Public Sector Equality Duty (PSED) requires listed bodies to review their existing equality objectives at least every four years.

In line with recommendations from the Equality and Human Rights Commission (EHRC) and The Welsh Government, the duty represents an opportunity for public sector bodies in Wales to work together to recognise and collectively impact against the challenges set out in the Equality and Human Rights Commission ['Is Wales Fairer report, 2018'](#).

The Wales Public Bodies Equality Partnership represents a group of public bodies committed to working together to unite behind shared equality objectives. This approach promotes smarter working and creates opportunity for shared engagement, learning and intervention to achieve greater impact across the public sector and public services in Wales, contributing significantly to delivering equality.

Emma Tobutt,

Chair - Wales Public Bodies Equality Partnership

# Shared Intent: 'A Fairer Society and a More Equal Wales'.

## Wales Public Body Equality Partnership - Long Term Objectives

Shared long term objectives: we will work together to:	Contribution to Welsh Government long term aims (Currently these are draft)
1. Increase workforce diversity and Inclusion	<p><b>Aim 1</b> - Elimination of inequality caused by poverty.</p> <p><b>Aim 2:</b> Strong and progressive equality and human right protections for everyone in Wales.</p> <p><b>Aim 4-</b> Wales is a world leader for gender equality.</p> <p><b>Aim 5:</b> Elimination of identity-based abuse, harassment, hate crime and bullying.</p> <p><b>Aim 7</b> - Everyone in Wales is able to participate in political, public and everyday life.</p> <p><b>Aim 8</b> - The Welsh public sector leads the way as exemplar inclusive and diverse organisations and employers.</p>
2. Eliminate pay gaps	<p><b>Aim 1</b> - Elimination of inequality caused by poverty.</p> <p><b>Aim 2:</b> Strong and progressive equality and human right protections for everyone in Wales.</p> <p><b>Aim 4-</b> Wales is a world leader for gender equality.</p> <p><b>Aim 8</b> - The Welsh public sector leads the way as exemplar inclusive and diverse organisations and employers.</p>
3. Engage with the community	<p><b>Aim 1</b> - Elimination of inequality caused by poverty.</p> <p><b>Aim 2:</b> Strong and progressive equality and human right protections for everyone in Wales.</p> <p><b>Aim 3</b> - The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of all public services in Wales.</p> <p><b>Aim 4-</b> Wales is a world leader for gender equality.</p> <p><b>Aim 5:</b> Elimination of identity-based abuse, harassment, hate crime and bullying.</p> <p><b>Aim 6</b> - A Wales of cohesive communities that are resilient, fair and equal.</p> <p><b>Aim 7</b> - Everyone in Wales is able to participate in political, public and everyday life.</p> <p><b>Aim 8</b> - The Welsh public sector leads the way as exemplar inclusive and diverse organisations and employers.</p>
4. Ensure equality is embedded into the procurement /	<p><b>Aim 1</b> - Elimination of inequality caused by poverty.</p>

<p><b>commissioning process and is managed throughout delivery</b></p>	<p><b>Aim 2:</b> Strong and progressive equality and human right protections for everyone in Wales.  <b>Aim 4-</b> Wales is a world leader for gender equality.  <b>Aim 5:</b> Elimination of identity-based abuse, harassment, hate crime and bullying.  <b>Aim 8 -</b> The Welsh public sector leads the way as exemplar inclusive and diverse organisations and employers.</p>
<p><b>5. Ensure service delivery reflects individual need</b></p>	<p><b>Aim 1 -</b> Elimination of inequality caused by poverty.  <b>Aim 2:</b> Strong and progressive equality and human right protections for everyone in Wales.  <b>Aim 3 -</b> The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of all public services in Wales.  <b>Aim 4-</b> Wales is a world leader for gender equality.  <b>Aim 5:</b> Elimination of identity-based abuse, harassment, hate crime and bullying.  <b>Aim 6 -</b> A Wales of cohesive communities that are resilient, fair and equal.  <b>Aim 8 -</b> The Welsh public sector leads the way as exemplar inclusive and diverse organisations and employers.</p>






Shared Long Term Objective	Long Term Outcome	Intended Outcome By 2024	Outcome Measure	Steps That We Will Take To Meet The Intended Outcome
<b>1. Increase workforce diversity and inclusion</b>	Our organisations will reflect a fair and inclusive environment, where all people feel valued and can have equal opportunities to fulfil their potential within their organisation.	By 2022, we will have aligned our own employment data reporting to match that of the Welsh Government in both format and reporting dates. By 2024 we will have evidence of how we reach out to minority groups and those living in poverty to gain employment with us.	Employment data Engagement profile data	<p>Standardise data collection to enable benchmarking to ensure consistency of analysis and reporting of data.</p> <p>Remove barriers and enhance recruitment &amp; selection policies, procedures and practices through the lens of equality.</p> <p>Ensure values &amp; behaviours promote a fair, equal and inclusive environment throughout the organisation.</p> <p>Develop shared initiatives to target unrepresented groups to increase employability e.g, work experience, mentoring opportunities, apprenticeship, academy, and internships.</p>
<b>2. Eliminate pay gaps</b>	Disclosure of information is part of organisational culture, staff understand why data is collected, ensuring that necessary data is only collated (GDPR)	Accurate data across the public sector which provides analysis across protected characteristics.	<p>Employment profile data Pay gap methodology and analysis.</p> <p>Professional Development opportunities</p>	<p>Share and standardise systems for collating and analysing data across bodies, supporting staff to disclose information.</p> <p>Agree a standard methodology for defining and collating pay gaps, interpreting/ communicating.</p>



			Uptake of different work patterns at different levels.	<p>Standard rounding methodology.</p> <p>Share strategies for workforce planning.</p> <p>Join together to create workforce development opportunities.</p> <p>Joint management and leadership training (HR Group).</p> <p>Share practice on work patterns and ways of working.</p>
<b>3. Engage with the community.</b>	Diverse communities throughout Wales will be actively engaged in our organisations' work. Strategies, policies, and decisions will be co-produced with diverse individuals. People's experiences and views will shape our organisations	By 2024 we will be able to demonstrate and evidence co-production of our strategies, policies, service changes and decisions	<p>Engagement profile data.</p> <p>Consultation and engagement - protected characteristic data is produced/published, including supplementary evidence such as surveys, and case studies as appropriate</p>	<p>Offering shared events and engagement opportunities.</p> <p>Engage directly with diverse communities to enable representation at shared events</p> <p>We will explicitly identify contributions from our engagement and co-production in our strategies, policies and decisions. (you said- we did)</p>
<b>4. Ensure equality is embedded into the procurement / commissioning process and is</b>	Equality is embedded into procurement principles which are operational and evidenced.	Principles are in place with updated organisational policies. Procurement data will be in place and will evidence diversity of procurement.	Publish agreed procurement principles and procurement data	<p>Agree a set of procurement principles for organisations to commit to.</p> <p>Revising organisational policies to reflect principles.</p> <p>Work together to train and support staff to deliver the principles.</p>

managed throughout delivery.				Share practice.
<b>5. Ensure service delivery reflects individual need.</b>	People and shared good practice actively influences delivery of services to meet individual needs.	<p>By 2024, we will be able to evidence operational systems and ways of working that ensure individual needs are understood and respected whilst accessing and receiving services.</p> <p>By 2024 we will have collaborative systems in place for co-producing.</p> <p>A framework for adopting and sharing good practice.</p>	<p>We will monitor and report complaints, concerns and feedback from people using our services to identify areas for improvement.</p> <p>Surveys</p> <p>Questionnaires</p> <p>Citizen Journeys</p> <p>Co-production evidence.</p>	<p>Share learning and examples of positive changes to services, demonstrating dignity, respect and understanding of communication and access needs.</p> <p>To have in place shared mechanism for co-production.</p> <p>To have in place a framework for recording examples of and sharing and adopting good practice.</p> <p>Offer collaborative awareness training around understanding service users.</p>

## Application of the 5 Ways of Working - Well-being of Future Generations (Wales)

Ways of working	How this has been applied
 <p>Prevention</p>	<p>The objectives have been informed through understanding inequality insight evidenced through 'Is Wales fairer' – The state of equality and human rights, the Equality and Human Rights Commissions review of the public sector equality duty, 2019 and information from our collective organisations. The consultation process included engagement with people from a range of diverse communities and backgrounds.</p>
 <p>Long term</p>	<p>The high-level objectives are recognised as long-term objectives that will exist beyond the four-year cycle of the SEP. Organisations uniting behind the objectives will achieve greater impact for future generations in enjoying a fairer society and more equal Wales</p>
 <p>Collaboration</p>	<p>Public Bodies will unite behind shared objectives and are committed to working together to meet the objectives. Partnership bodies have signed a 'memorandum of understanding' which outlines their commitment to collaborative working.</p>
 <p>Integration</p>	<p>The high-level objectives have been informed through insight, they align to Welsh Government long term equality aims and contribute to a more equal Wales (FGA) and a fairer society (Equality act, 2010). Application of the five ways of working has supported integration across duties. Each of the partnership bodies will integrate the shared objectives within their own strategy and planning.</p>
 <p>Involvement</p>	<p>Stakeholders and recipients of public services were involved in the development of the objectives. Through the delivery of the objectives the partnership has committed to engage with people and communities in the design of services that will ensure equality of outcome and services that meet people's needs.</p>

## Appendix 2

### Cardiff and Vale University Health Board & Velindre University Trust

#### Key themes survey monkey analysis

#### Respondents to Date

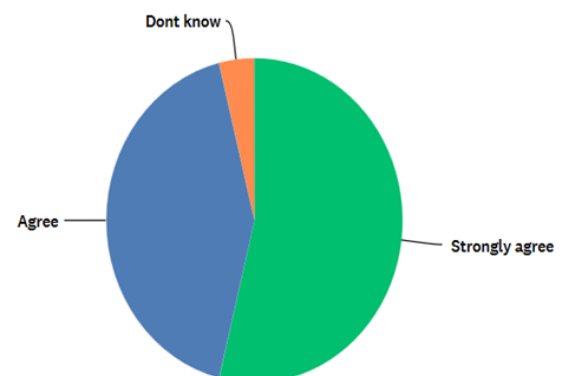
29 individuals

#### Key Words/ Phrases

- Training and awareness
- Partnership with external organisations like 3<sup>rd</sup> sector
- Improve accessibility (in resources, information, communication, service provision including physical environment and recruitment)
- Increase workforces representation in relation to protected characteristics at all levels of organisation
- Support and mentorship and placements
- Actively listening and involving children and young adults throughout
- Communities engagement including education and awareness
- Monitoring, reporting and sharing equality and diversity data with transparency

#### Key Findings

- 100% of the responses have been from individuals as opposed to organisations.
- 96.16% of those who responded agreed with the proposed objectives with 0% disagreeing and 3.85% not sure if they agreed or disagreed with the equality objectives.
- Respondents were asked if they would add additional equality objectives, increasing workforce representation in relation to protected characteristics at all levels of the organisation was raised. It was raised that there should be transparent reporting and sharing of equality and diversity data that all can access. Respondents also commented that there should be a separate objective with focus on listening and including children and young adults.
- 58.62% of the respondents commented on what actions should be taken to fulfil each equality objectives. Actions included continuous equality, diversity and inclusion staff training and awareness raising sessions. To provide support, mentorship, placements opportunities to help achieve increase representation throughout the organisation. Respondents also raised having readily available translation services for patients to ensure accessible communication for all and to help remove language barriers. It was also raised that in order to to increase workforce representation that the organisation needs to take the action of making accessible recruitment and include opportunities of mentorship, support, placements and training.



## Wales Public Body Equality Partnership

### Strategic Equality Objectives 2020-2024 – Public Engagement and Consultation Summary Report

#### Background

The Public Sector Equality Duty (PSED) requires listed bodies to review their existing equality objectives at least every four years. Revised equality objectives and the steps organisations intend to take to meet them should be published by 1<sup>st</sup> April 2020.

In line with recommendations from the Equality and Human Rights Commission (EHRC) and The Welsh Government, the duty represents an opportunity for public sector bodies in Wales to work together to recognise and collectively impact against the challenges set out in the ['Is Wales Fairer' report, 2018](#)

Several public bodies were keen to work collaboratively to agree shared objectives to take forward a collective approach, involving the sharing of resources, insight and expertise. This approach promotes smarter working and creates capacity for widening stakeholder and community engagement. Uniting behind shared objectives has the potential to influence further collaborative working and shared practice, promoting greater impact across the public sector and public services in Wales contributing significantly to tackling inequalities and the 'prevention agenda'.

This collaborative work reflects the principles of the Well-being of Future Generations (Wales) Act and will directly contribute to the national well-being goal 'A More Equal Wales'. Throughout the work of the partnership, the sustainable development principle and five ways of working will be applied and evidenced.

Equalities remains a key priority for the Welsh Government. On the 11<sup>th</sup> June 2019 the below statement was made by Jane Hutt, Deputy Minister which provided an update on the work that Welsh Government is doing to strengthen Equality and Human Rights in Wales.

*'To demonstrate and reaffirm our commitment to these principles, we're taking forward work to explore options to safeguard equality and human rights in Wales. This will begin with commencing the socio-economic duty in Wales, as well as working with the Equality and Human Rights Commission to review and strengthen the Welsh regulations for the public sector equality duty. We're also commissioning research to explore wider options, including how we might incorporate UN conventions, including the convention on the rights of disabled people into Welsh law'.*

Public Bodies involved in the partnership:

- Velindre University NHS Trust
- Cardiff & Vale University Local Health Board
- Health Education & Improvement Wales

- Sports Wales
- Arts Council for Wales
- Careers Wales
- Higher Education Funding Council for Wales
- National Museums Wales
- Natural Resources Wales
- Welsh Language Commissioner
- Welsh Revenue Authority

### **Partnership aims and objectives**

The overarching aim of this partnership is to agree and commit to reviewing the impact against shared objectives over the long term and working together to understand the collective impact through agreeing transparent outcome measures, with each organisation setting out alignment to their own strategic intent.

Following a review of existing Strategic Equality Plans (SEP), current landscape and literature, a series of evidence papers were produced by the partnership with common themes/issues emerging across the sector in relation to:

- Increase workforce diversity
- Minimise pay gaps
- Engage with the community
- Ensure procurement drives equality
- Ensure service delivery reflects individual need

### **Engagement and consultation**

The above common themes were developed into high-level, shared, long-term equality objectives. As part of the development of the Public Sector Equality Groups Strategic Equality Plan, the partnership commissioned a third sector partner to assist with meaningful engagement and consultation with individuals and groups who share 'protected characteristics' and those who do not. The following provides a summary of public engagement and consultation undertaken by the partnership:

- 3 regional stakeholder events were undertaken, North, West and South East Wales. These were inclusive of individuals and groups from across the protected characteristics
- Online consultation hosted through third sector partner in conjunction with promotion across the Public Sector Equality Group networks and internal mechanisms, in the form of a survey
- Individual organisations undertook internal engagement events and focus groups with their own staff – these figures are not included in this report.

To ensure accessibility, documentation was made available through the medium of Welsh, easy read, BSL and child friendly versions. In addition, public participants were reimbursed for travel, childcare, replacement care and any other relevant expenses as necessary.

## **Summary of findings**

In summary, the objectives were agreed by an average of 67% of respondents with 6.04% stating they did not agree, 13.95% stating they partially agree and 12.73% stating they were not sure if they agreed with the objectives. In respect of data gathered at public engagement and consultation events, please refer to appendix 1.

Responses from both the survey and consultation have been utilised to confirm, strengthen and inform the long-term outcomes, intended outcomes by 2024, outcome measures and steps that the partnership will take to meet the intended outcomes of the Shared Strategic Equality Plan.

A summary of key themes for each objective are set out below, with comments taken directly from either regional engagement events or surveys to highlight themes.

Overall key themes through the objectives include:

- co-production
- digital exclusion
- accessibility
- plain English and Cymraeg clir
- outreach in communities
- support and learning in the workplace
- flexibility
- staff training
- positive action
- culture change
- stories and experiences

## **Objective 1 – increase workforce diversity**

**Key themes:** equality training; diversification/ targeted work; recruitment; embedding objectives and monitoring; communication; involvement and engagement

In terms of the partnerships shared long term objective, respondents highlighted the importance of including the term ‘inclusion’ rather than looking at diversity in isolation.

Diversification was felt to be achievable through public sector bodies undertaking more targeted work with people from underrepresented groups, coupled with training delivered by people with lived experience to ensure meaningful engagement with equality, diversity and inclusion issues.

*People need to see themselves represented in the workforce and that the organisation is the kind of employer that meets employee's access and equality requirements. Promote positive experiences and case studies or role models. (South East Wales engagement event and implicit in all events)*

Review of on-boarding and the recruitment process across the public sector through the lens of equality was emphasised by respondents as being necessary due to their defining nature of an organisation's culture. Respondents felt that a more proactive approach to recruitment was necessary with clear suggestions about how and where organisations should advertise and actively recruit from community venues, universities, colleges and schools being cited. The creation of targeted traineeships and apprenticeships for under-represented groups with clear pathways and progression opportunities was also cited.

*Onboarding discussions about diversity. It's benefits and organisation expectations. (survey)*

*Review recruitment and selection policies and practices through the lens of equality (survey and South East Wales engagement group)*

*Go to schools and colleges as a partnership to promote the roles and careers available in partner organisations, especially those common to most or all (for example HR, finance) and set up cross-partnership (standardised) purposeful work experience initiatives (South East Wales engagement group)*

*Undertake (legal) positive action to address under-representation. This should include targeted recruitment and additional support both to apply and in the job. (survey and South East Wales engagement event)*

*Attend or hold more recruitment fairs in communities to promote the wide range of careers in public sector organisations and promote opportunities to under-represented groups, for example university employment fairs (North Wales engagement event)*

*Develop mentoring schemes, buddying and shadowing, for people from under-represented groups, both prior to applying for any job and for development of staff already in the organisation (South East Wales engagement event)*

*Review recruitment processes through the lens of equality and amend them focusing on demonstrating capabilities, not merely experience and valuing experiences outside of work, including making them more inclusive of and appropriate for neuro-diverse people. (survey)*

Clear support was identified as being needed for some members of the community to apply for jobs with an emphasis on the need for all organisational documents to be accessible through the medium of BSL as well as Welsh and English to ensure equality of opportunity, including pre and post application.

*In terms of online job ads, the 'we are equality and diverse, inclusive' note should be at the top, not the bottom. And if a job is flexible, put that at the top along with logos, such as the BSL logo (North Wales and South East Wales engagement event)*



*Ensure that only the skills and qualifications that are actually needed are included on person specifications. Allow alternative methods of demonstrating skills to the traditional routes. For example, good telephone skills, or using the phone, excludes Deaf people. Good communication skills would include Deaf people; requirements for degrees disadvantage some groups, including older people (North Wales and South East Wales engagement events)*

*All documents, job adverts, websites etc. must be in BSL as well as Welsh and English (North Wales engagement group)*

Embedding equality objectives and monitoring leadership commitment from the top of organisations was cited as being essential.

*Demonstrative leadership, not just policies and statistics, on equality. Managers need to champion the objectives. (survey and South East Wales engagement event)*

*Ensure that commitment to equality and diversity and delivering the objectives starts from the top of the organisation (South East Wales engagement group and implicit in all groups and survey)*

## **Objective 2 – minimise pay gaps**

**Key themes:** Accessible information; data collection and analysis; recruitment; job evaluation, equal pay and pay information; organisation culture; job sharing and flexible working; specific groups

Respondents were explicit in stating that public sector providers should be looking to eliminate pay gaps rather than minimise pay gaps to ensure equality. Clear direction was being given for the need for public sector organisations to create cultures and workplace practices where staff understand why data is being collected and how it is used to advance equality and diversity.

*‘Amend to ‘Eliminate pay gaps.’ (survey)*

*‘Ensure disclosure of information is part of organisational culture to reduce information gaps. Staff understand why data is collected and how it is used to advance equality and diversity. Action is taken to reduce pay gaps and ensure fair pay based on equality information and engagement with staff.’ (survey)*

*‘Develop an information-sharing culture’ (survey)*

The need for transparency was expressed with public sector organisations being asked to refrain from cherry picking data and that there should be clear action plans, written in plain English and available in accessible formats, which demonstrate how organisations intend to address identified gaps. Comprehensive data collection was stated as being necessary across all the protected characteristics.

*‘Gather good practice examples from other organisations in relation to progression through the levels of diverse people and review how they have*

*achieved a more diverse senior workforce to learn from them' (South East Wales engagement event)*

*Set an action plan with clear commitment to reduce pay gaps. Justify where and why pay gaps exist. (survey)*

*Publish clear analysis of the way pay gaps are calculated, displaying the data in a range of formats to make it accessible and easily interpreted by all. (survey)*

*Comprehensive data collection and analysis in terms of staff numbers, grades, and pay for all protected characteristics and specific groups, including learning disabled people. (survey)*

Equal pay and the availability of pay information was identified as being important to respondents, with reference to Living Wage Foundation's Living Wage.

*Pay all employees and those employed by contractors/suppliers, at least the Living Wage Foundation's Living Wage. Annual increases at least in-line with the increase in the Living Wage Foundation's Living Wage. (survey)*

*Ensure that culture, working conditions and processes encourage groups currently not applying for/not being offered more senior jobs, to do so. Ensure a culture where staff feel trusted, respected, valued, and supported to express their views and concerns. (survey)*

*Gather good practice examples from other organisations in relation to progression through the levels of diverse people and review how they have achieved a more diverse senior workforce to learn from them (South East Wales engagement event)*

### **Objective 3 – engage with the community**

**Key themes** – co-production with communities; direct engagement and outreach; accessibility of engagement and awareness of different groups; plain language communication; public sector collaboration; surveys and research; measuring and monitoring progress.

Authentic co-production came across strongly with respondents articulating how co-production should commence before organisations start to write strategies, policies and service changes. Clear direction should be given to working in partnership with communities as key stakeholders rather than merely seeing communities as recipients of services.

*Use a co-production approach, starting before writing strategies, policies, service changes etc. through to the impact of the change in practice. Longer timescales for engagement and feedback. Weave feedback processes into the approach and ensure feedback can effectively be fed back into the community about how their*

*contribution has helped shape things. (survey and North Wales engagement event)*

*Co-production is absolutely critical (North Wales engagement event)*

*Do things with the community, not to the community. Listen to and involve people directly. Work in partnership with communities, not assume they are just recipients of services. (survey)*

Direct engagement and outreach featured heavily with respondents expressing the need for public sector organisations to build effective relationships and understanding of Wales' diverse communities, with emphasis on organisations going out into communities to run engagement events. The provision of feedback was echoed as being critical so that communities can understand and appreciate the impact their voices have had on bringing about change. This approach was identified as needing to be embedded into an organisation's culture if real collaboration with communities was to be achieved. Alongside these, respondents stated that better use of existing feedback would prevent communities being asked the same questions over again. Better use of existing feedback was cited as allowing for engagement to focus on collective solutions and support rather than continually looking at barriers.

*Engagement must be carried out in a direct practical manner, which ensures staff go out to all sections of our diverse community, undertake joint work or projects and get to know the life experience of individuals from all backgrounds. (survey)*

*Do things with the community, not to the community. Listen to and involve people directly. Work in partnership with communities, not assume they are just recipients of services. (survey)*

*Hold some engagement events and information sessions in local areas and go out to the public directly (as opposed to holding engagement events in public sector venues). E.g. Libraries, the hubs, places that have a good bus route, community centres, and religious buildings. (South East Wales engagement event.)*

*Outreach – go to locations where diverse groups already meet and take part in their meetings. Focus on engagement and support you can offer, not regulation. Join in with what the group are already doing and proactively ask for their feedback – one example given was a knitters group (survey and South East Wales engagement events)*

*Be clear about when and why you are engaging. Promote community ownership by clearly communicating what changes engagement has made and can still be made. (survey)*

*Embed ongoing engagement in organisational culture – develop real collaboration with communities and organisations. (survey)*

*Use existing information and previous engagement to identify the barriers to engagement, rather than continually asking people about barriers. Use this information and future engagement to break-down barriers to engagement and look at solutions and support, not what the barriers are. (survey and West Wales engagement event)*

Ensuring that not just venues, but all communication and interaction with communities is accessible to all, was expressed as being critical if engagement was to be valid and purposeful. Awareness of digital exclusion should be considered and the need for a range of languages and formats be used to promote events if real connections are to be made with communities. Training and awareness in relation to equality was identified as being needed within public sector organisations. In particular, training was cited as being necessary in relation to raising awareness of the interconnected nature of social categorisation which can create overlapping and interdependent systems of discrimination or disadvantage. Alongside these, the use of plain language and clear collaboration between organisations was identified.

*Don't rely on online methods only. Digital exclusion needs to be taken into account. Ensure there is face-to-face contact and off-line options. (survey)*

*Too much use of English instead of BSL or sign supported Welsh. Providing interpreters isn't enough, people need to know that they're accessible. Accessibility should be made clear by using logos. Improving accessibility also means physically visiting communities to spread the word, instead of relying on digital media which many people don't have access to. Appropriate people from these communities should be selected to spread the word. (North Wales engagement event)*

*There needs to be advertising and promotion in a range of languages and formats to reach people and to make the connection. Advertise in local shops (grocers, butchers etc.), GPs, community centres etc. (South East Wales engagement event and implicit in all events)*

*Use accessible venues for engagement and public meetings. Proactively offer information in different formats and languages and have interpreters available as appropriate. Ensure that access requirements are proactively requested, and clear accessibility information is provided publicly in advance (survey and South East Wales engagement event)*

*More awareness about intersectionality is necessary: people need to understand that these various groups (disabled young, elderly, female, non-binary etc) all overlap extensively (North Wales engagement event)*

*Use Plain English / Cymraeg Clir in all consultation and engagement documents and events. (survey)*

*Partnership between public sector organisations (including health, local council etc.) and a Memorandum of Understanding to commit to delivering proposals. (survey)*

## **Objective 4 – ensure procurement drives equality**

**Key themes** – clear definition of what is meant by procurement; value for money; micro-businesses and third sector organisations not being disadvantaged

Responses to objective 4 focused on the need for organisations to go deeper than merely asking prospective tenders for their equality policy as confirmation of their intention. Value for money rather than focus on price was highlighted as being important, with a clear steer on engaging effectively with small, local businesses to encourage and support in submitting tenders.

*Reference to buying the best product at the best price, not purely price-driven procurement. (survey)*

*Proactively sourcing locally, supporting small suppliers, and connecting to the Future Generations goals in the objective (survey)*

*Clearly defined tenders that go deeper than asking for an equality policy and different /more demanding requirements where equality of access or diversity of provision is highly relevant. (survey)*

*Build equality in as part of procurement contracts (survey)*

## **Objective 5 - ensure service delivery reflects individual need**

**Key themes** – engaging people and acting on people's experiences; service design and delivery; delivering shared learning and best practice systems; culture and policies; measuring impact.

Effective engagement of people and acting on people's experiences was raised as being necessary if under-represented or seldom heard groups are to have a voice in shaping public service design and delivery. With a clear steer to the need for public sector bodies to not only deliver engagement within communities but to provide clear mechanisms for continuous feedback, with the need for the use of plain English and accessible information being critical.

*Involve and listen to people. Feedback from users should influence service delivery as well. (survey and South East Wales engagement event)*

*Ensure that the voices and needs of seldom-heard people are heard and acted upon, not just the loudest voices. Make sure urban and rural areas are represented (survey and South East Wales engagement event)*

*Have more options and ways that people can feed in suggestions on a continual basis. Take suggestions seriously, act on them, and provide feedback such as posters of how you've acted on suggestions. (South East Wales engagement event)*

*Hold engagement events somewhere different and neutral, for example the libraries, housing associations, community centres, sport centres, art centres, job centres, education centres like schools. (South East Wales engagement event)*

*event – raised in response to service delivery, but probably more relevant to objective 3 – community engagement. It will be important for community engagement to cut across the other objectives, as this was mentioned in all engagement events and is implicit in the survey.)*

*Communication needs to be accessible, in BSL and community languages, avoid jargon, and be clear and inclusive. This applies to both verbal communication when accessing services and written information. (North Wales and South East Wales engagement events)*

Delivering shared learning and best practice systems was highlighted as being key and the first point of call for any piece of work or service. With co-production being referenced as a source of best practice.

*Need to develop a system to ensure that best practice really is best practice (for example co-production as a source of best practice – coming from communities and users and evidence of the impact on people of changes made.) (survey)*

There was call for public bodies to review their culture and policies to ensure accessibility and inclusion is at the core of staff interaction with individuals and groups.

*Embed a culture of respect, inclusion, and actively listening to patients or service users and acting on their concerns. Staff in all services need to be trained in communication and develop people skills. (South East Wales engagement event)*

*Embed a culture of being welcoming, celebrating diversity, and automatic inclusion of everyone and different requirements in all services. (South East Wales engagement event)*

In relation to measuring impact respondents were clear in identifying the need for measures to include service users' experiences.

*Measures need to include consideration of how service users' experiences have changed, alongside satisfaction and other measures. (survey)*

*Measure the difference service changes have made to individuals – questionnaires to individuals (survey)*

*There needs to be more of a focus on measuring outcomes for individuals and how services are tailored for individuals and not measuring numbers. (South East Wales engagement event)*

## **Outcome**

As a direct result, the engagement and consultation responses have informed and influenced the final shaping of Wales' first shared Public Sector Strategic Equality Plan 2020-2024, to be published on the 1<sup>st</sup> April 2020, with the groups shared long term equality objectives being:

- Increase workforce diversity and inclusion

- Eliminate pay gaps
- Engage with the community
- Ensure equality is embedded into the procurement/ commissioning process and is managed throughout delivery
- Ensure service delivery reflects individual need

Actions taken from commissioned report, appendix 2, will need to be considered and reflected in individual organisations and collective action planning.

### **Next Steps**

Individual organisations, whilst they are not legally bound by the partnership, have made a commitment through a memorandum of understanding to continue to work together past the initial timeframe of development June 2019 to April 2020.

Therefore, the next phase post 1<sup>st</sup> April 2020 will be the agreeing of clear workstreams and opportunities for future collaboration, co-production, sharing best practice and resources. Co-production will be instigated at the start of the planning process through joint initiatives. This approach will ensure that future action plans and subsequent initiatives are jointly owned by organisations and those who decisions impact upon the most i.e. service users.

Activities will be reviewed annually to ensure that they are being delivered as agreed and having the intended impact.

## **Appendix 1**

To avoid possible identification of individuals some information is missing from the below figures.

### **Engagement events**

27 people participated in the engagement events

- 1 person attended the engagement event in Swansea
- 6 people attended the engagement event in Bangor
- 20 people attended the engagement event in Cardiff

13 people attending were diverse individuals not representing any organisation or group. 14 people attending were representing organisations. Some of these people were representing groups of diverse people (for example 50+ forums), or third sector organisations representing their diverse service users (for example, North Arfon Access Group and FNF Both Parents Matter)

Some attendees represented more than one organisation and a small number of organisations had multiple representatives present.

Organisations represented were:

- 50+ forum (Cardiff)
- 50+ forum (Vale of Glamorgan)
- Cardiff University
- Cymru Older People's Alliance
- Citizens' Advice Wales (Flintshire)
- DWP
- FNF Both Parents Matter
- Forensic Resources
- Llantarnam Grange Arts Centre
- Literature Wales
- Leonard Cheshire
- National Museum Wales
- North Arfon Access Group
- Prime Cymru
- Remembering Srebrenica
- Taff Housing Association
- Unite Community

### **Online Survey results**

43 people responded to the survey

4 have been from organisations or one identifying as an individual and an organisation.



- 3 from Natural Resources Wales
- 1 from Cardiff People First (representing: People with a learning disability across Cardiff. Constant meetings and discussions on all topics of interest.)

### **Equality monitoring information for Survey**

We asked a range of equality monitoring questions. This was to ensure we reached a broad range of people across the protected characteristics.

#### **Age**

19.05% of respondents were 18-35; 30.95% were 36-45; 28.57% were 46-55; and 21.43% were 56+

#### **Disability**

The question we asked was 'Do you consider yourself to be a disabled person?' This question is based on self-identification and barriers to participation under the Social

#### **Model of Disability**

14.29% responded 'yes' to this question. 83.33% responded 'no.'

#### **Ethnicity**

Over 42% of respondents identified as White British and over 42% as White Welsh. The remaining respondents identified as White English, White European, or 'Other.'

#### **Gender**

Over 64% of respondents identified as female and over 30% as Male.

#### **Religion or belief**

33.33% identified as Christian; 33.33% as 'none'; 15.38% as Atheist; and 17.95% as other religions or beliefs.

#### **Sexual orientation**

71.43% identified their sexual orientation as heterosexual/straight; 1.67% as Lesbian or Gay; and 7.14% as bisexual.

### **Equality data from engagement events**

All data below is self-reported equality data. It is based on self-identification. All questions were optional and most had an additional prefer not to say option.

Please Note: any number below 8% cannot be reported.

#### **Age**

8% of participants were 16-24; 12% 25-34; 8% 35-44; 12% 45-54; 24% 55-64; and 28% 65+.

Given the events were during the day a good range of ages were represented at the event. The higher proportion of older people is expected at daytime engagement events, especially those focused on equality.

#### **Disability**

The question we asked was 'Do you consider yourself to be a disabled person?' This question is based on self-identification and barriers to participation under the Social

**Model of Disability.**

44% of participants answered yes to this question; 48% answered no to this question; 8% did not answer this question

**Ethnicity**

In terms of broad ethnic group 68% of attendees were white; 12% were of mixed ethnicity; 12% Asian or Asian British; and 8% Black or Black British

In terms of specific ethnicities 20% were White Welsh; 40% White British; 8% White and Black Caribbean. Other specific ethnicities cannot be reported, due to the low numbers.

**Gender**

76% of participants identified as female; 20% as male; and the remaining 4% chose 'prefer not to say.'

All participants either identified their gender identity as the same as the sex they were assigned at birth or did not answer the question relating to gender identity (gender reassignment.)

**Sexual orientation**

84% identified as heterosexual. 12% identified as Lesbian, Gay or Bisexual. 4% did not answer this question.

**Religion or Belief**

44% identified as Christian; 36% as 'None'; 8% as Muslim.

**Carers and employment situation**

52% stated they are employed; 24% stated they are retired; 12% stated they are receiving benefits.

**Welsh language**

16% stated they are a Welsh Speaker or learner. 76% answered 'no' to the question 'Are you a Welsh Speaker.' 8% did not answer this question.

## Appendix 2

Actions below to be considered and reflected in individual organisations and collective action planning; taken directly from commissioned report.

### **Objective 1 – Increase workforce diversity**

Participants in engagement events felt this objective needs to clearly include volunteers and Board members, alongside employees.

How this objective will be monitored and ensuring it is not a tick box exercise was important to participants.

Key actions raised by participants included:

- Comprehensive equality training for all staff. This needs to cover each protected characteristic in detail, valuing diversity, unconscious bias, and inclusive recruitment practices. This training needs to start during induction and continue throughout people's careers. Training needs to include how to put equality into practice and developing inclusive, supportive, positive workplaces for all staff and service users. Training needs to be face-to-face and include opportunities for all staff to ask questions and explore their own role.
- Look at all protected characteristic groups, ensuring there is no hierarchy and include intersectionality.
- All actions below apply to all levels of the organisation, including recruitment to senior level roles, not just entry level roles.
- The partnership needs to work together to promote the range of jobs available in the public sector. Outreach and working with diverse communities to raise awareness of the different employment opportunities across the public sector were key actions.
- Work with communities to identify barriers within recruitment processes and revise recruitment processes to work for all communities.
- Review equality monitoring questionnaires and use the data to identify under-representation and take positive action.
- Use role models, case studies and personal stories to showcase diverse people in the roles and organisations, including diverse people at higher grades.
- Targeted recruitment, training before applying for jobs, and additional tailored support for diverse people to apply for roles and to be successful is critical.
- All job descriptions, person specifications, job adverts, and recruitment processes need to be in Plain English and Cymraeg Clir as standard. BSL and community

language copies, as well as accessible formats also need to be available and easy to access.

- Advertise jobs in minority press, in community venues, through equality organisations and community groups, and in non-traditional places.
- Work placement, traineeships, apprenticeships, shadowing, buddying and mentoring schemes for people with one or more protected characteristics need to be developed and implemented as a partnership. Tailored support, childcare, and paying expenses need to be part of these schemes. Bursaries should be provided wherever possible. Groups include young people, older people, disabled people (all impairment groups, including Deaf people), women, BME people, and LGBT people.
- Develop a public sector apprenticeship, as well as role specific apprenticeships, targeted at under-represented groups, as a partnership.
- Go into schools to promote the range of jobs and careers available within the partnership and tackle stereotypes. Have work experience opportunities as part of this.
- Have well-trained and supported staff members dedicated to developing volunteering, work placements, work experience, traineeships, apprenticeships, mentoring and other mechanisms targeted at diverse communities.
- Amend recruitment processes to focus on demonstrating capabilities and values, not in-work experience and qualifications. Explicitly value experience gained outside of work and experience as an alternative to qualifications.
- Ensure that job descriptions and person specifications only include those skills needed for the role, are written in Plain English, and broaden skills descriptions where possible. For example 'good written and verbal English or Welsh' excludes Deaf people and BSL users, where 'Good communication skills' would enable Deaf people to meet the criteria.
- Remove stereotypes and biased language from job adverts, such as changing job titles to tackle gender segregation.
- Ensure recruitment processes have sufficient time and arrangements in place to enable BSL interpreters, communication support workers, and other access requirements to be met for interviews.
- Ensure recruitment processes and forms are accessible and that alternative formats and ways of applying are clearly promoted. This includes alternatives to written application forms and off-line application processes.
- Provide more volunteering opportunities and open days for people with protected characteristics in public sector organisations. Link these to developing experience to enter the workforce when people want this.

- Deliver more open days, taster days, and recruitment fairs to provide opportunities for diverse individuals to find out more about working in the public sector.
- Raise awareness of and use Access to Work more effectively.
- Ensure there is diversity on recruitment panels, alongside name-blind shortlisting and ensuring there is equality and diversity challenge built into the process.
- Managers need to champion equality and diversity and actively support diverse individuals.
- Language around equality monitoring needs to change. More inclusive questions need to be asked, for example around disability. It needs to be 'sharing information' not 'disclosing.' There needs to be a positive attitude to monitoring. Recognise and address why staff may not want to disclose. Data needs to be used to improve equality and diversity and staff need to see the changes. Organisations need to use the same methodology so data is comparable. Looking at staff and organisation behaviour and people's experiences is as important as numbers of staff at all levels of the organisation.
- Gather feedback from diverse individuals on this objective and all objectives. Use a co-productive approach, so diverse individuals and organisations are designing actions with the partnership. Partner with smaller grassroots organisations. Outreach and going to conferences and events where diverse people already are is vital.
- Ensure good work-life balance policies and practices are in place, including flexible working, agile working, family-friendly policies, part-time options. Encourage all employees and at all levels of the organisation to take these up and break-down the stigma of flexible working.
- Review and revise complaints and concerns procedures to ensure equality issues are identified proactively and all staff feel supported and able to raise concerns.
- Build a positive culture and approaches to proactive reasonable adjustments and addressing barriers, such as travel expenses, dietary requirements, flexibility, and childcare.
- Ensure equality and diversity feature explicitly and strongly in corporate plans and all key strategies and policies.
- Develop and support further staff networks. Improve accessibility and face-to-face engagement of staff networks. Create workplace events to celebrate diversity.
- Ensure that workplaces are fully accessible. For example functioning lifts, hearing loops, large print and Braille signage, accessible parking, public transport access etc., but also large print, a variety of languages, and quiet and prayer rooms.

- Display all information in visual and written formats.
- Ensure mental health awareness and mentally healthy and supportive workplaces are embedded in all partner organisations.
- Ensure that the organisation culture actively embraces equality, diversity and inclusion, and develops a positive atmosphere for diverse people, not just have it as a tick-box value. This includes pre-emptively and proactively identifying and removing workplace barriers; seeing equality and diversity as essential to core business; senior managers leading on and championing equality and diversity; and developing understanding of both individual requirements and different groups.
- Respect and valuing people, the moral case for diversity, should be the focus.
- There needs to be investment and funding for engagement, recruitment, training, retention, support and progression for people from under-represented groups.

## **Objective 2 – Eliminate pay gaps**

Participants felt that the partnership needs to explicitly explain this includes disability and ethnicity pay gaps and look at identifying other pay gaps. Ensure that data collected can also be looked at regionally and in terms of rurality, as well as protected characteristics. Explain what pay gaps are and the difference between pay gaps and equal pay.

Key actions raised by participants included:

- All pay gap information produced should follow a clear methodology and be explained in Plain English and Cymraeg Clir. Explanations need to accompany the data, setting out what the data means and why those pay gaps exist, and be available in accessible formats. Bring the data to life with stories and case studies.
- Whenever equality information is collected be clear on what it is being used for and how sharing information will make a difference.
- Set an action plan with clear commitments to reduce pay gaps.
- Partners need to learn from each other and other organisations. Gather good practice examples and apply them in practice.
- Actions under objective 1 also contribute to achieving objective 2.
- Identify the reasons behind career segregation and women, disabled people, and BME people being steered towards lower-paid careers and take action to address this.
- Take positive action through succession planning, so when a vacancy becomes available, have somebody who works for the organisation with a protected characteristic move into the more senior job.

- Mentoring, training, and staff development in the workplace specifically targeted at under-represented groups and tailored to address both general barriers and individual requirements.
- CPD and training needs to be actively available to and promoted to all staff, including people who work part-time. Managers need to proactively identify staff potential and development opportunities and take the onus off staff.
- Identify whether there are any equal pay issues in the partner organisations. If there is then tackle this first. If not then explain how you know there is not and then what the pay gaps are and mean.
- Ensure that the culture of men requesting starting at a higher point within a grade or band and women not doing so is addressed. There needs to be a standard way of working out any uplift when someone starts based on their experience, not based on who requests it.
- Pay all employees, and those employed by contractors/suppliers, at least the Living Wage Foundation's Living Wage.
- Educational attainment is a key inequality issue and recruitment and progression needs to be revised to ensure that people with lower educational attainment have access to jobs and to progression/promotion routes.
- Ensure that culture, working conditions and processes encourage, groups, currently not applying for/not being offered more senior jobs, to do so. Ensure a culture where staff feel trusted, respected, valued, and supported to express their views and concerns.
- Embed commitment and action to diversity and progression for protected characteristic groups throughout the organisations. Have clear diversity values and monitor staff embodying those values.
- Ensure that the culture encourages people to see their strengths and opportunities for progression in the organisation, including part-time workers, women, people with caring responsibilities, and all under-represented groups. This should include opportunities in other departments or roles.
- Ensure that hidden attitudes and unconscious bias are identified and actively addressed through training, awareness raising, and a positive organisation culture to pregnancy and maternity, women, younger people, caring responsibilities etc.
- Have diverse images in the organisation.
- Support, Mental Health First Aiders, flexible reasonable adjustments, seeing occupational health as a positive process involving the individual as an equal, monthly welfare meetings with each staff member, and other mechanisms to reduce and remove stigma against disabled people and the disability pay gap.

- Involve citizen members on Boards.
- Ensure more reasonable adjustments, job shares, flexible and term-time working, part-time working, and agile working options are available, promoted, and used at all levels, including senior management. Use these in an individualised way. Tackle the stigma associated with these options and promote a positive culture to flexible options and progression, which values every employee.
- Ensure that part-time workers, workers taking career breaks, and agile/flexible workers have access to all training and development opportunities and appropriate support, timings etc. are in place to enable them to take advantage of those opportunities to be able to progress.
- Tackle both systemic pay issues around Shared Parental Leave and awareness and attitudes to men taking Shared Parental Leave.
- Refugees and asylum seekers, carers, and menopausal women are missing from the Plan. Actions need to be included for these groups in relation to recruitment, support in the workplace, and pay gaps.
- Address barriers to promotion and progression for older people.
- Provide childcare in workplaces whenever possible. Provide Childcare Vouchers where not possible, available to both parents.
- Provide full salary for the maternity, paternity, and adoption leave periods, not just statutory pay levels. Tackle the perception that taking leave will prevent progression.
- Use Keeping in Touch days for women on maternity leave flexibly and to support the employee in the best way possible for them, including training opportunities and maintaining professional membership.
- Sick pay needs to be for a longer period at full pay, not just in line with Statutory Sick Pay. There also needs to be arrangements for disability-related leave/absence.

### **Objective 3 – Engaging with the community**

Key actions raised by participants included:

- Use a co-production approach, starting before writing strategies, policies, service changes etc. with a blank sheet of paper through to the impact of the change in practice. Go out and work with communities to define the topics that need to be addressed and initiating work, service change etc. within communities first. Longer timescales for engagement and feedback. Weave feedback processes into the approach and ensure feedback can effectively be fed back into the community about how their contribution has helped shape things.
- Do things with the community, not to the community. Listen to and involve people directly. Work in partnership with communities, not assume they are just recipients of services.



- Work both with diverse individuals, including recognising intersectionality, and with third sector equality organisations and community groups. Ensure it is adequately funded and resourced.
- Engage key leaders in different communities so they can encourage others to get involved. Word of mouth is very important, so you need to engage with different organisations who have connections within the community.
- It is absolutely critical to talk about 'seldom-heard groups' not hard-to-reach groups and engage a wide-range of diverse people.
- Training and development for both public sector staff and diverse individuals is vital as part of developing truly co-productive processes and approaches. Everyone needs to start from the principle and approach that they are there to listen and learn and come from a positive perspective and approach to problem and barrier solving.
- Clearly include direct and practical outreach with and in communities directly and through the wide variety of representative charities and community groups as part of engagement.
- Ensure that enough time is spent listening to and engaging communities and getting to know and understand the communities and people.
- Regular accessible and inclusive engagement and outreach throughout the year. Tailor messages to each community and their barriers and concerns. Ensure venues and content are accessible and understandable and in local community venues.
- Deliver outreach by going to locations where diverse groups already meet and taking part in their meetings. Focus on engagement and support you can offer, not regulation. Join in with what the group are already doing and proactively ask for their feedback.
- Have and use staff members whose role, training and background is community engagement and understanding of different diverse groups, communities and issues.
- Provide refreshments and reimburse travel, childcare, replacement care etc. costs for all participants. Pay them for their time where possible as well. Where it is not possible provide time credits or vouchers.
- Ensure adequate resources and promotion are provided for local community engagement, including procuring community engagement.
- Engage locally and focus on solutions, using existing information about barriers to design engagement.
- Openness and transparency of everything public sector organisations are doing is key. "You said, we did" information to all participants is part of this.

- Information stalls at community festivals and events, well-being events and other local events are vital.
- There must be face-to-face local engagement, conference calling, and other off-line engagement to reach digitally excluded people. A wider-range of technology solutions should also be used to broaden engagement.
- Promote engagement events and all forms of engagement off-line, in hard copies, as well as online and on social media. Put posters up in shops, cafes, GPs, libraries, churches, mosques, and other places people already go.
- Proactively address access requirements, rather than waiting for requests, including BSL interpretation.
- Staff engaging need comprehensive training in different groups, communication, and engagement methods. This must include Disability Equality Training and Deaf Awareness training.
- All engagement information and public information must be in Plain English / Cymraeg Clir as standard, as well as BSL, accessible formats, and community languages.
- Work with other public sector organisations to deliver engagement and outreach together.

#### **Objective 4 – Procurement drives equality**

Key actions raised by participants included:

- The public sector organisations themselves need to understand equality and diversity better, through training etc. so they can identify where equality is relevant and should be built into specifications and service design.
- Consider all the different contracts where equality may be more relevant than it seems. For example, dietary requirements in relation to disability, religion and belief, and culture need to be built into all food contracts.
- Develop clearly defined tenders that go deeper than asking for an equality policy and different /more demanding requirements where equality of access or diversity of provision is relevant. This could include equality plans, with incremental year on year actions, which should be monitored to see if they are delivered and if these actions have made a difference, as part of contract monitoring.
- Require contractors to sign up to these Equality Objectives and commit to action against them in relevant contracts. This action should be monitored and form part of the contract monitoring arrangements.
- Require contractors to implement effective Equality Impact Assessments in relevant contracts.
- Ensure the best product or service is purchased, at the best price, not the cheapest product or service. Quality and outcomes are more important than

price. This should include explicit social awareness, social consciousness and equality requirements.

- Include requirements for organisations to be Disability Confident organisations, and have other equality standards as part of larger contracts. Encourage it for smaller contracts or organisations. Provide information and support so they can.
- Build in requirements to deliver staff equality training; provide apprenticeships, internships, jobs etc. for under-represented groups; fully consider and take action to ensure equality in progression and reducing pay gaps; involve communities directly in service design and delivery etc. into contracts. Community benefits should be equality focused.
- Require contracted organisations to monitor their staff equality make-up across all protected characteristics, progression/promotion, applications for jobs, shortlisting and success, and pay. Publish this information alongside actions to address under-representation if numbers are large enough. If not then require it to be submitted as part of contract monitoring, but not published.
- Write specifications and contract documents in Plain English, not legalese. Ensure that language is accessible and inclusive both to diverse individuals and smaller organisations.
- Ensure timescales are sufficient for smaller organisations to establish collaborative bids.
- Only procure with organisations that are signed up to or committed to becoming a real living wage supplier and who don't use zero-hour contracts, use flexible contracts instead.
- Source from SMEs and not-for-profit organisations supporting and working with people with protected characteristics where possible.
- Ensure that there are good opportunities for new organisations to get involved, not always going back to the same organisations. There needs to be more information and support for smaller organisations and third sector organisations.
- Train suppliers, especially smaller organisations, in how to bid, what they can do, how they can build in equality. Provide mentoring support as part of this.
- Look at ensuring contracts are awarded to people and organisations based on their attitude towards diversity and their values. Standards organisations have to adhere to on equality and diversity.
- There needs to be a much stronger focus on involving disabled people and other people with protected characteristics in design and implementation, not assuming contractors will get it right.

## **Objective 5 – Service delivery meets individual requirements**

Key actions raised by participants included:


- Involve and listen to people. Ensure that the voices and requirements of seldom-heard people are heard and acted upon, not just the loudest voices. Make sure urban and rural areas are represented. This links to co-production and engagement under objective 3.
- Have more options and ways that people can feed in suggestions on a continual basis. Take suggestions seriously, act on them, and provide feedback such as posters of how the partners have acted on suggestions.
- In order to tailor services, talk to individuals and see what they want from services.
- Use citizen stories and journeys to identify issues and barriers and address them. Stories are a vital source of evidence and information.
- Go into schools. Develop and use role models. Start from asking the community what they want and what would benefit them.
- Use community venues for both engagement and service delivery.
- Work with disabled people and with people with other protected characteristics to deliver inter-face training and have face to face engagement with a range of people. Disability Equality Training should be delivered to all staff in organisations and delivered by experts. Comprehensive and continual training for all staff on all protected characteristics. This should also link to equality meetings organisations should hold and unconscious bias training for all staff. Cultural awareness training, and breaking-down stereotypes is also important.
- Look into and apply equality accreditation schemes, but across the protected characteristics. Ensure there are badges and clear indications staff are trained and aware, such as Deaf awareness, Dementia Friends and similar models for other groups.
- Employ more diverse people to deliver services.
- Employ specialists within services, with higher levels of expertise in particular areas. Services need to signpost individuals to the right specialist from general services.
- Deliver services more flexibly, rather than a one-size fits all approach. Offer services in a variety of ways, and not just online.
- Have quiet hours for people with anxiety, people experiencing emotional distress or with mental ill health, and neurodiverse people. Hours when these people can access venues, such as museums, before they are open to the general public.
- Off-line information, face-to-face services, telephone and text are very important. Not everyone is online and there are accessibility issues online. Not everyone

has a smart phone either. There needs to be more of an emphasis on hard copy information and off-line contact. There needs to be more support to access and understand information and services available.

- Ensure that there is a minimum standard within service delivery. Have clear service standards and expectations, in plain language, so that people know what service they can expect and how to access services.
- All health boards should embrace the pledge ensuring that the Deaf community can access health services.
- Health services need to have ways people can make appointments online, by text, using relay systems and interpretation systems etc., especially for Deaf people. There also needs to be easier and quicker ways and a variety of ways to make appointments, not just phone in the morning and not get an appointment. This should also be an option for other services.
- GPs surgeries need to signpost people to other services, as appropriate, such as opticians and pharmacists. Both in general and so people can get help when they cannot get an appointment.
- More investment and services are needed in terms of community nurses, mental health and dentistry.
- Health services need to be trained and aware of different people's requirements. They need to have flexible service delivery, times of the day and evenings, home visits etc. to cater for diverse service users. There needs to be a culture of respect, of listening to patients and of acting on their complaints and concerns. This extends to other services too.
- Records need to be shared across health services.
- Services need to understand that the closest place may not be the easiest to get to if people don't drive. They need to be more flexible and ask people where they would prefer to be seen.
- There needs to be consistency in terms of both who you see in a service, and if that is not possible, then being aware of what happened in previous appointments and following up from the same point.
- Accessibility is vital in terms of ensuring communication needs are met within services, for Deaf people, and people who need communication support, such as learning disabled or neurodiverse people.
- Accessible, inclusive Plain English and Cymraeg Clir communication of all information is essential, verbal and written. BSL, community languages, and accessible formats are also required.
- Interpreters need to be easier to access and arrange.

- Service users need to be able to choose how they want to receive communication. Text is better for some people, but others find that difficult and need telephone or letter communication. It needs to be accessible to and at the choice of the individual.
- Accessibility within different buildings is really important in terms of access to services. This includes accessible toilets, gender-neutral toilets, wide and automatic doors, large lifts, ramps that are both wide enough and not too steep etc. as well as comfort, signage, ease of navigation etc. Meeting individual requirements can only happen if people can access the service. Venues need to actively promote and communicate accessibility, so people know if and how they can access the service.
- Where there is a conflict between listed building status and accessibility there needs to be a better balance. The current attitude is no access adjustments can be made, but it needs to move to a balance between protecting the building and improving accessibility.
- People need to know that they can access services and areas by public transport, that the pavements and paths are accessible, that there are drop-kerbs, tactile paving etc. This prevents people accessing services, especially the countryside, arts, and sports. There also needs to be accessible parking at venues, sufficient accessible parking, not just the legal minimum.
- Use 'individual requirements' not 'needs.' 'Needs' is medical model language and offensive.
- Consider and adapt for sensory impairments and neurodiversity in services too. For example, signs saying that the hand driers are loud etc. for people who experience sensory overload. Ensure all services are aware accessibility is far wider than physical accessibility.
- Develop a database of support workers, communication professionals, interpreters etc. that are available locally in different areas of Wales and can support people in terms of different requirements, so mental health, neurodiversity, as well as BSL and community languages.
- When services promise to contact you by a certain date or in a certain way they need to make sure it happens.
- Services need to be available locally. Transport is a significant barrier for many people, so sports, arts, outdoor activities etc. all need to be available locally wherever possible. Outreach is key. Support local third sector and community groups and activities, financially and through promotion.
- Transport needs to be cheaper, more accessible, safer for everyone, and more reliable.

- Quality of care (or service delivery) needs to include the person's experience, attitudes to individuals and diverse communities need to change, and there needs to be a level of care and understanding that isn't currently there. Staff need to have more time to spend with patients and service users.
- Promote the range of services and what the organisations do in schools. Get people interested in countryside, sport, arts etc. at an early age. Ensure they are aware of inclusion and equality, including accessibility and ways services adapt for different protected characteristics. Target messages to the different barriers and perceptions of different protected characteristic groups.
- Develop and implement peer research projects working with equality organisations and people with one or more protected characteristics.
- Find and share research and information that already exists around barriers and solutions, so from third sector organisations, universities etc. not just public sector.
- Embed a culture of always talking to people about their requirements and circumstances without assumptions.
- Empower and train staff to provide the best outcome for individuals. Targets and measures need to be about individualised and personalised services and outcomes, not about numbers or outputs.
- Embed a culture of respect, inclusion, welcome, celebrating diversity and actively listening to patients or service users and acting on their concerns. Staff in all services need to be trained in communication and develop people skills.
- Map the partnership and have a brand approach to promoting the partnership to the public, improving equality and access, and having links between the different partners.
- There needs to be more of a focus on measuring outcomes for individuals and how services are tailored for individuals and not measuring numbers.

<b>Integrated Impact Assessment</b>		 <b>GIG CYMRU NHS WALES</b>	Ymddiriedolaeth GIG Prifysgol Felindre Velindre University NHS Trust
<b>Ref no:</b>			
Name of the policy, service, scheme or project:			
Velindre University NHS Trust and Public Bodies Shared Partnership Strategic Equality Objectives			
Service Area			
Trust Wide and Hosted			
<b>Preparation</b>			
The purpose and aims of the policy, procedure, strategy or decision required  Please include; <ul style="list-style-type: none"> <li>the overall objective or purpose</li> <li>the stated aims (including who the intended beneficiaries are)</li> <li>a broad description of how this will be achieved</li> <li>the measure of success will be</li> <li>the time frame for achieving this</li> <li>a brief description of how the purpose</li> <li>aims of the policy are relevant to equality and intended beneficiaries.</li> </ul>		<p>Since 2012 Public bodies have been required to publish their Strategic Equality Objectives (SEP) and accompanying action plans every 4 years.</p> <p>For the development of the 2020-2024 Equality Objectives a partnership was formed with several National Public Bodies in Wales to develop Strategic Equality Objectives that are shared, recognising the value of a partnership approach in leading and developing best practice and sharing data and resources to make positive changes. The benefits of this approach will be the individual organisations, their service users, and the citizens of Wales more widely. By working together, the group will formulate and consult on 5 objectives to fulfil our duty under Section 149 of the Equality Act 2010 on the public sector equality duty.</p> <p>The approach taken was to agree 5 high-level strategic equality objectives for bodies across the Welsh Public Sector involved in the partnership for the next 4 years.</p> <p>The organisations that make up the partnership are;</p> <ul style="list-style-type: none"> <li>Velindre University NHS Trust</li> <li>Cardiff &amp; Vale University Local Health Board</li> <li>Health Education &amp; Improvement Wales</li> <li>Sports Wales</li> <li>Arts Council for Wales</li> <li>Careers Wales</li> <li>Higher Education Funding Council for Wales</li> <li>National Museums Wales</li> <li>Natural Resources Wales</li> </ul>	



	<ul style="list-style-type: none"> <li>• Welsh Language Commissioner</li> <li>• Welsh Revenue Authority</li> </ul> <p>In addition to this Velindre also linked with Cardiff &amp; Vale on multiple engagement events, to share resources and learning. These finding are also included in the SEP document and helped formed the Trusts Action plan in addition to the Shared plan.</p>
<p>Who is the Executive Sponsor?</p> <p>If not listed please add in free text.</p>	<p><b>Steve Ham, Chief Executive</b></p>
<p>We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 identified as being relevant to the policy.</p> <ul style="list-style-type: none"> <li>• What steps will you take to engage and consult with stakeholders, (internally and externally)?</li> <li>• How will people with protected characteristics be involved in developing the policy, procedure, strategy and or decision from the start?</li> <li>• Outline how proposals have/will be communicated?</li> <li>• What are the arrangements for engagement as the policy/procedure/strategy or decision is being implemented?</li> </ul>	<p>For the SEP there were several approaches taken, staff were invited via communications to get involved and complete a survey, as well as the public via face to face and social media methods.</p> <p>Velindre partnered with Cardiff and Vale University Health Board to have a presence at diverse meetings and events, providing an opportunity to share resources and engagement opportunities that would be focused on healthcare.</p> <p>As part of the Public Bodies Partnership we commissioned Diverse Cymru to undertake several engagement exercises, including online and physical surveys, engagement events and linking with their members to input on the identified 5 Strategic Objectives.</p> <p>The breakdown for this engagement was</p> <p><b>Equality data</b>  All data below is self-reported equality data. It is based on self-identification. All questions are optional and most have an additional prefer not to say option.  Note: any number below 8% cannot be reported as this would be identifiable.</p> <p><b>Gender</b>  76% of participants identified as female; 20% as male; and the remaining 4% chose 'prefer not to say.'  All participants either identified their gender identity as the same as the sex they were assigned at birth or did not answer the question relating to gender identity (gender reassignment.)</p> <p><b>Ethnicity</b>  In terms of broad ethnic groups 68% of attendees were white; 12% were of mixed ethnicity; 12% Asian or Asian British; and 8% Black or Black British  In terms of specific ethnicities 20% were White Welsh; 40% White</p>

British; 8% White and Black Caribbean. Other specific ethnicities cannot be reported, due to the low numbers.

### **Disability**

The question we asked was 'Do you consider yourself to be a disabled person?' This question is based on self-identification and barriers to participation under the Social Model of Disability.

44% of participants answered yes to this question.

48% answered no to this question

8% did not answer this question

### **Age**

8% of participants were 16-24; 12% 25-34; 8% 35-44; 12% 45-54; 24% 55-64; and 28% 65+.

Given the events were during the day a good range of ages were represented at the event. The higher proportion of older people is expected at daytime engagement events, especially those focused on equality.

### **Sexual orientation**

84% identified as heterosexual. 12% identified as Lesbian, Gay or Bisexual. 4% did not answer this question.

### **Religion or Belief**

44% identified as Christian; 36% as 'None'; 8% as Muslim.

### **Carers and employment situation**

52% stated they are employed; 24% stated they are retired; 12% stated they are receiving benefits.

### **Welsh language**

16% stated they are a Welsh Speaker or learner. 76% answered 'no' to the question 'Are you a Welsh Speaker.' 8% did not answer this question.

The partnership will share the final Strategic Objectives with those that have requested during the engagement process, so they can recognise their input in the final document.

In addition, each member of the partnership has the additional responsibility for engaging with their workforce through existing staff networks, organisation wide engagement activities as well as with services users as appropriate.

<p>Does the policy assist services or staff in meeting their most basic needs such as;</p> <ul style="list-style-type: none"> <li>• Improved Health</li> <li>• Fair recruitment etc.</li> </ul>	<p>The strategic objectives identified and supported through the engagement process aim to improve the wellbeing, recruitment and strategic outcomes for the population. Working together to share best practice and resources will enable progress.</p>
<p>Who and how many (if known) may be affected by the policy?</p>	<p>Population of Wales currently 3.1 million</p>
<p>In review of the Well-being of Future Generations Act Which Well-being Goals does this contribute to and how?</p> <p>Please select from drop down box, if multiple, please list.</p> <p>If none, how will it be adapted to contribute to one?  <b>A Prosperous Wales</b></p>	<p>Choose an item.</p> <ul style="list-style-type: none"> <li>• A Prosperous Wales The Equality Objectives aim to support a more prosperous Wales by working together to encourage and support a more diverse workforce, representative of the communities, providing positive action scheme for our staff.</li> <li>• A Resilient Wales The partnership recognises the challenges faced in Wales now and in the future, such as climate change and the loss of biodiversity.</li> <li>• A Healthier Wales Health is one of the main drivers for the partnership, looking at the benefits of social prescribing within the partnership to improve wellbeing across the population.</li> <li>• A More Equal Wales One of the key comments as part of the stakeholder engagement was the need to create a more equal Wales, from recruitment itself to support and development when in the workforce, to looking at how accessible each public body in the partnership is, e.g. public transport to access museums, accessible information and signage, sports facilities that meet individual needs and appointments that meet the diverse population.</li> <li>• A Wales of Cohesive Communities The partnership aim to work together to support people to be active in their communities, sharing events and engagement opportunities.</li> <li>• A Wales of Vibrant Culture and Thriving Welsh Language With the Welsh Language Commissioner being a member of the partnership, this will enable welsh language and culture to be a key component of the shared objectives. Members of the partnership also include National Museum, Arts Council of Wales and Sports Wales, who can lead development and shared</li> </ul>

	<p>learning in a vibrant culture.</p> <ul style="list-style-type: none"> <li>• A Globally Responsible Wales Recognising that the improvement and learning within the partnership is not just for the partnerships gain, but to be shared with other public bodies, Welsh Government and on the wider, more global stage.</li> </ul>
<p><b>Evidenced used/considered</b></p> <p>Your decisions must be based on robust evidence. What evidence base have you used in support?</p> <p>Evidence includes views and issues raised during engagement; service user or citizen journeys, case studies, or experiences; and qualitative and experience based research, not just quantitative data and statistics.</p> <p>Please list the source of this evidence;</p> <ul style="list-style-type: none"> <li>• Identify and include numbers of staff, broken down by protected characteristics and other relevant information</li> <li>• What research or other data is available locally or nationally that could inform the assessment of impact on different equality groups? Is there any information available (locally/nationally) about how similar policies/procedures/strategies or decisions have impacted on different equality groups (including any positive impact)?</li> </ul> <p>Do you consider the evidence to be strong, satisfactory or and are there any gaps in the evidence?</p>	<p>At the beginning of the partnership each organisation shared data and insight to gather evidence and research on proposed objective areas. The group used a range of sources including their own organisation's data and experiences and "Is Wales Fairer" the 2018 report from the EHRC.</p> <p>It should be noted that accurate data in terms of staff by protected characteristics is acknowledged as being difficult to obtain, this is highlighted in the Equality and Human Rights Commissions report Is Wales Fairer? (2018: p9) which states that there are clear data gaps in Wales that make it difficult to understand the experiences of people sharing all protected characteristics especially in relation to sexual orientation, gender reassignment, religion or belief and race.</p> <p>Analysis of evidence and research highlights some of the key challenges across Public Bodies in terms of data collection:</p> <ul style="list-style-type: none"> <li>• Self-disclosure rates are low across all Welsh Government Sponsored Bodies (WGSB). This may be due to individuals not feeling comfortable disclosing their protected characteristic(s) for fear of discrimination which would be in line with the findings of the Is Wales Fairer? (2018) Report which states: <ul style="list-style-type: none"> <li>◦ A report by Citizens Advice Cymru (2017) found that its clients who were disabled or had a health condition encountered bad practice and discrimination by employers.</li> <li>◦ Stonewall Cymru polled over 1,200 gay, lesbian, bisexual and transgender people in Wales and found that many still experience poor treatment while using public services.</li> </ul> </li> </ul> <p><b>The Equality and Human Rights Commission in their consultation feedback highlight this lack of data stating that:</b> 'Information is</p>

	<p>insufficient (or lacking altogether) for some people sharing certain protected characteristics. Generally, there is far more large-scale Welsh data for sex than for any other protected characteristic, with a lack of information for sexual orientation, religion or belief, and for transgender in particular. While data is available by ethnicity, small sample sizes mean that it is often not possible to compare particular ethnic groups against the average for all of Wales and is especially difficult to show trends over time. There are also gaps in evidence by topic, for example, zero-hour contracts and types of flexible working; particularly striking is the lack of any recent national survey data on unfair treatment, bullying and harassment in workplaces in Wales. To more effectively address inequalities and discrimination, it is essential that you address data gaps through systematic and robust data collection.'</p> <p>A lot of work needs to be done across all WGSBs to become an employer of choice amongst those with protected characteristics.</p> <p>Consistent reporting across all WGSBs is required to enable us to compare like with like. In respect of Social Care data this seems to be even more inconsistent with little to no data available therefore evidence has had to be relied on from National Census (2011).</p> <p>Locally, a lot of the information used has been from individual bodies own research and experience and previous SEP/equalities work to inform where we have gaps, and where the group's focus should be. The group compiled a research paper on each area of the equality objectives.</p> <p>The engagement undertaken by Diverse Cymru for the partnership provides further data which has influenced the final objectives. A copy of the engagement report will be available alongside the Shared Partnership Strategic Equality Objectives and Plan.</p>
Who is involved in undertaking the EQIA	Ceri Harris and EQIA group

## Equality Duties, Sustainable Development Principles

Does the	Protected Characteristics	Additional	Sustainable
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policy/procedure, strategy, e-learning, guidance etc meet																
<ul style="list-style-type: none"> <li>Public Sector &amp; specific duties - Equality Act 2010</li> <li>Welsh Language Standards (2011)</li> <li>Sustainable Development Principles?</li> </ul>																
<b>Integration</b>																
<b>Prevention</b>																
<b>Involvement</b>																
<b>Collaboration</b>																
<b>Long Term</b>																
<b>Carers</b>																
<b>Welsh Language</b>																
<b>Marriage/ civil Partnerships</b>																
<b>Pregnancy and Maternity</b>																
<b>Gender reassignment</b>																
<b>Age</b>																
<b>Religion and Belief</b>																
<b>Sexual orientation</b>																
<b>Disability</b>																
<b>Sex/Gender</b>																
<b>Race</b>																
<b>To eliminate discrimination and harassment</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Promote equality of opportunity</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Promote good relations and positive attitudes</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Encourage participation in public life</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>In relation to disability only, should the policy/service/project or scheme take account of difference, even if involves treating some individuals more favorably?</b>			✓													

Key	
✓	Yes
x	No
-	Neutral

## Human Rights Based Approach – Issues of Dignity & Respect

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The 7 rights that are relevant to healthcare are listed below.			
Consider is the policy/service/project or scheme relevant to:	Yes	No	N/A
<b>Article 2: The Right to Life</b>	✓		

<b>Article 3: the right not to be tortured or treated in a inhumane or degrading way</b>	✓		
<b>Article 5: The right to liberty</b>	✓		
<b>Article 6: the right to a fair trial</b>	✓		
<b>Article 8: the right to respect for private and family life</b>	✓		
<b>Article 9: Freedom of thought, conscience and religion</b>	✓		
<b>Article 14: prohibition of discrimination</b>	✓		

# Measuring the Impact

Reason for your decision (including evidence used). Include details of how it might impact on people from this group and how opportunities to advance equality and good relations have been maximised.	
Protected Characteristics & Other Areas	Impact – operational & financial
<ul style="list-style-type: none"> <li>• Race</li> <li>• Sex</li> <li>• Disability</li> <li>• Sexual orientation Religion belief &amp; non belief</li> <li>• Age</li> <li>• Gender Identity</li> <li>• Pregnancy &amp; maternity</li> <li>• Marriage &amp; civil partnership</li> <li>• Carers</li> </ul>	<p>The Trust and Public Bodies Partnership objectives and actions link together to meet the needs of those that access our services.</p> <p>The objectives focus on Workforce diversity, pay gaps, engagement, service delivery and procurement and commissioning. Each of these areas has the potential positive impact on the protected characteristics.</p> <p><b>Workforce Diversity</b> As public bodies we have a responsibility to be reflective of the communities we provide our services to and to do that there needs to be representations at all levels within the organisation. Not just at the bottom and or the top. It raises questions as how we recruit staff. Do we do enough to promote the number of different job options and careers available, as well as skills needed? Can we work with schools and further/higher education to talk about our organisations and the opportunities that are available. Where do we advertise jobs and what is the application process like. Is it fair? Do we provide values based recruitment and not just focus on previous work experience but include life experiences? When in post, do we have inclusive policies? Each member of the partnership would be able to respond differently and as a result there will be is a pool of best practice that we can all share which can be measured over the 4 year period of the SEP for improvements and additional learning.</p> <p><b>Pay Gaps</b> When we look at current data, we can look beyond the gender Pay gaps to see if there are additional barriers and gaps where our shared learning and evidence can work to close those gaps. Recognizing that pragmatically means significant changes will take years and not months and that this will be an ongoing area for development in the next rendition of the SEP.</p> <p><b>Engagement</b> The objectives identify the need to share opportunities to engage across the partnership, recognising that each organisation will attract a different audience. However, the learning can be shared to meet any</p>

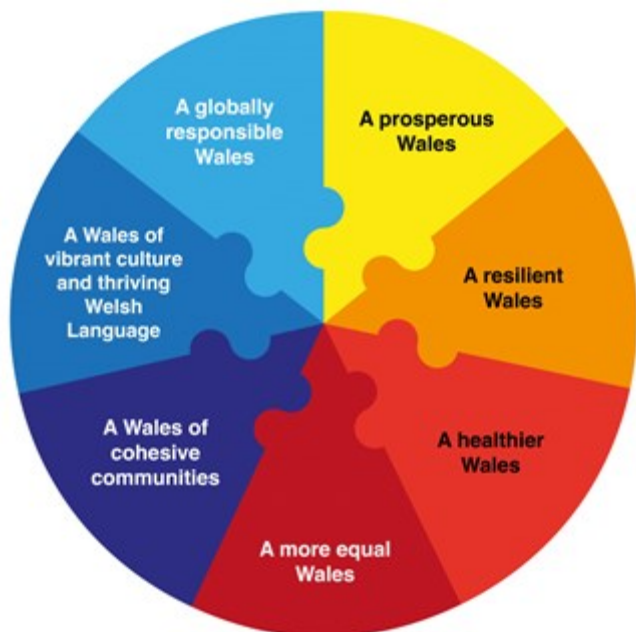


	<p>cross cutting themes. In the analysis of data, identifying where engagement has not been successful, such as within some communities or protected characteristics and seeking to redress this imbalance.</p> <p><b>Service Delivery</b> Over the 4 year lifetime of the SEP, we will identify and share good practice in service delivery, by monitoring and responding to concerns and feedback given from service users and the public. We will share that learning wider than the partnership, recognizing that a multi-agency impact could be a factor and therefore acknowledging our responsibility to work with external agencies to ensure that service delivery reflects and responds to individual needs.</p> <p><b>Procurement &amp; Commissioning</b> We will develop shared principles and training and share within the partnership and beyond, so procurement is not just about large businesses but means we can then support smaller diverse business, so they can potentially grow and develop. Particularly local businesses who would have a better understanding of grass root needs.</p>
<b>Welsh Language Standards</b>	<b>Impact – Operational &amp; Financial</b>
<p>1. Operational Standards – how we operate</p> <p>2. Service Delivery – how we deliver our services</p> <p>3. Record Keeping – how we keep a record of our services e.g language needs of patients or donors</p> <p>4. Policy making – how we develop our policies</p> <p>5. Supplementary Standards – how we report on our services</p> <p>Does the policy, service, or project have positive or negative effects on:</p> <p>a) Opportunities for persons to use the Welsh language?</p> <p>b) Does it treat the Welsh language less favourably than the English language?</p>	<p>We will ensure that as public bodies we lead and support others to provide a fully bilingual service from written, audio and staff support. We will use our evidence of recording language needs, so preferred language is used in all interactions.</p> <p>Our policies will reflect Welsh language and culture where applicable,</p>

## Wellbeing Goals

**How does the policy/procedure, strategy, e-learning, guidance etc. embed, prioritise the Well-being Goals and Sustainability Development Principle of the Well-being of Future Generations (Wales) Act 2015?**

*Please describe and provide evidence below of how the 5 ways of working have been met, inclusive of the 7 well-being goals, to maximise the social, economic, environmental and cultural wellbeing of people and communities in Wales.*



- **A Prosperous Wales**  
The Equality Objectives aim to support a more prosperous Wales by working together to encourage and support a more diverse workforce that is representative of the communities we serve and by providing positive action schemes for our staff. The elimination of pay gaps, looking at intersectional barriers and gaps as well as gender will be undertaken. In relation to procurement, working with SME's to support them to be part of the procurement pathway, is also part of our intended work.
- **A Resilient Wales**  
The partnership recognises the challenges faced in Wales now and in the future, such as climate change and the loss of biodiversity. One of the members of the partnership is Natural Resources Wales, who can lead development and shared learning in the partnership.
- **A Healthier Wales**  
Health is one of the main drivers for the partnership, where we will be looking at the benefits of social prescribing within the partnership to improve wellbeing across the population.
- **A More Equal Wales**  
One of the key comments as part of the stakeholder engagement was the need to create a more equal Wales, from recruitment itself to support and development when in the workforce; to looking at how accessible each public body in the partnership is, e.g. public transport to access museums, accessible information and signage, sports facilities that meet individual needs and appointments that meet the diverse population.

- **A Wales of Cohesive Communities**  
The partnership aim is to work together to support people to be active in their communities, sharing events and engagement opportunities. Creating the conditions where people and communities can do the things that matter to them. Sharing learning outcomes and objectives that link into accessing wellbeing services, not just physical but mental health and wellbeing is a crucial aspect of the partnership.
- **A Wales of Vibrant Culture and Thriving Welsh Language**  
Having the Welsh Language Commissioner being a member of the partnership, will enable welsh language and culture to be a key component of the shared objectives. Not just provision of information in welsh but as a celebration of welsh culture in art and history. Members of the partnership also include National Museum, Arts Council of Wales and Sports Wales, who can lead development and shared learning in a vibrant culture.
- **A Globally Responsible Wales**  
Recognising that the improvement and learning within the partnership is not just for the partnerships gain, but to be shared with other public bodies, Welsh Government and wider. Sharing lessons and best practice on a global stage.

## Sustainable Development Principles



Balancing short term with long term needs

The Strategic Equality Objectives developed, cover a 4 year period, but it is also recognised that many of the areas identified will not be fully completed over the 4 year period. That these have been part of existing plans within many of the partnerships organisations is an indication of the complexity of meeting long term needs. For example, workforce diversity has been recognised as an area of concern for the over 20 years, but one of the differences of the partnership is where previously this work may have been in isolation, we are now looking at how together we can improve the data. So apprenticeship opportunities are shared, published and promoted for example. Together we interrogate the data and find patterns for success.

Cydweithio



Collaboration

Working together to deliver aims and objectives.

In the development of the objective collaboration was a key driver for the Trust Objectives and the partnership and its shared SEP. The need to work together to create effective change.

Collaborated with not just Health, community involvement, education and sport, wider perspectives, providing better involvement and visibility from communities.

Cynnwys



Involvement

Involving those with an interest and seeking their views

The SEP's were developed through engagement and the lifespan of the SEP has engagement at its core, including representation on boards, panels and meetings where appropriate.

By using digital technology as well as face to face methodology recognizes the diversity of opportunities for people from all levels within the organisation and wider community to have their say and get involved.

Atal



Prevention

Putting resources into preventing problems occurring or getting worse

The engagement identified areas of concern, and the Trust and partnership can now take those examples and use them to prevent future developments of those concerns. It means we can identify solutions and put measures in place to improve systems and services.



Considering impact on all wellbeing goals together and on other bodies

The engagement identified areas of concern, and the Trust and partnership can now take those examples and use them to prevent future developments of those concerns. It means we can identify solutions and put measures in place to improve systems and services.

## Social Economic Impact

## Impact – Operational & Financial

How does the policy/procedure, strategy, e-learning, guidance etc. ensure transparent and effective measures to address the inequality of outcome that result from socio-economic disadvantage?

Examples of inequality of outcome might include for example, education attainment, employment and earning potential, health and mental health access to services and goods, opportunity to participate in public life, housing.

The Strategic Equality Objectives and inexorably linked to the social economic impact and duty. The Duty aims to come into being in Wales in April 2020

The strategic objectives are established to drive equality, through the work of the group action will be put in place to eradicate pay gaps, experienced by those suffering socio-economic disadvantage amongst other groups.

Increase the diversity of the public sector workforce, which will require engagement with people and communities to overcome barriers to accessing employment within the public sector.


The Trust and partnership will need to work with schools across diverse communities to educate those communities under representative within the public sector of the opportunities and routes into work experience and employment. However, the work of the partnership will need to go beyond its bodies for example to transport which might still determine inequality of outcome despite the positive action of the partnership.

Engage with diverse community groups to ensure than public services meet the diverse needs all people from all communities, making changes to services where protected groups and those who suffer socio-economic disadvantage are underrepresented.

Each step or intervention will require consideration of inequality of outcome and insight and engagement will be used to prevent this from the outset, similar to the way that insight and engage has informed the equality objectives.

	<p>Possible inequality of outcome may occur where variables are outside of the gift of the group e.g.: Access to transport and cost of transport, however the group will work in partnership to overcome this where possible.</p> <p>Those inequalities that the work is most likely to positively effect will relate to health, higher education and access to public services.</p>
<b>Positive Action</b>	<b>Impact – Operational &amp; Financial</b>
<p>If the policy, procedure, strategy and or decision is intended to increase equality of opportunity through positive action, does it appear to be lawful?</p> <p>Positive action is defined as voluntary actions employers can take to address any imbalance of opportunity or disadvantage that an individual with a protected characteristic could face.</p>	<p>Interrogation of data, shared learning etc. will support us to establish positive action where appropriate, especially in regards to workplace diversity, personal development and access to services.</p>

# Outcome report

<b>Equality Impact Assessment: Recommendations</b> Please list below any recommendations for action that you plan to take as a result of this impact assessment				 <b>GIG CYMRU NHS WALES</b>   Ymddiriedolaeth GIG Prifysgol Felindre Velindre University NHS Trust	
Action Required		Potential Outcomes	Time-scale	Lead Officer	Resource implications
1	Integration of Objectives and Actions within the SEP with those within key Trust drivers such as IMTP, Healthcare Standards, Cancer Plan,			Chief Exec	
2	Establishment of Objective sub groups alongside the Equality Leads group, to develop work plans and actions to meet the objective aims.	Measured and evidenced improvements in diversity, engagement access, pay gaps and procurement areas.	Groups to be set up asap. With regular feedback to the Equality leads partnership group, who can monitor and report progress within each organisation as well as on a Welsh Government level.	Chair of National Bodies Partnership or is it the other title Wales Public Body Equality Partnership	Time and support to attend the subgroups as well as resources identified to meet objectives.
2	Share progress and best practice outside the partnerships.	Sharing best practice could lead to multiagency improvements and	Minimum of Annual reports to be made over	Chair of National Bodies Partnership or is it the other title Wales Public Body Equality	Time and support to attend the opportunities to share best practice as well as resources identified to meet

		positive experiences for people across Wales	the 4 year lifespan of the partnership.	Partnership	objectives.

**Risk Assessment based on above recommendations – if policy is approved in original format refer to grading in Annex 1**

<b>Recommendation</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Grading</b>
1	2	3	6
2	2	2	4

Reputation and compromise position	Monitoring Arrangements
Each National Bodies Partnership or the Wales Public Body Equality Partnership has a responsibility to ensure that the commitment it made towards the Partnership and the development and implementation of the Strategic Equality Objectives is met. That the input, involvement and engagement undertaken in the development of the SEP is respected and reflected in its actions now and over the next 4 years. Failure to do so, will negative impact on each organisation within the partnership as well as the ethos of the partnership itself.	The Equality leads partnership group monitor and report progress within each organisation as well as on a Welsh Government level.
Training and dissemination of policy	
The competed SEP to be published on each organisations website, and made available in different formats on request.	



<b>Is the policy etc lawful?</b>	<b>Yes</b> <input checked="" type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Review date</b>
<b>Does the EQIA group support the policy be adopted?</b>	<b>Yes</b> <input checked="" type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
Signed on behalf of Trust Equal Impact Assessment Group		Signed Lead Officer	
Date:		Date:	

## Annex 1

	Impact, Consequence score (severity levels) and examples				
	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
Statutory duty	No or minimal impact or breach of guidance/statutory duty	Breach of statutory legislation	Single breach in statutory duty	Multiple breaches in statutory duty	Multiple breaches in statutory duty
	Potential for public concern	Formal complaint	Challenging external recommendations	Legal action certain between £100,000 and £1million	Legal action certain amounting to over £1million
	Informal complaint	Local media coverage – short term reduction in public confidence	Local media interest		National media interest
	Risk of claim remote	Failure to meet internal standards	Claims between £10,000 and £100,000	Multiple complaints expected	Zero compliance with legislation
		Claims less than £10,000	Formal complaint expected		Impacts on large percentage of the population
		Elements of public expectations not being met	Impacts on small number of the population	National media interest	Gross failure to meet national standards

LIKELIHOOD DESCRIPTION	
5 Almost Certain	Likely to occur, on many occasions
4 Likely	Will probably occur, but is not a persistent issue
3 Possible	May occur occasionally
2 Unlikely	Not expected it to happen, but may do
1 Rare	Can't believe that this will ever happen

## TRUST BOARD

### NVCC AND ENABLING WORKS PROJECT SCRUTINY COMMITTEE ANNUAL REPORT 2018/19

<b>DATE OF MEETING</b>	26/03/2020
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
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<b>PREPARED BY</b>	Stephen Harries, Interim Vice Chair of VUNHST and Chair of the nVCC and Enabling Works Scrutiny Committee
<b>PRESENTED BY</b>	David Powell, nVCC Project Director
<b>EXECUTIVE SPONSOR APPROVED</b>	Carl James, Director of Programmes, Planning and Performance

<b>REPORT PURPOSE</b>	FOR NOTING
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<b>COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING</b>		
<b>COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
nVCC and Enabling Works Scrutiny Committee	12/02/2020	APPROVED

<b>ACRONYMS</b>	
nVCC	New Velindre Cancer Centre
SRO	Senior Responsible Owner
TCS	Transforming Cancer Services
Linac	Linear Accelerators
PA	Project Agreement
PD	Procurement Documents

## 1. SITUATION/BACKGROUND

- 1.1 Under Standing Order 4.3.2, each Sub-Committee of the Board is required to submit an annual report ***“setting out its activities during the year and detailing the results of a review of its performance”***.

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Annual Report for the nVCC and Enabling Works Scrutiny Committee for the period 1st May 2018 – 31st October 2019 is attached for noting by the Trust Board.

## 3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

## 4. RECOMMENDATION

- 4.1 The Trust Board is asked to **NOTE** the nVCC and Enabling Works Project Scrutiny Committee Annual Report 2018/19.

# **nVCC and Enabling Works Project Scrutiny Committee**

## **Annual Report 2018/19**

**October 2019**

## **FOREWORD**

I am pleased to present the first Annual Report of the Velindre University NHS Trust nVCC and Enabling Works Project Scrutiny Committee which outlines the activity for the period May 2018 to October 2019.

I would like to express my thanks to all those officers who have supported and contributed to the work of the Committee during the period.

The meetings have been well attended and there has been constructive dialogue and scrutiny by members and attendees throughout in relation to overseeing the implementation of the Project, including Project Agreement timeline ensuring key milestones are met.

During its inaugural year the primary function of the Committee has been to scrutinise project outputs and documents before they are submitted to Trust Board. This enables the Trust Board to approve complex outputs with the assurance that they have received careful review, in addition to their own scrutiny.

I consider that 2019-20 is unlikely to be any less challenging. The Committee will continue to monitor and review all areas of its activity, continuing to pursue a full programme of work.

**Stephen Harries**

**Interim Vice Chair of Velindre University NHS Trust and Chair of the nVCC and Enabling Works Scrutiny Committee**

# **New Velindre Cancer Centre (nVCC) and Enabling Works**

## **Project Scrutiny Committee**

### **Annual Report 2018/2019**

#### **1. Introduction**

- 1.1 This report summarises the key areas of business activity undertaken by the new Velindre Cancer Centre (nVCC) and Enabling Works Project Scrutiny Committee in its inaugural year; May 2018 up to October 2019 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.
- 1.2 Stephen Harries took over the position of Chair from Phil Roberts in the Summer of 2018.
- 1.3 This report reflects key role that the Committee has played in scrutinising key documentation related to the nVCC and Enabling Works projects.

#### **2. Role and Responsibilities**

- 2.1 The terms of reference for the Committee are available from the Trust Standing Orders and Financial Instructions, page 247, available via the following link: <http://www.velindre-tr.wales.nhs.uk/governance-and-communication-policies>
- 2.2 The purpose of the Committee is:
  - Monitor progress, and oversee the implementation of the Projects, including Project Agreement timeline ensuring key milestones are met.
  - Consider and advise the full Board as appropriate, on changes to the project plan, defined outputs or priorities related to the delivery of the Project, including the Project Agreement & Procurement Documents.
  - Undertake any other activity relating to the nVCC and Enabling Works Project as directed by the Trust Board or Senior Responsible Owner (SRO).
  - Seek advice and guidance from the Project's Technical Advisors as well as the MIM Transactor to assist the Committee with their scrutiny.
  - Provide assurance to the Trust Board on all aspects of the nVCC and Enabling Works Project in relation to approvals sought on all decisions reserved for the full Board.
  - It is also responsible for strategy and policy development, as well as monitoring and review of the Project. This includes undertaking activities such as monitoring the Project timeline to ensure key milestones are met and reviewing sources of assurance.

#### **3. Agenda Planning Process**

- 3.1 The Trust Lead draws up the final agenda for the Committee meetings, with input from key Project officers.
- 3.2 The venue, location and other administrative arrangements are organised a year in advance, or as necessary to meet the requirements of the Project. For example, additional meetings are arranged if key documents need to be scrutinised before submission to the Trust Board.
- 3.3 The secretariat for the meeting is provided by nVCC Project Office admin support.

- 3.4 It is the intention that the agenda and papers are disseminated to Committee members at least seven days before the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

#### **4. Operating Arrangements**

- 4.1 Terms of Reference for the nVCC and Enabling Works Project Scrutiny Committee were approved in April 2018. The Trust Board approved the creation of the Committee to scrutinise the Project arrangements, management and progress and provide assurance to the Board on all aspects of the nVCC and Enabling Works Project.
- 4.2 The Enabling Works Project Board was established in December 2018, and previous to this all enabling works related activity was managed as part of the nVCC Project. The Committee has continued to support enabling works activity, providing the same assurance as it does for activity related to the nVCC.
- 4.3 Further changes are being considered to the Transforming Cancer Services (TCS) Programme governance structure that will necessitate the widening of the Scrutiny Committee's scope to incorporate all seven TCS projects. The Committee's Terms of Reference is in the process of being updated accordingly.
- 4.4 Due to the nature of the business considered by the Committee it does not have a Cycle of Business, it acts dynamically to accommodate the nVCC and Enabling Works Projects Plans which provides assurance that activity is considered at the appropriate intervals.

#### **5. Membership, Frequency and Attendance**

- 5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of (2) members to include:

Chair Independent member of the Board (Non-Executive Director) or delegated Independent Board member

Vice Chair Independent member of the Board (Non-Executive Director)

One (1) other Independent member of the Board (Non-Executive Director)

Other Trust Board members are extended an open invitation to attend all/any meeting

- 5.2 Since its inception, the Committee have met formally on twelve occasions. An informal meeting was held on 15<sup>th</sup> March 2019. Member attendance at the formal meetings were as follows:

<b>Name</b>	<b>Scrutiny Committee meetings attended (out of 13 possible meetings up to end of October 2019)</b>
Stephen Harries, Chair	12 out of 13 meetings
Phil Roberts, Independent Member	13 out of 13 meetings
Martin Veale, Independent Member	1 out of 1 meeting

- 5.3 The Committee requires the attendance of other Trust staff for advice, support and information routinely at meetings. It has also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

## 6. Committee Activity

- 6.1 During its inaugural year the primary function of the Committee has been to scrutinise project outputs and documents before they are submitted to Trust Board. This provides assurance that the project's outputs, which can include complex legal documentation, business cases, options analyses and procurement documentation, have been reviewed, understood in sufficient depth and challenged where appropriate. This enables the Trust Board to approve complex outputs with the assurance that they have received careful review, in addition to their own scrutiny. The Scrutiny Committee's ability to call on Technical Advisors where necessary is particularly important to ensuring that the work of the Committee is robust.
- 6.2 By providing this assurance to the Trust Board, and facilitating the smooth progress of outputs through the Trust's governance process, the Committee has been able to ensure that the nVCC and Enabling Works Projects can continue to deliver. It has been vital that the internal governance arrangements for both projects are robust whilst sufficiently responsive to manage fast-changing situations, both because of their importance and because of key interdependencies with other projects and service areas (e.g. the need to replace aging Linac machines within the existing Velindre Cancer Centre).

## 7. Key Achievements/Benefits:

- 7.1 The focus of the Scrutiny Committee, when initially established, was to consider the key aspects and complexity of the PA, PD and MIM policy. This is noted as a success given the enormous challenges presented to the Committee.
- 7.2 The key achievements and benefits of the nVCC and Enabling Works Scrutiny Committee are detailed below:
- **nVCC Outline Business Case (OBC)** – The nVCC OBC was originally submitted to Welsh Government (WG) in January 2018. WG provided a series of comments which needed to be addressed and the Committee has provided assurance on these points throughout the year, including reviewing papers providing further justification for elements of the new hospital such as PET CT, Radiotherapy Service Development Bunker and the Collaborative Centre for Learning, Technology and Innovation. LHB approval was received prior to submission of the OBC to Welsh Government. The Committee scrutinised the refreshed OBC in April 2019 before it was finally approved in July 2019 by the Trust Board.
  - **Enabling Works (EW) Outline Business Case** – The Committee provided input throughout the development of the EW OBC, providing feedback on options being considered and helping to shape the content of workshops with the wider team. As with the nVCC OBC the Committee scrutinised the EW OBC before it's submission to Trust Board for final approval.
  - **Development Agreement for access** – One of the major issues facing the nVCC and Enabling Works Projects over the past 18 months has been access to the site upon which the new hospital will be built. Throughout this process the Committee has received updates from Trust Officers and provided scrutiny and advice where appropriate. The Committee have also scrutinised key outputs that have helped to shape the Trust's negotiating position, including detailed traffic assessments and the final scrutiny of the Development Agreement (DA) which took place in April 2019.
  - **Radiotherapy Solutions Programme Business Case (PBC)** – The Committee scrutinised the equipment and digital decoupling paper in late 2018, which Welsh Government subsequently requested be adapted into a Programme Business Case for Radiotherapy Solutions. The PBC was considered and endorsed by the Committee in March 2019, who considered elements such as the growth assumptions made by the



case. The PBC was approved at Trust Board in March, following which Welsh Government also approved it.

- **Channel 3 Digital Assurance Report and Trust Response** – Channel 3 were appointed in January 2019 to undertake an assurance review on the Digital Vision (and its alignment with the clinical vision), the Programme (the plan and implementation; the schedules, activities and detail) and Capacity and Capability (the people, framework, resources and maturity of understanding key steps). The findings and corresponding Trust response was scrutinised by Committee in May 2019.
- **RT Solution Procurement** – Scrutiny Committee endorsed for Trust Board approval the Commercial Framework for the RT Solution, the Delegations Framework and a Business Conduct paper. These papers were subsequently approved at the October Trust Board, thereafter the formal procurement for the RT Solution commenced.

## **8. Key Challenges**

- 8.1 The nVCC and Enabling Works Projects require all who work on them to act dynamically in order to deal with changing timelines, stakeholder pressures and changing requirements as and when they occur. The Committee is no exception, and members and attendees have shown significant commitment in ensuring their attendance at meetings and reading large documents in short timeframes to ensure that the outputs are scrutinised sufficiently.

## **9. Committee Effectiveness & Performance**

- 9.1 The Committee has now been in operation for one year and will regularly review its performance by completing this report on an annual basis. A cycle of business if considered appropriate will be developed during 2019-20. Due to the nature of the projects it serves the Committee will continue to be dynamic and adaptable.
- 9.2 A Committee effectiveness survey was issued in July 2019. The results did not suggest any changes are required to its operation procedure, Terms of Reference or scope.

## **10. Reporting the Committee's Work**

- 10.1 From May 2019 the nVCC and Enabling Works Highlight Report, which is submitted to the Trust Board, also included details of what documents and outputs the Committee had reviewed. From June 2019 onwards, a separate highlight report will be provided to the Trust Board, focussing solely on the activity of the Committee, following each meeting.
- 10.2 Due to the commercially sensitive nature of the Committee's activity, the agenda and papers for the meeting are not published on the Trust website.

## **11. Conclusion and way forward**

- 11.1 The Committee's inaugural year has been a success, having provided valuable assurance to the Trust Board on some of the project's key issues, outputs and challenges. It has been able to do this thanks to the hard work and dedication of its members, attendees and secretariat.
- 11.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.
- 11.3 It will continue to provide the assurance to the Board that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives. In 2019-20 this is likely to include a refresh of its Terms of Reference to adapt to a changing governance structure within the TCS programme. This may see the Committee's scope widen to incorporate scrutiny of additional projects, and refinement to ensure that it continues to deliver the best possible service to the Trust Board.



## TRUST BOARD

### IG & IM&T COMMITTEE ANNUAL REPORT 2019

<b>DATE OF MEETING</b>	26/03/2020
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
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<b>PREPARED BY</b>	Stuart Morris, Associate Director of Informatics
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<b>PRESENTED BY</b>	Stephen Harries, Independent Member (Informatics)
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<b>EXECUTIVE SPONSOR APPROVED</b>	Carl James, Director of Strategic Transformation, Planning, Performance & Estates
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<b>REPORT PURPOSE</b>	<b>FOR APPROVAL</b>
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#### COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
IG & IM&T Committee	28/02/2020	Approved

#### ACRONYMS

IG	Information Governance
IM&T	Information Management & Technology

## 1. SITUATION/BACKGROUND

- 1.1 Under Standing Order 4.3.2, each Sub-Committee of the Board is required to submit an annual report ***“setting out its activities during the year and detailing the results of a review of its performance.”***
- 1.2 This report details the activities and performance for the IG & IM&T Committee for the reporting period January 2019 – December 2019.

## 2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

### 2.1 Option Appraisal / Analysis:

The Committee Annual Report at Appendix 1, summarises the key areas of business activity undertaken by the Committee from January to December 2019, and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

### 2.2 IMPACT ASSESSMENT

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	Yes (Please see detail below)
	Information Governance and Technology underpins all service activities across the Trust
<b>RELATED HEALTHCARE STANDARD</b>	Effective Care
	If more than one Healthcare Standard applies please list below:
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)
	Financial impact is capture within documentation considered by the Committee

## 3. RECOMMENDATION

- 3.1 The Board are asked to **APPROVE** the IG & IM&T Committee Annual Report.



# **Information Governance & Information Management & Technology Committee (IG&IMT)**

## **Annual Report 2019**

**February 2020**

## **FOREWORD**

I am pleased to present the 2019 Annual Report of the Velindre University NHS Trust Information Governance and Information Management & Technology (IG&IMT) Committee which outlines the activity for the year ending 31 December 2019.

I would like to express my thanks to all those officers who have supported and contributed to the work of the Committee during the period. As with previous years, 2019 was a busy one for the Committee, meetings have been well attended and there has been constructive dialogue and questioning by members and attendees throughout.

While the Trust has experienced a more stable provision for its critical systems, 2019 has presented some challenges particularly in capacity and capability to deliver, especially given the fact that the Trust has seen some staff leave to further their careers outside of the organisation, compounded by an inability to recruit suitable replacements. Again Trust Officers have worked tirelessly and I do not underestimate the efforts, time and demand, above and beyond “business as usual” activities, so I want to take this opportunity to thank those involved.

I welcomed the positive review of the Digital Vision for Transforming Cancer Services and the internal audit report on our Welsh Patient Administration System implementation as Reasonable Assurance.

Significant steps have been taken forward within Welsh Blood Service with the deployment of a new Semester Patch upgrade to its primary blood management IT system and Velindre Cancer Centre with the introduction of Electronic Test Requesting.

I look forward to 2020, with the provision of an integrated Digital Service for the Trust, which I hope will enable best practice to be adopted from both Service Organisations. The Committee will continue to monitor and review all areas of its activity, continuing to pursue a full programme of work covering a wide range of topics and subject areas, as part of its long term aim to help strengthen the Trust’s governance arrangements and to deliver against its charitable objectives.

**Mr. Stephen Harries,**  
**Velindre University NHS Trust Vice Chair and Chair of the IG&IM&T Committee**

# **IG&IM&T**

## **Committee Annual Report 2019**

### **1. Introduction**

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between January 2019 and December 2019 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed in February 2019 and was a key component in ensuring that the Committee effectively carried out its role during 2019.
- 1.3 This report reflects the Committee's key role in the development and monitoring of the Governance and Assurance framework with respect to the Trust's (activity/function).

### **2. Role and Responsibilities**

- 2.1 The core purpose of the Committee is to provide advice and assurance to the Board on whether effective arrangements are in place to design and operate effective processes for the strategic and operational delivery of safe and secure systems in support of delivering quality healthcare. The specific purposes are to provide:
  - Evidence based and timely advice to the Board in discharging its functions and meeting its responsibilities.
  - 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.
- 2.2 The core functions of the Committee with respect to advice are as follows:
  - To oversee the development of the Trust's strategies and plans for maintaining the trust of patients, donors and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
  - Consider the information governance implications arising from the development of the Trust's corporate strategies and plans or those of its stakeholders and partners.
  - Consider the Information Governance and IM&T implications for the Trust's view of review reports and actions arising from the work of external reviewers.
- 2.3 The Committee's programme of work is designed to ensure that, in relation to all aspects of Information Governance and Information Management and Technology:
  - There is clear, consistent strategic direction, strong leadership and transparent lines of accountability; acknowledging that Local and All Wales responsibilities are clearly defined and considered to ensure organisational decision taking supports information strategies for NHS Wales.

- Ensuring that Information Governance and Information Management and Technology Policies, Procedures and Strategies consistent with internal and external requirements are approved and implemented as appropriate.
- Ensure prioritisation of Capital IT spending for inclusion in the Trust Capital Programme is achieved.
- There is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord on the Sharing of Personal Information and Caldicott requirements).
- Risks are actively identified and robustly managed at all levels of the organisation.
- The integrity of data and information is protected, ensuring valid, accurate, complete and timely data and information is available to support decision making across the organisation.
- There is a coherent and consistent IT strategy that will lead and innovate in the uses of information systems and the information held on them.
- The Board is further assured that key decisions on the development of Information Governance and IM&T strategies are consistent with those that preside over the legislative requirements of both the General Data Protection Regulations and Freedom of Information Act 2000.
- The Trust is meeting its legislative responsibilities, for e.g., General Data Protection Regulations and Freedom of Information Act, as well as complying with national Information Governance policies and guidance.
- The strategy encapsulates the requirements for robust Information Governance and Information Management & Technology audit arrangements to ensure the identification of Key Actions.
- All reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information

### **3. Agenda Planning Process**

- 3.1 The Chair of the Committee, in conjunction with the Trust Lead, draws up the final agenda for the Committee meetings.
- 3.2 The venue, location and other administrative arrangements are organised a year in advance.
- 3.3 The secretariat for the meeting is provided by the Executive Support Team.
- 3.4 The agenda and papers are disseminated to Committee members at least seven days before the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

### **4. Operating Arrangements**

- 4.1 Only very minor amendments were considered necessary in respect of the Terms of Reference and Operating arrangements for the Committee during 2019. The next review is planned for February 2020.
- 4.2 The Committee Cycle of Business for 2020 is planned for approval in February 2020, however the agenda for each meeting is sufficiently flexible to allow the committee to consider any emerging issues.



## 5. Membership, Frequency and Attendance

- 5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of (2) members of the Board.
- 5.2 During the year one independent member's term came to an end and therefore interim arrangements were put in place.
- 5.3 During the year the Committee met on four occasions with member attendance as follows:

Name	IG&IM&T Committee (Out of 4 possible meetings)
Mr Stephen Harries, Interim Vice Chair (Chair of the Committee)	4 out of 4 meetings attended.
Professor Jane Hopkinson, Independent Member	2 out of 2 meetings attended.
Mr Martin Veale, Independent Member	1 out of 1 meeting attended.
Mr Phil Roberts, Independent Member	1 out of 1 meeting attended.

- 5.3 The Committee requires the attendance of other Trust staff for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

## 6. Committee Activity

- 6.1 The Committee has supported the increased collaboration of work plans between both Divisions of the Trust, and where possible extended this collaboration to Hosted Organisations and Health Board and Trust informatics teams across NHS Wales. Key progress has been made in 2019 with regards to a realignment of the executive portfolios and planning the future direction for a Digital Service.
- 6.2 For 2019, the Committee fulfilled its core work programme with the following key priorities continuing to provide a focus for the Committee:
- Initiation of a Trust wide Informatics Work Plan
  - Review and compliance of all Trust policies for IG & IM&T
  - Provision of a governance framework for programme and project management
  - Recruitment of senior project resources
  - Recruitment of specialist cyber security personnel
  - Recruitment and creation of a Trust wide helpdesk provision
  - Assuring that IG and IM&T arrangements support the delivery of quality, safe healthcare across the whole of the Trust's activities.
  - Ensuring that the Trust is fully engaged in National programmes and policies.
  - IG incidents are considered, reviewed and appropriately investigated.

- Serious IM&T incidents are considered and monitored.
- IG and IM&T risks are considered and managed.
- Arrangements with NWIS are established to ensure continuity and delivery of secure systems.

6.3 Progress has been made across each of the priority areas over the year with the following being particularly important:

- The monitoring of performance against key IG and IM&T deliverables on behalf of the Trust Board, including;
  - the IM&T priorities for the Annual Delivery Plans (Integrated Medium Term Plan (IMTP)
  - Health and Care Standards: 3.4 Information Governance and Communication Technology and 3.5 Record Keeping.
  - Caldicott Out-Turn Reports and action plans
  - IG and IM&T recommendations, WAO Audit Action Plan
- The monitoring of progress in the delivery of a broad range of key clinical and support systems for both the Welsh Blood Service and Velindre Cancer Centre.
- The continuing roll-out of a governance framework to provide over-arching visibility and control of projects within the programme of change ensuring an understanding of the impact of change, the resources being consumed and improved clinical assurance.
- All IM&T projects provide monitoring reports to the Committee, which provides an overarching Trust programme view, highlighting progress, escalation of risks and issues, and notification of approved project change controls.
- Freedom of Information (FOI) requests are reported to the Committee.

## **7. Key Achievements/Benefits:**

### **7.1 Trust**

The Committee were pleased to be informed of the successful delivery of a number of key IM&T projects over the course of 2019, namely:

### **7.2 Appointments**

While the Trust did experience some roles becoming vacant, investment in technical, business intelligence and project resources have seen new roles evolve during the year. These roles will support the ongoing demands against business intelligence requirements, the creation of a trust wide help desk, the delivery of enhanced cyber security controls and improved project management resources to support the coordination of trust wide digital projects.

### **7.3 Government Digital Funding**

The Trust received a significant injection of capital and revenue investment for digital services. This investment was specifically allocated to Modern Devices and Cloud Readiness and Cyber Security and Resilience. This investment will provide a step change for the devices and technology used across the Trust.

#### 7.4 **Digital Vision Assurance for Cancer Services**

During 2019, the Committee received the Channel3 review of the digital vision, plans and capability and capacity for the new Velindre Cancer Centre Project and the wider Transforming Cancer Services Programme. The report provided a positive insight into the ambition and plans, but did highlight risks regarding the Trust's capacity to deliver. In response to this challenge, the Trust has outlined a series of funding strategies to meet this capacity gap.

#### 7.5 **Building Partnerships**

The Trust has made significant progress during the year regarding the development of partnerships, specifically with academia but also looking at industry. As we move into 2020, plans are in place to develop these partnerships further to support the capability and capacity gaps that the Trust currently has.

#### 7.6 **Keep your information safe!**

The protection of personal and often sensitive donor and patient data is of the utmost importance to us. In May 2019, a cyber security strategy and plan was agreed by the Trust IG & IM&T Committee. The approach taken by the Trust is modelled on the '10 Steps to Cyber Security' guidance produced by the National Cyber Security Centre (NCSC) – the experts in this field with affiliations with the UK Government GCHQ division. Our strategy is to implement a range of services aimed at reducing the cyber security risk within the Trust, as well as developing systems to support the early detection and response to cyber security attacks if and when they occur. The plan also seeks to develop a range of learning and education tools that are designed to provide staff with a range of skills and knowledge on how to identify and combat cyber security threats, both at home and in their personal lives.

One aspect of the plan is the requirement to ensure 'end of life' systems are replaced and to this end the WBS has completed the migration of all client devices (PCs / laptops) to Microsoft Windows 10. The WBS no longer has any WBS-managed devices using the unsupported Windows 7 and Windows XP operating systems, helping to improve cyber security as well as ensuring staff can make use of the latest technologies in delivery safe and effective donor and patient care.

#### 7.7 **Welsh Blood Service (WBS)**

The Committee were pleased to be informed of the successful delivery of a number of key IM&T projects over the course of 2019, namely:

#### 7.8 **Enabling digital transformational change across the WBS blood supply chain**

In October 2019, a major version upgrade to the WBS ePROGESA blood establishment computer system was completed. Known as a 'semester patch', the upgrade was supported by staff from the entire organisation, as it introduced changes to the system that impacted on existing operational processes. The go-live was completed over the weekend of 25<sup>th</sup> – 27<sup>th</sup> October 2019 and was completed to plan with minimal impact to ongoing 'business usual activity'. The semester patch enables the future delivery of a range of new IT systems, which will deliver transformational change

into the organisation. Those systems include a bespoke customer relationship management (CRM) system for donors (known as eDRM), a new online Hospital Web Based Ordering (HWBO) application and, of course, a modern donor web portal and smartphone app over the next 2-3 years.

#### **7.9 WBS IT infrastructure / business continuity**

Over the past 12 months, significant work has been undertaken to upgrade the IT infrastructure used by the WBS across its Talbot Green (HQ) site. The works have improved the speed, resilience and cyber security controls of the network. Alongside the upgrade works, a range of business continuity exercises have been developed and tested to ensure services can be maintained in the event of planned and unplanned outages.

#### **7.10 Global Registration Identifier for Donors (GRID)**

In March 2019 the WBS completed the implementation of World Marrow Donor Association (WMDA) requirements in respect of the adoption of a new Global Registration Identifier for Donors (GRID). The WBS was one of the first registries in the world to implement the GRID requirements, which have been set out by the WMDA to help improve the safety for patients in receipt of bone marrow donations and improve the flow of data between international bone marrow donor registries.

#### **7.11 Upgrading the Welsh Transplantation & Immunogenetics Laboratory (WTAI) IT systems**

Work is ongoing to replace the existing IT systems used by WTAI, with two new commercial applications. The first of these – Prometheus – is due to be implemented in mid-2020 and will provide the Welsh Bone Marrow Donor Registry (WBMDR) with a modern, resilient IT solution to support its work in matching Welsh patients to bone marrow donors from all over the world. Orpheus will support the Histocompatibility and Immunogenetics (H&I) requirements of the laboratory and is due for implementation in late-2020/21.

#### **7.12 Guest Wi-Fi & GovRoam**

In June 2019, the WBS enabled guest / public Wi-Fi across all its sites. Visitors and now securely connect to a local Wi-Fi network using a simple passcode.

#### **7.14 Velindre Cancer Centre (VCC)**

The Committee were pleased to be informed of the successful delivery of a number of key IM&T projects over the course of 2019, namely:

#### **7.15 Cancer Informatics Solution**

Welsh Government funding has been secured to support the Canisc replacement (electronic patient record and patient administration system) with a new Cancer Information System for Wales and the implementation of national Welsh Patient Administration System.

A project has been established to progress this programme of work, which will span multiple works, starting with the implementation of the Welsh Patient Administration System.

#### **7.16 Canisc CaseNote Summary**

Canisc is a clinical information system that allows an agreed number of organisations to record assessments, treatments and follow-up care (inpatients, day cases, procedures) into a common patient case note, which any health care professional caring for that patient can access, thus giving a full picture of each individual's care wherever that person happens to be treated e.g. secondary care, palliative care.

The Canisc patient record serves many purposes including a clinical record of the patients care, the Patient Administration System (PAS) for Velindre Cancer Centre (VCC).

Velindre Cancer Centre has worked collaboratively with NHS Wales Informatics Services to support the development and delivery of the Canisc CaseNote Summary viewable in the Welsh Clinical Portal, supporting patient care across health board boundaries as well as providing business continuity to the Cancer Centre.

#### **7.17 Clinical Coding – Timeliness and Accuracy**

Clinical coding has been completed in line with current Welsh Government productivity targets for the past 12 months.

#### **7.18 Welsh Clinical Portal**

During Financial Year 2019 – 2020, Velindre Cancer Centre have continued to deliver additional functionality including:-

- Regular up-grade programme to ensure users are accessing the latest version of the Welsh Clinical Portal, with version 3.11 now in test.
- Implementation of the Velindre Cancer Centre radiology investigation results feed in to the Welsh Results Reporting Service. This further supports patient care across health board boundaries by making available results that follow the patient, not restricted by provider.
- E-Test Requesting (Blood Sciences) Pilot rolled out across the in-patient setting, expanded to the Out-Patient Department enabling users to request a blood test electronically. This allows clinicians/health care professionals to create test sets, bulk order tests for multiple patients and requests tests for a patient on selected days.

#### **7.19 Document Management Solution**

Velindre Cancer Centre has worked collaboratively with Swansea Bay University Health Board to implement a Document Management Solution for the electronic creation, approval and storage of locally derived clinical correspondence.

This has delivered efficiencies in enabling electronic sign off of correspondence, supporting the mobile working strategy. In addition, once approved, correspondence is available to view electronically in the Welsh Clinical Portal providing access to key clinical information across health board boundaries.

Velindre Cancer Centre will continue to implement functionality throughout 2020/2021 to continuously improve, including but not limited to, sending correspondence electronically to GPs removing the delays and inherent risks associated with the traditional mechanism of posting correspondence.

## 7.20 **Synapse Upgrade**

In the second half of 2019 the service upgraded the synapse software for functional improvements and readiness for the Welsh Image Archive Solution.

## 8. **Key Challenges**

### 8.1 **Business Intelligence**

The executive management team announced a significant long term investment in Business Intelligence resources. Despite this investment, recruitment of appropriate staff and the ability to meet the ever increasing demand, has resulted in the business intelligence service struggling to deliver against the requirements of the two service organisations. The teams continue to work with recruitment agencies, NHS organisations and academia to meet this resourcing gap.

### 8.2 **Capacity & Capability**

As the demands on digital resources continues to increase, the Trust has significant challenges in keeping pace with the demand. While projects and programmes are prioritised, there are increasing expectations from all parts of the service. The Trust is exploring new avenues for funding to support the increase in resources, as well as strengthening partnerships with academia, industry and NHS Wales organisations.

## 9. **Committee Effectiveness & Performance**

- 9.1 The Committee regularly reviews its own performance by completing this report on annual basis, reviewing the cycle of business which provides the Committee with the basis on which it will monitor its progress during the year and also provide clarity for all of those who contribute to the agenda as to the expectations of them.

## 9. **Reporting the Committee's Work**

- 9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'Highlight Report' to the Board.
- 9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Trust's website.

## 10. **Conclusion and way forward**

- 10.1 The Committee is very grateful to all those involved in the work of IG & IM&T Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the Committee's work.
- 10.2 The IG & IM&T Committee has continued over the past 12 months to play its part in the development of a more effective and robust governance framework.

- 10.3 The Committee is committed to ensuring that the IG & IM&T Committee continues to be managed in accordance with legislation and best practice.
- 10.4 The Trust continues to face significant challenges presented by the extensive IM&T programme of change, and the achievements presented in this report describe the significant improvements across the operational divisions for the benefit of patients, donors and staff.
- 10.5 The Committee will continue to provide the assurance that the Trust has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

## TRUST BOARD

### AUDIT COMMITTEE ANNUAL REPORT

<b>DATE OF MEETING</b>	26/03/2020
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
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<b>PREPARED BY</b>	Claire Bowden, Head of Financial Operations
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<b>PRESENTED BY</b>	Martin Veale, Audit Committee Chair
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<b>EXECUTIVE SPONSOR APPROVED</b>	Mark Osland, Executive Director of Finance
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<b>REPORT PURPOSE</b>	FOR NOTING
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<b>COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING</b>
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COMMITTEE OR GROUP	DATE	OUTCOME
Audit Committee	06/02/2020	APPROVED

<b>ACRONYMS</b>



## 1. SITUATION/BACKGROUND

- 1.1 Under Standing Order 4.3.2, each Sub-Committee of the Board is required to submit an annual report ***“setting out its activities during the year and detailing the results of a review of its performance”***.

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Annual Report for the Audit Committee for the period 1st January – 31st December 2019 is attached for noting by the Trust Board.

## 3. IMPACT ASSESSMENT

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.

## 4. RECOMMENDATION

- 4.1 The Trust Board is asked to **NOTE** the Audit Committee Annual Report 2019.

# **AUDIT COMMITTEE**

## **ANNUAL REPORT 2019**

# **Audit Committee Annual Report 2019**

## **1. Foreword**

I am pleased to present the 2019 Annual Report of the Velindre University NHS Trust Audit Committee which outlines the coverage and results of the Committee's work for the year ending 31<sup>st</sup> December 2019.

This is my third Annual Report, having taken up the role of Chair in April 2017. In that time I have been ably supported by my Audit Committee colleagues Phil Roberts and Judge Ray Singh. Towards the end of the year Judge Ray Singh came to the end of his term of office as an Independent member. I would like to give my thanks to Ray for his contribution to the work of the Committee. His place on the Committee has been taken by Jan Pickles.

I would also like to express my thanks to all those officers who have supported and contributed to the work of the Committee including Internal Audit (provided by NHS Wales Shared Services Partnership, NWSSP), the Wales Audit Office (WAO) and the Local Counter Fraud Service (LCFS). In addition, I would also like to thank the Finance team for their work and commitment in meeting important targets and deadlines.

Through the year the Committee has constructively challenged both management and the internal audit function and received a high level of cooperation and support from all concerned. Responses to audit recommendations are generally positive and the Committee is satisfied that management within the Trust is committed to maintaining an appropriate level of internal control and prudent use of resources.

**Martin Veale**  
**Chair of the Velindre University NHS Trust Audit Committee**  
**19<sup>th</sup> December 2019**

## **2. Introduction**

This report summarises the key areas of business activity undertaken by the Committee between January and December 2019 and highlights some of the key issues which the Committee intends to give further consideration to over the next 12 months.

This report reflects the Committee's key role in the development and monitoring of the governance and assurance framework within which the Trust operates.

## **3. Role and Responsibilities**

The primary purpose of the Audit Committee is to 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.

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.

The Committee advises and assures the Board on those activities undertaken by the NHS Wales Informatics Service that are the responsibility of the Trust. A separate Audit Committee exists to provide assurance on the work of the NHS Shared Services Partnership. Whilst the same Independent Members sit on both committees, they are entirely separate, and the NWSSP Audit Committee produces its own Annual Report.

## **4. Agenda Planning Process**

The Chair of the Committee, in conjunction with the Trust's Executive Director of Finance, draws up the agenda for Committee meetings, which is based upon an agreed annual programme of work and clearly linked to the Committee's terms of reference.

The agenda and papers are disseminated to Committee members at least five working days before the date of the meeting.

## **5. Operating Arrangements**

The Committee's Terms of Reference are reviewed annually, most recently in December 2018. A copy of the Terms of Reference is attached at the end of this report. A review of the Terms of Reference will take place at the February 2020 Audit Committee.

The Audit Committee Cycle of Business for July 2019 to May 2020 was approved in April 2019 and will next be reviewed in April 2020. The agenda of each meeting, however, is sufficiently flexible to allow the committee to consider any emerging issues.

## **6. Membership, Frequency and Attendance**

The Terms of Reference of the Committee state that the Committee should consist of a minimum of three Independent members of the Board. One of these members must also be a member of the Quality & Safety Committee

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise. During 2019 this option was not exercised.

During the year the Committee met on seven occasions with attendance as follows:

<b>Name</b>	<b>Audit Committee (out of 7 possible meetings)</b>
<i>Mr Martin Veale (Independent Member) Chair</i>	7 out of 7
<i>Judge Ray Singh (Independent Member) Vice Chair until October 2019</i>	5 out of 5
<i>Mr Phil Roberts (Independent Member)</i>	5 out of 7

During the year, the meetings were also regularly attended by the following:

- Mr Steve Ham, Chief Executive
- Mr Mark Osland, Executive Director of Finance & Informatics
- Ms Claire Bowden, Head of Financial Operations
- Mrs Georgina Galletly, Director of Corporate Governance (until July 2019)
- Mr Simon Cookson, Director of Audit and Assurance
- Mrs Cally Hamblyn, Head of Corporate Governance
  
- Mrs Gillian Gillett, Wales Audit Office
- Mrs Kate Febry, Wales Audit Office
  
- Mr James Johns, Internal Audit / Mr James Quance, Internal Audit
- Mrs Jayne Gibbon, Internal Audit
  
- Mr Craig Greenstock, Local Counter Fraud Specialist

## **7. Audit Committee Activity 2019**

The Audit Committee fulfilled its planned work for 2019 covering a wide range of activity. This work can be summarised under the following headings:

### **7.1 External Audit**

- The Committee approved the Wales Audit Office (WAO) 2019 plan for financial audit of the 2018/19 accounts and received updates at each meeting by representatives from the WAO.
- WAO reports provided to the Committee during the year were in relation to:
  - Annual financial statements;
  - Structured Assessment;
  - Clinical Audit Report including a Clinical Coding Review;
  - Charitable funds; and
  - Wellbeing of Future Generations Review.
- The WAO also shared with the Committee relevant publications that were of relevance / importance to the Trust.

### **7.2 Internal Audit**

- The Committee received regular progress reports from the Internal Audit team during the calendar year.
- During the year a separate Internal Audit plan for NWIS was developed. It was agreed that as the Trust is not involved in the operational management or performance of NWIS, they would not direct internal audit into those areas of audit, although would monitor the progress of audit actions via the Committee audit tracker.

- The formal reports completed by Internal Audit during the year and their assurance ratings are shown in appendix 1. The Committee received 16 reports for the Trust during the year. 15 received either substantial or reasonable assurance ratings, and 1 received a limited assurance rating. 2 reports were received for NWIS, of which 1 received a reasonable assurance rating, and 1 received a limited assurance rating.
  - Internal Audit's annual assurance opinion for 2018/19 was reported to the Committee in May 2019. It stated that "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."
- 7.3 Annual Accounts, Annual Governance Statement & Accountability Report
  - The Committee meeting in May 2019 received the draft 2018/19 Annual Accounts, Annual Governance Statement, Letter of Representation and the Trust's response to WAO regarding governance arrangements.
  - The Committee endorsed and recommended the approval of these to the Trust Board.
- 7.4 Counter Fraud
  - The Committee received an annual report from the Counter Fraud Specialist in May 2019.
  - A work plan for 2019/20 was prepared and a self-review tool relating to 2018/19 was completed, noting all scores were green with the exception of one which was amber and related to awareness within the Trust.
  - Regular reports were received and details of other current cases were shared where relevant.
- 7.5 Assurance & Risk Management Developments
  - A Committee self-assessment questionnaire was completed by Members and attendees and was found to be generally very positive with some minor areas for improvement noted and progressed.
  - The governance arrangements for NWIS were reviewed and agreed with Welsh Government and an Internal Audit plan with clearly defined roles and responsibilities for the Trust and Welsh Government was agreed.
- 7.6 Internal Assurance & Risk Management Monitoring
  - Procurement Compliance was reported regularly to the Committee.
  - The Trust Risk Register was presented at the February, July and November (5<sup>th</sup>) meetings, for review by the Committee noting that more detailed reviews took place in the relevant Committee and Divisional meetings.
  - The Audit Action plan, which tracks the implementation of the recommendations of audit, was regularly reviewed by the Committee. The committee noted that the Audit Action tracker was in a far better place than it had been previously and were happy with the current position.
  - Amendments to financial limits included within the Trust Standing Orders were considered when required.
  - Following introduction of GDPR last year, the GDPR Internal Audit report was presented to the Committee with statement that reasonable assurance was given.
- 7.7 Clinical Audit
  - An update on the work of Clinical Audit was presented to the Committee.

## **8. Reporting the Committee's Work**

The Chair of the Audit Committee reports to the Board on the key issues discussed at each meeting by way of a written Highlight Report. These reports are supported by the more detailed Committee minutes. Committee papers and committee minutes are routinely published on the Trust's website.

## **9. Conclusions and Way Forward**

The Committee had a busy year, with some significant progress being made to address governance issues with NWIS. In addition, an interim Trust Board Assurance Framework has been developed, which will assist the Committee in better understanding the sources of assurance available within the Trust.

This report demonstrates that the Audit Committee has fulfilled its terms of reference and significantly contributed to improving internal control within the Trust.

The Committee can provide the Board with assurance that, by addressing its terms of reference, it has scrutinised the levels of control in place and that where necessary has recommended improvements to controls.

## Appendix 1

### Levels of Assurance Assigned by Internal Audit

<b>Substantial Assurance</b>	The Board can take <b>substantial assurance</b> 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 <b>low impact on residual risk exposure</b> .
<b>Reasonable Assurance</b>	The Board can take <b>reasonable assurance</b> 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 <b>low to moderate impact on residual risk exposure</b> until resolved.
<b>Limited Assurance</b>	The Board can take <b>limited assurance</b> 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 <b>moderate impact on residual risk exposure</b> until resolved.

### List of Internal Audits Undertaken and Assurance Ratings

#### Velindre University NHS Trust

Internal Audit Assignment	Assurance Rating 2019
Core Financial Systems	Reasonable
Performance Management, Monitoring and Reporting	Substantial
Welsh Blood Service	Reasonable
Fire Precautions at VCC	Reasonable
Freedom of Information	Reasonable
Health + Care Standards	Reasonable
Integrated Medium Term Plan	Substantial
Risk Management	Reasonable
GDPR	Reasonable
Annual Quality Statement	Substantial
Environmental Sustainability	Reasonable
New Velindre Cancer Centre	Limited
<i>New Velindre Cancer Centre Follow Up Report</i>	N/A
Declarations of Interest	Substantial



Health Technology Wales	Substantial
VCC Divisional	Reasonable
Welsh Patient Administration System	Reasonable
<b>SUMMARY (excluding follow up reports)</b>	
Substantial	5
Reasonable	10
Limited	1
Total	16

### **NWIS**

NWIS Business Continuity	Reasonable
NWIS Change Control	Limited
<b>SUMMARY</b>	
Substantial	0
Reasonable	1
Limited	1
Total	2

# Audit Committee

## Terms of Reference & Operating Arrangements

Reviewed:	December 2018
Next Review Due:	December 2019

## 1. INTRODUCTION

- 1.1 The Trust's standing orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees"*.
- 1.2 In line with standing orders and the Trust's scheme of delegation, the Board shall nominate annually a Committee to be known as the **Audit Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.
- 1.3 These Terms of Reference and Operating Arrangements are based on the model Terms of Reference as detailed in the NHS Wales Audit Committee Handbook June 2012.

## 2. PURPOSE

- 2.1 The purpose of the Audit Committee ("the Committee") is to:
- **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.
- 2.2 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.

## 3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:
- The adequacy of the Trust's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement, providing reasonable assurance on:
    - the organisation's ability to achieve its objectives,
    - compliance with relevant regulatory requirements, standards, quality and service delivery requirements and other directions and requirements set by the Welsh Government and others,

- the reliability, integrity, safety and security of the information collected and used by the organisation,
- the efficiency, effectiveness and economic use of resources, and
- the extent to which the organisation safeguards and protects all its assets, including its people

to ensure the provision of high quality, safe healthcare for its citizens;

- The Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- The accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors;
- The Schedule of Losses and Compensation;
- The planned activity and results of internal audit, external audit, clinical audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports);
- The adequacy of executive and managements' response to issues identified by audit, inspection and other assurance activity via monitoring of the Trust's audit action plan;
- Anti-fraud policies, whistle-blowing processes and arrangements for special investigations as appropriate; and
- Any particular matter or issue upon which the Board or the Accountable Officer may seek advice from the Committee.

3.2 The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by reviewing:

- All risk and control related disclosure statements (in particular the Annual Governance Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances), prior to endorsement by the Board;

- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
- The policies and procedures for all work related to fraud and corruption as set out in Welsh Government Directions and as required by the NHS Counter Fraud Authority.

3.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from other assurance providers, regulators, directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

3.4 This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on:

- The **comprehensiveness** of assurances in meeting the Board and the Accountable Officer's assurance needs across the whole of the Trust's activities, both clinical and non clinical; and
- The **reliability and integrity** of these assurances.

3.5 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- There is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- There is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
- There is an effective clinical audit function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
- There are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's Committees through the effective completion of Audit Recommendations and the Committee's review of the development and drafting of the Trust's Annual Governance;

- The work carried out by key sources of external assurance, in particular, but not limited to the Trust's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- The work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;
- The systems for financial reporting to the Board, including those of budgetary control, are effective; and that
- The results of audit and assurance work specific to the Trust, and the implications of the findings of wider audit and assurance activity relevant to the Trust's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisation's governance arrangements.

In carrying out this work, the Committee will follow and implement the Audit Committee's Annual Work plan and will be evidenced through meeting papers, formal minutes, and highlight reports to Board and annually via the Annual Governance Statement and Annual Report to the Board.

### **Authority**

- 3.6 The Committee is authorised by the Board to investigate or have investigated any activity (clinical and non clinical) within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Trust relevant to the Committee's remit, and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:
- Employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
  - Any other Committee, sub Committee or group set up by the Board to assist it in the delivery of its functions.
- 3.7 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.
- 3.8 The Committee is authorised by the Board to approve policies relevant to the business of the Committee as delegated by the Board.

### **Access**

- 3.9 The Head of Internal Audit and the Auditor General for Wales and his representatives shall have unrestricted and confidential access to the Chair of the Audit Committee at any time, and the Chair of the Audit Committee will seek to gain reciprocal access as necessary.
- 3.10 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.
- 3.11 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

### **Sub Committees**

- 3.12 The Committee may, subject to the approval of the Trust Board, establish sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. At this stage, no sub Committees/task and finish groups have been established.

## **4. MEMBERSHIP**

### **Members**

- 4.1 A minimum of three (3) members, comprising:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	One independent member of the Board

*[one member should be a member of the Quality & Safety Committee]*

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

The Chair of the organisation shall not be a member of the Audit Committee.

### **Attendees**

- 4.2 In attendance
- Chief Executive (*who should attend once a year as a minimum to discuss with the Committee the process for assurance that supports the Annual Governance Statement.*)
  - Executive Director of Finance & Informatics
  - Director of Corporate Governance
  - Head of Internal Audit

Local Counter Fraud Specialist

Representative of the Auditor General for Wales

By invitation

The Committee Chair may invite:

- the Chair of the organisation
- any other Trust officials; and/or
- any others from within or outside the organisation

to attend all or part of a meeting to assist it with its discussions on any particular matter.

### **Secretariat**

4.3 Secretary As determined by the Director of Corporate Governance

### **Member Appointments**

4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.5 Members shall be appointed for a maximum of 3 consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.

### **Support to Committee Members**

4.6 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of organisational development for Committee members as part of the Trust's overall OD programme developed by the Executive Director of Workforce & Organisational Development.

## **5. COMMITTEE MEETINGS**

### **Quorum**

5.1 At least two members must be present to ensure the quorum of the Committee.

### **Frequency of Meetings**



- 5.2 Meetings shall be held no less than 4 times per year, and otherwise as the Chair of the Committee deems necessary – consistent with the Trust’s annual plan of Board Business. The External Auditor or Head of Internal Audit may request a meeting with the Chair if they consider that one is necessary.

#### **Withdrawal of individuals in attendance**

- 5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

### **6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES / GROUPS**

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, the Board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

- 6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.3 The Committee, through its Chair and members, shall work closely with the Board’s other Committees to provide advice and assurance to the Board by taking into account:

- Joint planning and co-ordination of Board and Committee business; and
- Sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board’s overall risk and assurance arrangements.

- 6.4 The Committee will consider the assurance provided through the work of the Board’s other Committees and sub Committees to meet its responsibilities for advising the Board on the adequacy of the Trust’s overall system of assurance by receipt of their annual work plans.

- 6.5 The Committee shall embed the Trust’s corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

### **7. REPORTING AND ASSURANCE ARRANGEMENTS**

- 7.1 The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee’s activities. This includes verbal updates on activity and the submission of written highlight reports throughout the year;

- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant Committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committee's self-assessment and evaluation.

7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub Committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum *[as per section on Committee meetings]*
- Notice of meetings
- Notifying the public of Meetings
- Admission of the public, the press and other observers

Cross reference with the Trust Standing Orders.

## **9. REVIEW**

9.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

## **10. CHAIR'S ACTION ON URGENT MATTERS**

10.1 There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported

by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee, after first consulting with two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

- 10.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

Date Terms of Reference Approved:

Date: 4th December 2018

## TRUST BOARD

### BOARD DECISIONS REQUIRED FOR COMMITMENTS EXCEEDING £100k FOR THE PERIOD 26<sup>th</sup> March 2020 to 3<sup>rd</sup> June 2020

<b>DATE OF MEETING</b>	26 <sup>th</sup> March 2020
<b>PREPARED BY</b>	Christine Thorne
<b>PRESENTED BY</b>	Mark Osland
<b>EXECUTIVE SPONSOR</b>	Mark Osland

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

<b>ACRONYMS</b>	Transforming Cancer Services (TCS), Welsh Blood Service (WBS), NHS Wales Shared Service Partnership (NWSSP),
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## 1. SITUATION/BACKGROUND

1.1. The Chief Executive's financial limit is £100k; purchases/ contracts requiring approval / extending over this amount requires Trust Board approval. For extensions, this only applies if the provision for extension was not included in the original approval granted by Trust Board.

1.2. The decisions expected during the period between Trust Board meetings are highlighted in this report, seeking approval for the Chief Executive and Chair to authorise approval outside of the Trust Board.

## 2. ASSESSMENT

### 2.1 Option Appraisal / Analysis:

Prior to the submission of this paper, each requirement will have undertaken an assessment by the Division or Hosted Unit, the outcome of which is variable and represented in the tender specification.

### 2.2 Impact Assessment:

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

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

Appx No.	Division	Scheme/Contract/ Agreement Title	Period of Contract	Total Expected Maximum Value of Contract £ (ex VAT)	Total Expected Maximum Value of Contract (Inc. VAT)
1	VEL – TCS	Transforming Cancer Services (TCS) The provision of Professional Legal Advisory Services	1 <sup>st</sup> November 2015 to 31 <sup>st</sup> March 2025	Approved to date 2,163,000 <b>2020-21 approval 537,044</b> Total approval 2,700,044	2,595,600 <b>644,453</b> 3,240,053
		Transforming Cancer Services (TCS) The provision of Professional Financial Advisors	Approval sought for 1 <sup>st</sup> April 2020 to 31 <sup>st</sup> March 2021	Approved to date 500,000 <b>2020-21 approval 425,050</b> Total approval 925,050	600,000 <b>510,060</b> 1,110,060
2	VEL - WBS	Human Blood Derived Products	1 <sup>st</sup> May 2020 to 30 <sup>th</sup> April 2024 (includes 12 month extension)	85,683,459	85,683,459
3	VEL - WBS	HLA Antibodies detection and definition systems including maintenance of 3 units	1 <sup>st</sup> May 2020 to 30 <sup>th</sup> April 2024	1,293,448	1,552,138
4	NWSSP	Annual Service Level Agreement Provision of Practitioner Performance Advice services	1 <sup>st</sup> April 2020 to 31 <sup>st</sup> March 2023	1,497,000	1,796,400

### 3. RECOMMENDATION

3.1 The Board is requested to **AUTHORISE** the Chair and Chief Executive to **APPROVE** the award of contracts summarised within this paper (and detailed within the attached Board

Decision Pro-forma) and **AUTHORISE** the Chief Executive to **APPROVE** requisitions for expenditure under the named agreement.

## **BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k**

### **1. SCHEME TITLE**

Transforming Cancer Services (TCS) Programme – New Velindre Cancer Centre Project

### **2. CONTRACT DETAILS**

#### **2.1. Description of Services**

The provision of Professional Legal Advisory Services

Velindre is a pilot for the WG Mutual Investment Model (MIM), the conditions of operating under this model are to use the Welsh Government procured Professional Advisors Framework. The 'Transforming Cancer Services in SE Wales Programme' has compliantly utilised this framework for some time to ensure continuity and consistency of advice as befits the scale and complexity of this scheme. The Framework structure comprises of three lots enabling the appointment of a specialist firm with the requisite skillset.

The providers appointed were as follows:

- **Lot 1: Legal: DLA Piper**
- **Lot 2: Financial: PWC**
- **Lot 3: Insurance: Willis**

Due to the scope and complexity of this scheme, there is a continuing need to call off under the terms and conditions as set in the framework in order to commence the Stage 2 – post OJEU (Competitive Dialogue stage) element of the procurement process.

#### **2.2.1. New/First time contract**

*Not applicable*

- **Date of Board approval of business case**

*Not applicable*

- **Issues to bring to Board's attention that differs from the detail within the approved business case.**

*Not applicable*

- **Details of any matters that may be considered as Novel or contentious**



### 2.2.2. **Contract Renewal/Extension**

As reported to the Trust Board in May 2018, this framework lapsed in November 2018, with no renewal planned. Agreement from the Board was sought at this time, to continue to award further business, ensuring continuity of advice for a complex scheme. To do otherwise and appoint a new provider would undermine the delivery of value for money, as a new provider would have to start from the beginning of the project thus incurring duplicate charges.

This further extension is required to commence the Stage 2 – post OJEU (Competitive Dialogue stage) activity as follows during the 2020-21 financial year:

#### ***DLA Piper***

• Finalise PA & PD	£150,000
• Pre-Qualification Questionnaire	£34,590
• Dialogue Stage	£352,454
<b>Total</b>	<b>£537,044</b>

#### ***PwC***

• Finalise PA&PD	£60,000
• Pre-Qualification Questionnaire	£36,050
• Dialogue Stage	£329,000
<b>Total</b>	<b>£425,050</b>

### 2.3 **Procurement Route**

Continue to call off under the Welsh Government Professional Advisory Services Framework (Lot 1: Legal Services, DLA Piper and Lot 2: Financial: PwC) for the reasons explained above. The terms and conditions for the professional advisory services will be the prevailing terms and conditions as outlined in the WG framework contract and as approved in the Framework Order Form.

### 2.4 **Timescales for implementation**

Seamless on the basis this concerns the continuation of service provision with the same providers for the financial year 2020-21.

### 2.5 **Period of Contract**

The call off commenced in November 2015 and will continue to be utilised until the completion of the scheme currently anticipated as financial year 2024-25, unless performance issues arise with the supplier. Rectification for which is covered by the terms of the framework.

### 2.6 **Maximum Expected Total Value of Contract – excluding and including VAT (if contract renewal, please provide justification of difference in value from previous contract).**

We have worked closely with our Professional Legal Advisers (DLA Piper) to provide an estimate of 2020-21 costs:

Title	£ (excl VAT)	£ (incl VAT)
Expenditure approved to-date	2,163,000	2,595,600
Further approval required for additional expenditure in 2020-21	537,044	644,453
<b>Total</b>	<b>2,700,044</b>	<b>3,240,053</b>

*VAT recoverable elements are limited to legal professional advice or opinion as opposed to work undertaken on behalf of the Authority so may not be 100% recoverable.*

We have worked closely with our Professional Financial Advisers (PwC) to provide an estimate of 2020-21 costs:

Title	£ (excl VAT)	£ (incl VAT)
Expenditure approved to-date	500,000	600,000
Further approval required for additional expenditure in 2020-21	425,050	510,060
<b>Total</b>	<b>925,050</b>	<b>1,110,060</b>

## 2.6 Source of Funds

Welsh Government All Wales Capital Programme.

We have submitted a request to the Welsh Government for the necessary funding and the Welsh Government has verbally confirmed that funding will be made available. However, as previously stated, there are on-going discussions to confirm the funding requirements of the Programme.

## 3 DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

**3.6** The lead Director, by signing this request for Board approval, is making a **declaration that all procurement rules, Standing Orders and Standing Financial Instructions have been complied with.**

Lead Director Name: David Powell

Service Area: nVCC

## **BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k**

### **1. TITLE OF SCHEME/CONTRACT: WELSH BLOOD SERVICES HUMAN DERIVED BLOOD PRODUCTS**

### **2. CONTRACT DETAILS**

#### **2.1. Description of Goods / Services/ Works/Lease**

Purchase of Human Blood derived medicines used to treat a variety of conditions including (but not limited to): burns, coagulation disorders, and autoimmune & infectious diseases. The common theme for all medicines on this contract is that they are all proteins that can only be derived from extraction from human plasma.

The WBS acts as a wholesale dealer for medicinal products – these products are procured and stored by WBS for onward distribution to the 19 hospitals in Wales as the end user.

#### **2.2. Nature of Contract**

**(Please complete either 2.2.1 or 2.2.2).**

##### **2.2.1. New/First time contract**

Not applicable

- **Date of Board approval of business case**  
Not applicable
- **Issues to bring to Board's attention that differs from the detail within the approved business case.**  
Not applicable
- **Details of any matters that may be considered as Novel or contentious**  
Not applicable

##### **2.2.2. Contract Renewal/Extension**

Renewal of existing services.

#### **2.3. Procurement Route**

WBS will procure off the All Wales Human Blood Derived Product framework (PAD-OJEU-43181). The contract was advertised in the OJEU, utilising the open procedure and is awarded under standard NHS terms and conditions.

Please note that the Contract Briefing Paper was signed off by Welsh Government (WG) on 25th November 2019 and the Ratification Paper was signed off by WG and Shared Services Director and Chair on the 25<sup>th</sup> February 2019.

#### 2.4. **Timescales for implementation**

The WBS holds approximately 1.5-2 months stock of the products on this contract which are regularly used by Welsh hospitals. There is no set implementation period as WBS will purchase from the new contract as required to replenish stocks – this will vary from product to product.

#### 2.5. **Period of Contract**

1<sup>st</sup> May 2020 to 30<sup>th</sup> April 2023 with an option to extend for a further 12 months.

#### 2.6. **Maximum Expected Total Value of Contract – excluding and including VAT (if contract renewal, please provide justification of difference in value from previous contract).**

Title	Total £ (excl VAT)	Total £ (Inc. VAT)
Human Blood Derived Product	£85,683,459	N/A
<b>Total</b>	<b>£85,683,459</b>	<b>N/A</b>

*Current annual spend is £14m (2019-20). Human Derived Blood Products came under the scope of the Pharmaceutical Price Regulation Scheme (PPRS) from 2019-20. As the contract for these products ends 31<sup>st</sup> April 2020 the PPRS levy impact is 14.7% in 2020-21 and a further 5.8% in 2021-22. In addition, price inflation of 10% p.a. and volume growth of 3% p.a. have been included for each of the four years. These increases are estimates of the cost increases expected during life of contract given the fragility of this market.*

#### 2.7. **Source of Funds**

Health Board Revenue Funding – funded on actual basis as a pass through cost to Health Boards.

### 3. **DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE**

3.1 The lead Director, has provided Procurement Services with email confirming approval to seek Board approval, is making a **declaration that all procurement rules, Standing Orders and Standing Financial Instructions have been complied with**. Procurement Services retain this confirmation electronically in the tender file.



Lead Director Name: Alan Prosser

Service Area: Interim WBS Director

## **BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k**

### **1. HUMAN LEUCOCYTE ANTIGEN (HLA) ANTIBODY TESTING**

### **2. CONTRACT DETAILS**

#### **2.1. Description of Goods / Services/ Works/Lease**

This project covers the procurement of Luminex test kits for HLA antibody testing, as well as the maintenance of the equipment used to perform this testing. The HLA antibody test kits and the equipment are already used in WTAIL and are critical to provide solid organ transplantation, stem cell transplantation and specialist platelet immunology services for thrombocytopenic (low platelet count) patients.

#### **2.2. Nature of Contract**

**(Please complete either 2.2.1 or 2.2.2).**

##### **2.2.1. New/First time contract**

Not applicable

- **Date of Board approval of business case**

Not applicable

- **Issues to bring to Board's attention that differs from the detail within the approved business case.**

Not applicable

- **Details of any matters that may be considered as Novel or contentious**

Not applicable

##### **2.2.2. Contract Renewal/Extension**

Renewal of existing services to maintain HLA antibody testing services for patients to support solid organ and stem cell transplantation, and thrombocytopenic patient investigations.

#### **2.3. Procurement Route**

As a beneficiary of an NHSBT for HLA Antibody framework contract due to be implemented 1<sup>st</sup> May 2020. NHSBT have undertaken the procurement process on behalf of WBS and will be placing a Direct Award under the framework.

#### 2.4. **Timescales for implementation**

Not applicable.

#### 2.5. **Period of Contract**

NHSBT contract will be awarded for a four year term, anticipated to commence 1<sup>st</sup> May 2020 – 30<sup>th</sup> April 2024.

#### 2.6. **Maximum Expected Total Value of Contract – excluding and including VAT (if contract renewal, please provide justification of difference in value from previous contract).**

The renewal costs for this contract are yet to be released therefore the costs provided below are based on the current contract costs and a 2.5% inflation.

Title	Total £ (Ex. VAT)	Total £ (Inc. VAT)
Consumables	1,246,400	1,495,680
Maintenance	47,048	56,458
<b>Total</b>	<b>1,293,448</b>	<b>1,552,138</b>

#### 2.7. **Source of Funds**

Revenue, from existing recurring budget.

### 3. **DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE**

3.1 The lead Director, has provided Procurement Services with email confirming approval to seek Board approval, is making a **declaration that all procurement rules, Standing Orders and Standing Financial Instructions have been complied with**. Procurement Services retain this confirmation electronically in the tender file.

Lead Director Name: Alan Prosser

Service Area: Interim Director

## **BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k**

### **1. TITLE OF SCHEME/CONTRACT:**

NHS RESOLUTION SERVICE LEVEL AGREEMENT (NHSR – SLA)

### **2. CONTRACT DETAILS**

#### **2.1. Description of Services**

The Shared Services Partnership and NHS Resolution wish to enter into an arrangement regarding maintaining high professional standards policy for handling concerns regarding Practitioners employed and/or commissioned by NHS Wales Health Boards and Trusts. Practitioner Performance Advice, an operating division of NHS Resolution, will provide support to the Shared Services Partnership and their nominated NHS Wales Health Boards.

#### **2.2. Nature of Contract**

**(Please complete either 2.2.1 or 2.2.2).**

##### **2.2.1. New/First time contract**

*Not applicable*

- **Date of Board approval of business case**

*Not applicable*

- **Issues to bring to Board's attention that differs from the detail within the approved business case.**

*Not applicable*

- **Details of any matters that may be considered as Novel or contentious**

*Not applicable*

##### **2.2.2. Contract Renewal/Extension**

Renewal of existing services. Previous SLA April 17 – March 2020.

#### **2.3. Procurement Route ( Procurement to complete)**

#### **2.4. Timescales for implementation**

SLA to commence 1<sup>st</sup> April 2020 and run for three years with annual review.

#### **2.5. Period of Contract**

Three Year SLA commencing 1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2023.



**2.6. Maximum Expected Total Value of Contract – excluding and including VAT (if contract renewal, please provide justification of difference in value from previous contract).**

Title	Fy20/21 £ (excl VAT)	FY21/22 £ (excl VAT)	FY22/23 £ (excl VAT)	Total £ (excl VAT)	Total £ (Inc. VAT)
Lot 10	499,000	499,000	499,000	1,497,000	1,796,400
<b>Total</b>	499,000	499,000	499,000	1,497,000	1,796,400

1% cost increase against 17-20 SLA.

**2.7. Source of Funds**

Existing recurring revenue budget.

**3. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE**

3.1 The lead Director, has provided Procurement Services with email confirming approval to seek Board approval, is making a **declaration that all procurement rules, Standing Orders and Standing Financial Instructions have been complied with**. Procurement Services retain this confirmation electronically in the tender file.

Lead Director Name: Mr Dave Hopkins, Director of Primary Care Services

Service Area: NHS Wales Shared Services Partnership – Primary Care Services (PCS)

## TRUST BOARD

### approved policies update

<b>DATE OF MEETING</b>	26/03/2020
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
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<b>PREPARED BY</b>	Cally Hamblyn, Head of Corporate Governance
<b>PRESENTED BY</b>	Lauren Fear, Interim Director of Corporate Governance
<b>EXECUTIVE SPONSOR APPROVED</b>	Lauren Fear, Interim Director of Corporate Governance

<b>REPORT PURPOSE</b>	FOR NOTING
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<b>COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING</b>		
<b>COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
Not applicable	(DD/MM/YYYY)	Choose an item.

<b>ACRONYMS</b>	
IG&IMT	Information Governance & Information Management & Technology Committee
WF&OD	Workforce & Organisational Development Committee

## 1. SITUATION/BACKGROUND

- 1.1 In accordance with the “Policy for the Management of Policies, Procedures and other Written Control Documents”, the Trust Board will receive all approved policy documents for information under the consent agenda.
- 1.2 The purpose of this report is for the Trust Board to note the policies that have been approved since the last report in November 2019.

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

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

Policy Title	Policy Lead / Function	Approving Committee	Effective Date
Violence, Domestic Abuse and Sexual Violence in the workplace Policy	Workforce & Organisational Development	Workforce & Organisational Development Committee	January 2020

## 3. IMPACT ASSESSMENT

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

## 4. RECOMMENDATION

- 4.1 The Trust Board is asked to **NOTE** the policies that have been approved since the last report in January 2020.

## PUBLIC TRUST BOARD

### ASSURANCE REPORT FROM THE CHAIR OF THE VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NHS WALES SHARED SERVICES PARTNERSHIP

<b>Meeting Date:</b>	26 March 2020
<b>Author:</b>	Roxann Davies, Corporate Services Manager, NHS Wales Shared Services Partnership
<b>Sponsoring Executive Director:</b>	Lauren Fear, Interim Director of Corporate Governance, Velindre University NHS Trust
<b>Report Presented by:</b>	Lauren Fear, Interim Director of Corporate Governance, Velindre University NHS Trust

<b>Trust Resolution to:</b> (please tick) <input checked="" type="checkbox"/>							
<b>APPROVE:</b>	<input type="checkbox"/>	<b>REVIEW:</b>	<input type="checkbox"/>	<b>INFORM:</b>	<input checked="" type="checkbox"/>	<b>ASSURE:</b>	<input checked="" type="checkbox"/>
<b>Recommendation:</b>	For the Board to review and <b>NOTE</b> .						

<b>This report supports the following Trust objectives as set out in the Integrated Medium Term Plan:</b> (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 checked="" type="checkbox"/>
First class patient/donor experience	<input type="checkbox"/>
Spending every pound well	<input checked="" type="checkbox"/>
<b>Acronyms:</b>	
NWSSP – NHS Wales Shared Services Partnership SSPC – Shared Services Partnership Committee SMT – Senior Management Team	WAO – Wales Audit Office IMTP – Integrated Medium Term Plan NHAIS – National Health Application and Infrastructure Services
<b>Executive Summary:</b>	
This paper has been prepared to provide the Velindre Trust Board with details of the key issues considered by the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership, at its meeting on 21 January 2020. The Board is requested to <b>NOTE</b> the contents of the report and actions being taken. Key assurances and highlights from the meeting are reported overleaf:	

<b>ALERT</b>	No matters to alert/escalate.
<b>ADVISE</b>	No matters to advise.
<b>ASSURE</b>	<p><b>External Audit</b></p> <p>Wales Audit Office (WAO) Position Statement was presented and set out an update on current and planned audit work, together with the Auditor General's planned programme of related studies and national events, that may be of interest to the Committee.</p> <p>In addition, the Committee received the WAO Audit Arrangements for 2020, which had been agreed and there were no significant changes to the previous year's work plan. It was confirmed that should any matters of interest arise, they would be brought to the Committee's attention at the June 2020 meeting.</p>
<b>ASSURE</b>	<p><b>Internal Audit</b></p> <p>The Committee received a comprehensive update from Internal Audit and in addition to the Position Statement, received the following reports for consideration:</p> <ul style="list-style-type: none"> <li>• Strategic Planning Internal Audit Report <ul style="list-style-type: none"> <li>◦ Achieved reasonable assurance, with two medium priority recommendations for action.</li> </ul> </li> <li>• Post Payment Verification (PPV) Internal Audit Report <ul style="list-style-type: none"> <li>◦ Achieved substantial assurance, with one medium and one low priority recommendation for action.</li> </ul> </li> <li>• Time Recording Internal Audit Report <ul style="list-style-type: none"> <li>◦ Achieved substantial assurance, with one medium priority recommendation for action.</li> </ul> </li> <li>• Health and Safety Internal Audit Report <ul style="list-style-type: none"> <li>◦ Achieved reasonable assurance, with one high and four low priority recommendations for action.</li> </ul> </li> <li>• Internal Audit Review of Procurement Services Directorate <ul style="list-style-type: none"> <li>◦ Achieved reasonable assurance, with three medium and two low priority recommendations for action.</li> </ul> </li> </ul>
<b>ASSURE</b>	<p><b>Assurance, Risk and Governance</b></p> <p>The Committee received a comprehensive update on Governance Matters, including NWSSP and All Wales contracting activity, stores write-off figures and declarations of gifts, hospitality and sponsorship.</p> <p>In relation to the tracking of Audit Recommendations, progress was reported as 181 total recommendations, of which 175 were implemented and 6 were not yet due (5 medium and 1 low priority). NWSSP SMT receive a monthly breakdown of not yet implemented recommendations and the master tracker would be updated with the Internal Audit recommendations reviewed today and detailed above.</p> <p>The Corporate Risk Register highlighted 2 existing red risks (both relating to the NHAIS system), 6 amber risks, 3 yellow risks and no green risks in the Risks for Action section of the Register. There remained 2 yellow risks in the Risks for Monitoring section of the Register. The register is reviewed at each SSPC, Audit Committee and Formal SMT meeting, on a monthly basis.</p>
<b>ASSURE</b>	<p><b>Counter Fraud</b></p> <p>The Committee received a comprehensive update from the Local Counter Fraud Specialist, by way of a Progress Report, which included a helpful section detailing lessons learned from investigations undertaken, as at 31 December 2019. The Counter Fraud Newsletter received positive feedback and it was agreed that an All-Wales approach for communication would be considered at the Counter Fraud Steering Group.</p>
<b>ASSURE</b>	<p><b>Catering and Textiles Work Programme (BREXIT)</b></p> <p>The Committee received a comprehensive update in relation to catering and textiles contracts in NHS Wales and stated that due to the uncertain political landscape throughout 2019, in relation to the UK exiting the EU, the Catering &amp; Textiles Team reviewed its portfolio in order to establish the most appropriate action required to mitigate disruption and ensure continuity of supply to NHS Wales. The report summarised the work undertaken and the current position of the work programme.</p>

<b>INFORM</b>	<p>The following items were received for Committee information:</p> <ul style="list-style-type: none"><li>• Informative presentation on NWSSP's Integrated Medium Term Plan 2020-23;</li><li>• NWSSP Annual Review 2018-19;</li><li>• Audit Committee Effectiveness Review and Action Plan; and</li><li>• Audit Committee Forward Plan 2020-21.</li></ul>
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## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Mrs Margaret Foster, Chair
<b>Lead Executive</b>	Mr Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	16 January 2020

#### Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

*The full agenda and accompanying reports can be accessed on our website.*

#### 1. Medical Examiner Scheme Deep Dive

Andrew Evans, Project Manager, gave a comprehensive update on the Medical Examiner Service. The service is a UK-wide approach to addressing the issues raised in scandals such as Shipman, Morecambe Bay, and Mid-Staffs. The vision for NHS Wales is a single Medical Examiner service, working on behalf of HBs and Trusts that strengthens safeguards for the public, improves the quality of death certification, and avoids unnecessary distress for the bereaved. The service will be run by the Office of the Lead Medical Examiner for Wales, and will be delivered by Medical Examiners (ME) (approx. 8 WTE) supported by Medical Examiner Officers (MEO) (approx. 27 WTE). Initially MEs will work on a regional basis with the ultimate intention of being employed on an all-Wales basis. MEOs will be locally based, largely on DGH sites. The implementation will be split over two phases, with Phase One focusing on four hub sites with one in each of the following regions (North: Mid and West: South Wales Central: South Wales East). Phase Two, due for completion by March 2021, will cover 15 spoke sites, with full implementation of the service from April 2021.

#### 2. Managing Director's Report

The Managing Director updated the Committee on:

**Brexit** – much of the preparatory work completed to date is being stood down, although this may need to be reinstated dependent on the outcome of UK Government discussion with the EU. NWSSP continues to liaise closely with Welsh Government on both Brexit preparations and the future intentions for IP5, for which the Strategic Outline Case came to the SSPC in early December. It was confirmed that any specific programmes suggested within IP5 would be subject to their own business case type process.

**NHAIS** – notification has been received from Welsh Government that the capital funding has been approved to allow NWSSP to procure the system from Northern Ireland. Work is also progressing well on the separate Ophthalmic payment system that is being developed in-house.

**Lead Employer** – The programme of work is on track, and discussions are on-going with HEIW to understand timescales and phasing. Further work will be needed on helping shape the operational and governance arrangements.

### 3. Items for Approval

**IMTP** – The Committee approved the plan which is financially balanced and built on a theme of continuous improvement, with consideration of the well-being of our staff, partners and the wider population embedded throughout. The plan was subject to substantial stakeholder engagement and demonstrates leadership on the part of NWSSP in driving all-Wales initiatives. The Vision and Mission statements have been reviewed and a revised statement approved; 'Adding Value through Partnership, Innovation and Excellence.'

**Motor Fleet Insurance Renewal** – The Committee approved a paper enabling NWSSP to tender for a three year insurance policy, with the option to extend for a further year. The tender will use a current framework to negotiate on an all-Wales basis but in lots by organisation so they each have their own insurance policy.

**Legal & Risk Online Resource Library Subscription** – The Committee approved the case for new library subscription for the provision of Legal Publications.

### 4. Items for Noting

- **PMO Highlight Report** - The Committee noted the updates on projects and that there were no major concerns with any at the current time.
- **Laundry Services Update** - Initial workshops have been held regarding the locations of the new Laundries, and further events are planned for early February to help finalise the locations. There will be one in the north and two in the south. The Committee agreed that once the locations had been agreed at the workshops, formal consultations would start with staff and the outcomes would feed into the final OBC which would be brought to the May Committee for final approval and then submission to Welsh Government. It was envisaged that the consultation process would begin in mid-February 2020. The Committee noted the Report and agreed to begin formal staff consultation once the three sites had been agreed through the workshop process.
- **TRAMS** – The Committee received a verbal update. The final Programme Business Case (PBC) was originally scheduled for the January Committee but has been delayed slightly as further work was required to address a number of areas raised by the Chief Pharmacists. The Chair noted that the Chief Pharmaceutical Officer for Wales in Welsh Government had already written to CEOs, Workforce and Planning Directors to make sure they were



aware of the project and she asked for attendees to discuss the strategic issues around this project within their own health boards before the next meeting.

- **Finance & Workforce Report** - The Committee noted that NWSSP continues to forecast a break-even position which includes the £2m re-distribution to Health Boards. Aged debts and timely payment of NHS invoices remain a concern. Although positive progress had been made over the last few months, more work was still needed. The Welsh Risk Pool risk-sharing position now stands at £9.7m and has been notified through the DoFs Group. Sickness figures were slightly higher than previous periods due to increases in short-term sickness.
- **Corporate Risk Register** – There are two red risks on the register relating to the replacement of the NHAIS system and to the need to replace the Ophthalmic Payments system by May 2020 where work is on-going to develop an in-house system but contingency arrangements are in place to cover any delays.
- **Audit Committee Highlight Report** – NWSSP continue to receive no limited or no assurance internal audit reports and there are no audit actions outstanding.

## 6. Items for Information

The following papers were provided for information:

- Finance Monitoring Reports.

### Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

### Matters referred to other Committees

N/A

<b>Date of next meeting</b>	24 March 2020
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**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

## TRUST BOARD

### integrated medium term plan DELIVERY- 2019 / 2020

DATE OF MEETING	26/03/2020	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Phil Hodson, Deputy Director of Planning and Performance	
PRESENTED BY	Cath O'Brien, Interim Chief Operating Officer	
EXECUTIVE SPONSOR APPROVED	Cath O'Brien, Interim Chief Operating Officer	
REPORT PURPOSE	FOR DISCUSSION / REVIEW	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	9 <sup>th</sup> March 2020	N/A
ACRONYMS		
IMTP	Integrated Medium Term Plan	
N/A	Not Applicable	

## 1. SITUATION/BACKGROUND

- 1.1 The Trust, on 26<sup>th</sup> March 2019, received confirmation from the Welsh Government that its IMTP for 2019 – 2022 had been approved in accordance with the requirements of the NHS Wales Planning Framework and the duties set out by section 175 of the National Health Service (Wales) Act 2006.

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Both divisions of the Trust are required to report delivery against their key strategic priorities, and enabling actions, as identified within their respective IMTP service plans. The IMTP trackers for both divisions are included as:
- Annex 1 - Welsh Blood Service IMTP Tracker
  - Annex 2 – Velindre Cancer Centre IMTP Tracker.

## 3. IMPACT ASSESSMENT

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.

## 4. RECOMMENDATION

- 4.1 The Velindre University NHS Trust Board is discuss and review the divisional IMTP trackers for 2019 / 2020.

# Welsh Blood Service

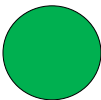
## IMTP Delivery Plan Progress Report for 2019-20

### (Level 1)

#### Key Highlights:


- Overall progress against delivery of the overarching strategic objectives and key deliverables remains on target.
- Delivery is within the current resource allocation with a forecast to achieve financial balance end of 2019/20.
- Increasing demand for Red Cell Immunohematology (RCI) testing from health boards across NHS Wales, this has been highlighted to WHSSC via the IMTP prioritisation scheme route, and remains a key pressure for the service going forward.
- The WBS hosted its first Research, Development and Innovation Showcase in quarter 3 as part of the ongoing delivery of its RD&I Strategy. The event was an opportunity to celebrate WBS achievements in RD&I activities with a range of academic, commercial and healthcare collaborative partners.

#### Strategic Priority 1: Maintaining excellence in core service delivery and planning our future

OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP1a) Realign WBS to a revised strategy securing a successful future for a modern blood and transplantation service	<ul style="list-style-type: none"> <li>○ A revised strategy for 2020-2025</li> <li>○ An outline transformation programme beyond Blood Supply Chain 2020</li> </ul>	<ul style="list-style-type: none"> <li>○ Eight strategic workshops held throughout 2019 to inform the development of a revised strategy for 2020-2025.</li> <li>○ A programme of staff engagement is underway to develop a revised vision and mission for 2020-2025 as part of the wider strategy development in train.</li> <li>○ Strategic themes identified from the above workshops, which will underpin the development of a new transformation programme.</li> </ul>		<ul style="list-style-type: none"> <li>○ None to report</li> </ul>

**Welsh Blood Service**  
**IMTP Delivery Plan Progress Report for 2019-20**  
**(Level 1)**


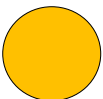
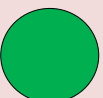
**Strategic Priority 1: Maintaining excellence in core service delivery and planning our future**

OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP1b) Achieve regulatory and best practice compliance	<ul style="list-style-type: none"> <li>○ Successful regulatory audits and visits from MHRA, UKAS and WMDA</li> <li>○ New Business Continuity Management (BCM) System in operation</li> <li>○ Wholesale service meets the requirements for Falsified Medicines Directive</li> </ul>	<p>Five successful audits: MHRA, European Federation Immunogenetics (EFI), Human Tissue Authority (HTA), World Marrow Donor Association (WMDA) and the UK National Accreditation body (UKAS). Arrangements in place in readiness for MHRA inspection of South Wales arm of service due March 2020.</p> <ul style="list-style-type: none"> <li>○ Complete - new BCM protocol established and in place across the service.</li> <li>○ Achieved – there is a potential requirement to install NWIS IT solution for decommissioning destroyed medicines.</li> </ul>		<ul style="list-style-type: none"> <li>○ Risk that WBS is unable to take advantage of lower cost procurement sources in the future</li> </ul>

# Welsh Blood Service

## IMTP Delivery Plan Progress Report for 2019-20

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Strategic Priority 1: Maintaining excellence in core service delivery and planning our future				
OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP1c) Meet service development needs to address changes in practice	<ul style="list-style-type: none"> <li>Continued engagement with the Infected Blood Inquiry (IBI)</li> <li>Capillary Haemacue recovery implemented across all teams</li> </ul>	<ul style="list-style-type: none"> <li>WBS has core participant status in the Inquiry and continues to engage with the UK IBI team.</li> <li>Complete – business as usual</li> </ul>		<ul style="list-style-type: none"> <li>The Inquiry will identify in relation to its' ToR, any individual responsibilities as well as organisational and systematic failures. The previous financial risk has been removed, as funding has now been resolved.</li> </ul>
(SP1d) Optimise and redesign the WBS estate in line with strategic intentions	<ul style="list-style-type: none"> <li>Deliver first phase of major infrastructure project to address power, ventilation, sanitation and renewable energy</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Outline Programme (SOP) in development for submission to WG in June 2020 that will enable findings of condition survey to be addressed together with long-term estate review aligned to strategic aims.</li> </ul>		<ul style="list-style-type: none"> <li>WG funding for SOP</li> </ul>
(SP1e) Maintain equipment and supplies	<ul style="list-style-type: none"> <li>New apheresis harnesses procured</li> </ul>	<ul style="list-style-type: none"> <li>Two-year interim agreement to be established with Celtic Nations following the withdrawal from NHSBT led procurement. This will be in place by March 2020. A longer-term agreement to be established going forward.</li> </ul>		

# Welsh Blood Service

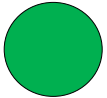

## IMTP Delivery Plan Progress Report for 2019-20

### (Level 1)

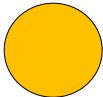

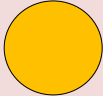
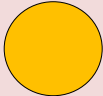
#### Strategic Priority 1: Maintaining excellence in core service delivery and planning our future

	<ul style="list-style-type: none"> <li>Phase 1 Transport replacement implemented</li> </ul>	<ul style="list-style-type: none"> <li>Phase one replacement programme complete.</li> </ul>		
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#### Strategic Priority 2: Delivering a state of the art supply chain

OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP2a) Deliver improved engagement with donors, citizens and organisations in shaping our services	<ul style="list-style-type: none"> <li>New customer service standards for donors, potential donors and bone marrow volunteers</li> <li>New electronic survey launched</li> </ul>	<ul style="list-style-type: none"> <li>Research has been conducted into similar standards at other UK blood services and discussions are currently underway to determine the format for WBS standards.</li> <li>Pilot survey launched in July 2019. Recommendations &amp; ratification by SMT February 2020.</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>
(SP2b) Maximise internal working systems and processes to enhance donor engagement activity	<ul style="list-style-type: none"> <li>Targeted recruitment materials developed including donor app</li> </ul>	<ul style="list-style-type: none"> <li>The Service is in the process of procuring a new donor relationship management software (eDRM) that will revolutionise the way in which we communicate with donors. Phase 1 due for April 2020.</li> </ul>		The Service is reliant on a third party provider for the introduction of the new donor relationship management software.



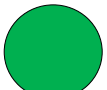

**Welsh Blood Service**  
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Strategic Priority 2: Delivering a state of the art supply chain				
OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP2b) Maximise internal working systems and processes to enhance donor engagement activity (ctd.)	<ul style="list-style-type: none"> <li>○ New donor champions scheme launched</li> </ul>	<ul style="list-style-type: none"> <li>○ In response to high blood stock level throughout 2019, plans to introduce a champion's scheme have been postponed. An options paper will be prepared once eDRM has been installed.</li> </ul>		
(SP2c) Planned and coordinated blood collection activity across Wales to enable an effective and efficient cycle of clinics and efficient processes for blood donation	<ul style="list-style-type: none"> <li>○ Centralised clinic planning and team resource planning model implemented</li> </ul>	<ul style="list-style-type: none"> <li>○ Complete – centralised resourcing and planning function established.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Rebalanced workforce in collection teams</li> </ul>	<ul style="list-style-type: none"> <li>○ OCP in train – consultation held ongoing discussions with Trade Unions.</li> </ul>		<ul style="list-style-type: none"> <li>○ Delay of OCP, impacting delivery plans for wider programme of work.</li> </ul>
	<ul style="list-style-type: none"> <li>○ New collection team model implemented</li> </ul>	<ul style="list-style-type: none"> <li>○ As above</li> </ul>		
	<ul style="list-style-type: none"> <li>○ New RN clinical leadership model implemented</li> </ul>	<ul style="list-style-type: none"> <li>○ Implementation dependent on outcome of the Collections Teams contract variation consultation.</li> </ul>		<ul style="list-style-type: none"> <li>○ As above</li> </ul>



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**Strategic Priority 2: Delivering a state of the art supply chain**

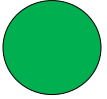

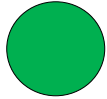
OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP2c) Planned and coordinated blood collection activity across Wales to enable an effective and efficient cycle of clinics and efficient processes for blood donation (ctd).	<ul style="list-style-type: none"> <li>Data insight led planning decisions through improved demand planning forecasts</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing – data analyst resource secured. Demand planning group established.</li> </ul>		<ul style="list-style-type: none"> <li></li> </ul>
(SP2d) Maximise the availability of components from blood processing and testing activity ensuring effective use of resources through a flexible and skilled workforce	<ul style="list-style-type: none"> <li>Deliver Ambient Overnight Hold and the associated rebalance in the workforce model</li> <li>New make ready service launched across all teams</li> </ul>	<ul style="list-style-type: none"> <li>Timelines for implementation deferred to September 2020</li> <li>East A and B fully implemented. Trailers due April' 20. West &amp; North Wales being scoped.</li> </ul>	  	<ul style="list-style-type: none"> <li>Dependent on lead in times to recruit and retrain staff to implement the new model</li> </ul>
(SP2e) Optimise transport and logistics to effectively meet stakeholder requirements	<ul style="list-style-type: none"> <li>Electronic transport fleet management technology systems maturing to deliver efficiencies aligned to the trust wellbeing objectives</li> </ul>	<ul style="list-style-type: none"> <li>Complete –business as usual</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>

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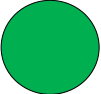
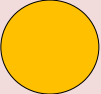
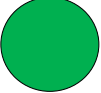
**Strategic Priority 2: Delivering a state of the art supply chain**

OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP2f) Work collaboratively with our partners hospitals to provide an assured distribution service for blood components and products	<ul style="list-style-type: none"> <li>○ Plan the implementation of web-based ordering system for blood components</li> <li>○ New frozen components transit box solution implemented</li> </ul>	<ul style="list-style-type: none"> <li>○ On track plans in place for delivery 2020/21.</li> <li>○ Complete –business as usual</li> </ul>	  	<ul style="list-style-type: none"> <li>○ None to report</li> </ul>

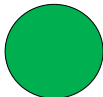

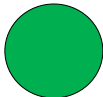
**Welsh Blood Service**  
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Strategic Priority 3: Meeting the needs of an evolving transplant service				
OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP3a) Ensure the Welsh Bone Marrow Donation Registry (WBMDR) contributes at a national and international level	<ul style="list-style-type: none"> <li>○ Evolving WBMDR attracting an increased number of volunteers in a highly competitive sector</li> </ul>	<ul style="list-style-type: none"> <li>○ Pilot scheme launched for the recruitment of non-buccal swabs to support future service delivery.</li> </ul>		<ul style="list-style-type: none"> <li>○ None to report</li> </ul>
(SP3b) Meet transplantation demand for Welsh Transplantation Services	<ul style="list-style-type: none"> <li>○ Business case for Next Generation Sequencing (NGS) technology use in transplant services developed</li> <li>○ Delivery of an updated service model for solid organ transplantation</li> </ul>	<ul style="list-style-type: none"> <li>○ Business case developed and approval process in train.</li> <li>○ Draft service specification received. Awaiting outcome of NHSBT tender exercise to evaluate potential solution and costs. Engagement with WHSSC initiated.</li> </ul>		<ul style="list-style-type: none"> <li>○ Capital and revenue funding required</li> <li>○ Potential cost pressure to meet requirements</li> </ul>
(SP3c) Modernise our National External Quality Assessment Scheme (NEQAS) service	<ul style="list-style-type: none"> <li>○ New IT system implemented and embedded into daily service</li> <li>○ Updated international offer with potential to expand services</li> </ul>	<ul style="list-style-type: none"> <li>○ Complete – business as usual delivering system efficiencies, improving data quality and enhancing user experience.</li> <li>○ Exhibitor at next annual meeting of European Federation of Immunogenetics. This will serve as a platform to promote NEQAS and engage with international community.</li> </ul>		<ul style="list-style-type: none"> <li>○ None to report</li> </ul>

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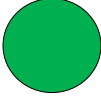
Strategic Priority 4: Digitally enabled to deliver in the modern world				
OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP4a) Optimisation of the core Blood Establishment Computer System (BECS) & Appointments System	<ul style="list-style-type: none"> <li>Implement semester patch together with routine enhancement to optimise the BECS aligned to service improvements and regulatory requirements</li> </ul>	<ul style="list-style-type: none"> <li>Semester patch successfully deployed in October 2019</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>
(SP4b) Delivery of Customer Relationship Management (CRM) solution	<ul style="list-style-type: none"> <li>Deliver new Donor Relationship Management Solution (eDRM).</li> </ul>	<ul style="list-style-type: none"> <li>eDRM being installed into TEST environment. Implementation activities to be ramped up following completion of s2_2016 ePROGESA semester patch. MAK-System site visit completed in February 2020.</li> <li>Project planning ongoing.</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>
(SP4c) Provision of 21 <sup>st</sup> Century Digital Services for donors	<ul style="list-style-type: none"> <li>Develop our existing interfaces and technology platforms in line with new donor engagement strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Plans in place to commence delivery in 20/21.</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>

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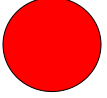

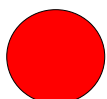

Strategic Priority 4: Digitally enabled to deliver in the modern world				
OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP4d) Implementation of Hospital Web Based Ordering (HWBO)	<ul style="list-style-type: none"> <li>Plan implementation of new HWBO system for hospitals across Wales.</li> </ul>	<ul style="list-style-type: none"> <li>On track plans in place for delivery 2020/21.</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>
(SP4e) Establishment of industry standard Business Intelligence (BI) services	<ul style="list-style-type: none"> <li>Enhance our BI Capability and Services</li> </ul>	<ul style="list-style-type: none"> <li>Improved availability of Beta data sets; Power BI licensing now agreed - awaiting deployment to commence Proof of Concepts.</li> </ul>		<ul style="list-style-type: none"> <li>Vacancies within team limiting ability of team to respond to demand.</li> </ul>
(SP4f) Delivery of modern, resilient, secure IT infrastructure services supporting organisational objectives incorporating innovative developments	<ul style="list-style-type: none"> <li>Ongoing technical support for strategic priorities</li> <li>Mobile device management implementation</li> <li>Implementation of Office 365</li> <li>Implementation of Crwydro, &amp; GovRoam, mobile roaming service for staff</li> </ul>	<ul style="list-style-type: none"> <li>Continuing</li> <li>Use of MobileIron depreciated in October 2019. Existing users transitioned to O365.</li> <li>Migration of all WBS staff onto Office 365 complete. Further O365 apps to be deployed through 2020.</li> <li>Completed</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>

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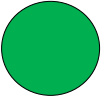

**Strategic Priority 4: Digitally enabled to deliver in the modern world**

OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP4f) Delivery of modern, resilient, secure IT infrastructure services supporting organisational objectives incorporating innovative developments ctd.	<ul style="list-style-type: none"> <li>○ Consolidation of Printing Services</li> <li>○ Implementation of industry standard Cyber security services</li> </ul>	<ul style="list-style-type: none"> <li>○ Work ongoing – to be completed Q1 2020/21</li> <li>○ NWIS Security Information Event Monitoring on-boarding complete, to work alongside existing cyber security procedures. Cyber Security Officer appointed in January 2020.</li> </ul>		<ul style="list-style-type: none"> <li>○ None to report</li> </ul>

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Strategic Priority 5: Implementing effective clinical systems to support improved outcomes				
OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP5a) Deliver WLIMS modules for Blood Transfusion (BT)	<ul style="list-style-type: none"> <li>Continue to work with NWIS to deliver WLIMS BT</li> </ul>	<ul style="list-style-type: none"> <li>WBS implementation of BT LIMS deferred until late-2020, when health board implementation approach has been clarified.</li> </ul>		<ul style="list-style-type: none"> <li>Risks raised in relation to Health boards not adopting BT LIMS</li> </ul>
(SP5b) Deliver WLIMS modules for Welsh Bone Marrow Donor Registry (WBMDR) Prometheus	<ul style="list-style-type: none"> <li>Continue to work with NWIS to deliver Prometheus</li> </ul>	<ul style="list-style-type: none"> <li>Go-live planned for July 2020. Final phase of UAT due to be completed in April 2020.</li> </ul>		
(SP5c) Deliver WLIMS modules for H&I Orpheus & DCS	<ul style="list-style-type: none"> <li>Continue to work with NWIS to deliver Orpheus</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing delays to supplier completion of required softer development. Go-live planned for late 2020/21 at the earliest.</li> </ul>		<ul style="list-style-type: none"> <li>Funding for SME to support delivery due for review in December 2019</li> </ul>
(SP5d) LINC (WLIMS2) Procurement	<ul style="list-style-type: none"> <li>Take an active involvement in the development of WLIMS2 ensuring WBS requirements are taken forward with national procurement</li> </ul>	<ul style="list-style-type: none"> <li>Pre-procurement activities completed, formal procurement underway – OJEU notice issued in late-January 2020.</li> </ul>		

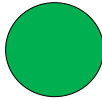
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Strategic Priority 6: Being known for our strength in Research, Development & Innovation (R,D&I)				
OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP6a) Implement the Research & Development Strategy	<ul style="list-style-type: none"> <li>Realigned WBS R,D&amp;I Strategy</li> <li>Ongoing commitment to KESS programmes</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing delivery and engagement with wider development of long-term WBS strategy.</li> <li>Continuing - secured additional KESS2 collaborative project.</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>
(SP6b) Develop workforce model for protecting capacity for research, development & innovation	<ul style="list-style-type: none"> <li>Scope the opportunity enabled by our new University status in improving our capability in R,D&amp;I and the opportunities enabled as a result of collaborations with academia</li> </ul>	<ul style="list-style-type: none"> <li>Wider engagement with overarching WBS strategy will facilitate additional capacity and opportunities.</li> <li>Establishment of new Innovation Board on a Trust wide basis.</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>

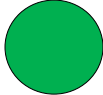

Strategic Priority 6: Being known for our strength in Research, Development & Innovation (R,D&I)				
OBJECTIVE	Deliverables	Progress to date	Overall	Key Risks / Issues





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	(2019-20)		Status	
<p>(SP6c) Scope opportunities to improve and expand the services at WBS through R,D&amp;I.</p> <p>Actively seek partners for collaborative projects.</p>	<ul style="list-style-type: none"> <li>Improved collaboration across UK, Europe and Internationally</li> <li>Delivery of the young donor survey</li> <li>Scope the potential R,D&amp;I opportunities including partnering with Healthwise Wales and a Welsh Biobank, utilisation of AI in donor communication, red-cell genotyping, and Next Generation Sequencing.</li> </ul>	<ul style="list-style-type: none"> <li>Continued engagement and support of UK Forum and the Biomedical Excellence for Safer Transfusion Collaborative (BEST).</li> <li>Continued support of 'FAIR' programme.</li> <li>KESS2 studentship secured (see SP6a) will incorporate young donor survey.</li> <li>Initiated discussions with partner organisations around potential sample release to Biobank establishments.</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>
<b>Strategic Priority 7: Clinical engagement and demand planning</b>				
OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues

**Welsh Blood Service**  
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Strategic Priority 7: Clinical engagement and demand planning				
(SP7a) Establish Blood Health Plan (BHP) leadership and delivery model	<ul style="list-style-type: none"> <li>Lead the delivery of the Blood Health Plan and our responsibilities in Blood Health System Leadership</li> </ul>	<ul style="list-style-type: none"> <li>Continue to deliver against the BHP, five key workstreams identified for implementation of overarching aims and objectives.</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>
(SP7b) Review ways of working within Clinical Services aligned with the principles of Prudent Healthcare	<ul style="list-style-type: none"> <li>Complete holistic review of Consultant team, making the most prudent use of all skills and resources within Clinical Services</li> </ul>	<ul style="list-style-type: none"> <li>Phase 1 and 2 of the Clinical Service Review Programme are complete. Recommendations for service development to be submitted to SMT for consideration.</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>

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Strategic Priority 8: Be active in the establishment of Advanced Therapies (Cell and Gene) in the NHS				
OBJECTIVE	Deliverables (2019-20)	Progress to date	Overall Status	Key Risks / Issues
(SP8a) Provide leadership for NHS Wales and engage with sector	<ul style="list-style-type: none"> <li>Continue to support the Life Science Hub, identifying, connecting and collaborating across aligned stakeholder groups and opportunities for sector development.</li> <li>Execution of phased implementation delivery of strategic proposals within the Advanced Therapies National Programme Framework and a flexible portfolio approach aligned with strategic Welsh Government and NHS Wales objectives..</li> </ul>	<ul style="list-style-type: none"> <li>Robust Programme office and governance structure established to support delivery of ATMPs Statement of Intent.</li> <li>Programme incorporates work-streams and supplementary working groups; RD&amp;I &amp; Strategic Partnerships; Service Delivery; Health Economics and Commissioning; Estates Planning and Infrastructure; PPIE; and Communications.</li> <li>The Programme will facilitate the development of necessary business cases for approval by the programme / governance boards to support capital and infrastructural investment.</li> </ul>		<ul style="list-style-type: none"> <li>None to report</li> </ul>
(SP8b) Deliver Midland Wales Advanced Therapy Treatment Centre (MW ATTC) programme	<ul style="list-style-type: none"> <li>Delivery of agreed work packages within the MW-ATTC Programme, as part of the wider pan-UK ATTC network. Including:</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of MW-ATTC work packages, dissemination and adoption of outcomes to NHS Wales currently on target</li> </ul>		<ul style="list-style-type: none"> <li>Critical path for project success deemed as execution of ATMP trial exemplars, however no</li> </ul>

**Welsh Blood Service**  
**IMTP Delivery Plan Progress Report for 2019-20**  
**(Level 1)**

**Strategic Priority 8: Be active in the establishment of Advanced Therapies (Cell and Gene) in the NHS**

	<ul style="list-style-type: none"> <li>○ Production of generic autologous / allogeneic pathways</li> <li>○ Specification and guidance of: estates; operational, clinical, technical, and governance requirements.</li> <li>○ Operational readiness toolkit.</li> <li>○ The development of modular education / training resources</li> <li>○ Patient and Public Involvement Strategy.</li> <li>○ Logistics and orchestration of cryopreservation for starting material.</li> </ul>			recruitment activity to date
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**Welsh Blood Service**  
**IMTP Delivery Plan Progress Report for 2019-20**  
**(Level 1)**

**Strategic Priority 8: Be active in the establishment of Advanced Therapies (Cell and Gene) in the NHS**

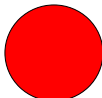
	<ul style="list-style-type: none"> <li>○ Suite of hardware products to freeze, ship and store ATMPs</li> <li>○ Manufacture of ATMPs</li> <li>○ Validation, trials, TAP-model</li> <li>○ Economic evaluation of ATMPs</li> <li>○ Prototype ordering, scheduling and long-term registry software.</li> </ul>			
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## Velindre Cancer Centre

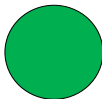
### IMTP Delivery Plan Progress Report for 2019-20 (Level 1)

#### Key Highlights:

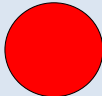
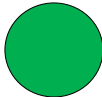
- Overall progress against delivery of overarching strategic objectives and key deliverables remains on target with the exception of
  - Radiotherapy waiting times target for radical patients (98%) not met since April 2019 but month on month improvement
  - Unable to demonstrate the current position with a number of deliverables e.g. outpatient utilisation rate due to lack of BI resource
  - Outpatient targets not met due to **increased SACT demand** and **centralisation due to medical staff shortages**.
- SACT waiting times consistently met despite period of unprecedented demand.
- Radiotherapy Satellite Programme gathering pace and structure.


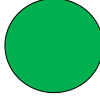
Strategic Priority 1: Equitable and Consistent Care – No matter where				
OBJECTIVE	Deliverables 2019-20	Progress to date	Overall Status (Red / Amber / Green)	Key Risks / Issues
To ensure that national and professional waiting times targets are met or exceeded for all core services:				
(SP1a) Radiotherapy (98% of patients requiring radical radiotherapy to receive treatment within 28 days	○ Robust capacity and demand planning.	○ Radiotherapy service has introduced extended operating hours in order to meet demand.		○ Exceptionally high demand

	<ul style="list-style-type: none"> <li>○ Improved efficiency and utilisation.</li> <li>○ Weekly Waiting Times (WWT) meetings in place.</li> <li>○ Continued positive engagement with commissioners that secures appropriate funding and support to ensure the on-going delivery of robust, quality services.</li> </ul>	<ul style="list-style-type: none"> <li>○ Capacity and demand data readily available.</li> <li>○ Referral and activity data in Information Portal.</li> <li>○ Weekly Waiting Times (WWT) meetings in place.</li> <li>○ Overall performance improved – percentage of patients treated with radical intent within 28 days: 95% (Oct), 90% (Nov) and 96% (Dec).</li> <li>○ Radiotherapy Programme established by COO.</li> </ul>		
(SP1b) SACT (98% of non-emergency patients to receive treatment within 21 days	<ul style="list-style-type: none"> <li>○ Consistent adherence to waiting times.</li> </ul>	<ul style="list-style-type: none"> <li>○ Referral and activity data in Information Portal facilitating greater understanding of demand, operational planning and responsiveness.</li> <li>○ Robust escalation process for</li> </ul>		<ul style="list-style-type: none"> <li>○ Exceptionally high demand observed with the highest ever levels shown</li> <li>○ Workload constraints within BI team have led to delays in accessing relevant information to aid service change particularly</li> </ul>

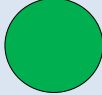
		<p>clinically managing patients to ensure compliance with time to treatment and overall waiting times targets.</p> <ul style="list-style-type: none"> <li>○ Allocation of over-activity income into key clinical posts to meet demand.</li> </ul>		<p>in relation to capacity and demand planning</p> <ul style="list-style-type: none"> <li>○ High level of nurse vacancies</li> <li>○ Significant pressure felt within service</li> </ul>
<p>(SP1c) Outpatients (internal target – 14 days for first appointment)</p>	<ul style="list-style-type: none"> <li>○ Increase level of suitable follow up by digital means or non-medical follow up methods to release physical capacity in Outpatient department and reduce need for patients to travel.</li> </ul>	<ul style="list-style-type: none"> <li>○ Pilot planned for use of Skype for CNS and therapy lead clinics.</li> <li>○ Work with BI and Health Records teams to improve data on the recording and therefore analysis of the various outpatient appointments.</li> <li>○ Robust data available for SST's, consultant etc to allow targeted investigation and action.</li> <li>○ Active participation in National</li> </ul>		<ul style="list-style-type: none"> <li>○ Increased demand associated with unprecedented demand in SACT</li> <li>○ Workload constraints within BI team have led to delays in accessing relevant information to aid service change</li> </ul>

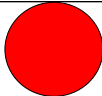
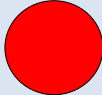


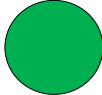
		Collaborative which allows sharing of good practice and facilitates learning.		
(SP1d) Inpatients – (DTOC) 12 month reduction trend	<ul style="list-style-type: none"> <li>○ Reduce numbers of DTOC</li> <li>○ Investigate all breaches</li> <li>○ Report to WG as required</li> </ul>	<ul style="list-style-type: none"> <li>○ Performance – Apr 2, May 2, June 0, July 0, Aug 4, Sept 2, Oct 1</li> <li>○ Escalation process in place both internally and externally</li> </ul>		<ul style="list-style-type: none"> <li>○ Numbers are extremely small to demonstrate improvement</li> </ul>
(SP1e) To support the implementation of the Single Cancer Pathway.	<ul style="list-style-type: none"> <li>○ Demand and capacity planning including Radiology services.</li> <li>○ Optimise patient pathways.</li> <li>○ Implement rationalised process for the management of referrals from health boards to ensure timely and consistent management.</li> <li>○ Recruit dedicated tracking post.</li> </ul>	<ul style="list-style-type: none"> <li>○ Service improvement work with Site Specific Teams ongoing.</li> <li>○ Proactive tracking of patients being actively improved.</li> <li>○ New dedicated tracking role job description developed. Scrutiny panel approval expected in March. Recruitment expected in March/April.</li> <li>○ Ongoing engagement with national work-streams (new SCP Implementation</li> </ul>		

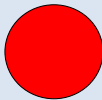
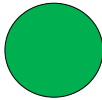
		<p>Group, etc.) and health board partners (operational level discussions on pathways, diagnostic capacity improvements, access to tracking data, etc.).</p> <ul style="list-style-type: none"> <li>○ Extra CT and MRI capacity created by implementation of short-term over-time initiative. New Radiology SpA to be recruited.</li> </ul>		
(SP1f) Deliver a Radiotherapy satellite centre in 2022 in collaboration with Aneurin Bevan University Health Board	<ul style="list-style-type: none"> <li>○ Appointment of supply chain partner.</li> <li>○ Outline Business Case (OBC) for Radiotherapy satellite centre in collaboration with Aneurin Bevan University Health Board.</li> </ul>	<ul style="list-style-type: none"> <li>○ Project board established.</li> <li>○ OBC in development with the aim of May 2020 submission to WG.</li> </ul>		
(SP1g) To deliver 7-day / extended hours	<ul style="list-style-type: none"> <li>○ Undertaking baseline analysis</li> </ul>	<ul style="list-style-type: none"> <li>○ New Radiotherapy improvement</li> </ul>		<ul style="list-style-type: none"> <li>○ 7/7 palliative care CNS available but</li> </ul>

working in line with the planning assumptions of the Transforming Cancer Services clinical model	<p>of service to inform possible service configuration.</p> <ul style="list-style-type: none"> <li>○ Scope implications of medical staffing of extended clinical hours.</li> <li>○ Radiology strategy to identify options for delivery of extended imaging / scanning services. Options with VCC SMT.</li> <li>○ Therapies to undertake a modelling exercise informed by demand and capacity work to assess requirements.</li> <li>○ Scope facilities management implications of extended hours.</li> </ul>	<p>programme to review options for extended service.</p> <ul style="list-style-type: none"> <li>○ Scoped options for operation of SACT day-case facility on Bank Holidays and appraisal exercise completed with full implementation from August 2019.</li> <li>○ Radiology strategy in development.</li> <li>○ Therapies analysis underway to inform determination of operational model. Core and additional service specifications have been developed. Workforce plan in development. Data capture on delivery is robust.</li> <li>○ Therapies modelling work well advanced. 7-day physiotherapy service reintroduced as of the 2<sup>nd</sup> November.</li> </ul>		<p>fragile due to the small numbers affecting the ability to cover sick leave etc.</p>
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(SP1h) To develop sufficient nursing capacity to ensure robust delivery of SACT services.	<ul style="list-style-type: none"> <li>Design and implementation of bands 5 and 6 Nursing Development Programme (initial 12 months).</li> </ul>	<ul style="list-style-type: none"> <li>All new nurses have completed SACT delivery training passport. All existing staff to have completed the training passport.</li> <li>Key performance indicators have been developed.</li> <li>Design and implementation of the Band 5 and 6 Nursing Development Programme is in progress and on track. Standards have been formalised and approved by Education and Development.</li> </ul>		

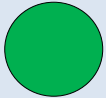
<p>(SP1i) To increase provision of services in an outreach setting by 2022:</p> <ul style="list-style-type: none"> <li>• 55% of all SACT activity</li> <li>• 45% of all Outpatient activity</li> </ul>	<ul style="list-style-type: none"> <li>○ Identify and agree locations for delivery of outreach services.</li> <li>○ Develop service delivery models and associated workforce plans.</li> <li>○ Following scoping exercises, develop plan to deliver Pharmacy, therapies, CNS support etc and other related services in outreach.</li> </ul>	<ul style="list-style-type: none"> <li>○ Service currently being modelled with support of the Office of National Statistics.</li> <li>○ Workforce plan against pathway mapping for SACT and immunotherapies</li> <li>○</li> </ul>		<ul style="list-style-type: none"> <li>○ The challenges of recruiting medical staff nationally/UK etc is leading to more being centralised in VCC which is contrary to the TCS clinical model and places additional pressure on VCC operations..</li> </ul>
<p>(SP1j) To achieve an utilisation rate of 85% for Outpatients' clinics by 2022.</p>	<ul style="list-style-type: none"> <li>○ Implement forecasting tool to evaluate outpatient capacity and demand.</li> <li>○ Video conferencing for appropriate outpatient clinics.</li> <li>○ Explore use of telemedicine clinics for all Therapies.</li> </ul>	<ul style="list-style-type: none"> <li>○ Outreach project board established in February 2020. Terms of reference and project brief have been drafted. Key pieces of work have been identified and are underway:</li> </ul> <p>Key principles for SACT outreach</p>		

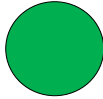
		<p>developed and evidenced (March 2020).</p> <p>Evaluation criteria developed to support identification of outreach locations (March 2020).</p> <p>SACT and Outpatient growth assumptions revisited (March 2020).</p> <p>Options for research in outreach scoped (March 2020).</p> <p>Options for co-locating haematology SACT under discussion (March-June 2020).</p>		
(SP1k) To improve access to Biochemistry and Haematology services.	<ul style="list-style-type: none"> <li>Establish a Project Implementation Group to fully implement new extended service (8.00 to 20.00, 5-days per week) in</li> </ul>	<ul style="list-style-type: none"> <li>Extended haematology service implemented.</li> <li>Upgrade of biochemistry analyser complete.</li> </ul>		<ul style="list-style-type: none"> <li>Some operational issues at UHW with respect to biochemistry service.</li> </ul>


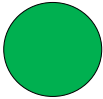
	<p>Outpatients context.</p> <ul style="list-style-type: none"> <li>○ In collaboration with health board partners, explore alternative means which ensure patients have timely access to bloods – to include blood testing in a primary care setting prior to Outpatient appointment.</li> </ul>	<ul style="list-style-type: none"> <li>• Standard Operating Procedure (SOP) for VCC blood service drafted.</li> <li>• Extended biochemistry service re-introduced in December and in process of being fully rolled-out.</li> </ul>		
(SP1l) Establish an Outpatient Dispensary by 2021/22	<ul style="list-style-type: none"> <li>○ Develop a business case for outsourced outpatient dispensary</li> </ul>	<ul style="list-style-type: none"> <li>○ Proposal was explored, but not deemed viable. Objective withdrawn.</li> </ul>		
(SP1m) Establishment of industry-standard Business Intelligence services.	<ul style="list-style-type: none"> <li>○ Capacity and demand modelling in support of Single Cancer Pathway implementation.</li> <li>○ Fully implement Data Warehouse as main data sourced in support of new contracting model</li> </ul>	<ul style="list-style-type: none"> <li>○ Programme facilitating improved business intelligence for Radiotherapy, Radiology, etc. implemented.</li> <li>○ Capacity and demand data for RT has been undertaken with ongoing refining.</li> </ul>		<ul style="list-style-type: none"> <li>○ There are currently constraints on access to and visibility of health board patient tracking data.</li> <li>○ To facilitate introduction of the Single Cancer Pathway views of health board tracking data bases</li> </ul>

		<p>Work currently underway for SACT. Additional workforce, currently being recruited, will enable work to commence on Radiology.</p> <ul style="list-style-type: none"> <li>○ To facilitate introduction of the Single Cancer Pathway views of health board tracking data bases (Tracker 7 and Tentacle) is required.</li> <li>○ Work on-going with NWIS (on WPAS, etc.), but timescale for delivery has been extended due to delays in other national system work. Interim solutions are being explored with health board partners.</li> </ul>		(Tracker 7 and Tentacle) is required.
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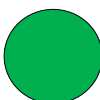


Strategic Priority 2: Access to State of the Art, World Class, Evidence Based Treatments				
OBJECTIVE	Deliverables 2019-20	Progress to date	Overall Status (Red / Amber / Green)	Key Risks / Issues
(SP2a) To open a new Velindre Cancer Centre by 2023/24	<ul style="list-style-type: none"> <li>Welsh Government approval of Outline Business Case (OBC).</li> <li>Welsh Government approval of Full Business Case (FBC).</li> <li>Commencement of competitive dialogue process.</li> </ul>	<ul style="list-style-type: none"> <li>OBC submitted to Welsh Government.</li> <li>FBC to be submitted to Welsh Government in spring 2020.</li> <li>Competitive dialogue process to commence in spring 2020.</li> </ul>		<ul style="list-style-type: none"> <li>A full update is available via TCS nVCC project reporting.</li> </ul>
(SP2b) Increase use of Image Guided Radiotherapy (IGRT) techniques.	<ul style="list-style-type: none"> <li>Health board approval of business case.</li> <li>Roll-out of training requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Business case presented to commissioners. Discussions ongoing. Health boards are yet to approve proposals.</li> <li>A clinical peer group encompassing membership from VCC and health boards is being</li> </ul>		


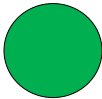
		convened to jointly agree clinical benefits to inform commissioning discussions.		
(SP2c) Increase use of Volumetric Modulated Arc Radiotherapy (VMAT) techniques.	<ul style="list-style-type: none"> <li>Health board approval of business case</li> </ul>	<ul style="list-style-type: none"> <li>Business case presented to commissioners. Discussions ongoing.</li> <li>VCC have commenced phased implementation of this technique at risk of funding for additional time.</li> </ul>		<ul style="list-style-type: none"> <li>The majority of patients now receive VMAT.</li> </ul>

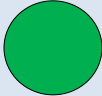
(SP2d) Implementation of Advanced Practitioner roles	<ul style="list-style-type: none"> <li>• Strategy for the development and application of Advanced Practitioner roles.</li> <li>• To develop the role of Reporting Radiographer for MRI to aid stereotactic brain RT and cord compression diagnosis.</li> <li>• Develop and recruit to Advanced Practitioner role in Physiotherapy.</li> </ul>	<ul style="list-style-type: none"> <li>○ Scoping exercise has been undertaken and report on current state and challenges prepared.</li> <li>○ Business case for Advanced Practitioner role in Physiotherapy has been approved and recruitment currently underway.</li> <li>○ Year 2 of Non-Medical Outlining Project with 2 further healthcare scientists have commenced training.</li> </ul>		
(SP2e) Identify preferred operational model for Radiology service	<ul style="list-style-type: none"> <li>• Strategy for the service.</li> </ul>	<ul style="list-style-type: none"> <li>• Draft strategy developed.</li> <li>• Strategic approach to Radiology service to be considered as part of the Radiotherapy development programme.</li> </ul>		

		<ul style="list-style-type: none"> <li>• New service manager recruited and assessing current operational delivery model to inform development plan.</li> </ul>		
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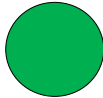
Strategic Priority 3: Improving Care and Support for Patients to Live Well through and Beyond Cancer				
OBJECTIVE	Deliverables 2019-20	Progress to date	Overall Status (Red / Amber / Green)	Key Risks / Issues
(SP3a) Implement focused Head and Neck service in 2019/20 to support patients undergoing treatment.	<ul style="list-style-type: none"> <li>○ Implement Head and Neck specific ambulatory care service.</li> <li>○ Recruit band 5 nurse to support service.</li> </ul>	<ul style="list-style-type: none"> <li>○ Unit fully opened demonstrating excellent patient outcomes and experience</li> </ul>		<ul style="list-style-type: none"> <li>○ Funding provided by Charity</li> </ul>
(SP3b) Continue to develop the palliative care service to reduce the distress of terminal illnesses, support education and research and ensure patients are identified early (thereby contributing to the realisation of several outcomes identified within the NHS Wales	<ul style="list-style-type: none"> <li>○ <i>I want great care</i> questionnaire – annual review by the End of Life Board regarding suitable feedback mechanisms.</li> <li>○ Serious Illness Conversations project.</li> <li>○ Improve communication with discharge in the communities.</li> </ul>	<ul style="list-style-type: none"> <li>○ <i>I want great care</i> review to be completed before end of 2019/20.</li> <li>○ Maintain and build robust 7/7 CNS service.</li> <li>○ Development of clinical hypnotherapy service.</li> <li>○ Review nursing roles and establishment to support research/audit/teaching.</li> <li>○ Mindfulness app developed developed and rolled-out by clinical psychology service.</li> </ul>		

Palliative and End of Life Care Delivery Plan).				
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Strategic Priority 4: To be a Leader in Research, Development, Innovation and Education				
OBJECTIVE	Deliverables 2019-20	Progress to date	Overall Status (Red / Amber / Green)	Key Risks / Issues
(SP4a) Develop infrastructure to support the ambition of becoming a research Centre of Excellence.	<ul style="list-style-type: none"> <li>○ Institute a research development and innovation group (RDIG) across the Trust.</li> <li>○ Maintain and develop existing and grow new collaborative links with partner unit.</li> <li>○ Develop and promote Nurse and Allied Health Professional led research.</li> </ul>	A full progress on the RD & I objective is being prepared for the R D & I Committee.		<ul style="list-style-type: none"> <li>○ Funding</li> </ul>
(SP4b) To utilise the Rutherford Centre in support of trial treatment delivery to assist current capacity and increase capacity potential.	<ul style="list-style-type: none"> <li>○ Implement pilot for the delivery of SACT clinical trials at the Rutherford Cancer Centre</li> </ul>	<ul style="list-style-type: none"> <li>○ Establishment of a collaborative working group.</li> <li>○ Identification of preferred business operational model.</li> <li>○ Development of Memorandums of Understanding between</li> </ul>		<ul style="list-style-type: none"> <li>○ The SACT delivery pilot was put on hold due to financial constraints. Capacity within the CRTU at VCC sufficient to meet current demand.</li> </ul>

		collaborative partners		
(SP4c) Development of a Collaborative Centre for Learning, Technology and Innovation (CCfLTI).		<ul style="list-style-type: none"> <li>○ CCfLTI included in Outline Business Case submitted to Welsh Government.</li> </ul>		



Strategic Priority 5: To work in partnership to improve detection and support the early diagnosis of cancer to improve outcomes				
OBJECTIVE	Deliverables 2019-20	Progress to date	Overall Status (Red / Amber / Green)	Key Risks / Issues
(SP5a) Develop new Acute Oncology Service (AOS) model standard operating procedure and support adoption by Health Board partners	<ul style="list-style-type: none"> <li>○ Action plan to be developed following peer review of service.</li> <li>○ Development of CUP team/service for south-east Wales.</li> <li>○ Continued and ongoing engagement with Macmillan Primary Care Oncology Project.</li> </ul>	<ul style="list-style-type: none"> <li>○ New clinical model for regional Acute Oncology Service in development under leadership of collaborative leadership group. Workshop focused on the definition of a model held in November 2019 with the assistance of the Royal College of Physicians.</li> <li>○ Initial south-east Wales workshop with clinical MDT to develop draft model for CUP service held in November 2019. VCC staff to assist in development of SCP National Optimal Pathway</li> </ul>		

		<p>for CUP patients in spring 2020.</p> <ul style="list-style-type: none"> <li>○ Continued and ongoing engagement with Macmillan Primary Care Oncology Project.</li> </ul>		
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## TRUST BOARD

### chair's REPORT

<b>DATE OF MEETING</b>	26/3/2020	
<b>PUBLIC OR PRIVATE REPORT</b>	Public	
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report	
<b>PREPARED BY</b>	Cally Hamblyn, Head of Corporate Governance	
<b>PRESENTED BY</b>	Professor Donna Mead, Chair	
<b>EXECUTIVE SPONSOR APPROVED</b>	Lauren Fear, Interim Director of Corporate Governance	
<b>REPORT PURPOSE</b>	FOR NOTING	
<b>COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING</b>		
<b>COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
N/A		Choose an item.
<b>ACRONYMS</b>		
CEO	Chief Executive Officer	

## **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;

- COVID 19 Update
- Chair's Mid-Year Review with the Minister
- Board Appointments / Reappointments
- University status Triennial Review
- Queens Honours New Year 2021
- Board Development Session – 20<sup>th</sup> February 2020

## **2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION**

### **2.1 Covid-19 Update**

**2.1.1** The Chair will like to thank all Trust Officers present and their teams across the Trust on behalf of the Board, for working so tirelessly to ensure we continue to deliver our services in light of such unprecedented times that Covid-19 presents.

**2.1.2** The Chair reported that an urgent meeting of the Trust Board was held on the 18<sup>th</sup> March 2020 at 5.30pm. The focus of the meeting was the Trusts response to Covid-19 and three substantive matters were discussed:

- The Clinical Governance and Operating Framework in relation to Decision making during Covid-10
- How the Trust will enact the framework to support clinical decisions during Covid-19
- Potential changes to the financial arrangements to support urgent expenditure requests relating to Covid-19.

**2.1.3** The Board will receive a presentation at today's meeting providing an update on the Trust's planning in response to Covid-19.

### **2.2 Chair's Mid-Year Review with the Minister**

**2.2.1** The Chair provided an oral update to the Board in January following her appraisal meeting with the Minister. The Chair has since shared with Board Members the formal follow up letter from the Minister which was received on the 28<sup>th</sup> February 2020.

## **2.3 Board Appointments / Reappointments**

2.3.1 The Chair is delighted to report the following:

- Professor Donna Mead, Trust Chair has been re-appointed for a second term from the 1<sup>st</sup> May 2020 to the 30<sup>th</sup> April 2024.
- Mr. Martin Veale, Independent Member re-appointed for a second term from the 1<sup>st</sup> April 2020 to the 31<sup>st</sup> March 2024.

The Chair advised that the Trust had received communication from WG that Public Appointments are being suspended during this time and interim arrangements will be implemented to support organisations where terms maybe due to come to an end. The Board will be updated as this progresses.

## **2.4 University Status - Triennial Review**

2.4.1 The Chair reported that Welsh Government have recently outlined arrangements to organisations holding University Status to undertake its second triennial review. The submission of the 2020 draft reports is due by the end of May 2020, with final reports incorporating feedback from the Welsh Government due by the end of June 2020. Workshops to support the process were scheduled for April 2020 but these have since been postponed and a new date yet to be re-arranged.

## **2.5 Queens Honours New Year 2021**

2.5.1 The Chair advised that Welsh Government have invited nominations for consideration for the New Year 2021 Honours round by the 3<sup>rd</sup> April 2020.

## **2.6 Board Development Session – 20th February 2020**

2.6.1 The Chair reported that the Board participated in a really informative Board Development Session in February 2020 where the following topics were discussed.

- The Chief Executive provided a presentation on Organisational Narrative and Canterbury reflections.
- The Board were joined by Sophie Howe, Wellbeing of Future Generations Act Commissioner who provided a very positive response to the Trusts approach to the Act and the Trusts willingness to embrace the right culture and to go the extra mile. The Commissioner presented the “3 Horizons” model which was well received by the Board who were eager to use this model in decision making / innovation going forward.

- An update on the Socio Economic Duty was received and further updates will be brought back to the Board. Noting that since the session the Trust has been advised that there will be a delay in implementation.
- An update on the Trust Strategy development noting the significant engagement to date.
- A report on the Blood Collection Operating Model was a useful update to the Board.
- An Information Governance Training Session was held at the end of the meeting for those who required refresher training.

### 3. IMPACT ASSESSMENT

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.

### 4. RECOMMENDATION

4.1 The Board is asked to **NOTE** the content of this update report from the Trust Chair.



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**NHS**  
WALES

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Prifysgol Felindre  
Velindre University  
NHS Trust

## TRUST BOARD

## CHIEF EXECUTIVE'S REPORT

DATE OF MEETING	26/3/2020	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Cally Hamblyn, Head of Corporate Governance	
PRESENTED BY	Steve Ham, Chief Executive	
EXECUTIVE SPONSOR APPROVED	Steve Ham, Chief Executive	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		Choose an item.
ACRONYMS		
CEO	Chief Executive Officer	
HIW	Health Inspectorate Wales	
WAO	Wales Audit Office	

## **1. SITUATION/BACKGROUND**

**1.1** This reports provides information to the Board from the Chief Executive.

**1.2** Issues addressed in this report cover the following;

- COVID 19 Update
- Communication and Engagement with South Glamorgan Community Health Council
- Key Appointments Update
- Transforming Cancer Services update

## **2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION**

### **2.1 Covid-19 Update**

**2.1.1** The Trust is focusing all its efforts in responding to the impact of Covid-19 in its services and every effort is being made to deliver safe services to our service users and the wider population.

### **2.2 Communication and Engagement with South Glamorgan Community Health Council**

**2.2.1** Stephen Allen, Chief Officer at the CHC spoke with Mr Carl James, Acting CEO on the 18<sup>th</sup> March to discuss how the Trust and CHC can further support each other during this time to ensure that we are communicating effectively so that our patients and wider community have the most up to date advice and information they need.

### **2.3 Key Appointments Update**

**2.3.1** Mrs. Susan Thomas is currently Acting Executive Director of Organisational Development and Workforce.

### **2.4 Transforming Cancer Services Update**

**2.3.1** Trust Officers are reviewing the critical pathways of its transformational programmes in light of the threat posed by Covid-19 and will be keeping the Board informed of any critical decisions required and/or any significant impact on the programmes.

## **IMPACT ASSESSMENT**

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability





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	If more than one Healthcare Standard applies please list below:
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.

### 3. RECOMMENDATION

**3.1** The Board is asked to **NOTE** the content of this update report from the Chief Executive.

## TRUST BOARD

### DELIVERING EXCELLENCE PERFORMANCE REPORT

<b>DATE OF MEETING</b>	26/03/2020
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
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<b>PREPARED BY</b>	Phil Hodson, Deputy Director of Planning and Performance
<b>PRESENTED BY</b>	Cath O'Brien, Interim Chief Operating Officer
<b>EXECUTIVE SPONSOR APPROVED</b>	Cath Obrien, Interim Chief Operating Officer

<b>REPORT PURPOSE</b>	FOR DISCUSSION / REVIEW
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<b>COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING</b>		
<b>COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
Executive Management Board	10 <sup>th</sup> February 2020	N/A

<b>ACRONYMS</b>	
IMTP	Integrated Medium Term Plan
PADR	Performance Appraisal and Development Review
N/A	Not Applicable

## 1. SITUATION/BACKGROUND

- 1.1 The attached Trust performance reports are intended to provide an update to the Trust' Board with respect to Trust-wide performance against key performance metrics.
- 1.2 The attached reports describe performance through to the end of December 2019 for the Velindre Cancer Centre and through to the end of January 2020 for the Welsh Blood Service and 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

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	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.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: <ul style="list-style-type: none"> <li>• Staff and Resources</li> <li>• Safe Care</li> <li>• Timely Care</li> <li>• Effective Care.</li> </ul>
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Yes
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.



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<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)
	Delivery against the performance metrics presented in the attached reports and the work associated with delivering improved performance supports sound financial governance across the Trust.

#### **4. RECOMMENDATION**

- 4.1 The Velindre University NHS Trust Board is asked to **DISCUSS** and **REVIEW** the contents of the attached performance reports.

**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
	Jan-20	Dec-19	
PADR	76.38	77.09	85%
Sickness	4.43	4.41	3.54%
S&M Compliance	81.75	81.15	85%

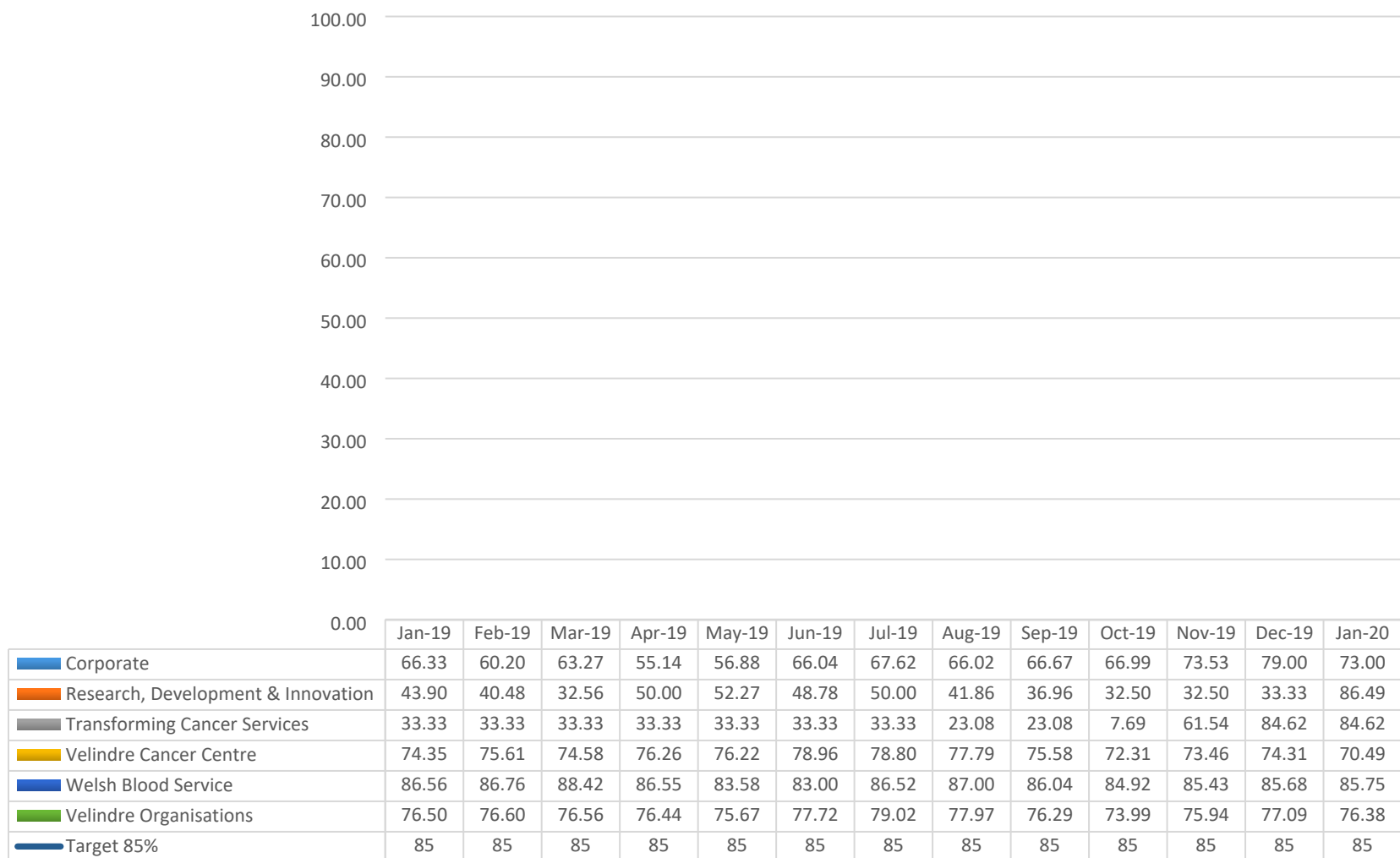
## Workforce Dashboard Highlights

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 easy of reading.

PADR	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Corporate	66.33	60.20	63.27	55.14	56.88	66.04	67.62	66.02	66.67	66.99	73.53	79.00	73.00
Research, Development & Innovation	43.90	40.48	32.56	50.00	52.27	48.78	50.00	41.86	36.96	32.50	32.50	33.33	86.49
Transforming Cancer Services	33.33	33.33	33.33	33.33	33.33	33.33	33.33	23.08	23.08	7.69	61.54	84.62	84.62
Velindre Cancer Centre	74.35	75.61	74.58	76.26	76.22	78.96	78.80	77.79	75.58	72.31	73.46	74.31	70.49
Welsh Blood Service	86.56	86.76	88.42	86.55	83.58	83.00	86.52	87.00	86.04	84.92	85.43	85.68	85.75
Velindre Organisations	76.50	76.60	76.56	76.44	75.67	77.72	79.02	77.97	76.29	73.99	75.94	77.09	76.38
Target 85%	85	85	85	85	85	85	85	85	85	85	85	85	85
Stat and Mand Compliance (10x CSTF)	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Corporate	80.09	80.37	78.06	77.24	79.32	81.47	80.17	80.17	76.81	76.42	76.89	77.11	77.04
Research, Development & Innovation	65.32	65.00	66.67	64.20	63.88	63.06	61.25	61.57	60.59	60.20	61.04	59.58	68.57
Transforming Cancer Services	81.54	79.17	78.33	78.33	74.17	72.50	71.67	70.77	72.31	70.00	69.23	80.00	82.31
Velindre Cancer Centre	68.94	70.59	72.30	72.09	74.07	74.89	76.54	75.93	75.47	75.55	76.62	77.05	78.1
Welsh Blood Service	90.53	91.39	91.88	92.34	93.13	93.90	93.49	92.37	90.90	91.22	90.96	91.88	90.85
Velindre Organisations	76.89	78.07	79.08	78.89	80.33	81.16	81.79	81.02	79.94	80.00	80.60	81.15	81.75
Sickness	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Corporate	3.19	3.38	3.64	3.71	3.92	4.24	4.43	4.46	4.62	4.76	4.88	4.91	4.81
Research, Development & Innovation	3.56	4.96	3.91	3.41	2.91	2.76	2.66	3.12	3.44	3.54	3.42	3.88	3.90
Transforming Cancer Services	8.23	9.80	10.26	10.02	10.39	10.92	11.52	11.28	10.02	8.58	7.18	5.79	4.95
Velindre Cancer Centre	5.21	4.95	4.85	4.83	4.65	4.42	4.21	4.09	4.00	4.00	4.04	4.12	4.22
Welsh Blood Service	5.35	5.22	5.22	5.14	5.07	5.01	4.91	4.78	4.78	4.79	4.76	4.78	4.71
Velindre Organisations	5.13	4.97	4.93	4.88	4.76	4.64	4.50	4.40	4.35	4.35	4.36	4.41	4.43
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



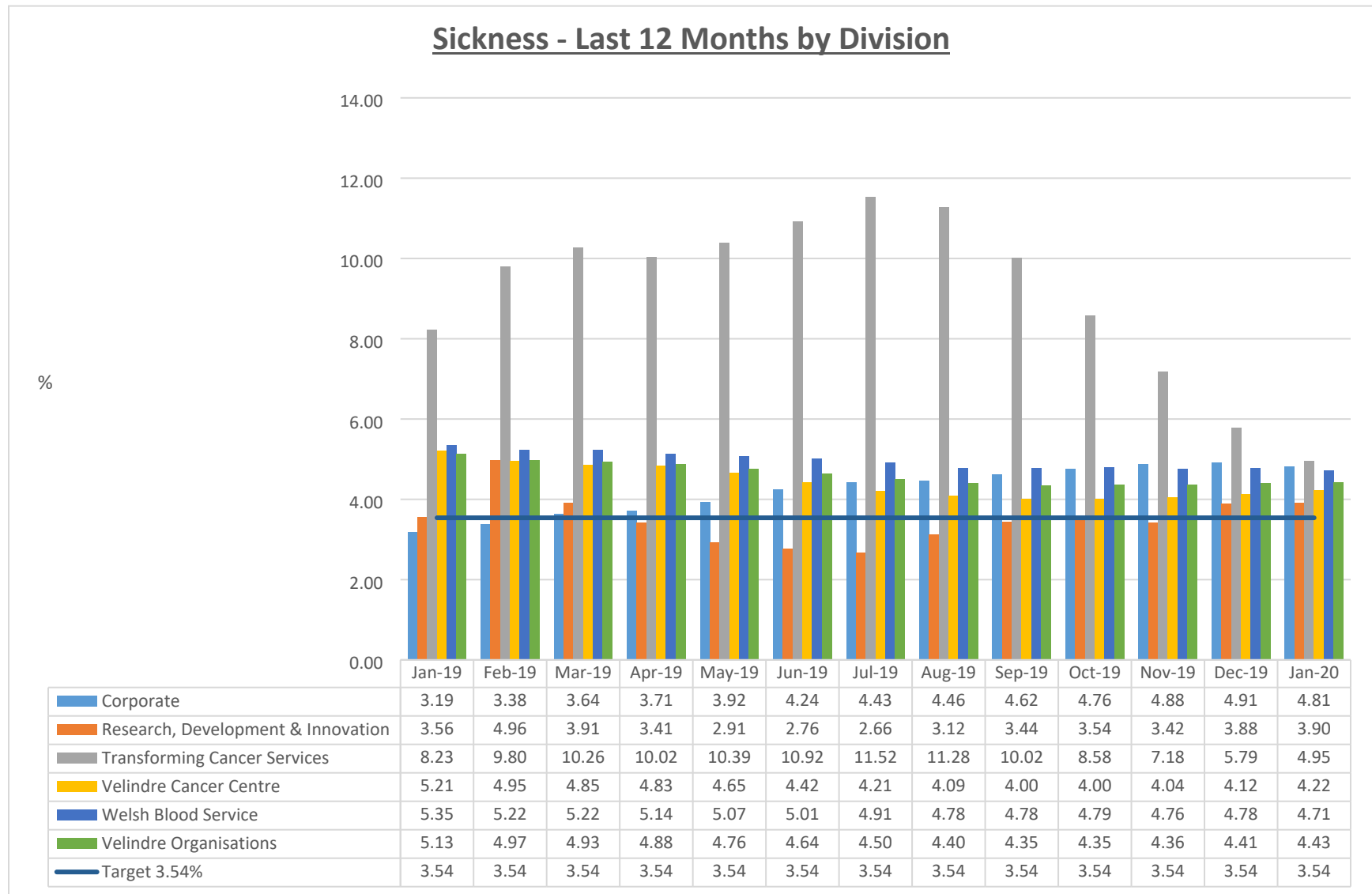
### PADR – The Narrative

Organisational Context PADR	Issue	Actions	Timelines
<ul style="list-style-type: none"> <li>Organisational change ongoing in a number of areas, impacting on timely PADR completion</li> <li>PADR not always entered onto ESR</li> <li>Areas of excellent compliance</li> <li>Requires a culture of development to ensure PADR not an administrative task and development and service aligned</li> <li>PADR to be aligned to Pay progression</li> </ul>	Compliance below 85% KPI rate	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	Ongoing talent management pathways develop, 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	Triangulated performance reports provided to SMT since September 2019



		<p>effective information on the issues</p> <p>HR linked to hotspot areas and implementing an appraise and support approach to effective PADR management, ensuring best practice is shared</p>	<p>Ongoing development of report to benchmark in NHS Wales and UK wide</p>
	Culture of development	<p>Launch of the Education and Training Strategy and implementation plan will ensure development is prioritised, made more visible and performance outputs of the strategy and plan are managed</p>	<p>Implementation plan monitored by the Education and Training Steering group, meeting quarterly</p>

## Sickness Data – The Figures



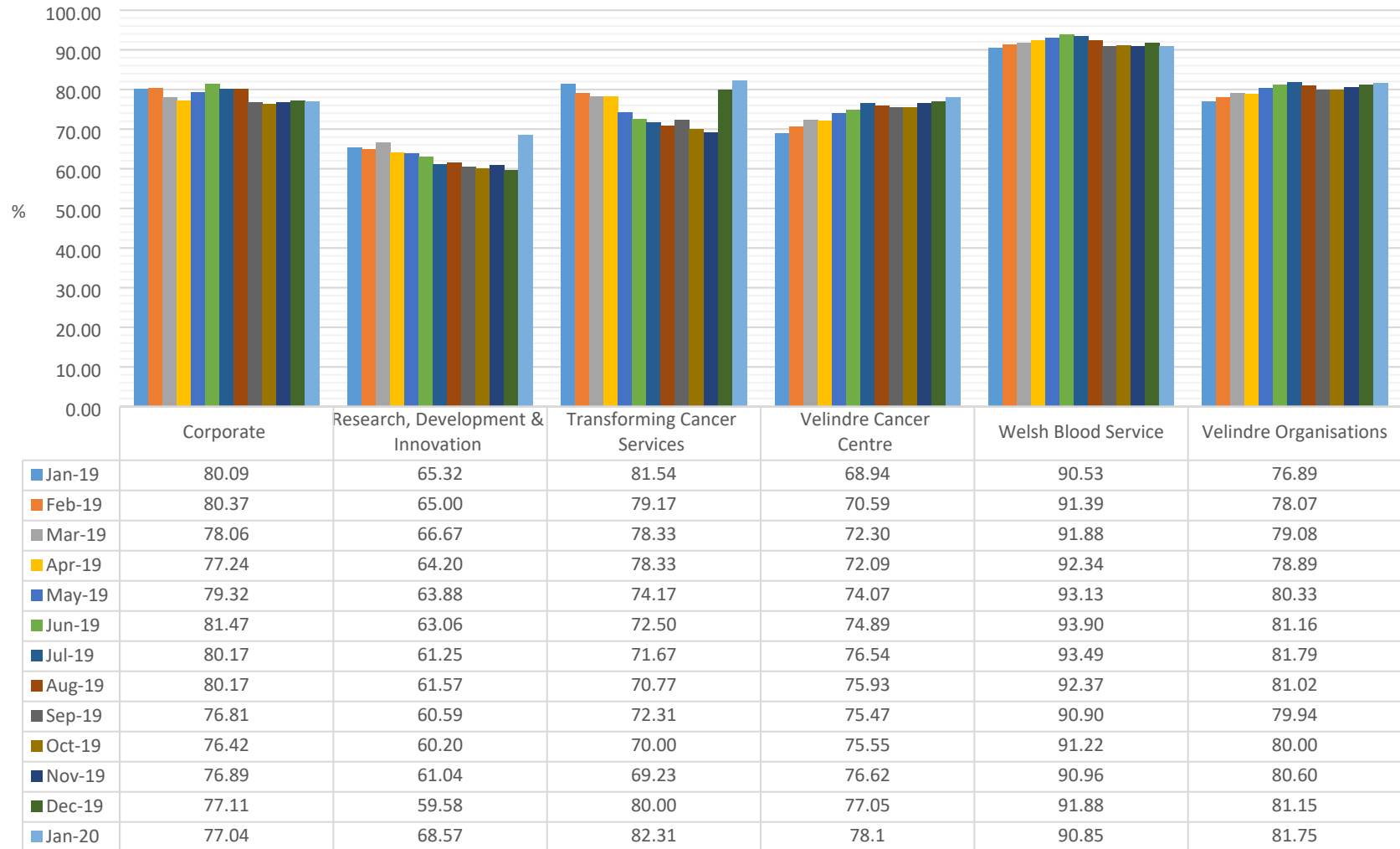
### Sickness – The Narrative

Organisational Context Sickness	Issue	Actions	Timelines
<ul style="list-style-type: none"> <li>Organisational change ongoing in a number of areas</li> <li>Sickness deep dives note sickness not always work related</li> <li>Requires a culture of wellbeing support to manage sickness absence</li> </ul>	Primary reason for sickness is stress/anxiety and depression	Ongoing utilisation of an Employee Assistance Programme, providing free advice and support in relation to personal and work related stress	Ongoing, utilisation show EAP usage is increasing, being targeted in areas of organisational change, impact reviewed by the H&W group
		Extended funding for the complimentary therapies support scheme to equip staff manage stressful and difficult situations in their working and personal life	Ongoing until March 2020
		Ongoing recruitment of Wellbeing champions and Menopause Champions to raise awareness and encourage a culture of openness and support for mental and physical wellbeing	Ongoing impact reviewed by the H&W group
	Effective Management of difficult situations avoiding absence through stress	6 mediators have now been trained in the Trust by ACAS. The mediation service will be led by the Asst Dir of OD	Service available, being developed in collaboration with Shared Services
		Focus on managing difficult situations will be a focus in the management development pilot commencing in January 2020	Education and Training to signpost support as requested

	Performance Management of sickness	Triangulation of data in hotspot areas of sickness 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 sickness management so policy is progressed effectively	Triangulated performance reports provided to SMT since September 2019 Ongoing development of report to benchmark in NHS Wales and UK wide
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## Statutory and Mandatory Figures – The Figures

**Statutory & Mandatory Compliance (10x CSTF) last 12 months by Division**



### Statutory and Mandatory Figures – The Narrative

Organisational Context	Issue	Actions	Timelines
<ul style="list-style-type: none"> <li>Baseline is compliant with the 10 Core Skills Training Framework Level 1</li> <li>Essential requirement for staff training is within individual compliance matrix, learning page in ESR</li> <li>Accuracy of data within ESR on what mandatory and statutory requirements</li> </ul>	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	First meeting held in August 2019, 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	CSTF data uploaded into ESR, Mandatory requirement January 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 different dates/times to	Regular sessions planned throughout the Trust for 2020

	and access to training	accommodate shifts patterns – drop in sessions	
<ul style="list-style-type: none"> <li>Culture of Education and Development</li> </ul>	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	First Meeting held May 2019 – 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 Trustwide Summer 2020

### How do we compare?

	<b>Velindre October 2019</b>	<b>NHS Wales* November 2019</b>	<b>UK Benchmarking**</b>
<b>Sickness</b>	4.2	5.5	4.15
<b>PADR</b>	76.6	70.4	92.56
<b>Statutory and Mandatory Compliance</b>	80.8	79.5	92.02

\*Information is shown as comparison for November 2019, source data Workforce Performance Measures supplied by HIEW.

\*\* Data source references being collated – Clatterbridge Cancer Centre NHS Foundation Trust (**December 2019**)



### At a Glance Highlights - December 2019

**The majority of VCC targets were met against a backdrop of unprecedented demand, complexity and operational pressures.**

There were no reportable pressure ulcers, falls, delayed transfers of care or hospital acquired thrombosis during the month.

All SACT targets were met.

All therapies outpatient targets were met, as were the inpatient targets with the exception of occupational therapy.

No radiotherapy targets were met but there was an improvement in the compliance for patients requiring adjuvant and palliative treatment.

There was a decrease in performance against the patient experience target with 71% of patients rating their experience 9/10.

There was a decrease in the number of patients seen within 20 minutes of their Outpatient appointment.



5 KPIs improved relative to the previous month's performance.



5 KPIs fell below the previous month's performance.



18 KPIs remained unchanged relative to the previous month's performance of these 17 KPIs met or were above target.

### VCC Measures Glossary

Measure	Target	Monthly/Annual/Rolling	National/Local
Patients Receiving Radical Radiotherapy Within 28 Days	98% or greater	Monthly	Local (Based on RCR Guidance)
Patients Receiving Palliative Radiotherapy Within 14 Days	98% or greater	Monthly	Local (Based on RCR Guidance)
Patients Receiving Emergency Radiotherapy Within 2 Days	98% or greater	Monthly	Local (Based on RCR Guidance)
Non-Emergency SACT Patients Treated Within 21 Days	98% or greater	Monthly	Local (Based on JCCO Guidance)
Emergency SACT Patients Treated Within 5 Days	98% or greater	Monthly	Local (Based on JCCO Guidance)
Percentage of Therapies Inpatients Seen Within 2 Days	100%	Monthly	Local
Percentage of Urgent Therapies Outpatients seen within 2 weeks	100%	Monthly	Local
Percentage of routine Therapies Outpatients Seen Within 6 Weeks	100%	Monthly	Local
Monthly Percentage of NPs, Ops and Chemo Assessment Appointments where patients were seen within 20 minutes of the scheduled appointment times	100%	Monthly	Local
Number of Potentially Avoidable Hospital Acquired Thrombosis	0	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance which Requires Reporting on a Quarterly Basis)
Number of Delayed Transfers of Care	0	Monthly	National
Number of Velindre Acquired Pressure Ulcers	0	Monthly	Local
Number of Pressure Ulcers Reported to the Welsh Government as Serious Incidents	0	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance)

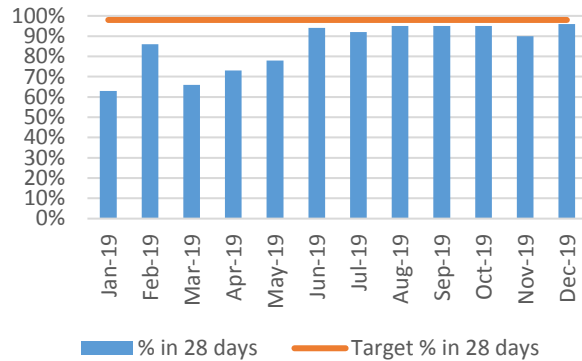
### VCC Measures Glossary - Cont.

Measure	Target	Monthly/Annual/Rolling	National/Local
Number of Velindre Acquired Healthcare Associated Infections	0	Monthly	National
Percentage of patients who receive a diagnosis of sepsis and receive all 6 elements of treatment within 1 hour (newly presenting patients only)	100%	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance)
Death within 30 days of SACT	2.2%	Monthly	Local (based on NEPOD Audit Benchmark)
Percentage of patients who rate experience at Velindre as 9 or above	80%	Monthly	Local
Percentage of episodes clinically coded within 1 month post episode end date	98%	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance)

## Equitable and Timely Access to Services - Radiotherapy

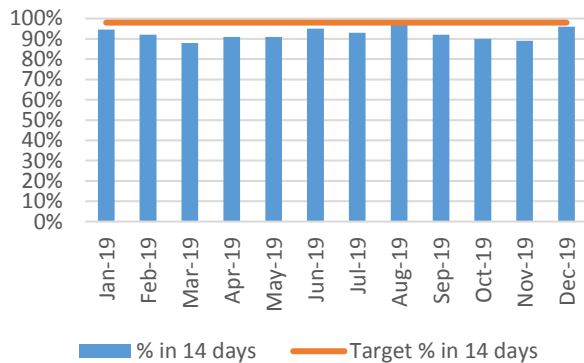
Dec-19

Patients receiving radical radiotherapy within 28 days



Last month   Target Not Achieved

Patients receiving palliative radiotherapy treated within 14 days

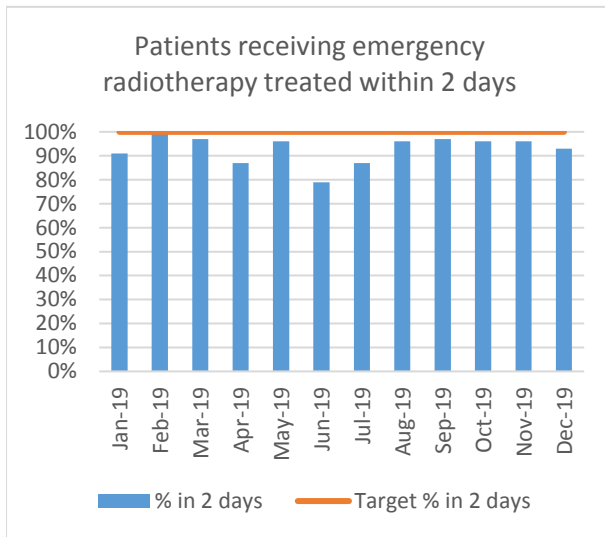


Last month   Target Not Achieved

Target: 98%	SMT lead: Radiotherapy Services Manager	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
<p>Demand for radiotherapy services remains high with 334 new patient referrals received.</p> <p>Performance against the 28-day time to treatment target was at 96% in December. 193 radical referrals were received and 8 radical breaches recorded.</p> <ul style="list-style-type: none"> <li>6 commenced radiotherapy within 35 days. The breaches were due to the following:                             <ul style="list-style-type: none"> <li>1- treatment plan not approved in readiness for treatment to commence</li> <li>1 - rescan required</li> <li>1 - delay requested by consultant</li> <li>1 - complex plan required additional time for planning</li> <li>1 - Linac capacity</li> <li>1 - treatment plan not ready for treatment to commence</li> </ul> </li> <li>1 commenced radiotherapy within 40 days. The breach was due to the following:                             <ul style="list-style-type: none"> <li>1 - treatment plan not ready for treatment to commence</li> </ul> </li> <li>1 commenced radiotherapy within 45 days. The breach was due to the following:                             <ul style="list-style-type: none"> <li>1- plan not outlined in required timeframe</li> </ul> </li> </ul> <p>Performance was 96% with 114 referrals and 5 palliative breaches. Of these breaches:</p> <ul style="list-style-type: none"> <li>5 commenced radiotherapy within 28 days. The breaches were due to the following:                             <ul style="list-style-type: none"> <li>1 - Change of intent from radical to palliative</li> <li>3 - treatment plan not ready for treatment to commence</li> <li>1 - rescan required</li> </ul> </li> </ul>	<p><u>Operational</u></p> <p>A1: All breaches are discussed at the weekly waiting times meetings.</p> <p>A2: Increased capacity has been realised in the immediate term by means of the recruitment of agency staff.</p> <p>A3: A work plan has been developed to increase capacity.</p> <p>A4: 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>E1: To be reviewed March 2020.</p> <p>E2: To be reviewed March 2020.</p> <p>E3: To be reviewed March 2020.</p> <p>E4: To be reviewed March 2020.</p>

## Equitable and Timely Access to Services - Radiotherapy (Cont.)

Dec-19



Last month

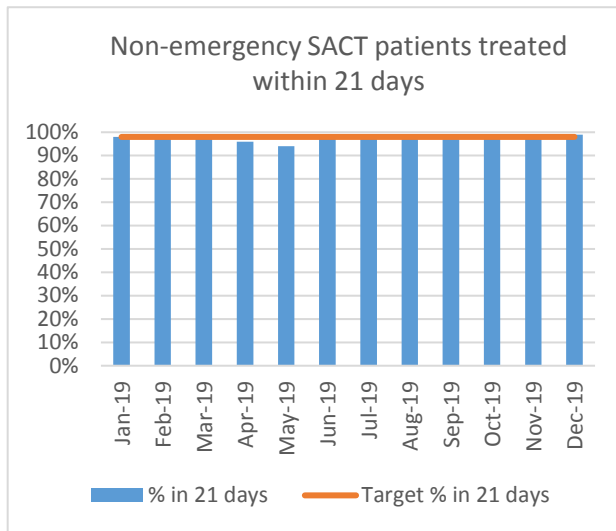


Target Not Achieved

Target: 98%	SMT lead: Radiotherapy Services Manager	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
<p>Performance was 93%.</p> <p>This represents 2 breaches out of 27 emergency referrals. Both patients commenced radiotherapy within 5 days</p> <p>Of these breaches:</p> <p>The breaches were due to the following:</p> <p>1 - Complex plan required additional time for planning</p> <p>1 - process for requesting emergency RT not followed. The patient was treated by day three, the delay was considered to be of no clinical significance.</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>E1: To be reviewed in February 2020</p>

## Equitable and Timely Access to Services - Non-Emergency Systemic Anti-Cancer Therapy (SACT)

Dec-19



Last month

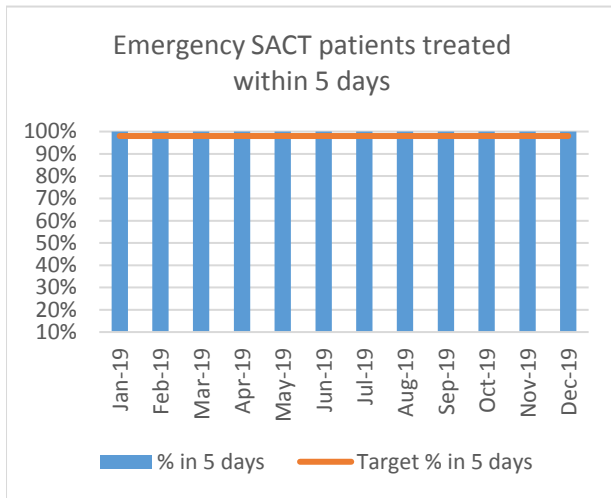


Target Achieved

Target: 98%	SMT lead: Chief Pharmacist	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance is currently on target.	<p>A1: A project is underway to outline a plan 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 re-purposing of Chemotherapy Inpatient Unit (CIU) to include a daycase facility.</p> <p>A2: A new cohort of SACT nursing staff will begin 8 week training programme.</p>	<p>E1: The first phase of the CIU repurpoe is complete. CIU patients have been accomodated in the first floor ward from late December 2019.</p> <p>E2: February 2020</p>

## Equitable and Timely Access to Services - Emergency Systemic Anti-Cancer Therapy (SACT)

Dec-19



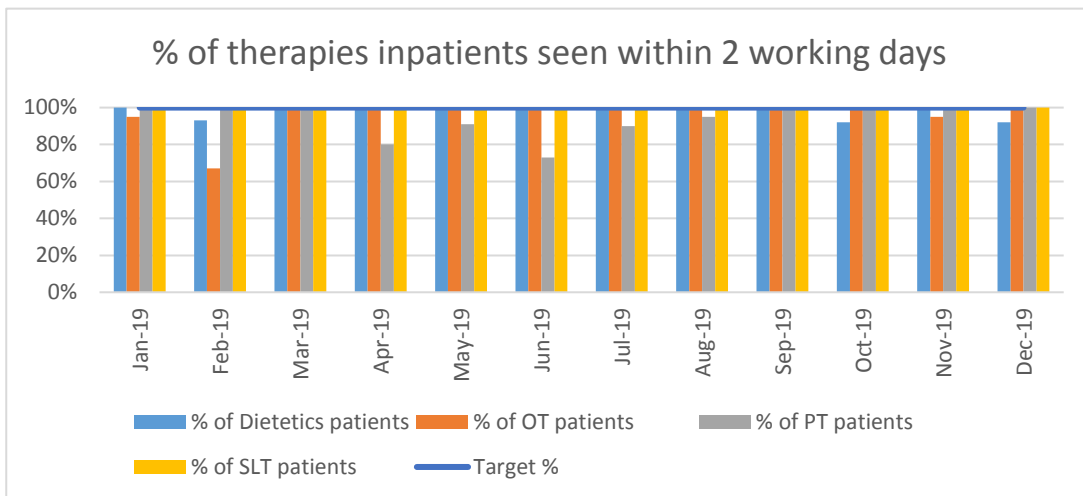
Last month →

✓ Target Achieved

Target: 98%		SMT lead: Chief Pharmacist	
Reason for performance:		Actions being taken to improve performance:	Expected completion date:
Performance on track			

## Equitable and Timely Access to Services - Therapies (Inpatients)

Dec-19



Dietetics - last month

OT - last month

PT - last month

SLT - last month

SMT lead: Therapies Manager	
Actions being taken to improve performance:	Expected completion date:
A1: Head of Therapies to work with Chief Operating Officer and Director of Nursing to develop service resilience. This work will support performance relative to all Therapies measures.	E1: May 2020
A2: Head of Therapies is reviewing working patterns of therapies teams in order to meet service changes.	E2: June 2020

**Target: 100%**

### Reason for performance:

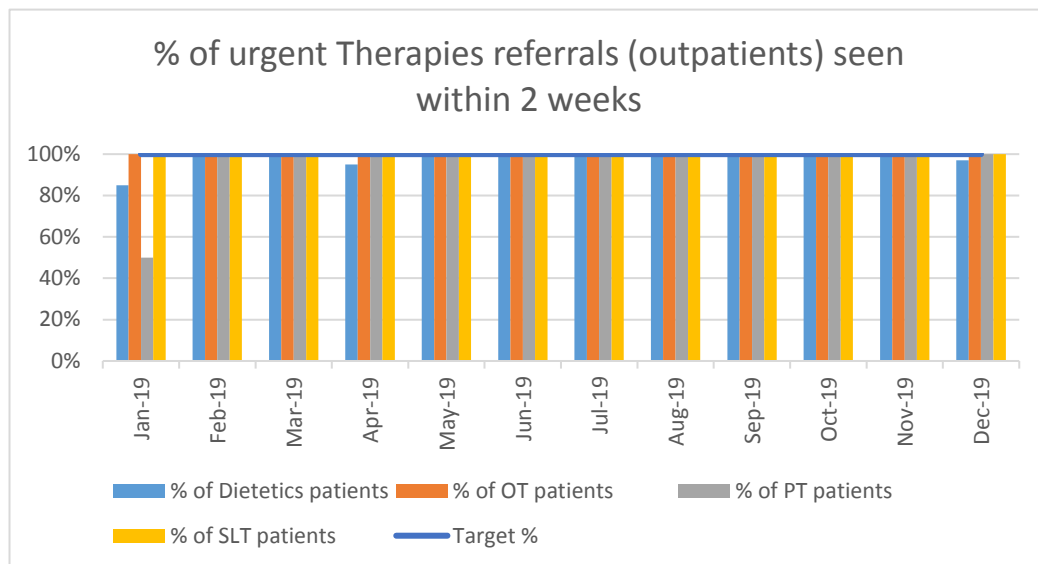
100% of inpatients were seen by Physiotherapy, Speech and Language Therapy and Dietetics.

95% of inpatients were seen by Occupational Therapy. This reflects the fact that one patient waited longer than the 2-day target.



## Equitable and Timely Access to Services - Therapies (Outpatients) Urgent Referrals Seen Within 2 Weeks

Dec-19



Dietetics - last month →  
 OT - last month →  
 PT - last month →  
 SLT - last month →

✓ Target Achieved

### SMT lead: Therapies Manager

#### Actions being taken to improve performance:

A1: Head of Therapies to work with Chief Operating Officer and Director of Nursing to develop service resilience. This work will support performance relative to all Therapies measures.

#### Expected completion date:

E1: May 2020

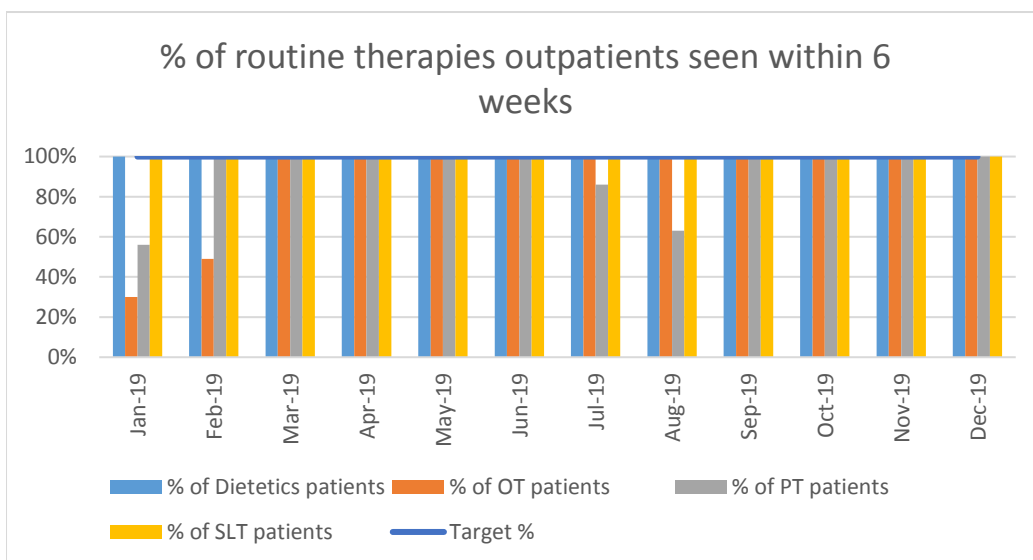
**Target: 100%**

#### Reason for performance:

Performance on track.

## Equitable and Timely Access to Services - Therapies (Outpatients) Routine Referrals Seen Within 6 Weeks

Dec-19



Dietetics - last month →

OT - last month →

PT - last month →

SLT - last month →

✓ Target Achieved

Target: 100%	
Reason for performance:	
Performance on track.	
<div> <div>SMT lead: Therapies Manager</div> <div> <div>Actions being taken to improve performance:</div> <div>A1: Head of Therapies to work with Chief Operating Officer and Director of Nursing to develop service resilience. This work will support performance relative to all Therapies measures.</div> </div> <div>Expected completion date:</div> <div>E1: May 2020</div> </div>	

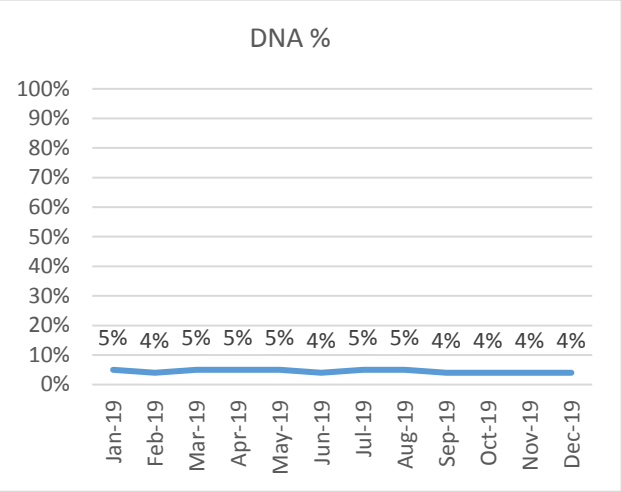
## Equitable and Timely Access to Services - Outpatient Waiting Times

Dec-19

 Target Not Achieved

Target: <20 minutes	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
<p>45% of patients were seen within 20 minutes of their scheduled appointment.</p> <p>57% were seen within 30 minutes</p> <p>The average for the last 12 months is 52% of patients.</p> <p><b>** N.B. **</b> This data is obtained from a manual data collection exercise undertaken by nursing staff during first week of each month. This can result in, some clinic &amp; W/T data not being fully captured.</p> <p>Therefore, this data only provides a snap shot of W/T information.</p>	<p>A1. Ongoing review to assess the impact of the new laboratory working hours.</p> <p>A2. The Welsh Patient Administration System (WPAS) Operational Readiness Work will review length of appointments and the number of slots allocated to the clinics. Meetings with consultants are taking place to review their clinics to ensure that they are set up correctly ahead of data migration.</p> <p>A3. Weekly Outpatient demand and capacity meetings continue to be held to monitor and manage capacity issues.</p> <p>A4: Director of Operations to lead a review into the level of overbooking of outpatient clinics to quantify capacity and demand, options available etc.</p> <p>A5. 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.</p> <p>A6: Improve internal communication and data sharing by developing SST (Site Specific Team) and Consultant level performance dashboards.</p> <p>A7: Establishment of Outpatient Development Programme to bring together all aspects of current and planned improvement workstreams</p>	<p>E1: January 2020</p> <p>E2: Dependent on the WPAS project, by March 2020.</p> <p>E3: March 2020.</p> <p>E4: March 2020 (dependent upon Business Intelligence support being available)</p> <p>E5: 31st March 2020</p> <p>E6: January 2020 (subject to review of business intelligence capacity)</p> <p>E7: 28th February 2020</p>

	planned improvement workstreams.	
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### Outpatients - Did Not Attend (DNA) Rates

Dec-19

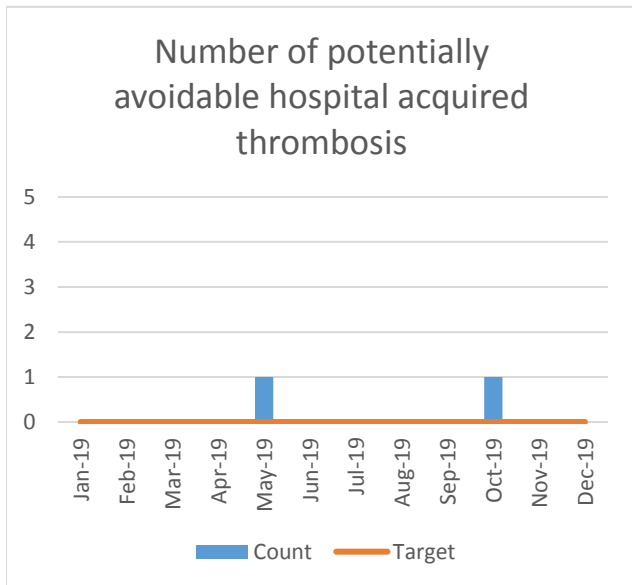
Target: <5%	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track.		


Last month   Target Achieved

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## Safe and Reliable Services - Potentially Avoidable Hospital Acquired Thrombosis (HAT)

Dec-19



Last month 

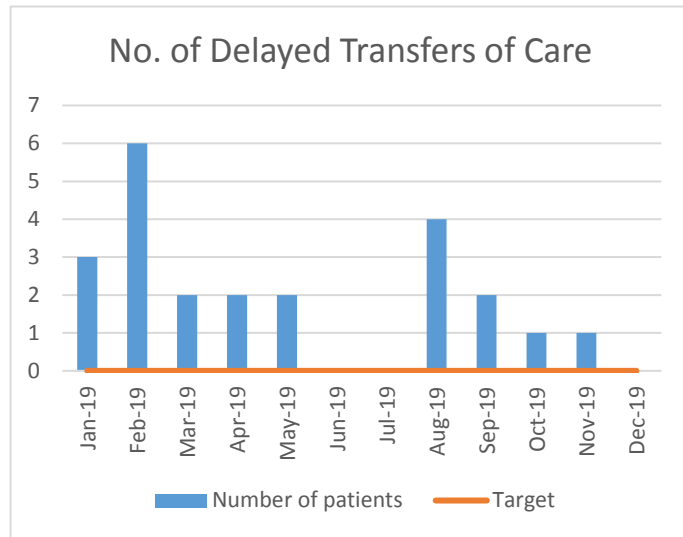
 Target Achieved

Target: zero	SMT lead: Clinical Director	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track.		

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### Safe and Reliable Services - Delayed Transfers of Care (DToc's)

Dec-19



Last month



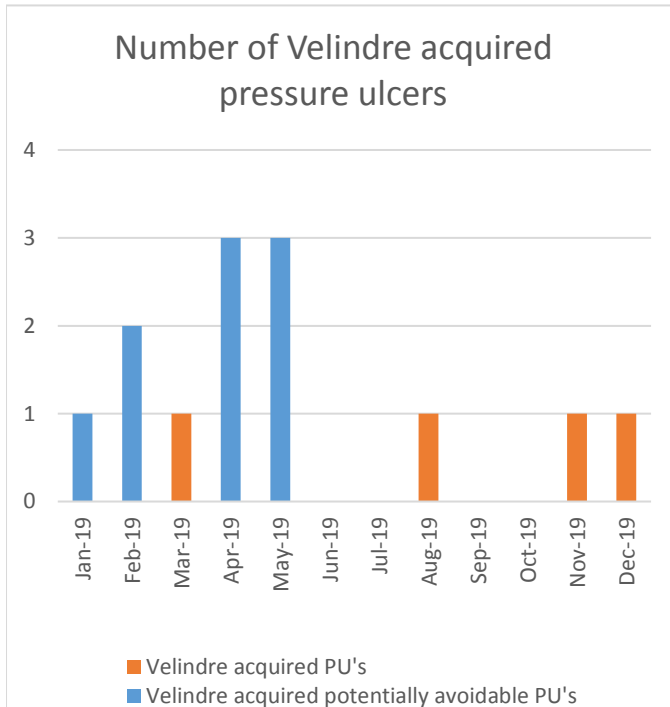
☒ Target Achieved

<b>Target: zero</b>	<b>SMT lead: Head of Nursing</b>	
<b>Reason for performance:</b>	<b>Actions being taken to improve performance:</b>	<b>Expected completion date:</b>
Performance on track.	A1: Head of Nursing to continue to review all Delayed Transfers of Cares to determine underlying trends, etc.	E1: March 2020

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## Safe and Reliable Services - Velindre Acquired Potentially Avoidable Pressure Ulcers

Dec-19

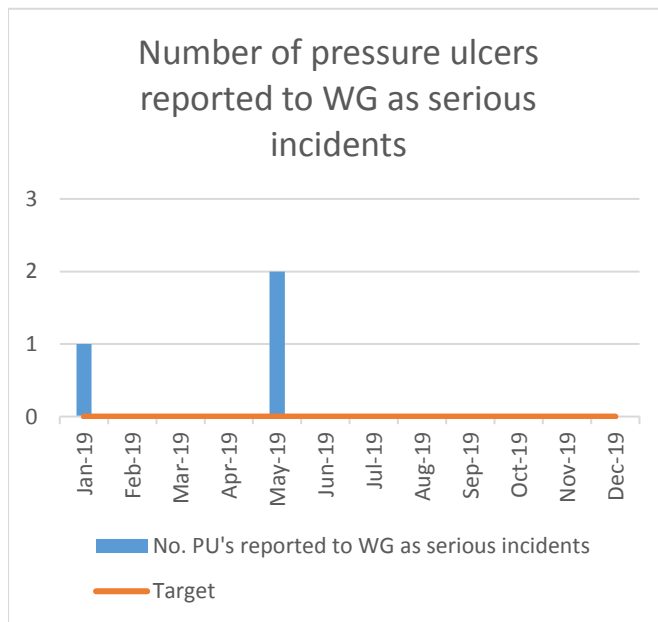


Last month   Target Not Achieved

Target: zero pressure ulcers	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
There was 1 unavoidable VCC pressure ulcer reported for the month.	A1: All-Wales Directors of Nursing due to approve an all-Wales Purpose T care plan.	E1: Pilot scheduled to begin in February 2020.

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**Safe and Reliable Services - Number of Pressure Ulcers Reported to Welsh Government (WG) as Serious Incidents (SI) Dec-19**



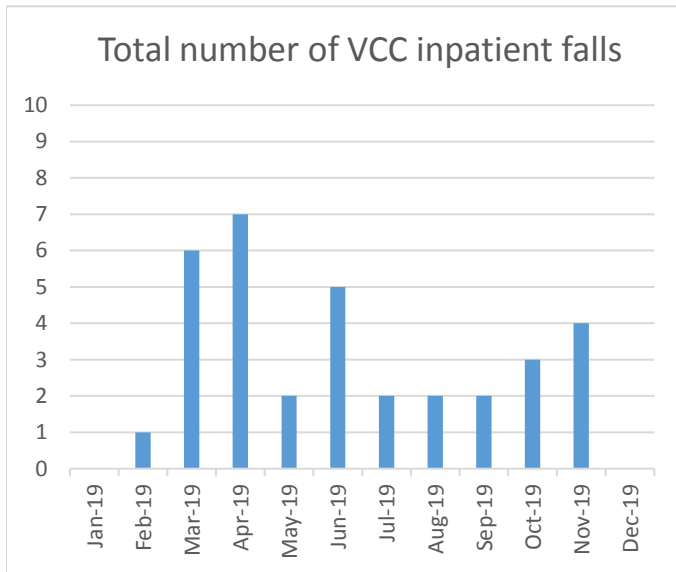
Last month →


✓ Target Achieved

<b>Target: zero</b>	<b>SMT lead: Head of Nursing</b>	
<b>Reason for performance:</b>	<b>Actions being taken to improve performance:</b>	<b>Expected completion date:</b>
Performance on track.		



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Last month 

 Target Achieved

## Safe and Reliable Services - Falls

Dec-19

SMT lead: Head of Nursing		
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
None reportable.	<p>A1: The post falls pathway was completed in the case of all patients.</p> <p>A2: To establish a task and finish group to develop an action plan on the management of falls within VCC.</p> <p>A3: Develop a final version of a falls prevention policy for approval and adoption by the Trust.</p> <p>A4: 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>A5: Contribute to development of all-Wales standardised falls prevention care plan.</p>	<p>E1: Complete</p> <p>E2: February 2020</p> <p>E3: March 2020</p> <p>E4: March 2020</p> <p>E5: March 2020</p>

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## Safe and Reliable Services - Healthcare Associated Infections (HCAs) (Velindre-acquired only)

Dec-19

### Number of Velindre-acquired infections:

*C.diff* infections = 0

MRSA infections = 0


MSSA infections = 1

*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:
One MSSA (methicillin-sensitive Staphylococcus Aureus) infection.	A1: Full root cause analysis of case.  A2: Identified hand hygiene champions in departments to receive cascade hand hygiene training (this is not being implemented as a response to a particular issue or incident, but will support business as usual).	E1: January 2020  E2: March 2020

Last month 

 Target Not Achieved

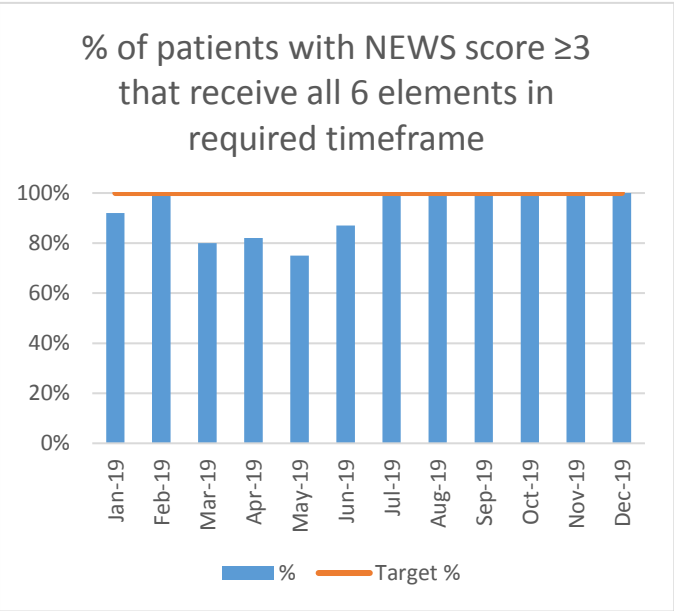
### Annual figures for Velindre-acquired infections:

	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<i>C.Diff</i>	0	0	0	0	1	0	0	0	0	0	0	0	0
<i>MRSA</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>MSSA</i>	0	0	0	0	0	0	0	0	0	0	0	0	1
<i>E.Coli</i>	1	0	0	0	0	0	0	0	0	0	1	0	0
<i>Klebsiella</i>	0	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	0
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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)

Dec-19



Target: 100%	SMT lead: Clinical Director	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track.		

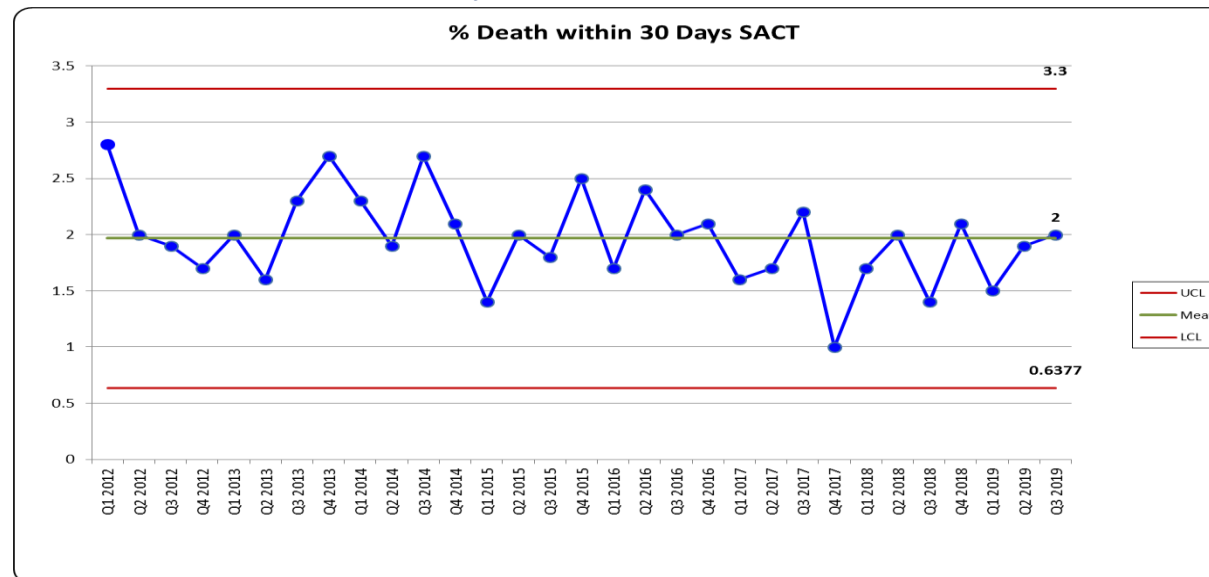
## Safe and Reliable Services - Death within 30 days of SACT

Dec-19

Percentage of deaths by quarter:

Quarter	Months	VCC Deaths	SACT	%
Q3 2017	Jul-Sept	42	1924	2.2
Q4 2017	Oct-Dec	21	2019	1
Q1 2018	Jan-Mar	36	2147	1.7
Q2 2018	Apr-Jul	42	2051	2
Q3 2018	Jul-Sept	30	2172	1.4
Q4 2018	Oct-Dec	46	2151	2.1
Q1 2019	Jan-Mar	33	2197	1.5
Q2 2019	Apr - July	42	2258	1.9
<b>Q3 2019</b>	<b>Jul-Sept</b>	<b>47</b>	<b>2346</b>	<b>2</b>

✓ Target Achieved

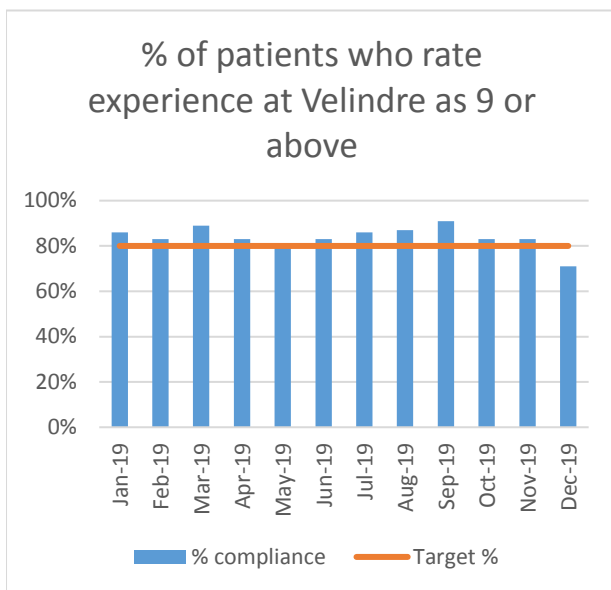


<b>SMT lead: Clinical Director</b>		
Benchmark of 2.2% (based on NCEPOD audit benchmark)	<b>Actions being taken to improve performance:</b>	<b>Expected completion date:</b>
<b>Reason for performance:</b>	A1: Review of frequency of reporting.	E1: Complete
N/A - performance on track.	A2: Paper to VCC Quality and Safety Management Group to reaffirm reporting standards for this measure.	E3: March 2020

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## First Class Patient Experience

Dec-19



Last month   Target Not Achieved

Target: 80%	SMT lead: Director of Operations	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
<p>Performance off track at 71%. 56 patients provided feedback via the survey and online methods.</p> <p>10/10 = 27 patients  9/10 = 13 patients  8/10 = 3 patients  7/10 = 4 patients  6/10 = 1 patient  5/10 = 2 patients  4/10 = 0 patients  3/10 = 0 patients  2/10 = 0 patients  1/10 = 1 patient</p> <p>Main issues raised:</p> <ul style="list-style-type: none"> <li>- Outpatient on the day waiting times and environment</li> <li>- Unisex toilet facilities</li> <li>- Waiting time for CT scan</li> <li>- Advice given by treatment helpline</li> <li>- Difficulties parking</li> </ul>	<p>A1: Full analysis of scores obtained during the month and areas for improvement highlighted to relevant managers, service groups etc.</p> <p>A2: All patients who were contactable (ie not anonymous) contacted to discuss concerns further.</p> <p>A3: 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>A4: Proposal to increase patient and visitor car parking space on VCC site.</p>	<p>E1: Complete</p> <p>E2: Business as usual</p> <p>E4: February 2020</p> <p>E5: April 2020</p>

## First Class Patient Experience - VCC Concerns

Dec-19

### Concerns:

#### Early Resolution: 1

This was due to a delay due to an appointment being cancelled.

#### Formals: 2

The themes were:

Communication – lost to follow-up (established that this was not VCC)

Unhappy about treatment plan (PSOW)

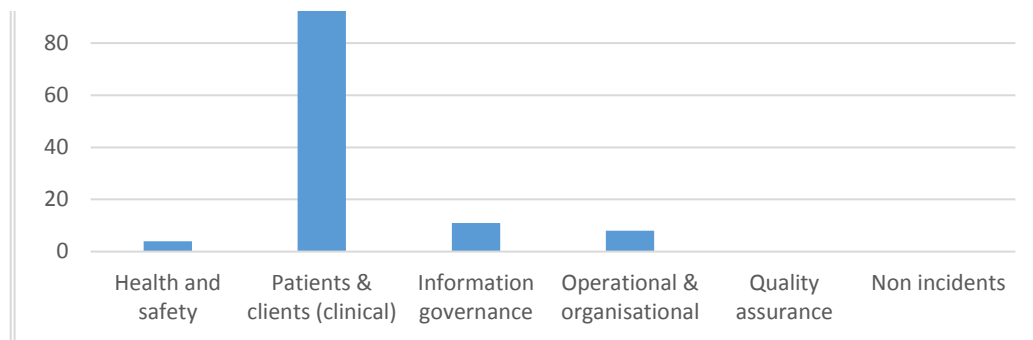
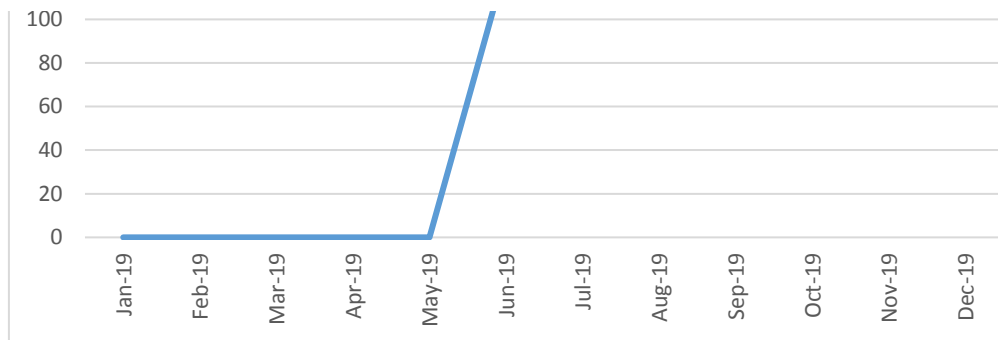
Type of concern	No.
Early resolution	1
PTR (formal concern)	2 (including 1 PSOW)
Claims	0

Total number of datix incidents



Datix Incidents

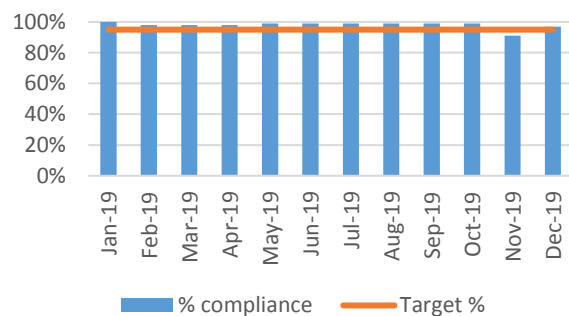




## Information - Clinical Coding

Dec-19

% of episodes clinically coded within 1 month post episode end date



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.		

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- All clinical demand was met with overall stock position at 2,975 red cells at the end of January.
- Time expired platelets and red cells fell outside the target tolerance threshold in January. Increased platelets time expiry was the result of a reduction in demand in January. A more detailed analysis into a number of multifactorial variables is underway in order to determine the root cause of increased red cell time expiry and inform demand planning.
- The Part Bags and Failed Venepuncture (FVP) rate successfully remained within the target threshold, demonstrating ongoing continued improvement in performance.
- The year to date (YTD) total number of stem cell collections fell just under target position but is projected to return to target position next month and year end.
- All turnaround times for laboratory services, formal concerns and quality incident management were met in January. Business improvement activity remains in place to ensure the improved incident management turnaround times are sustained.
- Both manufacturing and whole blood collection efficiency successfully achieved target position in January.
- Overall donor satisfaction continued to exceed target position at 96%. A review of the new donor satisfaction survey will be presented to the SMT in February for final ratification.



14 Key Performance Indicators were above the previous month's performance.



5 Key Performance Indicators remained the same as the previous month's performance, however all achieved target.



3 Key Performance Indicators were down on the previous month's performance, however 1 achieved target.

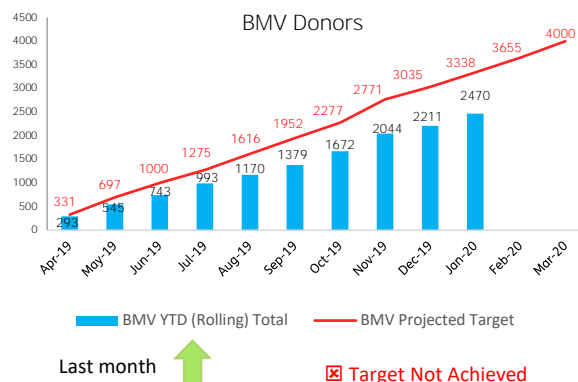
## Reference Table

Measure	Target	Timeframe	National / Local
Number of new bone marrow donors aged 18-30 recruited to the Welsh Bone Marrow Donor Registry (WBMDR)	4,000	Annual	Local
Number of days when the Red Blood Cell (RBC) stockholding for O, A & B- fell below 3 days cover	0 days	Monthly	Local
Number of bags of RBCs manufactured as a % of the number of issues to hospitals (% Red Cell Demand Met)	100%	Monthly	Local
Number of bags of platelets manufactured as a % of the number of issues to hospitals (% Platelet Demand Met)	100%	Monthly	Local
Number of Confirmatory Tests (CTs) requested and bled as a % of the total CTs requested (Confirmatory Tests Bled)	65%	Monthly	Local
Number of Stem Cell Collections	80	Annual	Local
Number of antenatal patient results provided to customer hospitals within 3 working days from receipt of sample (Antenatal Turnaround Times)	90%	Monthly	Local
Number of samples referred for red cell reference serology work ups provided to customer hospitals within 2 working days. (Reference Serology Turnaround Times)	80%	Monthly	Local
% of Quality Incident Records (recorded in DATIX), closed within 30 days over a rolling 3 month period	90%	Rolling	Local
Number of critical non-conformances through external audits or inspections	0	Annual	Local
Number of Serious Adverse Blood Reactions & Events (SABRE) reported to the Medicines and Healthcare products Regulatory Agency (MHRA)	0	Annual	Local
Number of whole blood donations that are collected on session which are below the minimum viable volume, as a % of the total number of whole blood donations collected (% Part Bags)	3%	Monthly	Local
Number of donors where venepuncture is attempted to be performed on but no blood enters the bag, as a % of the number of donors who have reached the donation chair (% Unsuccessful Venepuncture)	2%	Monthly	Local
The number of blood components (weighted) collected per Standardised FTE (Blood Collection Efficiency)	1.25 WTE	Monthly	Local
Number of components manufactured per Standardised FTE. (Manufacturing Efficiency)	392	Monthly	Local
Number of platelets which have time expired as a % of the total number of platelets manufactured (Time Expired Platelets)	10%	Monthly	Local
Number of RBC units which become non-viable during the manufacturing process which could have been avoided, as a % of the number of complete whole blood donations (Controllable Manufacturing Losses)	0.5%	Monthly	Local
Number of bags of RBC, including Paediatric bags, which have time expired as a % of the total number of RBC bags manufactured (Time Expired Red Cells)	1%	Monthly	Local
Number of donors that scored 5 or 6 out of 6 (6 being totally satisfied and 1 being totally dissatisfied with their overall donation experience after they have been registered on clinic to donate (Donor Satisfaction)	71%	Monthly	Local
Number of 'formal' and 'informal' concerns received from blood donors	~	~	~
% of 'formal' concerns received and treated under 'Putting things Right Regulations within 30 working days	100%	Monthly	National
% of all concerns (formal and informal) acknowledged within 2 working days as required by the 'Putting things Right' Regulations	100%	Monthly	National
Number of new Whole Blood Donors recruited to the donor panel	2,750	Quarterly	Local
Number of new Apheresis Donors recruited to the donor panel	14	Quarterly	Local
Number of Deceased Donor Typing / Cross Matching reported within given period	80%	Quarterly	Local
Number of Anti D & -c Quantitation patient results provided to customer hospitals within 5 working days	90%	Quarterly	Local

## Monthly Reporting

### Equitable and Timely Access to Services

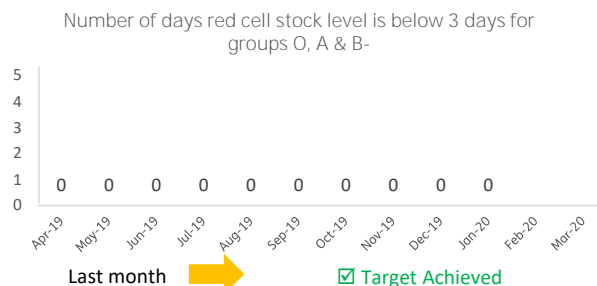
Jan-20



Annual Target: 4000		SMT Lead: Jayne Davey / Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance		By When
<p>January missed target position but saw a 55% increase in the number of new bone marrow volunteers recruited on the previous month. Performance was driven by a number of sessions at sixth form colleges which attract the target age profile of 18-30.</p> <p>As previously reported there is an ongoing programme of work to develop a longer term strategy for the recruitment and retention to the Welsh Bone Marrow Donor Registry (WBMDR) that is not solely dependent on blood donors.</p>	Develop a new donor recruitment and retention strategy for the WBMDR aligned with the development of the revised WBS strategic intent.		May 2020
	The new Donor Recruitment & Retention Strategy will be informed by:		April 2020
	<ul style="list-style-type: none"> <li>- a review of the existing donor panel to assess the required growth;</li> <li>- 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.</li> </ul>		March 2020

### Safe and Reliable Service

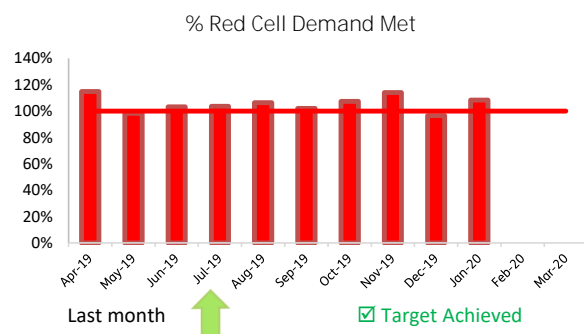
Jan-20



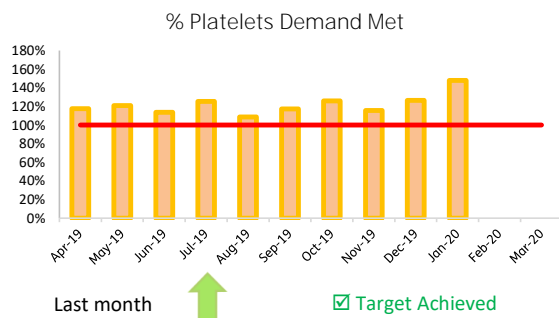
Monthly Target: 0		SMT Lead: Jayne Davey / Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance		By When
<p>All stock groups were maintained above 3 days. Stock levels are robust.</p> <p>Effective collaboration between the Collections and Laboratory teams within the Supply Chain supported the maintenance of robust stock levels.</p>	<p>Daily Resilience meetings are held in a collaboration of blood collection and manufacturing teams; this forum facilitates operational actions in response to challenges in maintaining adequate stock levels in order to minimise blood shortages.</p> <p>In addition, the Demand Planning Leadership Group meet on a weekly basis to monitor and review performance.</p>		Business as Usual

### Safe and Reliable service

Jan-20



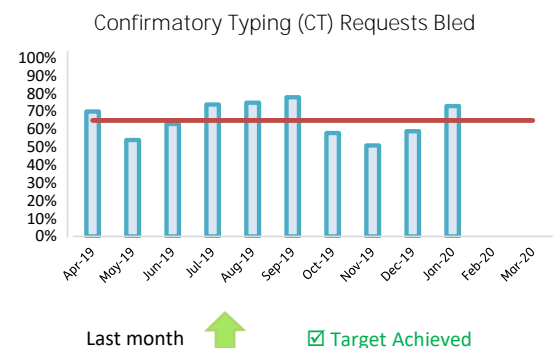
Monthly Target: 100%		SMT Lead: Jayne Davey/ Tracey Rees	
What are the reasons for performance?	Actions(s) being taken to improve performance		By When
<p>All demand for red cells was met. Stock levels remain robust across the blood groups.</p> <p>This is the result of established daily communications between the Collections and Laboratory teams enabling agile responses to variations of stock levels and service needs.</p>	<p>Daily Resilience meetings are held in a collaboration of blood collection and manufacturing teams; this forum facilitates operational actions in response to challenges in maintaining adequate stock levels in order to minimise blood shortages.</p> <p>In addition, the Demand Planning Leadership Group meet on a weekly basis to monitor and review performance.</p>		Business as Usual



### Safe and Reliable service

Jan-20

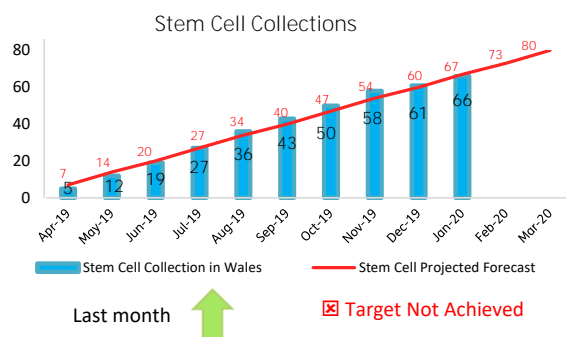
<u>Monthly Target: 100%</u>	<u>SMT Lead: Jayne Davey / Tracey Rees</u>	
What are the reasons for performance?	Actions(s) being taken to improve performance	By When
All clinical demand for platelets was met.	A review of clinic planning for extended Bank Holiday periods has been initiated to review opportunities to apply learning following business continuity review.	March 2020
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.	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.	Interim update March 2020, further updates throughout 2020



### Safe and Reliable service

Jan-20

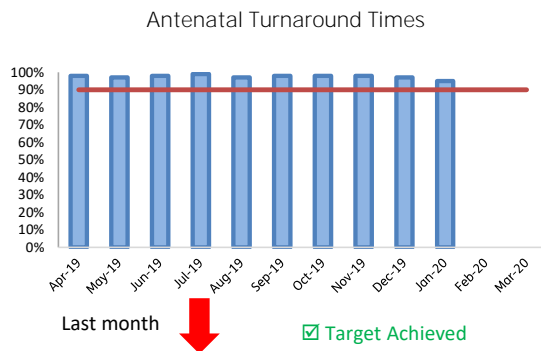
<u>Monthly Target: 65%</u>	<u>SMT Lead: Tracey Rees</u>	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
The number of CT requests for January was 23: - 16 donors were bled (73%) (1 cancellation) - 63% of samples were bled within 7 days - 88% of requests were completed within 14 days. (Industry KPI's are 50% and 80% respectively)	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.	Business as Usual
The requests for January were lower than expected. This can be attributed to seasonal fluctuation.	We are engaging with stakeholders to improve understanding around turnaround times for donor requests and improve transplantation options for patients.	



### Safe and Reliable service

Jan-20

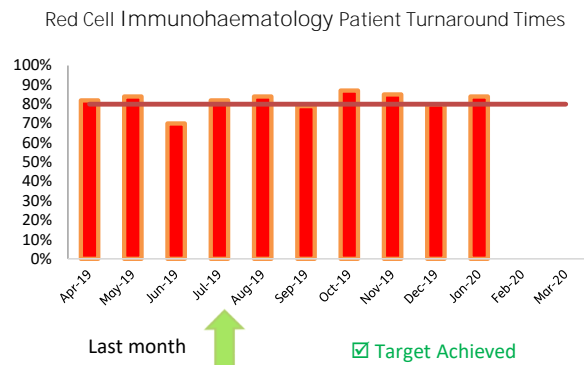
<u>Annual Target: 80</u>	<u>SMT Lead: Tracey Rees</u>	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
There were 5 Stem Cell Collections in January with YTD collections falling just outside target position.	Define and agree future strategy for Stem Cell collection as part of wider review of future strategy for the WBMDR, outlined earlier on page 3 of this report.	May 2020



### Safe and Reliable service

Jan-20

Monthly Target: 90%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Turnaround times for routine Antenatal tests in January remained above target at 95%. Continued monitoring and active management is in place.	Continuation of existing processes which are maintaining high performance against current target.	Business as Usual



### Safe and Reliable service

Jan-20

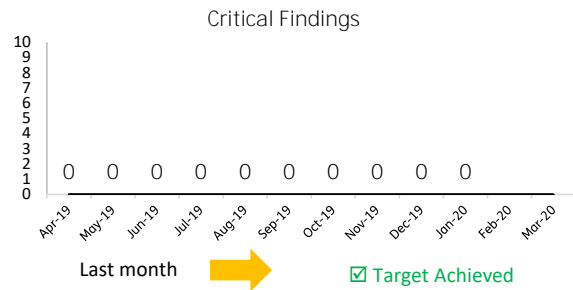
Monthly Target: 80%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Turnaround times for specialist referrals in January were above target at 84%. All compatibility testing ( >50% of workload ) continued to be completed by required date.	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



Monthly Target: 90%	SMT Lead: Peter Richardson	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Performance in January continued to achieve above target position with 92% of quality incidents closed within the required 30 days. This is the third consecutive month where the target has been achieved.  The number of incidents reported in the three month rolling period remains consistent (111).	The agreed SMT action plan will remain in place to ensure that the improved performance is sustained.	Continue with close monitoring and feedback issues to SMT huddle weekly.

### Safe and Reliable service

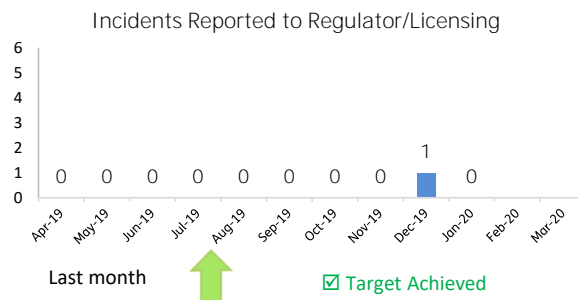
Jan-20



Target: 0	SMT Lead: Peter Richardson	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
No external audits or inspections were undertaken during January 2020.	No new actions required.	Business as usual.  MHRA inspection of South Wales facility and activities to be undertaken w/c 23rd March.

### Safe and Reliable service

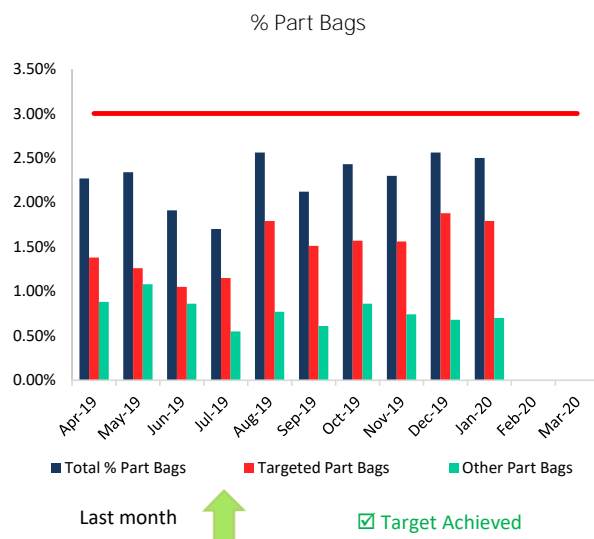
Jan-20



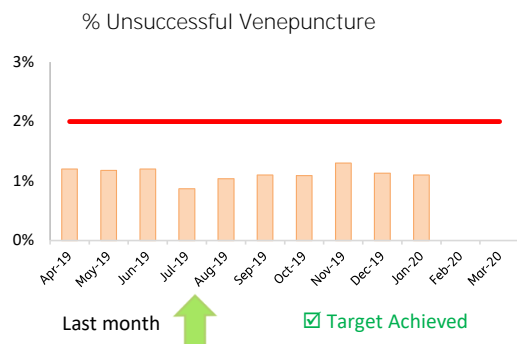
Annual Target: 0	SMT Lead: Peter Richardson	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
No Serious Adverse Events (SAE) were reported to the Medicines and Healthcare products Regulatory Agency (MHRA) in January.	No action required	Business as usual

### Spending Every Pound Well

Jan-20



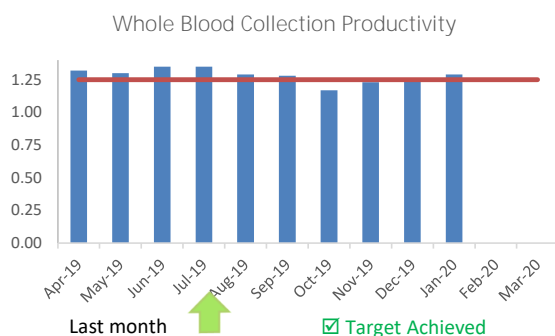
Monthly Target: Maximum 3%	SMT Lead: Janet Birchall	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
The overall Part Bag rate for January 2020 remains within the 3.0% tolerance at 2.50% of donors who donated.	Ongoing work to reduce the part bag rate includes (but is not limited to) the following: - Ongoing cycle of Points Of Care Audit	Business as Usual
The breakdown of reasons for part bags in January 2020 is provided below: Targeted: Needle Placement = 30%, Needle Displaced = 5%, Clot in Needle = 23%, Vasovagal = 14%, Other: Bruise / Discomfort = 13%, Poor Access = 13%, Equipment Issues = 0.5% At Donor Request = 1%, Late Donor Information = 0.5%	- Review of Audit findings and implementation of associated action plans  - Task and Finish groups with clinical teams with trend of exceedance tolerance levels to determine and implement service improvement projects	Business as Usual
%Total 'Targeted' Factors = 72 % % Total 'Other' Factors = 28 %	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

Jan-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 January 2020 successfully remained inside the tolerance threshold at 1.10% despite having a number of new venepuncturists in post during this period.	Monitoring of FVP rates by team continues.	Business as Usual



### Spending Every Pound Well

Jan-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 Productivity remained above target at 1.29. The slight increase in productivity on the previous month due to an increase in collections, can be partly attributed to the fact that the number of donors attending a clinic vs the number of donors bled has steadily increased from an average of 88% to 91%.	Currently in process of staff realignment as part of the Blood Supply Chain 2020 programme. This will identify the required variation in roles, skill mix and workforce numbers based on evidence, service need and modelling (Simul8) data. A final proposal has been shared with staff on the 12/02/2020 following the conclusion of the Organisational Change Process. A meeting has been arranged for March to discuss and agree next steps. Further staff changes overtime may impact on collection team productivity.	March 2020

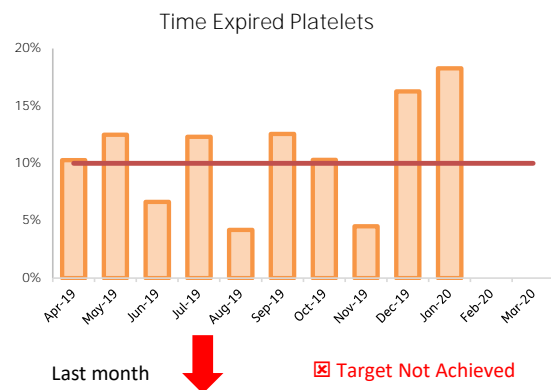
### Spending Every Pound Well



Monthly Target 392	SMT Lead: Trcaey Rees	
What are the reasons for performance?	Actions(s) bring taken to improve performance	By When
Performance in January continued to achieve above target position.	Target to be reviewed in line with processing / staff changes as part of the Blood Supply Chain 2020 initiative.	Interim update end March 2020, further updates throughout 2020
There was an increase in productivity on the previous months due to the resignation and retirement of two members of staff. This has led to increased operational pressure within the manufacturing department.	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.	
The optimum efficiency level is still being explored as we are working through the necessary operational changes as part of the Blood Supply Chain 2020 initiative.		

## Spending Every Pound Well

Jan-20



Monthly Target: Maximum 10%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Time expiry of platelets was outside the target tolerance threshold in January at 18.28%.	Keep platelet issues under review and consider reduction in production.	Interim update end of March 2020
Platelet issues in January 2020 have been very low with weekly issues of 194, 179, 168 and 151 compared against an average issue of 209 per week for 2020.	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 acquisition. An update to be provided at the end of March 2020.	

## Spending Every Pound Well

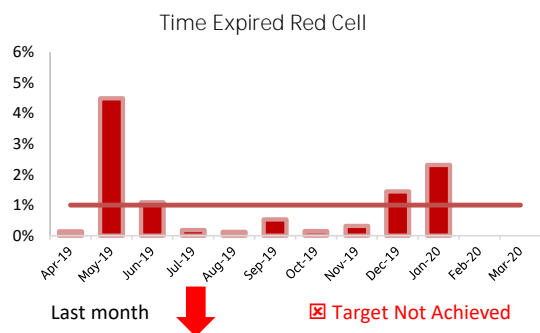
Jan-20



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 manufacturing losses successfully remained inside the tolerance threshold in January.	Local reporting and management of incidents where they occur for monitoring of losses and lessons learnt.	Business as Usual

## Spending Every Pound Well

Jan-20

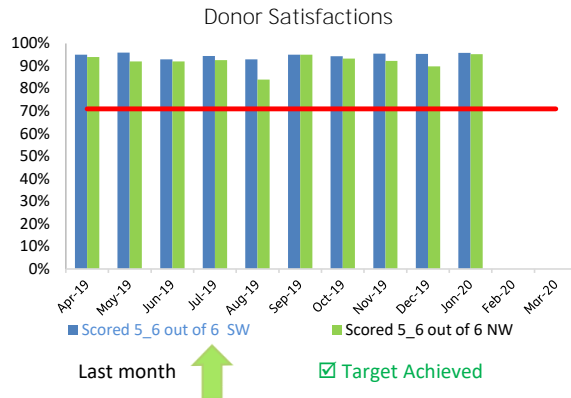


Monthly Target: Maximum 1%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Red cell time expiry was above the target tolerance threshold at 2.31% in January.	A review of a number of multifactorial contributory factors is underway in order to determine route cause of increased time expiry and any learning to inform future demand planning arrangements	March



## First Class Donor Experience

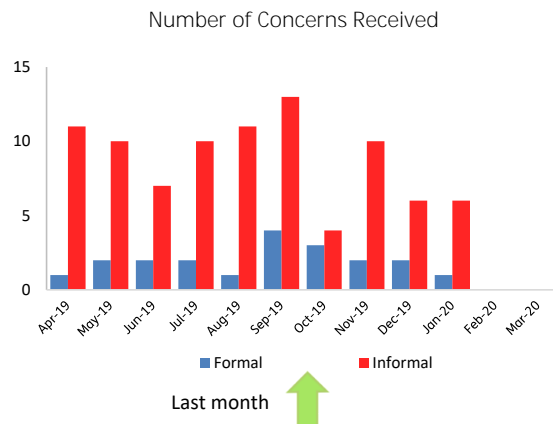
Jan-20



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 95.7%.  In total there were 973 respondents who shared their donation experience, 192 were from North Wales and 781 were from South Wales.	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.	February 2020

## First Class Donor Experience

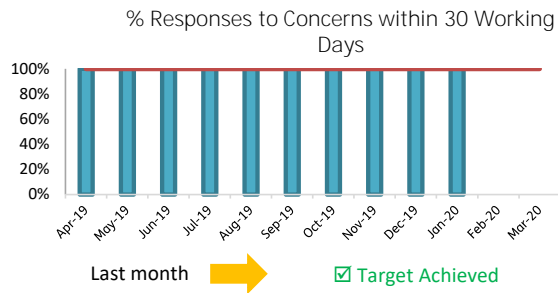
Jan-20



Target: N/A	SMT Lead: Alan Prosser	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
In January 2020 a total of 9,125 donors were registered at clinic and 8,131 total donations collected. A total of 7 concerns were reported within this period with 86% (6 concerns) being managed as early resolution within 2 working days. 1 concern was a formal concern on request from donor. Reasons for concerns during this period were: - Welsh Language (1) - Formal - Donor Eligibility (1) - Donor turned away from clinic (1) - Donor deferral as result of failed screening test (1) - Donor unhappy service changes in last 2 years (1), lack of clinics in NW and tea table appointment booking. - Appointment Availability (2)	Concerns education pack being developed aimed at 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.  Continue to monitor and learn to identify opportunities for continuous improvement.	February 2020.

## First Class Donor Experience

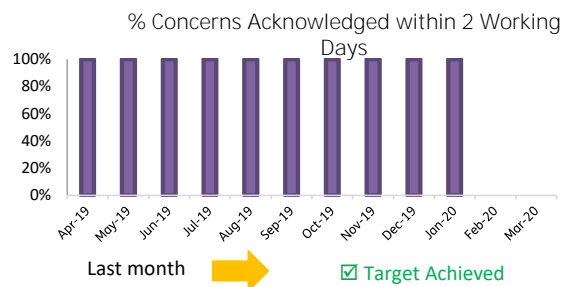
Jan-20



Monthly Target: 100%	SMT Lead: Alan Prosser	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
All formal written responses were completed within the required 30 working day timescale.	Continue to monitor 30 day timescale requirement and have included management timescales within training package.	Business as Usual

## First Class Donor Experience

Jan-20



Monthly Target: 100%	SMT Lead: Alan Prosser	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
All concerns were acknowledged within 2 working days of receipt.	Continue to closely monitor concern management timescales reinforced within training package	Business as Usual



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

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

## TRUST BOARD

### FINANCE REPORT FOR the PERIOD ENDED 29<sup>th</sup> February 2020 (M11)

DATE OF MEETING	26/03/2020	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Steve Coliandris, Financial Planning & Reporting Manager Matthew Bunce, Deputy Director of Finance	
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

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)
	The Trust financial position at the end of Feb 2020 is an underspend of £9k 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 February 2020 financial report and in particular:

- the financial performance to date and the year-end forecast to achieve financial break-even.

- The ongoing work to implement the new contracting model.

**VELINDRE NHS TRUST**  
**FINANCIAL PERFORMANCE**  
**MONTH 11 – February 2020**

**CONTENTS**

1. **Executive Summary**
  - **IMTP Financial Plan**
  - **Performance against key financial targets**
2. **Revenue & Savings Performance**
3. **Year End Outturn and Financial Risks & Opportunities**
4. **Balance Sheet**
5. **Summary & Recommendations**

**Appendix 1 – Performance of Savings Plans**

**Appendix 2 – Summary of Capital Programmes**

**Appendix 3 – TCS Programme Report (January)**

# 1 EXECUTIVE SUMMARY

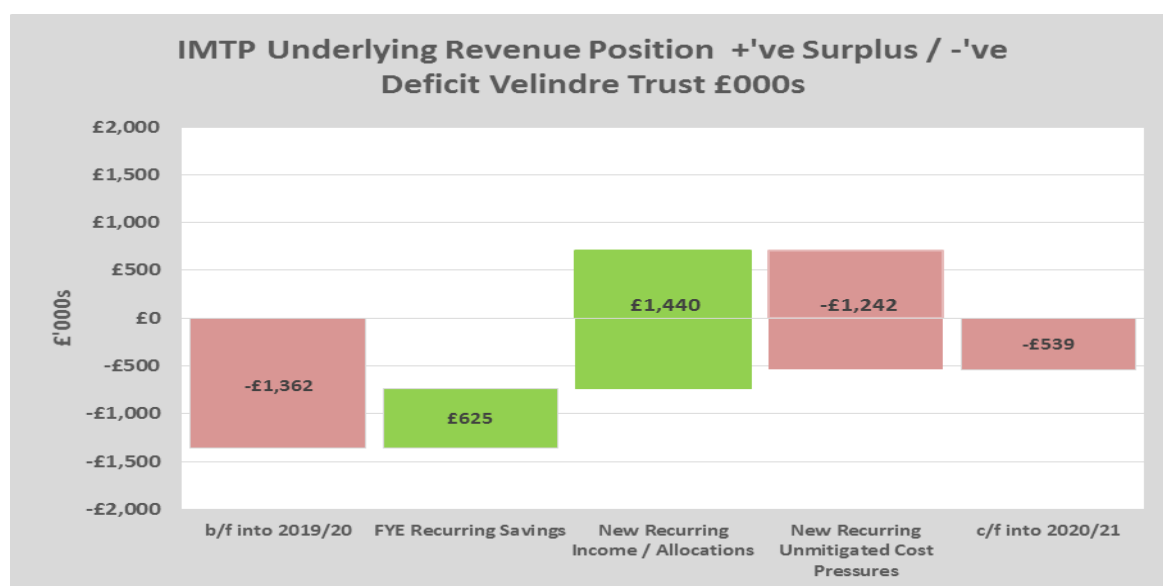
## 1.1 Purpose

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 2019-20.

## 1.2 Background

The Trust Financial Plan for 2019-20 was set within the following context.

- The Trust submitted a balanced Integrated Medium Term Plan (IMTP), covering the period 2019-20 to 2021-22 to the Welsh Government on 31 January 2019. The IMTP was submitted on the basis of delivering financial balance for each of the three years.
- The IMTP included an underlying **deficit of £1,362k brought forward from 2018-19** and **new unavoidable and unfunded cost pressures** in 19-20 of **£1,242k**, offset by **new recurring income of £1,440k** (£697k: recurring element (£551k) and FYE (£146k) of 19-20 income generation savings schemes + £743k: income released from 19-20 non-recurrent cost pressures) **and recurring savings** from 19-20 of **£625k**.
- The **underlying deficit forecast to be carried forward into 2020-21 is £539k** as part of the 2019-2022 IMTP planning process:-



Underlying Position –Deficit / (+Surplus) £000s	b/f into 2019/20	FYE Recurring Savings	New Recurring Income	New Recurring Unmitigated Cost Pressures	c/f into 2020/21
Velindre NHS Trust	-1,362	625	1,440	-1,242	-539
Underlying Deficit as a % of Total Spend	1.13%				0.45%

The graph / table above show the IMTP Financial Plan movement from the b/fwd underlying deficit of £1,362k to the forecast outturn underlying deficit of £539k, reflecting recurrent and FYE impact of new cost pressures, identified savings plans and new income.

B/fwd and forecast c/fwd deficits analysed by Divisions	2018-19 b/fwd opening underlying position £000	2019/20 forecast c/fwd underlying position £000
Velindre Cancer Centre (VCC)	(882)	(231)
RD&I	(329)	(200)
Welsh Blood Service	0	0
Corporate Services	(151)	(108)
Health Technology Wales	0	0
<b>Total c/fwd underlying recurrent deficit</b>	<b>(1,362)</b>	<b>(539)</b>

The table above analyses the B/fwd and forecast c/fwd underlying position by division identifying the reduction across VCC, RD&I and corporate. This reduction is being achieved through delivering recurring savings and securing additional income to offset existing underlying deficit cost pressures.

### 1.3 Summary of performance against key financial targets

Summary of the Trust (incl. hosted bodies) revenue financial performance over the past three years is a £115k surplus. The statutory duty is to balance over three years i.e. to ensure that its expenditure is covered by income over a rolling 3 year period.

	2016-17	2017-18	2018-19	3 Yr. Cumulative
Surplus/-Deficit	£000s	£000s	£000s	£000s
NWSSP	12	28	14	54
Velindre Core	23	21	17	61
<b>Velindre NHS Trust</b>	<b>35</b>	<b>49</b>	<b>31</b>	<b>115</b>



## Key Financial Targets (Excluding Hosted Organisations)

(Figures in parenthesis signify an adverse variance against plan)

<b>Revenue KPIs: To ensure net operating costs do not exceed total income</b>	<b>Value £'000</b>	<b>Trend</b>	<b>Forecast Risk</b>
In-month variance - (deficit) / surplus	4	↑	
Year to date variance - (deficit) / surplus	9	↑	
Reported year end forecast variance - (deficit) / surplus	0	↔	
In-month variance against planned savings - (deficit) / surplus	0	↔	
Year to date variance against planned savings - (deficit) / surplus	0	↔	
Forecast (Shortfall) / Surplus in planned savings against savings target requirement to achieve financial balance	0	↔	
<b>Capital KPIs: To ensure that costs do not exceed the Capital Expenditure Limit (CEL) set by Welsh Government</b>	<b>Value £'000</b>	<b>Trend</b>	<b>Forecast Risk</b>
Capital allocation remaining for year	1,863	↓	
Reported year end forecast variance to CEL - (deficit) / surplus	0	↔	
<b>Public Sector Prompt Payment (PSPP) Target: To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice</b>	<b>%</b>	<b>Trend</b>	<b>Forecast Risk</b>
Cumulative year to date % of invoices paid within 30 days (by number)	97.34	↓	

## 2. REVENUE POSITION

*Statutory Target – To ensure net operating costs do not exceed total income.*

### 2.1 Summary Revenue Position

In Month				Cumulative				Forecast			
£3,975 Underspent				£9,320 Underspent				Breakeven			
Type	Cur Month Budget (£'000)	Cur Month Actual (£'000)	Cur Month Variance (£'000)	Type	YTD Budget (£'000)	YTD Actual (£'000)	YTD Variance (£'000)	Type	Full Year Budget (£'000)	Full Year Forecast (£'000)	Forecast Variance (£'000)
Income	(12,375)	(12,370)	(6)	Income	(126,358)	(125,752)	(606)	Income	(140,091)	(139,428)	(663)
Pay	5,259	5,107	152	Pay	55,280	54,101	1,179	Pay	61,098	59,551	1,547
Non Pay	7,116	7,259	(142)	Non Pay	71,078	71,642	(564)	Non Pay	78,993	79,877	(884)
Total	0	(4)	4	Total	0	(9)	9	Total	0	(0)	0

**Summary - £9k underspend to 29<sup>th</sup> February with an outturn forecast of breakeven.**

The Trust has reported a £4k in-month underspend for February '20 and a cumulative position of £9k underspent.

The forecast outturn position for the Trust is breakeven. Commercial income within RD&I is significantly below expectation, WBS are now experiencing an underachievement due to the bone marrow target not being achieved, and private patient income is below target in VCC causing an underachievement on forecasted income. There are a number of non-pay overspends within VCC, WBS and Corporate. These adverse variances are being offset with pay underspends due to vacancies.

### Summary Divisional Financial Performance`

*(Figures in parenthesis signify an adverse variance against plan)*

	Annual Budget £000	In Month Budget £000	In Month Actual £000	In Month Variance £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Year End Projected Variance £000
VCC	31,946	2,907	2,898	9	31,119	31,125	(6)	0
RD&I	(639)	(25)	(12)	(13)	(408)	(133)	(275)	(370)
WBS	21,057	1,897	1,867	29	18,607	18,337	270	300
<b>Sub-Total Divisions</b>	<b>52,364</b>	<b>4,779</b>	<b>4,753</b>	<b>26</b>	<b>49,319</b>	<b>49,329</b>	<b>(11)</b>	<b>(70)</b>
Corporate Services Directorates	5,484	507	507	0	4,960	4,953	6	0
<b>Delegated Budget Position</b>	<b>57,848</b>	<b>5,286</b>	<b>5,260</b>	<b>26</b>	<b>54,278</b>	<b>54,283</b>	<b>(4)</b>	<b>(70)</b>
<b>Heath Technology Wales/ TCS</b>	<b>460</b>	<b>57</b>	<b>57</b>	<b>(1)</b>	<b>503</b>	<b>504</b>	<b>(1)</b>	<b>(0)</b>
Non recurrent measures to achieve financial breakeven - general reserves	0	(21)	0	(21)	0	14	14	70
<b>Trust Position</b>	<b>58,308</b>	<b>5,322</b>	<b>5,318</b>	<b>4</b>	<b>54,782</b>	<b>54,801</b>	<b>9</b>	<b>(0)</b>

NB: The RD&I net budget of £(639)k is after £200k non-rec Trust budget support for 19-20.

## VCC

	Annual Budget £000	In Month Budget £000	In Month Actual £000	In Month Variance £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Year End Projected Variance £000
Income	49,047	4,211	4,220	9	43,466	43,410	(57)	5
Expenditure								
Staff	34,800	2,953	2,981	(28)	31,856	31,482	374	365
Non Staff	46,193	4,165	4,136	28	42,730	43,053	(323)	(370)
Sub Total	80,993	7,118	7,118	0	74,586	74,535	51	(5)
Total	31,946	2,907	2,898	9	31,119	31,125	(6)	0

### VCC Key Issues:

Cost pressures within the position include reduced levels of private patient activity and drug income, largely offset by a number of overachieving income streams such as Medical Physics income from health boards, Radiation Protection income from private companies, and one off income from self-paying patients. In addition funding for budgeted staff involved in the WPAS project who could not be backfilled and contract income for activity over-performance which has not been fully invested in capacity, but delivered though productivity.

A high level of vacancies is leading to a significant pay underspend, which is in part offset by Radiotherapy & Medical Physics agency & bank costs.

Non pay over-spends include the Medical Physics Linac maintenance contract, the new TPS maintenance contract, operational services, an increase in One Wales Palliative care costs without additional funding. There has been a tariff rise in Utilities and the seasonal impact of increased use leading to a utilities over-spend. The increased cost of consumables & stock linked to activity leading to overspends is offset by LTA income over-recovery.

There are a number of other risks and cost pressures which will continue to be managed by budget holders.

## RD&I

	Annual Budget £000	In Month Budget £000	In Month Actual £000	In Month Variance £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Year End Projected Variance £000
Income	4,426	356	325	(31)	3,583	3,082	(501)	(556)
Expenditure								
Staff	2,974	238	225	13	2,664	2,491	174	184
Non Staff	813	93	87	5	511	459	52	2
Sub Total	3,787	331	313	18	3,175	2,949	226	186
Total	(639)	(25)	(12)	(13)	(408)	(133)	(275)	(370)

## RD&I Key Issues:

Following a detailed review undertaken in July commercial income from clinical trials is expected to significantly underachieve against the target set for the year. An underspend is being made against the staff budgets due to vacancies with the net effect being an increasing deficit forecast of £(370)k.

## WBS

	Annual Budget £000	In Month Budget £000	In Month Actual £000	In Month Variance £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Year End Projected Variance £000
Income	17,543	1,574	1,553	(21)	16,217	16,104	(113)	(186)
Expenditure								
Staff	15,867	1,346	1,225	121	13,997	13,477	519	900
Non Staff	22,732	2,124	2,195	(71)	20,828	20,963	(136)	(414)
<b>Sub Total</b>	<b>38,599</b>	<b>3,470</b>	<b>3,420</b>	<b>50</b>	<b>34,825</b>	<b>34,441</b>	<b>384</b>	<b>486</b>
<b>Total</b>	<b>21,057</b>	<b>1,897</b>	<b>1,867</b>	<b>29</b>	<b>18,607</b>	<b>18,337</b>	<b>270</b>	<b>300</b>

## WBS Key Issues:

WBS are expecting to underspend by circa £300k following sustained vacancies within the division following the ongoing organisational and service change.

Income under-achievement to date is a result of under activity in the Bone Marrow service and the loss of plasma sales from a freezer breakdown. The situation in March is not forecasted to improve with current intelligence suggesting that the bone marrow target of seven will again not be met.

Pay underspend is due to vacancies above vacancy factor, with the creation of the Trust COO post leading to a number of WBS senior management changes resulting in vacancies. There are non-pay underspends in collections and Welsh Transplantation and Immuno-genetics Laboratory (WTAIL) which are activity driven. This is being offset by overspends in general services, consumables used for quality assurance processes, the increased running costs of both the Labs, cost pressures in running the Talbot Green site, and the cost of WTAIL test kit Brexit stock.

A further £278k will be spent within non staff during March on blood bags, high resolution testing, and test kits for both next generation sequencing (NGS) and anti-bodies which will be funded from a further release of the pay underspend.

## Corporate

	Annual Budget £000	In Month Budget £000	In Month Actual £000	In Month Variance £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Year End Forecast Variance £000
Income	2,406	281	318	37	1,779	1,845	66	74
Expenditure								
Staff	6,333	613	575	39	5,747	5,652	95	98
Non Staff	1,556	174	249	(76)	992	1,146	(155)	(172)
<b>Sub Total</b>	<b>7,890</b>	<b>788</b>	<b>825</b>	<b>(37)</b>	<b>6,739</b>	<b>6,798</b>	<b>(59)</b>	<b>(74)</b>
<b>Total</b>	<b>5,484</b>	<b>507</b>	<b>507</b>	<b>0</b>	<b>4,960</b>	<b>4,953</b>	<b>7</b>	<b>0</b>

## Corporate Key Issues:

Overachievement on income from additional bank interest following the increase in interest rates last year. A pay underspend as a result of corporate carrying on average 7 vacancies throughout the year.

Non Pay pressures include non-achievement of CIP targets which were set following the loss of SLA income and not receiving expected 2016/17 pay award income, general inflationary costs, and an increased spend within Estates on statutory and mandatory compliance within VCC.

The non-pay overspend is being offset by non-recurrent staff vacancies and the overachievement of bank interest.

## 2.2 Income – £(606)k under target / Forecast outturn position - £(663)k

The income adverse variance is made up of the following key variances.

### WBS - £(113)k under target / Forecast £(186)k under target:-

- Underachievement to date on Bone Marrow (BM) activity below target £(94)k, Neqas £(21)k due to reduced scheme participation, and the loss of plasma sales £(53)k due to a temporary freezer breakdown and faults, offset by over achievement to date on renal £19k and wholesaling £12k and other small balances across multiple departments.
- Forecast outturn position is expected to further underachieve to circa £(186)k, with current intelligence suggesting that bone marrow participation will only be four against a target of seven during March which will cause a net impact of £(60)k against the income position.

### VCC - £(57)k under target / Forecast £5k over achievement:-

- £(236)k from reduced private patients income related to both activity and drugs, partly offset with one off self-paying patient income £54k and an overachievement on homecare drugs £26k.

- Additional Medical Physics HEIW HSST Training Income £55k, an increase in Calman income £30k, a £34k growth in the Radiation Protection private company SLA income, and a £33k overachievement in catering following the introduction of a new contactless pay system, along with an over achievement on contract income which is largely offsetting the current shortfall in target.
- There are a number of other smaller variances both positive and negative which are being managed within the overall position such as a seasonal drop in gift shop sales which will not recover before this financial year end.
- The outturn position is now expected to achieve the income target with the potential of a small surplus with the reduction in private patient income being offset with the overachieving income streams as detailed above.

#### **RD&I - £(501)k under target/ Forecast £(556)k under target:-**

- Commercial income is significantly below budget and an under achievement of £(556)k is forecast.
- Underspends within both pay and non-pay due to a reduction in clinical trial activity is offsetting part of the reduction in commercial income.

#### **Corporate - £66k over target/ Forecast £74k over target:-**

- £39k overachievement on bank interest following the increase in interest rates last year. £18k one off income following recovery of expenditure within non-pay relating to an insurance claim, £31k relating to a pension rebate and £18k from HEIW for the development of an APP.
- Partly offset by £(36)k of charity income that is under target which is normally received to pay for certain posts funded by the Charity. These posts are currently vacant and so no income is currently being received. This under recovery of income is offset by an equivalent projected underspend on the staff budget.
- Forecast outturn position is expected to be circa £74k over target.

#### **ACTIONS:**

#	Action	Lead	By When
1	<p><b>RD&amp;I revised financial strategy &amp; plan to be approved by EMB. The revised plan includes opportunities and decisions required in order to generate additional net income to improve performance against the net income target.</b></p> <p><b>Following detailed review of the RD&amp;I plans and associated financial plans the income is forecast to under-recover by £(556)k at year-end.</b></p>	<b>Executive Medical Director</b>	<b>Ongoing</b>

2	<p><b>Invest LTA marginal income for activity increases in sustainable medical, radiotherapy and SACT capacity in VCC to enable current activity levels to be sustained and increased.</b></p> <p><b>A proportion of the marginal activity income has been invested in the cost of providing additional capacity.</b></p>	<b>Director of VCC</b>	<b>Ongoing</b>
3	<p><b>Continue to negotiate with commissioners for additional funding for radiotherapy backlog and demand growth business cases.</b></p> <p><b>Two of the Trusts three main commissioners have agreed to fund the radiotherapy backlog and demand growth costs in 2019-20 subject to the anticipated activity growth being realised. They have also agreed to fund the demand growth in 2020-21 if it is sustained.</b></p>	<b>Director of VCC &amp; Director of Finance</b>	<b>Ongoing</b>
4	<p><b>Develop a private patient strategy and action plan to ensure all existing activity is captured and invoiced and additional work is attracted to generate additional income.</b></p> <p><b>Discussion is currently taking place around securing resource to help VCC develop and implement a private patient strategy that will increase income and net contribution to support NHS services.</b></p>	<b>Executive Medical Director &amp; Director of VCC</b>	<b>Mar '20</b>
5	<b>Ensure VAT savings target on Homecare drugs is fully achieved in 2019-20.</b>	<b>Director of VCC</b>	<b>Mar '20</b>
6	<b>Identify and implement actions that ensure that the current WBMDR income target is at least delivered.</b>	<b>Director of WBS</b>	<b>Mar '20</b>

### **2.3 Pay - £1,179k underspent/ Forecast outturn position £1,547k underspent**

Pay expenditure underspends for the period to date are primarily due to vacancies in excess of vacancy factor in VCC, WBS and Corporate as a result of natural turnover, maternity leave and long-term sickness as well as organisational & service change leading to increased staff turnover and senior management vacancies.

#### **WBS - £519k underspent / Forecast £900k underspent:-**

- There are circa 35wte vacancies within service as at end of February. The budget for vacancies agreed as part of the savings schemes has been netted off against the divisional savings target (CIP). The underspend of £519k to M11 is due to vacancies above the vacancy factor target of £413k, and the re-phasing of pay contingency funding to offset the cost of Brexit stock purchased.

- The staff underspend is increasing in line with vacancies arising as a result of the organisation and service changes, recruitment is being targeted to ensure service is sustained.
- WBS have been rephrasing the staff budget in preparation for non-staff spend such as blood bags, high resolution testing, and test kits for both NGS and anti-bodies which will be spent in March.
- Allowing for this rephrasing the pay outturn underspend position is expected to be circa £900k.

#### **VCC - £374k underspent / Forecast £365k underspent:-**

- There are circa 32wte vacancies within VCC as at the end of February. The Division has achieved £1,884k of vacancy savings to M11 which is being partly offset by the £(1,134)k cost of agency and bank staff to backfill posts. The £374k underspend is above the divisions vacancy factor target.
- The division is expecting to push on recruitment for both BI (Business Intelligence) and Nursing staff which is expected to reduce the monthly accumulating underspend to an outturn position of circa £365k under spent.

#### **RD&I - £174k underspent/ Forecast £184k underspent:-**

- The underspend year to date is due to vacancies mainly within the Clinical Trials Unit due to reduced clinical trials activity.
- The forecast assumes a continuing trend with an outturn position of circa £184k underspent.

#### **Corporate - £95k underspent/ Forecast £98k underspent**

- There are currently 7 vacant posts accumulating a £95k under spend year to date. These vacancies are partly backfilled by agency, with a further offset from an expected income underachievement for Charity funded posts.
- There is an assumption agency costs will gradually reduce to zero as permanent members of staff are recruited although this is taking longer than anticipated and will now not impact on this financial year.

#### **HTW - £17k underspent/ Forecast – breakeven**

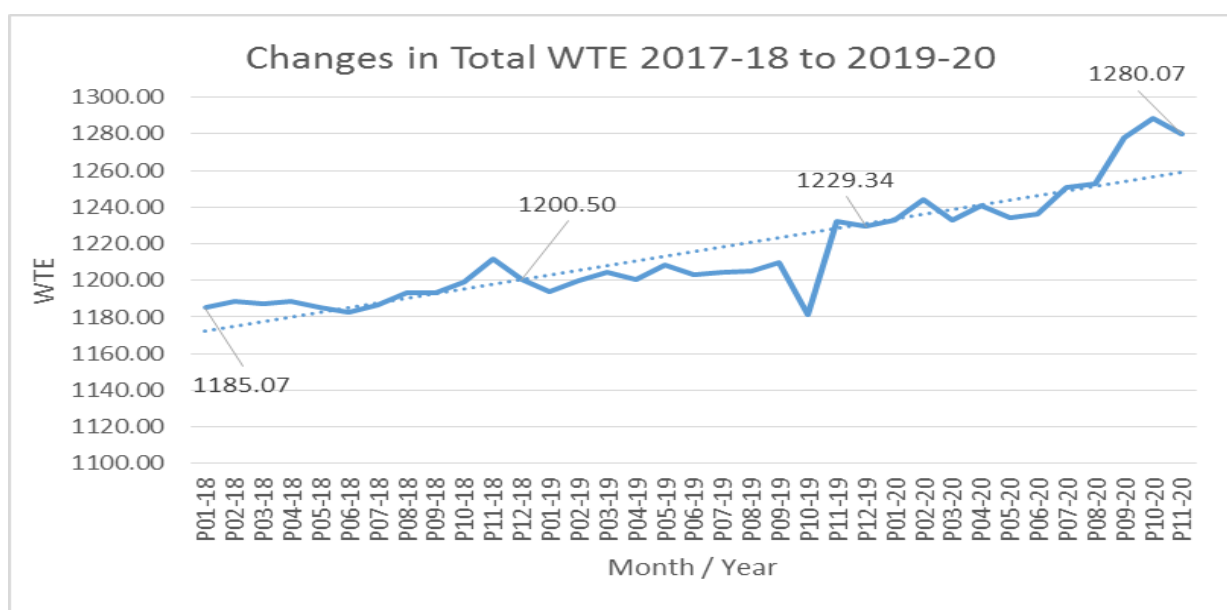
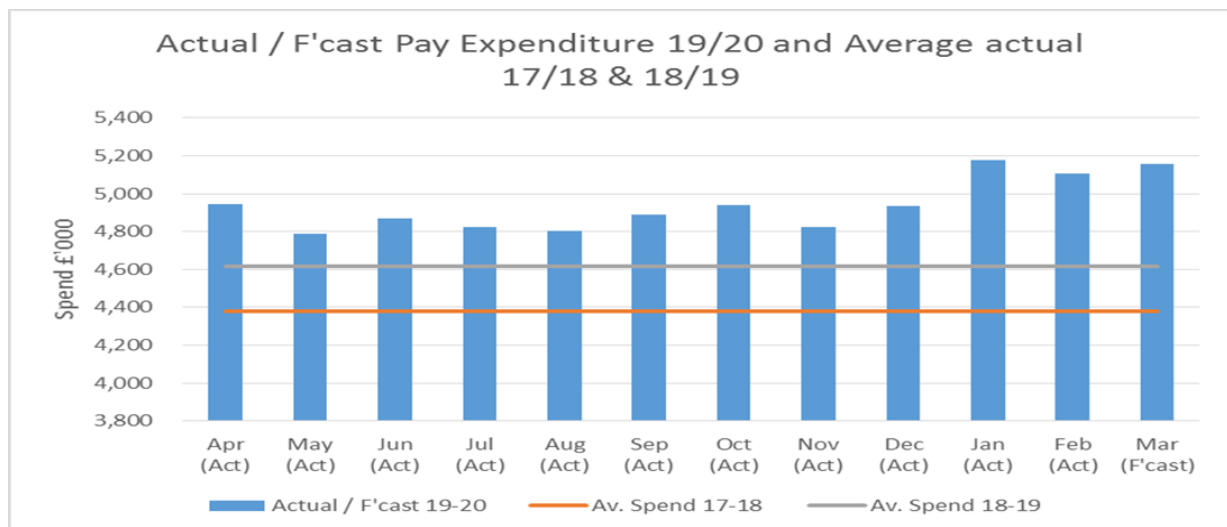
- HTW are fully funded by WG. Any underspend within pay will be offset by an over spend in non-pay resulting in a balanced position overall.

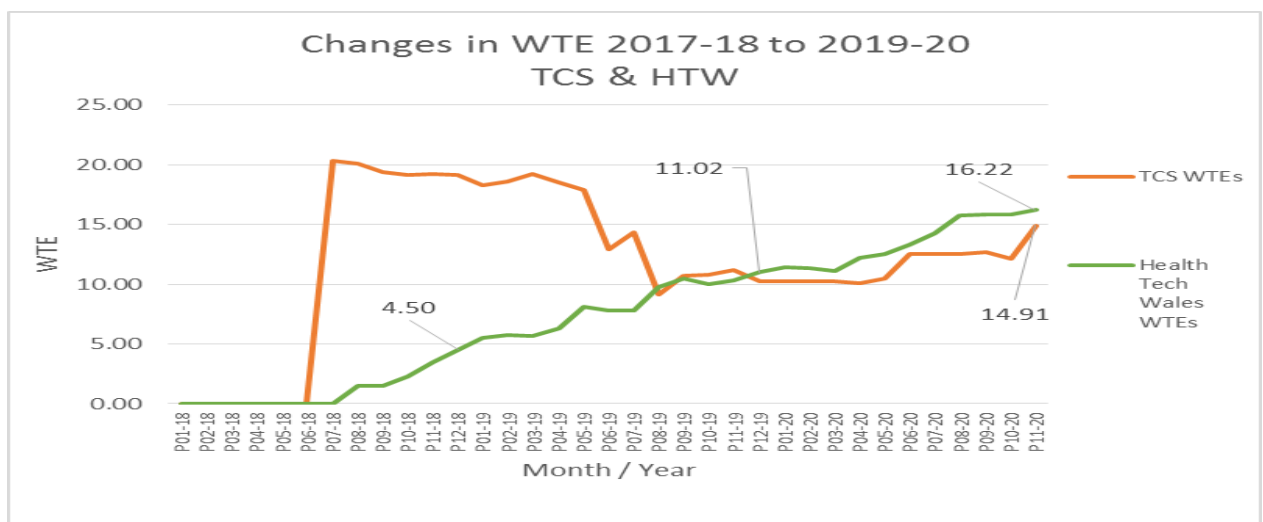
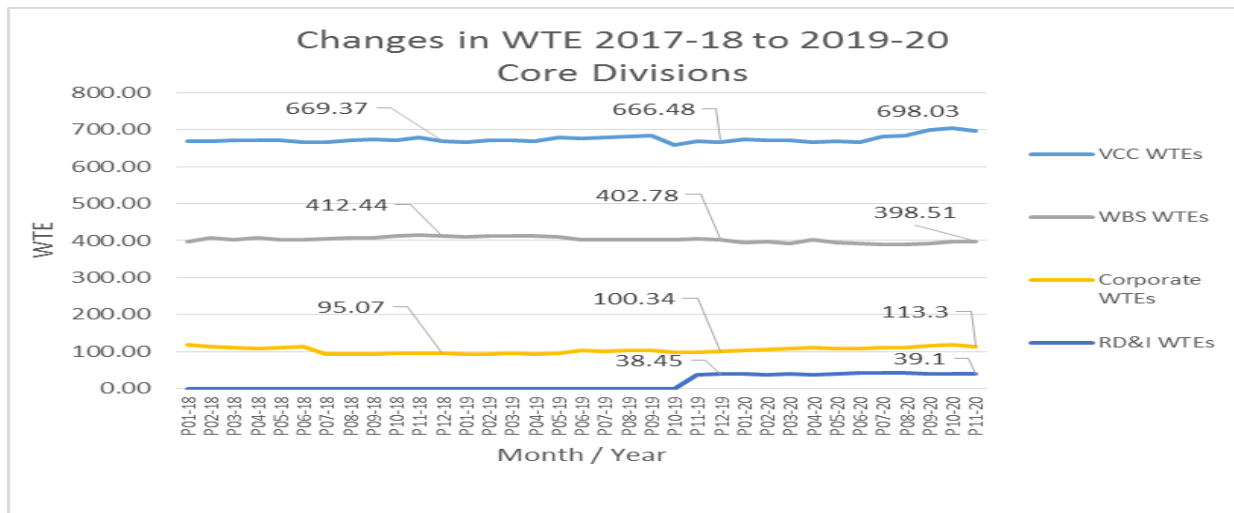
#### **Pay Spend Trends (Run Rate)**

Pay spend in 18-19 was 5.4% (£2.9m) above 17-18. 3% (£1.6m) can be accounted for by pay award. The other £1.3m relates to additional 29wte staff recruited, incremental increases, accrual for holiday pay relating to overtime, agency & other premium pay increases,.

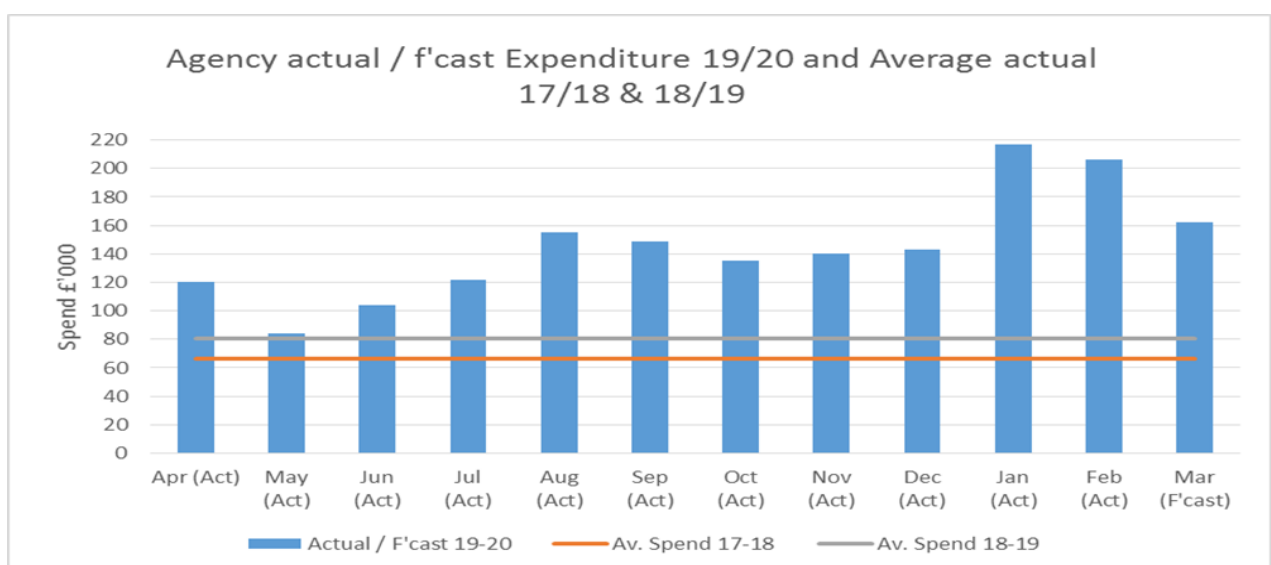


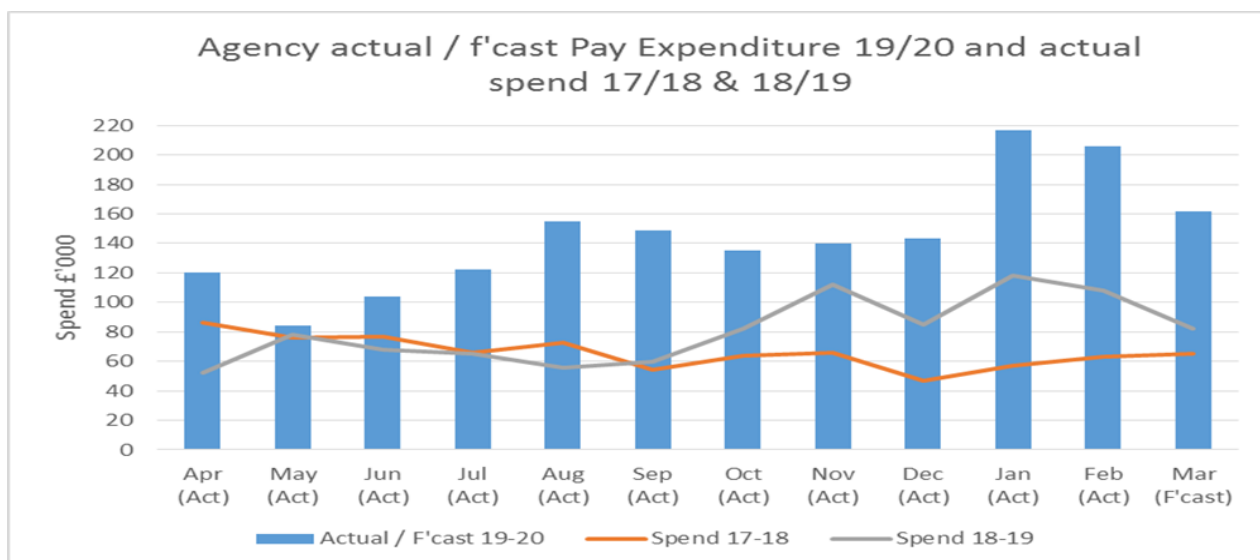
The pay spend for 19-20 to M11 is 6.1% above av. pay 18-19. 3% can be accounted for by pay award. 1.3% (£617k to M11) relates to an increase in use of agency staff. The remaining difference is a result of the additional staff recruited since the end of March'19 (c50wte), staff who have received re-grades, and the cost of incremental increases.





## Agency / Premium Pay Spend Trend (Run Rate)





Agency / premium cumulative pay spend to January'20 was £1,249k, averaging £152k per month compared to the £81k monthly average in 18-19. This is a 65% increase

The majority of the agency spend relates to VCC radiotherapy and medical physics staff, the recent recruitment of Business Intelligence (BI) agency staff to support delivery of the IT Digital Strategy, along with admin & clerical spend across all Divisions including Corporate.

The radiotherapy agency staff in VCC are being used to enable additional capacity to be delivered to meet increased activity and ensure waiting time targets are met, as well as cover substantive vacancies. VCC has plans to recruit substantive staff to replace the radiotherapy agency staff covering vacancies, however the availability of staff to fill these vacancies across the UK is limited. Any further increases in radiotherapy capacity would also need to be staffed initially using agency.

An additional 2 WTE Medical Physics posts have been appointed in VCC during the year following an increase in activity.

Three BI agency contractors have been recruited on a temporary basis following the Trust receiving funding for Digitalisation. This has resulted in a cost increase for the final quarter of the year.

The forecast spend for 19-20 reflects the original VCC & Corporate plans to reduce agency spend by recruiting substantive staff. However, recruitment is taking longer than anticipated, but also agency use to provide additional capacity to meet waiting times was not anticipated. Therefore, with the additional BI staff being recruited agency costs are now expected to increase over the final months of the financial year.

#### ACTIONS:

#	Action	Lead	By When
1	Implement the VCC Workforce Modernisation and Sustainability Work stream actions to ensure establishment of a sustainable workforce that also	Director of VCC	Ongoing

	<p><b>delivers value based healthcare. This will be achieved through modernisation of the workforce including review of roles, extending working days and matching capacity and demand, management of variable pay, job planning, service transformation and pathway re-design.</b></p> <p><b>VCC to review the systems &amp; processes for approving agency spend to ensure they are robust and involve senior management and budget holder review as with filling substantive posts through the scrutiny panel process.</b></p>	<b>Senior Finance &amp; Workforce Business Partners</b>	<b>Ongoing</b>
<b>2</b>	<b>Implement the Blood Supply Chain 2020 programme strategy to ensure workforce is re-designed to deliver the improved value.</b>	<b>Director of WBS</b>	<b>Ongoing</b>
<b>3</b>	<b>RD&amp;I strategy and financial plan to identify opportunities for increasing innovation income to cover innovation staff salaries as a minimum.</b>	<b>Executive Medical Director</b>	<b>Ongoing</b>

#### **2.4 Non Pay - £(564)k overspent/ Forecast outturn Position £(884)k overspent**

The non-pay adverse variance of £(564)k is made up of overspends in VCC £(323)k, Corporate £(155)k, WBS £(136)k and HTW £(17)k offset by a £52k underspend in RD&I and £14k of reserves phased into the M11 position.

The main reasons for variances are:-

#### **WBS - £(136)k overspend / Forecast £(414)k overspent**

- Underspends on Collection Services £127k linked to activity reduction & timing of purchases, offset by general services, cost pressure in utilities and running costs of both the Lab's and Talbot Green sites including blood bags £(224)k, the purchase of consumables for quality assurance £(56)k, and WTAIL Brexit test kit purchase £(26)k.
- Other small underspends on cell salvage clinical services and provisions for legal fees make up the remaining difference.
- Forecast position of circa £(414)k reflects additional purchase blood bags and stock £73k, high resolution testing £80k, test kits for NGS £25k and anti-bodies £100k.

#### **VCC - £(323)k overspend/ Forecast £(370)k overspent**

The key overspends are in Med Physics for Linac Maintenance £(180)k, which relates to an 18-19 cost pressure and the introduction of the new TPS planning system maintenance contract £(149)k, which have been funded on a non-recurrent basis from VCC reserves.

VCC have released £328k of non-recurrent savings from the divisional reserves to fund the TPS system in physics management and the Linac maintenance costs.

- Other overspends are in Nursing, Pharmacy and Radiology stock & consumables linked to activity over-performance £(228)k, backdated IT costs £(57)k, the increase in costs from spend on One Wales Palliative care £(46)k, utility tariff rises and increased energy consumption during the winter period £(120)k, general overspend within operational services for security, grounds maintenance etc £(45)k. along with an under achievement of £(136k) against the management savings target (CIP).
- These overspends are being partly offset by a general underspend in Radiotherapy £54k, and a saving with a free year maintenance on the Nuclear Medicine contract £46k. Further underspends are being recognised within the research labs on medical equipment and gases £61k, an expenditure decrease in General Drugs £179k.
- Other miscellaneous expenditure and underspends across various departments make up the remaining variance.
- Forecast position assumes that the non-pay pressures listed above will be partly managed through further slippage and savings with an outturn overspend position of circa £(370)k expected. This forecast overspend will be managed through the pay underspend.

#### **Corporate - £(155)k overspend/ Forecast £(172)k overspent**

- Corporate is currently holding an unallocated CIP savings target of £(66)k. This risk has been partly mitigated down to £(50)k for 19/20 using money bfwd from 18-19 on a non-recurrent basis. There will be an in month variance accumulating to account for this. In addition estates have spent or committed circa £80k on statutory compliance improvements and staff training in excess of budget, following additional testing and surveys within VCC.
- Forecast outturn position is expected to be circa £(172)k with the non-staff departmental budgets being under increased pressure to achieve breakeven following years of cost inflation increases against a static budget.

#### **RD&I - £52k underspend/ Forecast £2k underspent.**

- There are a number of underspends across several projects, with some external recharges expected in the final months reducing the expected outturn underspend to circa £2k.

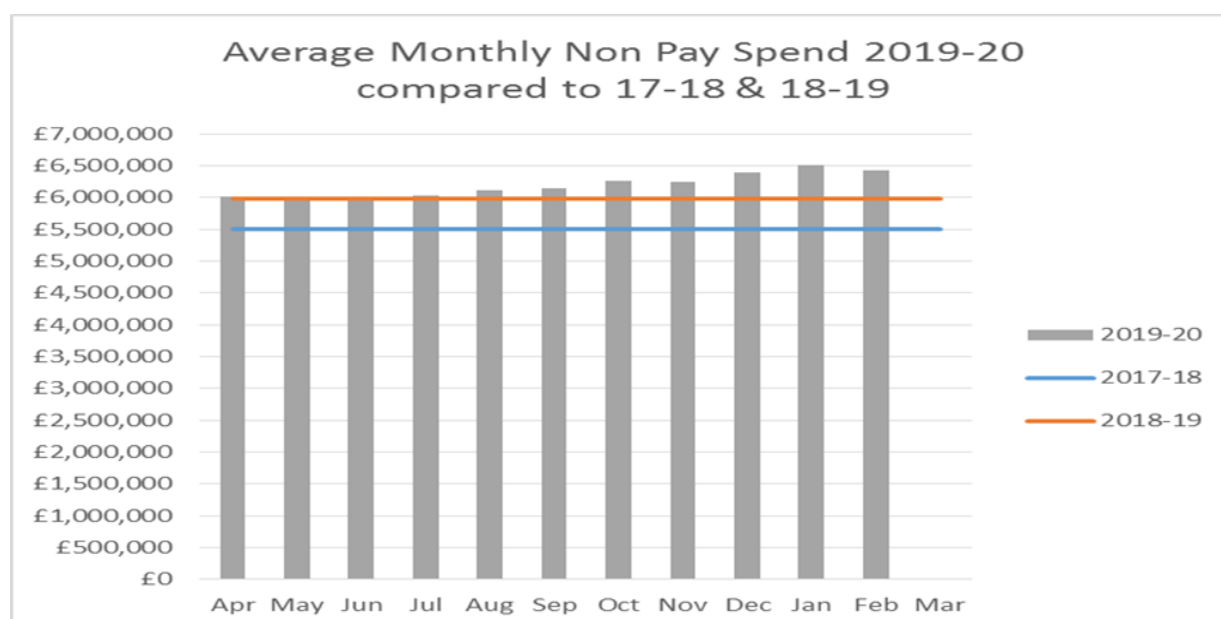
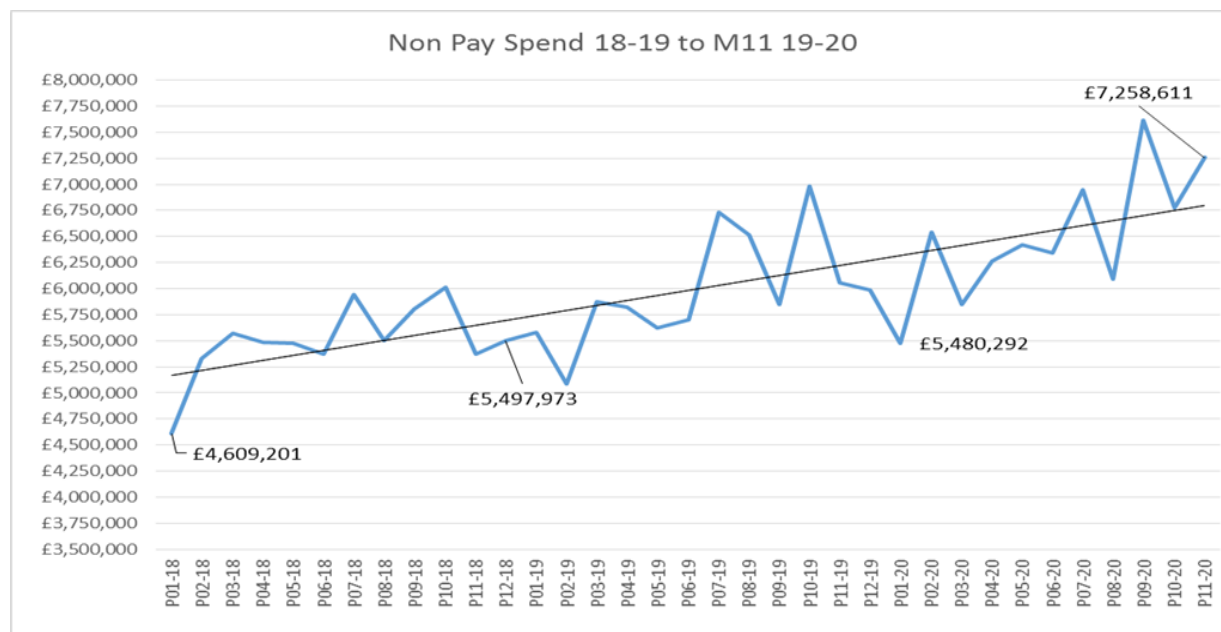
#### **Health Technology Wales - £(17)k overspend/ Forecast - breakeven.**

- The £(17)k overspend on non-pay is offset by a £17k underspend on pay, with a balanced position overall. HTW is fully funded by WG.

As well as the main area's identified above, there are a number of other over/under spends across divisions to ensure the Trust achieves an outturn position of breakeven.

## Non Pay Spend Trend (Run Rate)

Non-pay (c£71.8m) av. monthly spend increased by c£500k (9%) from £5.5m in 17-18 to £6m in 18-19. The monthly av. for 19-20 to M11 has increased slightly too just under c£6.2m following the spend increase over the last couple of months.



The largest part of the non-pay spend relates to VCC NICE / HCDs and WBS commercial blood products both of which are funded by commissioners on an actual cost basis with no financial risk to Velindre Trust.

Analysis of the key non-pay run rates behind the above summary is undertaken each month in order to understand where costs are increasing and take corrective action to mitigate the cost growth where possible.

## **1.5 Cash Releasing Saving Plans Performance as at January '20**

The Trust established a savings requirement of £1,833k for 2019-20. £1,504k of this total arrives from identified savings plans and income generation, with the remaining gap of £329k being made up by an additional £129k income target for RD&I and £200k of non-recurrent financial support to the RD&I position from Trust accountancy gains.

Within the identified savings, £1,504k of the schemes are now RAG rated as green, The private patient scheme £(71)k in VCC, and the WBS £(100)k and VCC £(50)k procurement schemes have been re-classified from amber to red on the basis that the savings will not be achieved in the current year. These schemes have been replaced with non-recurrent vacancy savings which will result in the Trust total savings being fully achieved during the financial year, albeit increasingly on a non-recurrent basis. The savings are now categorised as £1,076k (72%) recurrent and £428k (28%) non-recurrent.

As of December the two procurement national and local value plan savings schemes were yet to identify any cost reduction savings, although there are some cost avoidance savings identified. The divisions will continue to work with the NWSSP procurement team to identify cost reduction savings for next financial year, however the assessment now is that no procurement savings will be delivered in this financial year.

The Trust agreed as part of the IMTP submission a carried forward underlying deficit of £(539)k into 2020/21. It is important that the full year effect of recurrent savings is recognised in order to maintain future financial positions.

Following guidance from Welsh Government (WG) only those schemes that are RAG rated green or amber according to specific criteria can be included within the Trust's IMTP submission. The Divisions will need to ensure that there are robust delivery plans in place for 2020/21.

A detailed analysis of the Trust savings schemes and performance is given in **Appendix 1**.

### **ACTION: VCC & WBS DIRECTORS**

**The procurement savings plans submitted into the 2020-2021 IMPT that are currently assessed as amber in terms of deliverability need to be reviewed and action agreed as to how procurement savings targets are identified and the governance process that needs to be put in place to ensure those targets are delivered.**

	£'000	£'000
<b>Total Savings &amp; Income Generation Requirement</b>		1,504
<b>Total Savings &amp; Income Generation Schemes</b>		1,504
<b>Gap in plan to requirement</b>		0
<b>Forecast Savings Summary Position</b>		878
Green Schemes	950	
Amber schemes	0	
<b>Total Savings Plan</b>		950
<b>Surplus in Forecast Savings actual to plan</b>		71
<b>Forecast Income generation position</b>		625
Green Schemes	554	
Amber Schemes	0	
<b>Total Income Generation Plan</b>		554
<b>Gap in Forecast Income actuals to plan</b>		-71
<b>Forecast Savings &amp; Income Generation</b>		1,504
Green Schemes	1,504	
Amber schemes	0	
<b>Total Savings &amp; Income Generation Plan</b>		1,504
<b>Gap in forecast actuals to plan</b>		0

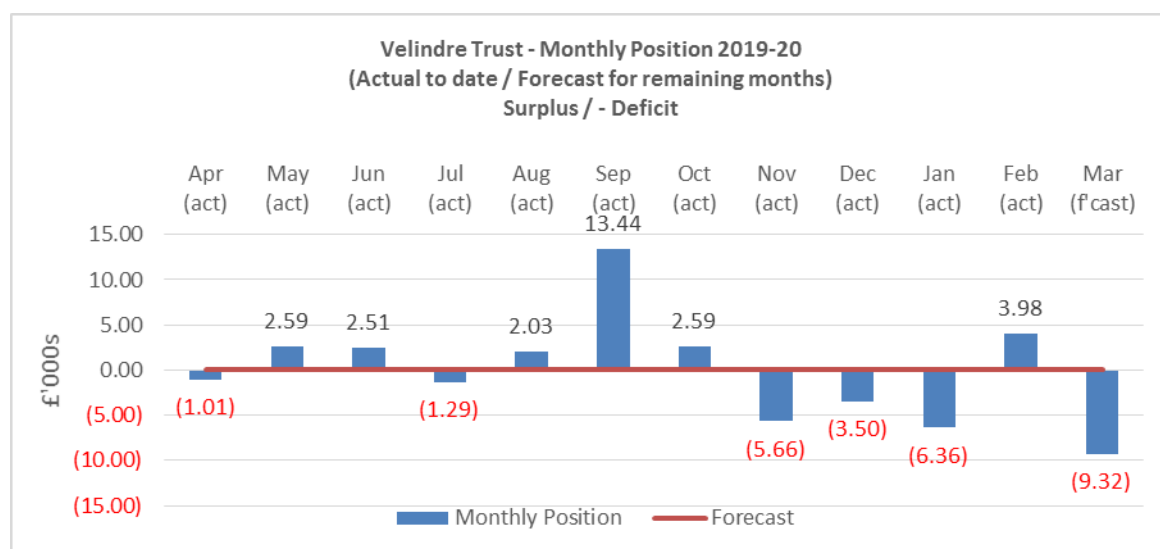
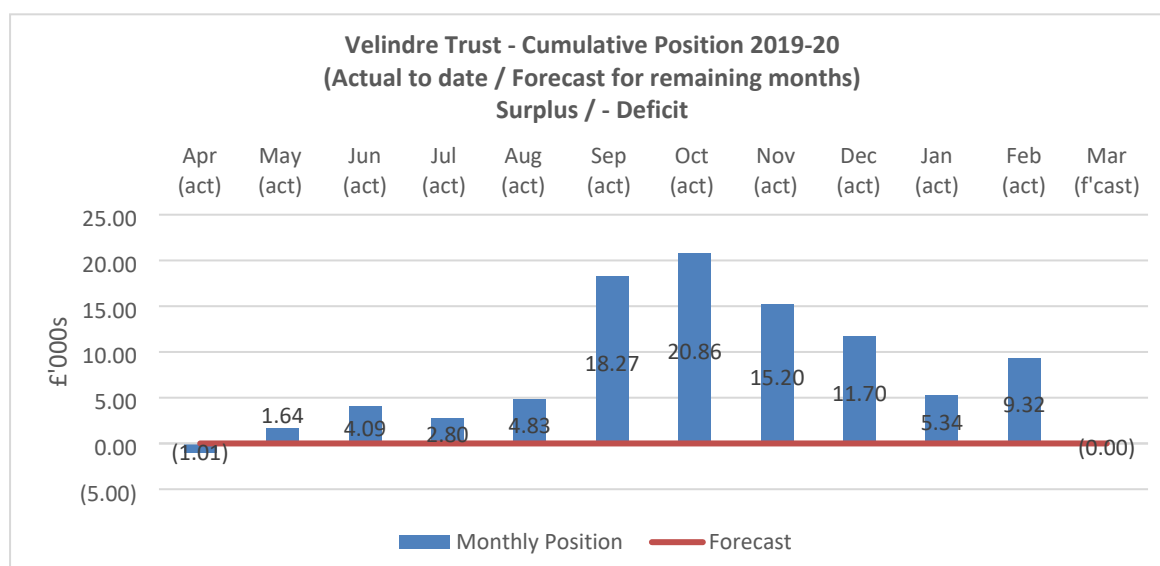
ORIGINAL PLAN		TOTAL £000	Planned YTD £000	Actual YTD £000	Variance YTD £000	Fcast Full Year £000	Variance Full Year £000
VCC TOTAL SAVINGS	826	744	682	(62)	747	(79)	
			93%		91%		
WBS TOTAL SAVINGS	560	548	528	(20)	540	(20)	
			99%		105%		
CORPORATE TOTAL SAVINGS	118	108	108	0	118	0	
			100%		100%		
TRUST TOTAL SAVINGS IDENTIFIED	1,504	1,400	1,318	(82)	1,405	(99)	
TRUST ADDITIONAL NON-REC VACANCY SAVINGS	0	0	82	82	99	99	
TRUST TOTAL SAVINGS	1,504	1,400	1,400	0	1,504	0	
			100%		100%		
ADDITIONAL INCOME TARGET IN RD&I	129						
NON-RECURRENT FINANCIAL SUPPORT TO RD&I BY UTILISATION OF ACCOUNTANCY GAINS	200						
TOTAL	1,833						



### 3. YEAR END REVENUE FORECAST OUTTURN POSITION AND KEY RISKS & OPPORTUNITIES

#### 3.1 Revenue Forecast Outturn Position

The graphs below show the actual and forecast monthly and cumulative revenue financial performance. There are small monthly under / overspends, with a forecast break-even year-end position.



#### 3.2 Reserves

The financial strategy for 2019-20 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 with £582k (includes £60k of non-recurrent money) available in

the current year, and circa £500k accessible from 2020/21 onwards. The identified available funding is shown below:-

<b>Recurrent</b>	<b>£657k</b>
<b>Non recurrent</b>	<b>£324k</b>

<b>Additional Recurrent funding made available by Trust</b>	<b>£k</b>
Funding available from commissioners / savings	1,182
Allocated to cover 2019-20 staff incremental cost increases	-525
<b>Available recurrent funding</b>	<b>657</b>

<b>Additional Non-recurrent funding made available by Trust</b>	<b>£k</b>
Part release of emergency contingency reserve	150
Accountancy adjustments - Balance Sheet write backs	300
<b>Total non-recurrent funding</b>	<b>450</b>
Allocated to cover non-recurrent cost pressures identified in IMTP	-126
<b>Available non-recurrent funding</b>	<b>324</b>

The position of the reserve at Month 11 is shown below:-

	2019/20	
	Recurrent Funding/ Commitment £k	Non Recurrent Funding/ Commitment £k
<b>General Reserves</b>		
Underlying Position B/F from 2019/20		
<b>Reserve funding as per Financial Strategy</b>	<b>657</b>	<b>324</b>
<b>HMRC - Release of provision / Settlement of VAT claim Accountancy Gains</b>		<b>350</b>
<b>Available funding</b>	<b>657</b>	<b>674</b>
<b>Commitments/ Potential Allocations Identified</b>	<b>(529)</b>	<b>(1,206)</b>
<b>Remaining available reserve funding / (Savings to be Delivered)</b>	<b>128</b>	<b>(532)</b>

	2019/20	
	Recurring £k	Non-Recurring £k
<b>Emergency Reserve</b>		
<b>Available funding (Includes 60k non-recurrent in 2019/20)</b>		<b>582</b>
Allocation to Divisional Budget		(70)
<b>Remaining available Emergency Reserve funding</b>	<b>0</b>	<b>512</b>
<b>Total combined reserve funding</b>	<b>128</b>	<b>(20)</b>

### 3.3 Trust summary outturn and carried forward underlying recurrent deficit

The table below identifies the 2018-19 brought forward recurrent underlying deficit of £(1,362)k by division, alongside the forecast year-end outturn of £(300)k deficit, before utilisation of reserves. The Trust has committed in its IMTP to reducing its underlying deficit to £(539)k by the end of 2019-20.

<b>B/fwd and forecast c/fwd deficits analysed by Divisions</b>	<b>2018-19 b/fwd opening underlying position £000</b>	<b>2019/20 forecast year-end outturn position £000</b>	<b>2019/20 forecast c/fwd underlying position £000</b>
Velindre Cancer Centre (VCC)	(882)	0	(231)
RD&I	(329)	(300)	(200)
Welsh Blood Service	0	0	0
Corporate Services	(151)	0	(108)
Health Technology Wales	0	0	0
<b>Total (deficit) / Surplus</b>	<b>(1,362)</b>	<b>(300)</b>	<b>(539)</b>

The reduction of the underlying deficit and offsetting of new cost pressures together with the management of key risks to achieve a breakeven position at M10 is being achieved through:-

- Divisional measures focussing on delivery of agreed savings targets and additional savings plans or cost constraint to manage the new cost pressures arising since the development of the IMTP Financial Plan.
- Use of the Emergency Contingency Reserve of £582k set aside as part of the IMTP financial Plan to cover unforeseen financial risks that arise during the year.

Currently identified key financial risks of £(200)k and opportunities of £300k are identified in section 3.4 below.

### 3.4 Summary of key risks & opportunities

The table below summarises the financial risks & opportunities highlighted to Welsh Government. These are described in more detail, together with any mitigating actions in appendix 2.

	FORECAST YEAR END		
	Worst Case	Likelihood	Best Case
	£'000		£'000
<b>Current Reported Forecast Outturn</b>	<b>0</b>		<b>0</b>
<b>Risks (negative values)</b>			
Private Patient Income	0		
NHS Pensions - Final Pay Controls	(200)	Low	
<b>Opportunities (positive values)</b>			
Vacancy Turnover	0		0
Intellectual Property Income	200	High	300
<b>Total Risks /Opportunities</b>	<b>0</b>		<b>300</b>

### VCC, RD&I & WBS Risks

The loss of private patient income remains a risk to the Trust, but will be fully covered on a non-recurrent basis within the Trust financial position during 2019/20.

NHS Pension final pay controls – From April 2014, if a member of the NHS pension scheme receives an increase to pensionable pay in the last three years prior to leaving the scheme that exceeds the allowable amount then the Trust will be liable for a final pay control charge. So far the Trust has identified two members that this affects and work is ongoing to establish if there are any further charges. Worst case currently estimated at £200k.

### VCC, RD&I & WBS Opportunities

The increased vacancy factor has been removed from the opportunities table as the increase is being used to help support the loss of income from private patients, the WRP risk share increase, and the procurement failed savings plans.

The Trust is close to signing an agreement around the sale of trial data to a drug company. A £300k opportunity has been reflected in the table until negotiations are finalised and the agreement is signed.

## 4. BALANCE SHEET

### 4.1 Summary 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 1<sup>st</sup> Apr '19 and 29<sup>th</sup> February '20 and forecast closing balance as at 31<sup>st</sup> March '20.**

#### Non -Current Assets

The **Increase of £57k** from 1<sup>st</sup> April to 29<sup>th</sup> February 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)

Welsh Government (WG) asked NWSSP and WBS to purchase £7,000k of contingency stock purchases in preparation for Brexit and the potential associated risk around supply chain delays. Approximately half of this stock was purchased prior to 1<sup>st</sup> April. The **increase in stock of £4,749k** from 1<sup>st</sup> April to 29<sup>th</sup> February relates mainly to purchases of further contingency stock.

The Trust has received confirmation from WG that it no longer needs to repay the additional cash it provided to the Trust to purchase the Brexit stock by the end of March 2020. The Trust had planned to start unwinding the additional stock being held from April, however given the precarious situation which has arisen to Covid-19 the Trust will continue to hold this stock until further notice.

##### Trade and other receivables

Of the **increase totalling £104,479k** from 1<sup>st</sup> April to 29<sup>th</sup> February. £86,927k relates to NWSSP WRP. £21,897k is from an increase in WG and HB's receivables which is being offset by a reduction of £3,854k on non NHS receivables. A number of other smaller variances on NHS England, Scotland & Ireland, CCI legal, overseas debts, private patients, university & other government bodies' accounts make up the remaining difference.

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.

##### Cash and cash equivalents

The **reduction in cash of £14,865k** from 1<sup>st</sup> April to 29<sup>th</sup> February is mainly due to £7,500k payment of capital creditors, an increase in debtors and timing issues. Cash levels are being continually monitored using a cash flow forecast in order to maintain appropriate levels.

#### Current Liabilities & Non-Current Liabilities

The **increase in trade and other payables of £37,370k**.

Current Liabilities will move up and down each month depending on timing of when commitments are made, and invoices are received and paid.

**Provisions have increased by £56,033k.** NWSSP has seen a £66,359k increase in the Clinical Negligence provision, a £(7,453)k reduction in legal fees, a £(2,502)k reduction in the personal injury claim, with the remaining £(375)k decrease relating to various other provisions.

	Opening Balance Beginning of Apr 19	Closing Balance End of Feb-20	Movement from 1st April to 29 Feb	Forecast Closing Balance End of Mar 20
<b>Non-Current Assets</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Property, plant and equipment	126,554	130,645	4,091	132,100
Intangible assets	15,041	11,007	(4,034)	14,300
Trade and other receivables	798,646	798,646	0	798,646
Other financial assets				
<b>Non-Current Assets sub total</b>	<b>940,241</b>	<b>940,298</b>	<b>57</b>	<b>945,046</b>
<b>Current Assets</b>				
Inventories	8,960	13,709	4,749	13,709
Trade and other receivables	384,217	488,696	104,479	443,679
Other financial assets				
Cash and cash equivalents	20,948	6,083	(14,865)	20,948
Non-current assets classified as held for sale				
<b>Current Assets sub total</b>	<b>414,125</b>	<b>508,488</b>	<b>94,363</b>	<b>478,336</b>
<b>TOTAL ASSETS</b>	<b>1,354,366</b>	<b>1,448,786</b>	<b>94,420</b>	<b>1,423,382</b>
<b>Current Liabilities</b>				
Trade and other payables	(123,034)	(160,404)	(37,370)	(135,000)
Borrowings	0	0	0	0
Other financial liabilities	0	0	0	0
Provisions	(296,825)	(262,194)	34,631	(262,194)
<b>Current Liabilities sub total</b>	<b>(419,859)</b>	<b>(422,598)</b>	<b>(2,739)</b>	<b>(397,194)</b>
<b>NET ASSETS LESS CURRENT LIAB</b>	<b>934,507</b>	<b>1,026,188</b>	<b>91,681</b>	<b>1,026,188</b>
<b>Non-Current Liabilities</b>				
Trade and other payables				
Borrowings				
Other financial liabilities				
Provisions	(786,329)	(876,993)	(90,664)	(876,993)
<b>Non-Current Liabilities sub total</b>	<b>(786,329)</b>	<b>(876,993)</b>	<b>(90,664)</b>	<b>(876,993)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>148,178</b>	<b>149,195</b>	<b>1,017</b>	<b>149,195</b>
<b>FINANCED BY:</b>				
<b>Taxpayers' Equity</b>				
PDC	108,462	108,462	0	108,462
Retained earnings	12,352	12,362	10	12,362
Revaluation reserve	27,364	28,371	1,007	28,371
Other reserve				
<b>Total Taxpayers' Equity</b>	<b>148,178</b>	<b>149,195</b>	<b>1,017</b>	<b>149,195</b>

## 4.2 Capital Expenditure (Excludes Hosted Bodies)

### 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	Committ ed Orders Outstand ing £000s	Budget Remaining @ M11 £000s	Forecast Year End Spend £000s	Year End Variance £000s
All Wales Capital Programme	6,712	3,900	1,453	1,359	6,712	0
Discretionary Capital	1,911	614	823	474	1,911	0
<b>Sub Total</b>	<b>8,623</b>	<b>4,514</b>	<b>2,276</b>	<b>1,833</b>	<b>8,623</b>	<b>0</b>
Charitable Funded Capital Schemes	30	0	0	30	30	0
<b>TOTAL</b>	<b>8,653</b>	<b>4,514</b>	<b>2,276</b>	<b>1,863</b>	<b>8,653</b>	<b>0</b>

The approved Capital Expenditure Limit (CEL) as at February 2020 was £8,623k for 2019-20 (excl Charity), which is an increase of £4,147k from the original approved funding of £4,476k. The increase relates to All Wales Capital funding for the VCC CT Sim replacement (reduced in November from 2 CT Sims to 1), the VCC Radiotherapy Procurement Solution, the investment in Digitisation, and the recently approved funding for the TCS programme until the end of the financial year.

This incorporates funding from the All Wales Capital Programme £6,712k and discretionary funding of £1,911k.

### 4.2.1 Performance to date

The actual expenditure to February 2020 on the All Wales Capital Programme schemes was £3,900k, of this the largest spend relates to the TCS Programme £1,632k, and £982k spent on the IT - WPAS (CANISC replacement phase 1) scheme. Other spends include VCC – Pharmacy aseptic unit £36k, Treatment planning system £131k, CT Sim Replacement £805k



Radiotherapy Procurement Solution £203k, £98k spent so far on digitisation, and £13k has been spent on the set up costs for the HTW efficiency through technology programme.

The £614k actual spend in discretionary is mainly on the WBS - EMS Scheme for £40k, £348k on the WBS Fleet replacement programme, £59k on WBS facility design fees, £18k on ECG equipment, £50k on Lamba Jet WTAIL, £25k on Haematology Analyser Replacement, ££37k on Boiler Replacement and 31k on IT Schemes. The YTD costs are being partly offset by a return of VAT income.

Discretionary capital funding is either committed to specific schemes or earmarked for specific plans and risks, apart from a small general contingency that will be utilised to deal with emergency capital issues as they arise throughout the year. The Trust is also developing schemes that will be ready to proceed should any further discretionary / year end capital funding be made available.

#### **4.2.2 Year-end Forecast Spend**

The year-end forecasted outturn is expected to see a breakeven.

More details can be found within **Appendix 2**.

#### **4.3 Cash & Cash-flow Forecast (Includes Hosted Bodies)**

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.

In April it was clear that the Trust had a cash-flow problem which has arisen as a result of two key issues:-

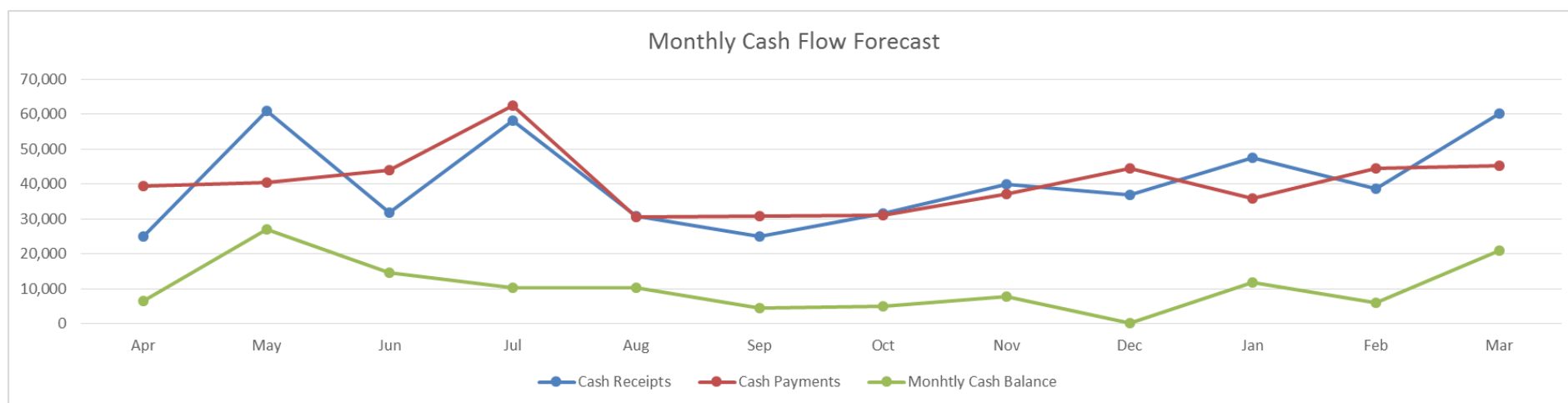
- i. the All Wales Brexit emergency planning stock increases
- ii. transfer of Welsh Education & Development Service (WEDS) to Health Education and Improvement Wales (HEIW)

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.

## Velindre Trust Monthly Cash-flow Forecast 2019-20 as at 29<sup>th</sup> February 2020

		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
	<b>RECEIPTS</b>													
1	LHB / WHSSC income	14,328	15,002	15,161	26,160	20,603	14,450	19,410	20,773	15,145	24,239	15,710	26,386	227,367
2	WG Income	9,852	38,865	13,960	29,345	6,768	8,083	10,721	17,448	21,157	22,047	22,247	28,526	229,019
3	Short Term Loans													0
4	PDC												4,522	4,522
5	Interest Receivable	13	9	10	11	11	11	9	7	7	6	6	6	105
6	Sale of Assets												31	31
7	Other	892	7,043	2,639	2,570	3,367	2,371	1,450	1,716	700	1,202	760	650	25,360
8	<b>TOTAL RECEIPTS</b>	<b>25,085</b>	<b>60,918</b>	<b>31,770</b>	<b>58,085</b>	<b>30,749</b>	<b>24,915</b>	<b>31,590</b>	<b>39,944</b>	<b>37,009</b>	<b>47,494</b>	<b>38,724</b>	<b>60,121</b>	<b>486,403</b>
	<b>PAYMENTS</b>													
9	Salaries and Wages	14,348	14,123	14,052	14,066	14,382	14,497	15,108	14,514	14,579	14,882	14,750	15,135	174,436
10	Non pay items	20,193	25,840	27,203	48,001	16,141	15,855	15,463	22,493	29,734	20,545	27,538	27,321	296,326
11	Short Term Loan Repayment													0
12	PDC Repayment													0
14	Capital Payment	5,000	500	2,800	401	150	450	480	180	150	430	2,300	2,800	15,641
15	Other items													0
16	<b>TOTAL PAYMENTS</b>	<b>39,541</b>	<b>40,463</b>	<b>44,055</b>	<b>62,468</b>	<b>30,673</b>	<b>30,802</b>	<b>31,051</b>	<b>37,187</b>	<b>44,463</b>	<b>35,857</b>	<b>44,588</b>	<b>45,256</b>	<b>486,404</b>
17	<b>Net cash inflow/outflow</b>	<b>(14,456)</b>	<b>20,455</b>	<b>(12,285)</b>	<b>(4,383)</b>	<b>76</b>	<b>(5,887)</b>	<b>539</b>	<b>2,757</b>	<b>(7,454)</b>	<b>11,637</b>	<b>(5,864)</b>	<b>14,865</b>	
18	<b>Balance b/f</b>	<b>20,948</b>	<b>6,492</b>	<b>26,947</b>	<b>14,662</b>	<b>10,279</b>	<b>10,355</b>	<b>4,468</b>	<b>5,007</b>	<b>7,764</b>	<b>310</b>	<b>11,947</b>	<b>6,083</b>	
19	<b>Balance c/f</b>	<b>6,492</b>	<b>26,947</b>	<b>14,662</b>	<b>10,279</b>	<b>10,355</b>	<b>4,468</b>	<b>5,007</b>	<b>7,764</b>	<b>310</b>	<b>11,947</b>	<b>6,083</b>	<b>20,948</b>	



#### 4.4 Public Sector Prompt Payment Compliance (PSPP) (Excluding Hosted Organisations)

*Administrative Target – To pay 95% of non NHS invoices within 30 days measured against number of invoices paid.*

	YTD Previous Month	YTD Current Month
<b>Public Sector Prompt Payment Performance</b>	<b>97.39%</b>	<b>97.34%</b>

During February'20 the Trust (core) achieved a compliance level of 96.8% (January '20: 94.3%) of supplier invoices paid within the 30 day target, which gives a cumulative compliance figure of 97.34% to the end of February 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.

#### 4.5 NHS Invoice Performance (Excluding Hosted Organisations)

	YTD Previous Month	YTD Current Month
<b>NHS Invoice Performance</b>	<b>95.24%</b>	<b>94.89%</b>

During February'20 the Trust (core) paid 88.24% (January 20: 93.81%) of NHS invoices within the 30 day target set by WG. This gives a cumulative position of 94.89% against the 95% target which represents a significant improvement over the earlier part of the year.

It should be noted that although the public sector payment policy does not officially apply to the payment of NHS invoices, Welsh Government has taken a significant interest to ensure payments to other NHS bodies are made within 30 days against the 95% target. As such a target has been included above to show this performance.

## SUMMARY

### 5.1 Summary

- To Month 11 the Trust reported a £9k cumulative underspend against a planned breakeven position. This position is made up of a £(6)k overspend for VCC, a £(275)k overspend for RD&I, £7k underspend for Corporate and a £270k underspend for WBS, and £14k support from the reserves.
- As at Month 11 the Trust is reporting a forecast year-end breakeven position. This position is made up of a forecast breakeven position for Corporate and VCC, an underspend in WBS of £300k, and a £(370)k forecast overspend in RD&I which will be offset by £370k of contingency reserve.
- The Trust £1.8m savings target is currently being achieved to date with a forecast full delivery by year-end. Divisional SMTs need to ensure that robust savings plans are in place for next financial year following three schemes turning red during the current financial year.

### 5.2 Update on New Long Term Agreement (LTA) Contracting Framework

The Trust remains in negotiation with Commissioners regarding the implementation of the new contracting framework from the 1<sup>st</sup> April 2020. Progress has been made during the last month with draft documentation being drawn up by Velindre and shared with commissioners. This documentation outlines the detail finance arrangements which will operate under the new LTA contracting framework. This has followed many months of scrutiny and analysis undertaken by our commissioners. The draft documentation is currently under consideration by our commissioners.

Under the WG planning framework guidance all LTA documentation needs to be agreed and signed before the 31<sup>st</sup> March.

### 5.3 Recommendations

- The Board is asked to **Note** the contents of the month 11 financial report and in particular:
  - The financial performance to date and the year-end forecast to achieve financial breakeven.
  - The ongoing work to implement the new contracting model.

**VELINDRE NHS TRUST**

Appendix 1

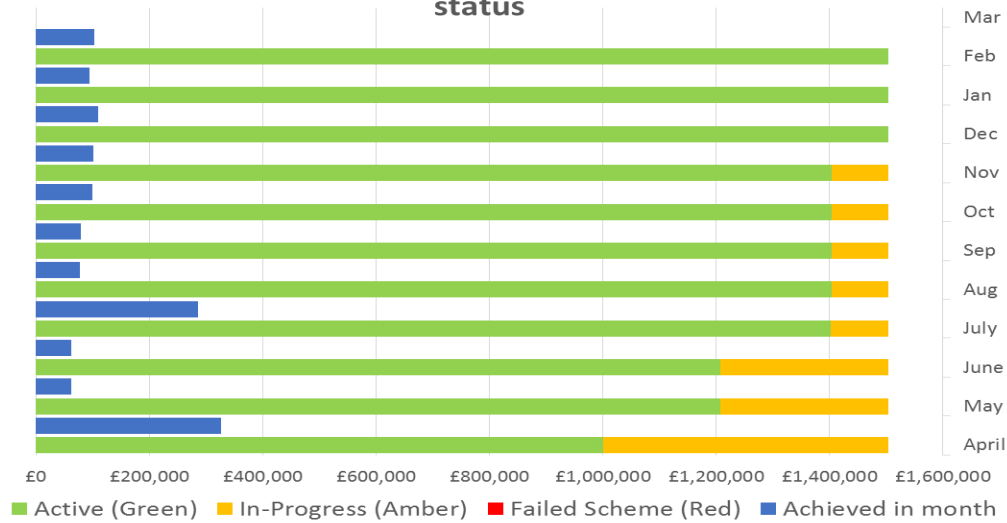
**SAVINGS PLANS 2019/ 20**

February'20

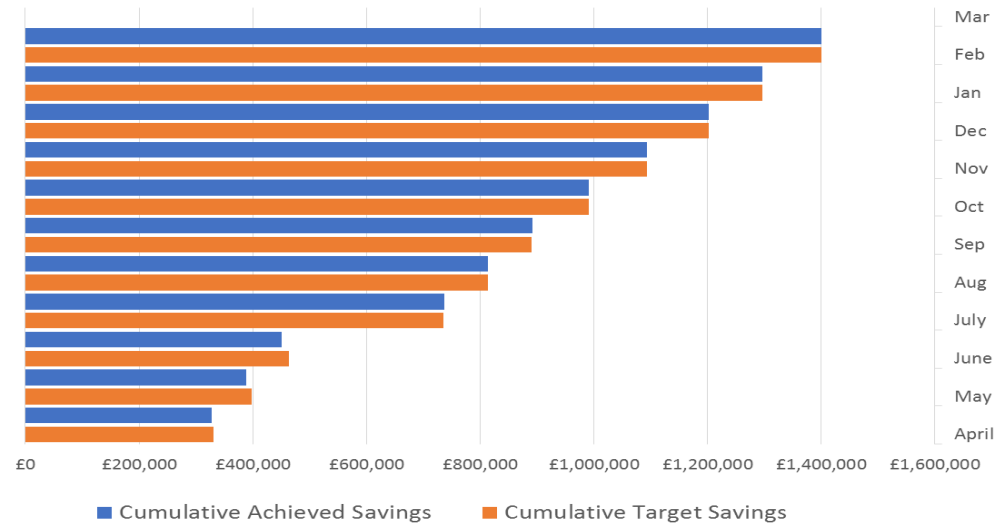
CURRENT PLAN			TOTAL £000	Recurrent			Non-recurrent			Planned YTD £000	Actual YTD £000	Variance YTD £000	F'cast Full Year £000	Variance Full Year £000
				Green	Amber	Red	Green	Amber	Red					
<b>VELINDRE CANCER CENTRE</b>														
1	Establishment Control & Reduction of Agency		150	150						138	138	0	150	0
2	Maximising Meds@ Home opportunities		150	150						138	168	30	180	30
3	Maximising Meds@home opportunities. Review		75	75						63	75	12	87	12
4	Procurement National and Local Value Plan		50			50				46	0	(46)	0	(50)
5	Maximisation of Existing additional Income Sources		55	55						50	50	0	55	0
6	Non Recurrent Monies supporting Projects		75				75			69	69	0	75	0
7	National Pathways		200	200						182	182	0	200	0
8	Private Patient Contributions		71			71				58	0	(58)	0	(71)
<b>VCC SAVINGS IDENTIFIED</b>				630	0	121	75	0	0	744	682	(62)	747	(79)
				751			75							
<b>VCC SAVINGS UNIDENTIFIED</b>				0	0	0	0	0	0	0	0	0	0	0
<b>VCC TOTAL SAVINGS</b>				630	0	121	75	0	0	744	682	(62)	747	(79)
										92%			90%	
<b>WELSH BLOOD SERVICE</b>														
1	Blood Supply Chain		305	305						305	305	0	305	0
2	Blood Supply Chain		155				155			155	155	0	155	0
3	Procurement National and Local Value Plan		100			100				88	0	(88)	0	(100)
4	Establishment Control			80							68	68	80	80
<b>WBS SAVINGS IDENTIFIED</b>				385	0	100	155	0	0	548	528	(20)	540	(20)
<b>WBS ADDITIONAL TARGET</b>											0			
<b>WBS TOTAL SAVINGS</b>				385	0	100	155	0	0	548	528	(20)	540	(20)
										96%			96%	
<b>CORPORATE SERVICES</b>														
1	Reduction in Staff Costs		20	20						18	18	0	20	0
2	Establishment Control		98				98			90	90	0	98	0
<b>CORP SAVINGS IDENTIFIED</b>				20	0	0	98	0	0	108	108	0	118	0
				20			98							
<b>CORPORATE TOTAL SAVINGS</b>				20	0	0	98	0	0	108	108	0	118	0
										100%			100%	
<b>TRUST TOTAL SAVINGS IDENTIFIED</b>				1,035	0	221	328	0	0	1,400	1,318	-82	1,405	(99)
				1,256			328							
<b>TRUST ADDITIONAL NON-REC VACANCY SAVINGS</b>				0	0	0	99	0	0	0	82	82	99	99
<b>TRUST TOTAL SAVINGS</b>				1,035	0	221	427	0	0	1,400	1,400	0	1,504	0
				1,462	0	221				100%			100%	
<b>ADDITIONAL INCOME TARGET IN RD&amp;I</b>														
<b>NON-RECURRENT FINANCIAL SUPPORT TO RD&amp;I BY UTILISATION OF ACCOUNTANCY GAINS</b>														

# Appendix 1c

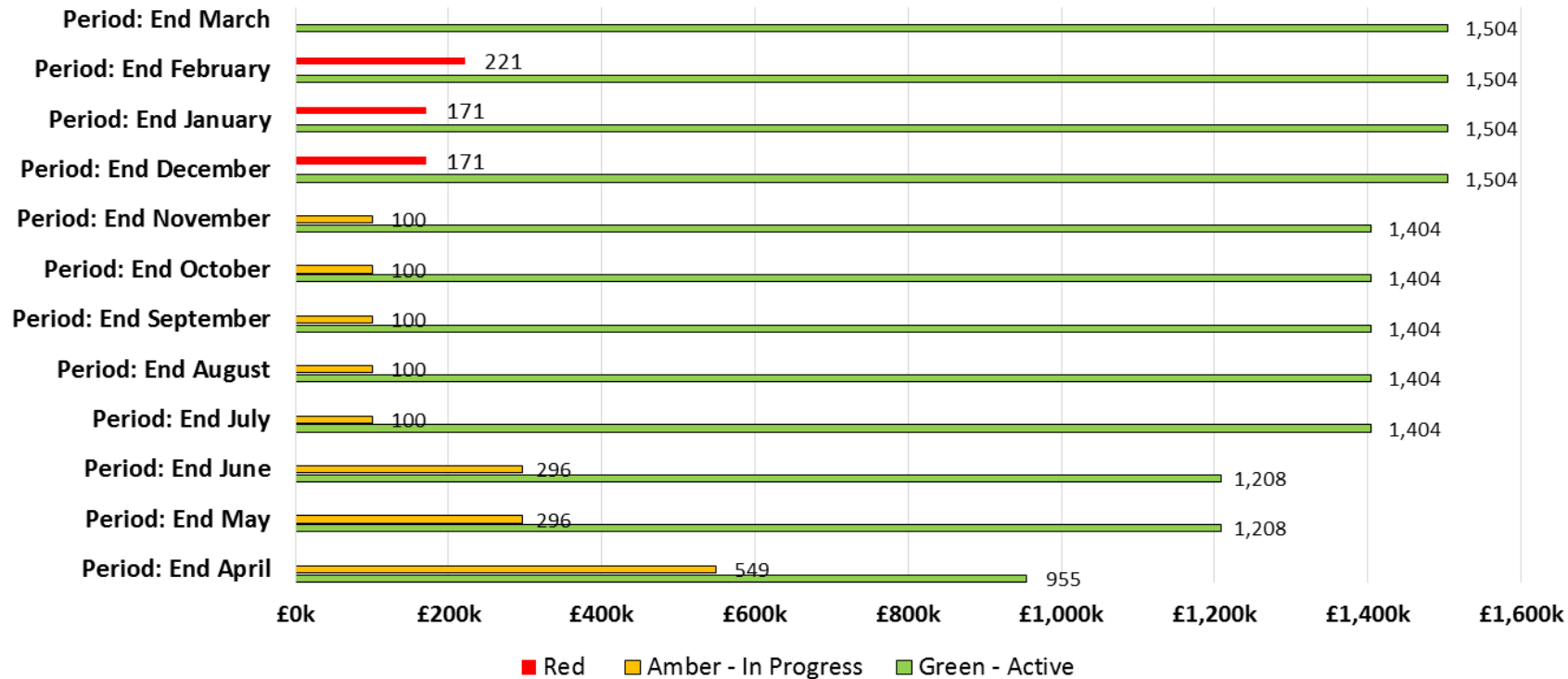
## Savings achieved by month compared to target by RAG status



## Cummulative monthly savings achieved compared to target



## Savings Identification trend by month and RAG status



1. Identification of savings needs to be closely monitored and identified savings should be classified in accordance with WG RAG rating.
2. Three schemes turned red during the year and were replaced by non-recurrent saving schemes.

	2019/20 Budget £k	Cost centre	Scheme Lead	Cumulative Spend £k	Committed Orders o/s £k	Budget Remaining £k	Forecast Spend £k	Forecast Variance £k	Notes
<b>All Wales Capital Schemes:</b>									
VCC - Transforming Cancer Services	2,166	A591 & A950>	D Powell	1,632		534	2,240	-74	will overspend by £74k
IT - WPAS (CANISC replacement phase 1)	1,118	A912	S Morris	982	9	127	1,118	0	£80k to be used by IT digitisation pot
VCC - Pharmacy development / aseptic unit	77	A624	G Graves	36	63	-42	130	-53	Phase 2 tenders returned @ 25k over. 130k projected spend - Will be to the wire but confident will be delivered
VCC - Treatment Planning System	152	A905	S Morris	131	0	21	152	0	Scheme on track to spend allocation
HTW - Efficiency Through Technology Program	20	A909	S McAllister	13	0	7	13	7	Complete - 7k under.
VCC CT Sim Replacement x2	1,472	A628	G Graves	805	519	148	1,464	8	Underspending on building works, £61k. £42k underspend on equipment due to shifting from this year to next year. Porta cabins were an issue, RGS systems due from US but no confirmation on delivery date. £200k contingency flex next year!
VCC Radiotherapy Procurement Solution	250	A959	D Powell	203		47	250	0	Scheme on track to spend allocation
Automated medicines storage – Rhosyn Unit	24	A650	Usman Malik	0	20	4	24	0	Requisition raised 12/02/2020 - Scheme progressing. 6-8 week lead time leaving a risk for delivery
Cyber Security & Resilience	562	A914	S Morris	78	424	61	562	0	On course - Some suppliers might be delayed due to Covid-19! Will have more answers ASAP. (Dell is fine and will meet deadlines)
Modern user devices & Wi-Fi	550	A915	S Morris	20	315	215	550	0	On course - Some suppliers might be delayed due to Covid-19! Will have more answers ASAP. (Dell is fine and will meet deadlines)
Additional Digital funding	167	-	S Morris	0		167	167	0	
MRI Chiller	50	A636	G Graves	0	49	1	42	8	Delivery weekend 8th or 16th of March - Weather Dependant (winds can't exceed 12mph)
DNA Extracting Kit	50	A757	R Hennessy	0		50		50	Definitely will slip - Covid19 (3 schemes make the system, Foetal D NGS & DNA)
Foetal D	54	A758	R Hennessy	0	34	20		54	Definitely will slip - Covid19
<b>In development</b>									
WBS Transport Strategy									Est cost £1.5m for b/m - 20/21 scheme - Business case to be written by January 2020.
VCC Outpatients Refurb									Est cost £1m over 2 years; estates strategy being worked up
WBS Facilities Improvements									Est cost £2m over 2 years
<b>Sub-Total All Wales Approved Capital Funding</b>	<b>6,712</b>			<b>3,900</b>	<b>1,453</b>	<b>1,359</b>	<b>6,712</b>	<b>0</b>	
<b>Discretionary Capital Schemes:</b>									
Clinical Trials App		A540							Scheme being developed/ moved into into next year
PCH Chairs	30	A540							Complete
<b>Sub Total - Charity schemes</b>	<b>30</b>		S Colliandris	<b>0</b>	<b>0</b>	<b>30</b>	<b>30</b>	<b>0</b>	
<b>VCC allocation</b>	<b>622</b>								
<b>VCC Committed funds from 2018/19</b>									
VCC - ChemoCare software upgrade	15	A503	Angharad Rudkin	0	15	0	15	0	Milestone 3 will be delivered this year.
<b>VCC New Discretionary Schemes</b>									
Theatre operating table replacement	36	A604	Jan Wiley	0	39	-3	39	-3	Delivery latest by the end of next week
GFR counter replacement	53	A605	Sue Hooper	0	54	-1	53	0	Company to be chased again, currently in singapore! Transfer of title is likely
Boiler Replacement	40	A611	Jon Fear	37	1	2	40	0	complete
Drinking water improvements	48	A608	G Graves	3	22	23	25	23	95% done
ECG Equipment	18	A609	Jon Patmore	18		0	18	0	Complete
Outpatients initial developments	342	A610	Mark David	4	323	15	254	88	90k slippage (1b), 2k over for phase 1. Potential to bring equipment forward?
R&D Freezer	9	A632	R&D Department	9	0	0	9	0	Complete
VCC printers	12	A633	IT Department	0		12	12	0	Already purchased - GT to investigate where costs have been coded to
Ultrasound Probe	8	A634	Mike Booth	10		-2	10	-2	Complete
Blood fridge	6	A635	Hilary Thomas	6		0	6	0	Complete
Ward Security	15	A581	Jon Fear	0	14	1	14	1	Works starting 10/03/2020
Asbestos Removal	20	A510	Jon Fear	0	16	4	20	0	Complete today 10/03/2020
<b>Sub Total - VCC schemes</b>	<b>622</b>			<b>87</b>	<b>463</b>	<b>52</b>	<b>514</b>	<b>108</b>	
<b>WBS allocation</b>	<b>879</b>								
<b>WBS Committed funds from 2018/19</b>									
WBS - EMS Scheme	45	A748	Michelle Evans	40		5	40	5	Scheme completed apart from additional Legacy Data
WBS - Fleet replacement programme	349	A717	Jayne Davey	348	0	1	349	0	Scheme complete
WBS - Distribution boards	75	A754	Carol Morgan	3	24	48	75	0	Tenders received - Works to commence in February, scheme will be achieved by Y.E
<b>WBS New Discretionary Schemes</b>									
WBS NGS	125	A755	David Madon-Hawes	0	113	12	108	17	estimated delivery for the qubit is next week beginning 15th for both MiSeq and Qubits
Haematology analyser replacement	23	A702	R Snell	25		-2	25	-2	Completed - 2k over budget
Compressor for cold room	5	A703	R Snell	6		-1	5	0	Scheme complete
Facility - Design fees	60	A701	R Snell	59	3	-2	62	-2	Orders raised 2k over budget - scheme will be achieved by Y.E
Centrifuge - WTAIL	11	A715	R Snell	0	8	3	11	0	Delivered - invoice outstanding
Dry Block Calibration	20	A760	R Snell	0		20	20	0	Delivered, awaiting invoice
Elisa Multiskan Reader	15	A761	R Snell	7		8	7	8	Delivered and part invoiced. Underspend £8k.
Lambda Jet WTAIL	50	A762	R Snell	50		0	50	0	Delivered, awaiting invoice
Spectrophotometer	15	A763	R Snell	0		15	15	0	NHS SC Framework, awaiting quotes. Leadtime 4 weeks. Order will be placed by end of week 28/02/2020
Freezers -40x1 (PV&I)	10	A726	R Snell	0	9	1	10	0	Delivered 04.03.2020, awaiting invoice
Platelet Incubator x 1 (PC900i/PF48i) (PV&I)	15	A765	R Snell	2	5	8	15	0	PF48i agitator delivered 21/02, delivery of Incubator to Fresenius 16/03 and to WBS a few days after this.
Platelet Incubator x 2 (PC3200i/PF96i) (PV&I)	48	A766	R Snell	0		48	31	17	Underspend £17k. Incubator has been shipped from Helmer and is en route.
Sterile Connecting Devices TCSD II x 1 (PV&I)	13	A767	R Snell	11		2	11	2	Delivered, awaiting invoice
<b>Sub Total - WBS schemes</b>	<b>879</b>			<b>551</b>	<b>163</b>	<b>165</b>	<b>834</b>	<b>45</b>	
<b>IT New Discretionary Schemes - Total</b>	<b>100</b>			<b>31</b>	<b>13</b>	<b>56</b>	<b>100</b>	<b>0</b>	IT Discretionary is being purchased alongside All Wales Funding "Cyber Security & Modern Devices"
Trust IT Infrastructure		A900	S Morris	22	5				
WBS IT Infrastructure		A704	S Morris	8	8				
<b>Mutual Discretionary Schemes</b>									
Fire upgrades - VCC & WBS	26	A513	J Fear	0	26	0	29	-3	Scheme is moving - forecast spend revised to 29k
<b>Earmarked funds</b>									
Estates salaries	125	A571	S Colliandris		0	125	58	67	N/A - Capitalised at YE. SC to identify the true value of estate salaries - We have enough in the programme to recharge the full amount
<b>VCC Potential/ New Schemes</b>									
Transvector Probes	18	A637	J O'Sullivan	0	18	0	18	0	Delivered - Awaiting Invoice
Air Particle Connector	19	A638	J O'Sullivan	0	19	0	19	0	Delivered 30/03/2020
Ultrasound Device	7	A634	J O'Sullivan	0		7	7	0	Expected Early week after next
Bladder Scanner	8	A639	J O'Sullivan	0		8	8	0	Expected Early week after next
2x ECG Machines	12	A609	J O'Sullivan	0	6	6	6	6	Expected Early week after next
Security cage for Brachytherapy	7	A640	J O'Sullivan	0		7		7	Slipped into next year
MR Compatible Pulse	6	A641	J O'Sullivan	0		6	6	0	2 week delivery period, still to be signed off
Active Passer Trainer (Therapies)	6	A642	J O'Sullivan	0	6	0	6	0	Delivered 11/03/2020 and has been receipted
Pressure Relieving Mattresses	8	A619	J O'Sullivan	0		8	8	0	fumbling with 3rd quote, checking today for delivery.
OmniPro RA	8	A643	R Jarvis	0		8	8	0	shipping from IBA on 20th March and expected to be here before 31st March.
Outpatient flow management software	13	A610	J O'Sullivan	0		13	0	13	Slipped into next year
Ward Security £9k	9	A581	Jon Fear	0		3	9	0	Works starting 10/03/2020
Chemochairs £30k	30	A644	J O'Sullivan	0	6	30	30	0	12 in by the end of this week
Defibrillators £53k	50		J O'Sullivan	0		50	50	0	Potential to take forward - will update ASAP
Outpatient Equipment £11k	11		J O'Sullivan	0		11	11	0	Chase Mark David
FM Solution £50k (Mark David)	50	A560	J O'Sullivan	0		50	50	0	20k off framework, 10k for hardware, Mark David states its all deliverable
<b>WBS Potential New Schemes</b>									
EMS Legacy Data	15	A748	R Hennessy	0	15	0	15	0	PO Raised 20/02/2020 - To be delivered by YE
Sterile connecting device	14	A767	R Hennessy	11		3	11	3	Scheme Complete not paid
Blood Press	20	A756	R Hennessy	0	19	1	20	0	Delivery w/c 16.03.2020
Blood Press	14	A756	R Hennessy	0	14	0	14	0	Delivery w/c 16.03.2020
Cell Washers x2	21	A719	R Hennessy	0	21	0	21	0	Delivery by Mid March
Centrifuge - Automated Testing	8	A715	R Hennessy	0		8	8	0	Order placed 13.02.20 - emailed to confirm delivery date, awaiting order confirmation
Fridges - Automated Testing	7	A726	R Hennessy	0	7	0	7	0	Delivered 04.03.2020, awaiting invoice
Fridge - Automated Testing	7	A726	R Hennessy	0	7	0	7	0	Delivered 04.03.2020, awaiting invoice
Van			R Hennessy	0					Circa £20k - 16 week lead time - Next year.
QPulse £22k (Dave Osbourne)	22		R Hennessy			22	22	0	BPG this afternoon for approval 10/03/2020
<b>Potential Schemes</b>									
Costing System £8k (Matthew Bunce)	9	A902	M Bunce	0	0	9	9	0	£9k Capital to be raised
External Lighting (VCC & WBS)	20			0		20	20	0	
Door in physics	3			0		3	3	-1	
WBS Printers (£)	22			0		22	20	2	
WBS Kit	40			0		40	40	0	
WBS Once Well Software (£29k)	29			0		29	29	0	
Additional IT Spend (£80k)	100	A950		0		100	100	0	
RAM - Series 5000s (2k)	2	A901		0		2	2	0	



## TCS PROGRAMME BOARD

### TCS PROGRAMME FINANCIAL REPORT FOR 2019-20 JANUARY 2019

<b>DATE OF MEETING</b>	24 <sup>th</sup> March 2020
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<b>PUBLIC OR PRIVATE REPORT</b>	Private
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Commercially Sensitive
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<b>PREPARED BY</b>	Mark Ash, Assistant Director of Finance - TCS Programme
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<b>PRESENTED BY</b>	Mark Osland, Executive Director of Finance & Informatics
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<b>EXECUTIVE SPONSOR APPROVED</b>	Mark Osland, Executive Director of Finance & Informatics
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<b>REPORT PURPOSE</b>	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		

#### 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 Board for the financial year 2019-20, outlining spend to date against budget as at Month 10 and current forecast.

## 2. BACKGROUND

- 2.1 In January 2015 the Minister for Health and Social Services approved the initial version of the Strategic Outline Programme 'Transforming Cancer Services in South East Wales'. Following the completion of the Key Stage Review in June/July 2015, approval was received from the Minister to proceed to the next stage of the Programme.
- 2.2 It should be noted that as at March 2019, 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 £14.905m and revenue funding of £2.163m. The total cumulative expenditure as at the end of March 2019 was also £14.905m on Capital and £2.163m on 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 and £0.420m in 2019-20.
- 2.4 The Radiotherapy Procurement Solution PBC (Project 6 – Equipment and Digital) has been endorsed by WG. Capital funding of £1.110m has been approved from July 2019 to December 2022, with £0.347m provided in 2019-20. A re-profiling of the funding has resulted in a revised funding allocation of £0.250m for the 2019-20 financial year, with the slippage of £0.097m being reprovided in the next financial year.

## 3. FUNDING

- 3.1 The total funding received for 2019-20 to date is £2.856m, as summarised below.
- 3.2 Capital funding of **c£1.124m** was initially provided by Welsh Government for the Enabling Works and nVCC Projects to June 2019. Following a funding request submitted in December 2019, a further **c£1.042m** was provided in January 2020. Revenue funding for 2019-20 has still not been provided to date.
- 3.3 No revenue funding has been provided by Welsh Government to date to cover project delivery costs for 2019-20 for the Enabling Works and nVCC Projects. However, in February 2020, the Trust provided revenue funding **c£0.060m** for this purpose, which, along with **c£0.071m** provided by Welsh Government as part of the January 2020 capital funding, allocates a budget of **c£0.131m** for project delivery costs for 2019-20.

Description	Funding	
	Capital	Revenue
<p><b>Project 1 – Enabling Works for nVCC</b>  <b>Project 2 – nVCC</b></p> <p><i>WG Capital Funding</i>  £1.124m capital funding has been provided to June 2019, with a further £1.042m provided on 9<sup>th</sup> January 2020</p> <p><i>Revenue Funding</i>  No Revenue funding has been provided by WG, however funding of up to £60k has been provided by the Trust as of February 2020</p>	£2.166m	£0.060m
<p><b>Project 3 – Equipment and Digital</b>  WG have endorsed the Radiotherapy Procurement Solution PBC, with £0.250m capital funding provided in 2019-20</p>	£0.250m	£0
<p><b>Project 4 – Radiotherapy Satellite Centre</b>  This Project is being led and funded by the hosting organisation, Aneurin Bevan University Health Board, therefore no funding requirement is expected by the Trust for 2019-20</p>	£0	£0
<p><b>Project 5 – SACT and Outreach</b>  No funding has been requested or provided for this project to date</p>	£0	£0
<p><b>Project 6 – Service Delivery, Transformation and Transition</b>  There is no capital funding requirement for the Service Development Project at present</p> <p>Further to agreement in 2018/19, Commissioners have provided revenue funding of £420k for 2019-20 to cover direct clinical/management support and PMO</p> <p>In November 2019, c£20k budge was transferred from Velindre Cancer Centre to cover the costs of a Project Manager completing work for this Project</p> <p>In February 2020, c£14k was transferred from Velindre Corporate Finance to mitigate the risk of overspend previously forecast</p>	£0	£0.180m  £0.020m  £0.014m

Description	Funding	
	Capital	Revenue
<b>Project 7 – VCC Decommissioning</b> No funding has been requested or provided for this project to date	£0	£0
<b>Programme Management Office</b> There is no capital funding requirement for the PMO at present  Further to agreement in 2018/19, Commissioners have provided revenue funding of £420k for 2019-20 to cover direct clinical/management support and PMO	£0	£0.240m
<b>Total funding provided to date: £2.930m</b>	<b>£2.416m</b>	<b>£0.514m</b>

#### 4. FINANCIAL SUMMARY AS AT 31<sup>st</sup> January 2020

- 4.1 The summary financial position to date for the TCS Programme is outlined below, with a total in-year spend of **c£2.058m** and a forecast spend of **c£3.004m**, against budgets of c£2.051m and c£2.930m respectively.

TCS Programme Budget & Spend 2019-20						
Description	Current Month			Financial Year		
	Budget to Jan-20 £	Spend to Jan-20 £	Variance to Jan-20 £	Budget to OJEU £	Forecast to OJEU £	Variance to OJEU £
<b>CAPITAL</b>						
<b>PAY</b>						
nVCC Project and Enabling Works Project Staff	822,838	837,288	-14,450	1,000,458	996,658	3,800
Other Project Staff	0	68,436	-68,436	0	87,936	-87,936
<b>NON-PAY - PROJECTS</b>						
nVCC Project Delivery	20,000	18,820	1,180	70,642	70,401	241
Project 1 - Enabling Works	464,348	462,934	1,414	741,133	729,975	11,158
Project 2 - New Velindre Cancer Centre	137,886	130,046	7,840	353,810	355,744	-1,934
Project 3 - Radiotherapy Procurement Solution	185,591	165,346	20,245	250,000	250,000	0
<b>CAPITAL TOTAL</b>	<b>1,630,663</b>	<b>1,682,871</b>	<b>-52,207</b>	<b>2,416,042</b>	<b>2,490,715</b>	<b>-74,672</b>
<b>REVENUE</b>						
<b>PAY</b>						
Programme Management Office	200,000	159,814	40,186	240,000	239,353	647
Service Change Team	170,230	164,860	5,370	213,717	213,717	0
<b>NON-PAY</b>						
nVCC Project Delivery	50,000	50,379	-379	60,000	60,000	0
<b>REVENUE TOTAL</b>	<b>420,230</b>	<b>375,053</b>	<b>45,177</b>	<b>513,717</b>	<b>513,070</b>	<b>647</b>
<b>TCS PROGRAMME TOTAL</b>	<b>2,050,893</b>	<b>2,057,924</b>	<b>-7,030</b>	<b>2,929,759</b>	<b>3,003,785</b>	<b>-74,026</b>

## 5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 31<sup>ST</sup> JANUARY 2020

### Capital Spend

#### ***WG Funded Staffing***

- 5.1 The WG funded posts **spend of c£0.837m** reflects the current 'interim' posts.

#### ***Project Delivery Costs***

- 5.2 The provided by WG on 9<sup>th</sup> January 2020 included **c£0.071m** for project delivery costs for the year 2019-20. As agreed with WG, this will be used to cover the capitalisation of some costs previously treated as revenue spend (see paragraph 5.11). There is a spend to date of **c£0.019m** against a budget of **£0.020m**, consisting of project support, with a forecast spend of **c£0.070m** to OJEU.

#### **Project 1 – Enabling Works for nVCC**

- 5.3 There is an overall capital spend of **c£0.463m** to date against an in year budget of c£0.464m, with a forecast outturn of **c£0.730m** to OJEU against a budget of c£0.741m.

- **Asda's Negotiations (DA only) – spend of c£0.075m** relates to legal support provided by DLA Piper c£0.075m on completing the Asda Works Agreement; risk assurance report and meetings with Asda.
- **Asda's Negotiations (Planning) – spend of c£0.280m.** Spend relates to technical advisors 'planning support' led by Mott MacDonald c£0.230m for surveys associated with the planning application; pre-commencement of planning obligations; and support from a Planning Adviser to develop and submit planning application. In addition, the Project has provided Asda undertakings c£0.050m in relation to professional fees for their planning application requirements.
- **Asda's Negotiations (Detailed Design) – no spend.** Future spend relates to Asda undertakings to support detailed design costs and surveys.
- **Enabling Works OBC – spend of c£0.039m.** Spend relates to the finalisation of the technical deliverables for the OBC by F&G, which covers concept design for a range of options; Metro conflict report; costings for each option, supported by OBC forms, and a Technical Appraisal Report.
- **Enabling Works Procurement – spend of c£0.069m.** Spend relates to the client advisory support for planning (Interim appointment) and civil engineering (MDA Ltd). This will finalise all Town and Country Planning matters and for EW professional services.

**NOTE: All work packages scope and costs have been agreed with Welsh Government before an order is raised and works commence.**

#### **Project 2 – nVCC**

- 5.4 There is an overall **capital** spend of **c£0.130m** and forecast outturn of **c£0.356m** to OJEU, against an in month budget of c£0.138m and a year-end budget of £0.354m.

- **Technical Deliverables – spend of £0.030m.** Work undertaken by Mott MacDonald on the finalisation of the Construction Contractor Performance Obligation and OBC refresh.
- **Project Agreement – spend of £0.100m.** Work undertaken on finalising the PA by Mott MacDonald £0.019m on the technical deliverables for the PA (finalise the reference design; ACRs; etc.) and DLA Piper £0.081m on the review of the PA, refresh of the OBC and review of competitive dialogue process.
- **Procurement Documents – no spend.** Work to be undertaken on finalising the PD by Mott MacDonald on the technical deliverables for the PD (finalise the survey pack; finalise the evaluation criteria; review PQQ; review descriptive document; review instructions to bidder).

**NOTE: All work packages scope and costs have been agreed with Welsh Government before an order is raised and works commence.**

### **Project 3 – Equipment and Digital**

- 5.5 There is an in-year spend of **c£0.165m** against a budget to date of c£0.186m. The forecast outturn is expected to be in line with the revised budget for 2019-20 of **£0.250m**. There is a staff cost of c£0.116m to date, with a total spend on legal fees of c£0.049m to date.

### **Project 4 – Radiotherapy Satellite Centre**

- 5.6 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 2019-20.

### **Project 5 – SACT and Outreach**

- 5.7 There has been no spend on this project to date.

### **Project 6 – Service Delivery, Transformation and Transition**

- 5.8 There has been no capital spend for this project to date.

### **Project 7 – VCC Decommissioning**

- 5.9 There has been no spend on this project to date.

## **Revenue Spend**

### **Project Delivery Costs**

- 5.10 There is a revenue project delivery cost of **c£0.050m** to date against a corresponding budget of £0.050m, consisting of project support and running costs.
- 5.11 In previous years, there has been an element of revenue funding for project delivery costs, however WG have indicated that this provision of revenue funding would no longer be possible. It has therefore been determined with WG that an element of these revenue costs can be capitalized going forward. As a result, the estimated revenue spend for 2019-20 is £0.060m, in line with a budget of provided by the Trust of £0.060m.

### ***Programme Management Office***

- 5.12 The PMO **revenue** spend to date is **c£0.160m**, an underspend of c£0.040m against an in-year budget of **£0.200m**, due to a delay in staff recruitment. This has now been completed, with all new staff taking up post by early February 2020. The underspend is being utilised to procure risk specialist services and comms support up to February 2020, and to fund workshops and training sessions up to March 2020. As such, the forecast spend for the PMO is expected to be in line with the budget for the 2019-20 financial year of **£0.240m**.

### ***Project 6 – Service Delivery, Transformation and Transition (Service Change)***

- 5.13 The in-year **revenue** spend for the Service Change Project is **c£0.165m** against a respective budget of **c£0.170m**. The forecast spend for 2019-20 is **c£0.214m** in line with the revised budget. The previous forecast overspend of c£0.042m has been mitigated by the provision of additional funding from the Trust, and the capitalisation of an element of the staff costs for work on the nVCC Project.

## **6. IMPACT ASSESSMENT**

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Staff and Resources If more than one Healthcare Standard applies please list below:
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below) See above.

## **7. RECOMMENDATION**

- 7.1 The TCS Programme Board are asked to **NOTE** the financial position for the TCS Programme and Associated Projects for 2019-20 as at 31<sup>st</sup> January 2020.

## TRUST BOARD

### HIGHLIGHT REPORT FROM THE CHAIR OF THE WORKFORCE & OD COMMITTEE

DATE OF MEETING	26/03/2020
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Mel Findlay, Executive Assistant to Director of Organisational Development and Workforce
PRESENTED BY	Janet Pickles, Independent Member
EXECUTIVE SPONSOR APPROVED	Susan Thomas, Acting Director of Organisational Development & Workforce
REPORT PURPOSE	FOR NOTING
ACRONYMS	
SEP	Strategic Equality Objectives

#### 1. PURPOSE

- 1.1 This paper had been prepared to provide the Trust Board with details of the key issues considered by the Workforce and OD Committee at its meeting on the 30<sup>th</sup> January 2020.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.



## 2. HIGHLIGHT REPORT

<b>ALERT / ESCALATE</b>	<p><b>Risk Register</b></p> <p>The Workforce and OD Committee would like to alert the Board to the ongoing risk from the WF&amp;OD Risk Register around sufficient junior doctor capacity to fulfill resource requirements for the service. Measures have been in place to manage this risk and mitigations continue. However committee members agreed that the risk should be placed on the Velindre Cancer Centre Risk Register.</p>
<b>ADVISE</b>	<p><b>Equality Update Report</b></p> <p>The committee received an update on Equality. Ceri Harris on behalf of Velindre University Trust is working in collaboration with a number of national bodies to develop its Strategic Equality Objectives (SEP) recognising the benefits of partnerships and engagement.</p> <p>The findings of the engagement events and surveys and final partnership report will be available in January. This will accompany the Trust plan and actions formed from key areas of the Trust Strategy, IMTP, Workforce Plan, Well-Being of Future Generations Act objectives, and Healthcare Standards and divisional action plans. The final document will go to internal committees for a final approval to be published by the legal deadline of the 1<sup>st</sup> April 2020.</p> <p><b>Manual Handling Training</b></p> <p>The committee were informed that some manual handling required for staff mandatory and statutory training is provided by Cardiff and Vale Health Board. Velindre University NHS Trust staff are unable to access training in a timely manner, as dates are not forthcoming from Cardiff and Vale. The committee decided this should be taken forward as an action to liaise with Cardiff and Vale around more dates being made available.</p>
<b>ASSURE</b>	<p><b>Approved Policies and Guidelines</b></p> <p>The following policies and guidelines were approved by the committee:</p> <ul style="list-style-type: none"> <li>• Violence, Domestic Abuse and Sexual Violence in the workplace Policy</li> <li>• Healthy Working Relationships in NHS Wales</li> <li>• Childcare Voucher Guidance</li> <li>• Nutrition and Healthy Eating Guidance for Trust Employees</li> <li>• Physical Activity Guidance for Trust Employees</li> <li>• Changes to The Statement of Employment Particulars</li> <li>• Dying to Work charter Update</li> </ul>
<b>INFORM</b>	Nothing to report
<b>APPENDICES</b>	<b>NOT APPLICABLE</b>



## TRUST BOARD

## REMUNERATION COMMITTEE HIGHLIGHT REPORT

<b>DATE OF MEETING</b>	26.03.2020
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
<b>PREPARED BY</b>	Mel Findlay, Executive Assistant to Executive Director of OD and Workforce
<b>PRESENTED BY</b>	Donna Mead, Chair
<b>EXECUTIVE SPONSOR APPROVED</b>	Susan Thomas, Acting Director of Organisational Development & Workforce
<b>REPORT PURPOSE</b>	FOR NOTING
<b>ACRONYMS</b>	
VCC	Velindre Cancer Centre

### 1. PURPOSE

- 1.1 This paper had been prepared to provide the Trust Board with details of the key issues considered by the Remuneration Committee. The meeting was held in two parts on 30.01.2020 and 20.02.2020.
- 1.2 Key highlights from the meeting are reported in section 2.

1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

## 2. HIGHLIGHT REPORT

<b>ALERT / ESCALATE</b>	<b>Anonymous Communications</b> <ul style="list-style-type: none"> <li>The committee held on 20.02.2020 received discussed an anonymous communication received and planned actions in relation to the communication.</li> </ul>
<b>ADVISE</b>	<b>Approved VERS Applications</b> <ul style="list-style-type: none"> <li>The committee approved a VERS application from The Welsh Blood Service in the Committee held on 30.01.2020.</li> <li>The committee approved a VERS application from NWSSP in the committee held on 20.02.2020.</li> </ul> <b>Redundancy Payments</b> <ul style="list-style-type: none"> <li>The committee approved a redundancy payment for an end of fixed term contract employee from NWSSP at the committee held on 30.01.2020</li> </ul> <b>Tribunal Feedback</b> <ul style="list-style-type: none"> <li>The committee received feedback regarding two tribunal cases.</li> </ul>
<b>ASSURE</b>	<b>Executive Directors Objectives</b> <ul style="list-style-type: none"> <li>The committee received an overview of Executive Director's Objectives detailing the plan for a Trust Strategy.</li> </ul> <b>Terms of Reference for Remuneration Committee</b> <ul style="list-style-type: none"> <li>The Terms of Reference for the Remuneration committee were reviewed and endorsed for Board approval.</li> </ul>
<b>INFORM</b>	<b>Wales and Trust Position on Pensions Tax Proposal for Medical Staff</b> <ul style="list-style-type: none"> <li>The committee received information on a communication issued to medical staff in relation to a pensions tax proposal.</li> </ul>
<b>APPENDICES</b>	<b>NOT APPLICABLE</b>

## TRUST BOARD

### HIGHLIGHT REPORT FROM THE CHAIR OF THE IG&IMT COMMITTEE

<b>DATE OF MEETING</b>	26/03/2020
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
<b>PREPARED BY</b>	Stuart Morris, Associate Director of Informatics
<b>PRESENTED BY</b>	Stephen Harries, Independent Member
<b>EXECUTIVE SPONSOR APPROVED</b>	Carl James, Director of Strategic Transformation, Planning, Performance & Estates
<b>REPORT PURPOSE</b>	FOR NOTING

#### ACRONYMS

<b>IG</b>	Information Governance
<b>IM&amp;T</b>	Information Management & Technology
<b>VCC</b>	Velindre Cancer Centre
<b>WBS</b>	Welsh Blood Service
<b>NWSSP</b>	NHS Wales Shared Services Partnership
<b>NWIS</b>	NHS Wales Informatics Service
<b>DPO</b>	Data Protection Officer

#### 1. PURPOSE

- 1.1 This paper had been prepared to provide the Trust Board with details of the key issues considered by the IG & IM&T Committee at its meeting on the 28 February 2020.

1.2 Key highlights from the meeting are reported in section 2.

1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

## 2. HIGHLIGHT REPORT

<b>ALERT / ESCALATE</b>	Nil
<b>ADVISE</b>	<p><b>Canisc Risk Assessment</b> While no formal risk assessment was received, the Committee were made aware of that a new risk assessment is in development. It is the expectation of the Committee that this will be reported via the Trust Risk Register received at the next meeting.</p> <p><b>Email Policy Update</b> Further to the report received by the Board in January 2020, the Email Policy will be revisited in respect of the records management retention query. The policy is due for review in June 2020 and will address the matters raised by the Committee.</p> <p><b>Monitoring of the Digital Elements of the IMTP</b> The Committee will monitor the Digital IMTP priorities through the IMTP Tracker.</p> <p><b>Service Programme Updates</b> Programme updates on the progress against Digital projects were received from each of the Service Divisions. While good progress has been made, it was noted that competing and changing priorities can lead to some short term delay in delivery.</p> <p><b>Office 365 Rollout Plan</b> The Committee were encouraged to receive the rollout plan and progress to date in migrating user mailboxes to Office 365.</p>

<b>ASSURE</b>	<p><b>Committee Effectiveness Survey</b> Committee Effectiveness completed was completed for 2019. Positive report from the survey and a small number of improvement actions have been identified. These will be taken forward and also shared with the Shared Listening &amp; Learning Sub Committee where appropriate.</p> <p><b>Terms of Reference</b> The Terms of Reference have been reviewed to recognise the change in Executive Portfolio and now reference Digital in the name of the Committee. This proposed change is being presented to the Board at its March meeting for approval.</p> <p><b>Cycle of Committee Business</b> The cycle of business was approved for the financial year 2020/21.</p> <p>Review and explore IG Toolkit and plans going forward.</p>
<b>INFORM</b>	<p><b>Information Governance Incidents</b> The Committee considered the information governance incidents that have occurred during the last quarter. No incidents have been significant or required onward reporting.</p> <p><b>Information Governance Training</b> It was noted that Welsh Government have set an 85% target in respect of training compliance. The Trust needs to do further work in order to meet this target across Velindre Cancer Centre and Trust Headquarters.</p> <p><b>Future Agendas</b> The Committee will align their future agendas to the seven Digital themes of the Integrated Medium Term Plan. For example items will be reported under Data Driven Services, Building Partnerships and Ensuring our Foundations.</p>
<b>APPENDICES</b>	<b>NOT APPLICABLE</b>
	N/A

## TRUST BOARD

### HIGHLIGHT REPORT FROM THE CHAIR OF THE AUDIT COMMITTEE

<b>DATE OF MEETING</b>	26/03/2020
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
<b>PREPARED BY</b>	Matthew Bunce, Deputy Director of Finance
<b>PRESENTED BY</b>	Martin Veale, Independent Member
<b>EXECUTIVE SPONSOR APPROVED</b>	Mark Osland, Executive Director of Finance & Informatics
<b>REPORT PURPOSE</b>	FOR NOTING

#### ACRONYMS

IA	Internal Audit
NWIS	NHS Wales Informatics Service
WAO	Wales Audit Office
WBS	Welsh Blood Service
WPAS	Welsh Patient Administration System

#### 1. PURPOSE

- 1.1 This paper has been prepared to provide the Trust Board with details of the key issues considered by the Audit Committee at its meeting on the 6<sup>th</sup> February 2020.
- 1.2 Key highlights from the meeting are reported in section 2.



1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

## 2. HIGHLIGHT REPORT

**ALERT /  
ESCALATE**

### **NHS Wales Informatics Service (NWIS)**

The Committee discussed the various risks in relation to the establishment of NWIS as a Special Health Authority (SHA). It was agreed that the establishment of the SHA should be include on the Trust risk register.

The risk will be managed and mitigated through:-

- The NWIS Transition Team and establishment of a delivery Board with three operational sub-groups.
- Welsh Government (WG) has established an NWIS Transition Board with the NHS Wales Chief Executive as SRO. The Trust Chief Executive will be a member of the Board. The Board will have two work streams:-
  - Establishment of NWIS SHA – WG will lead
  - Operational transition – NWIS will lead

The establishment date of the new NWIS SHA is now anticipated to be 1<sup>st</sup> October 2020.

The Committee asked to see the WG/NWIS project plans at its next meeting.

### **Audit Action Tracker**

The Committee were concerned about the 23 actions (red) that had not been completed by the agreed deadline as well as a further 7 actions with extended deadlines.

The Committee agreed a blanket extension to April 2020 for the completion deadline for all the red overdue actions, after which point if any of the actions remained incomplete the responsible officer would be asked to attend the audit committee to provide an update on progress against the action.

The Committee agreed that the audit action tracker should be updated to identify the Executive Director Lead for each action as ultimately they are responsible and accountable for the actions.

As part of the wider governance work the various systems for tracking actions across the Committees will be reviewed and one consistent system developed and implemented.

The Committee is considering whether Health Technology Wales (HTW) should have a governance & assurance section on the agenda similar to NWIS.

<b>ADVISE</b>	
<b>ASSURE</b>	<p><b>Internal Audit Programme</b>          The Committee received the IA progress report and were informed that the following reports that have been finalised during the period:</p> <ul style="list-style-type: none"> <li>• Welsh Blood Service Divisional Review – Reasonable Assurance (4 Recommendations: 3 medium &amp; 1 low priority)</li> <li>• Hosted Services – NHS Wales Informatics Service – Reasonable Assurance (5 Recommendations: 2 high, 2 medium, 1 low priority)</li> <li>• Safeguarding – Substantial Assurance (3 Recommendations: 3 low priority)</li> <li>• Claims Reimbursement – Substantial Assurance (0 Recommendations)</li> <li>• Patient Safety Alerts – Reasonable Assurance (6 Recommendations: 6 medium priority)</li> </ul> <p><b>External Audit Programme</b>          The Committee received the WAO Structured Assessment &amp; Annual Audit Report 2019, both of which had previously been reported to the Board.</p> <p>The Committee received the WAO's report on the Implementation of the Well Being of Future Generation Act. The main finding is the Trust is applying the Sustainable Development principle when designing and developing the Transforming Cancer Services Programme, but more work is needed to ensure it is embedded in core business and performance management arrangements.</p> <p><b>Counter Fraud</b>          The Committee received the progress report to 31<sup>st</sup> December 2019 for information.</p>
<b>INFORM</b>	<p><b>Audit Committee Annual Report</b>          The Committee endorsed its Annual Report for 2019 for submission to the Trust Board for approval.</p> <p><b>Amendment to Delegated Limits</b>          The Committee agreed to recommend to Board a change to the WBS financial Limits for Blood Wholesale Products to include the Laboratory Services Manager as a practical solution to help ensure there is no breakdown in business continuity.</p>



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

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

	<p><b>Audit Committee Terms of Reference (ToR)</b></p> <p>The Committee agreed to recommend to Board minor amendments to the Committee's Terms of Reference.</p> <p><b>Annual Report Timetable 2019-20</b></p> <p>The date for submission of the Trust's annual report and accounts has been brought forward from the 1st July to 29th May this year. Concerns were raised regarding to capacity to translate the report into Welsh by this deadline.</p> <p><b>Other Business</b></p> <p>The Committee also received written or verbal reports under the following agenda items:</p> <ul style="list-style-type: none"><li>• The regular suite of governance documents from NWIS</li><li>• Trust Risk Register</li><li>• Declarations of Interests, Gifts, Sponsorships, Hospitality &amp; Honoraria</li><li>• Procurement Compliance Report</li><li>• Audit Committee Assurance Schedule</li><li>• Committee Effectiveness Survey 2019 Action Plan</li><li>• Losses for the Period</li><li>• IFRS16 (leases) Technical Update</li></ul>
<b>APPENDICES</b>	<b>NOT APPLICABLE</b>